

# ACE, PLACE, RACE, AND POVERTY: BUILDING HOPE IN NEIGHBORHOODS FOR YOUNG CHILDREN

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## INTRODUCTION

The seminal Adverse Childhood Experiences (ACEs) research<sup>1</sup> has focused new attention on: (1) going beyond providing access to medical care to address health disparities; and (2) paying greater attention to children's healthy development to improve overall population health.

At the same time, the focus on ACEs (particularly the set of indicators generally used to show associations between adversity and health) can lead to a set of responses around incident-specific diagnoses and trauma-informed care that only scratch the surface in responding to health disparities that are the consequence of ACEs and the absence of other supportive factors in the child's life.<sup>2</sup> Above all, this paper calls for a much broader emphasis upon family and community influences on healthy child development, both risk and protective, and particularly at the neighborhood as well as the family level.

Part One of this paper takes a broader look at the interrelationship of ACE, race, place and poverty in tackling issues of health disparities generally, and improving child health trajectories specifically. It draws upon a larger body of research than generally referenced when ACEs is discussed in policy circles.

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<sup>1</sup> See: <http://www.cdc.gov/violenceprevention/acestudy/about.html> for a description of the original research.

<sup>2</sup> Since that time, there have been different adaptations to the specific ACEs measures used by others conducting research or seeking to apply ACEs in practice – but these have largely kept to measures of incidences of adversity or trauma. For a review of different adaptations as well as a call for broadening beyond specific adversity and trauma to protective factors and resiliency, very consistent with the recommendations in this paper, see: Bethell C, Carle A, Hudziak J, Gombojav N, Powers K, Wade R, Braveman, P. Methods to Assess Adverse Childhood Experiences to Promote Child Health: Toward Resilience-Based Approaches in Policy and Practice; forthcoming.

It places a greater emphasis upon assets and community-building as primary strategies for improving child health.

Part One closes with a segue to Part Two – that we have sufficient information to identify and take action to reduce ACEs and improve child health trajectories through an additional focus on specific neighborhoods. Part Two then provides data that show the degree to which place, race, and poverty are intertwined. Part Two provides information at a national-level, but this data can be disaggregated and used by states and communities to begin to determine what community-building steps to consider as they work to produce needed change.

#### **PART ONE: ACE, PLACE, RACE, AND POVERTY – BEYOND INDIVIDUAL DIAGNOSIS AND RESPONSE**

In his memoir, *Fist, Stick, Knife, Gun*, Geoffrey Canada speaks to growing up in South Brooklyn, with both an exposure to and preparation for violence starting at a very early age. “Many times, children as young as six and seven would bring weapons to school, or pick up bottles, bricks, or whatever was at hand,” Canada writes. “The first rules I learned on Union Avenue stayed with me for all of my youth. They were simple and straightforward. Don't cry. Don't act afraid. Don't tell your mother. Take it like a man. Don't let *no one* take your manhood.”<sup>3</sup> He goes on to discuss the learned behaviors children living in violent neighborhoods develop as necessary for personal survival but perpetuating violence and danger at a societal one.<sup>4</sup>

The Center for Successful Child Development (also known as the Beethoven Project), nationally recognized in the 1980s as a model for providing family support and high quality child care services in

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<sup>3</sup> Canada G. *Fist Stick Knife Gun: A Personal History of Violence*. Beacon Press; 1995.

<sup>4</sup> For a description of both structural and cultural elements (and how the former produces the latter), see: Wilson W. *More than Just Race: Being Black and Poor in the Inner City*. W.W. Norton & Company; 2009.

one of Chicago's poorest housing projects (the Robert Taylor Homes), installed metal detectors for children and their parents to traverse as they entered the day care program and had security guards present at entrances into and out of residential buildings. Family advocates spoke of knowing they had received parents' trust when being warned by parents not to come for a home visit because there was too great a threat of violence on their floor. They discussed their role in helping grade-schoolers who had witnessed shootings while walking to school respond to PTSD.<sup>5</sup>

These certainly constitute "adverse childhood environments" which can have profound effects on the trajectory of children's health – and meet any common sense definition of factors that contribute to ACEs.

