

Helping Young Children is Key to Fighting Poverty

Charles Bruner, Learning Collaborative on Health Equity and Young Children

A truism about poverty is that, if we are to reduce it dramatically over the next generation, children must grow up healthy, educated, and equipped for success. But the challenges and stakes are high: children today are both the most racially diverse age group in society and the segment of the population most likely to live in poverty.

Half of all young children (birth through four) are of color, and one in four lives in poverty. Moreover, the poverty rate for children of color is more than twice that for white, non-Hispanic children—and one-third of all children of color live in neighborhoods with high rates of poverty and distress.

PolicyLink president Angela Glover Blackwell states the challenge succinctly: “If children of color cannot grow up to be part of the middle class, there won’t be one.”

Researchers and advocates in the early childhood world have long recognized the critical importance of the first years of life in setting a trajectory of healthy growth and development. They have pointed to high returns on investment from high quality preschool programs, although preschool alone can only narrow, and not close, the gap poor children face when entering school.

Increasingly, drawing upon neuroscience as well as child development, experts in the field also have pointed to the importance of strengthening families in the earliest years to ensure their parents provide safe, stable, and nurturing home environments. The P.A.R.E.N.T.S. science (Protective factors, Adverse childhood experiences, Resiliency, Epigenetics, Neurobiology, Toxic Stress, and Social Determinants of Health) indicates that a child's first three years of life hold the greatest key toward improving child health and development and truly closing the opportunity gap for poor children and children of color in realizing their potential.

Now, poverty scholars, across the political spectrum, have come forth with very similar conclusions. [*Opportunity, Responsibility, and Security*](#), a joint publication of the Brookings Institution and the American Enterprise Institute, adds additional impetus for looking at poverty from a two-generational perspective—focusing not only on parents’ bread-winning responsibilities but on their caregiving and nurturing ones as well. Notable in this document are recommendations for increased emphasis upon home visiting, preventive and developmental child health services, parenting education, and responsible fatherhood initiatives as ways to strengthen families.

There is no single or easy solution to dramatically reduce or eliminate childhood poverty. It will require the work of early childhood educators, work and training specialists, anti-poverty scholars and activists, and others who influence the lives of children.

The BUILD Initiative and the Child and Family Policy Center (where I previously served as director) is taking on one aspect of this work by establishing a Learning Collaborative on Health Equity and Young Children. One specific focus is on child health’s role in these birth-to-five years in order to address social as well as bio-medical determinants of health.

Parents are their children’s first teachers, nurses, safety officers, and guides to the world. Far too many parents struggle to provide safe, stable, and nurturing homes, yet can and will make changes to give their children better futures, even if they cannot escape poverty. Health practitioners can be effective first responders to both the health needs of young children and the environments their families provide.

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Particularly in the earliest years, child health practitioners see virtually all young children and often are the first and sole contact with any service system. While child health practitioners may not think of themselves as the first response to poverty and its impacts, there are exemplary programs where they are just that—Reach Out and Read, Help Me Grow, Child FIRST, Healthy Steps for Children, Project DULCE, Medical Legal Partnerships, and Centering Parenting, to name a few. These programs identify families in stress and link them to services and support that strengthen their parenting and their children’s development. Such exemplary practices deserve to grow and expand.

Increasingly, the recommendations of child health experts and poverty scholars are converging. Just last week, the American Academy of Pediatrics [recommended](#) that pediatricians screen for health issues related to poverty, connect their families to services as needed, and support public policies that improve the economic wellbeing of vulnerable children.

One part of the solution to child poverty is ensuring that children born today grow up with the stability, safety, nurturing, and opportunity to succeed. One aspect of doing this is early identification and initial response to families struggling to provide this home environment. A generational emphasis on reducing child poverty offers the opportunity to take the multiple actions needed to ensure young children today see and can realize bright futures for themselves, regardless of their economic position, their zip code, or the color of their skin.

Charles Bruner is the former founding director of the Child and Family Policy Center and continues to work with the Center on issues of health equity and young children.

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