

“Simply saying,  
I believe in you  
can make  
someone’s  
day.”



**GIVE. ADVOCATE. VOLUNTEER.**  
**LIVE UNITED™**   
United Way of Greater Rochester

# United Way of Greater Rochester Blueprint for Change: School Age Youth

## Setting the Stage

Our mission is to magnify and focus the power of community resources to prevent and address our most pressing social needs. Among the key strategic priorities integral to accomplishing our mission is to advance the common good by making a measurable impact in our community. This blueprint represents a new approach for planning how we will invest resources. While it does not fundamentally change our work, it likely will change how we go about that work.

In preparing for this new process, our Community Investment Cabinet worked with staff to develop the following resource investment philosophy.

*Our investment philosophy builds on the foundation of our mission, vision and values and is intended to guide our work in making resource investment decisions that will accomplish meaningful and lasting change in peoples' lives.*

- Our first responsibility is to serve our community.
- Our focus is clear—we identify priorities and implement effective and efficient strategies to achieve measurable results.
- We work for long-term success and seek to address the root causes of social problems.
- We hold ourselves accountable for the prudent investment of community resources.
- We are willing to take calculated risks and move with urgency to address our community's most pressing needs.
- We value transparency and accessibility through honest and full disclosure to donors, agencies and the general community.
- We build constructive relationships based on mutual respect, candor and understanding.
- We value the perspectives, opinions and experiences of the broadest-possible cross section of people to inform our decisions.
- We set high standards for all we do, assess our performance and learn from our mistakes.

It's also important to note that our blueprint helps guide our resource investment decisions. Just what does that mean? There are three major kinds of resources that United Way can invest in particular areas of focus:

- 1) Give                      United Way makes a financial commitment to a particular program in support of a strategy focused on a community need.
- 2) Advocate                United Way serves as a convener, advocate and champion for issues identified by our blueprint process. This may result in a public policy initiative or simply convening community leaders for dialogue.
- 3) Volunteer                United Way serves as a catalyst in identifying volunteer needs to advance a strategy. For example, if more adults are needed to read to elementary classrooms, we'll issue a "call to action" to the community.

Any combination of these resources may be invested with the intent of making long-term, sustainable change in our community.

We began our work by learning from the community what matters most to them. After conducting surveys engaging more than 1,200 people, and talking with more than 100 human-service professionals, we learned that people are most concerned about these eight issues:

- 1) violence and unsafe neighborhoods
- 2) family violence, child and elder abuse
- 3) poverty/low income
- 4) support for non-professional caregivers
- 5) adequate food, shelter and clothing
- 6) young children prepared for school
- 7) low graduation rates
- 8) safe, affordable housing

## **Starting at the Beginning**

With such a compelling list of needs, where do we begin? To understand how best to tackle the issues and to gain insight into the most effective preventive approaches, we turned to a variety of sources. The answer was quite simple and resoundingly endorsed: start at the beginning. We began by focusing on early childhood and published *The Blueprint for Change: Early Childhood* in November 2008; investments guided by the blueprint will begin in August 2009. Needing to build upon our work in early childhood and ensure a continuum of supportive services for youth, we felt it imperative to turn our focus next to school age youth.

Providing a continuum of services that support and build upon children's early learning is supported widely in the research. James Heckman, Nobel Prize winning economist and early childhood expert from the University of Chicago noted that "childhood is a multistage process where early investments feed into later investments." In their 2006 report, *Investing in Our Young People*, Heckman and Flavio Cunha used statistical and economic modeling to demonstrate that "systematic interventions throughout childhood and adolescence sustain early gains and build on them." They showed that "early investment has to be followed up by later investment in order for the early investment to be productive."

Heckman draws on neuroscience to demonstrate that factors including earnings, employment, college attendance, teenage pregnancy and participation in crime strongly depend on cognitive and non-cognitive abilities. In other words, they depend on the person's formal skills and personality traits. Influencing these personality traits has as much impact as formal education on these later-life outcomes. His work shows that the benefits of increased investments in young people come from improving both cognitive and non-cognitive skills. Although preschool can have an impact on improving cognitive skills, interventions later on can improve non-cognitive skills such as perseverance and self-control.

Significant impact is achieved through sustained investments. Heckman and Cunha's computer simulation showed the impact of a disadvantaged child receiving additional supports throughout childhood—including things like extra enrichment, tutoring and mentoring provided by community organizations. "More than 90 percent of those students would graduate from high school and 37 percent would attend college, while conviction and probation rates would fall to 2.6 percent."

Closer to home, Dr. John Klofas, professor of criminal justice at Rochester Institute of Technology observed:

*“In communities like ours, the burdens of poverty are carried by those with the fewest possible resources: the children. We must work to fully understand their lives. In doing so our commitment is clear. When you are 2 or 5 or 13, a lifetime of possibilities is captured in the clinical language of early intervention. Longer horizons have no meaning. We must be committed to understanding the successful efforts made here and elsewhere, to adoption and experimentation, and to always moving forward through examination, analysis and evaluation.”*

The research supports our commitment to sustained investment in youth and in those strategies that support development, focus on prevention and promote long-term sustainable change. This school age youth blueprint will impact resource decisions for 2010.

## **The Blueprint Process**

The blueprint process is simply an enhanced planning tool that allows us to be more:

### **Inclusive**

Hundreds of people were engaged in developing this blueprint. And as we shared the process, it changed along the way, thanks to invaluable input of everyone from donors to field experts. The names of those who helped bring our blueprint to life are listed in the acknowledgements at the end of this report.

### **Transparent**

The blueprint provides important documentation of our thinking, our approach and how we intend to accomplish our goals.

### **Proactive**

We have devoted resources to identify the most advanced approaches to community problem-solving so that our community invests its limited resources in strategies that will best address its problems.

We researched a continuum of program models, from emerging to evidence-based. Evidenced-based programs, as defined by The Children’s Agenda, are those “that have been evaluated using randomized control trials, have been replicated in other communities, and that have strong, positive, long-term outcomes.” Where available and affordable, evidence-based programs are preferred.

When evidence-based programs are not identified, we look to emerging or promising practices. These are practices that show promise and may achieve evidence-based status.

In short, we plan on investing in programs that have been proven to work wherever we can. Where we can’t, we’ll devote the resources needed to evaluate emerging practices.

### **Evaluative**

Historically, United Way has tracked program outcomes. The blueprint process truly raises the bar to look at broader impact. Are our strategies working? What progress are we making toward our long-term goal? The blueprint will help us answer such questions.

The blueprint also articulates a formal assessment and evaluation plan that will ensure transparency to our provider partners and others.

The Center on the Developing Child at Harvard University underscores the importance of evaluation:

*“No single program approach or mode of service delivery has been shown to be a magic bullet. The key is to select strategies that have documented effectiveness, assure that they are implemented well, and recognize the critical importance of a strong commitment to continuous program improvement.”*

### **Collaborative**

We can't address this work alone, nor can we do it by ourselves. We need strong funding, advocacy and volunteer partnerships. The blueprint process has already proved to be an invaluable tool in sharing our intentions and investments with those partners to help them make decisions and create increased synergy of community resources.

### **Culturally Competent**

Cultural competency and sensitivity was a recurring theme voiced by many of those we talked with throughout the blueprint process. We know that in order to make a positive impact, services must be designed to respect and honor the beliefs, attitudes and behaviors of the people being served as well as those providing the services. Ensuring that this happens will be a continuing focus for United Way as the process moves forward.

## **What We Believe about School Age Youth**

“What we believe ” and “what we know” represents a compilation of all that we know, assume and believe about school age youth.

- All youth with positive supports can reach their full potential.
- Youth development, early prevention and intervention are effective and efficient in providing a strong foundation for future learning, behavior and health.
- Youth need adult support to transition successfully into adulthood.
- To help youth develop fully and successfully, they need close relationships with positive adults, high expectations, engaging activities, skills development, opportunities to make a difference to others and continuity of support in every setting in which they live, study and work.
- All youth need opportunities for participation, voice and supports to develop the skills and competencies necessary to become fully participating citizens.
- Health, economic and demographic disparities have a negative impact on the “life cycle” of children, youth and families.
- Child abuse and neglect is strongly related to juvenile delinquency, adult criminality and violent criminal behavior.
- Stressful and traumatic experiences have a negative impact on childhood development and lead to an increased risk of low academic performance and violence.
- Exposure to violence has far-reaching developmental, behavioral, emotional and social consequences.

**We believe youth voice is important. We believe it is important to engage youth in partnering with adults to solve our community's problems. Youth believe and told us that:**

- We want to be recognized as a diverse group of individuals with strengths who want to contribute to our community in positive ways.
- We want consistent, stable and nurturing relationships with positive youth and adult role models (parents, family members, school staff and community members) who can provide support and guidance.
- We want safe places to play, to learn and to live.
- We want adults to expect greatness from all youth and support us in achieving this greatness.
- We don't want to put all the responsibility on adults; we need to take responsibility for our decisions and actions.
- We engage in risky behaviors because of a sense of hopelessness and apathy.
- We are too often portrayed with negative stereotypes and marginalized.
- We are often expected to take on adult roles—taking care of younger siblings and contributing to the household income—and are exposed to adult responsibilities. We are not prepared.
- We don't feel valued and heard. We want and need a voice as partners with the decision-makers in our community.

