



My future is in your hands.

Community Strengths & Needs Assessment

Hinds County Human Resource Agency

2010-2011

PROJECT HEAD START/EARLY HEAD START

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***Helping Families,
Strengthening Communities***

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Community Strengths and Needs Assessment (CSNA)

HEAD START/EARLY HEAD START

Prepared October 14, 2010

This information is prepared by the HCHRA Department of Planning & Development.

PROGRAM OVERVIEW

After more than 30 years, Hinds County Human Resource Agency's (HCHRA) Project Head Start and Early Head Start continue to offer comprehensive, quality programs for income-eligible families and their children ages 0-5 years. Our highly qualified staff is equipped to foster partnerships with parents while appropriately and professionally addressing the educational, physical, emotional, and social needs of their children.

With guidance from the Head Start Performance Standards and our service delivery approach, HCHRA provides comprehensive programs and services for families in Hinds County Mississippi. Ultimately, this agency desires to successfully prepare children for bright futures by helping families break cycles of poverty that continue to bind and destroy dreams and dreamers. We do so by consistently focusing on this Agency's mission, which is:

**To empower Hinds County citizens to become self-reliant
and realize their full potential.**

HCHRA's Head Start and Early Head Start programs served 2,618 children (including 66 who received special education), during 2009-2010. For a minimum of six hours, five days per week, for 182-216 days per year, in 106 classrooms, HCHRA staff attended to the developmental needs of these children. Twenty-two pregnant women also received support through the Early Head Start program. While operating 14 centers and three satellite sites, HCHRA not only offered quality care for the children but also addressed the needs of many

families through the agency's Department of Community Programs and Services. Research shows that family stability has a definite impact on a child's success. With 2,034 of the children and pregnant women we served coming from families with incomes 100% below the federal poverty line, it is imperative that HCHRA does everything within our ability to help families and their children beat the odds long term.

A study entitled "Early-Childhood Poverty and Adult Attainment, Behavior and Health", reveals the lasting impact of poverty when experienced during early childhood. This research involved tracking a cohort of children born between 1968 and 1975. Consider some of the startling results:

[Researchers] found that poverty in early childhood is more potent than in adolescence, with the largest effect on the poorest children. A rise in parental income matters more to children birth to age five than it does for middle income children. Children who were poor between the ages of 3 to 5 years old were less likely than impoverished older children to finish high school on-time. When compared to children at twice the poverty level, children who were poor from birth to age 6 completed two years less of school, received \$826 more in food stamps, and reported higher levels of stress. Once they reached adulthood, this cohort had a 50 percent greater chance of being overweight...Men were two times as likely as their non-poor peers to be arrested and women were six times more likely to have a child out-of-wedlock before age 21. These same adults worked 451 fewer hours than their more affluent childhood peers... the findings "imply that a \$3,000 annual increase in income between a child's prenatal year and fifth birthday is associated with 19 percent higher earnings and a 135-hour increase in work hours" when they reach adulthood.

Why such significant differences? The researchers lay out several potential reasons: The effects of poverty on brain development are linked

to cognitive ability in later years. Poverty can affect a family by elevating the stress parents feel and causing an increased likelihood of harsh parenting practices. These practices have the greatest impact during the early childhood years when the mother-child relationship serves as the foundation for a child's ability to regulate his emotions. That regulation, in turn, has an effect on children's achievement, behavior, and health. With little money to spare beyond day-to-day living expenses, parents can't afford to financially support emergent literacy with books, educational toys and activities. These experiences in the early years are the basis of prior knowledge necessary for later school success. (Authors: Greg Duncan, University of California at Irvine professor of education; Kathleen M. Ziol Guest, Institute for Children and Poverty; and Ariel Kalil, University of Chicago. Published in *Child Development*, Jan/Feb 2010)

