Leveraging Local Assets to Address Disparities in the Healthy Development of Children
Sherri Killins, Ed.D.

- BUILD’s Director of Systems Alignment & Integration
- Lead on:
  - Equity Leaders Action Network
  - Learning Collaborative on Health Equity & Young Children
Agenda

- About BUILD
- Introductions
- Charles Bruner: Race, Place & Young Children
- Arthur James: OH’s Infant Mortality Challenge
- Dana Friedman: Building on Neighborhood & Community Strengths
- Q & A
- Resources & Next Steps
The BUILD Initiative is a support system for state leaders who seek to develop a comprehensive system of programs, policies and services that meet the needs of young children and their families.

Systems-building approach effectively prepares our youngest children for a successful future, while carefully using private and public resources.
System of Systems
The “Four Ovals”

What We Know

• The first five years of life have a fundamental impact on a person’s long-term health, development, and capacity to thrive.

• Children now face the prospect of growing up less healthy, less equipped, and living shorter lives.

• Many health problems are the result of preventable health disparities rooted in economic, class and race/ethnicity issues.

• Toxic stress, early childhood adversity, and social exclusion and discrimination cause harm at all ages, but are particularly damaging in the earliest years of life.

• Improving child health and reducing disparities is essential to long-term health cost containment.
Equity not Equality

Adapted from [http://indianfunnypicture.com/search/equality+doesn%27t+mean+justice](http://indianfunnypicture.com/search/equality+doesn%27t+mean+justice)
BUILD POINT OF VIEW

- Ensure all children have an **opportunity** to develop and reach their full potential.

- Identify and address the **root causes** of disparities; support state remedies to address those causes.

- Provide **equitable opportunities and resources** for excellent educational and developmental outcomes for children from racial groups historically discriminated against.

- Take concerted actions to correct or respond to **discrimination** in other arenas that negatively impact young children and their families.

- **Build diverse leadership** at all levels of systems that reflects the racial diversity of children and families.

- Ensure systems provide **culturally and linguistically responsive** services contoured to the child’s needs in the context of his/her family and community.
Solutions

• Must **benefit children and families**.

• Assure that communities of color have an **authentic impact on decision making** and that **leaders** and those with power within structures, institutions, systems and programs reflect racial diversity.

• May involve **differential resource allocation**.

• Address **institutional and structural barriers** to equity.

• Depend on **upon collective responsibility** to hold institutions and systems accountable.

• Focus on overcoming barriers to: **Awareness, Affordability, Accessibility, Availability, Accommodation, and Acceptability**.

• Address **cultural competence** in institutions and systems.
First Poll: Your Organization’s Focus

- You come from 45 states, including all 10 BUILD states.
- Tell us about the primary focus of your organization and work. Is it mainly health focused? Early learning focused? Or both.

![Pie chart showing the distribution of primary focus: 49% for Health, 28% for Early Learning, and 23% for Both health and early learning.](image-url)
Race, Place & Young Children

EQUITY AND VILLAGE BUILDING
Health and Health Equity Defined

**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
THE IMPERATIVE: Equity in Diversity

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
- Martin Luther King

We cannot allow a child’s zip code or color of skin determine the child’s health.
- Maxine Hayes

Implication: Race (as a consequence of discrimination, exclusion, and stress), poverty, and place have intertwined impacts upon child health and well-being.
### What We Know About Child Well-Being: Disparities Start Early

<table>
<thead>
<tr>
<th>Indicator</th>
<th>White NH</th>
<th>AA NH</th>
<th>Hispanic</th>
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</thead>
<tbody>
<tr>
<td>Below poverty</td>
<td>13.4%</td>
<td>40.3%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Inf. mort./1000</td>
<td>5.2</td>
<td>12.4</td>
<td>5.3</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7.0%</td>
<td>13.2%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Uninsured (0-17)</td>
<td>3.9%</td>
<td>4.9%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Foster care/1000</td>
<td>5.5</td>
<td>10.7</td>
<td>5.2</td>
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<tr>
<td>Part C part.</td>
<td>2.8%</td>
<td>2.4%</td>
<td>2.8%</td>
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<tr>
<td>P/F Maternal MH (0-17)</td>
<td>5.7%</td>
<td>11.4%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Unsafe Nghbhd (0-17)</td>
<td>6.8%</td>
<td>23.0%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Race for Results Score</td>
<td>704</td>
<td>345</td>
<td>387</td>
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**Implication:** Profound inequities in child well-being exist by race/ethnicity and begin early.
1. Communities are made up of neighborhoods that have different characteristics and require different supports.