## **What We Know about School Age Youth**

- Children who receive consistent, nurturing caretaking are more likely to function well in school, develop positive peer relationships and behave appropriately in the absence of an adult.<sup>1</sup>
- Protective factors that lower the probability that an at-risk adolescent will engage in problem behaviors include:
  - good parent-child relations,
  - high quality schools,
  - personal and social skills,
  - positive peer modeling,
  - self-efficacy,
  - positive social support,
  - the social norms of the community,
  - effective social policies of the community.<sup>2</sup>
- Research suggests that the most important factor protecting children from experiencing negative effects of exposure to community violence is a strong relationship with a competent, caring, positive adult.<sup>3</sup>
- From 1999 to 2007, the percentage of Monroe County youth self-reporting engaging in many risky behaviors has decreased, including:
  - cigarette smoking<sup>4</sup>

- drinking alcohol<sup>5</sup>
- using marijuana and certain other illegal drugs<sup>6</sup>
- Risk factors that increase the probability that an adolescent will engage in problem behaviors such as violence and delinquency, substance abuse, becoming a teen parent, and dropping out of school include:
  - poverty
  - family history of the problem behavior
  - family conflict
  - family management problems
  - academic failure starting in late elementary school
  - lack of commitment to school
  - early and persistent antisocial behavior
  - friends who engage in the problem behavior
  - early initiation of the problem behavior<sup>7</sup>
- Since 1999, the percentage of Monroe County youth self-reporting engaging in several sexual risk behaviors have increased, including
  - engaging in sexual intercourse ever
  - engaging in sex before age 13
  - currently being sexually active
  - having four or more total sexual partners.<sup>8</sup>
- In 2007, the percentage of Monroe County youth reporting risk behaviors varied by gender, race and ethnicity.<sup>9</sup> For example:
  - Male students were more likely to report drinking and driving, binge drinking, carrying a weapon and physically fighting<sup>10</sup>
  - Female students were more likely to report feelings of hopelessness and considering suicide<sup>11</sup>
  - African American and Latino students were more likely to report physically fighting, carrying a weapon and certain sexual risk behaviors.<sup>12</sup>
  - Latino and white students were more likely than African American students to report suicidal thoughts, purposely injuring themselves by cutting or other methods, using alcohol, binge drinking and getting high through use of prescription drugs, over the counter drugs and inhalants.<sup>13</sup>
- Juvenile delinquency is a strong risk factor that a child is likely to go on to commit a violent or serious offense at ages 15-25. Other risk factors change with age. Up to age 12, family influences including living in poverty and having antisocial parents are strong indicators. Over age 12, peer influences including lack of social ties and antisocial peers are stronger indicators.<sup>14</sup>
- Rochester has the 11<sup>th</sup> highest child poverty rate of all large American cities.<sup>15</sup>
  - 70% of Rochester public school children were enrolled in the free lunch program.
  - In Monroe County suburban districts, 13% of the children received free lunches.
  - The five suburban districts with the largest free lunch enrollment rates were East Irondequoit (30%), East Rochester (26%), Wheatland-Chili (25%), Greece (20%) and Brockport (19%).<sup>16</sup>
- Child poverty rates in Monroe County vary significantly by race, ethnicity and place of residence.
  - 7% of Monroe County's white children aged 6 to 17 live in poverty, compared to 37% of its African American children and 40% of its Hispanic children.
  - 37% of Rochester's children aged 6 to 17 live in poverty, compared with 5% of suburban children.<sup>17</sup>
- Many health disparities are connected to income differences.

- 46% of Monroe County third-graders enrolled in the free or reduced lunch program have untreated tooth decay compared with 13% who were not.<sup>18</sup>
- Nationally, ADHD prevalence is significantly higher among families with incomes less than \$20,000.<sup>19</sup>
- Nationally, diagnosed asthma rates are higher for poor children.<sup>20</sup>
- Poverty status and English proficiency of a school's students are highly predictive of school performance on state tests. The higher the poverty rate and percentage of limited English-proficient students, the worse the school's performance tends to be on state tests.<sup>21</sup>
- During the 2006-2007 school year, 7.1% of Rochester public school children were of limited English proficiency, compared with 1.5% in suburban school districts.<sup>22</sup>
- Academic success, as defined by high school graduation, can be predicted with reasonable accuracy by knowing someone's reading skill at the end of grade three.<sup>23</sup>
- Children who experience early learning difficulties in school are at increased risk for behavioral, psychiatric and academic problems, including being retained a grade and dropping out of high school.<sup>24</sup>
- Academic achievement on New York state standardized tests tends to be lower in the Rochester City School District compared with suburban districts and widens as students progress up through elementary and middle school.<sup>25</sup>
- About one out of every ten Rochester City School District high school students dropped out of school in the 2006-2007 school year, compared with about one out of 100 of those in suburban public high schools.<sup>26</sup>
- Graduation rates vary significantly among Monroe County school districts.
  - 58% of the cohort of Rochester City School District students entering ninth grade in the 2002-2003 school year graduated in four years.
  - Suburban graduation rates ranged from 74% in the East Irondequoit Central School District to 99% in the Pittsford Central School District.<sup>27</sup>
- Graduation rates for students vary significantly based on race and ethnicity.
  - For New York state as a whole, white students entering ninth grade in 2002-2003 had the highest graduation rate (88%), African-American students (55%), and Latino students (53%).<sup>28</sup>
  - In the Rochester City School District, the graduation rate was for white students (73%), African-American students (56%), and Latino students (52%).<sup>29</sup>
- Graduation rates for students with disabilities also vary significantly among Monroe County school districts.
  - The graduation rate for disabled Rochester City School District students entering ninth grade in the 2002-2003 school year was the lowest at 30%.
  - Graduation rates for disabled students in suburban districts ranged from 52% in the West Irondequoit and Rush Henrietta Central School Districts to 95% in the Pittsford Central School District.
  - In all districts, the graduation rate for disabled students was lower than the overall graduation rate.<sup>30</sup>
- During 2005, 769 births in Monroe County as a whole were to teen or younger girls, with 75% of these births (573) to City of Rochester girls.
  - About one out of ten births in Monroe County was to a teen or younger girl.

- About one out of five births in Rochester was to a teen or younger girl.<sup>31</sup>
- Children of teen mothers have lower standardized test scores at kindergarten entry, exhibit more behavior problems, are less likely to graduate from high school, and are more likely to become teen parents themselves.<sup>32</sup>
- The sons of teen mothers are more likely serve time in prison by the time they reach their late thirties/early forties.<sup>33</sup>
- Exposure to domestic and/or community violence can have negative effects on children’s development, and has been linked to mental, behavioral and academic problems.<sup>34</sup>

## **Goal and Objectives for School Age Youth**

**Goal:** Every young person in our community is ready by 21 for college, work and life

This goal is not ours alone, but part of a national movement launched by the Forum for Youth Investment. The Forum issued a Ready by 21™ Challenge and United Way responded by joining in the work. The ultimate goal of the challenge is to engage partners across the county in ensuring that all young people have the supports and opportunities they need to be Ready by 21™—ready for college, work and life. We’ve adopted the Ready by 21™ goal and its framework for youth success.

The Challenge encourages leaders to develop a common language and thus, we’ve also adopted the Ready by 21™ language. The Challenge asks that we set “big picture goals.” Both our early childhood and our school age youth blueprints are steps in defining the big picture: the data and the measures needed to track progress toward stated goals. As we developed the blueprint we worked with “big tent partners,” a diverse set of stakeholders who worked with us as we defined the issues, goals, capacities, resources and constraints. Our blueprints contain “big impact strategies” that will result in more youth being ready by 21.

The Challenge asserts that youth need to have adequate supports—caring adults, safe and structured places, a healthy start, effective education, and opportunities to make a difference—and with these supports they can make progress across outcome areas of learning, working, thriving, connecting, leading and contributing. What we learned from the research and the Challenge was echoed in personal stories and feedback given by the 175 youth engaged in the development of this blueprint. Youth were asked three questions. (1) What do adults need to know about the lives of young people? (2) What in the community exists that should remain or expand to support your success? (3) What is missing in the community to support your success?

We repeatedly heard that youth wanted and needed caring adults, safe and structured places, effective education, supports to making healthy choices, and opportunities to make a difference. The youth spoke eloquently about their hunger for positive adult role models and stronger connection to positive adults who have high expectations for them. They want people who they can talk to, who’ll help them find real-life solutions to the challenges they face and who will listen to them. Youth need to be heard. They spoke of the importance of connecting to adults who can relate to them well and who have a strong positive regard for them.

Youth need people to believe in them. They are fearful for their futures, and while they want to graduate from high school and move on to fulfilling careers, they don’t always see such hopeful futures. The adults in their lives don’t always see hopeful futures for them either. They need reinforcement to keep their hopes alive and they want, as one young woman said, to be “challenged to greatness.”

They discussed the violence in their neighborhoods, and the pressure to use drugs and alcohol and to have sex at an early age. When asked what would help them make positive choices about these things, the answer was two-fold: having truthful and accurate information and being surrounded by peers and adults who modeled and supported healthy life choices. Youth told us that they didn't always feel safe—in school, in their neighborhoods, on their streets or in their homes. They expressed a need for safe places to spend their out-of-school time where there are stimulating activities, caring adults, and opportunities to learn new skills and explore career options. They also wanted a place to be able to relax and spend time with their friends. They want choices and to have a role in developing programming for them—a “nothing about us without us” approach.

