



2010 Community Action Plan for Greater Rochester's Children
featuring the 2009 Community Status Report on Children and Youth

TheChildren'sAgenda
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Nine-month-old Mia is lying in a hospital bed with seven broken bones. She won't make eye contact with the doctor or staff. In fact, she remains completely and eerily quiet and still. It is almost as if she is hiding.

Malcolm is three years old and appears to be a normal, healthy boy. When he speaks, though, only about 10 of his words are recognizable. Despite Malcolm's developmental delays, his mom works to support their family, which consists of just the two of them. A patchwork of neighbors and family care for Malcolm while his mom is at her job. His mom treasures Malcolm more than anything in the world. When asked what her greatest hope for Malcolm is, she looks away and her eyes become full before she answers, "That the other kids won't make fun of him his whole life."

Taveres is 13 and helps care for his 8-year-old brother after school until his mother or father gets home from work. Three weeks ago, one of his friends suggested that Taveres come on some "errands" with him that would help him earn a little money. He knew that doing this was probably wrong, but he really wanted to buy a model-building set because his favorite teacher says he is good at building things. His father always says that they don't have enough money. Today Taveres is on a ventilator in the intensive care unit, having been shot. He is not expected to survive the month.

These powerful stories show that **our community's children face urgent, serious problems – child abuse; lack of affordable, quality child care; poverty; and too few quality opportunities for children during the after school hours.**

As shown in this 2009 Community Status Report for Children and Youth (see pages 10–11), **Monroe County's children are faring worse now than they were in 2000 in critical areas** such as child poverty, low birth weight, and access to health insurance. The Status Report presents vital indicators for children's health and well-being in Monroe County and Rochester and compares these with similar communities and New York State, U.S. and International data. The City of Rochester has one of the worst infant mortality rates in New York State. Rochester's teenage pregnancy rate is among the worst in the U.S. and industrialized world. And our children lose their lives to violence all too often.

But what if we could do better? What if we could eradicate child abuse? What if all parents who needed a safe, quality child care setting for their child could afford it? What if our most vulnerable youth spent less time on the streets and more time learning?

We can do better.

Rochester is known nationwide for its entrepreneurship, its generosity, and its innovative models of caring for children. We have demonstrated marked successes in foster care pediatrics, immunization rates, and mental health programs for young children. When we have joined together and put in place effective programs and policies, we have improved the statistics and made our community a safer, healthier, better place. We need to push forward and have our next choices build on our past investments and intentions. It won't happen overnight. It won't even happen in a year. But change will begin, and if we take the next critical steps *now* to implement proven, effective programs for children, we can see real improvement in the well-being of our children by 2015.

And we have to. Issues that affect kids – child abuse, poverty, lack of affordable child care – grow into issues that affect teenagers and, ultimately, adults. Low graduation rates, teenage pregnancy, violent crime – all of these problems hurt our children, drain community resources, dash our ability to provide skilled, reliable workers for tomorrow's economy, and diminish our City's vibrancy. *Everyone has a role to play in making this happen.* By partnering to take sustained action on the few, important policies and programs that can make a difference, things *will* get better.

The time for action is now.



Action That Works for Children

Programs and policies that work for children and youth:

- Are evidence-based* and effective: **proven** to work
- Get to the **root** of problems
- Are integrated and coordinated into a **system of support and care**
- Cover a **continuum** of growth from before birth to adulthood

At The Children's Agenda, we study what works for kids. As an independent, non-partisan, non-profit organization, we look objectively at the data behind the stories and review the results of programs and policies that intend to affect children. Then, when it is clear what works, we champion it. We collaborate with local leaders to see evidence-based programs and policies put into practice in a system of care and support that gets to the root of problems for kids.

We have prepared our Community Action Plan for Greater Rochester's Children and the accompanying Community Status Report on Children and Youth show how we can use proven, preventive programs to address the most urgent problems affecting children from babies to teens.

We propose specific solutions to meet three goals along the spectrum from birth to adolescence:

- Our children are born healthy into families who can provide them with safe and nurturing environments.
- Our children are prepared to learn and attend quality schools.
- Our children are prepared to be successful adults, who are responsible citizens and productive, happy members of our community.

This Executive Summary lays out our proposed solutions and the outcomes we expect for our children. We will update the community on progress annually and revisit the status of children in our community in 2015 by measuring progress towards implementing these solutions and changes in key statistics affecting kids (see pages 10–11).

