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URGENT AND HOPEFUL

The first time I visited Detroit, abandoned homes, failing schools and empty streets were everywhere. They were all I could see. I was outraged and overwhelmed. It felt urgent – and hopeless.

Too many people feel the same way about our Black children and families. All they see, hear and speak are the negative statistics. It makes everyone outraged, and overwhelmed. It feels urgent – and hopeless.

One year ago, the National Black Child Development Institute (NBCDI) released its national report, “Being Black Is Not a Risk Factor: A Strengths-Based Look at the State of the Black Child.” This report challenged the prevailing discourse about Black children, which overemphasizes limitations and deficits and does not celebrate the considerable strengths, assets and resilience demonstrated by our children, families and communities.

This year, we have turned to the states, working with our Affiliates and partners to begin developing reports that assess and address the strengths and needs of young Black children and their families where they live.

Like the national report, this report, “Being Black Is Not a Risk Factor: Statistics and Strengths-Based Solutions from the State of Michigan,” and the materials to follow, will serve as resources for policymakers, practitioners, advocates and parents by weaving together three critical elements:

1. **Essays** from state experts that focus on using our children’s, families’ and communities’ strengths to improve outcomes for Black children

2. **Points of Proof** from organizations in Michigan that serve not as exceptions, but as examples of places where Black children and families are succeeding

3. **Data** that indicate how Michigan’s Black children and families are doing across a range of measures, and in relation to their peers nationally and in the state

   ✓ All data points in this report refer to Michigan’s children and families, unless otherwise specified

To achieve our vision for these reports, we relied on the innovation, dedication and creativity of our contributors as they delved into thought-provoking and sensitive areas, including those that address head-on the issues of race, culture, class and gender. Yet there is so much more than could fit in these pages – statistics from organizations like Data-Driven Detroit; Promise Neighborhood efforts from Black Family Development, Inc.; and a Birth to Five Head Start Pilot program led by four amazing Detroit agencies, among many others.

Indeed, as I begin my tenure at the helm of this historic organization, which has been dedicated to improving and advancing the lives of Black children and their families since 1970, I am humbled by the extraordinary work undertaken by so many committed activists and advocates, teachers and leaders, policymakers and parents.

NBCDI is holding its 44th Annual Conference in Detroit this year. Upon my return visit, I will acknowledge abandoned houses, failing schools and empty streets. But I will also see neighbors working together on community gardens; educators partnering with families to improve schools; and funding to bring arts, sports, and restaurants that fill the sidewalks with people. The work will still be urgent, but it will be infused with the hope that we all need to move that work forward.

TOBEKA G. GREEN
President & CEO, NBCDI
The data presented in this report should not surprise anyone. Multiple negative, correlating factors exist within the same spaces, and each negative correlate has a multiplying effect when they act together. Education, health, employment and housing interact to impact family structure, opportunities and overall quality of life. And there has always been a strong connection between health, education, employment and geography. The geography of opportunity refers to the spaces and places where people live, work, pray and play. Geography is a salient factor because of the United States’ history with segregation and housing discrimination. People of color tend to live in neighborhoods that share a disproportionate cluster of risk factors, which work together to worsen life chances and life itself: zip codes separate longevity by twenty years or more in some cities.

While daunting, these data cannot overwhelm us more than the people behind the numbers. We have to be careful not to misinterpret what we see, telling individuals to have or not have babies based on the likelihood of, for example, financial security. Policies should ensure that every child has a chance to succeed — and, given the range of issues in Black communities, these policies and strategies can’t be too focused.

People always ask me, “What is the fastest way to close the Black-White achievement gap?” I respond with, “By not educating White people.” Seems preposterous. However, we commit equally nefarious acts regularly by expelling Black students in abundance or firing teachers en masse. There are too many bad ways to reach a numerical goal. Dramatic improvement for Black communities must incorporate an agenda for education; however, the goal can’t be simply to improve educational outcomes. We must develop strategies and policies that build the capacity of neighborhoods to combat these negative conditions. Building holistic strategies around education must be folded within a larger agenda. Closing the achievement gap isn’t enough. The goal should be to improve community outcomes using schools.

CLOSING THE ACHIEVEMENT GAP ISN’T ENOUGH: HOW SCHOOLS SHOULD IMPROVE COMMUNITIES

ANDRE M. PERRY, PH.D.
Davenport University, Founding Dean of Urban Education

People offer key opportunities for intellectual and economic enrichment. This is not an either/or proposition. Education’s intellectual and economic impact must simultaneously happen in our cities if we want to see population growth statewide. Urban districts are currently realizing what happens when its most talented graduates do not refresh their former system.

The education agenda must expand to include a push to hire effective, community-based teachers who will share their fates with the urban communities they serve. Michigan must see educational institutions in cities as some of its most important industries, and must hold colleges and universities accountable for training effective teachers who will stay in urban areas.

This means schools and universities must partner in ways to maximize their economic and social benefits with an explicit goal of sustaining and growing neighborhoods. Again, the goal is not simply to close an achievement gap. The goal of an education is to improve communities. A standardized state exam score doesn’t get you a good paying job, a safe neighborhood or political access. A college degree does.
OF BLACK CHILDREN UNDER AGE 6 IN MICHIGAN ARE LIVING IN FAMILIES MAKING LESS THAN $11,525 PER YEAR; NATIONALLY, THIS NUMBER IS 25% OF BLACK CHILDREN, AND 7% OF WHITE CHILDREN.
REFORMING HIGHER EDUCATION

Colleges should be measured by their abilities to transform the lives who need it most. If we ranked postsecondary institutions by graduating people who were not expected to go to college, who would be in the top 10? For far too long, universities have thrived in spite of a leaky pipeline to urban districts. Now, a declining school-aged population forces colleges to do what we should have been doing all along — cultivate future tuition-paying members in urban districts. This is not a sacrificial act. University-community partnerships pay. Tightly coupled schools and universities unleash benefits not otherwise gained if these institutions behave independently.

Higher education and other “export” industries generate income by recruiting students and faculty from outside the region. As a general rule, capital in these industries, which in our case is students and faculty, heightens opportunities in other industries that primarily serve local needs. In other words, higher education growth should translate into opportunities in industries that primarily serve local needs.

Primary and secondary schools are those kinds of industries. Schools need the majority of its workforce to be long-term members of the community. Most teachers and service workers live relatively close to where they grew up for a reason. Importing too much external and transient talent in local serving enterprises compromises the economic stability of a community. Higher education growth should translate into opportunity for local institutions, but we can’t take that for granted. We must be explicit in our goal to build the capacities of local institutions.

While school systems lose revenue because of declining enrollments and under-utilized real estate, colleges and university have built up their campuses primarily through increases in tuition. As fewer traditional students work their way through the pipeline, overgrown colleges and universities will suffer the same spatial problem as its K-12 counterparts. Colleges and universities can no longer afford to literally distance themselves from the community problems we all will eventually face. In addition, colleges and universities should not make smart people poor. Loan relief should be given to individuals who teach for more than four years.

Universities can slow their penchant to grow their footprint and raise tuition by utilizing the real life, learning laboratory available in their backyards. Schools — not university campuses — provide the best training ground for future teachers. Education innovation must be delivered in a manner that uplifts our urban communities.
REFORMING TEACHER EDUCATION

We constantly receive different messaging around the need for teachers, but let me assure you that the question should not be, “Do we need more teachers in Michigan?” We’ve proven to be very successful in producing education majors with teaching certificates across the state. However, only 1 in 4 teachers recently passed the revised Michigan teacher certification test. This reality, combined with the facts of high teacher turnover and attrition particularly in high poverty and urban schools, means the question should be, “How do we cultivate good talent that stays in the profession and in the communities they serve?”

To begin, colleges and universities must be more innovative in how they train their teachers. Many of the consequences of not receiving a quality education have been stated. Unemployment, crime, inadequate housing and lower life expectancy follow families and individuals who have not received a quality education. Those social barriers also make it harder for students to access good schools. However, of the variables school leaders can control, having quality teachers is the most impactful on people’s quality of life.

While the majority of teachers are still trained through collegiate programs, both colleges and alternative certification routes have come under fire for their preparation and education of teachers. Regardless of the source and/or method, teacher preparation programs must be part of a larger solution, adapting to give our families opportunities in the next economy and ensuring that local teachers are educating children well enough to be hired later.

A focus on children and families’ needs demands change in how we prepare teachers. We need not wrangle in the debate around Common Core to know that being an electrician, police officer, physician, teacher or dean, requires a different set of skills than it did twenty years ago.

Colleges of education must prepare and develop teachers in real world settings to meet the education demands of urban environments. By giving students “on the job” learning experiences, students can determine if teaching is a viable career choice. Likewise, the principal and district can see the talent they would want to hire. In addition, candidates can be assessed on their abilities to perform the skills they learn. Not all educational roads lead through teaching. By separating the degree from the certificate, universities can realize a greater degree of accountability for finding suitable placements for candidates. Finally, teacher preparation programs must be held accountable for graduating diverse cohorts of teachers.

REFORMING ADULT EDUCATION

In addition to developing children and their teachers, Michigan must address adults who may have a high school degree. Let’s face it, Michigan has a literacy problem. As important as our current school reforms are to the future of the state, the impact of its graduates won’t be felt for decades. Two-thirds of urban populations’ labor pools are working-age adults, meaning – if we want to become a more literate and productive city – we must make significant investments in adult education.

It’s tough to convince stakeholders to invest in adult education because we are less optimistic about the capacity of adults. We’ve internalized the adage that you can’t teach old dogs new tricks. In addition, we don’t like the aesthetics of illiteracy. Employers don’t want the accents, tattoos and other markers of what we perceive to be risky hires.

Many adults may not be camera ready, but they have the capacity to learn. People who are low-literate should be seen as less of a risk and more as potential customers. We all profit when people read and compute at high level. Equally, if employers don’t invest in building the capacity of low skilled workers, we all may be looking for jobs.

REFORMING STUDENT EDUCATION

My focus in this essay is not how we can reform schools but how schools can reform communities. Yet, I will offer up one related, school-based, non-curricular reform. Students, particularly in urban districts, need wrap-around services – health care, mentoring and other supports that address the statistics, but are typically not provided by schools. Notably, declining enrollment in some districts allows for meaningful co-locations and partnerships to make these additions more affordable and accessible.

A FOCUS ON THE WHOLE CHILD = A FOCUS ON ADULTS, TEACHERS, COLLEGES AND COMMUNITIES

Certainly education must be a factor in improving the lives of children. But we should not rigidly focus only on teaching children. We must teach children and adults for the short and long-term benefits of urban communities. John Dewey famously said, “Education is not preparation for life; education is life itself.” If we want to improve education for children, the reforms must reach members of the community on their terms, for their direct benefit.
I am in the business of convincing every child — and their parents, guardians, teachers and political representatives — that a career in science, technology, engineering and/or math is possible. Every single one of them. This includes the young man from inner city Detroit who will weigh college against gang membership; the young women from Kalamazoo who will graduate from high school with the “Promise” and a two-year old; and the straight-A, first-generation budding astronaut who will arrive on the campus of his prestigious engineering college and not see anyone else who looks like him.

If I don’t convince them before the age of 12, my outcomes and chances of success drop significantly. Granted, I never say “never” and I have dragged my share of 17 and 27-year-olds out of the trenches, but I do prefer the path of least resistance.

**RESILIENCE:**
ROOTS IN EARLY CHILDHOOD AND REQUIREMENTS IN TRANSFORMATIONAL STRENGTH-BASED SUPPORTS

TONYA M. MATTHEWS, PH.D.
President and CEO, Michigan Science Center

Being Black is not a risk factor, but it just might be a call to arms. At the very least, it is a nod to the fact that resilience, either on the part of the child or his or her advocate or both, is a necessary weapon in the fight to re-engineer, rename and reclaim the “state of the Black child” in the 21st century.

