EQUITY FOCUSED POLICY RESEARCH:

Building Cross-Cutting Evidence on Supports for Families with Young Children

Social Determinants of Health for marginalized populations

viewed through the lens of Intersectionality and Complexity Theory

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Brief Proposal I.D.#: 1004911

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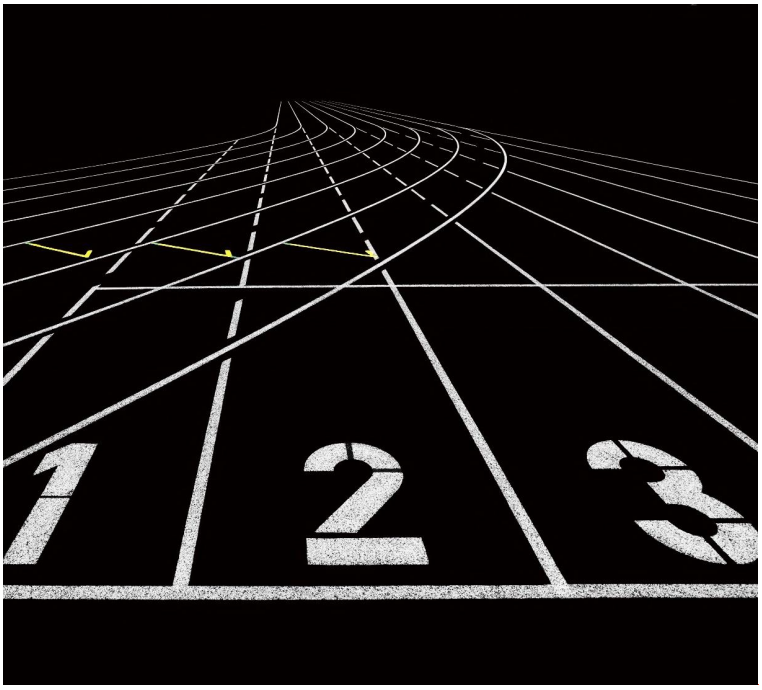
https://www.rwjf.org/en/library/funding-opportunities/2021/equity-focused-policy-research--building-cross-cutting-evidence-on-supports-for-families-with-young-children.html



Social Determinants of Health for Marginalized Populations…

Overview. A social determinants of health (SDH) lens gauges the underlying causes of the social and economic deficiency that lead to poor health. By drawing on the previous work of (McGibbon, 2009 & McPherson & McGibbon, 2010) we are able to apply intersectionality theory to support the improvement of inequities in the social determinants of women and children's health. A framework of intersectionality underscores the various conditions that blend with discriminatory social practices to construct and maintain inequity and exclusion. Intersectional framework(s) explore how systems of discrimination can affect a person's social and/or economic status, race, class, and gender. Therefore, intersectionality theory offers a broad base for examining the multiple ways that the SDH shape women and children's health across the entire lifespan.

Research Summary. The research on social determinants of health for marginalized populations delve into the inequities in access to support systems because of structural conditions, exacerbated by the COVID-19 pandemic. Pandemics always follow the fault lines of society—exposing and often magnifying power inequities that shape population health even in normal times (Wade, 2020). Marginalized and vulnerable populations are usually adversely impacted by these outcomes and children from marginalized communities typically complete less schooling, lack skills for gainful employment and experience a wealth gap. Social scientists have been examining links between family poverty and subsequent child outcomes for decades. This scholarship will highlight ways that **(1)** early care and education (ECE) access, **(2)** income assistance, and **(3)** nutrition provision *intersects*, and their subsequent impact on the overall well-being of the whole child. Scholarlily discourse recognizes that the coalescing effects of inequitable educational access creates profound implications for income, access to societal goods and services, and overall physical and psychological health. A social determinants of health (SDH) viewpoint focuses on the underlying causes of the social and material deficiency that leads to poor health. This research examines the previous work of (McPherson & McGibbon, 2010) to illustrate how intersectionality theory can be applied in conjunction with complexity theory to support the amelioration of inequities relative to social determinants of health for the whole child. Determining the ways that connecting these two theories to broaden our understanding of social and economic marginalization of specific groups is paramount to transformation. A synopsis of intersectionality theory is presented, with an emphasis on its practicality for expanding an inquiry of intersections of the SDH. Three interconnecting areas of SDH construct an intricate synergy of privation and ascendency.

