EMBEDDING EQUITY IN EARLY CHILDHOOD INITIATIVES

AUTHORS:

Porsche Boddicker-Young, PhD and Catherine Schaefer, MS

INITIATIVE REPRESENTATIVES AND CONTRIBUTORS:

Michelle Chapin, BS – Ready for School, Ready for Life

Cathy McHorse, MEd – Austin/Travis County (TX) Success By 6 Coalition

Lauren Kennedy, JD – Neighborhood Villages

Kelly Romanoff, MPA – First 1,000 Days Sarasota County

Angelique Anderson, BSW, MSW, DSW – Solano HEALS

Jazmyn Covington, MPH and Janelle Olaibi MSW, LCSW-C – B'More for Healthy Babies

Faye Johnson, BA – Northeast Florida Healthy Start Coalition

Shanell Knight – Rural Opportunity Institute

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NICHQ National Institute for Children's Health Quality

EARLY CHILDHOOD Health Equity Landscape Learning from Existing & Emerging Initiatives

Child TRENDS

EMBEDDING EQUITY IN EARLY CHILDHOOD INITIATIVES

Early Childhood Health Equity Landscape Project

OVERVIEW

This brief presents lessons about how initiatives that are founded on doing work equitably are handling multiple adversities (e.g., racism, the COVID-19 pandemic, and decreased funding) in cross-sector early childhood health equity initiatives, derived from interviews with eight community or state initiatives. Part of a larger project entitled the **Early Childhood Health Equity Landscape Project (ECHE)**, this brief – and several companion briefs – aim to highlight promising strategies for addressing key issues such as sustainability, data use, state and local relationships, cross-sector partnerships, and operationalizing health equity within the context of early childhood health equity initiatives. This brief highlights how eight initiatives have set equitable goals and outcomes, the supports that they and their communities received, the barriers they faced in maintaining a focus on equity, and the impacts of the COVID-19 pandemic and racism on their work.

Early Childhood Health Equity Landscape Project

Early Childhood Health Equity (ECHE) work seeks to strengthen early childhood systems to support healthy child development and reduce health inequities and disparities that can have a lifelong impact.

In an effort to understand how ECHE work is carried out at the local, state, and national levels, the **ECHE Landscape Project**, a joint venture of the National Institute for Children's Health Quality (NICHQ) and Child Trends and funded by the Robert Wood Johnson Foundation, gathered and analyzed information on cross-sector initiatives promoting early childhood health equity through the **ECHE Landscape Survey.**

To provide context to the ECHE Survey, the ECHE Landscape Project team has also held conversations with ECHE initiatives to inform a series of spotlight briefs on the topics of health equity, measuring and reporting progress and impact, sustainability, cross-sector partnerships, and state-local collaborations. The information from the landscape survey and series of spotlight briefs is intended to support innovation across sectors to advance health equity for young children.

NICHQ National Institute for Children's Health Quality

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INTRODUCTION

A healthy environment in early childhood is critical to health equity, and the first few years of a child's life influence outcomes for their subsequent years.[1] Environmental and contextual factors – such as living conditions, air quality, healthy food options, and access to high-quality early care and education – can impact outcomes for children and families either positively or negatively.[2] Structural racism – the racism embedded within social and economic ideologies, structures, and processes – perpetuates inequities and benefits white children and families to the detriment of children and families of color.[3] Moreover, how the different facets of structural racism interact, and whether families and communities are experiencing challenges related to more than one facet, can have an impact on the health and well-being of the whole family and community.

Throughout the United States, coordinated activities aimed at improving children's health and well-being – referred to as *initiatives* in this brief – have worked to address health equity in early childhood.

As defined by the Robert Wood Johnson Foundation, **"health equity means that everyone has a fair and just opportunity to be as healthy as possible … by removing obstacles to health such as poverty, discrimination, and their consequences including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."**[4] How, then, can initiatives ensure that they give children, communities, and families the supports and tools they need to succeed, in a way that is equitable? Which people and organizations are doing this work with communities to ensure equity and dismantle systemic inequities?

