Children, Youth & Family Consortium

CONNECTIONS

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CYFC Theme Evolves to **The Interaction of Education & Health Disparities**

By Cathy Jordan, CYFC Director

The Children Youth and Family Consortium (CYFC) organizes much of its work around themes in order to address children, youth and family issues in more depth. We have recently ended our focus on educational disparities – the differences in educational opportunities and outcomes among various groups of people, often defined by race, ethnicity, socio-economic status, or geography. As we explored this issue and interacted with our University, policymaker and practitioner constituents, it became clear that to treat educational disparities independent of other inequities was an artificial distinction. Children who experience unequal educational opportunities and poor learning outcomes are the same children who experience issues such as limited access to health care, mental health issues, dental caries, obesity, poor nutrition, substandard housing, community violence, and other issues. The interaction between health and educational outcomes is where it's at.

There is a complex interplay between education and health. For children of color and disadvantaged children, this mixture often results in a "double whammy" of poor outcomes. For White or more advantaged children, health and education may influence each other in positive ways that set the child up for a healthy, productive and long life. CYFC will focus the next several years exploring how health and education interact in children of color and disadvantaged children versus their White or more advantaged peers. We believe this interaction takes five forms:

- Early health status influences later educational success, and vice versa.
- Health and educational performance may influence each other concurrently.
- Common root causes may result in both poor educational and health outcomes.
- Prevention and intervention strategies to address one may also be appropriate for the other.
- The health or educational status of one generation may influence the health or educational status of another generation within a family.

CYFC approaches its work from developmental and ecological perspectives. The developmental perspective recognizes that human development begins at birth, and continues throughout the lifespan. Events that occur at one stage of development have a profound effect on future development. The developmental perspective is particularly relevant to understanding the interaction of education and health. For example, considerable research suggests that a healthy start to life is critical for later learning and school success. Individual educational attainment (such as earning a high school diploma or graduating from college) predicts whether an individual will experience chronic health conditions in later life. And new research suggests that exposure to significant stress in early childhood – such as that experienced by children already prone to negative outcomes – can actually alter brain

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structures and increase children's risk for disease in adulthood. These examples also illustrate the first of the five ways that health and education interact – one predicts the later occurrence of the other.

The ecological perspective recognizes that children and families do not operate in a vacuum. Rather, their development is affected by interactions between the many parts of the world around them, from the immediate family to larger systems, policies and societal influences (for an illustration of the ecological model as it applies to our previous area of focus, educational disparities, see **www.cyfc.umn.edu**. Our theme of the interaction of educational and health disparities is an excellent illustration of the ecological perspective. For example, a child who arrives at school each day hungry or with untreated dental caries or an ear infection is likely to have problems learning. Children who are struggling in school are likely to suffer mental health issues that are frequently expressed in disruptive behavior. And children who witness domestic violence in their homes often have difficulty with social relationships, including those in school. These examples illustrate the second way that health and education interact – health status and educational success influence each other at any given time.

The children most likely to feel the double whammy of educational and health disparities are children who experience, or whose parents experienced, the profound but sometimes unrecognized influences of injustices such as racism and poverty. To take one example, for decades families of color faced discrimination in the housing market. As a result, they found themselves segregated within communities that had few resources such as good schools and access to fresh and nutritious food as well as considerable risks associated with crowding, environmental toxins, community violence, and other safety concerns. The community context has profound influence on health and educational success and these disparities can be sustained for generations. Although there have been policy advances that prohibit discrimination by real estate professionals, housing segregation persists, as will its health and educational impacts. This example illustrates the third way that health and education interact – common root factors may influence both education and health.

Both educational and health outcomes might improve if all individuals and families had access to quality educational opportunities, good health care, a safe and walkable neighborhood environment and nutritious food, regardless of place. Public and private policies could also make a difference. If workplaces provided opportunities (optimally paid opportunities) for working parents to be involved in their children's early childhood experiences, and if workplaces provided health care that allowed parents to make sure their children receive the best care from birth on, children would start school healthier and more ready to learn. Public policies that support the family system in its ability to provide quality health care and early childhood experiences would result in better outcomes for both education and health. This represents our fourth way that health and education interact - given that education and health outcomes may be influenced by similar factors and variables, they may respond to similar prevention and intervention efforts.

