

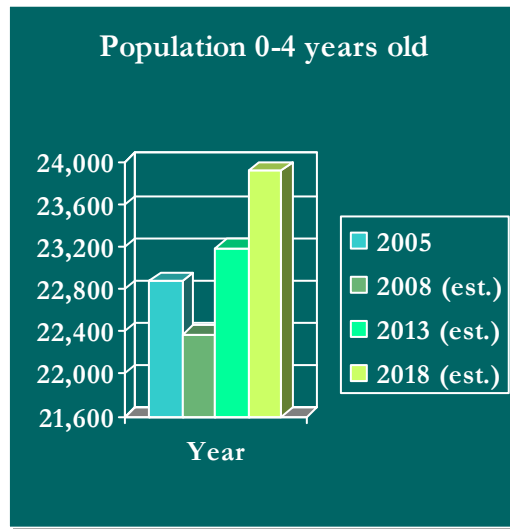
Kids' Corps, Inc. Community Assessment May, 2008

Executive Summary

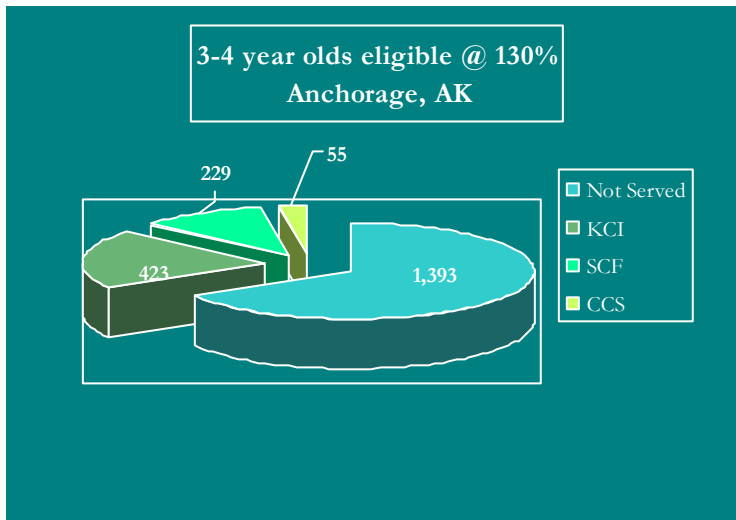
GENERAL AREA DESCRIPTION

In February 2007, the United Way of Anchorage released the results of a comprehensive community assessment project that was undertaken in 2006. The process was led by a diverse steering committee organized by the United Way and involved phone interviews, face to face interviews, analysis of hard data by trained researchers and many focus group discussions. This assessment, available on the Anchorage United Way website, provided important data for KCI's community assessment.

According to the U. S. Census Bureau Anchorage had a population of 282,000 in 2006. The overall population is growing at a rate of 1.5% annually. There were 22,871 children under the age of 5 in Anchorage in 2005. The percentage of the population that is 0-4 years old is expected to remain at 8% for the next ten years, as the graph shows.



With Head Start Reauthorization raising income guidelines to 130%, we estimate that there are 2,100 three and four year olds eligible for Head Start services. The following chart shows that 707 children received Head Start services in Anchorage in 2007 (Southcentral Foundation, CCS Early Learning and KCI). Therefore, about 33% of the city's Head Start eligible children receive Head Start services.



There are an estimated 10,500 0-4 year olds whose parents or primary caregiver works full time. On the other hand, there are 110 licensed facilities and fewer than 3,000 slots serving this age group.

According to 2005 US census estimates, 9.9% of children in Anchorage live in poverty.

Long term trends of relatively low inflation, low wage growth, and low

unemployment that have characterized Anchorage's economy in the past 10 years are beginning to change. Fuel and food prices have risen dramatically in the past year. Service providing industries continue to be the top employment industry by far. The cost of living remains high relative to many areas of the country in the areas of medical care and rental housing. The

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influence of these factors on the well being of low-income families will be explored later. Trade (retail and wholesale), transportation, and utilities are the three largest occupations in the city in terms of the number of persons employed.

The city continues to grow increasingly diverse. Latest Census estimates show that the Hispanic/Latino community is growing more slowly than in the 1990s, when its population nearly doubled. Less than one third of the population of Anchorage was born in Alaska and over 20,000 residents were foreign born. Over 12,000 individuals age five and older speak English "less than very well". Half the foreign born residents of Anchorage were born in Asia and one quarter were born in Latin America.

METHODS

Parents, service providers, and KCI staff were surveyed on a variety of topics including the problems faced by Head Start eligible families and children. Response rates were 61% for parents (191 of 315) and 57% (36 of 63) for staff. 25 service providers responded. No response percentage has been calculated for providers because the survey was distributed through a variety of list-serves and a total number of recipients could not be identified.

SURVEY RESULTS

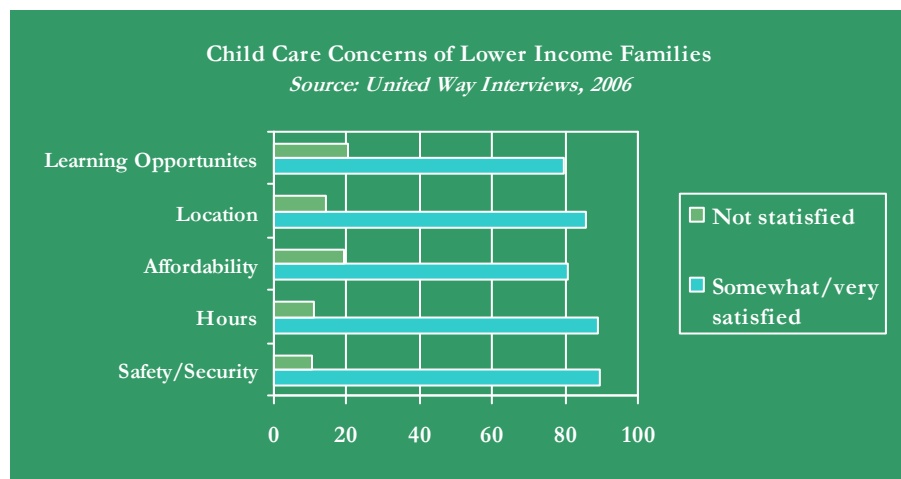
KCI Families

The survey group had more positive comments both for Anchorage and KCI's services. It is clear that families are feeling a serious need for safe, affordable housing and childcare. The high cost of living was also mentioned by many families as a challenge. The United Way Community Assessment findings released in early 2007 were consistent with KCI's family survey results.

Families look for KCI to help with basic needs like housing and clothing. They appreciate that the program provides some busing but they need more help in this area. Although two thirds report that their child never ride the Head Start

bus to school, many parents also rated the KCI transportation system as an important service. The group had many positive things to say about KCI's program. Clearly, they hold their children's education as a primary value. They feel that their children truly benefit in this area and like the education program and teachers. Suggestions for improvement varied widely, with no clear trends emerging. Families recognize that the program benefits them and their children on the emotional level.

In the area of child care, there is overwhelming evidence that families are relying on other family members to provide care. Less than one fifth of those surveyed have children in organized, out-of-family childcare (in a center or home) during any part of the day. What employment compromises parents are making in order to avoid placing their children in out of home care—and what impact these arrangements may make on their family income—is unclear.



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Families most commonly cited education, well-trained staff and socialization experiences for their children as the three areas where KCI excels.

Service Providers

With the exception of child behavior, service providers named problems outside of the immediate control of families as the main issues confronting them. Throughout the survey the themes that emerged were: the lack of affordable childcare, lack of reliable transportation, lack of jobs that pay well and provide benefits so families can meet their basic needs, lack of affordable housing and mental health challenges like depression.

Providers serving Head Start families in Anchorage who participated in the KCI survey identified few emerging trends. They identified the need for increasing affordable housing options or housing subsidies, increasing services for homeless families and providing more transportation for the elderly and disabled.

Staff Survey

Staff expressed admiration for program families. They mentioned a number of successes particularly in parent participation, securing housing in an expensive and limited housing market, and growth in confidence and initiative. Staff most commonly cited the willingness of parents to take responsibility for their child's health and well-being in spite of economic and other challenges as an important strength demonstrated by KCI families.

Similarly, they had many positive comments about Anchorage as a place for families to live. For staff, the top two positive factors for families were the many resources available to meet families' needs and Anchorage's diversity. These same factors also were cited as important positives in 2005.

The survey identified three potential challenges for low income families: transportation, language and lack of money. Staff clearly explained why the public bus system is not family friendly. They also said that the expenses costs related to purchasing and owning vehicles are prohibitive for many families. Staff identified language barriers as a factor that limits some family participation in the larger community. The need for more and better scheduled ESL classes was a commonly recommended community improvement.

The group cited major effects from the lack of finances the families suffer. Housing, child care and transportation costs were commonly mentioned.

Staff identified many things about KCI that they feel are working well. Teacher training and the abundance of training opportunities for all staff were most frequently mentioned. Readily available community resources and good community partnerships were commonly mentioned as community and agency strengths.

Staff did make many suggestions about program improvements. Increasing parent participation in training and family activities was the most frequently stated suggestion. Staff also recommended improving integration of services and communication between classroom staff and content area specialists.

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Summary of the Assessment

According to both families and service providers, housing is one of the main problems facing low-income families. High rents make it difficult for a fully employed head of household to keep rent under 30% of the household income. Families gave affordable housing the highest negative rating on the list of quality of life factors in Anchorage.

Safe, affordable childcare is also at the top of the list of needs. Twenty-eight respondents reported that they could not find full day care that they needed. 75% of providers mentioned child care as a problem sometimes brought up by their clients.

Families, providers and staff said that families struggle to find jobs that pay well and provide benefits so they can meet their basic needs. The high costs of childcare, housing and health services appear throughout the surveys in all the groups surveyed. Providers cited transportation as a frequently mentioned need.

How can KCI help? This question gave parents a chance, once again, to ask KCI to make sure that their children are academically ready for school. They look to KCI especially for help with basic needs like food and health services including interpreter services. Once again, help with childcare and housing were mentioned as top issues. Staff suggested extending hours or slots, which could help families with their stated need for more childcare.