The indicators developed and largely used to measure ACEs, however, do not include neighborhood effects.<sup>6</sup> They relate to the immediate family home environment and to specific incidents of disruption to the safety and security within that home. Even when families are able to offer sanctuary in their homes, children can experience adversity outside the home that affects their healthy development. This includes bullying and denigration in many forms, which can be the result of prejudice and differential responses from others to those perceived as "different." It also includes stresses caused by continuous

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<sup>5</sup> Author's conversations with family advocate workers at site visit as part of an Annie E. Casey Foundation effort to evaluate exemplary, community-based initiatives.

<sup>6</sup> There are ten indicators of adverse childhood experiences in the ACEs questionnaire, all specific to the child's family and family member interactions with the child. Information on ACEs is found at: [www.acestudy.org](http://www.acestudy.org). The specific ten indicator questions were retrieved at: [http://acestudy.org/yahoo\\_site\\_admin/assets/docs/ACE\\_Calculator-English.127143712.pdf](http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf).

exposure to discrimination and marginalization – including personal, institutional, and structural racism, sexism, or other “isms.”<sup>7</sup>

Such ACEs related to community and societal actions can impact children from all social strata. As continued ACEs research is conducted, there may be opportunities to broaden the list of indicators to capture some of these community ACEs and their impacts. At the same time, however, we do not have to wait for such additional ACEs work to identify and seek to address issues of childhood adversity (and absence of social support) at a neighborhood as well as individual family level. We have enough knowledge and information to act.

As the comments by Canada and family advocates from the Beethoven Project show, we know that some places where children live constitute hazards to healthy development and shape the trajectories of growth in profound ways. At the extreme, research on children growing up in war zones and constant external violence shows the impacts of such violence are even more profound on children than adults.<sup>8</sup> The Prevention Institute’s report, *Adverse Community Experiences and Resilience*, speaks directly to the need to address violence and trauma at the community, as well as family, level.<sup>9</sup>

In the United States, many children currently are growing up in neighborhoods which, while they may not constitute war zones, profoundly compromise their healthy development. These neighborhoods are

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<sup>7</sup> Several studies of the high rate of very low birthweight and infant mortality experienced by African American women have identified the stress caused by racial discrimination as a contributing factor. See: Collins J, David R, Handler A, Wall S, Andes S. Very low birthweight in African American infants: The role of maternal exposure to interpersonal racial discrimination *Am Journal of Public Health*. 2004, Dec. 94(12).

<sup>8</sup> Parson E. Understanding children with war-zone traumatic stress exposed to the world’s violent environments,” *J of Contemporary Psychotherapy*. 2000, 30 (4), p. 325-340.

<sup>9</sup> Pinderhughes H, Davis R, Williams M. *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*. Oakland, CA: Prevention Institute; 2015. See also: Ginright S. *Hope and Healing in Urban Education: How Urban Activists and Teachers Are Reclaiming Matters of the Heart*. New York and London: Routledge; 2016.

characterized by both physical and economic conditions that give rise to adversity. They are places where families are under greatest stress and ACEs in the home are more likely to occur. They also are places where there are more environmental hazards, such as exposure to lead, mold and airborne pollutants, that jeopardize health. They are places where families often must struggle to find safe and supportive environments outside the home for their children to grow and explore the world. As practitioners, policy makers, program administrators, advocates, and researchers seek to determine how they can draw upon the findings from ACEs research to fashion policies and practices to improve children's health, they should recognize "early childhood adversity" is broader than the specific ACEs indicators and has a place component.

Moving beyond individual and family indicators of adversity has the further benefit of moving beyond what often is an emphasis on individually-focused service responses, targeted to specific adverse incidents and remediating what already has occurred (trauma-informed care). It moves toward neighborhood-focused and community-building strategies (population health) designed to create additional assets in the community, providing new opportunities for engaging those with the most at stake in the community. Adversities may continue to be defined at the community-level, but effective responses require building upon assets at the individual and group level, modelling many of the activities around HOPE in other essays in this supplement.