Children of parents who achieve higher levels of education tend to be better educated and in better health. The health of parents also influences the educational and health outcomes of children. The reverse is also true. For instance, the stress related to caring for a child with significant health or school-related problems can cause mental and physical health issues for parents. In addition, when families experience generational poverty, the negative impacts are also passed from one generation to the next, and it is very difficult to break the cycle. CYFC's family focus is reflected in this fifth way that health and education interact– educational and health outcomes in one generation can influence the health and educational outcomes of another generation in the family.

As CYFC begins its exploration of the interaction of health and educational disparities, we will look more deeply at each of the above five areas of interaction, and how those play out in various communities. We will also highlight our own and other research on this topic, and provide translation of research for practitioners and policymakers ■

CYFC's **Family Impact Policy Initiative**

By Sara Benning

As part of its new format, Consortium Connections will regularly feature news, updates and information on our Family Impact Policy Initiative.

About CYFC's Family Impact Policy Initiative

The Family Impact Policy Initiative is one project of CYFC. The goals of the Family Impact Policy Initiative include:

- Promoting a family perspective in policy development
- Analyzing the impact public policies have on families
- Connecting family-relevant research & state policymaking
- Convening dialogue among policymakers through Family Impact Seminars

www.cyfc.umn.edu

Through this initiative, CYFC's primary goal is to encourage bicameral, bipartisan discussion that is informed by reliable, evidence-based information provided in multiple formats.

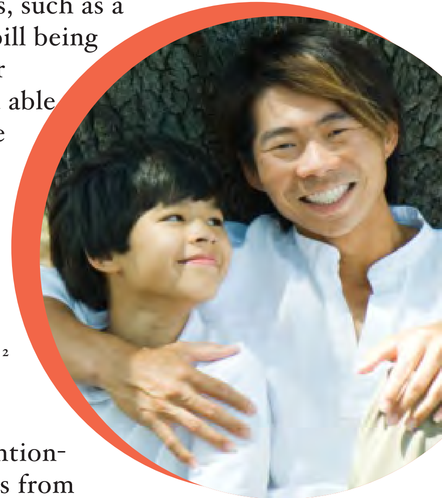
To accomplish these goals, CYFC adheres to a "policy education" model when engaging in discussions around policy or undertaking projects affecting the children, youth and families of our state.

What is "Policy Education?"

The policy education model views the recipients of information (i.e., policymakers) as learners, not only with individual differences in beliefs, learning styles and challenges, but also existing within a particular learning context (i.e., the state legislature).

Policy educators attend both to individual learner needs, providing a range of opportunities for learning geared to a range of learning styles, and to the larger context in which the information exchange takes place.[1] Importantly, the policy educator informs the learner about multiple options for addressing an issue, both responding to the needs and interests of the learner and objectively informing the learning process (rather than attempting to sway the policymaker toward a particular decision).

Because of this, it's essential that policy educators be open to any outcome of this process, such as a particular bill being authored or passed, and able to put aside personal desires and political beliefs for the benefit of the learner.[2] The policy education model intentionally diverges from the traditional advocacy approach of influencing political decision-making. It instead intends for research evidence to be considered in a way that transforms ways of learning, and is integrated into everyday policymaking.



For More Information

There is much happening in the children, youth and family-related sciences here at the University and beyond. To find out more about our policy efforts, please visit our newly revised website at: www.cyfc.umn.edu/policy ▪

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POLICY RESOURCES, INFORMATION & UPCOMING EVENTS

For University Members

We've compiled a "toolkit" as part of our policy education efforts and in response to a very real need for University faculty and staff to engage comfortably in the policy world. It contains information on University and legislative resources, national bipartisan organizations, resources for communicating your work to policymakers, and publications, articles and other readings.