Staff agreed that KCI provided quality early education services and that this is one of the most important program benefits. Community resources and good cooperation among service agencies were also commonly mentioned by staff as a strength of both KCI and Anchorage.

Family participants in the survey high marks to the KCI program and staff for providing educational and socialization opportunities for their children. They said that they have benefited from food and health services. Special education services were also mentioned as important benefits by a significant number. They also expressed satisfaction with resource and referral services and transportation services, even though two thirds never use the KCI bus system. 93% of parent respondents reported that they are comfortable speaking with staff about their family situations.

As one parent put it, *“The staff work together and I like the way the students are involved. I know my child is learning something new every day.”*

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INTRODUCTION

Kids' Corps, Inc. (KCI) provides federally funded Head Start services for 320 children, ages 3 months to five years. In addition State funding helps KCI provide full day services for toddlers, ages 15 months to 3 years. The toddler program is a unique KCI initiative and is not officially a Head Start program. KCI seeks to convert this program to Early Head Start in FY 2009.

Kids' Corps, Inc. has 5 sites located in areas throughout Anchorage which have demonstrated a need for Head Start in their communities over the past several years:

Head Start Part Day Centers

East Center
3710 East 20th, Suite #2
Anchorage, Alaska 99508

South Center
6927 Old Seward Highway
Anchorage, Alaska 99518

Davis Center
101 Davis Street
Anchorage, Alaska 99508

Muldoon Center
1251 Muldoon Road
Anchorage, AK 99504

Head Start Full Day Centers

Muldoon Center
1251 Muldoon Road
Anchorage, Alaska 99504

South Center
6927 Old Seward Highway
Anchorage, Alaska 99518

Mt. View Center
3350 Commercial Drive
Anchorage, AK 99508

Head Start Administration
1840 S. Bragaw, Suite 210
Anchorage, AK 99508

Part Year Combination Head Start, 2 Days (East Center)

2 Class days per week
11 Education Home Visits
2 Parent/Teacher Conferences per year
August-May
Transportation is provided (limited area)
Fee: none
For children who are 3--5 years old.
In August 2008 children will attend 4 days per week

Part Year, Part Day Head Start 4 Days (South Center)

4 Classes per week
2 Education Home Visits
2 Parent/Teacher Conferences per year
No transportation provided
No fees
September-May
For children who are 3--5 years old

Part Year, Part Day Head Start 4 Days (Muldoon Center)

Same as above

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Part Year Part Day Head Start, 4 Days (Davis Center)

Same as above

Part Year Part Day Head Start, 4 Days (East Center)

Same as above but transportation is provided (limited area)

Head Start Full Day, Muldoon

Children aged 15 months to 5 years (pre-kindergarten)

Year Round

2 Education Home Visits

2 Parent/Teacher Conferences per year

Children may attend year round

Center is open from 7:00 a.m. To 6:00 p.m.

No transportation provided

Fee: \$615.00/ month for toddlers (15-36 months)

\$550.00/month for preschoolers (3-5 years)

Head Start Full Day, South

For children 3-5 years old

August 26, 2008—May 21, 2009

Children may attend year round

Center is open from 7:00 a.m. To 6:00 p.m.

No transportation provided

Fee: \$550.00/month

Head Start Full Day, Mt. View

Children must be at least 3 years old

Year round

Hours: 9:00 am to 3:30 p.m.

Monday through Friday

No fees, no transportation

Parent/guardian must work full time or participate in a full time training program and have no child care provider available in the home

51% must live in Mt. View or S. Mt. View

DEMOGRAPHICS/GENERAL AREA DESCRIPTION

(Figures cited in this section are taken from the US Census Bureau, the Municipality of Anchorage, and the Alaska Department of Labor. Economist Neil Fried presented a summary of much of this information to the Anchorage Chamber of Commerce in January 2008.)

The Municipality of Anchorage encompasses 203.1 populated square miles. Of this area, 126.2 square miles are located within the Anchorage Bowl. The population in the Municipality was 260,293 in 2002 and was estimated by the Municipality to be 282,000 in 2006. The population increased 1.5% between 2002 and 2003, which continues the growth rate which prevailed in the 1990s. Between July 1, 2000 and July 1, 2001, the city gained 769 people due to international migration and 594 people due to migration from within Alaska and the other states. However, in eight of the eleven years stretching from 1996-2006, more people moved out of Anchorage than moved in. Population growth is due to births rather than in-migration. Among resettlement has

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constituted a major part of the newest immigrant community. Anchorage's population constitutes 42% of the entire population of the state of Alaska.

According to the Bureau of Vital Statistics, there were 4,230 births born to Municipality of Anchorage residents in 2005. There were 401 births to mothers aged 15 to 19 years old. The overall birthrate and the teen birthrate declined slightly between 2003-2005, although the birthrate to mothers aged 18-19 years old rose slightly. The number of births per thousand residents has declined 29% since 1990, from 21.1 births per thousand in 1990 to 15 births per thousand in 2006.

Like many cities, Anchorage's population is getting older. The median age here has risen from 29.8 years in 1990 to 32.4 years in 2004. However, Anchorage's median age remains well under the national average of 36.4 years. The number of residents over the age of 65 is expected to nearly triple from 18,000 in 2006 to 50,000 in 2025.

Anchorage featured a per capita income of \$40,106 for 2006, compared to \$36,276 for the United States and \$38,138 for Alaska. According to the Alaska Department of Labor and Workforce Development, the unemployment rate for the Municipality in April 2008 was 5.6% . The top five occupations in Anchorage in 2004 (judged by number of workers employed) are:

- Trade, Transportation, Utilities – highest were retail stores; transportation, warehousing & utilities
- Government - includes education
- Health Services
- Professional & Business services
- Leisure and Hospitality – food services & accommodation

The growth in high tech industries that fueled wage growth in many areas of the country in the 90s, was largely absent in Alaska.

As of February 2008, parents or guardians of children enrolled in Kids' Corps programs were employed as follows:

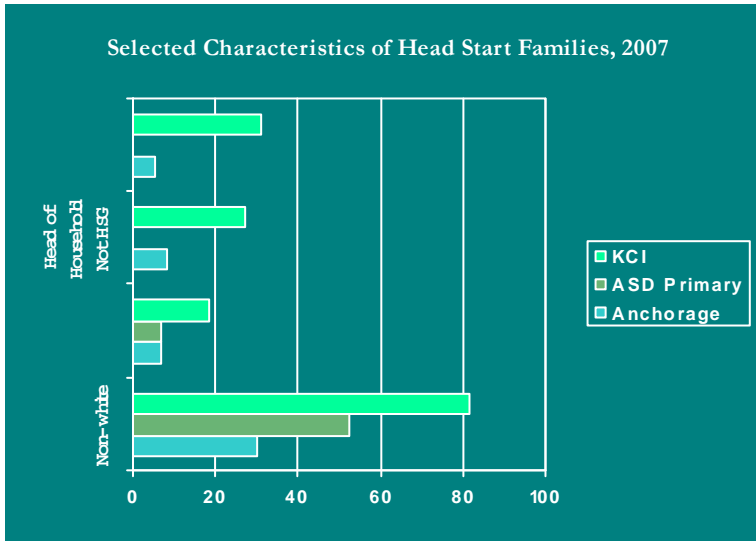
Employment Status for All *Primary Caregivers* - TOTAL = 292

Employed FT	Employed PT	Unemployed	Job Training or School Only	No Data	Retired/Disabled
111	37	98	19	19	8

Employment Status for *Secondary Caregivers* - TOTAL = 179

Employed FT	Employed PT	Unemployed	Job Training or School	No Data	Retired/Disabled
108	14	29	2	19	7

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18% of two parent households at KCI have no employed family member, far above the 5.4% rate for the city. For single parent families 42% are unemployed. 13% of single parents are in job training activities. 72% of KCI households have at least one employed caregiver, yet all but a few fall meet Head Start's income guidelines.

Consumer prices rose 2.2% in 2007 according to the Bureau of Labor Statistics Consumer Price Index (CPI). However,

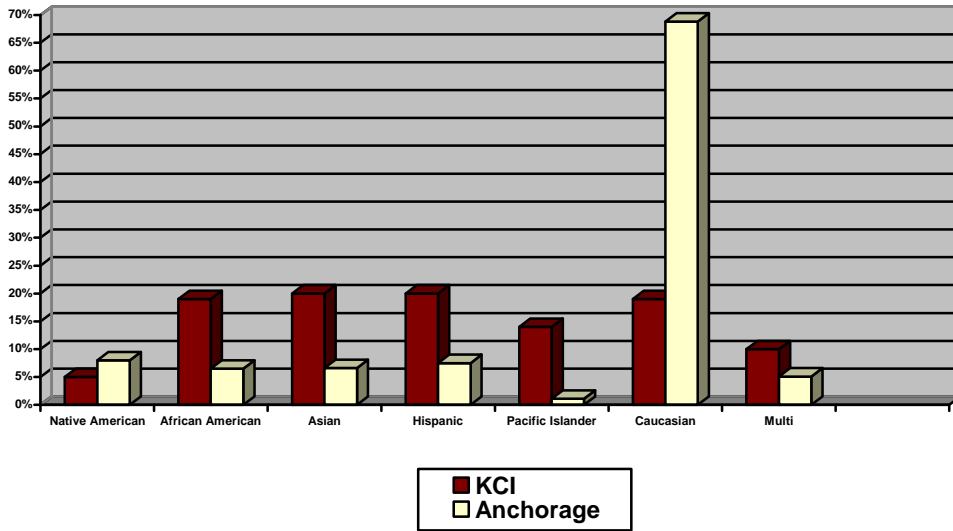
the same source in its CPI for all urban consumers in the U.S. (including Anchorage) notes a 16% rise in energy prices and 5.1% rise in food prices between April 1 and May 1 2008.

One cost of living measure, the ACCRA index published by the American Chamber of Commerce, shows that living costs in Anchorage are not high relative to the rest of the country as they once were. Utility costs are one area where Anchorage costs are low, although these costs rose by nearly a third in 2007 and now are more in line with national averages. The significant rise in food prices that was noted above has already affected the ability of Head Start families to meet their basic needs. This report will look at housing and medical expenses in a following section.

