The University of Kansas School of Medicine-Wichita

Preventive Medicine and Public Health

"Ready, Set, Go!" to Improve School Readiness in Wichita Community Needs Assessment

Final Report

SCHOOL OF MEDICINE WICHITA

MPH Master of Public Health

Our vision: Healthier citizens and populations through education, research and service.

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Needs Assessment

The community needs assessment has gathered data on several levels. The first round of key informant interviews were conducted with executive staff of key non-profit organizations in the Wichita community. The second round of key informant interviews were conducted with the staff of non-profits who implement programs and community leaders. Interviews were audio recorded, transcribed, and then analyzed to identify consistent themes across the interviews. Secondary resources were then collected, compiled, and integrated with the key informant interviews to support or alter the content's focus. This paper, the final report, summarizes the content from the entire process and provides conclusions and recommendations.

Introduction

Education may be the single most important factor influencing the future of our communities. Populations with fewer years of education have higher rates of cardiovascular disease, cancer, injury, smoking, and obesity. Given that education has such a positive impact on health and overall life success, communities must take an active interest in whether our children are physically, emotionally, mentally, and socially prepared for school.

School readiness is multifactorial, influenced by prenatal care, maternal risk factors, parenting skills, developmental factors, health, and the environments in which children live (see Figure 1). Contributing indirectly to school readiness include factors such as availability and access to prenatal care, infant health, adequate nutrition during pregnancy or early childhood, disease prevention by immunization, exposure to drugs and alcohol, and the emotional and mental disorders of early childhood (Novello, Defraw, & Kleinman, 1991).

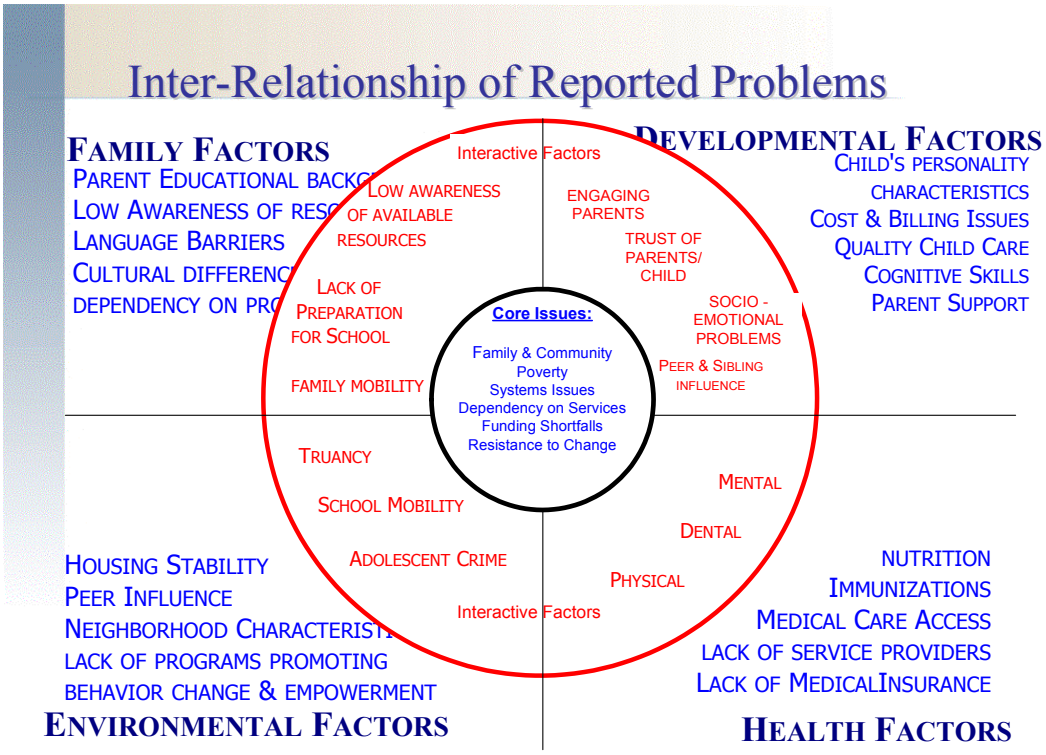
After defining school readiness, this report integrates current national research on school readiness for children aged 0-5 years with the results of the first and second sets of key informant interviews, and local school readiness data from Kansas and Sedgwick County in Wichita, Kansas, while also highlighting a number of valuable services currently provided. Consistent themes and gaps in services are identified. Finally, based upon the analysis of the synthesized information, conclusions and recommendations are offered.

School Readiness

School readiness is a multidimensional construct (Child Trends, 2003). In defining school readiness, one must consider physical, social, emotional, and cognitive readiness (Child Trends, 2000). "School readiness occurs when families, schools, and communities support and serve children effectively so that all children have the ability to succeed in various learning environments" (Kansas Association of Child Care Resource and Referral Agencies, 2001, p. 1).

School readiness involves nurturing families, supportive communities, high quality early childhood programs, and public schools that are 'ready' for young children, and requires a coordinated system at the local, regional and state level (Kansas Association of Child Care Resource and Referral Agencies, 2001). Emotional, social and behavioral competence predicts a child's academic performance in first grade more than cognitive skills and family background (Raver & Knitzer, 2002).

Model One: Inter-Relationship of Factors



Core Issues

Family & Community Poverty

Families and communities are complex social systems with dynamic, inter-related factors. A change in one factor may impact several other factors, or create a domino effect that can create an atmosphere of chaos. Although families of all economic strata experience difficulties in preparing their children for school, low-income families experience greater difficulties as they have limited access to fewer resources. Many low-income families, particularly single mothers, work to survive in such chaotic environments. A low-income parent must cope with a lack of resources when attempting to meet daily requirements such as food,

clothing, shelter, rent, utilities, and transportation while additionally trying to cook, clean, provide childcare, work, and help children with homework. Additional tasks can be overwhelming, enabling the cycle of chaos to continue.

Maslow's Hierarchy of Needs (1970) may provide the most appropriate backdrop to understand the challenges presented to low-income households. This motivation theory stresses that only unmet needs influence behavior, and that once lower needs are met, a higher need will emerge, demanding fulfillment (Rakich, Longest & Darr, 1992). The individual's physiological needs must first be met before the individual can begin to address more secondary needs including safety, social, esteem, and actualization. If a child does not have a stable home and easy access to loving relationships and consistently healthy foods, it is unreasonable to expect the child will be ready and prepared to receive an education. These families struggle to meet daily living needs, therefore it may not be practical to expect them to be engaged in issues beyond their own immediate needs.

Systems Issues

Nearly every key informant described the following themes. Although they were aware of the problems, they had no recommendations as to how to address the problems.

- Lengthy application processes
- Lack of continuity within and across social service systems
- Mistrust of systems (government, social services, educational, health care) due to previous bad experiences
- Literacy barriers for English-speaking parents
- Language barriers for non English-speaking parents

- Overwhelming life chaos
- Unstable home environment

Most stated the lengthy application processes (across many services), and the perception of being "handed-off" to another person many times, creates a mistrust of the system and fear within the parent to try and continue. Application processes must be sufficiently simple to make them user-friendly to parents, and to make parents feel comfortable enough to bring their children in to ask for help and access services.

To compound these issues, the parent may have communication, language and educational barriers, which cause problems for both the parent and the provider in addressing the parent's concerns. Many parents do not have the personal resources to cope with the confusion and frustration, and they give up rather than facing the difficulty of seeking assistance. Another language-related difficulty is that the child may not be able to speak English when they begin school because another language is the primary language at home.

Long-term Dependency on Services

Another problem, dependency on services, may develop from low-income families' demanding schedules and limited resources. For instance, the WIC (Women, Infants and Children), a food assistance program for low-income families, provides food stamps that help to purchase nutritious foods. Rather, a grocery pick-up or voucher program is more likely to be utilized where organizations offer clients food that has been donated to them, without assessing the nutritional content. This dynamic is problematic in its continuation of dependency upon the provided services. This may not the most effective approach to meeting the need of hunger and poverty. It does not foster independence so that families can be self-sufficient.

Consider instead the Wichita Women's Initiative Network (WIN). The organization hires women who have been in abusive situations who are ready to make the emotional detachment, but need financial sustainability. At WIN, participants package food products and make rugs and placements on looms, made from recycled jeans. Not only are participants employed, but their building is across the street from a technical college. Participants get an education so they can train for a new job or career. Often transportation, childcare, housing and food assistance are issues that need to be addressed with participants, so WIN works to meet these needs. WIN does not provide structural changes for these women, but their needs are met at many levels through the fostering of independence and self-sufficiency.

One staff member from a child-oriented non-profit agency stated, "There is a wealth of resources out there, but helping individuals see the value in them, trust them, access them, and being able to have continued (need everyday to have good nutrition) sustainability of continued access."

Funding Shortfalls

The school districts, in addition to most service providers, are severely lacking funding. As over one million dollars is being cut from the budget, including critical teaching and support positions, and art, music and physical education programs, USD 259 is now faced with the additional concern of adding school readiness to the budget, preparing infant to four-year old children for school.

Resistance to Change

Winnet (1991) states, at any point in time, only 10-20% of individuals are ready to change key health behaviors. Identifying the 10-20% who are ready to change may be challenging. A community in poverty focuses on survival, which includes having shelter, working, and eating, and may be difficult to engage. Prevention of domestic violence, child behavior or developmental delays, may seem superfluous to families' daily necessities.

For example, a residential developer in Planeview, made this comment regarding community participation in a local non-profit organization: "At our Christmas party, we had chicken…we fed 250 people. None of these people ever existed before, but it became a feeding frenzy. I had to keep sending people to the grocery stores to get more chicken. It hurts my feelings, but I had to realize this was a way of life. At the next meeting, no one was there." However, when a community feels immediate and direct impacts from an issue such as local violence, the community can rally together. The developer added, "When there is a lot of criminal activity, everybody wants to get involved."

Family & Developmental Deficits: Basic Needs

Childcare

The issue of good quality, affordable and available childcare was mentioned frequently among key informants. Educators stated there was an observable difference in children who have participated in quality preschool programs versus those who have not. One example offered was the social adjustment, ability to follow instructions, and ability to work independently was more apparent in children who had attended a good quality preschool program and those who had not. Kindergarten teachers are saying you do see a difference. An

advantage to the USD-259 Pre School Program is that it follows the USD-259 curriculum, ensuring that early child development concept and content areas have been addressed prior to the child entering kindergarten.

A true challenge, according to key informants, is to improve the quality of day care provided in homes, and daycare by relatives and family members. Reimbursement for daycare is lacking, and there is a shortage of qualified daycare workers due to low pay, lack of appreciation, and lack respect for services rendered. Quality daycare is becoming an overwhelming issue. The reduction in childcare financial subsidies from the government has also been reduced due to budget shortfalls at the state level.

Not only are there insufficient daytime care providers, but there are real shortages of providers who offer services in the evening and during the nighttime hours. This presents a huge dilemma for parents who work second and third shifts. The Colvin/Planeview area was identified as an area where there is minimal quality childcare available. Parents do not necessarily know how to recognize quality childcare especially among low-income families, where the focus is on convenience and money.

Family Mobility

Residences are moving more frequently due to unstable housing. Low-income families in inner city Wichita move frequently, seeking the most affordable housing. According to key informants, this phenomena is observed more frequently among the Hispanic and African American neighborhoods. For example, (i.e., if new Section 8 housing opens in a new zip, families move to that new area). These families do not always have references because they do

not have the best record for paying rent. The housing in this community is an issue because of a more conglomeration of these types of criminals in the lower income housing.

