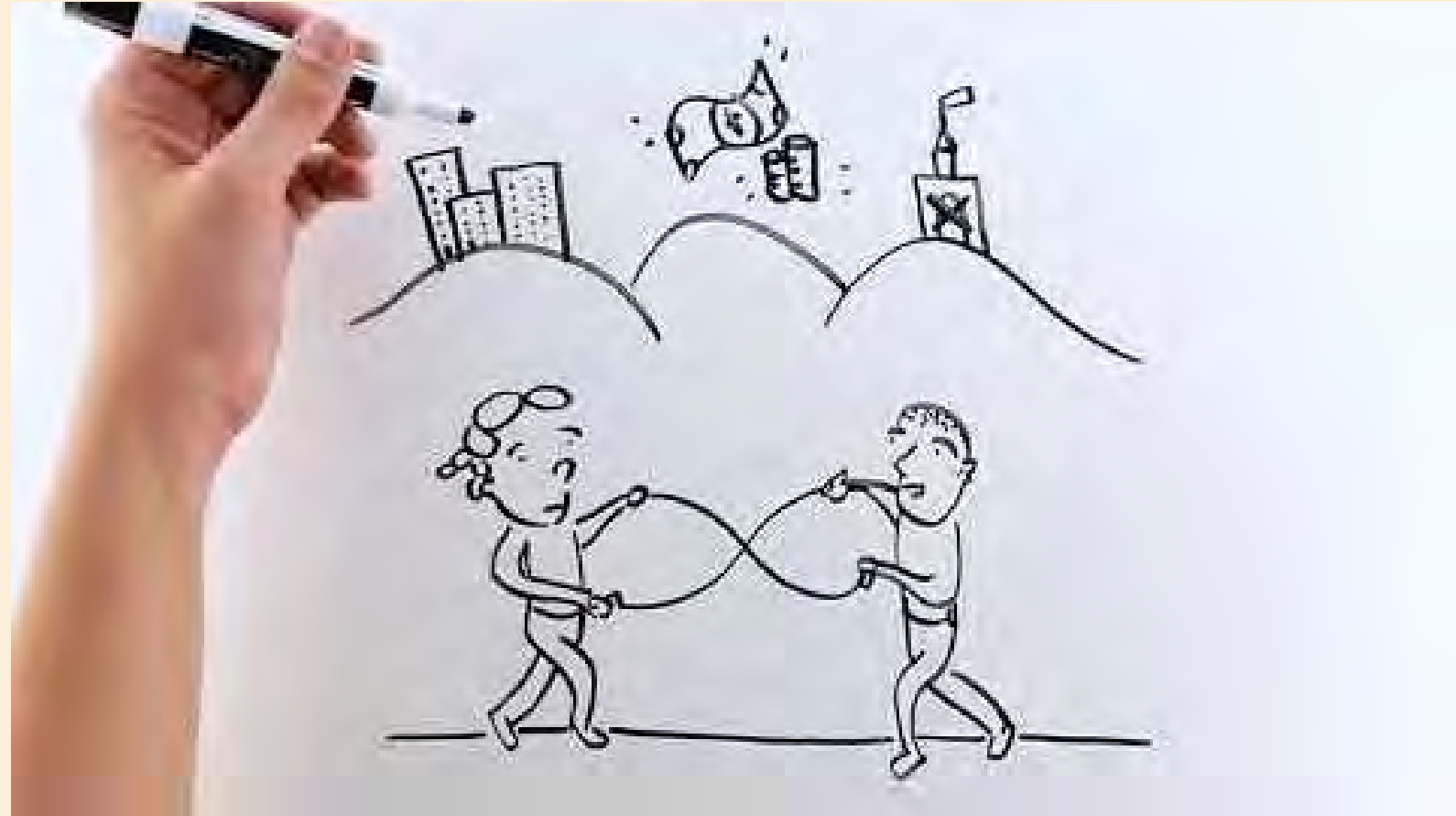


Health inequities are not accidental...



Developed by the Urban Institute with Dr Camara P Jones, past president of the American Public Health Association

<https://youtu.be/to7Yrl50iHI>

Reflection

What health inequities do you, your families and your program regularly experience?





Advancing Racial & Ethnic Equity in Head Start

Culture • Diversity • Inclusiveness • Anti-Bias



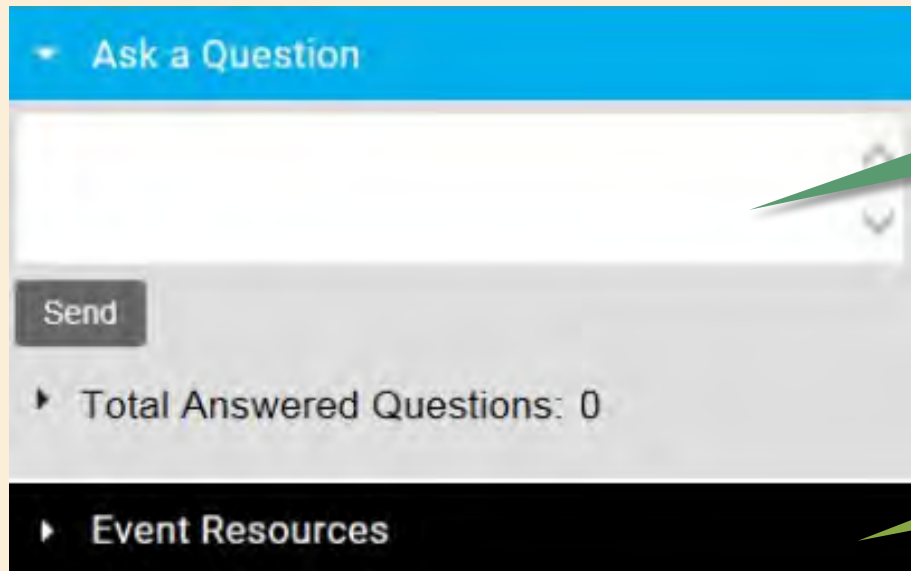
September 17, 2020,
3-4:30 p.m. ET



NATIONAL CENTER ON
Early Childhood Health and Wellness

Health Disparities: Responding with a Lens on Race and Ethnicity

Please Use the Left Side Bar to Ask Questions, Submit Comments, or Download Handouts



Ask your questions and submit your comments here

Download handouts from Event Resources



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Certificate of Attendance

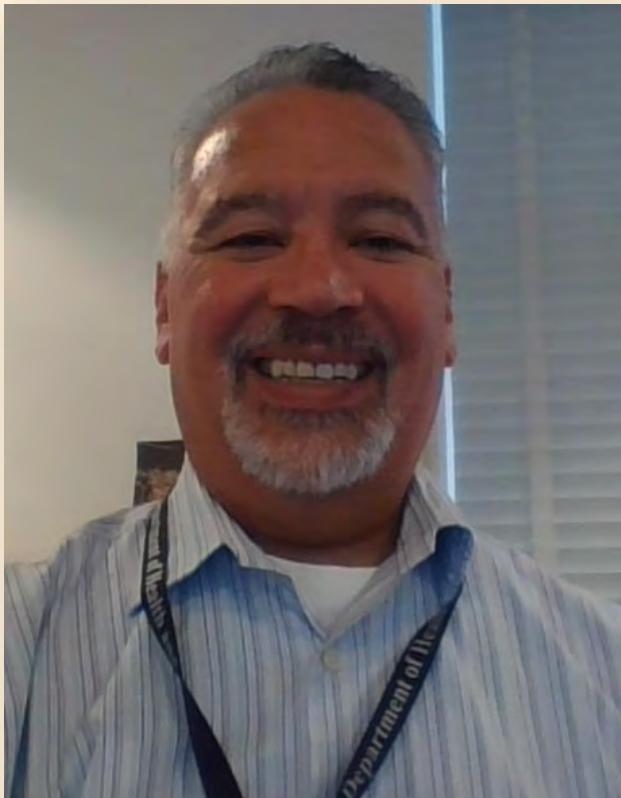
- Emailed at the Conclusion of the Webcast.
 - From: donotreply@webcasts.com
- Participants **must** remain on live webcast or OnDemand recording until the end.
- Completion of surveys will not generate a Certificate of Attendance.

Office of Head Start's Advancing Racial and Ethnic Equity Webinar Series

- Engaging in Conversations About Racial and Ethnic Equity, August 6, 2020
- Culture, Diversity, Inclusiveness, and Equity: Spotlight on Human Resource Systems, August 20, 2020
- Anti-Bias Teaching and Learning Environments in Head Start and Early Head Start Programs, September 10, 2020
- **Health Disparities: Responding with a Lens on Race and Ethnicity, September 17, 2020**

Welcome and Introductions





Marco Beltran DrPH

Senior Program Specialist, OHS

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

- Dr Martin Luther King, Jr.



Facilitators



Nathan Chomilo, MD, FAAP

Pediatrician & Medical Director
for Minnesota's Medicaid &
MinnesotaCare Programs



Sherri Killins Stewart, Ed.D

Director of State Systems
Alignment and Integration,
BUILD Initiative



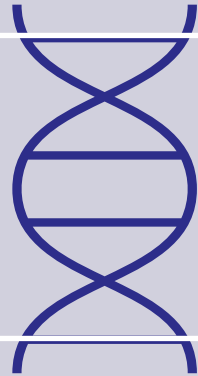
Stephanie J Womack, MA

Program Manager, National
Center on Early Childhood
Health & Wellness

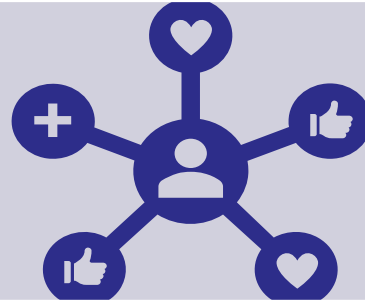
Learning Objectives

- Understand why and how health disparities impact families who are historically under resourced
- Explore key concepts related to health equity and how they apply to your Head Start and Early Head Start program
- Identify strategies to help you apply an equity lens in your own role and connect with health & wellness partners within your program
- Elevate strategies for shared action for leaders to promote ongoing cross sector work that impacts under-resourced families
- Learn about tools and resources that can support health equity in your program

Key Messages



Advancing health equity is directly tied to the historical mission and purpose of Head Start. It's in our DNA!



Understanding what social determinants of health are and how they impact families in our programs is essential.



Developing strategies to promote health equity ensure that health equity is understood and an implicit part of providing children and families the opportunity to thrive

Compassion comes before compliance!

Suggested Agreements for Today's Conversation

- Come as a learner, not as an expert
- Look for what challenges your thinking, not for what confirms that you are right
- Express your truth
- Expect and accept no closure
- Trust in others' contributions
- Assume positive intent
- Respect others' ways of knowing
- Listen, listen, listen
- Accept and expect discomfort

Other People's Children

Take about **20 seconds** to reflect on things you really want for your child or a child you care about.