While youth can and did identify needed services, supports and opportunities and are able and willing to participate in them, adults are responsible for putting into place the services, supports and opportunities necessary to allow for youth success. Youth want to be successful. They want and need adult support to be successful.

The connection between the research and the youth voice was clear and provided the framework for the articulation of strategies needed to help us help youth achieve their goals of being ready by 21.

In order for youth to meet the goal of being ready by 21, youth must have their basic needs met and they must be making progress toward being:

### **Thriving**

- Physically and emotionally healthy
- Demonstrating developmentally appropriate emotional, social and cognitive abilities
- Demonstrating pro-social behaviors
- Avoiding risk behaviors including substance use, delinquency and early sexual activity

### **Learning**

- Attending school regularly
- Developmentally appropriate literacy and numeracy
- Graduating from high school on time for their age and/or development
- Prepared with the skills needed to live, learn and earn in the community

### **Connecting and Contributing**

- Connected to, engaged with, and supported by peers, family, school and community
- Engaged in opportunities that make a difference by volunteering within the community
- Empowered to envision and take the steps necessary to realize a positive future that includes higher education, a career and community involvement

With that as our backdrop we established the following outcomes and indicators.

### **Improved pro-social behaviors**

- Improved pro-social norms against violence, drug use, and other antisocial behaviors
- Improved social-emotional competencies, i.e. resisting peer pressure, improved decision-making, conflict management
- Decreased high risk behaviors, to include:
  - Decreased use of tobacco, alcohol or marijuana
  - Decrease in riskier sexual behaviors
  - Decreased aggression, violence and delinquency, i.e. fighting, stealing, damaging property
  - Decrease in teen pregnancy

### **Improved school success**

- Improved performance on math, reading, and ELA standardized tests
- Improved GPA/grades in core academic subjects
- Improved school attendance
- Reduced high school drop out

### **More effective service delivery**

- Increased coordination among agencies serving youth and their families
- Increased youth and parent satisfaction with accessibility, cultural competence and responsiveness of the service system

## **Strategies for United Way’s Resource Investments**

United Way has developed four strategies to achieve our goal and objectives. For each of these strategies, our investments may take the form of financial support, advocacy on issues, volunteer mobilization, or a combination of all three. Additionally, for those strategy areas in which United Way will make a financial investment, we have identified from our research specific evidence-based programs and interventions that will address our goal and objectives. Detailed information on the research elements of those programs and interventions are available on United Way of Greater Rochester’s website under the “For Service Providers” section. We recognize that in the areas where we invest financially, we must consider funding some promising practices in order to achieve our goal and objectives. We also recognize that each strategy area will require some level of advocacy and mobilization of volunteers.

Also critical to our approach is diversity and inclusion. It is important that a diverse peer group of youth be served in a culturally competent and appropriate way. We have been intentional in planning for the inclusion of youth with disabilities into the selected strategies. Potential programs will all need to demonstrate their plans for engaging a diverse group of youth and providing appropriate serves for them. We appreciate that the path to inclusion is not clear. To help us all make progress toward more inclusive programming we expect to engage a learning circle on the topic of inclusion and to engage outside trainers and facilitators in the process.

Youth voice is also critical. We were intentional in engaging youth in the blueprint development process. We sought their input at several points in the process and selected strategies based on their self-declared wants and needs. We expect funded programs to include youth voice.

These moves to inclusion in the broad sense of the work will contribute positively to all of our strategies which include:

### **Strategy 1: After-school and Summer Enrichment**

The logic of after-school and summer program investments is clear. Our youth spend the majority of their waking hours out of school. As children age, the influence of peers over parents clearly impacts the use of this discretionary time. The Edna McConnell Clark Foundation justifies its investment in these programs as:

*“This is time that is often used unproductively even in better-off communities, but it becomes a breeding ground of highly destructive activity in communities troubled by violence, drugs, gangs, and early pregnancy, and where adult supervision is scarce because of work schedules, absent parents, or both. It is no coincidence that 90 percent of youth arrests occur in the immediate after-school hours between 3 and 7 p.m. Even the best-run school can be powerless, in a typical seven-hour day, to overcome the influence of social forces that dominate the nine or ten waking hours of non-school time.”*

For disadvantaged youth, the benefit of such programs can help level the playing field with their middle-class classmates. Dr. Beth Miller, in a report entitled *The Learning Season: The Untapped Power of Summer to Advance Student Achievement*, found that:

*“children in all socioeconomic groups are learning at nearly the same rate, at least when it come to basic skills, during the school year, and that differences in achievement between poor and middle-class children are rooted in the inequities that young people experience outside the schoolhouse door: namely, before they begin kindergarten, and once in school, during out-of-school time. These inequities are especially pronounced during the summer months, when middle class children continue to learn or hold steady in reading and language skills, while poor children lose knowledge and skills.”*

United Way will invest in structured after-school and summer programs for elementary and high school aged youth that meet a specific set of quality practices and a structure that ensures exposure to a wide variety of key program elements. This expectation has its roots in the Rochester After-School Plan. The plan was developed during summer 2008 by a task force jointly convened by Mayor Robert Duffy and Rochester City School District Superintendent Jean-Claude Brizard to develop a plan to provide after-school programming to all Rochester children in grades K-12. United Way of Greater Rochester staff, together with representatives of the Rochester City School District, the City of Rochester, the Rochester Area Community Foundation and the Greater Rochester Health Foundation continue to work on clarifying and refining the model in order to implement it as the structure for all after-school and summer programs we individually and jointly support.

The following set of quality practices and program structural elements are the minimum required of funded programs. Programs must:

- Offer services every day that school is in session and/or in the summer
- Be Office of Children and Family Services (OCFC) certified or eligible for certification
- Maintain optimal staff-to-youth ratios, i.e. 1:10
- Maintain fiscally efficient enrollment of 80–100 youth
- Have a full-time program coordinator
- Have consistent youth participation, defined as youth participating a minimum of three days per week
- Incorporate evidence-based and/or promising programs for the social, emotional and literacy components
- Provide monthly parent and family-focused activities
- Ensure youth “choice and voice” by engaging youth in program development, activity choices and soliciting feedback from youth on programming
- Provide a daily healthy snack or nutritious meal per Child and Adult Care Food Program (CACFP) guidelines
- Incorporate daily literacy and school-year homework help for at least an hour daily
- Offer a variety of youth-influenced activities crossing the dimensions of arts and culture, health and wellness, social emotional learning, career, leadership and service learning, and science, technology, engineering and math (STEM)

An after-school program matrix with an illustrative three-hour program schedule and sample offerings follows. Summer programming must incorporate all elements and, given the longer program time, might structure the elements flexibly.

45 minutes		Snack/meal and unstructured free time			
60 minutes		Literacy (i.e. Accelerated Reader) and Homework Help			
30 minutes		Physical Activity			
45 minutes	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
	<b>Arts &amp; Culture</b>  Examples: <ul style="list-style-type: none"> <li>• Arts and crafts</li> <li>• Music</li> <li>• Drama</li> <li>• Drawing</li> <li>• Creating Comics</li> <li>• Visual Arts</li> <li>• Movie making</li> <li>• Watching movies</li> <li>• Drumming</li> <li>• Gospel Choir</li> <li>• Beading</li> <li>• Stepping</li> </ul>	<b>Science, Technology, Engineering &amp; Math (STEM)</b>  Examples: <ul style="list-style-type: none"> <li>• FIRST robotics</li> <li>• Computer animation</li> <li>• Web design</li> <li>• Planning and planting a garden</li> <li>• Ecology and environment activities</li> <li>• LEGO based activities</li> <li>• Financial literacy</li> </ul>	<b>Social and Emotional Learning</b>  Examples: <ul style="list-style-type: none"> <li>• Life Skills</li> <li>• TOPS</li> <li>• Be Proud! Be Responsible!</li> <li>• Conflict resolution</li> </ul>	<b>Career Exploration, Leadership &amp; Service Learning</b>  Examples: <ul style="list-style-type: none"> <li>• Career presentations</li> <li>• Planning and carrying out community service activities</li> <li>• Leadership development</li> <li>• Youth internships and stipend positions</li> </ul>	<b>Health and Wellness</b>  Examples: <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Cooking &amp; Nutrition</li> <li>• Wii Fitness</li> <li>• Dancing</li> <li>• Step Teams</li> <li>• Tae Kwan Do</li> <li>• Team sports</li> <li>• Yoga</li> </ul>

We expect to make investments in the following evidence-based and promising programs as elements of after-school and summer programs:

**Be Proud! Be Responsible! (including ¡Cúdate! and Making Proud Choices!)** addresses knowledge, attitudes and beliefs about HIV and AIDS, risks of certain sexual behaviors, and how abstinence and condom use can lower sexual risks. **¡Cúdate! and Making Proud Choices!** contain additional information specific to prevention of pregnancy. The modules are led by a trained facilitator and involve group discussions, videos, games, and skill-building activities. Adolescents participating in the programs generally reported participating in sex less frequently and engaging in fewer sexually risky behaviors compared to similar students who did not receive the programs. A cost-benefit analysis conducted by the program developer of Be Proud! Be Responsible! and others estimates a savings of \$8.50 for every dollar spent in terms of averted unintended pregnancies and sexually transmitted diseases.

**Promising Practices** We are taking a calculated risk in proposing the implementation of Life Skills for middle school aged students and Teen Outreach Program, which are both classroom-based, evidence-based programs as elements of after-school and summer programs. Both programs are currently available for use and widely implemented in community-based settings, locally and nationally.

