Reduce Health Disparities by Strengthening Protective Factors

Nydia Ntouda: I am very glad to be introducing, or rather they'll introduce themselves, our speakers for today, which are Amittia Parker, Sarena Dacus, and Steve Shuman. Amittia, take it away.

Amittia Parker: Greetings, I'm Amittia Parker and I provide training and technical assistance with the center. I also help co-lead equity efforts with our center. And I will pass it to Sarena.

Sarena Dacus: Hello, everyone. Sarena Dacus, and I am a Training and Technical Assistant Associate with the National Center on Health, Behavioral Health, and Safety, and joining today from Omaha, Nebraska. Steve?

Steve Shuman: Thanks, Sarena and Amittia. I'm Steve Shuman, I'm the Director of Outreach and Distance Learning for the National Center, and I join Dr. Amittia Parker as the equity co-lead. So excited to be here today and that all of you are so interested in today's topic.

We hope that you'll be able to identify social determinants of health, which are sometimes known as SDOH – what's Head Start without acronyms? We also hope you'll be able to reflect on the conditions that shape social determinants of health and other health disparities.

We hope that you'll be able to identify protective factors that can help programs address certain health disparities. And finally, we hope you'll consider completing the Strengthening Protective Factors to Reduce Health Disparities and Promote Resilience module that we'll feature at the end of today's webinar. It's also linked on your handout. Amittia?

Amittia: Thank you. I want to welcome everybody, and I've just seen somebody's from Kansas City, so where I live, work, and play. I wanted to say hello to everyone, and especially those that are in Region VII.

I want to get started with this conversation with sharing with you a framework, and this framework really does kind of depict what we feel like is Head Start's role in health equity.

We are aligning with Healthy People 2020-2030 and its message around addressing social determinants of health. When you address social determinants of health, you can reduce health disparities and work towards health equity.

Here you will notice on this image – I'm going to share some annotations with you so you can see where I'm walking in this description, if you will. Starting with the social determinants of health, we know that there are certain conditions that do determine health and result in health disparities.

We're going to start by setting the stage here and describing and explaining how this works. We're going to be sharing lots of program examples with you on some of the risk factors, but also the protective factors that are at play in some of our programs, and that will help you really get a better understanding of how this works.

We're going to talk about health disparities and really highlight some of those racial disparities that are really prevalent and present, and in your programs, you are knowledgeable of and trying to address.

Then we're going to be highlighting the ways in which Head Start is a bridge or linking families and staff to needed resources through its prevention, promotion, and intervention activities, and also helping to eliminate some of those barriers that are experienced.

Finally, we'll highlight some of the activities that are done. Knowing that this is a journey that we are all on, we won't in an hour's time be able to really go into a deep dive, if you will, into millions of examples, right, but we'll be able to give you some great examples of how Head Start is and it can be a health equity intervention and move us towards our goal, which is health.

We're going to break this down piece by piece. This image in and of itself can be a little bit much to look at. We're going to break each piece down, and I'm going to pass it to Sarena to start us off with talking about the social determinants of health.

Sarena: Thanks, Amittia. It really is a powerful visual that you shared. I think it provides a great summary for the work that we all do at Head Start to make an impact on health equity.

The first component of that visual is the Social Determinants of Health. Social Determinants of Health have been defined as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes.

When we think about health, we often think first about our genetics and our physical health, yet 80% of our overall health outcomes are actually driven by these social determinants of health. Things such as the physical environment, our social and economic factors that we experience, and our health behaviors.

There are five categories of social determinants of health – one, Economic Stability. When we talk about economic stability, we're thinking about things like poverty and employment, food security, housing stability.

The second – Education Access and Quality. That would be things like language and literacy, whether you have achieved a high school graduation or have moved on to higher education, things like early childhood education and development.

And then, Health Care Access and Quality. That's access to our health care system. It's our primary health care. It's also things like health literacy and how we navigate through the health care system.

Our Neighborhood and Built Environment, which is the quality of our housing. It's things like crime and violence, and the environmental conditions that we all experience.

And then the final – Social and Community Context. When we think about that, we're thinking about things like social cohesion and civic participation and engagement, things like our perceptions of equity and discrimination, and things along the lines of institutionalization and incarceration as well.

Throughout this webinar, we will continue to explore these determinants and increase our knowledge of ways in which we as a Head Start community can build upon the protective factors of those we serve to positively make an impact on the social determinants of health. Next slide.

