Health Disparities: Responding with a Lens on Race and Ethnicity

Glenna Davis: Good afternoon, Stephanie. Please begin.

Stephanie Womack: Thank you so much. Hello everyone. My name is Stephanie Womack, and I will be one of your facilitators today. Welcome to the fourth and final installment of the Advancing Racial and Ethnic Equity Series. We're excited to have you here today and kick off such great content with wonderful speakers. What we're going to get started with today – to set the context for our conversation is a video – that really homes in on the idea of health inequities are not accidental. So, I'm going to allow our webinar folks to kick off the video.

[Video begins]

Camara Phyllis Jones: I'm Dr. Camara Phyllis Jones, past president of the American Public Health Association. You may have heard the saying, "An ounce of prevention is worth a pound of cure." When it comes to health and wellbeing, preserving health is always best, but there's more to the story.

Imagine that someone is walking along and whoops, they have just fallen off the cliff of good health. And if that were you, you'd be relieved to find an ambulance at the bottom to speed you on to healthcare. But what else can we do to protect you? How about a net to catch people? But nets have holes, so some people may still fall through, and the net is likely to rip over time.

What else can we do? Clearly, we need to build a fence at the top of the cliff to keep people from falling in the first place. But if a lot of people are near the edge of the cliff, even a really strong fence will not be enough to keep everyone safe. We need to move all the people away from the edge of the cliff. We do that by addressing the drivers of poor health that go beyond our genes and beyond our personal behaviors. Things like low wages and underresourced schools and unsafe housing. The environments in which we live, work, and play shape our health. These are the social determinants of health. These things can either propel people toward the cliff's edge or keep them at a safe distance from it.

But this cliff analogy is incomplete. We need to also realize that the cliff is three-dimensional and then to notice that resources and people are not evenly distributed along this cliff. At some parts of the cliff, the ambulance at the bottom may have a flat tire, or maybe there's no ambulance there at all. Maybe there's no net nor fence. And usually at those parts of the cliff, the people are being pushed closer to the edge.

These are the differences that lead to health disparities in a population. Differences in the speed and quality of the ambulances represent differences in quality of care. Differences in the presence of ambulance's nets or fences, these represent differences in access to care. And differences and the distance to the edge of the cliff represent differences in the opportunities and exposures and stressors that make some people and communities sicker than others.

We need to ask a lot of questions. Why is the cliff three-dimensional? Why do some parts of the cliff lack ambulances or nets or fences? And why are some people being pushed closer to the edge? It's because our economic system fails to provide an even playing field. It's because racism, which is foundational to our nation's history, is still with us and continues to cause profound harm to us all. And because discrimination against people of color, women, immigrants, the LGBTQ community, poor people, and others holds back our nation's health and well-being.

Everyone should have the opportunity to achieve good health. If we try to address the social determinants of health without tackling these bigger systems of structured inequity like racism and sexism, we risk moving some people away from the cliff's edge, but not others. We risk making health disparities worse. Experts at the Urban Institute are exploring how local, state, and national policies have gotten us to this point, and what policy solutions inside and outside the healthcare system can drive fundamental improvements in health and wellbeing for everyone.

We can all play a role. We can support our kids' teachers. We can participate in neighborhood cleanups. We can volunteer with community organizations. And let's recognize and dismantle racism, sexism, and the other big systems that assign value and structure opportunity in ways that undermine some groups more than others but hurt us all. Doing so will radically improve health and wellbeing for everyone by creating the conditions all of us need to have the best health possible.

[Video ends]

Stephanie: Thank you for playing that video. I think there were a couple of things that really stood out to me. One, it's really a great big picture representation of what we're talking about today and how we plan to move through our content. Some of the other things is we're looking at issues – at the local level, the state level, the national level – and really thinking about how we all can play a role in moving this work forward.

So, one of the reflection questions that I think is important for after this video, and to keep with you throughout the presentation, is: Think about what health inequities you and your families in your program regularly experience, and what you're seeing and what you're hearing, and keep those questions in mind as we move through the content.

Again, welcome to the fourth and final installment of the Advancing Racial and Ethnic Equity in Head Start webinar series. Today, we will be talking about Health Disparities: Responding with a Lens on Race and Ethnicity. My name is Stephanie Womack. I am with the National Center on Early Childhood Health and Wellness.

Before we get too far in, there are a couple of housekeeping items that I'd like to review with you today. Please use the left sidebar to ask questions or submit comments and also to download handouts. In terms of the certificate for today, please note certificates of attendance will be automatically emailed to you – at the email address you used to register – at the

conclusion of this webcast. It's important that you remain on the webcast until it is closed out by our web hosts. And you will receive that email from donotreply@webcast.com. Again, please do not close out the webinar window. It's important that you remain logged in for that certificate to be generated. Also, the certificate of attendance is not connected to the post event survey. Completion of that survey will not generate the certificate, and you must remain on the webcast. If you do not receive the email with the link to your certificate, please send an email to webcast@hsicc.org.

So, here we are in the fourth and final installment, and we're just curious if you have been able to participate. We want to get an idea of who's on the line today and if you've been able to participate in previous webinars that kicked off early August for us, and we're wrapping it up now in mid-September. So, I think there's a poll here … [Silence] … for you to be able to … [Silence] ... If you have, how have you participated in the webinars, if any? OK. I see that most of you have attended all three of the previous webinars, which is great. And some of you have only been able to attend one or two, and that's fine too. So, we can close out that poll. So, it's great that a lot of you have had some introductory content, and we will reference some of that throughout today.

We kicked off this series, like you just saw, in August with our colleagues at the National Center on Parent, Family, and Community Engagement, where we were really able to open up the dialogue about the role of race, culture, and ethnicity in the way that we provide services to our families. And throughout the series, we've also been able to talk about these concepts in our systems, specifically program management in fiscal operations. We're able to talk about human resources and leadership. And we've also been able to hear from childhood development teaching and learning about how to be intentional in creating anti-biased teaching and learning environments.

And today, we really plan to connect these dots – these concepts of race, culture, and ethnicity – to help. Because the National Center on Early Childhood Health enrollments, we really believe that school readiness begins with health. And we know that there are differences in all types of health outcomes based on race and ethnicity, which often leads to health inequities, and we want to be able to talk through some of this and think through some of this together today and really get your questions and your thinking and help you to walk away with some strategies and ideas about how to move this work forward in your programs. So, with that, I'd like to introduce our Federal Project Officer, Marco Beltran, to say a few words. Marco?

Dr. Marco Beltran: Thank you, Stephanie. Hello and welcome. I'm Marco Beltran with the office of Head Start. I'm excited to participate and to have you join us in this fourth webinar in this series on Advancing Racial and Ethnic Equity. Today's topic, Health Disparities: Responding with a Lens on Race and Ethnicity, is especially important to me as a former Head Start child and as a former Head Start Health Service Manager, and now at the office of Head Start Support in the National Center on Early Childhood Health and Wellness.

