

The Salvation Army Kroc Center: An Innovative Approach to Urban Social Programming

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Summary

The Salvation Army Kroc Center of Philadelphia is a state-of-the-art community center uniquely situated at the juncture of several struggling and affluent Philadelphia neighborhoods. Through its facilities and programs, the Kroc Center is working to narrow the disparity in access to enrichment opportunities that exists between low-income and affluent communities. By providing high-quality programs, facilities and opportunities, and maintaining a commitment to high achievement standards, the Kroc Center is inspiring residents in low-income communities to expect more of themselves, both enhancing residents' dignity and challenging conventional methods of providing temporary assistance to needy families. A secondary goal of the Kroc Center is that newly empowered citizens, motivated to change their own lives for the better, will also have a positive impact on their community as a whole. This article discusses the need and impetus for construction of the Kroc Center, and

describes its facilities, innovative qualities, social return on investment and replicability.

The Problem: Disparities in Access to Resources for Enrichment

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The opportunity for physical, academic, athletic and spiritual betterment is something everyone deserves, regardless of age, race or class. Relative to their more affluent counterparts, however, residents of disadvantaged communities typically lack access to these opportunities. This inequity contributes to multiple health and social problems. Evidence shows that people living in lower socioeconomic status neighborhoods have an increased prevalence of health problems and that higher rates of vandalism, neighborhood disturbances, litter and lack of entertainment and shopping are linked to poor health, psychological distress and impaired physical function (Steptoe and Feldman 2001). Residents in low-income communities are also more frequently unemployed and underemployed. In the fourth quarter of 2009, underemployment was 13 times higher among workers in the lowest income bracket than among workers in the top income brackets. The unemployment rate for those in the bottom income bracket was close to 31 percent, nearly 10 times higher than in the top bracket

(Sum and Khatiwada 2010).

Further compounding the plight of low-income neighborhoods is the lack of access to affordable facilities that foster personal and socioeconomic growth. Treuhaft and Kapryn (2010) observed that low-income areas tend to have half as many supermarkets and more than twice as many mini-marts as compared to middle- and high-income areas, and food stores in low-income neighborhoods are more likely to stock unhealthy foods as well as offer lower-quality items with higher prices. Since ease of access to healthy food is correlated with healthier eating (Treuhaft and Karpyn 2010), it seems evident that residents of lower-income neighborhoods are significantly constrained in their ability to practice healthy eating habits, contributing to higher rates of obesity and other health problems.

Similar disparities exist between low-income and affluent neighborhoods with regard to access to extracurricular activities and enrichment opportunities. Researchers found just 23 activities per 1,000 youth in the urban community, compared to 71 per 1,000 youth in the suburban community. In addition, programs offered to youth in underserved communities were frequently preventive in nature, such as drug prevention and pregnancy prevention, while those available in suburban communities were generally oriented around sports, art classes, music lessons and clubs (Littell and Wynn 1989 cited in Miller 2003).

Locally, the problem of social disparities is further complicated by the high dropout rate among Philadelphia high school students, which is particularly concentrated among low-income students (Neild and Balfanz 2006). Among schools with a very high poverty population, over 25 percent of students were dropouts or near-dropouts. The dropout rate in the Kroc Center's Tioga neighborhood is nearly 20 percent. Schools characterized by the highest rates of poverty house half of the city's high school students, yet they account for 71 percent of the city's dropouts (Neild and Balfanz 2006).

The Story: Deficient Institutional Opportunity and Personal Perseverance

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Philadelphia, like all major cities across the country, is grappling with the social consequences of poverty and inequality in resource allocation. The Kroc Center is located in an area of Philadelphia that previously thrived, where many residents were employed in a nearby industrial park. However, as the factories closed, the community entered a period of decline and the neighborhood has faced numerous challenges.

Communities may become and remain disadvantaged because of failures within two primary competing forces:

the structure of institutions such as government and corporations, and the psychological well-being of the community residents. A failure of the former occurs, for example, when federal aid is insufficient to provide healthy food or when ineffective government incentives leave corporations indifferent toward investing in disadvantaged areas. Failure of the second is manifested in the hearts and minds of the community members themselves. According to this argument, it is the responsibility of individuals to disengage from the cycle of poverty on their own accord, through determination and diligence (Unger and West 1998; Dyson 2009).