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

– Robert Wood Johnson Foundation

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Early Childhood Health Equity Landscape Project

Key Findings

- Embedding health equity into an initiative's work requires community buy-in and stakeholder engagement
- Although some initiative staff were representative of the communities they served, there was still a lack of racial diversity among management and leadership positions within initiatives
- Initiatives had supports in place that helped them maintain their focus on health equity
- Initiatives faced a range of barriers in ensuring that the work they do is equitable and that they are able to reach intended communities and families
- The onset of the COVID-19 pandemic and the killing of George Floyd created both rifts and togetherness within communities

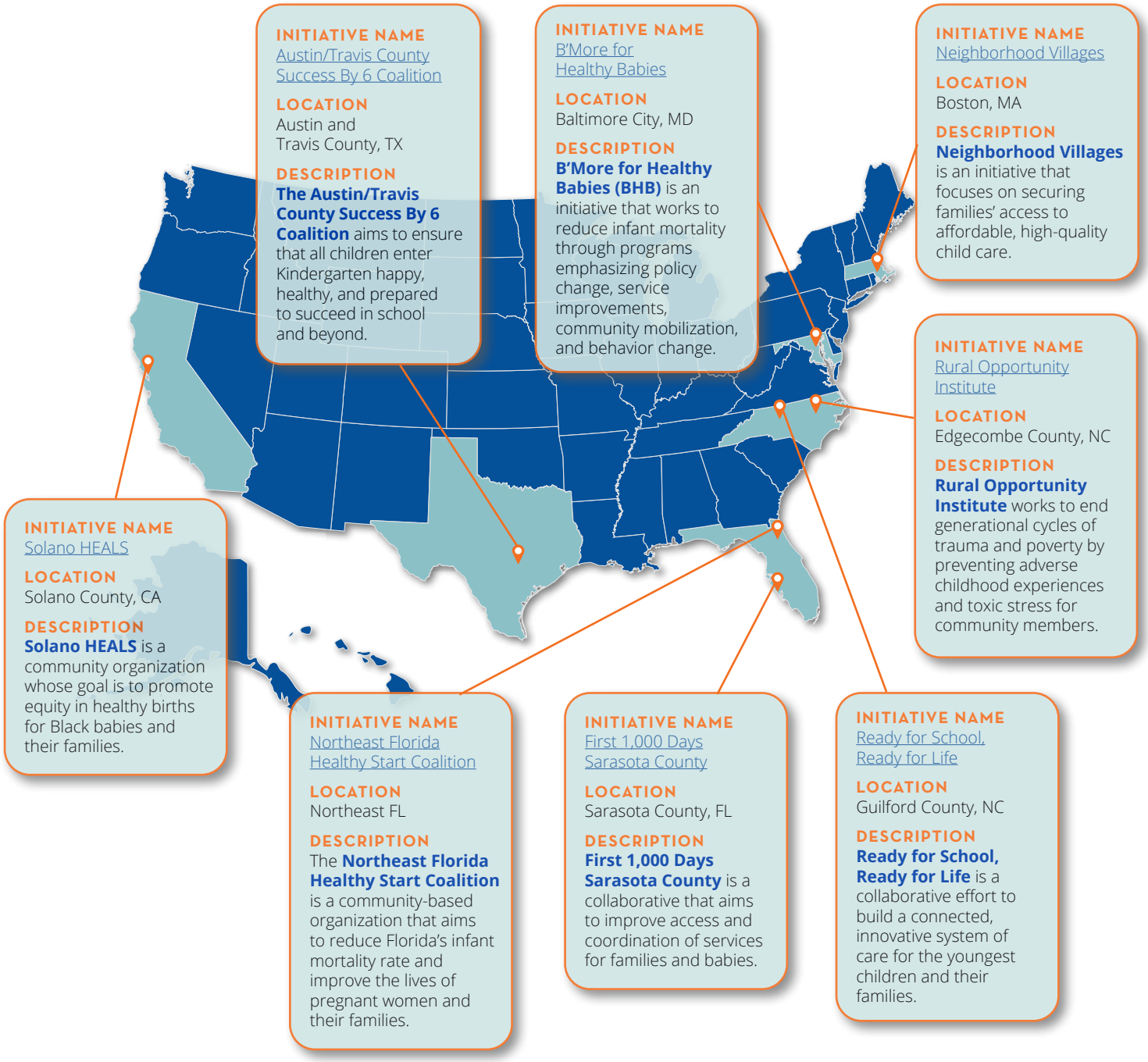
Methodology

The Early Childhood Health Equity Landscape (ECHE) Project Team administered the ECHE Landscape Survey, a nationwide survey of initiatives focusing on health equity for children under eight years of age and their families. Respondents from initiatives answered questions about their initiative's work, including which health-related topics it addressed, what sectors were involved, which funding sources are available, and the initiative's approaches to addressing inequities in well-being.