The objective of this research is to initiate dialogue around lived experiences of social and health inequity that cause disparities in outcomes for marginalized populations in the US and worldwide. Creative solutions can be constructed in the public policy realm once the complexities of SDH are brought to the forefront of human suffering. This body of research is not an exhaustive overview, neither will it diminish the significance of intersectionality, complexity theory, and the social determinants of health. More accurately, it will create space for open discourse on how these areas can be merged to further understand and engage in the area of individual and family health inequities. Hopefully, the research results can stimulate dialogue about how intersectionality theory and complexity theory are organic antecedents to inform public policy on SDH inequities in the overall health of individuals and families in marginalized communities.

Intersectionality. Kimberlé Crenshaw (1989) first introduced the term intersectionality as a way to shed light on the lack of Black women lived experiences in both suffragette and anti-discriminatory discourse, where studies of the intersections of prejudice and bigotry were consistently absent. Collins (1990) illustrated how oppressions in society do not function independently, instead, they intersect in complex patterns--which view each oppression as additives, failing to stress the centrality of power and privilege. The additive model of identities, also referred to as identity markers (Hum & Simpson, 2003), intersect to intensify oppression. Indubitable determinants of a person's access to the social and essential amenities of life are [gender, race, social status, sexual orientation, age, culture, (dis)ability, ethnicity, and spirituality.

Collins (1990) described how oppression in society does not operate independently, but instead intersects in complex patterns, revealing the centrality of power and privilege. The cruelties of all the "isms" combined can create an intricate synergy of economic and social disadvantages.

The intersection of *isms* can compound oppression in marginalized populations. Race, age, ethnicity, (dis)ability, gender, immigrant status, sexual orientation, and social class are determinant of one's access to the social and economic needs of life. In the context of SDH, synergy denotes collaboration, blend, merge, and interdependence—the components interacting to develop a multidimensional whole that cannot be extricated into any single experience. A core foundation of the theory of intersectionality is the emphasis on the interrogation of power in society and the inherent antecedents of oppression. The attentiveness on the inherent contributors of inequities makes intersectionality theory a probable theoretical framework for informing policy to tackle the biases in SDH relative to vulnerable and marginalized populations. Intersectionality theory accentuates a profound understanding of the many conditions that amalgam with discriminatory social systems to construct inequity and exclusion. Intersectionality framework offers a broad base for investigating the multiple ways that SDH shapes individual's health throughout life. Physical, mental, and emotional health issues at the intersection of **[gender, race, class, social status, and ethnicity]** have been discussed in scholarly discourse for almost a decade (Weber, 2005).

