

Center
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**Realizing President Obama's Promise to Scale Up
What Works to Fight Urban Poverty**

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Realizing President Obama's Promise to Scale Up What Works to Fight Urban Poverty

In his victory speech on election night, Barack Obama called for a new spirit “of responsibility, where each of us resolves to pitch in and work harder and look after not only ourselves, but each other.” Throughout his campaign, Senator Obama spoke about the important work to be done, “with so many families to protect ... cities to rebuild ... and so many lives to mend.” He contended that personal responsibility and social responsibility must become catalysts for one another if more children growing up in tough circumstances are to have a realistic shot at the American dream. Beneath the rhetoric lie concrete policy proposals, two of which could transform lives and neighborhoods on a grand scale. He has pledged that the highly successful Nurse-Family Partnership will be expanded to reach all low-income first-time mothers with nurse home visits, and that he will spread the Harlem Children’s Zone model, with its intricately woven tapestry of services and supports, to twenty “Promise Neighborhoods.”

The current economic crisis may slow the realization of these promises, but it is not too early to think hard about the fact that whenever they are acted on, a condition of their success will be the recognition that scaling up from model programs is hard, but possible.

Having spent three decades trying to understand “what works” in changing life trajectories among children and families with the odds stacked against them, I want to make sure that those charged with making good on the President’s promises know how to overcome the obstacles that defeat so many valiant efforts to scale up and spread successful models. The stakes for doing this right have of course grown exponentially as a result of the current economic crisis and severely constrained resources. The people with responsibility for spreading these programs will have to be as smart and strategic as Obama and his team were in conducting his presidential campaign. Perhaps most important, they will have to understand how different the approaches will have to be to scaling up these two very different kinds of initiatives.

The Nurse-Family Partnership

I visited the first precursor to the Nurse-Family Partnership (NFP) with its founder, David Olds, in 1985 as part of my research for my book, *Within Our Reach*, about programs that were changing the odds for disadvantaged children. I had traveled to the city of Elmira in upstate New York, described then by the *New York Times* as a “community of lost jobs, broken families, and fading hope.” Confirmed reports of child abuse and neglect were the highest in the state. Yet Dr. Olds had been so successful in training and fielding registered nurses to visit

and support poor pregnant women, and new mothers and their infants, that after four years, fewer babies were born prematurely; the incidence of child abuse and neglect had gone down; more young mothers returned to school; and fewer became pregnant again.

The program's results had been so dramatic that when the foundation funding ended, there were demands to continue it under public auspices. But when the budget-pinched city health department took over, drawing on Medicaid dollars, it was forced to double the nurses' case loads and to cut the duration and frequency of visits by half. The nurses who staffed the original program quit, convinced that the watered-down version could not achieve the same impact.

Determined to demonstrate the effectiveness, indeed the cost effectiveness of his original model, Dr. Olds and colleagues tested—and proved—its worth in Memphis, Tennessee and Denver, Colorado. The data coming out of these demonstrations made it possible for NFP, with the help of outside experts, to define its 18 essential elements. By 2008, the Nurse-Family Partnership was serving clients in 25 states, and had established an infrastructure on which a far wider spread could be built. A National Service Office, set up for this purpose, collaborated with Public/Private Ventures and the Bridgespan Group—both nationally recognized experts in replication—to ensure that participating agencies adhered to the tested and proven approach. The National Office believes it can say with confidence that when a local agency implements the program with fidelity to the 18 essential elements, the results will be comparable to those documented in the research. David Olds, it turns out, was able not only to devise a unique intervention, he was also able to lead a team that would build a structure for scale-up that assured high quality implementation of the essentials, while supporting local variation in many specific elements.

Katherine Boo has written in the *New Yorker* of the “preposterously difficult assignment” of the NFP nurses working among the Cajun population in Louisiana, trying to address, “simultaneously, the continual crises of poverty, and the class-transcending anxiety of new maternity.” Operating within the 18 specified elements, these nurses have had to be ingenious in finding new ways “to create an aura of momentousness around the new baby” in the midst of the chaos of revolving boyfriends, unpredictable housing, and rampant unemployment. But they have shown that with the right structures, a program like the Nurse-Family Partnership can travel successfully from rural Appalachia to the concentrated poverty of the inner city, and from there to the Bayous of Louisiana—without sacrificing quality, effectiveness, or impact.

How widely and how fast even this highly scalable program can be spread will depend on how much political support can be mobilized around allocating the required funding from federal, state, and local sources, as well as from

philanthropic sources. Is it conceivable that in a new Administration, the components of this highly effective intervention could be incorporated in the Federal-State Maternal and Child Health Program? How effectively it will meet the needs of the families it serves will depend on how solidly and sustainably funded it is, and on its structures for maintaining high quality as it grows.

