Arkansas HIPPY Luncheon

Arkansas Home Instruction Program for Preschool Youngsters (HIPPY) will celebrate their ten year anniversary at a luncheon on March 18, 1996 at the DoubleTree Grand Ballroom in Little Rock. The theme for the luncheon will be "HIPPY--Celebrating a Decade of Service, Commitment, Responsibility, and Promises to Arkansas Children and Families." Five-hundred people are expected to attend the luncheon, including HIPPY coordinators from throughout the state, corporate sponsors, and members of Arkansas Children Hospital, Potlatch (paper product company), and Blue Cross and Blue Shield. The lunch will also honor early members of the HIPPY Program, "HIPPY Trailblazers."

The other speakers have not yet been determined, however, they will include a child who participated in the HIPPY Program when it began, a parent of an early child participant, and two other speakers. The video will be one of the first items on the agenda of the luncheon, though it has not yet been determined who will introduce the video.

HIPPY programs help teach parents how to prepare children for school. Arkansas HIPPY had four programs in 1986, but had grown to 30 programs throughout the state by 1992. In 1986, approximately 450 children participated in the program, and by 1991 there were over 5,000 children in HIPPY.

"Women in the Forefront" Luncheon

You will be taping a video for the first "Women in the Forefront" Luncheon, which is honoring 100 women of influence in Chicago. Co-sponsored by The Chicago Network and Crain's Chicago Business, this event will celebrate the achievements of women and demonstrate leadership on issues of concern to women, as well as emphasize the common ground the administration shares with working women throughout the nation. The luncheon will take place on February 28, 1996 at 12:00 pm at the Chicago Hilton-Grand Ballroom. As you may recall, in 1992 you hosted a large tea at the White House for the International Women Forum, at which the Chicago Network participated.

Adele Simmons, President of MacArthur Foundation, will be the Keynote Speaker. Laurel Bellows, Chair, ABA Commission on the Status of Women in the Legal Profession, will introduce your video. Following the video, Gloria Scoby, Vice President, Luncheon Chair Executive Vice President/General Manager of Ogilvy Adams & Rinehart will address the attendees. Members of the audience will include approximately 1,000 honorees (Chicago's 100 Women of Influence), their family and friends, 250 members of the Chicago Network and guests, and other corporate representatives. Included will also be CEO's, CFO's of many major Chicago Corporations and local community and political leaders.

[Source: Barbara Woolley]

June 22, 1994

HIPPY RECEPTION

DATE: **Thursday, June 23**
TIME: **5:15 pm**
LOCATION: **Hart Building, Room 902**
FROM: **Liz Bowyer**

I. PURPOSE

To attend a HIPPY reception held in your honor on Capitol Hill, and give brief remarks on the importance of programs like HIPPY for America's children.

II. BACKGROUND

HIPPY Reception

Approximately 200 HIPPY Board Members, advocates, and local program people have travelled to Washington this week to generate support for three pieces of legislation -- reauthorization of the Elementary and Secondary Education Act, reauthorization of Head Start, and appropriations for Goals 2000 -- currently pending in Congress. HIPPY representatives are meeting with Members of Congress on Thursday and Friday to urge them to support this legislation as part of an overall children's agenda.

Congresswoman Rosa DeLauro and Senator John Glenn will give brief remarks at the reception, and Senator Glenn will introduce a participant from an Ohio HIPPY program. In 1993, Senator Glenn introduced legislation based on the HIPPY program called "A Better Chance (ABC) To Learn Act." Glenn's bill targets children of the "near poor and working poor" who are not eligible for Head Start. [The Administration, as you know, supports a more comprehensive approach to family services -- under the aegis of the Family Support and Preservation Act -- rather than separate pieces of legislation like the Glenn bill. As far as we know, this has been satisfactory to Senator Glenn and HIPPY.]

Recent Activities

Over the last several years, HIPPY USA has began to focus on building coalitions and collaborating with similar organizations and programs -- like Parents As Teachers, Avance, MELD, Every Child By Two, and Parent Action -- in an effort to build a full system of integrated family services, rather than compete for limited resources.

In July, HIPPY USA is moving from its present headquarters at the National Council of Jewish Women to Teachers College at Columbia University. HIPPY will still be an independent, non-profit organization and retain connections with NCJW, but will work with Teachers College on research/program collaborations.

June 21, 1994

Liz Boyer

TO: ~~Sharon Kennedy~~
FR: HIPPY USA
RE: Talking Points ~~for HRC~~

The historical connection between HIPPY in the U.S. is one that Hillary herself created, so it seems strange to send you the background. Still, We're attaching the short piece we use in our dissemination information. Whenever we speak, everyone loves the story of how she found the article in the Miami Herald when she was at a Southern Governor's Conference meeting and took it home to Arkansas.

It would be wonderful if, in her remarks, she made some reference to the following:

1) **Hebrew University**, Jerusalem Israel is where the program was originally developed. **Avima Lombard**, creator of the program, and **Chaim Adler**, Dean of the School of Education, will both be in the audience.

2) The **National Council of Jewish Women** under whose auspices the program was brought to the United States. **Susan Katz**, President of NCJW and member of the HIPPY USA Board of Trustees, will be there.

3) HIPPY USA is very active and concerned with building coalitions and working collaboratively with other similar organizations and programs. **Miriam Westheimer**, Executive Director, has taken the lead in forming these partnerships with such groups as Parents as Teachers, Avance, MELD, Every Child by two (immunization campaign), Parent Action (parent advocacy group) and many others. We feel she would be pleased to know how we are working with others, rather than competing for limited resources. We do not envision HIPPY as a stand alone program, but rather as one piece of a complex puzzle of integrated services that should be available to all families.

4) In July HIPPY USA is moving to **Teachers College, Columbia University**. We will still be an independent not-for-profit organization and will legally be tenants at Teachers College. We are planning, however, for many exciting research/program collaborations with them.