In all my previous roles, I have always struggled and try to figure out how to address health equities and how to respond in ways that lead to [Inaudible] for the children and the families

that we serve. Having an opportunity to talk about health disparities is something that is needed, and I hope that participating in this webinar will nudge us forward to constantly try to figure out if what we're doing or promoting or implementing in our programs is going to make a positive difference. For example, if we know that there's a high rate of maternal mortality among African-American women and Native American women, and we are an early Head Start program that serves African-American and Native American women, how are we using that information to make better programming decisions? Another example, compared with other racial and ethnic groups in the United States, Latinas have lower socioeconomic status, less access to medical care, or lower use of prenatal care, and despite these high-risk factors, Latinas in the United States have surprisingly favorable pregnancy outcomes. It's an interesting paradox, but what is striking is that the more time spent living in the United States, these paradoxical good pregnancy outcomes decline. So, how do we serve this population and what can we implement to help maintain the favorable outcomes? And I can keep going and going on and on with examples. I'm sure that many of you can well and have many questions.

Which brings me back to this presentation today. Today's presentation is filled with strategies and self-reflection. These topics aren't easy, but they're necessary for supporting children and families as well as staff. As you listen today, please listen for ways that Head Start can respond to health disparities and how Head Start is inherently situated to create change, or you can figure out how to connect with health and wellness partners within the community and think about how this partnership can be strengthened and what role your program can play in impacting health disparities.

I hope, today, you will be empowered or feel empowered to take the time for your own self-reflection to make even a small or the smallest change, and to feel the ripple of change that you can potentially have. Your role as early Head Start and Head Start health staff and staff in general have always been about seeing the potential, the promise, and the possibility for all children and families. As I turn the mic over to Stephanie, I want to leave you with this quote from Dr. Martin Luther King. "Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane."

Stephanie: Thank you, Marco. I think that it's such a powerful quote, and it reminds us that if we see something, then we have the responsibility to do something. So, thank you so much for your remarks. Again, to the audience, I'm Stephanie Womack, and I am pleased to serve as one of your facilitators today as we continue this very important conversation on this topic of health inequities and disparities, one that is very near and dear to my heart and one that I've been working on with the national center for at least the last two and a half years.

So, I'm excited to be able to have our guest faculty here with us today, Dr. Nathan Chomilo and Dr. Sherri Killins Stewart. So, in addition to the titles you see on the screen, Dr. Chomilo is a member of the American Academy of Pediatrics Council on Early Childhood and section on minority health, equity, and inclusion, and is an early childhood champion for the Minnesota chapter of the AAP. Dr. Chomilo, do you want to say hello?

Dr. Nathan Chomilo: Yeah. Hello everyone. Glad to be here.

Stephanie: Thank you so much. We also have Dr. Sherri Killins Stewart, who is responsible for working directly with state leaders to advance early childhood systems efforts in health, early learning, and family support. She leads the work to define and create intentional practice regarding equity in early childhood systems, practice, policy, and leadership. Dr. Stewart, do you want to say hello?

Dr. Sherri Killins Stewart: Hello. How are you? So happy to be here.

Stephanie: Thank you. Before we continue, we do have another poll to get a sense of the roles represented on the call today. So, we're going to open up the poll and have you respond to that.

OK, we have some results. It seems like most people who have responded ... People are still responding. We have some family service managers, teachers. We've got a good mix. Some home visitors here, some folks in the other category. We've got some representation across the roles that were represented there on the screen, so that's great. So, I'm going to close ... We can close out that poll.

And really, what we just wanted to emphasize there is that there is a variety of roles represented here, and we think that's really great because this is everybody's job. Everybody plays a role. One of the larger goals with the National Center on Early Childhood Health and Wellness is really to help everyone see that they do have a role to play. It's not just the health person's job or the nutrition person's job because our families don't live just in the health space, so it's important for us to all work together to address some of these bigger issues.

So, with that, let's review our learning objectives for today. We really want to help you understand why and how health disparities impact families who are historically underresourced. We want to you explore key concepts related to help equity and how they apply to our Head Start and Early Head Start programs. We want to identify strategies to help you apply an equity lens in your own role and connect with health and wellness partners within your program. We also want to elevate strategies for shared action for leaders to promote ongoing cross-sector work that impacts underresourced families. And we want to share some tools and resources with you that can help support health equity in your program.

So, if you were able to be on the first webinar, you probably heard Dr. Bergeron's comments, where she really mentioned in her opening remarks that advancing health equity is directly tied to the historical mission and purpose of Head Start. And we at the National Center on Health and Wellness like to say, “It's in our DNA.” We really want to home in on this idea that understanding exactly what social determinants of health are and how they lead to health inequities and how these inequities impact families in our programs is essential. And we want to think about how we develop strategies to promote health equity. To ensure not only that health equity is understood, but health equity is an implicit part of providing all children and families opportunities that enable them to thrive. And really for us, the foundation of this work is that compassion comes before compliance. We seek to understand first, and then we seek to help.

And Dr. Killins Stewart provided some of these suggested agreements for the conversation, which we really loved and wanted to really set the tone for the conversation today. Other folks have done it on other webinars as well to really just open up that this is a safe space to learn. Really come as a learner, not as an expert. Look for what challenges your thinking, not for what confirms what you already think is right. Express your truth. We want to encourage you to use the Q&A box to chat back with us, to explain what you're thinking and feeling, and what you see in your programs. Expect and accept no closure. This is the start of a long conversation and this work doesn't happen overnight. I often talk about it. It's a snowball effect, but we have to start somewhere. So, it won't end today for a lot of folks, and we want to accept that and encourage you to accept that.

Trust in others' contributions. Assume positive intent that we're all trying to work through this together. Respect others' ways of knowing. Really listen. That's the main thing: listen, listen, listen. Come with an open mind, and accept and expect discomfort. Like Marco said, this is a big conversation, it can be a heavy conversation. But it's OK to sometimes sit with that discomfort and try to think through what that means for you as an individual, what that means for you and your work, and how you can act differently moving forward.

So, with that, I would like to transition to one of our activities for today. I actually went through this activity as an opening plenary at a conference that I attended with Dr. Ayesha Ray, who is a Distinguished Fellow at the Build Initiative. And it was really powerful, and when it's done in person, it's even more so powerful, but we think we can pull it off virtually. So, what I'd like you to do is take about 20 seconds to really reflect on things that you really want for your child or a child that you really care about. And what we're going to do is we're going to open up a poll with a list of things that we've previously thought about, and we'd like you to choose four that are most important to you.

