John C. Lincoln Health Network
Lincoln Learning Center
City of Phoenix Head Start Map Showing Individual Delegate Agencies
Lincoln Learning Center

Lincoln Learning Center
80 Head Start Children
City of Phoenix Head Start

Program Approvals

Program Year 39 (2004-2005)

Community Assessments, Goals, Objectives, and Action Plan

Delegate Agency Name: Lincoln Learning Center
Address: 34 E. Sunnyslope Lane
Phoenix, AZ 85020

APPROVED: ______________________________ Date: _________________
Board Chairperson/Executive Director

APPROVED: ______________________________ Date: _________________
Delegate Agency Director

APPROVED: ______________________________ Date: _________________
Policy Committee Chairperson
Introduction

The Lincoln Learning Center, Head Start Program, is an affiliate of John C. Lincoln Hospital at North Mountain. The community assessment information is used to assist in the planning for the Head Start Programs at the Lincoln Learning Center, the Sunnyslope community and the greater Phoenix area.

Delegate Agency Mission

The mission of the Lincoln Learning Center is:

- To be a leader in providing quality child development services to the community in a nurturing, safe and healthy environment through the team effort of a well-trained, competent staff.

- To work collaboratively with other departments at Lincoln and other community human service organizations to meet the health care and social needs of identified children while promoting family well-being and self-sufficiency.

John C. Lincoln Hospital and Lincoln Learning Center

The Lincoln Learning Center is located at 303 E. Eva and the Head Start Program is located at 34 E. Sunnyslope Lane in Sunnyslope, both are located on the campus of John C. Lincoln Hospital at North Mountain, a 230 bed, nonprofit community hospital located in Sunnyslope providing health care and community services to north Phoenix residents, including hospital and long-term care, wellness programs, rehabilitation and sports medicine, a food bank, child care, adult day health care, retirement living and home health services.

Community Profile

The target population served by the John C. Lincoln Learning Center Head Start Program is families and children residing in the Sunny slope Community within the attendance boundaries established by the Washington Elementary School District (WESD) for Mountain View, Sunnyslope, and Desert View schools.

School district and community resource agency information was used as an indicator of community demographics.

- The district enrollment has varied year-to-year since 1993-94 with small decreases from the previous years in 1997-98, 1999-2000 and 2001-02. Enrollment dropped from 2000-01 and 2001-02 due to decreases in enrollment at Desert View, Sunnyslope and Shaw Butte. Children in the Sunnyslope area attend one of five public elementary schools, one charter
school (Dragon Flye) and one parochial school (Most Holy Trinity). The following table shows the percentage growth in enrollment from 1999 through 2003 in the target schools:

<table>
<thead>
<tr>
<th></th>
<th>2002-03 PY</th>
<th>Compared to 1999-2000 PY</th>
<th>% Growth (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desert View</td>
<td>674</td>
<td>605</td>
<td>11.4%</td>
</tr>
<tr>
<td>Mountain View</td>
<td>1127</td>
<td>1170</td>
<td>(3.7%)-</td>
</tr>
<tr>
<td>Sunnyslope</td>
<td>845</td>
<td>940</td>
<td>(10.1%)-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,646</strong></td>
<td><strong>2,715</strong></td>
<td><strong>(2.5%)</strong></td>
</tr>
</tbody>
</table>

- District-wide, the Community preschool, Building Bridges and Special Needs preschool programs have shown growth. In 1995-96 the school had 13 classrooms (not including Head Start). By 1999-2000 the program had expanded by two classrooms. In 2002-03 the District has 20 such sites.

- In 2000, WESD students’ eligibility for free or reduced-cost lunch for school-age children illustrates poverty levels in the community. The schools in the Sunnyslope area reflect rates of eligibility significantly higher than the District average of 55%, as shown in the accompanying table.

<table>
<thead>
<tr>
<th>School</th>
<th>2003 PY</th>
<th>Compared to 2000 PY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desert View</td>
<td>81%</td>
<td>90%</td>
</tr>
<tr>
<td>Mountain View</td>
<td>88%</td>
<td>94%</td>
</tr>
<tr>
<td>Sunnyslope</td>
<td>78%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Child Abuse and Neglect**

Underlying correlates of child abuse and neglect are poverty and economic deprivation. Child abuse and neglect in Sunnyslope can be examined by looking at activity in Zip codes 85020 and 85021.