This research further validates the need for quality, comprehensive Head Start and Early Head Start programs like HCHRA. Working in alignment with the Mississippi Head Start Association, HCHRA will continue to “embrace a set of core values which promotes wellness, respects families’ cultures and diversity, and supports family empowerment and community development. Head Start programs are designed to build on the strengths of families and communities.” (<http://www.msheadstart.org/>)

ASSESSMENT OVERVIEW

The Hinds County Human Resource Agency's (HCHRA) program planning process includes a strategic strengths and needs assessment that involves the collection of information which is used to guide and create consistency in decision making. The ultimate goal is to fill any gaps between current and desired results. HCHRA uses a multi-method approach that involves (1) pre-assessment, which includes planning community meetings with stakeholders and providing access to conferences and training workshops for Board and Policy Council members; (2) data collection which is done via the standard CSNA survey, focus groups, and the Head Start Family Partnership Agreement; (3) data assessment, which involves turning the data into information that is used for post-assessment decision making; and (4) implementation or carrying out multiple strategies for using the collected data to accomplish desired results. Input is provided from various stakeholders including Head Start families, agency clients, community leaders, public officials, Policy Council, Board of Directors, Agency staff, and other local service providers.

In addition to utilizing a multi-method approach to collecting and assessing data, HCHRA accessed other resources to maximize the use of information in order to maximize benefits to families we serve. Such resources included the Head Start Program Information Report (PIR), Mississippi Handbook of Selected Data, Mississippi Department of Health & Vital Statistics, Mississippi Health Futures County Data Book, and Kids Count Data Book. Information garnered expounded on community distress, child development, elderly needs and concerns, and equal opportunity issues in Hinds County. Potential interagency linkages were also identified, as we worked to ensure optimum usage of applicable funding.

Sources of data used for the Community Assessment included the following:

1. Administration for Children & Families – Office of Planning, Research, & Evaluation
2. Annie E. Casey Foundation
3. Central Mississippi Planning and Development District
4. Children's Defense Fund
5. Foundation for the Mid South
6. HCHRA's 2009-2010 Community Assessment Surveys
7. HCHRA Head Start Family Partnership Agreement
8. HCHRA Public Community Meetings
9. Jackson Public School District
10. Mississippi Department of Education, Bureau of Child Nutrition
11. Mississippi Department of Human Services
12. Mississippi State Board of Health
13. U.S. Bureau of Labor and Statistics
14. United States Census, 2000
15. United Way of the Capital Area

As **Table 1: Program Rank** indicates, 6,575 surveys were distributed - 5,483 surveys were returned. All respondents live in Hinds County, Mississippi.

HCHRA CSNA Summary: Needs in Order of Importance

Table 1: Program Rank Table

		Frequency	Valid Percent
Valid	Employment	2438	44.5
	Education	730	13.3
	Housing	640	11.7
	Transportation	560	10.2
	Income Mgmt	464	8.5
	Child Care	348	6.3
	Nutrition	185	3.4
	Emergency	116	2.1
	Health and Safety	2	.0
	Total	5483	100.0
Missing	System	1092	
	Total	6575	

From a Head Start perspective, one may initially show concern that child care ranks sixth in order of importance. However, when considering how employment, education, housing, transportation, and income management affect the ability of a family to acquire child care, one can better understand the rankings.

Throughout 2009-2010, HCHRA's Department of Community Programs and Services convened and hosted nine community meetings at the agency's Neighborhood Service Centers. Focus groups representing various constituents, including low-income, elderly, and the physically challenged, offered comments and suggestions that addressed needs in their respective communities. County residents elaborated on the impact of poverty and proposed societal solutions. Head Start staff and CSBG case managers provided Head Start families and agency clients opportunities to complete the CSNA survey. Head Start families were also assessed using the Family Partnership Agreement.

