



# **A Community Assessment of Head Start Families**

**July 2004**

**Conducted by**

**Holyoke·Chicopee·Springfield  
Head Start, Inc.**

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## **ABOUT THE RESEARCHER**



Meridian Consulting designs and delivers customized training and consultation to local, state, regional, and national non-profit agencies and health care providers. Meridian Consulting helps organizations increase private and public support, plan for the future, streamline systems, identify community need, evaluate programming and organizational capacity, build a motivated and energized staff, and respond strategically to community opportunities. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals and development of appropriate responses.

This Community Assessment is a prime example of a comprehensive needs assessment focused on a particular population within the community - in this case, low income, Head Start families. Its goal is to stimulate dialogue about emerging trends and to encourage informed strategies for shaping future policies and effective actions.

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## **ACKNOWLEDGEMENTS**

Many people contributed to this assessment including over 250 Head Start staff members from every part of the agency. We heard from clinicians and family liaisons, administrators, educators and teachers, nurses, home visitors, support staff, cooks, bus drivers, delivery staff, and maintenance workers. Each person took the time to complete a lengthy survey, to reflect on the needs of the parents and children they work with, and to contribute to this overall snapshot of low-income families in our community.

Many staff members also participated in designing the survey tools and in distributing and collecting family and staff surveys. It is a testament to their dedication that this year's community assessment provides considerably more data and more comprehensive information than was available in either the 1998 or 2001 assessment.

We would like to acknowledge the professional services of Meridian Consulting, the project's principal coordinator, who designed the assessment process and compiled this report.

Our gratitude also goes to the more than 600 families that responded with open hearts to our request to participate in the survey. People's willingness to contribute precious time and resources to enable us to better understand the community that we serve is moving and powerful. In preparing this report, we have attempted to convey a sense of the real lives behind the statistics, and to honor both the struggles and the remarkable achievements of our neighbors and ourselves despite sometimes overwhelming odds.

Janis Santos  
Executive Director  
Holyoke/Chicopee/Springfield Head Start, Inc.

*Head Start...sets forth a vision that...calls for programs to provide family-centered and community-based services and supports that are individualized, of highest quality, and that promote positive health and development. So much is at stake for our youngest children and their families.*

**Statement of the Advisory Committee on Services  
for Families with Infants and Toddlers**

## **TABLE OF CONTENTS**

<b>INTRODUCTION .....</b>	<b>1</b>
<b>WHAT IS COMMUNITY ASSESSMENT? .....</b>	<b>3</b>
<b>GUIDING PRINCIPLES OF COMMUNITY ASSESSMENT .....</b>	<b>4</b>
<b>2004 COMMUNITY ASSESSMENT MODEL.....</b>	<b>4</b>
Community Assessment Design.....	5
Geographic Distribution .....	5
<b>THE COMPLEXITIES OF ADDRESSING NEED .....</b>	<b>6</b>
<b>THE FINDINGS .....</b>	<b>7</b>
Section I. Research of Existing Information .....	7
A. Springfield, Holyoke, & Chicopee - Geographic Area/Population Indicators .....	7
B. Table of Community Status Indicators - Chicopee, Holyoke, & Springfield.....	10
C. East Longmeadow, Granby, Longmeadow, Ludlow, S. Hadley, Palmer, and Monson: Geographic Area/Population Indicators .....	11
D. Comparative Data .....	12
E. Table of Demographic and Educational/Economic Indicators - HCS Head Start Service Area.....	13
F. Table of Demographic and Educational/Economic Indicators .....	14
G. HCS Head Start Data.....	16
H. HCS Head Start Data on Children with Disabilities.....	18

Section II. The Family Surveys .....	18
Who responded?.....	18
The Issues .....	20
Education .....	20
a. Early Childhood Education.....	20
b. Adult Education.....	21
Health .....	23
a. Health/Dental Insurance .....	23
b. Drugs/Alcohol/Smoking.....	24
c. Sexually Transmitted Infections (STIs)/AIDS.....	24
d. Violence/Gangs/Domestic Violence.....	25
e. Physical/Developmental Disabilities .....	25
f. Asthma .....	25
g. Mental Health .....	26
h. General Health .....	28
Nutrition .....	29
Community Services .....	31
a. Employment .....	31
b. Children: After School and on the Weekends ....	32
c. Basic Community Services .....	33
Final Comments.....	34
Section III. The Staff Surveys .....	36
Access to Services .....	37
Obstacles to Participation .....	39
Nutrition .....	40
Health .....	41
<b>CONCLUSION .....</b>	<b>43</b>
<b>APPENDIX</b>	
Family Survey.....	44
Staff Survey.....	50

## **INTRODUCTION**

With the reauthorization of the federal Head Start program in 1994, Congress instituted a number of new requirements designed to increase the effectiveness of child development and parent education services to low-income infants, toddlers, preschoolers and their families. In particular, Congress mandated that each Head Start provider conduct a "community needs assessment within its service area once every three years."<sup>1</sup> Unlike assessments designed to measure the status of entire communities, Head Start was directed to focus in particular on the needs of Head Start eligible children and families. Needs assessments conducted by local Head Start providers were to include the collection and analysis of information about the demographic make-up of Head Start eligible families and data regarding the education, health, nutrition, and social service needs of Head Start eligible children and their families.

In response to this national mandate, Holyoke/Chicopee/Springfield (HCS) Head Start conducted its first comprehensive community assessment in 1998 and a follow-up assessment in 2001. Although both the 1998 and 2001 assessments examined the needs of income-eligible Head Start families, data collection focused on gathering this information from the general population. In 1998, 264 individuals were surveyed, and in 2001, 172 individuals responded. Findings were analyzed in relation to the cities and towns in Head Start's service area, including the cities of Springfield, Holyoke, and Chicopee, and the surrounding towns of East Longmeadow, Granby, Longmeadow, Ludlow, Monson, and South Hadley. Both assessments relied on exhaustive data collection and yielded a variety of significant findings in the areas of

childcare, health, nutrition, community services, and employment/education. Beyond illuminating the significant needs of families in the community, the assessments also gave voice to many families struggling for positive outcomes despite unemployment, poverty, and lack of basic supports.

The 2004 Community Assessment documented in this report represents a major evolution from the prior two community assessments. Specifically, the evaluation team made a conscious decision to focus data collection efforts specifically on HCS Head Start's families. While understanding the breadth of perspectives within a community has been valuable, the evaluation team underscored the need for more information from Head Start's target population. In addition, in order to enrich the collection of data pertaining to the four mandated categories - education, health, nutrition, and social services – the evaluation team decided to focus exclusively on collecting information through surveys. As a result, over twice as many families were surveyed as a part of this assessment, providing a strong, reliable foundation from which to derive findings. In addition, compared to prior years, there is considerably more reliable information from families in Holyoke, Springfield, and Chicopee, the three cities within HCS Head Start's service area.

### **2004 Distribution of Individual/Family Survey Respondents by City/Town**

Springfield.....	47%
Holyoke.....	27%
Chicopee.....	13%
Towns .....	13%
<i>E. Longmeadow, South Hadley, Longmeadow, Granby, Ludlow, Monson, Palmer</i>	

<sup>1</sup> Office of Human Development Services, HHS. 45 CFR Ch. XIII (10-1-93) Edition, §1305.6, *Determining Community Need*.

<b>City/Town in HCS Head Start's Service Area</b>	<b># of family respondents in 2001</b>	<b># of family respondents in 2004</b>
Chicopee	21	53
E. Longmeadow	2	4
Granby	10	8
Holyoke	29	110
Longmeadow	8	5
Ludlow	11	24
Monson	1	1
Palmer	N/A	7
South Hadley	9	4
Springfield	79	192
Other/Unknown	2	2
<b>Total Surveys</b>	<b>172</b>	<b>410</b>

This assessment provides a foundation of information upon which Head Start bases its long-range and short-range program objectives and develops the type of programs that are most needed in the communities served by HCS Head Start. As the basis for strategic planning, the Community Assessment is used to focus our energy and to help the agency assess and adjust HCS Head Start's direction in response to a changing environment. In addition, this assessment is designed to encourage dialogue, networking, coalition-building and strategic planning between and among services providers and resident families.

In creating these requirements, including the mandate to conduct regular community assessments, Congress acted upon research and evidence that early intervention cannot be effective unless the complex and interrelated needs of the entire family are addressed. The quality of young children's environment and social experiences has a decisive, long-lasting impact on their well-being and ability to learn. Studies repeatedly demonstrate that communities with high rates of

poverty, unemployment, teen births, and single parents have correspondingly high rates of infant mortality, low birth weight babies, child abuse and neglect, inadequate prenatal care, malnutrition, and developmental and learning delays.<sup>2</sup>

Researchers have also shown that at-risk children are helped by high quality, supportive programs that address the needs of both parents and children. These studies demonstrate that a network of support in personal and parenting issues can dramatically improve family functioning and reduce the risk to children. Comprehensive, developmentally appropriate programs have a positive effect on parents' ability to deal with stresses that can lead to child abuse and neglect. They also build parenting skills and improve the likelihood that parents will stay in school and find employment. Moreover, culturally sensitive, neighborhood-based support programs cement connections to society, leading to such socially positive outcomes as lower rates of juvenile delinquency, fewer teen pregnancies, and higher rates of employment.

Without comprehensive programs that address the needs of the entire family as well as provide childcare that is both stimulating and supportive, statistically at-risk infants, toddlers, and preschoolers are denied critical opportunities for a nurturing, healthy start.

HCS Head Start currently serves 1,112 low-income children and their parents, primarily in Hampden County.<sup>3</sup> We are deeply committed to ensuring that our services are comprehensive, intensive, culturally competent, and appropriate. From our inception, we have sought out effective ways to enhance children's development, to help parents

<sup>2</sup> Annie E. Casey Foundation. (2004). *KIDS COUNT Data Book*.

<sup>3</sup> HCS Head Start also serves the towns of South Hadley and Granby, which are located in Hampshire County.

become better caregivers and teachers to their children, and to assist parents in meeting their own goals, including economic independence. Although a government mandate prompted this community assessment, we continue to welcome the opportunity to better understand the challenges, opportunities, and threats facing low-income families in our community.

The investment required in order to solve a community's most critical problems is long-term and requires partnerships between residents, service providers, educators, professionals, businesses, artists, foundations, the media, community organizers, legislators, policy makers, and any one else who cares about the future. Our greatest strengths are the abilities of our people and the potential for lifelong growth and learning.

### **WHAT IS COMMUNITY ASSESSMENT?**

A community assessment is an exercise by which an organization gathers information on the current strengths, concerns, and conditions of children, families, and the community. The information comes from many sources--especially parents and family members. Because many types of partners participate in a community assessment - strategic planners, program staff, administrators, teachers, parents, and other individuals - the resulting information is broad, accurate, and useful. The process of identifying and appraising this information helps planners to:

- Clearly understand the context in which families live and the issues families want to address;
- Design effective, collaborative strategies that engage children and families because they respond to real and important conditions; and

- Empower families and community members by giving them a role in designing and implementing the strategies.

The process of conducting a community assessment involves **(1)** scanning the community to locate existing information; **(2)** developing a family focus; and **(3)** analyzing the information.

In this report, HCS Head Start has drawn no conclusions about how to meet the needs identified in each section. However, information has been provided regarding suggested solutions or services as identified *by the individuals surveyed*. For example, when asked what factors make it difficult for them to attend continuing education programs, respondents gave a variety of answers, with lack of childcare cited most frequently. Childcare, then, becomes a method of helping parents in the cities continue their education, as cited by the individuals surveyed.

This community assessment was designed to reflect the attitudes, feelings, and needs of low-income individuals and families in the community, specifically Head Start families. It does not focus on the needs or challenges of Head Start's service providers, although Head Start staff were surveyed extensively. In this context, Head Start staff were asked to reflect on the needs of Head Start children and families.

Community assessment is not a science-based research project, but an attempt to judge what factors are affecting the community. Therefore, data collection maintains a balance between excessively large analysis (in terms of data collection and logistics) and insignificantly small (where the amount of data collected cannot be used in a statistical evaluation). Generally, an accurate assessment of community risk factors requires samples as large as 200 people. As noted previously, this year's assessment analyzed data from over 400 families.

*It is within our power to alter the future of young people in this country . . . We need to recognize that these kids belong to all of us and recognize that it is in all of our interests to better support their transition to the future.*

**Douglas W. Nelson, President  
Annie E. Casey Foundation  
2004 Kids Count Book**

## **GUIDING PRINCIPLES OF COMMUNITY ASSESSMENT**

The agency's vision statement should guide the assessment. The vision points toward the information needed in order to take action. The vision statement guides choices about what information to look for and how to interpret what is learned. If the vision statement emphasizes the well-being of children, the assessment focuses on, among other things, young children's health and nutrition.

An assessment should focus on specific information topics such as health of children or resources for families. Effective evaluation does not attempt to address all topics at once; it focuses on what the agency is trying to accomplish.

Assessment is an ongoing process. Continuing a review of the community's assets and needs over time helps planners fine-tune agency activities. In this sense, assessment is closely tied to evaluation. Ongoing assessment enables the agency to respond to changing conditions--both those changed by the organization and those that are beyond its control.

An accurate assessment views the community from multiple perspectives. It recognizes cultural, linguistic, ethnic, and economic diversity as well as special needs. Information from diverse stakeholders including families and agency staff produces a more complete picture of the community. People's views vary regarding programs, agencies, services, and the

relationships between agency staff and community members. People may also have different views on the issues that should be addressed.

## **2004 COMMUNITY ASSESSMENT MODEL**

HCS Head Start undertook the community assessment described in this report from March - June 2001. The surveys that were distributed during this period were designed to collect information related to four identified priority areas including:

- Health
- Education
- Nutrition
- Social Services

This analysis was conducted to support the development of a strategic plan and the creation of worthwhile projects that most closely meet the needs of the community. It was not designed to describe the entire target area and all its needs, but was intended instead to help identify critical family and community needs and concerns of Head Start children and their families.

Because the two prior assessments distributed surveys to the general community, some information about higher income families (families ineligible for Head Start programs by virtue of income) was collected. In contrast, the 2004 assessment detailed in this report collected information exclusively from Head Start families. Family income impacts substantially on a variety of issues, such as health care, nutrition, and education. In the prior two assessments, we found that higher income families tended to have higher levels of education, more options for childcare (including by stay-at-home parents), and a variety of transportation options (such as two cars). While these findings may be interesting (albeit at times predictable),



they do not inform planning for Head Start families. Another benefit of obtaining information from Head Start families is that the existing population of Head Start families significantly exceeds the numbers of families that responded in prior years. This decision – to focus on the needs of current Head Start families – has resulted in a more accurate and reliable portrayal of the reality facing these families and the resources available to them in our community.

This assessment meets the following goals:

- 1) *To gather qualitative and quantitative data regarding the health, education, nutrition, and social service needs of Head Start eligible children and their families in the service area;*
- 2) *To provide a final report focused on a broad assessment of community strengths, needs and resources, in accordance with the requirements of 45 CFR 1305.3.*

The Community Assessment already has proven to be an invaluable tool to validate, extend, and provide a context for future program planning and evaluation. Primarily, the assessment is enabling Head Start to make programming and support services highly responsive to the needs of Head Start eligible children and families.

### **Community Assessment Design**

The 2004 community assessment surveyed two distinct populations, including Head Start families and Head Start staff from every part of the agency. Specifically, data collection included:

- Written surveys by Head Start staff (e.g. clinicians and family liaisons, administrators, educators and teachers, nurses, home visitors, support staff, cooks, bus drivers, delivery staff, and maintenance workers);

- Written surveys of Head Start families; and
- Integration of demographic data and other quantitative data reported by local towns, school districts, service providers, and government sources.