The intriguing thing about resilience is that it is not exactly a skill set. Unlike computation or reading or public speaking, resilience is not something easily taught. It is primarily a by-product of watching your strengths in action and learning not only how to use those strengths, but also how to trust those strengths during the difficult moments. Resilience is closer to reflex and brain wiring than to something we practice. The so-called “windows of opportunity” in emotional reflex and brain wiring — the most fertile time periods in every human’s life for brain connections — are between birth and puberty.

The brain cells that ultimately wire for socio-emotional intelligence (think resilience) are primed to connect as early as four months old and are heavily influenced, for better or worse, by the adults around them. Therefore, I suggest we start at the beginning — as early in early childhood as possible.

Let’s use a brief case study — more of a life study — of two sisters to illustrate the use of strength-based assessment and support in action. The sisters are African American, 13 months apart, born to the same parents and raised in the same household. Ultimately, they will attend the same schools up through high school, having very different educational experiences and very different orientation to those experiences. This was evident as early as preschool.

The older sister, Maria, transitioned into prekindergarten and the classroom environment easily. She was a model student, a voracious learner and clearly at home in an environment of structure and instruction. She was undaunted by being surrounded by strangers — adult or child — and she observed and attempted to participate in (and excel at) anything anyone else was doing. Maria’s attitude was, perhaps, a bit entitled. This was best illustrated during that first year of preschool when she demanded to know why one of her classmates could read and she could not. Her mother attempted to explain that the classmate had a late birthday and was actually a year older — and older children could read. For Maria, this was an unacceptable answer and she...
demanded to be taught to read. Years later, the mother explained that it was easier to teach Maria to read at a younger age, than it was to fight the daily battle of convincing Maria that eventually her time would come and her teachers would teach her how to read. Maria did learn to read ahead of “schedule” and soon excelled in reading, even beyond the level of that classmate who “inspired” her.

The younger sister, Caira, did not share Maria’s embracing attitude toward prekindergarten. In fact, Caira’s entry into preschool was delayed several weeks due to her absolute distress over and dread of such a foreign environment. Even once she had become familiar with the space — through multiple, failed attempts to keep her in the classroom — and could tolerate a half-day schedule, she remained wary. Caira’s attitude was rather unforgiving and highly skeptical. She gravitated toward activities and interactions she felt comfortable with and, though a consistently hard worker, Caira was dismissive in the midst of activities she didn’t like or believed she could not do. In this case, the mother reinforced activities that made Caira comfortable and did not attempt to bombard her with new experiences solely for the sake of engaging her more broadly. The mother kept Caira in view of the possibilities while reinforcing and providing more opportunity for Caira’s preferred experiences, noting that Caira’s time for adventure would come. Caira, for her part, was betting that time would never come and in the meantime became a master of creating comfort zones within unfamiliar environments.

The relationship of these two sisters with their academic environments — one fearless and barrier-insensitive, if not barrier-driven and the other wholly unimpressed and selectively engaged as a means to a specific end — remained consistent throughout their educational journey. So it may surprise you to learn that both sisters completed their educational journeys with doctoral degrees. It may surprise you even more to learn that the younger sister completed her degree first.

However, I propose that the mother’s child-specific reactions and strategies, that not only focused on but also encouraged the unique strengths of each of the sisters, suggest their outcomes were inevitable, not surprising.

WHAT DOES IT MEAN TO MOVE FROM NURTURING A CHILD’S STRENGTHS TO NURTURING A CHILD ACCORDING TO THEIR STRENGTHS?

What does it mean to provide strength-based supports and learning environments for children? What does it mean to move from nurturing a child’s strengths to nurturing a child according to their strengths? Is a strength-based approach to supporting Black children necessarily racially and culturally specific?

Let’s take those questions one at a time.

A strength-based approach to supporting children requires an entire change of focus and approach. Generally speaking, society’s orientation to helping is synonymous with fixing, e.g. improvement is oriented toward deficits. When you walk into a classroom, the assumption is that you don’t know certain things and, by the end of the year, the teachers will be sure that you do. Most tests are designed to identify what you don’t know and the outcomes of the test are used to define what you need to work on, what you are not quite ready to do or where you are not quite ready to go. When a family is choosing a school or program or camp for their child, the focus is on what is this environment going to do to make the child better. While this approach does work in some cases, it is easy to understand why this approach may not work particularly well in the lives of children facing great challenges or combating a tide of downward-pushing trends and images. The very title of this compendium (Being Black is Not a Risk Factor) is a nod to the glut of messages African American children are constantly filtering through their experiences. Strategies that serve the mantra “we can help you fix this” give a child something to reach for, but do not give the child a foundation to stand upon. Thus this approach inevitably backfires if we are presenting a goal that the child has already decided is out of reach.

Provision of strength-based support begins with changing our orientation to assessment — not only what we are assessing, but why we are assessing. Michael Epstein and J. M. Sharma have done seminal work in defining this shift. Rather than testing and labeling deficits that may harm or stall a child’s progress, a strength-based approach requires that we define and measure “competencies and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development.”

Basically: figure out what a child is good at; acknowledge they are good at it; and find or create specific challenges that require they utilize their skills — giving them the opportunity to use their natural strengths to succeed. This begins to create a child’s foundation, not only for success but also for confidence. This confidence and understanding of how their own strengths translate into success create resiliency. This resiliency is the primary tool that buoys a child through the storm when under threat or stress, when they are challenged with a new experience or learning, and when they approach critical decision points in their lives.
This is where our transition from “nurturing a child’s strengths” to “nurturing a child according to their strengths” must occur. Children begin to incorporate and define norms of “action and response” the moment they are born. The ability to incorporate this information accelerates through early childhood. Therefore, early childhood is the critical time period for a child to begin to build (or not build) the capacity for resilience based on the response he or she receives when leaning on his or her strengths.

The most difficult aspect of supporting children from this strength-based perspective is the requirement for an individualized approach. And yes, by definition “individualized” encompasses a culturally specific approach—but not a culturally monolithic approach.

Every individual child is the sum of all of his or her parts; therefore, for African American children, this includes the fact that they are Black—and all that “Black” entails, invites, and suffers. In addition to individualization, these strategies also require flexibility. Teachers, parents, and communities need the ability to be nimble and creative when supporting an individual child according to his or her individual strengths. Many of the systems and programs designed to support children—from classrooms to summer programs to neighborhood park designs—are neither flexible nor individualized. This uniform rigidity may be especially pronounced in schools and programs designed to support African American children, as they are often created to support a monolithic view of the social, cultural and economic backgrounds of Black children or, just as commonly, they are created to support an external stakeholder’s needs such as robust test scores or workforce development pipelines.

The way forward is daunting, but clear: Strength-based supports require a comprehensive child-specific shift in our approach to supporting children that must be implemented as early as possible.

Given the magnitude of shift I’ve described, where then do our opportunities for success and paradigm shift lie?

Success lies where we began: In the seemingly impossible challenge of convincing every child they could be an astrophysicist if that is what he or she wants to do and in the story of two sisters in preschool.

I believe in resilience because, as the head of a science center, I am creating children who understand that the true joy of scientists and engineers is the exhilaration of success after multiple episodes of failure. Technology is a frontier tool used to reach farther than you can currently see. Math is not a mystery; it is a maze—and I am creating children who step into the maze with no map, roll up their sleeves and smile. This is not a suggestion of science as the way forward (though I wouldn’t argue against that). Rather, it is an illustration of the principle in action.

For me, my work is an ultimate metaphor for the creation and outcomes of resilient Black children—vanquishing generations of failure with singular, “unexpected” success; turning risk factors into tools for accomplishment; and having the tenacity and the foundation to reach farther than you have ever seen and go places you have never been.

And the earlier we start the better. Giving teachers, parents and community leaders the flexibility, the freedom and the tools to support early childhood education from a strength-based perspective is critical to transforming the conversation about outcomes for our children.

As a scientist, I can tell you that the early years of brain development are not simply predictive—they are foundationally critical for outcomes for the rest of our lives. Therefore, early childhood supports are worth maximum investment, particularly for any category of child or community that can be labeled “at risk” or “under siege.”

But as one of the sisters in the life story, I can more simply tell you that the proof is in the product. The strategies my mother used—beginning in our earliest childhood—to point out, but never hinder “unusual” choices for one daughter while allowing another daughter to transform every uncomfortable situation into some version of the familiar though never allowing her to ignore the “different” was deliberate cultivation of our strengths that built our capacity for resilience and created the strategies we used to employ that resilience in our success. One daughter has made the unusual choice of leveraging her engineering degree into transforming the way a museum looks at “its children.” One daughter moved beyond academic research and blazed a path of transformation for special needs children by designing strategies for creating “the familiar” for those who constantly see the world as strange.

No surprise at all.
POINT OF PROOF: HIGHSCOPE EDUCATIONAL RESEARCH FOUNDATION

YPISANTI, MICHIGAN

WHAT MAKES THIS PROJECT A POINT OF PROOF?
The HighScope Curriculum has proven to have long-term benefits for children. HighScope is best known for its Perry Preschool Study, which examined the lives of 123 African American children and concluded that a high-quality preschool program based on the HighScope Curriculum yields lifetime positive effects. Most recently, the study interviewed 97% of the original participants at age 40 and found that those who had participated in the preschool program using HighScope were more likely to have graduated from high school, have committed fewer crimes, be employed, and earn a higher income than those who did not attend a high-quality preschool program.

WHAT IS THE PROJECT’S ELEVATOR SPEECH?
The HighScope Educational Research Foundation is an independent nonprofit organization, established in 1970, with headquarters in Ypsilanti, Michigan. The Foundation promotes the development of children and youth worldwide and supports educators and parents as they help children learn. The name “HighScope” refers to the organization’s purpose, mission and goals: “high” signifies our desired level of accomplishment and “scope” represents the breadth of vision we hope to achieve.

Did you know? Evelyn K. Moore, NBCDI’s President Emeritus, was one of the original teachers at the Perry Preschool.

The HighScope Curriculum centers on active participatory learning – having direct experiences and deriving meaning from them through reflection. The Curriculum fosters children’s initiative and learning as they engage with the Curriculum’s content, which is identified in 58 individual key developmental indicators (KIDs) organized in eight curriculum content areas. The Curriculum’s top three goals are to:

1) Help children become critical thinkers and active learners;
2) Help teachers foster children’s initiative, learning, and overall development; and
3) Assess the development of individual children as well as the effectiveness of programs.

The HighScope Curriculum is also defined by the components of the HighScope Preschool Wheel of Learning: adult-child interaction, learning environment, daily routine, assessment, and active learning.

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INVESTMENTS IN HIGH-QUALITY PRESCHOOL LEAD TO BENEFITS FOR PARTICIPATING INDIVIDUALS AS WELL AS SAVINGS FOR TAXPAYERS.
HOW DO YOU KNOW WHEN THE PROJECT IS SUCCESSFUL?

HighScope is perhaps best known for its Perry Preschool Study, which compared children from low-income African American families in the Ypsilanti school district who attended a preschool program using the HighScope Curriculum to children who did not attend a high-quality preschool program. As adults, the cohort of HighScope preschool participants have had higher high school graduation rates, higher monthly earnings, less use of welfare, and fewer arrests than those who didn’t attend the program. In addition to benefiting the individuals who attended preschool, these results also have shown that high-quality preschool leads to savings for taxpayers: for every dollar invested in high-quality early childhood education, society saves $17 in the cost of special education services, public assistance, unemployment benefits, and crime. This is the research that informs President Obama’s national plan for early education and “Preschool for All” initiative; in fact, this is the very research that he quoted in his February 12, 2013, State of the Union address when he announced the initiative.

Research also shows that HighScope training for teachers and caregivers is highly effective. In a national study, the programs employing teachers who had HighScope training scored higher on measures of program quality than did programs with similar teachers without such training. Higher quality programs were in turn linked to better developmental outcomes for children. In a more recent study of the Michigan Great Start Readiness Program (GSRP), research shows that if children are African American or Hispanic, they are more likely to start GSRP with lower Peabody Picture Vocabulary Test (PPVT) and Woodcock Johnson (WJ) math and reading scores. They are also more likely to start kindergarten with lower test scores. Our first-year Lansing data showed that minority children’s gains during GSRP enrollment in HighScope programs were significantly higher than non-minority children’s gains in math and reading.