As we move through this webinar, we wanted to make sure that we shared and took time to talk about examples of how these social determinants of health show up and what Head Start programs have done to make an impact.

Let's first take a look at the Neighborhood and Built Environment. I want you to take a moment to think about exactly what you see when you walk out of the place where you live, and you head to your first destination for the day. Maybe that's to drop off your child at school, or Head Start, or to head to work, or take a trip to the grocery store, or whatever it may be.

What are the many environmental conditions that you encounter? What are those structures of the built environment that either support your health or hinder your health along your way? My guess is that if we asked every single one of us to share out in this webinar, that we would all be experiencing something very different.

One of those Social Determinants of Health categories as we mentioned is that Neighborhood and Built Environment. When we talk about Neighborhood and Built Environment again, we're talking about things like quality of housing, access to transportation, availability of healthy foods and clean air and water, things like crime and violence.

These are all things that we encounter in our built environment and can either be risk factors or protective factors. For example, having no accessible bus route in my neighborhood may be a risk factor. But something like having a local grocery store around the corner that sells fresh fruits and vegetables is a protective factor.

And research shows that low-income communities of color are disproportionately exposed to environmental hazards, and that children are particularly susceptible to environmental risks due to their developing physiology.

One program in Detroit sought to gain a better understanding of the neighborhood and built environment impacting the families that they served. They partnered with families to do a photovoice project to examine the impact of environmental hazards and their child's well-being.

In this photovoice project, which is – photovoice is a participatory research methodology where parents use photos to document hazards in the physical environment around them. Things like abandoned buildings and vacant plots that became illegal dumping grounds or things that they found.

But then they also collected data and images on strengths within their community. Finding things like community gardens, and parks, and service providers, and projects that were going on that were helping to support the community.

The photovoice project allowed parents to gain a better understanding and awareness of the environmental risks in their neighborhood. It also gave Head Start an insight into the

community strategies that were available and how they could utilize those strategies to help address the concerns of the children and families that they served.

The program also followed up with training on environmental justice, giving parents advocacy skills so that they would take action in the future. We use this example to really demonstrate the many ways in which we see the Social Determinants of Health – environmental justice, social justice, equity – how they all build upon each other.

We know that each of these pieces intersects, and that Head Start presents a unique opportunity to be an equity intervention. Through Head Start, we can build upon those individual and community strengths in ways to reduce those risk factors and increase those protective factors that families are experiencing.

This is just one of many examples. We'd love to hear from you all – how have you addressed the Social Determinants of Health of Neighborhood and Built Environment? Maybe add some things into the chat, some of the strategies that your program or the programs that you work to support have used to impact the neighborhood and the built environment.

Looks like community gardens, food distribution to communities, community action days. Great, those are some great examples. Bringing in mobile health and dental vans, food pantries, transportation. Awesome. Thank you. Keep those examples coming in, I'm going to pass it along to Amittia.

Amittia: Yes, these are wonderful examples. A baby cafe for breastfeeding, I see lots around food pantries and assistance with creating spaces where people can grow their own food, healthy foods and nutrition in places where there may be food deserts.

I think that's really important. As we kind of move along here, we really are grateful that you continue to share in the chat some of the examples that you have in your communities.

But I want to highlight one thing, even from just looking here at the themes that are emerging, that when you think about the places in which these activities are occurring, for the most part, there are disproportionately more negative determinants or conditions in communities where there are low-income folks, where it's folks that have been historically marginalized or pushed to the margins.

Where in Detroit are there more environmental hazards? What do those communities look like? What are the resources available to the folks who live in those neighborhoods or communities? What type of power and privilege do they hold in making decisions about what can be removed or changed in their communities?

We want to really highlight here that Social Determinants of Health are unevenly experienced. There are certain groups of people, namely Black, Indigenous, Latine, and other communities of color, people with disabilities, LGBTQ+ communities, people who are just living in under-resourced neighborhoods that are more likely to experience those negative conditions and it impact their health in negative ways. Next slide.

This is not by chance. We know the systemic marginalization, discrimination is really what has led to these negative outcomes because this discrimination and marginalization has happened consistently and over time across systems.

If you think education and within education, what is the relationship to or the ways in which discrimination has impacted the quality of education in certain neighborhoods or areas, the resources available to people to educate children?