Head Start conducts this community assessment every three years to assess changes in family needs and resources, to identify opportunities for service enhancement, and to evaluate project effectiveness, quality, and impact.

### **Geographic Distribution**

Family surveys (see Appendix for the custom designed Family Survey tool) in English and Spanish were distributed to families at all the HCS Head Start sites, including sites in Chicopee, Granby, Holyoke, Ludlow, Palmer, and Springfield. Because there are more Head Start families in Springfield, Holyoke, and Chicopee, considerably more surveys were obtained from these three cities, with smaller numbers from the surrounding towns. Consequently, findings from Springfield, Holyoke, and Chicopee are more reliable than the results obtained from the towns. Nevertheless, results from the smaller communities were consistent with demographic and economic indicators for those areas. A total of 600 family surveys were collected (and over 400 surveys analyzed).<sup>4</sup>

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<sup>4</sup> The decision to analyze 410 of the more than 600 surveys collected was made to contain the cost of the assessment and because many of the “surplus” surveys were collected after initial data analysis had commenced. Also, the surplus surveys were from Holyoke and Springfield, and because a substantial number of the 400 surveys included in the analysis had been already collected from Holyoke and Springfield, reliable information pertaining to need was already well documented in those communities. The approximately 200 remaining surveys were reviewed by the research team to ensure that did not represent significant deviations from existing findings;

The benefit of exclusively surveying Head Start families in 2004 resulted in significantly more documentation than in previous years. More than three times as many surveys were collected in 2004 than in 2001, and nearly twice as many as in 1998. Moreover, in 2004, 100% of the surveys were from low income, Head Start eligible families, compared to 73% in 2001 and 75% in 1998.

Staff surveys (see Appendix for the custom designed Staff Survey tool) were distributed to every staff member with HCS Head Start, including staff working in such diverse areas as teaching, case management, meal preparation, administration, and driving/transportation. Over 250 staff members completed surveys, providing unprecedented feedback from service providers. By comparison, 44 service providers participated in the assessment in 1998, and 9 service providers participated in 2001.

Both the family and staff surveys were collected by HCS staff, and HCS also provided demographic data pertaining to families enrolled in HCS programs, as well as information specific to Head Start children with disabilities. In addition, Meridian Consulting collected and reviewed local census data; Department of Public Health data for each local town (for lifestyle risk factor prevalence); assessment results from previous Head Start surveys and surveys conducted by local collaborations or other local social service and health agencies; and Internet databases.

The findings detailed in this report are based on a compilation of published reports and studies, family survey results, and provider surveys.

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all the surveys from locations outside of Holyoke and Springfield were incorporated into the surveys included in the formal analysis.

*Justice, dignity, equality - these are words which are often used loosely, with little appreciation of their meaning. I think that their meaning can be distilled into one goal: that every child in this country live as we would want our own children to live.*

**Robert F. Kennedy New York, 1965**

## **THE COMPLEXITIES OF ADDRESSING NEED**

The Family Survey contained over 50 separate questions, many with multiple components. Within each topic area (education, health, nutrition, social services), information was sought to augment existing quantitative data. Together, Meridian Consulting and Head Start staff determined which problems to explore based on our cumulative experience, results from the previous assessments, the seriousness of the problems being addressed, and the need to compile information on the four topic areas.

Many questions that could have been asked about each of these topics were omitted. Some of this information (such as cancer rates) is available through other sources, and some of this information does not inform the kinds of problems that can be addressed by Head Start (such as workplace environmental hazards). By necessity, the number of questions was limited in order to balance the need for information with the need to have individuals complete the survey.

Family Survey findings have been divided by topic, and within each topic, findings also have been divided between cities and towns. The towns of Granby, Longmeadow, East Longmeadow, Ludlow, Monson, Palmer, and South Hadley share notable similarities with respect to demographic and economic indicators. Consequently, findings for these

communities have been combined, altogether or in groups, in the many cases where their differences were indistinguishable.

In addition to providing a thorough accounting of all the survey results, this report also highlights the most significant, unusual, or notable findings within each topic area. In addition to reporting findings that affect a large proportion of residents, we also reported findings that impact small numbers of families in a big way. On the one hand, many people may be affected by a moderately serious problem. On the other hand, a few people may be affected by a devastating problem. For example, though the number of families reporting no health insurance was relatively small (averaging around 10%), this is a significant finding. The constant stress of worrying about inadequate health care and the very real consequences of not receiving adequate pre-natal care, regular check-ups, and follow-up treatment is very high.

HCS Head Start stresses that services addressing the problems that affect large numbers of people should not, on that basis alone, come at the expense of those who are members of smaller needs groups.

*Knowledge, and the power which derives from it, is the most fundamental tool of the policymaker and advocate. Without it, efforts to create social change are inherently diminished.*

**Massachusetts Kids Count 1996**

## **THE FINDINGS**

### **Section I. Research of Existing Information**

Head Start families live in the cities of Springfield, Holyoke, and Chicopee, as well as the surrounding towns of East Longmeadow, Longmeadow, Ludlow, Palmer, Monson, Granby, and South Hadley. Springfield, Holyoke, Chicopee, East Longmeadow, Longmeadow, Ludlow, Palmer, and Monson are all in Hampden County, while South Hadley and Granby are in Hampshire County.

Hampden County, Head Start's primary service area, is one of the most economically disadvantaged regions in Massachusetts. The total estimated population for the county, 456,228<sup>5</sup>, is largely concentrated in Springfield (population 152,082), Chicopee (population 54,653), and Holyoke (population 39,838). Poverty and stress indicators for the area consistently exceed state, and often national, percentages. For the past five years, Holyoke and Springfield have ranked in the top five (and for many measures the top two) communities in Massachusetts with the most extreme poverty/stress indicators.

#### **A. *Springfield, Holyoke, & Chicopee - Geographic Area/Population Indicators***

The region served by HCS Head Start includes Springfield, the state's third largest city, which is surrounded by urban and suburban communities. It also includes Holyoke, Chicopee, and their surrounding towns. Hampden County's population, which accounts for 68% of the population of western Massachusetts, lives in urban and suburban settings. Its economy relies primarily on manufacturing, the insurance

<sup>5</sup> U.S. Census Bureau Estimates of Population of Massachusetts Cities, Towns, & Counties, updated March 2004.

industry, the public sector, private education institutions, and a large service sector.

Holyoke, Springfield and Chicopee are cities with alarming rates of poverty and under-education. In a state where the percentage of public school students with limited English proficiency in 2003 was 5.0%, Springfield's rate was 11.6%. In Holyoke, the rate of limited English proficiency was far higher: 21.6%. And with 26.2% of students statewide in 2002 qualifying for free lunches, the rates locally were: Chicopee 42.7%; Holyoke 67.7%; and Springfield 63.4%.

Compared to other cities in Massachusetts, Holyoke has the highest percentage of children living in poverty, the highest teen birth rate, and the second highest percentage of children living in single-parent families. Poverty in Holyoke is especially prevalent among its growing population of teenaged Latina mothers and their young children; 62% of Holyoke's impoverished children are Latino.<sup>6</sup> Just over half (55.5%) of Holyoke's population is white; 41.4% is Hispanic; and 2.6% is African American/Black.

According to March 2004 Department of Public Health data, births to teen mothers accounted for 20.5% of the city's total births, a rate that is nearly quadruple the state average of 5.9%.<sup>7</sup> Census figures show that one-third of the adult population in the city has not completed high school and that the high school drop-out rate is triple the statewide rate. Nearly one-third (29%) of all Holyoke high school students drop out of school.

<sup>6</sup> Massachusetts Citizens for Children: *Massachusetts Kids Count*, 2003.

<sup>7</sup> Massachusetts Department of Public Health: *Adolescent Births, A Statistical Profile, Massachusetts*, revised March 2004.

A staggering proportion (41.9%) of Holyoke children under 18 live below 100% of poverty, compared to 12% statewide. Although per capita income in the state, and in every community served by HCS Head Start, has climbed over the past three years, in the communities served by HCS Head Start, a higher proportion of families and children are living in poverty. Nearly half (46.3%) of Holyoke families live below 200% of poverty. Holyoke's per capita income of \$15,913 is nearly 40% less than the statewide per capita income of \$25,952. Over one-quarter (27.2%) of Holyoke residents are AFDC Medicaid recipients, compared to 7.1% statewide.

*Despite improvements, many children have no parent with full-time year-round employment. Massachusetts' worst ranking is for secure parental employment, where it ranked 42nd among states. Though the numbers improved over the decade, in 2000, 29 percent of Massachusetts' children did not have a parent with full-time, year-round employment. The national average was 24 percent.*

**2004 Kids Count Fact Sheet**

Springfield's current teen birth rate of 18.6% is more than triple the statewide birth rate.<sup>8</sup> Compared to other communities in Massachusetts, Springfield has the highest rate of low birthweight babies, and nearly one-third of Springfield mothers (32.5%) do not receive pre-natal care in their first trimester. The city's per capita income of \$15,232 is among the lowest in Massachusetts. Fully 34.3% of Springfield children live in poverty.<sup>9</sup> Half of Springfield's population is white (50.3%); 20.3% is African American/Black; and 27.2% is Hispanic. This is significant because infants born to minority

<sup>8</sup> Ibid.

<sup>9</sup> Massachusetts Citizens for Children: *Massachusetts Kids Count*, 2003.

mothers and particularly black, non-Hispanic mothers continue to have the highest infant mortality rates.<sup>10</sup> Nearly one-quarter (22.4%) of Springfield residents are AFDC Medicaid recipients, compared to 7.1% statewide.

Unlike Springfield and Holyoke, Chicopee's parenting population is predominantly white (88.2%), though the community is more diverse than three years ago when 96% of the population was white. In the same period, Chicopee's Hispanic population has more than doubled (from 4% to 8.8%). The African American/Black population still accounts for 2% of Chicopee's population. Chicopee's per capita income of \$18,646 is 29% lower than the statewide average, and the number of children in Chicopee who live below 100% of poverty level (29.9%) far exceeds the statewide rate.

*Failure to properly nourish a child, inflicting physical pain and injury, or simply ignoring the emotional needs of a small child can cause trauma. Such traumatized children often experience developmental delays across a broad spectrum, including cognitive, language, motor, and socialization skills.*

**Massachusetts Kids Count Report**  
**A State Call to Action: Working to End Child Abuse**

Springfield and Holyoke continue to lag far behind other cities in the effort to slow the spread of HIV and AIDS. Springfield's rate of newly diagnosed AIDS cases is over triple the state average, and Holyoke's rate of newly diagnosed AIDS cases is nearly six times the state average. Homicide rates in Springfield and Holyoke are also high, at three times the state average, and hospitalizations for alcohol and drug abuse are high in all three communities, and particularly in Holyoke,

<sup>10</sup> Massachusetts Citizens for Children: *Massachusetts Kids Count*, 2003.

where the rate of substance use hospitalizations is nearly four times the statewide rate.

*Drugs, gangs, violence - drugs, gangs, violence. Those are the biggest problems facing our city.*

**Springfield parent**

Population figures in Chicopee and Springfield increased over the past three years, by 1.6% in Chicopee and 3.3% in Springfield. In Holyoke, the population declined by 2.1%. In all three communities, however, the percentage of children ages 0-4 declined. The population of children 0-4 declined in Holyoke by 23% to 3,156; in Springfield by 13% to 11,606; and in Chicopee by 19% to 2,986. In all three cities, ethnic and racial diversity is increasing. In addition, the percentage of residents in each of these cities who are children remains far higher than the statewide average, and the need for well-coordinated social services and quality early education programs remains a critical community need.

On the following page, a detailed Table of Community Status Indicators<sup>11</sup> has been compiled for Holyoke, Springfield, and Chicopee. It reveals a stark picture with regard to the well-being of families and children in these three cities.

<sup>11</sup> The following information, obtained from *Massachusetts Community Health Information Profile* (MassCHIP) reports, updated in 3/2004, was derived from numerous federal and state publications. Vital statistics were obtained from 2002-2004 Dept. of Public Health data, and census information was derived from the 2000 US Census, with updated estimates for 2003. Unless otherwise noted, information applies to the 2003 calendar year.

**B. Table of Community Status Indicators - Chicopee, Holyoke, & Springfield**

<b>Community Indicators</b>	<b>Chicopee</b>	<b>Holyoke</b>	<b>Springfield</b>	<b>MASSACHUSETTS</b>
Per Capita Income	\$18,646	\$15,913	\$15,232	\$25,952
Population below 100% of poverty level	12.3%	26.4%	23.1%	8.9%
Population below 200% of poverty level	29.9%	46.3%	43.6%	21.7%
Children under 18 living below 100% of poverty	29.9%	41.9%	34.3%	12%
Persons unemployed	5.8%	6.9%	7.4%	5.3%
AFDC Medicaid Recipients	10.6%	27.2%	22.4%	7.1%
Population White	88.2%	55%	50.3%	83.9%
Population Black	2%	2.6%	20.3%	5.3%
Population Hispanic	8.8%	41.4%	27.2%	6.8%
Percentage of female heads of household (no spouse/partner present)	14.2%	22.1%	23.8%	11.9%
Percentage low birthweight babies	8.6%	10.3%	10.8%	7.5%
Teen birth rate	11.7%	20.5%	18.6%	5.9%
Mothers not receiving pre-natal care in 1 <sup>st</sup> Trimester	24.8%	29.5%	32.5%	15.8%
Percentage of 2004 high school class that did not complete high school <sup>12</sup>	21%	29%	28%	13%
Drop-out rate (2002-2003)	7.9%	10.2%	8.5%	3.3%
Newly diagnosed AIDS cases per 100,000	12.8	62.8	36.8	11.1
Persons alive with AIDS per 100,000	100.6	384.1	300.5	117.2
Homicide per 100,000	0	7.5	7.2	2.4
Lung Cancer Deaths per 100,000*	60.3	69.3	47.4	54.9
Hospitalizations, Alcohol Substance Abuse- related per 100,000	632.8	1,450.9	988.5	364.6
Alcohol and other drug use deaths per 100,000 persons*	40	47.2	34.7	20.4
Hospitalizations, asthma per 100,000 persons*	147.6	193.6	317.8	130.8

<sup>12</sup> This rate demonstrates the cumulative affect of student drop out rates from 9<sup>th</sup>-12<sup>th</sup> grade.

\* Age-adjusted rate, as reported by the Massachusetts Department of Public Health, 2004 MassCHIPs.

**C. East Longmeadow, Granby, Longmeadow, Ludlow, S. Hadley, Palmer, and Monson: Geographic Area/Population Indicators**

The seven communities of East Longmeadow, Granby, Longmeadow, Ludlow, Palmer, Monson, and South Hadley (also referred to in this report as the “towns” or the “smaller communities”) are in some ways quite different from their larger city neighbors. Their combined populations represent 28% of HCS Head Start’s service area, with the combined populations of Holyoke, Springfield, and Chicopee making up the other 72%. Ludlow is the largest of the five towns, with a population of 21,209, and Granby is the smallest with a population of 6,132.

Residents in these smaller communities are predominantly white/Caucasian. Since the previous assessment, the populations of East Longmeadow, Ludlow, Palmer and Monson have become *slightly* more diverse. Longmeadow and South Hadley have become *slightly* less diverse, and the percentage of white residents in Granby has remained the same. Children between the ages of 0-4 constitute between 6.2% and 4.5% of the combined population of these communities, as follows:

<b>Town</b>	<b># of children 0-4</b>	<b>% Change Since 2001</b>
East Longmeadow	786 (5.5%)	-4.0%
Granby	345 (5.6%)	-4.1%
Longmeadow	966 (6.1%)	+17.8%
Ludlow	1,040 (4.9%)	-5.1%
South Hadley	783 (4.5%)	-12.5%
Palmer	693 (5.5%)	+180.6%
Monson	522 (6.2%)	+210.7%

While the total population in all seven towns has increased since the 2001 assessment, the number of children ages 0-4 has decreased in East Longmeadow, Granby, Ludlow, and South Hadley, and increased in Longmeadow, Palmer and Monson. Palmer and Monson, in particular, have experienced dramatic increases in this age group of children.