Several changes in the city's pattern of cultural diversification occurred between 1998-2000. Most notable are a decrease in the number of Hispanic/Latino residents (of any race) and an increase in the number of residents of Asian descent. As noted earlier, Anchorage now experiences a net out-migration, i.e. more people are moving out than are moving in.

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**Race and Ethnicity, KCI & Anchorage
January 2008**



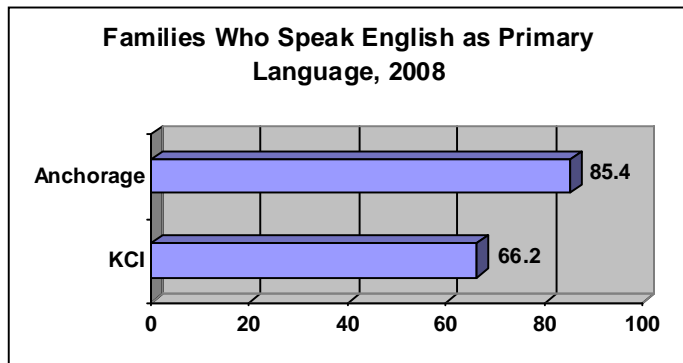
Residents of Filipino descent, with a population of 5,805, and residents of Korean descent, with a population of 3,432, comprise the two largest Asian groups in the city. Of the 14,799 Hispanic/Latinos in Anchorage, over half are Mexican. Puerto Ricans, with 1,652 residents, are the second largest Hispanic/Latino group. As noted above, the growth in the Hispanic/Latino community appears to have declined from an estimated 16,000 residents in 1998, after nearly doubling its population earlier in the 1990s.

Less than one third of Anchorage's residents were born in Alaska. Over 8%, or 21,278 residents, were foreign born. Half the foreign-born residents of Anchorage were born in Asia. About one quarter were born in Latin America. KCI's enrollment reflects the city's growing diversity, as the graph taken from information provided in the United Way's comprehensive community assessment of 2006 shows.

2006 Census estimates count 22,241 Alaska Native/American Indian residents in Anchorage, (8%) of the population.

Poverty/Location of Eligible Families

According to the 2004 Census Bureau updates, 9.9% of the Municipality's children under the age of 5 live in poverty. For families, 7.1% lived in poverty.



2004 Census estimates report that about 21,000 children ages 0 – 4 live in Anchorage. Using the 9.9% poverty rate, there are 2,061 children ages 0-4 in the Anchorage Municipality who live in poverty. Anchorage ranks 209th out of 243 of the nation's largest metropolitan areas in the rate of child poverty.

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The Census Bureau's poverty thresholds are about 18% lower than the Head Start income guidelines. Head Start adjusts income guidelines to reflect the higher cost of living in Alaska. As a result, there are families who qualify for Head Start who are not included in the Census Bureau's poverty counts. The number of children 0-4 who are not counted as living in poverty but whose families would meet Head Start income guidelines is not known.

The Municipality of Anchorage Department of Community Planning and Development, Housing and Community Development Division has designated specific "Renaissance Zones."

Neighborhoods included in the Renaissance Zone must have 51% or more of its households at or below 80% of the Median Income level (HUD programs refer to households at 80% of the median to be low income). According to the 1998 Draft Housing and Community Development Action Plan, the Renaissance Zone is more ethnically and racially diverse than the city as a whole. KCI's Service area covers a large portion of the Renaissance Zone.

There are numerous census districts within the Anchorage Bowl where the poverty rate exceeds the 7.1% Municipal poverty rate average. The chart below looks at tracts with the highest poverty rate.

Child and Family Poverty Rates for Selected Census Tracts

Census Tract	Location	# of 0-4 Year Old Children (2000 Census)	# 0-4 in Poverty	# of Families w/ Children 0-4 in Poverty	# 0-4 less than 130% of Poverty	# 0-4 less than 185% of Poverty	Total, 0-4 101-185% of poverty	Family Poverty Rate (related children under 5)
9.01	Fairview	362	118	79	183	255	137	26.9%
6.00	N. Mtn. View	721	192	144	282	384	192	24.5%
5.00	Gvt. Hill	139	24		30	68	44	6.3%
10.00	Fairview	234	50		69	83	33	13.4%
7.03	Muldoon	418	46	25	99	234	188	9.8%
8.01	S. Mtn. View	601	138	116	151	229	91	24.2%
19.00	Spenard	340 (est.)	70	54	107	159	89	25.6%
14.00	Midtown/Spenard	307	65		73	90	25	7.9%
20.00	Spenard	274	46	42	75	148	102	25.3
8.02	Russian Jack	371	114	77	141	188	74	NA
17.31	Muldoon/Creekside	408	43		94	180	137	6.2%
21.00	Turnagain	285	28	29	54	104	75	13.1%
9.02	Fairview	217	55		132	151	96	12.6%
23.03	Jewel Lake/Diamond	238	79		88	177	98	NA
18.02	S. Lake Otis	300(est.)	70	65	99	130	60	NA
3.00	Ft. Rich.	829	68		130	424	356	NA
Total			1,198				1,797	

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The Muldoon/Boundary area (tract 7.03) also showed a drop in both the number of young children in the neighborhood and the percentage of children living in poverty (from 15% in 1990 to 9%--less than the citywide average--today). Extensive conversion of the housing stock from trailer courts and apartment buildings to condos and one bedroom townhouses may account for this change.

The Russian Jack Neighborhood (tract 8.02) near KCI's East Center experienced a significant increase in the number of children living in poverty since 1990. Other areas showing an increase in the percentage of children living in poverty include:

Spenard/Midtown (tract 14), an area where Salvation Army has built a major expansion of its family shelter facility. This tract has the 5th highest child poverty rate in the city.

South Lake Otis/Dowling Road (tract 18.02), with a child poverty rate of 15.3%, a significant increase over the 9% who lived in poverty in 1990.

Spenard/Midtown area is near the two Fairview tracts, neighborhoods with high poverty rates. Currently one bus route serves the Fairview neighborhood. Fairview Elementary School is one of a handful of Anchorage schools that offers a pre-k classroom (15 slots) to families who live in the school's service area.

As of May, 2006 there were 1,476 (Division of Public Assistance) Anchorage families receiving ATAP, compared to 2,974 families in December of 2002, a decline of 49.63%. Also in May 2006, the Food Stamp Program caseload in Anchorage was 7,724.

OTHER CHILD DEVELOPMENT AND CHILD CARE PROGRAMS

According to the Census Bureau, 37.7% of the city's 3-4 year olds are enrolled in preschool. Anchorage ranks 214th among the nation's 243 largest metropolitan communities in this category. There are three Head Start programs in Anchorage. Kids' Corps, Inc., CCS Early Learning (Region 10) and Southcentral Foundation Head Start (AIAN)

Kids' Corps is funded for enrollment of 332 children (320 federally funded slots, 12 state funded slots for toddlers). As described in the introduction, Kids' Corps offers 12 slots for toddlers (15 months to 3 years). The rest of the spaces are for 3-5 year old pre-kindergartners. Given turnover, about 425 children are expected to receive KCI Head Start services in 2007-2008.

CCS Early Learning serves 50 children in Eagle River and Chugiak. These communities, while technically part of the Anchorage Municipality, lie 15-20 miles outside KCI's primary service areas. There is no competition for enrolling children between the two programs due to the geographical separation.

South Central Foundation Head Start is a Region XI program serving Alaska Native/American Indian families. South Central features a Head Start and Early Head Start program serving 32 0-3 year old children at their full-day site in the Northway Mall and a part-day program serving 197 3-4 year olds at their Tudor Road site.

The *Anchorage School District* provided services to 692 children with developmental disabilities in its special education preschool. There are no fees and no income guidelines. Children qualify based on the results of a developmental assessment.

The *Anchorage School District* operates two preschool classrooms in the Title 1 schools of Fairview and North Star. Wonder Park elementary school hosts a migrant education pre-k classroom. These classrooms provide part day, part year service for 14 preschool children who live in neighborhoods served by these schools. There are no fees and no income guidelines, but

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selection criteria include a low-income preference. There is a migrant education pre-school classroom at Wonder Park Elementary school, near KCI's Davis Center.

A state pre-school system does not yet exist in Alaska. However, a demonstration program funded by the state is expected to be launched as early as 2010. The project will likely be based in public school classrooms in communities like Anchorage, where school enrollment is declining. The state's recently released Early Learning Guidelines likely will serve as the standards for state pre-k.

The *Infant Learning Program (ILP)* served 700 0-3 year olds with diagnosed disabilities in 2007. About 350 children receive services at any given time. Recently the program started a "Learn, Explore, Play" play group for 60 children aged 22 months to 3 years old. ILP also started a summer program for children who have turned 3 years old and who will be eligible for school district special education services in the fall. Outside of this special summer program, ILP does not provide services for children after their third birthday. About three quarters of their enrollment are eligible for school district special education services. As with the Anchorage School District, there are no fees and no income guidelines. Family income is not tracked, but program management estimates that about 60% of enrolled children are eligible for Medicaid or Denali KidCare. About two thirds of 700 children who received services through the Infant Learning program are eligible for Medicaid and may be considered low income.

Approximately 2,850 0—3 year olds would be eligible for Early Head Start. There are 95 Early Head Start slots in Anchorage. Both the Infant Learning Program and the Alaska Literacy Program lost their Parents as Teachers programs in 2008.

The Denali Little Steps Day School is an intensive therapeutic early childhood education program for children (ages 3-6) with severe emotional disabilities. The staff assist the children in developing healthy social skills, trusting relationships with peers and adults, and successful relationships in the home, schools and community. The program is limited to 12 children enrolled for varying lengths of time depending on the children's needs. Approximately 50-60 children receive services from the program annually. KCI works closely with Little Steps to provide wrap-around therapeutic services for children enrolled at KCI.

North Star Elementary School features a Title 1 funded pre-school serving 14 children. There are no fees and no income guidelines, but selection criteria includes a low-income preference.

The *Child-in-Transition Homeless Project* enrolls 50-60 children annually during the school year. Children receive part-day preschool services at North Star Elementary School for one to two months while their families are living in shelters or hotels. The Anchorage School District provides transportation.

Private Providers

Fee based preschools account for the remainder of the preschool services available in the city. Prices range from \$200 to \$500 and up per month.