HIPPY in Arkansas

The Arkansas Better Chance Act, early childhood legislation, was signed in 1991. As a result, 31 agencies around the state are able to provide HIPPY programs to approximately 5,500 families. In the fall of 1993, an estimated 6,000 families will benefit from the HIPPY program.

While visiting Miami in 1985, Hillary Rodham Clinton, the First Lady of Arkansas, read a local newspaper article about the Home Instruction Program for Preschool Youngsters in Dade County and brought the idea back to her home state to be researched. In the Spring of that year, she held an early childhood conference in Little Rock, Arkansas, which focused on the best models for delivery of Early Childhood Education Services and highlighted three HIPPY projects in the United States – Miami, Florida; Richmond, Virginia; and Tulsa, Oklahoma. Dr. Avima Lombard, Director of Early Childhood Education at the NCJW Research Institute for Innovation in Education at the Hebrew University of Jerusalem gave a keynote address and Nan Rich, National board member of NCJW, represented NCJW. In June, four agencies in Arkansas sent representatives to Israel for training, and by the fall of 1986, Arkansas' first four HIPPY programs were started in Russellville, Little Rock, Pulaski County and Pine Bluff.

From 1986-1990, HIPPY programs were coordinated by the Governor's Office, and many were supported by funds from the Job Training Partnership Act. In July 1990, the Arkansas Children's Hospital became the home of Arkansas' HIPPY Training and Technical Assistance (T&TA) Center, and the first State HIPPY Director was hired. The Arkansas T&TA Center provides training for new paraprofessionals and ongoing support and supervision for coordinators.

Support from communities, local private industry councils, school districts, community-based organizations, the state government and Governor Bill Clinton and Hillary Rodham Clinton have made HIPPY in Arkansas a model for success.

Childserve

3/93

over →

Hillary Clinton and Miriam Westheimer

HIPPY

The Home Instruction Program for Preschool Youngsters (HIPPY) is an example of a well-established national program. In this case the nation is Israel. That the program became a reality in the United States is the result of the work of two strong-willed, effective women: Hillary Rodham Clinton and Miriam Westheimer.

HIPPY was developed in Israel by a team headed by Dr. Avima D. Lombard of the National Council of Jewish Women's Research Institute for Innovation in Education at the Hebrew University of Jerusalem. As immigrants flooded into Israel, programs were needed to bridge the educational gap between those from various underdeveloped parts of the world, immigrants who were educated or who had a family tradition of education, and residents. Designed to create a learning environment for preschool children and their parents, the program is now in place in more than 90 Israeli communities and involves about 9,000 families. Since adoption of the program is voluntary, its widespread acceptance bears testimony to its effectiveness.

Extensive research in Israel shows that the program has benefitted disadvantaged children by "improving academic achievement and adjustment to school, reducing the incidence of retention in grade, and increasing the rate of school completion."

(For a more comprehensive review of HIPPY research, see Avima Lombard, *Success Begins at Home*, Lexington, 1981.) A 1982 international workshop in Jerusalem brought HIPPY to the attention of early childhood educators outside Israel, and HIPPY now exists in Canada, Chile, the Netherlands, South Africa, Turkey, and the United States, where the major concentration of programs is in Arkansas.

Hillary Clinton, as all the world knows, is a top litigating partner in a prestigious Little Rock, Arkansas, law firm and has had a long-standing interest in education. In addition to her seat on five corporate boards, she has served as chair of the Children's Defense Fund and on the boards of numerous other community organizations. While visiting Miami in 1985, Clinton read a newspaper article about a local HIPPY program and another, the first to be established in the U.S., in Tulsa, Oklahoma.

Clinton returned from her trip to Florida with the firm conviction that HIPPY could make a difference in Arkansas. She soon convinced her husband, Governor Bill Clinton, who shares her interest in education, of the merit of the cause. The Arkansas HIPPY program was launched.

"One of the most promising aspects of HIPPY," Hillary Clinton observes, "is that preschool children and their parents have the opportunity to work together, to strengthen the bonds between them, and to develop a love and excitement for learning." In an era of single-parent homes and deteriorating family structure, this aspect of HIPPY is not to be undervalued. But it is the educational attainments of the program that have led to positive attention and to its widespread implementation in Arkansas.

Of the 58 HIPPY programs in 16 states across the U.S., Arkansas is home to 33, accounting for 4,600 participating children and families out of a nationwide total of 8,000.

The concentration in Arkansas did not come easily—Arkansas is not the richest state in the union. The Clintons have worked hard to obtain funding and services from a variety of sources. Arkansas HIPPY uses as sites local schools, a YWCA, a hospital, community colleges, educational cooperatives, and corporations. Paraprofessionals, who are essential to the success of the program, are trained in adult education, early education, and the like.

This public/private alliance has wrought great success on a national scale. In 1990 the nation's first HIPPY Regional Training

and Technical Assistance Center was established at the Arkansas Children's Hospital in Little Rock.

Across the country local sponsorship of HIPPY varies. In Dallas, for instance, the public school system has a program for 30 families and uses state and federal funds allocated for bilingual studies and migrant-worker education. In Grand Rapids, Michigan, the Public Education Fund works with the Junior League to maintain 40 families in the program. In the Bedford-Stuyvesant section of Brooklyn, the Save the Children Foundation supports and administers a program for 70 families. But the engine that drives the machine is the National Council of Jewish Women (NCJW) in New York City.

The director of NCJW's HIPPY USA is Dr. Miriam Westheimer. Westheimer received a doctorate in education from Teachers College at Columbia University; the subject of her dissertation was the New York City dropout crisis. Through her studies Westheimer became convinced that the most effective way to increase interest in school and academic skills among disadvantaged children was to begin as early as possible and to engage parents actively in the process.

One of the concerns of people interested in HIPPY is whether the parents who will be involved in the program are up to the task of instructing their own children. Westheimer meets it head-on: "There are a lot of parents in this country who have not had successful school experiences, and they don't see that they themselves are able to teach their child. They've 'internalized' the societal message 'You don't know and you can't teach.' We're trying to reverse that."

