Speakers

- Charles Bruner and Angelica Cardenas, Learning Collaborative;
- Richard Chase, Wilder Research;
- Bharti Wahi, Children’s Defense Fund -- Minnesota
Introduction to Learning Collaborative

- The BUILD Initiative (BUILD) & the Child and Family Policy Center (CFPC) launched the Learning Collaborative on Health Equity and Young Children – to achieve health equity in the earliest years of life.
- Funding from the Robert Wood Johnson Foundation as part of its Building a Community of Health emphasis.
Introduction to Wilder Research

Wilder Research is a part of the Amherst H. Wilder Foundation. Wilder Research gathers and interprets facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

Worked with:
Betty Emarita, Development and Training, Inc.
Elizabeth Carlson, University of Minnesota
Voices and Choices for Children is a coalition that works closely with Minnesota’s state ethnic councils, state agencies, early childhood funders, non-profits, community-based organizations, early childhood advocates and parents representing communities of color and American Indian communities across the state.

The coalition prioritizes the voices of organizations, advocates and parents of color and American Indians working across early childhood sectors to more meaningfully engage and empower communities of color and American Indians—many of whom have traditionally been under-served by the existing early childhood education and child-development infrastructure.
Converging Research and Understanding - Implications for State Policy

1. The Importance of the First 1000 Days
2. The Importance of Place and Race
3. Emerging Political Recognition of the Need for New Responses
4. A Blueprint for State Policy -- Minnesota

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1. The Importance of the First 1000 Days
# Development in the First 1000 Days

## Critical Developmental Milestones

<table>
<thead>
<tr>
<th>First 1000 Days</th>
<th>Second 1000 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonding and attachment</td>
<td>Socialization and Learning in groups</td>
</tr>
<tr>
<td>Development a sense of security with the world</td>
<td>Language and literacy skills</td>
</tr>
<tr>
<td>Walking and talking</td>
<td>Complex motor skills</td>
</tr>
<tr>
<td>Learning through serve and return activities</td>
<td>Learning gender, racial, and cultural differences and roles</td>
</tr>
</tbody>
</table>

## Outside the Family Contacts and Connections

<table>
<thead>
<tr>
<th>Well-child visit during yr. (91%)</th>
<th>Well-child visit during yr. (85%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal child care (14%)</td>
<td>Formal child care (38%)</td>
</tr>
</tbody>
</table>

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Science on Critical Needs for Positive Health Trajectories in First 1000 Days

- Protective Factors (CSSP – Strengthening Families)
- Adverse Childhood Experiences (Center for Disease Control and Prevention)
- Resiliency (American Academy of Pediatrics)
- Epigenetics (Genetics)
- Neurobiology (Brain Research)
- Toxic Stress (Center on the Developing Child)
- Social Determinants of Health (CDC/Healthy People 2020)

Harry T. Chugani, MD, PET Center Director, Chief of Pediatric Neurology and Developmental Pediatrics, Children’s Hospital of Michigan

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...and What Science Spells Out

**Protective Factors**

**Adverse Childhood Experiences**

**Resiliency**

**Epigenetics**

**Neurobiology**

**Toxic Stress**

**Social Determinants of Health**

Outcome One during first 1000 days is the safety, stability, and nurturing in the home environment.
Opportunities in the First 1000 Days

Important Social Policy Questions:
• What can we do to end poverty?
• What we do to reduce chronic disease and its costs?
• What we do to reduce school dropout and adolescent pregnancy?
• What we do to ensure the next generation becomes the workforce for our future?
• What we do to reduce delinquency, crime, and incarceration?
• What can we do to eliminate disparities and inequities, by race, language, and socio-economic status?

Significant Part of the Social Policy Answer:
• Invest in the First 1000 Days
2. The Importance of Race and Place
Poverty, Race, and Young Children: Intertwined and Profound

• **Poverty** affects material well-being but also affects relative status and opportunity for growth and development in society. Poverty is greatest among **young children** and has implications upon all aspects of healthy growth and development.