**Botvin’s Life Skills Training** (middle school/junior high version) is a classroom-based substance abuse prevention program designed to develop students’ skills to resist pressures to use alcohol, tobacco, and other drugs; learn the negative consequences of drug use; develop attitudes and norms against drug use; and develop social and self-management skills.

The Promising Practices network notes that the majority of studies have found that the program significantly lowers the risk that participants will become new or frequent smokers and users of alcohol. The majority of studies also suggest that the program is moderately effective in decreasing marijuana use, although the results are not as consistent as for cigarettes and alcohol. Outcomes averaged across more than a dozen studies include cutting tobacco, alcohol, and marijuana use by 50% to 75%. Long-term results observed six years following program completion show use of multiple drugs reduced up to 66%, pack-a-day smoking cut by 25%, and use of inhalants, narcotics, and hallucinogens reduced. According to the program developers, “The curriculum can be taught in school, community, faith-based, summer school and after-school settings.” Additionally, one experimental study of the middle school program utilizing peer educators showed reductions in smoking, drinking, and marijuana use compared with the control group students, suggesting that the positive outcomes are not dependent on the program being implemented in the classroom by school teachers.

The Washington State Institute for Public Policy’s (WSIPP) *Benefits and Costs of Prevention and Early Intervention Programs for Youth* estimates the costs per youth at \$29 and the benefits at \$746, a return of \$25.61 per dollar invested in 2003 dollars.

**Teen Outreach Program (TOP)** is a comprehensive youth development program designed to reduce teen pregnancy, academic failure, and suspension from school, and to help youth understand their future life options. The program includes three core components: group instruction, community service, and service learning. Programs offer participants at least one group discussion a week and 20 hours of community service per year.

A large multi-site randomized control trial evaluation of the program showed that students who participated in the program were significantly less likely to become pregnant, be suspended from school, or fail a course, compared with similar students not receiving the program.

WSIPP’s *Benefits and Costs of Prevention and Early Intervention Programs for Youth* estimates the costs per youth at \$620 and the benefits at \$801 per year, a return of \$1.29 per dollar invested in 2003 dollars.

## **Literacy**

After-school and summer-based programs are required to implement a literacy component utilizing a promising program strategy. Research suggests that literacy programming can be effective at improving children’s reading and writing skills. The Campbell Collaboration’s *The Effectiveness of Volunteer Tutoring Programs: A Systematic Review* analyzed experimental studies of a wide variety of tutoring programs and concluded, “Volunteer tutoring programs can positively influence language and reading outcomes for students.” The review included programs using different types of adults as tutors, including parents, college students, and community volunteers ranging from older high school students to senior citizens. Programs that were more highly structured, i.e. included specific lessons and materials, or specified how much time in a tutoring session should be spent on each activity, showed significantly better effects, on average, at increasing standardized reading test scores than less structured programs.

The What Works Clearinghouse has identified more than 20 programs in beginning reading and adolescent literacy with positive or potentially positive effects on general reading achievement, reading comprehension, alphabets, and/or fluency. At least one of these programs, Accelerated Reader, has been implemented locally in a youth organization and shown positive outcomes. Funded summer and after-school programs will be required to utilize Accelerated Reader or a similar program based on the ages, skills and other needs of the children served.

## Strategy 2: Mentoring

The Child Trends research brief, *Mentoring: A Promising Strategy for Youth Development*, concludes that mentoring programs can be effective tools for promoting many positive outcomes in at-risk youth. Child Trend's review of experimental studies of mentoring programs found that they can lead to academic, health and safety, and social emotional outcomes, such as better attendance in school; reduction in substance abuse, violence, and criminal behaviors; and stronger relationships with parents and peers.

Our local youth echoed the voices of their counterparts across the country when they told us that they need more caring adults in their lives. A 2006 America's Promise study reported that:

*"87% of kids say it is very important to have caring adults in their lives, yet 45% of kids expressed a need for more adults they could turn to when they need help. Older students are less likely than younger students to report they receive support from adults. High school students were also nearly twice as likely to say they don't have enough adults looking out for them."*

United Way will invest in highly structured, long-term (mentoring relationship lasting at least one year), one-to-one mentoring programs that involve frequent engagement between the mentor and mentee. We've identified the following evidence-based and promising programs:

**Community-Based Mentoring Program.** Developed by Big Brothers Big Sisters of America, this program is evidence-based and effective in reducing children's negative behaviors while improving their academic achievement, self-confidence and relationships with peers and parents.

The program matches adult volunteers with at-risk school aged youth. Youth are predominately from low-income, single parent households. They are matched with a screened and trained adult who received ongoing supervision and support from program staff. The mentor serves as a caring adult friend who engages in a range of developmentally appropriate activities with his match, such as recreational activities, attending events, or just talking and sharing thoughts. These meetings take place two to four times a month over the course of at least a year, with each meeting averaging four hours.

The purpose of the program is to promote pro-social behaviors and decrease at-risk behaviors among youth participants. Compared with a program waitlist control group, participants achieved statistically significant effects in several areas:

- 46% less likely to start using illegal drugs
- Hit someone 32% fewer times
- Skipped 37% fewer classes
- Skipped 52% fewer days of school
- Had a higher quality relationship with their parent/guardian
- Had a higher degree of trust of their parent/guardian
- Lied to their parent 37% fewer times

There is also a monetary return on investment for this program. The Washington State Institute for Public Policy estimates the cost per youth at \$1,236 and benefits at \$4,058 for a return on investment of \$3.28 per dollar invested in 2003 dollars.

**Bry Achievement Mentoring** is an evidence-based program effective in improving attendance, grades and graduation. The program matches a trained mentor with a middle school student identified by the school as having poor grades, attendance, behavior or other factors that put him at risk for school failure. Bry mentors meet weekly with students in one-to-one or group settings for a period of two years. Bi-weekly "booster" sessions are conducted during the third and final year of the program. The Bry mentors monitor the students'

school performance, work on students' goals, reinforce positive behavior, and discuss ways students can maintain or improve things like their behavior, punctuality, attendance, and school-preparedness. Frequent communication with teachers, parents and other key adults in the student's life is also required. An experimental study in a large, racially mixed school found that:

- The program is effective in achieving academic outcomes.
- Mentored students' average grades declined slightly between 6<sup>th</sup> and 8<sup>th</sup> grades while the control students' grades declined more sharply.
- Mentored students' school attendance improved while the control students' attendance declined.

Local evidence shows that:

- Attendance rates of Bry-mentored students declined less than comparison students (5% vs. 13%).
- Only 2% of the Bry-mentored students left school during the 2000-2001 school year compared with 16% of the comparison students.
- Bry-mentored students' average GPA increased to 1.6 while the comparison students' fell to 1.2.

**Hillside Work-Scholarship Connection** was designed to improve graduation rates, entry-level work skills, and post-secondary education rates of at-risk Rochester City School District students and is showing great promise.

The program matches a youth advocate with a high school student for one-to-one mentoring and support services. Hillside Work-Scholarship Connection mentors meet with their students regularly to monitor academic and work performance, help them identify career goals, develop positive study habits, and overcome obstacles to learning. All students are required to attend weekly enrichment sessions with topic areas focused around career exploration, college preparation, job readiness, and social and life skills. Advocates also work with the families, conducting home visits four times a year and maintaining weekly phone contact. Employment and college scholarships offered through a wide variety of local partners are used as an incentive to keep grades and attendance up. Additionally, Hillside Work-Scholarship Connection uses the evidence-based Teen Outreach Curriculum, which involves young people in structured, supervised volunteer service, group discussions of topics directly related to students' service work, and group discussions and activities related to a wide variety of topics related to youth development.

A quasi-experimental independent evaluation of the program conducted in 2004 found that:

- 61% of program participants graduated from high school, almost twice the 31% rate of demographically similar students who did not participate in the program.
- Students entering the program with less than a C average had a 50% graduation rate, more than triple the 15% graduation rate of similar students.
- More than 75% of participants who graduated from high school engaged in some form of post-secondary education, and about 80% were engaged in some type of employment.

The program is currently engaged in a more rigorous experimental evaluation to further evaluate its impact.

### **Strategy 3: Early interventions for youth showing signs of potential school failure and drop out, early pregnancy, or future delinquency.**

It is critical that we be alert to early warning signs, like high absenteeism, disruptive classroom behaviors or anti-social behaviors in early grades and put action plans into place to reduce these behaviors. Early intervention programs can reduce problem behaviors among children who are acting out. They can reduce risk behaviors for substance abuse and teen pregnancy. They can also influence academic performance.

Early intervention programs can successfully be implemented as part of a holistic after-school or summer program or as a stand alone program selectively targeting youth.

United Way will invest in early intervention programs. We have identified the following evidence-based program:

**Coping Power Program (CPP)** targets children in late elementary school (fourth and fifth grades) with aggression problems. The child component consists of 34 small group sessions, about an hour in length each, over a 15–18 month period over two school years, as well as monthly individual sessions. The sessions focus on anger management, problem-solving skills, peer relations, and other social skills. The parent component consists of 16 small-group sessions of about an hour and a half each over the same time period. These sessions focus on discipline strategies, family communication and management skills, and stress management.

Students participating in Coping Power are less likely to commit delinquent acts, less likely to use substances, and more likely to improve their classroom behavior compared with similar students who do not participate in the program.