Finally, HighScope has two assessment tools, one to assess children’s development — the Child Observation Record (COR) — and one to assess program quality, the Program Quality Assessment (PQA). Independent research has shown that the COR is an effective tool for assessing young children, while the PQA is mandated to be used in all Michigan Great Start Readiness Programs (GSRP) and by early childhood programs and childcare providers who participate in the Michigan Great Start to Quality Stars Rating program, which is funded by the Michigan Department of Education. Although the PQA was developed by the HighScope Educational Research Foundation, it was not developed to assess only programs using the HighScope Curriculum; programs using different curricula can also be assessed at the highest quality levels. The PQA is aligned with Michigan’s Early Childhood Standards of Quality and is a reliable and valid assessment tool across all early childhood settings.
WHAT MAKES IT SUCCESSFUL?
The HighScope Curriculum is based on active participatory learning that emphasizes child-directed activities, which studies have found to be particularly successful not only in raising academic achievement, but also in promoting long-term benefits in terms of lower rates of special education and criminal activity. Within the active participatory learning framework, however, there are two key hallmarks of the HighScope Curriculum that contribute to its particular success:

1) The plan-do-review process: Plan-do-review, also known as the plan-work-recall sequence, is the central element of the HighScope daily routine and is the longest segment of the day—lasting approximately one and one-half hours. Research confirms that opportunities to plan and recall, together with access to diverse materials during work time, are positively and significantly associated with early learning. Children attending HighScope programs, with daily opportunities to express their intentions and reflect on their activities, score higher on observational measures of development than comparison children whose programs do not provide these opportunities.

2) The focus on social-emotional development: Studies continually demonstrate that children in HighScope classrooms show high levels of initiative. Teachers further support social development by helping children learn how to resolve interpersonal conflicts. The National Institute for Child Health and Human Development stresses that these areas of socio-emotional growth are essential for school readiness.

WHAT CHALLENGES HAS IT FACED?
HighScope has confronted two significant challenges. In the recent past, there have been myths and misconceptions that the HighScope Curriculum was not designed for African American children and does not work in communities that are non-White. The reality, however, is that the HighScope Curriculum was designed for all children, and the fact that it was birthed out of the HighScope Perry Preschool Study, which was exclusively focused on African American children, should dispel that myth and clear up the misconceptions. Indeed, many programs today in Michigan, around the United States, and in other countries serving Black populations have successful preschool programs that implement the HighScope Curriculum at a high-quality level. There are also some that do not—which brings us to our second challenge—that of maintaining consistently high levels of quality and fidelity to the program curriculum and design. Sometimes schools districts, child care programs, and agencies begin the training process but do not continue with updates and/or mentoring and monitoring systems due to a lack of financial resources, rapid turnover of teaching staff or changes in administration. We are constantly seeking to provide resources and materials to help maintain access to our curriculum and continue high levels of fidelity in implementation, including customized trainings and low-cost interactive online trainings.

HOW IS THIS PROJECT SUSTAINABLE?
We are a non-profit organization and are funded through generous donations, gifts, contributions and grants. We charge fees for our training series, workshops, and classes, and we also run a physical and online bookstore selling our publications and resource materials. Once a year, we sponsor a week-long international conference in Ypsilanti, Michigan, where people from all over the world using the HighScope Curriculum gather to learn, socialize, and share ideas. When the participants return to their communities, they are energized to share what they have learned and spread the work further.

HOW IS THIS PROJECT REPLICABLE?
To achieve success in helping children become active learners who grow up to be productive citizens in their communities takes a big commitment. Whether the economy is in an upswing or a downturn, individuals and organizations must be willing to put children’s welfare and education first. The lessons of HighScope for other programs include the following: Do what you can to obtain and sustain the high-quality training needed to ensure high-quality programs. Write and apply for grants for training, allocate funds for quality improvement, seek out donations, and sponsor fund drives for quality initiatives. Above all, advocate for children’s rights to make choices, follow their interests, and develop their abilities through active involvement with people, materials, events, and ideas. Give children many opportunities to become independent, responsible, and confident children who are not only ready for school but also ready for life.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?
While other curriculums, products, publications, and resources are based on research done by HighScope, we ARE HighScope! We have taken the time to do the research, invest in the creation and offering of teacher training programs, and create validated assessment tools. High-quality early education is a hot topic, and we must take the opportunity to share the research and resources to ensure that the increase of high-quality preschool programs emphasizes active participatory learning as the most effective way to help all children learn and grow.
A HOLISTIC APPROACH TO EARLY CHILDHOOD EDUCATION:
SCHOOLS, BUSINESSES, FAMILIES AND COMMUNITIES WORKING TOGETHER TO CREATE A CULTURE OF ACADEMIC AND SOCIAL SUCCESS

URSULA KELLEY-WASH, ED.D.
Program Supervisor, Detroit Public Schools

The Detroit Public Schools Foundation for Early Learners acknowledges the importance of high-quality educational experiences for prekindergarten children. Positive and enriching early childhood opportunities and relationships enhance brain development, which ultimately provides a foundation for students’ optimal learning. Detroit Public Schools recognize the power of early childhood education for the district’s youngest learners, and have crafted a mission to:

- Create positive teacher-student relationship quality (TSRQ), marked by care, support, and high expectations
- Provide continuity of instruction from prekindergarten through third grade;
- Offer appropriate and high-quality instruction;
- Foster self-esteem and socialization;
- Strengthen home-school interaction; and
- Provide a safe and nurturing environment with the intent of improving student achievement and enhancing parental/community involvement.

Community relationships play an integral part in the academic and social lives of our students. Detroit Public Schools embraces partnerships that seek to enhance, cultivate, and inspire school, home, and community partnerships. PNC Grow Up Great, founded by The PNC Financial Services Group, Inc., is a $350 million initiative demonstrating what can happen when a business invests significant, multi-year funding into achieving a vision that embraces a holistic approach to early childhood education. In Detroit, this unprecedented program has fostered a collaborative spirit, bringing Detroit Public Schools (DPS), parents and the community together in a celebration of the arts and sciences. Institutions such as the Cranbrook Institute of Science, the Music Hall Center for the Performing Arts, and the Detroit Parent Network are embracing the opportunity to engage underserved Detroit families with preschoolers in DPS, 84% of whom are African American.

Detroit Public Schools believes the investment and commitment of business and community stakeholders in the education of our children is critically important to our children’s success. PNC is committed to the power of early childhood education and has invested dollars, community resources and volunteer efforts to empower our youngest learners, their parents, and pre-school educators through the arts and sciences. Indeed, across the country, PNC employees have contributed more than 410,000 volunteer hours engaging young children and their families.

CHILDREN BY RACE IN MICHIGAN AND U.S.\(^{14}\)

<table>
<thead>
<tr>
<th>RACE</th>
<th>AGES 0-3</th>
<th>AGES 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PERCENTAGE (NUMBER) MICHIGAN</td>
<td>PERCENTAGE (NUMBER) U.S.</td>
</tr>
<tr>
<td>WHITE</td>
<td>65.8% (221,149)</td>
<td>50.7% (5,697,535)</td>
</tr>
<tr>
<td>BLACK</td>
<td>16.7% (56,043)</td>
<td>13.4% (1,504,224)</td>
</tr>
<tr>
<td>ASIAN</td>
<td>2.9% (9,875)</td>
<td>4.6% (514,799)</td>
</tr>
<tr>
<td>LATINO</td>
<td>8.5% (28,381)</td>
<td>25.3% (2,846,767)</td>
</tr>
<tr>
<td>OTHER</td>
<td>6.1% (20,552)</td>
<td>6.0% (674,723)</td>
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</tbody>
</table>
GREAT START READINESS PROGRAM 2012-2013

GSRP is Michigan’s state-funded preschool program for 4-year-old children who experience factors that may place them at risk for lower educational attainment.

<table>
<thead>
<tr>
<th>RACE</th>
<th># OF CHILDREN IN GSRP</th>
<th>% OF CHILDREN IN GSRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>6,067</td>
<td>24.7</td>
</tr>
<tr>
<td>WHITE</td>
<td>16,619</td>
<td>67.7</td>
</tr>
</tbody>
</table>

35% OF ALL BLACK 4-YEAR OLDS ARE BEING SERVED THROUGH GSRP, COMPARED TO 21.2% OF ALL WHITE 4-YEAR OLDS IN THE STATE.

BLACK AND WHITE CHILDREN AGES 3 TO 4 IN MICHIGAN HAVE SIMILAR PRESCHOOL ATTENDANCE.

47% AND 45% OF WHITE CHILDREN AND OF BLACK CHILDREN ATTENDED PRESCHOOL BETWEEN 2008 AND 2010. THIS IS CONSISTENT WITH NATIONAL DATA, INDICATING THAT HALF OF BLACK AND WHITE CHILDREN ATTENDED PRESCHOOL DURING THE SAME TIME PERIOD.

OF ALL BLACK 4-YEAR OLDS ARE BEING SERVED THROUGH GSRP, COMPARED TO 21.2% OF ALL WHITE 4-YEAR OLDS IN THE STATE.
BLACK CHILDREN MAKE UP 52% OF ALL CHILDREN BEING SERVED BY CCDBG IN MICHIGAN.

AMONG ALL CHILDREN BEING SERVED BY CCDBG IN MICHIGAN, 70% WERE IN NON CENTER-BASED CHILD CARE AND 29% WERE IN CENTER-BASED CHILD CARE.

NATIONALLY, THESE NUMBERS ARE NEARLY REVERSED, WITH 67% OF CHILDREN IN CENTER-BASED CHILD CARE AND 32% IN NON CENTER-BASED CHILD CARE.
In support of the Foundation for Early Learners’ mission statement, Detroit Public Schools, with funding support from PNC, is creating a foundation of success and fostering positive educational experiences for students by focusing on two research and evidence-based strategies:

1) High-quality professional development; and
2) Meaningful family engagement.

HIGH-QUALITY PROFESSIONAL DEVELOPMENT
Through this program, pre-kindergarten teachers have professional development opportunities that enhance their teaching instruction in the context of the learning environment and beyond. During the academic year, 28 teachers from 16 schools supported by PNC’s grant to the Detroit Public Schools Foundation attend monthly workshops and/or coaching sessions. These sessions, which are explicitly aligned with the HighScope Framework for Teaching and Learning and supported by Key Developmental Indicators (KDIs), are focused on demonstrating how to effectively incorporate the arts and sciences into the early learning environment. During the coaching sessions, teachers read and reflect on current issues regarding the arts and sciences in support of minority students. This collaborative approach to teacher development allows for ongoing support and feedback as teachers share and model effective teaching practices and content integration. These workshops also provide teachers with hands-on experiences to explore materials, engage in conversations, and replicate learning environments in support of the intentional teaching of arts and sciences to young African American learners.

MEANINGFUL FAMILY ENGAGEMENT
Family engagement is a significant variable in a student’s academic and social success. Detroit Public Schools believes in the power of family engagement and community partnerships to help foster an appreciation of the arts and sciences. Ultimately, funding support through the PNC Grow Up Great Initiative creates a foundation where families and communities are working together to empower children. In this initiative, six specific types of involvement are given equal importance in the process of strengthening positive relationships among families, educational institutions and the community at large. These six forms of involvement are parenting, communication, volunteering, learning at home, decision-making and collaborating with the community.18 With support from a variety of partners, including The Detroit Parent Network, each form of involvement is integrated throughout the DPS pre-kindergartens through experiences such as workshops, newsletters, leadership development opportunities, Family Fun Days and field trips.

FIELD TRIPS AND FAMILY FUN DAYS HAVE REMAINED A FOCUS FOR THIS INITIATIVE, DESPITE THE FACT THAT FUNDING THESE EVENTS IS A CONSISTENT CHALLENGE.