So, I think the poll will open and we'll start to get some results coming in here. So, you're thinking about things that are most important for your child or a child you really care about. We have choices such as spouse or marriage, family, faith, being kept safe, not living in poverty, owning their own home, finishing high school, going to college, good health, quality education, access to food, safe places to play outside, clean water, compassion for others, sense of self or confidence. OK, people are responding. We'll leave that open. We've asked folks to share four.

Most people, we've got good health, kept safe or not be abused are the top ones. Strong faith, OK. Sense of self and confidence. That's rising up. OK, great. Looks good. Looks like the number one is being kept safe and not being abused, good health, sense of self and confidence, and quality education might be top four. OK, let's go ahead on and close that out. I'm going to go back over to the slides here.

So, if we want to focus on those top four in our list, and you can feel free to put what you think your top four might be. So, if we focused on the top four in our list of not being abused, being kept safe, quality education or even access to education, good health, and a strong sense of self. So, if we focus on those and think about …

If we focus on those and think about, OK, these are the top four things. That's great but let me tell you something. You're not going to get those top four things for your child and imagine your neighbor who you may or may not care for, or someone like me saying I'm taking away the top three. So, whatever you thought was maybe the top four, I'm going to take away the top three. So, no, your child doesn't get access to education. No, they don't get good health and they don't get – let's see, what was the other one that was, when you look at the chat here – you don't get a strong sense of self and even worse. You don't get to tell me what you want those choices to be. I'm going to tell you what you get to keep. I am telling you what you get to keep.

How does that make you feel? I would love to get some reactions in the chat box. So, just some thoughts and feelings about how that might make you feel. But here's the thing: People trust us with their children, and once these kids are in our program, they become our kids. And we should all want what's best for all children, not just our own. And we also need to recognize that when we make decisions for other people's children and we don't seek to understand their perspective or don't value their voices or ignore their challenges, we are effectively silencing them. And we also must recognize that there are systems, right, and structures in place that are actively working to silence the voices of the under-resourced communities, and that in turn drives behavior. So, we've been led to believe that these are individual issues that as the opening video explaining, that's not really the full picture. And we believe that we have the responsibility to really challenge and dismantle systems that actively work to silence our family.

And one of the things that we're going to focus on today is looking at how health inequities arise in areas such as quality of care, access to care, and what are the underlying exposures in opportunities that create differences in baseline health statuses. And I see that some of the folks from the chat in response to the activity that completely unacceptable, hopeless, angry, powerless. I agree with all those things, and those are the things that we need to keep in mind when we're thinking about working with our families and how they might be feeling those things. It's unacceptable for there to be kids that have to experience health inequities. It's unacceptable for these families to feel hopeless and angry and powerless when we are a part of a system that can support them and that can do better.

So, at this school, I want to transition us into our first speaker and Dr. Chomilo is going to walk us through the impact of racism on health and health and equities, and really help us think about how we might respond or adjust your programs and services through a racial and ethnic equity lens. So, again, I want us to be thinking about this content in our own programs in mind. So, with that, I'm going to turn it over to Dr. Chomilo.

Dr. Chomilo: Thank you. So, I like to start my talks over the last year … I've learned more and more about land acknowledgements. And so, I think it's important as we're talking about structural inequity and oppression to really acknowledge one of the original sins of the founding of our nation, and that's the land theft of the indigenous nations who are still here with us. And so, I'm in Minnesota. And so, I well acknowledge that the land on which I am living as the ceased territory of the Dakota people. And I know that we in this webinar is bringing

together people from across our country. And so, it's important to kind of think about the impacts of the original theft and how they linger today and impact are the health and wellbeing and opportunity our families face.

So, the initial, just kind of wanting to retouch upon the levels of racism and how structural racism works. I think because I think it's a good framework as we think about how we might start to act and find ways to mitigate or dismantle structural racism. And so, I know you have – in previous talks – heard Dr. Career Jones description of these levels is the analogy she uses. And so, I just like to kind of reiterate her definition of racism as a 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. And I think that's a really important piece as we talk about this is that it's really, it's going to steps the strength of our whole society and potential for whole society. And so, it's not just about helping those who have been harmed. It's about, really, how do we find a way forward that helps us all.

So, if we look at those different levels of racism and how they impact health. Personally experienced racism and how we know has direct impacts on health and that starts even before children are born. OK. And so, we know that in mothers who have experienced direct racism, whether they be black mothers throughout the history of our country, Hispanic mothers particularly after the 2016 election, and Arab American mothers after 911, who experienced increased discrimination, they had lower birth weights in their babies, anywhere from three to nine months later. And so, increased direct and personally experienced racism impacts the health of our children. We know that a child themselves experienced racism is at increased risk of depression, obesity, insomnia, lower self-esteem, and just poor overall health. And then we know that that carries into adulthood, right? And so, exposure to racism and adults has been linked to increased risk of heart disease, depression, and other ailments. And so, we think about the caregivers and parents of our children in communities that are experiencing racism, the impact this has on their health directly.

So, when we think about institutional racism and that's impact on health, there are many policies and the way our society has been structured that directly impact health. And so, you may have heard about the policy of red lining, and that's how housing opportunity was set up in our country with guidelines drawn around less-desirable parks, which were largely defined by the presence or absence of Black Americans and other minority groups at the time.

And so, that would determine who had access to home loans and who could actually build houses and live in houses in those areas of the neighborhood. And that helped impacted well, but also impacts health because we can see there's environmental racism that was built up around that. And we know that someone's race is a significant predictor of a person living near contaminated air, water, or soil. And that is directly related to these packages of red lining, right? And so, we see higher incidence of chronic diseases like my eczema in our children who are in others with higher degrees of environmental pollution.

And then certainly the interaction with the criminal justice system is one of the ones that directly impacts the health of our communities. And so, with one in every 10 black men in their thirties being in prison or jail on any given day, you see the impact on the overall wellbeing of a community to have that many men in their community not in community with, and then even starting younger than that, American, Indian youth being three times as likely as white youth to be held in juvenile detention facility and how that puts them and changes their trajectory of their life opportunities and how that impacts health and wellbeing is really directly related to some of this institutional policy.

And certainly, COVID-19 has really demonstrated in all these different ways that institutional and structural racism impact health, right? And so, this is an art piece by Danielle Koch that really demonstrates inequities impacting black communities in particular, but you can certainly make similar trees around regarding our indigenous and Latinx communities. So, if we talk about, think about housing discrimination, which you already talked about, high poverty rates, educational opportunities, and how that leads to barriers to employment, how employment is largely required for access to quality healthcare. And so, there's a lack of access to healthcare, and then as we touched upon mass incarceration. And so, all of these ways that these structural institutional policies impact health.