2. When children are very young, their world is most bounded by the blocks around their home – their neighborhood.

3. Families love their kids and will do what is in their power to help them grow and develop.

4. It takes a village (not a multi-disciplinary team of professionals) to raise a child: young children and their families need friends, neighbors, and family- and child-friendly places to explore the world.

5. We cannot be color-blind in our approach, but build upon the strengths and foster diversity and inclusion.
The Characteristics of Neighborhoods within Communities

1. **Neighborhoods vary dramatically in the physical, economic, and social capital they have, although all have human capital upon which to build.**

2. **Early childhood systems building needs to respond to these differences if all children are provided opportunities to succeed in getting ready for school.**

3. **This includes responses to both public and individual services to families and to voluntary supports and resources generally available within the community.**

4. **There is sufficient, readily available data to identify neighborhoods that require special attention and additional community-building support.**
## 2000 Census Data and the Characteristics of High Poverty Neighborhoods

### COMPARISON OF LOWEST POVERTY CENSUS TRACTS IN THE UNITED STATES WITH HIGHEST POVERTY CENSUS TRACTS

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Lowest Poverty Tracts</th>
<th>Highest Poverty Tracts</th>
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<tbody>
<tr>
<td>% Single Parent Families</td>
<td>20.5</td>
<td>53.1</td>
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<tr>
<td>% Poor Families with Children</td>
<td>7.2</td>
<td>41.4</td>
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<tr>
<td>% 25+ no High School</td>
<td>13.5</td>
<td>48.0</td>
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<tr>
<td>% 25+ BA or Higher</td>
<td>28.7</td>
<td>7.1</td>
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<tr>
<td>% 16-19 not working/in school</td>
<td>3.0</td>
<td>15.0</td>
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<td>% HoH on Public Assistance</td>
<td>4.9</td>
<td>25.5</td>
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<tr>
<td>% HoH with Wage Income</td>
<td>80.6</td>
<td>69.1</td>
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<tr>
<td>% HoH – Int/Div/Rent/Income</td>
<td>42.3</td>
<td>11.0</td>
</tr>
<tr>
<td>% 18+ Limited English</td>
<td>1.9</td>
<td>17.5</td>
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<tr>
<td>% Owner-Occupied Housing</td>
<td>71.0</td>
<td>29.6</td>
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**Implication:** Improving child health in these neighborhoods requires community-building as well as individual child service strategies.
Poorest Neighborhoods: Wealthy in Young Children

Very Young Children (0-4) as Percentage of Population In Neighborhoods with Different Poverty Characteristics

- Less than 10 percent: 6.1%
- Between 10 and 20: 6.4%
- Between 20 and 35: 7.7%
- More than 35 percent: 9.2%

Implication: Poorest neighborhoods need half again as many child and family-friendly gathering points, activities, and supports.
Poorest Neighborhoods: Most Diverse (and Segregated)

Poorest

Least Poor

Note: 1.7% of all White Non-Hispanics, but 20.3% of Blacks, and 25.3% of Hispanics live in the poorest census tracts.

Implication: Strategies need to address issues of inclusion and combat discrimination and marginalization, as well as being culturally and linguistically responsive.
### Summary of Census Tract Analysis

#### Poor Neighborhoods Rich in Young Children
- **Poorest tracts**: 9.2% of pop. children 0-4
- **Least poor tracts**: 6.1% of pop. children 0-4

#### Poor Neighborhoods Home to Most Diverse Children
- **Highest risk tracts**: 82.4% of color
- **Lowest risk tracts**: 16.8% of color

