



PROJECT BRIEF

Advancing Racial Equity in Early Childhood Systems

By Julie Pratt, THE MODEL CONVENING PROJECT

Many studies have confirmed the harm to the human brain caused by high levels of stress over long periods of time. This is especially true during the first few years of life, when the brain is undergoing crucial phases of development. Researchers have identified key factors that contribute to such stress, including abuse, neglect, witnessing violence, and living in a household where substance misuse and mental health problems are present. Most recently, the impact of racism has been identified and elevated as a major concern in the brain development of children of color in the United States.

Research suggests that constant coping with racism is a potent activator of the human stress response, according to [Harvard University's Center on the Developing Child](#). When activated too often, stress creates wear and tear on young children's brains, contributing to cognitive, social, and emotional difficulties that can continue into adult life.

The stress of racism is persistent and inescapable. It includes the interpersonal racism endured by people

of color on a daily basis at school, work, and in the community. It is also deeply embedded in our nation's history, laws, institutions, organizations, and customs. The events of 2020, including police brutalization of Black Americans and the health disparities magnified by COVID-19, were a wake-up call to all Americans, including those who work in the early childhood field.

Achieving racial equity does not mean treating all people the same way. It means doing whatever it



takes to ensure all people have access to comparable outcomes and quality of life. This requires understanding, identifying, and changing racist practices that underpin programs and systems that families with young children rely on. It also requires adopting public and private-sector policies that advance equity and eliminate disparities.

This brief describes experiences and insights from people in communities regarding racial equity through an early childhood lens. The brief focuses on communities where two or more of the Model Convening Project partners have local affiliates and sites.

Community Experiences and Insights

The Model Convening Project is a partnership of four national early childhood models: Family Connects, ZERO TO THREE's HealthySteps, Help Me Grow, and Nurse-Family Partnership. The partners are working together to strengthen their collaboration in communities toward a shared vision:

We envision a nation where all babies are born into communities of opportunity that provide them with what they need, where they need it, and when they need it. To achieve this, we need a seamless, scalable, sustainable, and responsive system of care. Such a system must ensure equitable access to supports and services that promote the health and well-being of every baby and family.

Interviews with the local affiliates and sites found that "access" may exist in theory but not always in practice. For example, programs may have few or no staff members who look like and/or speak the language of the families they serve. Service locations may be difficult to access due to distance, lack of transportation, and hours of operation. Telehealth and virtual home visits have become more widely available, but only for those who have mobile phones. Limited funding may require eligible families to wait for services their children need right now.

While many of these barriers apply to all families, they are more prevalent among people of color living in historically marginalized communities. Discussions

"The only way to move on towards healing is to have the difficult conversations."

—*Psychologist Dominique Charlot-Swilley*

about how to address them have grown more urgent and focused. Dominique Charlot-Swilley is a psychologist who works with families of color in the District of Columbia. Born and raised in Haiti, she now co-leads the design, implementation, and evaluation of HealthySteps at Children's National Medical Center. She offered this perspective:

At an organizational level, conversations have taken place even prior to the murder of George Floyd. The conversations have indeed continued, and they have been intensified, I would say. And different advisory groups and committees have been put together to see how we can better address health inequities in the work that we do. It is not something you can put a bandage on. This country has been built on this. There's deep structural motivation to keep things the way they are. So, it is going to take time to really transition any organization, medical or beyond, to an antiracist organization. The only way to move on towards healing is to have the difficult conversations. There has to be a willingness by all of us to try to live in this world in a very different way.

The interviews with affiliates and sites highlighted numerous efforts to reduce barriers and advance equity on four levels: (a) parent leadership, (b) program development, (c) system building, and (d) policymaking. Examples of each of these are described below, and links to full stories are provided at the end of the brief.

PARENT LEADERSHIP

A frequent theme throughout the interviews was the need for greater parent involvement in program and system development. Interviewees shared a number of promising approaches, while acknowledging that

much work remains to amplify the voices of families, including families of color.