And so, what we didn't really talk on there is the impact of language and how our communities that or English is not their first language have additional risk factors for health. And so, this is something that we've known as a society and in public health for decades. And so, there's evidence that when the Spanish flu pandemic of 1918 hit the United States, those people with poor literacy or were much more likely to transmit the disease and they were much more likely to pass away. And we saw this happen again with the H1N1 swine flu outbreak as well. And so, there's been repeated incidences of if we don't address late the importance of language as part of culture and its impact on health, that's something an opportunity where we're going to continue to see these disparities along racial and ethnic lines.

We saw that again, or we’re seeing that play out with COVID-19, and so we've seen different communities where parents were sent notices in English, but there was no notice sent in any other language. And so, there was a miscommunication about children needing to be quarantined. There was miscommunication about what were the actual different steps to be taken to protect communities from COVID-19. And so, I think unfortunately we're repeating many of those same mistakes, but hopefully this is an opportunity to kind of think moving forward, how we can prevent that in the future. And then again, just driving home the point, I know some of this has been touched on before, but really what does all these institutional policies and structures with racist foundations leads to the impact of poor health and unfortunately death. So, we see with COVID-19 that even though the white population, which is the blue bar on the left, has a raw number of that. That's the highest, when we look at actual the age adjusted rates, they're disproportionately impacting our black indigenous Hispanic communities in the United States.

And so, when we think about addressing racism in early childhood, we can think about it using these different levels of racism. And what are some steps we can take at each level? And so, in early childhood, if we look at the institutional level, we think about policies that do address housing and nutrition, safety access to healthcare. We look at personally mediated levels. We think of policies, education for those who are taking care of children and spending a lot of time with children. So, our childcare providers, our early childhood educators, and our teachers. And then thinking about how we might address internalized racism and building confidence and cultural pride representation and early referrals.

And so, to address personally needed places in the early childhood, it's important to remember that it's not too young to start talking about race. And so, I know we're talking about Head Starts and even potentially some early Head Start providers, but we know that children start to really recognize differences. They stopped race as early as 9 months and are 6 to 9 months. And they actually start internalizing those differences and reflecting it in their behavior as early as three years. And so, there's lots of opportunities for us to – when we're working with children, as well as talking to parents – to really recognize that even our young children are starting to internalize some of these messages and how we can help mitigate the impacts of racism on their health and their opportunity.

So, that's why the American Academy of pediatrics in their 2019 policy statement about the impact of racism on child and adolescent health, distinctly said it is critical pediatricians to recognize the institutional person you needed and internalized levels of racism that occur in the educational setting because education is a critical social determinant of health for children.

The one thing they pointed out in that statement is how critical the relationship with teachers is. And if you even think about to your own children or your own childhood, if you were excited for school, if your child is excited for school and how excited that first day was to meet the teacher and meet the class and how that might've changed, how your whole year might've changed, or their year might have changed if you didn't have a good teacher, if you didn't have a good relationship with your teacher. And so, how that really impacts your ability to do well in school and how that impacts your overall opportunity to help. And so, in the policy statement, they cited studies showing that African-American children are more likely to receive a worse assessment of their behavior when they have a non-Hispanic white teacher then may have an African-American teacher. And so, we see how that can impact adjustment to school. It can impact things like the development of literacy and math skills, which then impact your ability to perform well on your grades and your test.

And so, one of the ways the policy statement really talked about helping children navigate personally needed racism is understanding that racism itself is passive. If we don't do anything as things currently stand, our children will breathe in that smog of racism and come away with some internalized racism. And so, teaching our children how to be active anti-racist is one of them. And they put specifically cited the raising this approach to practicing active anti-racism. And so, recognizing that racism in all forms is from a subversive or kind of that institutional structural way to blatant displays of racism, and so helping them understand how it works.

Also, important to understand how it's different from other forms of unfair treatment or routine developmental stressors. And then it's important for them to safely understand how to safely oppose the negative messages and behaviors of others, and then counter or replace those messages and experiences with something positive.

And then as far as adjusting internalized racism, early childhood, one of the things that they recommended was cultural pride reinforcement. And so, again, it's a concept that I think has been covered in previous talks, but speaks to how we can actually build positive, strong racial and ethnic identities by – what has the media we are exposing our children to? What are the books we're exposing our children to? And really this concept that books to music can both be mirrors and windows. And so, because our society is so highly segregated, it's often children, aren't in spaces where they're meeting children from backgrounds that are very different than theirs. And so, it's important for them to be see themselves in the books and media, but also to understand, particularly if they're not part of the dominant culture, what some of the other stories are. And then if they are part of the Dominican culture, really important to understand what some of the other stories are out there as well. And so, really that idea that they should be seen in those books, they should also be able to understand how we're alike in many ways and different in many ways through books as well.

And then, when we're speaking of how to address internalized racism, it's really important to understand that early intervention matters. And so, you want to … If there's at any point that child or a family member shares that they've experienced a racist incident or are experiencing ongoing discrimination, whether that's in your classroom setting or outside in the community, really important to know what kind of resources you might have to refer them to because there are increased risks of things like post-traumatic stress, anxiety, grief, and depression. And so, the National Center of Early Childhood Health and Wellness has some great resources to support families' mental health. And so, we can provide links to that as well.

And then, you also want to think about how we can address institutional racism in early childhood. And so, one of those ways is through preschool suspensions, right? And so, Dr. Eva Kennedy talks about how racist policies produced racist outcomes and that terrace as policies create racial equity. And currently, when we look at preschool suspensions, we see from this data on the left that although black children only make about 19% of the enrollment in preschools nationwide, they make up 47% of the preschool suspensions. And so, thinking about our policies and how we can better address the racial inequities we find with in the results of those policies.

We know that this has downstream effects on health, right? And so, there's the school-to-prison pipeline, where if you as a child are more likely to get suspended in preschool, it increases your chance of as you enter K through 12, have increased receiving an out of school suspension. And when a student is suspended, did he come three times more likely to come to contact with the criminal justice system? Do we know that black students are more than two times likely to be referred to law enforcement or arrested at school than their peers? And so,

we can see how that feeds into some of those institutional racist policies we see that have led to things like mass incarceration that impact the health of our families and communities.

And so, thinking of ways to address some of the institutional and structural racism in early childhood is bringing a racial equity lens. And so, for that, one of the best tools that I've found I'm using in my work is the Government Alliance for Racial Equity Toolkit, which is based off of the Seattle justice initiatives, racial equity assessment. But it's asking a series of questions about your policies. Do you have the data right now to tell you, are there any existing racial inequities that could be potentially resulting from the policies you currently have? And if not, then the first step is to get that data and then thinking about what are the root causes or factors that are creating those inequities. And then, if you're thinking of making any new policies or changes or spending money in any certain way, how might that potentially increase or decrease racial equity? And then, how will you trust the impacts that are both unknown and unintended, and how will you be held accountable to the community? And so, you're saying you're committed to anti-racism, you're saying you're committed to racial equity, but how do you communicate that with the community and have a place to be accountable?