You think about health, you think about wealth, you think about criminal justice. I mean, any system you can think of, we know that there are some disproportionate differences across time and across space. Next slide.

This is because of the systemic marginalization that happens through policy. It is the cultural messages and values and beliefs, the ways in which that impacts policy, and the policy decisions and practices that have occurred that have disadvantaged people of color and advantaged white people. This is a result. The result is racial disparities. It's not by happenstance. You just want to highlight that all of this is related to the Social Determinants of Health.

When you think about safe housing and the built environment, how are decisions made about where people can live, or what resources are available to create green space, or do whatever it is that needs to happen? All of those decisions are really – the decisions are made through policy and funding decisions. Next slide.

What we've found over time – and for some of us this is not new – that racism is a social determinant of health. It is contributing negatively to the social conditions and also health. And this is happening across different levels.

For this reason, we share this concentric circle – one inside of another. And it is intended to display that racism really does have a profound impact on health. And while most folks, when they think about racism in health, they think about bias, a person having a negative thought about a certain individual or groups of people and then acting on that.

But what we're trying to share with you all is the importance of understanding that bias exists within a really complex system, and it is very much a part of the cultural messages and policy. Those things – they trickle down, if you will, into that bias and the individual bias that I think that we talk a lot about.

We really need to be thinking broader beyond bias to thinking about cultural messages, and policies, and practices, and how we can be involved in changing those systems in the way they operate. Next slide.

Racism is a Social Determinant of Health. That's why – if you go back to thinking about our kind of foundational image there, you see there is a blue circle around the Social Determinants of Health. And that is because structural and systemic racism and other forms of oppression are impacting every one of those determinants of health.

Ultimately, we're highlighting here that racism does have a direct impact on health. Dr. David Williams really has been pushing this message that racism makes us sick, and it does. It increases stress in the body and contributes to the development of a range of chronic diseases and illnesses and even death.

The reason for that is because racism is operating on multiple levels and really leading to some of those inequities that we all are very familiar with. Highlighting a few here, if you think about

the disproportionate exposure to environmental toxins, who is more likely to be exposed to those toxins?

There are differences there. Who is more likely to experience discrimination in housing and in the workplace? And when you take all these things together – experiencing barriers in education and health – of course the stress of that would impact the body. It would weather a person and lead to poor health conditions.

We want to shift and really talk about now some of the ways in which racism and behavioral health – we can look at that relationship together and also think about what programs can do to kind of remedy those risk factors in a protective way. And I'll pass to Sarena.

Sarena: Thanks, Amittia. I appreciate you taking the time to really explain how racism impacts health. And as you mentioned, one of the many ways structural racism presents itself is in facilitating those barriers to accessing our health care system.

Research has demonstrated the differences that people of color experience when seeking health care services. As I'm sure you've experienced in your own health care, once you have a negative experience with a provider, you're less likely to continue to return to their facility or to access their services in the future.

This is exactly why Health Care Access and Quality of Health Care is such an important Social Determinant of Health. A Head Start program in Region VII decided to do what they could to mitigate the access barrier in regards to accessing mental health care services.

They knew that the families that they were working with were already very hesitant to seek mental health services or to work with a mental health provider. Due to the various stigmas, they wanted to do what they could to help families have a positive first experience with their mental health provider.

The program created a directory of providers based on their identity. They took time to interview providers and talk with them. They asked them to self-identify their race and ethnicity, the languages spoken, and other identifying factors. They also included things such as their area of expertise, as supporting LGBTQIA+ families, experience with military families, specific mental health disorders that they've been trained to address, even working with special health care needs, and so much more.

And having that identity-based connection with a provider seeks to build upon those individual and family protective factors really with the hope of increasing the quality of services that families experience.

This is again just one example. We'd love to hear from you all again. What are some of the many ways that your program has worked to improve access to health care for its children, for families, for the staff that are in your program? How have you worked to eliminate some of those health care barriers, and what is your program doing to support children and families?

I saw some mobile clinic examples from earlier. We've got some dental clinics, clinic on site offering mobile services, links to resources in the community, transportation, especially with rural, partnerships.

Amittia: I see cultural healers, like those connections to community and cultural healers is really important to highlight. Working with colleges, universities, vision and hearing screenings coming to the centers. This is awesome. This is great.

