Place, Race, Poverty, and Young Children

Imperatives and Opportunities to Build Equitable Early Childhood Systems

Charles Bruner, Learning Collaborative Presentation
AMCHP Conference, March 6, 2017
The BUILD Initiative (BUILD) & the Child and Family Policy Center (CFPC) launched the Learning Collaborative on Health Equity and Young Children – to achieve health equity in the earliest years of life.

Funding from the Robert Wood Johnson Foundation as part of its Building a Community of Health emphasis.
Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.

– World Health Organization

Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

– Healthy People 2020
Converging Research and Understanding – Implications for State Policy

1. The Importance and Uniqueness of the First 1000 Days
2. The Intersection of Poverty, Place and Race
3. Emerging Political Recognition of the Need for New Responses
4. Implications for AMCHP and Opportunities for Family Support and Primary Young Child Health Care
1. The Importance and Uniqueness of the First 1000 Days
## Development in the First 1000 Days

### First 1000 Days

- Bonding and attachment
- Developing a sense of security with the world
- Walking and talking
- Learning through serve-and-return activities

### Second 1000 Days

- Socialization and learning in groups
- Language and literacy skills
- Complex motor skills
- Learning gender, racial, and cultural differences and roles

### Outside the Family Contacts and Connections

- Well-child visit during yr. (91%)
- Formal child care (14%)

- Well-child visit during yr. (85%)
- Formal child care (38%)
Science on Critical Needs for Positive Health Trajectories in First 1000 Days

• Protective Factors (CSSP – Strengthening Families)
• Adverse Childhood Experiences (Center for Disease Control and Prevention)
• Resiliency (American Academy of Pediatrics)
• Epigenetics (Genetics)
• Neurobiology (Brain Research)
• Toxic Stress (Center on the Developing Child)
• Social Determinants of Health (CDC/Healthy People 2020)

Harry T. Chugani, MD, PET Center Director, Chief of Pediatric Neurology and Developmental Pediatrics, Children’s Hospital of Michigan
...and What Science Spells Out

P - Protective Factors
A - Adverse Childhood Experiences
R - Resiliency
E - Epigenetics
N - Neurobiology
T - Toxic Stress
S - Social Determinants of Health

AMCHP March 2017
Conclusions from P.A.R.E.N.T.S. Science and Research on the Role of Families

• Parents are their child’s first teacher, nurse, safety officer, and guide to the world – and need additional support if their child experiences physical, developmental, social, or behavioral disabilities.

• The safety, consistency, and nurturing in the home health and learning environment is critical and foundational to ensuring positive health trajectories (CDC).

• Inclusion and cultural responsiveness in the earliest years are key to combating bias, discrimination, and devaluation that produce stress and diminish resiliency for children of color (and promote adverse impacts on those who learn to be prejudiced).

Outcome One for young child health is a safe, stable, and nurturing home (and community) environment.
Important Social Policy Questions:
• What can we do to end poverty in the next generation?
• What we do to reduce chronic disease and its costs?
• What we do to reduce school dropout and adolescent pregnancy?
• What we do to ensure the next generation becomes the workforce for our future?
• What we do to reduce delinquency, crime, and incarceration?
• What can we do to eliminate disparities and inequities, by race, language, and socio-economic status?

Significant Part of the Social Policy Answer:
• Invest in strengthening families in the First 1000 Days
2. The Intersection of Poverty, Race and Place
Poverty, Race, and Young Children: Intertwined and Profound

- **Poverty** affects material well-being but also affects relative status and opportunity for growth and development in society. Poverty creates stress and makes parenting that much more difficult. Poverty is greatest among **young children** and has implications upon all aspects of healthy growth and development.

- Young **children of color** are much more likely than white children to experience **poverty**. They and their families also are much more likely to experience social and structural **discrimination, exclusion, and marginalization** that are hazardous to future healthy development.

- This includes geographic segregation and the need for place-based responses that support families with young children, ones that are culturally and linguistically responsive and reciprocal.
Young Children of Color by Far the Most Economically Disadvantaged

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% of Poverty</th>
<th>100-199% of Poverty</th>
<th>200-299% of Poverty</th>
<th>300-399% of Poverty</th>
<th>400+ % of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, NH</td>
<td>16.3%</td>
<td>19.7%</td>
<td>17.4%</td>
<td>14.6%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>36.1%</td>
<td>30.2%</td>
<td>15.5%</td>
<td>7.7%</td>
<td>10.5%</td>
</tr>
<tr>
<td>African American</td>
<td>43.1%</td>
<td>25.5%</td>
<td>13.4%</td>
<td>7.2%</td>
<td>10.8%</td>
</tr>
<tr>
<td>All</td>
<td>25.4%</td>
<td>23.1%</td>
<td>16.1%</td>
<td>11.6%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Source: United States Census, Public Use Microdata Sample 2012
Poorest Neighborhoods: Rich in Young Children