According to municipal licensing, there are 100 licensed child care centers and 250 homes as well as an additional 250 or so approved homes in Anchorage. To qualify for state funds, registered providers must fill out a brief questionnaire, buy a business license and show proof that they have completed a CPR/First Aid training course. Licensed facilities are more extensively regulated.

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This accounts for roughly 1,000 children who are served in publicly funded preschools in Anchorage. Based on estimates from the 2003 census numbers, approximately 2,000 additional children attend private preschools. The number of children in the public programs is likely to be lower than 1,000 since some of the children go to more than one program. There are 571 slots for Head Start children, the only preschool available in Anchorage for low-income families whose children do not qualify for special education services. An additional number of children would qualify for Head Start using the program's adjustment for cost of living.

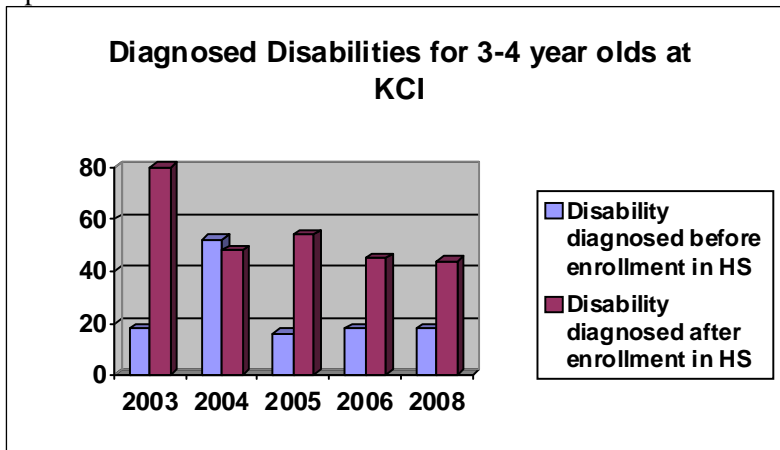
In a University of Alaska Anchorage study of long-term ATAP recipients, Public Assistance case-workers rated lack of appropriate childcare as the 4th most common barrier to employment. Nearly one third of the recipients surveyed said that child care was a weekly problem for them. Reasons for the problems varied greatly, although lack of transportation to get to care and inability to find quality care were among the issues most frequently cited.

Child Care vouchers are available through Public Assistance. In addition, the Childcare Assistance program offers subsidies to some eligible families. Childcare Assistance funding is broken into two categories, Pass 2 and Pass 3. Pass 2 serves families who have worked their way off of ATAP and is guaranteed for 12 months. Pass 3 serves working families who meet income guidelines. Despite the availability of funding, difficulties in finding appropriate care may, in the words of the study's authors, "present clients an obstacle that feels impossible to overcome."

Disabilities and Related Services

A disabilities prevalence study commissioned by the Alaska Department of Health and Social Services (2005) estimates a 4.6 % rate of disabilities for children 0-3 years old in Anchorage. The same study estimated that slightly more than half of these children receive services. The Anchorage School District special education preschool services are reviewed above. The District's "Child Check" program screened over 300 pre-school aged children during the 2006-2007 school year. Of those screened, 35% were referred for a preschool special education assessment.

The Infant Learning Program's services were cited above. Program managers report a wait period of several months for services.



The Denali Little Steps program provides intensive treatment services for 12-14 children with challenging behaviors (such as repeated aggression toward other children or a pattern of defiance directed at adults.) Classroom staff maintain a 3-1 child/staff ration, and a child psychologist oversees each class. Medicaid/Denali KidCare is accepted. A

sliding fee scale is available to families who do not have insurance.

At KCI, 62 children (15%) have diagnosed disabilities by May 2008. Speech/language is by far the most common disability. Due to the diminished capacity for speech and language services in the public schools, eligible preschool children in the community are going unserved. KCI has limited resources to pay for services for enrolled children who qualify. While Medicaid and

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Denali KidCare will pay for speech therapy, coverage lapses due to recertification problems can cause interruptions in service.

Health, Social Services, Educational and Nutritional Needs of Eligible Children & Families

The following table shows the referrals made by KCI Family Advocates during the first five months of the current program year. This information will help to frame the information to follow.

Social Services Referrals to KCI Families through June 1, 2008 (461 Families)

Emergency Needs (Food, Clothing Shelter)	83
Housing Assistance	27
Job Training	4
Mental Health Services	5
Adult Education	29
Parenting Classes	16
ESL	5
Domestic Violence	1

Barriers to Self-Sufficiency, As Reported by ATAP Case Managers

Reported Barrier	Percent of Clients Affected
Lack of transportation	50%
Medical/dental problems	40%
Lack of job skills	38%
Childcare problems	34%
Mental health problems	32%
Lack of education/GED	23%
Lack of housing	22%

Recipient-Reported Barriers to Employment

Reported Barrier	Number of Respondents	Percent of Clients Affected
Lack of training	165	44%
Lack of work experience	159	43%
Personal long-term illness	140	38%
Transportation problems	136	36%
Depression or other mental illness	134	36%
Lack of right clothes to wear	128	34%
Care of sick or disabled family member	113	30%

Health

According to the Bureau of Vital Statistics, 69% of pregnant women in Anchorage received adequate prenatal care, compared to a national average of 75%. (Prenatal care is measured by the Adequacy of Prenatal Care Utilization Index—APNCU. This rating is based on the number of prenatal care visits and the trimester in which care began, among other factors.) Fourteen percent of pregnant women received no first trimester care.

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Six percent of all resident births resulted in low birth weight, compared to a U.S. rate of 6.8%. According to the Bureau of Vital Statistics (2007), the number of low birth rate babies increased as a percentage of total births between 2000-2004. However, the percentage of Native Alaska babies born at low birth weight declined from 7.7% in 2000 to 5.1% in 2004.

12% of expectant mothers reported that they smoked during pregnancy (2004), a decline of 15% from 2000-2004. 1.7% reported drinking during pregnancy. Teen births (born to mothers 15-19 years old) declined 17% between 2000-2004. There were 106 births in 2004 to mothers 15-17 years old, down from 149 births in 2000. The overall birthrate in Anchorage did not change from 2000-2004.

The average infant mortality rate in Alaska was 6.8 deaths per one thousand births, compared to a U.S. rate of 7.1 per one thousand. According to the Bureau of Vital Statistics, "both the U.S. and the Alaska infant mortality rates have been steadily decreasing in recent years, and both are now at the lowest levels ever recorded." The infant mortality rate in Alaska declined 41.4% between 1990 and 1998. The single greatest cause of infant mortality is SIDS (Sudden Infant Death Syndrome), which occurs in Alaska at a rate double that reported in the U.S. as a whole.

The Department of Health and Social Services estimates a Fetal Alcohol Syndrome (FAS) prevalence rate for Alaskan children of 1.0 to 1.4 births per 1,000. This is nearly double the national rate. Of children born between 1995-1998, 385 children were reported to the state's FAS Surveillance Project as at risk. (Findings were based on medical chart reviews and interviews and are considered preliminary.)

To increase FAS and alcohol related birth defects diagnosis and to improve outcomes, the state has created community-based diagnostic teams to serve several communities, including Anchorage. One team, serving the largest number of children is at South Central Foundation, a second team functions at Providence Hospital.

The death rate for Alaskan children aged 1 to 4 years dropped 36.9% between 1990 and 1998. Between 1994-1999, the death rate for this age group across the state was 49.1 per 100,000 children. Native Alaskan 1-4 year olds have a death rate that is more than double the state rate. Natural causes and motor vehicle accidents were the leading causes of death for this age group.

The State of Alaska has established a list of public health related goals for Alaska residents called "Goals 2010". These goals and the data supporting them apply to the whole state and not specifically to Anchorage. Nevertheless this information may be useful in indicating general trends.

"Goals 2010" has formulated a number of goals related to the well being of young children. These include:

- Decrease the incidence of spinal bifida from 8.3 births per 10,000 (compared to a national rate of 6 per 10,000)
- Increase the number of infants who are put down to sleep on their backs from 59% to 70%
- Increase the percentage of women who breast-feed (Alaska's rate is considerably higher than the national average.) In Alaska, African- American women are by far the least likely group to breast-feed their infants (59% to 80% plus for all others).
- Increase the proportion of women who take at least 400mcg of folic acid each day from 44% to 75%
- Decrease rate of low birth weight babies to 5%
-

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The municipality of Anchorage is developing a Maternal and Child Healthy Anchorage Indicators (MCHAI) report in 2008. The planning group responsible for the project has not selected all the indicators that will be tracked. The project timeline envisions that work will begin on the actual report in August of 2008.

Public Assistance caseworkers identified medical and dental problems as barriers to employment for 40% of their clients, the second most frequently cited barrier. Among adults in Anchorage, 26,000 have no health insurance. As noted earlier, health care costs in the city are among the highest in the nation. (Dental costs are virtually the highest in the nation.) According to the Anchorage Access to Health Care Coalition, the least expensive individual family policy available is \$443 per month with a \$1,000 family deductible. Health care access for families and children is reviewed below.

Denali Kid Care (DKC) is the name of the child health insurance program for Alaska. DKC provides medical and dental coverage for children only. There is no cost for families who qualify. DKC also provides coverage for mental health services and disability services like speech therapy. There is no wait-list for services. Applications typically are processed within three weeks. However, projected cuts in the proposed federal budget point to reduced coverage or eligibility while private and employee insurance cost continue to increase.

Although DKC covers pre-natal care for expectant mothers, it does not pay for expenses related to childbirth. Providence Hospital offers a "charitable exemption" to cover these expenses for mothers who cannot qualify for Medicaid.

Eighty percent of the children enrolled in Kids' Corps programs are covered by either Denali Kid Care or Medicaid. Private insurance, military insurance and Alaska Native/American Indian Health Services provide coverage for most of the remainder. Twenty-six KCI children (8.6% of the total enrollment of 414 children) have no insurance coverage. Because of recertification challenges even children covered by Medicaid and DKC often experience prolonged periods when their insurance coverage has lapsed.

For adults without insurance coverage, the Anchorage Neighborhood Health Center (ANHC) in Fairview provides basic medical care on a sliding fee scale. Surgery and specialized treatment must be referred to providers outside ANHC who do not accept sliding fee patients. Adults without insurance who need surgery or specialized care often are referred to Providence Hospital, which will provide care on a case-by-case basis.