In 1999, Sunnyslope accounted for 777 reports of child abuse and neglect made to Child Protective Services. In a 2001, the Arizona Department of Economic Security received 295 reports of child abuse and neglect from these Zip codes. The number of total reports in Sunnyslope declined overall by 62% from 1999-2001, despite an overall 10% increases in reports for Maricopa County as a whole, from 17,809 in 1999 to 19,623 in 2001.

One reason for this remarkable turnaround is the Sunnyslope Prevention Plan, which began in August 1994 with a small team of community members. They attended four days of training provided by the Governor's Office for Children and Developmental Research Programs, focused on the *Hawkins and Catalano Communities that Care* model for developing a comprehensive prevention plan. Team members included a school social worker from Sunnyslope Elementary School, Program Directors from John C. Lincoln Hospital’s Learning and Birthing Centers and Food Bank, supervisor from Child Protective Services and a Phoenix Police Department PALS Officer. The workgroup’s goal was to develop a broad-based prevention plan, including strategies for addressing priority risk factors based on needs assessment information, identifica-
tion of the community's priorities, and proposed strategies for community mobilization efforts to address the root causes of juvenile delinquency, child abuse and adolescent problem behaviors.

**Juvenile Crime**

Juvenile crime serves as an indicator of many underlying social problems, including poor school performance, lack of parental supervision, abuse, economic difficulties and psychological problems. Crime is measured by arrests and referrals to the juvenile court for children in Sunnyslope.

In 1995, 3% of Sunnyslope youth were referred to the Maricopa County Juvenile Court. In 1998, referrals grew to 4%. More recent data, 2001, shows that 1% of youths from the Sunnyslope area were referred, a significant decrease in recent years.

**Health Care**

Uninsured births in the Sunnyslope area decreased from 5.6% in 1995 to 3.5% in 2000, the most recent data available from the Arizona Department of Health Services.

Children’s Community Health Services has been successful in increasing immunization rates for children served by the program from 19% in 1997 to 86% in 2002. Immunizations rates among infants and children remain an area of concern.

Current insurance statistics, 2003, for the Children’s Community Health Services are as follows: 42% Tobacco Tax; 27% Self-pay (no insurance); 26% Insurance/PHP; and 5% have other insurance.

**Healthy Families**

**1996 Data:**

- The Healthy Families Program in Sunnyslope at birth related to potential child abuse, 29 families, with a total of 60 children, were enrolled in the program in 1996.
- Participant data from the first two years of operation in Sunnyslope indicates that the one out of six mothers enrolled in Healthy Families are teen parents, with the average age being 25.
- One out of four mothers were married, with 62% of the fathers living in the home. Fewer than one in five (17%) of the mothers were employed.
- For 31% of the families substance abuse was a concern; 10% had a history of domestic violence with an additional 3% expressing concern about a current domestic violence problem.
- Almost half (45%) of the families receive services in Spanish. The ethnicity of the participants includes 55% Hispanic, 41% Anglo and 3% Asian.

**1999-00 Data:**

The past four years has shown little significant changes in demographic information:
• The ethnicity of the participants includes 50% Hispanic, 41% Anglo, 6% other, and 3% African American.
• The number of families served from July 1999 to April 2000 is 32.
• The average age of the mother is 24.5.
• 61% of the mothers were not married, but 66% of the fathers reside in the home.
• Of the clients served, 22% are teen mothers (under age 20 years).
• Only 9% of the mothers listed substance abuse as a concern, a significant drop (22%) from those expressing concern four years ago.
• 16% of the families in the Healthy Families program utilize Head Start services.

**Language/Ethnicity**

The number of limited English proficient students is an indicator of the number of community members with languages other than English. In the target schools the numbers are significant.