• Young **children of color** are much more likely than white children to experience **poverty**. They and their families also are much more likely to experience social and structural **discrimination**, **exclusion**, and **marginalization** that are hazardous to future healthy development. This includes geographic segregation.
Young Children Age Group Most Likely to Live in Poverty

| Age Group | <100% | 100-199% | 200-299% | 300-399% | 400%+
|-----------|-------|-----------|-----------|-----------|--------
| 0-5 Years | 25.2% | 23.1%     | 16.3%     | 11.6%     | 23.9%  
| 6-17 Years| 21.0% | 22.0%     | 17.0%     | 12.8%     | 27.2%  
| 18-64 Years| 14.8% | 17.2%     | 16.1%     | 13.5%     | 38.4%  
| 65+ Years | 9.4%  | 22.0%     | 19.1%     | 14.3%     | 35.1%  

Source: U.S. Census Bureau, Public Use Microdata Sample, 2011-2013

Distribution of the U.S. population by household income and age 2013

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Young Children of Color by Far the Most Economically Disadvantaged

Source: United States Census, Public Use Microdata Sample 2012
• **Young children** disproportionately live in **places** with high overall child poverty rates.

• **Place** is particularly important to young children – where young children live affects the social, educational, health, and safety supports they need for their growth and development. **Young children of color** disproportionately live in very high poverty neighborhoods.
Poorest Neighborhoods: Rich in Young Children

Very Young Children (0-4) as Percentage of Population

<table>
<thead>
<tr>
<th>Poverty Rate (%)</th>
<th>Child Poverty level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10%</td>
<td>5.9%</td>
</tr>
<tr>
<td>10 - 20%</td>
<td>6.4%</td>
</tr>
<tr>
<td>20 - 30%</td>
<td>6.7%</td>
</tr>
<tr>
<td>30 - 40%</td>
<td>7.2%</td>
</tr>
<tr>
<td>41 - 50%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Over 50%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

Implication: Poorest neighborhoods need half again as many child and family-friendly gathering points, activities, and supports.

Source: United States Census Bureau, Population Division 2013

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Poorest Neighborhoods: Highly Segregated

<table>
<thead>
<tr>
<th>Poverty Rate (%)</th>
<th>White non-Hispanic</th>
<th>African-American</th>
<th>Other</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 50</td>
<td>18.7</td>
<td>34.5</td>
<td>7.6</td>
<td>39.2</td>
</tr>
<tr>
<td>40 to 50</td>
<td>28.4</td>
<td>22</td>
<td>8.3</td>
<td>41.3</td>
</tr>
<tr>
<td>30 to 40</td>
<td>38.3</td>
<td>17.6</td>
<td>8.8</td>
<td>35.3</td>
</tr>
<tr>
<td>20 to 30</td>
<td>50.1</td>
<td>12.9</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>10 to 20</td>
<td>58.8</td>
<td>9.6</td>
<td>10.4</td>
<td>21.2</td>
</tr>
<tr>
<td>0 to 10</td>
<td>66.5</td>
<td>6.2</td>
<td>12.9</td>
<td>14.4</td>
</tr>
</tbody>
</table>

Note: While 8.4 percent of White, non-Hispanic children live in census tracts where the poverty rate is above 40 percent, 38.2 percent of African Americans, 31.9 percent of Native Americans, and 28.9 percent of Hispanics do.
Poorest Neighborhoods: Very Different Levels of Social, Physical, Educational, Economic, and Wealth Capital

<table>
<thead>
<tr>
<th>Poorest tracts (50%+ child poverty) compared to least poor tracts (10%- child poverty):</th>
<th>Poorest</th>
<th>Least Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single parent families</td>
<td>60.1%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Disconnected Youth (16 yrs. – 19 yrs.)</td>
<td>16.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Adults without high school degree</td>
<td>28.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Adults with college degree</td>
<td>12.7%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Households with wage income</td>
<td>66.4%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Households with savings/wealth</td>
<td>8.2%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Owner-occupied housing</td>
<td>41.1%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Preschool participation 3-5 year-olds</td>
<td>37.3%</td>
<td>49.4%</td>
</tr>
<tr>
<td>Children of color</td>
<td>81.3%</td>
<td>33.5%</td>
</tr>
</tbody>
</table>

**Note:** While 8.4 percent of White, non-Hispanic children live in census tracts where the poverty rate is above 40 percent, 38.2 percent of African Americans, 31.9 percent of Native Americans, and 28.9 percent of Hispanics do.
Focus in Poor Neighborhoods Involves Community Building

• Families want their children to have opportunities for success in the larger society and will make sacrifices to that end, given pathways to get there.

