Racial Disparities in Perceptions of Community Supports: Implications for Policy, Practice, and Research with Children and Families

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Black, Indigenous, and People of Color (BIPOC) and BIPOC Latinx individuals can experience poorer health outcomes and rate their own health more poorly than their White counterparts.\(^1\)\(^2\) A broad range of social, economic, structural, and community factors (such as chronic stress, insufficient financial and social supports, environmental exposures, implicit bias, and systemic racism) contribute to documented health disparities.\(^2\) These disparities are not only persistent but increasing.\(^2\) Key events in the past year—including the COVID-19 pandemic and its (unequal) impact on families,\(^3\) police brutality against Black and African American communities recently highlighted in the media, increased violence against Asian American/Pacific Islander (AAPI) individuals, and growing attention to systemic racism and resultant inequities across all levels of society—motivated us to look at disparities or differences in data related to parents/caregivers and access to early childhood services. Our goal in doing so is to inform data-informed policy, practice, and research recommendations that move upstream and emphasize a comprehensive, prevention-forward approach to equity and access in family strengthening efforts and outcomes.
A central part of improving prevention efforts is creating a context in which parents have equitable access to the support they need to care for their children. The resources families use are a function of what is available and accessible in their community, their treatment during service engagements, the extent to which available resources are culturally responsive, and the degree to which informal support (such as asking for and providing help to other parents/caregivers) is common. In partnership with Chapin Hall, the Colorado Office of Early Childhood (OEC) conducted a brief parent asset survey in 2016 to better understand how Colorado parents perceive service access, culturally responsive supports, and informal supports. Data described in the current brief are drawn from this survey. Versions of this survey have been distributed among parents with a variety of identities and experiences, including active military families, families receiving home visiting services, and parents more broadly across Colorado as part of specific efforts to improve services. The survey addressed three core areas: (1) community resources; (2) community quality; (3) and parental capacity. Understanding the resources families access and their challenges in securing these resources can help state and local community decision-makers structure more responsive programs and interlace resources to support child development. Research and policy work have often used a deficit model while not addressing the long history of systemic racism, redlining, and the imbalance of service availability that contribute to these disparities.

In line with the OEC values and mission, this brief uses a strengths-based lens to explore gaps in services that exist, community factors that influence decisions around the utilization of child services, and the supports that families utilize in their communities.

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Respondents also provided descriptive information about their demographic characteristics (i.e., age, race and ethnicity, income, gender, educational level), household composition (i.e., number of children and number of caretakers in the home), and residential ZIP code. The total sample from the combined dataset included 6,017 respondents. Basic demographics are presented in Figure 1. As respondents were limited from some historically marginalized groups, such as AAPI and Indigenous groups, categories were collapsed together into a larger BIPOC.
Our data confirm many of the differences observed in other research regarding the education and economic disparities across race and ethnicity. For example, White non-Hispanic parents responding to our survey reported higher education and income than BIPOC parents or parents identified as Hispanic ($p < .05$). White non-Hispanic respondents were also more likely to be older than minoritized respondents ($p < .05$). The regional and socioeconomic realities of families are essential to keep in mind for the present research, as social and political identities combine through intersectionality, where compounding experiences of oppression can create deeper experiences of inequity. Rather than “less than”, these factors influence each other to create lower educational attainment opportunities and lower economic security.

**Community Services**

Social services help promote healthy child development by building key protective factors known to strengthen families by providing support and services to families and enhancing parents’ capacity to care for their children. Access to community-based services may be particularly challenging in communities of color with high concentrations of lower-income households due to a lack of economic security opportunities for more formalized services. Residents may lack access to primary services such as health care with family insurance or the ability to cost for preventive services. Prior research has confirmed the importance of community services for BIPOC communities, Latinx communities, and other historically marginalized communities. These differences may also reflect pervasive distrust of system-based resources, stemming from a longstanding history of discrimination and systemic racism and exacerbated by recent events. This suggests that social context plays an
influential mediating role in understanding the relationship between race when controlling for other social determinants of well-being; in other words, community, social, and structural contexts matter and underlie racial disparities. These local resources represent critical levers or entry points to support families in need and provide coordinated prevention services.

