

**Call to Action:  
Recommendations for Common, Equity-Focused  
Health and Education Indicators for Young Children in Oakland**

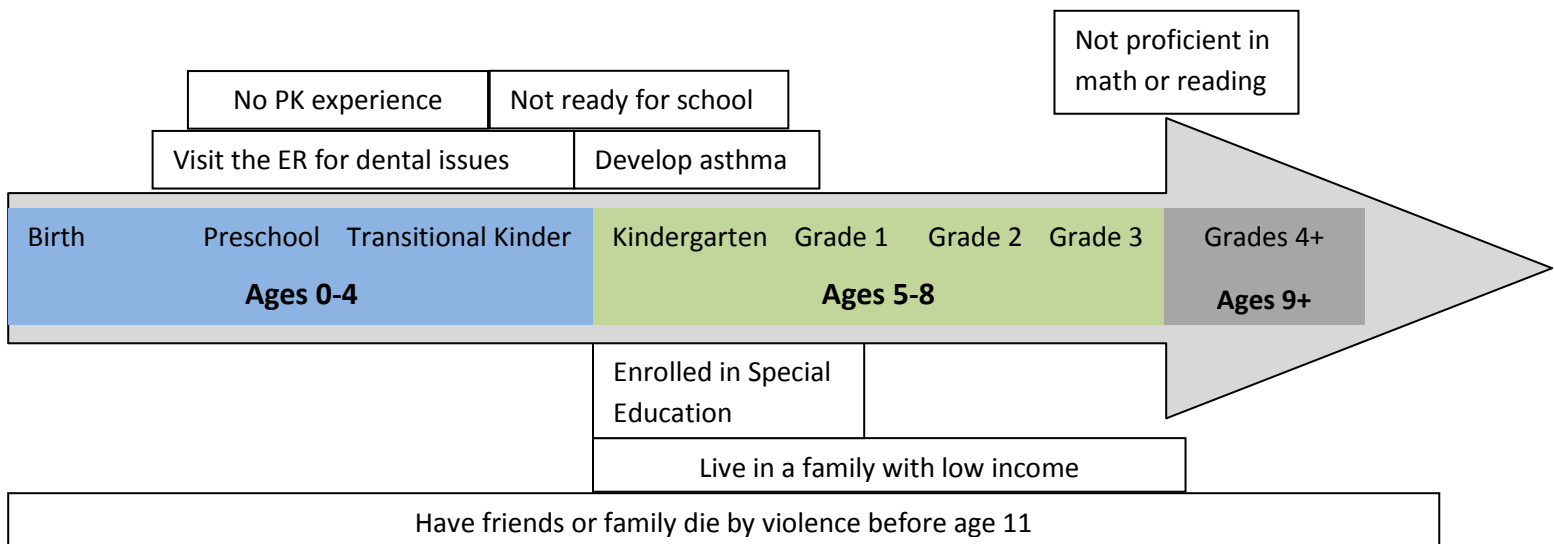
**Executive Summary**

**Addressing Inequities in Health and Education Outcomes for Boys of Color in Oakland**

One year ago, Urban Strategies Council presented an equity analysis of early years health and education outcomes<sup>1</sup> for Oakland children to stakeholders that found grave disparities by race and gender. The analysis grew out of concern among early childhood health and education leaders in the Oakland Starting Smart and Strong Initiative that efforts to ensure all Oakland children were ready for kindergarten could not succeed without understanding which children were being let down more than others and how they were being underserved.

A look at 17 indicators for early years health and education found that boys of color in Oakland are far more likely to experience an array of poor outcomes in the earliest years of their lives -- from high rates of asthma to no preschool experience to lagging in the development of pre-literacy skills. These disparities occur in the first four years of life, and continue to manifest between 5 and 8 years old. We know that many of these early indicators are linked to important later outcomes, including staying successfully engaged in school, graduating from high school on time, and ultimately being prepared for college and career.

**Boys of Color in Oakland are more likely than White Boys to have:**



<sup>1</sup> Analysis of Early Years Health and Education Outcomes and Indicators with a Focus on Boys of Color, Urban Strategies Council, March 2017.



What is alarming is not just the “off track” rates for boys of color on these important indicators, but the size of the disparities. For instance, the reported asthma diagnosis rate in kindergarten is nearly four times as high for African American boys and nearly twice as high for Latino boys than it is for White boys. Nearly 25% of Latino boys have not attended preschool, which is six times as high as the rate of White boys who have not attended. Asian boys have not attended preschool at four times the rate of White boys. And White boys are more than twice as likely as boys of color to be fully ready for kindergarten.

Clearly, systems leaders, practitioners, and policy makers have not found a way to hold ourselves accountable for the outcomes of ALL Oakland children. We are not watching common indicators closely enough or early enough to plan interventions and supports that will improve outcomes for our youngest ones, and keep them on track for success in school and in leading healthy lives. These disparate outcomes also tell us that **race still matters**. Historical systems of oppression and racism that were baked into our society for many years continue to play a role in impacting outcomes for boys of color.

**What is the solution?** The solution is many-pronged but must include tracking and sharing responsibility for a set of common indicators and outcomes. If, as a community, we know exactly how to target our children’s challenges, we can work collaboratively and on multiple levels (program, practice, policy) to better intervene and serve our youngest residents. We can use targeted universalism – the practice of applying targeted strategies to reach universal goals – to address specific disparities and needs.

For instance, if the asthma rate is four times as high for African American boys as White boys, we can make sure that African American families receive pre-natal preventive education on causes of asthma, and post-natal information on how to treat and manage asthma so that children don’t miss many school days. We can also provide similar information to health providers and school staff. While this is a universal strategy that will help any child with asthma, we can target the practice to make sure that it reaches African American families early and through many channels.

