



Questioning the Consensus

Root Shock Revisited: Perspectives of Early Head Start Mothers on Community and Policy Environments and Their Effects on Child Health, Development, and School Readiness

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Racial differences in school readiness are a form of health disparity. By examining, from the perspective of low-income minority families participating in an Early Head Start study, community and policy environments as they shape and inform lived experiences, we identified several types of social and economic dislocation that undermine the efforts of parents to ready their children for school.

The multiple dislocations of community triggered by housing and welfare reform and “urban renewal” are sources of stress for parents and children and affect the health and development of young children. Our findings suggest that racial differences in school readiness result not from race but from poverty and structural racism in American society. (*Am J Public Health*. 2009;99:205–210. doi:10.2105/AJPH.2005.068569)

It was more families there. Here it is pretty much individuals. They don't interact as neighbors. They act as enemies. I don't have very many friends here. So it's hard, like, [I can't ask] “What was it like when

your daughter went to kindergarten?” You can't do that here.

—Mother involved in Early Head Start study who was relocated by HOPE VI

SCHOOL READINESS IS AT

the heart of current debate on the health and development of young children. Policy discussions focus on the supposed lack of readiness of children in low-income and minority families and on racial and economic “readiness gaps.”¹ In a previous article, we addressed these issues by privileging the voices of low-income, predominantly African American parents to discern meanings of school readiness for them and their efforts to ready their children for school.² What remained unexamined were community and policy influences on school readiness as experienced by study families. In this article, we elaborate on this theme by suggesting new directions in public health research intended to eliminate health disparities.

APPROACHES TO SCHOOL READINESS

Current federal initiatives,³ as well as many empirical studies of

school readiness,^{4–6} emphasize academic and cognitive skills while ignoring other, more comprehensive understandings of child health and development. There is growing criticism of this approach by researchers, practitioners, and parents who argue that social and emotional skills are equally important for school readiness and that environmental factors, by affecting caregiver–child relationships, influence children's readiness for learning.^{2,7,8}

Recent studies have provided insight into environmental influences on school readiness but have focused on family demographics rather than on broader community effects.^{9–12} Studies measuring neighborhood effects on the development of children, in addition to family influences, yield complex results.^{9,13} Population-based studies of a wide range of neighborhoods have shown only modest effects,¹⁴ whereas specialized studies that focused on very poor neighborhoods (those with 40% or more households below the poverty line) have shown much stronger effects: community

conditions appear to matter more for children whose individual families are economically disadvantaged.^{15–17} Researchers are attempting to identify the specific mechanisms by which neighborhoods affect children's development.¹⁸ These findings converge with growth over the past quarter century in the percentage of poor urban families who live in high-poverty neighborhoods, with urban African American children most likely to experience this combination of family and community poverty.¹⁵

Our work took a different, complementary approach to the question of community impacts, one in which we attempted to understand community influences as lived experiences from the perspectives of low-income and minority families. We began by constructing meaningful dimensions of community context as expressed in the narratives and actions of study parents. Rather than attempting to measure the effects of community in addition to family, we focused on the integration of these environmental



influences in parents' and children's everyday lives. Within this framework, we explored community factors and the policies that shaped them as they are perceived, experienced, interpreted, and responded to by parents attempting to ready themselves and their children for school.

THE PITTSBURGH STUDY

The participants in our study were families in the Pittsburgh region who had taken part in the national evaluation of Early Head Start (EHS) program study and continued through a prekindergarten phase of data collection.^{19–21} Guided by community-based participatory research and ethnographic methodology,²² we conducted qualitative interviews with 150 parents (all mothers except 1 single father). Seventy-two percent of the participants were African American or biracial; the remainder were White. At study enrollment, 91% had incomes below the federally established poverty line. Eighty-five percent of the participants were unemployed, 71% were unmarried, and 39% had less than a high school education (23% had gone on to at least some college or other training post-high school). At the time of the focus groups, shortly before or after the child's birth, and 4 to 5 years before these qualitative interviews, 31% of the mothers were 19 years old or younger.