For Policymakers

We've been busy making plans for our 2010 Family Impact Seminar. Over the summer, we met with over 50 legislators from both sides of the aisle to poll them about the topics they want addressed at the next seminar.

For Practitioners

CYFC policy staff members are available to provide Family Impact Checklist training. The Checklist is a nonpartisan consensus tool that provides policymakers and implementers with criteria to evaluate how policies and programs are sensitive to and supportive of families.

Contact Us

To request a toolkit, find out more about checklist training, or to receive materials from past seminars, please contact Sara Benning at sbenning@umn.edu or Karen Cadigan at cadigan@umn.edu.

Mary Hearst

Research Associate - Division of Epidemiology & Community Health and the Center for Early Education and Develoment -

One of four CYFC scholars.

Mary Hearst is one of four CYFC scholars. She is a Social Epidemiologist working as a Research Associate in the Division of Epidemiology and Community Health and the Center for Early Education and Development. Her interest in epidemiology, particularly in the sub-discipline of social epidemiology can be traced back specifically to 1995, when she moved to Skopje, Macedonia with her husband for a one-year humanitarian contract. During this time of tremendous growth and learning, she discovered her passion for public health. Upon returning to the U.S., she enrolled in a Master of Public Health (M.P.H.) program and subsequently worked in a county health departme -nt in Flint, Michigan. She later focused her interest on social epidemiology and completed her doctorate in 2007 under the training of J. Michael Oakes, PhD. Her general research interests are related to how social and environmental structures (segregation, poverty, discrimination, environmental exposures) expose low-income or minority groups to risk factors that are harmful to their health and well-being.

Her current work with Dr. Scott McConnelI, Center for Early Education and Development (CEED), focuses on a school readiness intervention (Five Hundred Under Five) exploring the way in which the causes, conditions and outcomes of "school readiness" and "health" are intertwined and how common and coordinated approaches can help address both sets of issues in ways that likely improve outcomes in each. Her focus is on preventing obesity among low-income or minority preschool aged children, in combination with school readiness, as a component of healthy early childhood development, with the hope of positively altering future health and life opportunities. Her professional goals are to improve the lives of children and families by addressing the disparate opportunity structures available to low-income and minority youth and their families, building a research agenda around the intersection of social determinants of health and education, including how school readiness alters life trajectories.

> "It is the 'upstream' factors, such as social systems, political power, and economic opportunity that are deemed the fundamental causes of disparities in both child development and health outcomes."

School Readiness, Health and Obesity: Exploring the Multiple Contexts and Outcomes

By Mary Hearst, PhD.

The relationship between early childhood experiences and lifelong health has been well established. Early childhood education interventions suggest that being ready to learn for kindergarten results in better school performance, less juvenile crime, fewer risky health behaviors and higher earnings later in life.[1,2,3] Conversely, low reading skills early in life seem to be associated with violent behavior and conduct problems during adolescence.[4,5,6,7] Given that adolescent health risk behaviors determine more than 70% of the disease, injury and death experienced among adolescents and approximately 66% of disease, injury and death in adulthood,[8] prevention activities should be started early in life to address long-term health and social well-being.

The interplay between health and child development success is reflective of complex contextual conditions.[8,9] In short, it is the 'upstream' factors, such as social systems, political power, and economic opportunity that are deemed the fundamental causes of disparities in both child development and health outcomes. And, the relationship works in both directions. Not only do social, political and economic conditions affect health and child development, health status affects child development and

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> “By fourth grade, 60% of low-income children cannot read at the expected level and 31% are at or above the basic standard.”

For more information on the 500u5 project, please see **www.500under5.org.**

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child development success predicts short and long-term health status.

Central to early childhood development is the recognition that the effects of (dis) advantage on health are cumulative.[10] It is the compilation of harm – the lack of opportunity structures such as adequate education, social and physical environment and community resources - that frame the health and academic success of children in low-income areas and subsequently impact the social and economic prospects of the neighborhoods where they live.[9] Low-income minority families suffer the greatest burden of limited life opportunities due to concentrated disadvantage, reduced access to adequate education and high quality health services which in turn alters their health, education and social outcomes throughout life. By fourth grade, 60% of low-income children cannot read at the expected level and 31% are at or above the basic standard.[11] It is these fundamental disparities that I aim to impact.