Poll

Select your **top 4 choices.**

Poll Choices

- Spouse/marriage
- Their own families/grandkids
- Strong faith
- Not be abused/kept safe
- Not live in poverty
- Own a home
- Finish high school
- Go to college
- Health
- Quality education
- Access to food
- Safe place to play outside
- Clean water
- Compassion for others
- Sense of self/confidence
- Good paying job

These are OUR children

When we make decisions for other people's children, and don't seek to understand their perspective; don't value their voices; ignore their challenges...we effectively silence them.

How health inequities arise in these areas...

- Quality of care
- Access to care
- Underlying exposures and opportunities that create differences in baseline health status



**Part 2: Racism and Health;
Health Equity in Head Start;
Systems Approaches to Addressing Health Inequities**





Health Disparities: Responding with a Lens on Race and Ethnicity

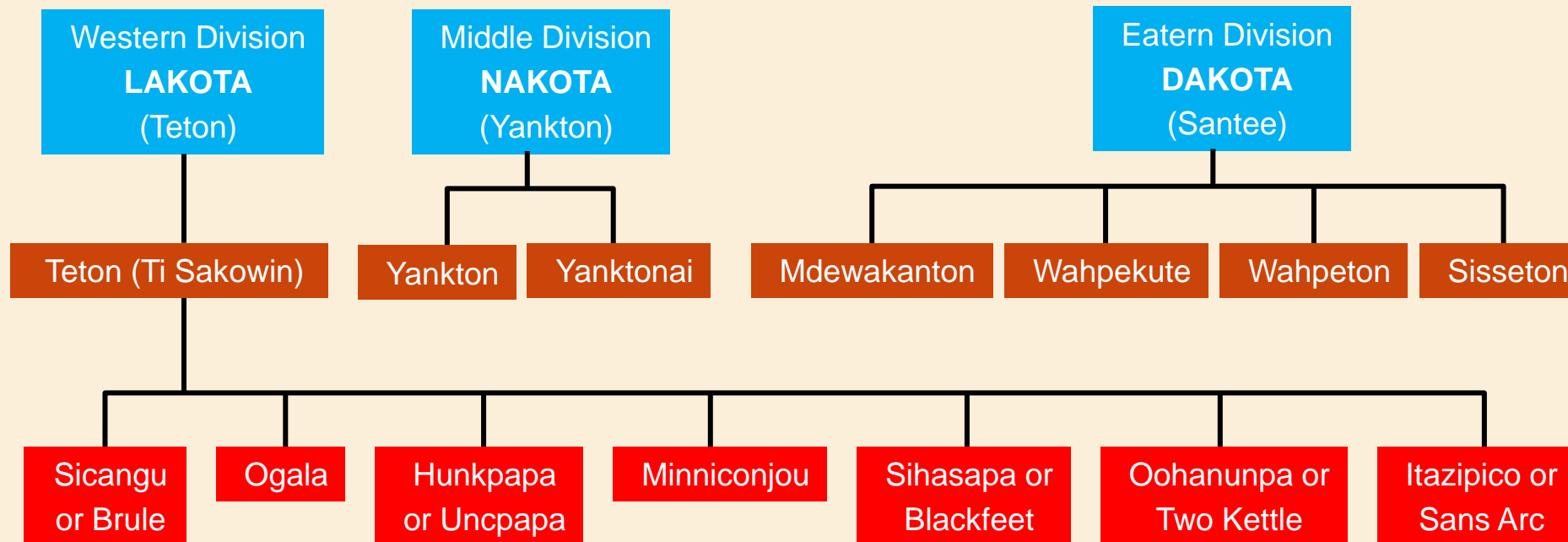
Nathan Chomilo, MD, FAAP

Pediatrician & Medical Director
for Minnesota's Medicaid &
MinnesotaCare Programs

Land Acknowledgement

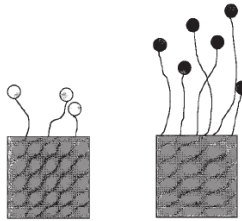
I would like to begin by acknowledging that the land on which I live is the seized territory of the Dakota People.

DAKOTA (OCETI SAKOWIN SEVEN COUNCIL FIRES)



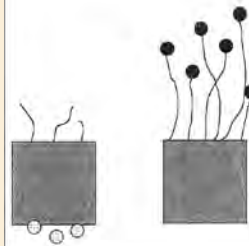
Levels of Racism

Institutionalized racism



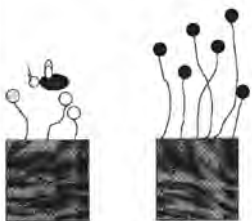
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Personally mediated racism



- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Racism – “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”

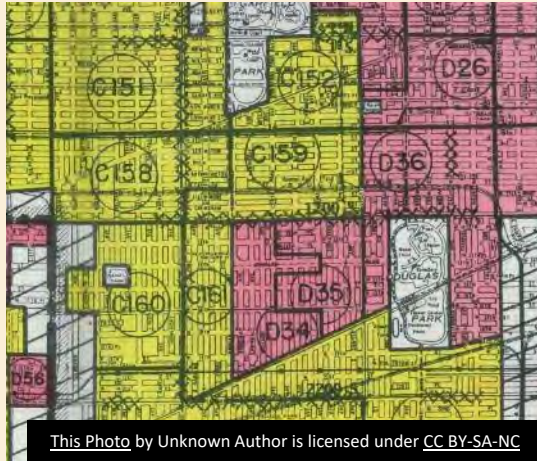


Personally Experienced Racism & Health

- LOWER birth weights in babies born to Black, Hispanic & Arab-American mothers who experience discrimination.
- INCREASED risk of
 - Depression
 - Obesity
 - Insomnia
 - Lower self-esteem
 - Poorer overall health
- Exposure to racism in adults has been linked to an INCREASED risk of heart disease, depression and other ailments.

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Institutional Racism and Health



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1 in every **10** black men in his thirties is in **prison** or **jail** on any given day



American Indian youth are **THREE TIMES** as likely as white youth to be held in a **JUVENILE DETENTION** facility



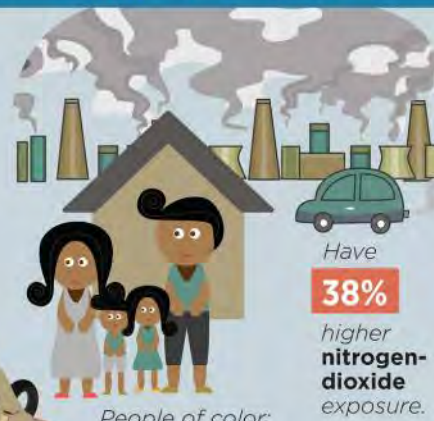
Rovner, J., Ghandnoosh, N., Porter, N., & Gotsch, K. (2020, May 11). Racial Disparity. Retrieved May 25, 2020, from <https://www.sentencingproject.org/issues/racial-disparity/>

Environmental Racism Is Nothing New

Race is the most significant predictor of a person living near contaminated air, water, or soil.

56%

of the population near toxic waste sites are people of color.



People of color:

Have **38%**

higher nitrogen-dioxide exposure.

Are

2x

more likely to live without potable water and modern sanitation.

Have seen

95%

of their claims against polluters denied by the EPA.

THE NATION.

Tracy Loeffelholz Dunn / The Nation. Shutterstock images from Loreelyn Medina, Agusto Cabrera



Covert, B. (2017, November 10). Race Best Predicts Whether You Live Near Pollution. Retrieved May 25, 2020, from <https://www.thenation.com/article/archive/race-best-predicts-whether-you-live-near-pollution/>



Art by Danielle Coke

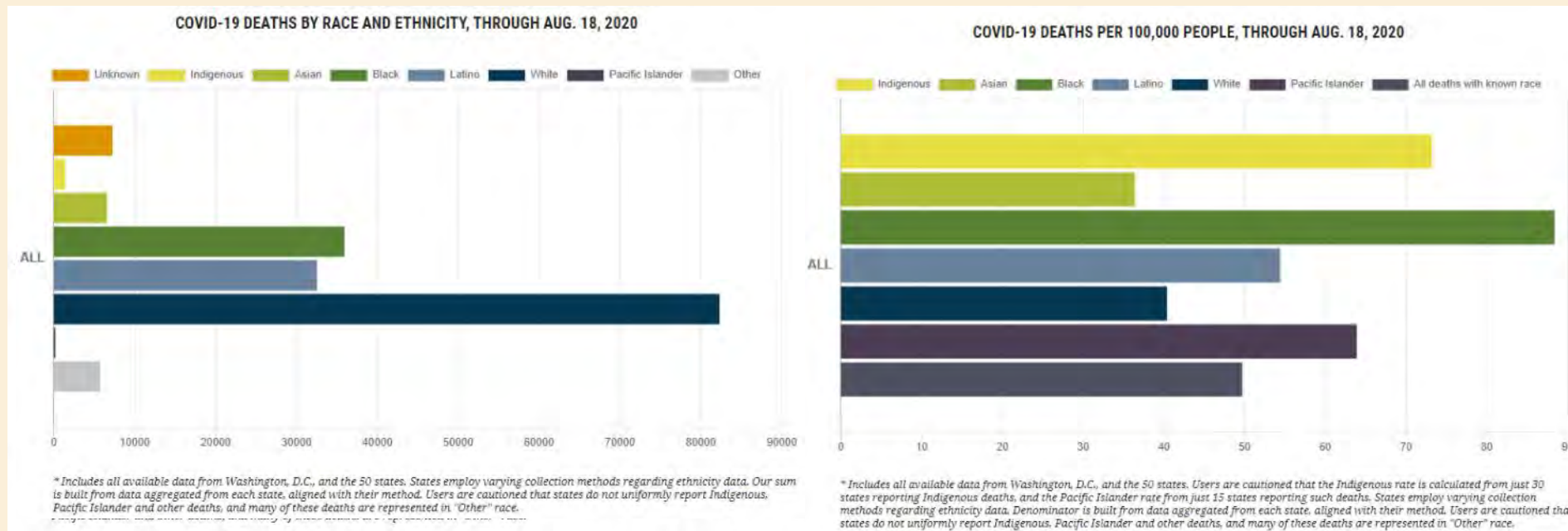
Health Literacy Amid a Pandemic



Health Literacy Amid a Pandemic



COVID-19 and Institutional Racism



COVID-19 deaths analyzed by race and ethnicity. (n.d.). Retrieved July 5th, 2020, from <https://www.apmresearchlab.org/covid/deaths-by-race>

Addressing Racism in Early Childhood

Institutional Racism



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Institutional

- Policies that address housing, nutrition, safety, access to health care, etc.