When children were aged 4 to 5 years, we conducted in-depth case studies, based on a series of ethnographic interviews as well as photovoice techniques (a methodology intended to allow

participants to document those aspects of their life they deem important through photography), with 7 participating families and a focus group with the program's parent-led policy council.

We used a critical–interpretive analysis strategy that relied on conceptual coding of interviews and an ethnographic process of identification and triangulation of patterns, key events, and sensitizing concepts in field notes and case study narratives.^{23–25} Fifteen years of ethnographic fieldwork experience in EHS communities by C.L.M. also informed our data analysis. Our goal was to build an understanding of community influences on school readiness through discussions with and participant observations of Early Head Start families. This involved a process of mutual interpretation as parents recounted their experiences and responded to our questions and as we attempted to construct meaning from their stories, answers, and actions.

Our earlier publications provide additional details on study participants and methods and the EHS program.^{2,22}

ROOT SHOCK REVISITED

In her book *Root Shock: How Tearing Up City Neighborhoods Hurts America and What We Can Do About It*, Mindy Fullilove defines *root shock* as “the traumatic stress reaction to the destruction of all or part of one’s emotional ecosystem.”^{26(p11)} Fullilove’s discussion is based on observations of the psychological effects of urban renewal or, as she puts it, “tearing up city neighborhoods.” One of her

primary examples comes from the Hill District of Pittsburgh, a neighborhood that was once a national center of African American culture and is now an EHS community. We borrowed the metaphor of root shock to characterize what we learned from EHS parents about the community environments in which they live and raise their children.

We called our examination “root shock revisited” because we contribute the stories of young families to a multigenerational story of community destruction and dislocation. We also propose additional dimensions of root shock, based on the EHS stories, that interact with and reinforce the effects of physical displacement and encompass the disruption of transgenerational caregiving, specifically a community’s ability to care for and support the health and development of its youngest children.

DISLOCATION OF PLACE

Families who have children enrolled in EHS have experienced actual physical dislocation in ways similar to those found in Fullilove’s discussion of root shock. The majority of families recruited for the EHS evaluation lived in public housing, frequently in areas where none of their relatives lived, and they lacked other social ties. Although in many cases families had already experienced a form of social displacement, a new development occurred early in our study that significantly increased feelings of dislocation.

In 1996, the US Department of Housing announced its plan,

known as HOPE VI, to first renovate and later dismantle several Pittsburgh public housing communities. The most dramatic example occurred in the Hill District, which Fullilove studied. Here, EHS families mobilized in support of what they were told would be a revitalization of their community, only to find that it instead resulted in the leveling of whole sections of their neighborhood and the relocation of families to scattered sites throughout Allegheny County. When the area was rebuilt as mixed-income housing, new residents moved in. Almost no EHS families returned. This process was repeated in each of the public housing communities served by EHS, with the same pattern of raised hopes followed by forced relocation and community uprooting.

Some EHS families favored their new homes, which were usually Section 8 apartments, despite the economic insecurity of this form of subsidized housing. Others who had been “relocated” to another community or who stayed behind in nearby neighborhoods were less satisfied and talked about negative impacts on their children’s development. Some families were actually homeless. As one mother commented,

Uh, it’s affecting us a great deal, because now we’re homeless. We don’t have nowhere to live, so we’re staying with my mom. Sometimes if we’re not here, we’re down the street. And it’s, like, it’s messing specifically with [my daughter] emotionally. Me too, though. I’m stressed from it. But it’s messing with her emotionally, because she’s used to having her own . . . her own room to where she can interact from where we be at.



Other families, like the mother quoted in the epigraph at the beginning of the article, found themselves in unfamiliar and sometimes unwelcoming situations, whether their move was because of HOPE VI or individual family circumstances. This mother added,

My sister lives here now, so we can relate a little bit. But as far as the outside community, there pretty much is none, and it's just us. It was a lot different when we were in McKees Rocks.

News coverage and public hearings on Hope VI further revealed that residents in predominantly White, middle-class communities actively resisted the relocation of families from public housing to their neighborhoods.

