Rebuilding Opportunity in America

The Coalition of Behavioral Science Organizations

The member organizations in the Coalition of Behavioral Science Organizations are the Association for Behavior Analysis International, the Association for Contextual Behavioral Science, the Association for Positive Behavior Support, the Evolution Institute, the National Prevention Science Coalition, and the Society of Behavioral Medicine.
Rebuilding Opportunity in America

We invite you to join us in a nationwide effort to support the rebuilding of opportunity in America. Over the past forty years the health and wellbeing of a significant portion of Americans has declined and the prospects that systematically oppressed children will escape from poverty have nearly disappeared. No progress has been made in reducing structural racism -- a major cause of concentrated disadvantage. Concentrated disadvantage refers to neighborhoods with high percentages of residents living in poverty and experiencing high levels of associated daily stress.

Ironically, it is during this same period that research on the conditions needed to nurture human wellbeing has blossomed. We know what people need to thrive and we know a great deal about how to promote those conditions. We therefore call upon leaders of every sector of society to join our effort to advance the policies and programs needed to enhance opportunities in every neighborhood.

Disadvantage in America

The United States has the third highest rate of child poverty of 35 developed countries.1 However, the rate is two and a half to three times higher among Native American, Black, and Hispanic children than among white children. Child poverty is highest in neighborhoods of concentrated disadvantage, where the problem of intergenerational poverty is compounded by a harsh and discriminatory criminal justice system. Concentrated disadvantage is defined as neighborhoods with high levels of persistent poverty, unemployment, racial segregation, single parent families, and low levels of educational attainment.2–4 It in these neighborhoods that the wellbeing of families is most compromised and the prospects for children’s successful development are so dim.5,6 It will be impossible to reduce racial injustice and disparities in health, income, and wealth, in America if we do not address the needs of neighborhoods of concentrated disadvantage.

This document provides a brief overview of what can be done to reduce structural racism and concentrated disadvantage in America and how we can advance such critical component of the growing movement to end the oppression of people living in the United States.

Efforts Needed at Both the Federal and Local Levels

An effective strategy for reducing concentrated disadvantage will require effective policy at the national level and support for well-organized participatory community action (e.g., Black Lives Matter) at the local level. This plan provides a path forward in both areas.

Federal Policies to Directly Improve Wellbeing

Progress in individual neighborhoods will continue to be limited if we do not also address this problem at the national level. How much can we expect to improve health and economic wellbeing in individual neighborhoods when wages remain at poverty levels for millions of workers, when our social safety nets are so limited, when our punitive criminal justice system fails to prevent crime and
brutalizes residents, when our healthcare system waits until chronic diseases develop rather than investing to prevent ill health, when marketing of unhealthful products remains unregulated, when racism continues to erode community health?


Reducing Racism and Discrimination. A careful analysis of concentrated disadvantage in the 100 largest metropolitan areas in the U.S. shows that Black and Hispanic families are significantly more likely than white or Asian-American families to be living neighborhoods of concentrated disadvantage. Moreover, people below the poverty line are more likely to live in such low opportunity neighborhoods if they are Black or Hispanic. This concentration of disadvantage is, in large part, due to discriminatory practices that have prevented money being invested in these neighborhoods and prevented minority group members from moving to better neighborhoods. It is in these neighborhoods that upward mobility grinds to halt and people are more likely to experience systemic racism which is associated with premature death. This is because chronic exposure to discrimination and other forms of aversive experience produces physiological stress that contributes to metabolic syndrome, obesity, and cardiovascular disease.

There is evidence that prejudice can be reduced when people work together, in cooperative groups, where each person contributes to the success of the group. The best evidence comes from research in schools where students work in small teams. Such cooperative learning has been shown to reduce prejudice and bullying. There is also evidence that literature and entertainment media that depict positive inter-group relationships reduce prejudice. However, very little research on these strategies has been done in workplace or community settings with adults. Given the extent of racism in the USA and its impact on public health, research that empowers community members to advocate on their own behalf and collaborate with other community groups to reduce intergroup tension and improve police-community relations, should be a high priority.