The research is clear that it is not adversity, solely, that produces harm – it is also the absence of supportive factors that help children (and their parents and families) process adversity and set-backs

and learn and move beyond them. Stable, consistent, and nurturing and resilient parents, of course, represent the foundation for most children's healthy growth, but they cannot achieve it alone.<sup>10</sup>

They need time, space, and opportunity to connect with a larger community that also supports their children's development, as their children connect with the larger world. The importance of a broader community to healthy growth and development includes what have been referred by different researchers as protective factors,<sup>11</sup> social buffers,<sup>12</sup> primary services,<sup>13</sup> mediating structures,<sup>14</sup> microsystems,<sup>15</sup> community resiliency,<sup>16</sup> and social capital.<sup>17</sup> While there are different nuances in how these terms are defined, all speak to the presence of voluntary services and supports which are robust and diverse in their nature and offer the opportunity for both participation and leadership. They foster individual resiliency through mutual assistance and reciprocity,<sup>18</sup> based upon some common affinity among members. For new parents, this affinity often is centered on their infant or toddler. Children and

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<sup>10</sup> The CDC views the health, safety, and nurturing in the home environment as foundational to children's healthy development. National Center for Injury Prevention and Control. Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments. Centers for Disease Control and Prevention; 2014.

<sup>11</sup> The Center for the Study of Social Policy identified five protective factors for the prevention of child abuse that include positive social ties and parental resiliency. CSSP's work followed the work of Catalano and Hawkins in describing risk and protective factors that contribute to substance abuse and delinquency. Browne C. The Strengthening Families Approach and the Protective Factors Framework: Branching Out and Reaching Deeper. Washington, DC: Center for the Study of Social Policy; 2014.

<sup>12</sup> Wilson W. The Truly Disadvantaged. Chicago: University of Chicago Press; 1987.

<sup>13</sup> Richman H, Wynn J, Costello J. Children's Services in Metropolitan Chicago: Directions for the Future. The Chapin Hall Center for Children at the University of Chicago; 1991.

<sup>14</sup> Connell J, Aber L. How do urban communities affect youth? Using social science research to inform the design and evaluation of comprehensive community initiatives. In: Connell J, Kubisch A, Schorr L, Weiss C, eds. New Approaches to Evaluating Comprehensive Community Initiatives. Washington DC: Aspen Institute; 1995.

<sup>15</sup> Bronfenbrenner U (1986). Ecology of the family in a context for human development: Research perspectives. *Developmental Psychology*. 1986; 22(6), pp. 723-742.

<sup>16</sup> Benard B. Fostering Resiliency in Kids: Protective Factors in the Family, Schools, and Community. Portland, OR: Far West Laboratory; 1991.

<sup>17</sup> Putnam R. Bowling Alone: The Collapse and Revival of the American Community. New York: Simon & Schuster; 2000.

<sup>18</sup> Bruner C. Thirst to Contribute: Fostering Personal Growth, Building Social Capital, and Strengthening Community Through Public Policy. Child and Family Policy Center Report to the Annie E. Casey Foundation: 2011.

adults are social beings, and their health and resilience is based, in large measure, on their ability to form mutually-beneficial social relationships.

So what do we know about neighborhood, or place, and its impacts upon healthy child development?

What do we know about its relationship to race, adversity, and social connectedness?

First, we know that place matters most for young children, whose own mobility and ability to explore the world outside their home is dependent upon their families. While affluence affords parents the means and opportunity to transport their children to places outside their immediate neighborhoods for specific activities, young children's lives still are mostly spent in the blocks around their homes. Poorer families have much less access to transportation, and their children's lives are even more closely bounded around their immediate neighborhoods.

Second, we know that place is highly intertwined with the prevalence of ACEs, both with respect to current ACE indicators and with respect to a broader definition of adverse experience. Where there has been mapping of parental incarceration, domestic violence, and child abuse and neglect (all ACEs), definite geographic areas emerge with high prevalence.<sup>19</sup> These same areas also correspond with areas of high incidences of child health problems (asthma, obesity, infant mortality, lead poisoning, school behavioral disorder diagnoses, etc.), as well as educational and social ones (school dropout, juvenile justice involvement, and school unreadiness). These are geographic areas with high rates of family instability (single parenting and sequential male partners in the household, which are not current ACE indicators but are reflective of divorce, which is).

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<sup>19</sup> See the work of the National Neighborhood Indicators Partnership: <http://www.neighborhoodindicators.org>.

While some families succeed with their children in very tough neighborhoods, Robin Jarrett's research shows they often do so by insulating their children from neighborhood influences and securing social ties and relationships outside the neighborhood. These actions often require almost heroic efforts and, even when they succeed, leave the neighborhood no more (and often less) capable of supporting other children's healthy development.<sup>20</sup>

Third, we know that place and race are highly intertwined and the poorest neighborhoods often are racially segregated and distant from sources of economic opportunity and support. Race itself is only a risk factor to the extent that personal, institutional, or structural discrimination and racism block opportunities for traditional success. At the same time, as the quote from Geoffrey Canada indicates, humans adapt to their environments. Where environments are ones of disinvestment and distress, these adaptations have consequences that can perpetuate that disinvestment and distress.