Denise Brown is a Black woman who lives with her husband and young son in **Jacksonville, Florida**. Brown and her family participated in [Nurse-Family Partnership](#), which provides nurse home visits to families prenatally until the child's second birthday. Brown then launched a career as a certified lactation consultant and became a parent leader in early childhood system change efforts. She emphasized the importance of respecting and valuing parent perspectives:



I'm only at the table right now with people who want to hear my voice. One organization I was with for a while wanted me at the table but really didn't want to listen to what I had to say, including why am I the only parent at the table? I've sat at tables like that, and I've also sat at a lot of tables that say we need to have parents, to be hearing their opinions and their voices so that we can make necessary changes. I love to sit at tables where people don't think that because I haven't graduated college or I don't have letters after my name I don't know what I'm talking about, because I can tell you more than what you think I can.

Brown also reflected on the racism her family has experienced over the years and how the Black Lives Matter movement is making a difference:

I was on a call the other day where they were talking about getting parents involved as leaders and about coming to these parents as equals. It was a lot about breaking down the barriers of systemic racism and understanding how you may come off. People that may not have been aware that what they were saying can hurt are now watching their words, are now understanding the privilege of it all. The racial injustice that's going on, it hits me deep. I'm so on board with getting everything the way it needs to be, not the way it used to be.

In **Multnomah County, Oregon**, [Early Learning Multnomah \(ELM\)](#) has established a racially diverse parent council to help guide its work. ELM is one of 16 regional early learning hubs funded by the Oregon Early Learning Division. The hubs engage cross-sector partners to work together to create local systems that are aligned, coordinated, and family-centered.

All of the hubs are required to form a Governance Council. Multnomah County decided to first create a Parent Accountability Council (PAC) to increase parent participation in ELM's decision making. The 12 PAC members represent six culturally specific communities in Multnomah County that are most affected by poverty: Native American, African American, Asian, Pacific Islander, Latino, and a large immigrant and refugee population, primarily Vietnamese and Somalian. The PAC partners with organizations that serve those communities, which in turn recruit parents they know to serve on the PAC. When vacancies occur, the organizations are there to fill them.

"The PAC really is the heartbeat of our organization," said Lai-Lani Ovalles, Senior Program Manager of ELM, which is administered through the United Way. "They created our guiding principles, which focus on racial equity and decreasing the disparities that exist for children of color in early learning." They take issues and recommendations from their monthly meetings, along with parent feedback from the community, to the Governance Council to maintain ongoing lines of communication.

PROGRAM DEVELOPMENT

Each Model Convening Project model is evidence-based, with detailed guidance provided to affiliates and sites to maintain model fidelity. At the same time, the models seek to respond to the particular needs and circumstances of the communities they serve, including families of color living in historically marginalized communities.

For example, in the **District of Columbia**, the development of a HealthySteps site began by asking families in the Anacostia neighborhood what they wanted from their pediatric primary care providers. The [HealthySteps model](#) embeds an early childhood developmental specialist within pediatric primary care practices to engage with families during routine visits from birth to 3 years old. The needs assessment was spearheaded by the [Early Childhood Innovation Network \(ECIN\)](#).

“The racial injustice that’s going on, it hits me deep.”

—Denise Brown, Parent Leader

The feedback from the assessment revealed a strong interest in brief mental health services, where parents could come and have their babies seen and also be seen themselves, if needed. As a result, the decision was made that the early childhood developmental specialists would be psychologists with expertise in serving young children and families.

The psychologists work with parents (predominantly Black mothers living in Anacostia) who may be experiencing post-partum depression, as well as the daily stress of navigating the racism that affects them and their children. HealthySteps also has relationships with the DC Diaper bank, social workers, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Early Intervention, and other resources to which families can be referred.

“Healthy mommies and daddies make healthy babies,” said Psychologist Dominique Charlot-Swilley. “To have

an integrated system that addresses parents’ mental health and babies’ social-emotional health is a direction that we need to really look at for the future.”

SYSTEM BUILDING

Many communities are working to strengthen their early childhood systems, including systemic changes that promote equity. The heightened national focus on racial equity during 2020 has been an opportunity for communities to reflect on their efforts to date and strategies for moving forward.