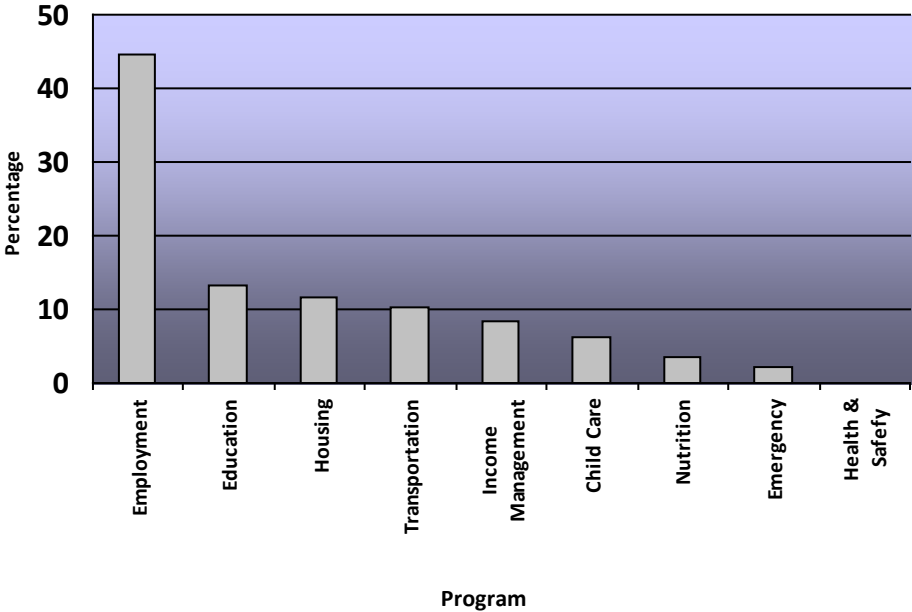
To identify and prioritize community needs from their perspectives, the HCHRA Board of Directors and Head Start Policy Council completed the CSNA survey. Both groups participated in conferences and workshops that addressed community needs. Information about various client needs was also provided during regularly scheduled Board and Policy Council meetings. This ensured that these stakeholders remained current and equipped to properly assess community strengths and weaknesses in order to ascertain needs.

The Board's Planning Committee is charged with reviewing the annual assessment to ensure that all programs appropriately address current needs; to assist in developing strategic plans; to identify service gaps and recommend ways to fill such gaps via new programs, additional funding, or realignment of agency priorities. The Policy Council also

reviews CSNA results to identify Head Start-specific information and recommendations. While the Planning Committee and Policy Council assess and make recommendations, the Board of Directors has ultimate approval authority for the identification and prioritization of needs to be addressed. This applies to all HCHRA programs.

The following graphic provides a visual compilation of needs ranked in order of importance that were identified by the aforementioned constituents. **Figure 1: Program Rank Chart** reveals that 2,438 respondents indicated employment as the greatest need. This is expected since Mississippi’s unemployment rate of 11.1% is sixth highest in the country and Hinds County is 10.1%. (Source: U.S. Bureau of Labor and Statistics) Due to the economic downturn, HCHRA client traffic increased about 50%. While employment also represented the greatest need in last year’s CSNA, the number of respondents increased about 40% this year, which is a clear indicator of an even greater need.

Figure 1: Program Rank Chart



Education and transportation needs have significantly increased since last year when they ranked third and seventh, respectively. As indicated, they are now second and fourth. While there is still a serious need for income management, it fell from fourth to the fifth greatest need. The need for childcare also slightly decreased from the fifth to sixth greatest need this year. The survey clearly shows that each area of need remains great; however, the level of need within each category has significantly changed. Again, the economic climate has had an obvious impact on this community and has caused significant realignment of personal priorities for many of the clients and families we serve.