Finally, there is the experience of families who stayed in or near these largely dismantled communities, who described increasing community deterioration and stress. As one mother explained,

It's worse, it's getting worse. With them tearing down all the projects, it's like moving the guys [who are using/dealing drugs] further, you know, away. They trying to push them off, but they're really not pushing them away. They're bringing them more to [streets near where she lives. . . . My kids] are not really allowed outside. . . . Yeah, and with them moving all the young girls up here, they're bringing their boyfriends, or whatever. . . . They don't live up here. It's really tearing apart our community. It really is. And, um, housing authority, they're really not good at keeping them out of the community, cause there's too much violence. There's been a lot of violence up here in the past year, killing, cop shooting, it's a lot. And I really don't like it up here at all.

DISLOCATING VIOLENCE

These comments introduce a second dimension of root shock, which we call “dislocating violence.” One evening, while waiting for an EHS parent committee meeting to begin, a mother emotionally recounted how her 2-year-old twins had narrowly escaped being shot that morning as they played outside their home. Another mother talked about her son's nightmares after witnessing a murder at the local recreation center. Families often told our interviewees how tired they were because gunshots kept them awake in the night. Program staff were familiar with young children running into the EHS center terrified by the sounds of backfiring cars. During an interview, a mother told us

They're [her children] not really allowed outside. If they're outside they have to be accompanied by an adult. I don't let them go to the top of the hill because there's a lot of drug activity. . . . And I'm really scared for my kids. Really. Now I'm sending them down [to the local school]. That's scary, because I have to walk them right past Center Avenue, unless I get a bus or a jitney or something.

Another mother explained how she and her children always had to be on guard,

You always got to feel like you're always set to defend yourself, or you gotta be ready. As soon as somebody step in your face you've got to be ready to defend yourself.

Although drug trafficking, a reflection of economic distress, is a major cause of street violence, deterioration of a sense of community is also a contributing factor to street violence. Violence, in turn, further undermines the conditions for

sustaining community. Young children are not allowed to play outside because of perceived dangers. Many parents meet their school-aged children at the bus stop to bring them safely inside. Even adults are no longer as active as they were when we began our fieldwork 15 years ago. Jarret, in a study of how parenting in African American families may help mitigate negative neighborhood effects, argued that risks posed by low-quality neighborhoods are most striking in high-poverty urban communities plagued by violence, gangs, drug activity, old housing stock, and vacant buildings; watchful parents may not allow children to walk to school alone or play outside in these communities.²⁷

Although EHS parents retain childhood memories of community cohesion and believe community support is important for parenting and child development, they often express feelings of distrust for neighbors.²⁸ Violence among youth gangs, whose formation is an attempt to construct some sense of community, threatens the lives of both younger and older children. The result of gang violence is an iterative spiral of community disintegration and dislocation. This is similar to what Sampson et al. described as the inverse relationship between “collective efficacy” (a combination of social cohesion and informal social control) and levels of neighborhood violence.²⁹

Community violence, whether experienced or anticipated, affects the general health and development of young children. Randolph et al. identified the following problems, all of which undermine school readiness: regression and

depression; exaggerated levels of fear and anxiety; denial and emotional numbing; impairments in school performance, memory, and concentration; aggressive acting out and poor impulse control; and posttraumatic stress disorder.³⁰ They noted,

Some researchers speculate that violence exposure has particularly negative effects on preschool children because children at that stage are developing a sense of trust, security, and attachment, yet lack sophisticated language and cognitive resources to discuss and deal with traumatic events.^{30(p284)}

There is also evidence of the impact of chronic stress, such as that induced by threats of violence, on young children's brain chemistry and thus biological capacities for learning.³¹

Parents play a crucial role in protecting or buffering children from community violence, but such violence affects parents themselves.³⁰ Thus, violence has additional, indirect effects on children's development via the pathways of parental stress³² and the socioemotional consequences of restricted interactions among families in physically dangerous neighborhoods.¹⁵

ISOLATION

Although some families withdraw from social interactions as a protective strategy, EHS families and communities are isolated for other reasons as well. This, too, is a form of dislocation.