The per capita income ranges from a high of \$38,949 per year in Longmeadow to a low of \$18,664 in Palmer.<sup>13</sup> With the exception of Longmeadow and East Longmeadow, the per capita income in each of these communities is less than the statewide average. With the exception of South Hadley and Palmer, the drop-out rate in these communities is significantly lower than in the cities, and, in general, other economic and social indicators are better or on par with the statewide average.

Despite the generally positive nature of these demographics, the poverty faced by poor families in each of these communities is nonetheless very real.

According to most recent census estimates, there are 244 families *with children under 5 years of age* living at or below 100% of poverty in these seven towns; 177 of these families are headed by single mothers.

When compared to low-income residents of the larger cities, poor families living in these smaller towns lack many supports that the larger cities offer. Low income residents in the smaller communities are less likely to know about basic services such as Head Start, are more isolated, and less likely to have transportation to the services they do know about and would like to access.

<sup>13</sup> Summary of Income Characteristics, *U.S. Census Estimates of Population and Housing*, 2003.

*People living in poverty in rural areas are found to be older, poorer, sicker, less educated and to have a perception of worse health status than their urban counterparts. They also have higher infant mortality and injury-related mortality rates, fewer hospital beds and physicians per capita, and are much less likely than urban residents to have private or public health insurance. Moreover, while the number of individuals living below the poverty line is usually disproportionately high in rural areas, the number receiving Medicaid benefits is disproportionately low. In a study of the utilization rates of 28 categories of medical services, with the exception of major surgical procedures, urban residents received between 20 percent and 30 percent more of each type of service than did rural residents.*

National Rural Health Association, 1998

#### **D. Comparative Data**

The table on the following page shows a comparative view of a variety of demographic, educational, and economic indicators for all of the cities and towns served by HCS Head Start.<sup>14</sup>

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<sup>14</sup> Most of the following information, obtained from MassCHIPs reports (updated in 3/2004), was derived from 2000 census data, with updated census estimates for 2003. Unless otherwise noted, data applies to the 2003 calendar year.



**E. Table of Demographic and Educational/Economic Indicators - HCS Head Start Service Area**

Category	Chicopee	East Long-meadow	Granby	Holyoke	Long-meadow	Ludlow	Monson	Palmer	S. Hadley	Spring-field
2003 Population Estimate	54,653	14,100	6,1329	39,838	15,633	21,209	8,359	12,497	17,196	152,082
# of children 0-4	2,986	786	345	3,156	966	1,040	522	693	783	11,606
% change in population since 1998	+1.6%	+1.2%	+3.4%	-2.1%	+6.7%	+11.5%	Not available	Not available	+.4%	+3.3%
Birth rate per 1,000 people (state rate is 56.5)	55.6	51.8	38.6	72.5	70.2	41.3	54.8	46.9	32.5	66.9

Racial Demographics, 2000 Census (race alone or in combination with one or more races):<sup>15</sup>

Category	Chicopee	E. Long-meadow	Granby	Holyoke	Long-meadow	Ludlow	S. Hadley	Palmer	Monson	Spring-field
% of whites	91.4%	97.9%	97.8%	68%	96%	96.9%	96.2%	97.8%	98.5%	68.7%
% of African Americans/ Blacks	2.8%	.9%	.8%	4.6%	.8%	2.2%	1.7%	1%	.9%	22.9%
% of Asians	1.1%	1%	1.2%	1%	3.2%	.7%	2.9%	.8%	.5%	2.3%
% of Hispanics/ Latinos	8.8%	.9%	1.2%	41.4% <sup>16</sup>	1.1%	6.5%	2.4%	1.2%	1.2%	27.2%
% American Indian, Eskimo, or Aleutian Isl.	.7%	.3%	.6%	1%	.3%	.3%	.6%	.8%	.5%	1.6%
Other Race <sup>17</sup>	1.8%	.4%	.8%	28.4%	.1%	0	.1%	0%	0%	.2%

<sup>15</sup> In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100% because individuals may report more than one race.

<sup>16</sup> Of the 16,485 Holyoke residents identifying as Latino/Hispanic, 14,539 (88%) are of Puerto Rican descent.

<sup>17</sup> The 2003 Census estimate has a separate reporting category for Hispanic (Hispanic is not included in racial demographics), so it is likely that some percentage of people reporting "other race" (such as in Holyoke) are in fact including Hispanic in the category of "other race."

**F. Table of Demographic and Educational/Economic Indicators - HCS Head Start Service Area**

Female-Headed Households (no spouse present) in 2003

Category	Chicopee	E. Long-meadow	Granby	Holyoke	Long-meadow	Ludlow	S. Hadley	Palmer	Monson	Spring-field
# of households 2003 with children under 18	23,115	1,792	2,247	4,979	2,125	2,330	1,746	1,603	1,059	19,274
% of female-headed households with children under 18	8.3%	3.8%	4.5%	15.2%	3.3%	6%	6.2%	7.5%	6.8%	16.1%
# of female heads of household with children under 18	1,929	199	100	2,280	188	386	343	382	178	9,207

Income/Families with Children 0-4 Living in Poverty in 2000

Category	Chicopee	E. Long-meadow	Granby	Holyoke	Long-meadow	Ludlow	S. Hadley	Palmer	Monson	Spring-field
Per capita income in 2003 (state is \$25,962)	\$18,646	\$27,659	\$23,209	\$15,913	\$38,949	\$20,106	\$22,732	\$18,664	\$22,619	\$15,232
Percentage unemployed adults (statewide rate is 3%)	3%	1.7%	3.3%	3.7%	2.1%	2.2%	3.5%	2.8%	2.6%	6%
Percentage adults not in labor force <sup>18</sup>	37.6%	35%	28.1%	45.5%	34.7%	39.3%	32.7%	31.8%	32.4%	41.2%
% of families with children 0-4 at or below 100% of poverty (statewide is 12.2%)	15.3%	2.3%	-	33.9%	-	10.1%	3.7%	15.6%	10.2%	36.1%
# of families with children 0-4 at or below 100% of poverty	399	14	-	1,869	-	82	26	77	45	3,280
% of female-headed households with children 0-4 at or below 100% of poverty (statewide is 45.4%)	39.2%	50%	-	71%	-	37.1%	13.4%	54.4%	62.3%	62.2%
# of female-headed households with children 0-4 at or below 100% of poverty	280	14	-	760	-	43	9	68	43	2,624

<sup>18</sup> The percentage of people "not in the labor force" includes stay-at-home parents and individuals who have independent incomes, as well as individuals who are unemployed but are no longer considered "officially" unemployed because they have exceeded the period for receiving unemployment benefits. "Not in labor force" and "unemployed" also do not measure the percentage of workers (especially significant in the cities and among HCS Head Start families) that are *underemployed*.

Educational Attainment<sup>19</sup>

Category	Chicopee	E. Long-meadow	Granby	Holyoke	Long-meadow	Ludlow	S. Hadley	Palmer	Monson	Spring-field
High School Graduate or Higher (statewide rate is 84.8%)	74.9%	90.4%	89.2%	70%	96%	76.2%	89.4%	79.9%	83.3%	73.4%
Bachelor's Degree or Higher (statewide rate is 33.2%)	12.3%	32.8%	23%	16.9%	60.7%	14.8%	32.9%	13.5%	22.6%	16.4%
Dropout Rate 2002-2003 (statewide was 3.3%) <sup>20</sup>	7.9%	.8%	3.2%	10.2%	.1%	1.3%	4.7%	3.5%	2.8%	8.5%

*Current welfare reform policies encourage recipients of cash assistance to enter employment as quickly as possible. Welfare recipients transitioning into work often accept low-wage jobs and have low employment retention rates, which, in turn, may force them to cycle back to welfare. Education and training programs have proven somewhat successful in raising wages and job stability for low-income workers. Studies find that women with two-year degrees earn as much as 23 percent more than those without a degree. Research also cites a 70 percent increase in employment and about a \$2.00 per hour increase in wages for welfare recipients who complete a bachelor's degree versus those with only a high school diploma.*

***Building Skills, Strengthening the Commonwealth:  
An Assessment of Education and Training Opportunities  
for Welfare Recipients in Massachusetts  
Christine Barber, 5/2003  
Center for Public Policy and Administration  
University of Massachusetts Amherst***

<sup>19</sup> With the exception of drop out rates, information related to education was obtained from the 2000 Census Report, as posted on the MassCHIPs, Department of Public Health website and updated 3/2004.

<sup>20</sup> Data on Drop Out Rate was obtained from the Massachusetts Department of Education Drop Out Rate Report for 2002-2003.

**G. HCS Head Start Data**

In July 2004, 1112 preschool aged children, including 40 infants and toddlers, were enrolled in HCS Head Start programs located in Springfield, Holyoke, Ludlow, Granby, and Palmer.

Location of HCS Head Start Program	# of students enrolled	% of total students enrolled in HCS Head Start
Chicopee	102	9.2%
Granby	18	1.6%
Holyoke	252	22.7%
Ludlow	55	4.9%
Palmer	18	1.6%
Springfield	667	60%
<b>TOTAL ENROLLMENT</b>	<b>1112</b>	<b>100.00%</b>

Head Start's infant/toddler programs are located in Chicopee, Holyoke, and Springfield, as follows:

Location of HCS Head Start Infant/Toddler Program	# of students enrolled	% of total students enrolled in HCS Head Start
Chicopee	16	40%
Holyoke	16	40%
Springfield	8	20%
<b>TOTAL ENROLLMENT</b>	<b>40</b>	<b>100%</b>

Head Start families must meet income eligibility requirements in order to enroll in a Head Start program. Of the 1,112 students currently attending Head Start programs, half (49.6%) qualify as recipients of public assistance; 36.9% qualify within the Federal Poverty Guidelines (other than public assistance); and 10.8% qualify as low income above the Federal Poverty Guidelines. Eleven students (1%) qualify as foster children.

*We're homeless, and it's hard just keeping clean. And there doesn't seem to be enough money for Section 8 housing.*

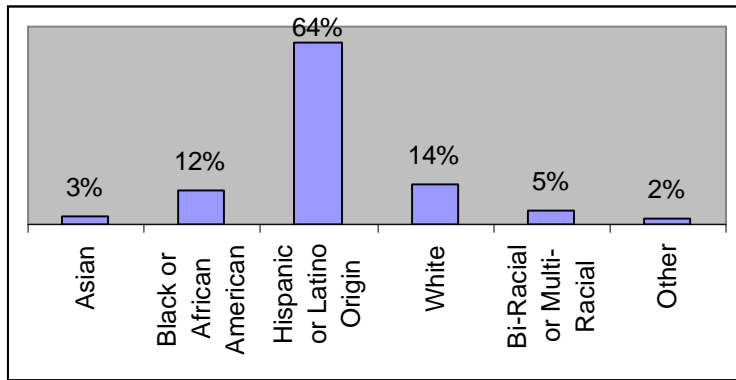
**Holyoke parent**

Over half (53.8%) of HCS Head Start families receive cash benefits or other services under the Temporary Assistance for Needy Families (TANF) Program, and 71.3% receive services under the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Fifteen percent (15.4%) of HCS Head Start families receive Supplemental Security Income (SSI).

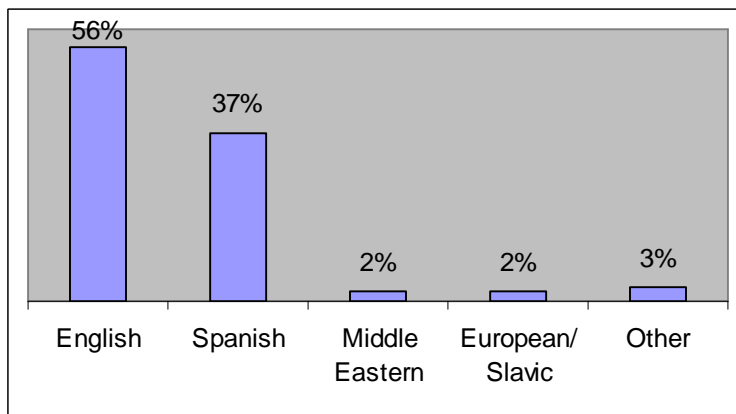
Fifty-three (53) homeless families were served by HCS Head Start during the year, including 56 homeless children, and twenty of these families acquired housing during the year.

Not surprisingly, given the ethnic and racial makeup of the cities in the HCS Head Start service area, a significant majority (64%) of Head Start families are of Hispanic or Latino origin.

## Preschool enrollment by ethnicity:



## Preschool enrollment by primary family language at home:



One-parent families make up the majority (56%) of Head Start families, and two-parent families comprise the remaining 44%.

*I just try to do the best I can, make sure my kids are doing well, learning, and trying to get them both to share.*

**Springfield Parent**

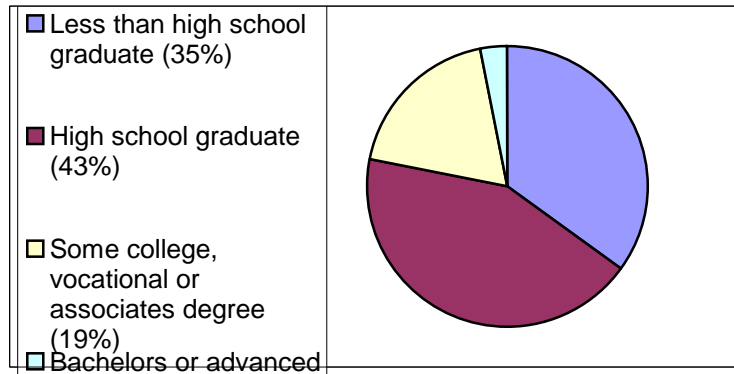
The vast majority (80%) of two-parent Head Start families have at least one parent who is employed. In almost a third of two-parent families, both parents work; in nearly half of two-parent families (48%), one parent works. In one out of every five two-parent families, neither parent is working (20%). In 12% of two-parent families, one parent is participating in job training or school; in seven families, both parents are participating in job training or school.

With respect to one-parent families, a much higher percentage of parents are not working (67%), with the remainder (33%) employed. About one in ten (11%) of single parents are in job training or school.

Although the majority of families have at least one parent who has obtained a high school diploma, a significant proportion of families have no parent that has obtained at least a high school diploma. The percentage of parents with a college degree is even smaller. This is significant because a college degree is being linked increasingly - even more than a high school diploma - to economic stability. Individuals with only a high school diploma are much more likely than their college-educated counterparts to be unemployed or underemployed.

Geographically, it is worth noting that, with the exception of Longmeadow, individuals in the HCS Head Start service area are less likely - and in most of the towns/cities, significantly less likely - to have a college degree than are adults statewide.