The CSNA Basic Output validates the program rankings with the majority of respondents indicating “Necessary” with high frequency in most areas including: **employment** (on-the-job training-75.2%, job creation services-76.2%, and job placement-77.2%), as 36.7% of respondents were unemployed; **education** (improved public education-78.9%, GED classes-77.1%, and tutorial assistance-71.2%), as 40.3% of respondents had not graduated from high school; and **housing**, as 60% of respondents did not own a home (rent/mortgage assistance-87.6%, decent/affordable housing-76.9%, housing counseling-68.3%, housing rehabilitation and weatherization - 65.5% and 63.3%, respectively). Clients’ self-sufficiency hinges on employment, but the current economic landscape remains as rugged terrain, and for the poor and disenfranchised the terrain is often impassable. National statistics currently reveal a 9.5% unemployment rate, (**See Figure 2**) but Mississippi lingers at 10.8%. Figures 3 and 4 depict the distinct fluctuations in Mississippi’s unemployment and employment rates. The sharp contrast to that of the national picture is clear.

UNEMPLOYMENT STATISTICS

Figure 2: National Unemployment Rate

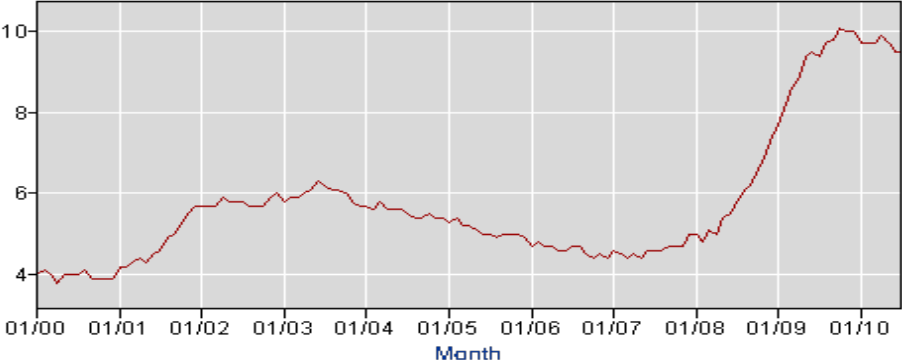


Figure 3: State of Mississippi

unemployment rate

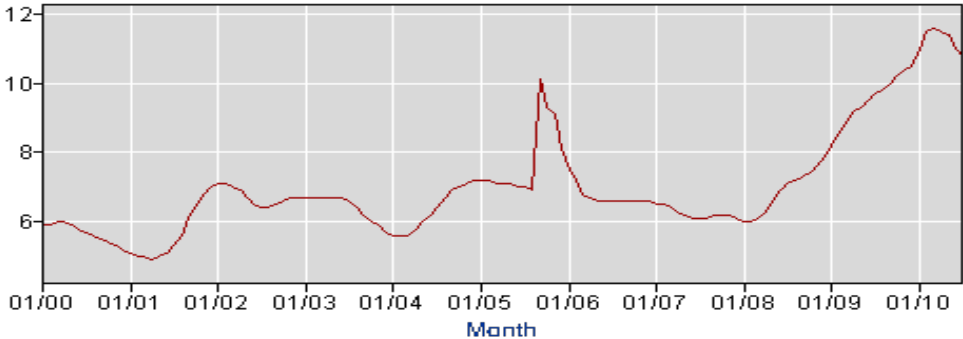
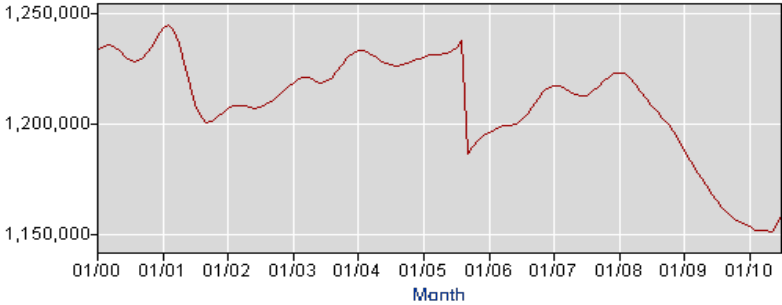