Culture-Related Issues

Cultural differences are important in addressing services for family and development. It is clear that education brings about opportunities for children and adults. In Mexico, however, it is not mandatory by law for children to attend school. Sometimes when a Mexican family immigrates to the United States, the family does not understand their legal obligation for the children to attend school, nor to place a high value on education. An intervention in Caracas, Venezuela, involved examining a community who thought absenteeism was normal and natural (Montenegro, 2002). A community psychologist worked with the community to address the problem, which resulted in participating community members to change their perspective and consider school absenteeism a problem. The psychologist was able to organize the community around the issue, which resulted in community program activities that encouraged families to prepare their children for school.

The issue of eligibility becomes much more prominent as does transportation and cultural differences. Language can present a huge barrier in accessing services, as do misunderstandings of cultural differences. One Planeview resident summarized the issue of undocumented families simply, "If you can't document your child, you can't get squat."

Additionally, truancy is more problematic among Hispanic families, partially due to cultural differences. For example, families from Mexico may return to their home country for six weeks during the Christmas season. This creates not only an attendance issue for those children in school, but also delays preparing preschoolers for the classroom. Moreover, the high

school graduation rate is lower for Hispanic children due to different values associated with education. Hispanic children may identify more with their parents (e.g. my grandfather worked in construction, my dad worked in construction, therefore, I'll work in construction, and I don't need an education to work in construction.)

Nutritional Deficits

The percentage of children approved for free school meals in Kansas has risen from 19.8% in 1991 to 26.4% in 2003 (Annie E. Casey Foundation, 2003). Ranking 94th of the 105 Kansas counties, Sedgwick County has approved 35.1% of its children for free school meals in 2003 (Annie E. Casey Foundation, 2003). Additionally, several schools in Sedgwick County have 92% or more of their students receiving free lunches and breakfasts, including 92% at Colvin (personal communication, April 18, 2003) and 94% at Cloud Elementary (personal communication, April 16, 2003), as well as 100% of the 26 pre-kindergarten schools, which also include an afternoon snack (personal communication, May 5, 2003).

With increased economic stress and dependency upon the schools to provide nutrition, the school districts have a unique opportunity to provide nutritious meals and snacks to Sedgwick County children. All key informant interviewees identified children and their families receiving good nutrition as obstacles to school readiness. One non-profit staff member shared, "Parents don't know what to feed their kids to provide balanced meals, and they don't want to take the time to learn because it is just easier to feed them what they like to eat." The director of the same agency stated, "Nutrition is a big problem. Instead of feeding their children filling foods, parents often feed them simple carbohydrates. Meals and snacks lack protein and the child is quickly hungry again. Parents simply do not know how to plan a balanced meal. Parents

are not interested in receiving education on meal planning from WIC or other sources. They are more interested in simply picking up their vouchers and getting out of the office."

Additionally, the director of a low-income health clinic commented, "There are no grocery stores in the inner cities. Because of lack of transportation, people must shop at filling stations where you can buy high priced milk and potato chips." As a result, the school districts' unique opportunities feed children nutritional meals are meeting an important need in our communities.

Social Support/ Family Structure

Social support is a significant deficit in these communities. A non-profit director in Planeview stated, "The men are not involved in the lives of their family. They don't know what's going on with their kids or anything. In the Hispanic society, the men rely upon the women for everything…The guys have their friends, go to soccer games on Sunday, and they drink afterwards, and they might get together and have a barbecue, to cook for each other, not for their families." A Planeview developer added, "There is nothing for people to do, no place to shop in Planeview, no recreation for kids- AYSO costs too much, and prevents kids from participating in soccer."

One representative from a community-based organization believes that fostering trust and personal connections are central to developing social support. She stated, "I think that is probably one of the most successful things we can do, establishing a relationship with the student. I try to do that, but also connecting them with a tutor or mentor that is a reliable consistent person that cares about how they are doing. And we try to develop relationships with their parents, too."

Socio-Emotional and Behavioral Programs

Children from low-income families with behavioral/mental health problems are really struggling, according to the key informants interviewed. Working through Comcare, preschool children who are identified as having socio-emotional difficulties or display violent behavior receive therapy on site at the day-care school sites. In addition, outreach services are extended to the parents of these children to help them understand how they can help their child in the home setting. She stated these kids can't handle directions in the classroom, may be overly sensitive or insensitive to other children, avoid classroom interaction, and do not share toys. Many show severe aggression. While some show no academic problems, they often have delay social and emotional functioning.

A common theme within developmental problems was the need for more preventive interventions. A commonly held opinion was that "we" spend a lot of time, effort and dollars on adults, and the funds, time and effort would be better expended when children are younger and more malleable. "The early childhood population is ignored to an extent, because we don't want to infringe on the rights of the parental authority unless we have too. By the time, they are school age then we have to, but in my book, it's already to late."

The principal of an elementary school, stated "I think we are seeing more of the emotional problems, and not just the child who is a little behavior issue, but really deep-seated emotional concerns…As our kids get a little bit older, we are seeing some suicidal tendencies at an earlier age, in elementary school. We are picking up more sexual harassment issues than we have in the past… and I think we are picking up some more sexual abuse of kids, which has just been coming out all of the sudden. We've got children here who are coming from another country who were homeless in the other country, with deep, deep emotional issues."

Due to lack of funding, only the most severe, high-risk cases are in treatment. This elementary school has 870 students and one full-time school counselor, and there is a strong possibility of that position being cut due to the current budget. Generally, a therapist may handle at most 15-20 children at any one time, and there are an extremely limited number of therapists that ComCare can afford. Referrals are received through Rainbows United. She emphasized the need to intervene earlier, before the child enters kindergarten so they are ready to participate in a structured classroom setting. She stated, "Within the current system, you have to fail to get help."

Barriers to improving this problem includes:

- Transportation
- Engaging parents in the child's therapy at school and in the home
- Supporting the parents in the home
- Denial by parents that a problem exists
- Poor trust by parents of anyone who is trying to help their child,
- Cost of providing individualized treatment, and
- Billing for therapy in a non-traditional setting (e.g. In the classroom, and at the child's home)

A positive from this program is the teacher training the therapist provides while on-site at the school setting. The key informant stated she has teacher sessions about twice per week to train the teacher's in assessment techniques, how to recognize problems, how to cope and interact with the socio-emotional problems of children may have.

Emotional Neglect

Considering the multiple needs and few resources, it is likely that meeting a child's developmental and emotional needs will be a lower a priority. The program manager of one youth-oriented agency stated that, "emotional neglect is a major problem. I see tons and tons of neglect. Many parents are more interested in watching television or talking with friends than in engaging their children. If the kids begin to scream loudly enough, they get a bottle stuck in their mouth. The kid becomes starved for attention." Additionally, a representative of SRS states, "When we look at the reasons for that neglect, I would say that, anecdotally, probably 80% of the children that come to us come from families who have drug and alcohol use and abuse. That contributes to the neglect, therefore contributes to a child not having those skills and needs that would prepare them to go to school."

Acculturation

A Parent Involvement Worker from a local elementary school represents a feeling expressed by several of the key informants. She believes it is important for parents to be education about the American culture. "It needs to be emphasized to them that they must adapt to the American culture, not vice versa." Additionally, she states that, "Kids feel pressure to conform to the Hispanic culture while at home and to the American culture while at school. This pressure makes it more difficult for them to succeed.

"The language barrier experienced by the parents contributes to this pressure. Many schools offer English classes for the parents, but many drop out after only a couple of sessions." The principal of another elementary school states, "The quicker they can learn the language, the

better for them." Additionally, some Hispanic families do not know basic cultural norms, like, for instance, it is illegal for others to assault them.

Health-Related Deficits: Health Care Services

Fragmented Services

There is an extreme lack of organization between and often within social and medical service providers. Within an agency, programs and positions are often not organized to the point that volunteers can offer meaningful or effective assistance. More importantly, there is limited communication and collaboration between agencies offering similar services.

Lack of Collaboration

Consider a food assistance program that serves mothers through pregnancy and nursing, as well as children from infancy to the age of five. There is a strong possibility that a mother and child could participate in this program for almost six years. In addition to the concern of individuals becoming dependent upon these services where the family does not have an opportunity to provide for itself, irregular collaboration between agencies results in the mother and child receiving no referral or service. At the same time, similar agencies might serve older children, the agency might overlap services with other agencies, and large gaps in services may exist between agencies.

This lack of integrated services greatly impacts the accessibility to and efficacy of many services, including medical care. Several health-related themes emerged throughout the key informant interviews. A lack of insurance presents a huge obstacle for the majority of children

in impoverished neighborhoods. Being uninsured was heavily sited as a barrier to receiving medical, dental, and mental health prevention and intervention services.

Lack of Health Insurance

Several health-related themes emerged throughout the key informant interviews; however, a lack of insurance was mentioned as a huge deficit for the majority of children in impoverished neighborhoods. Lack of insurance and a primary care home was sited as a barrier to early medical and mental health intervention. The key informant from the public mental health provider ComCare estimated that the rate of uninsured clients they see has increased between 27% and 30% over the course of the past year. She believes this will continue to increase with the downturn in the local economy. Moreover, state budget cuts most likely will result in an increase in Health Wave premiums from $10 to $20 per month, or from $15 to $30 a month. Even a cost as small as $10 to $15 per month will place health insurance beyond the reach of the majority of families, thus she stated she expects the number of uninsured children to rise.

Co-payments at the time of a health care visit also present another cost barrier according to key informants. Again, even a co-pay as small as $10 may make a visit to the doctor, clinic or mental health professional unaffordable for many low-income families. An additional problem mentioned in this area, was lack of health care coverage for parents. Although Health Wave may cover a child, their parents may not be covered by health insurance product. This presents the problem of an ill parent not being able to access medical care when needed, which will indirectly impact the child.

A systems-related problem reported by key informants involved the Health Wave enrollment process. Enrollment is required on an annual basis, so parents must re-enroll their children each year. Parents don't always understand they must re-enroll to ensure coverage, and frequently, they find the paperwork and numerous contacts overwhelming and difficult to negotiate.

Limited Dental Providers

Access to dental health in Wichita has been an identified problem since the mid 1990s, and was a frequently identified problem in the first and second round of key informant interviews. There are a limited number of access points due to 1) a shortage of dentists in the state of Kansas, and 2) very few dentists accept patients covered by Medicaid or Health Wave insurance. As a result, the preventive dentistry is not performed, and the resulting emergency treatments needed are not being addressed. The Main Health Department does have two pediatric dental chairs and is staffed by volunteer dentists. The Hunter Health Clinic also offers dental services; however, the clinics do experience difficulty in keeping a dentist on staff.

It was reported that many low-income families do not understand the importance of good oral hygiene, and the lack of a fluoridated water supply may contribute to dental health problems among low and middle-income children in Wichita. A common statement made by parents is, "They are baby teeth, and they will just come out."

A representative from SRS stated, "Dental care is an area I am very concerned about for children, whether they are young or older children. It is something we *struggle*, STRUGGLE with to meet children's special needs…That is an important part of a child's overall well-being

and health. You can't really separate it. It is part of that whole picture, so it is part of an area where we are really lacking."

Lack of Preventive Medical Services

Wichita Public School Health key informants report that many low-income children are not coming to school with such basics as immunizations, health assessments, and good nutritional habits. "These kids just aren't ready. Their basic needs are not being met and that impedes school readiness. Our staff are spending time chasing down immunization records, and pursuing health assessments for kids who need them."

In terms of general preventive medicine for the uninsured or low-income families, there are more physicians than dentists available. However, there is still a great need for preventive services. Key informants indicated that the doctors who see most of the low-income population are in emergency departments. One citizen said, "Almost all care is on an emergency level or on an as-needed basis, rather than on a preventive level." Some community centers and clinics, although overworked and understaffed, are working to meet some basic, preventive health needs. For instance, staff from one low-income health clinic dedicated an afternoon at a local middle school's orientation to provide immunizations and update and often translate their immunization cards. The clinic paid for these services in total.