Poor Neighborhoods have higher rates of:
- single parent families (53.1% to 20.5%),
- poor families with children (41.4% to 7.2%),
- adults without high school degree (48.0% to 13.5%),
- HoH wage income (69.1% to 80.6%),
- rental status (70.6% to 29.0%).
### Additional Example from Allegheny County, Pennsylvania/with Service Data -- 1995

<table>
<thead>
<tr>
<th></th>
<th>High Risk Neighborhoods</th>
<th>Other Neighborhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>222,865</td>
<td>1,113,585</td>
</tr>
<tr>
<td>Child Population</td>
<td>52,923 (23.7%)</td>
<td>229,260 (20.6%)</td>
</tr>
<tr>
<td>African American Population</td>
<td>109,489 (49.1%)</td>
<td>40,061 (3.6%)</td>
</tr>
</tbody>
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#### Child Outcomes

- Low birthweight babies: 12.6% vs. 5.8%
- Child welfare services/1000 children: 84.6 vs. 9.8
- Delinquency petitions/1000 children: 53.0 vs. 8.7
- Teen (15-19) birthrate: 10.8% vs. 2.3%

#### Family Conditions

- Single parent families: 59.9% vs. 19.7%
- Population under 6 in poverty: 55.0% vs. 11.1%
- Percent 25+ not high school graduate: 33.2% vs. 18.7%

Costs of poor outcomes in poverty maintenance and social control: AFDC -- $57 million; Medicaid -- $69 million; Food Stamps -- $42 million; Child Welfare -- $41 million; Jail -- $19 million; prison -- $53 million; juvenile detention -- $16 million; tax revenues -- $265 million = $565 million in public costs.
Implications

- Any state and community can (and should) identify neighborhoods of greatest child raising concern, at least from census data alone.
- Census data can be augmented by other data sources and information, starting with information about child- and family-friendly resources in the neighborhood.
- The costs of not doing anything are profound in terms of the opportunities young children will experience – and in terms of societal costs.
- The opportunities for working with (not to, at, or for) families in these neighborhoods exist, but it must be recognized that, for very young children in particular, many of these need to start by providing the time, space, and opportunity for families to connect and take time with their children in their otherwise busy and often stressful lives.
Children in families of European origin [soon] will make up less than 50 percent of the population under 5. ... The opportunities offered by a multicultural society that is cohesive and inclusive are virtually limitless—including the richness that comes from a broad diversity of 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.

-- *From Neurons to Neighborhoods* (2000)

Half of all young children are now of color; and if they cannot grow up to become part of the middle class, there will not be one.

Second Poll

• Let’s just do a quick check in on where you place your starting knowledge on our next topic—infant mortality. Are you not too aware? Know a bit or very aware?
Arthur R. James, MD

Ohio State University & Nationwide Children’s Hospital
Place Matters: Why should geographical location of birth in the USA make such a big difference in surviving the 1st year of life?

Ohio’s Infant Mortality Challenge...
Infant Mortality:

**Definition:** The death of any live born baby prior to his/her first birthday.

“The most sensitive index we possess of social welfare . . . ”

Julia Lathrop, Children’s Bureau, 1913
Infant Mortality is:

Multi-factorial. Rates reflect a society’s commitment to the provision of:

1. High quality health care
2. *Adequate food and good nutrition
3. *Safe and stable housing
4. *A healthy psychological and physical environment
5. *Sufficient income to prevent impoverishment

“As such, our ability to prevent infant deaths and to address long-standing disparities in infant mortality rates between population groups is a barometer of our society’s commitment to the health and well-being of all women, children and families.”