The highest level of education obtained by at least one parent in the Head Start families:



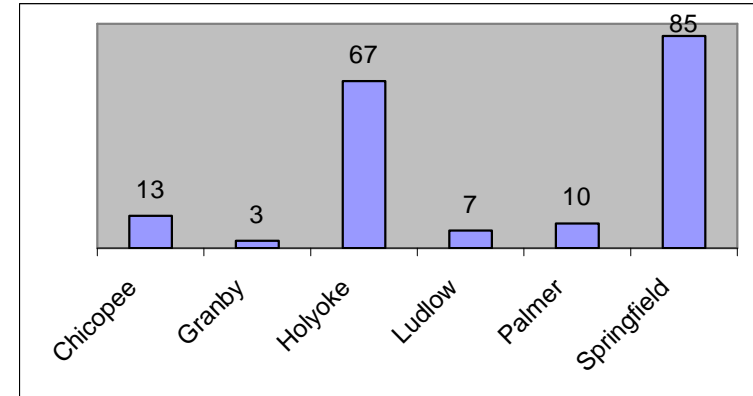
#### H. HCS Head Start Data on Children with Disabilities

Head Start served a number of children with disabilities, including language, motor, cognition, social/emotional and physical/health. The 185 preschool children with disabilities are located predominantly in Springfield and Holyoke, but every Head Start site serves children with disabilities. HCS Head Start also serves 25 infants/toddlers with disabilities, all in Chicopee, Springfield, and Holyoke. Almost two-thirds (62.5%) of HCS Head Start's infants/toddlers have disabilities.

*I'm having trouble getting the help that my son needs, and it's been hard getting my child into a special education class.*

**Holyoke parent**

Geographic distribution of preschool children with disabilities at HCS Head Start sites:



## Section II. The Family Surveys

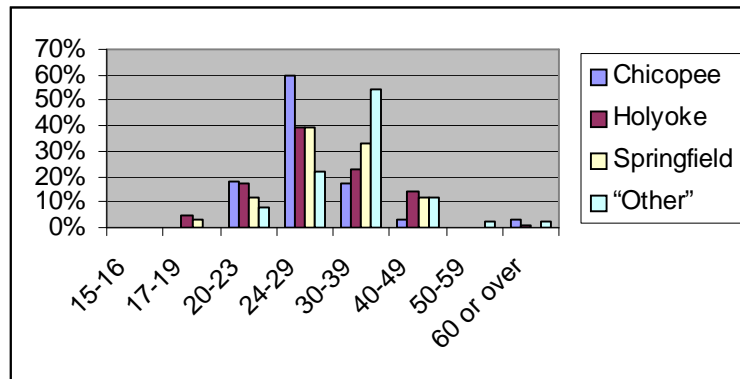
### Who responded?

A total of 410 family surveys were included in this community assessment. The majority of family respondents are from Springfield (47%), Holyoke (27%), and Chicopee (13%). The remaining 13% of surveys were collected from Palmer, East Longmeadow, Granby, Ludlow, Monson, South Hadley, and Longmeadow (see Table on page 2).

All the respondents have at least one child at HCS Head Start, and the vast majority of respondents are female (88%).

Most of the respondents fall between the ages of 24-39, with 2% ages 17-19; 14% ages 20-23; 40% ages 24-29; 31% ages 30-39; 12% ages 40-49; less than 1% ages 50-59; and 1% 60 or over. The youngest respondents are in Chicopee, followed by Holyoke and Springfield; the oldest respondents are in the "other towns."

## Age of respondents relative to city/town:

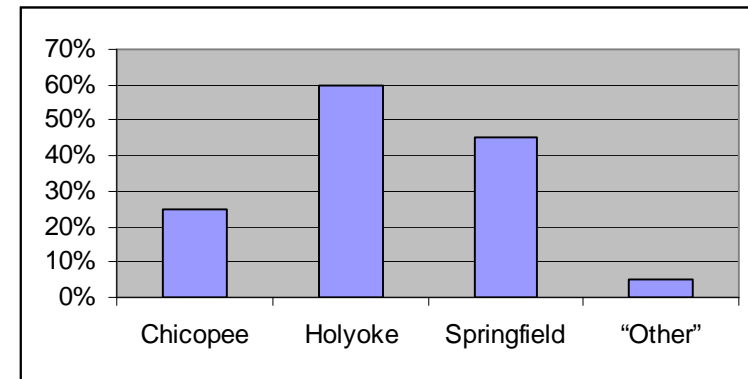


Just over half of the respondents (55%) speak English as a primary language, with 40% speaking Spanish. In addition, 2% of respondents speak Russian as a primary language; 1% speak Vietnamese; and less than 1% each speak Portuguese, Arabic, Hindi, or Urdu. Spanish speaking respondents were most likely to live in the cities. Russian-speaking respondents were most likely to live in Chicopee, followed by Springfield.

*After a steep decline in families receiving public assistance in Massachusetts, the welfare rolls have increased each month since early 2002 (Massachusetts Department of Transitional Assistance, DTA Today, 2003). Parents with children between the ages of two and six do not have work requirements, but their assistance is limited to two years of continuous benefits in a five-year period.*

*Building Skills, Strengthening the Commonwealth*  
Christine Barber, 5/2003  
Center for Public Policy and Administration University of Massachusetts Amherst

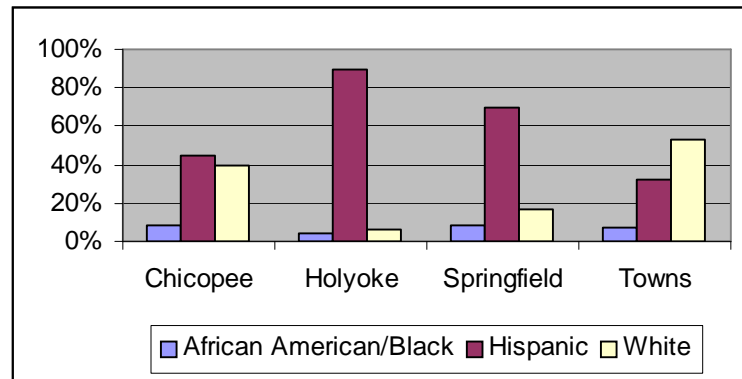
## Where Spanish-speaking respondents live:



Nearly half of respondents (46%) are single; 30% are married; 14% are unmarried living with a partner; and 1% are living with a parent. Six percent (6%) of respondents are divorced; 1% are widowed; and 2% are separated.

The majority of respondents (66%) identify as Hispanic/Latino; 24% as white; 7% as African American/Black; and 2% as Asian. Less than 1% identify as American Indian/Native American, Pacific Islander, or "other." Not surprisingly, the Chicopee, Springfield, and Holyoke sites serve a majority of Latino/Hispanic families, while families in the other towns are mostly white. Nevertheless, even in the towns, HCS Head Start serves a significant percentage of Hispanic and African American/Black families. In Chicopee and the smaller towns, several respondents added the category "Lebanese" for "other race."

## Race of respondents relative to city/town:



Families in the cities are most likely to obtain financial assistance from the Department of Transitional Assistance (DTA), the Housing Authority, and Women, Infants and Children Program (WIC). In the towns, families are most likely to utilize DTA, WIC, DSS, and community or family centers.

Families reported most commonly using these community services during the past three years:

	Chicopee	Holyoke	Springfield	"Other"
Community or family center				12%
Department of Transitional Assistance	47%	45%	36%	25%
Housing authority	37%	37%	25%	
Women, Infants & Children (WIC)	55%	63%	55%	41%
Department of Social Services (DSS)				12%

The following major themes emerged from the demographic analysis of those surveyed:

- The majority of respondents are mothers in their 20's and 30's.
- While over half of respondents are English-speaking, 40% speak Spanish and are concentrated in Holyoke, Springfield, and, to a lesser degree, Chicopee.
- The majority of respondents (66%) identify as Hispanic/Latino; 24% as white; 7% as African American/Black.

### ***The Issues***

Combined with feedback from Head Start staff (see the following section), the information provided in the survey points to areas that Head Start needs to address in working with families and children. The following section is divided into the four focus areas explored by the Family Survey, including education, health, nutrition, and social services.

#### Education

The Individual/Family Survey divided the issue of education into two distinct sections. One section concerned the types of programs that parents would like for their children, and the other concerned educational attainment and needs for the adults surveyed. The following results represent a particularly targeted exploration of this admittedly vast area.

##### a. Early Childhood Education

When asked to prioritize programs and services they would like for their children (in addition to their current Head Start program), over half (51%) of respondents said they would like "summer programs," and 47% said they would like "music, dance or drama classes," followed closely by "exercise or sports classes" (46%). "Programs for parents and children to



play and interact together” also was a priority for 41% of parents.

*I'm having a problem getting my child to be not so possessive of me, and I know it's going to be hard getting my child to and from kindergarten in September. I need to find an after school program once kindergarten starts.*

**Palmer parent**

Types of programs and services parents would like if they were available:

<b>Programs/Services</b>	<b>Percentage of parents that would like this service/program:</b>
Summer programs	51%
Music, dance, art or drama classes	47%
Exercise or sports classes	46%
Programs for parents and children to play and interact together	41%
Transportation to childcare	28%
Childcare available for evenings and/or overnights (for night jobs)	26%
Childcare for infants and toddlers	18%
Group programs for special needs children	16%
Services for grandparents as caregivers	10%
Programs for teen parents	7%

Families in the cities and towns were fairly consistent in wanting similar services for their children, with “music, dance, art or drama classes” and “exercise or sports classes” ranking in the top three most wanted services/programs for children in all communities. “Summer programs” were rated as the top

priority in Holyoke, Springfield and the towns, although not in Chicopee. And while most towns rated “programs for parents and children to play together” on the high side, Chicopee was the only town to rate it in their top three priority services.

*I love the teachers at Head Start!*

**Springfield parent**

The following major themes emerged in the area of early childhood education:

- Summer programs are a high priority for parents in most of the communities, and nearly half of parents are also interested in having their children attend special classes, such as dance, music, art, sports and exercise. Chicopee parents also have a strong interest in “programs for parents and children to play together.”

*My biggest challenge is raising a daughter. I don't want to make a mistake on her.*

**Holyoke parent**

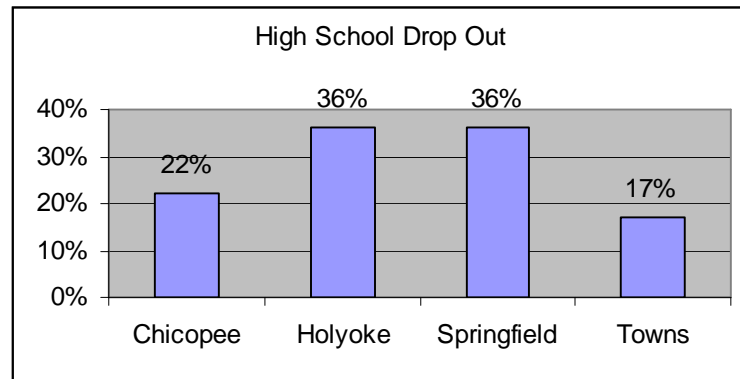
#### b. Adult Education

While over half of respondents (52%) have only a high school diploma or GED, a significant minority (32%) have not completed high school. Ten percent (10%) have an Associates Degree, and 6% have a Bachelor's degree. Respondents from the towns are more likely than respondents in the cities to have a college degree, and a higher proportion of respondents in Holyoke and Springfield do not have high school diplomas or GEDs.

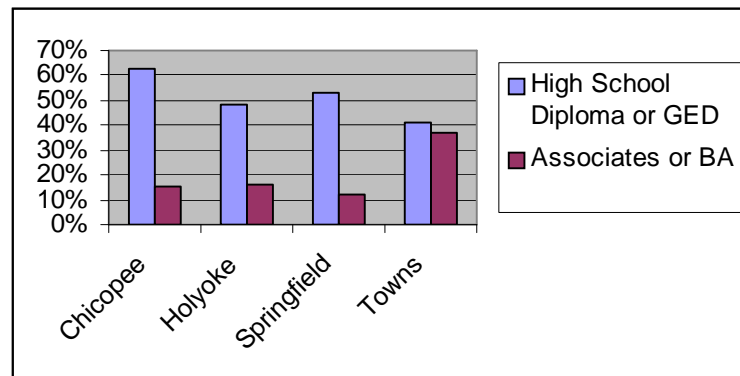
*I'm trying to finish school and get my college degree, but it's hard making ends meet.*

**Palmer parent**

Percentage of respondents without high school diploma:



Percentage of respondents whose highest educational level is a high school diploma, associates degree or bachelor's degree:



The vast majority of all respondents (82%) would like to continue their education.

When asked what kinds of "continuing education" programs they would like to participate in, respondents indicated the following preferences:

Education Programs	Percentage of respondents wanting to participate:
Adult education programs	24%
English language classes	23%
GED preparation in English	19%
Family literacy classes (parents and children reading together)	19%
Parenting classes	12%
GED preparation in Spanish	10%

Respondents also selected a variety of obstacles that make it hard for them to attend continuing education programs, with lack of childcare cited most frequently, by over 35% of respondents. Other frequently cited obstacles included inability to afford the cost of the program (28%); needing to work and not having time to attend (25%); and not knowing about any programs like this in the community. Seventeen percent (17%) of respondents said lack of transportation was a problem, and over one in ten respondents (11%) cited fear of failing or having too difficult a time as a challenge. Other obstacles included waiting lists (9%); programs being too far away (5%); and need for special transportation due to disability (3%).

*I have a child with problems that I would like to take care of first before going to school.*

**Ludlow parent**

When asked to elaborate on other obstacles, respondents frequently wrote about problems with their children ("active child," "my son is very sick," "problems with kids in school"). Health issues were also shared, as were concerns about placing children with strangers and taking time away from the family.

In Holyoke, Springfield, and the towns, lack of childcare was cited as the biggest challenge preventing parents from continuing their education. In Chicopee, needing to work and not being able to find time to attend was cited as the top obstacle by 43% of respondents, with lack of childcare being cited by 27% of respondents. Inability to afford the program was cited as one of the top three challenges by respondents in all communities. In Springfield, insufficient program information also was cited as one of the top three challenges.

The following major themes emerged in the area of adult education:

- A high percentage of respondents in the cities do not have even a high school diploma or GED. In general, respondents in the towns have more education than respondents in the cities.
- About a quarter of respondents would like to participate in adult education programs or English language (ELL/ESL) classes, and about a fifth would like GED preparation in English and family literacy classes.
- Lack of childcare, inability to afford the cost of the program; needing to work and not having time to attend; and not knowing about any programs like this in the community are significant deterrents to respondents' participation in educational programs. Lack of childcare was cited most often by respondents in all communities.

## Health

The object of this portion of the survey was to determine if respondents and their children receive basic, regular health care, and whether that care is affordable. In addition, this section explored several specific health-related issues (asthma, the use of behavior-controlling drugs, pre-natal care, violence, etc.) to determine their impact on the population.

### a. Health/Dental Insurance

Although the vast majority of respondents have health insurance, it is worth noting that 8% of adults and 3% of children do not have health insurance or Medicaid. One-third of adults (33%) do not have dental insurance, and 9% of children do not have dental insurance. Although there are slight variations in insurance coverage relative to where respondents live, children in all the communities are more likely to be insured than the adults, and they are more likely to receive regular check-ups.

Health and dental insurance relative to geography:

	Chicopee "Yes"	Holyoke "Yes"	Spring- field "Yes"	"Other" "Yes"
<b>Do <u>you</u> have health insurance or Medicare?</b>	93%	93%	90%	93%
<b>Do <u>your children</u> have health insurance or Medicaid?</b>	98%	96%	98%	93%
<b>Have <u>your children</u> had an annual check-up in the last twelve months?</b>	100%	95%	97%	93%

	Chicopee "Yes"	Holyoke "Yes"	Spring- field "Yes"	"Other" "Yes"
Do <u>you</u> have dental insurance?	60%	77%	64%	61%
Do <u>your children</u> have dental insurance?	85%	94%	92%	85%
Do <u>you</u> get regular dental check-ups every year?	50%	70%	57%	61%
Do <u>your children</u> get regular dental check-ups every year?	83%	85%	85%	93%

While the vast majority of respondents (96%) indicated that their children had received a medical check-up in the past year, 4% of respondents indicated that their children had not received their annual check-up. When it comes to dental care, care is less consistent. In the past year, forty percent (40%) of adult respondents and 15% of children have not received a dental check-up.<sup>21</sup>

*I've got a new baby coming, and it's a high-risk pregnancy. We've also got financial problems and health problems.*

**Longmeadow parent**

#### b. Drugs/Alcohol/Smoking

The survey asked several questions directly related to alcohol/drug use and smoking, as well as a series of questions

related to top issues of concern for families. Overall, alcohol and drug use is not a concern for most families, although many families – especially in the cities – cited drugs as a top community problem. The vast majority of respondents (85% for alcohol use and 86% for drug use) are “not concerned.” Four percent (4%) of respondents are very concerned with both alcohol and drug use, although none of the respondents had sought treatment for a drug or alcohol problem in the past year.