Fourth, we know that health systems – particularly federally-qualified health centers, free clinics, maternal and child health centers, idealistic practitioners, and public hospitals (often historically located in center cities) – have important potential roles to play in community-building. These health systems

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<sup>20</sup> Jarrett R. Indicators of Family Strengths and Resilience that Influence Positive Child-Youth Outcomes in Urban Neighborhoods: a Review of Qualitative and Ethnographic Studies. Paper prepared for the Annie E. Casey Foundation. Baltimore, MD; 1998. Jarrett R. Successful parenting in high risk neighborhoods. *The Future of Children*. 1999; 9(2), Pp 45-50. The Equality of Opportunity Project has focused upon place as a factor related to healthy child development, including original research on relocating families from high poverty to lower poverty neighborhoods and the impacts upon children. While this may be a solution for an individual family, however, it is not one for the neighborhood or community as a whole, unless all families with children can be so relocated. Chetty R, Hendren N, Katz L. The effects of exposure to better neighborhoods upon children: New evidence from the Moving to Opportunity Project. *American Economic Review*. Forthcoming. Retrieved at: <http://www.equality-of-opportunity.org/index.php/papers>.

often represent anchor institutions within the poorest and most disinvested neighborhoods and offer points of congregation for families that can begin to respond to social as well as biomedical needs.<sup>21</sup>

Finally, census data provide more than sufficient information to identify neighborhoods where economic, physical, social, and educational capital are insufficient to provide children with expectations for healthy growth and development that we espouse for all our children. Part Two provides national data on the country's 70,000 census tracts that can be replicated for any state and mapped by community.

## **PART TWO: ACTIONABLE DATA ON RACE, PLACE AND YOUNG CHILDREN**

Making use of the 2000 census, *Village Building and School Readiness*<sup>22</sup> provides an analysis of the characteristics of all census tracts in the United States by their child-raising vulnerability, as well as describing needed and successful strategies to improve children's healthy development and readiness for school. This part updates that analysis, examining census tracts by their levels of child poverty, and confirms the profound differences, by geographic location, that young children – and particularly children of color – face not only in terms of their own family's socio-economic position but in terms of the neighborhoods in which they live. While the census cannot provide information on the proximity of parks, recreation programs, community centers, and family- and child-friendly places, it can provide sufficient proxies for these to point to tracts and neighborhoods where special attention is warranted.

The following are key findings from the census tract analysis:

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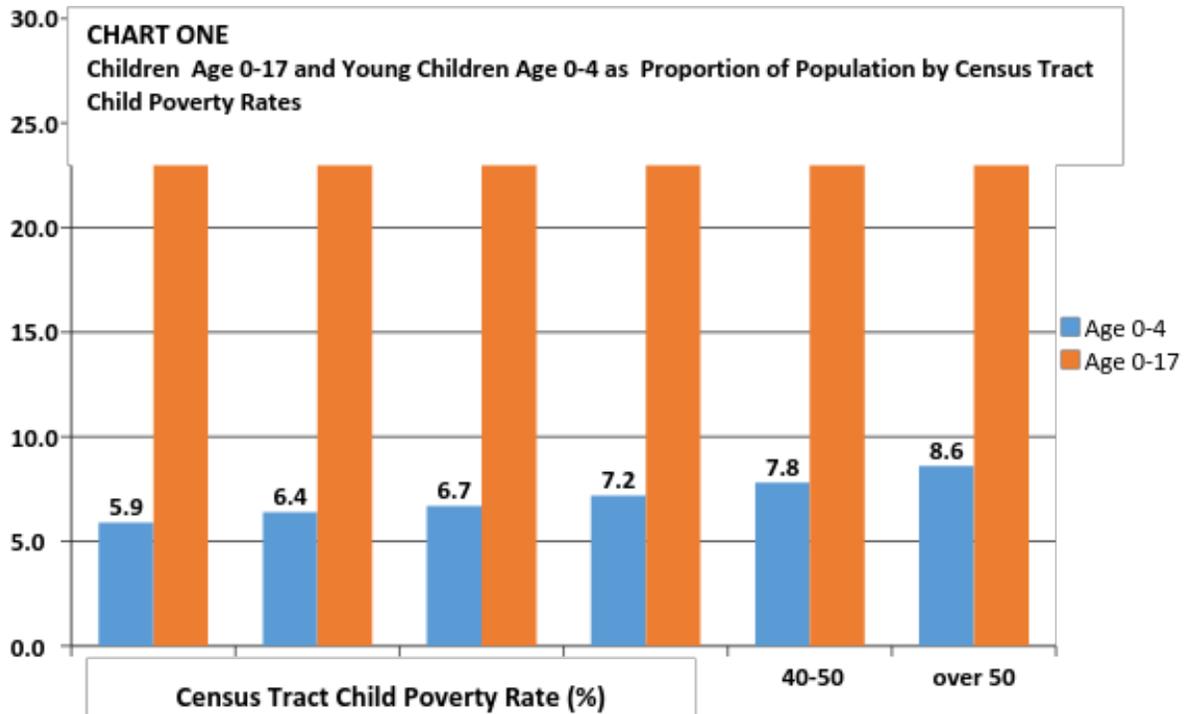
<sup>21</sup> Bruner C, Schor E. *Clinical Health Care and Community Building: Addressing Racial Disparities in Healthy Child Development*. Des Moines, IA: National Center for Service Integration Clearinghouse and Child and Family Policy Center; 2009.