A team<sup>2</sup> of early health and education providers, practitioners, advocates, data analysts, and parent engagement practitioners embedded in the Oakland Starting Smart and Strong Initiative (OSSSI) has developed a **set of equity-focused early years health and education indicators that multiple systems working together can impact**. Our leadership challenge is to follow these crucial early years indicators, seize actionable opportunities for improving them, and collaboratively drive any and all program, practice and policy change that will improve outcomes and reduce disparities for young (and older) boys of color in Oakland.

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<sup>2</sup> Boys of Color Early Years Health and Education Workgroup

**Recommended Equity-Focused Indicators for Oakland Children Aged 0-8**

	Education Indicators for Ages 0-8					Health Indicators for Ages 0-8			
Indicator	Preschool Experience	School Readiness	Regular School Attendance	English Learner Status	3rd Grade Reading Proficiency	Low Birth Weight	Avoidable ER Visits	Free from Abuse and Neglect	Asthma Diagnosis
Measure	% of OUSD kinders who attended any PK	% of children deemed prepared on a kindergarten readiness assessment tool	% TK-3rd graders absent 10% or more of all school days	% TK-3rd graders who are classified as English Learners	% of 3rd graders reading at or above grade level	% of babies born at low birth weight	% of avoidable ER visits for 0-8 year olds	% of substantiated & unsubstantiated allegations of abuse and neglect for 0-8 year olds	% of PK-3rd grade children with asthma diagnosis
Data Sources	OUSD	<ul style="list-style-type: none"> <li>First 5 School Readiness Assessment</li> <li>Early Development Instrument (EDI)</li> <li>Head Start (DRDP)</li> </ul>	<ul style="list-style-type: none"> <li>CA Department of Education</li> <li>OUSD</li> <li>Head Start</li> </ul>	<ul style="list-style-type: none"> <li>CA Department of Education</li> <li>OUSD</li> <li>Head Start</li> </ul>	<ul style="list-style-type: none"> <li>CA Department of Education</li> <li>OUSD</li> </ul>	AC Public Health Dept.	AC Public Health Dept.	<ul style="list-style-type: none"> <li>AC Social Services Agency</li> <li>AC Child Abuse Prevention Council</li> </ul>	<ul style="list-style-type: none"> <li>OUSD</li> <li>Head Start</li> </ul>
Family Indicators									
Indicator	Homelessness		Parental Education		Family Income		Incarceration of a Parent		
Measure	% of 0-8 year olds who are homeless		% 0-8 year olds with a parent who has not completed high school		% 0-8 year olds living in low income family		% of 0-8 year olds with an incarcerated parent		
Data Sources	<ul style="list-style-type: none"> <li>OUSD</li> <li>Point in Time Count (by Everyone Home and AC Public Health Dept.)</li> </ul>		U.S. Census and American Community Survey (Public Use Microdata Sample)		<ul style="list-style-type: none"> <li>OUSD</li> <li>U.S. Census and American Community Survey</li> </ul>		Alameda County Children of Incarcerated Parents Partnership		

## Why Does Oakland Need Equity-Focused Early Years Indicators?

OSSSI, a 10-year cross-systems collaborative, is working to ensure that every child has access to quality early childhood education -- regardless of race or family income level -- and that every adult in a child's life has the tools they need to support that child's development every day.

As a multi-systems table, OSSSI is aware that **we cannot improve outcomes and close gaps without sharing responsibility for common outcomes**. We all have an opportunity now to be responsible for aligned, powerful indicators from cradle to career. With the development of two thriving systems tables, the Youth Ventures Joint Powers Authority (YVJPA) and the Oakland Thrives Leadership Council (OTLC), city and county systems, and community partners are for the first time establishing shared indicators to measure outcomes and outcomes disparities for Oakland residents ages 0-24. OSSSI recommends that these tables **incorporate early years indicators into any citywide dashboard, equity platform** or other method for tracking measures of the health and educational success of Oakland residents. Adopting early years indicators would address several identified opportunities and gaps:

- 1. Inequities in Health and Education Outcomes Begin Early and Have Long Term Impacts**  
Research showed us that disparate health and education outcomes begin for Oakland children at a very young age. The equity analysis of 17 health and education indicators found that boys of color in Oakland fared worse – frequently far worse – than White boys for more than half those indicators. Many are strongly linked to later years health and education outcomes.
- 2. Existing Initiatives Lack Common, Aligned Indicators**  
Looking at 25 health and education indicators selected by nine initiatives and public agencies focused on health and/or education outcomes for Oakland children, we found general consensus on only two indicators and moderate agreement on three. (Conversely, among systems, initiatives, and public agencies focused on older youth, selected indicators coalesced into a much larger common set, especially for education.)
- 3. Existing Outcomes Tracking is Focused Primarily on School Age and Older**  
Our look at existing indicators revealed that many health and education measures for our youngest residents are not addressed as frequently or consistently as those older youth. For instance, of the 20 indicators selected so far by the JPA and OTLC's impact tables, only seven can be measured for children aged 0-8. While not all indicators can be measured for all ages, we must align indicators from ages 0 to 24 in order to identify intervention and impact points from cradle to career.

Including early years indicators for health and education will inform decision making at the city and county level, as well as among state lawmakers looking at what's working and not for our children, youth and young adults across the state. **Understanding crucial early years outcomes and outcomes disparities** helps us all decide where to intervene, where to assign resources, and where to improve strategies for our youngest city residents, especially those with the least advantage who face the most barriers. We have an opportunity to drive better outcomes together beginning at birth.