In one large study of the program, compared with the control group, children receiving Coping Power had:

- Lower rates of self-reported substance use (alcohol, tobacco, marijuana)
- Decreases in certain aggressive behaviors as rated by parents
- Improvement in overall behavior as rated by teachers
- Increases in ability to regulate emotions, handle disagreements productively, and work and play with peers cooperatively as rated by teachers

#### **Strategy 4: Systems Improvement**

Improving the quality and accessibility of services for young children and their families is as critical as implementing effective programs. This is especially true in the current environment of increasingly complex needs and decreasing resources to address them. United Way is committed to planning, implementing and sustaining high-quality systems that connect and improve local services. We envision a three-pronged approach to achieve this.

**Learning Circles** involve staff from United Way-funded school age youth programs. They will meet regularly to increase coordination among their agencies and share information about emerging programs to reduce duplication of effort and to increase overall provider knowledge for the benefit of clients. During the investment cycle we will launch a learning circle focused on inclusion and one for after-school programs. We will be intentional about creating opportunities to expand learning circles to include youth, teachers and others working toward the goal of our youth being ready by 21.

**Knowledge Management** is a practice of harnessing intellectual capital through a practice of identifying, documenting and sharing information. During 2009, United Way launched an internal knowledge management system designed to systematically capture information gained from meetings with experts, presentations, literature reviews and provider reports. This will serve as the foundation for a larger knowledge management system in which funded agencies will participate. Participation includes the ability to add to the system's resources as well as retrieve information and post comments. This approach is intended to increase overall institutional memory and learning among the community of funded service providers. In the long term, we envision that the information harnessed through knowledge management will be made available to any interested party in our community.

**United Way's Synergy Fund** provides technical assistance to agencies interested in exploring a different relationship in order to increase their capacity to pursue their mission. United Way has entered into a

partnership with the New York Council of Non-Profits (NYCON), an Albany-based organization with extensive experience in organizational re-engineering, to provide technical assistance to local agencies interested in exploring this opportunity. The process begins with an assessment of goals of the respective agencies, missions review, and assessing organizational cultural compatibility. Also provided are facilitation and preliminary due diligence necessary for the boards of both agencies to decide whether to enter into a good-faith agreement to negotiate a different kind of relationship, as are the accounting and legal services required to bring about an envisioned re-engineering that will achieve affiliation, consolidation or merger.

## **Integrated Strategies for Our Work**

We recognize that we will not fully achieve the goal and outcomes set forth for school age youth through investments alone. United Way is committed to leveraging other resources as well – namely our role in advocacy and volunteerism. We expect an integration of our investment, advocacy and volunteer strategies to achieve declared goals of our Blueprints. This integration is new and will take a thoughtful organizational effort for us to be successful. As we move to implementation of the Blueprints clearly articulated plans will be developed.

### **Integrated Strategy 1: Advocacy**

United Way engages in advocacy because we know that real and sustained change in community conditions requires more than money. Our advocacy efforts include public policy work as well as identifying opportunities to convene stakeholders to address local systemic issues.

These efforts, at the local, state and national levels, are often conducted in partnership with United Ways across the state and the country, magnifying our influence to further the goals of our school aged youth strategies. We'll continue efforts to develop an advocacy agenda to include:

#### **Advocacy on behalf of access to quality childcare for low-income working families**

A priority of the 2006–2009 public policy agenda was to increase access to quality childcare for low-income working families. We also saw unprecedented cooperation between the county and childcare advocates as they worked together to advocate with the state for increased funding in childcare block grants to support a greater portion of the documented need. The childcare community also joined with the business community in making childcare funding a priority item on the Rochester Business Alliance's Community Coalition public policy agenda.

We've also seen dramatic shifts in funding and continue to have concerns about the volatility of funding for the future and how that will impact low-income working families. In October 2008, more than 950 children from families between 125% and 165% previously receiving childcare support lost their subsidies due to state funding cuts. By May 2009, state funding was increased and eligibility set back at 165%. The ability to retain covered children will depend largely on the ability to maintain needed state funds, and that is uncertain.

There are still many opportunities to define a community position on the importance of quality early childhood experiences for all children, and support for families up to 200% of the poverty level to access these services for their children.

#### **Advocacy on behalf of increased access to health insurance for children**

There are approximately 13,500 children living in Monroe County without health insurance. According to Families USA, "Without coverage, children are less likely to have a regular source of health care, receive the preventive care they need, and get their other health care needs met." United Way will support efforts to improve outreach and educate the public on subsidized health insurance and increased enrollment in Child Health Plus and Medicaid.

### **Advocacy to help youth be heard**

Throughout our work in gathering input from youth, it was clear that they want—and need—to be heard. We are committed to ensuring that as we move forward, we will actively engage youth in our work and to encourage other community organizations and leaders to help ensure that the voice of youth is heard.

### **Advocacy for continued funding of 2-1-1 centers to ensure increased access to information and referral**

For the people in our community needing help every day—from locating financial assistance during a family crisis, to finding adequate care for an aging parent, to searching for the highest-quality child care—2-1-1 is an easy-to-remember number to connect quickly with essential community resources. 2-1-1 also serves as a partner in disaster response and recovery, which is a key resource for people needing temporary shelter.

At the federal level, United Way of Greater Rochester, in partnership with United Way of America and United Ways across the country, continues to work to secure passage of the Calling for 2-1-1 Act. This act would authorize funding needed to fully implement 2-1-1 nationwide. The legislation has been introduced for several years now, but never successfully moved out of committee. Continued advocacy efforts at the federal level are required.

Our local 2-1-1 service is projecting a significant and unsustainable deficit this year. The future of this important resource is at risk and continued advocacy at the state level for state funding is necessary.

### **Integrated Strategy 2: Volunteerism**

The gift of time is perhaps one of the most powerful ways to “give.” As part of our blueprint process, we will continue to work with providers to identify key volunteer opportunities that will help them advance their work. As we identify opportunities, United Way is committed to actively working to spotlight them and recruit volunteers from the community. Some key volunteer opportunities identified by providers include:

- Mentors to work with at-risk youth in one-to-one mentoring relationships
- Individuals to work with youth in after-school and summer programs in a variety of ways, including supporting reading, career exploration, or artistic expression.

We are committed to continue to identify opportunities and communicate them to the community. We will track and evaluate our ability to mobilize volunteers in support of our work.

## **Assessing the Strategies**

We are committed to an outcomes evaluation that will assess the effectiveness of individual funded programs, overall strategies and the blueprint. Evaluations will be designed to identify challenges and clarify accomplishments. All evaluations will focus on program outcomes. They will also include measures of process and implementation to maximize understanding of relationships between service delivery and results.

We expect that several of the programs to be supported will be evidence-based programs that have already demonstrated effectiveness through rigorous evaluation. For these programs, we will rely on the data-collection tools already in use by, or available to, service providers as the primary means of obtaining data for evaluations. Each program, however, will have an individualized evaluation design and plans for data collection and analysis.

For programs that do not rely on evidence-based models, we will require the design of program-specific data-collection tools. Each of these programs will also have a specific evaluation design, data collection, and

analysis plan. We will work with all providers and evaluators to ensure that data-collection tools are valid and appropriate.

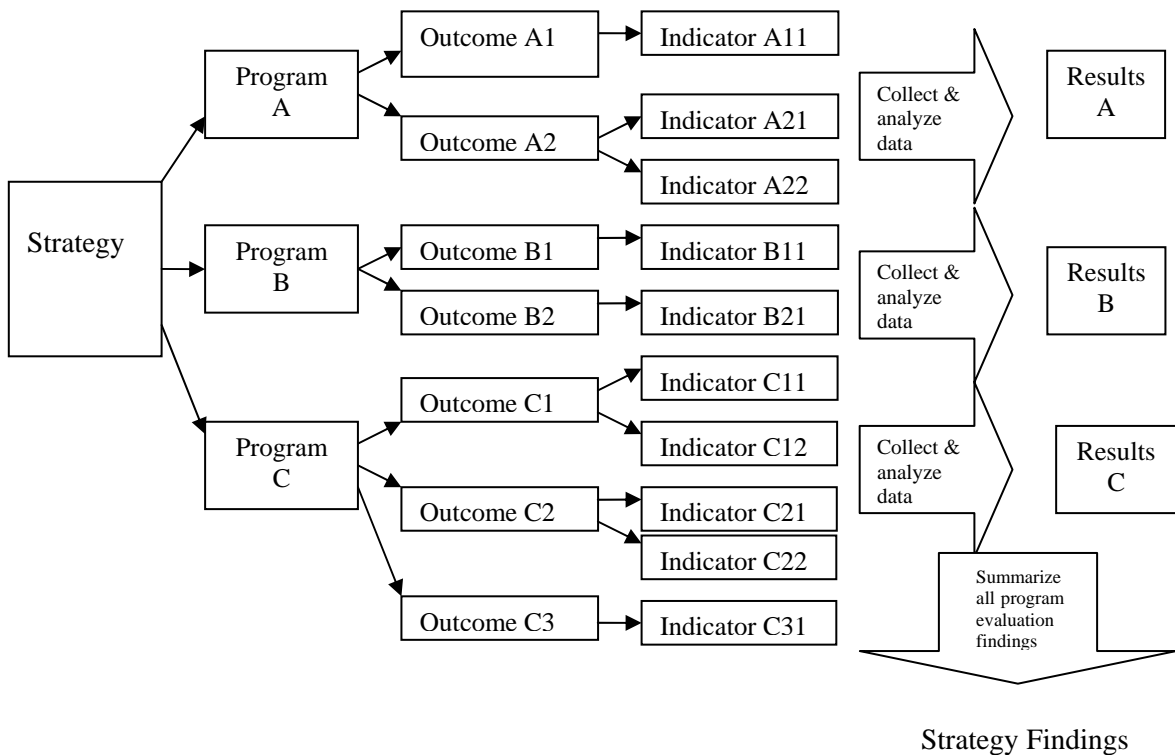
Results of all program evaluations will be reported on schedules developed for the individual evaluation design. Funded programs will be required to regularly submit specific outcome data (as specified in their evaluation design) and/or participate in evaluations commissioned by the United Way.