In the community asset survey, respondents were asked about their own knowledge and use of local resources such as religious services, social services, educational services, and medical services. Key differences emerged in service utilization patterns in manner and frequency within various race/ethnic groups. Overall, parents who identified as BIPOC and non-Hispanic reported using a range of public or community-based services more frequently than parents who identified as White as well as parents who identified as BIPOC and Hispanic (Figure 3). White non-Hispanic respondents reported that they utilized sport or recreational programs for children and youth, preschool education programs, and center-based childcare more frequently than Hispanic or BIPOC parents. This points to the need to explore how best to increase access to these key services for the full range of families, many of whom might benefit but currently do not receive them due to a lack of awareness, or structural (transportation, clinic and appointment wait time) or financial barriers. These differences may also be due to lack of services in some areas, and impacted by barriers such as lack of culturally competent services, mental health stigma, or lack of insurance. To address these barriers, cultural considerations must be integrated into any policy or programmatic solutions; for example, in other work from the OEC, many Hispanic/Latinx families have indicated a reluctance to enroll their children in center-based preschool options, preferring to address their children’s early learning needs through accessing individual home visiting programs such as HIPPY. This pattern suggests that a diverse and innovative array of program options to address needs and integrate cultural strengths into early learning is warranted, such as mixed-delivery of universal preschool or expansion of home visiting services to fill service gaps.

White Hispanic parents rated their communities more positively than parents from other racial and ethnic groups. BIPOC non-Hispanic parents consistently rated their communities lowest in positive community characteristics.

Neighborhood Differences

Neighborhood characteristics such as chronic stressors in daily life, community violence, and social cohesion...
all contribute to health and well-being outcomes. For example, families living in neighborhoods with high levels of violence persistently worry about their safety and the safety of their children, and experience greater psychological distress. Further, among people living within the same zip code, individual differences in neighborhood perceptions often predict ratings of daily stressors. The racial and ethnic composition and socioeconomic status (SES) of neighborhoods impact residents’ own ratings of their health quality often reflecting the historical underfunding and segregation of these communities. Social support and social cohesion within communities can serve as a buffer to chronic stress and reduce negative factors, for example, food insecurity. For families who live in less cohesive neighborhoods/communities and who have less access to informal supports, increasing access to and supportive receipt of formalized support through programs like SNAP becomes even more crucial. Social cohesion, the sense and extent to which a neighborhood is viewed as a collective community with shared values and solidarity, is a well-documented protective factor. This sense of neighborhood cohesion and quality has implications for the extent to which residents help each other and implications for the need and utilization of both formal and informal supports.

Social connections that facilitate informal support help families prevent or overcome hardships. White Hispanic respondents asked for instrumental support more often, and BIPOC Hispanic parents asked for instrumental support less often as compared to other families; lack of culturally responsive and linguistically inclusive services may act as key barriers to formal supports.

Parents who identified as White and Hispanic rated their communities more positively than parents from other racial and ethnic groups. Parents who identified as BIPOC and non-Hispanic consistently rated their communities the lowest in positive community characteristics (Figure 4). Notably, this difference is between ‘neutral’ and ‘agree’ in responses, although it is unclear whether this is a large difference in behaviors in the real world. When asked the extent to which other residents would be supportive, such as helping people they do not know and the extent to which respondents can depend on others in the community, white Hispanic respondents consistently rated their neighbors lower than other racial and ethnic groups. White non-Hispanic residents rated their neighbors as consistently more willing to provide help than other racial/ethnic groups (Figure 5). While findings from white Hispanic respondents may seem contradictory (i.e., high ratings for perceived community strengths and low ratings for support from community members or neighbors), these findings are consistent with research on neighborhood characteristics and community clusters by race or SES. Prior work has shown that protective factors such as civic participation and community centers may be present because of more potential social cohesion in low-income or predominantly Black or Latinx neighborhoods. This suggests that for Hispanic participants, they may rate the communities themselves as having more resources or being a more supportive community, while segregation and systemic issues may impact how they rate their neighbors.
Social Support and Informal Support

Residents who are socially connected have better access to social support and live in cohesive communities, and these social connections may help facilitate informal assistance to prevent or overcome hardships. For example, vulnerable families are likely to turn to informal support networks for help with instrumental support, which includes needed resources such as food or childcare. Prior research has also shown that those with lower levels of education are more actively engaged in receiving and providing support than their higher-educated counterparts, but this was not tested in the current survey. These informal supports represent community strengths and may provide valuable insight into where formal service gaps exist or why formal supports are not being used, such as family preferences. Vulnerable families use instrumental support to help meet their needs in addition to formal programs such as food stamps or WIC. This points to the fact that families with unmet needs may supplement their needs through informal help. Efforts should identify the types of supports community members offer each other, as well as community programs or non-profit groups offering similar support, and link vulnerable households to these resources.