HIPPY instruction is not complex, but it does demand certain minimal skills and motivation. Accordingly, the parent-instructors meet periodically, and visits from trained paraprofessionals are a mandatory component of the program. (Paraprofessionals are initially selected from the parent pool, based on their apparent educational skills, and subjected to a brief indoctrination course. Interestingly, many of the parents who are themselves barely literate when they begin their training later become paraprofessionals.) A full-time coordinator is also part of the basic program. These are professionals who come from a variety of backgrounds, including early childhood education, dropout prevention, community education, and family education. The materials for the two-year program consist of 18 storybooks, 60 activity packets for the parents, a

set of 16 plastic shapes (e.g., triangles, circles, and stars of different colors), and weekly instructions.

HIPPY is a national program in the United States today because of interested citizens like Hillary Clinton and skilled professionals like Miriam Westheimer. One of the most remarkable results of the program is that it increases the skills and raises the horizons of parents and children. As Westheimer observes, HIPPY breaks "the cycle of learned helplessness."

HELEN J.MCCORKLE SCHOOL DISCUSSION PARTICIPANTS

15 - table
10 - observers

TABLE
- The First Lady
- Secretary Cisneros
- ~~Mayor Daley~~
- Commissioner Sister Sheila Lyne
- Jackie Keene

Robert Taylor Holmes Clinic Program Directors 4 — Delores Shomak - Social Services
- Loys Holland, Facility Manager
- Jackie Jones, Daycare
- Elsie Burton, Healthy Moms/Healthy Kids
- Gayle Hert, HIPPY
- Willye White, Athletic Program (5 time Olympian/Track)
- Eula Dean, WICK

TBD ~~others at table~~: Congressional Members? (5 p max) Rangel, Durbin Braun
TBD Hazel Barclay (Jackie)
(Kathy Burgess rec)

AUDIENCE
- Dr. Johnson, Principal of Helen J.McCorkle School
- Melanne Verveer
- Jennifer Klein
- Kathy Burgess

(Paul Vallas)
To Determine Superintendant of Schools - Bill Daley
Rangel - tour + discussion
HUD - Mildred Dennis, President of Taylor B
HUD - Matty McCoy, President of Taylor A
HUD - David Wilson - President of Building

~~Ideas~~

- 1 person in Job Training
- Make sure we have some men
- Lorraine Barnes

DRAFT 3
a/o 8/25/96; SF

VISIT TO ROBERT TAYLOR HOLMES CLINIC & SCHOOL
Wednesday, August 28, 1996

VISIT TO THE CLINIC
4410 S. State Street
Contact: Loys Holland, Interim Administrator, Chicago Dept. Of Health
312-747-3505 (Manager of Clinic)

FORMAT:
3:05 p.m. HRC arrives at the front of the Clinic on State Street.

Greeters:
- Loys Holland, Interim Administrator, Chicago Dept of Health
- Sister Sheila Lyne, Commissioner of Public Health, City of Chicago
- Secretary Cisneros
- Congressman Charlie Rangel (t)

HRC begins tour of clinic on the First Floor led by Loys Holland. There will be two tour groups. The halls are very small and narrow. The tour will proceed through the clinic, to the playroom and out the front door. The Clinic normally closes at 4pm. There are no classes scheduled on the second floor in the administrative offices.

Tour Group One
- HRC
- Sister Sheila
- Sec Cisneros
- Cong. Rangel
- Led by Loys Holland

Tour Group Two
- Melanne Verveer
- Congressional Members
(TBD)
- Led by tbd

Staff: Kelly Craighead, Pat Halley, Neel Lattimore
Advance: Whitney Williams

3:35 p.m. Upon conclusion of tour, **THE FIRST LADY** proceeds to the Helen McCorkle School across the street.

CLINIC NOTES
Holding Room: Clinic Staff Room
Phone Number:
Fax Number:
Restroom in holding room.
Closed Press - Neel may take one camera inside to follow HRC. George Shelton to meet press at mcade arrival point and escort into school.
Travelling Party: Members of the travelling party not manifested on the tour groups should proceed directly to the school.

Draft 3
a/o 8/254; SF

DISCUSSION AT THE SCHOOL
HELEN J. MCCORKLE SCHOOL
Lunch Room
4421 S. State Street
312-535-1530
Contacts: Jerry Johnson, Principal
Jackie Keene, Assistant Commissioner, Chicago Dept of Health
312-747-9882 fax: 312-747-9739
home: 312-445-8651
3:45 p.m.-4:30 p.m.
Expanded Pool Press

FORMAT:

Tuesday afternoon Site set up. Site Advance: Vanessa James
Press Advance: Gretchen Michael, George Shelton

NOTE: Sound, lighting vendors arrive; table set up; visual set up in room w/ childrens art work. (Vanessa)

tbd Discussion participants (refer to separate list) arrive at the front entrance of the school and are checked in. Check in staff: xxx

3:00 p.m. **The First Lady** arrives at the clinic for tour - refer to clinic layout.

3:45 p.m. **THE FIRST LADY** proceeds to the school where she is greeted inside by:

- Jerry Johnson, Principal of Helen McCorkle School
- Jackie Keene, Assistant Commissioner, Chicago Dept of Health

Jerry Johnson and Jackie Keene escort **THE FIRST LADY** to the Lunch Room.

THE FIRST LADY greets discussion participants seated at the table and the observers seated to the side. NOTE: Press is in the room at this time.

DISCUSSION BEGINS: *draft format*
- **Sister Sheila Lyne** delivers remarks and introduces Loys Holland.
- **Loys Holland** introduces the program directors seated around the table, delivers remarks and introduces **THE FIRST LADY.**
- **THE FIRST LADY** delivers remarks.
- TBD format - Jen Klein

Discussion Facilitator: xxx

4:30 p.m. Upon conclusion of discussion, **THE FIRST LADY** departs Lunch Room at rear door and greets School and Clinic staff located behind ropeline. (Approx. 60 staff). Photographer - who?