• Poor neighborhoods offer fewer pathways and provide less social, recreational, and physical capital as well as economic and educational capital.

• Building these pathways is possible, but involves additional investments and is best done by engaging and enlisting indigenous leadership that is culturally responsive and inclusive.
3.
Emerging Political Recognition of the Need for New Responses

Changes to American families and society threaten the future as we have valued it.

- Increased segregation (by place and associations) of upper- and low-class/income families and their children.
- Differences as result of this segregation: Disconnected young men, single parenting by less-educated women, higher crime and lack of security in life – producing educational, health, and social disparities.
- Very different opportunities and worlds for children: two Americas and the “crisis” of “coming apart” – particularly for the next generation growing up.
- **PLACE** and **SOCIAL CAPITAL** matter.
Presidential Candidates Agree

America needs every one of us to lend our energy, our talents, our ambition to making our nation better and stronger -- where you can get a good job and send your kids to a good school, no matter what zip code you live in, where all our children can dream, and those dreams are within reach.

When I am President, I will work to ensure that all of our kids are treated equally and protected equally. Every action I take, I will ask myself: Does this make life better for young Americans in Baltimore, in Chicago, in Detroit, in Ferguson who have in every way the same right to live out their dreams as any other child in America?
Stress and Young Children: Poverty
Scholars on the Early Years Agree

*Chronic stress can cause substantial changes in children’s brains. Low stress, high predictability, and strong, stable relationships with caring adults all help children become measurably better at self-regulating, delaying gratification, and controlling their impulses.*

**Strengthen families in ways that will prepare children for success.** The nation should use pediatric primary and preventive care practices to mount evidence-based parenting and early child development interventions.

Poverty and Young Children: Pediatric Focus on the Early Years

Child poverty influences genomic function and brain development by exposure to toxic stress. Children living in poverty are at increased risk of difficulties with self-regulation and executive function, such as inattention, impulsivity, defiance, and poor peer relationships.

Support integrated models that promote effective parenting. An enhanced medical home is informed by the understanding that emotional care of the family … is within the scope of practice for community pediatricians and that the effects of toxic stress on children can be ameliorated by supportive, secure relational health during early childhood.

Toward **Purple** Solutions to Young Child Poverty and Equity of Opportunity

D’s speak to material and structural side:
- Minimum wage // equal pay
- Paid family leave // high quality child care
- College education affordability

R’s speak to spiritual and community side:
- Personal initiative and responsibility coupled with opportunity within neighborhood and community
- Faith-based strategies
- Investments in “points-of-light” in disinvested neighborhoods

We need both – and that requires education, will-building, and advocacy (beyond either/or to both/and) from nonpartisan perspective

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Implications to Early Childhood Systems Builders

HEALTH SYSTEM LEADERSHIP --
Use primary care health provider’s role as first contact with young children and families to link to community resources and strengthen safety, stability, and nurturing in home environment.

FAMILY STRENGTHENING FOCUS --
Provide preventive, two-generational approaches to support and strengthen parenting.

SOCIAL CAPITAL EMPHASIS --
Connect with and enhance informal and community supports, ones that provide opportunities for young children and their families to play, learn, and grow (building upon indigenous leaders).
4.

A State Policy – Minnesota

Prenatal to Age 3: A Comprehensive, Racially-Equitable Policy Plan for Universal Healthy Child Development

Development and Training, Inc., Wilder Research, University of Minnesota (September 2016)
Genesis of the Minnesota Policy Plan

Policy plan based upon:

• Scientific literature, applied research, and analysis of population and economic trends.

• Advice from about 50 community, organizational, and coalition early childhood leaders.

• Conversations with more than 360 diverse stakeholders, including families, in a dozen community listening sessions across Minnesota.
Core Guiding Framework

• Families and communities have the wisdom, knowledge, strengths, and determination to take charge of their own healing and development.
• Evidence-based research and practice-based evidence have identified asset-based, empowerment, protective factors, and strength-based approaches to family development.
• Therefore, if we are to nourish the roots of racial equity and ensure the well-being of all children, it is essential for public systems to follow a different set of policy priorities that recognize and value this asset-based, community-building approach.
Four Interconnected Policy Components of Childhood System Building for 0-3 Year-Olds Based Upon Equity

- Social networks and multi-generational relationships
- Family and community economic security
- Holistic community-led solutions fund
- Integration across systems
Digging Deeper – Boost Community Supports, Social Networks, and Multi-Generational Relationships

- Financially support cultural community centers and family resource centers that can serve as information hubs and places to invigorate community cohesion.

