2015/2016 Evaluation Report

for

Kansas Power of the Positive
July 2016

Evaluation Conducted by the Center for Applied Research and Evaluation

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Overview of the Evaluation of 2015/2016 Kansas Power of the Positive Initiative

The evaluation for the Kansas Power of the Positive (K-POP) initiative was conducted by Wichita State University's Center for Applied Research and Evaluation (CARE) at the Community Engagement Institute. The following methods were used to document activities and outcomes related to changing systems for the purpose of reducing adverse childhood experiences (ACES) across Kansas and specifically in Wyandotte County.

- Outcome Mapping – Outcome mapping is an innovative approach to evaluating collaborative activities that are focused on community or systemic change rather than behavior change at an individual level. Outcome mapping recognizes the difficulty of identifying specific target outcomes when dealing with systems and communities because of the multitude of factors that influence change at this level. Therefore, an initiative such as K-POP cannot typically measure a direct effect on outcomes such as individual behavior change because it's activities are so far removed. For this reason, outcome mapping focuses on documenting behavior change within organizations or systems, which are intended to create effects at the family and individual level. Outcome mapping was identified as an appropriate measure for such a collaborative in which actions by the partners, which can be easily measured, may contribute to far-reaching policy changes and actions at a higher level, which may be more difficult to track and attribute to the group. Through outcome mapping, the Center for Applied Research and Evaluation collected information from K-POP member organizations and, most specifically, the two K-POP work groups that provided evidence of actions that ultimately lead to community change. In this evaluation, outcome mapping is thus a tool for organizing action and collecting evidence of these actions, which are then tied to the data reported in the KU Community Checkbox (see description below).
- KU Community Checkbox - The KU Community Checkbox provides a method for tracking activities and is also a tool for validation of the achievement of outcomes. Efforts and movement toward targeted outcomes as identified by the K-POP Steering Committee and workgroups are documented in the KU Community Checkbox through regular entries submitted by the Community Engagement Institute. The entries must fall within highly specific categories that represent critical elements in creating community change through collaboration. These categories along with their definition and what they are used to measure are included in the table below. An added value of the KU Community Checkbox is that researchers from the KU Work Group for Community Health and Development validate entries by reviewing each one to ensure that K-POP is truly achieving targeted outcomes as defined by the categories in the table below. Thus, researchers for the Center for Applied Research and Evaluation assist in identifying and categorizing key activities/achievements to enter into the KU Community Checkbox and researchers from KU confirm the validity of these entries as being consistent with research on the elements that contribute to collaborative success.

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Category	Definition	Purpose (i.e., what this category documents/ measures)
Service Provided	Delivery of training	Documentation of an Activity/ Output
Development Activity	Actions taken to prepare or enable the group to address its goals	Documentation of an Activity/Output
Organizational Change	New practices within the coalition to enhance functioning or increase the capacity of the group to do its work	Documentation of an Initial Outcome
Media Coverage	Promotion of the initiative or its activities through media coverage	Documentation of an Initial Outcome
Community Action	Strategies to bring about community or system change	Documentation of an Intermediate Outcome
Community Change	New or modified policies or practices in the system	Documentation of Long-term Outcome