*Here are my problems: DSS, drugs, and raising my child correct.*

**Springfield parent**

Interestingly, while respondents in the cities do not see drug use as a top concern for their family, 9% of respondents in the towns do see it as a top concern for their families. However, it is important to note that respondents in the towns tended to be more concerned across the board (on a variety of issues) than were respondents in the cities.

Smoking, on the other hand, was seen as somewhat more of a concern for respondents, 10% of whom indicated that they are “very concerned” about quitting smoking, with 12% a “little concerned.” Smoking was cited as a top issue of concern for families by 7% of respondents in Chicopee, 7% in Holyoke, 11% in Springfield, and 15% in the towns.

#### c. Sexually Transmitted Infections (STIs)/AIDS

As with substance use, the majority of respondents are “not at all concerned” about STIs/AIDS (85% for STIs and 84% for AIDS). Five percent (5%) of respondents are very concerned about both issues. Again, although no city respondents indicated that these issues are a top concern for their families, 10% of the town respondents are concerned about both STIs and AIDS.

<sup>21</sup> Dentists recommend check-ups every six months, so children who have not seen a dentist in a year have actually missed two check-ups.

d. Violence/Gangs/Domestic Violence

Most respondents tended to be “not concerned at all” about gang violence, with 6% “very concerned” and 8% “a little concerned.” Although respondents in Holyoke and Springfield did not cite gang violence as a “top issue of concern for their family,” respondents in both those communities repeatedly cited it as a top community problem. Interestingly, gang violence was cited as a “top issue of concern for their family” by 7% of Chicopee respondents and 7% of town respondents.

*There's too much violence in my neighborhood - too many people fight and the cops stay on my street.*

**Chicopee parent**

Violence in the home (domestic violence) also is not a concern to the majority of respondents (86%), with 3% “very concerned” and 4% “a little concerned.” Similarly, sexual abuse and/or rape is not a concern to the majority (85%) of respondents, with 4% “very concerned” and 4% “a little concerned.” Child abuse is *slightly* more of a concern, with 5% “very concerned” and 5% “a little concerned.” In fact, respondents from the towns prioritized child abuse as their second highest issue of concern. Respondents in the cities did not prioritize any of these three issues (domestic violence, sexual abuse/rape, or child abuse) as a “top issue of concern.”

*A man who attempted to rape someone was just arrested in my neighborhood.*

**Ludlow parent**

e. Physical/Developmental Disabilities

Although a high percentage of Head Start children have physical and developmental disabilities (see page 18 for Head Start data), most respondents checked that they are “not concerned at all” about physical disabilities (84%) or developmental disabilities (82%). Five percent (5%) of respondents are “very concerned with physical disabilities, with 4% “a little concerned.” Six percent (6%) of respondents are “very concerned with developmental disabilities,” with 4% “a little concerned.” Physical and developmental disabilities are a top issue of concern for 10% of respondents in the towns. Developmental disabilities are also a concern for 7% of Holyoke respondents.

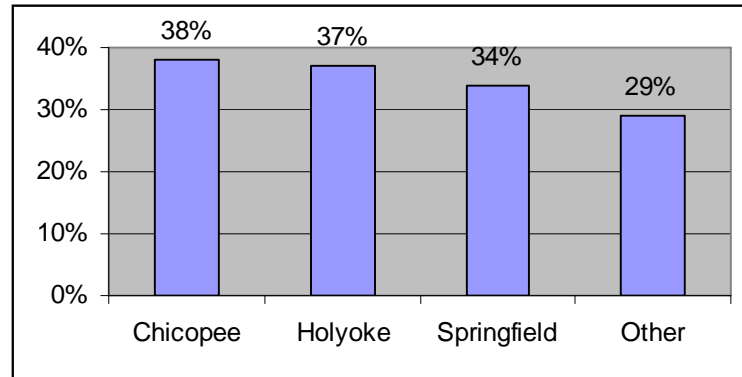
*There was a shooting in the neighborhood, and that's made everything harder. Also, my kid is autistic, and I have hardly any family to help me out.*

**Springfield parent**

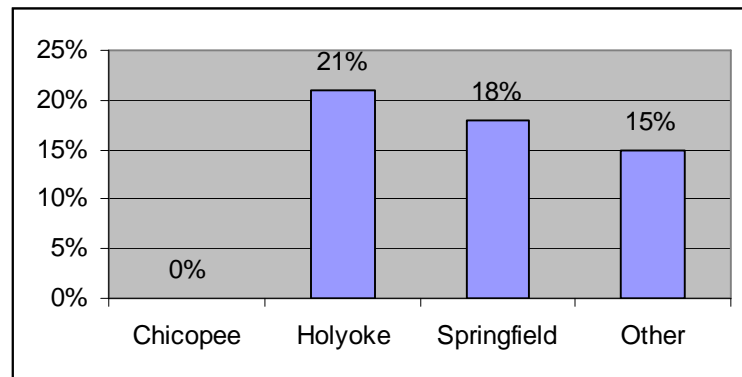
f. Asthma

Asthma, which emerged in the 2001 assessment as a major issue of concern in most communities, continues to be factor for many Head Start families. Thirty-five percent (35%) of respondents indicated that their children have asthma or breathing problems, and the same percentage (35%) of respondents have sought asthma treatment for their children in the past year. In addition, 19% of adult respondents have themselves sought medical treatment for asthma in the past year. The rate of treatment sought is generally consistent across the region.

Percentage of respondents who have sought asthma treatment for their child(ren) in the past year:



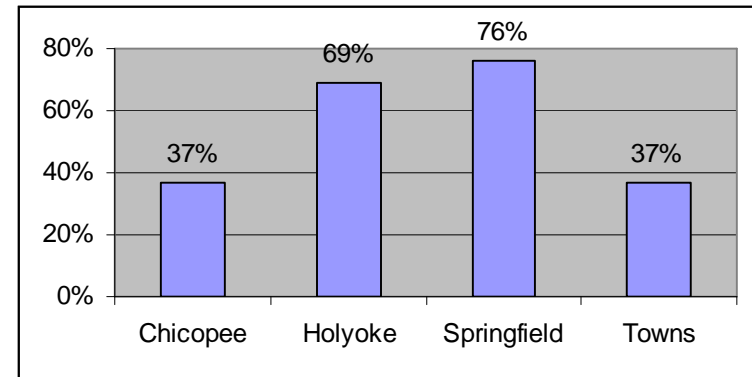
Percentage of respondents who have sought asthma treatment for themselves in the past year:



Nearly one-quarter (23%) of children take asthma medication on a regular basis, but there is a significant different in the rate at which children with asthma or breathing problems take medication depending on geography. *Children with asthma or breathing problems in Holyoke and Springfield are almost*

*twice as likely to be taking medication as are children in Chicopee or the smaller towns.*

Percentage of children with asthma or breathing problems who take medication on a regular basis:



*My child has asthma, which has been hard for him and us.*

**Palmer parent**

#### g. Mental Health

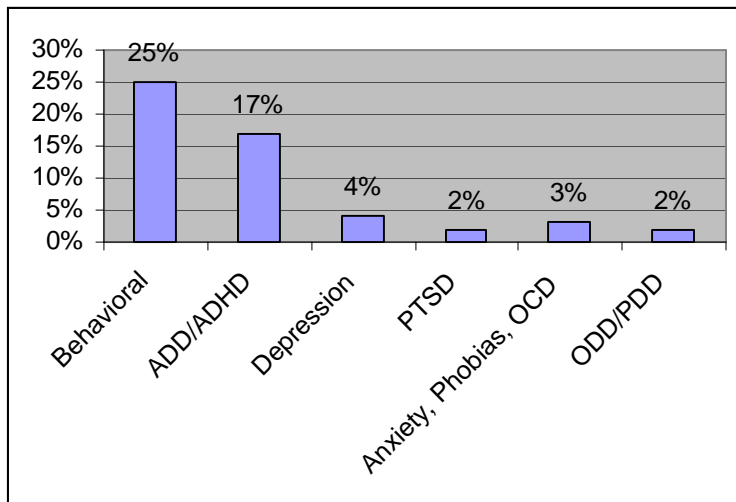
Relative to most other health issues explored in the Family Survey, respondents tended to express a higher level of concern with mental health. While almost two-thirds of respondents indicated that they are "not concerned at all" with mental health/counseling, 6% are "very concerned" and 15% "a little concerned." This issue also is a "top area of concern" for 8% of Springfield families and 10% of families in the towns.

*It's been really hard for me to deal with my older son's anger and fear issues.*

**Ludlow parent**

Nearly one in five (17%) of respondents reported that someone in their family is receiving mental health services, and 5% of respondents have Head Start children that are receiving mental health services. A much higher percentage of respondents (25%), have sought treatment in the past year for their child(ren)'s behavioral problems, and respondents also sought treatment for a variety of other mental health concerns, as demonstrated in the following chart.

Percentage of respondents who sought mental health treatment for their children in the past year:<sup>22</sup>



While 17% of respondents said that they have children with ADD/ADHD, only 3% of children are being medicated with

<sup>22</sup> ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder); PTSD (Post Traumatic Stress Disorder); OCD (Obsessive Compulsive Disorder); ODD/PDD (Oppositional Defiant Disorder/Pervasive Developmental Disorder).

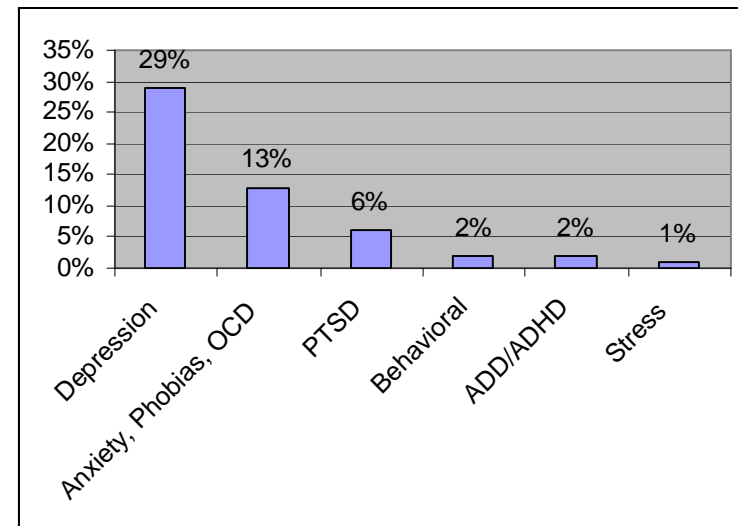
either Ritalin, Zoloft, Trazadon/Ambian, or Wellbutrin (drugs commonly prescribed for ADD/ADHD).

Respondents were more likely to identify behavior and ADD/ADHD as concerns for their children, and they were more likely to cite depression and anxiety as concerns for themselves.

*I'm a single mother dealing with my mother's death. It's tough.*

**Holyoke parent**

Percentage of respondents who sought mental health treatment for themselves in the past year:



Interestingly, respondents in the cities and towns gave remarkably consistent responses. Their concerns for children focused comparably on behavior and ADD/ADHD, and approximately one-third of adults in Holyoke, Springfield, and the towns cited depression as a concern. Only Chicopee had a

lower rate of depression among adults, at 18% of respondents.

#### h. General Health

Respondents were asked to indicate if they had sought treatment in the past year on a variety of health issues, as shown in the following chart. Adults were most likely to have sought treatment for allergies and birth control/family planning, while children were most likely to have been treated for ear infections and allergies.

Percentage of respondents who have sought medical treatment in the past year:

Health Issues	Yourself	Your Child(ren)
Ear infections	4%	33%
Allergies	23%	22%
Surgery/hospitalizations	10%	7%
Pre-natal visits	10%	<1%
Childbirth	10%	<1%
Birth control/family planning	20%	<1%
Diabetes	5%	<1%
Heart problems	4%	1%
Seizures	<1%	1%
High blood pressure	9%	0%
Cholesterol	4%	0%

Adults in Chicopee were most likely to have sought treatment for: birth control/family planning (40%); allergies (23%); and childbirth (23%). Adults in Holyoke were most likely to have sought treatment for: birth control/family planning (23%) and allergies (15%). Adults in Springfield were most likely to have

sought treatment for: allergies (24%) and birth control/family planning (14%). Likewise, adults in the towns were most likely to have sought treatment for: allergies (22%) and birth control/family planning (20%).

Parents in Chicopee were most likely to have sought treatment for their children for: ear infections (45%) and allergies (15%). Parents in Holyoke also were most likely to have sought treatment for their children for: ear infections (25%) and allergies (14%). Parents in Springfield were most likely to have sought treatment for their children for: ear infections (36%) and allergies (25%). Respondents in the smaller towns reversed the order, seeking treatment for their children for: allergies (29%) and ear infections (27%).

*I have a child with a terminal illness, and it's hard to get by day to day.*

**Chicopee parent**

Despite slight variations in the proportion of respondents seeking treatment, respondents showed considerable consistency in their choices regardless of where they live.

The following significant findings emerged in the area of health with respect to HCS Head Start families:

- The majority of respondents (92% of adults and 97% of children) have health insurance. While only 9% of children do not have dental insurance, 33% of adults do not have dental insurance.
- Children in all the communities are more likely to be insured than the adults, and they are more likely to receive medical regular check-ups. Forty percent (40%) of adults and 15% of children have not received a dental check-up in the past year.



## Significant findings in the area of health continued:

- Respondents in the towns were more likely to be concerned about a variety of health issues (drugs, STIs/AIDS, child abuse, gangs, etc.) than were respondents in the cities.
- Four percent (4%) of respondents were very concerned about both alcohol and drug use, although none of the respondents had sought treatment for a drug or alcohol problem in the past year.
- One in ten respondents was "very concerned" about quitting smoking, with 12% a "little concerned." Smoking was cited as a top issue of concern for families by 7% of respondents in Chicopee, 7% in Holyoke, 11% in Springfield, and 15% in the towns.
- Five percent (5%) of respondents were very concerned about sexually transmitted infections and AIDS, and 10% of the town respondents considered this a "top concern" for their families.
- Respondents from the towns prioritized child abuse as their second highest issue of concern.
- Although a high percentage of Head Start children have physical and developmental disabilities, most respondents are "not concerned at all" about physical disabilities (84%) or developmental disabilities (82%). Six percent (6%) of respondents are "very concerned with developmental disabilities, with 4% "a little concerned." Physical and developmental disabilities are a top issue of concern for 10% of respondents in the towns. Developmental disabilities are also a concern for 7% of Holyoke respondents.

- Thirty-five percent (35%) of respondents indicated that their children have asthma or breathing problems. Although respondents across the region seek treatment for their children at similar rates, children with asthma or breathing problems in Holyoke and Springfield are almost twice as likely to be taking medication as are children in Chicopee or the smaller towns.
- One-quarter of respondents have sought treatment in the past year for their child(ren)'s behavioral problems, as well as a variety of other emotional/mental health issues. While 17% of respondents said that they have children with ADD/ADHD, only 3% of children are being medicated.
- Respondents are more likely to identify behavior and ADD/ADHD as concerns for their children, while being more likely to cite depression and anxiety as concerns for themselves. Nearly one-third of respondents have sought treatment for depression in the past year.
- In the areas of general health, adults are most likely to have sought treatment for allergies and birth control/family planning, while children are most likely to have been treated for ear infections and allergies.