We have commissioned an outside evaluator to assist in this multi-dimensional evaluation process. In addition to program evaluations, there will be strategy evaluations informed by the results of multiple program evaluations. We will also seek to understand the outcomes of the overall blueprint. To accomplish this we intend to evaluate the results of all strategy evaluations.

In many program evaluations, we will require evaluators to collect specific feedback from key stakeholders. Additionally, we may commission strategy-level collections of feedback by surveying stakeholders about the effectiveness of the strategy. We also may require that other administrative data be collected and analyzed to further understand strategy outcomes.

We plan to share with the broader community key lessons from the results of our strategy and blueprint evaluations so that our results can influence and inform other efforts.

The following diagram illustrates strategy-level evaluation that looks to the programs funded at the outcome and indicator level, and seeks to find commonalities across the indicators where possible to aggregate results. The strategy evaluation will also select from funded programs and require the use of a common data collection and analysis tool called COMET. Use of this tool will enable sharing client-level data with an outside evaluator who will conduct an analysis and provide feedback on the impact of the overall strategy. It will also have multiple benefits to the program staff using the tool to collect and track participant attendance and performance.



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### **School Age Youth Advisory Council**

*Our School Age Youth Advisory Council works with staff to identify, prioritize, focus and support initiatives and programs. They provide insight that informs strategic investment of resources and advocacy as well as expertise that guides effective investment decisions.*

Thomas Crews, HEOP University of Rochester  
Christina Dandino, Rochester-Monroe County Youth Bureau  
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*The role of the Peer Review Panel was to offer feedback and counsel on the final draft of the blueprint.*

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### **Youth Review Panel**

Youth as Resources (YAR) is a community-based youth philanthropy and youth voice program whose youth members served as youth reviewers providing youth counsel on the final blueprint.

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## SCHOOL AGE YOUTH GLOSSARY

**Advisory Council:** A group of United Way volunteers who work within a focus area with United Way staff to identify, prioritize, focus and support initiatives and programs. They provide insight that informs strategic investment of resources and advocacy as well as expertise that guides effective investment decisions.

**Advocacy:** The act of increasing public awareness of a particular issue or set of issues, actively supporting a cause and deliberately influencing those who make policy decisions.

**After-school Programs:** School or community-based programs offered during out-of-school hours. These programs include those offered immediately after-school hours and traditionally in session for three hours and may also include those offered for longer periods in community-based settings. This term covers programs offered during breaks during the school year as well.

**Appropriate, Age:** Predictable sequences of growth and change that occur in children as they go through their early years of life

**Appropriate, Culturally:** Relates to sensitivity to the differences among ethnic, racial and/or linguistic groups, and awareness of how people's cultural background, beliefs, traditions, socio-economic status, history and other factors affect their needs and their response to services.

**Appropriate, Developmentally:** Covering both individually appropriate and age appropriate. Definition provided by the National Association of Educators of Young Children.

**Appropriate, Individually:** Related to the unique growth sequence of each child with his or her own pattern and timing, as well as individual personality, learning style, and family background experiences.

**Blueprint for Change:** A planning tool that will inform the United Way's investment strategies as well as its advocacy and volunteer efforts. The Blueprint for Change is based on the Theory of Change. (See Theory of Change.)

**Child Maltreatment:** Per public law 93-247, the physical and mental injury, sexual abuse or neglected treatment of a child under age 18 by a person who is responsible for the child's welfare under circumstances that indicate the child's health and welfare is harmed and threatened.

**Cultural Competence:** The knowledge and sensitivity necessary to tailor interventions and services to reflect the norms and culture of a target population and avoid styles of behavior and communication that are inappropriate, marginalizing or offensive to that population. Because of the changing nature of people and cultures, cultural competency is seen as a continual and evolving process of adaptation and refinement.

**Delinquency:** Juvenile delinquency is the legal term for behavior of children and adolescents that in adults would be judged criminal under law. Theft is the most common offense by children; more serious property crimes and rape are most frequently committed in later youth. Clinical studies have uncovered emotional maladjustments, usually arising from disorganized family situations, in many delinquents.

**Evidence-Based Practices and Programs:** Approaches supported by scientific evidence showing that a practice is effective in increasing positive outcomes, such as increasing school readiness, and/or reducing negative ones like child abuse. Although there is no universal standard to define the quality or quantity of research necessary to conclude a practice is "evidence-based," experts use the following factors to determine the weight of evidence supporting the effectiveness of a program or practice.

- 1) The type of study used to evaluate the program. Well-executed randomized control trials are generally considered to be the strongest evidence. This design involves randomly assigning participants to receive intervention. Differences between those getting intervention and those serving as the control group are due to the intervention. The next level involves quasi-experimental designs. Here, results for the intervention group are weighed against those of a group that matched as closely as possible on relevant demographic and other characteristics, but did not receive treatment. However, one cannot rule out that differences in outcomes between the two groups are due to unmatched-for characteristics, rather than the intervention itself.
- 2) The sample size of the study. Larger sizes are generally better, as they are more likely to detect significant effects.
- 3) The degree of participant attrition during the study. High attrition may indicate problems with program implementation and can compromise the integrity of the original randomization or matching process, and thus erode confidence in the results.
- 4) The quality and integrity of the measurement tools and procedures used to measure outcomes.
- 5) The strength of the outcomes observed.
- 6) Whether the positive effects of the intervention are sustained after it has ended compared to the control/comparison group.
- 7) Whether the study has been independently examined by a peer review panel and accepted for publication.
- 8) Replication of positive results across more than one site and/or more than one study.

In selecting evidence-based programs to include in the Blueprint for Change, United Way strove to find those with the highest-quality evidence of effectiveness in achieving the outcomes outlined in the blueprint, particularly in lower-income, minority, and urban populations.

**Fidelity:** Fidelity of implementation occurs when implementers of a research-based program or intervention, such as teachers, clinicians or counselors, closely follow or adhere to the protocols and techniques that are defined as part of the intervention. For example, fidelity in a school-based prevention curriculum could mean using the program with the proper grade levels and age groups, and following the developer's recommendations for the number of sessions per week. It could also mean correctly sequencing multiple program components, and conducting assessments and evaluations using the recommended or provided tools.

**FIRST:** An acronym that means For Inspiration and Recognition of Science and Technology.

**Goals:** Broad outcomes expected for the community and its children, which, unlike objectives, are not directly measurable.

**Healthy Snack or Nutritious Meal:** A snack or meal that aligns with the Child and Adult Care Food Program (CACFP) guidelines for a healthy child meal pattern.

**Higher Education:** Study beyond the level of high school. This includes not only colleges and universities but also professional schools in such fields as law, theology, medicine, business, music, and art. They also include teacher-training schools, community colleges, and institutes of technology. At the end of a prescribed course of study, a degree, diploma, or certificate is awarded.

**Indicators:** Quantifiable measures of program performance that signify progress (or lack of it) toward a result.

**Intervention:** Anything meant to change the course of events for someone—such as a treatment, medicine, surgery, information or education program, or counseling.

**Knowledge Management:** Strategies and processes designed to identify, capture, structure, value, leverage and share an organization’s intellectual assets to enhance its performance and competitiveness. It is based on two critical activities: capture and documentation of individual explicit and tacit knowledge; and disseminating that knowledge within the organization.

**Learning Circles:** Small gatherings of people who come together to share their ideals, goals, practices and experiences.

**Literacy:** The ability to identify, understand, interpret, create, communicate, compute and use printed and written materials. Definition provided by the United Nations Educational, Scientific and Cultural Organization.

**Literacy Skills Domains:** Literacy for children from birth to age five refers to the skills and abilities that are the forerunners of conventional reading and writing.

**Mentor:** An individual who helps and guides another individual’s development. Mentors are professionally supported and supervised and follow the protocols detailed in the evidence-based program or promising practice they are representing.

**Numeracy:** Skill with numbers and mathematics.

**Objectives:** Specific, measurable aims for a strategy that has matching outcomes by which to measure them.

**OCFS:** New York State Office of Children and Family Services.

**Outcomes:** A change in behavior, physiology, attitudes, or knowledge that can be quantified using standardized scales or assessment tools.

**Parenting:** United Way uses the word “parenting” in reference to biological parents, grandparents and family members as well as non-biological caretakers of children.

**Positive Youth Development:** The ongoing growth process in which all youth are engaged in attempting to (1) meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and (2) to build skills and competencies that allow them to function and contribute in their daily lives. Definition provided by Forum for Youth Investment.

**Promising Practices:** Practices that have some evidence supporting effectiveness, but which have yet to be evaluated at the same level of rigor as evidence-based practices. This includes practices that are considered evidence-based in one setting, i.e. school classrooms, that are implemented in another setting, i.e. after-school programs, but have not been evaluated through an experimental or strong quasi-experimental study in that setting.