Figure 4: State of Mississippi

employment

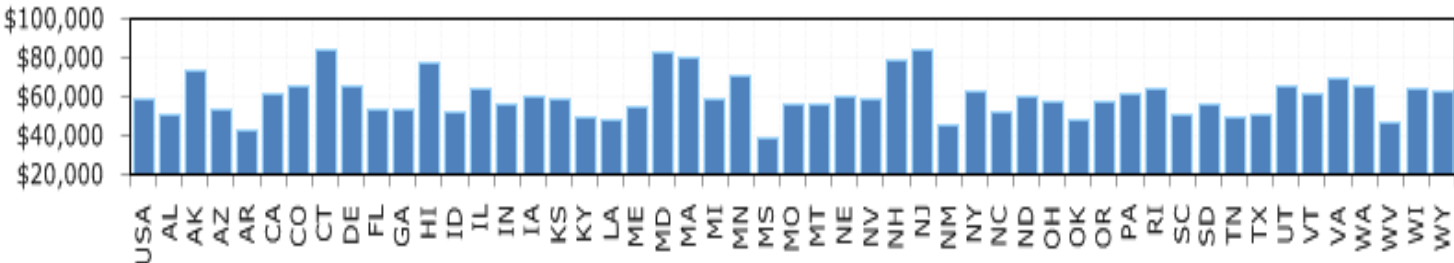


Source: U.S. Bureau of Labor and Statistics

While economists say that Mississippi’s economy is “finally turning a corner,” they dually note that rural areas are suffering more from unemployment than urban areas. The South’s unemployment rate of 9.5% equaled the national average in June 2010. However, unemployment rates for Blacks are above that for Whites, and female heads of household unemployment rates are above the overall rate for men (Mississippi Business Journal, June 2010). This further validates the dire need of the citizens served by HCHRA, as the CSNA shows that 90.4% of respondents are Black; 68.9% are female; and 85.6% are single heads of households.

Underemployment is an issue as well. **Figure 5: Median Family Income** reveals how Mississippi lags woefully behind the rest of the country with a median family income in the mid-\$30,000 range. Herein lays a large part of the reason why 22% of Mississippians live in poverty; 41% of Mississippi children live in poverty with 14% of them living in extreme poverty - 34% of them are 0-5 years of age i.e. the children served by Head Start.

Figure 5: Median Family (with child) Income *Currency, 2008*



Source: Annie E. Casey Foundation

Statistical information provided in Figures 6, 7, and 8 on the following page further indicates the needs of the people served by HCHRA. In addition to having the highest number of children who live in poverty, Mississippi has the highest number of births to unmarried women and the highest number of children who live in families where no parent has full-time, year-round employment. The graphic offers a national comparison.