These factors were a catalytic force behind the creation of the Salvation Army Kroc Center. Currently there are 11 Kroc Center locations nationally, with an additional 15 locations scheduled to be built over the next several years (Salvation Army: Kroc Centers, n.d.). Philanthropist Joan Kroc had a vision to build state-of-the-art community centers in underserved areas and, in 1998, donated \$90 million to the Salvation Army to build the first Kroc Center in San Diego, California. The mission of the Center was to ensure that everyone, regardless of background, had an equal opportunity to achieve personal transformation (Salvation Army Kroc Center of Philadelphia, About Us 2010). After the San Diego Kroc Center opened in 2001, and witnessing its success, Mrs. Kroc bequeathed \$1.5 billion to the Salvation Army for construction of similar centers around the country.

The Salvation Army Kroc Center of Philadelphia, which opened on November 1, 2010, is a continuation of Joan Kroc's dream. The Philadelphia Kroc Center seeks to provide programs that address the health, educational, recreational, economic and spiritual needs of its members. The programs, as well as the building itself, have been designed to "stimulate the mind, body and spirit, to provide hope, and to transform the life of each and every member of the community" (Salvation Army Kroc Center of Philadelphia 2010). The Kroc Center is unique in its efforts to address the main contributors to disadvantaged communities—the viability of area buildings and infrastructure as well as residents' psychological well-being. Both types of investment help to empower community members to achieve better outcomes (Swift and Levin 1987 cited in Perkins and Zimmerman 1995; for a further discussion of empowerment see Rappaport 1987; Zimmerman 1995).

The Innovation: Offering Underserved Populations World-Class Facilities and Services

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A great deal of social inequality can be traced to disparities in resource allocation and availability. More

affluent communities have access to a greater range and a higher caliber of resources than low-income communities (Littell and Wynn 1989 cited in Miller 2003). With this in mind, the central mission of the Kroc Center is simple and yet innovative: Raise expectations and outcomes in underserved populations by offering world-class facilities and services. The Kroc Center offers a wide spectrum of services to its members, including educational services and job training, fitness opportunities, and programs related to spirituality. Based on the central tenets of community involvement, self-improvement and family cohesion, the Kroc Center is supplying the residents of Philadelphia with the tools necessary to transform their lives and acting as a catalyst for change, creating ripple effects that will spread and eventually touch the entire community.

The Kroc Center's facilities are expansive, sitting on 12 acres in North Philadelphia. The entryway of the main building is dominated by a large stained-glass window, which leads the way to the lounge, complete with a fireplace. There is a two-story fitness center, family aquatic center, competition-grade pool, basketball courts, soccer fields, multimedia education and arts classrooms, worship and performing arts center, conference and training centers, public café, and garden where planting begins every season. The aquatic center features a lazy river, lap swim pool, and separate warm water pool, making it the perfect place for families to spend time

together. The on-site café sells healthy meals and snacks and barista-prepared beverages to enjoy indoors or outside in one of the picnic areas. The food prepared in the Kroc Center's professional-grade kitchen offers healthy choices, with a great portion of the organic produce cultivated in their horticultural area. A variety of school-age sporting teams, including swimming, lacrosse, soccer and football, make use of the Kroc Center's Olympic-level pool, synthetic turf field and stadium lighting. Recently the Kroc Center hosted the Army and Navy swimming teams for a competition, and a local farmer's market has partnered with the Kroc Center to provide low-cost access to locally sourced foods.

The Kroc Center's flagship initiative, executed in partnership with nationally recognized swim coach Jim Ellis, is to develop and administer a swim program to be housed within the Kroc Center's aquatic center. A primary focus of Ellis and the Kroc Center is to bring into the program minorities—African Americans in particular—who historically have lacked exposure to or opportunity to participate in swim programs.

Ellis's intention is to change the perception of swimming as a predominantly Caucasian, suburban-only sport, by basing his swim program in a disadvantaged, majority African American community. Both Ellis and the Kroc Center aim to transform the lives of young African Americans by teaching them to swim, believing that giving young people the chance to participate in such a program

will teach them much more. Ellis is acting as a mentor to the youth at the Kroc Center, helping them build self-esteem, confidence and pride. He says, "The need for a world-class swim center in Philadelphia is so great right now. Having access to swimming programs not only gets at-risk kids off the streets, it inspires them to lead healthy lifestyles and have goals and dreams" (Salvation Army of Greater Philadelphia 2008).

