Pre-Birth Through Age Three

Community Special Report

The local convention bureau promotes Minneapolis as "a big city with a small-town charm." *Money* magazine called its quality of life the best of any large city in the Midwest. Minneapolis is a regional center for finance, industry, trade, and transportation. At the same time, the city is experiencing a wave of immigration that has significantly increased its numbers of foreign-born residents and people of color.

During the past 20 years, immigration by Latino, Hmong, and East African (including Somalian, Ethiopian, and Sudanese) families has grown significantly. In 1995, the combined statewide population of African-American, Native Americans, Asians, and Latinos was estimated to be 388,300—more than two and a half times what it had been in 1980. By 2020, the combined population of these groups is expected to reach more than 750,000.

One-third of Minneapolis' children of color under five years of age lives in poverty—with some neighborhoods having child poverty rates of 60 percent or higher. Health indicators reveal a population in crisis. More than 50 percent of Minneapolis children are not fully immunized by their second birthday. Infant mortality rates hover around 16 percent for African-American babies—more than twice as high as any other racial or ethnic group in Minnesota. The incidence of low birth weight babies among African-Americans is three times greater than the incidence among whites. Furthermore, 45 percent of all babies born in Minneapolis are born to single mothers; and 14 percent of babies are born to teenage mothers.

The Minneapolis Foundation responded positively to an invitation from the W.K. Kellogg Foundation to join in the Pre-Birth Through Age Three (PB3) Initiative. Known as the Children's Wellness Project, the Minneapolis effort has sought to promote the health, positive development, and well being of infants and toddlers by bringing together parents, providers, and policy makers. The Project's underlying philosophy has been that the health of the Minneapolis community is directly linked to the well-being of its children.

The Children's Wellness Project has engaged in extensive community dialogues with a variety of people who are concerned about, and involved with, healthy development of Minneapolis' youngest children. These discussions formed the basis of the design and planning phases. Additionally, early dialogues attempted to identify project themes and priorities. This visioning process was a "journey" that required time, reflection, and understanding of the challenges faced by parents of young children.

Over time, the effort came to focus on children's health issues. In fact, the Project's dialogues frequently centered around the question "How are the children?" This question is itself a common greeting in African communities, to which the typical reply is "The children are well." It was evident, however, that Minneapolis' children were not at all well.

In Phase I, the Children's Wellness Project adopted the following goals:

1. To work with parents and caregivers within communities of color to examine health practices; cultural values; and effective, cultural-based strategies for improving the health of children.

2. To raise community awareness of the significant health challenges faced by all children, with an emphasis on children of color from birth to age three.

3. To identify systems level issues and barriers (i.e., policies and practices) that impact the ability of families to access and utilize health care for their young children, and to develop specific strategies for influencing public policy.

4. To identify and promote practices and strategies that have the potential to improve the health of children from birth to age three.

5. To identify specific priorities and begin early implementation of strategies designed to improve the health of children of color.

(continued)

DID YOU KNOW . . .

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. . . One-third of Minneapolis' children of color under five live in poverty, with child poverty rates in some neighborhoods at 60 percent or higher.

The Project identified several strategies, including forming a core planning team; holding community dialogues around the "How are the children?" question; communicating information about the health of children from birth to age three and their families to a variety of audiences; and doing an environment scan to identify gaps in programs and system-level barriers impacting the healthy development of children from birth to age three.

In order to begin to reduce the barriers and risk factors that adversely affect the health of young children of color, the Project first reviewed all local children's programs and initiatives. Numerous community members were surveyed, and formal discussions began with more than 100 parents and concerned citizens. The goal was to gain an understanding of lessons from past experiences and current efforts.

Survey results were summarized in a report entitled "Looking Back to Move Forward," which revealed that Minneapolis was rich with programs and services aimed at the 0-3 population and their families. These programs were found to operate on both the system and direct-service levels. Despite these efforts, however, many families were not receiving adequate assistance—because of a lack of coordination among programs and providers. It also was discovered that many programs and services lacked cultural sensitivity that is critical for drawing these at-risk populations to their services.

Three recommendations from the report continue to guide Phase II efforts:

1. **Focus on Outcomes**
   - Articulate and measure standards that communities are supporting the healthy development of children of all races and ethnicities.
   - Promote the gift of "stepping back" (considering the questions about children's programs regarding what, how, and why) to ensure accountability that is currently lacking.
   - Identify or create tools of measurement appropriate to task.

2. **Comprehensive Model of Change**
   - Support efforts to be intentional about designs that are inclusive of other cultures.
   - Support efforts to assist in delivery systems working in partnership with communities of color.
   - Encourage development of a system that will reduce fragmentation, increase coordination, and improve access for families to effective programs.
   - Facilitate changes in policies and services to promote a family orientation to services.
   - Build bridges between business people and children.

3. **Attention to Building Broad Leadership**
   - Develop authentic participation in the design and implementation of the PB3 Initiative.
   - Involve a broad range of parents on an ongoing basis.
   - Support capacity building in communities of color.
   - Support communities' efforts in the ways they find to succeed on their own.

During the community discussions, a number of barriers to services and programs were identified, such as unaffordable and unsafe housing, racism, parents' lack of education, lack of health care coverage, substance abuse, family violence, and welfare reform.

The most significant barriers that were cited relate to language, culture, and the dislocation that many new immigrants feel. Many African, African-American, Latino, Hmong, and Native American parents in the Minneapolis community have experienced difficulty accessing health care simply because they do not understand how to use the system. In general, many families gave low marks to the level of cultural responsiveness by health care providers.

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Language was cited as a barrier to good health. Many American medical terms and procedures are not easily translated or understandable to parents who speak Spanish, Hmong, Somali, other languages, or even English.