Availability of and access to high-quality, culturally and linguistically responsive and effectively coordinated public, private, and community services is critical for improved family and child outcomes. Efforts are needed to identify and maximize resources that can meaningfully address the social and structural determinants of health and equity.

In survey data from across Colorado, there were large differences by race and ethnicity in the rates to which families both give and receive instrumental support, consistent with prior research (Figure 6). Further, using multivariate analyses, after controlling for respondent gender and geographic region (urban, rural, or frontier counties), significant differences remained by race and ethnicity: Hispanic families differed from non-Hispanic families in how frequently they asked for all types of instrumental support specifically, Hispanic White respondents asked for instrumental support more often and BIPOC Hispanic parents asked for instrumental support less often as compared to other families. BIPOC parents were less likely to ask for help in unexpected circumstances, ask for help running errands, or ask for parenting advice than white counterparts. Previous work has demonstrated that BIPOC parents are more likely to provide support than to ask for support from community members, and important values or cultural contexts may influence support seeking and support offering rates. For example, previous research showed that higher levels of religious service attendance were associated with higher levels of support, which underscores the important role of faith communities. A lack of culturally responsive and linguistically inclusive services may act as key barriers to seeking and receiving formal supports, resulting in further use of informal support networks to meet needs with dignity and respect.
Policy Implications and Recommendations

Families within various cultural groups value and utilize support in distinct ways; this variation speaks to the needs for a diverse, culturally responsive care system. The availability of and access to high-quality, culturally and linguistically responsive and effectively coordinated public, private, and community services is critical for improved family and child outcomes.2 The investment in a diversified and culturally responsive service system is necessary not for the sake of diversity, but rather because this type of response is the only way to effectively meet the needs of families in a respectful and successful manner. Efforts are needed to identify and maximize resources that can meaningfully address the social and structural determinants of health and equity.12 Changes in a broad range of public policies, practices, and research efforts are needed to address racial disparities effectively. Aligned with the CDPHE Equity Action Guide, to avoid creating new inequities or perpetuating current ones, we need to consider how policy, systems and programming decisions will impact different communities. It is crucial to consider community wisdom and experience alongside technical expertise in decision-making.
Building social capital or networks of supportive relationships in communities would increase neighborhood and social cohesion and increase their access to social support for families with lower household incomes. In turn, this may increase the availability of resources to prevent or overcome challenges and improve child and family outcomes. For example, socially connected residents have better access to social support, leading to greater access to shared resources. Prior research has used group interventions such as group sport activities, intergenerational engagement groups like older adults volunteering in classrooms, and peer-to-peer support models.

**RECOMMENDATION 1**

Center parent voice and expand co-creation with local communities.

Community members’ individual and collective experiences are invaluable in building understanding and finding durable and long-lasting solutions that keep community context and strengths at the center of services. Program leaders and community organizers should draw on qualitative experience (such as focus groups), and include parents as partners in planning or altering service delivery and strategies to increase access. Meet community and families where they are, both figuratively and physically, and ensure that the input is diverse and representative of the community you intend to co-create with. Ensure this space is accessible through interpretation and translation services, including specific outreach to diverse community members, providing stipends for participation, and hosting meetings outside of traditional office hours that include childcare. Although we note disparities in the descriptive responses, we cannot make declarative statements about why the gaps exist without including parent voice and co-creation. Parents/caregivers should be compensated for their leadership, expertise, and invaluable work in these efforts.

**RECOMMENDATION 2**

Invest in formal support services and maximize service access to all families.

The availability and usage rates of formal services vary by race and ethnicity. Findings suggest that increasing the availability of mental health, prevention, and intervention services may improve outcomes across families. Telehealth and virtual means of service delivery may provide important support and access across the state. The negative effects of segregation on SES, social support, and family outcomes require a significant infusion of economic capital to improve disadvantaged communities’ social, physical, and economic infrastructure. Further work can identify workforce strategies such as identifying organizational capacity of culturally and linguistically responsive staff, and incorporate implicit bias training into existing training models.

**RECOMMENDATION 3**

Ensure equity and culturally responsive programming in the implementation of universal preschool.

Following recent legislation (and priority for implementing universal preschool with an eye towards equity and access for children from low-income households and BIPOC children, the data from this brief highlights the need for mixed-delivery of these systems and provides more data for the importance of culturally responsive considerations in developing the blueprint and delivery of early childhood education, including incorporating tribal voice and considerations that are developmentally appropriate, child-centered, and play-based in-state/tribal QRIS.

**RECOMMENDATION 4**

Build social capital across communities.

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References