Eight initiatives were selected by the research team based on survey indications that their initiative was embedding and operationalizing equity in their work. Three sets of semi-structured, hour-long virtual conversations were hosted via Zoom, with conversations organized according to the missions of the participating initiatives. For example, one virtual conversation group was organized so that all conversation participants had a direct focus on infant and maternal mortality and health. The Project Team did this so that participants might feel more comfortable, and so that conversation could easily flow amongst initiatives. The goals of the virtual conversations were to understand how equity is embedded in initiatives' selection of goals and activities, what health equity meant for a specific community, the supports in place to help sustain the initiative's focus on health equity, and the barriers faced in doing health equity work in early childhood. Representatives answered a series of questions focused on the time prior to the onset of the COVID-19 pandemic in early 2020, and a second series of questions focused both on the time following the onset of the COVID-19 pandemic and the events following the killing of George Floyd on May 25, 2020. All initiative representatives were compensated for their time if allowed by their organization and given the opportunity to review this publication before it was disseminated.

Initiatives Interviewed

Figure 1. Initiative Overviews



EMBEDDING HEALTH EQUITY IN THE STRUCTURE AND FUNCTION OF AN INITIATIVE

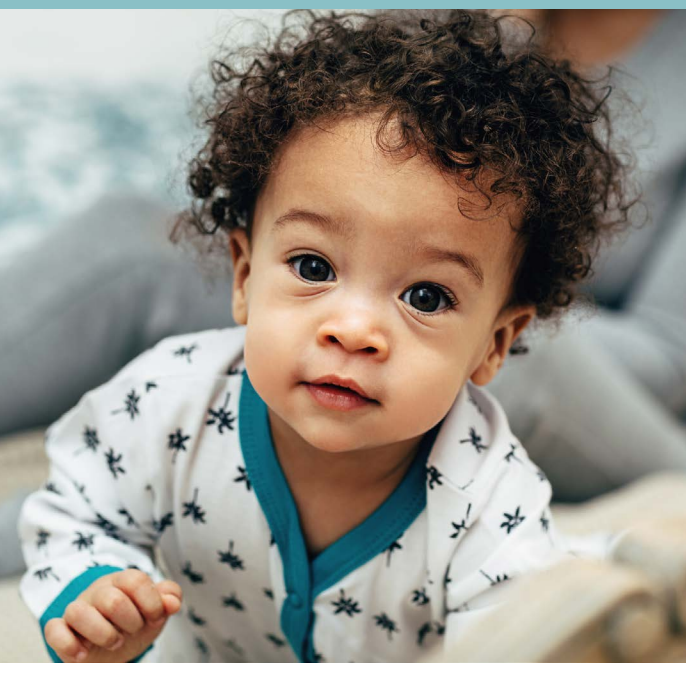
Meaning of Health Equity Within an Initiative

When asked what health equity means for their communities, many of the initiatives mentioned eliminating disparities as experienced by a specific community. Representatives talked about ensuring that every family has what they need to be successful, regardless of their race or ethnicity, socioeconomic status, or the zip code in which they live. Beyond ensuring these basic needs, being equitable requires communities to think about the basic resources and supports that should be available to help stop unhealthy generational trends, as well as how to change a system not originally designed for all families and their children.

COMMUNITY:
In this brief, "community" refers to groups of people living together that are interrelated and share common goals or live in the same area; not solely children and their families. As such, initiatives are part of the communities they serve.

"When we think about equity, we think about eliminating disparities. Access. Each person has what they need to be successful. Breaking down barriers..."

– Michelle Chapin,
Ready for School, Ready for Life



Embedding Health Equity in Goals and Activities

When the ECHE Project Team asked initiative representatives how they embed equity within their work, representatives shared specific strategies and goals that centered the needs of their communities. These strategies focused on drawing guidance from within the community itself through activities such as peer support or community navigators and prioritizing the voices of the families who receive the services and supports provided by each initiative. In some cases, initiatives helped families survive co-occurring hardships due to the combined effects of discrimination and the COVID-19 pandemic. In others, initiatives worked to counteract long-established systems of inequity and improve health equity in early childhood at a systems level. The following sub-sections include examples of how initiatives embedded health equity into their goals and activities.

Empowering Families in a Broken System

Health care systems have both historically and currently discriminated against children and families of color in pervasive ways that have critical implications for health outcomes.[5] In order to address the urgent needs of families existing within systems that fail families of color, initiatives developed solutions to help families advocate for themselves and navigate opportunities for care and services. Initiatives focusing on individual-level prenatal care and birth outcomes included **Ready for School, Ready for Life**; **B'More for Healthy Babies (BHB)**; **Northeast Florida Healthy Start Coalition**; and **Solano HEALS**. These initiatives specifically address the effects of racism in prenatal care for Black mothers and families of color through individualized support.