- Community Social Norms survey – Created by the CDC with input from Dr. Gregory and other evaluators working on projects similar to K-POP, the social norms survey has been administered across multiple states, including Kansas, to identify attitudes of the general public regarding why some children struggle, what "solutions" seem feasible or effective, and the level of commitment the general public has to various possible approaches to preventing or mitigating ACEs. The survey was administered to 800 Kansans who were representative of the total population of Kansas (e.g., gender, race/ethnicity, age, political affiliation, etc). The 2016 survey will be used as a baseline measure of community social norms regarding childhood experiences and responses to issues. CARE intends to re-administer the survey to document any changes in norms within three years.
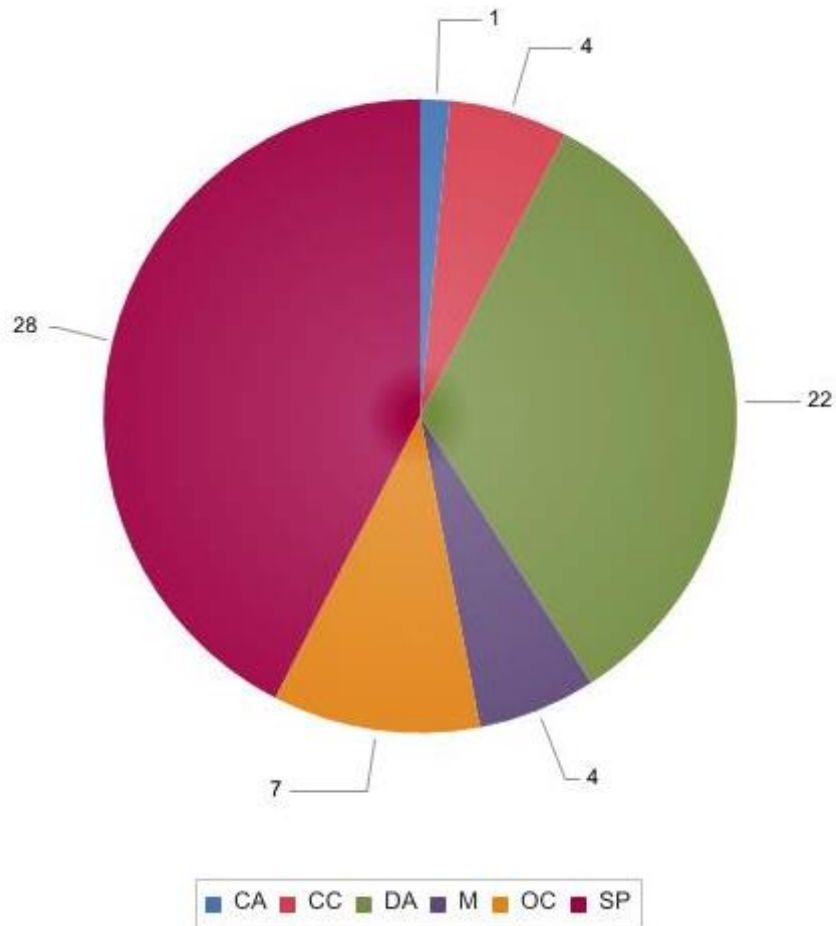
Evaluation Results

Accomplishments as Categorized Through the KU Community Checkbox

As noted in the description of the KU Community Checkbox process above, staff from the Community Engagement Institute regularly entered data on behalf of the K-POP leadership team and steering committee regarding services provided, development activities, organizational change, media coverage, community action and community change. Figure 1 shows the number of each type of accomplishment from July 1, 2015 to June 30, 2016. It should be noted that the KU Community Checkbox is designed to document the natural progression from multiple foundational activities being required to achieve a community change, which is considered to be the ultimate target of all actions. Achievement of a community change indicates a significant change in program, policy or practice that serves as a foundation for community health and well-being.

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Figure 1. Accomplishments by Code, 7/1/2015 - 6/30/2016

The Community Changes (CC) that were achieved included the following:
- After viewing "The Raising of America", The Family Conservancy's executive leadership team reviewed its leave policies regarding paid sick and medical leave and recommended changes to the Board of Directors. The Board approved changes in these policies which enable employees to accrue sick/medical leave faster. This allows a full team employee to accrue 12 weeks of paid medical leave in 18 months instead of over 3 years. Then employees are able to take this paid leave for anything covered by the Family Medical Leave Act, including maternity and paternity leave.
- In response to a request from the Chairman of the Reaching Out From Within, an inmate-run self-help program at the Lansing Correctional Facility, Minimum Security Unit, Danielle and Stephanie created a four-week course designed specifically for the ROFW members. The

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course they created was based on the twenty-six session program, BIP, (Batterers Intervention Program) that they deliver to the women at the Topeka Correctional Facility and to other men's groups that are part of KDOC. The ACE study, the Trauma Informed material and the 10 Question ACE Survey is part of the four-week design.

- WSU Community Engagement Institute integrated ACE information and Kansas ACE Data from the 2014 BRFSS into a full day training for community service providers connected to the Kansas Department for Aging and Disability Services.
- KDHE Health Promotion released its report "Adverse Childhood Experiences Among Kansas Adults: 2014 Kansas Behavioral Risk Factor Surveillance System." The report demonstrates the link between ACEs and health status later in life. This is the first time we have access to data about Kansas ACEs and it is being used by organizations to inform training, prioritize services, and prioritize funding.
- KDHE added the ACE module to the Kansas BRFSS. This is the FIRST time Kansas gathered information about adverse childhood experiences.

These significant community changes represent great advances in new policies, integration of practices, or availability of resources that should help create a more supportive environment for children and families. Additionally, K-POP leadership and members initiated and participated in a number of activities (e.g., services provided, media coverage, development activities, etc.) to educate and persuade community leaders and residents regarding ACES and best practices to prevent them.