STAFF GREETING
- Principal to provide list of School Staff.
- Loys to provide list of Clinci Staff.
Contact: Whitney Williams to get lists and coordinate arrival of staff.

NOTE: Travelling press is escorted to motorcade at this time.

THE FIRST LADY departs via motorcade.

NOTES:
Holding Room: There isn't an office or classroom accessible near the discussion room, but the auditorium nearby will be clear for briefing if requested. There is no nearby restroom.
Table Set Up: TBD if its a U-shaped or hollow square shape. Depends on number of participants at table. Jen Klein to determine seating order. The tables are from the school - 6' laquered tables. The tables will be plain, without cloths. The school will provide the tables and the chairs.
Sound/PA: There will be 4-5 table mics on the table. There will be back up hand held mics. Gretchen Michael coordinating w/the vendor. Light PA in the room. One mult on main riser for press. Discussion will be recorded.
Lighting: Vendor paid for by C/G. (G. Michael contact)
Temperature: Portable/floor air conditioner. (V. James contact for vendor) budget item
Press/ Risers: Vendor/budget item for risers and stanchions (G. Michael contact)
Beverages: Budget item/drafts to V. James. (G. Shelton to assist)
Visual: V. James selecting childrens art work/murals from school and clinic; paper covering glass windows at entrance and along wall.
Staffing:
- Guest check in at sidewalk:
- Work w/participants in Lunch Room: Nicole, Jen
- Room set up: Vanessa
- Press set up: Gretchen
- Press arrival/check in/movements: George
- Seating plan/program format: Jen
- Troubleshooters: xxx

MONDAY EVENING: Discuss w/Jen, Nicole, Sara G., Patti, Melanne, Neel....

City of Chicago
Richard M. Daley, Mayor

Department of Public Health

Sheila Lyne, RSM
Commissioner

333 South State Street
Chicago, Illinois 60604
(312) 747-9884
(312) 747-9888 (24 hours)
(312) 744-2960 (TT/TDD)

TELEFAX TRANSMITTAL

DATE: 8-21-96

TO: Jennifer Klein

AGENCY: 1st Ladies Office

FAX# (202) 456-9412

NUMBER OF PAGES TRANSMITTED
(INCLUDING COVER SHEET): 32

****
****

FROM: Jackie Kraw

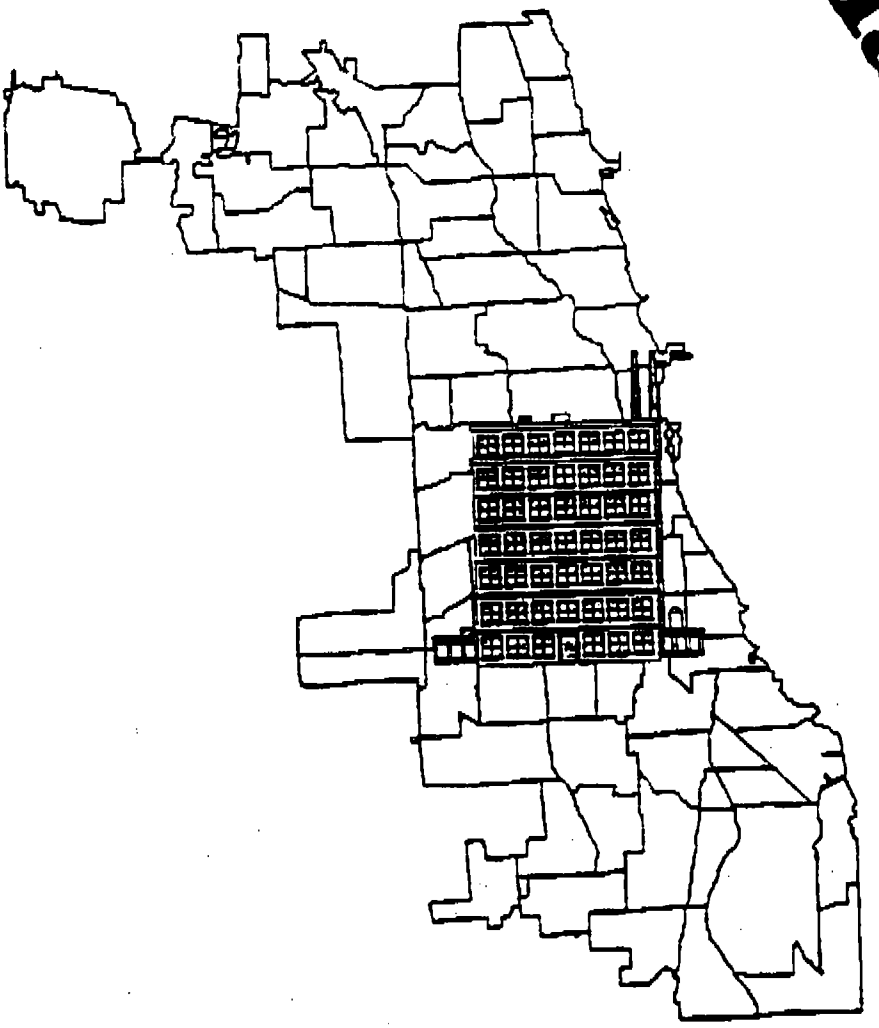
AGENCY: Chicago Dept of Public Health

FAX# (312) - 747-9739

TELEPHONE NUMBER: (312) 747-9882

COMMENTS: If you want more, just add - Thanks

The Robert Taylor Initiative



Working Paper

Chicago Department of Public Health
August 1995

The Robert Taylor Initiative
Working Paper

Contents

I. INTRODUCTION

Origin of the Robert Taylor Initiative: The *Robert Taylor Initiative* is a direct outgrowth of the Chicago Department of Public Health's (CDPH) mission and strategic priorities. The primary mission of CDPH is to assure conditions in which Chicago residents can be physically and mentally healthy, with an emphasis on health promotion and disease prevention. This emphasis on prevention requires that the Department's interventions are comprehensive in scope and expand beyond traditional programs. Indeed, a hallmark of the public health approach is prevention and the need to address problems within the context in which they occur. Thus, effective prevention programs, such as those that comprise the *Robert Taylor Initiative*, must recognize that the behaviors which contribute to the high rates of morbidity and mortality experienced in Chicago's communities are often influenced by socioeconomic status, demographics and cultural norms. Meeting the mission also requires that the Department's services are effective and accessible. Programs that are not demonstrated to be effective or are not geographically and otherwise accessible, result in little more than wasted resources.