**Pro-social Behaviors:** Voluntary actions (such as sharing and helping) that are intended to help or benefit another individual or group of individuals.

**Protective Factors:** Circumstances that promote healthy youth behaviors and decrease the chance that youth will engage in risky behaviors. Researchers believe protective factors operate in three ways. First, they may serve to buffer risk factors, providing a cushion against negative effects. Second, they may interrupt the process through which risk factors operate. Third, protective factors may prevent the initial occurrence of a risk factor, such as child abuse.

**Public Policy:** Any foundation or public-charity activity intended to affect governmental actions. Activities may include building coalitions, community organizing, convening stakeholders, funding demonstration projects, issue advocacy, leadership development, litigation, media and communications, policy research and analysis, public education and voter registration.

**Risk Factors:** Circumstances that may increase youths' likelihood of engaging in risky behaviors. The greater number of risk factors, the greater likelihood that youth will engage in delinquent or other risky behavior.

**Strategy:** An approach chosen to bring about a desired future, such as achieving a goal or solving a problem. Also, the art and science of planning and marshalling resources for their most efficient and effective use.

**Service Learning:** A hands-on approach to education taking place in a wide variety of settings that combines service objectives and learning objectives, along with the intent to show measurable change in both the recipient and the provider of the service.

**Social Emotional Learning:** Acquisition of skills to recognize and manage emotions, develop care and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively. Definition provided by Collaborative for Academic, Social and Emotional Learning.

**Target Population:** The specific group of people or the beneficiaries of a grant project. The individuals in the target population share common characteristics.

**Theory of Change:** By mapping a process from beginning to end, a theory of change establishes a blueprint for the work ahead and anticipates its likely effects. In addition to revealing what should be evaluated, a theory of change also reveals when and how the evaluation should be conducted.

**What We Know and Believe:** "What we know" represents what the data tells us about our community and its children. "What we know and believe" represents a compilation of all that we know, assume, and believe about school age youth.

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<sup>1</sup> Harden, Brenda Jones. "Safety and Stability for Foster Children: A Developmental Perspective". *The Future of Children*, 14 (1), Winter 2004, pp. 31–47. [http://www.futureofchildren.org/usr\\_doc/3-harden.pdf](http://www.futureofchildren.org/usr_doc/3-harden.pdf).

<sup>2</sup> Howell, James C. *Preventing & Reducing Juvenile Delinquency: A Comprehensive Framework*, Chapter 6, 2003, Sage Publications. [http://books.google.com/books?id=kICmv\\_FbUjcC&pg=PA103&lpg=PA103&dq=Risk+and+Protective+Factors+for+serious+and+violent+delinquency&source=bl&ots=8y2Gvz6dj3&sig=E1MtUZXFYYGGxUj9TrfMi7-Zfzo&hl=en&sa=X&oi=book\\_result&resnum=2&ct=result](http://books.google.com/books?id=kICmv_FbUjcC&pg=PA103&lpg=PA103&dq=Risk+and+Protective+Factors+for+serious+and+violent+delinquency&source=bl&ots=8y2Gvz6dj3&sig=E1MtUZXFYYGGxUj9TrfMi7-Zfzo&hl=en&sa=X&oi=book_result&resnum=2&ct=result) .

<sup>3</sup> Ofsofsky, Joy. D. "The Impact of Violence on Children". *The Future of Children*, 9 (3), Winter 1999, pp. 33–49. [http://www.futureofchildren.org/usr\\_doc/vol9no3Art3.pdf](http://www.futureofchildren.org/usr_doc/vol9no3Art3.pdf)

<sup>4</sup> Including ever trying smoking, even one or two puffs, having smoked cigarettes on at least one day during the previous week, and having smoked a whole cigarette before age 13. In 2007, the percentage of youth reporting trying cigarettes was 38%, the percentage reporting having smoked during the previous week was 14%, and the percentage reporting smoking before 13 was 10%.

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<sup>5</sup> Including ever having an alcoholic drink, having a drink before the age of 13, having at least one drink within the past month, and binge drinking in the past month (consuming five or more drinks in a row within a couple of hours). Drinking a few sips of wine for religious purposes is specifically excluded. In 2007, the percentage of youth reporting ever having a drink was 68%, the percentage reporting having a drink before 13 was 19%, the percentage reporting having a drink in the past month was 41%, and the percentage reporting binge drinking in the past month was 25%.

<sup>6</sup> Including ever using marijuana, using marijuana within the past month, ever using inhalants, ever using methamphetamines, and ever injecting illegal drugs. In 2007, the percentage of youth reporting ever using marijuana was 33%, the percentage reporting having used marijuana in the past month was 20%, the percentage ever using inhalants, i.e. sniffing glue, spray cans, or paint to get high, was 9%, the percentage reporting ever using methamphetamines was 5%, and the percentage reporting ever injecting illegal drugs was 3%.

<sup>7</sup> Howell, James C. *Preventing & Reducing Juvenile Delinquency: A Comprehensive Framework*, Chapter 6, 2003, Sage Publications.  
[http://books.google.com/books?id=kICmv\\_FbUjcC&pg=PA103&lpg=PA103&dq=Risk+and+Protective+Factors+for+serious+and+violent+delinquency&source=bl&ots=8y2Gvz6dj3&sig=E1MtUZXFYGGxUj9TrfMi7-Zfzo&hl=en&sa=X&oi=book\\_result&resnum=2&ct=result](http://books.google.com/books?id=kICmv_FbUjcC&pg=PA103&lpg=PA103&dq=Risk+and+Protective+Factors+for+serious+and+violent+delinquency&source=bl&ots=8y2Gvz6dj3&sig=E1MtUZXFYGGxUj9TrfMi7-Zfzo&hl=en&sa=X&oi=book_result&resnum=2&ct=result).

<sup>8</sup> In 2007, the percentage of students reporting ever having sexual intercourse was 44%, the percentage reporting having sexual intercourse before age 13 was 8%, the percent reporting being currently sexually active (defined as having had sexual intercourse within the past three months) was 30%, and the percentage reporting having had sexual intercourse with four or more partners in their lifetime was 13%.

<sup>9</sup> Monroe County Health Department. "2007 Monroe County Youth Risk Behavior Survey Report".  
<http://www.monroecounty.gov/File/Health/2007%20YRBS%20REPORT.pdf>. For purposes of the survey, students who identified themselves as Latino or Latino were counted only in this category, whether or not they selected a race. Students who selected more than one race category were not included in the count of white or African American students.

<sup>10</sup> Male youth were more significantly likely to report having driven a car after drinking alcohol in the previous month (12% of males compared with 7% of females), having engaged in binge drinking during the previous month (28% versus 23%), having carried a weapon in the previous month (22% versus 8%), having carried a weapon on school property in the previous month (8% versus 4%), having had a physical fight in the previous year (38% versus 24%), and having had a physical fight on school property in the previous year (16% versus 10%).

<sup>11</sup> Female youth were significantly more likely than male youth to report having felt so sad or hopeless for two or more weeks in a row over the past year that they stopped doing their usual activities (25% of females versus 17% of males) and having seriously considered suicide in the past year (13% versus 10%).

<sup>12</sup> African American and Latino students were more likely than white students to report having carried a weapon in the past month (21%, 24%, and 11%, respectively), having a physical fight in the past year (43%, 37%, and 24%), having had a physical fight on school property in the past year (19%, 22%, and 9%), ever having engaged in sexual intercourse (63%, 49%, and 38%), having engaged in sexual intercourse within the last three months (47%, 34%, and 26%), having engaged in sexual intercourse before the age of 13 (18%, 10%, and 4%), and having engaged in sexual intercourse with four or more partners over their lifetime (23%, 17%, and 9%).

<sup>13</sup> Latino and white students were more likely than African American students to have seriously considered suicide in the past year (16%, 12%, and 7%, respectively), ever engaged in self-harming behaviors like cutting, burning, or bruising themselves (24%, 22%, and 15%), had an alcoholic drink during the past month (46%, 43%, and 33%), engaged in binge drinking during the past month (26%, 28%, and 13%), ever used a prescription drug prescribed to someone else to get high (10%, 9%, and 4%), ever used over-the-counter drugs to get high (12%, 8%, and 4%), and ever used inhalants, i.e. sniffing paint, glue, or spray cans, to get high (13%, 9%, and 6%).

<sup>14</sup> Howell, James C. *Preventing & Reducing Juvenile Delinquency: A Comprehensive Framework*, Chapter 6, 2003, Sage Publications.

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[http://books.google.com/books?id=kICmv\\_FbUjcC&pg=PA103&lpg=PA103&dq=Risk+and+Protective+Factors+for+serious+and+violent+delinquency&source=bl&ots=8y2Gvz6dj3&sig=E1MtUZXFYYGGxUj9TrfMi7-Zfzo&hl=en&sa=X&oi=book\\_result&resnum=2&ct=result](http://books.google.com/books?id=kICmv_FbUjcC&pg=PA103&lpg=PA103&dq=Risk+and+Protective+Factors+for+serious+and+violent+delinquency&source=bl&ots=8y2Gvz6dj3&sig=E1MtUZXFYYGGxUj9TrfMi7-Zfzo&hl=en&sa=X&oi=book_result&resnum=2&ct=result).

<sup>15</sup> Children’s Defense Fund. “2000 Census: Child Poverty Data for All Major Cities”. <http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/census/census-2000-child-poverty-data-cities.txt>. Children’s Defense Fund used 2000 census data to calculate and rank poverty rates for persons under 18 for the 245 American cities with populations of 100,000 or more.

