

NUTS & BOLTS:
Improving the Health of Children in Poverty
*An Initiative by the Children's Health Foundation
of Western & Central New York*

QUANTITATIVE EVALUATION
JULY 1, 2006 to DECEMBER 31, 2006

A Report by the Columbia University Evaluation Team
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Nuts and Bolts Evaluation Report for the period of July 1, 2006 through December 31, 2006

This report details the services provided by Nuts and Bolts grantees over two quarters from July 1, 2006 through December 31, 2006. The quantitative section of this report is based on data provided by 13 sites; two sites, Diocese of Buffalo, and Kaleida-Jamestown (SBHCs) did not provide service-level data, which is consistent with the design and goals and objectives of their projects; the Boys and Girls Clubs of Buffalo did not provide a final report.

Summary of Results

Within the reporting period, which covers two quarters, a total of 5,495 children were served by the Nuts and Bolts Initiative (herein referred to as the “total sample”). Since a majority of the sites are located in the Buffalo region, a larger proportion of children served were from Western New York, than Central New York. Mental health services represented the majority of services provided (76.8%); 21.6% of the children received physical health services, and oral health services accounted for 4.0% of the services provided.

A majority of the children served, close to 74%, were in the Western New York Region. A larger proportion of boys (57%), and children of color were more likely to be served than White children. Within the zip codes targeted by the Nuts & Bolts Initiative (herein referred to as the “targeted zip codes”), Black children made up the largest proportion of children served, accounting for 50% of the sample, and the children served were more likely to have public insurance than private insurance.

Data limitations

The findings in this report should be considered preliminary. As mentioned above, one site did not provide a final report, and there are a number of inaccuracies within the raw data. Although grantees were asked to report on both total number of services provided and total number of children served, they did not all do so. As a result, it is difficult to determine how many individual children were served, and how many received multiple services or made multiple visits for a particular service. Some sites have suggested that they are unable to capture data by individual, and are only able to report on services delivered. Other possible reasons for these discrepancies include lack of availability of data on all children, and inaccurate reporting. We continue to address these issues with sites.

Location of sites

Eleven of the sites (69%) are located in the Buffalo or Western New York region. Five of the sites are providing services in the Syracuse/Central New York region. A larger number of children were served in Western New York (4044) than in Central New York (1494), reflecting the fact that a greater number of sites are located in Western New York. This difference notwithstanding, a larger proportion of children from the targeted zip codes were served in Central New York, and a larger proportion of those served in targeted zip codes in Central New York were on public insurance or were

uninsured than in Western New York. These data are detailed in the section on services by region (page 4).

Types of services provided

Sites reported four main types of services being provided – **Physical health, Mental health, Oral health and Other**. Six (6) sites reported working on Mental health, 4 sites in Physical health, 1 site reported working on Oral health, and 5 sites reported Other. The Other category included a fetal infant mortality/morbidity registry/review; a case management and registry system; a summer camp program; a school-based health center; and prevention and education for Somali Bantu refugees.

Bearing in mind that some sites reported providing more than one type of service, types of services delivered by region are:

Western region (Buffalo and area): Mental health (5 sites), Oral health (1 site), Physical health (2 sites), Other (4 sites)

Central region (Syracuse and area): Mental health (2 sites), Oral health (1 site), Physical health (2 sites), Other (2 sites)

Characteristics of the population served

Based on those who reported providing services, 5,495 children were served during the reporting period. ***When compared with data from the first reporting period January 1, 2006 to March 31, 2006, when 40.2% of the children were from the target zip codes, a larger proportion of children, 51.8% were from the target zip codes in the current reporting period.***

Within both the total sample and the targeted zip codes, the proportion of boys served was higher than the proportion of girls. Boys made up 57% of the total sample and 58% of the children in the targeted zip codes, while girls accounted for 43% and 42% of the total sample and targeted zip codes respectively.

When assessed by age, within the total sample, children between the ages of 5 through 11 represented the largest group served (36.3%); children under the age of 5 represented the smallest proportion (26.2%). Interestingly however, within the targeted zip codes, children under the age of 5 represented the largest group served (39.9%), followed by 5- 11 year olds (*Table 1*).