Radical reform of the criminal justice system. The killing of George Floyd is mobilizing an unprecedented push to reform police practices. The evidence has long been available about the harm that the criminal justice system is doing to the BIPOC community, especially those living in neighborhoods of concentrated disadvantage. The existing system has undermined family stability through long and often unnecessary incarceration. It has traumatized children who witness humiliating or brutal treatment of their parents. The recent shooting of Jacob Blake just a few feet from his three young children is a tragic example. It has exposed BIPOCs to chronically high levels of stress that compromise their immune systems and contribute to life-threatening illnesses. And it is killing people.

The foundation for reforms begins with the voices of each individual community and its members. The goals and mindsets of policy makers and administrators need to shift accordingly toward the elimination of chronically aversive treatment of people in high poverty neighborhoods and to the prevention of crime and rehabilitation of offenders. Research has shown that excessive force can be reduced with effective policies. In addition, communities are beginning to reimagine police work, replacing police interventions in many problems with the provision of services from mental health workers and social workers and an increased voice of residents in how common problems of neighborhoods should be resolved. This participatory approach to community wellbeing is central to any national effort to reform the criminal justice system. Programs and policies that are
responsive to the needs and voices of community members and groups stand the best chance to improve wellbeing.

In addition, we need to eliminate incarceration for crimes for which less-restrictive alternatives would result in lower recidivism. And we need to adopt evidence-based interventions that have proven benefit in reducing recidivism.\textsuperscript{13} Moreover, we need to invest in the prevention of crime. Numerous family and school interventions have been shown to reduce contact with the criminal justice system.\textsuperscript{14} Every community needs to monitor the rate of offending and the success of prevention and rehabilitation efforts and keep or modify its practices in light of outcomes.

**Prevent the marketing of unhealthful products to young people.** There is extensive evidence that young people are harmed by the marketing of tobacco, alcohol, vaping products, and unhealthful foods.\textsuperscript{15-17} There is, at the same time, evidence that increased taxation on these products can deter their use, as can programs that prevent sales of these products to young people. Federal legislation to increase taxes on unhealthful products and to influence states to reduce access will prevent exposure to these products thereby reducing incidence of addiction.

### Local Efforts to Directly Improve Wellbeing

The things that are needed to improve wellbeing are well documented in a large literature.\textsuperscript{14,18} The evidence is summarized in recent reports from the National Academy of Science Engineering, and Medicine\textsuperscript{19-21} and in a paper written by a task force of the Coalition of Behavioral Science Organizations.\textsuperscript{6} Here, we highlight three vital areas.

**Ownership of change efforts by the community.** Participatory processes have long been a cornerstone of community development. There are variety of strategies that can be useful to a neighborhood or community, but there is ample evidence that change efforts are most likely to be successful when those who will be affected by them participate in goal-setting and decision making. In what follows, we describe programs and practices that have the potential to bring about significant improvements in wellbeing. But it should be assumed that the specific things that might be tried in a neighborhood should be developed and implemented only with the full participation, and indeed control, by leaders of the neighborhood who represent the voices of neighborhood constituents.

**Strengthening families and schools.** There are numerous family-focused preventative interventions that have proven benefit in helping families reduce conflict, support children’s development, and prevent psychological and behavioral problems.\textsuperscript{6} Additionally, there are school-based programs that can improve social, behavioral, and academic outcomes for children.\textsuperscript{6} Although not all the evidence for the benefit of these interventions comes from work in the most disadvantaged neighborhoods, there is enough evidence from research in these settings to justify making them available there and further evaluating them.

**Community development.** Synergistic with the two areas above, additional community development efforts should aim to transform historical and intentional disinvestment in neighborhoods of concentrated disadvantage. These efforts include local initiatives to improve housing, multi-sector efforts to increase employment, leadership engagement, school supports, and safety initiatives. For example, in Columbus Ohio, leaders of the health care system, faith-based partners and the United Way partnered with residents to invest in the city’s neighborhoods most in need. In the area with most investment to date, the public/private partnership documented improved high school graduation rates, a 70\% reduction in vacancies and blight, increased jobs and new businesses, lower levels of assault, and modest reductions in child healthcare use.
There are other success stories in improving opportunities in neighborhoods of concentrated disadvantage. For example, the Harlem Children’s Zone has produced measurable improvements in young people’s health and life success\textsuperscript{22-26}. However, little progress has been made in translating these successes into nationwide benefit.