Personally-mediated

- Policies/education for childcare and early childhood educators

Internalized Racism



Personally Mediated Racism



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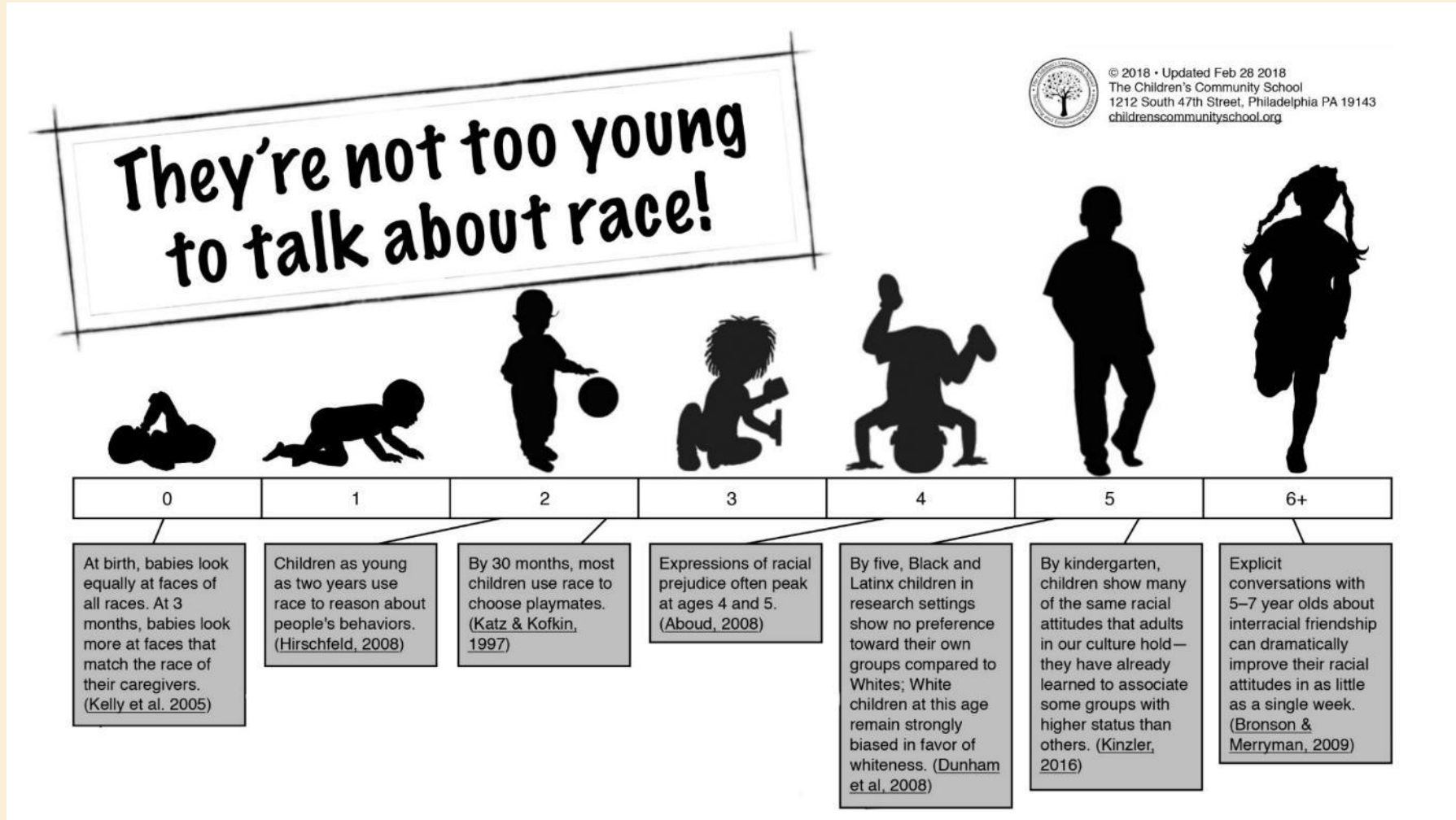
Internalized racism

- Building confidence and cultural pride reinforcement, broader representation and early referral



Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American Journal of Public Health, 90*(8), 1212–1215. doi: 10.2105/ajph.90.8.1212

Addressing Personally-Mediated Racism in Early Childhood





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Racism in Education & Childcare

“It is critical for pediatricians to recognize the institutional, personally mediated, and internalized levels of racism that occur in the educational setting because education is a critical social determinant of health for children”

Addressing Personally-Mediated Racism in Early Childhood

Relationships with Teachers is Critical

- The relationship of teacher to student across ages and grade levels influences:
 - School adjustment
 - Literacy
 - Math skills
 - Grade point average
 - Test scores



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Addressing Personally-Mediated Racism in Early Childhood



Racism is *Passive*

Anti-Racism is ACTIVE

Practice Active Anti-Racism

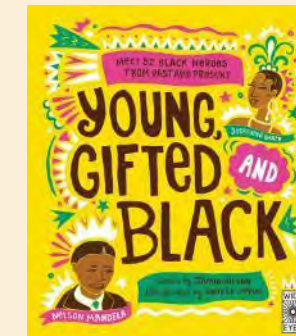
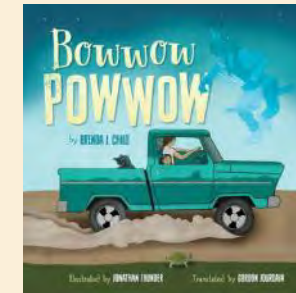
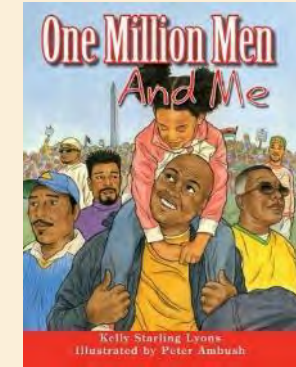
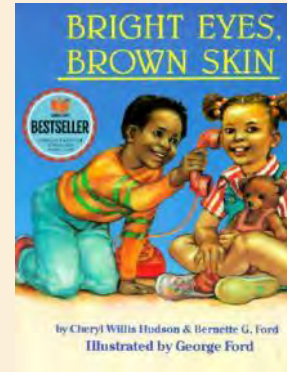
Raising Resisters approach:

- 1) Recognize racism in all forms, from subversive to blatant displays of racism.
- 2) Differentiate racism from other forms of unfair treatment and/or routine developmental stressors.
- 3) Safely oppose the negative messages and/or behaviors of others.
- 4) Counter or replace those messages and experiences with something positive.

Addressing Internalized Racism in Early Childhood

Cultural Pride Reinforcement

- “A positive, strong racial or ethnic identity and parental engagement in families is protective against the negative effects of racial discrimination on academic outcomes.”
- Books/Media can be both **MIRRORS** and **WINDOWS**



Addressing Internalized Racism in Early Childhood and Mental Health

Early Intervention Matters

- Assess children who report experiencing racism for mental health conditions, including signs of:
 - Posttraumatic stress
 - Anxiety
 - Grief
 - Depressive symptom

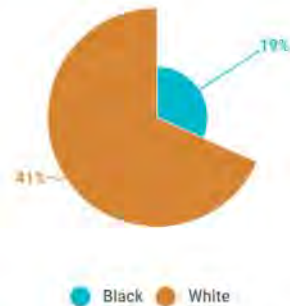


Addressing Institutional Racism in Early Childhood

PRESCHOOL SUSPENSIONS

Discipline disparities begin as early as preschool. Black children represent 19 percent of enrollment in the nation's public preschools, but they accounted for 47 percent of the preschool children who received one or more out-of-school suspensions in 2013-14. White children, in comparison, accounted for 41 percent of overall preschool enrollment and 28 percent of the children suspended that year.

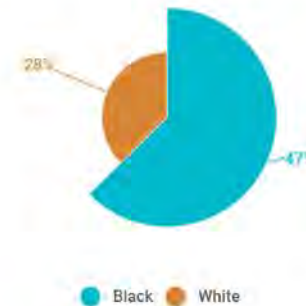
Preschool enrollment One or more out-of-school suspensions



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Preschool enrollment One or more out-of-school suspensions



Addressing Institutional Racism in Early Childhood

The School to Prison Pipeline

Students in **preschool** are **3x more likely** to be suspended than youth in grades K-12

Black K-12 students are nearly **4x** more likely to receive an out-of-school suspension


When a student is suspended, they become **3x more likely** to come into contact with the criminal justice system

Black students are **>2x** as likely to be referred to law enforcement or arrested at school than their white peers



Strategies for Addressing Institutional Racism in Early Childhood: Bringing a Racial Equity Lens

Racial Equity Toolkit
to Assess Policies, Initiatives, Programs, and
Budget Issues

 RACE & SOCIAL JUSTICE
INITIATIVE



LOCAL AND REGIONAL
GOVERNMENT ALLIANCE ON
RACE & EQUITY

- What does data tell you about existing racial inequities that influence people's lives and should be taken into consideration?
- What are the root causes or factors creating these racial inequities?
- How will the policy, initiative, program, or budget issue increase or decrease racial equity?
- How will you address the impacts (including unintended consequences) on racial equity?
- How will you be held accountable for the impacts on communities?



Chomilo, N. (2020, April 30). The Harm of a Colorblind Allocation of Scarce Resources. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20200428.904804/full/>

Addressing Institutional Racism in Early Childhood: Bringing a Racial Equity Lens

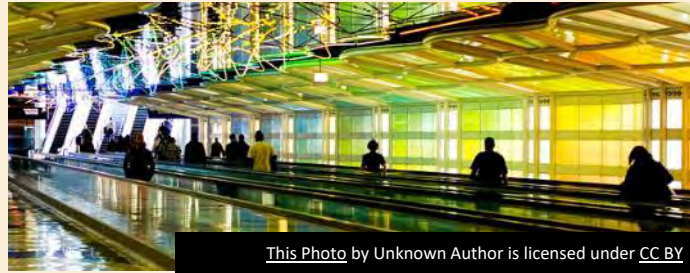
- CARES Act
 - Head Start funds
 - One-Time Activities
 - **Protecting Staff Physically AND Financially**
 - Supplemental Summer Program Enrollment
 - **Which families/communities are prioritized?**
 - Child Care and Development Block Grant funds
 - Reducing costs for low-income families
 - Targeted supports for CCAP rates
 - Flexibilities for providers serving children from LEP communities, those with special needs or in need of non-standard hours of care

Addressing Racism in Early Childhood: Steps Head Start Can Take

Institutional Racism



Personally Mediated Racism



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Institutional

- Apply a racial equity lens to all Head Start policies AND funding
- Make sure classroom climate and educational materials are diverse and representative

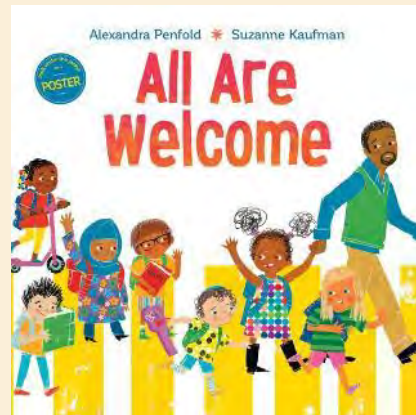
Personally-mediated

- Recognize your own bias and how that can impact your relationship with children & families
- Reassess discipline policies, make sure being evaluated via a racial equity lens

Internalized racism

- Building confidence and cultural pride reinforcement
- Early referral when concerns identified

Internalized Racism



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Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American Journal of Public Health, 90*(8), 1212–1215.
doi: 10.2105/ajph.90.8.1212



“While we may start with forms of racism we are familiar with, **we must prepare to address forms of racism that challenge us, make us uncomfortable, and most importantly, push us to learn and evolve as an organization,** “to attain optimal, physical, mental and social health and well-being for all infants, children, adolescents and young adults.”