Each initiative focused on developing personal agency and knowledge around prenatal care. Parents participating in the **Solano HEALS** pregnancy peer group were paired with a group partner by gestation period (e.g., someone in their first trimester would be paired with another person in their first trimester) and learned how to administer their own basic wellness checks before meeting with their providers. **BHB** also developed similar community groups centered around breastfeeding and infant development. **Northeast Florida Healthy Start Coalition** reached out to community members in the places they work and live, including housing developments and barber shops, using specialized informational events. This community-oriented support empowered parents to be their own advocates and make choices based on the priorities of their family and community.

Even if a family is empowered with knowledge and advocacy skills, navigating the multitude of services and supports available can be a major challenge. This work involves more than empowering families – it necessitates empowering them to do what the health care system fails to do. Initiatives addressed barriers to accessing a continuum of care through implementing personal guides for families and centralizing supports. Community navigators from **Ready for School, Ready for Life** were linked to the provider offices that families visit, and worked to prevent gaps in access to care by maintaining connections with families through their 36-month well child check-in. Similarly, **BHB** has developed a centralized intake for expecting families to avoid losing touch with families navigating multiple resources and services. Within **Neighborhood Villages**, families interacted with a "Family Navigator," who acted as a connection to mental health services, food accessibility, and housing supports. Staff of **Austin/Travis County (TX) Success By 6 Coalition** also used the Family Connect and Help Me Grow program to improve family access to appropriate services. This way, families facing the challenges of caring for an infant can more easily access the necessary supports without becoming lost within a complicated health care system.

Addressing Structural Barriers to Health Equity

Beyond supporting individual health and access to services, initiatives also worked at the provider and institutional levels to address the history of racial discrimination in health care that results in disproportionate infant mortality and poorer health outcomes among families of color. Primarily, this work has taken the form of educating providers and influencing legislation to support health equity.

Through the work of these initiatives, a multitude of health equity resources are available to health care providers and policymakers. **Solano HEALS** and **Ready for School, Ready for Life** provided toolkits that address racial equity, mental health, and other health equity programming for providers across multiple offices and systems. For the **First 1,000 Days Sarasota** initiative, a centralized portal where families can self-refer for care also informed providers and agencies of the outcomes of referrals, so that they may monitor the effectiveness of their work to connect families with services. The **Rural Opportunity Institute** trained community members to be advocates and facilitators of the initiative's programming within their own communities. Each of these practices stresses the importance of continued improvement of provision of care by addressing discrimination families face in accessing competent health care at the provider level.

Both **BHB** and **Northeast Florida Healthy Start Coalition** have also coordinated community advocacy groups that keep initiative staff and providers aware of issues affecting equitable health outcomes. Community members were trained to speak with legislators and become agents of large-scale change. **Austin/Travis County (TX) Success By 6 Coalition** addressed the effects of toxic stress through a relationship with the city's equity department to evaluate citywide data and find new opportunities for community outreach. **Neighborhood Villages** also employed an outside evaluator to assess the effectiveness of programming through data analysis. By addressing systemic discrimination throughout medical and government institutions within their communities, these initiatives ensured that the work they do with individual families is well supported in the future.

EMBEDDING EQUITY IN EARLY CHILDHOOD INITIATIVES

Early Childhood Health Equity Landscape Project

Below are examples of health equity goals and activities from each initiative.

Figure 2. Health Equity Goals and Activities

Incorporating Community Representation

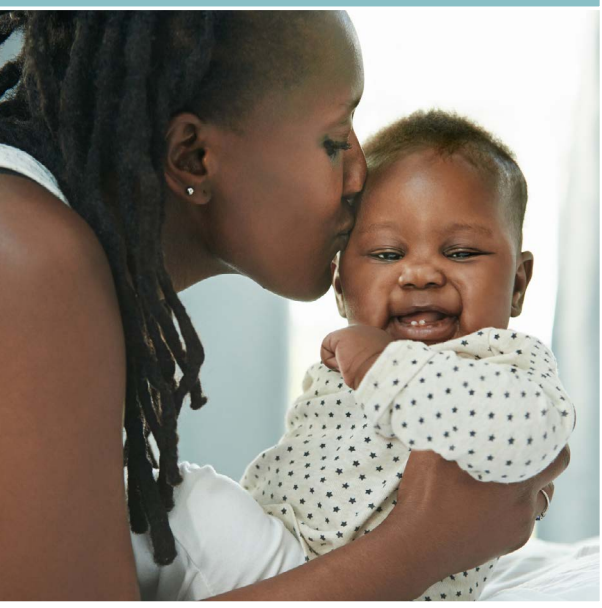
Though most "on the ground" staff from the initiatives were representative of the communities that they served, many initiatives were still struggling with racial diversity in management and leadership positions. **The lack of representation in management and leadership positions has forced initiatives to take a step back and examine the leadership pathways and processes in place that prohibit professional growth among Black, Brown and other marginalized staff.** Most of the initiatives indicated that, at minimum, they have a board with representation from families. Additionally, initiatives like the **Rural Opportunity Institute** and **Northeast Florida Healthy Start Coalition** recruited from communities where their program operates and have someone from the community serve as a "family navigator" touchpoint. This practice explicitly challenges the influences of classism and reliance on institutional credentials and uplifts their lived experiences to help shape the initiative's understanding of what the community truly needs and wants from support services.