Sarena: Yes, thank you all for sharing. And please continue to share all of the many trainings, and resources, and services that you're providing. Next slide.

As we further explore the Social Determinants of Health and begin to gain insight as to how the determinants are impacting health outcomes, we observe that there are some individuals and populations who experience inequities. Health disparities is what we call them, and these are the differences in health outcomes and their causes among groups of people.

We know that health disparities are inequitable, and they're directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. Amittia talked a lot about this.

While for many, "disparities" brings to mind race and ethnicity automatically, there are many, many dimensions of disparities that exist in health. Anytime a health outcome is seen to a greater or lesser extent between populations, there's a disparity.

Things like race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, geographic location – these are just some of the things that contribute to an individual's ability to achieve good health. It's important to remember that health disparities are preventable differences in the burden of disease.

When we recognize the impact that social determinants of health have on health outcomes of specific populations, then we can work to improve the health of all groups of people. Next slide.

Fortunately, Head Start programs are designed to help reduce health disparities and eliminate barriers. Improving health is an overall goal of our Head Start program. Some of the primary health disparities that we see when we're working with early childhood populations are on this slide here.

We think about things like infant mortality, maternal mortality, behavioral access and use, and motor vehicle crashes. We're going to take a few minutes to really think about each of these, talk about the disparities that we see, and also talk about promoting protective factors and how Head Start programs work to promote protective factors to address these health disparities.

Infant mortality – let's talk about that one first. The disparity that we see in infant mortality is that infants of color are less likely to make it to their first birthday than their white counterparts. Head Start works to address this in many ways – by providing postpartum education to expecting and new families, things like safe sleep education, and basic infant care giving, and addressing maternal depression, and so much more.

We also provide home visitation services and family advocacy to help new parents feel encouraged and supported and serve as a protective factor for those that are involved in our Head Start program.

For maternal mortality, one of the many disparities that we see is in pregnancy-related deaths. And for Black and American Indian, Alaskan Native birthing folks, we see those rates at two

times that of our white birthing folks. We strive through Head Start to connect all pregnant people to a medical home and encourage early and comprehensive prenatal care.

We also have the opportunity to reduce maternal mortality by connecting pregnant people to resources to help them understand the birthing process prior to delivery and really empowering our pregnant persons to engage with providers in a way that allows them to advocate for their own care, which is a critical protective factor in maternal mortality.

The disparities that we see in accessing mental health care for low-income families is often evident within our Head Start programs. For many of the families that we work with, their first exposure to mental health or behavioral health happens within Head Start.

And with such a stigma around mental health, Head Start model is really designed to introduce health as inclusive of healthy mind and spirit. We as Head Start programs offer educational resources, and trainings, and family advocates to assist families in learning about what it means to take care of and pay attention to not just their family's physical health, but also their mental health. Reducing the stigma around mental health services is a protective factor for our families within Head Start.

With our final example of motor vehicle crashes, our traffic data shows us that compared with all other racial groups, American Indian and Alaska Native persons have a substantially higher per capita rate of total traffic fatalities, with our Black persons at the second highest rate.

As we think about motor vehicle crashes, we know that our early childhood environments provide an opportunity to discuss car seat safety, to model that safety first mentality through our transportation services. We have the opportunity to connect families with car seat safety checks and train child passenger safety technicians. All of those things are protective factors for those that are in the Head Start community.

I want you to continue to think about the many ways that your program and the Head Start programs you support have addressed these disparities. What are some of those strategies that you all have used and some examples that you would want to share? We'd love to see those in the chat.

Steve: Sarena, this is Steve. And while we're waiting for people to add to the chat, some of what you described here reminds me of the program in Wyoming that identified a need for the families to have access to free health care with providers that spoke Spanish.

They had a lot of undocumented families. The children were born here and so they were eligible for health care services, but the families – the parents and other family members were not. They were able to work with other community partners to have a Spanish language free clinic open at night one day a week, one night a week. And that made a huge difference in getting their families the health care they needed.

Sarena: That's a great example, Steve. Thanks for sharing. We've got some great ones coming through the chat too. Lots of connections with partnerships for child passenger safety, also working with Nurse-Family Partnership, dental providers, transportation and pedestrian safety, education for families, home-based programs to support pregnant women and postpartum.

Excellent. Thank you all for sharing such rich examples.