IN 2012, BLACK CHILDREN MADE UP 37% OF THE MICHIGAN HEAD START POPULATION, AND 29% OF THE NATIONAL HEAD START POPULATION.19

Field trips and Family Fun Days have remained a focus for this initiative, despite the fact that funding these events is a consistent challenge. Often, children from higher socio-economic backgrounds have more opportunities to engage with community institutions such as museums and theaters, providing them with different lenses through which they are able to observe and experience the arts and sciences. These kinds of activities also build significant prior knowledge that becomes critical in the later academic years for building capacity in a variety of academic and social areas. Finally, these field trips and Family Fun Days provide critical openings for relationship building with families. Indeed, the focus on volunteerism and community engagement provides parents with the opportunity to experience activities with their children and their children’s teachers, where they are able to observe high-quality teaching and build relationships with educators outside of the typical learning environment, where they may or may not be comfortable themselves.

Each of the six elements of family engagement is designed to promote a two-way model where the work of involvement is shared by both the parents and the schools. For example, while The Detroit Parent Network offers workshops to parents on enhancing learning at home, the initiative also supports schools in understanding families’ backgrounds, cultures and goals for their children. We know that the relationships established in the context of the academic environment have a direct correlation with school success, particularly for African American children.20 The opportunity to collaborate with the schools and the community has enhanced our preschool parents’ vision and understanding of the rich resources available to enhance their children’s growth and development across multiple domains. These meaningful relationships are helping to foster a love of learning, a culture of success, and an assurance that all children will be able to Grow Up Great.
BETWEEN THE COVERS:
LITERATURE TO NURTURE LITERACY

TONI S. WALTERS, PH.D.
Professor Emerita, Oakland University

JONELLA A. MONGO, PH.D.
Lead Consultant, JM Education Consultants, LLC

VIVIAN G. JOHNSON, PH.D.
Associate Professor, Marygrove College

The core purposes of Between the Covers are threefold:

1) BTC informs parents, teachers, and caregivers about available literature for children. Like other literature bibliographies, however, and like sources such as journals, brochures, newsletters, magazines and websites, BTC is intentionally not a research project.

2) BTC situates literature for children in both current and historical contexts, while enlightening many adults who may have missed such literature opportunities during their childhood school years and college experiences.

3) BTC provides readers with African American realities: the legacies, humor, language, nuances, range of human compassion, strands of resilience, dreams, love, problems and resolutions, to name a few.

Within the NBCDI Child Health Talk archives, BTC bibliographies include books in print and books out-of-print that we would like to see back in print. We believe it is important for our readers to have opportunities to hear the diverse voices of African American writers and to experience the range of images from the illustrators. We know that on-line vendors and publishers tend to have books readily available, which is also true for some libraries with an extensive collection of children’s literature. Yet we also understand that children’s literature often has a limited publication run and a short shelf life and that fact is further exacerbated relative to works by African Americans. We are also mindful of the struggles: competitive markets, uninformed sources, culturally desensitized reviewers and vendors, and mainstream mindsets that have by design systemically omitted literature by African Americans in children’s literature for reading and learning opportunities. And ultimately, we recognize the paucity — to non-existence — when it comes to the availability of books by African Americans for children in many classrooms, chain and mainstream independent bookstores, retail bookstores, and airport kiosks. It is always disheartening when requesting a particular book, only to be told, “No, we don’t stock it, but we can order it for you and it will be in — in one-to-two weeks.” It is specifically for these reasons, however, that the creators of BTC bibliographies recommend publications that may be out-of-print — so that teachers, parents, caregivers, librarians, and researchers can be aided in broadening their spectrums and literary diets beyond perpetual mainstream re-nomination of titles, genres, authors, and themes that allegedly have a “universal” appeal for all children.
As we have noted, all books reviewed for inclusion in Between the Covers columns must be either written or illustrated by *African Americans, inclusive of concept books, picture books, storybooks, contemporary and historical fiction and non-fiction, biographies, fantasy and tales, and poetry. These literature books must also meet one or more of the following criteria:

1) **Contain quality work by legendary authors** in the field of literature for children: e.g. Eloise Greenfield, Mildred Taylor, Virginia Hamilton, Patricia & Fred McKissack, Walter Dean Myers, Julius Lester...

2) **Demonstrate high caliber writing of contemporary authors:** e.g. Sharon Draper, Nikki Grimes, Christopher Paul Curtis, Jacqueline Woodson, Sharon Flake, Angela Johnson, Carol Boston Weatherford, Toni Morrison, Tonya Bolden, Margaree King Mitchell, Karen English, Deloris Jordon, Pat Cummings, Jerdine Nolen, Deborah Chocolate, Andrea Davis Pinkney, Rita Williams Garcia, Deborah Hopkinson...

3) **Provide a diverse range of artistry by historical legends:** e.g. Ashley Bryan, E. B. Lewis, Benny Andrews, Faith Ringgold, Floyd Cooper, Charles R. Smith, Jan Spivey Gilchrist, Brian Pinkney, George Ford...

4) **Depict varied use of artistic mediums by contemporary artists:** e.g. Bryan Collier, Kadir Nelson, Pat Cummings, R. Gregory Christie, Nina Crews, Shane Evans, Frank Morrison, Colin Bootman, James Ransome, Don Tate, A.G. Ford, Eric Velasquez, Christopher Myers, Brian Pinkney...

5) **Preserve the memory of authors:** e.g. Janet McDonald, Langston Hughes, Toni Trent Parker, Virginia Hamilton, Walter Dean Myers, James/Jim Haskins, Lucille Clifton, Gwendolyn Brooks, Tom Feelings...

6) **Preserve the memory of illustrators:** e.g. Romare Bearden, Jacob Lawrence, Tom Feelings...

7) **Introduce relative newcomers** who have written one to a few books: e.g. Dana Davidson, Shane Evans, Anita Hope Smith, Jil Ross, Daniel Beaty, Nicole Tadgell, Holly Robinson Peete, Sandy Holman, Gabrielle Douglas, Jewell Parker Rhodes...

8) **Address developmentally appropriate topics** for the following age categories: Birth-4; Ages 4-8; Ages 9-12; Young Adult; All ages (Often a book while seemingly for children will delight and inform those of all ages.)

9) **Represent specific themes or topics:** e.g. Fathers and Sons; Sensitive Topics; Celebrating Artists; All About Boys; All About Girls; Books in Series; Ways and Means to Achievement; A Celebration of Harlem; Literature to Jumpstart Literacy; Culturally Responsive Literature for Young Hands and Minds; Welcome Back to School: Starting off with the Right Books...

10) **Promote the effort to “keep current”** by highlighting books published during recent years.
Literature for children by African American authors and illustrators resonates with endless potential for enriching the lives of all children. School, family, and community resources must provide young minds with “learning to read” and “reading to learn” opportunities that consistently engage them, allowing them to hear authentic voices and see images both like and unlike themselves. Literature for children posits a range of life choices, experiences, appreciations, and understandings of self and others. Nancy Larrick wrote about the “all white world of children’s literature,” in 1965 — today, the inadequacies of such a world continue.

Almost 50 years later, Walter Dean Myers and son Christopher opined in side-by-side pieces in the New York Times about the failure of publishers to aggressively, if not fairly, approach publishing African Americans who write (and illustrate) children’s literature. Their articles cite Cooperative Children’s Book Center at the University of Wisconsin, which reported that out of 3,200 children’s books published in 2013, just 93 were about Black people. The rhetoric about commitments to diversity fails because the marketing excuses perpetuate “the cartography we create with flawed literature.” Young readers are therefore deprived of literary visions of the very diverse world we live in today, which will foster their inadequacy to function in a global society in the future.

Much work continues. The BTC team welcomes any ambassadors who share our mission about literature for children.

NATIONALLY, 17% OF BLACK 4TH GRADERS SCORED ABOVE THE PROFICIENT READING LEVEL; IN MICHIGAN, THAT NUMBER FALLS TO 12% COMPARED TO 37% OF WHITE 4TH GRADERS.

Literature for children by African American authors and illustrators resonates with endless potential for enriching the lives of all children. School, family, and community resources must provide young minds with “learning to read” and “reading to learn” opportunities that consistently engage them, allowing them to hear authentic voices and see images both like and unlike themselves. Literature for children posits a range of life choices, experiences, appreciations, and understandings of self and others. Nancy Larrick wrote about the “all white world of children’s literature,” in 1965 — today, the inadequacies of such a world continue. Almost 50 years later, Walter Dean Myers and son Christopher opined in side-by-side pieces in the New York Times about the failure of publishers to aggressively, if not fairly, approach publishing African Americans who write (and illustrate) children’s literature. Their articles cite Cooperative Children’s Book Center at the University of Wisconsin, which reported that out of 3,200 children’s books published in 2013, just 93 were about Black people. The rhetoric about commitments to diversity fails because the marketing excuses perpetuate “the cartography we create with flawed literature.” Young readers are therefore deprived of literary visions of the very diverse world we live in today, which will foster their inadequacy to function in a global society in the future.

Much work continues. The BTC team welcomes any ambassadors who share our mission about literature for children.
YOUNG MINDS NEED LITERATURE THAT ENGAGES THEM, ALLOWING THEM TO HEAR AUTHENTIC VOICES AND SEE IMAGES BOTH LIKE AND UNLIKE THEMSELVES.
BETWEEN THE COVERS
BOOK LIST:
LITERATURE TO NURTURE LITERACY

Between the Covers is proud to present a sampler of books featuring African American authors and illustrators from previous columns. Each selection includes multiple themes implying multiple purposes for integrating any one book into various teaching and learning opportunities for children. Please note that at the time of printing, all books were available through online vendors.

KEEPING CURRENT

*Williams-Garcia, Rita, (2013), P.S. Be Eleven, Amistad. Ages 9-12
*English, Karen, illustrator Laura Freeman, (2013), Nikki and Deja: Substitute Teacher, Clarion Books. Ages 9-12

CONCEPT BOOKS

*Asim, Jabari, illustrator LeUyen Pham, (2005), Whose Toes are Those? Little Brown & Company. Ages 0-4
*Chocolate, Debbie M. Newton, illustrator Cal Massey, (1992), My First Kwanzaa Book, Scholastic. Ages 4-8
*Crews, Nina, (2007), The Neighborhood Mother Goose, Amistad. Ages Birth-4
*Dillion, Leo and *Diane Dillon (2007), Mother Goose Numbers on the Loose, Harcourt Children’s Books. Ages 3-8
*Price, Hope Lynne, illustrator *Bryan Collier, (1999/2007), These Hands, Jump at the Sun. Ages 4-8
*Cline-Ransome, Lesa, illustrator *James Ransome (2006), Quilt Alphabet, Holiday House. Ages 4 & up

PICTURE BOOKS

*Holman, Sandy Lynne, illustrator Lela Kometiani, (2002), We All Have a Heritage, Culture C.O.O.P. Ages 4-8

STORYBOOKS

*Allen, Debbie, illustrator *Kadir Nelson, (2003), Dancing in the Wings, Puffin. Ages 4-8
*Woodson, Jacqueline, illustrator Sophie Blackall, (2010), Pecan Pie Baby, Puffin. Ages 4-8
*Ransome, James, (2012), My Teacher, Dial. Ages 5-8
*Greenfield, Eloise, illustrator *Floyd Cooper, (1996), Grandpa’s Face, Putnam Juvenile. Ages 4-8
*Johnson, Angela, illustrator Laura Huliska-Beith, (2004), Violet’s Music, Dial. Ages 4-8

CONTEMPORARY FICTION

*Thomson, Melissa, illustrator *Frank Morrison, (2009), Keena Ford and the Field Trip Mix-up, Penguin Group. Ages 6-8
*Jones, Traci L., (2006), Standing Against the Wind, Farrar, Straus & Giroux. Ages 12 & up
*Grimes, Nikki, (2008), The Road to Paris, Puffin. Ages 10 & up

HISTORICAL FICTION

*Coleman, Evelyn, (2000), Mystery of the Dark Tower, American Girl. Ages 10 & up
*Dillon, Leo, and Diane Dillon, (2007), Jazz on a Saturday Night, The Blue Sky Press. Ages 4-8

NON-FICTION

*Nelson, Marilyn, (2009), Beautiful Ballerina, Scholastic. Ages 4-8
*Bolden, Tonya, (2005), Cause: Reconstruction America, 1863-1877, Knopf. Ages 8 & up

POETRY

*Greenfield, Eloise, illustrator *Jan Spivey Gilchrist, (2008), Brothers & Sisters Family Poems, Amistad. Ages 5-10
*Bryan, Ashley, (2003), Beautiful Blackbird, Atheneum Books. Ages 3-7
*Smith, Charles R., (2003), Hoop Queens, Candlewick Press. Ages 8-12
*Grimes, Nikki, (2003), Bronx Masquerade, Speak. Ages 12 & up
BOOKS AREN’T JUST FOR BEDTIME:
HOW READING OUT LOUD SUPPORTS BLACK MALE ACHIEVEMENT

PATRICIA A. EDWARDS, PH.D.
Adjunct Professor, Marygrove College
Seminar Instructor, Teach for America Interim Certification Program, University of Michigan

One of the most important activities for building the knowledge required for eventual success in reading is reading aloud to children. Effective read alouds help to build language, listening skills, and vocabulary, while contributing to students’ comprehension development. Yet “reading comprehension is deeply dependent on motivation,” so increasing teachers’ awareness of literary works that influence children’s motivation to read is crucial. Because literature plays a significant role in shaping children’s images of themselves in our world, teachers should be aware of their responsibility to choose literature that reflects positive images of African American boys and girls. They have an obligation to expose students to the truth about their heritage, culture, and lives.