**The Interplay between Local and Federal Efforts**

As noted above, the success of efforts to improve wellbeing in neighborhoods requires meaningful involvement of the residents of these neighborhoods in collaboration with community groups already advocating for enhanced support. However, the resources needed to help the large number of neighborhoods that have low levels of opportunity require a national effort as well. This is especially true because many national policies reduce economic wellbeing of neighborhoods and the federal government can improve health care and public health, businesses’ impact on neighborhoods, and the effectiveness of the justice system in preventing crime and reducing recidivism. Building a large and well-funded coalition is vital for bringing about the changes in public policy that are needed.

We therefore seek not only to increase the availability of evidence-based interventions that increase community involvement, we seek to advance a national policy agenda that comprehensively addresses the entire panoply of conditions that intertwine to hamper the wellbeing of far too many people. Below we present a brief overview of other high-priority opportunities to synthesize effective policy and community action. Greater detail is available in three National Academy Reports\textsuperscript{19,21,27} and in the CBSO report.\textsuperscript{6}

**Increasing the use of Evidence-based family and school interventions.** As noted above, there is an array of family and school interventions that have proven benefit in preventing psychological, behavioral, academic, and health problems. Research is underway on how these programs can be more widely and effectively disseminated. However, empirical analysis of the NIH portfolio of research projects suggests that not as much money is being spent on the prevention of major risk factors (such as experiencing systemic racism) for premature death.\textsuperscript{28} Although that analysis does not specifically examine funding for dissemination research, it is likely the case that more research on how to get these programs implemented in disadvantaged neighborhoods is needed. At a minimum a policy prescription would require further analysis of the degree to which evidence-based family and school interventions are being implemented in disadvantaged neighborhoods and the degree to which research is evaluating strategies for effective implementation of these interventions in such neighborhoods.

**Increasing opportunity:** We have been unable to find any experimental evaluations of comprehensive strategies for increasing opportunities and well-being in neighborhoods of concentrated disadvantage. As noted above, there are very promising examples of strategies for improving opportunity and well-being. However, experimental evaluations—including both randomized trials and interrupted time series designs—have the potential to tease out the most effective strategies at the same time that they provide the strongest empirical evidence that progress can be made on these problems.\textsuperscript{6}

**Workforce development:** The widespread and effective implementation of community, family and school programs will require contributions from community members skilled in implementing these programs. We need more teachers, childcare providers, family service providers, and law enforcement personnel who come from neighborhoods of concentrated disadvantage and who are skilled in working with people in nurturing ways. Community programs that support, mobilize and
create opportunities for group members and community groups already working in these spaces stands to reignite upward mobility and represents the most direct path toward enhanced wellbeing.

Given that neighborhoods of concentrated disadvantage have a disproportionate population of BIPOCs, it is essential that a large proportion of them participate. Indeed, we are in the midst one of the most powerful demonstrations for civil justice in history. But the very process of supporting a skilled workforce can be a vehicle for increasing employment and good paying jobs in high poverty neighborhoods. In this context, it should be noted that the pay for many of these jobs, such as childcare providers is low. This reduces the number of people who are motivated to go into this kind of work and that increases turnover. Policies that substantially increase the minimum wage may motivate community members to join community efforts to enhance wellbeing.

Building a Coalition to Increase Opportunity in Every US Neighborhood

The proposed movement congeals all of the disparate efforts to improve American’s wellbeing by focusing them on the populations that need them the most: populations who for the last 400 years have been victims of systemic racism. Once we recognize that psychological, behavioral, and health problems are intertwined and that the conditions that produce multiple problems are imposed by societal institutions, we have a basis for bringing the organizations and groups working on any one specific problem into a cooperative effort to address all of the problem conditions at the same time.