The director of this clinic pointed to an important problem with low-income families receiving preventative services. "The children who have Medicaid and Healthwave where the well-child checks are encouraged, actually have a higher compliance than our patients who don't have insurance, or other forms of insurance, even private pay. Typically, private pay insurance don't pay for these well-child checks. So the parents will put it off, and they won't do it. Of

course, when you are a working parents, and you are trying to make a living, it is hard to take off work and do that."

Program Eligibility Limitations

The majority of key informants highlighted their concern for the warped systems that determine families' access to services. A representative from SRS indicated that families often are unable to receive their services unless there are allegations of abuse or neglect, that families who want services must first have be accused of abuse or neglect. Similarly, a low-income health clinic director stated, "One of my nurses and I were talking about the Head Start and preschool programs. They are great programs, but it is almost like you have to have a medical card, be indigent, or have a medical problem to be able to qualify to get into those programs. So you have a lot of parents who are the working middle class, the working poor, who can't get their kids in those programs because of the lower cost, and they certainly can't afford to pay for daycare at $90 or $100/week."

Transportation

Key informants from another elementary school stated, "The money spent on a bus for the whole family to get to and from a particular resource could be spent buying a carton of milk or dinner for the family that night. Parents are forced to choose which is better…take the bus and possible get some help, or don't take the bus and have something to give your hungry children that night." The director of a low-income health clinic stated, "We have moms who bring their children to see us that are sick, on the city bus, and they ride home the same way.

They'll call us and say, 'I can only get a ride between this time to this time, and can I get in and get out because I have to go to work?''

Lack of Awareness of Available Resources

Regardless of the quantity or quality of services offered, there is a lack of communication and general awareness of programs and services offered. For instance, one staff from an organization serving children pointed out, "A lot of people probably qualify for Meals on Wheels, but they don't get it because they don't know it exists."

Culture & Language

One staff from a local child-service agency stated, "Clinics may speak the patient's language, but the written material give to the patient may not be in Spanish of Vietnamese."

Referrals

A representative of WIC noted the need for collaboration. WIC collaborates with Commodity Supplemental Food Program. "Once they go off of WIC, with a six month post-partum woman that was formula feeding, at six months, she gets dropped from WIC. So we send her certification form to Commodity, so that they can contact her, and tell her she is still eligible for Commondity. Same thing for children at five years old – Commodity can serve them up to six year old. We need to do more of that kind of stuff, talking to each other, working out, 'I'll work with these kids at that age, and then send the information to you after that.'"

Child Environment Deficit: Isolation

Low Socio-Economic Status

If we accept socioeconomic status as a major underlying cause of poor health, we must be concerned with the increasing division in our communities along socioeconomic lines. In the U.S., we have always assumed a great deal of mobility among socioeconomic groups. Yet the distance between groups in income, education, skills, and resources is becoming greater and, as a result, the ability of individuals to achieve upward mobility is decreasing. This is not just a problem of minorities, as in the past, but of the white population as well. Moreover, there are trends which suggest that the distances will grow ever larger and more intractable without community-wide efforts. These trends concern births to single mothers, decreasing funding and commitment to public education, and public resources which promoted a civic culture.

Transportation

Transportation is a key issue for low-income communities. A leader of a Planeview coalition stated, "The WIC program is going to move out of Planeview. Now, get this. So they can serve a larger area, they are going to go to one of the malls [many miles away]. People who already have a transportation problem do not need that compounded."

Cultural Animosity

A leader of a non-profit agency in Planeview stated "These people across the street, they aren't familiar with these people just right over here… A lot are pretty closed in, they don't communicate with you. And the Hispanics aren't near as bad as the Laotians and the

Cambodians.…" A Planeview developer concurred, "I don't have a lot of Asian renters, they will not live next to anybody else but their own. They are a closed-in group."

Lack of Affordable Housing

The lack of affordable housing, a significant problem in several Wichita communities, is an important component of environmental isolation. A Planeview residential developer stated, "Planeview has affordable housing, and there are not many places that have this."

Culture, Language, or Eligibility Barriers

A non-profit director in Planeview stated, "I know when they changed the rule about the driving license, that created a big problem for Hispanics- where you took an individual who was able to get insurance and drive legally. Now that person is driving illegally, with no insurance…this is a really big problem because they drive anyway. They are not going to stop. They can't – they have to provide for their families. I don't blame them one bit."

Education

Key informants from the Riverview Headstart observed, "the basic necessities (of life) are not met, making education a low priority." One stated, "There is a high dropout rate in the community, and parents themselves may only have elementary school education…The families do not always consider school a priority. Families are not able to provide children with material items that children desire, thus when they research working age, it is common for them to drop out so they can earn money for these things."

Several key informants stated they thought the school principal and their attitude toward an intervention is critical to a successful intervention. "They can make or break the a program. If they support it, it will work. If not, there is not guarantee of success."

Demand for the USD-259 Pre K program has outstripped supply due to lack of spaces and funding. At this time, they are attempting to intervene in neighborhoods where the greatest need has been demonstrated. Currently, USD 259 serves 1,600, 4-year old children. However, there are approximately 4,800 kindergarten students per year, so they are serving only one-third of the population that would benefit from this service.

Currently, USD-259 uses the DIAL, a pre-screening instrument, which is a prescriptive device, not a normed test. The first true assessment of learning is in second grade, which delays the ability to assess the long-term effectiveness of early childhood education. They believe there is a great need to focus on reading, and they plan to identify kids with the greatest difficulty prior to school enrollment.

Identifying Community Assets

Community development and improvement occurs when local community people are committed to investing themselves and their resources in the effort. Kretzman and McKnight (1993) have advanced an **"asset-based, internally focused and relationship driven" community development model**. This method locates, analyzes and promotes neighborhood-based efforts that build upon and enhance local capacities to address issues and solve problems. Based upon a philosophy of mapping, communication and integration, this process provides the basis for policy development and recommendations aimed at improving the problem with local participation.

Rather than focusing on a community's needs, deficiencies and problems, an asset-based model for community improvement begins with a commitment to discovering a community's capacities and assets. If a community development process is to be asset-based and internally focused, then it will be in very important ways "relationship driven." Thus, one of the central challenges for asset-based community developers is to constantly build and rebuild the relationships between and among local residents, local associations and local institutions. For community builders who are focused on assets, rebuilding these local relationships offers the most promising route toward successful community development.

Key Informants identified what they believed to be strengths in the areas of focus, including health, child environment, family, and developmental assets. Several organized coalitions exist that may serve as cornerstones for interventions to improve school readiness in children aged 0-5 years. Coalitions are an alliance or union of organizations, agencies, and other shareholders who unite under a shared vision.

Family & Developmental Assets: Child-Focused Coalitions

A large number of child-focused organizations joined together to develop the Sedgwick County Early Childhood Coordinating Council (SCECCC). See Table 1 for the list of organizations that comprise SCECCC. Within this coalition, parents and community providers are working together to ensure quality services are available to young children, ages pre-birth through eight, and their families in Sedgwick County. Key activities include: coordination and support of training efforts within the community for families and professionals, ensuring interagency collaboration to facilitate effective and efficient linkages between and across community, promote public and legislative awareness of the importance of prevention and early

intervention, assisting community groups in identifying and reaching out to children and families at risk, and supporting prevention, services, and education to perinatal population.

Additionally, USD 259 has been noted by key informants as a strong asset in this community. Programs including the Parents as Teachers, Communities in Schools, and the free or reduced-cost breakfasts and lunches have been frequently cited programs that provide much needed services in our community.

Health Assets: Vested Health Care Providers

Another important asset of these communities is a desire shared by community leaders and agencies for the health and wellness of all community members. A representative of SRS recalled an immunization initiative that was promoted a decade ago. "I think, as a community, it would be helpful for us to come together again around an issue, like immunization." Two barriers for communities and organizations to better communicate and collaborate has been the establishment of separate goals and restrictions that are set by funding agencies. A staff member of a child-oriented non-profit stated, "We could do wonderful things if people would be willing to let go of some control, which is difficult to do. Community coalitions are coming together. We need to ask how can we improve what we [collectively] have done, and what we do great."

School teachers and principals greatly impact the experience children have at school. The principal of an elementary school stated, "I just think we do a pretty darn good job with what we've got. These kids, they like being here. One of the things we have to do because we are so overcrowded is we are having to get tough with people who are giving us fake addresses because they want to be here. We are having to send them to other schools. That is a

compliment to the teachers because they want to be here. It is pretty amazing what we are able to accomplish everyday. I'm pretty proud of it."

Sedgwick County Association for the Medically Underserved (SCAMU)

SCAMU is a local unit of the Kansas Association for the Medically Underserved (KAMU), and represents a diverse group of organizations. Its membership includes public and private non-profit primary care clinics, community health centers, private individuals who have a keen interest in service for Kansas underserved populations, local health departments, hospitals, health clinics, and local social service agencies. KAMU's mission is to promote accessibility to high quality, culturally sensitive, comprehensive, cost effective primary health care services for the medially underserved in the state, regardless of their ability to pay.

The local low-income health clinics, including Center for Health and Wellness, Good Samaritan, Hunter Health Clinic and its satellites, the United Methodist Health Clinics, and Guadelupe Health Clinics, and the Sedgwick County Health Department, are active participants of this coalition. This coalition may serve an important role in any interventions directed toward improving health-related issues.

Partnerships with Schools

The national S-CHIP initiative, a program to extend health insurance coverage at affordable rates to low-income families, is called HealthWave. United Way of the Plains, Project Access, SCAMU clinics, and USD 259 successfully collaborated to increase enrollment in Healthwave in the past two years during the school enrollment process. In addition, the director of one low-income health clinic described a program which involves the Evergreen

Health Department Station. When enrollment is done at Cloud Elementary School, there are no problems with parents getting the health assessment screening performed because the Health Station is within the community. The parents feel a sense of ownership because they know if they go to the Health Station, their kids are welcome, and someone who speaks their language will be there. The fear factor is gone. The parents get the one-on-one assistance that will allow them to take the next step for help. It is a one-stop shop to receive assistance and get referrals. This service addresses the needs of the community and the community utilizes the service.

A local program like this alleviates the transportation barrier. Many parents can walk or get a ride from a neighbor. In contrast to the Cloud Elementary Community, Little Elementary School does not have a Health Station nearby. It is a continual cycle for the USD 259 staff and administrators to get the children ready for school. The parents have to travel further to get the same type of assistance provided at the community level in Cloud.

Child Environment Assets: Community Involvement

Community Centers

A notable asset within a few low-income communities is an innovative development, the formation of "one-stop-shops" or community centers with their services and activities built into the community proper. For example, the building housing Colvin Elementary School in Planeview also serves as a community center. Some programs and services are independent from the school, while others are more integrated. In addition to the school, service providers include the local health department, a public and school library, Women Infants and Children, the Department of Parks and Recreation who lead after school programs, a senior center which is

run by staff from the Red Cross, a community educator, a neighborhood assistant, a parent involvement worker, parents as teachers Communities in Schools, a neighborhood City Hall, an Office of Central Inspection, and Family Consultation which provides an onsite therapist. Additionally, there used to be a United Methodist Health Clinic located in the school, but not enough people knew about the clinic, so they had to discontinue services.

The establishment of a central location for easy access to a number of services has been so successful in Planeview that other communities and schools want to replicate the design. With a student population of over 800 children, the principal of a new magnet school stated, "My school needs a community center within itself. We do a lot of things that take time away from education including laundry, showering, brushing teeth. We have to go out into the community to get necessary resources for these tasks and have limited facilities. We need a community center to help with these problems so we can more time with our main objective, to educate."