Public housing developments and other low-income communities in the Pittsburgh region are frequently located in geographically



isolated areas, a situation that exacerbates the assignment of families to subsidized housing without consideration of preexisting kinship and neighborhood ties. Such communities often lack amenities, such as grocery stores, that foster community interactions and provide necessary goods and services. An absence of green space for children's play, along with insufficient programming for children and youth, produces situations of anomie. As one parent commented, "There's really nothing here for them to do, you know, so what do they do? Set garbage cans on fire."

Inadequate public transportation also leads to isolation. This problem has reached crisis proportions in Pittsburgh, where service cuts and fare increases have exacerbated the longstanding inadequacy of bus service between low-income communities and centers of employment and commerce. This not only affects adult mobility but also restricts opportunities for children's learning, making participation in preschool programs, as well as visits to parks, the zoo, libraries, museums, and other neighborhoods, more difficult. As one study parent said about her and her child,

I lost my transportation, so I think it hindered [sic] because they don't offer a bus. If they had offered a bus, of which I know some Head Start programs do she would have been there, and she would have been able to continue that. But because I lost my transportation, I think it hindered her because I had to pull her out. She was getting adjusted, and she was learning, and then I had to pull her out, just because I couldn't get her there every day.

Barclay-McLaughlin uncovered similar dynamics in her study of

communal isolation.³³ Some Pittsburgh study families experienced a severe form of isolation in that delivery vehicles, taxis, and even informal car services, known as jitneys, would not enter their neighborhoods. This constricted everyday activities such as ordering pizza, bringing home groceries, and taking children to the doctor, resulting in increased stress for parents and children alike.

ECONOMIC DISLOCATION

Underlying these forms of social dislocation are experiences of profound economic insecurity. Throughout the Pittsburgh region, deindustrialization over the past 30 years, especially the dismantling of the local steel industry in the 1980s, has critically affected working-class communities. Economic restructuring was particularly devastating for African American families, who were "virtually wiped out of the skilled blue collar jobs that had been the lifeblood of the river communities for so long."³⁴(p10) Data from the 2000 US census indicate that the Pittsburgh region has remained more economically disadvantaged than other large urban areas of the United States and that child poverty rates in urban America continue to be 3 to 5 times worse for African American children than for White children.³⁵

In the 1990s, welfare reform was coterminous with this economic decline. EHS parents had various opinions of Temporary Assistance for Needy Families (TANF), but most found it difficult to obtain adequate employment given the de-skilling and low wage rates of

the local job market.³⁶ They were also concerned about loss of medical insurance.³⁷ Although the effects of poverty on child health and development have been well documented,^{15,38,39} we provide an understanding of this experience from the perspective of parents of young children. One mother, for example, in describing her economic situation, revealed contradictions in policy discourses urging "independence":

I mean, they still help me out, because I get [food] stamps still. I do get the stamps, and that helps me out, because when I have 3 kids, paying rent, light, and gas and trying to buy food. It made it tougher, because now I have to take money out to budget and buy food now. So, now that I have to get that in perspective, it helped me a little bit. But it's still hard, because once they make you get out and work and then they cut you all the way off, it's hard to live with the little bit that you get and to supply food for you and your kids. So it is a lot harder too, but then it's helping me in the long run to be more independent. But, when you don't make that much, it's hard to be independent.

DISLOCATION OF CARE

Study parents also emphasized the impact of TANF on childcare. Our ethnographic fieldwork indicates that EHS families prefer informal kith and kin care combined with educational programs for preschool-aged children. We have already noted the difficulties of living in communities without ties to relatives or neighbors who traditionally helped care for children and with barriers such as inadequate transportation for children's participation in Head Start and

similar programs. These factors all contribute to what we call "dislocation of care," that is, the inability of low-income families to ensure caregiving situations for their children.

