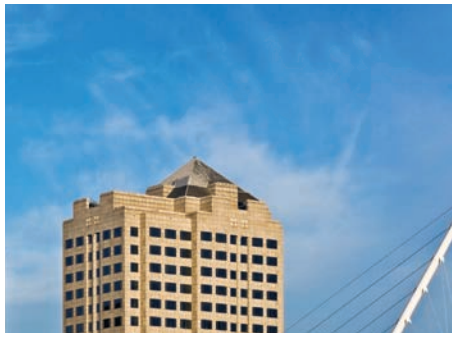



BEING BLACK
IS NOT A RISK FACTOR:

Including a foreword written by

GLORIA LADSON-BILLINGS, PH.D.

STATISTICS AND STRENGTHS-BASED SOLUTIONS IN THE STATE OF WISCONSIN

BCDI
Black Child Development Institute
MILWAUKEE

WISCONSIN

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WHAT MATTERS MOST

Relationships are the most important thing: this is the truth at the core of our work — indeed, at the core of our lives. When children whose odds are stacked against them somehow succeed, somewhere in the story of their incredible resilience, there is almost always a relationship – a parent, a guidance counselor, an uncle, a mentor — who loved them, nurtured them, and expected something of them.

Yet although we know, from research and experience, how critical relationships are to our collective and individual success, our programs and policies rarely prioritize the development and strengthening of relationships between and among children and the adults in their lives.

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 Wisconsin,"* 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-based 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 Milwaukee, Wisconsin that serve not as exceptions, but as examples of places where Black children and families are succeeding

3. Data that indicates how Wisconsin'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 Wisconsin's children and families, unless otherwise specified

The essays and Points of Proof in Wisconsin's report are not flashy. The work described is not glamourous. It is, rather, the grass-roots, rubber-hits-the-road, culturally-relevant, community-based, day-in-day-out work of building and strengthening relationships. It happens at night and on the weekends, out in the street and between the lines. It isn't highlighted in the media and though it doesn't receive the accolades — or the funding that accompanies those accolades — what's contained in this report is the work that moves the needle on outcomes for our Black children and families.

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. Inspired by the work of our collective grassroots, I offer both a promise and a challenge: let's always fight to develop, strengthen and prioritize the relationships that support our children – those we know, and those we don't; the ones in my life, and the ones in yours.

TOBEKA G. GREEN
President & CEO, NBCDI

Foreword

THE LANGUAGE OF EXCELLENCE:

CHANGING THE DISCOURSE ABOUT OUR CHILDREN

GLORIA LADSON-BILLINGS, PH.D.
Kellner Family Chair in Urban Education
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For more than 30 years I have researched and written about successful teachers of African American children. I took this approach because most of what I learned in graduate school and read in the existing literature focused on Black children and failure. So pervasive was the notion of the failing Black child that when I attempted an electronic search back in 1989 with the descriptors, "Black," "African American" and "Education" I quickly got responses that said, "see, culturally deprived; see culturally disadvantaged." There was no language of educational excellence associated with Black children. Despite the attempts to combat this language of cultural deficiency the literature still leans on this concept to talk about Black children. One of the more popular ideas used in urban schools these days comes from the so-called "culture of poverty." I deem this "so-called" because my graduate training is as an educational anthropologist. I know exactly what culture is (and is not) and one thing that culture is not, is 'poverty.'

Poverty is a *social condition* that reflects the values and policies of a society. Culture is what people develop and shape based on their language, traditions, customs, religion, art, music, knowledge, and other group practices. When a society believes it is all right for some segments to live without decent housing, adequate health care, and equitable education while others have all of these things and much more, this is a statement about social values, not about the culture in which the poor find themselves. But I do not want to give much attention to this rhetoric about a culture of poverty in a volume that is dedicated to the strength and resilience of a people who have withstood some of the most devastating cruelty and depravation of any people on earth and still persevere.

58% **OF BLACK CHILDREN UNDER AGE 6 ARE LIVING IN POVERTY.**[1]

Black families are nothing short of miracle workers. Without the advantage of many social resources (e.g. wealth, health, housing, education, etc.), Black families have relied on cultural practices to ensure that their children are equipped to take advantage of available opportunities and to survive an often hostile society. This has been their tradition since before Emancipation. However, when Emancipation did happen, two of the first institutions formerly enslaved individuals formed were churches and schools. Indeed, through my extensive international travel I could not help but notice that those institutions were present in Black communities worldwide. I saw them in small villages in Ghana and South Africa as well as rural communities in Jamaica, the Bahamas, and Brazil. Our formerly enslaved ancestors took their meager resources and built churches and schools. Their dedication is evident in the more than 100 Historically Black Colleges and Universities (HBCUs) across the country. The history of many of the HBCUs reveals that through their churches these people—although often illiterate—decided to invest in their children's future. Black people did this then and they do it now.

As a part of my work I have the opportunity to provide professional development for educators—teachers, administrators, instructional support staff, etc. Recently, I have begun some of those professional development sessions with a trailer from the 2010 documentary film, "Babies" directed by Thomas Balmés. The film features 4 babies during their first year of life from four different parts of the world: Japan, the US, Namibia, and Mongolia. In the trailer we see the remarkable similarities among these infants. All four are exploring their world, interacting with the others in their environment, learning to crawl, walk, play, and practice what they see others (particularly) do. I point out to my participants that the two things that all children do as a part of their development is attempt to figure out **(1) how to navigate their environment and (2) how to interact with the other people they encounter in that environment.** Every child who shows up in our classrooms comes with these same intentions. It is the differential treatment they receive that leads to differential outcomes.

The authors of this volume address the critical issues of good health, strong families, and positive early learning as the important building blocks for ensuring excellent outcomes for our children.

AMONG LOW-INCOME FAMILIES IN WISCONSIN,

7.5% **OF BLACK CHILDREN AND**

45.5% **OF WHITE CHILDREN**

LIVE IN A HOME OWNED BY THEIR FAMILY. AMONG FAMILIES WHO ARE ABOVE LOW-INCOME, 49.4% OF BLACK CHILDREN AND 86.8% OF WHITE CHILDREN LIVE IN THEIR OWN HOME.[2]

GOOD HEALTH

Although good health is essential to success in life, several factors have prevented Black families from attaining and maintaining good health. Those who subscribe to the "culture of poverty" blame Black people for their own health issues. They seem to ignore the social policy decisions that have worked against Black children and families and contributed to their lack of good health. For instance, the obesity epidemic in many Black communities is related to the lack of grocery stores that stock fresh fruit and vegetables and the preponderance of fast food restaurants. It is also a result of the lack of recreational resources such as parks and community centers, which can be safely accessed and utilized.

Many Black children may not get a good start in life because their mothers don't have access to high-quality prenatal and post-natal health care. In the United States, for example, Black mothers are less likely to breastfeed their babies – in part because they are more likely to be in hospitals where they are provided with infant formula from the very beginning.[3] Instead of communicating about the health benefits of breast-feeding, and supporting their efforts, Black mothers are all-too-often encouraged to take advantage of the "convenience" of formula and, further, are more likely to be employed in jobs and industries that are not conducive to longer-term breastfeeding. These are policy decisions and choices, not cultural ones.

STRONG FAMILIES

For all of the rhetoric about "family values," the U.S. is notorious for policy decisions that work against families. Our international peers provide families with substantial parental leave. For example, in Sweden, parents are granted 13 months of parental leave with 77.6% of their monthly salary.[4] Either parent can take the leave or both parents can share it (e.g. one takes 6 months and the other takes 7 months). In the U.S., maternity leave tends to come without pay – or requires parents to use any sick or vacation time they have available to them.

Much of the discourse about Black families is about the large percentage of single mothers and babies born to unmarried parents. A look back at the 1965 Moynihan Report indicated that 25% of Black families were headed by single parents, mostly women. The data from the report are correct but the interpretation of the data – that Black families are pathological – is wrong. Originally, in 1935, AFDC was instituted to encourage mothers to stay home with their small children.[5] The major recipients were White women. Black women were deemed ineligible because they were participating in the labor force. Social policy then dictated that in order to receive government assistance, parents must be single – and Black women realized they could receive more benefits if there were no men in the household – so they made the financial decision that was best for their children. What is lost in this discourse is that prior to the mid-1960s, most Black children actually lived in two parent households. Instead of asking what is wrong with Black families, the Moynihan Report could have asked, "What is wrong with our society that is causing Black families to disintegrate?" I pose the question in this way because if we look at the statistics on single families we see that, today, 35% of all American families are single parent households.[6] What might we have learned from the earlier Moynihan Report if policy makers had taken the data as a way to examine our society rather than indict our families? The contributors to this volume focusing on strong families realize that children exist in family units—two parents, single, familial caregivers (e.g. grandparents and other family members—and that to ensure the success of children, the society must support families, regardless of their structure.

34% **OF BLACK CHILDREN UNDER AGE 6 ARE LIVING IN FAMILIES MAKING LESS THAN $11,525 PER YEAR;**

NATIONALLY, THIS NUMBER IS 25% OF BLACK CHILDREN, AND 7% OF WHITE CHILDREN.[7]

POSITIVE EARLY LEARNING

The last section of this volume looks at education, and although I focus more on K-12 education, it is clear to me from all of the research that early learning is pivotal for later success. Unfortunately, the evidence also indicates that Black children are not faring well in this area. In March of 2014 the Office of Civil Rights (OCR) division of the U.S. Department of Education reported that although Black children are but 18% of the pre-school population, they are 48% of those suspended and/or expelled from pre-school. At the tender ages of three and four, we are seeing Black children excluded from school before they can even get started.

Given the options, Black families often opt for center-based or home-based child care where the providers are family, friends and neighbors who may be loving and nurturing – and understanding of the community culture – but who also lack the educational background to help lay the foundation for making their time with young children consonant with what schools will demand in kindergarten. Our current standardized test-driven school environment means that children are now expected to show up to school already in possession of the kinds of knowledge and skills that kindergarten used to teach.

In addition, some of our low income and poor parents are themselves victims of substandard education and are limited in their ability to help their children achieve what schools determine to be "readiness." This does not mean that Black children arrive at school with no knowledge and unable to benefit from the schooling experience. Teachers could, for example, choose to recognize activities such as clapping, jump-rope games, and call and response songs, which are a regular part of urban life, as opportunities to leverage the teaching of reading and literacy skills.

Indeed, the job of those who would work with Black children is to learn more about their individual, cultural, community and home experiences. Good health, strong families, and positive early learning are important building blocks in ensuring the success of all children; when any one of these building blocks is absent, a child faces an uphill struggle. It then behooves the adults who surround that child to stand in the gap when and where that child needs them. A good place to begin is by changing the discourse that considers being Black a risk factor.

REMOVING BARRIERS TO OPPORTUNITY:

ELIMINATING PRESCHOOL SUSPENSIONS

DAVID J. JOHNS
Executive Director, White House Initiative on
Educational Excellence for African Americans

I have said it before and it bears repeating: Learning starts at birth and the preparation for learning starts well before birth. The time period between childbirth until about age five is among the most critical of a child's life as it is when the foundation upon which all future learning and development is built. To ensure they develop the cognitive, social and emotional skills and experiences needed to be successful in school and in life, all children must have access to high-quality early care and education programs designed to reach that goal.