* = non-clinical measure

SACIM, 1/2013
## 10 US States with most births: 2010

<table>
<thead>
<tr>
<th>#</th>
<th>State</th>
<th># Births: 2010</th>
<th>2010 Overall IMR</th>
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<tbody>
<tr>
<td>1</td>
<td>California</td>
<td>510,198</td>
<td>4.7</td>
</tr>
<tr>
<td>2</td>
<td>Texas</td>
<td>386,118</td>
<td>6.1</td>
</tr>
<tr>
<td>3</td>
<td>New York</td>
<td>244,375</td>
<td>5.1</td>
</tr>
<tr>
<td>4</td>
<td>Florida</td>
<td>214,590</td>
<td>6.5</td>
</tr>
<tr>
<td>5</td>
<td>Illinois</td>
<td>165,200</td>
<td>6.8</td>
</tr>
<tr>
<td>6</td>
<td>Pennsylvania</td>
<td>143,321</td>
<td>7.2</td>
</tr>
<tr>
<td>7</td>
<td>Ohio</td>
<td><strong>139,128</strong></td>
<td><strong>7.7</strong></td>
</tr>
<tr>
<td>8</td>
<td>Georgia</td>
<td>133,947</td>
<td>6.4</td>
</tr>
<tr>
<td>9</td>
<td>North Carolina</td>
<td>122,350</td>
<td>7.0</td>
</tr>
<tr>
<td>10</td>
<td>Michigan</td>
<td>114,531</td>
<td>7.1</td>
</tr>
</tbody>
</table>
### 2011-2013 USA Infant Mortality Rates, by State and by Race, from Worse to Best:

<table>
<thead>
<tr>
<th>Overall:</th>
<th>White:</th>
<th>Black:</th>
<th>Hispanic:</th>
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<tbody>
<tr>
<td>USA</td>
<td>6.01</td>
<td>5.06</td>
<td>11.25</td>
</tr>
<tr>
<td>MS</td>
<td>9.25</td>
<td></td>
<td></td>
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<tr>
<td>AL</td>
<td>8.57</td>
<td></td>
<td></td>
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<tr>
<td>LA</td>
<td>8.35</td>
<td></td>
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<tr>
<td>DE</td>
<td>7.64</td>
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<tr>
<td><strong>OH</strong></td>
<td>7.6</td>
<td></td>
<td></td>
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<tr>
<td>AR</td>
<td>7.41</td>
<td></td>
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<tr>
<td>SC</td>
<td>7.23</td>
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<td>NC</td>
<td>7.2</td>
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<td>IN</td>
<td>7.19</td>
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<tr>
<td>OK</td>
<td>7.17</td>
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<tr>
<td>TN</td>
<td>7.16</td>
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<tr>
<td><strong>MA</strong></td>
<td>4.21</td>
<td></td>
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<tr>
<td><strong>NJ</strong></td>
<td>3.20</td>
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<tr>
<td>*MA</td>
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<td>6.90</td>
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<td>*NJ</td>
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</table>

Note that Ohio is the only State ranked in the worst 10 in all four categories.

^Also note 5 of the 6 States that make up Perinatal Region V are amongst the worst for black IMR

*Best Rates in Green
Ohio ranks #7 for the number of births by a State each year. This places us amongst National leaders...and should help define our responsibility for keeping our babies alive.

Yet...we rank amongst the worst in the Nation for Overall, White, Black, and Hispanic infant mortality.
Ohio Total Infant Mortality Rate: 1980-2013

Source of data: ODH

42% Improvement!
Ohio’s Black to White Racial Disparity in Infant Mortality:

1. Black infant deaths more than 2x that of Whites
2. Infant deaths in reference to Healthy People Goals
3. Time-lag of the “inequity” between black and white infant deaths
In 2013 Ohio set record low rates for infant mortality for Overall (@ 7.33) and Black Infant Mortality (@ 13.8) and tied its record low for White Infant Mortality (@ 6.0, first achieved in 2008).

Source: ODH
Ohio IMR: 1980-2013 (white, “non-white/black”)

"As such, our ability to prevent infant deaths and to address long-standing disparities in infant mortality rates between population groups is a barometer of our society's commitment to the health and well-being of all women, children and families”...SACIM, January 2013

Source of data: ODH
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3+ decades, Healthy People has established benchmarks and monitored progress over time in order to:

- **Encourage collaborations** across communities and sectors.
- **Empower individuals** toward making informed health decisions.
- **Measure the impact** of prevention activities.

