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#### NEIGHBORHOODS MATTER FOR HEALTHY CHILD DEVELOPMENT.

**In some neighborhoods and communities, effective responses require community-building strategies to counter the effects of discrimination and disinvestment in addition to individual services and supports to young children and their families – and the health community has a role in this community-building.**

When children are very young, their lives center around their home and neighborhood. What is available to children within their immediate surroundings affects their health and development. This includes such environmental concerns as safe streets, clean air and freedom from toxins, including lead paint. It also includes open spaces to play and explore and recreational programs and opportunities to develop new skills. It involves the presence of other watchful eyes from caring adults, which contribute both to safety and to opportunities to be in contact with adults besides their primary caregiver.

Neighborhoods, however, differ substantially in the supports and security they offer young children and their families. According to the 2016 Kids Count Data Book, the percent of children living in areas where at least 30 percent of all residents are living below the poverty threshold has increased from 9 percent (2000) to 11 percent (2006-2010).<sup>1</sup> These neighborhoods are where children face the most challenges growing up – and understanding and doing something to address the needs of young children within these neighborhoods is critical to improving child health and school readiness.

Research conducted by the Child and Family Policy Center and the Urban Institute (ACE, Race, Place, and Poverty) analyzed all 70,000 census tracts in the United States by the percentage of children living in poverty – comparing tracts with 0-10 percent, 10-20 percent, 20-30 percent, 30-40 percent, 40 to 50 percent, and 50 percent and more child poverty. As Figure 1 shows, as census tracts move from rates of child poverty below 10 percent to rates above 50 percent, the proportion of young children goes from 5.9 percent to 8.6 percent of the total population, an increase of 46 percent. This means, at a minimum, the country's poorest neighborhoods require half again as many early childhood services as the most affluent ones.

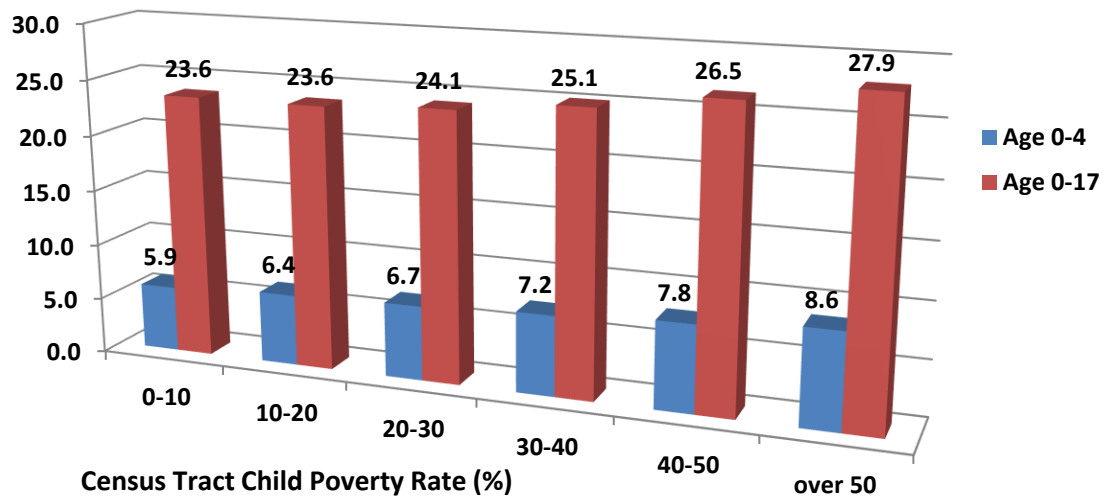
Further, while it is important to focus on poor neighborhoods when developing early childhood systems simply because they have large proportions of young children, the responses also need to reflect the different ethnic, cultural, and language composition of the children and families in these neighborhoods.