Nutrition

The Nutrition section of the survey explored the degree to which families were concerned about eating problems/weight; interested in preparing health foods; and the degree to which low income families have needed more financial assistance in the past year in order to purchase food.

As was true in both prior assessments, eating problems and weight are a concern of a significant proportion of families. One in ten respondents (11%) are "very concerned" about eating problems/weight; and 20% are "a little concerned."

Fewer respondents are concerned about preparing healthy meals, with nearly three-quarters "not concerned at all," and 6% "very concerned." Families in Springfield are the most concerned about eating problems (at 13% of Springfield respondents); and families in Chicopee are most concerned about preparing healthy meals (at 15% of respondents).

*My ex-husband isn't paying child support, and I'm having trouble even getting food every week.*

**Chicopee parent**

Over the past year, about two-thirds of families never needed more food than they were able buy. At the same time, once a month or more often, 12% of all respondents said they needed more food than they could buy. Springfield residents were most likely to need more food than they could buy. In fact, once a week or more often in the past year, 8% of families in Springfield needed more food than they could buy, compared to 0% of families in Chicopee, 1% in Holyoke, and 2% in the towns.

Respondents across the region were most likely to use food stamps (57%) and WIC (57%) to help them purchase food, although respondents in the smaller towns use food stamps and WIC half as often as families in the cities. On the other hand, families in the smaller towns report using food pantries and soup kitchens at a comparable rate, and they utilize the school lunch program only slightly less than do families in the cities.

Use of food assistance programs, relative to community:

Food Assistance Program	Chicopee	Holyoke	Springfield	"Other"
Food stamps	57%	67%	59%	27%
WIC (Women, Infants, &	73%	62%	58%	27%

Children Program)				
Food Assistance Program	Chicopee	Holyoke	Springfield	"Other"
School lunch program	13%	13%	14%	10%
Food pantries/soup kitchens	7%	4%	6%	5%
Summer nutrition/food program	8%	5%	5%	0%
Salvation Army		2%	5%	

The following significant findings emerged in the area of Nutrition:

- A significant proportion of families are concerned about eating problems and weight. One in ten respondents (11%) are "very concerned" about eating problems/weight; and 20% are "a little concerned."
- Nearly three-quarters of respondents are "not concerned at all," and 6% "very concerned" about preparing healthy meals.
- Families in Springfield are the most concerned about eating problems (at 13% of Springfield respondents); and families in Chicopee are most concerned about preparing healthy meals (at 15% of respondents).
- Twelve percent (12%) of all respondents said that in the past year they needed more food than they could afford. Springfield residents were most likely to need more food than they were able to afford.



### Community Services

There is no feasible way to comprehensively address community services without running the risk of overwhelming respondents in the process. Thus, the survey presented the following three distinct areas for exploration:

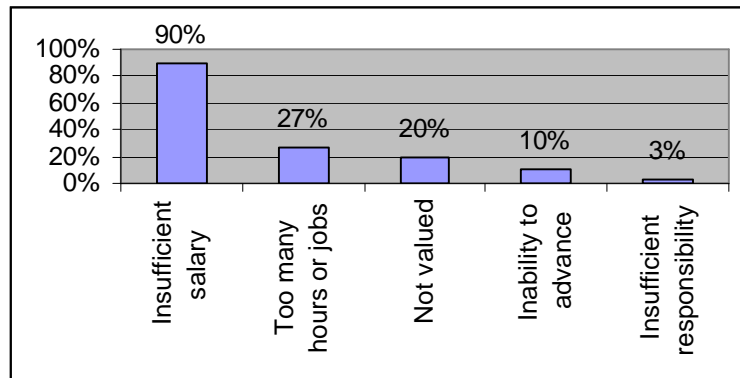
1. Employment;
2. Where children spend their time on weekends and after school; and
3. The types of community services used by respondents

#### a. Employment

Just over half of respondents (53%) are employed. Of those that are employed, two-thirds are satisfied with their jobs and 23% are not satisfied with their job. Overwhelmingly, job dissatisfaction related to having a low salary and being unable to support the family.

*I can't find a good job to support my family.*  
**Springfield parent**

Reasons why respondents are not satisfied with their jobs:<sup>23</sup>



<sup>23</sup> This particular analysis pertains only to respondents that are dissatisfied with their jobs.

When asked what kinds of programs would help them find a job, advance in their current job, or find a better job, respondents gave a variety of responses, with "getting a college degree" cited most frequently, by 28% of respondents.

Programs that respondents feel would enable them to get a better job and advance in their career:

Career/Job Enhancing Programs	% of respondents who would like this program:
Going to college or getting a college degree	28%
Job search and placement services	25%
Continuing education	23%
Job training services	23%
Computer Training	20%
Getting a GED	20%
English language instruction	15%
Transportation	10%
Technical or vocational training	9%

*I'm looking for a new apartment and a new job, and I'm hoping I can get my younger son into Head Start.*  
**Holyoke parent**

***b. Children: After School and on the Weekends***

As has been true in past assessments, although a majority of children (82%) spend time outside the home, nearly one in five (18%) “don’t spend much time” outside the home. Nineteen percent (19%) of respondents feel there are no safe areas outside their home for their children to play and get exercise.

*There’s no teen center, and no place for kids to go and hang out.*

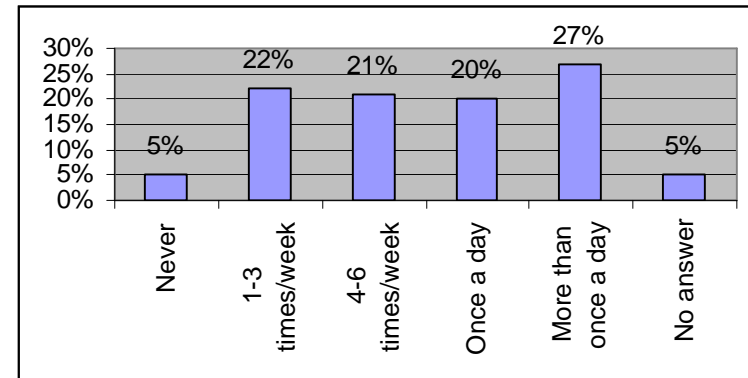
**Granby parent**

Besides their home, children (between the ages of 0-6) regularly spend time after school and on weekends in the following places:

<b>Places where children spend their time</b>	<b>% of respondents whose children spend time in these these locations:</b>
Local playground or park	63%
With other family members or friends	62%
Shopping mall	19%
They don’t spend much time outside the home	18%
Organized sports	6%
Community/youth center	5%
After school program	4%
Music, dance, art or drama classes	4%

Close to half of children (47%) get at least 30 minutes of exercise per day, and 27% get 30 minutes of exercise more than once a day. However, over one-quarter (27%) get half an hour of exercise only 1-3 times per week or less.

Frequency of children getting 30 minutes of exercise per day:



*There’s no park, there are no stores by my house, and people are selling drugs right outside in the daytime.*

**Holyoke parent**

*c. Basic Community Services*

The survey asked respondents to choose from a list of 25 possible services those that their family had used in the past three years. Results of this tally have been ranked in the chart below, in order of frequency of use.

Percentage of respondents using basic community services in the past three years:

<b>Basic Community Services</b>	<b>Percentage of respondents</b>
Women, Infants & Children (WIC)	55%
Department of Transitional Assistance	38%
Housing Authority	27%
Job placement/training services	17%
Community health center	11%
Mental health center	11%
GED program	10%
Department of Social Services (DSS)	9%
English language program	8%
Computer training	6%
Programs for special needs individuals	5%
Programs for pregnant/parenting teens	5%
Family planning services	5%
Community or family center	4%
Shelter for homeless individuals/ families	4%
Parent support and or education programs	3%
Family literacy programs	2%
Alcohol/drug programs	2%
Smoking cessation programs	1%
Battered women's shelter	<1%
Child abuse intervention/prevention	<1%
Domestic violence program	<1%
Migrant education program	<1%
Rape crisis center	<1%
Teen center	<1%

The following significant findings emerged from the Community Services area:

- Nearly half of respondents (47%) are unemployed.
- Nearly one-quarter (23%) of employed respondents are dissatisfied with their jobs. Job dissatisfaction is overwhelmingly based on low salary/inability to support the family.
- Over one-quarter of respondents that are dissatisfied with their jobs feel that "getting a college degree" would help them advance in their career or get a better job. At least one in five respondents also felt that job search and placement services, continuing education, job training, computer training, and getting a GED also would be helpful.
- A majority of children (82%) spend time outside the home, although nearly one in five (18%) "don't spend much time" outside the home.
- Over one-quarter (27%) of respondents report that their children get half an hour of exercise only 1-3 times per week or less.
- Of the basic community services available, respondents most frequently used Women, Infants & Children (WIC), Department of Transitional Assistance, and the Housing Authority.

*Teen pregnancy is my challenge. And now I have no where to live.*

**Springfield parent**

## Final Comments

At the end of the survey, respondents were asked to share their thoughts about the three greatest strengths and challenges facing both their own families and the wider community. This portion of the survey was open-ended, allowing respondents great latitude regarding how to answer each question. In a survey that focused primarily on straightforward data, problems, gaps in service, and basic needs, these comments were powerful and moving.

- Challenges Faced by Families: Lack of money was cited most frequently, in every community, as the number one challenge faced by families. Housing was the second most frequently cited challenge for respondents in Holyoke and Chicopee, and the third most frequently cited challenge for respondents in Springfield. This finding, that housing is an ongoing challenge for city residents, has remained consistent since the first community assessment in 1998. Employment was the second biggest challenge for Springfield residents, and transportation was the third biggest challenge for Holyoke residents.

*I have too many bills, too little money, and I already work so much that I don't have a lot of time for family. My car was stolen, people's homes are getting broken into, and there's a lot of vandalism.*

**Holyoke parent**

Respondents from Chicopee cited relationship/parenting issues (no father present, lack of help from father, separation, divorce) as the third most common problem facing families; respondents in the towns placed relationship/parenting issues second in importance.

Families in the towns also cited health and behavioral issues as third in importance.

Unlike the 2001 assessment, where transportation was noted as a problem more frequently than any other issue, in this year's assessment, lack of money was noted more frequently than any other issue.

- Community Challenges: As in past years, community challenges for city respondents centered on drugs, violence, gangs, and crime. Though families in the towns occasionally wrote about drugs and gangs as a community problem, they were more likely to focus on other issues, such as noise, budget cuts to schools, traffic congestion, inconsiderate neighbors, lack of community supports for families, isolation, and lack of affordable housing.

*There's a shortage of day care, businesses are folding, and the cultures are getting lost.*

**Chicopee parent**

Chicopee respondents cited drugs, violence and traffic (loud neighborhood and speeding) as the three biggest problems facing the community. Respondents in both Holyoke and Springfield cited drugs and violence as the two biggest problems facing the community. Holyoke resident also cited gangs and Springfield residents cited crime as the third biggest problem facing the community.

*There's pollution from the Mass Pike, and my children can't ride their bikes because the street isn't safe.*

**Ludlow parent**

- **Community Strengths:** Unlike previous years, respondents' feelings about community strengths were surprisingly consistent across the region. Respondents in Chicopee and Holyoke most frequently cited the neighborhood being "quiet" as the best thing about the neighborhood, with residents of the smaller towns placing "quiet" as the third best thing.

*What I love is that my child has a little yard to play in, and my neighbors are friendly.*  
**Springfield parent**

Across the region, respondents placed the accessibility of parks, places to play, and kids programs as the second best thing about their community. Having good neighbors and a nice neighborhood was most frequently cited by residents in Springfield and the smaller towns, and respondents in Chicopee also placed this in their top three best things. Town respondents also noted the small neighborhoods, quiet, low crime, and clean air and trees, as well as other aspects of living in the country as strengths.

*I feel safe in my neighborhood, and we are able to walk or ride to the park.*  
**Ludlow parent**

- **Best Things About Families:** As in the previous assessments, most respondents across the region indicated that the best things about their family include love, caring, communication, enjoying being together, and supporting one another. The respondents were almost indistinguishable from one another when talking about their own families. This was a powerful reminder of how many of our deepest needs, longings, and joys are shared.

- **Most Enjoyable Family Activities:** Families in all the Head Start communities also enjoy doing similar things with their families. Across the region, respondents most enjoy doing outdoor activities together, going to the park, sports and walking. Respondents in the towns were unique in citing "getting together with friends and family" as a favorite thing to do together.

*We take weekends to do things as a family, and we listen to each other and care.*  
**Chicopee parent**

Holyoke respondents were unique in citing "reading" as a top three family activity; and residents in Springfield were unique in citing "going out to dinner, eating together, cooking out" as a top three family activity. This is interesting not only because it provides a glimpse into the lives of families in these communities, but also because it suggests different approaches to engaging families in particular communities.

### Section III. The Staff Surveys

In addition to the Family Surveys, this year's assessment team collected 251 Staff Surveys from HCS Head Start staff working at different Head Start sites as well as in different capacities throughout the agency. The goal of this data collection was to understand what staff are experiencing in their work with families, and which issues stand out as most significant.

Both the 1998 and 2001 Community Assessments focused considerable attention on developing a list of services - also known as "community assets" - that are available in the region. Not surprisingly, both assessments showed that a wide variety of resources are available, primarily in the cities, with far fewer supports available in the smaller towns. Given that these resources have remained largely unchanged over the past three years, the assessment team decided to focus this year's research on exploring access issues. In particular, we wanted to understand to what extent families are accessing different services and what obstacles are preventing them from finding the supports and programs they need.

Many of the questions in the Staff Survey mirrored the questions posed in the Family Survey, and responses from staff can be compared, to some extent, with findings from the family survey. This was not done to explore whether staff accurately understand the issues facing families, but to balance family perceptions with staff's experience. For example, while staff frequently place "violence in the home" as a significant obstacle for families, families as a group place it last in importance. Does this mean that staff are wrong about the seriousness of violence in the home? No - it simply means that staff frequently deal with this issue or that the issue impacts families more intensively than other problems. In addition, as *may* be true with this particular issue, it's possible that parents are less likely to admit or recognize certain types

problems.<sup>24</sup> Certainly, children and families that are experiencing violence in the home will require more intensive intervention and support than other families. In addition, particular staff positions, including home visitors, also are likely to come across this issue more frequently, since they are likely to be interacting more often with families in crisis.

Distribution of staff respondents, by job:

Type of Job	Percentage of Staff Respondents
Lead Teacher/Teacher/Assistance Teacher	35%
Teacher Director	25%
Administrator	19%
Family Liaison/Clinician	9%
Bus Driver/Center Support Staff/Lunch Delivery/Maintenance	8%
Nurse/Home Visitor/Cook	4%

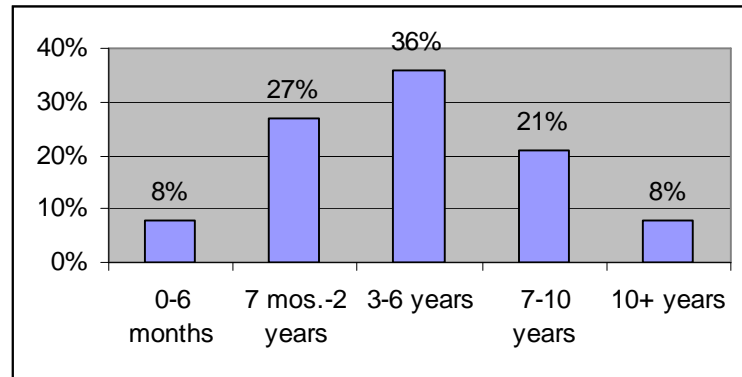
As might be expected, respondents' views varied to some extent depending on their position within the agency and their expertise working with particular families and/or on specific issues. Significant differences in opinion based on type of job have been noted in this report. In general, responses from the 62 Teacher Directors and 87 Lead Teacher/Teacher/Teacher Assistants were comparable throughout the survey.