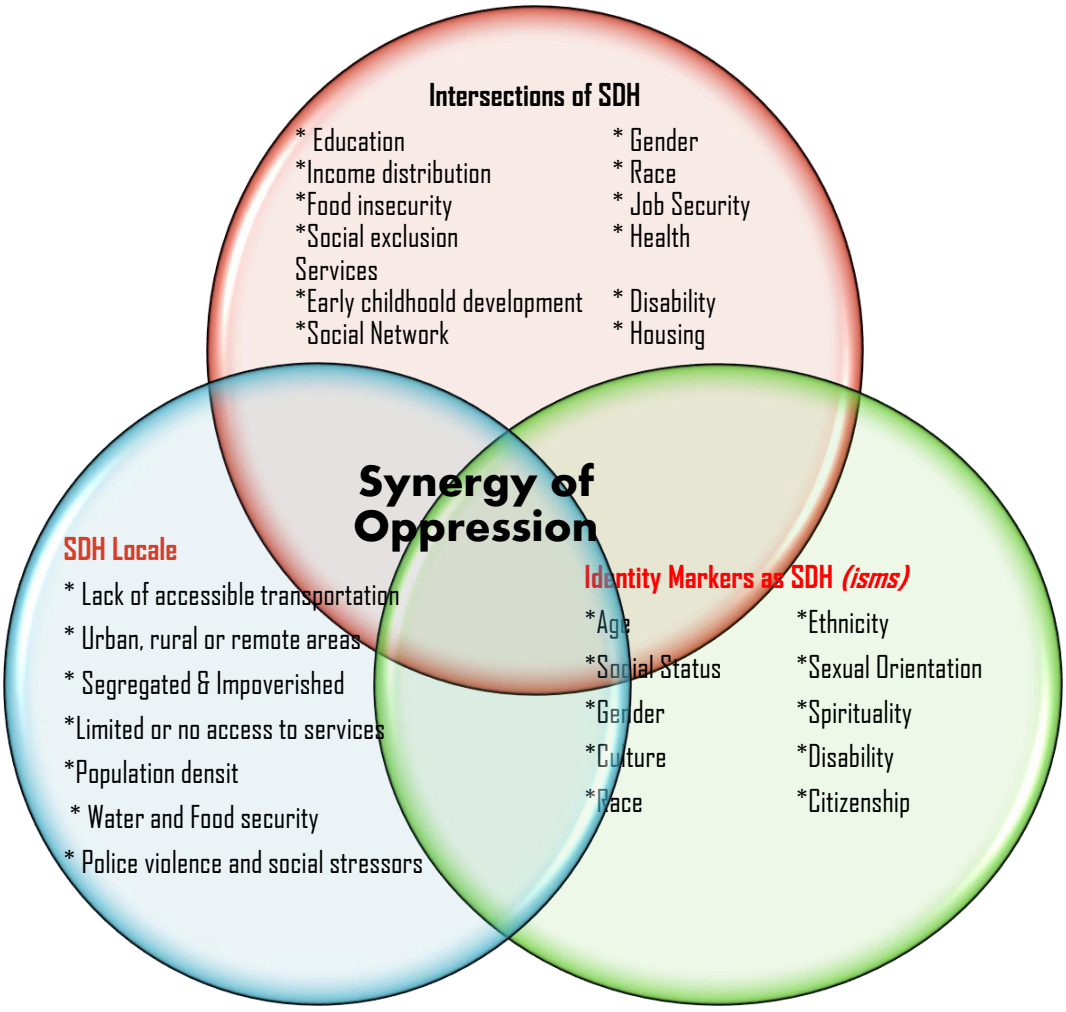


Figure 1

Rationale. Intersectionality is progressively being adopted as a new paradigm which seeks to counteract one- and two-dimensional approaches by bringing to the forefront the complexity of social locations and experiences for understanding differences in health needs and outcomes … (Hankivsky & Cormier, 2010). Figure 1 is an interwoven conceptualization of intersectionality theory depicted by three areas of health inequities. The intersectionality lens is anchored in the meshing of the SDH, the isms, and the locale of oppression. Consistent with the developing definitions of the SDH, Figure 1 also reveals that race, gender, and disability as SDH are mirrored in the intersections of the isms.

Components in all three areas also intersect among themselves. Lack of education adversely impacts employment, ultimately impacting both food and housing security. These various areas intersect to exacerbate individual, family, and community health struggles. Oppression is a relentless symbol of intergenerational poverty. Gainful employment is a critical indicator of family and community well-being—with consistent and equal employment being a sure pathway out of the bondage of poverty. Noteworthy, is that gender influences the distribution of work in both the public sphere of production and the private sphere of the family unit. Conventional economic research considered these two spheres as essentially separate.

The intersections of the SDH, as illustrated in Figure 1, are etched on the bodies of women and their children. The forthcoming research will illustrate some of the ways that power structures operate in a synergistic manner. This research will draw upon national and international data to highlight the vital policy imperative for social change to confront inequities in SDH. The lack of educational access functions in synergy with unemployment and/or underemployment, both of which can increase the probability of food deficits and housing insecurity ultimately leading to an increase in health inequities. Racism, sexism, ageism, and ableism cause another cluster of complexities that arise from health consequences across the lifespan.

Inequities in children's overall health. Early childhood is a very delicate period in which economic deficiency may adversely impact a child's life accomplishments and employment opportunities. There is a plethora of research that highlights the various ways that poverty can influence a child's overall development. An economic lens of child development centers around what money can buy. This perspective views families with greater economic resources as being better able to provide for their young child's development (e.g., nutritious meals; enriched home learning environments and childcare settings outside the home; and safe and stimulating neighborhood environments), and higher-quality schools and post-secondary education for older children. The cost of this provision and family income limits are therefore the key considerations for understanding poverty's effects on children. Current research has correlated early childhood poverty to adult income earnings coupled with work hours, suggesting the need to remedy situations with persistent poverty occurring early in childhood.