– Dr. Rhea Boyd

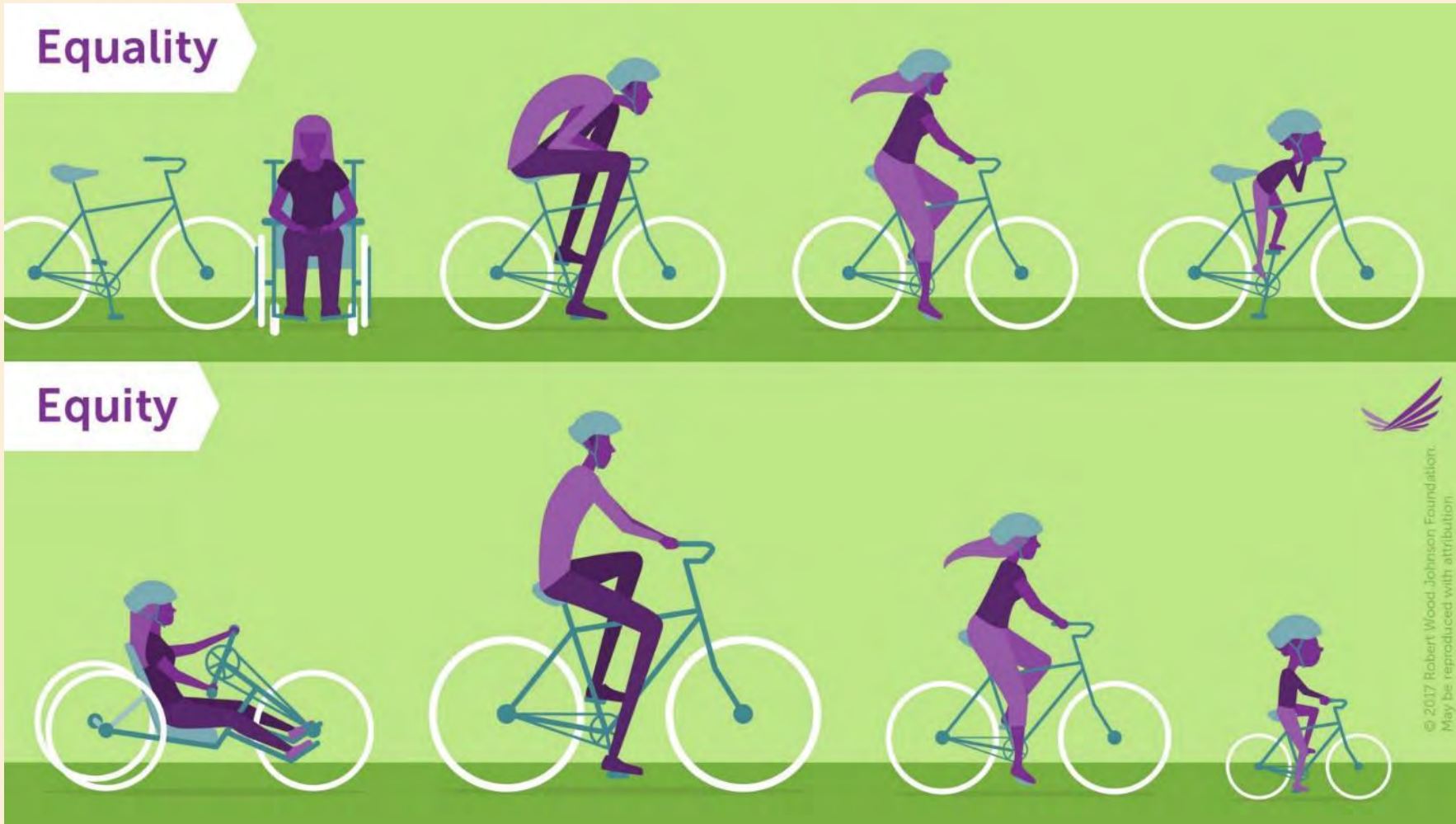


Health Equity in Head Start

Stephanie J Womack, MA

Program Manager, National
Center on Early Childhood
Health & Wellness

An Important Distinction



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May be reproduced with attribution.

Do ALL families in your programs have the “right bike” for them?

Are you sure?

How do you know?



Head Start Health Equity Value Statement

For the National Center on Early Childhood Health & Wellness, health equity means that all families and children are uniquely understood and cared for using a comprehensive and multi-generational approach to promote the opportunity to achieve a healthy and fulfilling life.

As a process, this includes the early identification of root causes of health disparities and environmental barriers to health and working beside families to address and mitigate systemic obstacles, such as racism, poverty and lack of access to food security, education, housing, and affordable healthcare. The program provides tailored school readiness and health education, promotion, and services that equip children and their families with skills to navigate these systemic obstacles early in a child's life.

Head Start in and of itself is a health equity intervention. Embedded in a comprehensive early care and education system and actively engaged with community health and wellness partners, Head Start has the power to shift the health trajectory of entire families.

It requires at least three things:

- Valuing all individuals and populations equally
- Recognizing and rectifying historical injustices
- Providing resources according to need

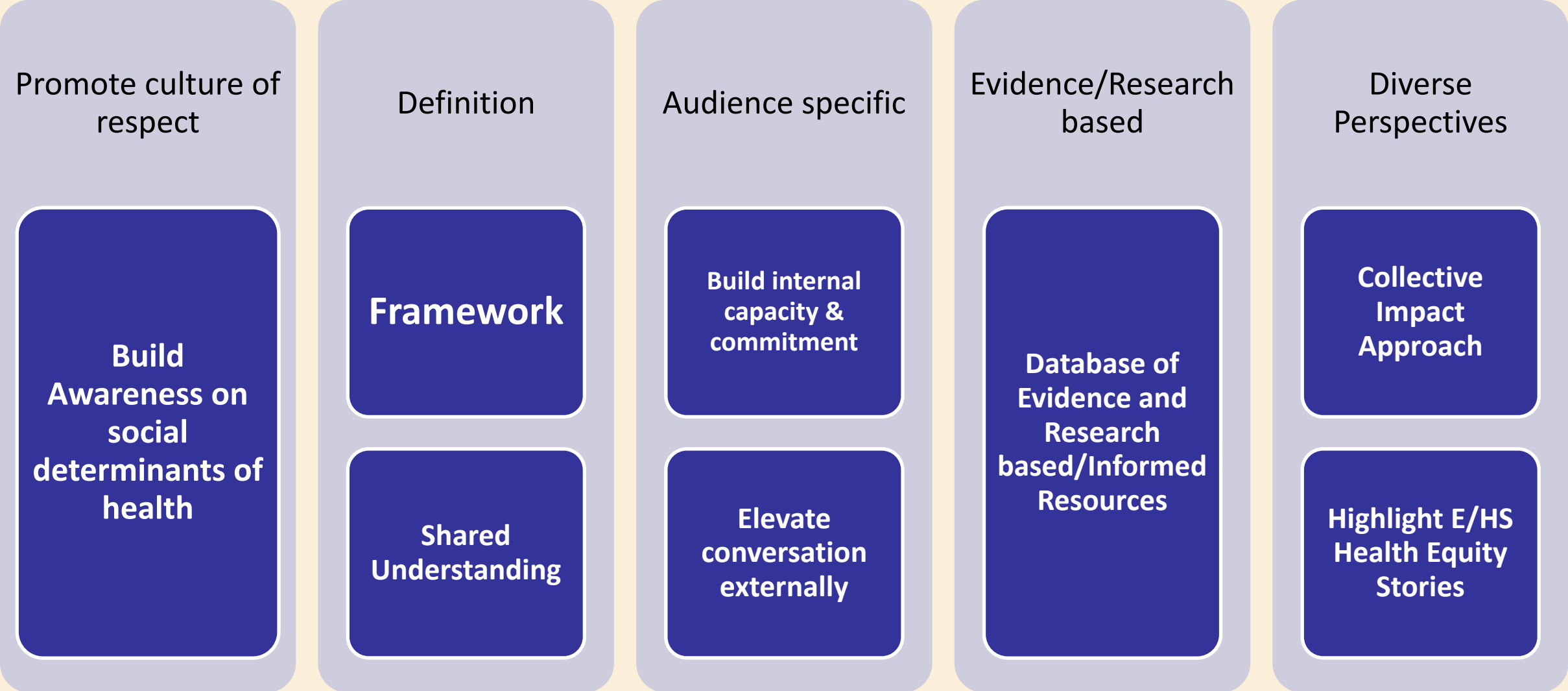
When health inequities are eliminated...
health equity will be achieved.