**Overarching Goals for Healthy People 2020:**

- Attain **high-quality, longer lives** free of preventable disease, disability, injury, and premature death.
- Achieve **health equity, eliminate disparities, and improve the health of all groups.**
- Create **social and physical environments that promote good health for all**
- Promote **quality of life, healthy development, and healthy behaviors** across all life stages.
In reference to HP 1990:

a = HP 1990 Overall IMR Goal (9)
b = HP 1990 Black IMR Goal (12)
X = Overall HP 1990 IMR Goal achieved by Whites in 1987 (4 years before goal date)
Ohio IMR: 1980-2013 (white, “non-white/black”)

In reference to HP 2000:

Black:

White:

c = HP 2000 Overall IMR Goal (7)
d = HP 2000 Black IMR Goal (11)
+ = Overall HP 2000 IMR Goal achieved by Whites in 1996 (5 years before goal date)
Ohio IMR: 1980-2013 (white, “non-white/black”)

In reference to HP 2010:

Black:

White:

e = HP 2010 One IMR Goal (4.5), never achieved
Ohio IMR: 1980-2013 (white, “non-white/black”)

In reference to HP 2020:

**Black:**

**White:**

\[ f = \text{HP 2020 One IMR Goal (6)} \]

\[ \ast = \text{HP 2020 One IMR Goal achieved by Whites in 2013 (7 years early)} \]
Ohio IMR: 1980-2013 (white, “non-white/black”)

In reference to HP 1990:

Black:

White:

f = HP 2020 One IMR Goal (6)

* = HP 2020 One IMR Goal achieved by Whites (7 years early)...yet, Ohio has never accomplished the HP 1990 Goal (b) for Black babies
In reference to “Time-lag”

Ohio IMR: 1980-2013 (white, “non-white/black”)

Black:

White:

13.8

art james
Ohio IMR: 1980-2013 (white, “non-white/black”)

In reference to “Time-lag”

Black:

White:

art james
There is about a 40 year interval for the b-imr to “catch-up” to where the w-imr was. This interval suggest that if we continue at this pace that it will be 2053 before black infants born in Ohio experience the same rate of survival as white babies do today.
Do Black babies matter?
What causes health inequities?

The social determinants of health are mostly responsible for health inequities

– the unfair and avoidable differences in health status seen within and between countries.

The structural roots of health inequities lie within education, taxation, labor and housing markets, urban planning, government regulation, health care systems...

– all of which are powerful determinants of health, and ones over which individuals have little or no direct personal control but can only be altered through social and economic policies and political processes.”

WHO Commission on the Social Determinants of Health
“...a moral obligation, a matter of social justice.”

“In poor countries people die unnecessarily. In rich countries, too, the higher death rate of those in less fortunate social positions is (also) unnecessary...

Our profession seeks not only to understand but also to improve things. Some doctors (and public health professionals) feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a physician faced with a suffering patient has an obligation to make things better. If she sees 100 patients the obligation extends to all of them. And if a society is making people sick? We have a duty to do what we can to improve the public health and to reduce health inequalities in social groups where these are avoidable and hence inequitable or unfair. This duty is a moral obligation, a matter of social justice.”

Professor Sir Michael Marmot, lecture to the Royal College of Medicine, October 2006
“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”
Infant Mortality:

- Premature Births
- Congenital Anomalies
- SUID
- Maternal pregnancy Complications
- Placental or cord anomalies

Arthur R. James
Infant Mortality:

- Premature Births
- Congenital Anomalies
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- Maternal pregnancy Complications
- Placental or cord anomalies

Disparities
Social Determinants of Health/Lifecourse

Arthur R. James
Disparities in Birth Outcomes:

Social Determinants of Health:

- **Racism**
- **Fatherless households**
- **Poverty**
  - Limited Access to Care
  - Under-Education
  - Lower graduation rates
- **Housing**
- **Incarceration rates**
- **Neighborhoods**
- **No Insurance**
  - "Medical baggage"
- **Unemployment**
- **Smoking**
- **Substance Use**
- **Weathering**
  - Stress
  - Hopelessness
  - Unemployment
  - Incarceration rates

Medical Problems:

- **Family Support**
- **Poor Working Conditions**
- **Teen Births**
- **Nutrition**
Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...