Acknowledging all that is entailed in achieving its mission, the Department's *Robert Taylor Initiative* strives to bring a continuum of services into a defined high need community and to engage area residents not only as clients but also as providers of these programs. The *Initiative's* effectiveness is derived from integrating a variety of services, targeted to individuals and families, into the everyday life of the community.

The Department's mission is one of several factors considered in the Department's strategic planning process. This process was initiated in 1991 for the purpose of assessing organizational capacity, establishing priorities, and allocating resources. The process involved more than 50 members of the Department's staff of nearly 1,900 persons. Following an assessment of critical issues facing the Department, participants selected eleven strategic issues which covered both programmatic and management performance areas. While the identified issues are being addressed throughout CDPH programs and activities, five of these priorities, and the spirit behind the Department's mission, are perhaps best exemplified through the *Robert Taylor Initiative*. These five areas are:

- Design and implementation of comprehensive prevention programs which integrate disciplines and are proactive.
- Improving the effectiveness of efforts to reduce infant mortality and improve overall maternal and child health.
- Assuring access to primary care services.
- Assuring comprehensive and holistic mental health services which are integrated with other programs.
- Effectively addressing substance abuse and alcoholism.

Finally, it has been the Chicago Department of Public Health's experience that for a program to be implementable, it must be developed through the broad-based participation of committed organizations and individuals. Thus the *Robert Taylor Initiative* is about partnerships. The *Initiative* involves partnerships between residents, and city, state and federal agencies. Included among the partners are the Chicago Housing Authority; Chicago Park Services; Chicago Public Schools; the Chicago Department of Human Services; the Mayor's Office of Employment and Training; the Illinois Departments of Public Aid and Children and Family Services; and formal and non-formal residents advisory groups, such as the Facility Health Board and the Robert Taylor Network of Services.

The *Robert Taylor Initiative* Working Paper is a work in progress intended to serve several purposes. The Paper provides a context for the *Robert Taylor Initiative;* it identifies and links a broad range of needs to a comprehensive package of services. As the Robert Taylor effort is largely defined by the individual program components which together comprise the *Initiative*, it is by necessity flexible and adaptive to changing needs and resources. It is imperative that new programs are developed within the context of this existing framework.

This Paper is also intended to provide a foundation for ongoing planning and program development. It captures an ongoing and dynamic planning process at a single point in time. Thus, it should serve as a baseline document for continuous assessment, rather than a definitive statement regarding needs and services. It is anticipated that both the gaps and resources identified in this report will be seriously considered as new components are developed and as revisions are made to any existing program elements.

This Working Paper is intended to facilitate coordination. The *Initiative* is designed to provide a continuum of services to project area residents throughout the course of their lives. Assuring that this is achieved, in an effective and cost-efficient manner, requires that significant emphasis be placed on coordination. Towards this end, the Paper describes mechanisms through which coordination occurs.

Finally, this Paper is intended as a mechanism for promoting the *Initiative*. The *Initiative* represents an innovative approach to meeting the needs of one of Chicago's highest risk communities. While much of the *Initiative's* success will be derived from the resources leveraged through program coordination, significant support is still needed. Thus, it is envisioned that this document will be useful in garnering both public and philanthropic support for the *Initiative*.

Document Organization: The *Robert Taylor Initiative* Working Paper is organized into four main sections, including this *Introduction*. Section II, the *Statement of Need*, presents a snapshot of conditions facing residents of the five selected buildings of the Robert Taylor Housing Development. This section focuses on socioeconomic, demographic, and morbidity and mortality indicators, and considers the barriers to care facing project area residents. Section III, the *Program Approach*, presents the overarching goals and underlying principles of the *Robert Taylor Initiative*, and describes the program components which comprise this endeavor. Where available, program budgets are also included. Finally, the report concludes with Section IV, addressing issues of *Coordination and Evaluation*.

II. STATEMENT OF NEED

A. Background and Overview

To best understand the Chicago Department of Public Health's (CDPH) approach to health planning for the area targeted by the *Robert Taylor Initiative*, it is necessary to first understand the characteristics of the city as a whole. With a population of nearly 2.8 million people, Chicago is the third largest city in the United States. Spanning nearly 230 square miles, the city is divided into 77 formally-designated community areas, originally delineated by factors such as local identification with the area, and natural and artificial barriers.

The single word which probably best describes Chicago is diversity, a characteristic which is reflected in a variety of demographic, socioeconomic, and health indicators. Ethnically, the city's population is 38.6% African American, 37.9% White, 19.6% Hispanic and 3.5% Asian American. Within community areas, however, the population distribution by race and ethnicity is more homogenous. For example, African Americans tend to live in communities on the city's south and west sides while Hispanics reside predominantly in the central west portion of the city and on the far southeast side. Chicago's overall population, according to the U.S. Census, has declined by 7.4% since 1980. This ten-year period saw the number of African American residents decrease by nearly 10% and a decline of the white population by just over 19% . The significantly smaller Hispanic and Asian populations both increased during that same period by 29% and 39% respectively.

The city's diversity is also reflected in the socioeconomic status of its residents. Chicago's median household income of $26,301, for example, ranges from just over $5,000 in the Oakland community to over $51,000 in Forest Glen. And while nearly 22% of Chicagoans have incomes which fall below 100% of the federally-defined poverty level, this figure ranges from a low of 1.3% in Forest Glen to over 72% in Oakland. Of Chicago's 2.8 million residents, 100,000 are estimated to reside in public housing units. Current estimates from the Chicago Coalition for the Homeless suggest that as many as 60,000 people are homeless annually.