"There is a definite need to raise the cultural awareness of health providers in Minneapolis and to assist them in understanding the interconnected role of culture and health," said Karen Kelley-Ariwoola, Associate Vice President of the Minneapolis Foundation.

Furthermore, many cultural traditions, beliefs, and behaviors can impact the delivery of health services, particularly those related to children and child-rearing. For example, some beliefs prevent women from being fully examined by male health professionals, thereby putting the health of women and infants at risk. Other women told of negative experiences regarding health care providers' lack of understanding or respect of cultural practices related to childbirth.

"Traditionally, a pregnant woman was seen as blessed," said one community dialogue participant. "Therefore, she would get her cravings and wishes granted....However, in the new environment of dislocation and resettlement, that pampering is minimal."

Many foreign-born residents have located to Minneapolis as refugees, fleeing war or persecution in their homelands. They tend to feel dislocated and profoundly isolated. This sense of isolation affects every aspect of their parenting abilities. As one Somali man explained, "language barriers, lack of transportation, inadequate housing, and loss of the support network of family, relatives, and friends all is really taxing the child-rearing ability of parents."

Phase II

After the early dialogues that established priorities and assessed existing children's services, the Children's Wellness Project focused on promoting young children's health. Later, the Project refined its focus specifically to children of color.

During the Project's second phase, large community dialogues focused on children's health. The Minneapolis Foundation worked with the Minneapolis United Way to use a "cultural complimentary" model to guide discussions. This model of dialogue acknowledged the important role of culture in the process of creating safe places for people with different roles and backgrounds to discuss critical community issues.

From this discussion, key issues arose, including needs for more connections among agencies to bring resources to children and families; for children's equal access to services; for children to be respected and heard as adults; for the importance of listening to people from all backgrounds; and for the importance of equipping parents in the child-rearing process.

In the spring of 2000, a second dialogue involved parents, concerned citizens, education leaders, government officials, hospital workers, and health representatives. The core planning team held a two-day retreat to identify two or three priorities from the numerous recommendations that surfaced from the dialogues.

"I want our planning process to build consensus, encourage communication among stakeholders, and develop ways of turning ideas into actions," said Mitchell Davis, Jr., director of the Children's Wellness Project.

The final strategy was a vital one designed to meet the Project's goals of identifying and promoting practices to sustain lasting system and policy change. The policy scan pointed to poor use of early periodical screening and development testing (EPSDT) despite being mandated by law for all Medicaid-eligible children. According to a 1999 report by the State of Minnesota Office of the Ombudsman for Mental Health and Mental Retardation, only 15 percent of eligible children birth to 21 years received EPSDT screening in 1995. (Federal standards call for screening for at least 80 percent of eligible children.)

Why do we care about child development in the first three years of life? We care because . . .

. . . the human brain grows to 90 percent of its adult size in the first three years of life.

. . . babies who do not get enough love and attention in infancy are less likely to be well-adjusted adults.

. . . parents who talk and read to their babies are helping them develop important language skills.

. . . parents who respond sensitively to their baby's cries are building the emotional connections that lead to healthier relationships.

. . . the more cohesive a community is, the more it has to give to families.

. . . a measure of a community's well-being is how well the community takes care of its children.

. . . the way we treat an infant today will determine the kind of child and adult he or she will become.

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The environment scan identified the existing knowledge about local health care environment for children by key influencers and decision-makers. Two groups of key informants were interviewed by telephone. The first group was drawn from local, state, and federal administrators and policy-makers. They helped identify new and emerging issues presenting both opportunities and threats to the target population. The second group was familiar with health and welfare programs for young Minneapolis children. They included parents, program administrators, and representatives of minority community organizations, religious organizations, and the non-profit sector.

Some of the action steps that were identified include the following:

1. Establish a coalition of parents and culturally sensitive health care providers to develop proper training for providers.

2. Study the social and economic costs of children not having health insurance.

3. Develop an issues management program with industry-specific groups to keep the public aware of children's health issues.

4. Develop parenting programs to help parents to help themselves.

5. Utilize media (newsprint, TV, radio, community access channels, cable TV stations, Internet) to present culturally sensitive materials to the public.

The Children's Wellness Project has brought together parents, providers, and policy makers to improve the health of young children, with special emphasis on assisting health care systems to become more culturally responsive and effective. The Project has worked with families to identify and embrace their cultural traditions as a strategy for improving and maintaining their children's health.

The Project remains committed to working with area hospitals to assess the current cultural sensitivity of health services provided to children ages 0-3 and families of color. Again, the goal is more culturally responsive health care systems that effectively work with families. Recognizing that the most qualified advocates for children are their parents, the Project plans to provide leadership training for families of color with young children.

"Parents also need information to be advocates for their children," says Kelley-Ariwoola of the Minneapolis Foundation.

Another Project goal, then, has been to provide parents with information necessary to successfully navigate the complex health care system. Leadership training has been an important theme from the beginning of the Project. The core planning team discussed how training could provide not just parental support, but how life and cultural skills can result in better mothers, fathers, and caregivers. Given all the pressures on the family in society today, providing this level of parent training is challenging. One lesson from the Project has been the difficulty of engaging busy parents—who include single parents—to volunteer on the core planning team.

By training parents how best to advocate for their children and by providing them with the information they need, the Children's Wellness Project hopes to reduce existing system barriers and encourage the healthy development of all young children of color in Minneapolis.

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The Pre-Birth Through Age Three Initiative is an initiative of the W.K. Kellogg Foundation (wkkf.org). The initiative's goal is to create systems of services reflecting state-of-the-art knowledge about how best to serve children, pre-birth through age three, while simultaneously building the capacity of the community sites to plan, implement, operate, and manage their work using a systems change perspective that leads to continuous refinement and sustainability.