The Harlem Children's Zone

The challenge of building twenty new versions of the Harlem Children's Zone (HCZ) is more formidable than scaling up the Nurse-Family Partnership. It poses greater risks, is prone to more pitfalls, and requires a larger investment of time, money, and wisdom. That investment is worth making, and the risks are worth taking only because efforts like the HCZ carry the potential of bringing about greater and more profound change and long-term economic benefits than does the replication of any single program. Spreading a place-based initiative like the HCZ carries the potential of changing outcomes not just for individual children and families, but for entire devastated neighborhoods, with an enormous return for the nation.

Ten years after witnessing the earliest iteration of the Nurse-Family Partnership, I had the opportunity to visit an after-school program that turned out to be an antecedent of the Harlem Children's Zone. HCZ was but a gleam in its founder Geoff Canada's eye, but even its modest beginnings were of great interest to me, as I was working on my second book, *Common Purpose*, exploring "what worked" in the world beyond individual successful programs that were aimed at changing individual lives. I was shown around by Canada, whose story was already becoming legendary. A tall, lithe man who moves like the martial arts instructor he has long been, he had risen from a hard-scrabble childhood in the South Bronx to earn a graduate degree in education from Harvard University, before becoming president of the Rheedlen Centers for Children and Families, a social agency serving needy New York families.

Because Canada, like Obama, believes that improving life trajectories for kids growing up in tough neighborhoods requires strong families supported by strong surroundings, he set about applying these principles, first to a 24 square block area of Harlem, then to 60 blocks, and ultimately to 100 blocks. The programs that would meet the basic needs of children and families would connect to one another and be supported by the structures and norms that would transform an entire neighborhood. In another few years, college would be a future that all the children in the Zone would be aspiring to; every one of them would be graduating from high school on time and able to compete successfully for decent jobs and higher education. A "cradle to college pipeline" would replace the Cradle to Prison Pipeline® that has heretofore characterized the

experience of so many of the children born into America's areas of concentrated poverty.

Canada explained it this way to Paul Tough, author of the new book about the HCZ, *Whatever It Takes*: "When my grandparents first moved to Harlem in the 1920s, it was a community where people had a lot of pride. Folks valued education. Everyone was working ... people had dreams that Harlem was a launching pad to making it in America. My belief is that in ten years, Harlem could be that kind of place again."

In the service of this belief, HCZ has developed a collection of programs focusing especially on the early years. Program goals include making sure that

- pregnant women get early, continuing high-quality prenatal care;
- first-time mothers enroll in "Baby College," to learn how to keep their children healthy, how to make their babies feel safe, secure, and comfortable, and to appreciate the wonders of their babies' developing brains;
- fathers learn that "It's cool to be loving!" and parents learn the importance of reading to even the youngest children;
- three- and four-year olds have daily intellectually and socially stimulating experiences to help prepare them to enter kindergarten ready to learn.

Many of these goals are beginning to be attained. More parents are reading to their children, more children are fully immunized, 100 percent of preschool participants are found ready for school learning. But from the beginning, Canada thought it was not enough to just assemble "a bunch of services for children and families." He wanted a place ("a watering hole, a meeting place") that could provide a safe haven that everyone in the community was involved in developing, where everyone had a sense of belonging, and where well-trained and caring adults could stand side by side with children "in the war zones" of America's inner cities. He also saw it as a place to bring more men into the lives of poor minority children long before that became the conventional wisdom. In 1996, he told the *New York Times*' Bob Herbert, "We want the kids to know that they can count on men—not only to be strong, not only for protection, but also to give them a hug, to hold their hand."

Informed by systematic data analysis, and having been able to attract large sums of funds from the private sector, HCZ has moved beyond individual programs to strengthen community bonds. It has created a structure to transfer city-owned buildings to resident management and ownership, and has set up community centers that bring together residents around academic enrichment, sports and recreation, health and wellness, and the performing arts. Perhaps

most important, the community is developing the capacity to respond to community-wide needs.

For example, when a wide-ranging household survey found that a third of the children under age 13 tested had asthma—more than five times the national average—HCZ enlisted Harlem Hospital Center and the Columbia University School of Public Health as partners in action. They arranged for trained health staff to make home visits every three months. But because of the partners' wide-angle vision, they didn't stop there. They joined with lawyers who could do something about the landlords responsible for the mold, rodent infestation, and dust mites that account for such high asthma rates in poor neighborhoods. The combined interventions not only improved children's lives and their school attendance, they even saved money by reducing emergency room visits and virtually eliminating sick children's overnight hospital stays.