This is especially true for African American students, who, in spite of a legacy of accomplishment in the face of adversity, continue to confront significant barriers to academic achievement — barriers that are unrelated to ability to learn but rather are related to opportunity to learn. According to the U.S. Department of Education's Civil Rights Data Collection survey, African American male students received a disproportionate number of suspensions, detentions, and call-outs, at all levels.[8] A recent *Kids Count* policy report published by the Casey Foundation similarly found that African American students face the highest barriers to opportunity in our society.[9]

Opportunities to support African American students — and other scholars from poor, racial and ethnic minority communities — are available early in their lives. We need to take advantage of them. In addition, while we are focused on expanding access to high-quality early care and education programs and services, **we must be equally vigilant about ensuring that we stop the practice of removing children from, or otherwise pushing them out of, the very spaces designed to ensure their success**.

More than 8,000 public preschool students from across the country were suspended at least once, with Black children, and boys more specifically, representing a disproportionate number of those suspended. Black children account for only about one-fifth (18 percent) of all preschool students but nearly half of all preschool students who were suspended more than once.[10] It is worth noting that boys of all races account for 54 percent of preschool students in the Kids Count report but represent more than 80 percent of those suspended more than once. While some may decide to debate the merits of suspending preschoolers altogether, the data regarding the impact of suspension on behavior and achievement is clear — it does not work to improve either. *Call to Action: A Critical Need for Designing Alternatives to Suspension and Expulsion*, suggests that school districts are continuing to use out-of-school suspensions — even for minor disciplinary infractions — despite evidence that these suspensions tend to exacerbate problem behaviors and may, in fact, lead directly to academic problems.[11]

Beginning at birth, all children deserve to feel safe, nurtured and supported in the spaces designed to ensure their cognitive, social and emotional development. We must work to end disciplinary practices that result in any child being removed from high-quality learning and development programs and services, temporarily or otherwise. The White House Initiative on Educational Excellence for African Americans supports efforts to eliminate preschool suspension and other practices that negatively impact the achievement and development of our youngest learners.

David J. Johns is the executive director of the White House Initiative on Educational Excellence for African Americans. To learn more about the initiative, visit **http://www.ed.gov/edblogs/whieeaa/**.

BLACK STUDENTS IN WISCONSIN WERE SUSPENDED

10X

MORE OFTEN THAN WHITE STUDENTS IN THE THREE ACADEMIC YEARS FROM 2009-2012.[12]

WISCONSIN'S BLACK HIGH SCHOOL STUDENTS ARE NEARLY

10X AS LIKELY NOT TO ADVANCE TO THE NEXT GRADE LEVEL COMPARED TO WHITE HIGH SCHOOL STUDENTS.[13]

66.0% OF BLACK STUDENTS AND

95.6% OF WHITE STUDENTS

GRADUATED FROM HIGH SCHOOL IN WISCONSIN IN 2013. NATIONALLY, THESE NUMBERS ARE 66.1% AND 83%, RESPECTIVELY.[14]

IN 2013, **4%** OF BLACK STUDENTS AND

33% OF WHITE STUDENTS IN WISCONSIN

MET THE ACT'S ASSESSMENT COMPOSITE BENCHMARK.[15]

HONESTY, COURAGE & PATIENCE:

HOW TO ELIMINATE DISPARITIES AND REDUCE THE INFANT MORTALITY RATE FOR BLACK BABIES

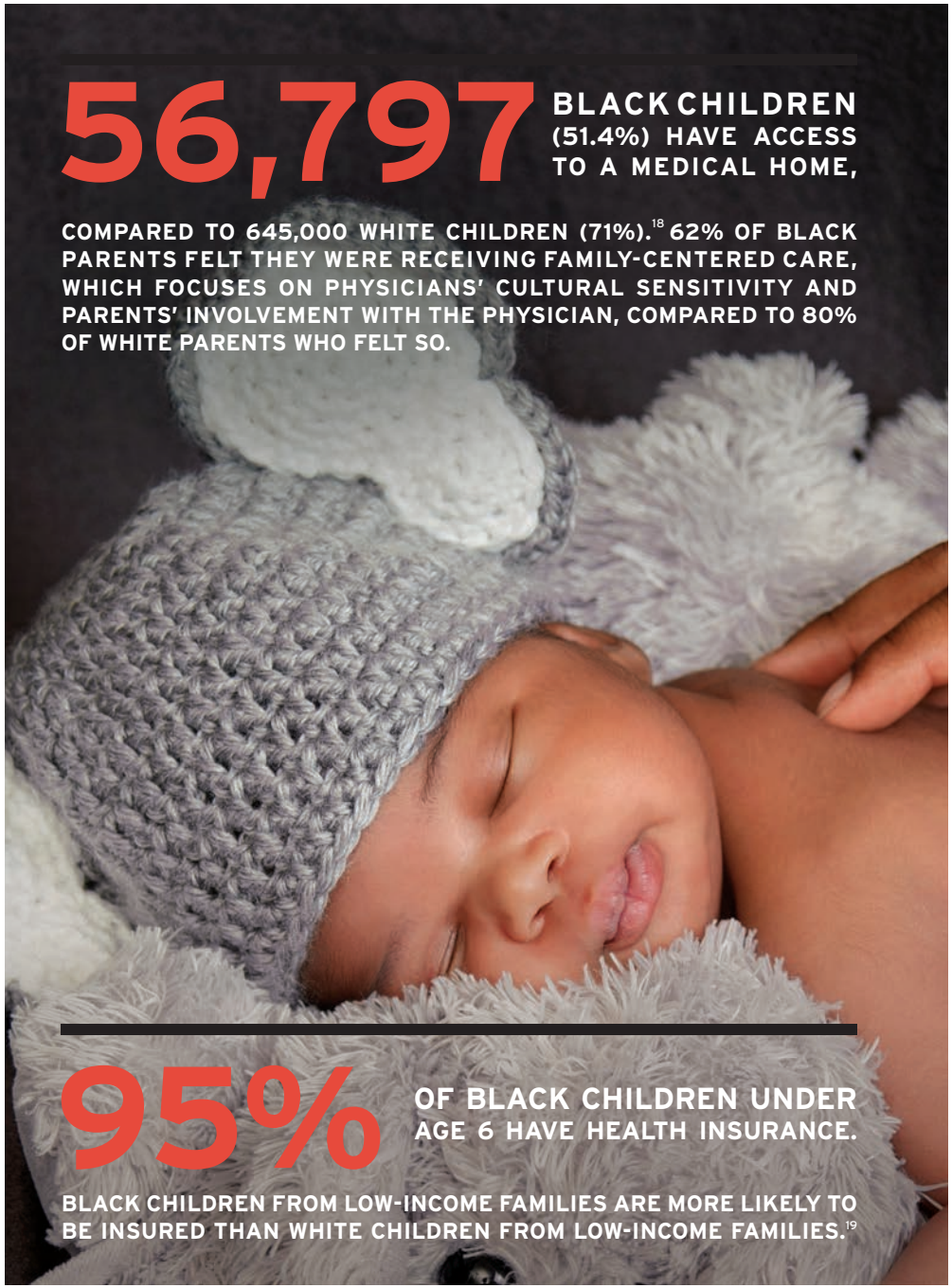
DORA CLAYTON-JONES, PH.D.
Children First Consulting

Despite advances in medical technology, prenatal care, perinatal care, improved newborn care, and improved maternal care, access to these improvements has not proven to be equal, and racial disparities for birth outcomes remain both significant and persistent.[16] The causes of infant mortality are complex and can include prematurity, congenital anomalies, an unsafe environment, or unintentional/intentional accidents. Prematurity, when an infant is born at less than 37 weeks of completed gestation, is the leading cause of mortality for over two-thirds of the reported deaths for Black infants in Wisconsin.[17]

Since the infant mortality rate directly correlates with the health of a community, it is imperative that we collectively embrace a consistent and concerted commitment for action and leadership to achieve health equity. This can be achieved in part by increasing our understanding of the assets of Black families, highlighting adaptive strengths, and integrating cultural knowledge into program initiatives.

While taking responsible action to eradicate this century-long disparity, honesty is essential in evaluating program effectiveness, courage is required to welcome innovative methodologies, and patience is needed to remain focused while impacting change.

HONESTY IS ESSENTIAL, COURAGE IS REQUIRED AND PATIENCE IS NEEDED TO REMAIN FOCUSED WHILE IMPACTING CHANGE.



So let's begin with honesty: what do programs that lower the infant mortality rate have in common?

1) The Life Course Theory
Program models and interventions that embrace the life course of mothers are more likely to have a positive impact on health and birth outcomes.[20] The Life Course Theory is based on the concept that socioeconomic status, birth weight, racism, illness, stress, nutrition, and behavioral responses impact a person's health over their lifetime, and provides a lens for examining health on a continuum across the lifespan rather than using a fragmented view for each developmental stage.[21] Applied to infant mortality, we see that the disparities we witness are not just a result of what the expectant mother is exposed to during pregnancy, but rather the health, racial, and socioeconomic disparities she experiences over a lifetime. In this model, improving the infant mortality rate requires access to quality health care from childhood through preconception, prenatal through post-natal. Specifically, we must ensure that every child receives periodic health screenings and health care across the lifespan in order to empower children to become healthy adults, mothers and fathers who are part of healthy families and communities.

2) Home Visitation
Research suggests that Black mothers appear to be more responsive to case management interventions aimed at improving health outcomes.[22] Home visiting programs such as the Nurse-Family Partnership, which are focused on promoting healthy pregnancies, improving birth outcomes, and enhancing family functioning are producing positive results by providing opportunities for Black families to build upon their strong community values. In Wisconsin, for example, 89% of babies born to mothers participating in the Nurse-Family Partnership program were born full term, while 85% of babies were born at a healthy weight; 69% of mothers initiated breastfeeding; and 32% continued breastfeeding 6 months after delivery.[23]

3) Father Involvement
Programs that include and support expectant and parenting fathers can positively impact the infant mortality rate, strengthen birth outcomes, and support African American families and communities by strengthening the involvement of fathers in their families' lives. A culturally-relevant, comprehensive fatherhood curriculum that assists fathers in completing individualized, strengths-based care plans, and tracks progress towards participant-driven goals is a key component of successful programs. To achieve full success, it is also critical to offer wrap-around services such as health screenings, health referrals, education, employment, mentoring, financial services, and legal services.

Let's proceed with courage: what might we do to integrate these successful elements into practice more broadly, as well as our research and policy agendas?

IN PRACTICE

Develop and Implement Cultural Competency Action Plans
Providing culturally congruent care is essential in order to reduce disparities.[24] Cultural competence is often included as a program objective, and in strategies to improve health outcomes, but the application of the concept is typically inconsistent. Organizations must be asked to reflect on questions such as:

- ✓ **Can all staff members describe the organization's cultural competency model?**
- ✓ **How is the implementation and evaluation of cultural competency initiatives managed on a consistent basis?**
- ✓ **Upon evaluation of cultural competency initiatives, in what manner are revisions constructed and applied?**
- ✓ **What activities have been developed to address race and racism that is inclusive of community perspectives?**

Indeed, embracing cultural competence within an organization requires dedicated resources, and may also include strategies such as: (1) administrative support; (2) consultation; (3) assessments; (4) education, training and workshops online and onsite; (5) resources such as books, media, and journals; (6) culturally competent and ethnically diverse personnel; and (7) immediate access to interpreter services.[25] It is also imperative that community members and stakeholders be included in developing or revising cultural competence action plans to ensure optimal outcomes.