STATISTICAL DATA

MISSISSIPPI FROM A NATIONAL PERSPECTIVE

Figure 6: Children in Poverty

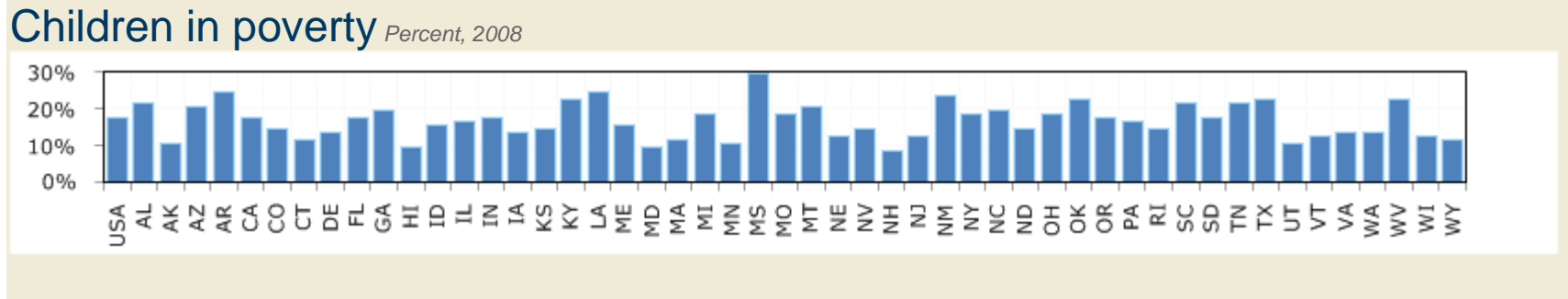


Figure 7: Births to Unmarried Women

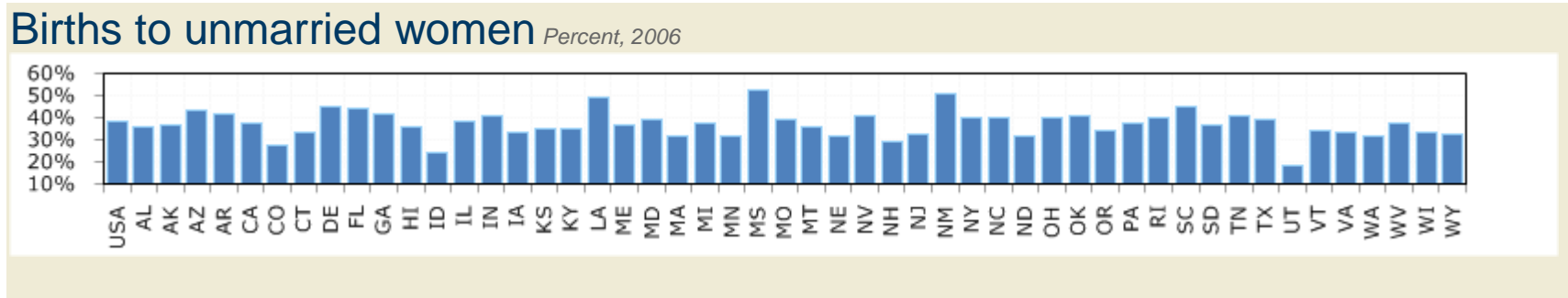
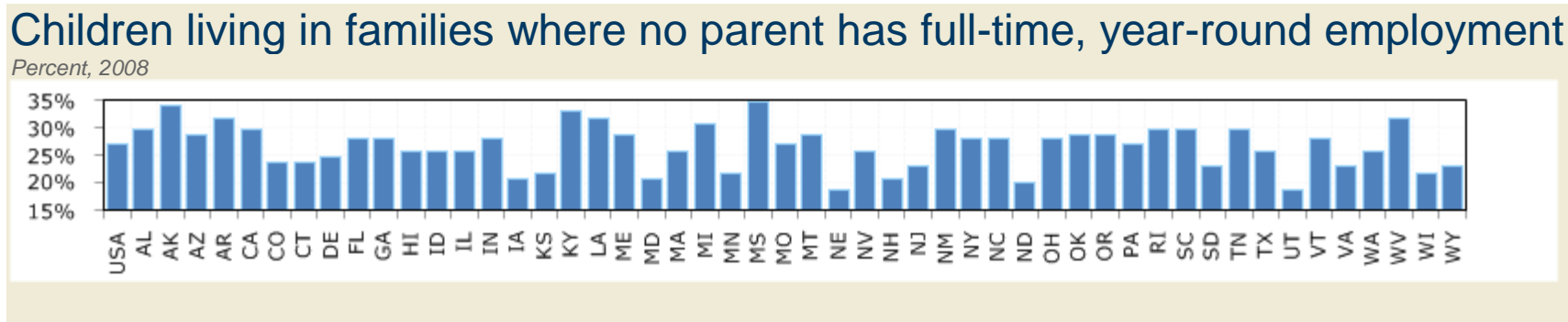
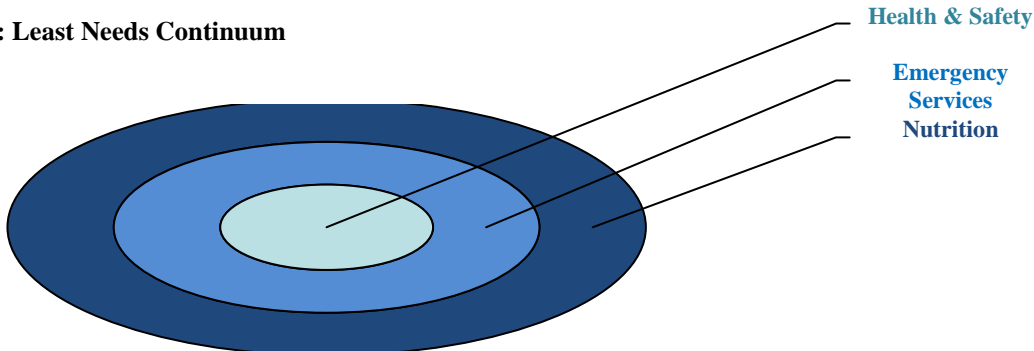