The problems addressed here are not the only problems our community faces, and the programs we recommend are not the only solutions. Based on the research we've reviewed, these are the best next steps.

We look forward to the dialogue we hope this report will generate and to working with leaders in our community to implement programs that work, integrated and coordinated in a system of care that covers children from birth to adulthood.

We can do better. Let's get started.

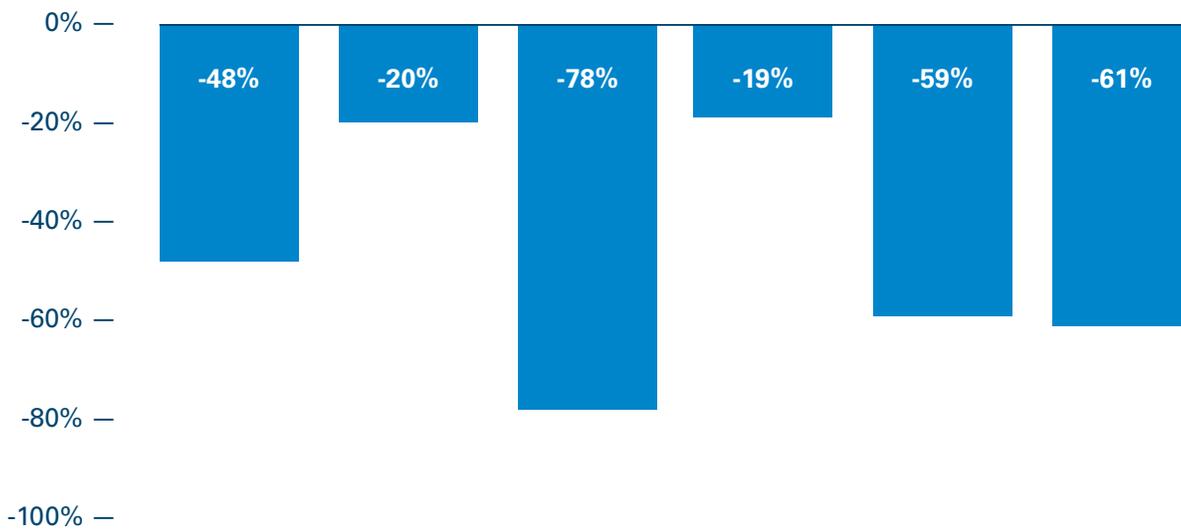
* **What are 'evidence-based' programs?**

A program is generally considered "evidence-based" if

- Rigorous and repeated evaluation shows that the program produces positive results,
- The results can be attributed to the program itself, rather than to other extraneous factors or events, and
- The evaluation is peer-reviewed by experts in the field.



Nurse-Family Partnership: Results for Participating Families



child abuse
drops

time on
welfare
drops

hospitaliza-
tions drop

subsequent
births drop

criminal
activity
(child)

criminal
activity
(mom)

“I have never prosecuted a capital case where the accused had not experienced some form of child abuse or neglect. We need to be tackling this crime problem where it begins. We need to provide early investments in kids that set them on a trajectory of success rather than deal with the aftermath of their failure.”

Michael Green, Monroe County District Attorney

Nurse-Family Partnership (NFP)

Goal: Our Children are Born Healthy into Families Who Can Provide Them with Safe and Nurturing Environments

Best Solution:

- Expand the Nurse-Family Partnership Program to meet our local need: 1,000 families per year by 2015.

Parenting is challenging, especially for parents who have few financial and social resources: teen mothers, single parents, and parents living in poverty. Unprepared parents are more likely to lack the resources to care for their child, bear low-birth-weight babies, have children who are neglected or abused, and have additional children closely following the birth of their first, often while still teenagers.

The NFP program has been called the “the most effective program for vulnerable children and families ever created” by the Washington State Institute for Public Policy. It lays the foundation for children to succeed in life. NFP is an evidence-based, effective nurse home-visitation program that improves the health, well-being,

and self-sufficiency of low-income, first-time parents and their children. In Monroe County, NFP currently serves 300 families. In 2006, The Children’s Agenda led efforts to bring the NFP program, a National Model, back to where it was founded and has recently been successful in obtaining significant additional public funding to support the program.