Community Social Norms Survey Results

The community social norms survey was created based on research on the interaction of public attitudes with perceptions of community norms and people's willingness to do something about a social issue. The survey administered this year is considered a baseline measure. K-POP intends to re-administer the survey again in future years to determine changes in attitudes, perceived norms, and willingness to take action following the implementation of more efforts to impact practices, policies and programs.

The primary finding from the baseline community social norms survey was that Kansans tend to have attitudes that lay the responsibility for the struggles some children face on individual deficits, either of the child or parents, rather than on community or system-level issues. These attitudes reflect the prevalent focus on "bad" kids or parents versus a lack of resources or public will to create an infrastructure that supports parents and health families. Respondents also tended to focus on individually-focused interventions (e.g., for children or parents) rather than initiatives that change policy or practices in the larger environment. Because K-POP is focused on systemic and population-level change, it is hoped that efforts over time will help shift these attitudes and understanding of impactful interventions. Additionally, other findings indicate that respondents tended to not have been involved in efforts to support children in being successful and have limited intention to do so in an active manner. More specific results are as follows:

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Demographics

Gender

	Frequency	Percent
Male	335	41.9
Female	465	58.1
Total	800	100.0

Race

	Frequency	Percent
White	698	87.3
Black	31	3.9
Hispanic	33	4.1
Asian	12	1.5
Native American	8	1.0
Mixed	13	1.6
Other	5	.6
Total	800	100.0

Note: The polling organization that conducted the survey (YouGov) includes "Hispanic" as a race rather than ethnicity.

Education

	Frequency	Percent
No HS	20	2.5
HS graduate	195	24.4
Some college	226	28.2
2-year	100	12.5
4-year	178	22.3
Post-grad	81	10.1
Total	800	100.0

Marital Status

	Frequency	Percent
Married	504	63.0
Separated	9	1.1
Divorced	78	9.8
Widowed	28	3.5
Single	149	18.6
Domestic partnership	31	3.9
Total	799	99.9

3-point party ID

	Frequency	Percent
Democrat	223	27.9
Republican	249	31.1
Independent	210	26.3
Other	33	4.1
Not sure	85	10.6
Total	800	100.0

Results from Questions Regarding Attitudes, Possible Opportunities, and Commitment to Support Opportunities for Children to Succeed

Attitude Questions: Why Children Struggle

In general, respondents tend to hold attitudes that indicate children have problems because of individual deficits of the child or parents. However, all reasons were considered at least somewhat important.

Reasons why children struggle (1 = Extremely important; 5 = Not at all important)	Mean	SD
Children living in families with challenges like substance abuse, violence, mental health problems	1.28	0.55
Parents not supporting their children's learning through educational activities like reading to them or playing with them	1.43	0.63
Children with learning challenges not getting the support they need	1.51	0.70
Parents not having enough time for their children	1.55	0.72
Children not having high quality early child care	1.57	0.77
Parents not knowing how to parent correctly	1.59	0.76
Families living in unsafe neighborhoods	1.62	0.83
Children growing up living in poverty	1.63	0.83
Parents not thinking about the future of their children	1.69	0.84
Parents not thinking things carefully enough and end up making poor choices	1.77	0.81
Children not thinking things carefully enough and ending up making poor choices	1.91	0.84
Children not working hard enough in school	1.94	0.92
People not willing to support solutions that benefit all children, not just their own	2.00	1.01
Lack of public investment in low income neighborhoods and communities of color	2.02	1.11
Families living in neighborhoods with few resources or public services like community centers, libraries, or transportation	2.04	0.98
Employers not paying parents enough to support a family	2.05	1.12

	Mean	SD
Employers not adopting family-friendly practices	2.07	1.08
Parents using harsh or aggressive discipline	2.09	1.10
Children treated unfairly because of their color	2.12	1.22
Limited political support for helping poor families get out of poverty	2.28	1.23
Children not going to high quality schools	2.31	1.04
Parents not working hard enough	2.32	1.04
Parents being stressed about money	2.32	0.97
Families living in neighborhoods with a lot of other families that can't make ends meet	2.37	1.06
Children born with bad personality traits that are passed from one generation to the next	2.39	1.09

Possible Opportunities Questions: What Would Increase the Opportunity for All Children to Succeed
As with the attitude questions, the responses regarding what might help children tend to skew toward individual interventions versus community or systemic changes. Again, the average response tends toward supporting the interventions listed below.