When you see something that is not right, not fair,
not just, you have to speak up. You have to say
something; you have to do something.
- **Rep. John Lewis**



Making the Connection to the EICLRP Principles



**Advancing health equity/reducing
health inequities is in the DNA of the
Head Start model**

HSPPS Crosswalk & National Academies Recommendations


- **Access to Care** 1302.42(a) (1&2)
- **Quality Care** 1302.40, 1302.42
- **Prevention/Promotion Focus** 1302.46
- **Referral and Follow-Up** 1302.42(c)(3)
- **Life Course Approach** (early as Prenatal-Family Health) 1302.80 & 1302.81, 1302.46
- **Early Identification and Intervention** 1302.33(a)(1&2)
- **Staff Wellness** 1302.93
- **Child Mental Health and Social Emotional Well-Being** 1302.45
- **Family Engagement** 1302.50
- **Community Partnership and Coordination** 1302.53



HSPPS Crosswalk & National Academies Recommendations

Consensus Study Report
HIGHLIGHTS
July 2019

Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity



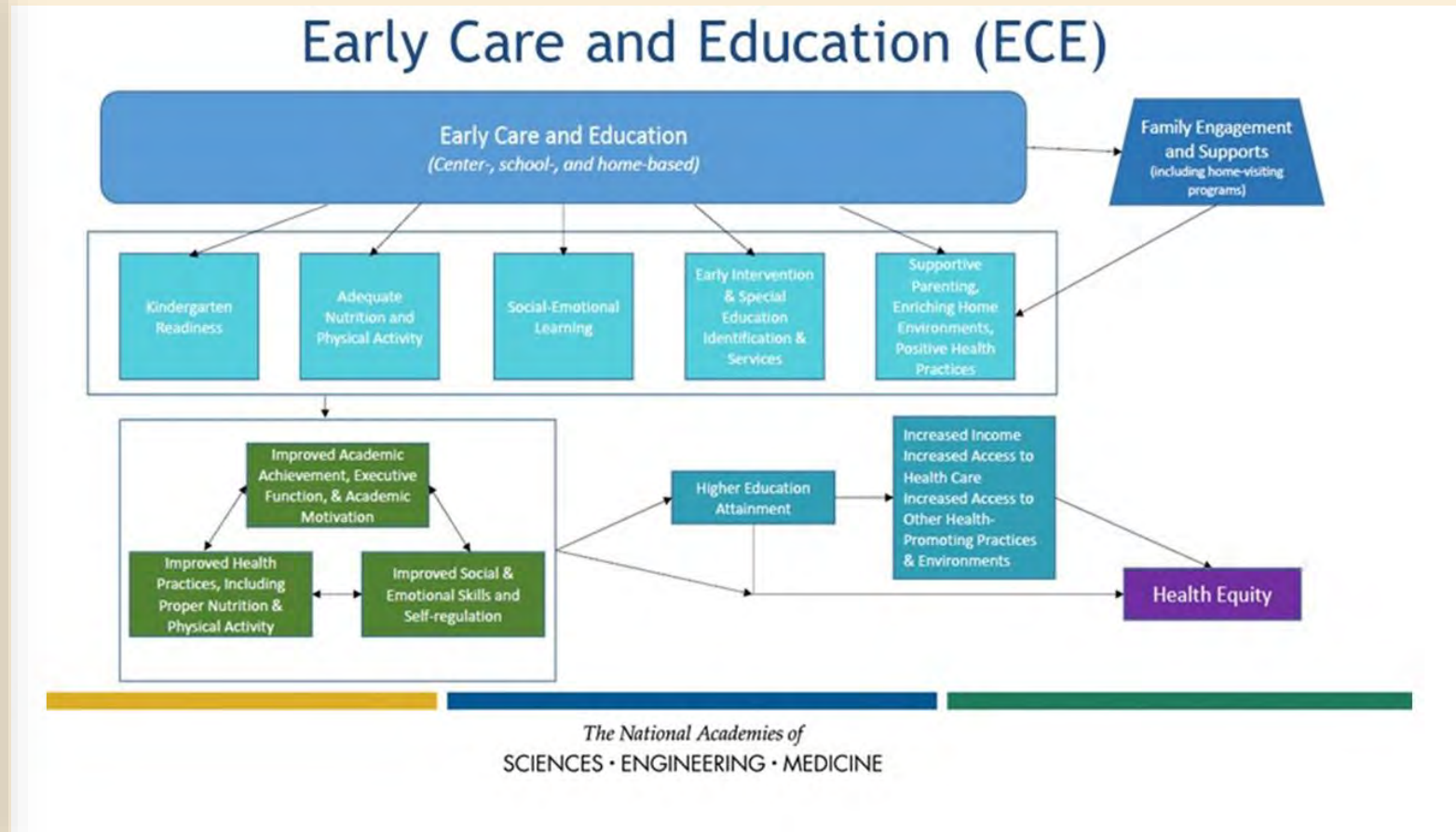
Early experiences and life circumstances shape prenatal and early childhood development, with powerful impacts on the developing brain and body that shape health outcomes across the life course and can span generations. Thus, the preconception, prenatal, and early childhood periods are critical phases of development that help set the odds for lifelong health and well-being.

All children deserve the opportunity to meet their full health potential and lead a fulfilling life. Yet health inequities in the United States prevent many kids from meeting their full potential. Long-standing and persistent inequities exist in most health outcomes by race, ethnicity, socioeconomic status (SES), geography, and other important demographic characteristics. The factors that drive these inequities are complex, interconnected, and systemic.

Importantly, the odds of positive or negative health for any given child are never set in stone. Research shows that prevention and early intervention are effective for children living in circumstances that put them at risk (such as living in poverty or being exposed to chronic adversity). Practice, policy, and systems-level changes informed by science can reduce the odds of adverse exposures, narrow health disparities, and advance health equity.

With support from the Robert Wood Johnson Foundation, the National Academies of Sciences, Engineering, and Medicine convened a committee to apply the science of prenatal and early childhood development to policy, program, and systems changes. The resulting report, *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*, outlines steps needed to move children who are at risk for negative outcomes toward positive health trajectories, reducing health disparities.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

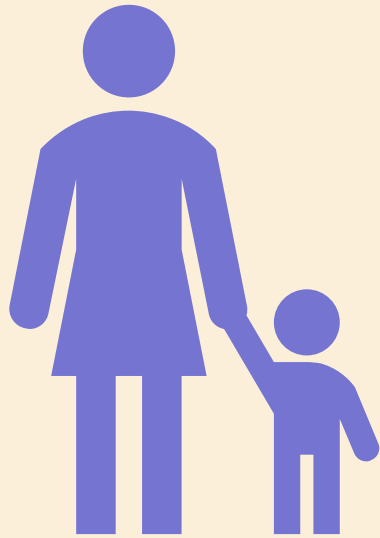


*Used with permission from The National Academies of Sciences, Engineering and Medicine

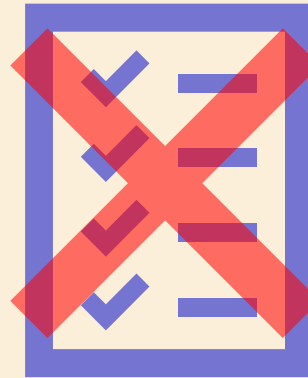
Head Start Practices that Build Health Equity

- **Community assessments**
- **Nutrition assessments**
- **Family engagement and leadership building**
- **Family assessments**
- **Multi-generational approach**
- **Comprehensive health services**
- **Family health education and literacy**
- **Family support services**
- **Health Services Advisory Committee**
- **Community network participation**
- **Culturally and linguistically responsive**
- **Trauma-informed**
- **Social-emotional development supports**
- **Access to medical homes**
- **Whole-child approach**
- **Mental health consultation services**
- **Family style nutritious meals**
- **Staff wellness strategies & professional development**
- **Services for pregnant women**
- **Serving the most vulnerable populations**
- **Life course model**
- **Exclusion policies**

What the Program May See



Family is given health form



Family doesn't return health form



Family doesn't care & not engaged

What's Happening Behind the Scenes (for the family & program)



**Enrollment & Family
Advocates provide additional
information about families**



**Family lacks transportation
Pediatrician is charging for copies
Doctor office not close to home**



**Staff may be confused on
what to do with the
information**



Warning: The following video talks about maternal death and may be triggering to watch.

When a Mother Dies



Courtesy of WebMD

Building your equity muscle (NAEYC Recommendations)



Build

Build awareness and understanding of yourself

- Culture
- Personal beliefs
- Values
- Biases

Recognize

Recognize the power and benefits of diversity and inclusivity

- Carefully observe
- Listen to others
- Welcome diverse perspectives

Take Responsibility

Take responsibility for biased actions and actively work to repair the harm

- Be willing to be held accountable
- Resist the urge to become defensive
- Recognize what you may not know

Building your equity muscle (NAEYC Recommendations)



Acknowledge


Acknowledge and seek to understand structural inequities and their impact

Commit


View your commitment to cultural responsiveness as an ongoing process

Learn

Recognize that the professional knowledge base is changing



What actions can your Head Start program take to increase impact (or lean in to), ensuring families have the opportunity to live healthy lives? –





Leadership Action in Equity

Sherri Killins Stewart, Ed.D

Director of State Systems
Alignment and Integration,
BUILD Initiative



Equity Leadership Proposition

Ensuring racial and economic equity for young children by :

- (a) **Increasing opportunities** for children and adults who care for very young children of color and in poverty and
- (b) **Removing barriers** to those opportunities that support optimal growth and development;
- (c) **Ensuring resources, burdens, and rewards are distributed** in ways that remove and do not exacerbate inequities; so that those with the greatest challenges are adequately maintained and not further disadvantaged; and
- (d) **Ensuring mechanisms are in place to determine who is advantaged and disadvantaged** by initiatives, policies and programs designed to advance equity and dismantle inequities.

Racial Equity in Early Childhood Systems

Four Levels of Change



PERSONAL

The individual consistently works alone and with others, to understand their own values, beliefs, implicit biases, unconscious racism, actions and relative privileges that contribute to racial inequities and equity; the individual acts to advance racial equity.



INTERPERSONAL

Individuals and groups are effective in relating to others not like themselves, actively include those typically excluded, share power, surface issues of racial inequality in interpersonal relationships, act to support positive change, and work to reduce interpersonal conflict.