Amittia: Yeah, I'm seeing also some focused on making mental health services available through home-based programming, and also just having them on site at centers, which is pretty amazing and really helping to meet the need.

These examples together – they really emphasize that in the midst of these struggles – or these risk, these health disparities – there are so many strengths. Strengths that emerge without the assistance of Head Start, just identifying things that are already existing in the community, that being really important and essential role of Head Start, but also really bridging connections for families.

I think that this really should just emphasize for all of us the importance of the work that we do in identifying protective factors and finding ways to create more opportunities if there is a need. There are protective factors that really emerge from the individual family and community level, and we've really tried to share different examples that embody that.

We think that with intentional action, Head Start continues to be a support of, or strengthening protective factors who might be at risk of finding resources, who might need support, who might need additional strategies, especially when they are under stress. This is all really critical and important in the work that we do.

Steve, could you talk a little bit more about some of the activities that Head Start engages in, or those ways in which we kind of bridge the connections for health equity?

Steve: Thanks, Amittia. I'm going to do that as soon as we talk a little bit more about the bridge that you presented to us early on in today's webinar. Head Start really does have the capacity to help shift the long-term health outcomes of entire families. We've seen in the chat lots of ways people are doing that already.

As part of Head Start's comprehensive services, every Head Start and Early Head Start program provides services to promote health, behavioral health, and safety for children and families. They also work to prevent injuries, illnesses, and substance misuse, and support timely interventions with referrals and follow-up to care.

These services are critical elements in addressing health disparities. You've heard about the importance of identifying and using protective factors to mitigate the risks – that's what Amittia was just speaking about. That's where the intentionality comes in.

Engaging families by building skills to be leaders and helping them advocate for their children can also move people along in their health equity journey, and we're all on this journey. Head Start programs are positioned – the programs themselves are positioned as both leaders and partners in their communities.

Community engagement and community partnerships go a long way in creating change for children, families, even staff, now and in the future. These three pillars as you see on the bridge support families, and are they themselves supported by the Head Start Program Performance Standards and federal funding. And actually state funding as well.

Here are some examples for you to look at, many of which have been reflected in the chat already. Head Start can really be a health equity intervention. Addressing health equity can be

embedded in a comprehensive early care and education system and actively engaged with community health and wellness partners.

The National Academy's report, "Vibrant and Healthy Kids: Aligning Science Practice and Policy to Advance Health Equity," and that is linked your handout, points out that children enrolled in Head Start have better access to dental care and health insurance, and the program has positive impacts, long-term and short-term, on a number of health-related areas, including obesity, immunization, hearing, vision, and even child mortality.

We in Head Start are able to keep children alive. This is certainly not an exhaustive list of all the practices and activities that Head Start programs engage in that build health equity, but it begins to identify some of the ways programs can intentionally address health disparities.

For instance, community assessments can identify gaps in services, identify unsafe neighborhoods, and the prevalence of specific medical conditions. Nutrition assessments can let you know which families may be facing food insecurity or have limited access to affordable fresh fruits and vegetables.

Many of you identified a variety of health education activities that you engage in currently. All of these workshops, newsletters, meetings, social media posts, and text contribute to a family's health literacy and general knowledge. And we know that that helps their health, and the health of their children.

And another example – your Health Services Advisory Committee is a perfect place to strengthen community partnerships and collaborate on program or community-wide concerns. And I hope you'll look at this list and consider what you would add to it in your program as you begin to identify those areas that you intentionally use to address health equity. Amittia?

Amittia: Thank you, Steve. I'll continue with this line of thought and really try to continue with speaking to the importance of engaging community and cultural organizations or the strengths within communities and highlight here that Head Start does aim to address negative effects of stressors on families and staff and does so in many ways.

One of the really important pathways I think is through the community connections. I think that it's important for us to consider that Head Start and others – many, many others – are really committed to addressing maternal health inequities. In fact, our administration just did a whole day focused on maternal health. It’s a public health concern, and I think that many are involved.

I think more than anything, here we want to highlight the importance of elevating that Black women and birthing people are most impacted by maternal mortality and morbidity, and that these maternal deaths are for the most part preventable. I think that it's important for us to consider also allowing and letting lead Black women-led organizations that are very much equipped and prepared to address racism and promote health.