With regard to specific indicators in our Community Status Report, research shows that NFP:

- **Decreases child abuse, neglect, and injuries by 48%**
- **Increases families’ self-sufficiency and increases involvement of both parents in a child’s life.**
- **Improves low birth-weight for some at-risk pregnancies, including those of women who smoke. It also decreases low birth-weight by decreasing subsequent teen pregnancies.**
- **Decreases the likelihood of repeat teen pregnancy and markedly reduces involvement in crime for parents and the children born into the program as they grow older.**

The NFP program is highly cost-effective: for every dollar invested, more than \$5 is saved in taxpayer dollars by the time the child turns 16 in terms of health, welfare, special education, criminal justice, and other remedial services avoided.

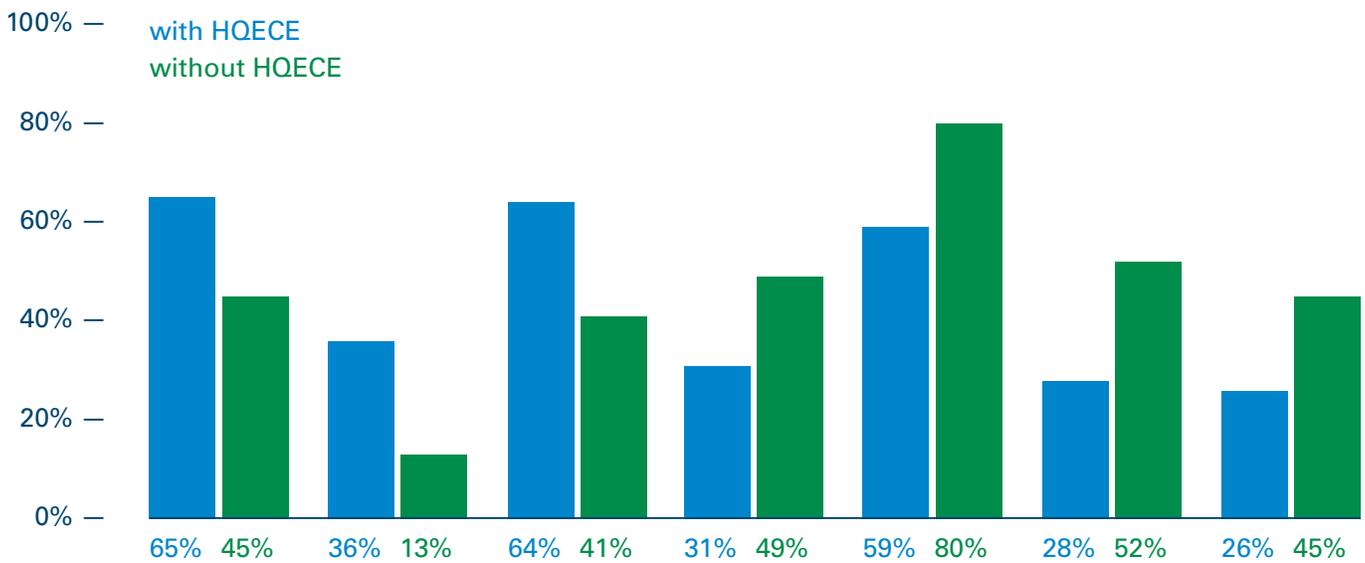
NFP decreases violence and crime immediately and in the long-term. This is good for children, critical for public safety, and will enhance our community’s vitality.

What’s Needed Next?

- Expansion of NFP program capacity to serve 500 families by 2011.
- Continued careful tracking of key data to show improvements in health and well-being of the children and families served.
- Linking NFP with quality child care and early learning programs; further developing a system of early services.



High-Quality Early Care and Education (HQECE): Results for Participating Children



high school
graduation
jumps

four year
college
jumps

improved
health as
adult

special
education
drops

time on
welfare
drops

criminal
activity
drops

teen
pregnancy
drops

“You can make a very powerful argument for early enrichment {for children} solely on the basis of hard-boiled cost-benefit analysis. Every dollar invested returns between \$7 and \$17 because of tax savings from reduced services needed for these children as they grow. Investing in young children from disadvantaged backgrounds is an economic development initiative.”

James Heckman, Nobel Laureate, Economics

Early Childhood Education

Goal: Our Children Are Prepared to Learn and Attend Quality Schools.