Provide Consistent Care in the Context of a Medical Home
Expectant mothers should not be without access to care that is high-quality, provides consistent information and considers cultural factors. When women and expectant mothers have a regular primary care provider, there is a greater opportunity to intervene and share strategies that improve maternal and child health, such as smoking cessation, providing a safe environment, family planning, and the significance of breastfeeding. Health care systems should devote resources to developing and accessing progress towards goals of universal access that includes primary care with a medical home that meets all criteria. Fragmented care is not acceptable and should not be tolerated.

View Spirituality and Religion as Cultural Strengths
Spirituality and religion are salient concepts within the Black community and are often considered to be cultural strengths, relied upon for establishing family values, making decisions and serving as coping mechanisms when confronted with crises. When considering approaches to care, incorporating spirituality and religion into service delivery models can meet cultural needs while simultaneously optimizing health outcomes.[26] Likewise, to disregard the spiritual and religious elements of a person who values those elements is to lack an acknowledgement of his or her core identity, and dismisses what may prove to be the most motivating factor in helping them to successfully and holistically meet their needs.

Organizations and community stakeholders can collaborate with faith-based organizations to improve health outcomes for individuals – and for the community at large. Although they may require financial support, Black churches can leverage their deep community connections to have positive impacts on health outcomes through implementation of interventions on a prolonged basis. These partnerships should be subject to meaningful evaluation, and should also be intentionally interwoven into faith-based health consortia, in which shared goals and objectives can be identified and the expertise of church congregants from multiple houses of worship can be distributed throughout the partner organizations.

IN RESEARCH

Engage in Community Based Participatory Research
Community based participatory research (CBPR) is an approach to evaluation that includes members of the community in research design, conduct, analysis, interpretation, conclusions, and communication of results. CBPR rests on the core belief that those who best understand the problems that a community faces are the people who live within that community. In implementation, CBPR promotes engagement of community participants as equal partners; builds trust; and empowers community members to be involved and committed throughout the process of social change. It should be much more widely utilized because it lends critical understanding to community perspectives and is, in and of itself, essential to improving the health of communities. Evidence-based programming supported at the national and state levels should prioritize CBPR methods, and encourage their widespread use.

37%

OF LOW-INCOME BLACK CHILDREN HAD OR CURRENTLY HAVE ASTHMA, COMPARED TO ONLY 7% OF WHITE LOW-INCOME CHILDREN.[27]

Collaborate with University Health Programs
Universities are a core source of support in decreasing cases of infant mortality; this objective serves to satisfy community health components within school programs while also being rewarding for students and community members. Universities can establish an ongoing research team with faculty mentors and integrate such a model into both undergraduate and graduate curricula. Faculty mentors can evaluate research projects and recommend future research based on the findings.

IN POLICY

Eliminate Barriers to Paternal Involvement
While there are steps programs can take to increase fathers' involvement, which is associated with a decrease in the infant mortality rate, policymakers can also address systemic barriers to enhance health outcomes for mother and child. Recommendations include: an equitable paternity leave, inclusion of paternal initiatives in programs targeting maternal-child health, support for low-income fathers, and including paternal information in birth data.[28] In addition, reform

ONLY 7.5% OF WISCONSIN'S BLACK CHILDREN WHO COME FROM FAMILIES THAT ARE NOT LOW-INCOME ARE OBESE, COMPARED TO A 19.8% NATIONAL RATE FOR THEIR BLACK, ABOVE LOW-INCOME PEERS.[29]

	LOW-INCOME & OBESE		ABOVE LOW-INCOME & OBESE		ALL INCOMES & OBESE	
RACE	WISCONSIN	NATIONAL	WISCONSIN	NATIONAL	WISCONSIN	NATIONAL
WHITE	20.2%	20.2%	10%	9.6%	12%	12.1%
BLACK	23.4%	26.8%	7.5%	19.8%	20.5%	23.1%
TOTAL (ALL RACES)	22.4%	22.8%	10%	11.3%	13.7%	15.2%

is required for the criminal justice system, which disproportionately affects Black men, keeping them away from their families.[30] Finally, identifying effective interventions to support expectant mothers during the incarceration of their partners will enhance the well-being of the expectant mother and health of the unborn child.

Invest in Prevention

Supporting preterm infants is expensive; the estimated cost of care for premature infants in Milwaukee during the period between 2009 and 2011 was $216,917,976.[31] Meanwhile, research demonstrates that providing funding for preventative health care for children and families generates significant future savings in health care spending — a one dollar investment into the Nurse-Family Partnership, for example, can yield more than five dollar in return.[32]

Policy must also encompass interventions to change the direction and cycle of intergenerational poverty, inequities, and cumulative stress. The unborn child is supported by several cultural strengths, but is not provided with a fair opportunity to thrive in an environment of pronounced injustices. A collaborative and committed effort is needed to achieve equity in health, education, employment, housing, and overall environments. Organizational evaluation of cultural competency models and action plans on an ongoing basis is a direct link to achieving health equity. Families, community stakeholders/leaders, multidisciplinary team members, private/public organizations, local, state, and agency systems must embrace the achievement of equity, remain focused, and stay committed in order to eradicate the infant mortality disparity.

CONCLUSIONS

The patterns of infant mortality are different for Black infants, and the solutions for changing these patterns must be different as well. We need a collaborative and committed effort to achieving health equity, addressing the social determinants of health and removing the systemic barriers that lead to undesirable health outcomes for Black babies.

Helping organizations to understand the sociocultural milieu for Black families is a priority. Identifying ways for health care systems to continuously promote comprehensive coordinated care for families is essential. Forging sustaining partnerships within the community to include community participant involvement is critical. Social justice and change to improve health in Wisconsin is attainable. We must remain patient in our efforts and flexible in our implementation to achieve real and lasting success.

As Nelson Mandela once stated, "There can be no keener revelation of a society's soul than the way in which it treats its children." The health of our community is best gauged by the health of the youngest among us, and I charge us all to honestly and courageously implement programs and engage in advocacy that will finally eliminate disparities and reduce the infant mortality rate for our Black babies.

MORE THAN TWO-THIRDS OF ALL BLACK CHILDREN UNDER 6 YEARS OLD LIVE IN A HOUSEHOLD ACCESSING SNAP BENEFITS, COMPARED TO ABOUT ONE-FIFTH OF WHITE CHILDREN.[33]

POINT OF PROOF:

BLANKET OF LOVE

MILWAUKEE, WISCONSIN

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

15 OUT OF EVERY 1,000

BLACK INFANTS DIE BEFORE THEIR FIRST BIRTHDAY.[34]

WHAT MAKES THIS PROJECT A POINT OF PROOF?

As the infant mortality rate rises for African Americans in the city of Milwaukee, Blanket of Love is striving to achieve better outcomes for mothers and their young children. This grassroots, community-based program is designed to connect young women with prenatal and infant care, while also providing ongoing education and parenting support. Since 2004, the program has demonstrated that young African American mothers can give birth to and raise healthy children while living in high risk environments.

WHAT IS THE PROJECT'S ELEVATOR SPEECH?

Blanket of Love seeks to improve the birth outcomes of African American babies and strengthen Black families. The primary goals of Blanket of Love are to increase the percentage of children who are **1) born between 38-40 weeks; 2) born at or near normal birth weight; and 3) able to celebrate their first birthday as healthy, thriving babies.** We achieve these goals by providing weekly meetings, with a meal and small group activities, to help ensure that the mothers in our program receive regular prenatal care; proper nutrition support; and accurate, realistic information about what to expect during the early days, weeks, months and years of parenthood. Our fundamental goal is that each and every woman will have the support she needs to become an exceptional parent.

WHO PARTICIPATES IN THIS PROJECT?

Blanket of Love is open to any interested pregnant woman, but our primary participants are African American women between the ages of 13 and 30, who are living in challenging situations, which are placing them at a high risk for not having a healthy birth. The North side of Milwaukee suffers a significantly higher infant mortality rate than the rest of the city and state; Blanket of Love has responded to this crisis by having a North side location that allows us to reach and support many families who are otherwise underserved.

HOW DOES THIS PROJECT DEFINE SUCCESS?

Blanket of Love defines success by the number of healthy, full-term babies who are born at or near their normal birth weight. We are celebrating our 10 year anniversary and, after serving 361 women, have not yet had an infant die in our program. In the first half of 2014 alone, our mothers have had a total of 15 healthy, full-term babies. These outcomes are the result of a commitment to building and maintaining strong relationships with the mothers in our groups throughout their pregnancies; our longer-term commitment extends into helping these new mothers grow into strong and successful parents. With our support, the mothers in our program experience a wide range of positive changes, from increases in positive nutrition habits to decreases in negative social influences. Some mothers have been able to gain employment, and some have enrolled or re-enrolled in school to continue their own education. In addition, we are committed to strengthening the mother's own support network; friends and family are invited to join the mother in all aspects of the program.

HOW DO YOU KNOW WHEN THE PROJECT IS SUCCESSFUL?

As a grassroots, community-based organization with limited funding, we have not engaged in expensive evaluation studies, but we know this project is successful by the way we engage with our mothers over time. We ask them a series of questions related to their experience with Blanket of Love, and we keep track of babies born full-term, at or near their birth weight to measure our success and ensure we are having a positive impact on the future of our children, our community and our city.

WHAT MAKES IT SUCCESSFUL?

Our success is based entirely on the strong relationships we build with the mothers in our program. This program is different from other programs dedicated to a reduction in infant mortality because our mothers know they have a support group dedicated to providing a sense of community and comfort, which is willing to go above and beyond for them. Our mentors are not just talking; they are leading by example, and they understand the world in which our mothers live. We believe in meeting our mothers where they are; some may need extra attention and support, so our mentors will provide life skills support, including, for example, financial counseling. These are the critical elements that are beneficial not only to our mothers, but ultimately to their children as well.

WHAT CHALLENGES HAS IT FACED?

At Blanket of Love, we see challenges as motivation to work harder. We have encountered two main obstacles: occasional disinterest from soon-to-be mothers, and lack of reliable transportation. In addition to helping women who voluntarily come to us, Blanket of Love counsels women who are court ordered to seek our services. Our main focus for all the mothers we help is to make our program relevant, keeping them involved and engaged. Because of past transportation issues, we've taken it upon ourselves to provide transportation to the women and children who participate in our programs.

HOW IS THIS PROJECT SUSTAINABLE?

Blanket of Love started at Ebenezer Church of God and Christ in 2004 as a church ministry, and was solely funded by the church. The ministry grew, however, and gained respect in the community, which ultimately led to funding from Columbia St. Mary's Hospital and Foundation, as well as the March of Dimes. The community remains dedicated to ensuring that the program is sustainable, and they are invested in shaping the program by sharing their own expectations for the program, and telling us in what specific ways we can assist and support them on their journeys.

