Shared Prosperity Kalamazoo as a Solution to the City of Kalamazoo’s Impoverished

Maurice L. Washington Jr.
B.S. in Social Work
Advisors: Dr. Donald Cooney of the Social Work Department & Dr. Karl Hokenmaier of the Political Science Department
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Introduction

 “When you change what you believe, you change what you can do” - American Author, Spencer Johnson

 General Thesis Goals:
  • Poverty is an issue…
  • An issue that “we” can combat (reduce); not solve

 Specific Thesis Goals:
  • Treatment Plan Emphasized Approach/Model
  • Research informed practice of analysis and recommendations for Shared Prosperity Kalamazoo
“A dichotomy between Social Work and Politics” (One or the other) (Why not both?)

Sociological, Cultural and Psychological + Political = Ecological (relations of living organisms to one another and to their environments)

Thesis is Ecologically Based
Motivation Behind Work

- According to the American Community Survey (2009-11), only 17% of cities within the United States with a comparable population size to the City of Kalamazoo, have worse poverty rates for all its citizens.

- More troublesome, only 4% of cities within the United States with a comparable population size to the City of Kalamazoo have worse poverty rates for children (Cooney, Moore & Ready, 2014).

Poverty Rate for Individuals: 2000 and 2008-2012

Percentage %

- Kalamazoo City: 2000 (34%), 2008-2012 (24%)
- Kalamazoo County: 2000 (19%), 2008-2012 (12%)
- Out-County: 2000 (7%), 2008-2012 (13%)
- Michigan: 2000 (17%), 2008-2012 (8%)
- USA: 2000 (10%), 2008-2012 (16%)

Shared Prosperity Kalamazoo

- ...functions as a treatment plan based on its overarching goal of fostering independent actions from all stakeholders involved that all contribute to the collective goal of garnering prosperity for everyone (in the process, reducing poverty for the impoverished).

- This overarching goal to gain prosperity for everyone through collectivity is centered on the notion that a City with high levels of poverty hurts everyone not just the impoverished.

A treatment plan begins with a collective goal in which those affected have a stake in its creation as they are the beneficiaries. Followed by this are the objectives and then there are the action steps to accomplish the objectives. Furthermore, the goals have to be S.M.A.R.T. goals: specific, measurable, attainable, realistic/relevant and timely.

Micro vs. Macro Practicality Exs.

- Micro: The clinician will enroll Mr. Bradley in educational sessions on improving *coping skills* and he will attend this 1 hour a week every Tuesday for 2 months at the Borgess Health Center (located at 3025 Gull Rd.).

- Macro: SPK representatives will have an hour long Convening for Action meeting at City Hall (241 W. South St.) w/Businesses (on a voluntary basis) every last Thursday of the month for the duration of 6 months to continue supporting implementable practices that can better affect *low income employee retention rates*.
Research Informed Practice


- Both have used the micro treatment model and SMART approach to some extent for their macro anti-poverty initiatives.


Results from Research

- It takes a village…
- Brand the issue for particular audiences
- Generate small success
- Effective conversations w/Employers*
- Intentionality/Evaluation
- Transparency
- Establish a devoted organizational entity w/full time members: criteria (CEO vs. NWCT)
- Leadership? (Future Exploration)
Concluding Remarks & Significance for Shared Prosperity Kalamazoo

- Major stakeholders’ involvement in Shared Prosperity Kalamazoo (Direct/Indirect)?
  - Borgess/Bronson: Local Sourcing
  - KVCC: Workforce Development
  - K College: Research
  - Stryker: Jobs (living wage jobs)
  - WMU (Student Centered?): Early Childhood Development, Interns/Field Experience, Research, Tutors, Volunteers etc.
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Questions? Comments.