Best Solution:

- Increase the number of children in quality child care and early learning settings by 20% by 2015 through achieving three long-term policy changes; for example, setting minimum education requirements for child care providers.

Family work dynamics have changed over the last 30 years to the point where now 70% of families in Monroe County do not have a stay-at-home parent. When these parents are at work, they need a safe place for their children. Furthermore, more than 30 years of research have shown that the majority of brain development occurs by the time a child is five and that where the child spends those first five years matters. In short, if children can spend that time in a quality setting, they will be more ready for school and life. If they spend it in a setting that is low-quality, a place where the care giver has little education, where there are few books, where a television is on most of the time, the child will be far more likely to start the first day of kindergarten with learning delays and behavior problems established.

The research has shown that high-quality early education and care makes an enormous difference to vulnerable children. In addition to giving them that safe place to go while their parents work, quality care readies them for school by laying a foundation of early literacy and academic skills, social and emotional well-being, and a love of learning. High-quality early care and education helps our community, children, and families by putting vulnerable children on the path to success. The enhanced sense of security felt by the parent who is confident that her child is safe promotes greater productivity at work, which is good for the community.

With regard to specific indicators in our Community Status Report:

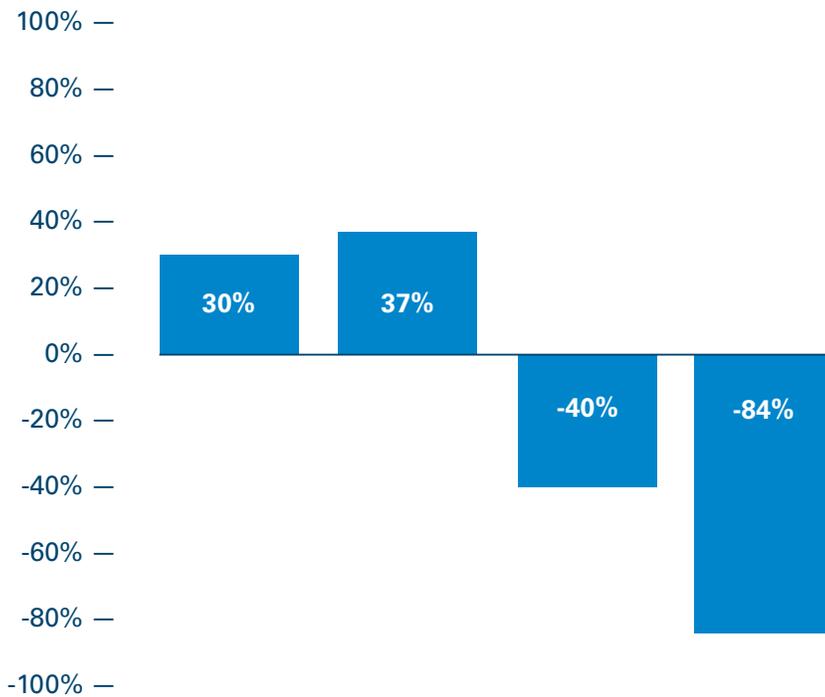
- Quality early childhood education and care decreases learning and behavioral problems by school entry and improves school attendance and high school graduation.
- Enrollment in pre-K for children in Rochester is high but depends on continued vigilance on the part of the community to maximize enrollment and support wrap-around child care, since our pre-K programs are half-day.
- Our county percentage of children in subsidized child care has been higher than comparison counties, but after decades of progress, we have recently struggled to maintain resources to support our enrollment and eligibility levels.
- Quality early childhood education decreases teen pregnancy and markedly reduces youth violence and crime for the children involved as they grow older.

What's Needed Next?

- Increase the number of children receiving child care subsidies by at least 500 by March 2010 to maximize current capacity of ~8,000 slots.
- Establish a baseline of children currently participating in evidence-based, high-quality early education programs.
- Participate in the 2010 community leadership team being convened by The Children's Agenda to develop community standards and identify and establish policies to make us the premier community in NY State for this issue.



Results from Quality After-School Programs



graduation
rate jumps

college
attendance
jumps

teen
pregnancy
drops

convictions
drop

What's Needed Next?

- Provide after-school programming to at least 300 more Rochester students in 2010.
- Expand the Coping Power Program to 4 new schools in 2010 as part of a comprehensive, systemic approach to violence prevention in the Rochester City School District.