This systematic integration of services and "one-stop-shop" location offers opportunities for families to receive much needed services as well as some degree of social support. When services and the locations where services are provided are fragmented and disconnected, the people who receive those services feel similarly.

Health Stations

The principal of another elementary school stated, "Evergreen [Health Station] is a HUGE asset to the community. And now the library, these are big assets to the neighborhood." Other health stations have been cited by key informants as extremely useful.

Wichita Public Schools

The prinicipal of an elementary school shared, "I would love to [Parents as Teachers] here, but I have no space for it. That has to be a great program for readiness because they are going into the homes and really following up with those parents, on education, and working with them. I would love to have that here, but I don't have the space for it.

Communities in Schools (CIS), also frequently cited as a community asset, works with "at risk" kids to help them be more successful, with the goal of keeping students in school so they graduate. CIS matches these students with tutors or mentors, they work to get the parents more involved in the school, and they often hold groups to address issues such as anger management, substance abuse prevention, and girl power.

Government Services

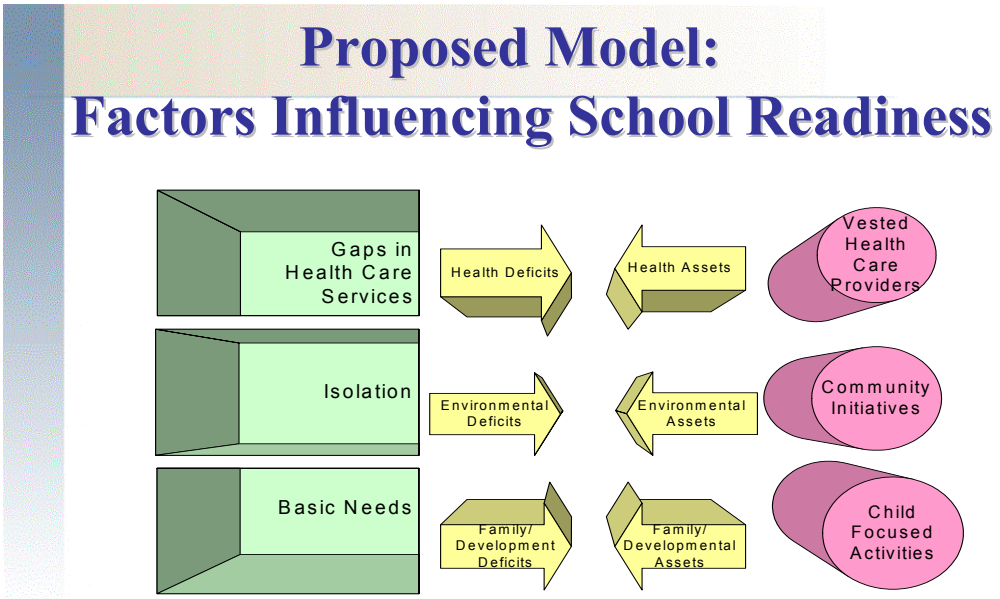
The City of Wichita has placed Neighborhood City Hall Locations inside local neighborhood centers. A Neighborhood City Hall location exists in each of the targeted areas including, Atwater, Colvin, and Evergreen, and are open 9 AM-7 PM (Monday-Friday) and 9 AM-12 PM (Saturday). Not only do they bring convenient government service to the local community, but also offer a meeting place, and access to Neighborhood Assistants, who are knowledgeable of the surrounding community and its residents.

Local Neighborhood Leadership

Several key informants shared that local leaders, organizations and churches have contributed a great deal to the organization and development of their communities. Healthy Options for Planeview (HOP), for example, was cited by all key informants in Planeview. HOP offers a number of programs to the Planeview community including Moms and Mentors, which

addresses the needs of young mothers, providing diapers and parenting classes, and Magic Mornings, which deals with older women in the community, who need socialization.

Model Two: Risks Factors/Deficits and Protective Factors/Assets



The above proposed model uses Lewin's Force Field Analysis of Change. Using this model, we can observe the dynamics between school readiness factor deficits and assets.

Risk Factors

The literature indicates there are a number of risk factors that influence school readiness. This includes: low birth weight and neurodevelopmental delays, medical problems, difficult temperament and personality, family divorce or remarriage, low level of maternal education,

parental substance abuse, immigrant status, minority status, low socioeconomic status, and maltreatment. Risk factors also include: problematic maternal relationship history, psychophysiological markers, insecure attachment in early years, child care by someone other than mother, large kindergarten classes, and fewer parent-teacher meetings (Peth-Pierce, 2000).

National Perspective

In the U.S., states report 20% to 49% of children are not prepared to enter school (Klein, 2002). "Children who do not begin kindergarten socially and emotionally competent are often not successful in the early years of school, and can be plagued by behavioral, emotional, academic, and social development problems that follow them into adulthood" (Peth-Pierce, 2000, p.v.).

Early care and educational experiences are closely related to a child's emotional development and behaviors (Knitzer, 2000). More than 60% of children under age six are in some form of childcare (Donahue, 2001), yet they are usually of poor quality (Knitzer, 2000). This results in 16% to 30% of low-income kindergartners engaging in ongoing problematic behaviors (Raver & Knitzer, 2002).

Poverty is a national issue that greatly influences school readiness. The 2003 Poverty Guidelines for the 48 contiguous states indicates that the poverty guideline for a family of five is $21,540. In Kansas in 1999, 14% of children were living in poverty (Kansas Kids Count Data Book, 2001). In 2003, 26.4% of Kansas children were approved for free school meals, a continuously growing percentage (Annie E. Casey Foundation, 2003). In Sedgwick County, 70-80% of pre-kindergartners are in poverty, and 62% of kindergartners through 12th grade are in

poverty. In fact, Wichita consists of one-third of Kansas' poverty (personal communication, May 5, 2003). Those in poverty need extra boost to be academically successful.

Local Childcare Problems

While more than 60% of children aged six or younger are in some form of childcare (Donahue, 2001), the childcare is usually of poor quality (Knitzer, 2000). This is potentially crucial as early care and educational experiences are closely related to a child's emotional development and behaviors (Knitzer, 2000). There are only 3,252 slots (16.7%) available for the total number of infants/toddlers in Sedgwick County.

Of 100 Sedgwick County facilities, only seven are accredited by the National Association for the Education of Young Children (NAEYC), and 31 are seeking accreditation. Salaries for early childhood education staff in Kansas average $16,000 - $17,000, and are not likely to receive benefits (Who Cares for Kansas Kids?, 2001). Stability of staff is critical to a quality early education program. In Kansas, turnover rates average 40%, although some exceed 200%. Better pay and benefits are cited as reasons staff leave (Mid-America Regional Council's Metropolitan Council on Child Care News Release, 2000). In Kansas, only 46.3% of child care center directors and less than 18% of home providers have a bachelor's degree (Who Cares for Kansas Kids?, 2001).

Of the existing childcare facilities, which are clustered in north-central, southeast Sedgwick County, 42% are registered (up to 6 children), 40% are licensed (up to 10 children), 9% are "other programs," 5% are child care centers, and 3% are preschools. In 1999, 14% of children living in poverty in Kansas (Kansas Kids Count Data Book, 2001). In 1999, 9.7% of babies born in Kansas were born to single mothers (Kansas Kids Count Data Book, 2001), and

27% of families with children were headed by a single parent (Kansas Kids Count Data Book, 2001). Also in 1999, 63% of Kansas 3 to 5 year olds were enrolled in nursery school or kindergarten, and 31% of children in Kansas aged 6 or younger were in paid childcare while parents were at work, compared to 26% national percentage (Kansas Kids Count Data Book, 2001).

Local Learning Deficits

In Sedgwick County, children who reside in the specified block group areas were found to be at greater risk for developmental delays in the areas of concepts and language. Based on the percentage of children found to be delayed on the DIAL 3, a standardized developmental screening completed in the fall of 2002, a significantly larger percentage of children in the specified block groups were delayed in the area of concepts. In the area of concepts, 50% of the kindergartners in the targeted block group areas were delayed. The percentage of children found to be delayed in the area of language in the specified block groups was again greater than those not living in the block groups.

The DIAL 3 Screening was administered to all of the pre-kindergarten and kindergarten students in USD 259 in the fall of 2002. The DIAL 3 screening instrument assesses child development and screens for delays. Schools with pre-kindergarten and/or kindergarten classrooms were sorted into two groups: those that draw students from the block group areas targeted in the Knight Foundation school readiness needs assessment and those whose students primarily come from non-targeted block groups. The schools included in the block groups were: Cloud, Colvin, Horace Mann, Irving, Isley, Little Early Childhood, L'Ouverture, Midtown Early Childhood, Spaght, and Washington. The DIAL 3 screening has two areas that are most relevant

to school readiness concepts and language. The concepts portion of the screening assesses memory, previous learning and language by asking the child about areas such as: identification of body parts, naming colors, counting, and letter naming. The language section of the screening also assesses the areas of memory, previous learning and language utilizing targets such as problem solving, classification, naming nouns and verbs, and articulation.

Comparisons were based on the percentage of the total number of students screened who were determined to be at risk. Percentage comparisons were necessary because the available data was at the school level rather than the individual level. The first groups to be compared were kindergartners. The mean percent of children delayed in the area of concepts was 27% for the schools external to the target area and 50% in schools in the target area, a 23% difference. In the area of language, the mean percent delayed outside the target block group areas was 28% compared to 40% in the target areas, a 12% difference (see Graph 1).

The second groups to be compared were children in the pre-K classrooms. The mean percent delay in concepts for the children attending schools outside the target area was 13%, and 22% in schools within the targeted block groups, a 9% difference. For language, there was a 7% mean difference of children delayed in language, 13% outside of the block groups and 20% within the block groups (see Graph 2). Children attending schools in the targeted block group areas demonstrate a higher percentage of both language and concept delays for both kindergarten and pre-kindergarten children.

Closer inspection of differences among USD 259 schools reveals great variation among schools within the targeted block groups. Wichita Public Schools report, on average, 14.1% of kindergarten children have potential concepts delays. The range of concepts delays varies from from 0% at Bostic and Peterson Schools (higher income zip codes), Kellogg (in the same zip

code as the target area), and McClean Schools (in zip code adjacent to the targeted area), to 27.3% at Anderson and 37.1% at Caldwell Schools (in same zip codes as targeted area) and 36.9% at Park (in zip code adjacent to the targeted area). Moreover, there is great variability in performance in schools in the target block areas. For example, at L'Overture and Isely, much lower percentages of delays in concepts among kindergartners is reported (3.2% and 15% respectively). A higher percentage of delays was reported at Washington, Colvin, and Cloud, which was 35.5%, 30.5%, and 43.1%, respectively. (See Table 1). For language delays among kindergartners, the USD 259 average was 21%, with a range 0% at Buckner School (in higher income zip code) to 34.1% at Anderson School, and 47.4% at Caldwell School (in the same zip code as the target area), and 55.4% at Park School (in zip code adjacent to the targeted area). Again, there is great variability in performance among schools in the target block groups. The percentage of language delays is lower at L'Overture and Isely (4.8% and 20% respectively), and as high as 46.8% of students at Washington, 38.1% of students at Colvin, and 55.6% of students from Cloud School (See Table 2).

Similar, but slightly higher deficits were noted among pre-kindergarten students. The district reports the average percentage of pre-kindergartners with potential concepts delays was 44.4%. Again there was a wide range among schools, from a low of 19.0% at Cessna School (in zip code adjacent to the targeted area), to a high of 77.1% at Park (schools in zip codes adjacent to a targeted zip code). Among schools in the target area, the percentage of concepts delay is higher overall, and remains variable. Little School has the lowest percentage of conceptual delays (43.1%), while the highest percentage is reported at Cloud School (81.0%) (see Table 3).