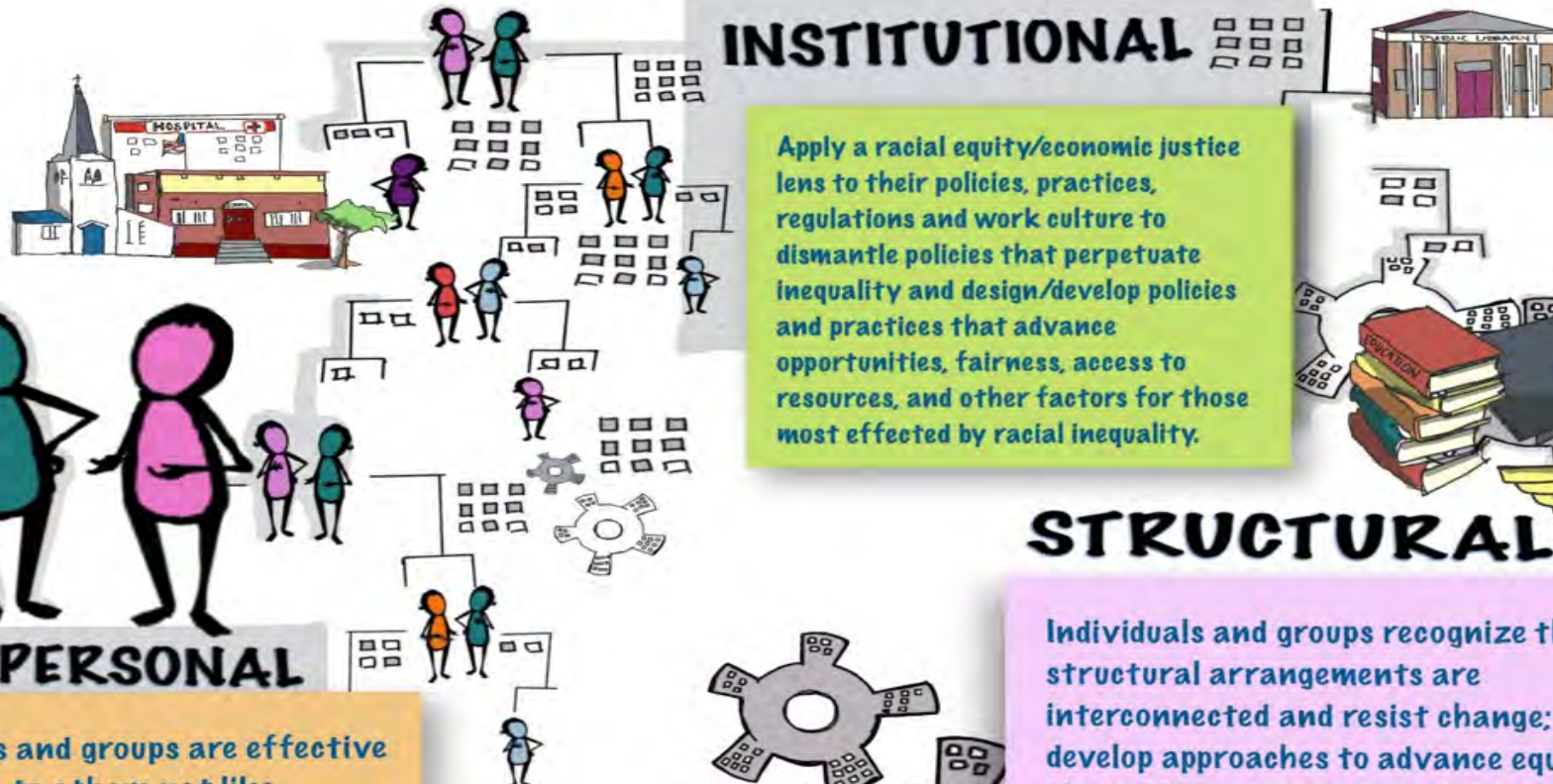
INSTITUTIONAL

Apply a racial equity/economic justice lens to their policies, practices, regulations and work culture to dismantle policies that perpetuate inequality and design/develop policies and practices that advance opportunities, fairness, access to resources, and other factors for those most effected by racial inequality.

STRUCTURAL

Individuals and groups recognize that structural arrangements are interconnected and resist change; they develop approaches to advance equity that offer new or reconstituted structural arrangements; they build shared leadership and collective power that leads to change.

Model adapted from Kirwan Institute. Illustration design by Chrissie Bonner and Montréal Morant. c 2017



Why?

- To promote optimal health and well-being for young children from the prenatal stage to age five
- To prevent and mitigate early childhood adversities
- To improve adverse social settings to reduce racial, ethnic, geographic, health and economic inequities.



“Groceries were hard to find for millions. Now it’s getting even worse.”

Source: [CNN](#)



“How Decades of Racist Housing Policy Left Neighborhoods Sweltering”

Source: [New York Times](#)



What Kinds of Decisions Do You Make in Your Program Daily?

- ◆ Money
- ◆ Budgets
- ◆ Transportation
- ◆ Hours
- ◆ Demographics
- ◆ Languages
- ◆ Data
- ◆ Children
- ◆ Families
- ◆ Staff hiring
- ◆ Staff training
- ◆ Eligibility services
- ◆ Teachers
- ◆ Curriculum
- ◆ Supplies
- ◆ Food
- ◆ Screenings

How Do You Make These Decisions?

- Spur of the moment
- With a team or individually
- Based on . . .
 - data
 - time
 - money
 - child and family's individual situation
 - what you think you know about the situation or the individual
 - your interpretation of regulations and policies of funders

Using Quantitative Data in Community Assessments

How do we know who is benefiting and not benefiting?



Quantitative data to get you started

Multiple sources

- State
- Local
- Population level
- Program/Services Delivery (health, early learning, economic)

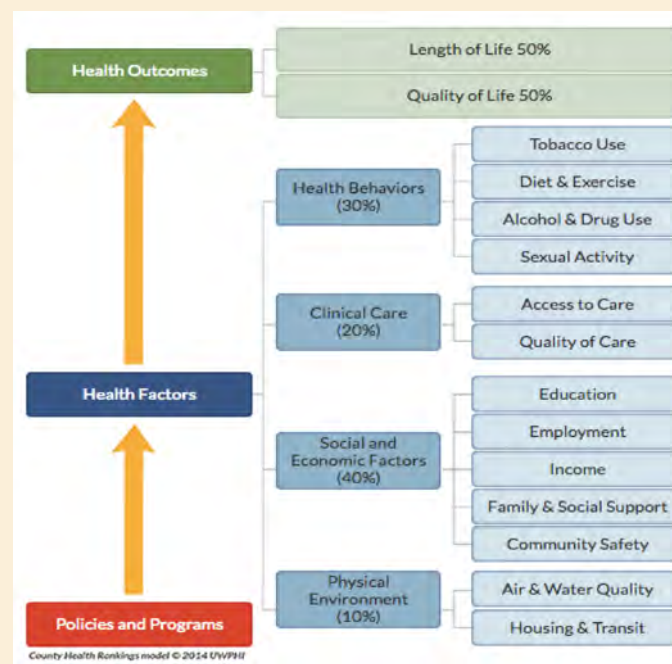
Multiple angles (economic, health, housing)

- Young child healthy development
- School readiness and success
- Children have access to healthy food
- Young children are safe
- Healthy and economically secure families
- Community conditions

Multiple views

- Disaggregate race, geography
- Sort by states, counties, cities, neighborhoods or towns

County Health Rankings *



* <https://www.countyhealthrankings.org/>

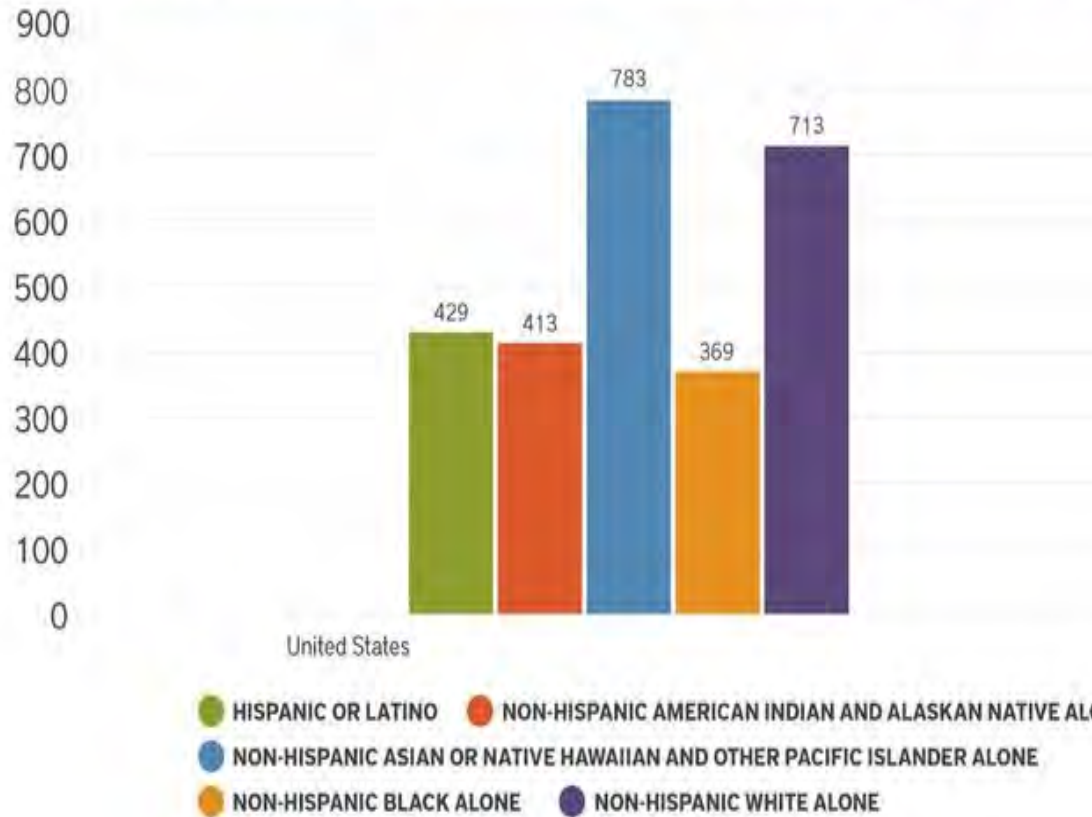
Opportunity Index



* <https://opportunityindex.org/>

Equity Framework

2017 RACE FOR RESULTS INDEX: UNITED STATES



The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>

The Annie E. Casey Foundation has developed the Race for Results Index, which compares how children and their families are progressing on key milestones across racial and ethnic groups at the national and state levels. The index is based on 12 indicators that measure a child's success in each stage of life, from birth to adulthood. The values go from 0 to 1,000, with the higher numbers indicating better results.

- Babies born at normal birthweight
- Children ages 3 to 5 enrolled in nursery school, preschool or kindergarten
- Fourth graders who scored at or above proficient in reading
- Eighth graders who scored at or above proficient in math
- Females ages 15 to 19 who delay childbearing until adulthood
- High school students graduating on time
- Young adults ages 19 to 26 who are in school or working
- Young adults ages 25 to 29 who have completed an associate's degree or higher
- Children birth to 17 who live with a householder who has at least a high school diploma
- Children birth to 17 who live in two-parent families
- Children birth to 17 who live in families with incomes at or above 200 percent of poverty
- Children birth to 17 who live in low-poverty areas (poverty <20 percent)

Qualitative Data

Connecting to those we intend the benefit with programs, services and initiatives



Who are Beneficiaries?

- Children
- Families
- Workforce
- Providers
- Community leaders
- Local policy leaders



Qualitative Data to Understand the Why – Parent/Community/HSAC Voice

- Consider experiences of individuals with different backgrounds and identities experience
- Develop experiences with populations and groups that experience racial inequities and disparities
- Support exploration of how historically and currently, individuals and communities are resisting racial inequity and organizing for self-determination, inclusion, and fairness.
- Shift or realign aspects of systems to increase access to opportunities



Participant Polls

1. I am a part of processes in my program that builds relationships with children and their families, who should be benefiting from early education, to learn about the goals they have for their children and families.
2. I understand how children and families with different backgrounds, experiences, and identities experience the Head Start programs' policies and procedures?

How to Qualitative Data: Beneficiary Voice (Parent/Community/HSAC)

- **Review qualitative data** to determine one or more locations with low opportunity communities.
- Build a **cross-sector team** with diverse interests: health, early learning, economics, local, state, county.
- Determine and discuss your **why, individually and as a team.**
- **Select places** to start.
- **Identify a local partner** in selected places with access to families, children and providers in targeted communities.
- **Co-design the site visit with local partner(s)** for families, providers, and local leaders.
- Co-create **6 to 8 core questions** with cross-sector team to share with local partner in advance, especially for families.