> "By recruiting within the community, we ensure that cultural competency is baked into all of our programs."
>
> – Lauren Kennedy,
> Neighborhood Villages

Supports and Challenges in Continued Improvement

Initiatives recognized that the work of establishing health equity in early childhood requires ongoing, continuously supported efforts and attention to the internal processes of the initiative itself. Maintaining a focus on equity was a priority for all initiatives, though many described trying moments, particularly in the nation's current climate. They felt that it was their duty to keep the work going and to make sure that communities and families were getting the services they needed. Initiatives had conversations with stakeholders, funders, and staff around the effects of racial disparities and inequities, which often fueled uncomfortable questions – but with a lack of comfort comes change. Initiatives also expressed that seeing the benefits of their work play out in their communities kept them committed to ensuring equity.

> "We know the root causes of why babies are dying...and can't help but focus on it."
>
> – Faye Johnson,
> Northeast Florida Healthy Start Coalition



Supports Within Initiatives

Given that many staff within an initiative were also members of the communities they served, in initiatives such as **Northeast Florida Healthy Start Coalition**, equitable programming extended to caring for the health of staff members. Supports included roundtables with staff every Friday, reinforcing the importance of self-care. Staff roundtables in this and other initiatives offered the opportunity for initiative staff to vent about the highs and lows of their work and create a trusted network among colleagues. Internal feedback created a climate of continuous commitment to change, as illustrated within the Communities of Practice and Parent Cafés held by **Ready for School, Ready for Life**.

Though the intention of most of these activities was to support initiatives and their communities, some initiatives found that staff trainings and webinars proved to be more problematic than helpful. In some cases, race and equity trainings were offered but were very limited and left staff feeling like there was no resolution to their questions. Staff sometimes felt that the trainings were offered just to "check a box."

Supports Within Communities

The supports and resources that the initiatives and staff received, from both outside and within their initiative, shaped the work that was possible with their communities. Notably, many of the initiatives had supports explicitly focusing on dismantling systemic racism within their communities. For example, **BHB** had an anti-racism workgroup, led by volunteers, that provided technical assistance to BHB partners. Additionally, BHB contracted a consulting group to engage BHB staff in trainings aimed at fostering group discussions about what was happening around the community of Baltimore City along with the next steps for addressing their goals. Initiatives also mentioned supports that allowed them to look past the numbers, and dive into the "why" and the narratives that accompany the data.

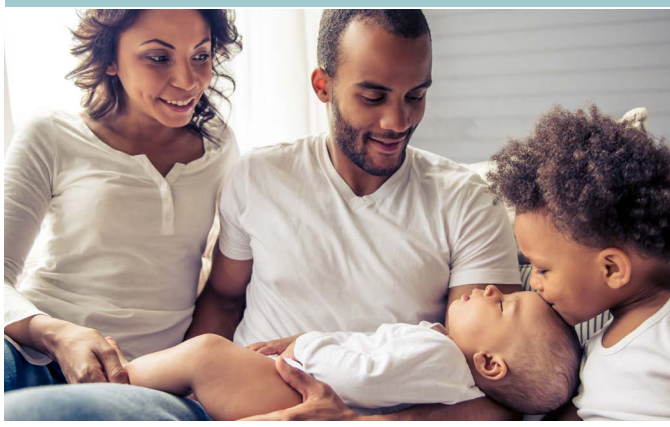
Within other initiatives, a focus on equity was a natural consequence of viewing their positive impact on the communities they served. For the **Rural Opportunity Institute**, seeing the local community maintain strong connections after traumatic events such as Hurricane Matthew and Hurricane Floyd was evidence of the positive impact of their work and gave them a sense of accomplishment and purpose. The **First 1,000 Days Sarasota County** initiative used their vibrant art community to connect with families through community murals. The murals served as stopping points for community members to experience art and culture through the lens of other community members. These examples were both markers of success and points of pride for initiative representatives.