“The single hour most likely for a teen to commit or be a victim of a violent crime – homicide, rape, robbery, or assault – is between 3 and 4 p.m.”

Fight Crime: Invest in Kids

“The average taxpayer cost for one youth to be incarcerated in New York State is about \$100,000 per year. Quality programs for youth help our kids be productive and our community and taxpayers save dollars.”

Kelly Reed, Commissioner of Human Services, Monroe County

After-School Programs

Goal: Our children are prepared to be successful adults, who are responsible citizens and productive, happy members of our community.

Best Solution:

- Provide high-quality, effective after-school programming for 25% of Rochester children by 2015.
- Take the Coping Power Program to full capacity for all children who need it in the Rochester City School District by 2015.

Our community faces tremendous challenges in terms of our youth. Homicide is the leading cause of death for Rochester teens. The average age of entry into Rochester gangs is 13. While short-term trends for the graduation rate at RCSD schools indicate the rate is on the rise, we hover close to where we were 10 years ago – with half of our children not graduating from high school. These are huge issues that affect children individually and our community at large.

While there are many roots to these problems, our community’s approach to the hours after school will either aggravate the problem or help solve it. As family work dynamics have changed over the last 30 years, many children end up unsupervised after school. While 70% of Monroe County families have no stay-at-home parent, fewer than 10% of children ages 5–17 participate in structured after-school programs. This has had devastating results. Our local trends match the national research: 2:30–6:00 p.m. are when children and youth are most likely to be victims or perpetrators of a crime. Teens unsupervised after school are four times more likely to have committed a crime and used illegal drugs than teens with after-school programs.

Much like the established evidence for quality child care, research has found that after-school programs meet a working family need, improve child outcomes, and benefit the whole community. Working parents need their children to be safe so that they can work productively, without interruption. Children, when given the opportunity to attend quality after-school programs, are more likely to graduate from high school, less likely to be involved with crime, and less likely to become pregnant as teenagers.

One particularly important component of a comprehensive after-school system is the Coping Power Program, which is an evidence-based program created to reduce violence and aggressive behavior in youth. Coping Power is currently in place at two Rochester City schools working with children in grades 4 and 5 who have aggression issues. They have seen a dramatic decrease in violence and aggressive incidents school-wide. Further implementation should include Coping Power as one piece of a quality after-school system, combining as well with other evidence-based programs including PATHS, a social-cognitive developmental program for all students now in place at 20 City of Rochester elementary schools, and Primary Project, an effective one-on-one behavioral program for students too young for Coping Power (K-3) developed and implemented by the Children’s Institute here.

With regard to specific indicators, in our 2009 Community Status Report, these programs:

- **Decrease violence and crime.**
- **Decrease teen pregnancy.**
- **Improve school attendance and graduation.**

The 2009 Community Status Report on Children and Youth

			Monroe County 2000	Monroe County 2007	Erie County	Onondaga County
Goal: Our children are born healthy into families who can provide them with safe and nurturing environments.						
Metrics	Babies with low birth weight (percent)	👎	7.7%	8.0%	7.8%	7.9%
	All deaths of children 1 year and under (infant mortality rate per 1,000 children)	👎	7.1	7.1	7.8	6.5
	Children without health insurance (percent)	👍👎	6.2%	7.2%	9.3%	8.8%
	Children who are overweight or obese (percent)	👎	29%	30%	29%	NA
	Children living in poverty (percent)	👎👎	16%	18%	22%	19%
	Children living in single parent families (percent)	👎	32%	36%	33%	33%
	Children in indicated reports of child physical abuse, sexual abuse, and neglect (rate per 1,000 children)	👍👎	13	12	16	20
Goal: Our children are prepared to learn and attend quality schools.						
Metrics	Children in subsidized child care (percent)	👍👎	7.3%	6.3%	4.2%	3.6%
	Children participating in Universal Pre-Kindergarten (percent)	👍	33%	39%	50%	40%
	School attendance (percent)	👍	94%	94%	93%	94%
	Graduation rate: 9th graders who graduate 4 years later (percent)	👎	73%	78%	76%	75%
Goal: Our children are prepared to be successful adults, who are responsible citizens and productive.						
Metrics	Teen pregnancy (rate per 1,000 15–19 year old girls)	👎👎	52.0	56.1	54.8	50.7
	Juvenile delinquents appearing before judges (rate of petitions per 1,000 youth)	👍👎	3.1	3.4	3.9	4.1
	Juvenile delinquents who are placed in facilities (rate of placements per 1,000)	👎	2.1	1.8	0.8	0.4
	Youth deaths by injury, including homicide, suicide, and unintentional (rate per 100,000 15–19 year olds)	👍👎	52	43	46	45
	Homicides of black, male youth and young adults (rates for black, male 15–29 year olds per 100,000)	👎👎	NA	229	NA	NA