Leaders have Feedback Loops

- Ensure **ongoing communication** between state and local policy makers, practitioners, community leaders and families.
- **Intentionally seek** input directly from beneficiaries and other contributors
- Engage in a **cycle of improvement over time.**
- **Share the challenges** that your leadership team could not respond to and why
- Be honest about **timelines**

Opportunities to Act



Ask yourself about your leadership:

- ❖ In my work and responsibilities **who is and is not benefiting** from my policies and programs?
- ❖ As a leader **what actions can I take to intentionally and consistently** include those furthest from opportunity in my/our work?
- ❖ **Do I intentionally engage those excluded from opportunity** by using data to increase access and benefit to **Black, Latinx and Native American children?**

Actions from Leaders

- **Question your own assumptions**
- **Build networks and work collaboratively.**
- **Identify who is benefiting or not being served by your programs**
- **Advance action to avoid excluding and to include specific children and their families.**

Opportunities to Act for Equity: Leaders

Implementation: Barrier Removal and Distribution

- Design and develop initiatives and programs
- Develop policies, regulations, and protocols for program management and delivery
- Determine how resources are distributed at the: program, local, state level

Evaluation and Monitoring: Mechanism

- Design mechanisms to determine success or benefit of services
- Analyze and monitor data, utilization of programs, services or initiatives
- Assess the impact of service design, delivery and impact on related departments or divisions
- Oversight of organizational policies and practices



Opportunities to Act for Equity: Leaders

Communication: Opportunities

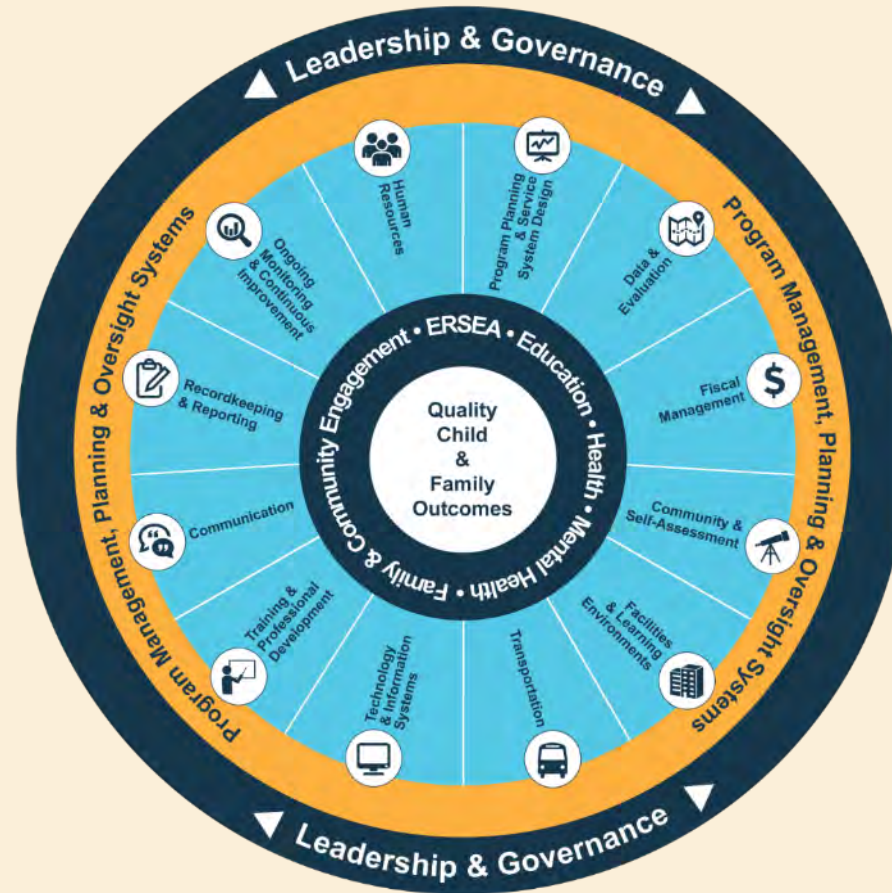
- Prepare communications (orally, written, electronically) to program staff and recipient
- Respond to questions, critiques about policies, communications regarding program practices, policies and procedures
- Engage beneficiaries in developing, delivering and evaluating program policies and practices
- Recommend new ideas for program delivery

Supervision and Oversight: Mechanism

- Evaluate program staff
- Evaluate program operations, budget, outcomes



Reflection: How might these opportunities to act fit with the HS Management Wheel?



Courtesy of the National Center on Program Management & Fiscal Operations

Chat: What actions can you take to increase benefit for Black, Latinx and Native American Children?

- Interpretation of the Policy
- Modifications of Policy
- Modifications of Practices
- New or Modification of Legislation (statutes)
- Workforce/Leadership (public/private)

Actions to Tackle a Racial Equity Problem

- Understand **the problem's ecology** and the system in which it lives
- Focus on ***system components and their interactions***
- Focus on **aspects of the *opportunity structure, participation, and access*** to reduce disparities
- **Inclusion of partners and stakeholders**—not only the usual partners
 - **Planning and implementation** processes occur with all stakeholders
 - Assessment, **reframing and reform processes involve stakeholders**
 - **Monitoring** who is benefiting from policy and practice shifts and changes



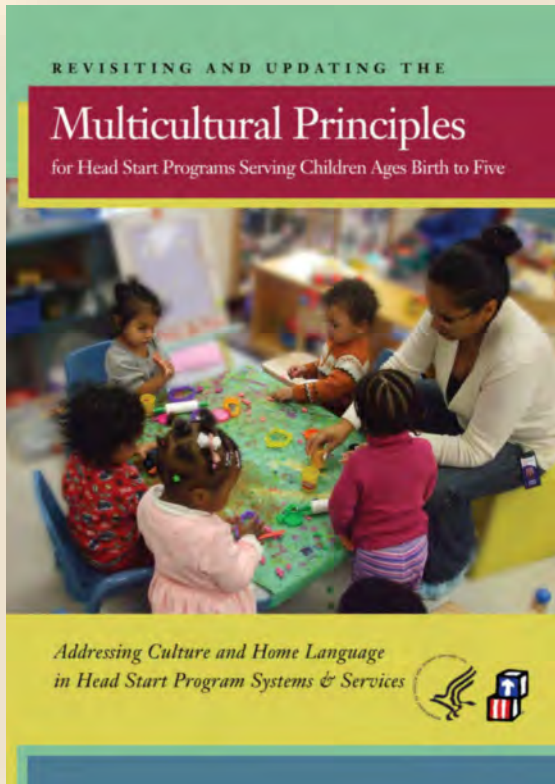
Poll: What is Actions can you take to increase benefit for Black, Latinx and Native American Children ?

- **Interpretation of the Policy**
- **Modifications of Policy**
- **Modifications of Practices**
- **New or Modification of Legislation (statutes)**
- **Workforce/Leadership (public/private)**



Part 3: Tools and Resources

Multicultural Principles for Early Childhood Leaders



*Every individual is rooted in **culture**.*



<https://eclkc.ohs.acf.hhs.gov/culture-language/article/multicultural-principles-early-childhood-leaders>

Dual Language Learners Program Assessment



Culturally and Linguistically Responsive Practices

Indicate your overall rating for the following linguistically and culturally responsive practices. For all **program options**, do our health services...

	1	2	3	4	5	N/A
Provide our families with easy-to-understand information about common health issues and services in their preferred language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain information about each family's beliefs and practices, and consider them when making recommendations to families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate learning experiences about health care, wellness practices, and nutrition information as sources of first and second language acquisition and development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that our Health Services Advisory Committee has appropriate representation from our families and that it is culturally and linguistically responsive to our families' needs and strengths?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help our staff use a family-centered and culturally sensitive lens when they discuss child health and mental health concerns with families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure our families are connected to medical and dental homes that have linguistically capable and culturally competent staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invite our families to participate in the development of menus to ensure a variety of familiar foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage our families to help prepare children's meals representing their cultures, as appropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 8. Health Program Services section score _____

Health Tips for Families Series

- Amharic
- Arabic
- Armenian
- Burmese
- Chinese
- English
- Hmong
- Marshallese
- Polish
- Somali
- Spanish
- Vietnamese
- Yiddish

CHƠI ĐUA ĐỂ HOẠT ĐỘNG

NATIONAL CENTER ON
Early Childhood Health and Wellness

Lưu ý: Khuyến khích các gia đình có Trẻ em trong Quốc gia và Trẻ em ở nước ngoài chơi thể thao.

Thời gian Lành mạnh Bắt đầu Từ Sớm

Giấc ngủ ngon, hoạt động thể chất, và dinh dưỡng là nền tảng cho sức khỏe và sự phát triển của trẻ em. Thời gian lành mạnh là thời gian dành cho các hoạt động giúp trẻ em khỏe mạnh và hạnh phúc.

Thời gian Chơi đùa có thể là thời gian Vận động!

Đưa trẻ em đi chơi đùa thể thao và vận động.

Dành cho Trẻ Sơ sinh

- Cho trẻ em hoạt động thể chất và vận động bằng cách chơi đùa, thay vì chỉ ngồi trong xe đẩy hoặc ghế ngồi.
- Đưa trẻ em đi chơi đùa thể thao và vận động bằng cách chơi đùa với trẻ em trong phòng ngủ hoặc phòng tắm.
- Không để trẻ em ngồi trong xe đẩy hoặc ghế ngồi quá lâu.

Dành cho Trẻ Một biết Đi

- Khuyến khích trẻ em vận động bằng cách chơi đùa thể thao và vận động.
- Cho trẻ em chơi đùa thể thao và vận động bằng cách chơi đùa thể thao và vận động.

Dành cho Trẻ Sắp đi học Mầm non

- Khuyến khích trẻ em vận động bằng cách chơi đùa thể thao và vận động.
- Cho trẻ em chơi đùa thể thao và vận động bằng cách chơi đùa thể thao và vận động.

Dành cho Quý vị và Gia đình

- Khuyến khích gia đình dành thời gian lành mạnh cùng nhau.
- Khuyến khích gia đình dành thời gian lành mạnh cùng nhau.
- Khuyến khích gia đình dành thời gian lành mạnh cùng nhau.

TRANG 1 TRONG 1

- Active Play
- Health Literacy
- Healthy Breathing
- Healthy Eating
- Mental Health
- Oral Health
- Safety & Injury Prevention



Health Education Materials for Parents & Staff

¡La Prevención de las lesiones comienza en el hogar!



Usted les otorgó a sus hijos el don de la vida, déles la protección que requieren

¡Muchas lesiones en la infancia se pueden prever y prevenir!

ÁMELOS Y PROTÉJALOS.

 **NATIONAL CENTER ON**
Early Childhood Health and Wellness

¡La preparación para la escuela comienza con la salud!

- Lead Awareness
- Home Safety
- Reducing Stress
- Understanding Depression
- Responding Positively to Your Child's Behavior

My Peers Community

- Keep the conversation going!
- Share strategies and ideas!
- Get valuable resources!