In **Tarrant County, Texas**, the [Early Learning Alliance \(ELA\)](#) supports organizations working together to help all children in the Fort Worth area achieve success in school and in life. Its work is guided by the belief that race, ethnicity, income, and gender impact opportunities for children to succeed and that concerted efforts must be made to eliminate disparities that undermine child well-being.

Established in 2016, the ELA has more than 50 partner organizations, including a wide range of nonprofit organizations, businesses, educators, and government leaders. The ELA’s racial equity work is supported by multiple partners and funders, including the National League of Cities, National Collaborative for Infants & Toddlers (NCIT), and Pritzker Children’s Initiative. Its leadership team is comprised of 19 heads of agencies. These include the Early Childhood Services Division of My Health My Resources (MHMR), which administers Family Connects, HealthySteps, and Help Me Grow, and Tarrant County Public Health, which administers the Nurse-Family Partnership.

[The ELA’s Racial Equity Guidance Council](#) brings a racial equity lens to help inform all ELA initiatives. Examples include providing training and resource information to members and the community, disaggregating and analyzing data by race to inform planning and appropriate allocation of resources and services, and working with a consultant on conducting organizational self-assessments and adopting policies that support racial equity in child well-being.

Racial equity efforts in Tarrant County were further enhanced in 2019 when [Help Me Grow North Texas](#) was launched under the auspices of the Early

Childhood Services Division of MHMR. Help Me Grow is an evidence-based system framework aimed at helping communities identify vulnerable children, link families to community-based services, and empower families to support their children's healthy development. In an interview for *NCIT Spotlight*, Faith Rivera, Community Alignment Coordinator at Help Me Grow North Texas, said:

Dallas/Fort Worth is a very, very diverse community with a lot of different languages, immigration statuses, and family needs. We want to ensure, through the lens of Help Me Grow, that our approach is universal. All families can benefit from support. We want to make sure we still have those very targeted programs and marketing strategies for the families that are very much in need of what we're doing. We also want to ensure that those families who are hardest hit by COVID and by the racial inequities in our system are able to access this system.

In **Guilford County, North Carolina**, the Duke Endowment is making major, targeted investments in early childhood in the Greensboro area. [The Get Ready Guilford Initiative \(GRGI\)](#) focuses on families with children prenatal through 8 years old. It aims to improve outcomes and reduce disparities in five key areas: (a) planned and well-timed pregnancies; (b) healthy births; (c) on-track infant and toddler



development at 12, 24, and 36 months; (d) school readiness at kindergarten; and (e) success by third grade.

Maximizing resources to reach all families is a high priority for GRGI. One example is the planning for universal developmental assessments to be conducted at five time points, from prenatal to the child's third birthday. Currently, Family Connects, HealthySteps, and Nurse-Family Partnership are providing some of those assessments to a portion of the families in Guilford County. The plan will take into account what is already in place, formalize the responsibilities of each of the three existing programs, and determine which assessments will be provided through new Community Navigator positions.

Reaching all families also requires targeted efforts to engage underrepresented groups, according to Stormi Covington, a GRGI Community Alignment Specialist. Her position is affiliated with [Family Connects](#), which provides support and resource linkages to newborns and their families. Identifying and removing systemic barriers is a key aspect of her job:

I learned from a HealthySteps Specialist that many of our immigrant and refugee families were trying to access services in our community and were hitting a language barrier and lack of interpreters. This was happening at multiple organizations, so we conducted a survey and focus groups to learn more about where, when, and why this was happening and ideas for addressing it. We're now working with the [Center for New North Carolinians](#) on solutions and next steps.

POLICYMAKING

"Policy" is a broad term generally defined as a principle or plan of action adopted or pursued by a government, organization, business, political party, or individual. In the formulation of public policy, a government body decides on a course of action that is deemed to be in the public's best interest. They may be conveyed through laws, regulations, standards, funding mechanisms, protocols, or procedures.