13.8% **OF BABIES BORN TO BLACK MOTHERS HAD A LOW BIRTH WEIGHT - TWICE THE PERCENTAGE OF BABIES BORN TO WHITE MOTHERS.**[35]

HOW IS THIS PROJECT REPLICABLE?

Money helps, but funding is not the key to the success of programs such as ours. Time and love, trust and consistency: these are the keys to our success, and this is replicable and achievable in communities throughout the country. It is important to us to keep our word – if we promise something to our mothers, we deliver. This is how we gain – and keep – their trust. With whatever funding you have available, we also recommend providing food. While most programs do not make this a priority, we believe that food is critically important, especially in the African American community. Eating together is a time for bonding. We also believe in making room for participants throughout the year, and welcoming individuals at whatever point they decide to join the program. Finally, we offer useful incentives, as dictated by the participants themselves, which encourages mothers to return week after week.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?

A healthy pregnancy is the foundation for a healthy baby, a healthy child and a strong family. Blanket of Love is dedicated to creating a community of support that allows women to have healthy, full-term, normal birth weight babies – and then become great parents who serve as an example of success to their children.

YOUNG CHILDREN BY RACE IN WISCONSIN AND U.S.[36]

RACE	WISCONSIN		U.S.	
	0-3 YEARS OLD	4 YEARS OLD	0-3 YEARS OLD	4 YEARS OLD
WHITE	71.17% (193,241)	71.06% (51,990)	50.70% (5,697,535)	50.25% (2,078,550)
BLACK	7.87% (21,360)	9.76% (7,137)	13.39% (1,504,224)	13.57% (561,082)
ASIAN	3.40% (9,233)	2.32% (1,699)	4.58% (514,799)	4.54% (187,623)
LATINO	11.82% (32,099)	10.56% (7,726)	25.33% (2,846,767)	25.97% (1,074,227)
OTHER	5.74% (15,598)	6.30% (4,609)	6.00% (674,723)	5.67% (234,572)

POINT OF PROOF:

AFRICAN AMERICAN BREASTFEEDING NETWORK (AABN)

MILWAUKEE, WISCONSIN

WHAT MAKES THIS PROJECT A "POINT OF PROOF?"

The American Academy of Pediatrics, along with many others, supports breastfeeding as a basic public health care issue; research demonstrates significant decreases in everything from SIDS to infections and from allergies to obesity if mothers are able to breastfeed their babies exclusively for at least 3-4 months. Yet Black infants are the least likely to receive mothers' milk. The African American Breastfeeding Network is changing that statistic for Milwaukee, increasing breastfeeding rates among Black mothers and improving the health of Black children in our community starting from birth.

WHAT IS THIS PROJECT'S ELEVATOR SPEECH?

The monthly Community Breastfeeding Gatherings (CBGs), held at the Northside YMCA, are the hallmark of the AABN and the key vehicle by which we achieve our mission of addressing breastfeeding disparities by increasing awareness of the benefits of mothers' milk, building community allies and de-normalizing formula use. Through the CBGs, mothers, fathers and support persons gain knowledge, build breastfeeding confidence, increase social support, and set breastfeeding goals which include exclusive breastfeeding for the first 6 months. By incorporating community-based, culturally tailored health education, leveraging peer support at a family-friendly, welcoming location (Northside YMCA), and engaging the entire family (especially expectant fathers), the AABN positively impacts breastfeeding rates and helps build community capacity to reduce breastfeeding disparities.

WHO PARTICIPATES IN THIS PROJECT?

Since the inception of the CBGs in 2008, AABN has reached over 1,000 families. The CBGs targets African American women of child-bearing age, and their families. Most of the women who attend are younger than 30 years old, low-income, eligible for WIC, and have a lower educational status. These families come from the zip code areas with some of the highest infant mortality rates in the Country. The CBGs attracts a very diverse group, including grandfathers/ mothers, aunts, brothers/sisters, maternal/child health providers, prenatal care coordinators and health care providers.

HOW DOES THIS PROJECT DEFINE SUCCESS?

AABN envisions success as increasing the numbers of African American mothers who have the knowledge, skills, confidence, and social, organizational, and community support to initiate breastfeeding while in the hospital and to continue breastfeeding for at least the first six months of their new babies' lives. Key to achieving this level of success is attainment of several short, medium, and long-term outcomes through the CBGs.

<table>
<tr><th>SHORT TERM OUTCOMES</th><th>MEDIUM TERM OUTCOMES</th><th>LONG TERM OUTCOMES</th></tr>
<tr><td>INCREASED KNOWLEDGE OF THE VALUE OF BREAST MILK AND BREASTFEEDING</td><td>INCREASED BREASTFEEDING INITIATION, DURATION, AND EXCLUSIVITY RATES*</td><td rowspan="3">INCREASED COMMUNITY BREASTFEEDING RATES</td></tr>
<tr><td>INCREASED SUPPORT DURING THE PRENATAL PERIOD FOR BREASTFEEDING INITIATION IN THE HOSPITAL</td><td>INCREASED PROBABILITY THAT BREASTFEEDING MOTHERS WILL CALL AABN FOR SUPPORT</td></tr>
<tr><td>INCREASED CONFIDENCE TO INITIATE BREASTFEEDING IN THE HOSPITAL</td><td>INCREASED ON-GOING SUPPORT AROUND DURATION AND EXCLUSIVITY</td></tr>
<tr><td>INCREASED FAMILY SUPPORT AND POSITIVE INTENTIONS RELATED TO BREASTFEEDING, ESPECIALLY BY FATHERS</td><td rowspan="2">EXPANDED SUPPORT SYSTEMS (INTERNAL/EXTERNAL) FOR BREASTFEEDING MOTHERS AND FAMILIES</td><td>INCREASED COMMUNITY CAPACITY TO SUPPORT BREASTFEEDING INITIATION AND DURATION</td></tr>
<tr><td>INCREASED SUPPORT OF FATHERS AND SUPPORTIVE OTHERS AROUND BREASTFEEDING</td><td>INCREASED COMMUNITY SUPPORT AROUND BREASTFEEDING (I.E. NORMALIZATION)</td></tr>
<tr><td>INCREASED COMMUNITY DIALOGUE AROUND BREASTFEEDING, INCLUDING BENEFITS, DISPARITIES, AND EXISTING RESOURCES</td><td>INCREASED COMMUNITY UNDERSTANDING REGARDING THE BENEFITS OF BREASTFEEDING.</td><td>INCREASED COMMUNITY ADVOCACY TO PROTECT, PROMOTE, AND SUPPORT BREASTFEEDING</td></tr>
</table>

Increases are measured among CBG participants as compared to overall rates in Milwaukee County

HOW DO YOU KNOW WHEN THIS PROJECT IS SUCCESSFUL?

The evaluation has been designed to track progress made toward the short, medium, and long-term outcomes described above as well as to be responsive to both stakeholders and programmatic changes made over time. AABN has partnered with an evaluation team from the Center for Urban Population Health (CUPH) in Milwaukee. AABN and the evaluation team have collaboratively developed several tools to gather and track CBG attendance, participant satisfaction, and changes in levels of knowledge, confidence, and perceived support to breastfeed due to CBG participation. These data are collected from mothers, pregnant women, fathers, and support persons. Data regarding breastfeeding initiation, duration, and exclusivity, and social, organizational, and community support for breastfeeding are also collected from mothers at 3 and 6 months postpartum. Breastfeeding initiation, duration, and exclusivity rates of CGB participants will be compared to rates among African American women in Milwaukee County as one measure of impact. It is expected that women and men who participate in one or more aspects of the project will begin to diffuse knowledge and attitudes regarding breastfeeding and change social norms in the African American community. In the long term, community capacity to support breastfeeding will be expanded alongside opportunities for policy assessment, advocacy and behavior change.

WHAT MAKES IT SUCCESSFUL?

There are several elements that make our Community Breastfeeding Gatherings successful; most notable among those are **(1) our partnerships; (2) our volunteers; and (3) our inclusiveness.** We have an incredible partnership with the Northside YMCA, which has served as our site location for the last four years. This partnership is one of our greatest assets because of the Y's reputation; it's the perfect environment for our project because there are many other health-oriented programs serving everyone from young people to seniors. With additional funding, we plan to expand the CBGs to other YMCAs throughout metro Milwaukee.

The African proverb, "It takes a village to raise a child" rings especially true for our program; we rely on 6-10 committed volunteers in our "village" to help each month. In addition, given the wide range of volunteer responsibilities, we also created a Volunteer Coordinator position, which is unpaid, to assist with recruitment and retention. We have never underestimated the value of our volunteers; each year we have a volunteer luncheon to acknowledge their contributions as a collective entity.

Finally, because breastfeeding is not only about the mother, we are purposeful about support networks and intentionally inclusive of extended families in our work. In particular, we recognize and honor the important role fathers play in the health and development of Black children and families. We always have a father peer advocate, who is responsible for facilitating our father CBG sessions each month. In addition, because many mothers continue to return for social support, AABN is in the process of creating a program to train BIG (Breastfeeding Is Great) Sisters, moms who support pregnant moms at the CBG.

WHAT CHALLENGES HAS IT FACED?

Our first major hurdle was being the "new kid" on the block. When the AABN Coalition was formed, we knew that we had to form a solid partnership with the local WIC (Women, Infant and Children) clinics; breastfeeding promotion is a national outcome marker for WIC. It helped that both our co-founders worked at a local WIC site, one as a Director and one as breastfeeding peer counselor. We wanted to acknowledge the work that was being done in our community, and we wanted to praise our progress as a community instead of isolating our partners, while also acknowledging the need to reach more deeply and authentically into African American communities. As a collaborative partnership, AABN continues to promote WIC sites as the place families go for basic breastfeeding classes and nutrition support while our CBGs provide additional community-building support. As we look to the future, we know WIC will continue to be a significant partner in our efforts to expand our social media efforts to reach a broader audience, while fulfilling our goal of becoming a state-wide coalition.

HOW IS THIS PROJECT SUSTAINABLE?

Numerous local and national organizations support AABN's mission. The coalition has been able to sustain programing and become a mainstay in the Milwaukee community because of the generosity of funders, including: Milwaukee County Breastfeeding Coalition; Wisconsin Association of Lactation Consultants; UW-Milwaukee Cultures and Communities Program; Wisconsin Office of Minority Health; and the Wisconsin Nutrition, Physical Activity, and Obesity Program. Our current project is funded by the UW School of Medicine and the Public Health Wisconsin Partnership Program, and we are currently working on a curriculum to ensure our effective expansion.

HOW IS THIS PROJECT REPLICABLE?

We recommend that anyone undertaking the effort to improve breastfeeding rates among African American families begin with an assessment of the community to determine needs, assets and gaps. We also recommend collaborating with organizations that have similar missions and goals, as well as deep-seated relationships within Black communities to shape appropriate programming. In terms of funding, for several years we received "unrestricted" grants that allowed us to engage in a process of "trial and error." This critical type of support allowed us to quickly make adjustments and changes to our project in order to increase its efficiency and effectiveness, and we encourage funders to provide this type of support as frequently as possible.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?