Very Young Children (0-4) as Percentage of Population

<table>
<thead>
<tr>
<th>Poverty Rate (%)</th>
<th>0 to 10</th>
<th>10 to 20</th>
<th>20 to 30</th>
<th>30 to 40</th>
<th>41 to 50</th>
<th>over 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Poverty level</td>
<td>5.9%</td>
<td>6.4%</td>
<td>6.7%</td>
<td>7.2%</td>
<td>7.8%</td>
<td>8.6%</td>
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Implication: Poorest neighborhoods need half again as many child and family-friendly gathering points, activities, and supports.

Source: United States Census Bureau, Population Division 2013
Poorest Neighborhoods: Highly Segregated

<table>
<thead>
<tr>
<th>Poverty Rate (%)</th>
<th>White non-Hispanic</th>
<th>African-American</th>
<th>Other</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 50</td>
<td>18.7</td>
<td>34.5</td>
<td>7.6</td>
<td>39.2</td>
</tr>
<tr>
<td>40 to 50</td>
<td>28.4</td>
<td>22</td>
<td>8.3</td>
<td>41.3</td>
</tr>
<tr>
<td>30 to 40</td>
<td>38.3</td>
<td>17.6</td>
<td>8.8</td>
<td>35.3</td>
</tr>
<tr>
<td>20 to 30</td>
<td>50.1</td>
<td>12.9</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>10 to 20</td>
<td>58.8</td>
<td>9.6</td>
<td>10.4</td>
<td>21.2</td>
</tr>
<tr>
<td>0 to 10</td>
<td>66.5</td>
<td>6.2</td>
<td>12.9</td>
<td>14.4</td>
</tr>
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Note: While 8.4 percent of White, non-Hispanic children live in census tracts where the poverty rate is above 40 percent, 38.2 percent of African Americans, 31.9 percent of Native Americans, and 28.9 percent of Hispanics do.
Poorest Neighborhoods:
Very Different Levels of Social, Physical, Educational, Economic and Wealth Capital

<table>
<thead>
<tr>
<th>Poorest tracts (50%+ child poverty) compared to least poor tracts (10%- child poverty):</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Pooorest</td>
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<tr>
<td>Single parent families</td>
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<tr>
<td>Disconnected Youth (16 yrs. – 19 yrs.)</td>
</tr>
<tr>
<td>Adults without high school degree</td>
</tr>
<tr>
<td>Adults with college degree</td>
</tr>
<tr>
<td>Households with wage income</td>
</tr>
<tr>
<td>Households with savings/wealth</td>
</tr>
<tr>
<td>Owner-occupied housing</td>
</tr>
<tr>
<td>Preschool participation 3-5 year-olds</td>
</tr>
<tr>
<td>Children of color</td>
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</table>
Focus in Poor Neighborhoods Involves Community Building

- Families want their children to have opportunities for success in the larger society and will make sacrifices to that end, given pathways to get there.
- Poor neighborhoods offer fewer pathways and contain less social, recreational, and physical capital as well as economic and educational capital.
- Building these pathways is possible, but involves additional investments and is best done by engaging and enlisting indigenous leadership that is culturally responsive and inclusive (e.g. family support networks).
Role of AMCHP and Community Health

- Advocating for hospital and other community assessments to conduct such place-based analyses
- Bringing this information to the table for community assessments underway
- Advocating for parent voice in the process in recognizing opportunities at neighborhood level (community-building)
- Advocating for inclusion of place-focused strategies as part of community benefit actions taken by hospitals
3.
Emerging Political Recognition of the Need for New Responses
Left and Right Scholarship Agree


Changes to American families and society threaten the future as we have valued it.

- Increased segregation (by place and associations) of upper- and low-class/income families and their children.
- Differences as result of this segregation: Disconnected young men, single parenting by less-educated women, higher crime and lack of security in life – producing educational, health, and social disparities.
- Very different opportunities and worlds for children: two Americas and the “crisis” of “coming apart” – particularly for the next generation growing up.
- **PLACE and SOCIAL CAPITAL** matter.
Stress and Young Children: Poverty Scholars on the Early Years Agree

Chronic stress can cause substantial changes in children’s brains. Low stress, high predictability, and strong, stable relationships with caring adults all help children become measurably better at self-regulating, delaying gratification, and controlling their impulses.

Strengthen families in ways that will prepare children for success. The nation should use pediatric primary and preventive care practices to mount evidence-based parenting and early child development interventions.