There are at least three benefits to collaboration. One is that we will have the entire network that understands what humans need to thrive speaking with one voice. A second is that working collaboratively, we can produce synergistic effects; progress in reducing one problem, such as unemployment will support progress on other problems, such as family stability. A third is that through an expansive network of contacts and organizational membership, the coalition can supplement local community groups already working in the areas herein described and contribute to their overall impact. For example, to the extent that efforts to reduce alcohol-related problems focus narrowly on policies that have a direct impact on alcohol use (e.g., increased taxation, lower density of outlets, and reduction in sales to minors) they fail to affect other established risk factors for alcohol misuse, such as poverty or parental drug use. They may therefore also fail to support the multitude of other community let initiatives that contribute to abstaining from alcohol and drug consumption such as programs that increase psychological flexibility and coping (e.g., Acceptance and Commitment Therapy). To the extent that community and neighborhood efforts address the latter problems, they are likely to have a synergistic effect on a range intertwined outcomes.

We propose building an alliance of organizations to work collectively over an indefinite period of time to reduce an entire range of problems in the places that are most plagued by problem-producing conditions. We propose an alliance that perpetuates community engagement, leadership, and organization in the name of advocacy for enhanced psychological, behavioral, and economic wellbeing. A single voice to dismantle systemic racism. There are already a growing number of coalitions working to address these inter-related problems. They include the National Prevention Science Coalition and the Coalition of Behavioral Science Organizations, which are issuing this proposal. We seek to work with other coalitions, organizations, community groups, and citizens that are working, or want to work, on these problems.

Organizing a Coalition at the National Level
Here we list sectors of organizations we believe need to be approached. Principles of social influence and organizing will be followed in approaching them. In particular, we will network to the leadership of each organization via the social links our group has to them.

**Public health related organizations:** In addition to the Coalition of Behavioral Science Organizations and NPSC, we propose to invite the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the American Public Health Association, the Behavioral Science and Policy Association, the Association of Cognitive Behavioral Therapy, the American Psychological Association, the American Psychological Society, and others that will undoubtedly be suggested.

**Foundations:** We propose to identify foundations that are funding work on any aspect of community wellbeing. Initially we will identify them via a [national database of foundations](http://example.com). Our analysis of the list will seek to answer the following questions for each:

1. What aspects are they working on?
2. Are they doing it in high poverty neighborhoods.
3. Might they be interested in exploring the ways in which coordination among such efforts could strengthen everyone’s effectiveness?

**Criminal Justice Reform Organizations:** There are numerous organizations working on various aspects of criminal justice reform. We would need some staff to study which of these organizations would be most appropriate to ask to join in this effort. These would be organizations that are working on reducing disproportionate and punitive practices, especially as they affect neighborhoods of concentrated disadvantage.

**Policy makers:** Little progress will be made on this problem unless the policies described above are created and implemented. Given where we are in our political cycle, it is essential that we develop a model policy document. The National Prevention Science Coalition has been instrumental in creating a Congressional Prevention Caucus. We will consult with them. However, we need to engage experts in policy development to translate what is known about these problems into effective action.

**Civil rights groups:** We will invite national and local civil rights organizations such as the American Civil Liberties Union, National Association for the Advancement of Colored People, Black Lives Matter, The Association of Latino Professionals for America, to participate.

**Business reform:** We are aware of two efforts within the business world to ensure that businesses select their practices on the basis of their impact on customers, employees, and the society as a whole—in addition to their impact on investors. They are the [Conscious Capitalism](http://example.com) movement and the [B Corp movement](http://example.com). Here too, we would need staff to explore whether these organizations are addressing the problem of concentrated disadvantage and whether they would support our efforts to work on this problem.

**Technology:** The technology sector is important for this effort in at least two ways. Neighborhoods of concentrated disadvantage may not have high speed access to the internet and the hardware and technological skills needed to make use of it. We would need to explore what technology companies are doing about this and see if they would contribute to reducing disparities among neighborhoods in this regard. Sourcing new solutions to this problem is also required. Reducing the cost of LTE wireless connectivity for residents is one open.

**Higher education:** As noted above, higher education needs to put more resources into research and training relevant to reducing disparities. Every aspect of the problem we describe will
benefit from research that pinpoints effective strategies for bringing about the changes that are needed. Moreover, higher education is the vehicle by which young people residing in low opportunity neighborhoods can not only escape from poverty but contribute to the solution to problems neighborhoods of concentrated disadvantage confront.

Getting the support of higher education for this initiative can be secured in two ways. First, the network of behavioral scientists who support this effort can influence their institutions to support the effort; the prospects of funding to the institutions should facilitate their involvement. Second, we will approach organizations such as the Association of American Universities, which represent multiple universities.