As a CYFC scholar, I intend to advance scholarly work on the intersection of the causes of health and education disparities in two distinct groups. First, my research will be focused on school readiness and health, specifically obesity prevention, among pre-school children and early elementary aged children. Second, I will explore the implications of early school success on adolescent risk taking behavior. My framework is consistent with the Circles of Influence in Family Development Model adapted by the CYFC. The Circles of Influence considers multiple layers of influence (individual, family, community, policy and society) to understand and reduce health and educational barriers.

My first main project builds off of the pilot project in North Minneapolis called Five Hundred under Five (500u5). The purpose of this study was to engage with families individually and in group education session, identify gaps in programming and coordinate resources around issues of kindergarten readiness, general health, social and economic needs. There were approximately 200 children under the age of five enrolled in the study. The participants were

from a diverse racial/ethnic background, including African American, Somali immigrant and Hispanic ethnicity – both foreign and native born. All participants who consented were given developmental assessments and asked to complete a health and social survey. Using findings from developmental assessments and a health and social survey, data analysis will focus on finding common causes and consequences of social conditions, health and school readiness.

Additionally, an intervention study is currently being designed to continue and expand the school readiness component of 500u5 by adding in childhood obesity prevention intervention with preschoolers and their families. There is considerable overlap in the conditions that support a healthy lifestyle, school readiness and a healthy community. The intervention will aim to create a synergy of sorts, where school readiness supports obesity prevention and obesity prevention supports school readiness, all within the context of building a healthier community. For more information on the 500u5 project, please see http://www.500under5.org/.

My second main project builds on relationships established through the Minnesota Child Welfare Research Collaborative (MCWRC) of which I am a co-Director (MCWRC include representatives from the Minnesota State Departments of Health,
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> “We will use the findings as a group to support and inform our state agency partners to implement interventions aimed at improving child well-being and long-term health, social and education outcomes.”

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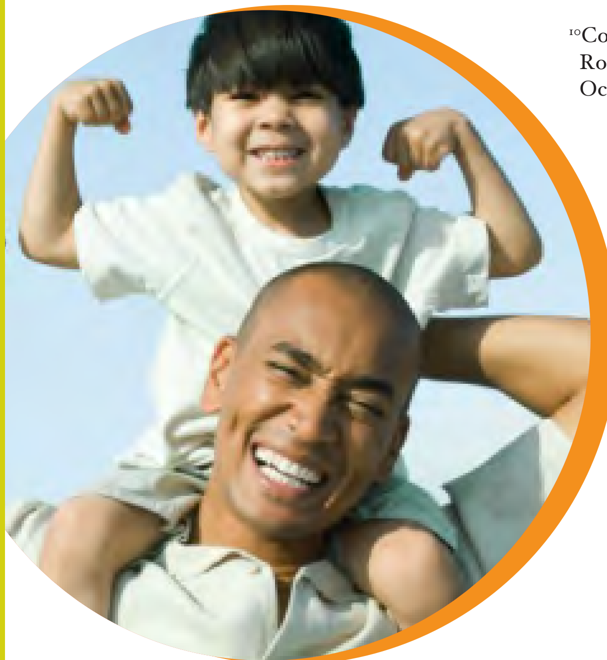
Education, Human Services and Public Safety as well as University of Minnesota experts in school readiness, adolescent health, racial disparities, school segregation, law, adolescent risk behaviors, data management, child welfare and methodology). It includes a secondary data analysis of a cohort of 3rd through 9th grade students, aimed at understanding the implications of early school success and adolescent risk behavior and involvement in the juvenile corrections system. This proposed study has the unique opportunity of linking underutilized data across state agencies and considering school-level social, climate and demographic context. We will use the findings as a group to support and inform our state agency partners to implement interventions aimed at improving child well-being and long-term health, social and education outcomes.