<sup>22</sup> Bruner C. *Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society*. Des Moines, IA: State Early Childhood Policy Technical Assistance Network; 2007.

### **1. Poor neighborhoods are rich in young children.**

Children are the age group in American society most likely to live in poverty, with the highest rates of poverty among very young children. This child poverty, however, is not spread evenly across states and communities. Some neighborhoods have much greater rates of child poverty. As census tracts increase in their overall child poverty rates, they also have larger proportions of children, and young children in particular. This means, at a very basic level, they need that many more parks, playgrounds, early childhood programs and services, and family- and child-friendly gathering spots than other neighborhoods.

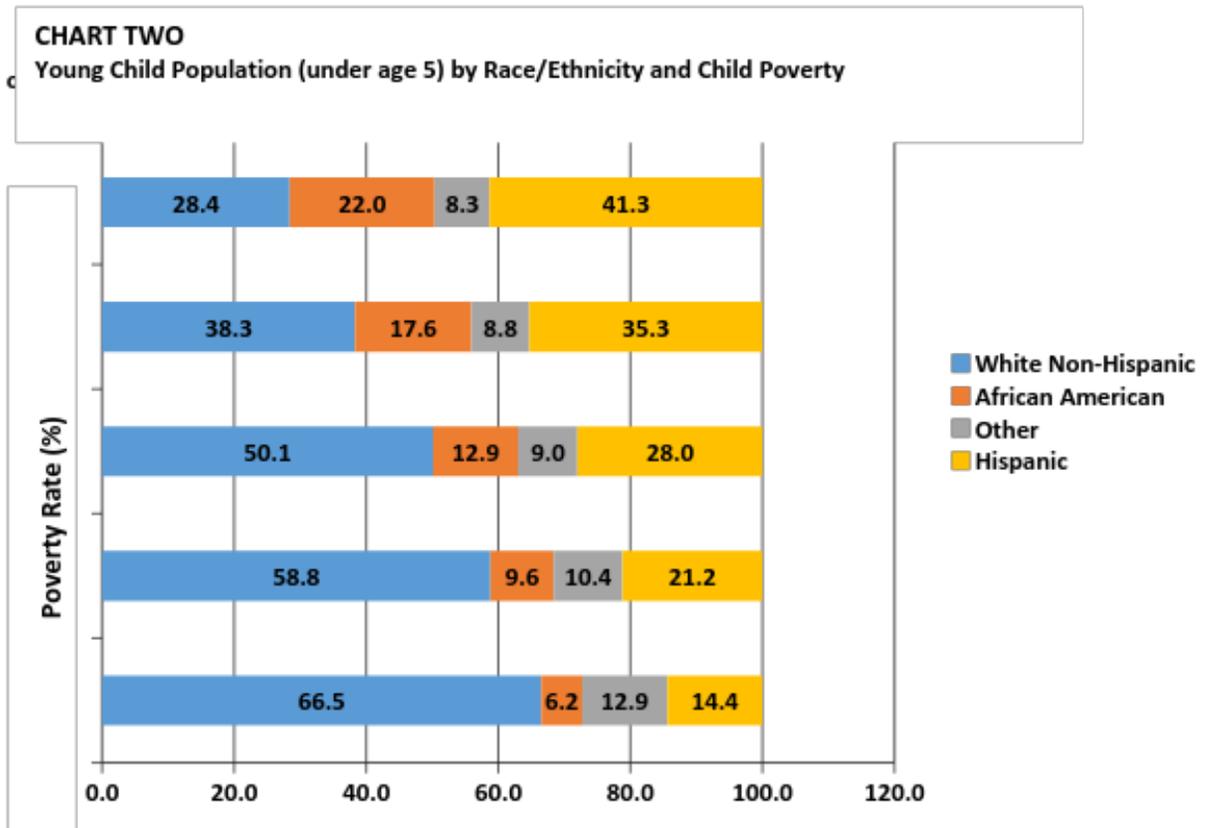
As Chart One shows, as census tracts move from rates of child poverty below 10 percent to rates of child poverty above 50 percent, the proportion of young children goes from 5.9 to 8.6 percent of the total population, an increase of 46 percent. This means, at a minimum, the country's poorest neighborhoods require half again as many early childhood services as the most affluent neighborhoods.