A related Model Convening Project brief [INSERT LINK TO BRIEF] describes public policy advocacy efforts in four communities to increase access to early

childhood services and reduce racial disparities:

- The [Palm Beach County \(Florida\) Children's Services Council \(CSC\)](#) is an independent special taxing district approved by voters in 1986 to fund services that improve the lives of children and their families. Its Healthy Beginnings system funds over 30 programs providing services to pregnant women, young children, and their families, including Nurse-Family Partnership, HealthySteps, and Help Me Grow.

After completing a strategic review and allocation analysis in 2018, the refinements identified for the Healthy Beginnings system included the commitment to use a racial and ethnic equity lens to guide ongoing decision making and increase the opportunities for family voice, choice, engagement, and involvement. Healthy Beginnings now has a greater appreciation for community-driven supports, promising programs, and services families are using or a nonprofit wants to develop. In the future, CSC plans to preserve their coordination role but rely more on providers and families for solutions to community issues.

- In the **District of Columbia**, the DC Council passed the Birth-to-Three for All DC Act of 2018, which offers a roadmap for creating a comprehensive system of supports for young children's healthy growth and development. Equity is at the core of the legislation, with an aim to address the disparities facing families of color. The three cornerstones of the Birth-to-Three Act are access to high-quality child care for low-income families with infants and toddlers, increased pay for early childhood educators, and access to health and developmental care for expectant parents and families with young children. [The Under 3 DC Coalition](#) is actively supporting the implementation and future funding of the Act.

The policies of **private-sector businesses** can also have significant impacts on racial equity within their organizations and communities. For example, local affiliates and sites of the four models regularly partner with local hospitals and medical centers to serve families. Some of these institutions are members of the [Healthcare Anchor Network](#), a national collaboration

of 60 healthcare systems building more inclusive and sustainable local economies in the communities they serve. They have been called to action by the impact of racism on the health of the people they serve:

Systemic racism results in generational trauma and poverty, while also unquestionably causing higher rates of illness and death in Black and Indigenous communities and communities of color. We have seen—in its rawest form—how the trauma of systemic racism adds to the historical injustices that have disproportionately affected communities of color. These social determinants of health include poverty, inadequate housing, underperforming schools, police brutality, mass incarceration, food deserts, joblessness and underemployment, poor access to healthcare, and violence. All of these factors contribute to health inequities in our communities.

"I want to see a whole generation of children who are more comfortable with people who are different from them and who are better prepared when they start third grade."

—Ronald Jarrett, Under 3 DC Coalition

Steps that members are or will be taking to help overcome healthcare disparities include:

- Inclusive local hiring and workforce development programs to remove barriers and build community hiring pipelines for people of color to find careers in healthcare.
- Local procurement from diverse and locally owned vendors and building the capacity of local minority-owned businesses to meet supply chain needs.
- Place-based investing by leveraging investment assets to address the racial, economic, and environmental resource disparities that create poor health outcomes.

- Tracking progress to measuring key processes and outcomes related to inclusive, local hiring, procurement, and place-based investment initiatives with a racial equity lens.
- Advocacy for increased funding for social needs, social services, and programs that promote social justice.

Overall, the interviews with local affiliates and sites about racial equity revealed a strong sense of urgency and possibility, coupled with recognition that sustained effort is required to dismantle systemic racism. Ronald Jarrett, director of the Under 3 DC Coalition, expressed his hopes for the future with the implementation of the Birth-to-Three for All DC Act:

The vision that keeps me motivated is having the law be fully funded and implemented and seeing the positive impact on families and the ripple effects on our communities and the economy. I want to see a whole generation of children who are more comfortable with people who are

different from them and who are better prepared when they start third grade. That's what I hope to see happen within the next five to ten years.

Staying focused on outcomes for young children and their families is key, according to Cynthia Tate, [State Liaison/HUB Lead with the BUILD Initiative](#):

At this point in the evolution of the country's work to create a fair, just, and equitable society, there is a considerable amount of focus on process— inclusion in feedback and input; learning to listen to parents and community members; considering providers as partners in policy discussions. All of this is good. But I do hope that we don't lose sight of the serious discrepancies in outcomes for children and the disparities by race/ethnicity/ language, because those outcomes are the reason we're here. Health care has done a good job of focusing on health outcomes. I think the rest of our field can make some progress in this area.