Ultimately, my long-term goals are to improve the lives of children and families by addressing the disparate opportunity structures available to low-income and minority youth. If you have any questions or wish to talk with me further about my research, contact me (Mary) at cyfc.umn.edu ■



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Lauren Martin Ph.D

Center For Early Education and Development (CEED), Research Associate, Northside Partnership

One of four CYFC scholars.

Lauren Martin is one of four CYFC scholars. Her project, described in her article here, illustrates a true multi-disciplinary perspective, looking at issues related to children and families from the perspective of an anthropologist. In 2004, after receiving her Ph.D. in Anthropology and History, she thought she was headed for a career teaching college with activism on the side. But her path changed radically when five years ago she began conducting community-based research on prostitution and other issues affecting north Minneapolis. Since then she has developed a research and intervention portfolio that is academically sound, impactful for social change, respectful and ethical towards participants, and driven by community needs. In short, she wants to continue doing research that matters and she is committed to social justice and equity. The CYFC Scholars program has given her the opportunity to really focus her research efforts on understanding the process of conducting research on the intersections between education and health disparities. She hopes to develop ways to better serve and learn from our research participants, create trusting connections between researchers and communities, and generate accurate and reliable basic knowledge about reducing health and education disparities.can help address both sets of issues in ways that likely improve outcomes in each. Her focus is on preventing obesity among low-income or minority preschool aged children, in combination with school readiness, as a component of healthy early childhood development, with the hope of positively altering future health and life opportunities. Her professional goals are to improve the lives of children and families by addressing the disparate opportunity structures available to low-income and minority youth and their families, building a research agenda around the intersection of social determinants of health and education, including how school readiness alters life trajectories.

Kids, Communities & Researchers: A Study of Research on the Intersections between Education & Health Disparities

By Lauren Martin, Ph.D.

> **“Kids,Communities and Researchers” will be based in qualitative, cultural research to understand what “health” and “education” mean for families (and researchers) and how these concepts are experienced in everyday lives.”**

We know the results of health and education disparities for poor children and their families: a preventable loss of human capital, an increase in suffering, and a great social injustice. We also know that we need our most accurate and reliable research to chart a course for effective social change. I believe that research will be most effective when research participants are co-creators and have a stake in the design and conduct of research. Over the next four years I will observe and analyze a variety of research projects that I am a part of as they unfold in action on the Minneapolis Northside. I am a leading researcher in Five Hundred under Five (FHu5) and the Northside Achievement Zone (NAZ). My goal in directly studying the conduct of research is to improve our theory and practice and increase the scope and impact of research for the lives of research participants, particularly at the intersections of health and education disparities. “Kids, Communities and Researchers” will be based in qualitative, cultural research to understand what “health” and “education” mean for families (and researchers) and how these concepts are experienced in everyday lives. I hope this work will lead to improved health and education outcomes for families on the Northside.

I will use theory and practice from my training as an Anthropologist and my five years experience designing and conducting community-based participatory action research on prostitution in north Minneapolis. Much has been written touting socially engaged research under

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“Multi-disciplinary research that is co-created between participants and researchers increases participant recruitment, encourages participants to provide more and more accurate information, produces findings that are relevant and useful for participants and researchers, and ultimately has more impact for social change.”

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numerous labels (community-based, activist, participatory action, applied, etc.) in Anthropology and in many other disciplines[1, 2, 3] . But many in the academy doubt its scientific validity and are leery of giving over power to non-expert research subjects.[2,4] In my experience, multi-disciplinary research that is co-created between participants and researchers increases participant recruitment, encourages participants to provide more and more accurate information, produces findings that are relevant and useful for participants and researchers, and ultimately has more impact for social change. For me, research must be both scientifically valid and rooted in lived experience and it must have community benefit.