<table>
<thead>
<tr>
<th>School</th>
<th>Limited English</th>
<th>Total Enrollment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desert View</td>
<td>325</td>
<td>674</td>
<td>48.2%</td>
</tr>
<tr>
<td>Mountain View</td>
<td>791</td>
<td>1,127</td>
<td>70.2%</td>
</tr>
<tr>
<td>Sunnyslope</td>
<td>501</td>
<td>845</td>
<td>59.3%</td>
</tr>
</tbody>
</table>

**Ethnicity and Race:**

<table>
<thead>
<tr>
<th>Target Schools</th>
<th>Hispanic</th>
<th>White, not Hispanic</th>
<th>African American</th>
<th>Native American</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desert View, Sunnyslope &amp; Mountain View</td>
<td>58.5%</td>
<td>28.9%</td>
<td>5.2%</td>
<td>4.1%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**Disabilities**

The school district’s Special Services Department has reported the need for more special needs services, but space and the constant need for staff has been a challenge. Some new programs that have been implemented over the past 3 years are the addition of another preschool program and an autistic program. The autistic program will start with preschool and will add one grade every year up through second grade.

District-wide, the Special Services Department serves 3,250 students out of 25,000, or 13%.
Medical, Dental and Social Services

Marley House

From 2000 through 2002, referral requests have increased 59%, from 1,832 to 2,913. Participation in services beyond information and referral increased 13% from 400 in 2000 to 452 in 2002. From 2000 through 2002 a total of 1,132 families has participated in program services such as counseling, case management, parenting classes, in-home support and parent support groups.

In 2000, Marley House records show that 6 families were referred to Children’s Health and Children’s Dental for services. In 2002, 64 families were referred for medical and dental services. Since changes in data collection in 1999-2000, it is unclear if the number of referrals is a true representation of referrals made during that period; however, with the addition of a case assistant position shared between Children’s Health and Marley House, the expected increase in referrals is reflected.

Dessert Mission Children’s Dental Clinic

In 1999 total visits increased from 1998 by 17%, and a total of $263,232 subsidized care was provided. In 2002 a total of 2,526 visits were provided by the clinic, with 811 children served. Of the 811 served, 671 were new patients to the program. Through the school program, 6,243 children were screened for dental problems and were provided prevention education. 472 of these were urgent care cases.

Tooth decay continues to be the most common problem diagnosed, resulting in a high number of extractions and root canals. The Clinic will be implementing a sealant program at schools in order to minimize the need of urgent care and increase prevention among services.

The total value for services provided to the schools was $153,655. The overall value of dental services was estimated at $500,530 at a cost of $476,000. Through a special grant, 9 children received pedodontic specialty services, which valued $17,170. The Clinic paid 75% of the cost and the other 25% came from in-kind donations.

In 2003 the Clinic is running at a 5% increase over 2002, for a total of 2,219 visits just through October with a services value worth $424,066.

Children’s Community Health Center

In 2002 the Children’s Health Services provided 5,766 visits for sick children.
- 1,860 of all visits provided were for immunizations.
- 5,766 doses were administered to children
- 1,743 of all visits provided were for Well Child Checks
- 1,155 or 20% of the total visits of the clinic were provided through the School Based Clinics.

In 2003, the Health Center provided a total of 5,689 visits through October this year. 7% increase over last year’s average with $477,602 worth of services provided to-date.
Desert Mission Food Bank

In 2002, the total of individuals served throughout all programs was 95,051 compared to 68,305 in 1999, an increase of 28%. Also in 2002, the Holiday Adoption Program adopted 1,904 individuals and 16,862 emergency food boxes were distributed.

Approach to Community Assessment

An array of strategies was used to gather information for the Head Start Community Needs Assessment for the Lincoln Learning Center Head Start program, including:

- Input from community leaders and service providers in Sunnyslope.
- Head Start parents completing community assessment surveys.
- Information gathered for the *Sunnyslope Youth and Family Partnership Risk Assessment Update* for 2002

Limitations

The small sample size of the interviews and surveys, limits the findings and caution should be used when drawing conclusions solely relying on a single source of data.