Although Black women have traditionally lagged behind other women in our rates of breastfeeding, AABN is demonstrating that, through culturally-relevant, personal support and relationship building, it is absolutely possible to increase the rates of breastfeeding and improve the health of infants. Along with critical policy changes that need to continue, AABN is part of a national cultural shift in America that is accelerating the movement to recognize breast milk as the optimal nutrition for babies and young children, and breastfeeding as the acceptable norm for feeding babies starting from birth. Women should never feel shamed for breastfeeding – neither within their families, nor out in public – and mothers who have attended CBGs have noted that they love being in a place where they are supported and embraced, where they can breastfeed and, in their own words, "not feel judged."

THE LENS OF RESILIENCE IN EARLY CHILDHOOD:

CHILDHOOD DEVELOPMENTAL SCREENING

CYNTHIA MUHAR
Family Living Educator
Milwaukee County University of Wisconsin – Extension

In the United States, over a quarter of all children are at moderate to high risk for developmental delays.[37] Children living in poverty are at increased risk for poor health, social, developmental, behavioral, and academic outcomes.[38] Youth of color are disproportionately represented living below the poverty line and in Wisconsin, nearly 50% of all Black children live in poverty.[39]

Yet resiliency research urges us to shift our focal point from what puts children at risk or makes them vulnerable, towards a better understanding of what helps them thrive — the factors that enhance strength and improve capabilities.[40] These involve both protective factors, conditions or attributes that mitigate or eliminate risk, and promotive behaviors, conditions or attributes that actively enhance well-being.[41]

Parents' knowledge of parenting and childhood development are protective factors for children. Regular childhood developmental screening and developmental support act as promotive factors during early childhood. By providing developmental screening at regular intervals, parents can determine if their child is on an appropriate developmental trajectory. By working in partnership with practitioners, including medical care providers, child care providers, early childhood educators, and home visitors, parents can engage their child in appropriate experiential activities to support their child's individual development. Underlying this promotive factor is the partnership between parents and practitioners.

Screening and assessment processes create a solid foundation on which to make informed decisions in early childhood. Comprehensive, culturally sensitive, standardized developmental screening tools provide families with a way to support the healthy development of their children.

Parent-administered developmental screening tools encourage parent-child engagement and help parents better understand childhood development, in a fun and easy way. These screening tools acknowledge parents as the experts about their own children and provide a medium for parents and practitioners to build relationships to support the development of children together. Not only beneficial to those families whose children may have developmental delays, developmental screening has value for all families. All parents deserve to know if their child is developing on track and all children deserve support in their development. These tools provide an easy way to collect valid and reliable information about how a child is developing and they open the door for meaningful dialogue between practitioners and parents about how to support an individual child's development

While children develop at their own individual pace, they progress along a predictable path, highlighted by developmental milestones.[42] When development does not proceed along this typical trajectory, developmental screening and assessment, followed by early intervention services, increases the probability that development can get back on track. Early intervention supports healthy family functioning by helping children reach their full potential. Across many domains of development, early intervention is more effective than later remediation efforts. For example, detecting a vision problem early and providing services can improve motor skills, which affect the quality of physical play and self-help skills, and may reduce a child's risk for injury.

The consequences of undetected delays in children are problematic, for families and society. Children with undetected delays are more likely to be expelled from child care, be at greater risk for abuse and neglect, have greater difficulty developing independence and interdependence, have lower academic success, be at greater risk for expulsion from school and/or drop-out.[43] Childhood developmental screening helps parents identify potential delays in their children. Follow-up diagnostic assessment determines if a child has any delays and if so, if that child is eligible for early intervention services. Early intervention services involve parents in the development of a plan to support a child's unique development. Childhood developmental screening and assessment processes promote healthy development in all children.

WHITE CHILDREN AGES 10 MONTHS TO 5 YEARS OLD WERE NEARLY TWICE AS LIKELY AS BLACK CHILDREN TO RECEIVE A SDBS DEVELOPMENTAL SCREENING IN THE PAST TWELVE MONTHS.

31% OF WHITE CHILDREN RECEIVED A SDBS DEVELOPMENTAL SCREENING

COMPARED TO

16% OF BLACK CHILDREN.[44]

BLACK CHILDREN REPRESENT 12.6% OF ALL CHILDREN WITH SPECIAL HEALTH CARE NEEDS.[45]

Practitioners should always provide some follow-up action when discussing the results of a child's developmental screening with parents. If a child is developing typically, practitioners can offer parents experiential activities to support their child's development. In fact, practitioners can work with parents to identify developmental goals for their children and to choose experiential activities that will support the unique development of that child. Engaging in developmental activities with children helps parents observe and understand their child's skills and promotes parents' appreciation of their child's distinctive nature. It also serves both protective and promotive functions through application of positive parenting skills, increasing parents' knowledge of childhood development and advancing children's skill development. A referral should be recommended if a child's score indicates a potential delay in one or more areas. In order to maintain the parent/practitioner relationship, informed parental consent for referrals is essential.

Due to the fast rate of development in early childhood, developmental screening is recommended several times in a young child's life. The American Academy of Pediatrics (AAP) recommends developmental screening for children at three intervals in early childhood; 9 months, 18 months, and 24 or 30 months.[46] Recommendations for how often a child receives childhood developmental screening, by the Early Years Home Visitation Project and Wisconsin's Department of Children and Families (DCF) YoungStar, a program created to improve the quality of child care for children, even exceed the AAP's recommendations.

There is little research that explores the influence of cultural context in relation to early childhood development. How do cultural beliefs, dynamics and practices affect the development of young children? Which cultural influences act as protective and promotive factors in young children's lives? How do cultural contexts, across socioeconomic strata and racial and ethnic populations, affect the development of young children? The answer to these questions can further illuminate the factors that influence children's development and perhaps, provide a deeper appreciation for cultural variations in child-rearing.

DEVELOPMENTAL SCREENING IN WISCONSIN: WHO IS DOING WHAT?

Home visitation programs, funded through the state of Wisconsin's Department of Children and Families (DCF) and previously the Department of Health and Human Services, have been offering childhood developmental screening to the families they serve since the late 1990's. Other statewide agencies are also offering childhood developmental screening, including **Early Head Start**

and Head Start programs, **Birth-to-Three** agencies, and **Child Find** (through the Department of Public Instruction). Pediatricians and health care providers are offering it to the families they care for, in greater numbers than in the past.

With the **Department of Maternal and Child Health**, through the Wisconsin Department of Health Services, many county health departments throughout the state are taking leadership to implement county-wide childhood developmental screening as part of early childhood initiatives. Brown County has a well-established initiative that has worked to align service systems and track data; other county initiatives are in various stages of development.

The **Wisconsin Statewide Medical Home Initiative (WiSMH)**, based in Madison, WI and administered through Children's Hospital of Wisconsin, offers practice education to pediatric primary care clinicians (pediatricians, family physicians, nurse practitioners and physician assistants) on routine use of developmental screening tools as part of well-child care. Their goals are to increase the number of primary care clinicians using tools to monitor children's development and to promote timely access for children with delays to appropriate supports and services. WiSMHI began its developmental screening practice education efforts in 2006. At that time, rates of routine use of developmental screening tools by WI primary care clinicians was less than 25%. Over 160 practices and several hundred clinicians and care team members have been trained since that time. A 2012 survey of Wisconsin primary care clinicians revealed 55% of clinicians were routinely using developmental screening tools and autism-specific tools as part of well-child care.

Project LAUNCH (Linking Action for Unmet Needs in Children's Health), funded through a Substance Abuse and Mental Health Services Administration (SAMHSA), has focused on twelve zip code areas in the City of Milwaukee that have the highest health disparities for children. The targeted zip code areas are low-resource neighborhoods – neighborhoods with predominantly Black and Hispanic families. The goal of Project LAUNCH is to foster the healthy development of all young children birth through age eight to reach physical, social, emotional, behavioral, and cognitive milestones – preparing them to thrive in school and beyond. One way the initiative addresses healthy development is through childhood developmental screening training for child care providers and early childhood educators. Project LAUNCH has trained hundreds of child care providers and early childhood educators to partner with parents in the administration of the Ages and Stages Questionnaire (ASQ), a parent-administered childhood developmental screening tool. They've also been working with pediatricians and clinics in the targeted zip code areas, to increase the number of children who receive screening through their health care provider. Project LAUNCH has built capacity to continue childhood developmental screening in the City of Milwaukee, by training a cadre of multi-cultural ASQ trainers who will continue to offer childhood developmental screening training in the future, after the Project ends.

Milwaukee Succeeds, a broad-based, communitywide collaboration that aims to improve educational outcomes for every child in Milwaukee, in every school, cradle to career, is committed to universal access to childhood developmental screening. The **Parenting Education Support Network**, one of the collaborations' work groups, is focused on childhood developmental screening as an indicator for school readiness in the City of Milwaukee.

Supporting Families Together Association, a Wisconsin-based association of regional and local organizations that work on behalf of children and families, is building training capacity, to offer childhood developmental screening in each region of the state, through **Child Care Resource and Referral Agencies**.

All of these initiatives have one goal in common: to ensure the healthy development of young children and to support healthy family functioning. However, there are some things to consider as we move toward universal childhood developmental screening of young children.

UNIVERSAL CHILDHOOD DEVELOPMENTAL SCREENING: THE CHALLENGES

While the state of Wisconsin requires its funded programs to report their data in SPHERE (Secure Public Health Electronic Record Environment), this data is not shared across programs and agencies. School districts and health care providers enter their data in different data bases and data from child care providers is not collected statewide. In order to track developmental trends and patterns, in order to identify potential gaps in services, or to make informed decisions about resource allocation, access to this data is critical. A statewide systems' approach to data sharing, that does not breach confidentiality, is desperately needed.

Finally, we need public and private policy that provides funding and training to help programs working with families to build protective and promotive factors within the cultural contexts of families and that supports service alignment across systems.

Universal childhood developmental screening, within aligned data collection and service systems is a goal that we can all work toward achieving, to support the healthy functioning of all Wisconsin families.

POINT OF PROOF:

FAMILY FINDING PROJECT: CHILDREN'S HOSPITAL OF WISCONSIN COMMUNITY SERVICES

MILWAUKEE, WISCONSIN

WHAT MAKES THIS PROJECT A "POINT OF PROOF?"

Children who enter foster care are at significant risk of losing the meaningful, positive connections that are essential to everyone's lifelong happiness and success. Black children are significantly overrepresented in Wisconsin's foster care population; and as they are also much less likely to be adopted out of foster care, they collectively suffer from a lack of permanent, loving relationships. The Family Finding Program helps these youth and their families maintain important connections – data indicates that youth who receive our services are more likely to have stronger relationships with their loved ones.

WHAT IS THIS PROJECT'S ELEVATOR SPEECH?

The goal of Family Finding is to ensure youth and families who are involved with the child welfare system have meaningful and enduring connections to supportive, positive biological family members and other like-kin or community members. Family Finding Specialists and Case Managers are able to locate and engage family and other supportive individuals in order to increase family connectedness and reduce isolation. This program also serves as a way to ensure family members are given every opportunity to participate in the lives of their relatives who are living out of the parental home.