COMING SOON: Identifying and Prioritizing Families Video Series

- Identifying & Prioritizing Families
- Communities of Color
- Prioritizing Children in Foster Care
- Migrant & Refugee Families
- Rural Families
- Homeless Children & Families

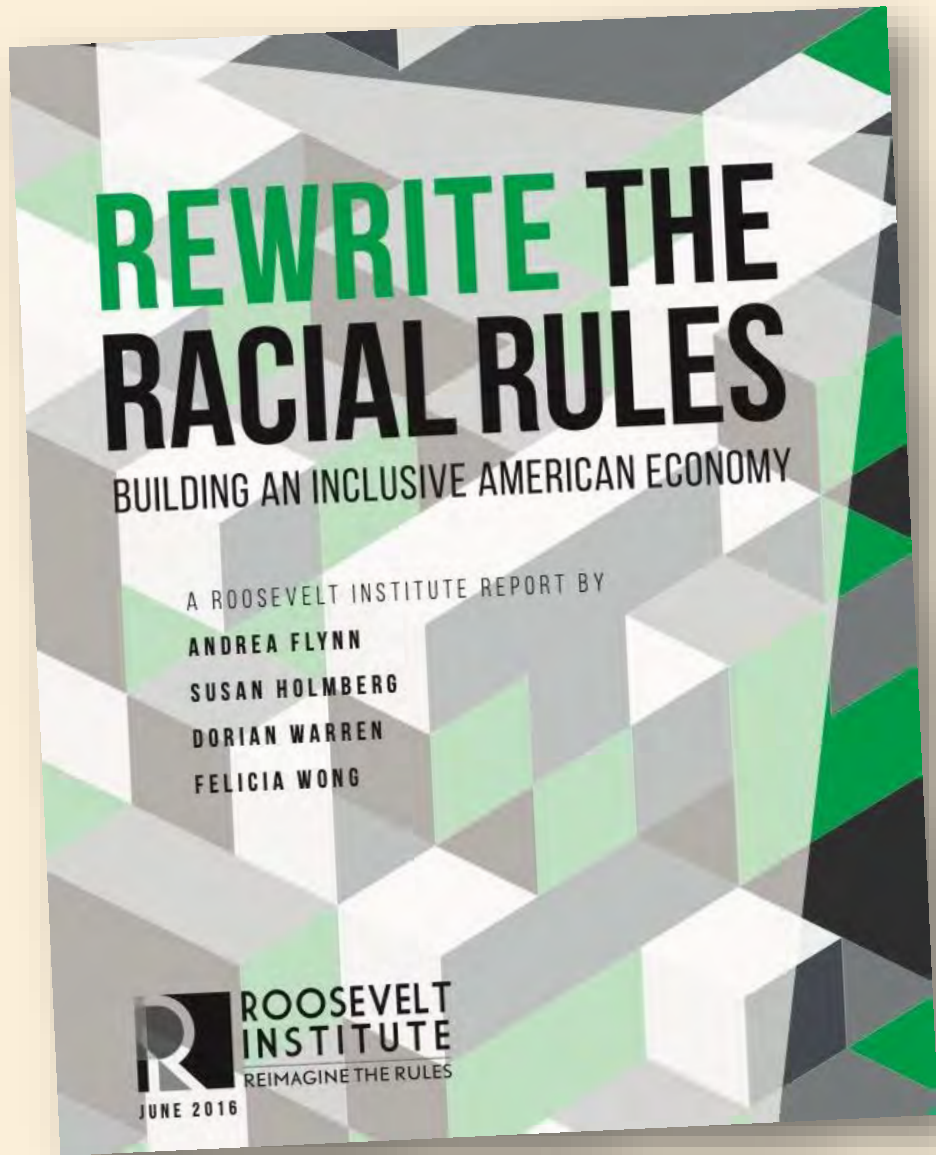
Dr. Nate's Recommended Reading List

- **SAHM's Policy Statement: Racism and Its Harmful Effects on Nondominant Racial–Ethnic Youth and Youth-Serving Providers: A Call to Action for Organizational Change** - *Maria Veronica Svetaz, et al*
- **AAP's Policy Statement: Racism and Its Impact on Child and Adolescent Health** - *Maria Trent, Danielle G. Dooley, Jacqueline Dougé*
- **"Why Are All The Black Kids Sitting Together in the Cafeteria?": A Psychologist Explains the Development of Racial Identity** - *by Beverly Daniel Tatum*
- **Anti-Bias Education for young children and ourselves** - *by Louise Derman-Sparks & Julie Olsen Edwards*
- **So You Want to Talk About Race** - *by Ijeoma Oluo*
- **How to be Antiracist** – *by Ibram X Kendi*
- **The 1619 Project: New York Times Magazine** - *by Nikole Hannah Jones, et al*

Rewrite the Racial Rules

Roosevelt Institute article *Rewrite the Racial Rules* that can be found here:

<http://rooseveltinstitute.org/rewrite-racial-rules-building-inclusive-american-economy/>



Culture & Language Page on ECLKC

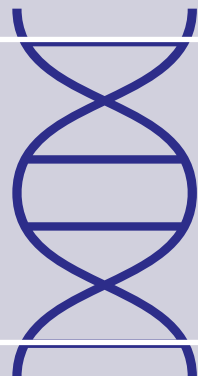
Advancing Racial and Ethnic Equity in Head Start

The Advancing Racial and Ethnic Equity in Head Start Webinar Series promotes anti-bias and anti-racism strategies Head Start and Early Head Start programs can use in their practices, services, and systems. It builds upon foundations in the [Multicultural Principles for Early Childhood Leaders](#) and the [Head Start Program Performance Standards](#). It also complements Head Start's history of anti-racism in action. Watch the webinars to reflect on individual perspectives and recommit to building program environments that communicate genuine care, value, and respect for all children, families, and staff.

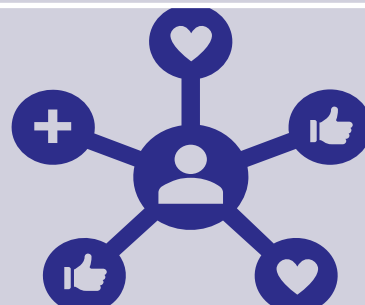
Topics for the four-part series include:

- Exploring terminology and engaging in challenging conversations about racism
- Discussing children's understanding of race and identity development
- Developing anti-bias teaching practices
- Examining principles and policies for human resources systems that honor diversity, equity, and inclusion
- Exploring intersections of health and racial equity to support the wellness of children, families, and staff

Revisiting the Key Messages



Advancing health equity is directly tied to the historical mission and purpose of Head Start. It's in our DNA!



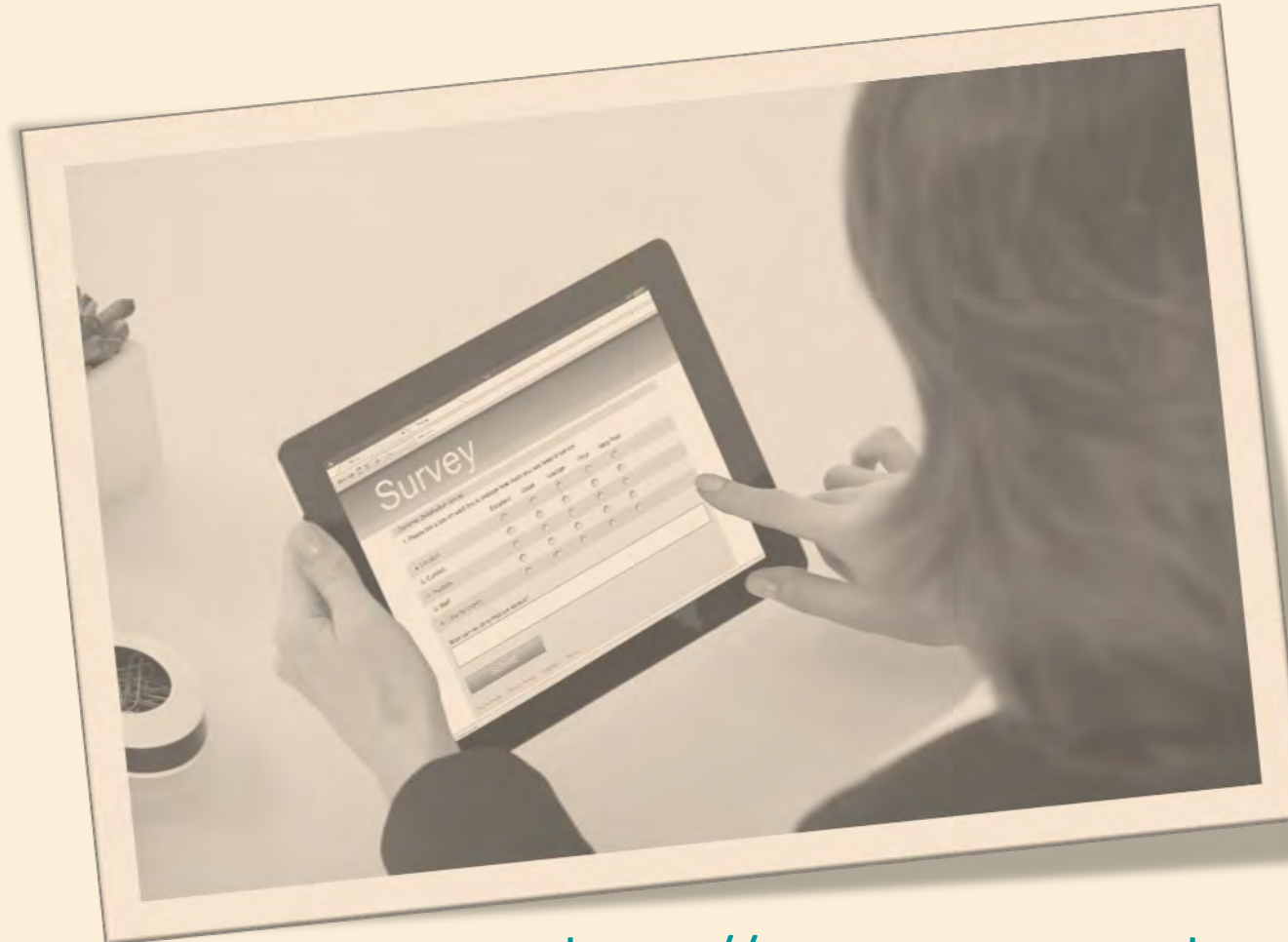
Understanding what social determinants of health are and how they impact families in our programs is essential.



Developing strategies to promote health equity ensure that health equity is understood and an implicit part of providing children and families the opportunity to thrive

Compassion comes before compliance!

Evaluation and Certificate



https://www.surveymonkey.com/r/equity_1 8-6-20

Questions and Answers

The speakers will stay on the line an additional 15 minutes to continue the dialogue.

