

# RACE matters

## Unequal Opportunities for SCHOOL READINESS

### Why Equal Opportunity is Important

- We know what it takes for children to succeed. All children possess abundant eagerness to learn. And all parents overwhelmingly rate well-child care as very important.<sup>1</sup> We know what it takes to nurture children so they can be ready for school: active parental engagement and adequate family resources to support developmental processes; good health, health care, and nutrition for physical development; age appropriate social, emotional, cognitive, and language development; and neighborhood and community services and schools that are culturally respectful, readily accessible, affordable, and responsive.
- The consequences are far-reaching from the start. A good start in life and early school success are directly related to high school completion and postsecondary education; these in turn are linked to lifelong earnings and the ability to build assets. Alternatively, lack of early school success that fails to get turned around creates vulnerabilities for youth and adults in terms of the likelihood of unemployment, incarceration, and homelessness.
- Embedded racial inequities produce differences in children's prospects for school readiness. Systematic policies, practices, and stereotypes work against families and children of color to squander their potential, undermine their strengths, deplete their resilience, and compromise their outcomes. We need to understand the consequences of embedded racial inequities, how disparities are produced, and how they can be eliminated in order to ensure that all children do well.

### Barriers to Equal Opportunity

- **Poverty.** Poverty is a strong predictor of challenges for children starting out in life. Children in families with low incomes are less likely to enter school well-prepared for success because of limited access to high quality child care, early education, and health care; greater demands on parental attention; and more stressful family and neighborhood circumstances. Because African American and Hispanic families have disproportionately lower incomes – which is itself a consequence of embedded racial inequities — children of color are at a greater risk than their White counterparts of entering school without sufficient readiness for success.
- **Spatial segregation and its link to resources.** The de facto residential segregation experienced particularly by African American and Latino families with lower incomes translates into limited access to safe play areas, vulnerability to toxic environmental conditions, the tracking of children into under-resourced schools and the challenge for parents to get to jobs some distance from home with limited available transportation. This residential racial segregation of families with lower incomes coincides with school taxation districts, thereby producing revenue bases that are insufficient to generate the resources needed for effective schooling.
- **Differential access to available resources.** The rate of uptake and utilization of available governmental supports is often higher for Whites than for other groups because of various barriers facing people of color. Reasons include language and cultural differences between the provider and potential user, as documented in Head Start<sup>2</sup> and Medicaid health plans,<sup>3</sup> mistrust of government systems or institutional providers,<sup>4</sup> which is compounded for undocumented and non-English speaking residents, lack of knowledge about available services and supports, and removal of coverage for recent immigrants, such as the Welfare Reform Act's prevention of the use of federal dollars for this group for health insurance coverage.<sup>5</sup> Furthermore, providers and services may choose not to locate in lower-income and racially segregated neighborhoods, and physicians may choose not to accept Medicaid reimbursement rates and to limit the number of Medicaid patients they accept.
- **Cultural misalignment of institutions.** A national survey of state administrators of early childhood programs reported that the lack of Latino or bilingual professionals was an urgent challenge for serving Latino populations.<sup>6</sup> Further, focus groups with immigrant parents reveal that parents have varying childrearing practices and culturally-based ideas about how to prepare their children for school success, but schools have not built upon parents' approaches.<sup>7</sup>

1. N. Halfon et al., "Summary Statistics from the National Survey of Early Childhood Health," 2000. National Center for Health Statistics. *Vital Health Stat* 15(3). 2002.

2. "Head Start: Better Data and Processes Needed to Monitor Underenrollment," US Government Accounting Office, December, 2003.

3. Leatherman & McCarthy, "Quality of Health Care for Children and Adolescents: A Chartbook," 2004. The Commonwealth Fund.

4. Institute of Medicine, "Unequal Treatment." National Academy Press, 2002.

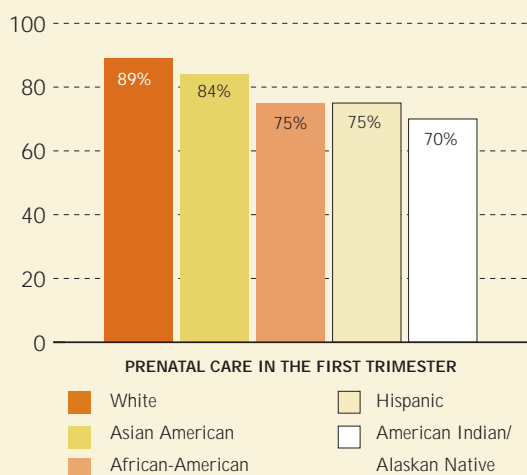
5. O. Carrasquillo et al., "Eligibility for government insurance if immigrant provisions of welfare reform are repealed," *American Journal of Public Health*, October 98 (10), 2003: 1680–82.