BLACK CHILDREN ACCOUNT FOR

35%

OF THE FOSTER CARE POPULATION, YET ONLY 9% OF THE TOTAL STATE CHILD POPULATION.[47]

Family Finding is part of the Community Services division of Children's Hospital of Wisconsin, whose vision is to have the healthiest kids in the country. Our core values are safety, permanency, family connectedness and well-being; we believe that strong relationships are the key to realizing these values. Families in the child welfare system who have positive informal support networks are more likely to be reunified, and children are more likely not to return to the child welfare system. Research also suggests that kinship placements are less likely to disrupt families and more likely to result in children being reunified with their parents. We also know that social capital is incredibly important for older youth who are in foster care; youth who age out of foster care with few or no connections are more likely to have negative life outcomes, including being at significantly higher risk to become homeless, unemployed and incarcerated.

State and federal laws require child welfare agencies to, within 30 days, notify adult family members when they have a relative who was removed from the parental home and placed in foster care. Our Family Finding model requires that we locate a minimum of 40 relatives per child, increasing the likelihood that at least a few critical supports will be identified and brought on to the family or youth's team. Because many of our children may lack paternal family connections in particular, Family Finding specifically seeks to engage fathers and their families as an important part of a child's life. With supports in place, we hold "Blended Perspectives Meetings" and "Decision Making Meetings," to pull family and like-kin individuals together to share information and ask for their perspective. The family is then asked to create a plan for how the *family,* not the professionals, will meet the youth's needs. Since the family team is responsible for the creation of the plan, they are usually more likely to be successful; they own the plan, and it is not one created by "the system." The family, with support from our team, also creates a back-up plan, understanding that plans fail – but children don't. The Family Finding Specialist and Case Manager are responsible for ensuring the plan is implemented successfully, ensuring that strengthened connections with loved ones become permanent over time.


AMONG CHILDREN ADOPTED FROM FOSTER CARE, ABOUT
43%
WERE WHITE
AND
34%
WERE BLACK.[48]

WHO PARTICIPATES IN THIS PROJECT?

From 2009 to 2012, more than 400 youth living in out-of-home care received Family Finding services provided by a Family Finding Specialist. Children, on average, were 11 years of age; 52% were female. Two-thirds were African American, and the majority of youth served were from Milwaukee. In 2012, the zip code 53210 had the highest number of children entering foster care, accounting for 9.1% of youth. It was followed closely by 53204 (8.9%), 53206 (8.5%) and 53215 (8%).

In 2013, the Family Finding Program shifted its service delivery model to create program sustainability by embedding Family Finding Specialists as "coaches" to all case management staff. This has increased the number of children receiving services; the demographics have remained similar. Our ultimate goal is to use the Family Finding methods on 85% of cases when a child enters foster care, and increase Family Connectedness on 50% of those cases.

HOW DOES THIS PROJECT DEFINE SUCCESS?

For children, success is when they feel emotionally tied to those who are important to them. It can also mean something as simple as having a "typical" childhood even though they may be living away from their parents – this may include such activities as going to Sunday dinners with their relatives, trick or treating with their cousins, having aunts and uncles come to their school plays and basketball games, and spending holidays with their family members.

For families, success is when family members and other natural supports are helping other adults and children achieve their goals. When a family becomes involved with the child welfare system, they usually have many paid professionals assisting in providing services to help them. Family Finding techniques are used to decrease formal (paid) supports and increase informal supports.

The Family Finding Program recognizes that needing your family, or people who are like your family, does not stop when you turn 18 years old. So our long-term success is measured by supportive connections that continue even after the child welfare case is closed. Our youth, particularly those who have been in foster care for an extended period of time, tell us that they feel no one wants them anymore, or that they aren't good enough to be with their family. As a natural human reaction, they start to reject relationships or form unhealthy relationships to mask their internal feelings about wanting and needing to be loved. When we can reconnect youth with at least one healthy, supportive, positive adult, we are significantly increasing their chances for leading a successful life.

HOW DO YOU KNOW WHEN THIS PROJECT IS SUCCESSFUL?

The project is evaluated by the Family Finding Program Supervisor in conjunction with CHWCS Quality Department. The impact of Family Finding is measured by evaluating "Family Connectedness" on the child welfare cases in which a Family Finding Specialist was involved, using an assessment scale where "1" means no family involved and no supportive connections up to "5" which includes the involvement of maternal and paternal family members as part of the decision-making process. Cases receive an initial rating, and are then rated again throughout the case. To date, the majority of cases have been rated a "2" within the first 30 days of youth being in foster care. Cases were rated again at 90 days after the case was opened, and ratings increased to an average score of "3" (in the child welfare case management cases) or "4" (when the Family Finding specialists were working on their own). 75% of cases that received Family Finding assistance had relatives respond to initial outreach, with the majority of relatives expressing that they had little to no knowledge of their family member's situation, or feeling that they had incorrect information prior to their contact with the agency.

WHAT MAKES IT SUCCESSFUL?

The child welfare system can be daunting for those who come in contact with it. Much of the time family members don't know how they can help their relatives, or even where to start. And while Case Managers have positive intentions, often they do not have the time or resources to devote to focusing on building and maintaining connections for children in foster care. This is where the Family Finding Program comes in, taking a strengths-based, family-centered approach to help both sides come together with a focus on creating and sustaining loving connections for youth in care.

Essentially, we are successful because our program mirrors what families naturally do outside of child welfare. We put the power in the hands of the families rather than the professionals, using family meetings, in the families' home, with a meal provided to mimic how many families naturally solve problems together – at the dinner table, not in a courthouse or an agency's conference room.

WHAT CHALLENGES HAS IT FACED?

Case Managers in child welfare have some of the most challenging jobs in the world, and they are often over-burdened and feel under-appreciated by the system in which they work. Adding a Family Finding Specialist to a team generally results in additional work for Case Management staff. As the Family Finding Specialist locates and engages relatives, those relatives begin to want to have communication with the Case Manager, as they are often eager and excited to

be contacted for involvement in supporting their family. This means the Case Manager has to take more phone calls, complete more background checks and answer to more interested parties. In a system that is already trying to do more with fewer resources, a Case Manager's time can be stretched thin, so adding more responsibilities can be difficult.

Another significant challenge is that introducing or re-introducing family members to children who have been in foster care for an extended period of time can result in instability. When children have experienced significant loss and loneliness, it often becomes difficult for them to reconnect emotionally with others. It is common to see children react negatively, including regressing in behaviors they had previously been able to manage or exhibiting new disruptive behaviors. This is commonly seen when youth are consciously or subconsciously "testing" caregivers to see if those caregivers really will commit when others may have failed them. Especially for older youth who have been in foster care for several years, it is common to hear "I don't need anyone because I've only been able to rely on myself" or "They are just going to leave me like everyone else did." These reactions can make case workers understandably hesitant to pursue the topic. When, however, Case Managers and the Family Finding Specialist are able to take their time and help the youths work through their feelings, many times they do end up expressing that they want those connections.

Finally, Case Managers face difficult decisions regarding stability. When a child is placed in a general foster home and appears to be doing well, relatives may come forward and want to have the child placed in their home. Case Managers may struggle with deciding what is best for a child, especially for babies and very young children who may have been with a foster family for a significant period of time and are strongly bonded with their caregiver. Social Workers refer to this as "disrupting" a placement, which can further traumatize children; yet we know that "safe and stable" homes are still not quite good enough for children who are living in foster care – these children, like all children, deserve more than that.

HOW IS THIS PROJECT SUSTAINABLE?

As with all Children's Hospital of Wisconsin programs, serving our community is a top priority and this project is sustained by internal funding and contracted work. Family Finding Specialists often receive positive feedback from people in the community who didn't even know their relatives were placed in foster care, and they express appreciation that the program seeks out family to provide support. Given Milwaukee's history of poor outcomes for African American children, the Family Finding Program is aware of the increased importance in engaging African American families to come together for the benefit of their loved ones. It is up to Milwaukee's community serving programs, such as Children's Family Finding Program, to give African American families every opportunity to demonstrate their strengths, thereby creating better outcomes for the community's children.

HOW IS THIS PROJECT REPLICABLE?

If other organizations implement the Family Finding model, they must be prepared for challenges related to shifting the culture of professionals doing everything for youth in foster care. While adding family as informal supports can create an "unknown," we must give families that opportunity to be involved in case planning for youth. Case Managers and other professionals cannot be everything to everybody. Family is there to fulfill roles that professional can't, including providing youth with childhood experiences that many youth often lose out on when they are placed in foster care. In addition, there are perpetual challenges related to resource allocation and organizations should be mindful that to do the Family Finding model, adequate resources must be obtained prior to implementation.

Staff also has to be able to work with a family until success is achieved; it will not be successful if the process is only carried out partially, as the most rewarding work is usually done toward the end of the case timeline. Organizations need to commit fully to the process; otherwise they are at risk of further traumatizing youth and continuing to harm families. A lesson learned from the Children's Family Finding Program was that knowledge and understanding of the program mission, process and goals was not made fully clear agency-wide and Case Managers struggled with understanding the purpose of the program. As such, Family Finding Specialists ended up spending a significant amount of time creating buy-in from Case Managers, rather than doing work with families. Organizations would benefit from doing a significant amount of messaging and creating buy-in with their direct service Case Managers prior to implementing the Family Finding model.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?

African American children are disproportionately represented in Milwaukee's child welfare system. However, African American families show just as much success in the Family Finding program as any other family. Regardless of race, ethnicity, household income, social status, economic status, religion or any other categorization, every family has the capacity and capability to provide positive, supportive relationships. The child welfare system should not raise children – families should raise children. Given the opportunity, most families will provide for their loved ones to the best of their abilities, and we should encourage and support those relationships.

NEW ENERGY TO HELP BLACK CHILDREN THRIVE:

YOUNGSTAR AND MILWAUKEE SUCCEEDS

DAVID EDIE
Early Education Policy Specialist
Wisconsin Council on Children and Families

As we collectively explore contemporary analyses and innovative solutions to address the persistent challenges facing Milwaukee and Wisconsin, this essay focuses on new developments in boosting early education for Black children.

Wisconsin has taken an historic step to invest in a child care quality rating and improvement system called YoungStar.[49] This is the first time in Wisconsin history that our state has had a statewide systematic effort to improve the quality of child care programs. YoungStar builds on earlier early childhood accomplishments, including the rapid growth of four-year-old kindergarten, the expansion and improvement of Head Start and Early Head Start, early childhood professional development (including scholarships and stipends), and a burst of investment in home visiting programs. The YoungStar program is shining a bright spotlight on the *quality* of early learning across the state.

YOUNGSTAR AND MILWAUKEE SUCCEEDS

YoungStar is already making a difference statewide and in the Milwaukee area, where over 70% of the state's Black population lives. To boost the initial progress of YoungStar, the city of Milwaukee has launched a new community initiative called Milwaukee Succeeds[50], which is designed to improve education outcomes for all kids in all schools, cradle to career. A key goal is to make sure children are prepared to enter school, with a strategy to increase children's access to high-quality early learning.

RESEARCH ON THE IMPORTANCE OF THE EARLY YEARS

Research has been mounting for decades about the importance of the first five years of a child's life, a period when a child's brain is developing at an astonishing rate. According to the Center on the Developing Child at Harvard University, "Early experiences determine whether a child's brain architecture will provide a strong or weak foundation for all future learning, behavior, and health."[51] The scientific community overwhelmingly agrees on the importance of the first five years and the three years that follow, through age eight.