**2. Poor neighborhoods are very disproportionately where children of color live.**

While it is important to focus upon 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. 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.

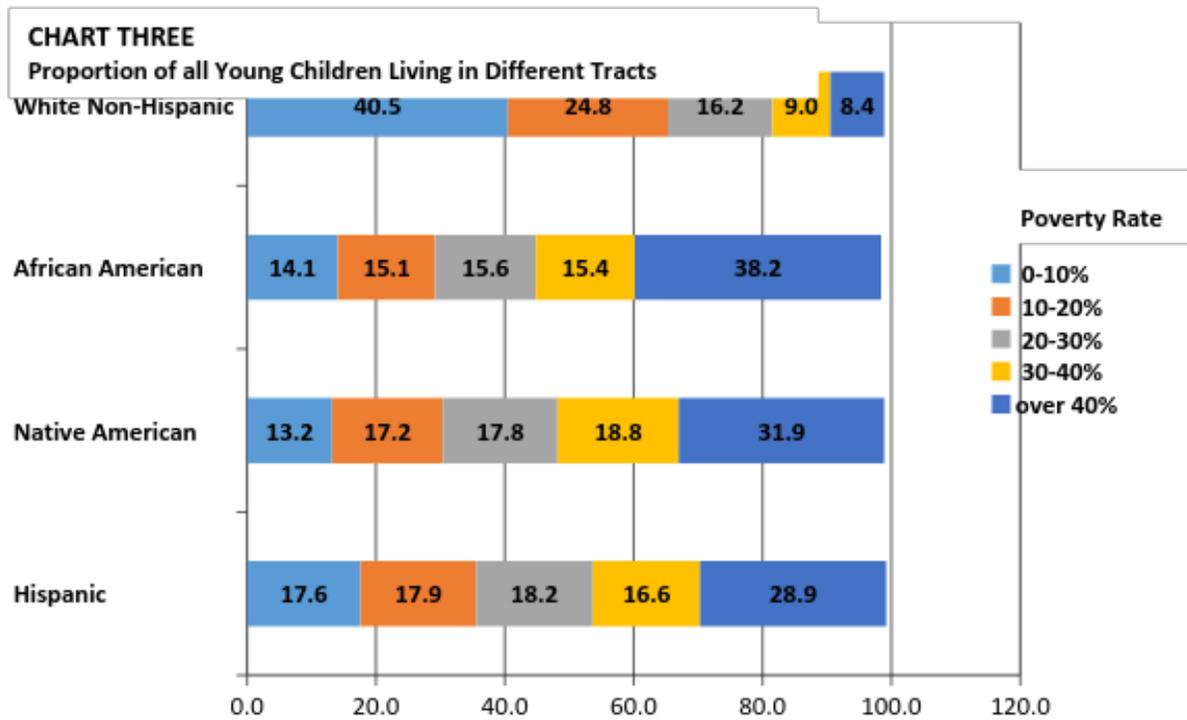
Chart Two shows that the racial and ethnic composition of census tracts varies greatly by their levels of child poverty. The nation’s poorest census tracts are disproportionately of color – 81.3 percent of all children. While individual census tracts may be largely African American, Hispanic, or Native 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.<sup>23</sup>

<sup>23</sup> When the terms “cultural competence,” “cultural responsiveness,” or “cultural reciprocity” are applied to individuals, they refer to the individual’s ability to see beyond their own culture (particularly the dominant culture) to understand and appreciate other cultures. When applied to organizations, however, they require much greater

Further, Chart Three shows that 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 American children, 31.9 percent of Native American children, and 28.9 percent of Hispanic children do. 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.<sup>24</sup>



attention to organizational diversity and having professionals who represent the cultures and peoples they are serving – or at least being very explicit in creating opportunities for expanding the diversity of those in positions of authority in their own organizations.