Welfare reform has tended to exacerbate these problems. Study parents talked about problems coordinating childcare arrangements and jobs, difficulties with the childcare subsidy system, concerns about quality of local childcare programs, and strains from juggling work, childcare, and personal time with children. In essence, EHS parents experience the 4 critical problems of childcare in America today: accessibility, affordability, reliability, and quality. As one parent explained,

It's [welfare reform] caused a lot of substandard daycare to crop up. And I worry about that. . . . I see some of the ways that some of the kids are treated, and I wouldn't want my child or grandchild, or anybody that I'm close to or know to be put in that situation. Where kids are put in a group of 12 or 13 kids in a little old apartment. . . . Most of the substandard daycares or the unregulated ones, they may be in a 2 or 3 bedroom apartment. . . . They don't get outside. There's probably not a whole lot for them to do except sit in front of the TV. . . . And so, a lot of that, I think, is a result of what's going on in the community and what's going on in the legislature.

But it is not just childcare in the sense of day care that is at stake. All 5 forms of dislocation discussed in this article converge to undermine and threaten the fundamental familial and societal responsibility to care for children and ensure their healthy development.



CONCLUSION

The critical work to identify and examine environmental influences on school readiness is still in its infancy and focuses largely on child and family characteristics. Our research provides a complementary view that looks to broader community environments in which children are raised, identifying several types of dislocation that may interact to produce a form of root shock—that is, a fundamental disruption in a family's emotional ecosystem that, in turn, undermines parenting and child development. Although such dislocations are typically experienced as everyday occurrences in local communities, they are often driven by policies enacted elsewhere.

Equally important as our specific findings was our approach to this question of dislocation, particularly our attempt to understand environmental influences as lived experiences. We relied not on preselected variables and models but on the narratives of study participants to construct meaningful dimensions of community environments. Rather than filtering out families' diverse characteristics and subjective impressions, we focused on how low-income and minority parents attempting to ready themselves and their children for school perceive and interpret environmental factors.

This approach, which has commonalities with ecological theories as advanced by Bronfenbrenner^{40,41} as well as with feminist theoretical frameworks,^{42,43} fosters an appreciation of how community and policy contexts affect the lives of even very young children. It also

suggests that school readiness is influenced not only by health and education policy narrowly defined but also by public policies concerning housing, economic development, transportation, public safety, social welfare, and childcare. Our study has yielded an exploratory model of social dislocations that have interacted to influence children's school readiness and that have revealed links among public policy, community environments, family experiences, and the emotional lives of parents and children. We propose further work along these lines to contribute to a more holistic and ecological vision for public health professionals and community activists committed to eliminating disparities in school readiness and more generally to contribute to the health and development of young children. ■

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Contributors

C.L. McAllister and B.L. Green conceptualized and designed the study. C.L. McAllister served as project director, analyzed qualitative data, and took the lead in writing the article. T.L. Thomas

engaged in data analysis and in the writing of the article. P.C. Wilson conducted interviews and case studies, engaged in data analysis, and helped prepare the literature review.

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Human Participant Protection

The research upon which these findings are based received institutional review board approval for human subjects research.

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Questioning the Consensus: Managing Carrier Status Results Generated by Newborn Screening

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An apparent consensus governs the management of carrier status information generated incidentally through newborn screening: results cannot be withheld from parents. This normative stance encodes the focus on autonomy and distaste for paternalism that characterize the principles of clinical bioethics.

However, newborn screening is a classic public health intervention in which paternalism may trump autonomy and through which parents are—in effect—required to receive carrier information. In truth, the disposition of carrier results generates competing moral infringements: to withhold information or require its possession.

Resolving this dilemma demands consideration of a distinctive body of public health ethics to highlight the moral imperatives associated with the exercise of collective authority in the pursuit of public health benefits. (*Am J Public Health.* 2008;99:210–215. doi:10.2105/AJPH.2008.136614)

NEWBORN SCREENING

programs identify serious conditions for which early detection reduces mortality or morbidity.¹ Yet, in the pursuit of information about targeted disorders, screening may incidentally generate information about carrier status that is irrelevant to the infant's health. The consensus to date is that this