Would increase the opportunity for all children *Arranged from 1=support to 5=oppose*	Mean	SD
Have access to health care	1.66	0.85
Are able to get support to address their child's special learning challenges	1.67	0.78
Have access to mental health care or substance abuse treatment, if needed	1.68	0.82
Are able to buy enough nutritious food	1.70	0.84
Are able to live in safe and stable housing	1.75	0.83
Are able to leave their children in child care that is good for the child's development	1.76	0.88
Are able to live in a safe neighborhood where children aren't exposed to violence or illegal drugs	1.81	0.86
Are able to live in a city or county where their children are treated fairly in school, by police, or the justice system regardless of the color of their skin	1.81	0.95
Have a full-time job that provides sufficient income to cover basic needs for the employee and his/her child	1.84	0.96
Have paid parental leave to care for a new child	1.88	0.99
Have easy access to after-school and summer care that provide meaningful opportunities for children	1.94	0.92
Have easy access to affordable parenting classes	2.06	0.91
Have at least one adult	2.06	0.96
Are able to send their children to high quality schools in their neighborhood	2.07	0.91

Have a job that is 'family-friendly'	2.12	1.04
Receive income support if a bread winner loses his/her job or household income is below the income needed to cover basic needs	2.13	1.10
Are able to send their children to high quality preschool	2.38	0.99
Are able to live in a neighborhood where few or no families have a hard time making ends meet	2.41	1.00
Are able to send their children to schools that don't punish children by suspending or expelling them	2.93	1.24

Personal Commitment Questions: Actions Taken to Show Your Support to Increase the Opportunity For All Children To Succeed

When asked what the respondents personally did to show support for opportunities for children to succeed, the most common response was "I did none of the above" (51%).

Actions taken to show your support to increase the opportunity for all children to succeed	Yes%	SD
I made phone calls or went door to door to gather support for them	2%	0.15
I met with an elected official or his/her staff to talk about them	5%	0.21
I attended a town hall meeting or public rally to support them	6%	0.23
I attended a meeting with business or community groups to urge they support them	7%	0.26
I asked friends or family to sign a petition or write to decision-makers	9%	0.28
I signed a petition or e-mailed a prewritten letter to decision-makers	15%	0.35
I donated money to an organization supporting these ideas	23%	0.42
I shared information about their importance with others	35%	0.48
I did none of the above	51%	0.50

Intention to Commit Questions: Willing to Do this Upcoming Year to Increase the Opportunity for All Children to Succeed

When asked what they would be willing to do in the coming year, a slight majority (54%) of respondents said they would be willing to share information about opportunities for children to succeed.

Willing to do this coming year to increase the opportunity for all children	Yes%	SD
I would make phone calls or go door to door to gather support for them	6%	0.24
I would meet with an elected official or his/her staff to talk about them	14%	0.34
I would attend a meeting with business or community groups to urge they support them	18%	0.38

I would attend a town hall meeting or public rally to support them	20%	0.40
I would be willing to pay more taxes or higher prices at the register to support them	25%	0.43
I would ask friends or family to sign a petition or write to decision-makers	26%	0.44
I would do none of the above	26%	0.44
I would donate money to an organization supporting these ideas	29%	0.45
I would sign a petition or e-mail a prewritten letter to decision-makers	37%	0.48
I would share information about their importance with others	54%	0.50

It is expected that if activities of K-POP continue over the next few years, the attitudes about why children struggle will shift toward an understanding of the importance of community or systemic-level factors. Additionally, we would hope to see ideas about what could be done to support children who struggle incorporate those that include community and systemic actions. Finally, we'd expect larger percentages of respondents to report having taking action to support opportunities for children to succeed as well as an increased focus on willingness to take on more active roles in the future (e.g., from sharing information with others to more active efforts such as meeting with elected officials or make phone calls to gather support, etc).

About the Community Engagement Institute

Wichita State University's Community Engagement Institute is dedicated to improving the health of Kansans through leadership development, research and evaluation, organizational capacity building, community collaboration, and public health and behavioral health initiatives. The Community Engagement Institute maintains six Centers with skilled staff that work directly with community coalitions, nonprofits, government entities, health and human services organizations, and support groups. The Centers are:

- Center for Applied Research and Evaluation
- Center for Behavioral Health Initiatives
- Center for Leadership Development
- Center for Organizational Development and Collaboration
- Center for Public Health Initiatives
- IMPact Center

Want to know more about this research report? Contact Dr. Tara Gregory at tara.gregory@wichita.edu.