<sup>24</sup> Studies have shown that domestic violence is one of the most pervasive social problems in the United States, with some research finding that as many as half of all families experience domestic violence at some point. Moreover, adults who are being abused tend to minimize the abuse and/or excuse it. Battered women in shelters commonly describe the experience of excusing abuse against themselves (sometimes for years), taking action only when the abuse is directed at the children.



About one-third of the staff respondents have worked at HCS Head Start for 2 years or less; two-thirds have worked with Head Start for three years or longer. Of the teachers, assistant teachers or teacher directors, 64% have worked with Head Start for three years or more.

Length of time with Head Start:



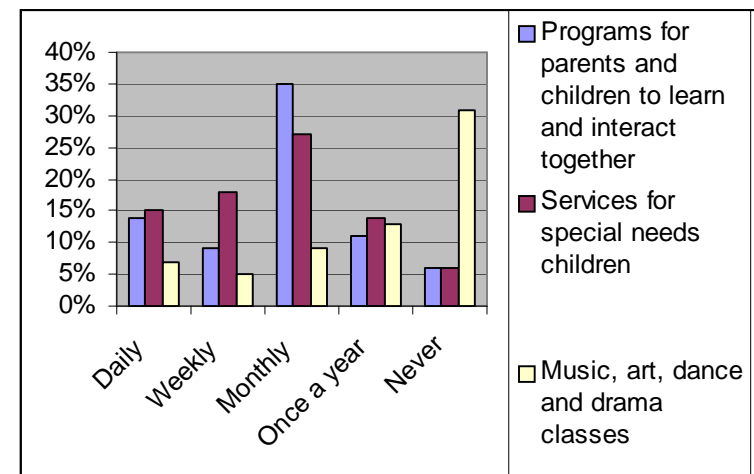
### Access to Services

Staff were asked a series of questions to assess the degree to which Head Start families access and/or are referred to a variety of programs and services, including children's programs, job training and education, health services, and other basic community services.

With respect to programs for children, staff were asked about three different types of program, including: 1) Programs for parents and children to learn and interact together; 2) services for special needs children; and 3) music, art, dance and drama classes. Of the three types of programs, staff believe that families are most likely to be referred to and/or use "services for special needs children," followed by "programs for parents and children to learn and interact together." In fact, 60% of staff believe that families are referred to and/or use services for special needs children at least monthly. And 57% of staff

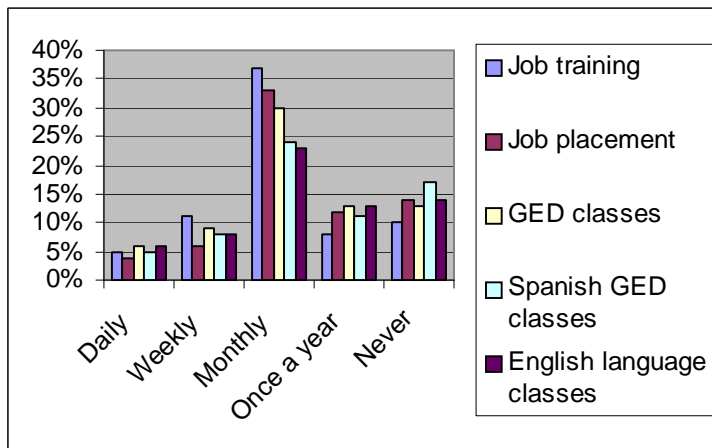
believe that families are referred to and/or use programs for parents and children to interact together at least monthly. Although music, art, dance and drama classes were cited in the parent surveys as one of the most *desired* types of programs for children, staff believe that parents are least likely to use and/or be referred to this type of program (only 20% of staff believe that families are referred to and/or use this type of program at least monthly). The staff perception about this issue is entirely consistent with Head Start's focus on education and basic services for children and families.

Frequency with which staff believe that families use and/or are referred to these programs for children:



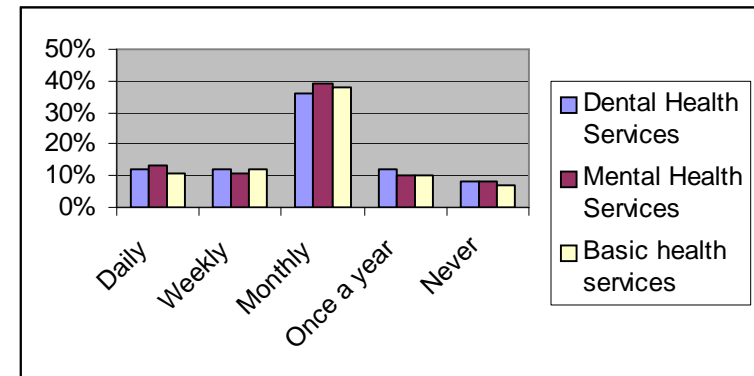
Staff were also asked to assess the degree to which families use and/or are referred to continuing education and job training programs, including job training, job placement, GED classes, Spanish GED classes, computer training, and English language classes. Job training experienced slightly more emphasis than most of the others, with 53% of staff believing that families are referred to and/or use job training at least monthly. English language classes and Spanish language GED received less emphasis than the other services, with 37% of staff believing that families are referred to and/or use these programs at least monthly. Job placement and GED classes came in the middle, with 43% and 45% of staff believing that families are referred to and/or use these programs at least monthly. Computer training (which was omitted from the chart below for ease of reading) was rated the lowest, with only 23% of staff believing that families are referred to and/or use computer training at least monthly.

Frequency with which staff believe that families use and/or are referred to these continuing education/job preparation programs and services:



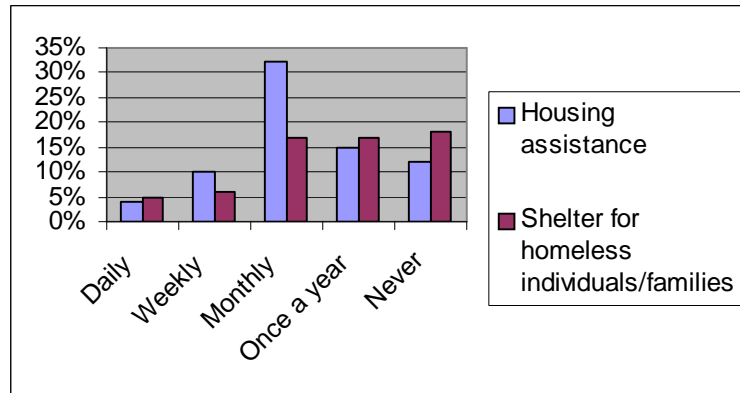
With respect to health services, the degree to which staff believe that families are referred and/or use dental services, mental health services, or basic health services is surprisingly comparable. Nearly two-thirds of Head Start staff (63%) believe that families are referred to and/or use mental health services at least monthly; 61% believe that families are referred and/or use basic health services at least monthly; and 60% believe that families are referred to and/or use dental health services at least monthly.

Frequency with which families use and/or are referred to these health services:



With respect to housing services, 28% of staff believe that families are referred to and/or use homeless shelters at least monthly, and 46% of staff believe that families are referred to and/or use housing assistance at least monthly.

Frequency with which staff believe that families use and/or are referred to these housing services:



It is worth noting that on any given access question, between 20%-40% of staff checked "I do not know." Generally, these individuals were either new to Head Start, or unfamiliar with the issues being addressed. For example, bus drivers and cooks tended to answer "I don't know" with greater frequency than did the teachers or clinicians. Taking into account the high no response rate on many of these questions, it is clear that a high percentage of staff believe that parents are being referred to and/or using many services. This stands in contrast to the responses of families themselves, who gave much lower rates of use for many of these services (with the exception of housing assistance, which Head Start families themselves said they used at a fairly high rate).

*I would like to see support groups/workshops for parents year-round to learn how to become better advocates for their children. Parents have no support in public schools after Head Start. Many parents feel lost.*

**Head Start Home Visitor/Case Manager**

### **Obstacles to Participation**

By an overwhelming majority (85%), staff feel that transportation makes it hard for parents to participate in Head Start programs or other family support services. Almost two-thirds of staff (62%) feel that language is a barrier; 53% feel that lack of childcare is a barrier; and 49% feel that long waiting lists are a barrier. When asked the same question, families rated transportation as much less of an obstacle, fifth on the parents' list, and cited by only 17% of parents. However, parents did agree that childcare is a significant obstacle, placing it first, and cited by 35% of parents. For parents, the other major obstacles include not being able to afford programs; having to work and not finding the time; and lack of information about programs. Language barriers, high on the staff list of obstacles, was not cited at all by parents.

Obstacles to Participation According to Staff:

<b>Obstacles to Participation</b>	<b>% of staff that believe this is an obstacle for Head Start families</b>
They don't have transportation	85%
Language barriers	62%
Child care	53%
Long waiting lists	49%
They can't afford the cost of the program	31%
They don't have enough information about these programs	27%
Most of these programs are too far away from them	20%
Systems are difficult to navigate	20%

## Obstacles to Participation According to Staff (continued):

<b>Obstacles to Participation</b>	<b>% of staff that believe this is an obstacle for Head Start families</b>
Their children need programs that can deal with special needs, and they can't find one	9%
They need wheelchair accessible transportation and can't get it	4%

Interestingly, when asked later in the survey about specific problems facing families, 87% of staff reported that families experience language barriers as a very common or a common problem. However, in this question, fewer staff reported that language barriers are a barrier to participation in family support programs (cited by 62% of staff). Staff also see adult literacy as a significant challenge for families; in fact, 20% of staff see this as a "common problem," and 52% of staff see this as "sometimes a problem."

There was a significant difference between the "nurse/home visitor/cook" understanding of the need for wheelchair accessible transportation and ALL other job categories. In fact, none of the teachers/assistant teachers/teacher directors, etc., see this as a very significant problem/obstacle, while nurses and home visitors do see it as a major problem. This disparity is not unexpected, since it is likely that nurses and home visitors are much more likely than other staff to be working with families that experience this as an obstacle.

*Children with severe behaviors that affect their learning are becoming more common in our classes.*

**Head Start Teacher**

With respect to clients' lack of information about programs, Family Liaisons/Clinicians report a much higher level of concern than do other staff. Family Liaisons/Clinicians also cited concerns about long waiting lists twice as often as teachers/assistant teachers/teacher directors, etc.

### Nutrition

According to 82% of staff, families *sometimes or often* need financial assistance to buy food. Over one-quarter feel that families commonly need additional assistance to buy food, and 55% feel that it is sometimes a problem. Interestingly, when staff were asked to identify the seriousness of a range of problems facing families, a smaller percentage (66%) feel that lack of money is a problem for families. Notably, families themselves feel that lack of money is a serious problem, and a high proportion of families are sometimes unable to buy as much food as they need.

A high percentage of staff agreed that lack of healthy food is also a challenge for families. Nearly one in five staff (19%) feel this is a "very common problem,"; 47% feel it is "sometimes" a problem; and 28% feel it is "not usually a problem." In addition, almost two-thirds of staff feel that families *sometimes or often* have problems getting transportation to markets, with 10% believing this to be a common problem. As noted earlier, staff feel that transportation is the most significant problem for families in terms of accessing family support programs.

In the area of eating problems and weight concerns, the majority of the staff comments were related to obesity and the need for weight loss. Nearly two-thirds of staff (59%) feel that eating problems/weight concerns are *sometimes a problem* (47%) or *a very common problem* (12%) for families.

When asked to elaborate on problems related to nutrition, staff provided the following comments:

# TIMES CITED	COMMENTS
23	<i>Overweight/obesity</i>
7	<i>Poor eating habits, nutrition, not eating a varied diet</i>
6	<i>Child under or overweight</i>
5	<i>Picky eaters, finicky, don't eat at home, wanting too much or not wanting to eat</i>
3	<i>Lack of healthy and inexpensive food, not enough food</i>
3	<i>Losing weight, want to lose weight, diet plans</i>
2	<i>Child eats only soft food</i>
1	<i>Siblings eat better</i>

### Health

In general, staff tend to perceive all the health problems as more pervasive overall than the findings in the Family Survey would suggest. However, it is worth noting that Department of Public Health (DPH) data on health status indicators in the region would tend to concur with staff perceptions. According to DPH data, substance use, violence, STIs/AIDS, and other health issues tend to be much more prevalent among low income residents in this region than the family survey findings revealed.

The following chart shows the extent to which staff feel that each of these areas is *a common problem* or *sometimes a problem* (issues are ranked from most to least pervasive issue):

Health Issue	% of staff that think this is "a very common problem"	% of staff that think this is "sometimes a problem"	Total
Lack of dental health services	34%	44%	78%
Mental health/counseling	28%	47%	75%
Violence in the home	21%	48%	69%
Developmental Disabilities	19%	42%	61%
Child abuse and/or child sexual abuse	12%	43%	55%
Drug use	10%	40%	50%
Gang violence	12%	35%	47%
Alcohol/drinking	7%	38%	45%
Quitting smoking	9%	36%	45%
Sexual abuse and/or rape	5%	34%	39%
Physical disabilities	2%	35%	37%
HIV/AIDS	3%	21%	24%
STIs	1%	22%	23%

According to staff, the four most significant health problems faced by families are: 1) Lack of dental health services; 2) mental health/counseling; 3) violence in the home; and 4) developmental disabilities. According to families, on the other hand, the most significant problems they face include eating

problems/weight concerns (31%); quitting smoking (22%); mental health counseling (21%); and eating healthy meals (21%).

Both staff and families consider HIV/AIDs and sexually transmitted infections to be less significant than most issues (despite the fact that DPH data shows this to be a major community problem). Staff placed HIV/AIDS and STIs last in significance for families, and the overwhelming majority of families also were not concerned with HIV/AIDS and STIs. However, the family surveys showed “violence in the home” and “drug use” to be *even less of a concern* than HIV/AIDS and STIs.

In general, Nurses and Home Visitors tended to indicate higher “problem” levels than other groups of staff. And compared to other staff, the Bus Driver/Center Support Staff/Lunch Delivery and Maintenance Staff indicated many fewer problems. When asked to elaborate on the types of disabilities being seen by staff, speech and language delays were cited most frequently, followed by cognitive delays and behavioral concerns.

The two issues most frequently cited as “very common problems for families” by type of job:

<b>Job Category/ Group</b>	<b>Specific Issues</b>	<b>How often cited as a “very common” problem</b>
Administration (N=49)	1. Mental health/counseling 2. Lack of Dental Health Services	51% 47%
Bus Driver/Center Support; Staff/Lunch Delivery/Maintenance (N=21)	1. Language Barriers 2. Quitting smoking, lack of food and adult literacy	24% Each at 14%
Family Liaison/ Clinician (N=22)	1. Language Barriers 2. Mental Health/Counseling	77% 45%
Lead Teacher/ Teacher/Assistant Teacher (N=87)	1. Language Barriers 2. Lack of Dental Health Services	32% 30%
Nurse/Home Visitor/Cook (N=11)	1. Language Barriers 2. Violence in the home	64% 55%
Teacher Director Responses (N=62)	1. Lack of Dental Health Services 2. Language Barriers	34% 34%

## **CONCLUSION**

HCS Head Start is in a unique and privileged position to impact the lives of over a thousand children and their families every year. We have an obligation to assess the needs of our community, and to design programs and find solutions that will be most effective in helping parents lift their families out of poverty, improve their living situations and their health, and maximize the potential for children to grow, learn and thrive. We also have an obligation to make this information known to other providers in the community, health professionals, and the general public, and to work with all community resources to seek solutions to the identified problems.