<sup>24</sup> Kids Count. Data Snapshot on High-Poverty Communities. Baltimore, MD: Annie E. Casey Foundation; 2012. Retrieved at: <http://www.aecf.org/m/resourcedoc/AECF-ChildrenLivingInHighPovertyCommunities-2012-Full.pdf>.

**3. Differences in terms of income, wealth, education, and social structure are profound and require community-building as well as individual service attention.**

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.<sup>25</sup> The census largely includes information about people, and not physical conditions, but it has sufficient information to provide a picture that relates to a census tract's income, wealth, and educational levels and some aspects of structural make-up (family structure and home ownership). It even includes a little information about young children (family-reported participation in pre-school).

There is growing discussion of a "tipping point" in terms of the fabric of a neighborhood or community, when the conditions themselves present barriers to any child's growth and opportunity.<sup>26</sup> The more distressed a neighborhood, the more the daily toll of seeking to get by and stay safe produces stress. The more disinvested a neighborhood, the fewer models or reference points for success exist upon which children and their families can pin realistic hopes for their own likelihood of becoming successful.

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<sup>25</sup> Dreier P, Mollenkopf J, Swanstrom T. Place Matters: Metropolitics for the Twenty-First Century. University Press of Kansas; 2014. This represents a comprehensive analysis of the problem of rising inequality across neighborhoods in American's metropolitan communities and the necessity of focusing upon place in fashioning new urban policies. Putnam R. Our Kids: The American Dream in Crisis. Simon & Schuster: 2015. This provides a wealth of family experiences, augmented with data, to show that place makes a profound difference in an individual's opportunities for realizing the American Dream. Both emphasize that physical, economic, social, and human capital are intertwined and realizing the human potential is dependent not only on personal ability and perseverance but on the opportunities that are available, which often are geographically bounded.

<sup>26</sup> Gladwell M. The Tipping Point: How Little Things Can Make a Big Difference. New York, NY: Little Brown & Co; 2000. One of the biggest "tipping points" for children is the presence of a sufficient and diverse array of adult role models, who have been successful educationally and in terms of career. One of the reasons for including adults over 25 with college degrees as one of the census tract indicators is with respect to the likelihood children, within their own neighborhoods, will come into contact with adults with successful educational and career experiences.

At some point, there must not only be a focus upon individually-based services and supports for young children and their families, but for community-building activities to support and strengthen the community’s overall capacity to support its children.

Table One provides a set 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*<sup>27</sup>).

**TABLE ONE**

**National Average Tract Rate by Child Poverty Category for Vulnerability Factors**

	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

<sup>27</sup> Village Building, *op.cit.* p. 13-14.

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

While this information can be augmented by additional administrative data, these indicators begin to provide an overall picture of the characteristics of neighborhoods across the various capitals that constitute the elements of a “village” needed to support families in raising their children. In many instances, these differences are so pronounced as to constitute different norms for the community as a whole.<sup>28</sup>

**4. Every state has such disparities, but states differ in the composition of their poor neighborhoods and the young children most affected.**

While this data has been provided at a national level, it also is available by state. While there is wide variation across states in their child population’s racial and ethnic composition, reviews of any state data will show similar differences across census tracts.

Moreover, it is at the state and community levels that this information can be actually mapped by geographic areas – identifying the physical boundaries of high child poverty census tracts and augmenting the census tract information with other available data about social, physical, and economic

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<sup>28</sup> More than Just Race, *op.cit.*

capital.<sup>29</sup> Ultimately, this is critical to early childhood systems building, as the development of new or additional services and supports for young children must give consideration to their location and be accessible by and responsive to those who most need them.

## CONCLUSION

Place matters most for very young children – first in the safety and security of their home environment and then their immediate environment and neighborhood.