Most of these programs help

In some cases, they make a huge difference

BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself pregnancy after pregnancy AND generation after generation.
A Social Determinants approach: challenges us to “eliminate the obstacles”
We are often asked...which Social Determinants to improve?
Michigan

- Michigan webinar participant Jametta Lilly shared information about:
  - the [Detroit Institute for Equity in Birth Outcomes](#).
  - The [Born Ready](#) Workgroup of the Wayne County Great Start Collaborative.
  - The [Infant Vitality Action Network](#).
Building on neighborhood and community strengths to address disparities in child development
A catalyst for community partnerships and resources that ensure all children have what they need to succeed.

An advocate for expanding the public will to increase investments in young children.
It takes a village to raise a child.
On Long Island... it takes an incorporated village.
Changing Demographics

Nassau County Race & Ethnicity

<table>
<thead>
<tr>
<th>Year</th>
<th>Age 00 to 4 years</th>
<th>Total Pop.</th>
<th>Age 65 to 69 years</th>
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<tbody>
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</tr>
<tr>
<td>2014</td>
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<tr>
<td>2015</td>
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<tr>
<td>2016</td>
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</tr>
<tr>
<td>2017</td>
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<td></td>
</tr>
<tr>
<td>2018</td>
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</tr>
<tr>
<td>2019</td>
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<tr>
<td>2020</td>
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<td>2021</td>
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<td>2022</td>
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<td>2025</td>
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<tr>
<td>2028</td>
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</tr>
<tr>
<td>2029</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Multi/Other
- Asian Alone
- Black Alone
- White Alone
- Non-Hispanic

Educational Services That Transform Lives
## POPULATION SHIFT in Westbury

<table>
<thead>
<tr>
<th>KINDERGARTEN</th>
<th>HIGH SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>43%</td>
</tr>
<tr>
<td>Latino</td>
<td>78%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>White</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>ELL</td>
<td>65%</td>
</tr>
<tr>
<td>Free &amp; Reduced Lunch</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>62%</td>
</tr>
</tbody>
</table>
EDI is used nationally in Canada, Australia, New Zealand, Chile, Jamaica among 40 nations

Multi-domain, predictive of performance through Grade 5

United Way Worldwide and UCLA brought to U.S.

Westbury: one of first 14 sites in U.S.; now 60 sites
Making The Case For Investing In School Readiness

No Data, No Problem, No Action!
What Does the EDI Measure?

- Social Competence
- Emotional Maturity
- Language & Cognitive
- Physical Health & Well-Being
- Communication Skills
Neighborhoods For 2012 EDI

- 2012 Westbury Neighborhoods
- Village of Westbury
- Sherwood Hills/West Jericho/Westbury on the Green
- New Cassel
- Industrial Park
- Breezy Hill
- Poet's Corner
PHYSICAL HEALTH AND WELL-BEING

EDI 2012: Children Vulnerable in the Physical Health and Well-being Domain in Westbury Neighborhoods

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breezy Hill</td>
<td>5%</td>
</tr>
<tr>
<td>Central Westbury</td>
<td>9%</td>
</tr>
<tr>
<td>Industrial Area</td>
<td>13%</td>
</tr>
<tr>
<td>New Cedar</td>
<td>11%</td>
</tr>
<tr>
<td>Polet's Corner/ARCs</td>
<td>13%</td>
</tr>
<tr>
<td>Sherwood Hills/West Jericho/Westbury on the Greens</td>
<td>10%</td>
</tr>
<tr>
<td>The Village of Westbury</td>
<td>23%</td>
</tr>
</tbody>
</table>

**Note:** EDI data collection is less than 75% of the estimated kindergarten population; interpret with caution.
SOCIAl COMPETENCE

EDI 2012: Children Vulnerable in the Social Competence Domain in Westbury Neighborhoods

Neighborhoods: Percent Vulnerable in the Social Competence Domain

<table>
<thead>
<tr>
<th>ID</th>
<th>Neighborhood</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Breezy Hill</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>Central Westbury</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>Industrial Area</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>New Colossal</td>
<td>17%</td>
</tr>
<tr>
<td>5</td>
<td>Poets Corner/ABECs</td>
<td>13%</td>
</tr>
<tr>
<td>6</td>
<td>Sherwood Hills/West Jericho/Westbury on the Green</td>
<td>10%</td>
</tr>
<tr>
<td>7</td>
<td>Village of Westbury</td>
<td>15%</td>
</tr>
</tbody>
</table>