Nutrition

According to WIC data, 14% of Alaskan children under the age of five are overweight and another 12% are at risk based on height/weight ratios. Both rates are about 20% above national averages. Current nutrition statistics for KCI children are included in the table below. Eighteen percent of Alaska children under the age of five have hematocrits in the lowest 5% range, an incidence rate close to the national average. During the 2007/2008 program year 69% of KCI families received WIC services.

According to the Bureau of Vital Statistics, food security is a concern for 8% of Alaskan families.

Nutrition Statistics, Kids' Corps, Inc. May 2008

Total Children	Number Overweight	Number at Risk of Overweight	Number Under Weight
414	71 (17%)	53 (13%)`	35 (8.4%)

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Education

According to the Census Bureau 9.7% of the city's residents age 25 and older have no diploma. At Kids' Corps, 109 heads of household (30%) have not attained a high school diploma or GED.

The Anchorage School District has had difficulty finding qualified bilingual tutors, especially Hmong language speakers, to meet the educational needs of its diverse student body. A extensive array of ESL classes are offered in the community at a variety of times and locations, as will be shown in a following section.

At one time, the need for interpreters and translators to assist doctors and mental health care providers prompted the Anchorage Neighborhood Health Center to organize courses to train individuals to be medical interpreters. Lynn Upton, ANHC, says that they no longer organize interpreter training and she is aware of no training available at this time.

According to 2003 census updates, the percentage of children in Anchorage, ages 5-17, who speak a language other than English at home is 13.2%. While this is not necessarily a negative thing for young children, 2.8% of children are linguistically isolated which puts Anchorage at a ranking of 170th out of 243 metropolitan areas in the US.

The following table shows the current data on primary languages spoken by KCI families. About one quarter speak a language other than English in the home.

Primary Language at Kids' Corps, Inc. (May 2008)

English	Spanish	African (Sudan region)	Hmong/Other SE Asian	Samoan/PI	Other
267	61	5	61	17	3

The 1,476 families receiving ATAP in Anchorage may enroll in job preparation, GED classes, and basic computer classes at a variety of locations. Nine Star Enterprises offers these courses and others to over 900 public assistance recipients. Educational and workforce development resources are available at 3 Anchorage Job Center locations.

Literacy, ESL classes, and basic computer skills development classes can be important resources for individuals who are trying to become employable or to advance to better paying jobs. Some of the services available are listed below:

The Alaska Literacy Program offers ESL and basic literacy classes, basic computer classes, GED classes and tutors who provide one on one instruction in English Literacy using the Laubach method. Services are free. There is a six month wait-list for tutors.

ImPACT is an Even Start Family Literacy Program serving low income families with at least one child between 0 to 7 years of age. Services are free, but families must live in the Empowerment Zone of Anchorage and meet income guidelines. ImPACT offers literacy activities for families, ESL & GED assistance, and computer skills development activities. Child care is available during class time.

Nine Star Enterprises offers English Literacy classes, computer classes, GED preparation and testing, and job counseling at a variety of locations. GED and computer classes in Spanish are

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also offered. Costs vary from \$5 for the GED on TV course to \$150 for eight hours of instruction in the Microsoft Office User Specialist program.

The Gateway Learning Center offers a free computer classes and entrepreneurial training to residents of Alaska Housing facilities.

The UAA Adult Learning Center offers a variety of literacy, ESL, GED preparation and basic computer classes. Costs range from \$90 per month for ESL classes and GED labs to \$150 or more for university credited computer courses.

SOCIAL SERVICES

Housing

Housing costs, limited availability of apartments with three or more bedrooms and a lack of transitional housing have combined to create a housing crisis for low-income families.

In Anchorage, well over one third of households are renters. With a fair market rent of \$930 a month for a two bedroom apartment (source: Alaska Housing and Finance Corporation), a head of household would have to work 40 hours a week and make \$17.88 per hour in order to keep rent at 30% of household income.

In addition, Anchorage has been experiencing low vacancy rates (3-4%) for a number of years. Although the vacancy rate increased to 6.2% in 2002, it is likely that a larger than average number of homebuyers became renters during this period. Data from the Alaska Survey of Lenders' Activity showed the number of loans for first time homebuyers reached a ten-year high in 2002. While some of these homebuyers may be Head Start eligible families, it is likely that many are moving into homes from mid-priced rentals.

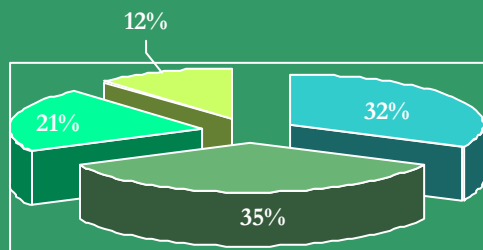
Mobile home numbers in the city will continue to decline as developable land becomes scarcer. The city offers a mobile home dislocation program funded for \$150,000 to help these residents relocate. The fragile condition of many manufactured homes, the expense involved in moving a home, and the lack of space to move the homes to may force many families into apartment rentals.

Staff at Clare House, a homeless shelter serving women and children, and staff at McKinnel Shelter, the city's only shelter that can accommodate two parent homeless families, report that their facilities have been at capacity for much of the past year. Families also are staying longer due to the lack of available housing, the long wait-list for housing assistance and the complexity of barriers to their self-sufficiency. ATAP caseworkers estimated that housing problems and

homelessness are barriers for 20% of their clients. Interestingly, ATAP recipients did not specify housing issues when asked to identify what they thought were barriers to employment.

Alaska Housing and Finance Corporation (AHFC) reports long wait-lists for Section-8 housing assistance. Some homeless

% of Income on Housing, Low Income Families, 2007



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families, who have the highest priority for assistance, have waited six weeks or more for vouchers to become available.

The city's primary transitional housing resource is the Safe Harbor Inn, a low cost non-profit hotel. Spaces are available by referral only from agencies that have completed a memorandum of agreement with Safe Harbor. The hotel serves both families and individuals. There is a wait-list for rooms. Safe Harbor is planning to open a second transitional housing facility in Muldoon before the end of 2008.

Transportation

Census Bureau data shows that 6.4% of Anchorage households do not have their own car. Kids' Corps data shows that 15% of families describe themselves as lacking reliable transportation. In the UAA study of Alaska ATAP recipients mentioned earlier, lack of transportation was the most frequently cited barrier to employment as rated by case managers.

The People Mover bus system, while extensive and inexpensive, operates on an hourly schedule (and less frequently during some parts of the day on some routes). Infrequent service combined with the city's harsh winter conditions, make the system a difficult option for a person attempting to travel with young children. Barriers to individuals operating their own vehicles include:

- High gasoline prices
- High cost of vehicle insurance
- Many Head Start eligible families are from out-of-state and are unfamiliar with winter driving conditions and the extra expenses involved in operating a vehicle in a sub-arctic climate (such as studded tires and block heaters)
- Language barriers, cost or unavailability of a vehicle make it difficult for some unlicensed adults to acquire a driver's license

Child Abuse and Neglect

According to a Child Welfare League report released in June, 2000, Alaska had the highest rate of "substantiated or indicated reports of abuse or neglect" in the nation.

The following information reflects data for 2007:

- 866 unique, substantiated reports of harm to children in Anchorage
- Of these 866 cases, 686 (79%) were cases of neglect
- 945 children are in out of home care
- Over half the children in out of home care in Anchorage are Alaska Native (508 children)
- About 35% of children in out of home care are in the 0-5 years old age group

In Alaska, 31.5% of the children in out of home care have been placed with relatives.

Crime and Domestic Violence

The decline in violent and property crime that started in 1995 bottomed out in 2000. Numbers for 2007 suggest a continuing decline in property crime rate and an increase in the violent crime rate.

Reported Crimes

Anchorage, Alaska, 2000, 2004 & 2007

	Homicide	Sexual Assault	Robbery	Aggravated Assault	Burglary	Theft	Motor Vehicle Theft
2000	14	195	346	973	1,533	8,799	1,010
2004	19	244	340	1,143	1,418	9,091	1,197
2007	23	257	453	1,673	1,454	8,395	1,263

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The above table does not identify the increase in population that occurred in Anchorage during the same period. Generally speaking, violent crime rates (# of crimes divided into the total population) increased slightly between 2000 and 2007, whereas the property crimes rate declined.

An examination of police reports rather than crime rates allows a closer look at incidents that directly effect young children and their families.

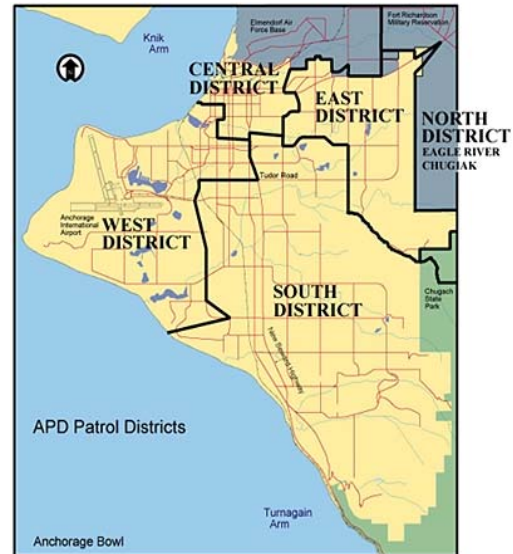
*Police Reports
Anchorage, Alaska, 2000, 2004 & 2007*

	Child abuse / neglect	Sexual assault of a minor	Sexual assault	Domestic violence
2004	319	269	325	523
2007	413	367	306	473

The rise in calls for sexual abuse of a minor can all be attributed to calls in the South patrol district of Anchorage. North, West and Central areas remain close to the same and the East district even dropped. Most of the additional number of calls about child abuse and neglect came from the north district of Chugiak and Birchwood, an area outside the Anchorage bowl. Head Start services for this fast growing area of the municipality are provided by CCS Early Learning.

Anchorage police reports recorded 825 domestic violence calls in 1999 and 473 in 2007. This 50% drop in calls is especially significant considering the rise in population.

Again the reasons for the drop are not clear.



