PILLS OF CHILD WELL-BEING:
STRENGTHENING OUTCOMES THROUGH COMMUNITY COLLABORATIONS AND ADVOCACY

NICOLE WELLS STALLWORTH
Director of Community Outreach & Governmental Affairs
The Children's Center of Wayne County

All slogans and politics aside, most adults in this country recognize that children are our nation’s greatest assets. Yet we remain divided both by our assessments of the problems and our ideas for solutions, and so we struggle to ensure that all children, regardless of their station or status, have a system in place to support their overall well-being.

The facts as they stand are rather daunting. In 2012, 1 out of every 2 Black children in the state of Michigan was living in poverty – up 10 percent from just four years earlier. These children are operating from an opening position of disadvantage, some getting increasingly lost in a system where the odds are stacked against them. But by focusing on certain pillars of child well-being, while also addressing systemic poverty at the policy levels, we might be able to shift our positions and operate from a place of strength in working to improve outcomes for children today, and in the future.

PILLAR 1: EARLY CHILDHOOD EDUCATION
Parents and communities should invest in ensuring children are exposed to quality educational programs as early and as consistently as possible. Research, both nationally and within Michigan, suggests that high-quality early childhood education can equip children with the tools needed to fare better academically and socially, setting them up to achieve long-term success in school and in life. In 2011-2012, for example, students enrolled in Wayne County Health and Family Services Head Start surpassed growth expectations in assessments across five critical learning domains, scoring between 64% and 67% higher at the end of the year than they did at the beginning of the year. Yet despite early childhood education’s known successes, from 2010-2012, less than half of Michigan’s Black children ages 3 and 4 were enrolled in preschool.

Local communities have the power to be the solution to this issue. The good news is that the state of Michigan continues to recognize the importance of ensuring young children have access to quality early childhood programs. As a result, Michigan has increased its investment in these types of programs by $65 million in 2013-2014, with an additional $65 million investment planned for 2014-2015. In addition, Michigan has been awarded a federal grant through the US Department of Education’s Race to The Top initiative of upwards of $57 million to further support high-quality early childhood programs.

Yet urban – and rural – communities often find that these dollars, while providing an excellent foundation, do not go far enough to catch every young child from falling through the cracks prior to the start of kindergarten. Because the needs are so extensive, particularly in places like Detroit, where 57% of children are living at or below poverty, it is critical that community-based organizations, such as faith institutions, hospitals, clinics, and non-profits whose missions are to care for families and children, join in the responsibility of advocacy. Simply providing programs and services is not sufficient. We need everyone to advocate for funding – with an eye towards urging that
More than two-thirds of black children under 6 years old live in a household accessing SNAP benefits, compared to less than one-third of white children.¹⁹

**Obesity Rates for Children 10-17 Years Old** ⁴⁰

<table>
<thead>
<tr>
<th>Race</th>
<th>Low-Income &amp; Obese</th>
<th>Above Low-Income &amp; Obese</th>
<th>All Incomes &amp; Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>15.8%</td>
<td>20.2%</td>
<td>14%</td>
</tr>
<tr>
<td>Black</td>
<td>29.1%</td>
<td>26.8%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Total (All Races)</td>
<td>17.8%</td>
<td>22.8%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

18% of low-income black children had or currently have asthma, compared to 8% of white low-income children. ²³
these funds include adequate support for often-overlooked and under-appreciated necessities such as transportation to and from school, which, when provided regularly and consistently, can have a drastic impact on children’s tardiness and absenteeism. In addition, funding within the sphere of early childhood education needs to be set aside to support successful two-generation strategies focused on family engagement and employment readiness training for parents, as well as easy and accessible enrollment procedures. These items are critical because operational funding for early childhood education is only a portion of the solution to the equation of child well-being.

PILLAR 2: MENTAL, BEHAVIORAL, EMOTIONAL AND PHYSICAL HEALTH

The issues of academic success and health are not independent of each other. Exposure to stress and/or trauma, for example, can negatively affect a child’s cognitive and emotional development. Often, and not surprisingly, a child’s mental, emotional and behavioral health challenges present themselves during school, which can lead to their falling behind academically or being suspended from school, which in turn can lead to a harmful and ongoing cycle of involvement with the criminal justice system.