Input from Community Leaders and Service Providers

Input was solicited from various agencies in the Sunnyslope community as well as on-line resources. Community leaders and on-line resources that provided input include:

- Director of the Desert Mission Food Bank
- Director of the Children’s Community Health Center
- Caseworker I for Lincoln Learning Center, Head Start
- Director of the John C. Lincoln Children’s Dental Clinic
- Director of Marley House Family Support Center
- *Sunnyslope Youth and Family Partnership Risk Assessment Update* for 2002

Because school district information is a strong reflection on the community, the information gathered from the WESD web site was valuable to this assessment. The following information demonstrates some of the changes that the district has experienced in the last three-to-five years.

- The district experienced a significant increase in English Language Learners over the past ten years. Currently approximately 4,700 Limited English Proficient students are in WESD, an increase of 87% from five years ago and 538% from ten years ago.
- Thirty-five different languages are represented in district schools. After English, the second largest group is Spanish, and the third is Serbo-Croatian.
- Schools are running out of space.
- The schools must deal with refugee issues.
• Title I services are provided to 20 schools, 10 with school-wide designation and 10 schools with target assistance programs.
• Special Education services are available to approximately 13% of the student population.

Head Start Community Assessment Surveys

Head Start community assessment surveys were distributed throughout the Sunnyslope community working in cooperation with schools, and community agencies such as the Marley House, Desert Mission Food Bank, Women Infants & Children (WIC), Community Health Services, Sunnyslope Community Center as well as the Lincoln Learning Center Head Start parents.

Profile of Respondents

Of the respondents,

• 79% were Hispanic, 17% were Anglo, and 1% was African American.
• 76% were two parent families, 11% were single mothers, 2% were single fathers, 1% were grandparents and 4% were in multiple family households.
• Average length of time in the community was 6.8 years.
• 4% indicated having a child with a disability, 5% of the children were receiving TANF, 26% of children were receiving Food Stamps, and 19% of the children were on AHCCC.
• 18% of adults reported needing full time work, 7% needed part time and none reported needing training.
• The average reported monthly household income was $978.
• 22% of the adults were seeking health insurance, 8% need medical care, 7% need dental care, 4% needed mental health services and 13% need immigration services.

Head Start and Child Care Needs

The survey results showed that 57% of respondents are currently enrolled in Head Start. 15% of are interested in Head Start and 38% are interested in volunteering their time to Head Start. None of the respondents indicated child care as a need or a reason for not enrolling their child in Head Start. In a community of many working parents, the availability of childcare is an important resource to insure family functioning. Child care program capacity in Sunnyslope has increased 52% between 1994 and 2002 (Sunnyslope Youth and Family Partnership).

Results of the Community Needs Assessment

Community Strengths

The Washington Elementary School district has begun to implement a variety of educational and social service programs that are an asset to the community, such as three after school programs in the Sunnyslope community.
More Spanish speaking personnel have been added to community resource agencies, including the Lincoln Learning Center Head Start program, in response to community need.

The Lincoln Learning Center and Head Start program have strong linkages with a continuum of services for families in the Sunnyslope community, and have demonstrated a history of successful collaboration. For example:

The Children’s Health Center is a short walk from the Lincoln Learning Center and the Marley House Family Support Center. The Children’s Community Health Services program, Lincoln Learning Center and Marley House work together to provide a full range of services to the families of our community.

**Most Critical Needs and Concerns in Community**

Information from the community surveys, the Sunnyslope Youth and Family Partnership Risk Assessment and input from community agencies was reviewed and analyzed to identify the most critical needs and concerns in the Sunnyslope community.

<table>
<thead>
<tr>
<th>Top six community problems or issues identified as <strong>difficult to access:</strong></th>
<th>Top six community problems or issues identified as a <strong>need for more services:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Housing</td>
<td>1. Dental Care</td>
</tr>
<tr>
<td>2. Utility Assistance</td>
<td>2. ESL</td>
</tr>
<tr>
<td>3. Child Care</td>
<td>3. Medical Care</td>
</tr>
<tr>
<td>4. Job Training</td>
<td>4. Housing</td>
</tr>
<tr>
<td>5. Medical Care</td>
<td>5. Transportation</td>
</tr>
<tr>
<td>6. Dental Care</td>
<td>6. Food and Clothing</td>
</tr>
</tbody>
</table>

**Similarities and Differences**

- Problems and issues identified as both difficult to access and a need for more services include: housing, medical care and dental care.
- Problems and issues identified only as difficult to access include: utility assistance, childcare and job training.
- Problems and issues identified only as needing more services include: ESL, transportation and food/clothing.