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SURVEYS

Family Survey Results

One hundred ninety-one KCI families completed the survey. 47% of those responding had been enrolled at KCI between 6 months to 1 year, and 34% had been enrolled more than one year. Thus, over 80% of the family respondents had at least 6 months experience with KCI. Response rates closely reflected program options: 21% of respondents were enrolled in full day programs and the rest were enrolled in part day or combination programs.

With 315 families enrolled in the program during the time of the survey, the response rate was 60.6%.

Survey participants were asked to think about the families they knew in their circle of friends and in their neighborhood. Given a list of things that many families need, they were asked to rank how well Anchorage supports families for each need. Twenty-three items were listed. Respondents were asked to circle the number to show their opinion using the following ranking.

Very well = 1 Satisfactory = 2 Unsatisfactory = 3 Very Badly = 4 Unsure = 5

The results were compiled into clusters of answers in the ten areas listed in the chart below. The top of the chart shows the areas ranked highest to least positive according to the respondents. Items checked as 'Very well or Satisfactory' were counted as positive responses. Negative responses were those checked 'unsatisfactory or very badly.' The second chart simply reverses the ranked areas from worst to least deficient in the eyes of Head Start families. It should be noted that the actual number of negative responders was quite low. This means that the top chart gives a more reliable picture of how the group feels about Anchorage.

Head Start Parents' Rankings of Family Services in Anchorage

	% Positive Mentions	% Negative Mentions	% Unsure	Factors / Comments
Ranked most positive to least				
Enough Food	93			
Health Care for Children	93			
Education	91	4	3	These were about children only
Parenting Resources	84			
Employment	82	11	7	
Supporting Family's Culture	82			
Transportation	81			
Finding Resources	80	10	10	
Ranked most negative to least				
Housing	70	14	6.8	Affordability bigger issue than safe/healthy
Family Friendly employers	78	12		
Help for Immigrants	52	10	22	
Financial Help	72	10	12	
Safe Neighborhoods	77	10	7	
Legal Asst.	63	10	18	

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In general, the group expressed more positive than negative perceptions of how well Anchorage supports families. Feelings about education and health services were very positive. The highest negative scores were for housing, legal assistance, child care, and financial services. Many families also were unsure about the resources available in Anchorage for drug and alcohol abuse treatment, mental health services and marital counseling. All had 20% or higher ratings of “unsure.”

Few people mentioned getting enough food as a problem but only slightly more than half felt that Anchorage is doing an adequate job of feeding families and 42.6% said they weren't sure. Similarly, though only 10.4% of families reported immigration services as a problem, only a third of the whole group gave the community positive marks. In later questions, there were a number of families who expressed genuine appreciation for the services offered and some who reported real problems. However a huge 58.2% of families were unsure about this area. This may reflect a social division between immigrant and non-immigrant families where little information is shared or it may mean that non-immigrant families feel it isn't their role to comment.

Respondents were asked what things Anchorage could do to help families live better lives? Suggestions on what Anchorage needs in the way of family services can be broken down as follows.

Number of Suggestions for Categories of Anchorage Improvements			
Child care (night/weekend and emergency)		Higher pay 9	Legal services 2
Affordable Housing 12		Lower Cost of Living 10	
Transportation 3		Family entertainment 5	Family Style Shelters 1
Youth activities 11		Health care 4	Adult GED/full day 1
Finding resources 6		Parenting 1	ESL /Neighborhood level 2
Child Behaviors (ASD) 3		Education (Abuse/Drug and Alcohol) 2	TANF/Food Stamp/DCA available to all 4
		Safer Streets/neighborhoods (neighborhood watch, curfew laws,) 9	Community based educational opportunities/cultures 2
			Basic laws for new

Child care, affordable housing and higher pay/lower cost of living are the top three issues that families feel the community needs to address. Parents are expressing concerns for safer neighborhoods/ neighborhood watch, enforcing laws and control of drug houses. They would also like to see more youth and family oriented activities within their neighborhoods. They also seek quicker response to day care assistance requests and an easier, faster way to get housing assistance. Community based cultural education and neighborhood based ESL/GED classes and family oriented activities were other identified needs.

The next four questions all relate to child care services for families. The survey asked about child care that families used other than Head Start, their satisfaction with the care, their ability to find needed care, and whether the family needed but couldn't find child care. The last two questions seem alike but they elicited somewhat different results.

Respondents checked the child care they use other than Head Start. The percentages of responses are reported below. Obviously, some families are using combinations of care since the total is above 100%.

Myself 58% Relatives 38% Child Care Center 3% Child Care Home 12%

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Of the responses received only about 15% of the child care is taking place outside of the family. This may be indicative to families adjusting to different work schedules (morning and evenings) and utilizing relatives more often. This number may be even lower since a few families could have marked both center-based and home-based child care.

They were asked whether they are satisfied with their children's care. The results for this question are ambiguous since many families keep their children at home. However, only five people said they were unsatisfied with their child(ren)'s care, a surprisingly high rate of satisfaction.

They were then asked whether they had been able to find the child care needed? Most people responded to this question. Of these, only 8% said they were unable to find the care they needed. When they were asked to check the *kinds* of care they needed, the numbers who reported that they were unable to find the care they needed was considerably higher. Possibly the more refined question prompted them to think more about the kinds of options that they really need. Also, they may have been able to find some form of care but they had to settle for care that did not fully satisfy their needs.

Respondents checked all the kinds of child care from a list of options that their family needed but couldn't find in the past year for times they worked or were in training. A significant number of individuals, 28, reported that they were not able to find needed full-day child care for work or training. Full day, as well as night and weekends were marked together on the same form, indicating their work hours were not the standard day time schedules. Clearly affordability is a real issue as well as care for after school age children and for emergencies or backup. Unfortunately the survey did not ask about infant and toddler care or care for mixed age groups.

<i>Percentage of Respondents not able to find needed child care</i>			
<i>Full-day</i> 14.6%	<i>Night or Weekend</i> 12.5%	<i>Before/after school care</i> 10.4%	
<i>Half-day</i> 8.3%	<i>Vacation programs</i> 6.3%	<i>Care for sick children</i> 9.4%	
<i>Care on weekends</i> 11.5%	<i>Special needs care</i> 1.5%	<i>Back-up or Emerg. Care</i> 13.6%	
<i>Affordable care</i> 14.1%	<i>License family home</i> 2.1%	<i>Close to work/training</i> 12.5%	
<i>Summer care</i> 5.2%	<i>License center care</i> 1.6%		
<i>Number of respondents not able to find needed child care</i>			
<i>Full-day</i> 28	<i>Half-day</i> 16	<i>Vacation programs</i> 12	
<i>Affordable care</i> 27	<i>Care close to work or training</i> 12	<i>Lic. Family home</i> 4	
<i>Care on weekends</i> 22	<i>Care for sick children</i> 18	<i>Lic. Center care</i> 3	
<i>Back-up/Emergency Care</i> 26	<i>Summer care</i> 10	<i>Special needs</i> 3	
<i>Night or Weekend</i> 24	<i>Before/after school age care</i> 20		

The numbers for this question are quite high considering that only 8% of people who initially said they needed care reported that they couldn't find it. The only real difference between the two questions is that the first asks about their situation now and the next asks about the previous year. This may indicate that a considerable number of families have given up looking and relinquished jobs or training or they have made do with less satisfactory care than they really wanted.

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Parents reported who regularly transports their child/ren to and from child care or Head Start. One hundred ninety-one respondents gave two hundred seventy-one responses to this question. This shows that a great number of families have patch-worked ways to get their children to Head Start.

The numbers are as follows.

Parents' Responses on Who Transports Children to Head Start or Child care							
I do	111	Partner / Spouse	45	School Bus	9	Public bus	1
Head Start Bus	63	A Relative	27	A Friend	4	Taxi	0

This table creates an impression that families have a set arrangement for transportation to Head Start. However, the families were not asked how *reliable* their transportation is. The staff's concern about families' transportation problems and the poor rating Anchorage's transportation system received from families suggest that these arrangements are not necessarily working.

How has K.C.I. helped you and your family?

Clearly, families credited KCI services with helping their children and families far more than they felt the benefits of the program for themselves. More than half of the respondents reported that the program helped with goals setting and health for their children. The same is true for tapping community resources and feeling more worthwhile as a family. Respondents felt the least program impact for themselves in getting healthy, setting goals, and feeling more worthwhile.

<i>Being in K.C.I. Head Start means...</i>	% Myself	% My Children	% My Family
<i>... we found needed resources in the community for:</i>	24.0	42.4	54.9
<i>... feeling more worthwhile:</i>	20.4	46.5	48.1
<i>... being able to set goals for:</i>	27.2	57.5	49.2
<i>... being able to reach goals for:</i>	25.1	58.6	43.4
<i>... getting help to become more healthy:</i>	24.0	51.8	49.2
<i>...being a part of a community:</i>	26.1	41.3	73.2

Individuals mentioned many other benefits. These fall into ten categories as follows from most to least mentioned. The numbers here are low because the question was optional.

Benefits from being at KCI		
Housing Referrals/resources (WIC,DCA, DKC, Financial) Education of child (diverse) Socialization opportunities and skill building	Healthy Food/Diets Great staff that show real care and concern for my child Parent participation Friendships (both child and parents)	Goal setting and successes Being a better parent Disability services/Speech Education of Parent (GED, ESL, Higher Ed. Opportunities)

Parents spoke about the opportunities they had to watch their child/ren grow in not only socialization skills but in basic self help skills. To see their child make friends and be supported in such a loving and caring environment encouraged their own growth and participation within the program. They mentioned quite frequently how their child always wanted to go to school and would be disappointed if they weren't scheduled to go. They loved the staff, the curricula used for all areas of growth and development. They saw huge changes in their child's behavior. 93% of respondents indicated they were comfortable going to staff with questions about their family situations.

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Respondents listed what kinds of things their children needed that KCI could help with. They made suggestions for child/family services that were categorized as follows. The list shows how many times each issue was mentioned.

Education of child	10
Backpacks	9
Clothing	8
Coats/boots and shoes	6
Transportation	6
Wonderful program/continue the service	6

Also listed were issues like:

More healthy food, summer programs, more school days, extend the hours, less days closed, safe environments, self help skills, night time child care,

Clearly, families consider their children's education as a top priority for Head Start. Within the numbers listed above, parents listed things like more activities, more ABC's, learn to write, better behavior, learn to read, keep pushing my child. Also, with more families coming from diverse backgrounds, their needs for basic clothing and outer wear is more clearly requested than in years past.