Chicago's Grand Boulevard community is located approximately four miles south of the downtown business district, in the south central region of the city. Grand Boulevard is bordered on the west side by the CRI&P Railroad, and on the east by Cottage Grove. The community extends north to Pershing Road and runs south to 51st street. Named for the broad tree-lined street which runs through the center of the community, now known as Martin Luther King, Jr. Drive, Grand Boulevard was originally the home of wealthy white families and transitioned by the mid 1920's to a population that was 95% African American. During this era, Grand Boulevard, known as "the Harlem of Chicago," became a crux of African American culture and entertainment, winning world renown for its proliferation of black entertainers and writers such as Sarah Vaughn, Joe Williams, Nat Cole, Leontyne Price and Richard Wright.[1]

Today, in stark contrast to its cultural hey-day, Grand Boulevard represents one of Chicago's neediest communities. In a CDPH assessment of the 77 Chicago community areas ranked according to 29 socioeconomic and health indicators, Grand Boulevard ranks in the worst 10

community areas for 26 of the indicators, and in the bottom five community areas for 20 of the 29 indicators.

According to the 1990 Census, in the ten year span from 1980 to 1990, the population of Grand Boulevard decreased by 33%, three times the rate of the total decrease in the African American population of Chicago, and nearly fivefold the overall city decrease of 7.4%. This dramatic population decrease may largely be due to deteriorating housing, rising unemployment and the departure of business from inner city areas.

A total of 35,897 people are estimated to reside in Grand Boulevard; 99% of these residents are African American. Here, socioeconomics reveal a disproportionate impoverishment: over 65% of Grand Boulevard residents live below poverty level, three times the citywide rate of 21.6%. An analysis of the community by age reveals higher concentrations of the very young and the very old than comparable city rates. Of the 12,275 households in Grand Boulevard, 80% are headed by women, with 78% receiving some form of Public Aid. Nearly half of the residents over 65 years of age live alone, compared to less than one third citywide.

Robert Taylor Homes: Comprising one of the most densely concentrated public housing developments, Grand Boulevard contains nearly all of the 28 buildings of the Robert Taylor Homes, one of the country's largest public housing developments. Originally constructed in 1962, the Robert Taylor highrise buildings occupy the western corridor of Grand Boulevard, housing an approximate 12,320 people[7]. Despite historical efforts to improve the quality of life in public housing, many public housing developments remain areas where residents are isolated by poverty and inferior living conditions, contributing to elevated concentrations of morbidity, mortality and crime.

Despite the recent decrease in the Grand Boulevard population, many residents continue to live in overcrowded conditions. Nearly half, 46%, of the households in Grand Boulevard are comprised of three or more occupants, and 12.5% of all housing units have an occupancy greater than one person per room. From a public health perspective, overcrowded living conditions are a risk factor for a variety of health problems, among them substance abuse and tuberculosis.

Despite its prevalence, overcrowding is not a result of public housing occupancy at capacity, but as recently underscored in the takeover of Chicago Housing Authority (CHA) by the federal government, is a symptom of a neglected and problematic system providing inferior services to the poorest of Chicago residents. It was recently revealed that the CHA's waiting list for Section 8 housing extended past a decade, with units remaining vacant considerably longer than federal standards. According to 1992 CHA figures, 21% of the Robert Taylor Homes' units stood vacant while many residents contended with overcrowded and deteriorating conditions. Abandoned and deteriorating housing units serve as opportune locales for drug trafficking and unauthorized habitation, and increase the potential for environmental hazards such as unintentional injuries, fires, and infestation. In addition, the emotional and psychological hazards must be considered as residents contend with the daily stress and defeat associated with dwelling in substandard conditions.

B. Description of Project Area

The CDPH has chosen a segment of the Robert Taylor Homes as the focus of the *Robert Taylor Initiative*. The five buildings which comprise Census Tract 3806: 4352, 4410, 4444 South State and 4429 and 4331 South Federal, exemplify the characteristic need within this community and provide a measurable population for *Initiative* interventions. Within these five buildings, according to the 1990 Census, live a total of 418 families.

The health and well-being of the residents of the project area are reflected in their overall quality of life. Though the concept is evasive to quantitative measurement, an examination of various demographic, socioeconomic and health indicators present a portrait of the overall social, environmental and interpersonal conditions in which the population resides. Collectively, these measures denote quality of life.

(1) Demographics

According to the 1990 Census, there were 1,856 people residing in the project area. More recent counts by the Chicago Housing Authority cite an increase in this population by 32%, for a total of 2,462 residents as of December, 1994. This increase could be due to population growth or to an undercounting by the 1990 Census. Census data will be used in the following for comparisons to the Grand Boulevard community and to the city as a whole. Where possible, the most recent counts will be used.

The demographics of the project area are similar to those of the larger Grand Boulevard community, yet present an even greater severity of need. According to the 1990 Census, ninety-nine percent of the residents are African American, with Hispanics and Whites constituting the remaining 1%. Sixty percent of the residents are female, nearly half of whom are of childbearing age. The targeted population is younger than the greater Grand Boulevard population and the city as a whole. Within the five targeted buildings, 53% of residents are younger than 15 years old, well over Grand Boulevard's 32%, and nearly two and a half times the Chicago rate for this age group. Within the project area, 20.8% of the children are less than 5 years of age, twice the rate of the larger Grand Boulevard community and nearly three times the city rate of 7.8%.

The high proportions of young children in this community indicate the necessity of strong support systems from the adults they are dependent upon, and the overall community in which they reside. With one fifth of the population below the age of five, it is not surprising to find lower chronic disease morbidity and mortality, and a greater capacity for the development of communicable and vaccine preventable disease. Most significantly, the extremely high concentration of children in this area presents an exceptional opportunity for effective prevention interventions, allowing these estimated 1,304 children the occasion to grow into healthy, productive adults.