Questions for Communities to Consider

1. What racial disparities are of most concern to your community?
2. What disaggregated data are available about the needs and experiences of people of color, and what disparities are revealed?
3. How does or could your coalition ensure the inclusion of diverse racial and ethnic groups representative of the composition of your community?
4. How does your community coalition engage families and organizations led by people of color in gathering information, developing solutions, and making decisions?
5. What racial equity professional development and capacity-building supports are available for the early childhood workforce in your community?
6. How are programs tailored to respond to the needs of your community, including families of color or those living in historically marginalized neighborhoods?
7. What translation or interpretation services are available or needed in your community?
8. How is your community strengthening the early childhood system in ways that promote equity and inclusion?
9. Are proposed organizational and public policies analyzed for the potential differential impact on children and families of color?

The Role of National Offices

The four Model Convening Project partners view racial equity as a cornerstone in achieving their shared vision of “a nation where all babies are born into communities of opportunity that provide them with what they need, where they need it, and when they need it.” They recognize that no program nor system can be truly universal without addressing the barriers that prevent families of color from receiving the services and resources they need. While such efforts have been underway for many years, the double pandemic of COVID-19 and racial injustice has increased their intensity. These events also reinforced the necessity of sustained effort over time, making racial equity a high priority and an ongoing commitment.

The Project partners are pursuing a variety of activities to advance racial equity, summarized below in these three areas: assessment and planning, network training and technical assistance, and systemic change.

Assessment and planning. The four evidence-based models are based on tested protocols and practices, which are followed by their affiliates and sites. Assessments of model fidelity are one way to measure and strengthen racial equity efforts. For example, the Help Me Grow National Center is engaging affiliates and families to help refine their fidelity assessment and use it to develop strategies to partner authentically with families and racial justice-focused organizations in their individual communities.

The Family Connects National Office has formed a Diversity, Equity and Inclusion (DEI) team, which is currently reviewing fidelity assessments, readiness assessments, and other materials to identify where they can reinforce racial equity. The DEI team is also in the process of reviewing material that was developed from a six-session learning arc to help develop goals and strategic plans that integrate racial equity work. ZERO TO THREE and the HealthySteps National Office is developing a DEI strategy to address racial equity in its work and workplace in partnership with the [Center for Urban and Racial Equity](#).

Network training and technical assistance. Another key opportunity to advance racial equity is through the training and technical assistance routinely provided by national offices to affiliates and sites. For example,



the Help Me Grow National Center has always seen its role as facilitating and elevating the good work that affiliates are already doing, including racial equity efforts. They are also developing a portfolio of technical assistance supports to enable affiliates/systems to build capacity for [targeted universalism](#). Within this framework, Help Me Grow systems are available universally to all families in a community, and targeted strategies are developed to reduce barriers in order to achieve racial equity in access and benefits.

ZERO TO THREE and the HealthySteps National Office use [The Irving Harris Foundation’s Diversity-Informed Tenets for Work with Infants, Children and Families](#) when developing antiracist learning opportunities. HealthySteps sites and National Office staff also received training in the [Crawford Bias Reduction Theory](#). ZERO TO THREE Annual Conferences included professional development for HealthySteps sites on topics such as strategies for pediatric clinicians on providing parenting recommendations in culturally diverse patient populations.

Systemic change. The four project partners value and support systemic change within and beyond their organizations. For example, the community alignment component of Family Connects strives to improve the local network of care and make systems level changes to help families they serve. By integrating racial equity at the national and local level, the Family Connect National Office hopes to make an impact on this important issue and to further develop strategies across the country as they continue to grow and work in new communities.

The HealthySteps National Office strives to support sites in advocating for policy and practice changes that advance racial equity at every level. HealthySteps sites already work to improve outcomes in areas where there are persistent inequities for families of color (e.g., breastfeeding rates and Early Intervention receipt of services); they have direct access to families; and they carry the credibility of being a community-based and evidence-based program and having expert members of the medical and early childhood fields. Taken together, the sites can initiate and push for antiracist policies their communities want.