There's lots of research that's been coming out showing the role of Black doulas, for example, in reducing the risk associated with negative birth outcomes for Black women. And I want to lift up a couple of examples, like Mamatoto Village in the DC area and Uzazi Village here in the KC metro area, which are organizations that provide support, and advocacy, and health services right on site. And in many cases, there are Black women providing those services.

When you're in an organization or in a space where you see other people who look like you, you feel supported and heard and validated, and it's a really important experience in the birthing process and postpartum.

I've visited Uzazi Village here in Kansas City, and it is what I would say is a whole vibe. As a Black woman entering that space and seeing images of beautiful Black women, and Black babies, and Black families everywhere, it's an experience to be known.

I wanted to lift that up and really encourage us to consider seriously connecting with the partners in our community who are doing the work, and that culture identity and connection is really health-promoting. And in doing so, I think that we help folks access radical healing and the kind of experiences that they need to promote their health and well-being. Next slide.

Now, I also want to emphasize here that when you're thinking about culture and community and the ways in which that could be a protective factor, the Latine Immigrant Paradox, where people who are of Latine ethnic – "Latinidad" is what they call it – they experience longer life in this country, per se.

And the research has shown that that's because of that strong sense of ethnic identity, and the tie to family, and the tie to community, and the faith, religion, or spiritual practices, and the ways of thinking, and being, and coping. All of those pieces together have been shown to be a protective factor for Latine people, who many are away from some of their roots or some of their family members but still experience some positive outcomes.

There's a program example that I really love about a program on the West coast that decided to create a tamale making event. And it is lunchtime here, and so I'm feeling hungry just thinking about it. I can just smell the beautiful aromas. But I digress.

I just want to say here that that tamale making event, they found that it was a way to bring people together around food and culture and create community, and that social connection that folks needed to promote their health is really important and a great example that I wanted to lift up here. Next slide.

I also want to highlight here the importance of Indigenous and traditional ways of knowing and being in Native communities, how the ways of being and the wisdom that's been passed down from the ancestors and the elders are really a source of strength and a source of guidance, and wisdom, and protection. Folks feel really connected to that.

I think that we lift it up here because of times like these where we know that in our tribal communities, there has been a lot of loss due to the pandemic and other issues and that the elders, and that wisdom, and knowledge, the practices may be at risk of being lost.

Folks are grieving together and that is a protective factor, that folks are joining together in community and really coming together around the agricultural practices and other ways of healing together. And that is really a protective factor that we want to lift up.

There's many strengths, I think, that we can notice from the cultural community context that we really need to be lifting up and attending to, because it really is important in the health and well-being of all families. Next slide.

Steve: I think this one's for you, Sarena.

Sarena: Yes. Thank you, Amittia, for sharing such excellent examples of how that social and community context is such a critical protective factor for communities of color in particular, and really how embracing and elevating that cultural identity and cultural traditions has a positive impact on our health outcomes.

This is why we see that as one of the Social Determinants of Health, correct, that social and community context. When we don't feel connected, that can contribute to poor health outcomes for families. And when children and families are engaged, this context can be a protective factor.

We talk about this in Head Start often as administering culturally relevant programming, as helping children and families feel more connected to Head Start. We see examples such as teaching in our local Native languages and serving traditional foods like the example that Amittia shared, using traditional music and storytelling, and another powerful component of really inviting those elders and community members into the programming that we're providing as Head Start.

In many cultures, a child's extended family plays a very critical role in their growth and development. One way to build upon this protective factor that some programs have implemented is to really take time during that enrollment process and as they're getting to know families to individualize and incorporate opportunities for the entire support system that's supporting that child to be engaged in Head Start, beyond just those immediate caregivers.

You'll find lots of resources and examples and things on ECLKC that discuss administering culturally relevant programs. At this point, I'll turn it over to Steve to share some resources that will be helpful as you further explore the social determinants of health.

Steve: Thank you, Sarena. Your piece there about social and community context reminded me of an easy step that some Head Start programs took – they changed their intake forms so it didn't say mother and father, but left room for multiple family members to be listed, being inclusive of same-gender families and extended families who may be involved in raising the children in Head Start and Early Head Start.

They also left space to ask the question, “What does your child call this family person?” The classroom staff, the home visitors can use the words that the child is familiar with. On the flip side, they also included a space for, “What do you, the family members, call the child?”

Some people have traditional names, some people have non-English names. Some children have nicknames. And again, bridging that gap and being part of the community that that family is part of.