Population Distribution by Age and Geographic Area (1990 U.S. Census)			
Age Distribution	**Project Area**	**Grand Boulevard**	**Chicago**
< 5 years	20.8%	11.1%	7.8%
5-14 years	32.0%	20.5%	14.0%
15-24 years	18.5%	15.5%	15.7%
25-44 years	21.0%	24.3%	33.2%
45-64 years	6.3%	14.3%	17.4%
65-74 years	1.2%	7.3%	6.9%
75+ years	0.2%	7.0%	5.0%

(2) Socioeconomic Indicators

In October, 1994, the CDPH published the *Community Area Health Inventory*, a two-volume report presenting data on Chicago's community areas using various social, demographic, and health measures. *Volume I* presents the various measures arranged by community area, and *Volume II* uses the same measures as Volume I and ranks them by community area. According to this report, Grand Boulevard ranks in the bottom five worst community areas for seven of eight socioeconomic indicators. Narrowing the focus to the project area, it is apparent that the people who live in the targeted Robert Taylor Homes fare worse on all accounts than residents of the larger community.

The 1989 median household income in the project area is $5,452, and constitutes barely three quarters of the median household income of the larger Grand Boulevard area, which at $7,146 is ranked the fourth lowest of the 77 Chicago community areas. This project area measure is less than one-fourth of the citywide figure of $26,301. Nearly all of the project area residents, 86%, live below poverty level. This is significantly higher than the larger Grand Boulevard community, where 64.7% of residents live below poverty level, and four times greater than the city as a whole.

A large percentage of the project area residents living in poverty are children. Within the targeted population, 59.5% of the residents below poverty level are children under the age of 18. This compares to 49% in the Grand Boulevard community and 40% citywide. Eighty-five percent of children living below poverty level for these five targeted buildings are in families with only one parent: the overwhelming majority are from female-headed households where typically there is only one source of income.

Educational Achievement: Accompanying the project area's brutal impoverishment are associated indicators that further illustrate the economic destitution within this community. Educational attainment is closely linked to residents' access to employment and advancement.

In the targeted Robert Taylor Homes, only 34.6% of adults over 25 years of age are high school graduates, and none hold degrees at an Associate level or beyond. Comparatively, 45.4% of Grand Boulevard residents 25 years or older possess a high school diploma, with 8% holding higher degrees; and citywide, the percentage climbs to 66.4% high school graduates, with 24% of city residents holding higher degrees.

The Chicago Department of Human Services' Head Start Program developed indices to measure the developmental progress of children in the context of their community. These indices provide interesting indications of the developmental health of children in the project area.

To assess the *Total Quality of Educational Attainment*, the 1994 Head Start index cross examines median reading scores of children in early elementary school, the number of youth 16-19 who are not high school graduates and not currently enrolled in school, and the number of adults, 25 and older who have not reached or completed school. By percentages of residents with a lack of educational attainment, Grand Boulevard ranks second worst in the city.

Employment Rates: The disparities in educational achievement predictably play out in employment rates within the project area. Within the five targeted Robert Taylor Homes, 65.9% of the residents 16 and older and in the labor force are unemployed. This rate is nearly twice that of the larger Grand Boulevard rate of 34.1%, and nearly six times the citywide rate, which by national standards is considered high at 11.3%.

The following table provides a comparison of socioeconomic measures for the five targeted Robert Taylor homes, Grand Boulevard, and Chicago:

Socioeconomics by Geographic Area, 1990 Census

Measure	Project Area	Grand Boulevard	Chicago
Total population	1,856	35,897	2,783,726
1989 Median Household Income	$5,452	$7,146	$26,301
Population Below 100% Poverty Level	87.5%	64.7%	21.6%
Children < 18 in Poverty	93.4%	82.9%	33.6%
Population Unemployed	65.9%	34.1%	11.3%

(3) Health Status Indicators

Socioeconomic status is closely linked with health outcomes. In the Grand Boulevard community this is apparent in figures of morbidity, mortality, and maternal and child health. Through examination of these health indicators within the targeted area, the significant need for services explicitly emerges. Due to the fluctuations in numbers of cases, to ensure statistical reliability, the following measures are calculated using average annual cases for 1991-1993.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20410-0001

FAX TRANSMISSION

DATE: Aug. 23

NUMBER OF PAGES (including this page) 7

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Updated 6/16/94

PROGRESS ON THE $29 MILLION FEDERAL ASSISTANCE TO CHICAGO FOR COMBATTING VIOLENT CRIME IN PUBLIC HOUSING

ENFORCEMENT MEASURES

Amt. and Source of Assistance	Purpose	Status	Next Step(s)
$10,000,000 HUD - $5 million from HUD's public housing modernization emergency program and $5 million advanced from CHA's own unobligated modernization funds	**BITE Teams:** To fund additional B.I.T.E. teams (B.I.T.E. -- Building Interdiction Team Effort) which are used to secure building perimeters, patrol and search common areas and vacant apartments, challenge suspicious persons, and, with tenant consent, inspect occupied apartments	Three tracks: • To reprogram mod. funds, CHA must submit a budget revision for Yr.2 of the Comp Grant and a CGP application for Yr.3. Both of these documents were submitted to HUD on 6/13 which HUD has approved • HUD will issue $5m emergency mod funds to CHA; CHA will in turn transfer money to City • CHA and the City must enter into an Intergov't Agreem't (IGA); it has not been signed Note: CHA is providing abatement teams for the targeted developments while City and CHA finalize their IGA. Five abatement teams were launched on 6/14/94. Abatement teams are "suppression units" of CHA police officers who perform vertical patrols.	City and CHA are in the process of developing an IGA (IGA should include City's long-term commitment to increase security in these targeted developments; City has committed to making PH police presence a permanent item in budget) Chicago Police Dept. (CPD) will prepare a plan for hiring and deployment by ... ?
$500,000 [DOJ - Bureau of Justice Assistance]	**BITE Teams:** To enhance/expand the B.I.T.E. program	City must apply for funds and has not done so; BJA has pledged to approve funds in one day	Chicago Police Dept. are in the process of completing their application to DOJ. Application will be submitted by ... ?