- Revive the recognition of the important role of Family, Friend, and Neighbor (FFN) caregivers have in caring for infants and toddlers and provide them the same support and access to resources available to parents.

- Increase public and private insurance reimbursements for doulas who provide culturally-responsive emotional support and prenatal, birthing, and post-partum care.

- Promote secure attachment and family bonding through paid family leave.
Digging Deeper – Establish a Flexible Funding Stream for Community Solutions

Establish a “community-led solutions” fund to support local early childhood grassroots and community-based nonprofit efforts:

• Encourage and support delivery of services based on family and community strengths and needs, shared experiences, and relationships as much as on evidenced-based service models and standardized materials.

• Build an evidence base of community-driven practices that achieve healthy development.

• Stimulate culture-specific innovation and validate community wisdom and knowledge.

• Value equity and cooperation as much as equality, efficiency, and competition.

• Support local community-based and culture-specific partnerships and organizations, trusting them to decide what will work best for them and what programs and service providers do with, not to, them for reaching the common expected goal of healthy child development.
What’s Fundamentally Different

• Focus upon the strengths of families and communities and their diversity
• Emphasize relationships, opportunities, and community self-determination
• Policy decisions in concert with those affected by them
• Transform early learning narrative to early opportunities and well-being
Community Wisdom and Leadership

Voices and Choices for Children

Bharti Wahi, Executive Director, CDF-MN
Steering Committee Member,
Voices and Choices for Children Coalition

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Voices and Choices for Children is a coalition that works closely with Minnesota’s state ethnic councils, state agencies, early childhood funders, non-profits, community-based organizations, early childhood advocates and parents representing communities of color and American Indian communities across the state. Our coalition focuses on developing strongly engaged cultural communities of learning, organizing and advocacy for their, input, and impact in shaping more equitable practices and policies that will support better outcomes for children of color and American Indian children prenatal to 8 years old across the state. We believe that people of color and American Indians must be at the table as polices are created and decisions made about and for our children.

The coalition prioritizes the voices of organizations, advocates and parents of color and American Indians working across early childhood sectors to more meaningfully engage and empower communities of color and American Indians—many of whom have traditionally been under-served by the existing early childhood education and child-development infrastructure.
Voices and Choices for Children – 2017 Legislative Agenda

1) Increased investments in the Child Care Assistance Program
   - Raise CCAP provider reimbursement rate to 75th percentile
   - Fully fund/forecast CCAP and eliminate Basic Sliding Fee waitlist
   - Implementation of federal re-authorization provisions

2) No Mandatory BA Degree Requirements for Early Childhood Teachers

3) Establish Community Solutions Fund for Healthy Child Development
Voices and Choices for Children

Community Solutions Fund for Healthy Child Development

For decades, organizations who are from and serve communities of color and American Indian communities have been underfunded, restricting the ability of these communities to self-determine their needs. This is a crisis of racial equity for our youngest Minnesotans and their families.

Our state must increase support for the healthy development of children of color and American Indian children from prenatal to 3rd grade. Each community is unique and will require different solutions to move them forward, and this innovation will come from the creativity, knowledge, and passion of the community, rather than a one-sized fits all, cookie cutter approach.
Voices and Choices for Children

Community Solutions Fund for Healthy Child Development

Communities need access to flexible funding streams to disperse funds of varying sizes that they can use to build upon what they see working. Many of these programs will not have been formally evaluated, and while we need to invest in evidenced practices, we also need to invest in practice based evidence. The Community Solutions Fund for Healthy Child Development represents more than money, it is also recognition that communities have invaluable knowledge, and must be active and valued participants within the creation of solutions for themselves.

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Community Solutions Fund for Healthy Child Development

To address underinvestment in community driven solutions the Voices and Choices for Children Coalition recommends:

Establishing a Community Solutions Fund for Healthy Child Development administered by the Minnesota Department of Health in consultation with a Community Solutions Advisory Council comprised of early childhood professionals, advocates and parents of color and American Indians from across the state.