After-school programs are strongly emphasized at the Kroc Center, with a focus on academics and the arts. Alyson Goodner, Assistant Program Director for the Kroc Center, wants to ensure that, while the programs are academic in nature, they are very different from what students experience at school. The aim is to implement multifaceted programs that incorporate academics, the arts and athletics, so that participants have the opportunity to experience the interconnectedness of sports, creativity and academic learning. Too often, athletics and, to an even larger extent, artistic experiences are segregated from academics, and valuable opportunities for self-discovery are lost. Bridging the gap between athletics, arts and academics offers a more holistic, meaningful learning experience, and at the same time provides a more well-rounded approach for tracking a child's progress.

The Kroc Center, with its high-quality facilities and robust service offerings, stands as a beacon of hope, facilitates positive experiences for its members, fosters family

cohesion, supports community involvement and encourages self-improvement. As a function of the Kroc Center's influence, the potential for positive engagement in the community increases significantly, both from community residents and outside stakeholders. For instance, having the Kroc Center in place may encourage government involvement to support or replicate its programs. Corporations and private foundations may be moved to expand into or invest in the area. Property values in the neighborhood may increase, benefiting homeowners and business owners. And, most importantly, community members may experience personal growth that will lead to better opportunities within their own daily lives. This potential will be met and sustained only with involvement by the aforementioned and the community for which the Kroc Center was built.

Social Return on Investment (SROI)

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With its multifaceted approach to self-improvement, and a particular emphasis on fitness and youth programming, the Kroc Center generates a notable SROI by contributing to a reduction in the number of high school dropouts and by increasing the fitness levels of its members. Failure to complete high school and poor health are known to be major financial drains on society, and the projected positive financial impact of improving each can be

calculated.

Numerous studies have shown a direct correlation between extracurricular activities and graduation rates. One study found that participation in athletic activities significantly reduces a student's likelihood of dropping out (McNeil 1995). Another study found that students participating in athletics were 5 percent more likely to aspire to college attendance than non-participating students. That number doubled to 10 percent if sports participation was paired with an additional form of extracurricular participation (Lipscomb 2006, cited in Hartmann 2008).

It is clear that "engagement in school extracurricular activities is linked to decreasing rates of early school dropout in both boys and girls" (Mahoney and Cairns 1997: 248). Furthermore, there is a direct correlation between level of education and salary (Fogg et al. 2009). As more at-risk youth become members of the Kroc Center and participate in its athletic and academic programs, the likelihood of high school graduation and college attendance rises, thus allowing for higher annual earnings.

Kroc Center SROI calculations concentrate on the 1 in 3 participants who receive a 50 percent scholarship to be a member. Smith's (2007) findings on the impact of extracurricular activities on high school graduation and postsecondary education rates provide the framework for estimating impact. The assumption is that participants will

graduate and enter postsecondary education when they participate in two to three Kroc Center activities and average annual earnings by education level. The SROI calculations are based upon Fogg et al. (2009) for annual earnings by education level.

Looking at the anticipated first-year membership numbers (5,000 members; 1,650 on scholarship), the Kroc Center will have 825 youth members on scholarship. Assuming that 20 percent of these students are projected to not graduate from high school (the School District average is currently about 40 percent), there are 165 potential dropouts. The anticipated impact of membership in the Kroc Center for those 165 students is that 24 drop out; 56 become high school graduates; and 85 enter postsecondary education. When those figures are multiplied by the average annual earnings for each education level (Fogg et al. 2009), the programs offered by the Kroc Center project an annual SROI of \$3,593,855.



In addition to offering after-school programs, the Kroc Center strives to improve the health of its members. In particular, by offering a wide variety of sporting activities as well as healthy food, the Kroc Center's programs are designed to counteract increasing rates and severity of obesity, which is known to add to individual and system-

wide healthcare expenditures. In Southeastern Pennsylvania, 22 percent of the population is obese (Community Health Data Base 2003). According to one study, the average individual increase in annual medical spending associated with obesity is \$732 (Finkelstein et al. 2003).

