Investing in the Potential of Children

A Strategy to Promote Sustainable Growth in Central Appalachia

The challenges of rural poverty are different today than they were for an earlier generation of reformers who hoped to transform Appalachia. When West Virginia became a battle ground state in the Democratic presidential race of 1959, the spotlight was turned on the state, and the nation was shocked to see the desperate poverty, the sad-eyed children and care-worn faces of the men and women. John Kennedy's campaign in West Virginia is said to have opened his eyes to white poverty.[i] Lack of health care, poor nutrition, even hunger existed in the middle of a post World War II America enjoying unprecedented economic growth and prosperity.

Launched in the mid-sixties the War on Poverty was a strategy to mold children, youth and young adults into capable people who could function successfully in the job market and be good citizens. [ii] The War on Poverty had a dramatic impact on Appalachia and transformed some of the worst aspects of rural poverty. Over the next 45 years, and continuing today, rural Appalachia was transformed thanks to numerous health and nutrition programs. West Virginia became a pilot project for the expansion of today's food stamp (SNAP) program. The Women, Infant, Child Nutrition (WIC) program recognized the importance of good nutrition and care for pregnant women and young children. The school lunch programs were widely expanded. Massive investments in health care through federal community health center programs, The Appalachian Regional Commission (ARC), and the Public Health Service Scholarship programs brought new clinics, doctors, nurses and modern medicine to rural West Virginia. West Virginia women began to have access to good prenatal care.

Today more than 300,000 West Virginians per month receive food stamps, and more than 50,000 mothers and children's receive services through WIC on a monthly basis. In most of West Virginia more than half of all children participate in the free school lunch program. [iii] More than 90 community health center sites provide preventive and primary care services for children and families throughout West Virginia. All poor and low income women are covered through Medicaid, which assures good prenatal care and safe births to about half of all pregnant women in West Virginia.

WIC has been especially important in West Virginia providing women with the means to buy nutritious food and teaching them what babies need to grow strong and healthy. WIC has become an important promoter of breast feeding, a long neglected practice among rural women touted by health practitioners as important for the emotional and physical health of infants.

Several years ago, a conference on maternal depression held in rural Logan County, West Virginia, led into a testimonial by local women of the importance of WIC in their lives. Most WIC staffers are low income, rural Appalachian women themselves. They understand the hard-scrabble lives of their clients and provide them with emotional support during difficult times, adding to the other tangible benefits of the program.

West Virginia outreach programs that teach, protect and nurture new mothers have also made a difference. For example, Right from the Start; Birth to Three; Maternal; Infant Health Outreach Workers (MIHOW); Parents as Teachers and Healthy Families America are all still making a difference in the lives of poor, rural women. Too many families and almost one third of all children under age five still live in poverty, [iv]but the look of poverty has changed dramatically in Central Appalachia because of the War on Poverty and the health and nutrition programs which grew out of it.

Today Medicaid and the Children's Health Insurance Program (CHIP) guarantee that pregnant women and children have their health needs met. More than half of all West Virginia children receive services through Medicaid and CHIP. Those programs pay for screening that identifies problems early in the life cycle, treatment to address a variety of developmental issues, and preventive oral health care. The problems of poverty in the 1960s, for the most part, are history in West Virginia

Hunger, malnutrition, poor or no care during pregnancy, lack of medical attention to correct developmental delays and the toothless Appalachian stereotype have been greatly reduced for a new generation of West Virginians.

Today West Virginia faces new problems and challenges. Instead of the diseases of hunger and malnutrition, West Virginia has a problem of obesity and the diseases and disability which grow out of obesity. There is rampant drug abuse of both prescription and illegal drugs. There is violence associated with it. There is too much divorce, domestic violence, and murder. Too many single mothers are unable to make ends meet. Low income rural West Virginians are underachievers when it comes to high school graduation and college attendance. The high rate of child poverty is very troubling.

The development of the region's human resources is as vital as development of industries. West Virginia needs strategies to create jobs than can support families. It needs economic development **and** new investment in the people focusing on the young and most vulnerable. Central Appalachia needs a New War on Poverty based on the research and understanding of what makes children thrive. West Virginia teachers have often been heard to say that they know at age five which children in their care will thrive and which will fail. This is terribly wrong. Failure at five is unacceptable.

We can declare that the health and nutrition programs have made a difference. We can defend them, support and strengthen them. We can acknowledge that the sparkle in the eye of a poor baby is just as full of potential and brilliance as a sparkle in the eye of the more privileged. We can design our strategies to nurture that sparkle and potential in all children.

Three well-researched strategies would be especially helpful in nurturing the human potential in central Appalachia.