Data is 2007 or latest available. International data is representative of the 22 most economically advanced nations, which include



-  Optimal
-  Good
-  Caution
-  Bad
-  Dismal
- NA Not Available

Rochester	Buffalo	Syracuse	New York	United States	International
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Comments

10.8%	10.4%	9.8%	8.1%	8.2%	6.4%
11.7	8.9	10.8	5.5	6.7	4.6
NA	NA	NA	9.3%	12.0%	0%
39%	NA	NA	NA	32%	13%
43%	41%	45%	20%	18%	11%
68%	62%	65%	34%	32%	13%
NA	NA	NA	16	NA	NA

NA	NA	NA	3.6%	NA	NA
51%	NA	NA	38%	NA	NA
91%	87%	91%	93%	NA	NA
48%	52%	47%	71%	71%	NA

happy members of our community.

116.2	109.2	87.8	58.4	75.4	16
NA	NA	NA	3.2	NA	NA
NA	NA	NA	1.3	NA	NA
62	NA	NA	42	65	22
264	NA	NA	NA	147	NA

es the U.S.

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Sources include ACT Rochester, Annie E. Casey Foundation, Center for Governmental Research, ChildTrends, Monroe County Department of Health, Monroe County Department of Human Services, New York State Department of Health, New York State Education Department, New York State Kids Wellbeing Indicator Clearinghouse, New York State Office of Children and Family Services, U.S. Census, and U.S. Census Small Area Health Insurance Estimate.

What Can You Do?

- Invite us to meet with you to further discuss next steps and ways you can support this Community Action Plan.
- Sign-up today to be part of The Children's Agenda's Advocacy Network that we will launch in the spring. Call 256-2620 or visit our website, www.thechildrensagenda.org.

About This Report

The Children's Agenda is the objective, passionate voice for Monroe County children and youth. We drive measurable improvement for the well-being of children. The Children's Agenda is the agent of change for what's needed the most and what works the best. We work with others to lead change in current or emerging policies, processes, cultures, and the mindset of the community and its leaders.

The Community Action Plan for Greater Rochester and the accompanying Community Status Report was compiled and prepared by The Children's Agenda between September 2008 and September 2009. Data sources include the Monroe County Department of Health, New York State Office of Child and Family Services, and the New York Kids Well-being Indicator Clearinghouse. We are especially grateful for the help of the Center for Governmental Research (CGR) in compiling some of this data and the ACT Rochester project, a joint venture of the Community Foundation and United Way, upon which this report is built.

In preparing the recommended solutions, The Children's Agenda met with many community leaders to discuss the challenges we face as a community and the best path forward.

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Staff

JEFFREY KACZOROWSKI, M.D., Exec. Director/President

CAROLYN LEE-DAVIS, MPP, Policy Analyst

MICHELLE YALE, Administrator

Consultants

NANCY RACA, Marketing & Communications Specialist

NEVA CORBO-HUDAK, Graphic Designer

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Bruner Family Foundation

FLOR MARIA COLON, Counsel, Xerox Corporation

DONNA M. DEDEE, President & Chief Executive Officer,
Bishop Kearney High School

DAVID DEY, President & CEO, RISEGO, Inc.

EDWARD J. DOHERTY, Vice President of Community
Programs, Rochester Area Community Foundation

ISOBEL GOLDMAN, Director of Community Relations,
Jewish Community Federation

HARRIET KITZMAN, Professor of Nursing and
Pediatrics, University of Rochester School of Nursing

KENNETH A. MARVALD, Vice President &
General Counsel, Jasco Family of Companies

PETER ODDLEIFSON, Former partner, Harris, Beach

R. DANFORTH ROSS

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500 East Avenue, Suite 201
Rochester, NY 14607-1912
www.thechildrensagenda.org
585-256-2620



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