The Harlem Children’s Zone “elides the debate over how much academic improvement we can expect from schools without improving conditions in the neighbourhoods around them.” (2)

Introduction

The Harlem Children’s Zone (HCZ) was created by Geoffrey Canada in 1997 to address the challenges faced by children in impoverished neighborhoods, such as housing, schools, crime, asthma, etc. With the help of significant public and private investment, the Harlem Children’s Zone has become an extensive network of social programs that covers a 97-square-block area of Harlem. These social programs include parenting classes, health clinics, tutoring centers, and schools. Canada compares the social programs of the Harlem Children’s Zone to a “conveyor belt” that takes children “from cradle to college” (2).

Recent studies are now revealing how this extensive network of programs can improve both educational achievement and health for children that live in these low-income neighborhoods. For example, studies show that enrolling in HCZ schools is associated with having higher test scores, and enrolling in the Harlem Children’s Zone Asthma Initiative (HCZAI) has led to decreases in incidences of asthma and school absenteeism. With this combination of improving both the educational environment and the community environment, the Harlem Children’s Zone “elides the debate over how much academic improvement we can expect from schools without improving conditions in the neighborhoods around them” (2). The Harlem Children’s Zone shows that having high-quality schools, which provide both extra academic services as well as physical and mental services, can improve educational attainment, and having other community programs that are not solely stationed in schools but dispersed throughout the neighborhoods to improve childhood health can only further along reductions in both health and educational disparities.
Can High-Quality Schools Alone Close the Achievement Gap

From as early as age two, cognitive differences become detectable between black and white babies, and by the time black children enter kindergarten, they lag significantly behind white children in math and reading (1). One explanation for this disparity is the socioeconomic differences between blacks and whites in the United States, and the effect of socioeconomic status on education and cognitive development becomes apparent at a very early age. There have been many intervention programs, such as Head Start and the Abecedarian Project, to boost kindergarten readiness, yet the effects of these programs do not last once the child enters school (1). Due to this lack of progress, there have been many who doubted that school’s alone can close the achievement gap, especially if the challenges children face at home are too much for any academic institution to overcome (1).

However, the study by Dobbie et al. on the effects of the HCZ Promise Academy shows results that may prove otherwise. The Promise Academy charter schools of the HCZ began in 2004, and like many charter schools, the Promise Academy has an extended school day and year. With the coordinated after-school tutoring and the remedial classes for mathematics and English Language Arts skills that are offered on Saturdays, Promise Academy students that are behind grade level are in school roughly twice as many hours as traditional public school students. The schools emphasize having high-quality teachers and student incentives for achievement. They also provide free medical, dental, and mental health services, nutritious meals, and support for parents. In this way, the schools provide services to aid the children beyond the classroom. (1)

The results from the study found that:

- Children enrolled in the Promise Academy in elementary and middle school were more likely than other students to score higher on math and ELA achievement exams.

- Promise Academy students were less likely to be absent and just as likely to be on grade level.

The authors of the study were confident that the improvement in achievement scores resulted from the quality of the schools even without the help of the other HCZ community programs. For one thing, the results did not change when comparing students who lived within the Zone and those who lived outside of it (1). Furthermore, the distance from the Zone did not change results either: children who lived closer to the Zone did not perform significantly better than children who lived farther from it, and siblings enrolled in the Promise Academy were more likely to do better than their siblings who were not enrolled in the school but lived in the same household (1). Although the main argument of the authors was that high-quality schools alone can close achievement gaps rather than because of the community programs offered in the Harlem Children’s Zone, one should take note of all the extra community perks offered in the school alone. The Promise Academy offers extra programs such as tutoring and physical and mental health services, all arguably “community programs.” The fact that the school even offers programs that are not strictly for mere academic improvement shows the emphasis on improving emotional and physical health in order to ensure that students can then...
focus more on improving their learning skills. Future studies would have to assess the effect of tutoring and extra school hours independent of having physical and mental services easily available. Either way, the results of the study show that the combination of providing a school environment that enhances the children’s physical and emotional well-being with the accessible health and mental services along with providing extra academic help can only further along academic achievement and act as a buffer for socioeconomic disadvantages.

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The Harlem Children’s Zone and Health Initiatives

The Harlem Children’s Zone Project also includes a lot of community-based projects that focus on improving health in the neighborhoods. For example, the Harlem Children’s Zone Asthma Initiative (HCZAI) is a community-based asthma intervention. This program intervenes to alter an individual’s home environment in order to reduce exposure to indoor allergens and thus reduce illness among children. (3)

Studies have shown that, in over 18-months of follow-up, the Harlem Children’s Zone Asthma Initiative was successful in significantly reducing school absenteeism overall (from 34% to 16%), absenteeism due to asthma in particular (from 23% to 8%), emergency department visits (from 35% to 8%), and hospitalization (from 8.6% to 0%). It has also been successful in increasing the use of effective asthma management strategies. (4)

Community-based health initiatives can improve health in other ways. Some studies suggest that there may be a correlation between asthma and Body Mass Index. For girls, there is a linear relationships between BMI percentile and the predicted probability of asthma. For boys, however, the relationship is U-shaped, where the highest and the lowest BMI percentiles have the higher predicted probability of asthma. Despite, this possible relationship, more research needs to be done in order to establish either correlation or causation. (5)

Having community programs that enhance health - besides the health services that are offered in the charter schools - can only help reduce educational disparities by decreasing the number of school absences attributed to sick days.

Policy Implications

The Harlem Children’s Zone Project has proved to be very successful in closing achievement gaps between children of different socioeconomic statuses and in improving the health of these children with community-based programs. This social project is further evidence that investing in education and community outreach can reduce the socioeconomic-related health disparities we see in our society.

If in fact high-quality schools alone can improve educational attainment, then
we should invest in charter schools similar to the Promise Academy. Educational attainment has the potential to improve socioeconomic status and is a strong indicator of health, which is why investing in improving the education system can lead to narrowing socioeconomic and health gaps in the U.S. Furthermore, the community programs of the Harlem’s Children Zone has shown to improve health by staging home interventions. Improving health at an early age means having fewer school absences, which can then lead to an increase in educational attainment.

As mentioned earlier, funding for the Harlem Children’s Zone comes from both the public and private sector. Much of the private support has come from Wall Street types who work in Manhattan (2). However, will we find similar private support from powerful businessmen for rural areas? In order to sustain programs similar to the Harlem Children’s Zone around the country, there should be funding coming from state’s to implement their own programs equally across their districts, and this state funding should be matched by federal funding. Furthermore, media efforts to advertise the Harlem Children’s Zone can help gather even more support from the private sector. Funding multiple community programs throughout impoverished neighborhoods around the country can become very expensive, which is why funding will more than likely have to come from multiple sources to sustain such a large social project.

**Links to Other Resources of Interest**

1. Harlem Children’s Zone

2. Harlem Children’s Zone Asthma Initiative
   - [http://www.harlemasthma.org/air/](http://www.harlemasthma.org/air/)

3. The HCZ Wellness Connection
   - [http://hczwellnessconnection.blogspot.com/](http://hczwellnessconnection.blogspot.com/)

**Sources**