To test the use of read alouds as an entry point to facilitate reading, I conducted a mixed design study within two Detroit Public Schools, in three elementary classrooms serving nearly 100% African American students. Working with the district’s supervisor for Library Media Specialists and the Executive Director for the Department of Literacy, we selected forty African American children’s literature books. These books, and related resources, were intended to actively engage students with the texts through meaningful dialogue and personally relevant character building questions. We intentionally selected works containing positive male and female characters that had the potential to motivate and encourage all students, especially urban males, to achieve their personal best.

THE FOURTH GRADE FAILURE SYNDROME
I wanted to see what happened as children aged, from 2nd grade to 4th grade, and compare children in typical classrooms to students in special education classrooms as well. Do Black boys like to read, contrary to the public’s conventional wisdom? Are they read to at home? How do they perceive themselves as readers? What I learned over sixteen weeks of observations and interviews conforms to the critical account of the development of African American boys as pioneered by Dr. Jawanza Kunjufu in his four volume series, Countering the Conspiracy to Destroy Black Boys. He demonstrated that Black boys lose some of their enthusiasm and interest in academics after the third grade. Indeed, in the early childhood grades, when children are generally placed in a more nurturing environment, Black boys, like other children, are willing to please, and exhibit an eagerness to learn. Yet after third grade, these same boys begin a downward spiral in what Kunjufu describes as the Fourth Grade Failure Syndrome.

In my own research, I found that although 100% of the 2nd grade boys said that they liked to read, this percentage had dropped by half in the 4th grade boys. The teacher herself noted that at the beginning of the year, the boys in her class were actively uninterested in reading. And indeed, not one of the boys was being read to at home. Compare this to second grade, in which the average frequency of one read-aloud at home per week masks the fact that half of the boys were being read to, while the other half was not – though, notably, those who were being read to were not necessarily those who had the most books in the home, as one might assume. In addition, it is worth noting that the students receiving special education services were being read to the most at home, perhaps by parents responding to more obvious needs expressed by their sons and their sons’ teachers.

BOYS WANT BOOKS
By the end of the study, we found that the elementary school boys with whom we worked in Detroit wanted to experience literature at all ages. Amidst the hardships of their lives, they yearned for opportunities to own and experience books. Although their engagement and growth was incremental, we noted that reading aloud, in all grades, engaged the students in ways that independent

<table>
<thead>
<tr>
<th></th>
<th>LIKES TO READ</th>
<th>PERCEIVES SELF AS A GOOD READER</th>
<th>FREQUENCY OF BEING READ TO AT HOME PER WEEK</th>
<th># OF BOOKS IN THE HOME</th>
<th>GOES TO THE LIBRARY</th>
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<tbody>
<tr>
<td>2ND GRADERS</td>
<td>100%</td>
<td>77%</td>
<td>1 TIME/WEEK</td>
<td>13.8</td>
<td>66%</td>
</tr>
<tr>
<td>4TH GRADERS</td>
<td>50%</td>
<td>87.5%</td>
<td>0 TIMES/WEEK</td>
<td>16.8</td>
<td>50%</td>
</tr>
<tr>
<td>SPECIAL EDUCATION STUDENTS</td>
<td>100%</td>
<td>87.5%</td>
<td>3 TIMES/WEEK</td>
<td>6.2</td>
<td>62.5%</td>
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</tbody>
</table>
or silent reading did not. As the school year progressed, all of the boys became more interested in reading and their attitudes changed for the better. Many of the boys were able to name their favorite book, recall the plot, and explain why they liked it, even though the book may have been read weeks ago. They were so eager to hear the stories that many times a boy in the study asked me to bring yet another book for his teacher to read. These positive attitudes were enhanced by our intentional commitment to identify and read books that were fundamentally interesting to the students. In this study, we found the students tended to enjoy books with sports themes, as well as those where music was an integral part of the textual experience.

Yet these books can be difficult to find. There are school libraries in the buildings of the Detroit Public Schools, but no librarians maintaining an updated collection of culturally relevant books that capture the interest of a diverse group of children. We found that some libraries were used as storage rooms for old equipment and furniture. Many books were sitting, disorganized, on shelves, growing obsolete. And the aging, low caliber books that were available lacked variety in content and genre.

In the presence of competing priorities and the absence of a systemic solution, the burden of engagement falls on the teacher, and the lack of functioning libraries merely emphasize the importance of teachers developing and maintaining a well-stocked classroom library that allows them to reach the students who need to be reached.

Because despite a fourth grader’s assertion that he is “too big and too old” to be read to, reading aloud to children is one of the most valuable activities a teacher can do during the school day. Children are more likely to read – and to read for pleasure – when they listen to books read aloud, well beyond the toddler years. As we continue to confront the “fourth grade failure syndrome,” we must look at the key reasons Dr. Kunjufu identified over three decades ago as those contributing to academic disengagement, including declines in parental involvement, increases in peer pressure, decreases in nurturing, a deficiency of male teachers, and lack of understanding of how boys learn. These reasons, which ring true even today, can be addressed. Reading aloud is a sincere form of nurturing and caring. It can be a model not only for academic achievement, but also for relationship building between teachers and students of the sort that deeply matters to children who are relying on their teachers for exposure to quality literature that generates lifelong interest and enthusiasm for reading.
WHAT MAKES THIS PROJECT A “POINT OF PROOF?”
FirstSchool prepares school leaders and teachers to improve the early school experiences of African American, Latino and low income students by promoting an equity framework of effective instructional practices across the PreK-3rd continuum; using data in innovative ways to guide professional development; and increasing educator knowledge and application of developmental science. Based at the Frank Porter Graham Institute at UNC-Chapel Hill, FirstSchool engaged in intensive consultation with schools in North Carolina, before expanding work into Michigan, focusing on capacity building with the Lansing School District. FirstSchool has gained the attention of the White House and U.S. Department of Education, as well as departments of education in multiple states.

WHAT IS THIS PROJECT’S ELEVATOR SPEECH?
FirstSchool collaborates with school communities to improve the PreK-3rd grade school experiences of African American, Latino and low-income children and their families. Continuous improvement is the mindset, collaborative inquiry is the process and the work is driven by research and data that is used to inquire into, rather than evaluate, practice and policy. The goal is to help educators reexamine practice using an equity lens to help them question and change practices that are detrimental to the success of minority children.

WHO PARTICIPATES IN THIS PROJECT?
FirstSchool’s work takes place in schools that serve PreK-3rd grade children, and are struggling to achieve with children who largely live in poverty. The majority of schools serve a high minority population. Teachers in the schools are primarily Caucasian, although some of the schools have both African American leadership and high numbers of African American teachers.

HOW DOES THIS PROJECT DEFINE SUCCESS?
FirstSchool defines success by increased use of instructional practices in the research based equity framework. In a Culture of Caring, teachers nurture positive relationships, strengthen self-efficacy and racial identity and develop the whole child. In a Culture of Competence, teachers prioritize communication, promote peer interaction, develop self-regulation and promote independence. In a Culture of Excellence, teachers balance teaching approaches, integrate and balance curriculum and build higher order thinking. Teachers are helped to see their use of these practices through data from two classroom observation instruments: the CLASS (Pianta, LaParo and Hamre) and the Snapshot (Ritchie, Weiser, Mason, Holland and Howes). The effective use of these instruments helps teachers develop reflective practice, share their strengths and admit their challenges, gain new ideas and fresh perspectives about teaching and improve the quality of the learning experiences made available to students.

We have seen real changes made by the teachers with whom we work. In our work with our original seven schools, meaningful change included a dramatic increase in the percentage of time children receive instruction from an adult. Across the seven schools, at Timepoint 1, children were interacting with a teacher 50% of the time; at Timepoint 2, that had increased to 70%. Assuming 180 days per year, this 20 percentage point increase works out to 36 additional school days of teacher-led instruction across the school year. Across the seven schools, the amount of time students spent in transitions (e.g., waiting in line) decreased on average from 22% to 18%. While this might sound like a small change, it works out to over seven additional days of available time for learning and instruction over the course of a school year. In our Lansing project, where we have worked with all of the elementary schools in the district, there was an increase on average of 2 hours per week in literacy (oral language development and vocabulary development both increasing) and an increase of 2.5 hours per week in math instruction. Two of our original schools were honored as Distinguished Title I schools at the end of our three years with them. Two of our schools went from having the lowest test scores in their district to the highest and principals attributed this growth to FirstSchool.
IN A CULTURE OF CARING, TEACHERS NURTURE POSITIVE RELATIONSHIPS, STRENGTHEN SELF-EFFICACY AND RACIAL IDENTITY, AND DEVELOP THE WHOLE CHILD.
HOW DO YOU KNOW WHEN THIS PROJECT IS SUCCESSFUL?
Changes in teacher practice that were detailed above are the primary ways that we determine progress and change. Additionally, FirstSchool is evaluated by its funding partners (i.e., private and state funders) and through its own internal evaluation. The FirstSchool teacher questionnaire that was collected in the spring of 2013 specifically asks teachers to report on changes they have made as a result of their participation in FirstSchool. The information is in both open and closed formats. We asked teachers to rate on a scale of 1-4 how much their teaching practices had changed as a result of their participation in FirstSchool, with a 1 meaning “not at all” and a 4 meaning “very much”. Six of the 21 practices were rated a 4 by more than half of the responding teachers: refocusing on practice due to Snapshot data feedback (64%); using different types of data (63%); improving transitions between activities (59%); working on intentional vocabulary development (58%); providing more time for children to express thoughts (56%); and balancing whole and small group instruction (53%).

WHAT MAKES IT SUCCESSFUL?
Our major commitment is to the young children in the schools – but the best way to change their experiences is to work with teachers. Teachers have been treated badly and left unsupported for a very long time. We take seriously the task of reinvigorating professionalism, providing them with consistent opportunities to articulate their practice, work with others, and know that their voice and their expertise is important. The FirstSchool Snapshot Data is a powerful aid in facilitating change in teaching practices. A common comment from the Teacher questionnaire (mentioned 45 times) about what was helpful referred to data feedback. Quotes that reflect this thinking are:

“I enjoyed SEEING my data and having TIME to reflect and DISCUSS what I’m doing with the students in my room. Loved comparing myself to my colleagues without fear of criticism!”

“It was amazing to show us how such little changes make a huge difference in teaching. Showing us what we look like in an actual day makes it very beneficial."

“I learned so much about the ways I teach and how to improve my level of instruction. I learned things that hadn’t really occurred to me which were essential in student learning. The data especially helped to open my eyes so I could focus on where I needed to improve.”