Wichita Public Schools also report that the average percentage of pre-kindergartners with potential language delays was 43.0%, ranging from a low in non-target area schools of 13.3% at

Dunbar, 14.3% at Chisholm Trail (schools in a targeted zip codes) to 50.0% at Clark (a school in a higher income zip code) and Stanley School, to a high of 68.8% at Park (a school in a zip code adjacent to a targeted zip code). Little again reports the lowest percentage of language delays (29.4%), and Cloud the highest (87.3%) (see Table 4).

Of the targeted schools, four include pre-kindergarten and kindergarten classes: Cloud, Colvin, Spaght, and Washington. The teacher to student ratio in these schools ranges from 1:16 at Colvin's pre-kindergarten to one pre-kindergarten teacher responsible for 50 students, 25 in the morning, 25 in the afternoon. Three targeted schools offered kindergarten without offering pre-kindergarten: Irving, Isely, and L'Overture. The teacher to student ratio ranges from 1:10 in a special education class to 1: 26 at Irving; these are representative numbers from these schools. Finally, there are three targeted schools that offer only pre-kindergarten classes, Horace Mann, Little, and Midtown. The teacher to student ratio ranges from 1:12 in the morning class at Little to 1:22 at Midtown.

Little's pre-kindergarten Dial 3 concepts and language scores in 2002 are relatively higher than other targeted schools. Yet this cannot be fully explained by the more manageable teacher to student ratio as L'Overture pre-kindergartners, who scored higher than all other targeted schools, averaged 1:22 and Cloud's pre-kindergartners, who scored lower than all other targeted schools 1: 24.

Health Concerns

The Wichita Public Schools Department of Health Services School Nursing Department reported school nurses initiated 6,321 and completed 4,120 medical referrals for all schools during the 2001/02 school year. Notable suspected diseases during the same year include 3,356

cases of asthma, 17, 984 cases of GI problems, and 2,755 cases of pediculosis. During dental screenings, the School Nursing Department reported 4,116 defects in primary (baby) teeth and 2,242 elementary students needed sealants.

During 2002, the Sedgwick County Health Department delivered 21,261 vaccinations, with the most frequent vaccinations including DtaP-State, IPV-State, MMR-State, HBV/HIB-State, Prevnar, and HIB-State. Graph 3 displays the percentage representation of immunizations delivered through Health Department sites serving residents of target areas. Evergreen dispensed 5,476 vaccines, followed by the Main Health Department at 4,774, Planeview at 3,043, Stanley at 2,634, and Southeast at 1,949.

Sedgwick County Main Health Department has the largest number of patient encounters of all the health department stations (more than 31,000 encounters in 2002), with a less than 10% contribution each from Evergreen, Colvin-Planeview, Stanley or Southeast. The last three health stations may be consolidated into one location at the Wichita Mall, which may impact the availability of immunizations and well-baby checks to the Planeview area (see Graphs 4-9).

Of the 21,445 health care visits to the Sedgwick County Health Department in 2002, 3,592 had no insurance, 1,859 of which were age six or younger. Approximately 13%, 2,843 visits had private insurance, 774 of which were age six or younger, and about 9%, 1,951 had Medicaid, 1,462 of which were age six or younger. Finally, only 5% or 1,149 visits could offer HealthWave, 1019 of which were age six or younger.

Perinatal Health Concerns

In 2002, the majority of Healthy Start participants were African American pregnant women over the age of 20. This is helpful information when considering the 2000 Census data

where 40% of Caucasians and 82% of African Americans in northeast Wichita (zip codes 67214, 67219, and 67208) are women of childbearing age. Thirty of the Healthy Start pregnant participants showed evidence of inadequate housing, 25 showed evidence of smoking, and 21 seemed to have a lack of family support. Of the 174 pregnant women who entered prenatal care, 112 entered during their first trimester. Of the 100 recorded birth weights of infants, 90 weighed five pounds and nine ounces to nine pounds.

The largest obstacle to receiving data from health care facilities is the limited nature of the reports. Data is not collected regarding the number of individuals who may need or request a service, only for those who receive a service. Additionally, reports do not indicate whether numbers are total cases, numbers of exposures, nor is a denominator (total number of students) provided, thus rates cannot be calculated.

Protective Factors

The literature contains a number of protective factors including: residence with both parents or remarriage after divorce, higher cognitive functioning of the child, the child's self-confidence, emotional support from alternative caregiver, higher levels of maternal education, cooperative parental coping, stable, organized, and predictable home environment, high quality daycare at an early age, a secure attachment in infancy and early history of positive functioning, larger number of classroom friends, warm and open relationships with kindergarten teachers, and for girls, social support and internal perceptions of control for girls (Peth-Pierce, 2000).

Opportunities for the Child

In considering an intervention for the child, the literature indicates that early intervention and prevention initiatives are best (Raver & Knitzer, 2002). School readiness initiatives focusing on children's development must encompass physical, motor, social, emotional, language, and cognitive development (Child Trends, 2000). Specifically, children need nutrition, physical activity, health care (Child Trends, 2000), rest, and protect from harm (National Association for the Education of Young Children, 1999). Children must be immunized, screened and evaluated for developmental delays, and linked to physicians for routine health care.

Positive relationships are essential for a child's healthy development, including social, emotional, and academic success (Klein, 2002). In fact, children are more likely to succeed in difficult times or in times of transition if they are able to: identify emotions in themselves and others, relate to teachers and peers in positive ways, manage feelings when faced with emotionally charged situations, be enthusiastic about academic learning, and work attentively, independently, and cooperatively in a structured classroom environment (Eisenberg & Fabes, 1992).

Opportunities for the Family

The literature indicates that the best approach to helping young children is to change the way parents and caregivers relate to them (Knitzer, 2000). As parents are the child's first teacher, they must have training and support. Parents need to interact with their children in ways that allow children opportunities to have some control over their environments (Peth-Pierce, 2000). It is best for parents to assume the role of "home base," where the parent provides the

child with security and love, while allowing for exploration and independence (Peth-Pierce, 2000). Taking this approach can foster social and emotional competence.

Opportunities for the School

The best approach to helping young children is to not only influence the way parents relate to them, but also how other caregivers relate to them (Knitzer, 2000). Kindergarten teachers and school administrators must be knowledgeable and nurturing. The best approximate adult to child ratio in the kindergarten classroom is 1 to 10 (Child Trends, 2003). Too often, the classroom is crowded, and the academic needs of the child are not met. If a few children are delayed in academic progress, the teacher might slow to accommodate them; resultantly, the remaining children must wait, and their full academic potential is not realized. However, when a large number of children experience academic delays and/or the school's community has a low socio-economic status, it would be advantageous for the school to offer longer class days and a longer school year.

Parents as Teachers

In 2002, Parents as Teachers served 596 families with home visits, 361 of which are first time parents. Of these families, 299 are low income, and 179 are teen-parents. In addition, 789 children were served with home visits, 85 of which were premature; others have disabilities or had low birth weights. Of the 789 children served with home visits, 201 children were younger than one year, 395 were between one year and three years old, 194 were between three and five years old, and 29 were older than five years old. However, the waiting list appears to be large, possibly as great as the number served.

Opportunities for the Community

School readiness literature also indicates that a child's neighborhood and community affects the child's development (Knitzer, 2000). Assets in a community include quality, affordable early childhood education, access to primary care physicians, access to health and nutrition services, access to family support services, and the establishment of safe and stable neighborhoods.

Assets in Kansas

There are two important opportunities from which the state of Kansas has benefited. First, although the state only requires half-day kindergarten, 90% are full day kindergarten (T. Behrendt, personal communication, May 5, 2003). The longer school day allows for more opportunities for children to learn, as well as greater opportunities for parents to work. Second, during the 1990s, the state of Kansas made funding available for 4 year olds (T. Behrendt, personal communication, May 5, 2003). Funding for four year olds in Kansas allows for the state to develop organized school readiness initiatives.

Assets: Key Service Providers

There are primarily three areas in which the local communities have strong school readiness assets, providing services to strengthen the child's health, development/family, and environment.

Health Services

Low-cost health clinics provide health care for the underserved in Wichita and Sedgwick County. Services primarily in urgent, acute medical care services, a few wellness and prevention services such as immunizations, physicals, pap smears, prostate checks, chronic disease management for diabetes, high blood pressure, and asthma, and assistance with prescription medications. Service providers include: United Methodist Health Clinic, Hunter Health Clinic, Guadalupe Health Clinic, Sedgwick County Health Department (SCHD), SCHD Health Stations, Center for Health and Wellness, and Good Samaritan Clinic.

Low-cost health insurance alternatives for the underserved such as HealthWave and Project Access for Sedgwick County and Kansas respectively, are important assets to our communities, providing accessibility to quality, affordable health care. Those children who are younger than 18 years old, do not have insurance, are documented United States citizens, and meet the current income guidelines can be covered with insurance for up to 12 months at a time. Coverage usually includes physical, dental and mental health.

Development/ Family Services

School readiness oriented services that address the child's development and/or family work to enhance the lives of children with or at risk for disabilities through customized preventive, evaluative and therapeutic interventions and supportive family-centered services. Most often, these services are for Sedgwick County children and families who have multiple disabilities, including physical, mental and behavioral. Services include screenings and evaluations, psychological services, early childhood special education, speech, occupational,

physical therapies, nutrition education, free or reduced cost school meals, and information and referral. Programs are implemented through centers as well as the child's home. Service providers include: Rainbows United, Connecting Point, Sedgwick County Early Childhood Coordinating Council, HeartSpring, Head Start, Early Head Start, Women Infants and Children (WIC), and USD 259.

Child Environment-Related Services

Other services in Sedgwick County community provide need-specific assistance. The population receiving these services live primarily in low-income communities. Services include sharing age-appropriate child development information with parents, providing support, and encouragement to parents, connecting community resources with schools, implementing home visits, and providing referrals. The integration of services provided through the development of community centers in schools allows for easy access to services. In addition to community centers, other service providers include United Way, Parents as Teachers, Communities in Schools, and Healthy Options for Planeview.

Conclusions

Health

Although the low-income clinics are serving a great need, they are overwhelmed with patients and are not able to treat everyone. Regarding health services, there is a severe lack of preventive services and dental care. There are simply not enough clinical services to meet the needs of Wichita or Sedgwick County.

Development/ Family

First and foremost, there is a severe lack of childcare for infants through 5 year olds. Additional spaces must be made available for childcare as well as Head Start and Early Head Start. To ensure quality, day care professionals and teachers must have quality training in the development of children's cognitive, social, emotional, and behavioral development (Raver & Knitzer, 2002). Although the Dial 3 is not considered a school readiness assessment, the identified potential language and concept delays must be addressed, and may be explained by language barriers. Finally, there is a gap in services that address socio-emotional issues.

Child Environment

Sedgwick County has some quality school readiness-oriented resources, but these services need to be developed, coordinated, and integrated.

Recommendations from the Literature

The needs assessment illustrates the Wichita community's health, developmental/ family, and child environment services. An intervention needs to organize and build upon these existing services to provide an integrated continuum of care and services (Child Trends, 2003).

Health

Regarding health services, the Wichita community would benefits from a coordination of dental health services with other services such as WIC, childcare, immunizations (Child Trends, 2000). Additionally, on-site mental health services for children could be extremely efficient

(Raver & Knitzer, 2002). Finally, the development of tracking systems, like an immunization tracking system, would be a considerable service preparing Wichita's youth for school (Child Trends, 2000).