And so, we see there was opportunities to do that with Head Start funding that was released through the CARES Act. And so, thinking about those funds as way to protect staff, both physically and financially, right? And so, how do we spend money in a ways that protect the staff that work at Head Start, and then how do we decide which families are prioritized for some of these opportunities funding through like the childcare development block grants? Making sure that we're making these decisions through a racial equity lens is one way we can really become more anti-racist through Head Start.

And so, if you kind of sum it all up, if you look at ways Head Start in steps, Head Start can take to address racism in early childhood, you see at an institutional level, you can start applying racial equity lens to those decisions and policies and the funding that Head Start gets and making sure that that classroom climate and education materials are diverse and representative. At a personally immediate level, you can recognize our own bias now that it can impact the relationship with the children. We care for the families we care for, and then really reassessing things like discipline policies and making sure they're being evaluated through that racial equity lens.

And then to address internalized racism, we can build confidence and cultural pride reinforcement through that media we select, then early referral to pediatricians and physicians when there's concerns identified. So, I'll end my piece by this quote from Dr. Rhea Boyd, which really kind of challenges us to prepare to address forms of racism that challenge us and make us uncomfortable, but most importantly, push us to learn evolve. I think that's really important that this work is going to be inherently uncomfortable, but I think if you're a little uncomfortable, you're moving in the right direction. So, thanks again, everyone. And I'll pass it on back to Stephanie.

Stephanie: Thank you, Dr. Chomilo that's rich information. We had a couple of questions come through, which we'll have to push to the end, but I just also want to just encourage people to

think about what Dr. Chomilo was saying. It's steps that we can take, and also thinking about understanding and taking a look at the barriers like we've talked about from the beginning, really looking at those social determinants of health and really understanding that this is not just individual choice. There are systems and structures in place that we must work together to dismantle.

So, at this point, I'm going to transition to start talking about health equity, specifically in Head Start. And one of the things that I heard Dr. Chomilo say that stood out to me was thinking about this prioritization. So, we started to think about these concepts of equality and equity in earlier presentations. And I love this image from Robert Wood Johnson Foundation that really helps us to visualize this concept. And really when you think about it, it's about prioritizing individual needs and tailored needs. And that's really what we want to be helping you think about here today. And equity really is a deeper level of thinking and action, not just talking about what's possible.

If we keep this image in mind, one of the questions that we want you to hold and think about as well is, “Do all families in your program have the ‘right bike,’ if you will, for them?” And think about, "Are you sure that they have the right bike? And how do you know that they have the right bike?"

Many of our sessions have started with definitions of equity, diversity, and inclusion and so on. And we think it's really important to do a little bit of the same here. And we want to really start with the Head Start Health Equity Value Statement. For the National Center, we've spent the last really two and a half years thinking about and digesting literature on definitions and how we can apply this, tap into our work. And we've developed this statement. So, for us, health equity means that all families and children are uniquely understood and cared for using a comprehensive and multi-generational approach to really promote the opportunity to achieve a healthy and fulfilling life. And for us, health equity is a process, and this includes the early identification of root causes of health disparities and environmental barriers to health, and really working beside families to address and mitigate systemic obstacles such as racism, poverty, and lack of access to whether it be food, education, housing, and healthcare. And we really want to help programs to be able to understand and provide tailored school readiness approaches and health education and services that equip children and their families with skills to navigate these obstacles early in life.

We believe that Head Start, in and of itself, as a Marco mentioned, is a health equity intervention. And when embedded in a comprehensive early care and education system and really actively engaged with community health and wellness partner, Head Start really does have the power to shift the health trajectory of entire families.

And if you've been listening to the webinars, you might start to see a common thread here, hear us say the word 'intentional' a lot. And that really is what we want to be thinking about. We can do this work as a Head Start system because it's what we've been designed to do. It's the level of intentionality that we want to think about and add to the work that we're already doing. It really does require us to value all individuals and populations equally, recognize and

rectify historical injustices, and really provide resources according to the unique needs of our children and families. And when health inequities are eliminated, that's when health equity will truly be achieved.

I love this quote from the late John Lewis, as he remains a guiding light for social and racial justice, "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." And I think it really reiterates the point that we can't be passive in this fight for racial and ethnic equity. It will look different depending on where you are in your personal journey and your role within your program, but it will take action at all levels of the system, which Dr. Stewart will talk more about. I'm sorry about that.

One of the things that we also wanted to mention is the equity inclusion and culturally and linguistically responsive practices principles. We wanted to make sure to connect those dots for you in this work. Really, when we're talking about this, the key concepts here are really to promote a culture of respect, really building awareness of those social determinants of health. We want to have some clear definitions and shared understanding and language, because we know how important language is. We want to be able to build and tailor supports and capacity within our program internally and externally with how we work with other systems. We want to really have evidence-based and research-based resources that we can support our staff and our families in really diverse perspectives. We really want to think about this from a collective impact approach and really highlight what we do well and what we can do better and welcome those diverse voices to make us better in the work that we do.

Again, this work is in our DNA. This is part of the Head Start model. So, we can do this. And let me say a little bit more about how I know we can do this. We have the Head Start performance standards, right? And those have actually been called out in some pretty big national reports, which I'll talk a little bit about. So, you can see here that we pulled out our Head Start performance standards that we believe, build, and move us towards health equity.

One of the things that we are able to look at and know that these standards really do support this work is the national academies of science engineering and medicine report. Last year, in 2019, they came out with the Vibrant and Healthy Kids report, which really called out early care and education as an intervention to really be able to impact health equity. And they were really specific in their recommendations about how ECE can adopt a comprehensive approach to school readiness that explicitly incorporates health promotion and health equity as a goal. This is Head Start. And what they've called on Head Start to do is really improve the quality by building on the performance standards. So, they recognize that those standards are there and were intended to help programs do this work and also expand access to such programs. We are really positioned really well to think about this more deeply.

I wanted to also call out a few Head Start practices that we've identified to build health equity. What we do know and have started to hear in some of our training sessions if there is a little bit of a discrepancy between knowledge and actual practice. And our vision really is to move programs beyond performance standards to a deeper understanding of how social determinants of health really impact family choices.

For example, if we were to look at the community assessment, let's say our community assessment tells us that there are a lack of parks and safe environments, there's really subpar housing, food deserts, and a lack of transportation. We want to be thinking about, or have you think about, "What are you doing with this type of information? Are you aware of resources in your community to help you address some of these bigger social determinants of health? Are you involved with multi-factor community coalitions that are addressing social determinants of health? Are there opportunities for you, the Head Start program, to really step up and operate as a convener of groups in your community, to bring others together to address these social determinants of health?" So, those are the types of things we want you to be thinking about. We wanted to put this list here to show you, "These are the things that you're doing." But it's just about thinking about those things a little bit differently, and how can we be more intentional about moving our families for some of these practices that really helped them navigate some of those systemic barriers.