Barriers to Meeting Equity Goals

Sustainability

Though initiatives have been able to maintain their focus on embedding equity into their work, there have been (and still are) barriers to meeting the goals initiatives established. Access to additional funding and funding sustainability was a common theme across all virtual conversations. **Because some initiatives operated through grants, their funding was inherently unstable. This posed substantial problems for initiatives, in that they were hesitant to implement new services in communities for fear that they would not be able to offer those services in the future.** In other words, grant funding structures were a barrier to sustainability. One initiative stressed that unreliable funding is why it is so important to give communities the skills they need to carry on the work – in case the initiative ends.

> "Funding is always one of the biggest barriers... we need more staff, we need to reach more counties."
>
> – Shanell Knight,
> Rural Opportunity Institute



A Fight on Two Fronts: Direct Service for Families and Advocating for Policy Change

Another barrier that initiatives mentioned was institutional resistance to changing policies and advocating for the communities that could benefit from services. **Ultimately, those that change policies are those with power. Often, initiatives were stretched thin and lacked the resources necessary to maintain pressure to change policy on government and institutional officials.** Lauren Kennedy of Neighborhood Villages described limitations on progress within the health care sector and health care delivery systems. Although **Neighborhood Villages** demonstrated the helpfulness of the family navigators, private insurers and Medicaid were reluctant to invest in supports outside of traditional settings. Kelly Romanoff of **First 1,000 Days Sarasota** described the delicate balance of the relationship between institutional and community partners, as well as the need to consistently re-prioritize in the context of time and capacity limitations.

Institutional Resistance

Similarly, engaging external partners – particularly around matters of equity – proved challenging. **Initiatives often found it difficult to get buy-in from external partners and to break away from traditional medical and public health frameworks, as well as move into more innovative ideas that embraced a new public health world. They described challenges around helping the healthcare sector change their thinking from institutionalized ideas and practices to strength- and equity-based approaches.** Many initiatives attempted to get partner buy-in by creating spaces that allowed for partners to provide feedback and ask any questions. Counterproductively, initiatives found that often, external partners would use this time to point fingers at community members (e.g., "please tell me about the mother's criminal record, drug use, and father involvement"), rather than assess the systemic issues within the health care system. Jazmyn Covington of **BHB** described situations where partners questioned whether racism "was really the issue," an experience echoed by Angelique Anderson of **Solano HEALS**. Janelle Olaibi, also representing BHB, noted that community member presence within the initiative was a strong countermeasure to healthcare providers and institutional partners' reluctance to understand the systematic discrimination at play. For example, within an infant loss support group, a mother who was also a person of color was able to connect with parents who had lost an infant and gather the feedback and personal stories necessary to illustrate families' struggles with the providers who claimed to serve them but failed to do so equitably. Cathy McHorse of **Austin/Travis County (TX) Success By 6 Coalition** agreed, describing difficulty with engaging "health champions" unless a personal connection is present.

RESPONSES TO THE COVID-19 PANDEMIC & RACISM

The COVID-19 pandemic introduced unprecedented worldwide challenges, particularly highlighting the inequities and disparities within all social systems. Efforts to stop the spread of the virus led the nation to shut down all businesses, except those considered essential. Some of the services that were significantly impacted served marginalized families and their communities, such as home visiting and child care. Moreover, marginalized families and their communities were frequently the ones required to work in public-facing roles, raising their risk of contracting the COVID-19 virus. This public health crisis did not bring about new disparities, rather, it exacerbated centuries-old systemic racial and economic issues, like equitable access to care. In the midst of the COVID-19 pandemic, the nation was again urgently faced with its longest standing public health crisis: racism. Though racism is nothing new, the killing of George Floyd on May 25, 2020 sparked a renewed interest in the preservation of and respect for Black lives among white-centered communities. The ECHE Project Team asked initiatives to think about both public health crises and how they affected the work they do with communities and their families.