The research data I collect will be the work of FHu5 with a secondary focus on my work for the NAZ and other research projects interested in being subjects in this study. Both are place-based and holistic approaches to improving educational (and by extension health) outcomes for kids in north Minneapolis that are loosely modeled after the innovative and successful work of the Harlem Children's Zone. My research subjects (who I always refer to as participants) will be researchers AND the families involved in the research projects. I this way I want to turn the research lens partially back on itself; studying how, what and why researchers do what they do.

I will gather data using participant-observation ethnographic research, short surveys, focus groups, and key informant interviews – the standard tools of cultural Anthropology. Participant-observation data will be collected through close, daily emersion into the research process, observation of the practices and beliefs of researchers and community partners, and learning about the lives of research participants. It basically involves “hanging out,” taking notes, and working intensely with participants to understand the minutia of their daily lives, beliefs and practices related to research; and then figuring out how this fiercely local context fits within broader social and economic structures. Since I am part of the research team for FHu5 and NAZ, part of my work for this project will necessarily be self-reflexive. But this will be balanced by my observations and work with other researchers.

Additional research questions include: How do we return our research findings to families in ways that are vivid, actionable, and useful? How can this co-created knowledge be used for community organizing, policy work and public awareness amongst research participants, their communities and the wider socio-political structures? What are the appropriate roles and ethical obligations for researchers in policy work based on our research results? For me, this means learning both from the academy AND from research participants – prioritizing neither in my research process – viewing both as valuable experts in the co-creation of research and transformative knowledge. I expect this project to result in the creation of a “tool kit” of methods and techniques and further grounding of our community-based work in theory and scientific practice.

My disciplinary training in Anthropology and my experience working on the Northside dovetails with how I understand two of the primary guiding principles of CYFC's work around education and health disparities: (1) a commitment to community-engaged research that leads to policy; and (2) the CYFC's ecological approach to families as described in the model CYFC adopted called “Circles of Influence in Families Development.”

Community-engaged research with a commitment to policy impact is sometimes viewed as at odds with the definition of the scientific method of academic research that proscribes a neutral, detached, unbiased, and objective approach. In my experience, connection and commitment can lead to unexpected and compelling knowledge that helps us understand the deeper, cultural issues at work in the midst of education and health disparities – including perspectives among families on both sides of the disparities, researchers who study the issues, and the intersecting institutions and social practices at play. Many Anthropologists have sought to bridge the apparent divide between science and engagement, research and activism, objectivity and intervention, neutrality and commitment.[2,5] E. B. Tyler in the 1850s characterized Anthropology as “essentially a reformer's science,”[6] seeking social change based on cultural knowledge. From issues such as the anti-eugenics movement,[7] third world poverty[1] and

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“The Anthropological perspective is intuitively linked to CYFC’s ecological approach to education and health disparities in interesting and unexpected ways.”

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indigenous land rights movements across the Americas,[5] Anthropology has sought to make a difference with its knowledge. Anthropology also has a basic commitment to collaborative research. The theory and practice of the discipline – rooted in participant-observation, cultural relativism, locally situated knowledge, and gaining an “insider’s” perspective – often necessitates close collaboration between researcher and “subject”. For example, in 1851, Louis Henry Morgan, in what is regarded as the first modern Anthropological ethnography, acknowledged that he co-created his text with Ely S. Parker, a Seneca Indian.[2] As Anthropology became a discipline, rooted in scientific institutions, the collaborative bases of anthropological field work, along with the “reforming” impulse, were obscured in the writings of Anthropologists engaged in the “science of culture.” Since the 1960’s new efforts at co-created research based in ethics and doing anthropology for the public good have emerged. There are several labels for this kind of work, including Feminist Anthropology,[1] Public Anthropology, Collaborative Ethnography,[2] and Activist Anthropology.[5]

The Anthropological perspective is intuitively linked to CYFC’s ecological approach to education and health disparities in interesting and unexpected ways. One of the most distinctive aspects of Anthropology is its focus on how global or large-scale issues play out in small, local contexts. Our methods are geared toward generating a holistic body of knowledge rooted in the everyday, lived lives of real people. This vantage point allows us to take in how all the levels articulated in CYFC’s model play out in their complexities as people experience them in the course of everyday interactions and struggles. We can learn more about the relationships between education and health disparities by this close-up view. For example, in FHu5 we see and learn about families and children as they navigate pre-school, talk about teachers and health care providers, and struggle to make these “systems” work for them and their children. Through participant-observation, we see the circles of influence in action.