Let's think about one more example, let's think about health forms. So, let's think about when a family is given a health form, right? The program will give up the health form because it's an important piece of information, and it's needed for the program to remain in compliance. But the program is seeing that the family is struggling really to return the health form. And the assumption here is that the family doesn't care, and they're not engaged with the program or they don't care about their child's health. Our work here is really to shift again on the thinking of compliance because our families are more than just getting a box checked.

Here's what Head Start has the ability to do: We have resources at our disposal. Here's what we know that we have enrollment and family advocates that can provide additional information about families. We have the ability to really dig in deep and figure out what are some of the social things that are happening. Maybe we find out that the family lacks transportation, or maybe the pediatrician is charging for copies and that's a barrier for that family, or the doctor's office is not particularly close to home. So, the reality is not that that family doesn't care, it may be that they have all of these barriers that they're dealing with, and the staff doesn't understand that, or the staff may be confused on what to even do with this information that they're collecting. And it's really intended to help us tailor services.

So, I think what we're really focused on here is really trying to make that cultural shift for our program and being open to the conversation is how we start that shift. And with that, I do want to move us to the five A's. This has been mentioned in all of the previous webinars, and I want to think about it in context of that previous example. I think that the big A here that surrounds all of this is assumption. So, we need to be thinking about and dealing with all of the assumptions in the room that impact practice in our program.

We start with awareness. We know that there are assumptions that we have to deal with. So, we first become aware that there are assumptions. We need to become aware, if we think about the health form, what's happening in that family? What is the barrier there? Not just saying that they're not checking the box. What's really going on? Let's have a deeper conversation. Let's acknowledge to the experience of what's happening once we know more.

And let's move to accept, "OK, this is the situation." It's not a lack of engagement issue. There are some systemic barriers that that family has to deal with. And how can we accept that? How can we move to our form of appreciating that there are some extenuating challenges? Because now we have the context of racial injustice, ethnic injustice. We have that context. We have the lived experience for the family. Now we can appreciate that. And we can act, we can do something about that. We can do something differently to engage with that family, to walk beside that family instead of making the assumption that they don't care and writing them off.

So, with that, I'm going to transition us to another video. I do want to put up this warning here: The following video does talk about maternal death and it may be triggering to watch. But we're going to show it and have you reflect on it. So, let's open up the video.

[Video begins]

[Crosstalk]

Fred Johnson: This newborn baby only had a mom maybe five days.

We visited with her. We even still called her name and we touched her to see if maybe it was just something of a coma she had went into and maybe we could just call her out of it, but she was motionless. She was gone. She was gone.

Uniquka Christian: Calista wasn't just my sister-in-law; she was actually my friend. One day she came to my apartment and that's when she told me, "Hey, I'm pregnant." When I got pregnant, I wasn't sure what that whole experience was going to be like, having somebody to tell me what the expectations were when you get around this time, when you get around that time. It was really, really nice. It was almost as if I had a pregnant buddy.

I feel such anxiety now, not just the fact that she's dead, but then finding out just additional information about just this epidemic that's been going on for so long with pregnant women in my state of Texas. I don't know how anybody in my position who's getting ready to give birth myself in just two weeks can feel any kind of peace in their mind, because I don't. And mentally I'm on edge all the time, just thinking about, "OK, is this is going to be me? Is this going to be my final days here on earth?" And I hate that this is what I'm thinking about when this is supposed to be a happy time in my life. This is my first child, and I'm thinking about in the event of if I die. It doesn't seem fair. It really doesn't seem fair.

I want the doctors to know that these are people's lives, and these are people's family members. If I tell you about an ache or a pain that I have, don't just brush it off like, "You're just pregnant." I want you to seriously take into account what I'm saying, because if you don't investigate it, I'm relying on you for my health, I'm trusting you with my health. Just take a moment to at least investigate it because you just never know.

Dominique Johnson: And it's so sad to see so many black women just so happy pregnant and have no idea where they might end up, and nothing seems to be done about it.

Anna Banda: Ah, it's been a while, really. [Crosstalk]

A child growing up without any of the parents faces many challenges. It will be hard, very hard for her. We can be there for her, but she'll miss the mother part. She'll miss the mother part, and it will be very difficult.

[Video ends]

Stephanie: That video gets me every time. And it's just such a sobering reminder as a black woman of childbearing age, it's so important to be intentional in this work because this could mean life or death for family, and really change the trajectory of family's lives and a child's life. So, it's really important that we're intentional in this part.

I welcome you to put your own thoughts and feelings into the chat. I want to invite Dr. Chomilo and Dr. Stewart to chime in if you have any thoughts about this. I'm just going to transition. I'll move through. I have some other slides, so I'm just going to transition because I think it's important to hear your voices on this.

So, I will move us forward through this content. Oh, sorry about that. But I do want to put up our last question here. As you think about this in context of the aids, in context with everything you've heard so far, think about what actions can your Head Start program take to increase your impact, or really lean into prioritizing families to ensure that they have the opportunity to live healthy lives and to really thrive. Like I mentioned earlier, a lot of that comes with leaders taking action. And I want to transition to Dr. Stewart to take us through her content at this time. Dr. Stewart?

Dr. Stewart: Thanks so much, Stephanie. Thank you so much, Stephanie, for this opportunity. I hope as we [Inaudible] that, we can think about each of our own role in really supporting families. That's a difficult story to follow, but I want to challenge that mom may have run into multiple barriers seeking the kinds of support. I would probably challenge that even the first time she called about the headache, their response because of bias in the medical system might not have been received with the kindness positive response, "Come in, let's figure out what's going on."

What I want to talk about is you all, as leaders, regardless of your role – from the bus driver, to the director, to the teacher – you all have a critical role in supporting family. So, you as leaders, I want to talk about how you understand the stories of your families and the stories of your partner organizations and agencies, and how you use that data and information in order to take action. And that you really lift up the policy practices and regulations.

I want you to really lean into a story where you do a workaround all the time, because I know in your programs, that you've seen a family that couldn't get an immunization record quick enough or couldn't get their flu shot for January. And somebody in your staff picked up the phone and called the pediatric office and they had an appointment tomorrow. I want you to be thinking about those times and who that happened to the most and how we can create a big

story about that so it's not just one child, one family, and we feel good, we remove the barrier for today, but that we're, in fact, increasing opportunities and removing barriers and distributing resources, distributing opportunities – summer programs, book, food – in a broad way that benefits a larger group of families.