6. Buysse, V., Castro, D.C., West, T. & Skinner, M.L. (2004). "Addressing the needs of Latino children: A national survey of state administrators of early childhood programs." Executive summary. Chapel Hill: The University of North Carolina, FPG Child Development Institute.

7. Resident focus group, Annie E Casey Foundation.

## The Consequences of Unequal Opportunity

- **Mother's access to prenatal care.** While 89% of White mothers and 84% of Asian American mothers receive prenatal care in the first trimester, only 75% of African American and Hispanic mothers and 70% of American Indian/Alaskan Native mothers receive such care.<sup>8</sup> Inadequate prenatal care has been linked in young children to low birth weight.



- **Infant and child health status.** African American children are twice as likely to have low birth weight as White and Hispanic children.<sup>9</sup> Low birth weight is linked to behavioral disorders and visual and auditory impairments. Furthermore, infant health problems are a strong predictor of lower pre-school cognitive abilities. While only 1 in every 11 White children is uninsured, the ratio for African American children is 1:6 and for Hispanic children is 1:4.<sup>10</sup> Children of immigrants are more than twice as likely to be uninsured as children of native-born parents.<sup>11</sup>

- **Maternal depression.** The stresses of poverty, racial discrimination, and language barriers found among women from minority and immigrant groups make them more vulnerable to depression. While 12% of all women experience maternal depression, 25% of women of color do.<sup>12</sup> Children of depressed parents are 3 times more likely to fail a grade and to have lower reading and math achievement test scores.<sup>13</sup>
- **Highly stressed family situations.** Twenty-nine percent of children of immigrants are living in crowded housing, as compared to 7% of children born to native parents.<sup>14</sup> Exposure to racism that goes unchallenged also produces chronic stress.<sup>15</sup> The high cost of being poor, which is differentially borne by people of color, erodes available resources to spend on children.<sup>16</sup> Among parents of infant and very young children, Hispanic parents are least likely to indicate that there is someone they can turn to for emotional help while parenting or to watch the child if they need a break.<sup>17</sup>

(Continued on next page)

8. Maternal Child Health Bureau, Women's Health USA 2003.

9. National Vital Statistics Reports, v.51,11, June 25, 2003.

10. [www.omhrc.gov/OMH/sidebar/datas-tats1.htm](http://www.omhrc.gov/OMH/sidebar/datas-tats1.htm)

11. National Survey of America's Families, 1999.

12. M. Isaacs, Annie E. Casey Foundation

13. "Long-Term Poverty and Child Development in the United States: Results from the NLSY," S. Korenman, J.E. Miller, and J.E. Sjaastad, *Children and Youth Service Review*, 1995;

"Developmental Screening Scores Among Preschool Aged Children: The Roles of Poverty and Child Health," J.E. Miller,

*Journal of Urban Health*, 1998; "Young Children of Affectively Ill Parents." M. Radke-Yarrow et al., *Journal of the American Academy of Child and Adolescent Psychiatry*, 1992.

14. National Survey of America's Families, 1999.

15. Erasing the Color Line: A Closer Look at Racial and Ethnic Health Disparities, *Grantmakers in Health*, November, 2003, [www.gih.org/usr\\_doc/Erasing\\_the\\_Color\\_Line\\_Report.pdf](http://www.gih.org/usr_doc/Erasing_the_Color_Line_Report.pdf).