** EDI data collection is less than 70% of the estimated kindergarten population; interpret with caution.

Legend:
- Neighborhood Boundary
- Proportion of Children Developmentally Vulnerable
  - Lowest Proportion
  - Highest Proportion
  - No or Few Data

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EDI 2012: Children Vulnerable in the Language and Cognitive Development Domain in Westbury Neighborhoods

Legend
- Neighborhood Boundary
- Proportion of Children Developmentally Vulnerable
  - Lowest Proportion
  - Highest Proportion
  - No or Few Data

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COMMUNICATION SKILLS AND GENERAL KNOWLEDGE

EDI 2012: Children Vulnerable in the Communication Skills and General Knowledge Domain in Westbury Neighborhoods

<table>
<thead>
<tr>
<th>ID</th>
<th>Neighborhood</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Breezy Hill</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>Central Westbury</td>
<td>22%</td>
</tr>
<tr>
<td>3</td>
<td>Industrial Area</td>
<td>19%</td>
</tr>
<tr>
<td>4</td>
<td>New Caledon</td>
<td>21%</td>
</tr>
<tr>
<td>5</td>
<td>Poets Corner/ABCs</td>
<td>17%</td>
</tr>
<tr>
<td>6</td>
<td>Sherwood Hills/West Jericho/Westbury on the Green</td>
<td>0%</td>
</tr>
<tr>
<td>7</td>
<td>The Village of Westbury</td>
<td>23%</td>
</tr>
</tbody>
</table>

** EDI data collection is less than 70% of the estimated kindergarten population; interpret with caution.

Legend
- Neighborhood Boundary
- Proportion of Children Developmentally Vulnerable
  - Lowest Proportion
  - Highest Proportion
- No or Few Data
VULNERABLE ON 2 OR MORE DOMAINS

EDI: Westbury Neighborhoods - Percentage of Children Vulnerable on 2 or More Domains with Community Assets

Legend

- Health Services
- Early Education Services
- Basic Needs
- Other

Percentage of Children Vulnerable on 2 or More Domains

- 0% - 7%
- 8% - 12%
- 13% - 16%
- 17% - 21%
- 22% or more

Data: EDI - 2010
Rajd: UCLA - GIS Portal
GROWTH OF THE WESTBURY LEADERSHIP TEAM

Membership

- 12 members in 2010
- 31 members in 2011
- 38 members in 2012
- 74 members in Present

Data points:
- 2010: 12 members
- 2011: 31 members
- 2012: 38 members
- Present: 74 members
FORMULA FOR SCHOOL READINESS

Ready Families
- Pre-natal care
- Home visiting
- Family literacy
- Parent input and engagement
- Social connections

For example:
- Quality child care
- Playful libraries
- Safe outdoor play spaces
- Well-child visits
- Parenting support at religious institutions
- Engaged Leadership Team

Ready Communities

For example:
- Transition to school
- Pre-K – 3rd alignment
- More welcoming PTA
- Increased recess

Ready Schools
- County agency alignment
- Corporate investments
- Ready, Set, Achieve Fund
- Translators at public meetings

Ready Systems
- EDI/K Assessment
- 3rd/4th grade scores
- School attendance
- High school graduation

Children Ready for Sustained School Success
...And we are seeing progress

• *Increased awareness about the importance of the early years.*

• *Increased recognition of community needs.*

• *More partnerships and collaborations between community groups to improve school readiness.*

• *More coalitions to advocate for early education.*
CHALLENGES TO CREATING A Systemic change

- Racism
- Lack of affordable housing
- Lack of voice and representation
- Lack of literacy and access
- Limited cultural competence
Additional Resources

- Lots of resources on the BUILD website &
  - More to come...as BUILD and CFPC launch the Learning Collaborative on Health Equity and Young Children


- Top 10 Things We Know about Young Children and Health Equity... and Three Things We Need to Do with What We Know (2014)

- 50 State Chart Book on Diversity and Young Children (2015). Contains state-level data, broken down by race and often income, on 20 demographics and other indicators of child well-being. Under Resources on the BUILD website.
Thank You