**Faith organizations and other community groups:** At the local level, churches, schools, community centers and other gathering places are key sectors that support neighborhood wellbeing. This effort would identify national, state, and local religious and community organizations that would support a nationwide effort to reduce disparities among neighborhoods.

**The Organization Needed to Advance Opportunity**

Achieving a nation in which every child has an opportunity to lead a productive life in caring relationships with others will require coordinated effort spanning every layer of society over an indefinite period of time. We aspire to be a catalyst for this effort. The organization of this effort will have at least three parts.

First, we need to develop an unprecedented coalition of organizations that are working on the remediation of one or more of the problems that undermine opportunity. This will require organizing and managing the process of reaching out to organizations, developing a set of policy objectives, and educating policymakers and community leaders about the potential to significantly improve wellbeing in our most neighborhoods and communities of concentrated disadvantage. We currently have a network of fifty prominent behavioral scientists who are willing to reach out to the wide network of organizations that they are connected with. However, we need staff support to guide this effort and integrate them into the effort.

Second, we need to build a media campaign for this coalition so that the progress of the many efforts to strengthen neighborhood wellbeing is visible and receiving the support it requires. This would include continued work to advance policies at the federal, state, and local level that support neighborhood and community efforts to promote economic development, enhance social cohesion, and strengthen supports for families. It would also involve research to evaluate and refine neighborhood strengthening strategies and pinpoint what is working. And it will require a well-funded social media and advertising campaign. We envision an ongoing system that monitors opportunity and behavioral and physical health in our communities, and makes available to other communities, information about what is working elsewhere.

Third, it would involve the cultivation of a new and diverse generation of behavioral scientists, public health workers, teachers, family support specialists, citizens, law enforcement personnel, and policymakers who are dedicated to improving wellbeing. If we are successful in our initial efforts, this should grow into a cadre of young, well-trained people in behavioral, health, and community science, and other disciplines who can carry this effort forward. Perhaps most importantly, it will support a generation of citizens actively engaged in promoting the welfare of their communities, and in so doing, their human rights.
Frequently Asked Questions

1. What does endorsement or membership entail?

We would like:

- A statement from your organization endorsing this effort. In addition to a general endorsement, we would welcome your organization describing how it is addressing this issue so that affiliating organizations learn about each other’s efforts and so the general public is educated about what is being done and needs to be done to reduce concentrated disadvantage.

- Permission to list your organization as supporting efforts to reduce concentrated disadvantage.

- Your logo and permission to link your website to ours.

- Identification of a liaison with this effort. This person could help us coordinate our efforts with yours and advise us.

2. What is the budget of the organization and how is it supported?

- The organization that is coordinating this effort is Values to Action, a 501(c)3 that is directed by Anthony Biglan, Ph.D., the organization’s president. Dr. Biglan is volunteering his efforts. He is supported by a part-time staff member who is keeping track of, coordinating, and supporting the network of people and organizations that are supporting this initial effort.

- Values to Action is seeking funding to support this and related activities. However, thus far the effort has been funded by donations from Dr. Biglan.

- We believe that ultimately, there needs to be an organization that continues to monitor and promote governmental and nongovernmental efforts to reduce the prevalence of neighborhoods of concentrated disadvantage.

3. Would our organization be asked to contribute financially?

- A contribution is not required. This effort is being carried forth largely by behavioral scientists who are volunteering their time.

- Values to Action is staffing coordinating activities.

- Contributions to the effort will accelerate it and increase the likelihood of success and will be greatly appreciated.

4. How would the lobbying/advocacy activities work?

- We are currently discussing with members of Congress what policies and programs are needed to significantly reduce disadvantage and promote opportunity. We will work with the Congress to articulate policies that are needed. Our report on disadvantage, along with
reports from the National Academy of Science, Engineering, and Medicine, articulated a set of evidence-based policies that are likely to reduce disadvantage.

- Our efforts are restricted to education and advocacy that is allowable for 501(c) 3 organizations.

5. How can I endorse this movement?

- If your organization is interested in endorsing this initiative, email Andrew Bonner (acbonner@ufl.edu) for more information.
- If you’re interested in personally endorsing this initiative, click here.
References Cited