- Provide every low income child with quality early care and education that addresses their social, emotional and cognitive developmental needs.
- Assure quality health care for every child and make the promise of early intervention a reality for all who need it.

- Support families with in-home family education.

Provide every low income child with quality early care and education

For more than a decade, child advocates, educators, Head Start administrators, legislators, state agency officials and a former First Lady have collaborated to improve the quality of early care and education in West Virginia. The Governor's Cabinet on Children and Families and the Child Care Assistance Division of the Department of Health and Human Resources have launched innovative pilot programs to improve the quality of child care. Visionary leadership by the former Education Chair in the State Senate created a universal pre-school program for four year olds scheduled for full implementation by 2012. In 2008, the Legislature passed a bill to improve the quality of child care.

Despite these efforts, quality pre-school for all poor children remains pretty much a dream in West Virginia. The quality improvement program passed in 2008 has not been funded. Standards for four-year old pre-school give local officials options on the number of hours and days that pre-school is offered. Consequently the dollars may not all be spent on four-year olds. Implementation and quality of four-year-old-pre-school varies from county to county.

Pilot programs, which showed much promise, fizzled away without dedicated funding. One such pilot, Educare, was patterned on North Carolina's successful model to improve the quality of early care and education. It provided funding and technical assistance and energized communities to create quality programs. West Virginia Starting Point Centers received national attention for innovation and quality when they were created. Today they remain fragile and woefully underfunded. Child care subsidy payments are too low. In the first decade of the 21st century, federal cut-backs in the Child Care Block Grant left fewer West Virginia families eligible for child care assistance.

West Virginia is falling behind while other states in the region are making substantial investments in early care and education. An analysis by the West Virginia Center on Budget and Policy compared West Virginia investments in early childhood education with that of eight surrounding states and found that with the exception of four–year-old pre-school, West Virginia investments are behind those of other states. Only Virginia spent less than West Virginia in total state appropriations for early care and education.[v]

The research on the impact of quality early care and education is compelling. Child development experts and economists agree that the care and nurture of our youngest children is a smart and responsible investment for the future. Nobel prize winning economist James Heckman, officials at the Federal Reserve Bank in Minneapolis and other experts in economics and human and economic development, cite early childhood education as the most cost effective investment that we can make.[vi]

Early childhood care and education has had a major impact on economic development in West Virginia according to a 2005 report by the Marshall University Center for Business and Economic Research (CBER).[vii] The report concluded that early childhood education is the "single factor that can

have a significant effect not only on personal success or failure, but on the success of the whole nation." The report concludes that educated, successful, and productive employees create a foundation for economic development and prosperity. Thus, ensuring an adequate supply of high quality affordable early care and education is critical.[viii]

Children enrolled in high quality early childhood education programs have been shown to improve both their cognitive skills, as well as non-cognitive skills, including persistence, motivation, dependability and self-discipline.[ix] They have been shown to

- demonstrate higher academic achievement levels and, in many cases, higher IQ scores,
- be less likely to repeat grades,
- be more likely to complete high school,
- be more likely to attend a four-year college,
- have fewer arrests,
- be more likely to hold jobs,
- be more likely to own a house, and
- have higher average annual earnings later in life.

In his remarks in October 2005 to a group of business and policy leaders in Charleston, West Virginia economist and Marshall University professor Dr. Calvin Kent, president of CBER, said, "The evidence is in. Quality early childhood programs support economic development." [x]

More recently, a study published in June 2008 by Georgetown University found that high quality preschool programs can boost school readiness for both poor and middle-class children. Children, who participated in the study experienced substantial gains in pre-reading, pre-writing and pre-math skills above and beyond those that otherwise occur through aging. The researchers found that Pre-K participation and Head Start participation were more powerful predictors of certain test outcomes than gender, free lunch eligibility, a mother's education or whether the biological father lives at home. [xi]

Assure quality health care for every child

Since the 1960s, in contrast to the slow progress in education, West Virginia has made enormous progress in assuring quality health care for poor and medium income children. Investments in community health centers and the placement of public health service doctors and nurse practitioners in rural areas have been instrumental in improving health care. So has the State's Rural Health Education Partnership bringing health profession students into rural communities.

Medicaid and the Children's Health Insurance Program (CHIP) guarantee payment for a variety of important services from immunizations, well-child check-ups, dental and vision care. More than half of all West Virginia children are guaranteed health coverage thanks to these programs.