Based on an anticipated membership of 5,000, and assuming the 22 percent obesity rate translates across this population, 1,100 of the Kroc Center members are obese. The annual Kroc Center membership fee for an individual is \$429, or \$215 for a member receiving a 50 percent scholarship. To determine the SROI of the Kroc Center's health and fitness interventions, subtract the cost of the annual Center membership fee from the individual annual increase in medical spending associated with obesity to calculate the approximate amount saved annually per member.



Combining these two SROI valuations provides us with the total projected SROI for a typical family of four that the Kroc Center is targeting for membership. Assumptions for purposes of these calculations are that the family consists of two parents, one of whom is obese, and two children, both of whom are at risk of dropping out of high school. The SROI for the family would be as follows:



Replicability/Scalability

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There are 11 Kroc Center locations across the United States, the first established roughly 10 years ago. In order to ensure their sustained scalability and replicability, both operating and planned Kroc Centers must cooperate and collaborate to share and, to the extent possible, standardize performance measurements, financial data, strategy, and best and worst practices. This extremely valuable information will encourage critical thinking about the short- and long-term strategies to enrich outcomes. It could also shed light on whether the Kroc Center network, in an attempt to replicate or scale, should measure long-term impacts, or should focus on shorter-term outputs and outcomes (Ebrahim and Rangan 2010).

Through focused growth and information sharing, the Kroc Centers should continue to grow sustainably. While discussions about replication of the model are necessarily limited by the extreme scope of the philanthropic donation that launched this platform for change, the mission and theory of change at work within the organization are scalable and worthy of adoption. Raising standards and expectations through high-quality services can be

replicated by all organizations that serve low-income communities. The focus on high expectations and self-dignity also challenges the traditional way social services are delivered and has implications that could change the way social programs are implemented throughout the country.

Conclusion

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The mission of the Kroc Center is to stimulate and transform the entire community of North Philadelphia. It aims to do this by providing residents with the tools necessary to feel empowered individually and as a community. To build a state-of-the-art, \$100 million facility at the crossroads of several of Philadelphia's most impoverished neighborhoods speaks volumes to the community and potential investors. The belief behind the Kroc Center is that North Philadelphia is not broken, but rather is a neighborhood that is ripe with untapped potential.

At its most basic level, the Kroc Center provides fitness facilities, athletics, and academic and artistic after-school programs. If members take advantage of these opportunities, they will improve their health and education, and ultimately quality of life. Ideally, the positive activity going on inside the Kroc Center will influence activity within the community at large.

To positively transform disadvantaged communities, investment is needed in both the infrastructure and physical environment and the psyche of the people living and working in the area. In the case of the former, resources for socioeconomic development are channeled to the structure of institutions in the respective environment. This can occur, for example, by changing governmental policy, ownership structure in corporate institutions, or the operational structure of nonprofit institutions. In the latter case, resources for economic development are focused on individual enrichment and empowerment. This is evidenced by health, education and financial support and awareness programs.

The Kroc Center of Philadelphia stands as a hybrid institutional form, focusing resources on the quality of both the facilities and programs delivered. Although it has been roughly 10 years since the inception of the first Kroc Center and the model appears to have achieved success nationally, an increase in public information regarding operations, such as proven best and worst practices, will secure its sustainability and aid in the replication of the model to the extent feasible given the extraordinary founding financial circumstances of the Kroc Center. The Kroc Center network may not be the first of its kind, but right now it is the best of its type, and expansion of its values and practices could contribute to reduced incidence of poor health and high school dropout rates in underserved urban communities.

Kayci Weimer and Charles Harrison both received a Master of Science in Nonprofit/NGO Leadership from the University of Pennsylvania's School of Social Policy & Practice in May 2011.

References

References

Community Health Data Base. (2003, April 1). The Obesity Epidemic in Southeastern Pennsylvania. <http://www.chdbdata.org/datafindings-details.asp?id=6> (accessed January 5, 2011).

Dyson, M. (2009). *Can You Hear Me Now?: The Inspiration, Wisdom, and Insight of Michael Eric Dyson*. New York: Basic Civitas Books.