Sarena: That's a great example.

Steve: Thank you, Sarena. I like it too. And it's really easy to change an intake form.

I wanted to talk about this resource, which does live on the ECLKC and is listed in your handout. The Head Start Health Services Competencies modules – and right now there are six and there'll be eight altogether – to help Head Start staff deliver comprehensive services.

Staff can use these modules to develop and strengthen attitudes, knowledge, and skills that they need to effectively support health, safety, and wellness of young children and families. There's even a staff wellness one too.

The objectives of this particular module, the Strengthening Protective Factors to Reduce Health Disparities and Promote Resilience, help users understand the risk factors that make some people healthy and other people unhealthy, all this that contribute to health disparities, particularly among culturally and linguistically diverse populations, and assist children and families to address challenges that affect their well-being, promote resilience, and strengthen protective factors.

As we've already heard, many Head Start children and families experience factors that may lead to health disparities. You can explore this module – and we hope you do – to learn more about differences in health outcomes and their causes among groups of people, discover how Head Start health services can increase protective factors that lessen the negative effect of health disparities, and find strategies for helping children and families identify and use their own strengths to achieve better health.

Now, I want to dive a little deeper into this module. We have a few minutes to do that. These are micro-learning modules. They are small bits of information presented in an interactive format. And you can see this particular one is set up like a game, like Chutes and Ladders, or any other board game you may be familiar with.

This activity has the little kiddo move through the board to learn more about risk factors and protective factors. And when we get to the end, we've learned that identifying and supporting individual and family strengths can reinforce these all-important protective factors.

Lots of information presented, but in small little bits and pieces. Some of that information further describes risk factors and protective factors. For instance, that some risk factors are fixed. For example, you may be more likely to have an illness because of your family health history.

Some risk factors can change over time. For example, you may live in unsafe housing conditions – that could be temporary or able to be changed. And these unsafe conditions obviously lead to a greater likelihood of injuries, and in some cases asthma and other health conditions.

But some protective factors are fixed, and that's a good thing. For example, mothers who access prenatal care can provide a healthy beginning for their child with lifelong outcomes for themselves and for the child. Some protective factors can change over time.

For example, families who have access to health information – and you've all been really good about describing ways that you provide health information – they learn to better understand how to access the health care as well as how to use the health care, even understand the directions from health care providers, and are basically more knowledgeable about how to keep themselves and their children healthy and safe.

The modules also have interactive, try-your-hand activities that sort of test the knowledge of the learners. This story is presented, and module users are asked to select four risk factors and six protective factors in this particular story.

I'm going to read it, but while I'm reading it, I hope you'll put into the chat any risk factors that you see in the story. And then we'll have a chance to put in any protective factors. As I read the story, put in any risk factors that you see.

“Beverly, a 3-year-old, attends a local Head Start program. Beverly's mother has a full-time, low paying job so they can live with Beverly's grandmother and grandfather. Both her mother and grandmother have diabetes. Her grandfather smokes a pack of cigarettes a day. Beverly's grandparents take care of her when she comes home from her Head Start program.

The family lives in an inner-city community. There's no supermarket in their neighborhood, so they shop at a convenience store that mostly sells packaged and processed foods. Beverly's grandmother does take her to a local playground in good weather, which limits the amount of time Beverly watches TV when her mother is working.

The city is about to launch a new bus route that will cut her mother's commute in half and will give the family easier access to a nearby federally qualified health center. I see lots of incredible identification of risk factors. Thank you. And how about putting in some protective factors?

I know there will be an overlap here. That's OK. Local playground – yes, now we're listing protective factors, Roger. Sometimes people get ahead of me, which is just fine. Let's see. We see the bus, we see the playground, we see the city taking some action, we see that mom is employed.

Amittia: Family support.

Steve: Yeah. And while those keep coming in, I'm going to go to the next slide, which is a picture. It's a still picture in the course that's animated of the protective factors and risk factors. And you can see that the protective factors outweigh the risk factors.

These feedback loops are built into all the modules. You can see that for risk factors, there's the low socioeconomic status, the family history of diabetes, the exposure to secondhand smoke, and limited access to fresh foods. But on the plus side, there's public transportation, affordable health care, quality early care and education, mom has a full-time job, there's family support with the grandparents, and decreased screen time because there's access to outdoor play.