As providers, we support strategies that address the needs and use the resources and strengths of low-income parents so that they can become empowered, confident, and caring primary care providers for their children. Although this community assessment has focused on the types of problems faced by families, our programs and our interventions focus on the entire family. We emphasize family strengths, rather than deficiencies or pathologies. And we recognize families as partners in, rather than passive recipients of, Head Start's education program and support services. Consumer-driven, family-centered early childhood education helps families use and build on the resources to which they have access.

The benefits of Head Start's programs can only be shared by low-income families in our region if we continue to diligently work together with other area providers to improve access to all of our programs and to ensure that these programs are not eliminated or cut back. The critical nature of the work of our community partners, in areas such as health care, housing, and employment-readiness, cannot be overemphasized. Our ability to cooperate and work together will directly influence

the well-being of our neighbors and all our children for decades to come.

Service providers are often pressed into designing programs and delivering services without a complete picture of the community and the people whose needs we are diligently striving to address. This community assessment was conducted to help complete that picture. It was designed to expose both the strengths of and the challenges facing Head Start families. And although it contains the wisdom of staff who work every day with Head Start families, it leads with the voices of parents.

It is our hope that these voices will inform our continuing efforts to maximize the impact and relevance of our programs, to mobilize communities, to foster collaboration and connection, and to bring us together to help families succeed and children realize their full potential.

## Head Start of Holyoke/Chicopee/Springfield INDIVIDUAL AND FAMILY SURVEY

**Head Start is asking Head Start families to answer a series of questions to help us better understand the education, health, nutrition, and social service needs of our community. Please take a few minutes to complete this questionnaire. *This survey is being conducted anonymously, and all answers will be kept strictly confidential.* Thank you! Your help is critical as we continue to develop programs to meet the needs of local children and families.**

**1. What town do you live in?**

- |                                      |  |                                       |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Springfield | <input type="checkbox"/> Palmer          | <input type="checkbox"/> Ludlow       |
| <input type="checkbox"/> Chicopee    | <input type="checkbox"/> East Longmeadow | <input type="checkbox"/> South Hadley |
| <input type="checkbox"/> Holyoke     | <input type="checkbox"/> Granby          | <input type="checkbox"/> Other _____  |

**2. Are you:**      ☐ female                      ☐ male

**3. What is your age?**

- |                                |                                |                                |                                     |
|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 15-16 | <input type="checkbox"/> 17-19 | <input type="checkbox"/> 20-23 | <input type="checkbox"/> 24-29      |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 60 or over |

**4. What is your primary language?**

- |                                     |                                  |   |                                     |
|-------------------------------------|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> English    | <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian                        | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Arabic  | <input type="checkbox"/> Other (please specify) : _____ |                                     |

**5. Are you currently (check all that apply):**

- |                                   |                                  |  |   |
|-----------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Single   | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried living with a partner | <input type="checkbox"/> Living with a parent |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Other (please specify): _____   |   |

**6. How would you describe your ethnic/racial background? (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino/Latina | <input type="checkbox"/> American Indian/Native American |
| <input type="checkbox"/> Asian Pacific Islander | <input type="checkbox"/> Caucasian/White        | <input type="checkbox"/> Other (please identify): _____  |

**7. Which of the following programs and services would you like to use IF they were available?**

- ☐ Programs for parents and children to play and interact together
- ☐ Group programs for special needs children
- ☐ Music, dance, art or drama classes
- ☐ Exercise or sports classes
- ☐ Childcare available for evenings and/or overnights (for night jobs)
- ☐ Childcare for infants and toddlers
- ☐ Programs for teen parents
- ☐ Services for grandparents as caregivers
- ☐ Summer programs
- ☐ Transportation to child care

**8. Besides your home, where else do your children (between the ages of 0-6) regularly spend time after school and on weekends?: (check all that apply)**

- ☐ Local playground or park
- ☐ With other family members or at friends' homes
- ☐ Community or youth center
- ☐ After school program
- ☐ Organized sports
- ☐ Music, dance, art or drama classes
- ☐ Shopping mall
- ☐ They don't spend much time outside the home
- ☐ Other (please describe): \_\_\_\_\_

**9. Are there safe areas outside your home for your children to play and get exercise?**

- ☐ Yes                      ☐ No

**10. How many times per week does your child get ½ hour or more of exercise?**



- ☐ Never
- ☐ 1-3 times a week
- ☐ 4-6 times a week
- ☐ Once a day
- ☐ More than once a day

**11. Are you currently employed?**

- ☐ Yes ☐ No **(IF NO, SKIP TO QUESTION #14)**

**12. Are you satisfied with your job?**

- ☐ Yes **(IF YES, SKIP TO QUESTION #14)** ☐ No

**13. Why is your job unsatisfying?** (check all that apply)

- ☐ I am not making enough money to support my family
- ☐ I do not feel valued in my job
- ☐ I would like more responsibility
- ☐ I have to work too many hours or too many jobs
- ☐ I cannot advance because I don't have the skills/training/education
- ☐ Other (please describe) \_\_\_\_\_

**14. Which of the following programs do you think would help you find a job, advance in your current job, or find a better job?** (check all that apply)

- ☐ Job search and placement services
- ☐ Job training services
- ☐ Continuing education
- ☐ Getting a GED
- ☐ Going to college or getting a college degree
- ☐ Technical or vocational training
- ☐ English language instruction
- ☐ Transportation
- ☐ Computer Training

**15. What grade in school have you completed?** (please check the highest grade you have completed)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 3 <sup>rd</sup> grade | <input type="checkbox"/> 8 <sup>th</sup> grade  | <input type="checkbox"/> GED                  |
| <input type="checkbox"/> 4 <sup>th</sup> grade | <input type="checkbox"/> 9 <sup>th</sup> grade  | <input type="checkbox"/> Associates degree    |
| <input type="checkbox"/> 5 <sup>th</sup> grade | <input type="checkbox"/> 10 <sup>th</sup> grade | <input type="checkbox"/> Bachelor's degree    |
| <input type="checkbox"/> 6 <sup>th</sup> grade | <input type="checkbox"/> 11 <sup>th</sup> grade | <input type="checkbox"/> Post-graduate degree |
| <input type="checkbox"/> 7 <sup>th</sup> grade | <input type="checkbox"/> 12 <sup>th</sup> grade |   |

**16. Would you like to continue your education?**

- ☐ Yes ☐ No

**17. Would you like to participate in any of the following programs?** (check all that apply)

- ☐ GED preparation in English
- ☐ GED preparation in Spanish
- ☐ English language classes
- ☐ Parenting classes
- ☐ Family literacy classes (parents and kids reading together)
- ☐ Adult education programs

**18. What makes it hard for you to attend continuing education programs such as the ones described in the previous question?** (check all that apply)

- ☐ I don't have transportation
- ☐ I am disabled and need special transportation
- ☐ The programs are too far away
- ☐ I can't afford the cost of the program
- ☐ I don't have child care
- ☐ I don't know about any programs like that in my area
- ☐ I have to work and can't find time to attend the program
- ☐ I am worried that if I tried I would have fail or have a really hard time
- ☐ There's always a waiting list to get into the programs I want
- ☐ Other (please specify): \_\_\_\_\_

**19. Do you use any of the following to help you get food?** (check all that apply)

- ☐ Food stamps  
☐ WIC (Women, Infants, & Children Program)  
☐ Summer nutrition/food program  
☐ School lunch program  
☐ Food pantries/soup kitchens  
☐ Salvation Army

**20. In the past year how often did you need more food than you were able to buy?** (please check one)

- ☐ 0 Times  
☐ 1-5 times  
☐ Once a month  
☐ Once a week  
☐ More than once a week

**21. Do you have health insurance or Medicare?**

- ☐ Yes                      ☐ No

**22. Do your children have health insurance or Medicaid?**

- ☐ Yes                      ☐ No

**23. Have your children had an annual check up in the last twelve months?**

- ☐ Yes                      ☐ No

**24. Do you have dental insurance?**

- ☐ Yes                      ☐ No

**25. Do your children have dental insurance?**

- ☐ Yes                      ☐ No

**26. Do you get regular dental check-ups every year?**

- ☐ Yes                      ☐ No

**27. Do your children get regular dental check-ups every year?**

- ☐ Yes                      ☐ No

**28. The following are items related to general health. Please check each box, for yourself and your children, if you have seen a medical provider for any of the following reasons in the past year.**

		<u><b>Yourself</b></u>	<u><b>Your Child(ren)</b></u>
A.	Allergies		
B.	High blood pressure		
C.	Pre-natal visits		
D.	Childbirth		
E.	Asthma		
F.	Birth control/family planning		
G.	Diabetes		
H.	Drug or alcohol problem		
I.	Heart problems		
J.	Surgery/hospitalizations		
K.	Ear infections		
L.	Seizures		
M.	Cholesterol		
M.	Other (please specify):		
N.	Other (please specify):		

**29. Do your children have asthma or breathing problems? (IF NO, PLEASE SKIP TO QUESTION #31)**

- ☐ Yes                      ☐ No

30. Do your children take asthma medication on a regular basis?

☐ Yes ☐ No

<b>HOW CONCERNED ARE YOU ABOUT THE FOLLOWING ISSUES FOR YOUR FAMILY?</b>
--

31. Alcohol/drinking:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

32. Quitting smoking:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

33. Eating problems/weight concerns (please describe): \_\_\_\_\_

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

34. Preparing healthy meals:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

35. Drug use:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

36. Sexually transmitted infections:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

37. HIV/AIDS:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

38. Mental health/counseling:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

39. Gang violence:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

40. Violence in the home (domestic violence):

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

41. Sexual abuse and/or rape:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

42. Child abuse and/or child sexual abuse:

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

43. Physical disabilities (please describe): \_\_\_\_\_

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

**44. Developmental Disabilities (please describe):**

☐ I'm very concerned ☐ I'm a little concerned ☐ I'm not concerned at all

45. Is anyone in your family receiving mental health services?

☐ Yes ☐ No

46. Is your Head Start child receiving mental health services?

☐ Yes ☐ No

47. If yes, are they prescribed any medication/s by your mental health provider?

☐ Yes (Please list \_\_\_\_\_) ☐ No

**48. The following items are related to mental health. Please check each box, for yourself and your children, if you have experienced any of the following**

		<b>A. <u>Yourself</u></b>	<b>Your Child(ren)</b>
A.	Behavioral Concerns		
B.	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder ( <b>ADD/ ADHD</b> )		
C.	Depression		
D.	Post Traumatic Stress Disorder		
E.	Anxiety, Phobias, Obsessive Compulsive disorder ( <b>OCD</b> )		
F.	Oppositional Defiant Disorder/Pervasive Developmental Disorder ( <b>ODD/PDD</b> )		
H.	Other (please specify):		
G.	Other (please specify):		

**49. Of the following community services, which ones has your family used in the past three years?**

- a) ☐ Job placement/training services
- b) ☐ English language program
- c) ☐ Programs for special needs individuals
- d) ☐ Community health center
- e) ☐ Programs for pregnant and parenting teens
- f) ☐ Domestic violence program
- g) ☐ Smoking cessation programs
- h) ☐ Community or family center
- i) ☐ Mental health center
- j) ☐ Department of Transitional Assistance
- k) ☐ Housing authority
- l) ☐ Computer training
- m) ☐ Shelter for homeless individuals/families
- n) ☐ GED program
- o) ☐ Migrant education program
- p) ☐ Family literacy programs
- q) ☐ Family planning services
- r) ☐ Battered women's shelter
- s) ☐ Alcohol/drug programs
- t) ☐ Rape crisis center
- u) ☐ Teen center
- v) ☐ Parent support and or education programs
- w) ☐ Women, Infants & Children (WIC)
- x) ☐ Department of Social Services (DSS)
- y) ☐ Child abuse intervention/prevention programs
- z) ☐ Shelter for homeless individuals/families

**50. What are the three biggest problems facing your family?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**51. What are the three biggest problems facing your neighborhood or community?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**52. What are the three best things about your family?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**53. What three things do you like best about your neighborhood or community?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**54. What are your three favorite activities to do as a family?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

***THANK YOU!***

***Please return to one of the following Head Start offices:***

**Head Start, Inc.  
662 High Street  
Holyoke, MA 01040  
PHONE: 413-536-0363**

**Head Start, Inc.  
30 Madison Avenue  
Springfield, MA 01105  
Phone: 413-788-6522**

## ***Head Start of Holyoke/Chicopee/Springfield***

### **STAFF SURVEY**

Under a national mandate, Head Start is currently conducting a community assessment to identify the needs of families our service area. Survey questions are designed to reveal critical community needs in the areas of education, health, nutrition, and community services. Information from our staff is critical in helping us represent as thorough an assessment as possible. Thank you for completing this survey.

1. Please check which of the following categories best describes your job with Head Start:

- ☐ Family Liaison/Clinician    ☐ Administration    ☐ Bus Driver/Center Support Staff/Lunch Delivery/Maintenance  
☐ Teacher Director    ☐ Nurse/Home Visitor/Cook    ☐ Lead Teacher/Teacher/Assistance Teacher

2. How long have you been with the agency?

- ☐ 0 to 6 months    ☐ 7 months to 2 years    ☐ 3 years to 6 years  
☐ 7 years to 10 years    ☐ More than 10 years

3. Based on your knowledge, how frequently do Head Start families access and/or do you refer Head Start families to the following programs and services?

<b><i>Types of programs and services</i></b>	<b><i>Daily</i></b>	<b><i>Weekly</i></b>	<b><i>Monthly</i></b>	<b><i>Once a year</i></b>	<b><i>Never</i></b>	<b><i>I don't know</i></b>
Programs for parents and children to learn and interact together:						
Services for special needs children:						
Music, art, dance and drama classes:						
Job training:						
Job placement:						
GED classes:						
Spanish GED classes:						
English language classes:						
Dental Health Services						
Mental Health Services						
Basic health services:						
Housing assistance:						
Computer training:						
Shelter for homeless individuals/families:						

4. What makes it hard for the parents that you serve to participate in Head Start programs or other family support services programs? (check all that apply)

- ☐ They don't have transportation  
☐ They need wheelchair accessible transportation and can't get it  
☐ Most of these programs are too far away from them  
☐ They can't afford the cost of the program  
☐ They don't have enough information about these programs  
☐ Their children need programs that can deal with special needs, and they can't find one  
☐ Language barriers  
☐ Systems are difficult to navigate  
☐ Long waiting lists  
☐ Child care

5. How common are the following nutrition-related problems facing your Head Start families?

a. They need additional financial assistance to buy food:

- ☐ Very common problem    ☐ Sometimes a problem    ☐ Not usually a problem

b. They can't get transportation to markets:

- ☐ Very common problem    ☐ Sometimes a problem    ☐ Not usually a problem

## 6. How common are the following issues facing your Head Start families?

## a. Alcohol/drinking:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## b. Quitting smoking:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## c. Eating problems/weight concerns (please describe): \_\_\_\_\_

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## d. Lack of food to prepare healthy meals:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## e. Drug use:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## f. Sexually transmitted infections:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## g. HIV/AIDS:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## h. Mental health/counseling:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## i. Gang violence:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## j. Violence in the home (domestic violence):

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## k. Sexual abuse and/or rape:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## l. Child abuse and/or child sexual abuse:

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## m. Physical disabilities (please describe): \_\_\_\_\_

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## n. Developmental Disabilities (please describe): \_\_\_\_\_

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## o. Lack of Dental Health Services

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## p. Language Barriers

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

## q. Adult Literacy

☐ Very common problem☐ Sometimes a problem☐ Not usually a problem

Additional comments:

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