Table 1. Children served by Nuts & Bolts Initiative: Age

Age (Years)	Total Sample (N=5495)	Target Zip Codes (n=2848)
0-4	26.2%	39.9%
5-11	36.3%	26.5%
12-17	34.8%	25.1%
18 +	2.8%	3.0%
Don't know	0.3%	0.2%

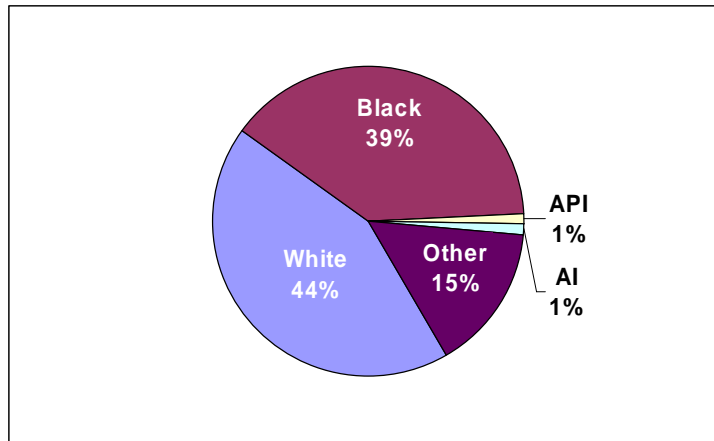
* Please note: proportions within the targeted zip codes do not compute to 100% as one site did not report accurate data.

Race and Ethnicity

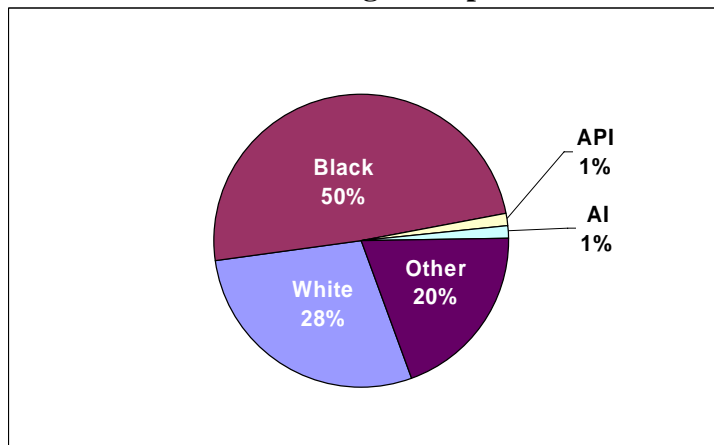
Race and Ethnicity, which were treated as distinct categories, were not reported for 642 children. The analyses that follow are based on children for whom race and ethnicity data were available (N = 4853).

In both the total sample and the targeted zip codes, children of color were more likely to be served than White children. White children accounted for 44% of the total sample of children served by the Initiative; they accounted for 28% of those served in the targeted zip codes. Within the targeted zip codes, Blacks accounted for the largest proportion of children served (50%). By ethnicity, 16% of the children served were Hispanic. *Proportions of children served by race is detailed in Charts 1 & 2 below.*

**Chart 1. Children served by the Nuts & Bolts Initiative, by race:
Total sample**



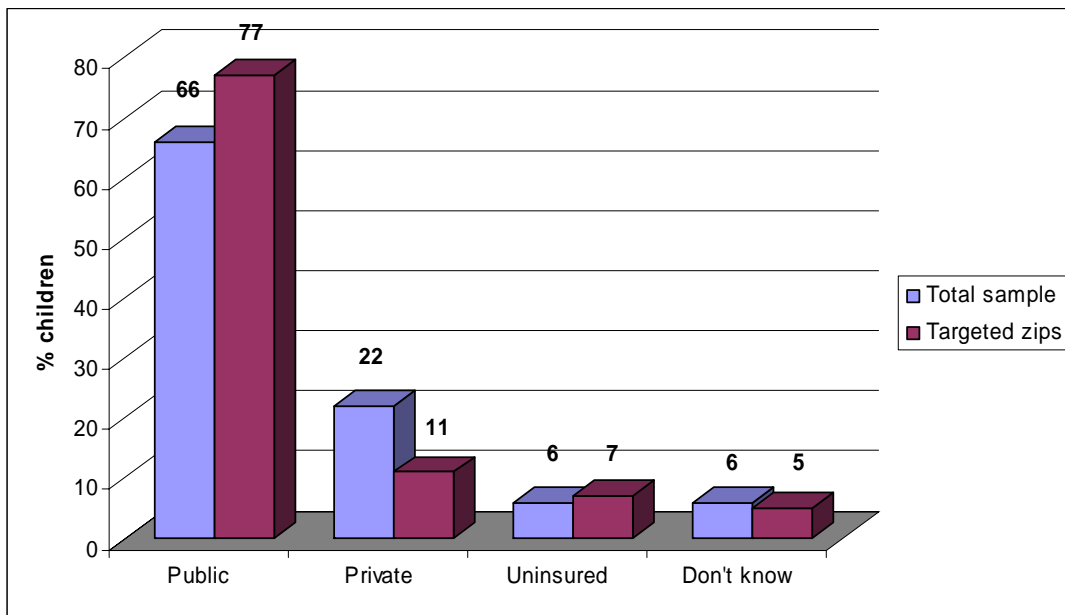
**Chart 2. Children served by the Nuts & Bolts Initiative, by race:
Within targeted zip codes**