Impact of COVID-19

We asked initiatives to reflect on the ways that COVID-19 has, or has not, affected the work that they do with communities. While many initiatives indicated "Zoom fatigue" or "video burnout" for both staff and families, they noted that otherwise, everyone adapted to the new circumstances as best as possible. For example, where home visitors traditionally made in-person, in-home visits, they now conducted all visits virtually. Some programs saw an increase in family participation, which they attributed to virtual visits being less invasive than personal visits. Home visitors found creative ways to virtually engage, safely drop off supplies, and celebrate milestones with families. Some initiatives also used the pandemic to reinforce the need for sustainable resources from funders. **With COVID-19 highlighting the disparities around the early care and education workforce, initiatives were able to show funders the impact of sudden unemployment on child care workers living below poverty lines and were able to raise supplemental money to support workers and families in crisis.**

COVID-19 also forced initiatives to think creatively and to pivot strategies and services quickly. Lauren Kennedy from **Neighborhood Villages** described how their "Family Navigators," who worked on site, had to adapt. Instead of going into health care settings, this initiative created a network of Navigators and paired them with operation managers who were physically in the healthcare settings. The pairing allowed the Navigators to remain "present" (though not physically), as well as to expand new partnerships while still securing essential goods for families.

Though it is promising that initiatives and communities were able to adapt so quickly, there were still several concerns and ever-evolving issues. Specifically, initiatives that focused on maternal and infant health and mortality worried that lack of physical access to doctors could lead to increased pre- and post-natal issues. Many parents and babies rely on physical appointments to access mental and physical health resources – initiative representatives worried that adapting to virtual services may prove too difficult. Furthermore, initiatives like **Austin/Travis County (TX) Success By 6 Coalition** described a "contraction to basic needs" rather than continual building of systems, which limited future-oriented progress.

Exacerbated by the national pandemic, initiatives also faced technological barriers to continuing the essential services they provide. They also mentioned that often the health care system did not consider inequities in assuming that all families could access technology to attend virtual appointments. Many initiatives did the best they could to point families to resources (or to provide resources themselves) but may not have taken into account the families' experience with these technology platforms. Initiatives are hopeful that those in power have truly seen the impact of the pandemic and will plan to funnel additional technology resources to help families.

The Murder of George Floyd and Continued Impact of Racism

> "We have more community partner buy-in... but above that, we've been able to have conversations in safe spaces that address trauma."
>
> – Angelique Anderson, SOLANO Heals Institute

The ECHE Team asked initiatives to reflect on the murder of George Floyd, and whether the tragedy and subsequent uprising changed the work that they planned and the relationships that they had with families in their communities. For some communities, racialized violence was nothing new. For **BHB**, the killing of Freddie Gray in 2015 focused national interest in health care resources and mental health services for families. However, George Floyd's murder sparked a renewed interest in funding work that was led with equitable practices and outcomes in mind. Some initiatives noted that funders had previously wanted proof as to why funding was necessary for racial equity work; George Floyd's on-camera murder answered these questions for many funders and engaged additional funders and opportunities that allowed the initiatives the chance to put ideas into action. Additionally, his murder spurred more conversations around racial justice and the ability to build intersectional links between movements that have been in operation for a long time (e.g., Black Lives Matter and March Like a Mother for Black Lives). These conversations focused on elevating Black and Brown voices and holding space for Black and Brown women who have historically been silenced.

For these eight initiatives, there has been a divide in emotions and support. On some levels, there has been a sense of togetherness spurred by Black Lives Matter movements. However, many communities have felt threatened by those not on board with the movement or the notion that Black lives are worthy of equal care and respect.

The outpouring of support and solidarity from companies big and small gave initiatives some hope that change was finally on the horizon. For some, this meant personal accountability and a moral responsibility to either "step up or step back" when championing for their initiative and community. After Faye Johnson of **Northeast Florida Healthy Start** put out a statement responding to Floyd's death, she was surprised with the number of partners who reached out in support. She highlighted the need for consistent solidarity, saying, "As much as we are divided, there are some who really want to do more and reach out and they have, we just need to continue that."

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Lessons Learned from the Pandemic

We asked initiatives to reflect on lessons learned from the pandemic that they wish they could tell other community initiatives, partners, or funders. Unanimously, initiatives encouraged initiatives, partners, and funders to not take sunny days for granted, to never take a day off when conditions are good, and to be in the best position possible for an inevitable downslide. Janelle Olaibi from **BHB** encouraged funders and leaders to recognize that as they move to employ community members as staff, they need to be prepared to support staff in similar ways as supporting the communities they serve. **Initiatives should be grateful that community members are allowing them to check in and recognize that without successful community outreach, and without these employees as assets, progress toward a desired outcome cannot happen. Lastly, all initiatives had the same message for funders: provide relief funds now, without stipulations and requirements.** For those initiatives working with early care and education professionals, hazard pay, grants, and elected officials providing early care and education support were identified as areas that needed the most attention during the pandemic. Initiatives encouraged funders to be nimbler and allocate more funds to health equity so that families and communities most in need can count on support in future crises.