WHAT CHALLENGES HAS IT FACED?
We began our work in individual schools with our focus on teachers. We did not pay much attention to school leadership, nor did we gain much traction at the district level. As we moved forward we made decisions that the district leadership must sign on to the project and be present at all professional development and that principals and teachers needed to work together in leadership teams in order for any kind of change to really happen.

The FirstSchool leadership is primarily Caucasian. We have worked hard to make sure we have a diverse team but we are a small team and our ability to add people is limited. We seek mentors of color and have worked extensively with Glenn Singleton of the Pacific Education Group/Courageous Conversations, who helps guide our equity work and asks us hard questions.

Sustainability and capacity building are very difficult. Schools are inundated with projects and keeping ours on the front burner takes intensity and time. We work hard to scaffold and facilitate the ability of teachers and leaders to hold onto the work we do together and make it their own. We are continuing to work on the diversity of our leadership team and to maintain mentoring relationships with people of color. We are moving into the world of online work and that will demand some new ways of thinking.

IN AREAS WHERE CHILDREN OF COLOR ARE OVER REPRESENTED SUCH AS IN DISCIPLINE, REFERRALS, SUSPENSIONS, AND SPECIAL EDUCATION, IT IS THE PROGRAMS AND PRACTICES THAT MUST CHANGE.
HOW IS THIS PROJECT SUSTAINABLE?
FirstSchool is currently supported by the W.K. Kellogg Foundation, the NCDPI–Office of Early Learning (Race to the Top - Early Learning Challenge), VT Department of Education (RTT-ELC), Winston-Salem/Forsyth County Schools, Lansing School District, and private donors. All projects are collaborative at the school and district level and are contextually based in order to meet their specific needs. The first three years of the project were spent in collaboration and consultation with researchers, teachers, administrators, and early childhood providers to ensure that the work was based on the real needs of children and schools and not simply on the notions of people who work in universities.

HOW IS THIS PROJECT REPLICABLE?
In our work, we have found that educators appreciate being armed with research that allows them to be effective advocates for their children and to provide them with ideas for future change. They find that data about their schools and classrooms drives change and want to be able to continue having that kind of feedback; they thrive on collaboration and inquiry and want to make sure the structures and time are in place and prioritized. These practices have become central to our professional development with leadership teams.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?
The project is strength based versus deficit based. The project insists that schools take responsibility for using an equity lens to examine their practices. This means examining the minute by minute experiences of children for bias and looking for ways to interrupt it. In areas where children of color are over represented such as in discipline, referrals, suspensions, and special education, it is the programs and practices that must change. We must move from blaming children and families for school struggles to questioning and changing our own practices on their behalf.
COMMUNITY BASED ORGANIZATIONS MUST JOIN IN THE RESPONSIBILITY OF ADVOCACY; SIMPLY PROVIDING PROGRAMS AND SERVICES IS NOT SUFFICIENT.

PILLARS 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

A ll 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.  

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

<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><strong>Michigan</strong></td>
<td><strong>National</strong></td>
<td></td>
<td></td>
</tr>
<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>

OF LOW-INCOME BLACK CHILDREN HAD OR CURRENTLY HAVE ASTHMA, COMPARED TO 8% OF WHITE LOW-INCOME CHILDREN.
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. We also need to intertwine solutions related to health, such as ensuring greater transparency regarding school cafeteria offerings, menus, and ingredients, to ensure they align with the highest nutritional standards.

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.
The infant mortality rate is considered to be an indicator of the level of health in a country, state or city and can differ by region, ethnicity or race. In 1980, the United States ranked 12th in the world in having low rates of infant mortality, but we have fallen to 55th, with a higher rate of infant mortality than such countries as Cuba and Slovenia.

The non-Hispanic African American population in the United States, regardless of income, is at a higher risk for preterm birth and infant mortality. According to the Centers for Disease Control and Prevention, the U.S. infant mortality rate of non-Hispanic White infants is half that of non-Hispanic African American infants. The infant mortality rate in the U.S. is 6.2, while Michigan’s rate is 7.1. In Michigan, the infant mortality rate of African Americans is almost three times that of Caucasians (13.7 vs. 4.9).

Preterm birth is a leading cause of infant mortality worldwide. A child born too early can be affected by long-term health complications ranging from chronic lung disease to cerebral palsy. In addition, the impact of preterm birth is not limited to medical issues; research has shown that children born preterm, on average, perform worse on a number of academic measures.

According to the most recent available data, the United States spends more than $26 billion annually to treat preterm infants, yet we still confront a high proportion of preterm births, with 11.5% of all births being preterm in 2012. In Michigan, this rate is slightly higher, at 11.8%, and in the city of Detroit, 18% of babies are born premature.

In the State of Michigan from 2009 - 2011, the average preterm birth rate for African American infants was 17.8%, followed by Native American infants at 12.2%, Asian infants at 11.0% and White infants at 10.9%. Since the 1990s, interventions aimed at a reduction in several prematurity related complications have become widespread and have improved the standard of care; however, the benefit obtained by these interventions has not been equitable. Non-Hispanic African American infants, for example, remain nearly 3 times more likely to die from neonatal respiratory distress syndrome (RDS) than non-Hispanic White infants.

While the magnitude of the difference in preterm birth rates among different ethnic groups has been clearly defined, the underlying etiology for this disparity is likely more complex. Many investigators have reported a combination of social and biomedical components contributing to the problem. Differences in diet, body mass index, rates of infection and related health problems such as hypertension and diabetes, which are both risk factors for preterm birth, have also been recognized as widespread in the U.S. non-Hispanic Black population. Other social factors that have been well documented and are believed to contribute to the disparity in preterm birth include limited access to care, lower socioeconomic levels, higher risks of engaging in adverse health behaviors, and elevated stress levels with increased rates of clinical depression. Genetic factors have also been associated with an increased risk of preterm birth.
Yet there are evidence-based, medical interventions for the prevention of preterm birth used by clinicians that should be fully implemented in the health care system in order to reduce the risk of preterm birth.63 Moreover, there is a need for improvement in access to prenatal care, utilization of the established guidelines for safe sleep practices for infants and strategies to reduce the occurrence of elective Cesarean births prior to 39 weeks gestation to reduce rates of preterm birth and infant morbidity/mortality. These elements represent some of the key strategies our State has outlined for the reduction of infant mortality.64

Indeed, the State of Michigan and the City of Detroit have chosen to focus on the improvement of maternal, perinatal and infant health, with a particular focus on the reduction of preterm birth—a leading cause of infant mortality in Michigan and in Detroit. This reduction can be broadly achieved by taking the following critical steps:

1) **Better prenatal care**: increased access of prenatal healthcare for pregnant women;
2) **Utilization of evidence-based medical interventions**: several critical interventions (e.g., universal cervical length screening and the use of vaginal progesterone, risk assessment for women with a prior preterm birth and progestogens) have been identified through randomized clinical trials to prevent preterm birth by as much as 45% and improve neonatal morbidity;65
3) **Availability of resources**: improving access to medications and diagnostic tests as well as community and social services to address social determinants of disease for all pregnant and non-pregnant women.

In May 2014, the city of Detroit, in partnership with Wayne State University, launched an initiative entitled Make Your Date (www.makeyourdate.org), which aims to help women “make their due date.” This initiative is a collaborative partnership that includes government organizations, health systems, universities, patients and social services groups to focus on critical women’s health services to minimize the morbidity and mortality of newborns and children to give this vulnerable population the best start. It is through such commitments that the state of the Black child will be improved at the most critical time: the beginning of life.

**THE INFANT MORTALITY RATE FOR BLACK BABIES IS CLOSE TO 3 TIMES THE INFANT MORTALITY RATE FOR WHITE BABIES.**

14 OUT OF EVERY 1,000 BLACK INFANTS DIE BEFORE THEIR FIRST BIRTHDAY.62

**NEARLY 18% OF BLACK CHILDREN WERE BORN BEFORE THE 37TH WEEK OF GESTATION COMPARED TO 10% OF WHITE CHILDREN.66**
Because children are dependent on their parents, families, caregivers and communities to thrive, grow and have their needs met, it is critically important to embrace and support the adults in children’s lives. We must embrace a two-generation approach that addresses multiple determinants of health – which include genetics, the physical environment, access to clinical care, health behaviors and social and economic factors.

Michigan offers several outstanding examples of successful interventions that have helped children and their families achieve positive health and development milestones, starting from birth. The common thread in each of these cases is the focus on relationship building. Research indicates that many Blacks have a tendency to view government, medical and professional interventions with distrust. The only way to overcome this distrust, which is rooted in historical travesties such as the Tuskegee experiment, is to create trusting, non-judgmental, caring and supportive relationships that will ultimately help to achieve positive outcomes.
IMPROVING HEALTH BEGINNING AT BIRTH
Consider the experience of a long-standing infant mortality prevention program in Detroit, The Infant Mortality Program, which is sponsored by St. John Providence health system, and which takes a holistic approach that addresses the determinants of health to improve outcomes for new mothers and their children. It started as a collaborative of several faith-based hospitals and has been in place for over 25 years. While it continues to serve high-risk women of all races from Detroit and surrounding communities, the majority of those served are Black women who are at twice the risk of preterm birth and infant death than women of other races. This program has served over 2,000 families through three primary components:

1) increasing access to health care during pregnancy and post-partum, for both mothers and infants
2) providing resources, supplies, parenting education and literacy support to parents, and
3) providing ongoing mentoring, coaching and support to parents, through staff and volunteers

This program, which has served as a model and best practice for many other programs, also provides group support, individual instruction and home visits by professionals and peers. The combination of these program components, in the context of a family hierarchy of needs, produces better outcomes for the participating women. Many women experience depression and high rates of stress, anger and anxiety by the time they enter the program. Yet out of their despair, so many rise to meet the needs of their children based on their desire for a better life, and the support the program provides.

Mothers, often in combination with other family members or friends who commit to being supportive of the mother in caring for the baby, are taught about nutrition, stages of growth and development and the importance of reading and talking to their children, as well as how to navigate the health care system while being encouraged to continue their own education. They receive support from peer counselors as well as referrals to obtain needed items. Because food insecurity is a major problem, resulting in poor nutritional status, the program connects parents with programs that provide food and other basic necessities. Through group prenatal visits, which are garnering a strong research and evidence base of success across the country, mothers are given guided opportunities to connect with other mothers who share their situations, resulting in interactions that normalize their conditions, reduce isolation and provide needed education in an open atmosphere.

The overall goal of the infant mortality reduction program goes beyond preventing infant deaths; indeed, it is to equip women to be effective parents and support them in making choices that will improve the health status and quality of life of their infants and children. The program reports six infant deaths among approximately 2400 program participants in the 25 year period of its operation which is a much lower infant mortality rate than for non-program participants. Additional program outcomes for the mothers include increased self-sufficiency, increased pursuit and achievement of education and training, and changes in their parenting behaviors to support the school readiness of their young children. Many have also chosen to volunteer as mentors for other women in the program.

Indeed, the most important aspect of this program is the mentoring and the relationships established between the participants, staff and mentors. One of the program’s social workers reports that she receives calls from program participants years after they have left the program, asking for advice or support or to report an important milestone such as graduation. This program can attest to the fact that when tending to mothers – and young mothers in particular – a successful approach must include the understanding that many of them need nurturing rather than blaming. Instead of a “you need to be fixed” program approach, they require and respond to the same thing as all of us, namely an atmosphere of acceptance, in which they can receive information and resources that allow them to develop a positive and achievable future vision for themselves and their families.

IMPROVING HEALTH THROUGH SCHOOL-BASED HEALTH CENTERS
Poor children are challenged to make the best of their early school years due to the presence of food insecurity, housing instability and difficult environmental circumstances that are so characteristic of poverty, and that lead to a number of poor health outcomes. The incidence of chronic health conditions such as asthma and lead poisoning are prevalent in poor communities. Preventative health measures such as immunizations may also be lacking. School health personnel report higher incidence of hypertension, diabetes, and obesity in Black school age children as young as 8 years old regardless of economic status.