Ebrahim, A. S., and V. K. Rangan. (2010, May). *The Limits of Nonprofit Impact: A Contingency Framework for Measuring Social Performance*. Harvard Business School Working Paper, No. 10-099.

Finkelstein, E., I. Fiebelkorn, and G. Wang. (2003). National Medical Spending Attributable to Overweight and Obesity: How Much, And Who's Paying? *Health Affairs* 22(1): 219-226.

Fogg, N., P. Harrington, and I. Khatiwada, I. (2009, September). *The Tax and Transfer Fiscal Impacts of Dropping out of High School in Pennsylvania*. Center for

Labor Marker Studies, Northeastern University.

Hartmann, D. (2008). *High School Sports Participation and Educational Attainment: Recognizing, Assessing, and Utilizing the Relationship*. University of Minnesota, Department of Sociology, Report to LA84 Foundation.

Mahoney, J., and R. Cairns. (1977). Do Extracurricular Activities Protect Against Early School Dropout? *Developmental Psychology* 33(2): 241-253.

McNeil, R. Jr. (1995). Extracurricular Activities and High School Dropouts. *Sociology of Education* 86(1): 63-80.

Miller, B. M. (2003). *Critical Hours: Afterschool Programs and Educational Success*. Quincy, MA: Nellie Mae Educational Foundation. Available at http://www.nmefdn.org/uploads/Critical_Hours.pdf (accessed December 23, 2010).

Neild, R., and R. Balfanz. (2006). *Unfulfilled Promise: The Dimension and Characteristics of Philadelphia's Dropout Crisis, 2000-2005*. Philadelphia Youth Network, John Hopkins University and University of Pennsylvania. Available at http://www.csos.jhu.edu/new/Neild_Balfanz_06.pdf (accessed January 5, 2011).

Perkins, D. D., and M. A. Zimmerman. (1995). Empowerment Theory, Research, and Application. *American Journal of Community*

Psychology 23(5): 569-579.

Rappaport, J. (1987). Terms of Empowerment/Exemplars of Prevention: Toward a Theory for Community Psychology. *American Journal of Community Psychology* 15(10): 121-148.

Salvation Army of Greater Philadelphia. (2008, June 4). Nationally Acclaimed Swim Coach Jim Ellis Speaks Up About Planned Salvation Army Aquatic Center. https://www.use.salvationarmy.org/use/www_use_philadelphiadhq.nsf/vw-news-34/BE0AB8F9C7AA6EB08525745F004AD5FF?opendocument (accessed January 10, 2011).

Salvation Army: Kroc Centers. (n.d.). <http://www.salvationarmyusa.org> (accessed January 10, 2011).

Salvation Army Kroc Center of Philadelphia. (2010). <http://philadelphiasalarmykroc.org> (accessed January 10, 2011).

Smith, J. (2007). Between the Lines, on the Stage, and on the Club: Additional Ways Students Find to Overcome Disadvantage Through School. In B. A. Arrighit and D. J. Maume (Eds.), *Child Poverty in America Today: The Promise of Education*. Westport, CT: Praeger Publishers, 102-116

Steptoe, A., and P. Feldman, P. (2001, August).

Neighborhood Problems as Sources of Chronic Stress: Development of a Measure of Neighborhood Problems, and Associations with Socioeconomic Status and Health. *Annals of Behavioral Medicine* 23(3): 177-185.

Sum, A., and I. Khatiwada. (2010, February). *Labor Underutilization Problems of U.S. Workers Across Household Income Groups at the End of the Great Recession: A Truly Great Depression Among the Nation's Low Income Workers Amidst Full Employment Among the Most Affluent*. Center for Labor Market Studies, Northeastern University.

Swift, C., and G. Levin. (1987). Empowerment: An Emerging Mental Health Technology. *Journal of Primary Prevention* 8: 71-94.

Treuhaft, S., and A. Karpyn. (2010). *The Grocery Gap: Who Has Access to Healthy Food and Why It Matters*. Oakland (CA): PolicyLink and The Food Trust.

Unger, R., and C. West. (1998). *The Future of American Progressivism*. Boston: Beacon Press.

Zimmerman, M. A. (1995). Psychological Empowerment: Issues and Illustrations. *American Journal of Community Psychology* 23(5), 581-599.