Development/ Family

Regarding development and family services, some key recommendations can be made. First, although school district funding is limited, preschool attendance gives students an extra boost that seems necessary for school readiness (Child Trends, 2000). Second, for preschoolers at higher risk, interventions must address parents, teachers, and caregivers (Raver & Knitzer, 2002). Third, nursing home visitations, without the use of paraprofessionals, can effectively lead to wider birth spacing and fewer births over time. This information can prove useful for the development of school readiness initiatives (Child Trends, 2000). Fourth, providing childcare subsidies leads to more use of formal child care arrangements, and seems to be a necessity in Wichita's poor communities (Child Trends, 2000). Ideally, quality early care should be available for any child whose parents request it (Raver & Knitzer, 2002).

Environment

It is responsible and can be efficacious to invest in community infrastructure and environment or community-based services (Child Trends, 2000). Increasing job opportunities and providing job training improves children's cognitive outcomes, and would greatly benefit school readiness, as poverty is a significant barrier (Child Trends, 2000). A coordination of services can take place at the school level, where schools work with medical and mental health service providers, libraries, parks, recreation centers, and policy departments, like in the

community center based in Colvin Elementary. Finally, program delivery needs to be flexible. Rather than expecting people to travel to a building or center, consider delivering program to targeted communities through home visits, mobile libraries, and immunizations at school orientation.

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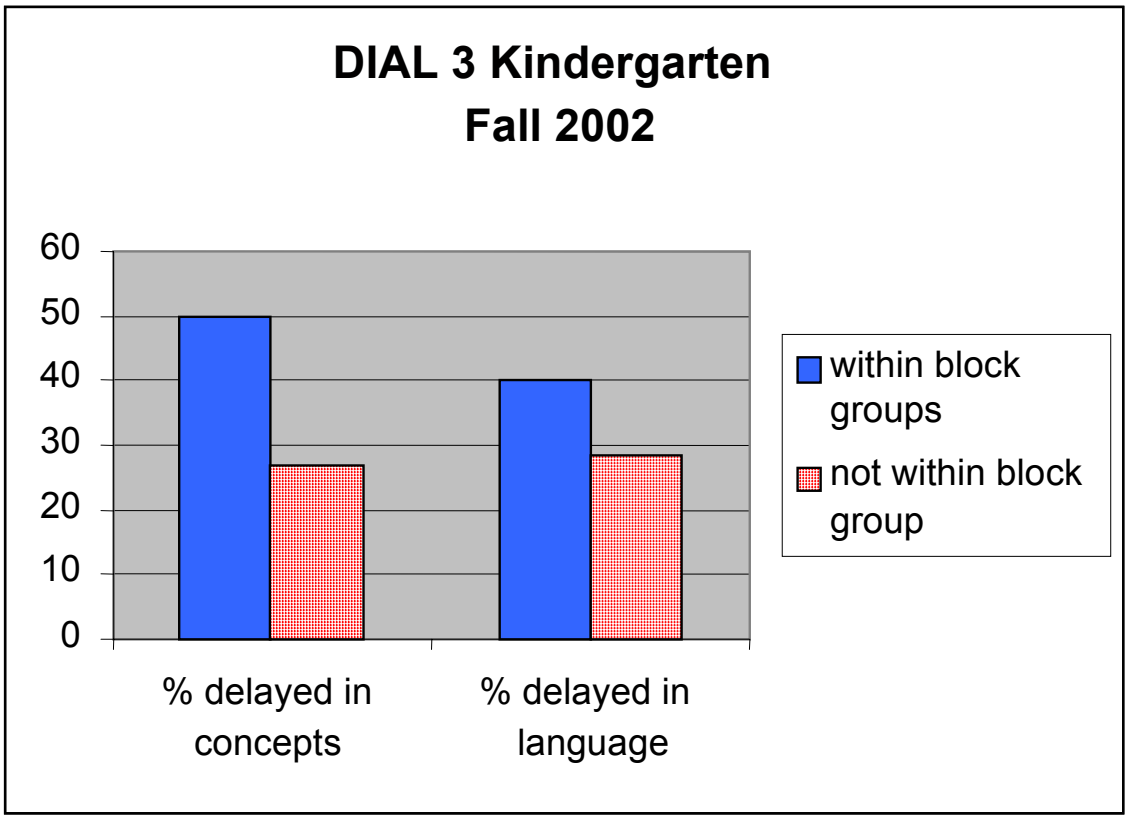
Appendices

Graph 1: Percent Kindergarten Children with Potential Concepts and Language Delays in USD 259 Schools, Fall 2002 Schools Located Within vs. Outside Targeted Block Groups



Graph 2: Percent Pre-Kindergarten Children with Potential Concepts and Language Delays in USD 259 Schools, Fall 2002 Schools Located Within vs. Outside Targeted Block Groups

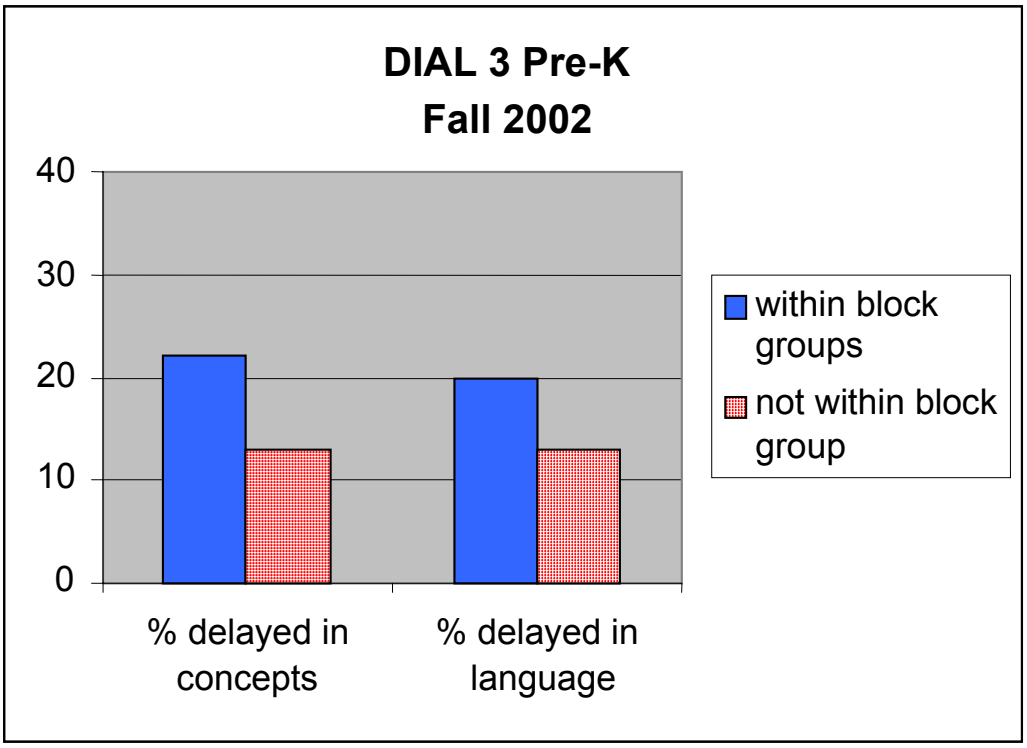


Table 1:
Number and Percentage of Kindergartners with
Potential Concepts Delays in Selected USD 259 Schools, Fall 2002

School	Number	Percentage
Anderson	24	27.3%
Caldwell	36	37.1%
Cloud	62	43.1%
Colvin	36	30.5%
Irving	34	29.6%
Park	24	36.9%
Washington	22	35.5%
USD 259 Average		14.1%

Table 2:
Number and Percentage of Kindergartners with
Potential Language Delays in Selected USD 259 Schools, Fall 2002

School	Number	Percentage
Anderson	30	34.1%
Caldwell	46	47.4%
Cessna	21	33.3%
Cloud	80	55.6%
Colvin	45	38.1%
Franklin	20	31.7%
Irving	49	42.6%
Kensler	32	31.4%
Lincoln	16	30.8%
Park	36	55.4%
Price	28	33.3%
Washington	29	46.8%
USD 259 Average		21.0%

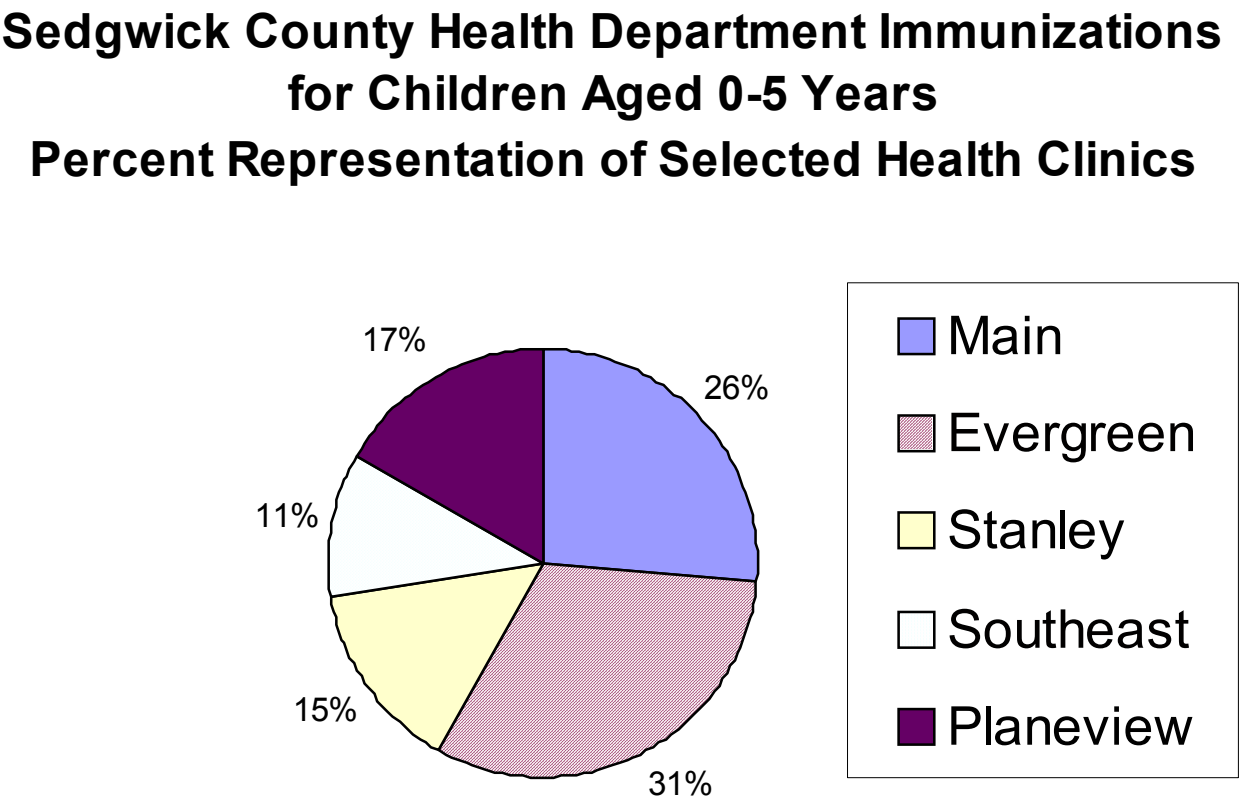
Table 3:
Number and Percentage of Pre-Kindergartners with Potential Concepts Delays in Selected USD 259 Schools, Fall 2002

School	Number	Percentage
Adams	23	47.9%
Clark	12	60.0%
Cloud	64	81.1%
Colvin	81	73.0%
Horace Mann	31	67.4%
Lincoln	13	59.1%
Park	37	77.1%
Spaght	21	50.0%
Stanley	21	47.7%
Washington	28	63.6%
USD 259 Average		44.4%