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<sup>1</sup> Annie E. Casey Foundation, Kids Count Data Snapshot on High-Poverty Communities, 2012. Available at: <http://www.aecf.org/m/resourcedoc/AECF-ChildrenLivingInHighPovertyCommunities-2012-Full.pdf>

Figure 1.

## Children Age 0-17 and Young Children Age 0-4 as Proportion of Population by Census Tract Child Poverty Rates

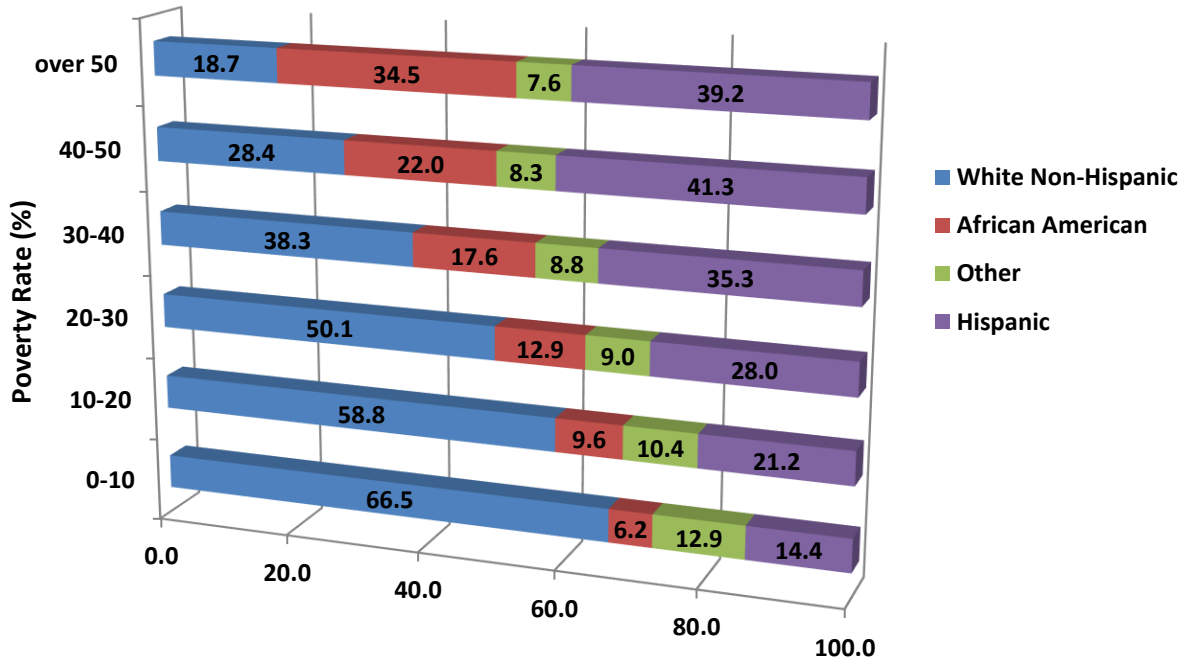


Source: "ACE, Place, Race, and Poverty: Building Hope for Children," Charles Bruner, 2017

As census tract poverty rates increase, they also shift from being populated primarily by White, non-Hispanic individuals (and children and young children) to being populated by individuals and children of color. While some affluent neighborhoods are diverse, most have a clearly dominant-culture (White, non-Hispanic) make-up. Neighborhoods with the highest proportions of child poverty, however, are very disproportionately of color. Figure 2 shows this. The nation's poorest census tracts are disproportionately of color – 81.3 percent of all children. While individual census tracts may be largely African American, Hispanic, or Native American, these tracts consist of young children who are growing up within a non-dominant culture community – and doing so with much less economic capital and many more issues related to meeting basic needs.

In such neighborhoods, it is critical there be cultural reciprocity and additional efforts to support and develop early childhood leadership and service provisions from within those neighborhoods. Further, more than half of all children of color, but only one in six White non-Hispanic children, live in neighborhoods where child poverty exceeds 30 percent, often considered key in comparing neighborhoods for their broader neighborhood effects on individual growth and development.