There's good and there's bad, there’s fixed and there's not fixed. But as you go through these activities, you'll get the feedback that's so important to the learning process. Thank you for engaging in this activity in the chat, it was great.

Amittia, back to you.

Amittia: Thank you for sharing that resource, Steve. It really does highlight the point that we want to leave you with today, that while we acknowledge that there are many risk factors that our families are experiencing that can determine their health, we also want to hold in mind, identify, and strengthen and increase those protective factors so that we can try to counter the

blow of some of those negative conditions, those risk factors or conditions that are contributing to poor health for our families.

It's a journey. And it's unique and individualized, and we all sit or stand at different places or spaces in our journeys, and more than anything, we hope that you all will continue the work that you are doing and have that shared commitment to work towards health equity together through our activities. Next slide.

As we address the Social Determinants of Health, we reduce health disparities, and we work towards health equity. We hope that during this conversation, we've been able to help you understand the relationship to Head Start, and the connection to community health and wellness, and the capacity that Head Start has to really shift the trajectory for families and staff.

Next, we wanted to highlight that there are some resources. There's a list or handout that was made available to you all in the chat and also will be sent to you. I think we have some time for some questions.

Nydia: I'm so glad that we have a little bit of time to squeeze in a few questions, because we did get some thoughtful questions. Of course, there's been a lot of great engagement throughout the webinar, but a couple of participants – it was their first time hearing the term "Latinx." And they were asking – one in particular identifies as Latina and was curious about the term Latinx.

And then when we get done with that, I'm trying to squeeze in so we have enough time – we have a very thoughtful question about, how can we balance giving voice to persons of color while not overburdening them?

Amittia: Thank you. Those are wonderful questions, I'll quickly answer the first one. The piece around Latinx, Latine, Latino – it's a part of changing language that happens in just the public discourse. And I do not identify as Latino, Latinx, Hispanic origin by any means, but my learning of this is that Latinx replaced Latina which was very gendered.

And in the Latino [Inaudible] are feminine. And I think in the spirit of becoming more inclusive, now we're at the place where folks are using the term "Latine," with an E, so that it is inclusive of different gender identities.

And yeah, there's lots of scholars out there who have commentary on that. think that – I leave it to a person to let me know how they'd like to be identified. I appreciate the comment. And in terms of the second question, could you repeat it one more time?

Nydia: Sure. How can we balance giving voice to persons of color while not overburdening them?

Amittia: I think that's a really wonderful question. And I think it is particularly relevant in this conversation, where we're talking about the people who are disproportionately impacted by many of the risk factors or negative conditions that we want to understand and we want to help address.

I think that it's one of those things where it's important to make sure that folks are at the table and able to participate in whatever way they desire. And I would put also in that, that we make sure that compensation when we are elevating folks as expert is matched.

I think that I see people overburdening people of color by asking them to do things for free, asking them to sit in the role of expert, and give and give and give. It's a lot of taking, and then sometimes there's not enough action behind the listening when folks do share their lived experience.

And that can be overtaxing, overburdening, and make people feel as if the time that they spent was not well utilized. And so that is kind of like – I'm kind of talking in circles, but I really wanted to emphasize with that point the importance of creating space for people of color to participate however they see fit. And then also making sure that you incorporate those suggestions. And I offer to my colleagues to add any other things.

Steve: I'll just jump in for one second because I know we're short of time, but it's important to know that any one person, the burden of representing a whole race, or a whole community, or a whole culture – that's huge. Don't ask that. People can speak from their experience. Some things can be extrapolated, but no one should be asked to represent everybody.

Sarena, did you have anything you wanted to add?

Sarena: I think the only thing I would add is to really be intentional and transparent about building relationships. We talk about that so often at Head Start. Anytime you partner with a new partner, regardless of what their role is, you want to be intentional about strengthening that relationship and really being honest and transparent about what you're expecting of that person and what you want to get out of that relationship.

And that will help clarify expectations before you enter into a partnership in whatever way you're going to utilize an individual's expertise and their contributions to your program.

Nydia: All righty. Well, thank you so much to our presenters. Thank you, Amittia, Sarena, and Steve. We're sorry that that's all the time that we had today. We couldn't get to just all of them, but I did try to squeeze in as many as we could. Just thank you again to our presenters for the wonderful information, this is all the time we have today. If you have more questions, you can go to MyPeers or write to health@ecetta.info.

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