Figure 8: Children in Families with limited employment



While nutrition, emergency services, and health and safety represent the lowest ranked needs on the needs continuum (See Figure 9), each of these areas received responses of “Necessary” with high frequency in the CSNA.

Figure 9: Least Needs Continuum



Consider the following CSNA results: Emergency services (crisis intervention, food/clothing, and shelter-70 +% and cash assistance 83.4%); Nutrition (counseling-66.5%; congregate meals- 63.6%; home-delivered meals-73.4%; and clean water supply-73.1%); Health and Safety (physical/dental needs-80.9%; alcohol/drug prevention-72.2%; and crime prevention-73.3%. As previously mentioned, though priority of needs change, the magnitude of the need remains great. (See Complete CSNA Basic Output Results Attached)

In addition to the CSNA survey, Head Start families were given opportunities to complete a Family Partnership Agreement. This assessment tool was used to identify social service and other needs of the individual family and also served as a “contract” between the family and HCHRA. Under this “contract”, families agreed to partner with the Agency to jointly develop a plan for accomplishing family goals and objectives. During 2009-2010 program year 2,322 families participated in the goal-setting process. They identified needs in the areas of education, employment, health, transportation, and finance. The Agreement

yielded enlightening results, and many families received much-needed assistance.

Nine families identified emergency or crisis needs and received emergency services. We assisted one or both parents in 198 families with job training or school, and 55 received benefits under the TANF program. Statistics reveal that Head Start families face daunting challenges that can negatively impact their children. A 2008 report released by the Administration for Children and Families (ACF) noted the following:

Coming from a low-income family or single parent household and having parents who did not complete high school are identified as risk factors for poor developmental and educational outcomes. Children with one of these risk factors are more likely to have others...having more than one risk factor can have negative consequences for children's development and school readiness skills (p.5)

HCHRA continues to take a holistic approach to assisting Head Start children and families, as we understand that addressing the child's educational development involves more than the classroom experience. Understanding the family dynamic and providing access to other HCHRA programs and services are vital to helping ensure long-term family success. In turn, this helps to ensure long-term success for the children. According to the ACF 2008 report:

Children's families and environment strongly influence their development. Large-scale family studies have found that children's early health and development and later school achievement are all positively related to the resources families can devote to child-rearing, and that they are negatively related to risk factors in the home environment. Resources refer to factors that enhance a child's growth and development, such as parents' level of education, the amount of discretionary income the family has, and family health practices (p. 3)

During the 2009-2010 program year, HCHRA Head Start served 2,011 single-parent families. 1,047 of these parents or guardians we served were unemployed. Child care remained a great concern, as 243 families indicated that they need full-day, full-year child care. Of this number, only 45 received a child care subsidy, whether the care was provided through Head Start or another provider. This same concern is revealed, as approximately 77% of CSNA respondents revealed child care as “Necessary”, while 73% indicated the same for pregnancy-related and infant care. This validates that Early Head Start remains a great necessity. Other needs deemed “Essential” by respondents included medical, dental, and mental health services (65.9%); nutritious meals (65.4%); services for children with disabilities (67.2%); and services for immigrants (54.6%). Equally important as ensuring that quality services are available is ensuring that they are easily accessible.