According to the American Academy of Pediatrics, 1 in 5 U.S. children and adolescents have some form of mental health issue, and 70% of adolescents with mental health problems do not receive care. In Michigan, 26% of adolescent students have admitted to having thoughts of suicide or symptoms of depression. Yet there are programs, focused on early detection and treatment, which strengthen important mental health habits and build coping skills and resilience that help young children and adolescents set the stage for positive mental health in adulthood.

Supportive interventions are also critical when it comes to addressing a child’s physical health. Asthma, for example, is not only the number one chronic disease for children in the United States, it is also responsible for the most missed days of school in Wayne County. Indeed, African American children have a much higher rate of hospitalization due to asthma than that of any of their counterparts, and are missing significant amounts of school, with severe and lasting impacts on academic growth and achievement. The insidious interplay between poverty, hunger and obesity is also responsible for negative impacts on school success, while, in another example, Detroit Public Schools have reported that 60 percent of students performing below proficiency in grades 3, 5 and 8 had tested positive for exposure to lead before the age of six.
We cannot continue to approach these issues in silo. We must work together to ensure our children are supported within every area of their lives, uplifting early childhood education policies and programs that promote a comprehensive approach to learning and development. We also need to establish the expectation and provide the resources to ensure that all K-12 institutions – not only those seen as “community schools” – commit to being a provider dedicated to meeting their students’ total health, growth and development needs. Behavioral, emotional and physical health support that is rooted in community collaborations should be considered an integral part of any high-quality educational setting.

It is particularly important to establish this expectation as we confront the fact that the K-12 system has been decentralized to the point where students attend a range of school types, including traditional public, public charter, private, and internet-based, where protocols and best practices can vary widely from system to system.

Traditional collaborations, such as those between community-based behavioral health providers, departments of health and parks and recreation, and K-12 systems need to be developed and strengthened, but we also need to consider other collaborations that bring together more unusual advocates, such as those in the environmental field.

Indeed, environmental factors are a particular, and often neglected, issue, which create real barriers to a child’s physical, mental and emotional well-being. Exposure to lead paint and chemical toxins in the air and soil can create health problems that lead to developmental delays, brain damage, asthma, and cancer. We need these advocates to speak up alongside educators and health practitioners with policy makers and community leaders on the negative impacts that environmental issues can cause for children.

That is why it is incredibly important to meet families and parents where they are individually and to insist that information be given to them in ways that make it meaningful to them at the time, in order for our children's outcomes to be improved and to allow families to be active in discovering their own solutions.

Finally, families, parents, and caregivers should be engaged and supported through community, parent-to-parent and peer-to-peer education to aid in the reduction of stigma for the identification and diagnosis of behavioral and emotional health issues. It is critical that our children and their families feel as supported as possible in these situations rather than alienated or ostracized.

PILLAR 3: FAMILY EDUCATION
Research and practice confirm that family education is a very important issue – but this takes on many different forms. First, in my community work in Detroit, I have found that parents need to be educated – even before they become parents – on the importance of early education itself. Many families simply do not know about the benefits of having their children obtain an education that begins when they are young, nor do they clearly recognize the connection between a lack of early education and later involvement with the criminal justice system. For those who find this difficult to believe, or who feel that they have done the work of disseminating information to families, I want to clarify that there is a difference between being told something and actually knowing it. Many parents may have been “informed” about the importance of early childhood education, but that knowledge has not seeped into their homes or communities. This may be because they were not exposed to this knowledge early enough to do anything about it, or because of the way the information was delivered and presented.

In addition, many parents are unaware of how to recognize the signs and symptoms of behavioral and emotional health issues, and often dismiss and/or misjudge these signs as the child “being bad.” Because of this, many parents do not dig deeper when issues present themselves – and they don’t know what to do or where to turn even if they did.

That is why it is incredibly important to meet families and parents where they are individually and to insist that information be given to them in ways that make it meaningful to them at the time, in order for our children's outcomes to be improved and to allow families to be active in discovering their own solutions.

CONCLUSION
Children only get one childhood. It’s during those ever so precious years between birth and age 8 that they form their view of how to navigate the complexities of the world. The great news is that they are biologically equipped, from birth, with the potential to be the brilliant inventors and caretakers of our future world. The other news is that they must be provided a protective, supportive, and nurturing environment, from birth, in order for this potential to be realized.

I believe this can be done through community collaborations and advocacy which focuses on ensuring disadvantages are minimized and children are placed in a position to reach their greatest potential. We need to make our children’s well-being a priority if we are to ensure a bright future for them and for future generations to come.