"Be ready, be flexible, listen."

– Kelly Romanoff,
First 1,000 Days Sarasota

"Keep up the drumbeat of how essential child care is to the economy – don't let people forget how important it is. Look at communities where we have systems in place and amplify these systems with strong backbones and systems of equity. Learn where they've been innovative."

– Cathy McHorse,
Austin/Travis County Success By 6 Coalition

Advice

Lastly, the ECHE Team asked initiatives what advice they would give to initiatives and communities that were just beginning this work. Below are quotes highlighting the advice of all initiatives:

"Study your craft. Don't go into it without doing the research. Make sure you have the community at the table. Embed their voice in everything."
– FAYE JOHNSON, *Northeast Florida Healthy Start Coalition*

"Let your passion lead you. If you let the passion that got you to start the work lead you, you can push through anything."
– SHANELL KNIGHT, *Rural Opportunity Institute*

"Be patient. Build the relationships. Be grounded in data. Do your homework."
– CATHY MCHORSE, *Austin/Travis County Success By 6 Coalition*

"Be humble and open to the need to pivot. Strive to continuously improve."
–MICHELLE CHAPIN, *Ready for School, Ready for Life*

"Invest in relationship building." – LAUREN KENNEDY, *Neighborhood Villages*

"Know your community inside and out. Compensate your community. Make sure you acknowledge the sacrifices they are making to participate in the process." – ANGELIQUE ANDERSON, *SOLANO Heals*

"Relationship maintenance is key. Find stakeholders who share your 'why' and who can add expertise that you don't have."
–KELLY ROMANOFF, *First 1,000 Days Sarasota*

"Give yourselves grace. Know that this is going to be a long process. Things don't happen overnight and sometimes change is extremely slow. Trust the process, be willing to change and start over."
– JAZMYN COVINGTON, *B'More for Healthy Babies*

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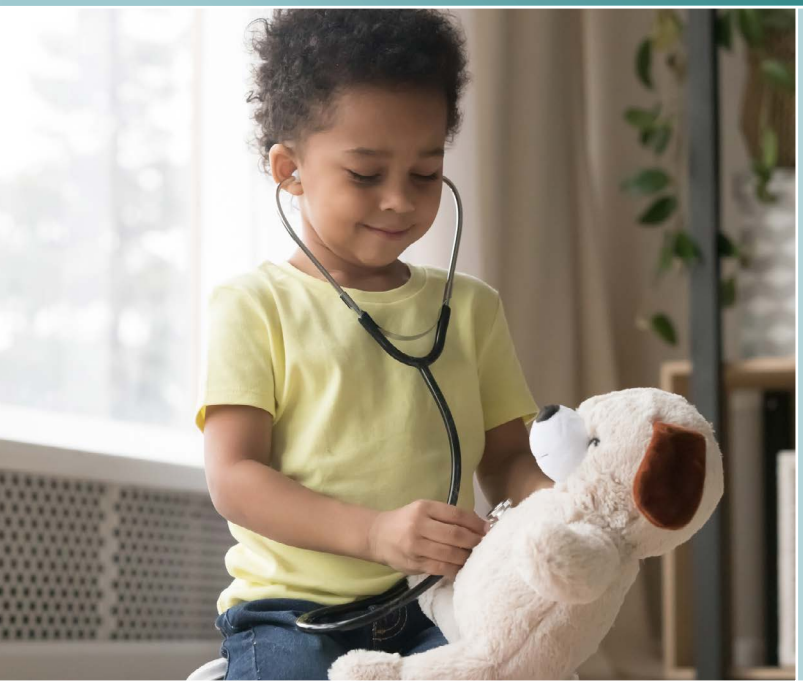

SUMMARY

Health equity should be a top priority for all who are invested in the health and well-being of children and their families. As these initiatives highlighted, their important work, and the work of many other initiatives like theirs, is in continuing the fight to embed equity in everything they do. In the face of threats to both physical and mental health, initiatives have found ways to pivot the important work they do and still reach their communities. Their strategies for both embedding equity and ensuring that their communities are healthy and safe are examples of the groundwork involved in tirelessly serving and supporting their communities. By specifically addressing the effects of racism on individual families, providers, and health and government institutions, these initiatives are examples of the current and long-term work necessary to effect lasting changes in health equity.

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