RESEARCH ON WHAT WORKS

Research consensus on the crucial impact of early learning and development has led to multiple studies that explore how early interventions can lead to greater success. In a time of growing skepticism about whether and how well public and private investments work to effect individual and community change, the track record of investments in high-quality early education initiatives has been strong and persistent. Dozens of intervention studies, many of them tracking results into adulthood, have impressed economists, policy analysts, and business leaders across the political spectrum.

The evidence shows that high-quality early education can have a surprisingly robust impact on a child's life trajectory, especially for children facing challenging circumstances. Nobel Laureate economist James Heckman from the University of Chicago concluded, "Investments in high-quality early education programs have the highest rate of return of any social investment."[52] According to economists from the Federal Reserve Bank of Minneapolis, careful studies have demonstrated that investment in early childhood development yield extraordinary results, with a return of $4 to $16 for every $1 invested.[53] The studies consistently documented improved education outcomes, reduced special education placements, lower juvenile and adult crime rates, less need of child welfare services, and higher work rates and earnings as adults.

IN 2012, BLACK CHILDREN MADE UP

25% OF THE WISCONSIN HEAD START POPULATION,

AND

29% OF THE NATIONAL HEAD START POPULATION.[54]

43% OF WHITE CHILDREN

AND

31% OF BLACK CHILDREN

ATTENDED PRESCHOOL IN WISCONSIN BETWEEN 2008 AND 2010. THIS IS LOWER THAN THE NATIONAL RATE, WHICH INDICATES HALF OF BLACK AND WHITE CHILDREN ATTENDED PRESCHOOL DURING THE SAME TIME PERIOD.[55]

YOUNGSTAR

YoungStar was launched in 2011, after years of planning. The program was built on a research base focusing on the key components of a high-quality early learning program: qualified teachers/caregivers, an effective learning program, parent engagement, and strong health and safety practices. The program focuses primarily on children from low-income working families that receive assistance from the Wisconsin Shares child care subsidy program. YoungStar is reaching a high percentage of child care programs in the state with 4,400 programs participating, serving 43,000 children. In Milwaukee County alone, where 46% of children born are Black, 21,214 children were enrolled in child care programs receiving Wisconsin Shares and participating in the YoungStar program.[56]

YoungStar rates the quality of child care programs on a one- to five-star system, with five stars the highest quality level. For the first time in Wisconsin history, we now have a quality rating for most regulated child care programs, so we can track the quality of early learning services our children are experiencing.

EARLY SIGNS OF PROGRESS

The first year of YoungStar, in 2011, was spent concentrating on getting thousands of programs rated. But the more recent progress toward quality improvement has been impressive. As of July 2012 the statewide data showed that *less than half* of the children participating in YoungStar (17,671) were in higher-quality programs (rated as having three, four or five stars). Just a year and a half later, there has been a major change. As of January 2014, 65% of children (28,760) were in programs rated as 3-5 stars, a significant shift.

The change in Milwaukee was even more dramatic. In July 2012, only 36% of Milwaukee County's children (5,795) were participating in programs rated as 3-5 stars; by January 2014, the number of children participating in those high-quality programs had more than doubled, to 13,110 (63% of the children). In fact, Milwaukee has made the greatest progress of the six YoungStar regions in the state. What contributed to this remarkable shift?

1) Setting clear quality standards: Setting quality standards and rating the programs using those standards served as a catalyst for programs to move to higher quality. The YoungStar system has shifted the focus of the child care community towards quality improvement and has provided parents with a clear quality rating system to use when choosing child care for their children.

2) Training, TA, and education: The YoungStar system provided technical consulting to help programs improve, while training and scholarships helped teachers and administrators improve their qualifications. Earning the points that accompany higher education for teachers has been the most common obstacle programs face in their efforts to move to a higher rating.

3) Fiscal incentives: Quality improvement grants helped programs invest in quality improvements, and a tiered reimbursement system rewarded 4-star and 5-star programs with higher payments, while reducing payments to 2-star programs. One-star programs were not allowed to participate in the child care subsidy program.

MILWAUKEE SUCCEEDS

As YoungStar was in its early stages of implementation, Milwaukee Succeeds was launched to improve education from cradle to career in the city of Milwaukee. The effort has drawn a broad base of community leaders, business leaders, policymakers, representatives from schools and higher education, early childhood services, non-profit organizations, and parents. The effort formed four priority goals:

1) All children are prepared to enter school.

2) All children succeed academically and graduate high school.

3) All young people access postsecondary education or training to prepare for a successful career.

4) All children and young people are healthy, supported socially and emotionally and contribute responsibly to the community.

The school readiness team found YoungStar to be a promising system with which to work. It had quality standards, a way for measuring progress, and clear pathways to help programs improve. The Quality Early Care and Education team is currently at work on an action plan focused on helping teachers and administrators improve their educational qualifications, building on the YoungStar framework. Milwaukee Succeeds has a great opportunity to increase the focus on education reform in Milwaukee, with a broad base of support from community leaders and the public.

This increasingly strong emphasis on early childhood education and development has great promise for Black children and families. A great start for our youngest citizens is crucial for our children and families and for the well-being of our collective community.

POINT OF PROOF:

ROBERSON KIDDIE LANE DAY CARE

MILWAUKEE, WISCONSIN

WHAT MAKES THIS PROJECT A "POINT OF PROOF?"

The Roberson Kiddie Lane Day Care has been part of the Milwaukee community for over 25 years. Our center-based program, which has a 4-star rating on Milwaukee's YoungStar system, is built on the dual foundations of engaging and supporting our families and providing professional development for our teachers. We believe in meeting the needs of our often low-income, working families, which is why we provide child care beginning at 5:00 am and going through 1:00 am. In addition to helping parents work, we also help children learn – and we make sure their families understand the importance of high-quality early learning experiences.

31% **OF BLACK CHILDREN UNDER 6 LIVE IN TWO-PARENT HOUSEHOLDS.**[57]

AMONG BLACK CHILDREN UNDER 6 LIVING WITH MARRIED PARENTS, 47% LIVE IN A LOW-INCOME HOUSEHOLD.[58]

WHAT IS THIS PROJECT'S ELEVATOR SPEECH?

Throughout our 25 years of service to the Milwaukee community, our mission has been to provide quality care to the children and families in our program. In order to fulfill this mission, we have prioritized our work to increase the educational levels of our staff. The Center's Administrator and Director both have Master's degrees and are committed to being life-long learners. We also have one teacher with a Master's degree and two with Bachelor's degrees; the rest of the staff members have already earned at least 15 college credits as they work towards their degrees as well. We firmly believe in a culture that supports the educational achievement of our staff in order to support the educational achievement of our children, and we have seen results – the teachers' increased understanding of child development and reliance on new teaching methods has led to higher quality learning experiences for our children. Our goals remain centered around:

1) having qualified, highly skilled educators who are committed to providing educational experiences for children to ignite a thirst for learning, and

2) building strong parent-teacher relationships to set the foundation for their child's educational experience.

As we progress, our ultimate goal is accreditation, which will also earn us a 5-star rating on YoungStar's quality ratings system.

WHO PARTICIPATES IN THIS PROJECT?

With the capacity to serve 109 children during both daytime and nighttime hours, our program serves primarily Black families, but includes children from all racial and economic backgrounds, ages 6 weeks to 12 years old.

HOW DOES THIS PROJECT DEFINE SUCCESS?

The quality ratings system of YoungStar has helped us define our success using state-wide metrics. We still see success every time a parent thanks us, participates in their parent/teacher conferences, refers another family, or volunteers their valuable time to supporting their children in the classroom. We see success every time a staff member receives a high grade in one of their classes, overcomes enrollment challenges, successfully implements a new skill they learned, or earns their college degree. We see success when parents sit down and read to their children on a daily basis, and when children go to school prepared and ready to learn. But we also now see success in our 4-star rating, and in the quality indicators that we have met and achieved.

AMONG BLACK PARENTS 25 YEARS AND OLDER, 57.3% HAVE AT LEAST SOME COLLEGE EDUCATION, BUT ONLY

18.4% HAVE MORE THAN 2 YEARS OF COLLEGE, COMPARED TO

48.9% OF WHITE PARENTS.

15% OF BLACK PARENTS 25 YEARS AND OLDER DO NOT HAVE A HIGH SCHOOL DIPLOMA.[59]

IN WISCONSIN, AMONG CHILDREN UNDER 6 WHOSE PARENTS ARE AT LEAST 25 YEARS OLD AND HAVE 2 YEARS OF COLLEGE OR LESS, 41% OF WHITE CHILDREN AND 82% OF BLACK CHILDREN LIVE IN LOW-INCOME FAMILIES.[60]

PARENTAL EDUCATION (PARENTS 25+YEARS OLD)	WHITE	BLACK
LESS THAN HIGH SCHOOL	84.14%	97.37%
HIGH SCHOOL DEGREE	65.76%	89.85%
2 YEARS OF COLLEGE OR LESS	41.35%	82.31%
MORE THAN 2 YEARS OF COLLEGE	12.25%	26.57%

AMONG BLACK CHILDREN UNDER 6 WITH A FULL-TIME EMPLOYED PARENT, OVER HALF LIVE IN A LOW-INCOME HOUSEHOLD.

72% OF BLACK EMPLOYED PARENTS (PART AND FULL-TIME) WITH CHILDREN UNDER 6 ARE LOW-INCOME, COMPARED TO

33% OF WHITE EMPLOYED PARENTS WITH CHILDREN UNDER 6.[61]

HOW DO YOU KNOW WHEN THIS PROJECT IS SUCCESSFUL?

We know we are successful when our staff earns their college degrees, and when parents thank us for opening their eyes to the importance of their roles as their children's first teachers (often telling us they wish they had information earlier, so they could have applied their new knowledge and skills with their other children). We also know we are successful by our measures on the quality ratings and indicators, and we will ultimately be gratified in our success by the accreditation of the center!

WHAT MAKES IT SUCCESSFUL?

The leadership of Kiddie Lane has been instrumental in ensuring our success. Their long-term investment in the center, and their commitment to working with and supporting educators and parents equally has been the bedrock for our quality improvements and success in preparing our children for success in school.

YOUNGSTAR CURRENT RATING ★★★★

29 out of 40 maximum points earned [62]

CATEGORY	POINTS EARNED	POINTS POSSIBLE
EDUCATION AND TRAINING	11	15
LEARNING ENVIRONMENT AND CURRICULUM	10	13
BUSINESS AND PROFESSIONAL PRACTICES	6	7
HEALTH AND WELLNESS	2	5

WHAT CHALLENGES HAS IT FACED?

Securing sustainable and sufficient funding is our most significant challenge. Support through the T.E.A.C.H. (Teacher Education And Compensation Helps) Early Childhood program has enabled our staff to enroll in college, but, despite that program's critical assistance, we still confront several challenges, including: **(1) maintaining staff motivation to continue the difficult journey to achieving their degrees; (2) the ability to pay higher wages befitting the staff's higher education accomplishments; and (3) the competition the school system will present to keeping our staff once they have earned their degrees and completed their retention years, as consistent with their T.E.A.C.H. contracts.**

In addition, we face challenges common to nearly all child care centers around licensing and quality regulations. Over the years, we have been found to have violations, and we take every finding very seriously, implementing corrective actions immediately. We use these findings as an opportunity to demonstrate how we confront and resolve challenges, as well as a chance for operational reflection and discussion, and, finally, as an opportunity to collectively develop action plans with our staff to ensure that each finding only ever happens once.