In COVID, there was a program I was working with that was distributing food. And they figured out that they could do it once a week, and that way families could come pick it up. But what they couldn't figure out is how to get the food that they had packaged for a week to families who couldn't get to the program. And when we talked to the families about, "Well, why can't you get to the program?" They didn't have gloves and masks and sanitizer, and they didn't feel safe bringing their children out. That's equity. So, yes, we did our part. We packaged it. We made it once a week, but then how do we then take the next step for those who are farther from opportunity? Then once we do what we do, can we check to make sure that what we're doing is really benefiting those who really intend to benefit.

Now, if you've been to this three, four times, you've seen this slide that breaks down that if you want to take action on equity, we believe ... And this comes from, in part, from others' work, that you can take action at multiple levels; one is the personal level. I'm sure watching that video, you all thought about your own personal story, your own story of someone who may have had a miscarriage, may have survived a critical medical illness, may have just had preeclampsia, may have preeclampsia now. That's the personal end and your reactions to that.

I want you to get to know families. If you care about infant mortality and maternal mortality and families in your program, interpersonal says, you got to understand their story. The children and families in your classroom, those who show up, those who may not show up, those who don't show up on time. Interpersonal says, as individuals, those in your programs and outside of your program, that you want to get in relationship with them. You want to share power with them around when they come to the program for appointment so that we're not asking folks to take off from work if it's not necessary.

Then institutional – we want to think about what are our policies, rules, and procedures? What about that rule around if you're late picking up your child, there's a fee? And we know families are already low-income, and we know it's because they have to take two buses, why aren't we blaming the bus or helping them think about the transportation versus adding an additional barrier? So, what kind of policies and practices and rules ... "The child must be here by a certain time when mom works at night." We need to be working and planning with that family around that requirement. We need to be working and planning with that family around that requirement or deciding how essential that actual requirement is.

And this has been mentioned throughout already, this idea of structural, that you can have the best classroom, you can be the perfect teacher, you can have a family service worker that's doing all they can, but if you are not an anchor institution in that community – thinking about access to quality healthcare, access to transportation, access to safe housing and clean water – those structural issues will still challenge and bring our families down.

So, I encourage you to have a sense of your why. These sessions about equity starts with us understanding why do we want to do it? Well, your job description would say, “You're doing it because we want optimal health and wellbeing for young children.” You're doing it because we don't want families to have large number of adversities because we know that leads to long-term health consequences. You're doing it because we know we want to reduce in geography and health and economics a sense of inequities.

But why are you doing it? Are you doing it because groceries are hard to get into some communities, that, in fact, 39 million people pre-COVID had low access to groceries? That went up to near 69% in some communities because grocers closed early. You lived through it. Transportation was hard, hours were cut back, supplies were cut back. So, if that was already a challenge, that is now more of a challenge for our children and our families.

We have housing that's been built in places that is likely to heat up. We talk about global warming, and it's going to heat up because these neighborhoods don't have the number of trees as other communities. Is that something that we think about when there's an opportunity to plant trees? Or we have a child with asthma, and we think about his community or her community and where they live. Do we think about where the housing is actually been built and how that contributes?

I mentioned that this is about you. What kinds of decisions do you make? Use the chat to think about a child, a family, your program, the community. Where do you make decisions so that we can continue to move forward, thinking about how you can take in the information about your family's experiences and convert that so that you're removing barriers and actually increasing opportunity. Put in the chat the kinds of decisions that you make daily and think about how you make those decisions. Do you make them on a spur of the moment, when a family shows up and has a problem? And so, one family benefited. Or do you take the fact that you made that individual decision to the team and say, "Every family from this zip code seems to be catching that same bus, and that bus is always late. So, how do we think about that together so that we can address at the structural level what we need to do?"

You all already have responsibility for doing a community assessment, and that community assessment is a organized process that you plan for and you collect, and you gather data and analyze and try to make decisions. But how do you do that year-round? And how do you authentically include your partners in looking at multiple levels of resources? How do you think about what you do in your program and how it also might benefit your partner as you look at the multiple sets of resources that tell you different things about housing and food and education and transportation, and as mentioned earlier, begin to plan for it? Too often, we get desensitized to that data because we feel like it doesn't move. And that is entrenched in equity.

This is actually not a framework. This is a graph from Race for Results done by the Annie E. Casey Foundation, and it calls out the point that we can't just look at the child data. As you know, in Head Start, we need to be considering the family and the community. And we know that African American, Native American, Latino [Inaudible] differently than others, and so we need to be moving forward to remove those barriers.

To understand those barriers, we talk to lots of people. We listen to our children. We listen to our families. We listen to our workforce. We listen to our programs, community leaders, and other folks who make policy. I start with children and families, but quickly lean in that lots of people have lived experience. Lots of people have stories about what works and what doesn't work. And we need to take that all in, not just from the families we're serving, but also from the families that are not accessing our programs. And we do that because people have different experiences and different backgrounds and identities.

We want to develop, at the interpersonal level, experiences with people different than ourselves. Most of our social networks are actually very narrow. We also want to explore how people are surviving because people aren't waiting for us to come and provide them service. They have been striving and managing their families. I think you're seeing that now in the disenrollment of children from preschool, because people are managing a multi-generational household. They're making shifts, and we want to hear that information so that we can continue to assess and realign our policies and our practices.

My way of doing that, a way of doing that is to start with the data and your partners and determine the census track, the smallest area you can find in your community where children aren’t participating or aren't coming. Build a cross-sector team, not just in your program but outside of your program and talk with them about why and what they want to learn. Too often we go out program by program to talk to people. We should do it as a team, and then identify a local partner, a faith-based institution, a bodega, where families naturally come, and plan a visit. Then, go and talk to families with just a few questions because my hope is you build an ongoing feedback loop with those families, that you intentionally seek information, and you engage in a cycle of improvement over time.

Many of us are anxious that we actually don't have all the answers, or we can't respond to all the challenges. And that's really OK. People don't expect you to solve their problems. They do expect you to listen and to be honest about what you can do and how you lean in.

I want you to ask yourself who's benefiting from your programs and policies, who's not benefiting? What actions can you intentionally take to really be more inclusive and address the real barriers versus the one-offs that you do, family by family? And ask yourself, do you intentionally exclude from the data or from your information Black, Latinas, Native American children? How do you think about how they might actually benefit?

Question your own assumptions about why folks come to the program or don't come to the program. Really want you to build networks so that you can work collaboratively, identify those who are benefiting and who are not being served, and look at the differences and really take action to not further exclude families from the work. There are some specific actions you can take around removing barriers, and it happens at every level, whether you're in the classroom or the program director. So, begin thinking about what barrier can you move.

I just lost the slide, but I want you to think about that as we close.

Stephanie: Hi, Sherri, you can continue if you need to.