**Viable Resources Available in Community**

**John C. Lincoln Health Network, Lincoln Learning Center**

Lincoln Learning Center is a not-for-profit child care program serving working families from the Hospital and the community with children ages six weeks to twelve years.

Families with low incomes are served through a scholarship program and a contract with the Arizona Department of Economic Security. Head Start services are available to children whose parents are income-eligible.
**Children’s Community Health Services Center**

The Children’s Community Health Services Center is a community centered, community driven medical home for a population who would otherwise go without, including children who have no means of obtaining essential health care. Services include: 1) diagnosis and treatment of minor or chronic illness, including medication if needed, 2) health screening, 3) health promotion and counseling and 4) immunizations.

**Children’s Dental Clinic**

The John C. Lincoln Children’s Dental Clinic began providing dental services to children in the 1930’s. Using volunteer dentists, the JCL Children’s Dental Clinic provides cleanings, sealant, fillings, extractions and root canals to children who have no dental insurance, AHCCCS or financial resources for dental care. The Director of the Dental Clinic maintains an ongoing recruitment program for additional dentists who donate their time. A voucher program for participating dentists helped the clinic provide dental care to children enrolled in the Tobacco Tax Primary Care Program.

**Desert Mission Food and Clothing Bank**

Desert Mission, a division of John C. Lincoln Health Network, operates a food and clothing bank that distributes 700-800 emergency food boxes each month. Desert Mission also acts as a distribution center for government food programs to low-income families.

**Sunnyslope Youth and Family Partnership**

Established by John C. Lincoln Hospital in January, 1995, the Sunnyslope Youth and Family Partnership represents a collaborative effort on the part of businesses, schools and community agencies in Sunnyslope to prevent juvenile delinquency and enhance opportunities for the positive physical, social and emotional development of youth in the community. The Youth and Family Partnership provides structure for ongoing development and implementation of the Sunnyslope Prevention Plan and includes over 90 representatives from 40 member organizations.

**Marley House, Family Support Center**

In March 1996 Marley House (formerly Lincoln House) was opened to facilitate delivery of educational, health, social and recreational services to children and families in the Sunnyslope community. John C. Lincoln Hospital, in conjunction with the Sunnyslope Youth and Family Partnership, established the Marley House Family Support Center as the first school-linked and neighborhood-based center in east Sunnyslope designed to improve access to services. The purpose of the Marley House Family Support Center is to assist families identified through JCL Community Health Center Children’s and Women’s Services, the Student Health Program, Children’s Dental Clinic, hospital or referred form partner agencies, by providing case management and support in obtaining community services.
The JCL Community Health Center and Marley House work together to provide a full range of services to the families of the community. As families are determined eligible for children’s health services, in addition to receiving health services, social needs are addressed and eligible families with medical care needs are referred to the JCL Community Health Center for eligibility determination and enrollment into the Tobacco Tax Primary Care Program or Kids Care.

**The Elementary Student Health Program**

The Elementary Student Health program represents a commitment among Washington Elementary School District, John C. Lincoln Hospital and a number of area physicians to care for the whole child by making much-needed health services available to children attending nine schools in the Sunnyslope community. The services include diagnosis and treatment of minor illnesses, education on nutrition and exercise, immunizations, referrals to appropriate medical and dental services and health education for family members.

**Barriers**

*Awareness of community resources.*

John C. Lincoln Health Network and its affiliates in the Sunnyslope area provide an abundance of community resources. As listed above, these agencies cover an array of services to meet challenges of individuals and families living in the surrounding areas.

The barrier is not that services aren’t available, but that the community is not fully aware of the services. A campaign was launched six years ago to promote public awareness. This campaign consisted of community newsletters, flyers, and community presentations. This campaign has been very effective in the community, but it must be an on-going effort because of the high mobility rate.

*Transportation to resources.*

Many families are unable to get to appointments for resources because of the distance. Many families have none or only one vehicle, which is used by working family member as transportation to work. Many individuals are walking to appointments, but for the hottest times of the year walking is impossible, especially if they must bring small children with them to appointments.