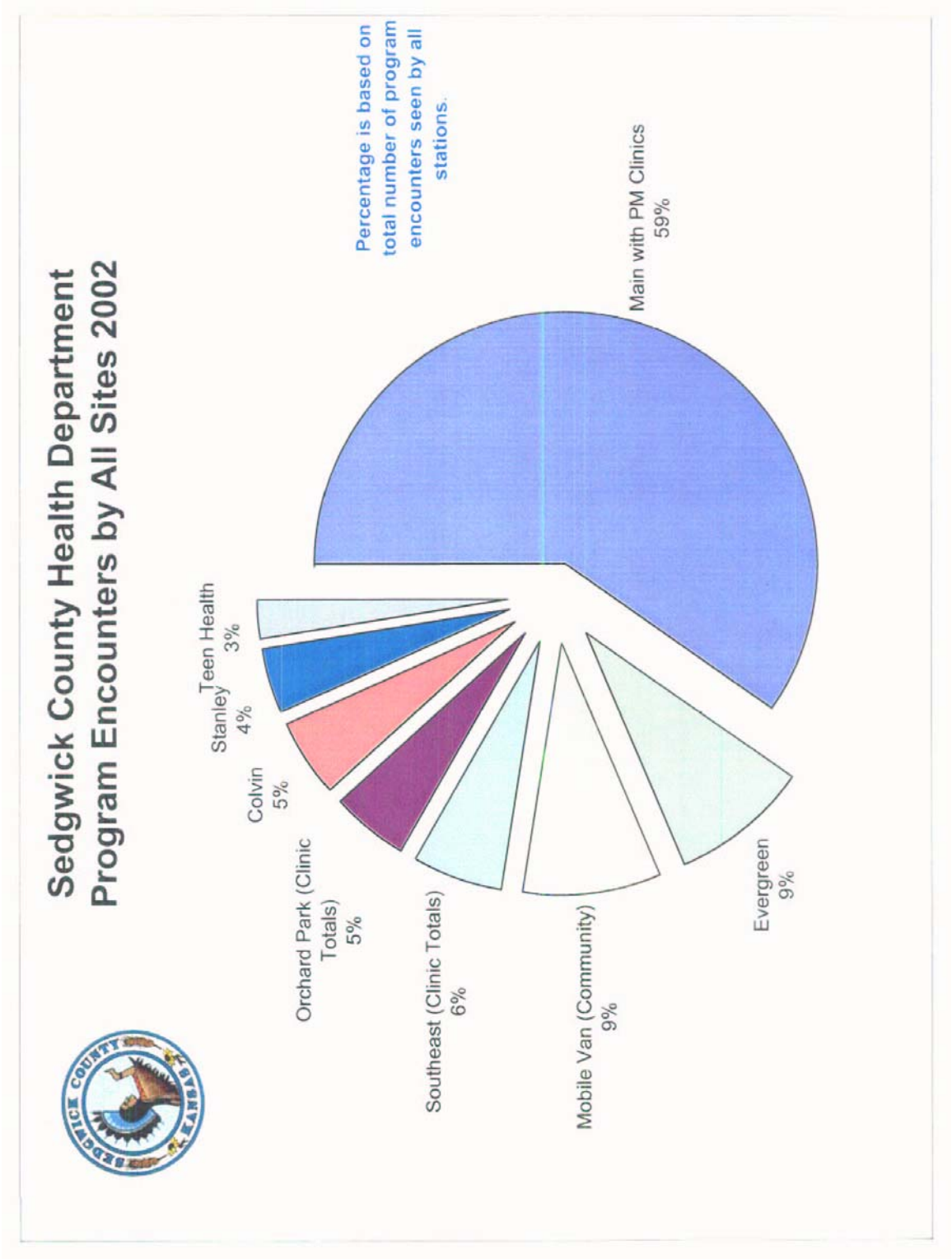
Table 4:
Number and Percentage of Pre-Kindergartners with Potential Language Delays in Selected USD 259 Schools, Fall 2002

School	Number	Percentage
Bryant	23	47.9%
Clark	10	50.0%
Cloud	69	87.3%
Colvin	81	73.0%
Horace Mann	27	58.7%
Jefferson	23	47.9%
Lincoln	14	63.6%
Park	33	68.8%
Stanley	22	50.0%
Washington	23	52.3%
USD 259 Average		43.0%

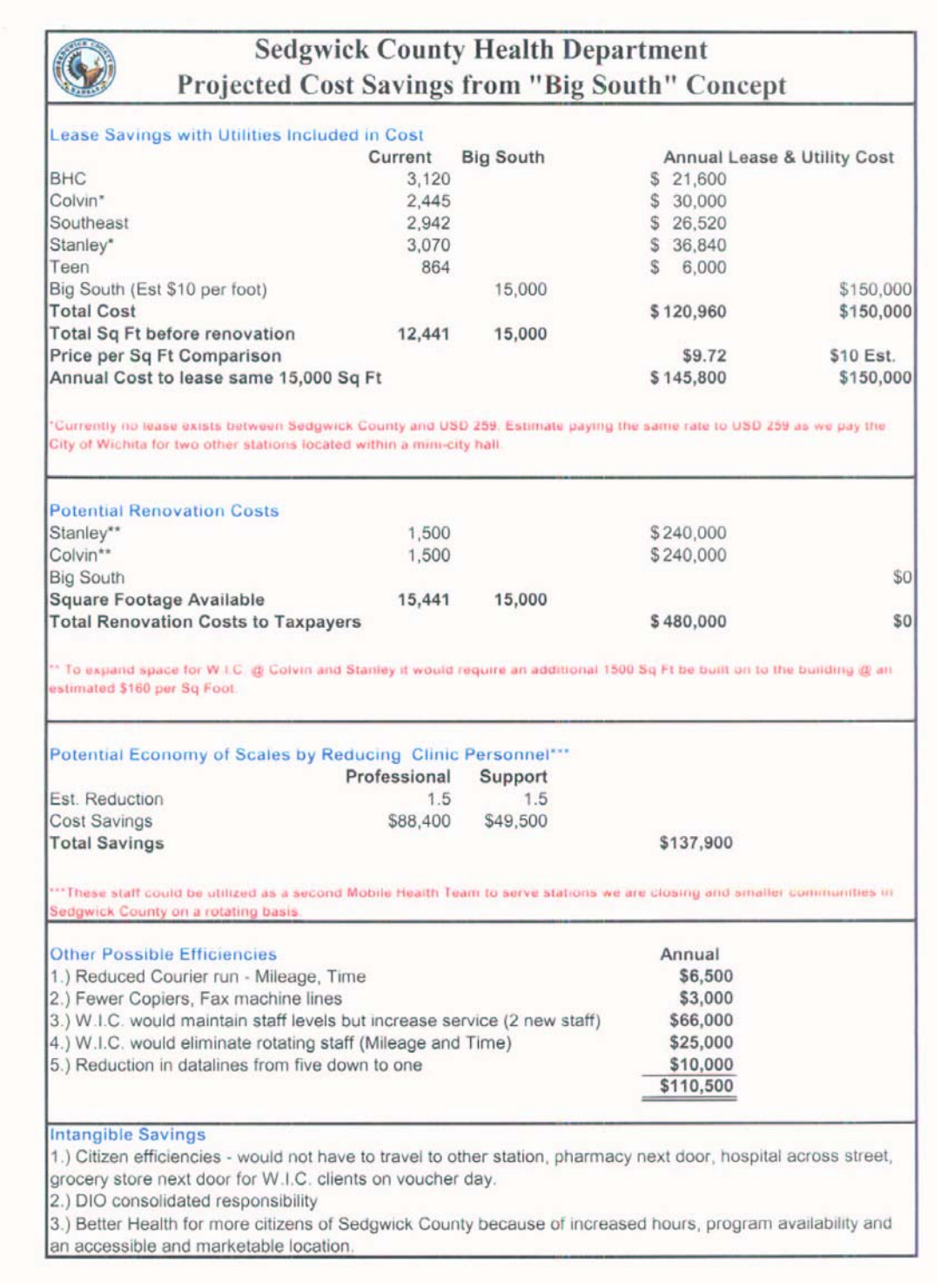
Graph 3: Health Department Immunizations



Graph 4: Health Department Encounters By Site



Graph 5: Health Department Cost Savings



Sedgwick County Health Department
Projected Cost Savings from "Big South" Concept

Lease Savings with Utilities Included in Cost

	Current	Big South	Annual Lease & Utility Cost	
BHC	3,120		$ 21,600	
Colvin*	2,445		$ 30,000	
Southeast	2,942		$ 26,520	
Stanley*	3,070		$ 36,840	
Teen	864		$ 6,000	
Big South (Est $10 per foot)		15,000		$150,000
Total Cost			**$ 120,960**	**$150,000**
Total Sq Ft before renovation	**12,441**	**15,000**		
Price per Sq Ft Comparison			**$9.72**	**$10 Est.**
Annual Cost to lease same 15,000 Sq Ft			**$ 145,800**	**$150,000**

*Currently no lease exists between Sedgwick County and USD 259. Estimate paying the same rate to USD 259 as we pay the City of Wichita for two other stations located within a mini-city hall.

Potential Renovation Costs

Stanley**	1,500		$240,000	
Colvin**	1,500		$240,000	
Big South				$0
Square Footage Available	**15,441**	**15,000**		
Total Renovation Costs to Taxpayers			**$ 480,000**	**$0**

** To expand space for W.I.C. @ Colvin and Stanley it would require an additional 1500 Sq Ft be built on to the building @ an estimated $160 per Sq Foot.

Potential Economy of Scales by Reducing Clinic Personnel***

	Professional	Support	
Est. Reduction	1.5	1.5	
Cost Savings	$88,400	$49,500	
Total Savings			**$137,900**

***These staff could be utilized as a second Mobile Health Team to serve stations we are closing and smaller communities in Sedgwick County on a rotating basis.

Other Possible Efficiencies	Annual
1.) Reduced Courier run - Mileage, Time	$6,500
2.) Fewer Copiers, Fax machine lines	$3,000
3.) W.I.C. would maintain staff levels but increase service (2 new staff)	$66,000
4.) W.I.C. would eliminate rotating staff (Mileage and Time)	$25,000
5.) Reduction in datalines from five down to one	$10,000
	$110,500

Intangible Savings

1.) Citizen efficiencies - would not have to travel to other station, pharmacy next door, hospital across street, grocery store next door for W.I.C. clients on voucher day.
2.) DIO consolidated responsibility
3.) Better Health for more citizens of Sedgwick County because of increased hours, program availability and an accessible and marketable location.