<sup>16</sup> Calculated from 2007 New York State Report Card database obtained from <https://www.nystart.gov/publicweb/DatabaseDownload.do?year=2007>. Rochester statistics include charter school data. Monroe suburban statistics include data for all other districts coded as Monroe County. The percentage of students receiving free lunches in the individual suburban districts ranged from 2% to 30%.

<sup>17</sup> Calculated from 2000 census data obtained from <http://factfinder.census.gov/>. All poverty rates calculated from the relevant population of children aged 6 to 11 for whom poverty status is known. White poverty rates were calculated from those who identified as white only and black poverty rates from those identifying as black only, i.e. persons identifying themselves as multiracial were not included. The census treats Hispanic ethnicity as distinct from race so that persons who identify as Hispanic may also be represented in the white and black racial categories. Suburban rates were calculated by subtracting Rochester data from Monroe County as a whole data. Poverty data excludes unrelated individuals under 15 (such as foster children) and those in college dormitories and certain other situations; see <http://www.census.gov/hhes/www/poverty/povdef.html>.

<sup>18</sup> New York State Department of Health. “Oral Health Indicators-Monroe County”. [http://www.health.state.ny.us/statistics/chac/chai/docs/ora\\_monroe.htm](http://www.health.state.ny.us/statistics/chac/chai/docs/ora_monroe.htm) and “County Health Assessment Indicator Technical Notes About Oral Health Data” [http://www.health.state.ny.us/statistics/chac/chai/about/about\\_oralhealth.html](http://www.health.state.ny.us/statistics/chac/chai/about/about_oralhealth.html). Information related to untreated tooth decay prevalence from a statewide study conducted in 2002-2004.

<sup>19</sup> Currie, Janet. “Health Disparities and Gaps in School Readiness”. *The Future of Children*, 15 (1), Spring 2005, pp. 117–138. [http://www.futureofchildren.org/usr\\_doc/pg\\_117\\_currie.pdf](http://www.futureofchildren.org/usr_doc/pg_117_currie.pdf). Information relating to ADHD prevalence included in this article from the National Health Interview Survey.

<sup>20</sup> Currie, Janet. “Health Disparities and Gaps in School Readiness”. *The Future of Children*, 15 (1), Spring 2005, pp. 117–138. [http://www.futureofchildren.org/usr\\_doc/pg\\_117\\_currie.pdf](http://www.futureofchildren.org/usr_doc/pg_117_currie.pdf). Information relating to asthma prevalence included in this article from the National Health Interview Survey.

<sup>21</sup> New York State Department of Education. “What is a Similar School?” <http://www.emsc.nysed.gov/reprcd2005/information/similar-schools/guide.shtml>.

<sup>22</sup> Calculated from 2007 New York State Report Card database obtained from <https://www.nystart.gov/publicweb/DatabaseDownload.do?year=2007>. Rochester statistics include charter school data. Monroe suburban statistics include data for all other districts coded as Monroe County. The percentage of students of limited English proficiency in the individual suburban districts ranged from 0.3% to 3.5%.

<sup>23</sup> National Research Council. *Preventing Reading Difficulties in Young Children*. Edited by Catherine E. Snow, Susan Burns and Peg Griffin, Committee on the Prevention of Reading Difficulties in Young Children. Washington, DC: National Academy Press, 1998, p. 21. [http://books.nap.edu/openbook.php?chapselect=yo&page=21&record\\_id=6023&Jump+to+Specified+Page.x=5&Jump+to+Specified+Page.y=7](http://books.nap.edu/openbook.php?chapselect=yo&page=21&record_id=6023&Jump+to+Specified+Page.x=5&Jump+to+Specified+Page.y=7).

<sup>24</sup> Eccles, J. S. “The Development of Children Ages 6 to 14”. *The Future of Children*, 9 (2), Fall 1999, pp. 30-44. [http://www.futureofchildren.org/usr\\_doc/vol9no2Art3done.pdf](http://www.futureofchildren.org/usr_doc/vol9no2Art3done.pdf).

<sup>25</sup> For example,

- 44% of Rochester third-graders met state standards on the New York State 2007 Grade 3 English Language Arts test, compared with 79% of Monroe County suburban third graders.
- 28% of Rochester eighth-graders met state standards on the New York State 2007 Grade 8 English Language Arts test, compared with 72% of Monroe County suburban eighth graders.
- 53% of Rochester fourth-graders met state standards on the 2007 New York State Grade 4 Mathematics test, compared with 88% of Monroe County suburban fourth graders.
- 18% of Rochester eighth-graders met state standards on the 2007 New York State Grade 8 Mathematics test, compared with 73% of Monroe County suburban eighth graders.

“Meeting State Standards” indicates scoring at level 3 or 4 on the test. Statistics were calculated from 2007 New York State Report Card database obtained from <https://www.nystart.gov/publicweb/DatabaseDownload.do?year=2007>. Rochester statistics for third- and fourth-graders include charter school data. Eighth-grade statistics for Rochester are for the Rochester City School District, as there is no eighth-grade charter school data. Monroe suburb statistics include data for all other districts coded as Monroe County. The percentage of students meeting the state standards for the individual suburban districts for the Grade 3 English Language Arts test ranged from 53% to 93%, for the Grade 8 English Language Arts test, from 55% to 88%, for the Grade 4 Mathematics test, from 78% to 97%, and for Grade 8 Mathematics, from 56% to 90%.

<sup>26</sup> Obtained from 2007 New York State Report Card database at <https://www.nystart.gov/publicweb/DatabaseDownload.do?year=2007>. The RCSD high school dropout rate was 9% for 2006-2007; individual suburban district rates ranges from 0% to 2%. A dropout is a student who left school prior to graduation for any reason except death, leaving the United States, or entering another school or a GED program. The annual dropout rate is calculated by dividing the number of dropouts during the school year by the total enrollment in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades plus any ungraded students 14 or older. See <http://www.emsc.nysed.gov/irts/step/2006/STEPManual-2006.doc>

<sup>27</sup> Obtained from 2007 New York State Report Card database at <https://www.nystart.gov/publicweb/DatabaseDownload.do?year=2007>. New York State Department of Education calculates a cohort graduation rate. For 2006-2007, the district cohort includes students enrolled in the district in a regular high school, alternative high school, or approved GED program on October 6, 2005 who: 1) first entered 9<sup>th</sup> grade anywhere in the 2002-2003 school year, or 2) if an ungraded student with a disability, reached his or her 17<sup>th</sup> birthday during the 2002-2003 school year. The cohort also includes students who were placed by the Committee of Special Education or district officials in programs outside of the district in educational programs as of October 6, 2005. Students who meet the previous requirements but who subsequently transfer to an out-of-district school, leave the United States, die, are placed in a criminal justice facility, receive a GED by June 30, 2006 or are enrolled in a GED program on that date, are excluded. Students included in the cohort are counted as graduates if they earned a local or Regent’s diploma by August 31, 2006. See the Commissioner’s regulations at <http://www.emsc.nysed.gov/part100/pages/1002.html#sape> and NYS Education Department’s “School and District Accountability Rules” presentation starting at [http://www.emsc.nysed.gov/irts/accountability/2006-07/accountability-rules-Feb2007\\_files/frame.htm#slide0294.htm](http://www.emsc.nysed.gov/irts/accountability/2006-07/accountability-rules-Feb2007_files/frame.htm#slide0294.htm) for more information.

<sup>28</sup> New York State Department of Education. “The New York State Report Card: Accountability and Overview Report 2006-07”. <https://www.nystart.gov/publicweb-external/2007statewideAOR.pdf>.

<sup>29</sup> New York State Department of Education. “The New York State District Report Card: Accountability and Overview Report 2006-07. Rochester City School District.” <https://www.nystart.gov/publicweb-rc/2007/2b/AOR-2007-261600010000.pdf>. Note: the graduation rate for the three American Indians/Alaskan natives in the cohort is not reported. NYSED does not publish graduation rates for groups of fewer than 30 students.

<sup>30</sup> Obtained from 2007 New York State Report Card database at <https://www.nystart.gov/publicweb/DatabaseDownload.do?year=2007>. Graduation rates with disabled students in Brighton, East Rochester, and Wheatland-Chili were not published and thus not included due to NYS Education Department policy prohibiting the publication of graduation rates for groups of fewer than 30 students.

<sup>31</sup> Data for Rochester obtained through Metro Council for Teen Potential (original source: Monroe County Health Department and New York State Department of Health); data for Monroe County as whole calculated from New York

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State Department of Health Vital Statistics data available at  
[http://www.health.state.ny.us/nysdoh/vital\\_statistics/2005/table07.htm](http://www.health.state.ny.us/nysdoh/vital_statistics/2005/table07.htm).

<sup>32</sup> Hoffman, Saul D. & Maynard, Rebecca A., ed. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Chapter 1, 2<sup>nd</sup> Edition, 2008. Urban Institute.  
<http://www.urban.org/books/kidshavingkids/chapterone.cfm>.

<sup>33</sup> Ibid.

<sup>34</sup> Osofsky, Joy. D. "The Impact of Violence on Children". *The Future of Children*, 9 (3), Winter 1999, pp. 33–49.  
[http://www.futureofchildren.org/usr\\_doc/vol9no3Art3.pdf](http://www.futureofchildren.org/usr_doc/vol9no3Art3.pdf).