Insurance Status

When the data were assessed by Insurance status, it is evident that an overwhelming majority of the children served either had public insurance or were uninsured – accounting for 72% of the total sample of children served. As could be expected, a higher proportion of those served in the targeted zip codes, 84%, had public insurance or were uninsured. The proportion of children with private insurance in the targeted zip codes was half of that in the total sample, suggesting that the sites are making considerable efforts to target the hardest to reach in the Initiative’s targeted zip codes (Chart 3).

Chart 3. Comparison of insurance status: Total sample and targeted zip codes



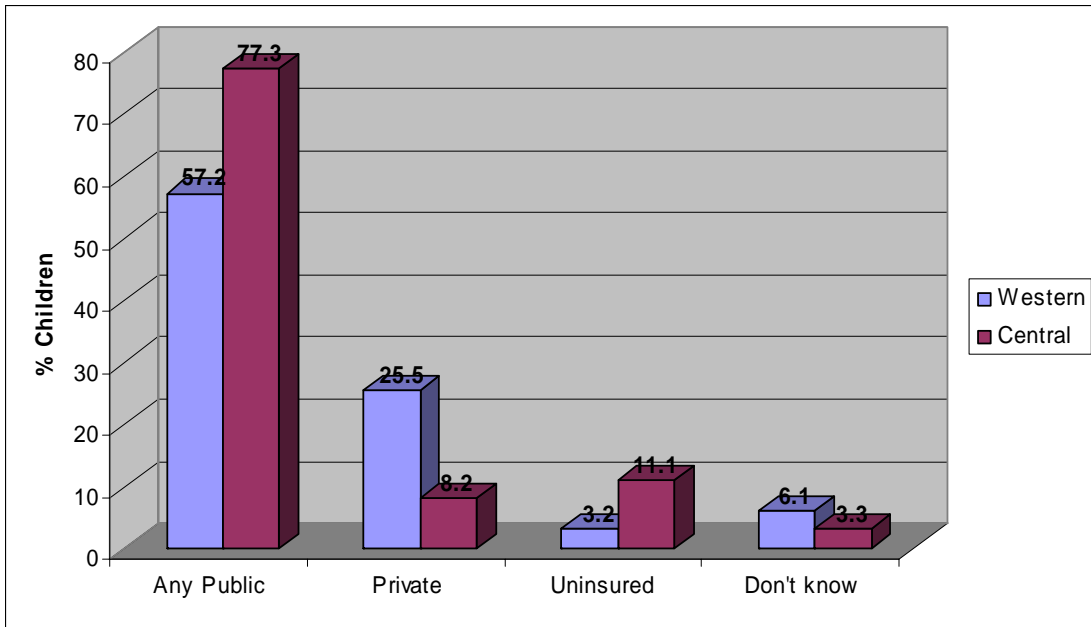
Children served by region

The majority of the children, 4044, were from the Western/Buffalo region (72.8%), compared to Central/Syracuse region, which accounted for 27.2% or 1494 of the children served.

Although a larger proportion of total sample of children served were in the Western region, a higher proportion of those served were from the targeted zip codes in the Central region. Of those served within the Western region, just over a third (38.9%) were from targeted zip codes, whereas 86.5% of the children in the Central region were from targeted zip codes.

When the two regions were compared by insurance status, similar trends were noted – a higher proportion of children with public insurance were served in the Central region than in the Western region. These differences remain when the data are stratified by targeted zip codes within the regions. (Charts 4a and 4b)

**Chart 4a. Comparison of children served within Western and Central regions:
Total sample**



**Chart 4b. Comparison of children served within Western and Central regions:
Targeted zip codes**