The first step in my project, following the generally accepted protocols of participatory action research (PAR) and Anthropological methods, will be to work with stakeholders including researchers, families and community members to finalize the research design, including survey instruments and focus group plans. All aspects of the project will be grounded in PAR principles and supported by working with the extensive network of scholars involved in the CYFC. Throughout the four years I will synthesize findings and recycle them back into the projects on which I work and make this information available to other researchers, community members and research participants through presentations, reports and informal conversations. I feel very fortunate to be part of the Scholars program and I look forward to learning and contributing to the body of knowledge about the intersections of education and health disparities that we have been called upon to co-create with each other and the communities with which we work ■

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Center for Excellence in Children's MENTAL HEALTH

Michael Golden is the Program Coordinator for the University of Minnesota Medical School's Program in Health Disparities Research. He is also a member of CYFCs Core Advisory Council.

Children and Youth **Mental Health and Educational Attainment**

By Michael Golden, MPH

The foundations of many mental health problems that present in adults are influenced or established early in life through an interaction of biological and genetic factors and adverse psychosocial childhood experiences. According to numerous research studies and a 2007 report from the Center for the Developing Child at Harvard University,[1] early life adversity such as persistent poverty, poor child care, abuse or neglect, and dangerous neighborhood conditions can damage the architecture of the developing brain and increase the likelihood of significant mental health problems. Further, a lack of access to quality services to address mental health complications in the young population may limit their progression through the educational system and set the stage for future health disparities.

It is estimated that one in five children in the U.S. has a diagnosable mental disorder, and one in ten youth has a severe mental health problem that can impair how they function at home, school, or in their community. Further, a growing body of evidence details that many children and youth in need of mental health services do not receive them, including the uninsured, children in the welfare system, and children with private and public health insurance. Research by Kataoka and colleagues in the September 2002 American Journal of Psychiatry details that approximately 75-80% of children and youth who were defined as needing mental health evaluation did not receive it.[2] In this particular analysis, Latinos and the uninsured were found to have especially high rates of unmet needs compared to other children.

In addition to accessible mental health services, it is vital to consider if the appropriate types of services are offered. Current evidence suggests that a significant number of youth from minority populations disproportionately utilize emergency and crisis mental health services compared to their peers. Emergency and crisis services are not considered quality care for children because these types of services do not provide access to all necessary treatments, promote extended monitoring of conditions, nor continuity of care.

In the January 2008 American Journal of Public Health, Snowden and colleagues[3] examined the rates and intensity of crisis service use by race and ethnicity for 351,174 children who received mental health care from California's county public mental health systems between 1998 and 2001.

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“Mental health problems in early childhood can directly impact learning and behavior for life, and the role education plays on individual health is undeniable.”

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African American children were more likely than White children to use crisis care and made more repeat visits to hospital-based crisis stabilization services after initial use. Asian American/ Pacific Islander and American Indian/ Alaska Native children were more likely than were White children to use hospital-based crisis stabilization, and visited only when they experienced the most disruptive and troubling kind of crises.

Referring to African Americans in a 2001 report on mental health, the Surgeon General asserted that “Mental health care occurs relatively frequently in emergency rooms and psychiatric hospitals. These settings and patterns of treatment undermine delivery of high-quality mental health care.” [4] Snowden and colleague’s research along with similar studies highlight opportunities to provide better access to outpatient treatment for specific populations, and new culturally-specific strategies to respond to mental health problems before they reach crisis level.