One of the most successful and strengths-based models to address these and other health and development needs is the presence of school based health centers. The state of Michigan’s Department of Community Health and The School-Community Health Alliance of Michigan have documented the success of this model. State funding is available to hospital systems that provide services
to children in schools that meet defined criteria, including eligibility of 70% of children for the free lunch program. At this writing, there are 23 school based health centers in the city of Detroit. They are typically located within the school building or on school grounds and staffing often includes a nurse or nurse practitioner, a mental health therapist, and a medical assistant. These health centers provide services, with parental consent, to address the physical, mental, cognitive and developmental needs of children in the school.

The presence of a school based health center significantly increases access to health care and results in reduced absenteeism. A study of elementary school-based health centers found a reduction in hospitalization and an increase in school attendance among inner-city school children with asthma. Because of their location and the relationships developed between students, staff and community partners, these centers also provide the best opportunity for children to receive preventive health services such as immunizations, eye exams and dental care.

In addition to basic medical and health care needs, the teams of professionals employed in school-based centers report significant mental health needs; children they serve are often depressed, anxious and fearful, and/or are experiencing unidentified or unresolved grief over a loss. On the positive side, however, a study of student users of health centers found that students who reported depression and past suicide attempts were significantly more willing to use the school-based clinics for counseling compared to other mental health treatment centers. Further, students who received mental health services had an 85% decline in school discipline referrals.

In addition to addressing critical mental health needs of their students, school-based centers, working with school faculty and administration, are also able to use their relationships with students to address other social determinants of health – including behaviors that students may be reluctant to reveal or discuss with parents and teachers. Indeed, schools in poor communities are adapting to meet the needs of students in efforts to help them stay focused – and, ultimately, stay in school. School programs provide breakfast, lunch and, in some cases, take-home food for dinner to address food insecurity. Some school centers have purchased washers and dryers, towels, soap and other personal hygiene items to address the lack of these resources at home and to help children feel better about themselves. A grief support program is often provided to students identified with unresolved grief issues that may be affecting their school performance. Nearly every center provides programming that addresses the need for healthy food and physical activity. “Kidsmile” is one such program, in which students are introduced to physical fitness, nutrition education and, crucially, are provided with opportunities to develop a vision for their lives through exposure to the wonders and diversity of the world, beyond the neighborhoods in which they live. Students enter events such as the Detroit Free Press Marathon; they receive prizes, new gym shoes, and running outfits as part of participation, and stay overnight in a downtown hotel in preparation for the event. Each of these programmatic elements may take on added importance for the children in foster care or who are living in homeless shelters.

For these children, as for all children, it has become increasingly important for school and school-based health centers to partner with other organizations in the community to address the needs of the students and their caregivers. Examples of these partnerships and collaborations abound across Michigan and include the following:

- **Partnerships that address the need for Neighborhood Patrols that provide a safe passage to and from school, especially in urban areas that have blight, and high incidences of crime.**

- **Partnerships that provide recreational activities, which are particularly important for poor children who live in areas where it is unsafe to play outside or where there are few, if any, parks or recreational facilities.**

- **Partnerships that provide onsite dental care for students to receive teeth cleaning and other preventive dental and oral health services.**

Each of these efforts can work together to provide the best possible opportunity for children to grow and be healthy in the midst of difficult circumstances; and as the school provides the base for these activities, they can become oases of hope, health and help.

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**BEING BLACK IS NOT A RISK FACTOR: Statistics and Strengths-Based Solutions in the State of Michigan**

**37.2%** of black children ages 10 months to 5 years received a SDBS developmental screening in the past twelve months, compared to only **22.9%** of white children.**
CONCLUSION
Successful interventions that actually improve health outcomes for low-income children and their families address the social determinants of health across multiple generations, and involve communities and institutions as partners. For young children in particular, these interventions include, but are not limited to, the following relationship-based best practices and approaches:

✓ Programs that provide attention, support and education to mothers that begin prenatally, extend beyond the basic need for access to medical care, and last as long as needed.
✓ Policies that explicitly address and substantially fund the basic health and development needs of children and families in poverty, such as the provision of meals in school and summer lunch programs, as well as access to healthy food and adequate affordable housing in their communities.
✓ Programs and policies that support access to preventive and curative mental and behavioral health services, particularly through school-based health centers, to address problems such as substance abuse prevention, depression and grief.
✓ Programs that provide opportunities for after-school activities such as sports, scouting, and other engaging and interactive activities for children to learn how to work and play with others in different settings.
✓ Programs and policies that ensure children have safe passage to and from school.

Yet without changes in communities, systems, and norms, even successful interventions will have limited effect. In health care we often speak of doing a root cause analysis of problems or situations. The root of so many of the problems our communities face is poverty, and the related systems and policies that make it difficult for families and individuals to break out of it. The Institute of Medicine states that “It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.” Any intervention to address challenges facing Black children must include interventions to eliminate disparities, and reduce or eliminate poverty and its impact on the determinants of health of the parents, caregivers and the community. As Dr. Marcella Wilson, the CEO of Matrix Human Services Agency in Detroit notes, “The most important lifelong gift we can give to our children is to provide the support their parents need to move out of poverty.”

In the meantime, however, we need all adults to adopt a child friendly posture wherever and whenever they are in the presence of children. Seemingly small positive interactions can make a huge difference in the life of a child. When a child proudly brings her report card to the staff at the school-based health center every marking period, because she knows she will receive positive affirmations and support, it matters. When a student grows up and enters a health profession because he had a role model and mentor in the field, who showed him the value of making choices that include obtaining higher education, it matters. All adults must take responsibility to create and maintain a child friendly and safe environment where each and every child is valued, appreciated, affirmed and respected for his or her individuality — as well as his or her culture, identity and community. Children are in training to be adults, and like it or not, we are all role models for them. Our words and actions need to convey our belief in them and support them in their journey to create a vision for their future — a positive vision of what life can be, which will motivate them to continue to grow, learn, and make daily choices that will lead them to achieve their dreams.
WHAT MAKES THIS PROJECT A “POINT OF PROOF?”
Starfish Family Services (SFS) is a nonprofit providing a wide variety of programs that comprehensively serve children and families in the Metropolitan Detroit area. Headquartered in the predominately African American community of Inkster, Michigan, SFS strives to provide a working environment and program services that allow all staff and program participants to thrive equally. As a learning organization and a recognized leader in early childhood education, the agency is implementing a unique environmental scan of racial equity to better understand disparities, and will use this information to further improve services, practices and impacts.

WHAT IS THIS PROJECT’S ELEVATOR SPEECH?
Through a variety of programs, Starfish Family Services positively impacts children, families, and the community which it serves. In 2012, the agency embarked on a 3-year strategic plan to increase school readiness for Inkster children by improving and expanding existing programs and furthering community outreach and engagement efforts. SFS has also focused on formalizing community partnerships to better serve Inkster children and families.

Current programs and services include:

- **Center for Family Success** – helps families stabilize and improve their social and financial well-being by building supportive relationships and offering classes, seminars, coaching and training.
- **Baby Power** – supports the physical and emotional health of pregnant women and mothers of young children at risk for depression.
- **Parent Empowerment Program** – facilitates the development of parents and caregivers as the primary teacher for their children.
- **Early Learning Resource Center** – provides free training and education to assist parents and caregivers in supporting young children.
- **Preschool Program of Excellence** – ensures that preschool children have the highest quality early education experience by investing in professional development and one-on-one mentoring for preschool teachers.
- **Inkster Family Literacy Movement** – improves school readiness of children entering kindergarten through language and literacy-rich activities.
- **Inkster Community Alignment** – supports a place-based strategy to build and engage community partnerships to collaboratively improve school readiness outcomes.

Beginning in Fall 2014, SFS will be drawing upon all of its learning and successes around school readiness, scaling the work in Detroit through a collaborative platform with other leading non-profits and the implementation of the new national Head Start Birth to Five pilot.

WHO PARTICIPATES IN THIS PROJECT?
A year into implementing the Inkster Early Childhood Strategic Plan, SFS provided services to over 1,000 children ages 0-5 and their families. Additionally, in 2013 alone, the agency connected with 3,235 Inkster residents through programming and engagement activities.

HOW DOES THIS PROJECT DEFINE SUCCESS?
Starfish Family Services measures success by improvements in the areas of community engagement, school readiness, parenting, family self-sufficiency, mental and physical well-being, and program quality.
93% of Inkster families improved their overall self-sufficiency within 8 months after entering Family Success Services.
WHAT CHALLENGES HAS IT FACED?
Despite the many accomplishments Starfish Family Services has experienced with Inkster children, families, and community partners, the agency continues to face several challenges. For instance, the Inkster Public School (IPS) system dissolved due to financial troubles, resulting in the district being divided into four parts and Inkster students being redistributed to neighboring schools. After the dissolution of IPS, the community experienced a setback in furthering its school readiness approach, which included the loss of IPS as a vital community partner. To address this loss, SFS programs often have to navigate relationships amongst four different school districts in order to fill the gaps in the targeted approach to reach Inkster children and families.

Additionally, the ability to measure and track outcomes across programs has been limited due to the lack of an agency-wide information management system. Therefore SFS has made a cross-program tracking system a priority area for the coming year, and has hired a skilled volunteer to create an Inkster Early Childhood Database to track cross-pollination of its programs.

HOW IS THIS PROJECT SUSTAINABLE?
Starfish Family Services received $450,000 from the Kresge Foundation for its 3-year strategic plan to increase school readiness for Inkster children. These funds are leveraged through other multi-year private and public grants (e.g., United Way for Southeastern Michigan Social Innovation Fund, W.K. Kellogg, McGregor Fund, Medicaid, The Jewish Fund) to support this place-based work.

WHAT MAKES IT SUCCESSFUL?
There are a number of factors that are instrumental in Starfish Family Services’ work to successfully promote school readiness and better serve the children and families in Inkster. In order to strengthen early learning outcomes for children, SFS has chosen to focus on developing diverse leadership and enhancing the capacity of families, schools and communities to work together in partnership. In order to increase access to quality and effective early childhood learning opportunities, SFS chose to focus on building the capacity of early education professionals to provide developmentally and culturally-appropriate learning environments, while strengthening family and community engagement efforts. Finally, in order to promote whole-child success, SFS has focused on developing a more integrated and aligned early childhood education system.

HOW DO YOU KNOW WHEN THIS PROJECT IS SUCCESSFUL?
Starfish Family Services considers its projects successful with the following results:

**Year 1:**
- ✓ 668 Inkster children ages five and younger were served
- ✓ 20 SFS preschool teachers became HighScope Certified
- ✓ By the end of the preschool year, 89% of Inkster children in SFS preschool classrooms were kindergarten ready
- ✓ 70% of Inkster children who came to SFS with severe behavior issues exited the program with no behavioral issues

**Year 2:**
- ✓ 60% of young mothers participating in Baby Power had fewer symptoms of depression
- ✓ 77% of Inkster families participating in Inkster Family Literacy Movement activities read to their child at least once a week
- ✓ 90% of Parent Empowerment Program participants showed an increase in parenting behaviors designed to improve their child’s cognition and school readiness
- ✓ 93% of Inkster families improved their overall self-sufficiency within 8 months after entering Family Success services
- ✓ All Starfish Head Start sites in Inkster rated 4.72 on a 5-point scale in terms of program quality
- ✓ Over 150 Inkster residents, leaders, teachers, and parents were engaged to collectively promote school readiness for children ages 0-8

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HOW IS THIS PROJECT REPLICABLE?
The Starfish Family Services’ Early Childhood Strategy Plan has been the critical vehicle used to guide the project to success, and other communities are encouraged to create a similar model that encourages partnership and buy-in from all major stakeholders focused on positively impacting school readiness outcomes for young children. SFS has also chosen to focus on the development of evidence-based models for early education, mental health, family support and community outreach and engagement as a process for building a strong and comprehensive foundation of programs that help support children and families.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?
Early childhood care, education, and family support programs and services are at the core of the Inkster Early Childhood Strategy Plan; and the strategy plan is at the core of SFS’ ability to effectively work with and positively impact the communities in which it operates. Starfish Family Services believes in the absolute ability of all staff and program participants to thrive equally, and is committed to building a strength-based environment, internally and externally, in order to ensure that race, ethnicity and cultural differences are not the defining factors in anyone’s capacity to achieve at the highest levels. SFS has demonstrated this commitment by allocating resources specifically towards an environmental scan of racial equity and will continue to make this work a priority in improving services and practices for the children and families in Inkster today and in the future.