HCZ's largest leap yet away from providing "a bunch of services" to bringing about major institutional change, came when HCZ realized that all its efforts to shore up failing schools would not result in substantially improved academic outcomes—and the brighter life prospects they bring—unless there were alternatives to the existing schools. During my 1995 visit, staff were still putting their hopes in what the Beacons after-school program could do to improve academic outcomes by providing tutoring and other supportive services, and by changing the traditional, one-sided relationship between neighborhood parents and school personnel. But, as Canada told the *New York Times'* Paul Tough ten years later, it was not enough. "If we keep fooling around on the fringes, I know ten years will go by, and instead of 75 percent of the kids in Harlem scoring below grade level on their reading scores, maybe it will be 70 percent, or maybe it will be 65 percent. People will say, 'Oh, we're making progress.' But that to me is not progress. This is much more urgent than that." And so in 2004 the HCZ decided to open its own schools. The Promise Academy elementary school has had impressive results (95 percent of third graders met or exceeded citywide math standards in 2008) and much smoother sailing than the middle school. Many of the children in the elementary school and their families had already benefited from the HCZ early childhood programs, and were a great deal more ready for Kindergarten and first grade than their older brothers and sisters were to start the sixth grade of the middle school. Disappointing results from city-wide tests have resulted in much debate: about whether it is possible to bring children whose education has been woefully neglected back on track beginning at sixth grade; whether a higher proportion of resources should be devoted to the earliest years; and about the pros and cons of the HCZ to be running its own schools, rather than recruiting one or another of the groups that have been most successful in educating inner city children to do it for them. In the education arena, HCZ is still experimenting.

What is remarkable about the collection of activities that makes up the HCZ, and what has captured the attention of funders, reformers and politicians, is that they build on one another, that each is shaped to add to and multiply the impact of the others. Both theory and experience suggest that the long-term results of these coherent efforts is a critical mass of engaged, effective families, a community with a new set of values, and an infrastructure to sustain both—results that cannot be achieved by any collection of proven, more readily replicable programs aimed at individuals.

So is it possible to replicate – in the sense of cloning -- a community-based “model” of multiple parts, each of which must interact with one another and with environments that are infinitely diverse in their needs, strengths, and political realities? The answer to that is a clear no. Simple replication cannot be the key. Rather the key, as Obama explains it, is to stop treating unemployment, violence, failing schools, and broken homes in isolation, but to put together what works “to heal that entire community.” And that can only be done through a judicious combination of building on what has worked, and making the adaptations required by new settings and new circumstances. Fortunately, this difficult process can be informed by the lessons that come out of the successes of the HCZ experience and from other efforts around the country striving toward similar goals.

Lesson One

Early on, invest significant time, energy, and wisdom to identify the essential components of what has worked at the HCZ and elsewhere that can be defined and disseminated.

These components must then be distinguished from those components that are so subtle that they cannot be codified, and from those that can only be selected and crafted in twenty different processes of local problem-solving.

Many social reformers and most public and philanthropic funders today see the problem of identifying “what works” as a technical matter of sorting the *proven* from the *unproven*, the *evidence-based* from the rest. While it was a difficult and complex process, it *was* possible to prove that the Nurse-Family Partnership worked, and to identify the 18 elements that made it work and that made up the bulk of the program. Not so with the HCZ, because it has so many more moving parts, because so many more of the pieces have to be shaped to fit what’s already there, and because the parts of the model that act as the connective fabric are so dependent on very specific local circumstances.

But in rejecting the idea of cloning a single model, we should not forget that there are answers that can be generalized. Education reformer Robert Slavin points out that it would be foolish for reformers to shy away from being

prescriptive where experience permits, and to withhold specifying the elements that make an intervention or a cluster of interventions effective. The clearer the understanding, description, and specification of effective practices—where they can be established without interfering with the flexibility and innovation that are also essential to effectiveness—the more likely their spread will improve outcomes among massive numbers of children and their families nationwide.

Lesson Two

Give due account to the importance of great leadership.

Especially because only a small proportion of what makes a Harlem Children's Zone work can be "replicated with fidelity to the original model," the role of the leader is critical. Twenty Promise Neighborhoods will require at least twenty extraordinary leaders who have not only an inspiring, but an accurate vision for what might be. They will have to begin by articulating their vision and persuading skeptics of its merits, and go on to engage the community in building a common vision that will be the basis on which people can be mobilized to tackle tough challenges.

These leaders will need an experimental mind-set and the capacity to live with ambiguity, realizing that some decisions will pay off and some won't. They have to be prepared to learn and to change at every step of the way in a continuous learning process that has the capacity to correct course at every stage of development.