In the 1960s the federal government legislated quality care for poor children through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program in Medicaid. EPSDT was written into law after a national study found that almost half of all young men were ineligible for the draft because of

physical conditions which could have been prevented if treated in early childhood. [xii] Federal agencies and courts have interpreted EPSDT as requiring health care interventions at the earliest possible time when needed to ameliorate the effects of conditions both physical and mental, that potentially could impair childhood growth and development.[xiii] Since the 1960s, EPSDT has become the gold standard for preventive care for children and supported and promoted by the American Academy of Pediatrics. Federal health reform in 2010 promises to make EPSDT the standard for child health in all federal programs.

A standard of care enshrined in law, however, is not necessarily a standard of care practiced consistently and everywhere. National surveys have found that EPSDT is poorly understood. Research studies report, that only one-third of children with development problems are identified before they enter school.[xiv] Despite the substantial investment made in child health, important developmental, social and emotional needs of young children are often not identified or addressed.

To address the problem, the West Virginia chapter of the American Academy of Pediatrics has begun a pilot project to train medical practitioners in more effective screening and identification of developmental delays. Their efforts are making a difference and show that more children are identified and referred when medical practices get training and support.[xv]

If these nascent efforts are to be a statewide standard of care, we will need more training and change in reimbursement for primary care providers to compensate them for the extra time involved. The American Academy of Pediatrics recently recommended that a developmental surveillance be performed at every preventive visit and that a screening tool should be administered at nine, eighteen and twenty-four or thirty month visits and for those children whose surveillance yields concerns about delayed or disordered development. [xvi] Many states have begun addressing the problem by reimbursing providers for the extra time involved in conducting the developmental screens. [xvii] West Virginia Medicaid and CHIP can follow the lead of these states to improve EPSDT.

A more thorough and consistent approach to child health is especially important in southern West Virginia, where pregnant women and children are exposed to toxic environmental pollutants in the air and water. There is also an urgent need for epidemiological studies in southern West Virginia to determine what the threat is to child health because of the exposure of pregnant women and young children to the by-products of mountain top removal.

Support families through in-home family education programs.

Research highlights the need for education and support for expectant and new parents. In-home family education can help children get a good start in life by providing parents with information, support and referrals to needed services. National research shows that in-home family education improves children's health, increases school readiness, reduces child abuse, and enhances parenting knowledge and skills.[xviii]

Early experiences have long-term effects, according to the Adverse Childhood Experiences Study (ACE) conducted by the Centers for Disease Control and Prevention and Kaiser Permanente. The

research shows that adverse childhood experiences are common and have a critical impact on later adult health. Adverse experiences include neglect, physical and sexual abuse, parental depression, having a parent in prison, and domestic violence.

One bad experience may not matter much but multiple and repeated adverse experiences increase one's chances of drug abuse, later illness, injuries, work problems and premature death. These consequences generate big costs for individuals, families and society.

Recent advances in neurobiology help explain the persistent effects of early trauma and maltreatment. Adverse childhood experiences trigger high levels of stress and anxiety that can disrupt normal brain development and cause lasting impairments. The effects of the experiences are cumulative; the more trauma one has, the greater the impact on the brain and the higher the risk for long-term problems.

Trained home visitors can break down the isolation of poor rural families and give them the support they need to successfully cope with the stressors of family life. Several models of in-home family education are available in West Virginia. They serve families who are expecting a child or have children under three. Family educators visit in homes to help families move forward by building on their strengths.

The in-home family educators are often from the communities they serve. They share and understand the values of the community and focus on building a trusting and supportive relationship. A good home visitor:

- Helps families access early and regular prenatal care.
- Encourages and supports breastfeeding and timely immunizations.
- Helps parents recognize and deal with health problems.
- Promotes the importance of early learning and reading to young children.
- Educates parents about child development and appropriate discipline.
- Connects families with community resources to help them reach their goals.
- Helps families stay together safely by addressing dangerous or violent situations.

West Virginia has several proven and effective programs of in-home family education, but they are not statewide or sufficient to meet the need. Further investment is needed to provide the service to every at-risk family.

Evaluate and redesign Temporary Assistance for Needy Families (TANF)

To truly change the lives of poor children in the region and in the nation, the Congress and the President must reconsider Temporary Assistance for Needy Families (TANF), the cash support program for poor families with dependent children. In 1997, as Congress passed sweeping welfare reform legislation, President Clinton declared the "end of welfare as we know it." Aid to Families with Dependent Children (AFDC), which had provided cash assistance and other benefits for poor parents since the Roosevelt Administration was replaced with TANF.

Instead of a lifetime of welfare dependency, TANF was to give poor families a hand-up. Benefits were limited to two years with a lifetime cap of five years and all TANF recipients were required to work. With limited support and job training, the theory goes, TANF can help parents move out of poverty, up the career ladder and into sustainability.