Toward Purple Solutions to Young Child Poverty and Equity of Opportunity

D’s speak to material and structural side:
• Minimum wage // equal pay
• Paid family leave // high quality child care
• College education affordability

R’s speak to spiritual and community side:
• Personal initiative and responsibility coupled with opportunity within neighborhood and community
• Faith-based strategies
• Investments in “points-of-light” in disinvested neighborhoods

We need both – and that requires education, will-building, and advocacy (beyond either/or to both/and) from nonpartisan perspective – and AMCHP can play an expert and advocacy role
4. Implications for AMCHP and Opportunities for Family Support and Young Child Primary Health Care
Protective Factors and Social Determinants: Point to the Same Set of Needs

The Social Gradient. Life expectancy is shorter and most diseases are more common further down the social ladder. [Concrete services and supports in times of need]

Early Life. A good start in life means supporting mothers and young children; the health impact of early development and education lasts a lifetime. [Knowledge of healthy child development]

Stress. Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health. [Resiliency]

Social Exclusion. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives. [Positive and supportive activities with children]

Social Support. Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. [Social ties]

Social Determinants – WHO

Protective Factors – CSSP

AMCHP March 2017
Four Interconnected Policy Components of Childhood System Building for 0-3 Year-Olds Based Upon Equity

Social networks and multi-generational relationships

Family and community economic security

Integration across systems

Holistic community-led solutions

What’s Fundamentally Different

- Focus upon the strengths of families and communities and their diversity
- Emphasis on relationships, opportunities, family leadership, and community self-determination
- Transformation of the early learning narrative to early opportunities and well-being, with family support as key missing ingredient
- Particular role for primary and community health
Starting at the Start: Primary Care Health Practitioners and Youngest Children (0-3)

91.0% have a well-child visit

55.2% receive health coverage under Medicaid/CHIP (avg. 2.2 well-child visits per year)

14% in some form of formal/regulated child care

4.5% in families that receive public assistance (TANF)

4.2% receive a subsidy for child care (CCDBG)

3.0% receive early intervention services (Part C)

1.5% receive Early Head Start/MIECHV (home visiting)

0.7% in foster placement

Child health practitioners are the point of first contact with young children and their families and can play a critical, “first responder role.”
Young Children and their Families: Current Needs and Actions

Current Range of Young Child Needs

- **Tier One:** 2-4% Child-Specific Great Medical Complexity
- **Tier Two:** 10-14% Significant Diagnosable Health/MH/DD Needs
- **Tier Three:** 30-40% Child/Family Compromised Behavioral, Developmental, Learning Concerns
- **Tier Four:** 60-70% Remaining Children Without Special Needs or Concerns/For Now

Note: The biggest gap in current response is for children in Tier Three who are not in Tier One or receiving services as Tier Two families, representing somewhere between 20 percent and 35 percent of all children.

Adapted from slide developed Dr. Neal Halfon, UCLA Center for Healthier Children, Families, and Communities
Building on Success: The Evidence Base in Practice

- Medical-Legal Partnership
- Healthy Steps for Young Children
- Help Me Grow (Iowa 1st Five)
- Project DULCE
- Child FIRST
- Safe Environment for Every Kid (SEEK)
- First 5 San Diego Healthy Development Services
- Massachusetts Partnership for Early Childhood Mental Health
- Cincinnati Children’s Hospital Medical Center
- Maricopa Health Systems
- The Children’s Clinic (Long Beach)
Three Essential Components of Quality, Evidence-Based Practice

The Child Health Practitioner as Part of a Health Neighborhood and Community

1. Health Practitioner as First Responder
2. Follow-Up Care Coordination/Navigation
3. Effective Engagement with Helpful Supports
Promoting Young Child Primary Health Practice Transformation

• Focus upon developing approaches that include the three components for the 20 to 35 percent of young children in Tiers 1-3 not now being identified and served.
• Build upon innovation and promote early adoption of evidence-based programs to create greater critical mass of new practice.
• Continue to learn from innovation and early adoption to build a framework for effective diffusion and the core relational attributes needed to move from efficacy to effectiveness through diffusion.
• Work to incorporate core features into health financing (particularly Medicaid) for expansion and sustainability as a standard of practice.
Select Additional Resources:

www.cfpciowa.org/en/healthequity

- Top 10 Things We Know about Young Children and Health Equity... and Three Things We Need to Do with What We Know

- Fifty State Chart Book: Dimensions of Diversity and the Young Child Population

- Kitchen Cabinet policy statement and discussion paper on Medicaid financing opportunities

- Where Place Matters Most; Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society; and ACE, Race, Place, Poverty and Young Children Pediatric Supplement article

- Screening for social Determinants crosswalk and options for practices