HOW IS THIS PROJECT SUSTAINABLE?

Our center is sustained with the support of our community, the reimbursements through the subsidy program, and the T.E.A.C.H. Early Childhood program.

HOW IS THIS PROJECT REPLICABLE?

High-quality child care centers have many elements in common; for us, we prioritize having a goal shared by the entire staff and leadership. We need that kind of buy-in so that everyone is committed to the same mission, and we are all collectively willing to work hard, and work together, to see that vision come to life. We make space for our staff to advocate for their needs, and for parents to advocate for their needs as well – this is why, for example, we provide nighttime hours, even though this kind of flexible support is rare for center-based providers. Ultimately, however, our program puts the needs of the children we serve above all else – and any child care center aiming to achieve success should do the same.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?

We want the public to know that we are in all ways committed to the high-quality education of our children. We want our parents to know that they are their children's first and most important educators – and that we will support, encourage and partner with them in that role. We want our children to know that we believe in their ability to achieve at high levels, and that we will do all we can to instill a love of education and learning that starts at birth and continues throughout what we know will be their long, happy and successful lives.

POINT OF PROOF:

CHILD DEVELOPMENTAL ENRICHMENT CENTER (CDEC)

MILWAUKEE, WISCONSIN

WHAT MAKES THIS PROJECT A "POINT OF PROOF?"

Only 1.7% of family providers in Milwaukee County have earned a 4- or 5-star rating on Wisconsin's YoungStar initiative – but the Child Developmental Enrichment Center is one of those providers.[63] We meet the highest level of quality standards for early education and care providers. The children in our program are exceeding expectations across all domains and developmental objectives, surpassing school readiness requirements. They are well-developed readers, with sophisticated vocabularies that rival those of affluent children. We have strong, respectful and trusting relationships with the children in our program – and, equally as important, with their families.

WHAT IS THIS PROJECT'S ELEVATOR SPEECH?

The Child Developmental Enrichment Center provides a high-quality home-based environment that promotes learning and development for school readiness. The educational philosophy of the Center is that young children learn through fun and play, exploring and directing their own experiences. As teachers, we focus on nurturing relationships that build trust between us and each child. Our program's purpose is preparing children for school readiness, as well as building confident, happy children who are healthy physically and mentally. We reinforce the maxim that parents are their child's first educator, and we are their partners in this most important role. We believe our center is where the "roots of education take place," and our goal, as such, is to develop and prepare children for entry into the elementary school system through a fun and playful theme-based approach to learning. As we tell our parents, CDEC is where children receive "edu-care," not "daycare."

WHO PARTICIPATES IN THIS PROJECT?

The children in our program, all of whom are Black, are between 3 and 8 years old, living with families earning between $12,000 and $24,000 per year.

HOW DOES THIS PROJECT DEFINE SUCCESS?

Although we certainly pride ourselves on our 5-star rating in the YoungStar state system, and the recognition from our community, our success is truly defined by the engaged, happy faces of the children we teach every day, and the valuable, trusting and respectful relationships we have with their families. We are committed to meeting the high standards we have set for ourselves, as well as the standards set by the parents and the state of Wisconsin in ensuring that each child in our program is prepared for academic and socio-emotional success. Finally, our success includes our ability to continue to serve our community, which means having a program that is always at capacity, with all available slots filled each and every day.

HOW DO YOU KNOW WHEN THIS PROJECT IS SUCCESSFUL?

Our program is evaluated annually through both the Department of Children and Families' Licensing Department and Wisconsin's YoungStar program, which collectively assess the health and safety of the program's environment, the business practices of the center and the quality of the care provided to the children. We are also continuously evaluated within the community we serve and were honored in BCDI-Milwaukee's 7th Annual Excellence in Community Service Celebration.

YOUNGSTAR CURRENT RATING ★★★★★

34 out of 40 maximum points earned [64]

CATEGORY	POINTS EARNED	POINTS POSSIBLE
EDUCATION AND TRAINING	13	14
LEARNING ENVIRONMENT AND CURRICULUM	12	14
BUSINESS AND PROFESSIONAL PRACTICES	6	7
HEALTH AND WELLNESS	3	5


AMONG BLACK CHILDREN PRE-K THROUGH GRADE 12, 22.6% RECEIVED SPECIAL EDUCATION SERVICES DURING THE 2012-2013 ACADEMIC YEAR, COMPARED TO 12.7% OF WHITE STUDENTS.[65]

WHAT MAKES IT SUCCESSFUL?

We have four core principles that make our program successful:

1) Trusting Relationships with Children: We understand that children thrive when they are nurtured, touched and praised. We believe that trust is built on these interactions, and that a child who loves and trusts you will open her heart and mind to you, giving her all — including her best behavior!

2) Trusting Relationships with Families: We prioritize efforts to build a positive and supportive relationship with the parents and families of the children we serve. We accomplish this through frequent and ongoing communications, outreach activities, and celebrations and we ensure that families also have the opportunity to provide input and feedback on the program's policies and procedures. We have actually chosen not to provide transportation for the children in our program in order to support this relationship development with parents. We believe it is critical to have parents come into the center daily, for face-to-face updates, which facilitates relationship-building, forges a connection between the parents and the center; and allows the child to see that their school experience is important to their family.

3) High-Quality Educators: Our teachers have a fundamental desire to serve children and their families. They also have a comprehensive understanding of children's developmental stages, and they know how to observe and document children's accomplishments and challenges. Although license regulations dictate that family child care providers only need one teacher, we have found that having a second full-time teacher is deeply valuable to our success because it lowers our teacher-to-child ratio and ensures that children have time to develop meaningful relationships with the adults in the classroom.

4) Supportive Environment: We ensure that we have updated, culturally-relevant, developmentally-appropriate and high-quality resources and materials that enrich children's learning and play experiences across multiple ages and both genders.

WHAT CHALLENGES HAS IT FACED?

All of our challenges are related to funding. In August 2011, the state of Wisconsin moved family child care providers receiving subsidies from an enrollment-based system of payments to an attendance-based system. Previously, an enrolled child could be out sick for a day without financial implications for our center; now, however, despite the fact that we still have to pay the same infrastructure costs (space, electricity, etc.), the center only receives funding for the days that a child is present. This essentially amounts to a pay cut for family child care providers, who are already earning a low hourly wage for such a critically important job. In addition, our low-income families frequently struggle to make their own co-payments, which in turn causes financial stress for the program. With an understanding landlord and wonderfully patient and dedicated employees, however, we have triumphed through the difficult periods to date. We expect that, even with upcoming changes as our children move into the school system, we will continue to meet and defeat the challenges presented to us.

HOW IS THIS PROJECT SUSTAINABLE?

Our program is primarily funded by the Wisconsin Shares subsidy program. It is embraced by members of our community who provide donations, volunteer their time and nominate us for awards. Their pride in our work helps keep us motivated to continue to provide high-quality care to the children and families in our shared neighborhoods.

HOW IS THIS PROJECT REPLICABLE?

There are family child care providers serving children and their families all over the country — some of them are high-quality and many of them are not. It is, of course, possible to improve the quality of care in any given home or center, but the policies enacted at the statewide level are critical to ensuring the success of initiatives developed to help these improvements occur. The shift from enrollment-based reimbursements to attendance-based reimbursements for family child care providers are an example of policies that serve only to hurt the providers that others are trying to help. Parents deserve the opportunity to choose a family-based early education and care option for their young children, but this policy financially punishes them and us. Early educators need increases in compensation, not wage stagnation or, worse, an actual or technical pay cut.

NATIONALLY, 17% OF BLACK 4TH GRADERS SCORED ABOVE THE PROFICIENT READING LEVEL; IN WISCONSIN, THAT NUMBER FALLS TO

11% **COMPARED TO** **41%**

OF WHITE 4TH GRADERS.[66]

AMONG CHILDREN BEING SERVED BY CCDBG IN WISCONSIN,

70% **AND** **23%**

WERE IN CENTER-BASED CHILD CARE

WERE IN NON-CENTER-BASED CARE;

THIS IS CONSISTENT WITH NATIONAL TRENDS.[67]

In addition, as Wisconsin moves to improve the quality of child care and reward high-quality providers through its YoungStar initiative, the state needs to ensure that the individuals assigned to rate centers receive improved training to help them understand communities of color, and the centers who serve those communities. CDEC has received, and maintained, a 5-star rating, but in order to replicate this achievement for other centers and family-based providers, we believe that professional development to increase cultural competence will be necessary. Observers who are able to recognize their own biases and put what they see and experience into a strengths-based cultural and community context will be better able to provide meaningful support to programs working to improve their own quality ratings.

WHAT IS THE SINGLE MOST IMPORTANT THING PEOPLE SHOULD KNOW ABOUT THIS PROJECT?

The children in our programs are poor and Black. And they are exceeding expectations as they prepare to enter the school system and the larger community environment. We have helped provide them with a positive head start in their educational journeys; they are happy and thriving and their parents are happy and proud. Yet we know that these children are not succeeding because they were born gifted – rather, they are succeeding because they have been loved, nurtured and educated. This is possible for all children, no matter their race or economic status.

WISCONSIN POLICY VARIABLES & BENCHMARKS

- Meets the required amount of newborn screens recommended by the March of Dimes.[68]
- Meets the American Academy of Pediatrics' EPSDT screening recommendations for two of the four age groups (1-2 and 3-5).[69]
- Does not reduce the TANF work requirement to 20 hours or less for single parents with children under age 6. Parents with children under age 6 are required to work 40 hours.[70]
- Exempts women caring for a child under 3 months old from the TANF benefit time limit.[71]
- The minimum wage in Wisconsin is $7.25/hour. 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.[72]
- Single parent families of three living below 123% FPL (Federal Poverty Level) are exempt from personal income tax[73].
- Sets copayments for child care subsidies at 10% of income for a family of three at 150% FPL.[74]
- The subsidy reimbursement rate does not meet the recommended 75% percentile of the market rate.[75]
- Has early learning standards and/or developmental guidelines for infants and toddlers.[76]
- Child care regulations require one adult for every 13 children, and the maximum class size is 24.[77]
- Requires school districts to offer half day kindergarten as opposed to full day.[78]

INCOME ELIGIBILITY LIMIT FOR PUBLIC HEALTH INSURANCE IN WISCONSIN[79]

CHILD AGE	ELIGIBILITY LIMIT
UNDER 1 YEAR	301% (MEDICAID)
1-5 YEARS	186% (MEDICAID)
6-18 YEARS	151% (MEDICAID)
ALL AGE GROUPS	301%
PREGNANT WOMEN	301%
PARENTS	95%

Total state spending on PreK: [80]
$167,264,100

PreK enrollment:
49,687

State spending per child (PreK):
$3,366

State spending supplement for Head Start:
$6,264,100

Federally-funded Head Start enrollment:
11,286

State-funded Head Start enrollment:
1,097

ENDNOTES

THE LANGUAGE OF EXCELLENCE: CHANGING THE DISCOURSE ABOUT OUR CHILDREN

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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.

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