Mental health problems in early childhood can directly impact learning and behavior for life, and the role education plays on individual health is undeniable. A 2009 issue brief on education and health from the Robert Wood Johnson Foundation’s Commission to Build a Healthier America[5] describes the nation’s current low educational attainment rates and details that: 1) education can lead to improved health by increasing health knowledge and healthy behaviors; 2) greater educational attainment leads to better employment opportunities and higher income, which are linked with better health; and 3) education is linked with social and psychological factors that affect health, including sense of control, social standing, and social support. Educational attainment is extremely vital to individuals, their communities, and the nation as a whole. Addressing these issues related to the intersection of educational and mental health disparities provides an opportunity to foster greater capacity for current and future generations to come.

In Summary:

- Early life adversity can damage the architecture of the developing brain and increase the likelihood of significant mental health problems, many of which develop later in life;
- Many children and youth in need of mental health services do not receive them;
- A significant number of youth from minority populations disproportionately utilize emergency and crisis mental health services compared to other children;
- Improved access to mental health consultation, evaluation, and other services are needed with special competence in cultural differences in attitudes and beliefs about behavior and mental health.

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Who's The Consortium

Diane Cushman, co-chair of CYFC's Core Advisory Council, is the Executive Director of the National Council on Family Relations, the oldest, multi-disciplinary non-partisan professional organization focused solely on family research, practice and education. Prior to joining NCFR, Cushman was the director of Minnesota's Legislative Commission on the Economic Status of Women (LCESW), a non-partisan joint commission that served both the Minnesota House and Senate. Earlier in her career, Diane achieved national recognition as the manager of the work/life initiative at The St. Paul Companies where she developed the onsite childcare center, the onsite employee fitness center, paid parental leave, adoption assistance, flexible work arrangements, telecommuting policies, the lactation program, child care resource and referral, eldercare consultation and referral and numerous other work/life programs. Diane holds undergraduate and graduate degrees from the University of Minnesota.

Mary Marczak, co-chair of the CYFC Core Advisory Council, directs the Research and Evaluation unit in Center for Family Development, University of Minnesota Extension. Her current research focuses on effective youth and family development program practices and effective practices for working with traditionally under served communities. In addition to evaluating the impact of Extension programs, Marczak evaluates major grant funded projects, which includes the Reach for the Sky Project at the White Earth Reservation's Circle of Life school, and the New Communities Project, which supports after-school programs targeting children and youth from immigrant communities. She has also evaluated major national and state initiatives targeting families and youth. Prior to her current position, Marczak was at the University of Arizona, Department of Family Studies and Human Development, where she taught undergraduate courses on child and adolescent development and conducted research on quality parent-child and adult relationships.

Kristine Martin, a member of CYFC's Core Advisory Council, is Director of Research, Planning and Development for Hennepin County, which provides county leaders with research, planning and analysis services that inform public policy and county practice. In this role, Kristine oversees the county's Accelerating Graduation by Reducing Achievement Disparities (A-GRAD) initiative, which aims to ensure that all Hennepin County youth graduate from high school. Kristine is also a member of the Hennepin County Juvenile Detention Alternatives Initiative Steering Committee. Kristine is a licensed social worker, and prior to her current appointment, she provided clinical services to children and their families in residential settings and led development of the county's Joint Care Management system – a framework for providing quality residential care and treatment for youth from child welfare and juvenile justice. She has lectured and trained international audiences on the assessment and treatment of juvenile sex offenders, and, as a board member for Minnesota-Uruguay Partners of the Americas, trained Urguayan court officials, mental health practitioners and legislators in juvenile justice practices. She holds a bachelor's degree in Social Work and Spanish from Concordia College and a Master of Social Work-Administration from the University of Minnesota.

Rebekah Garcia, has been CYFC's student office assistant since February 2007. She will graduate with a B.A. in sociology and minor in Family Social Sciences from the University of Minnesota's College of Liberal Arts this December. Rebekah has been instrumental in assisting with CYFC's policy initiative, particularly Family Impact Seminars. We're grateful for all of the help and enthusiasm Rebekah has brought us over the years, and we look forward to seeing all the places she'll go as she begins the post-college chapter of her life. Thanks and best wishes, Rebekah!!

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