Dr. Stewart: OK, I'll just go through here. Really, what barriers can you remove? Second, how do you monitor because sometimes we make changes, and those aren't the changes that matter the most. So, how do we really monitor to make sure that the shifts we made really increase utilization of the programs and benefit the families? That's why you have to have the feedback loop. How do we make sure that you are communicating opportunities? Talking to some fathers recently, and they talk about how they get lots of pieces of paper, but it's not clear what they are being asked to do in the piece of the paper. How do we not just translate so we feel good about translating, but make sure when families come, and they speak another language, that there's someone there who can talk to them. And then make sure that you use in your supervision. If you're responsible for others or working on a team, make sure you're also using that time as a way to question and continue to build.

Now, none of this should be boring to you because I'm going to end here. You are a part of the Head Start team, and there's a Head Start Management Wheel, and all of those ideas are embedded within that wheel.

So, take a bigger view of the problem, and I think the doctor started off with that bigger view. Think about the systems components and how transportation and housing and food interact. Also think about who are your partners for planning and implementation and monitoring and how you do that in an ongoing way. My biggest plea to you is to really take action, not to listen to the stories and feel some sense of concern, but to take those stories and add them one plus one, and think about what policy, practice, regulations you can shift or change to be more inclusive, to reduce barriers to access to services, to increase opportunity, and to ensure we are not further, by our program, creating less opportunity for our children and families. Thank you.

Stephanie: Thank you so much, Sherri, for such rich content. And we have such good conversation coming in through the chat – sorry, I'm getting some feedback there – from the chat and also some good questions coming in. We want to really encourage you to keep this conversation going on MyPeers. We have the health, safety, and wellness group on MyPeers, that you can connect with your colleagues about different strategies and actions that you're taking. And also, one of the handouts in our presentation today is a PDF for action steps or next steps, where you can print that on, and name your actions that you're going to take, and name what resources and what people you need to be able to make those actions a reality.

Quickly here, as we are approaching our end time, we just wanted to go through the tools and resources, just to let you know that they are available. You know about some of the multicultural principles. Please be sure to revisit that document. It's so rich in content.

We also wanted to mention the Dual Language Learners Program Assessment. There is a health section of that tool that might be useful in assessing your health programs, particularly the National Center for Early Childhood Health and Wellness has helped pitch tip sheets for families that address a number of different topics in a number of different languages that might be useful to you.

We also have parent and staff materials that address those topics on the right there. Again, I want to mention the health, safety, and wellness community on MyPeers to keep the conversation going, share strategies, and ideas, and get valuable resources.

We have an Identifying and Prioritizing Families video series coming up soon that will address these topics of how you identify and prioritize families and thinking about communities of color, children in foster care, migrant refugee families, rural families, and homeless children and families.

Also, Dr. Nate was gracious enough to give us his recommended reading list, which includes some policy statements from the Academy of Pediatrics as well as some books and other things to consider there. And Dr. Sherri also shared a resource with us, Rewrite the Racial Rules.

Also just wanted to mention that we have the Culture and Language Page on the ECLKC, which will house all of the recordings of these webinars and additional resources. So, be sure to visit that page if you have not been able to participate in the other webinars, or if you want to revisit any of those recordings.

Again, I wanted to revisit our key messages, really that advancing health equity is tied to our mission at Head Start. It's really imperative that we understand social determinants of health and what to do with those, once we know how they are impacting our families, and develop the strategies to promote health equity, to ensure that it's understood and an implicit part of how we do our work and this idea that compassion comes before compliance and the work that we do. We want to seek to understand first and then seek to help.

So, with that, I do want to just remind you about the evaluation. Please do not exit out of the webinar so the system can register you for your certificate at the end.

I know we're at time, but we can stay on the line for questions and answers if that is appropriate. We did move Dr. Chomilo because he is still a practicing pediatrician, and he has patients this afternoon. But we still do have Dr. Killins Stewart and myself, if we want to address questions.

Thank you so much for your time and energy today. And I encourage you to keep the conversation going, and feel free to reach out to us with any other questions because the office of Head Start is going to continue this conversation and keep this work moving forward, so we're looking for ideas and strategies and your input on how we keep this conversation moving forward.

OK, it looks like we do have some time to go for some questions. If you are able to stay with us, we appreciate it. Let's see.

OK. I see one of the questions is related to mental health resources that are specifically designed by and for those who experience the negative effects of racism. There are a number of mental health resources available on ECLKC that I would point you to for that question.

And oh, I also wanted to just say that we will have a follow-up of questions. There are a lot of questions coming through, and since some of our guest faculty have had to jump off early, we do plan to put the questions in a document that you can reference at a later point.

OK. I think the questions, some of them are very specific to the pediatrician's perspective, which we will get his perspective and share that.

Do you want to offer any last thoughts or ideas, Dr. Killins Stewart?

Oh. How can I spark the interest of the teachers that work with me in Head Start? Dr. Killins Stewart, do you want to take that?

If you're still here.

We might've lost Sherri. That's OK.

But I think one of the things that I will offer is in terms of sparking the interest of the teachers that work with you in Head Start is the conversation. It's really imperative that you start this conversation and look for ... I think Dr. Nate talked about windows and mirrors for children but look for the opportunity where there are windows and mirrors for the adults in your life. What are the issues that they really care about and resonate with them? And how can you connect that to the work that they already do to really make it a part of what you're already doing? It's not an extra thing. It's just we're being more intentional with how we're doing our work. We're enhancing the quality of how we do our work.

And I would encourage folks to do, take that Other People's Children activity. Take your staff, your colleagues through it if you have an opportunity to do so. I think it's really powerful in person. It helps bring this topic home to people that this is real life, and people have to deal with people making decisions for them and for their children without their input. And I think it also allows for folks to be empathetic and bring them along to a level of understanding, but it won't be an overnight conversation by any means. I think continuing to have the conversation is the most important thing. Don't just give up.

OK, I think that we had a lot of comments and some questions with ... The comments were great. One comment, thank you. Uncomfortable conversations regarding racism are needed in order to break barriers and move forward, especially to help with children. Totally agree. Thank you for that comment. It's going to be uncomfortable, but that is necessary. I think that empathy is important because you have to think about how uncomfortable it might be to be a part of a racial or ethnic group that is discriminated against or treated unfairly. To have some empathy and is uncomfortable ... Think about how it might be uncomfortable to walk in those spaces in your everyday life. And you, all we're asking you to do is to talk about it. We should be able to talk about it. So, I appreciate that comment.

All right. Well, I think that if there are no other comments or questions, we can officially wrap up this webinar. I thank you so much for spending your afternoon with us today. And again, I

encourage you to go back and listen to these webinars in their entirety as a series and share them with others and keep the conversation going. Thank you so much.