ENFORCEMENT MEASURES (cont.)

Amount and Source of Assistance	Purpose	Status	Next Step(s)
$5,000,000 [HUD - Advance from CHA's unobligated modernization funds]	**"Rent-a-Cops":** To fund replacement of private security guards with CHA security at Robert Taylor and Stateway	CHA submitted a plan and timetable for replacement on 6/10; plan would require CHA to deploy 36 buildings in Robert Taylor and Stateway and increasing their police force by 200; plan includes timeline for deployment, screening applicants, hiring, training and weapons certification	CHA is implementing their plan; training for first group of recruits begins 6/27; first round of deployment begins 8/5; complete replacement by 1/1/95
$200,000 [DOJ - Bureau of Justice Assistance]	**Gun Trafficking:** To support a program to investigate and prosecute those engaged in illegal trafficking of firearms in and around CHA projects	City is working with ATF to develop an IGA to implement a program to investigate illegal trafficking of firearms	City is meeting w/ ATF IGA will be signed by... ? City will apply to DOJ for funds by ... ?
$10,000,000 [HUD - Advance from CHA's unobligated modernization funds]	**Vacancy Reduction:** To rehabilitate vacant apartments in Robert Taylor and Stateway to prevent safe havens for gangs to store weapons and drugs	HUD authorized CHA to reprogram funds in anticipation that CHA will receive vacancy reduction funds later in FY '94 CHA has identified primary and secondary buildings where they will concentrate 12-hr rehab. program to stabilize bldgs; CHA is planning to rehab. 160 units by end of July (turning around 40 units a week)	

ENFORCEMENT MEASURES (cont.)

Amt and Source of Assistance	Purpose	Status	Next Step(s)
$10,000,000 (cont.)	Vacancy Reduction (cont.)	HUD's vacancy reduction NOFA was published on 6/14 CHA submitted a short-term vacancy reduction plan on 6/10; the plan expands the role of the work crews beyond performing minor rehab. to include responding to work orders and addressing building code violations. 4 work crews began rehab on 6/13 (2 will be Step-Up crews composed of PH residents); repairs will be done in double shifts 7:00am - 7:30pm	CHA is implementing short term plan CHA will prepare a long-term rehab plan by 6/30/94
$150,000 [HUD - Advance from CHA's unobligated modernization funds]	**Tenant Patrols:** To help start up tenant patrols in the rest of the buildings of Robert Taylor and Stateway (e.g. training and equipment/armament)	CHA Board has approved reprogramming of funds CHA submitted a plan for establishing tenant patrols on 6/10; requires meeting with resident leaders to plan recruitment activities, launching a recruitment drive and training	Meetings with resident groups will begin week of 6/13 CHA will have recruitment flyers for tenant patrols posted in buildings by Fri. 6/17 Estimated timeframe to estab. tenant patrols for 40 bldgs: 3/96

PREVENTION MEASURES

Amount and Source of Assistance	Purpose	Status	Next Step(s)
$300,000 [HUD - Advance from CHA's unobligated modernization funds]	**Playgrounds/Recreation:** To rehabilitate playground facilities and other outdoor recreational areas at Robert Taylor Homes and Stateway	CHA and Park District signed IGA on 6/13 IGA included the following provisions: • $300,000 from mod. to support two community landscape projects and two new or renovated playgrounds – consultation process with resident leaders have begun on landscape projects; playgrounds have been identified (one in Stateway and the other at Robert Taylor) and rehab is in progress; • $10,000 from PHDEP for Dancin' in the Park -- one program has begun • $30,000 from PHDEP for Video Pen Pals -- one program has begun • $10,500 from PHDEP for mural projects -- no movement has been made; some questions remain regarding the $10,000 • $50,000 from Freddie Mac for beach trips – Freddie Mac and Secy. Cisneros will jointly announce new funds in Chicago on 6/24; program will kick-off 7/1	Renovations on playgrounds has begun

PREVENTION MEASURES (cont.)

Amount and Source of Assistance	Purpose	Status	Next Step(s)
$200,000 [HUD - Advance from CHA's unobligated modernization funds]	**Midnight Basketball:** To support midnight basketball programs	HUD will permit CHA to reprogram funds CHA is in the process of identifying staff and recruiting teams	Program at Robert Taylor and Stateway will begin in early July; however, CHA will sponsor basketball games at targeted developments on Fri. 6/17
$300,000 [DOJ - Bureau of Justice Assistance]	**Drug Prevention:** To create a drug prevention, intervention and treatment program, CADRE (Combatting Alcohol and Drugs through Rehabilitation and Education), at Robert Taylor Homes	The Center for Substance Abuse Treatment (CSAT) sent a notice of award on 6/14 to the State of Illinois	CHA will receive funds by ...? Implementation of new CADRE program will begin ...?
$2,000,000 [HUD - Family Investment Center funds]	**Family Investment Centers:** To rehabilitate supportive services facilities for residents; up to $300,000 may be used to directly fund such services as youth counseling, summer cultural activities, and after-school programs	FIC NOFA published in Federal Register on 6/6/94 HUD transmitted a grant approval letter to CHA on 6/13; HUD has already provided CHA with funds CHA has already contracted service provider to integrate $2m with Family Self-Sufficiency program; will be ready to provide range of services at release of funds	CHA is preparing an implementation schedule CHA has identified a tentative site for FIC near developments; final site selection will take place by... ? Site work should be completed by ... ?

PREVENTION MEASURES (cont.)

Amount and Source of Assistance	Purpose	Status	Next Step(s)
$150,000 [DOJ - Bureau of Justice Assistance]	**Boys and Girls Club:** To establish Boys and Girls Clubs at Robert Taylor Homes and Stateway	BJA has provided $2m to national organization, and nat'l org. has agreed to provide $150,000 to Chicago B&G Club to expand its activities to these targeted developments	B&G of America has the $150,000; B&G of Chicago has sent letter to national office to request the transfer of funds as soon as needs assessment is prepared Funds will be transferred by ... ?