"...continue with the great learning and different teaching skills."

"KCI has been very helpful. It's a great program."

"...showing them good model for their future, helping them make plan for future..."

Although parents may not think of Head Start part day as child care, it obviously provides that purpose to some degree. Given the number of families needing child care and the priority they give to school readiness, it isn't surprising that they want their children in the program more hours and more days.

"Not so many days closed." "Full day when I get a job" "...more activities in the community after school"

Respondents were then asked what KCI could do for themselves and their families.

Housing and resources for food, furniture, toys, education, ESL classes, clothes and fun family activities were listed. Some parents simply stated that there was nothing that they needed. A large number of respondents didn't answer this question.

Suggestions given about how KCI could help in neighborhoods were: more family activities (softball, soccer, etc), help with crime/violence, like neighborhood watch to make safer, higher educational expectations, and the need for more bus routes.

Survey participants were asked to list two things about KCI that they feel are working well. This question elicited more responses than any other, demonstrating that the survey participants found it easy to praise KCI's services. There were 345 comments. The following chart shows the most commonly mentioned areas.

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Number of Positive Mentions by Families about Areas of KCI's Services

Child education	64	Structure/environment	12
Well trained staff	40	Curriculum	10
Socialization skills	32	Schedules work well	8
Successes	16	Teacher/child relationships	7
Communication	15	Teacher/parent relationships	6
Transportation	13	Family Services	6
Staff love for the children	13	Speech/friendly/safety/songs	5ea.

Here are some typical responses. *“My daughter is not as shy as at the beginning of school.” “I’m more involved now in my child’s education.” “This limits their TV time.” “I like their rules”. “I know my child is learning something new every day.” “The staff work together wonderfully and I like the way the students are involved.”*

Respondents were asked to share anything they would like to see changed or handled differently about Head Start in their child’s classroom. There were not a lot of responses to this question . Some suggestions were: More parent participation, bigger classrooms, same staff for the whole year, variety of curricula, less canned fruit, more full day classes, more English spoken in the ESL classrooms, more letters and numbers, not so many days off.

Many responses received were on the positive side, like: *Things are good. I am happy with my child’s success. Working very good with family. Teachers are awesome, I feel good having my child in the program.*

Summary of Family Survey

The survey group had more positive than negative comments both for Anchorage’s and for KCI’s services. It is clear that families are feeling a serious need for safe affordable housing and child care, safer neighborhoods and better paying jobs with lower cost of living. Transportation is still another major issue.

The group had many positive things to say about KCI’s program. Families look to KCI for help with child care by possibly extending hours, and to help them cope with the housing shortage. The families receiving bus services appreciate it very much but the need for more routes far exceed the funding available to provide it. The public transportation leaves families standing in the weather for long periods of time and can take up to 3 or 4 hours out of their day. They hold their children’s education as a primary value and feel that their children truly benefit in this area. They like the educational curricula used and appreciate teachers that are well trained. They feel welcome in the classroom and are encouraged to participate in any/all of the activities offered for their own educational purposes. Families also recognize that the program benefits them and their children on the emotional and social level. They utilize the resources offered by family services, the support with basic needs like food and health services.

Child care is a significant need. Respondents reported not being able to find needed care for non-traditional hours such as weekends, evenings/nights and for emergency/sick child drop off. There are some indications that families are making do with difficult arrangements. The survey showed that a majority of families rely substantial on their relatives or extended family to fill the gaps of needed care.

When family participants were asked about benefits to self, children and families, they gave the highest scores to the child or family rather than for themselves. This shows that parents are more concerned about their child and family needs and don’t always recognize the benefits they receive

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as well. Over 50% said that children benefited in setting and meeting educational goals and health. The program was also credited for helping with family self-esteem, access to resources in the community, getting healthier and being a part of a community. Respondents stated that the program helped show them how to become better parents, more involved and quicker to praise the child's successes. This gave them more confidence to seek out their own goals and strengthened the family unit. 93% of the parents felt comfortable talking with staff about their sensitive issues which shows that they are trusted with confidential information and are truly cared about as an individual.

When asked what two things they felt were working well, respondents overwhelmingly stated the Education of their child and the well trained staff. They see the value of how these two work hand in hand and everyone benefits. They would like to see more extended hours and fewer days off, more attention paid to the academics of kindergarten readiness and transportation.

Families listed more items for the things that KCI does well than they did for any other question. Parents praised the education their children were receiving, the caring staff, socialization skills, successes of their child, social service related items and bus transportation as important and well managed. This suggests a relatively high degree of satisfaction with the program.

Service Provider Survey

As a part of this Community Assessment, KCI provided an email link to a survey (using the Survey Monkey service) to a wide variety of Anchorage service providers. The United Way emailed the link to its 52 service partners. The Christian Health Alliance, which features a list serve of hundreds of participants, also circulated the link. In addition, KCI emailed the link to 40 partners who were not on the United Way or Christian Health Alliance lists. KCI received twenty-four responses.

Eight respondents described their organization's services as "Family Services." Seven provide mental health services, four provide counseling services, four provide transportation services and three provide adult education. Nutrition, health, child early intervention, ESL, and job training service providers were also represented. Because agencies may provide more than one service, respondents could select more than one service description category.

Respondents were given a list of problems that families face in the areas of: employment, finances, childcare, transportation, mental health, and legal needs. They were asked to check how often their families identified each item as an issue for themselves or their families. The choices were "frequently, sometimes, rarely, or never." They were also given the choice to check "not applicable" if the issue didn't relate at all to conversations they had with families. No more than three respondents checked this box for any given item, suggesting that providers, no matter the nature of their services, generally feel it is appropriate to engage with families on a very wide range of issues.

The three problems that were mentioned most often in the frequent column, were "depression" (50%), "lack of jobs that offer benefits"(50%) and "difficulty finding affordable child care" (50%).

One way to look at the data was to combine the number for each item listed in a given *area*, such as "child care," that was mentioned either "frequently" or "sometimes." An average score of the items was calculated for each *area*. These results below are listed below in rank order from most to least mentioned.

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Survey of Family Service Providers Frequency in Areas of Need Mentioned by Clients		
Issues mentioned	Average # 'Frequent & Sometimes'	% of 24
Difficulty managing conflicting schedules	21	87.5%
Lack of reliable transportation	21	87.5%
Lack of jobs that offer benefits	20	83%
Difficulty paying rent	20	83%
Lack of good paying jobs	19	79%
Lack of health care insurance for adults	19	79%
Managing debt	19	79%
Learning to deal with challenges of some childhood behaviors	19	79%
Depression	18	75%
Difficulty finding affordable child care	18	75%

Twenty-one providers responded to the question about the length of wait lists. Seven said that they did not have a wait-list. Adult literacy services, adult psychiatric services and school aged child care providers stated that they had wait-lists of three months or more.

Seven providers stated that there had been no increase in demand for their services in the last 12 months. Food and nutrition, transitional housing, early intervention/special needs and mental health service providers all mentioned increases in demand of 25% or more.

The service providers mentioned many types of services that could be expanded in the community. They were, in order of mentions:

Housing	6
Family support services	4
Affordable childcare	3
Transportation	3
Substance abuse treatment	3
Health coverage	3
Child behavioral health	3
Counseling/mental health	3
ESL/Language services	2
Grandparent advocacy	1
Food resources	1
Domestic violence education	1

Several family trends were mentioned though there were none mentioned more than once. These were: an increase in severe behavioral health problems in younger children, an increase in non-English speaking children, more children out of wedlock, sexual activity at lower ages, more parents working, more working poor, and an increase in domestic violence. Since Anchorage police report a drop in domestic violence, one wonders whether fewer incidents are being reported or whether clients are now more likely to share this problem with providers than they used to.

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Trends in services were described as well. Housing, homeless and increasing financial challenges for families were mentioned repeatedly. An increase in the number of grandparents raising grandchildren was noted by three respondents. Insufficient public funding for health care and social services was mentioned by two service providers.

The final question asked service providers to identify the top three issues their agency was focusing on in the next year. There were no unifying themes that emerged from this data.

Summary of Service Provider Survey

With the exception of child behavior, service providers named problems outside of the immediate control of families as the main issues confronting them. Throughout the survey the themes that emerged were: the lack of affordable childcare; financial problems meeting families' food, housing and transportation needs; and finding jobs that pay well and provide benefits so that families can meet their basic needs.

Slightly over half of the respondents said that their services had a wait list. Almost all reported an increase in demand for their services.

Staff Survey Results

There were 36 respondents to the survey out of 60 staff in the KCI program. The response rate was 60%.

From your perspective and role at KCI, what successes have you seen parents achieve?

Staff reported many successes that they have seen parents achieve. The top five answers are :

- Parents becoming more involved in the program and pride in their child's success (36%)
- Employment (28%)
- Parents spending more time with their children/better parenting skills (22%)
- Parents being more up to date on their child's Physical, Dental, Immunization and Educational needs (19%)
- Housing (17%)

There were thirteen respondents who mentioned parent participation and pride in their child's successes. They felt more parents were gainfully employed in jobs that would sustain their families needs better and they could grow with. They also mentioned how parents appear to be more in tune with their child's needs on a daily basis. Typical responses were:

"Parents have become more familiar with determining strengths of their children and setting goals for them. Generally they are becoming more familiar with their role as "partners in education".

"They have gained the ability to encourage and support their child's education".

"In the three years I've worked at KCI, I've seen parents learn more about how to teach their children and how to talk to them and better discipline techniques".

Clearly, the staff felt that, as a result of their participation in the program, parents can make significant gains in their confidence and parenting dispositions. They are working with and communicating more with the teachers about their child's education.

Ten staff commented on parents getting better paying jobs that allow them more time to spend with their child than working two or three jobs to maintain living standards.

"Parents, using the resources available to them, sought out opportunities for better paying jobs and hours of employment."

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What strengths do you see in the families you serve?