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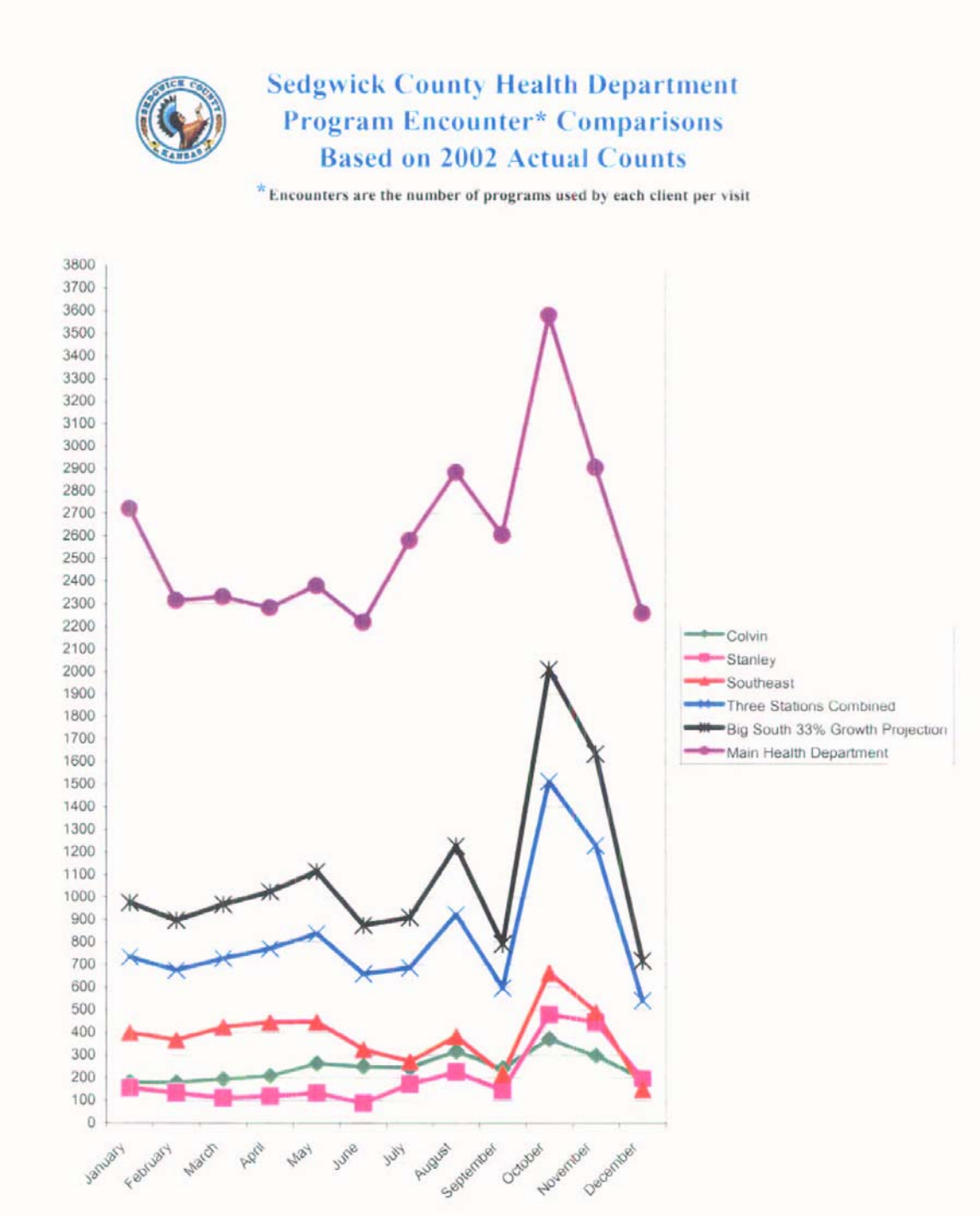
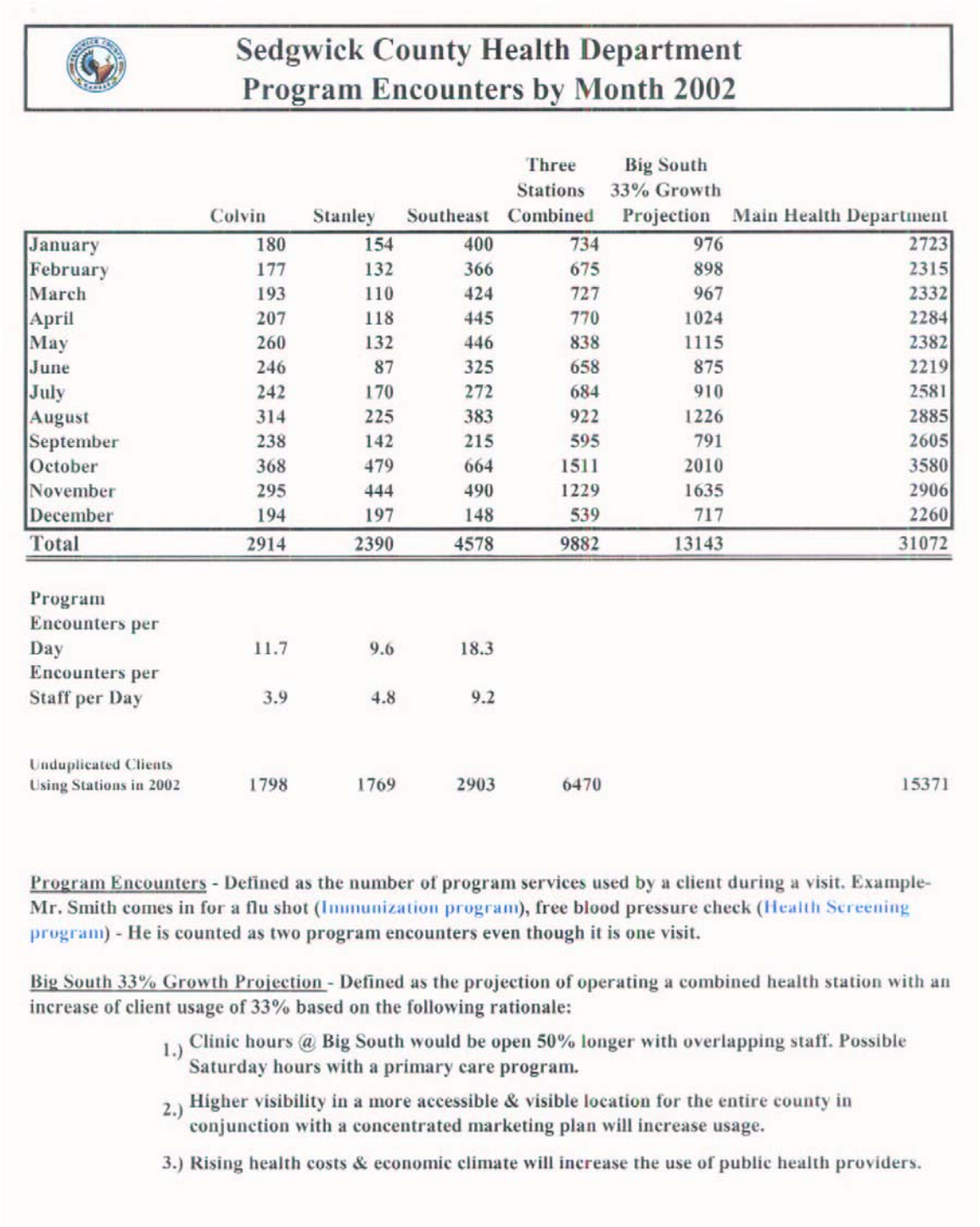
Graph 6: Health Department Encounter Comparisons



Graph 7: Health Department Encounters by Month 2002



Sedgwick County Health Department
Program Encounters by Month 2002

	Colvin	Stanley	Southeast	Three Stations Combined	Big South 33% Growth Projection	Main Health Department
January	180	154	400	734	976	2723
February	177	132	366	675	898	2315
March	193	110	424	727	967	2332
April	207	118	445	770	1024	2284
May	260	132	446	838	1115	2382
June	246	87	325	658	875	2219
July	242	170	272	684	910	2581
August	314	225	383	922	1226	2885
September	238	142	215	595	791	2605
October	368	479	664	1511	2010	3580
November	295	444	490	1229	1635	2906
December	194	197	148	539	717	2260
Total	2914	2390	4578	9882	13143	31072
Program Encounters per Day	11.7	9.6	18.3			
Encounters per Staff per Day	3.9	4.8	9.2			
Unduplicated Clients Using Stations in 2002	1798	1769	2903	6470		15371

Program Encounters - Defined as the number of program services used by a client during a visit. Example- Mr. Smith comes in for a flu shot (Immunization program), free blood pressure check (Health Screening program) - He is counted as two program encounters even though it is one visit.

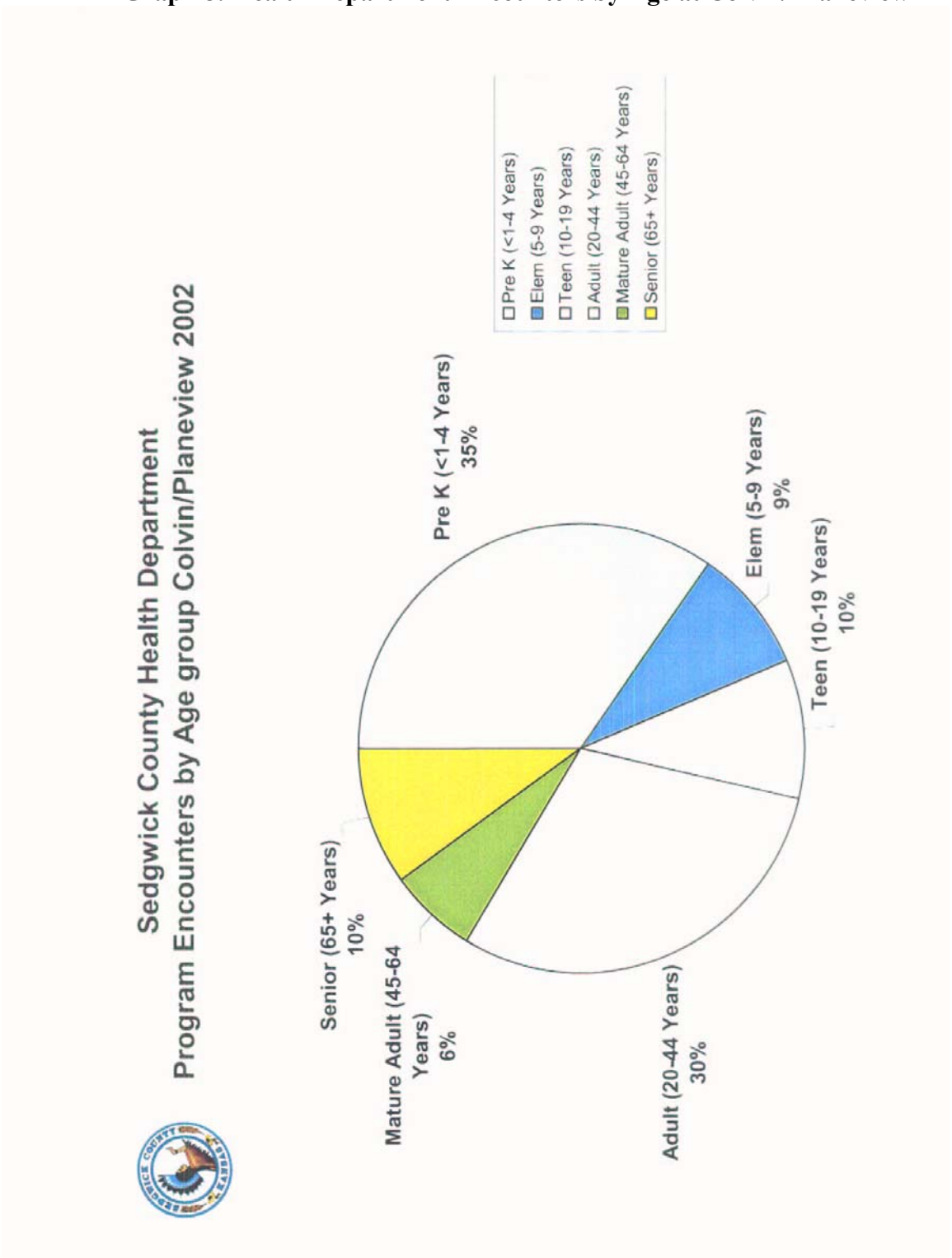
Big South 33% Growth Projection - Defined as the projection of operating a combined health station with an increase of client usage of 33% based on the following rationale:

1.) Clinic hours @ Big South would be open 50% longer with overlapping staff. Possible Saturday hours with a primary care program.

2.) Higher visibility in a more accessible & visible location for the entire county in conjunction with a concentrated marketing plan will increase usage.

3.) Rising health costs & economic climate will increase the use of public health providers.

Graph 8: Health Department Encounters by Age at Colvin/ Planeview



Graph 9: Health Department Encounters by Age at Stanley