TANF would be the right approach if central Appalachia had jobs that paid a sustainable wage, provided the kinds of benefits that middle income families take for granted and provided for quality child care.

In 2010, TANF will be up for reauthorization. It is a good time to evaluate the successes and failures of TANF and think anew about the best ways to support low income families in a way that will permit them to meet their children's basic needs and truly move them out of poverty.

The federal Earned Income Tax Credit (EITC) has been highly successful. Following the federal model, 26 states have adopted a State Earned Income Tax Credit (SEITC). West Virginia and other central Appalachian states should do the same.

Health coverage for children and families, child care assistance and tuition support can all help families move out of poverty. Many of the state's public assistance programs hinder families from moving out of poverty by withdrawing assistance when families accumulate savings or increase their income. Asset limits and income limits should be re-examined considering that these policies may be perpetuating the problem they are trying to solve. By withdrawing support too soon, they keep families in the cycle of poverty by never permitting them to accumulate the kinds of financial assets that they need in an emergency or for long-term sustainability.

All the asset and income limits in public programs should be reviewed and evaluated to see if they are doing more harm than good. An asset building approach to move families out of poverty should be pursued.

Poor parents should also be encouraged to pursue higher education. In West Virginia greater development of a community college system with affordable tuition could help many young parents to move out of poverty.

Raising young children is difficult and expensive. We should recognize that it is in the public interest to assure that all children are well- cared for and provide poor families with the kind of help they need to make ends meet.

The War on Poverty addressed some of the worst problems of poor nutrition and lack of health care. Now we need to take the next step. Since the 1960s, we have learned much about child development. New imaging techniques allow us to look inside the human brain and see its development. We now know, without doubt, that neglect, abuse and other trauma will wire the brain in ways that are dysfunctional and hard to reverse at a later stage.

To address the risks of poverty among young children we must assure quality early education, a medical care system that identifies and addresses problems early, support for parents and a realistic appraisal of what young parents can do for themselves without public assistance. A realistic approach to economic development recognizes the importance of human development. The high rate of poverty among young children in West Virginia cries out for approaches that will nurture the potential of all young children – rich, poor and in-between.

End Notes

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[i] Robert F. Clark, "The War on Poverty, Selected Programs and Ongoing Impact," 2002, page 23. Cited in Peter Edelman, "The War on Poverty and Subsequent Federal Programs: What Worked, What Didn't Work, and Why? Lessons for Future Programs, "Clearinghouse REVIEW Journal of Poverty Law and Policy, March-June 2006, page 9.

[ii] Edelman, page 10.

[iii] For data on nutrition programs see www.fns.usda.gov

[iv] Kids Count Data Center, www.datacenter.kidscount.org.

[v] Renate Pore, " Investing in Early Childhood Care and Education. What States are Spending," West Virginia Center on Budget and Policy, November 2008, page 12.

[vi] Douglas Clement, "Interview with James Heckman," The Region, June 2005. Rob Grunewald, Arthur J. Rolnick, "Early Childhood Development on a Large Scale," The Region, June 2005. www.minneapolisfed.org.

[viii] Calvin Kent, Paul Hamilton, Christine Risch, Kent Sowards, Viktoriya Rusalkina, "The Economic Impact of Early Child Development Programs in West Virginia," Center for Business and Economic Research, Marshall University, October 26, 2005, page 4.

[ix] Ibid.

[x] The author was present at the meeting where Dr. Kent made his remarks.

[xi] William T. Gormley Jr., Deborah Phillips, Ted Gayer, "The Early Years: Preschool Programs Can Boost School Readiness," Science, June 27, 2008.

[xii] Sara Rosenbaum, D. Richard Mauery, Peter Shin, Julia Hidalgo, "National Security and U.S. Child Health Policy: The Origins and Continuing Role of Medicaid and EPSDT," Policy Brief, Department of Health Policy, The George Washington School of Public Health and Health Services, April 2000

[xiii] Ibid. page 5.

[xiv]" A High Performing System for Well-Child Care: A Vision for the Future," Commonwealth Fund, December 2006.

[xv] Tammy Renzelli, Presentation at West Virginia Growing Healthy Children Conference, November 2009.

[xvi] Assuring Better Child Health and Development Resource Center. www.abcdresources.org.

[xvii] 26 states are part of the ABCD Consortia working to improve surveillance and screening. www.abcdresources.org.

[xviii]Partners in Community Outreach, In-Home Family Education, " A Call to Action to Strengthen Families and Protect Children," December 2007, page 2.