All thirty -six respondents saw strengths in KCI's families. Over 30% thought the parents were being more responsible for family health and the child's education. The parents are doing more communicating with the staff (14%), and the Love they see the parents shower on their children (14%) were the top three answers. Other answers were:
A desire to better themselves and their families (11%)
Initiative to give praise and acknowledgement to their child (11%)

Other strengths listed were: Caring, Spending time together, Commitment, Determination, United, Two parent families and Community and family ties.

"Most of our families are very involved in their children's education and want to see their child do well."

"I see more happiness and love for each other."

"Initiative to give to their child."

"Families are very responsible in concerns about health."

"Their happy face when they see their child's art work and how the staff treat them.."

Staff were asked to list some of the positive resources and activities in Anchorage for our families and children.

Resources and activities Identified	Number of mentions
WIC	15
Nine Star/Job Centers/Training	9
Child Care Connection/parenting	5
Nine Star/Job centers/training	5
Day Care Assistance	5
Recreation Center/Boys and Girls Club	5
Health clinics/fairs	5
Denali Kid Care	4
Library/ activities	4
Creative Activities Fair/Kids Day/ Nat'l Night Out,	4
State shelf help entitlements (Food stamps, TANF, Food Banks	4
Imaginarium/Zoo/Parks/	4
ASSETS	3
ALP/PIC/Stone Soup/Just Kids	2 each

Comments made by staff are:

"Everyone at KCI is helpful in connection families to resources in Anchorage.

"Our Family Advocates are excellent resources."

"You have places that help children learn and grow. They also help parents to connect with their children. "

Most staff thought Anchorage had many resource opportunities that cover the vast and varied needs of our families.

The survey asked staff to discuss why each of three major challenges face KCI families. These were transportation, language, and lack of money and everyone responded to all three.

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Transportation

The consensus emerging from responses was very clear. Staff felt that the public bus system was not workable for KCI families and that the costs of buying and keeping a car running are prohibitive. Several staff commented that with no transportation, there is no mobility. Some answers overlapped citing costs of owning a vehicle and the issues with public transportation.

Barrier	# of Mentions	Issues identified
Unworkable city bus system	13	Limited routes, unsafe/dark, too cold for children, schedules don't meet
Cost of a car	29	Price of car, gas, insurance, maintenance, credit problems, cost of extra tires, repair shop hours limited, taxi's are too expensive, only one vehicle for family

A few commented that driving presents special difficulties for immigrants. The dark and ice make driving difficult for those unaccustomed to the climate and some may not be able to pass the test because of limited English. It was noted that in some families, only one person knows how to drive and everyone else depends on them. One staff person did comment on KCI's attempt to provide transportation for families wanting to participate in evening functions and parent trainings with taxi options and limited bus transportation. KCI will also make every effort to help parents get to health appointments for their children.

Language

Barrier	# of mentions	Issues identified
Having a language other than English	12	Limited ESL class times, need more centers that provide free classes, Cost of classes, lack of transportation/childcare while in class
Diverse city with many languages, cultures and nationalities	9	Lack of/or limited communication, lack of understanding from one culture to another,
Flow of information is hampered	9	Explanation of required documents/schedules and appointments are more difficult, child's/parent needs are unknown, lack of confidence to do paperwork
Good employment	3	Unable to read/understand job descriptions, transportation to and from job site, lack of documentation, degree or experience gained in foreign country, lack of translators
Lack of translation	3	Business don't have on staff, ESL classes not convenient times, can't always find for health appointments, etc.
Education		Lack of understanding, being able to read text, writing of applications/essays/papers

Most staff listed several things together and felt they were intertwined with each other. You have to have English language to get most things accomplished in one form or another. Staff work very hard to get translation for home visits and parenting classes. Staff with bilingual abilities are requested to assist families in many different areas of the program to enhance the quality of services offered.

Lack of Money

Staff cited reasons why families find themselves economically strapped. They discussed *causes* relating to low income, like the high costs of living. A wide range of causes were cited. Quite a

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few talked about the *results* of low income. They listed resulting unmet basic needs and affective problems. A few put the two together.

Staff Comments on the Causes and Effects of Poverty

Causes	# Mentions	Effects
High cost of living	11	Basic needs not met-food, clothing, proper housing, adequate heat and electricity High stress Low self esteem Reduced child/parent-time Lack of health services for family Lack of education opportunities
Low wages due to Language, lack of experience/training	8	
Low Education level	5	
Child care costs	5	
Single parent	3	
Lack of ability for higher education	3	
Housing costs	2	
Size of family	2	
TANF system	2	
Transportation	2	
Physically impaired	1	
Lack of benefits	1	
Low income, yet make too much for assistance	1	

“...you see all the things you would like to do and can't, that is very frustrating...”

“Good paying jobs are hard to come by.”

“They need education to be successful.”

It is predictable that low education levels and wages would be cited as significant contributors to poverty. The staff stated that the low wage/high cost of living keeps families poor with no hope for higher education, child care coverage and opportunities for advancement within their knowledge base. Some staff cited large family costs keep them in poverty due to the higher costs for food, clothing and utilities. Not being able to afford proper housing for the size of larger families bring stress and pressures with over-crowding and lack of breathing room. Not being able to provide the proper clothing, food and pay household expenses lowers parents self esteem and defeatism sets in. Having transportation that meets the needs of families is another contributor to poverty. A lot of families only have one vehicle and this directly affects a family's ability to have both parents working or getting better paying jobs that would take different transportation availability.

Other

When staff were asked what other challenges face families, only one or two responded. The answers simply repeated aspects of the previous three questions.

When staff were asked to identify four areas of KCI's program services that are working well, most respondents had something to say. Not everyone gave four areas but 34 out of 36 staff listed something. Responses addressed two areas, management/support services and program services for children and families. Responses are recorded in the tables below.

Management and Support Systems

For Staff and Community	# of mentions
Teacher trainings and higher education	10
Collaboration with other agencies	8
Health and Nutrition information to parents	5

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Resource information to parents in timely manner	3
Recruitment, Advisory committees, Consistent staff,	One each
Speech Team/Care Team/Sparc	One each
Administration/Financial business	One each

Program Services for Families and Children

For Families -		For Children –	
Areas that work well	# mentions	Areas that work well	# mentions
Relationships with/resources to parents	12	Child Education	7
Parent trainings/involvement	12	Health/Safety/Development and Mental Health	6
Transportation	10	Disabilities/Behaviors	4
Communication with families/teachers	6	Field trips (need more)	2
Home visits	3		
Parents feel welcome/Diversity	One each		

The Policy Council and Board of Directors were also mentioned as an area that is working well. Staff stated they liked the way Family Services helped the parents find resources to enhance their quality of life and give parents a sense of accomplishment and encouragement to take another step toward reaching their goals. Parents felt welcome in the classroom and centers for all the events. Staff stated they encouraged parents to be involved and thought their co-workers did the same. They liked the opportunities for extra trainings and higher education.

What changes in program services would you recommend to better serve families and children?

The final question measures staff perceptions about what needs to be improved at KCI. Interestingly, only twenty three responses were elicited. Of those responding to the question, several items were listed together. The suggestions were varied and yet the need for more transportation was listed most often. Staff appear to understand the needs of the community and families for more and better transportation offerings.

Program Services for Families 27 Total mentions		Management and Support Systems 20 Total mentions	
Areas needing change	# mentions	Areas needing change	# mentions
Transportation	6	Increase children served/space	4
Faster ways of identifying problems	1	Coordination between Family Services and Teachers	3
Higher income guidelines		Serve more areas of Anchorage	3
Convert Muldoon and South Full day to the Mt. View option	1	Increased Pay	2
Convert 2 day to 4 day option	1	Increased Training	2
More parent involvement	1	Chart family goals on spreadsheet to show parent successes	1
More and different types of activities	1		

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The four most mentioned areas needing improvement were transportation, increasing the number of children served/space, coordination between Family Services and Teachers and serving more Anchorage areas.

Summary of Staff Survey Results

Staff expressed a lot of admiration for program families. They mentioned many successes particularly in parent participation, employment, spending more quality time with their children and gaining better parenting skills. Staff also stated that they believe parents are more aware of their children's health concerns and educational needs. Obtaining better/safer, more affordable housing was also listed as a success. The top strengths in parents listed are as follows: Being more responsible for their child's health and education, communication with staff, the love they see parents express for their family and a real desire to better themselves and their family.

Similarly, they had many positive comments about Anchorage as a place for families to live. For staff, the top two positive factors for families were the many resources available to meet families' needs and the many diverse activities around town for families to participate in.

The three drawbacks to living in Anchorage that the survey asked staff to comment on are transportation, language and lack of money. Staff gave compelling reasons why using the public bus system isn't always feasible for working families with young children. They also stated that the various costs related to purchasing, owning and maintaining their own vehicles are prohibitive for many families.

The staff stated many reasons why language can be a major barrier for families where English is not their first language. The need for more ESL classes closer to the neighborhoods that house larger populations of the same speaking families, free ESL classes that can accommodate parents work schedules, the many diverse languages that don't always have translation available are a few of the items listed. The lack of education or higher education is also more difficult since the barrier encompasses reading and writing as well as the spoken language. Good paying jobs or even just finding a job is much harder due to the application process and the lack of translation and understanding. Families are definitely frustrated when they are trying to provide for their families and are hampered by this barrier.

The group gave three major causes for the lack of finances the families suffer. They were the high cost of living, low paying jobs due to lack of education, language or other barriers, and the high cost of child care. Some staff mentioned how families are working hard to provide for the needs of their family, still can't make ends meet and yet make just over the poverty guidelines to get a little assistance from programs that could make a difference in stress levels and mental anguish.

Staff identified many things about KCI that they feel are working well. Activities in the area of family services and parent involvement were tied as the most often mentioned. Child transportation and teacher trainings/education were the next items most mentioned. The staff also felt that the collaboration with other agencies and the education of the child were very successful.

The changes in the program that staff listed were in familiar territory. Expanding bus service, converting the 2 day program to a 4 day program and the Full day programs at South and Muldoon centers to model after the Mt. View Center have all been discussed and would love to see become reality. Another mention was to see more parents participating in parenting classes and Center events. Everyone would like to see these suggestions happen with increased funding. All respondents' answers were anonymous and therefore I believe more candid and honest in their effort to provide KCI with the best possible information for a quality program for children, families and staff.