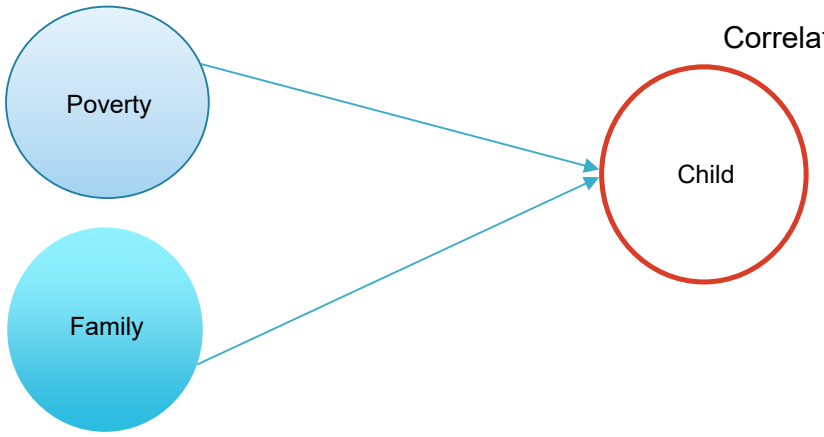


Figure 2
Correlation Effect of Poverty

Research Questions.

The purpose of this research is to explore the inequities in access to support systems for marginalized populations because of structural conditions, exacerbated by the COVID-19 pandemic. We endeavor to bring to light the ways that (1) early care and education (ECE) access, (2) income assistance, and (3) nutrition provision intersect, and their subsequent impact on the overall well-being of the whole child.

RQ1: Early Care and Education.

To what extent, if at all, has COVID-19 introduced new drivers of inequitable access to student support systems? What federal, state, or local initiatives have helped low-income communities gain access to key support systems during the COVID-19 pandemic? Did these initiatives highlight structural barriers to access? To what extent, if at all, does education or the lack of education impact the health and overall well-being of children?

RQ2: Material/Income Support.

What are some key identifiers of communities with limited access to support? Determine if there is an intersection of low-income families coupled with food desserts and inequitable educational centers. Is there a policy or programmatic revolution that could increase access to support systems in these communities? Examine current policies or initiatives in various areas of Texas and explore the complexity of these systems.

RQ3: Food Security/Nutritional Provision.

How has the COVID-19 pandemic impacted the health and well-being of low-income students? What effect, if any, has the economic and social disruptions created by the COVID-19 pandemic had on communities of color?

During the early days of COVID-19, some pundits alluded to the coronavirus as a great equalizer. Wade (2020) purported that pandemics always follow the fault lines of society—exposing and often magnifying power inequities that shape population health even in normal times. An article in the New York Times, underscored the intersection of social factors that increase the risk of infection in impoverished communities, such as housing density and reliance on public transportation, and “disproportionately high rates of disease and illness” that make infection more deadly (Eligon & Burch, 2020). Poverty is a forceful determinant, with some families experiencing intermittent levels of poverty in a relatively short time.

Early Care and Education.

The correlation between the lack of academic achievement and poverty is well established. In 1848, Horace Mann believed that education was the great social equalizer for the conditions of men. In other words, a household that is better educated is less likely to be caught in the recidivism of poverty. The COVID-19 pandemic unhinged the 2019–2020 school year, and education systems worldwide struggled to meet the needs of students and families with little to no available data on how school closures would impact learning. Children born into poverty face unimaginable obstacles and the difficulties within the family dynamics are likely to manifest through inadequate educational, social and health outcomes. Recent studies suggest that household and neighborhood poverty both adversely alter educational achievement and social mobility over the lifespan. Early childhood education (ECE) programs can be a benefit for the parents and families of young children by affording them an opportunity to be a more productive part of the workforce. ECE programs can potentially reduce poverty and create a substantial difference in the success of school systems worldwide.

Social scientists and public health researchers have drawn attention to the structural conditions that shape the concentration of COVID-19 in communities already facing higher burdens of poverty, educational disparity, racial inequity, and disease (Khazanchi et al., 2020).Generational poverty continues to be a relentless symbol of systematic oppression. A crucial marker of family and community well-being is employment—and steady employment is a gateway out of the fetters of poverty. Overwhelming evidence reveals that “isms” are proportionate to employment opportunities, and gender intersects with race to cause higher rates of unemployment. An area that must be explored relative to early care and education for marginalized populations is social exclusion. According to Schnepf (2004) some of the factors associated with social mainstream exclusion include, ethnic minority and immigrant status, poverty, and language barriers.