Lesson Three

Invest effort and resources to create a hospitable institutional and systems climate to assure that the needed changes will be sustained over the long term.

Well before the first Promise Neighborhood can get under way, planning must address the highly contentious questions of how the requisite federal, state, local, and philanthropic funds can be made to flow at levels and in ways that don't undermine needed reforms. A hostile or unsupportive institutional and systems environment can totally sabotage the kind of fundamental change that scaling up the HCZ will entail. A "whatever it takes" stance at the front lines is hard to maintain when public and private funders operate through narrow stovepipes, with regulations that limit eligibility for mental health consultation to those with "diagnosable conditions," or deny child care subsidies to children when a parent gets a raise, or when school rules don't take family mobility into account.

As the Promise Neighborhoods succeed in solving some of these problems, it will be essential to put mechanisms in place that would allow others to learn from their experience, so as to create the conditions for more than twenty places to

do this work. Finding systematic ways of harvesting and disseminating the lessons that come out of the Promise Neighborhoods will be a more realistic goal than trying to impose a formal experimental evaluation methodology on twenty different, and necessarily unique, collections of place-based reforms.

Lesson Four

Provide for the continuous backing of intermediary organizations that can offer outside support, legitimation, and clout to help sustain the scaled-up intervention, and that can be a continuing source of current information about “what works.”

The large-scale changes that these Promise Neighborhoods entail will involve disruption of the status quo, almost always in environments that have been highly successful at resisting change—especially when the essential change comes close to the core of an institution or system. They will necessitate the skillful application of political power to protect the reformers as they simultaneously build on what’s there and already working, and battle vested interests to put the required changes in place and sustain them over time. The intermediary structures will have to operate at the local, city/county level, possibly at the state level, and will certainly need capacity at the Federal level to engage in cross-agency, action-oriented decision-making.

The same or additional intermediary organizations will be needed as a source of the most current information about “what works,” including best practices as these emerge, drawing not only on research, but also on the rich lessons now coming rapidly out of contemporaneous experience. Where the Promise Neighborhoods succeed, they should not remain isolated exceptions. As more and more entities in both the public and private sectors are engaged in trying to solve problems similar to those facing the Promise Neighborhoods, effective intermediaries could make these lessons available and accessible to people who are too busy managing and operating these initiatives to search out these lessons on their own.

Conclusion

The last two decades of experience suggest that President Obama is wise in calling for the dual strategies of ramping up both successful programs as well as the harder but more far-reaching task of neighborhood transformation. Both are essential elements of an ambitious plan to combat urban poverty. Expanding the reach of the Nurse-Family Partnership and similar proven programs will vastly improve a great many life trajectories. Carefully building on the vision and accomplishments of the place-based Harlem Children’s Zone, complicated as that may be, has the potential of making whole neighborhoods supportive of healthy lives, strong families, and a prosperous nation.

About the Author

Lisbeth (Lee) Schorr is a Senior Fellow at the Center for the Study of Social Policy (CSSP) and a Lecturer in Social Medicine at Harvard University. Ms. Schorr is the author of *Within Our Reach: Breaking the Cycle of Disadvantage* and *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. She founded, and has directed for the past seven years, the Pathways Mapping Initiative (PMI) of the Project on Effective Interventions.

PMI has produced three Pathways, which assemble a broad array of actionable information about “what works” to achieve critical outcomes, including School Readiness and Third Grade School Success, Successful Transition to Young Adulthood, and the Prevention of Child Abuse and Neglect. Each of these Pathways offers a multidisciplinary framework to guide effective action by those seeking to improve the conditions of vulnerable children, youth, families, and communities.

In her work at CSSP, Ms. Schorr continues to weave together many strands of experience with social policy, community building, education, and social services and supports, to explore new approaches to building a stronger knowledge base about “what works,” and to integrate lessons learned over the past several decades from effective efforts to improve the lives of children, youth and families.

About the Center for the Study of Social Policy

The Center for the Study of Social Policy (CSSP) is a nonprofit public policy research and technical assistance organization located in Washington, D.C. and New York City. CSSP was incorporated in 1982 to develop public policies and practices that strengthen families and communities that help produce equal opportunities and a better future for all children.

CSSP’s work is national in scope and reflects an interdisciplinary perspective that reaches across traditional categorical and professional boundaries such as social services, health, education, juvenile justice, housing, workforce development, income support and other areas. CSSP’s work reflects its experience that positive change for children, young adults, families, and communities is most likely to happen when there is a dual focus on both policy and practice combined with rigorous professional standards, attention to research evidence about what works, and a clear focus on measurable outcomes.