AMONG CHILDREN ADOPTED FROM FOSTER CARE, ABOUT 52% WERE WHITE AND 30% WERE BLACK.
ENSURING CHILDREN THRIVE WHILE PARENTS MOVE AHEAD: HOW PUBLIC POLICIES CAN LEAD TO INCREASED OPPORTUNITIES FOR MICHIGAN’S FAMILIES

MATT GILLARD
President and CEO, Michigan’s Children

The children of Michigan will be our future scientists, entrepreneurs, teachers, parents, laborers, artists and elected officials. Ensuring all young children have a healthy start in life is essential to Michigan’s economy. Scientists have proven that by the time children reach school age, up to 90 percent of the intellectual and emotional wiring of their brains has been set for life. Despite the evidence that children’s earliest experiences affect the very architecture of their brains, too many families with young children face difficulties that may affect their long-term well-being and success — particularly children of color, children from low-income families, and children shouldering other challenging circumstances.

- Of all Michigan children, one in four live in poverty. The statistics are worse for Michigan’s children of color with half of African American children and nearly one-third of Hispanic children living in poverty. The challenges of growing up in poverty are well documented. Poor children face more barriers to opportunities that ensure they grow up physically and emotionally healthy and educationally successful, and ultimately have greater difficulties entering the workforce and supporting families of their own.

- One out of seven births in Michigan, and one of every three births in Detroit are to women without a high school diploma or a GED. The education of mothers is a key predictor of future success for children. Not only do parents with limited education face significant hurdles to obtain their diploma, find family-supporting employment and afford high-quality child care, but they also face more challenges navigating systems for their children.

- Nearly 34,000 children are victims of abuse and/or neglect in Michigan each year, including just over 3,000 children in Detroit. The lasting impacts of child maltreatment are well documented, as are the circumstances that make it particularly difficult for families to provide for and protect their children. Behavioral health needs, family violence, economic instability and other stressful conditions create challenges to successful parenting.

With these and other child well-being indicators stagnating, policymakers must embrace strong research findings that demonstrate the critical tie between the well-being of parents and their children’s social-emotional, physical, and economic well-being and educational and life success. Two-generation strategies are essential to help children thrive while their parents move ahead, and are essential to the future economic prosperity of our state.
AMONG BLACK PARENTS 25 YEARS AND OLDER, 61.6% HAVE AT LEAST SOME COLLEGE EDUCATION, BUT ONLY 17.3% HAVE MORE THAN 2 YEARS OF COLLEGE, COMPARED TO 46.3% OF WHITE PARENTS.\(^5\)
WHAT ARE TWO-GENERATION STRATEGIES?

Two-generation strategies take into account the needs of children and their parents to ensure that families can thrive. Two-generation strategies must have three critical components that are intentional and linked.

1) Education and/or job training that leads to a credential and family-supporting employment that helps parents get ahead in life to better support their families and improve outcomes for their children.

2) High-quality early childhood education where children’s learning and development is nurtured to lay the groundwork for future success in school and life.

3) Comprehensive wraparound services like family support, access to basic needs, health and mental health services for children, adolescents and their parents, and developmental screening and other assessments in child care, early education, and K-12 settings that appropriately engage parents more effectively in their children’s learning and development.

Public policies must promote access and integration of these three components, and it is essential that programs targeting families are working to ensure successful integration. An intentional two-generation program would couple education and/or job training for parents with high-quality early developmental or educational programming for their children. These programs would also connect families to needed services – whether it be connections to food assistance, housing needs, mental health or substance abuse services, or needs for their children like access to a pediatric medical home, special education services, etc. This type of intentional two-generation programming helps both parents and their children build the skills they need to move ahead and succeed in life.

Investment in specific two-generation programming is essential, but a two-generation lens can be used to support better investments in other programs as well. For example, Michigan has successfully increased state funding for the Great Start Readiness Program (GSRP) – a high-quality preschool program targeted to four-year-olds that has proven to reduce racial and economic disparities in child outcomes. However, a GSRP slot only covers a half-day of preschool which is clearly insufficient for parents working in low-wage jobs that have little flexibility, though their children would benefit the most from this high-quality program. While some GSRP providers combine program options to provide care to cover a full work day, this does not happen.
in all communities. Furthermore, utilizing GSRP may still prove to be tricky for families that need child care during non-traditional work hours or who work particularly long days. With a two-generation lens, policymakers would provide opportunities for low-income families to access child care programs that are of similar high-quality as GSRP to ensure that children in Michigan’s most challenged families can benefit and parents’ work or education can also be supported.

**WELL-KNOWN TWO-GENERATION PROGRAMS**

- One of the most commonly known two-generation programs, Head Start, was created nearly 50 years ago with the idea of supporting the developmental needs of children while also supporting their parents’ ability to parent and to improve their livelihood.
- Evidence-based home visiting programs provide low-income parents with voluntary home-based coaching to improve their parenting skills and connect them to opportunities in their communities while also ensuring that their young children are healthy and developmentally on-track.
- Michigan’s child care subsidy program was built as a work-support for parents to receive financial assistance to pay for child care while working or in job training. Now, the program is making strides to better support children’s learning and development while maintaining its work-support foundation.
- Adult literacy and high school credentialing programs, while geared toward adult skill-building, are also crucial to parents’ ability to assist with their children’s education.

**POLICY SOLUTIONS**

- Expand evidence-based home visiting services to ensure all eligible families can access them.
- Pair education and training pathways with high-quality child care so that parents can effectively utilize those programs to get ahead in life while their children’s developmental and educational needs are being met.
- Expand access to child abuse and neglect prevention services that provide parents with the skills to handle challenging situations while ensuring that children are safe and healthy in their homes.
- Support opportunities for families to tackle mental health and substance use challenges so that adults’ parenting capacities are not compromised, and they can stay in the workforce to provide for their families. Similarly, meeting children’s mental health needs will ensure that the most challenged families can appropriately manage challenging behaviors so kids can stay on-track in school and life.
- Support opportunities for parents to build literacy skills, complete high school and move into post-secondary and family-supporting employment.

**AMONG LOW-INCOME FAMILIES IN MICHIGAN,**

- **20.9%** OF BLACK CHILDREN AND **51.3%** OF WHITE CHILDREN LIVE IN A HOME OWNED BY THEIR FAMILY. AMONG FAMILIES WHO ARE ABOVE LOW-INCOME, 56.2% OF BLACK CHILDREN AND 89.2% OF WHITE CHILDREN LIVE IN THEIR OWN HOME. 

NATIONALLY, BLACK CHILDREN UNDER 6 ARE LESS LIKELY TO LIVE IN FAMILIES THAT OWN THEIR HOUSE THAN THEIR WHITE PEERS, REGARDLESS OF THEIR INCOME LEVEL, AT 29% AND 67% RESPECTIVELY. AMONG LOW-INCOME POPULATIONS, ABOUT 17% OF BLACK CHILDREN LIVE IN FAMILIES THAT OWN HOMES, WHILE 42% OF WHITE CHILDREN DO.
MICHIGAN POLICY VARIABLES & BENCHMARKS

- Michigan has early learning standards and/or developmental guidelines for infants and toddlers.87
- Michigan’s EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics for children birth through 9 years old.88
- Michigan requires the number of newborn screens recommended by the March of Dimes.89
- The minimum wage in Michigan is $8.15. A parent working full-time with two children under age 18 needs to earn at least $9.10 per hour in order to live above the 2013 poverty threshold of $18,769.90
- Michigan reduces the TANF work requirement to 20 hours or less for single parents with children under age 6.91
- Michigan does not offer exemptions or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6.92
- Single parent families of three living below 147% FPL in Michigan are exempt from personal income tax.93
- Families of three at 150% FPL are not eligible for child care subsidies.94
- The child care subsidy reimbursement rate does not meet the recommended 75 th percentile of the market rate. In 2013, Michigan’s monthly reimbursement rate for center care for a four-year-old was $433, which was $541 (56%) below the 75 th percentile of current market rates for this type of care. In 2013, Michigan’s monthly reimbursement rate for center care for a one-year-old was $650, which was $350 (35%) below the 75 th percentile of current market rates for this type of care.95
- Child care regulations in Michigan require one adult for every 12 children, and there is no maximum class size.96
- Michigan requires districts to offer half day, but not full day, kindergarten.97

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<thead>
<tr>
<th>CHILD AGE</th>
<th>ELIGIBILITY LIMIT</th>
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<tbody>
<tr>
<td>UNDER 1 YEAR</td>
<td>195% (MEDICAID)</td>
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<td>1-5 YEARS</td>
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<tr>
<td>6-18 YEARS</td>
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<tr>
<td>ALL AGE GROUPS</td>
<td>212% (SEPARATE CHIP)</td>
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<tr>
<td>PREGNANT WOMEN</td>
<td>195% (MEDICAID)</td>
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<tr>
<td>PARENTS</td>
<td>133%*</td>
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* Michigan expanded Medicaid coverage to low-income adults, effective as of April 1, 2014.

Total state spending on PreK: $109,275,000
PreK enrollment: 24,547
State spending per child (PreK): $4,452
Federally-funded Head Start enrollment: 30,324
State-funded Head Start enrollment: 0
PILLARS OF CHILD WELL-BEING: STRENGTHENING OUTCOMES THROUGH COMMUNITY COLLABORATIONS AND ADVOCACY


39. ACS 2012. Because ACS questions ask about respondents' 12-month usage of SNAP services rather than month-to-month usage and given the various SNAP eligibility criteria, the percentage of above low-income populations utilizing SNAP is higher than may be expected.


44. NCCP Analysis of Special Education Enrollment Data from Michigan Center for Education Performance and Information.

Additional References


GIVING OUR FUTURE THE BEST START: REDUCING PRETERM BIRTH & INFANT MORTALITY

48. The infant mortality rate is defined as the number of deaths of infants less than 1 year of age per 1,000 live births


OASIS OF HOPE, HEALTH & HELP: SUPPORTING THE HEALTHY GROWTH AND DEVELOPMENT OF MICHIGAN’S BLACK CHILDREN


73. Kaplan, D.W., Calonge, B.N., Guernsey, B.P., & Hanrath, M.B. Managed Care and School-Based Health Centers: Use of Health Services, Archives of Pediatric Adolescent Medicine, 152, 25-33.


75. ACS-2012


78. Ibid.

79. Ibid.

80. Ibid.

81. Ibid.

82. Ibid.

83. Ibid.

84. Ibid.

85. Ibid.

86. Ibid.

POLICY VARIABLES & BENCHMARKS


NOTES:
All racial categories are non-Hispanic (i.e. Black means non-Hispanic Black and White means non-Hispanic White)
All NSCH population estimates are based on weighted results from those who were surveyed. NSCH variables can be shown with both race and child age restrictions.

For the American Community Survey data analyses, 2012 1-year data was used for the national numbers and 2010-2012 3-year data was used for the state numbers.
ACKNOWLEDGEMENTS

The National Black Child Development Institute (NBCDI) is deeply grateful for support from the Alliance for Early Success, the Kellogg Foundation and the Walmart Foundation. Without their support, and their belief in this work, the State of the Black Child initiative would not have become a reality.

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Collectively, we thank the authors of the essays in this report for their wisdom, time and expertise, for the invaluable contributions they made to this project, and for their ongoing work and commitment. We are especially grateful to the National Center for Children in Poverty, especially Sheila Smith, Yang Jiang, Mercedes Ekono and Taylor Robbins, who made extensive contributions to the report’s presentation of national and state data and policy information. We also thank RedThinking for their excellent design work.

Finally, we stand in awe of the organizations serving as “Points of Proof,” and are deeply grateful for their incredible work with and on behalf of children, families and communities in Michigan, as well as the time they spent in sharing their work with us, and with you.