Material Support.

What are some of the consequences of growing up in a poor household? Pundits from diverse areas highlight various ways by which poverty can potentially influence a child’s development. An economic lens of children development will focus more on what money can buy. Families with greater income will be viewed as being better able to provide tangible resources, such as [a higher quality of education, enriched learning environment at home, a safe neighborhood, and extra curricula activities] which positively impacts a child’s development. A key consideration for understanding the effects of poverty on children could be the income constraints coupled with the cost of the tangible resources. The many facets of poverty make it difficult to identify with a concrete level of certainty whether it is poverty alone bringing about the disadvantage or other related experiences.

An especially profound time in which economic deficiency may impact a child's life achievement and potential employment opportunities is during early childhood. Overwhelming research reinforces a notable number of developing brain structures and functions that are directly related to growing up in an impoverished home. There is also research data that links early poverty with achievement and employment. Literature reveals that children in general and younger children in particular, appear to be more susceptible to the corollaries of deep poverty, and mothers that have very young children are most likely to be unable to support themselves through stable and consistent employment. Families living in poverty are also more likely to experience housing insecurity, which could mean increased mobility, living with friends or family in over-crowded housing, or even intermittent homelessness. Furthermore, housing insecurity has been linked to a multiplicity of health and development issues for children that can have long-lasting implications on their ability to learn and succeed in life. Current research advocates for a more targeted policy approach to remediate circumstances that involve deep and persistent poverty occurring early in childhood. A reexamination of welfare policies should focus on ensuring that sanctions and other regulations do not deny benefits to families with very young children.

Food Security. Access to early educational opportunities is essential to a child's development, however, other issues experienced by children living in poverty are also inextricably linked to poor academic performance. Marginalized populations are more likely to experience food insecurity. The lack of access to healthy foods could ultimately impact a child's growth and development. Subsequently, it is also harder for children to focus on learning when they are hungry. School data relative to the federal government's free and reduced lunch program, suggest that approximately **51 percent of pre-K - 12th grade** students dwell in low-income households. In addition to the education deficiencies, marginalized children can experience inadequacies with physical and cognitive development and disparities regarding access to healthcare and to key resources that help ensure success. Food insecurity experienced during the first 5 years of life, widely recognized as a key period of development during which the foundations for later cognitive and social functioning are laid (Knudsen, Heckman, Cameron, & Shonkoff, 2006), and may be especially damaging because of the probable unintended effects—through its influence on parental well-being.

Marginalized homes that are more concerned with providing food for their children, or who are hungry themselves, are less likely to be attentive to their child's other needs and thereby participate in fewer activities which are known to stimulate early cognitive and social development. Moreover, families that experience food insecurities are much more likely to spend the little money the do have on food, rather than on educational stimulating books, toys, and/or games to promote development. Children's health and brain development can be damaged by food insecurities years before they enter a physical classroom, and by kindergarten, these children are often behind their food-secure peers. There is a plethora of studies that suggest food insecurity is harmful to the overall well-being of a person's health. For children the likelihood of developmental delays increases. To eradicate food insecurity requires a concerted effort on the part of all stakeholders, to make this issue a health priority. Food insecurity early in the life of children impose a burden on their future abilities to work and provide for themselves and their families, as well as on the workforce and public well-being at the societal level, must be the focus for policy makers and pundits.

Proposal. The lack of access to education can potentially create profound impacts for marginalized populations relative to income, access to the equitable support, and overall health and well-being. This research will embrace a social determinant of health (SDH) viewpoint to explore the structural complexities of the triggers of social and income disparities, that lead to poor health and well-being. Additionally, this study endeavors to build on the intersectionality framework coupled with the complexity theory to reveal amelioration of inequities in the social determinants of marginalized children.

The researcher will delve into the ways that this coupling can further our understanding of social and economic marginalization of children. An overview of intersectionality theory is shared, highlighting its practicality for broadening an analysis of intersections of the SDH. We hope to inspire scholarship about how intersectionality theory and complexity theory are inherent antecedents to inform public policy, relative to SDH inequities in children's overall health. Narratives will ground our theoretical discussion in the everyday lived experience amongst this population.

Expected Data Source. Collect and analyze qualitative data on families' experiences attempting to access key supports to identify newly emerging barriers to access. Interview families and service providers in Texas to

explore the perceived effects of different policies. Analyze qualitative or quantitative data to identify the policy, economic and/or structural barriers that contribute to limited access in low-income communities. Conduct a scan of Texas policies related to multiple supports for communities of color.