The purpose of the funds will be to improve measures of well-being for children and families of color and American Indians. The resources will be used to fund community based solutions for issues that are identified by and for the affected community.
Conclusion:
Opportunities for Synergy with Other Activities in the Field
Where Funders/Learning Leaders Are Exploring New Approaches

- RWJF and building a culture of health
- Aspen Institute and two-generation strategies
- 100 Million Lives campaign
- Learning Collaborative on Health Equity and Young Children and primary child health practitioner transformation CoIN
- CSSP strengthening families through early care and education, EC-Link, and partnership with Prevention Institute
- CAHMI and well visit planner and family engagement
- Campaign for Grade-Level Reading and the health practitioner’s role in the earliest years
- Einhorn Family Charitable Trust and screening for nurturing and attachment in the early years as a focal point for action
- UCLA/Nemours moving healthcare upstream and population health
- National Academy of Sciences and effective parenting in primary care
- Foundation for Healthy Generations and the science of hope
- Kempe Foundation on opportunity and responsibility
Select Additional Resources:
www.cfpciowa.org/en/healthequity

• Top 10 Things We Know about Young Children and Health Equity… and Three Things We Need to Do with What We Know

• Fifty State Chart Book: Dimensions of Diversity and the Young Child Population

• Kitchen Cabinet policy statement and discussion paper on Medicaid financing opportunities

• Where Place Matters Most; Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society; and ACE, Race, Place, Poverty and Young Children Pediatric Supplement article

Screening for social Determinants crosswalk and options for practices
Additional Slides to Make

5 Point

The Contribution of the Primary Child Health Practitioner to Promoting Health Equity
Starting at the Start: Health Practitioners and Youngest Children (0-3)

- 91.0% have a well-child visit
- 55.2% receive health coverage under Medicaid/CHIP (avg. 2.2 well-child visits per year)
- 14% in some form of formal/regulated child care
- 4.5% in families that receive public assistance (TANF)
- 4.2% receive a subsidy for child care (CCDBG)
- 3.0% receive early intervention services (Part C)
- 1.5% receive Early Head Start/MIECHV (home visiting)
- 0.7% in foster placement

Child health practitioners are the point of first contact with young children and their families and can play a critical, “first responder role.”

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Note: The biggest gap in current response is for children in Tier Three who are not in Tier One or receiving services as Tier Two families, representing somewhere between 20 percent and 35 percent of all children.
Building on Success:
The Evidence Base in Practice

- Medical-Legal Partnership
- Healthy Steps for Young Children
- Help Me Grow
- Project DULCE
- Child FIRST
- Safe Environment for Every Kid (SEEK)
- First 5 San Diego Healthy Development Services
- Massachusetts Partnership for Early Childhood Mental Health
- Cincinnati Children’s Hospital Medical Center
Three Essential Components of Quality, Evidence-Based Practice

The Child Health Practitioner as Part of a Health Neighborhood and Community

1. Health Practitioner as First Responder

2. Follow-Up Care Coordination/Navigation

3. Effective Engagement with Helpful Supports

- Part C
- Child Mental Health Clinician
- Concrete Services and Legal Support
- Home Visiting
- Head Start
- Domestic Violence Shelter

- Parent of Children with AD/HD Group
- Hispanic Resource Center
- Parents Anonymous

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Roles at Each Component Level

**Child Health Practitioner/First Responder**
- Culturally and linguistically responsive practice
- Developmental and environmental surveillance and screening
- Anticipatory guidance
- Referral for “medically necessary” services
- Referral to care coordination

**Care Coordinator/Networker**
- Motivational interviewing and whole child/family approach to identify further needs/opportunities
- Identification of available services and supports which meet those needs in the context of family race, culture, and language
- Connection of children and families to services (referral/scheduling/follow-up/practitioner notification)

**Community Service Maven (Community utility)**
- Community networker and builder across “medically necessary” and other community services
- Community building and work with and support of diverse community leadership in facilitative role
Promoting Young Child Primary Health Practice Transformation

- Focus upon developing approaches that include the three components for the 20 to 35 percent of young children in Tiers 1-3 not now being identified and served.
- Build upon innovation and promote early adoption of evidence-based programs to create greater critical mass of new practice.
- Continue to learn from innovation and early adoption to build a framework for effective diffusion and the core relational attributes needed to move from efficacy to effectiveness through diffusion.
- Work to incorporate core features into health financing (particularly Medicaid) for expansion and sustainability as a standard of practice.