This paper has argued that achieving equity of opportunity for young children requires attention to place and the intertwined issues of poverty, place, adversity, and race. While the ACEs research can contribute to greater understanding of the multiple challenges to be addressed to improve population health, many of the solutions – and particularly ones related to racial and ethnic disparities – go beyond most discussions around ACEs. Young children – both directly and through their families – are harmed by racism, in all its forms.<sup>30</sup>

The diversity of America’s population, and its child population in particular, can and should be a strength. This will not be the case, however, unless explicit attention is directed to developing equitable responses – starting in the earliest learning years.

In this, the health system has major roles to play. Families with young children need the time, space, and opportunity to get together with one another and with their young children for mutual assistance and

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<sup>29</sup> See: Bruner C. School Readiness Resource Guide and Toolkit: Using Neighborhood Data to Spur Action. State Early Childhood Policy Technical Assistance Network and National Neighborhood Indicators Partnership; 2007, for opportunities to augment census data with administrative and other data.

<sup>30</sup> BUILD Initiative and Child and Family Policy Center. Young Children’s Healthy Development and Learning in a Diverse Society: An Outline for Designing a Culturally and Linguistically Relevant, Responsive, and Competent Early Childhood System. Authors; 2012. Retrieved at: <http://www.buildinitiative.org/TheIssues/DiversityEquity/Toolkit/ToolkitResourceList/ViewToolkit/tabid/224/ArticleId/285/Young-Childrens-Healthy-Development-and-Learning-in-a-Diverse-Society.aspx>

benefit. Particularly in poor neighborhoods, health centers and hospitals often re preferred loci, by the residents themselves, for a share of these activities and opportunities. There are a growing array of centers and hospitals which have developed effective and exemplary activities in this area, as well as primary health practitioners who have taken on such expanded roles.<sup>31</sup> Policies need to support such institutions and practitioners, particularly those practicing within poor neighborhoods, in assuming these roles. This includes defining safety, stability, and nurturing in the home (family and community) as a foundational child health outcome, ensuring the definition of “medical necessity” includes ecological responses which strengthen families and communities, and making additional investments to enable those practices and institutions within poor neighborhoods to be places and anchors of community building.<sup>32</sup>

As the United States moves further into the 21<sup>st</sup> Century, addressing issues of ACE, race, place, and poverty, are even more critical. *From Neurons to Neighborhoods*,<sup>33</sup> the seminal work linking brain science with early childhood systems development, has an apt title. It presents both the opportunity and the challenge to health practitioners, early childhood advocates and systems builders in this respect:

*[C]hildren in families of European origin [soon] will make up less than 50 percent of the population under five. ... The opportunities offered by a multicultural society that is cohesive and inclusive are virtually boundless – including the richness that comes from a broad diversity of*

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<sup>31</sup> Bruner C, Day V. *The Healthy Child Story Book: Policy Opportunities to Improve Children’s Healthy Development*. Des Moines, IA: Child and Family Policy Center; 2013. Retrieved at:

[http://www.cfpciowa.org/documents/news/HealthyChildStoryBookMay2013\\_for\\_we\\_6B627FA18DBF5.pdf](http://www.cfpciowa.org/documents/news/HealthyChildStoryBookMay2013_for_we_6B627FA18DBF5.pdf)

<sup>32</sup> This includes building upon existing federal policy opportunities and promoting additional attention to young children in efforts to transform health through promoting wellness and not simply treating disease. A variety of resources on this subject, including two papers on federal opportunities, can be found at: [www.cfpciowa.org/healthequity/](http://www.cfpciowa.org/healthequity/).

<sup>33</sup> Committee on Integrating the Science of Early Childhood Development. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Research Council: Institute of Medicine; 2000.

*skills and talents, and the vitality that is fueled by a range of interests and perspectives. The challenges posed by a multicultural society that is fragmented and exclusive are daunting – including the wasted human capital that is undermined by prejudice and discrimination, and the threat of civil disorder precipitated by bigotry and hatred.<sup>34</sup>*

Note: Part Two was developed by the Child and Family Policy Center in partnership with the National Neighborhood Indicators Partnership of the Urban Institute, with the Urban Institute conducting the census tract data compilations upon which the tables and charts are based. Leah Hendey and Shiva Kooragarala at the Urban Institute produced the data and contributed to the analysis.

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<sup>34</sup> *Ibid.* p. 65.