Proposal Design. This research is an exploratory qualitative study aimed at identifying any structural barriers to access for marginalized populations, that have emerged amidst the COVID-19 pandemic. In-depth interviews, field focus group discussions and relevant key informant interviews will be conducted. The accumulated data will be analyzed using an iterative approach, incorporating both deductive and inductive methods to identify themes and codes.

Proposed Activities. This study will be conducted in three low-income communities in Houston, Texas. Participants will consist of women in marginalized neighborhoods with children, and HoustonISD district leaders, State and Community leaders and non-governmental organization workers (key informant interviews).

Potential Project Partners. Houston Independent School District (Houston ISD) has more than 210,061 students and encompasses 333 square miles within greater Houston area. It is the seventh-largest public-school system in the nation and the largest in Texas. The k-12 district supports approximately 104,000 elementary aged children--with 8 Early Childhood Centers that serve Pre-K (3-4). A large portion of students that attend HoustonISD schools reside in low-income areas across Houston, Texas. Approximately 80% (167,000) of the student population has been identified as “economically disadvantaged”. Goodwill Houston Industries of Houston is non-for-profit organization that provides support to families that experience barriers to employment, which could potentially increase the wealth disparity and adversely affect income resources. Goodwill Houston currently operates in 8 counties in Texas with 100 locations and has an MOU with HoustonISD and Texas Health and Human Services to provide supplemental support to students at 3 schools that are part of the Pathway to Success Pilot program.

Texas Health and Human Services Commission (HHS) is the governing body of Texas, offering hundreds of programs and services that help more than 7 million Texans a month live better lives. HHS is committed to improving the health, safety, and well-being of Texans with good stewardship of public resources. The USDA via HHS is partnering with HoustonISD to pilot programs at 3 schools to combat situational and generational poverty. This is the first of its kind in the country and will hopefully become a prototype for other states to follow.

Duration of Research Project

The research for this project will begin July 1, 2021, with a final submission of June 20, 2022.

Project Deliverables

Deliverable	Description
Research report	The final analysis will be a qualitative research report, utilizing an iterative approach with blended [deductive and inductive] methods to identify and generate codes and themes. A deductive approach will be used through the use of interview guides, providing an essential template for the framework of data coding.

Project Timeline

Key project dates are outlined below

Description	Start Date	End Date	Duration
Project Time Frame	July 1, 2021	July 30, 2022	52 weeks
Milestone 1 (Complete IRB for Study)	July 1, 2021	Sept. 30, 2021	9 weeks
Milestone 2 (Conduct interview in 3rd Ward)	October, 2021	November, 2021	8 weeks
Milestone 3 (Conduct interviews in 4th Ward)	December, 2021	January, 2022	8 weeks
Milestone 4 (Conduct interview in 5th Ward)	February, 2022	March, 2022	8 weeks
Phase 1 Complete (Transcribe Interviews)	April 1, 2022	April 30, 2022	4 weeks
Milestone 5 (Focus Group Discussion)	May 1, 2022	May 31, 2022	4 weeks
Milestone 6 (Key Informant Interview)	June 1, 2022	June 17, 2022	2 weeks
Project End (Complete Report & Submit)	June 20, 2022	July 29, 2022	6 weeks

Expected Outcomes

- Scholarship that can inform public policy
- Scalable strategies for implementation at the local, state and national level
- Collaborative partnerships to combat health inequities that adversely impact marginalized communities
- Decision making driven by relevant data
- Better support systems for the most vulnerable and marginalized populations

Project Cost

Category #1	Price
Compensation for part-time assistants (8x$20 an hour)	$43,520
Focus Group Fees ($8hour-(2-hour minimum and 4-hour maximum)) / 30 participants	$2,400
Compensation for PI's (full time)	$10,000
Total Services **Category #1** Costs	$55,920
Total	$55,920

Qualifications | Roles & Availability

Based on the (CFP), below are the qualifications of the team:

- Dana Carmouche, MA | MBA
    - PhD student at Pepperdine University,
        - Expected graduation date: May 2022
    - Please see attached CV

- Graduate students from local Universities in Houston to assist with interviews and focus groups.
    - Partner with local University [Psychology and Public Policy] departments to solicit part-time employees.

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