Transportation is “Necessary” for 76.5% of the CSNA respondents. The Head Start Distance Evaluation indicates that respondents consider it “Essential” to have child care services within five miles of home - whether these services are center-based (777 responded “Essential”), home-based (681 “Essential”), or a combination of both (763 “Essential”). When we consider the need for centers to be located within close proximity of respondents’ homes, and when we further consider that 56.4%; 47.9%; and 56.5% respectively indicated that either center-based, home-based, or a combination was essential, we can safely deduce that these responses validate the significant need for transportation among the citizens we serve. (See Table 2: Head Start Distance Evaluation p.16)

Table 2: Head Start Distance Evaluation

**2010 HCHRA
Head Start
Distance
Evaluation**

Center-based services vs. Head Start Distance

Count		Head Start Distance				Total
		5 miles or less	between 5 and 10 miles	between 10 and 15 miles	15 miles or over	
Center-based services	Not important	16	5	13	3	37
	Desirable	85	15	29	17	146
	Very Desirable	86	42	29	9	166
	Essential	777	132	159	47	1115
Total		964	194	230	76	1464

Home-based services vs. Head Start Distance

Count		Head Start Distance				Total
		5 miles or less	between 5 and 10 miles	between 10 and 15 miles	15 miles or over	
Home-based services	Not important	35	8	16	0	59
	Desirable	119	32	38	12	201
	Very Desirable	113	55	44	26	238
	Essential	681	86	125	41	933
Total		948	181	223	79	1431

Combination of the above vs. Head Start Distance

Count		Head Start Distance				Total
		5 miles or less	between 5 and 10 miles	between 10 and 15 miles	15 miles or over	
Combination of the above	Not important	19	8	16	0	43
	Desirable	96	32	30	7	165
	Very Desirable	112	41	24	9	186
	Essential	763	127	163	53	1106
Total		990	208	233	69	1500

The CSNA has again proven valuable in helping HCHRA to ascertain and prioritize the needs of the citizens we serve. In order to proficiently address these needs, we establish short and long-term goals. For the 2010-2011 program year, HCHRA strives to achieve the following six short-term goals:

- ① To increase by three the number of Head Start Centers accredited by the National Association for the Education of Young Children (NAEYC) and maintain the current accreditation status for the Eulander Kendrick, Annie Smith (EHS), Holy Ghost, and South Jackson Head Start centers.
- ① To develop, expand and maintain additional community partnerships to generate additional non-federal resources thereby lessening the program's reliance on Head Start dollars while strengthening its posture in the community. We also plan to expand the scope of our partnerships with area LEAs to include donations of additional land and/or classroom space.
- ① To upgrade/improve Head Start facilities program-wide in order to provide for a safe, appropriate and healthy learning environment for children, staff and parents.
- ① To intensify our efforts to make parents aware of the monthly curriculum objectives.
- ① To improve the extent to which Head Start parents work with children outside of the center to support the curriculum objectives.
- ① To apply to the Housing and Urban Development Rural Housing and Economic Development Program for a grant. This will be used to acquire land for the design and construction of a full-service community center (that will include Head Start classrooms) in an under-served rural area of southwestern Hinds County.

As HCHRA works to successfully complete each of these short-term goals and strategically prepare to develop and accomplish long-term goals, we maintain a keen focus on the children and families we serve. We remain mission driven and determined to eradicate poverty in Hinds County.