16. Kids Count 2003 "The Right Start." The Annie E. Casey Foundation

17. Halfon et.al., op.cit.

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## The Consequences of Unequal Opportunity (cont'd)

- **Family learning stimulation.** Parental circumstances such as limited incomes, erratic work schedules, and limited literacy factor into children's early learning environments. The following percentages of children 3–5 years old are read to every day by a family member: White, 64%; African American 48%; Hispanic 42%.<sup>18</sup> While 2/3 of White and Asian American kindergarteners have a computer in their home, only 2/5 of Hispanic children and 1/3 of African American children do.<sup>19</sup>
- **Developmentally appropriate child care, preschool experiences.** While Head Start is intended to provide low income children with extra developmental supports just prior to school entry, and its use is highest among African American children, it can only serve about 40% of all eligible children.
- **Reading & math skills.** Among 3–5 year olds, White and African American children are more likely than Latinos (U.S. born and immigrant children combined) to recognize most letters of the alphabet, participate in storybook activities, count up to at least 20, and write or draw rather than scribble.<sup>20</sup> In 1999 25% of Hispanic, 35% of Black, 42% of White, and 48% of "other" (mostly Asian American) children had at least three of these skills.<sup>21</sup> When a mother's home language is other than English, only 14% of young children have at least three of these skills.<sup>22</sup> About 44% of all English language learners are in pre-K through third grades.<sup>23</sup>
- **Early school circumstances.** For children entering kindergarten in public schools, Black, Hispanic, and Asian children, in relation to their White counterparts, enter schools that have larger class sizes, undertake less outreach to parents to ease the transition to first grade, have less well-prepared and experienced teachers, and are located in areas where safety is an issue.<sup>24</sup>



18. National Household Education Survey, reported in *America's Children: Key National Indicators of Well-Being*, 2002.

19. *Inequality at the Starting Gate*. Valerie E. Lee & David T. Burkam. Economic Policy Institute. Washington, D.C. 2002.

20. Buysse et. al.

21. [www.childrentrendsdatabank.org/indicators/7EarlySchoolReadiness.cfm](http://www.childrentrendsdatabank.org/indicators/7EarlySchoolReadiness.cfm).

22. Ibid.

23. Kathy S. Hepburn, "Building Culturally & Linguistically Competent Services to Support Young Children, Their Families, and School Readiness." *The Annie E. Casey Foundation*, May, 2004.

24. *Inequality at the Starting Gate*. Valerie E. Lee & David T. Burkam. Economic Policy Institute. Washington, D.C. 2002.

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## Strategies to Promote Equal Opportunity

- **Racial equity impact analyses.** Current and pending policies and decisions that affect young children – from the adoption of standards for child care to the implementation strategies of No Child Left Behind — should be assessed for their disparate impact by race or ethnicity. Disparate impact suggests the need for policy reform or decision reconsideration to ensure that all children’s success is equally promoted.
- **Adequate resources for promising programs.** Initial findings regarding the impact of Early Head Start indicate that a combination of center-and home-based interventions have especially positive impact for African American families and greater impact on Hispanic families than White enrollees in both child development and parental well-being. Improved outcomes for teen parents and those parents at risk for depression were particularly notable. Results include improved cognitive development for toddlers, more effective parental interactions with their children, and parental return to school or jobs.<sup>25</sup> Yet, this program is serving only a very small percentage of eligible families.
- **Practices that respect cultural and linguistic heritage.** California Tomorrow ([www.californiatomorrow.org](http://www.californiatomorrow.org)) offers publications and tools in multiple languages that document culturally competent early care and education practices and offers materials so that staff and parents can work together in diverse settings to ensure early childhood success. Seattle’s El Centro de la Raza’s Jose Marti Child Development Center exemplifies such practice.<sup>26</sup> Additional resources are available for families, providers, and administrators in “Building Culturally & Linguistically Competent Services to Support Young Children, Their Families, and School Readiness”<sup>27</sup> to ensure that child care settings provide continuity between the home and service setting.
- **Development of thriving neighborhoods.** PolicyLink [www.policylink.org](http://www.policylink.org) offers multiple strategies and tools for promoting affordable housing, building community assets, controlling development, and redeveloping brownfields so that children have the chance to grow in thriving communities. Numerous best practices at the state, city, and local level for addressing lead hazards in distressed communities are detailed on the website of the Alliance for Healthy Homes ([www.afhh.org](http://www.afhh.org)).



25. “Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start.” Office of Planning, Research, and Evaluation, Administration for Children and Families, DHHS, June 2002.

26. [www.elcentrodelaraza.org](http://www.elcentrodelaraza.org)

27. Hepburn, op.cit.