## Young Child Population (under age 5) by Race/Ethnicity and Child Poverty



Source: "ACE, Place, Race and Poverty: Building Hope for Children," Charles Bruner, 2017

While innate human capital exists within all neighborhoods, that human capital is developed and realized in the context of the opportunities that exist. Place-based research and analysis has shown that poorer neighborhoods are characterized by much less physical, economic, educational and social capital than more affluent ones. The more disinvested a neighborhood, the fewer models or reference points for success exist on which children and their families can pin realistic hopes for their own likelihood of becoming successful. Table One provides a number of indicators that provide a starting picture of the capitals available within census tracts of different child poverty levels (their selection is explained more fully in *Village Building and School Readiness*).

While this information can be augmented with administrative data, these indicators provide an overall picture of the characteristics of neighborhoods across the various capitals that constitute the elements needed to support families in raising their children. Strategies to improve healthy development for young children in these communities require comprehensive health services, but they also require community building and investment. Often, community health centers, free clinics and hospital systems represent core and trusted institutions within poor and disinvested neighborhoods, as well as representing physical spaces community residents can access that are safe and accessible. They represent a locus for medical care but also can be a locus for other community activities that can strengthen families. While not the sole source for community cohesion or community activities, child health practitioners and

institutions in these neighborhoods can contribute to the establishment of an overall healthy neighborhood for young children and their families. Moreover, they can make the case for hospital community benefit assessments and actions, as well as local government actions, to invest in community resources with a special focus on young children and their developmental needs.

Table 1.

### Average Tract Rate by Child Poverty Category for Vulnerability Factors

Percent	Census Tracts by Child Poverty Rates (%)					
	0-10	10-20	20-30	30-40	40-50	50+
Pct. families with children that are single parent	24.6	32.4	38.4	43.9	49.5	60.1
Pct. youth age 16-19 not working or in school	5.4	7.8	10.0	12.1	13.8	16.4
Pct. households with interest, dividend or rent income	30.1	22.1	17.7	14.3	11.2	8.2
Pct. households with wage income	78.3	75.6	73.6	72.2	70.9	66.4
Pct. households receiving public assistance	1.5	2.4	3.2	4.0	5.2	7.2
Pct. adults over age 25 with no High School degree	7.3	12.2	16.5	21.1	25.2	28.8
Pct. adults over age 25 with college degree	41.1	27.0	21.0	17.6	14.9	12.7
Pct. adults over age 18 with limited English	5.7	7.4	9.5	12.9	15.8	15.2
Pct. owner-occupied housing	75.2	69.4	64.1	57.6	50.9	41.4
Pct. children age 3-5 in preschool	49.1	41.7	38.8	37.0	36.5	37.3
Pct. of children in poverty	4.1	14.8	24.8	34.7	44.5	62.0

Source: "ACE, Place, Race and Poverty: Building Hope for Children," Charles Bruner, 2017

#### Additional Resources:

- Bruner, C., (2018). ACE, Place, Race, and Poverty: Building Hope in Communities. *Academic Pediatrics* 17: s121-s129.
- Annie E. Casey Foundation: Race for Results <http://www.aecf.org/resources/2017-race-for-results/>
- Community Benefit and Social Determinants of Health: New Opportunities for Community Planning and Action (2017). Social Determinants of Health Issue Brief Series. [https://www.ihconline.org/media/cms/IssueBrief\\_4\\_835950ACFED2C.pdf](https://www.ihconline.org/media/cms/IssueBrief_4_835950ACFED2C.pdf)
- Bruner, C., Stover Wright, M., & Noor Tirmizi, S., (2007) *Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society*. [https://www.cfpciowa.org/documents/news/VBSR\\_7DDF0AB62720A.pdf](https://www.cfpciowa.org/documents/news/VBSR_7DDF0AB62720A.pdf)