The models use available data to inform their strategic efforts. For example, a recent survey of Help Me Grow systems that collect data disaggregated by race and ethnicity showed that the average system is serving a disproportionately higher number of Black, Latinx, and Indigenous families than is represented in the local population. Yet, the leadership of Help Me Grow systems and their sponsoring agencies remains largely White-led, underscoring the need for greater diversity in leadership development and hiring. Many Help Me Grow systems are also creating parent advisory groups to ensure that policies being developed center on the needs of families being served.

“It is going to take time to really transition any organization, medical or beyond, to an antiracist organization.”

—Psychologist Dominique Charlot-Swilley

The national offices also collaborate with other organizations at the national level to advance racial equity. Examples include the [National Alliance of Home Visiting Models](#), which has developed talking points and positions on racial equity, and the [Rapid Response-Virtual Home Visiting collaborative \(RR-VHV\)](#), which offers best practice principles and strategies, including racial equity, to help home visiting professionals maintain meaningful connections with families during the pandemic.

To Learn More

HAND IN HAND [STORY BANK](#)

The Story Bank features examples of how people and organizations are collaborating in communities to improve outcomes for young children and their families. The following stories elaborate on several efforts mentioned in this brief:

- “Addressing Racism as a Public Health Crisis” is based on an interview with Psychologist Dominique Charlot-Swilley, who co-leads the design, implementation, and evaluation of ZERO to THREE’s HealthySteps in Washington, DC.
- “Parent Leadership in Early Childhood Systems: Lessons Learned from Three Communities” describes efforts to strengthen parent leadership in ways that promote racial equity and inclusion in Liberty City, Florida; Kent County, Michigan; and Multnomah County, Oregon. This story was co-produced by the Model Convening Project and the National Collaborative for Infants & Toddlers.
- “Meeting Parents Where They Are” is based on an interview with Denise Brown from Jacksonville, Florida, who shared her experience as a parent and advice on how to support the development of parent leaders.
- “Striving for Racial Equity in Tarrant County, Texas” describes the work of the Early Learning Alliance to help all children in the Fort Worth area achieve success in school and in life and to eliminate disparities that undermine child well-being.

- “Community Alignment in Guilford County, North Carolina” describes efforts to align and strengthen collaboration among early childhood programs in the Greensboro area, with leadership from the Get Ready Guilford Initiative.
- “Public Policy Advocacy in the District of Columbia” describes a successful collaborative effort to pass the Birth-to-Three for All DC Act of 2018 and advocate for its implementation and funding.
- [“Restoring Dignity: Addressing Structural Racism, Childhood Adversity, and Child Health through Reimagined Community Partnerships”](#) is a podcast featuring Dr. Renee Boynton-Jarrett’s presentation at the 2021 Honorary Dworkin Pediatric Grand Rounds at Connecticut Children’s Medical Center. Dr. Boynton-Jarrett is a pediatrician and social epidemiologist and the founding Director of the [Vital Village Community Engagement Network](#). The podcast is listed by its date on 3/2/21.

OTHER RESOURCES

- [“How Racism Can Affect Child Development”](#) is an illustrated explanation developed by the Center for the Developing Child at Harvard University.
- [Supporting the First 1,000 Days of A Child’s Life: An Anti-Racist Blueprint for Early Childhood Well-Being and Child Welfare Prevention](#), by Alexandra Citrin, et al., is a publication of the Center for the Study of Social Policy.

ABOUT THE MODEL CONVENING PROJECT

Four national, evidence-based early childhood models are exploring ways to have a greater impact on young children and their families in communities where their programs overlap:

- [Family Connects](#) is a population-based health program that enhances the local network of care by providing nurse home visits to all parents of newborns during the first month of life. During the visit, the nurse provides information, conducts health assessments, and makes connections to community resources that are needed.
- [HealthySteps](#), a program of ZERO TO THREE, integrates a child development expert into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families with low incomes and families of color.
- [Help Me Grow](#) supports communities in strengthening their early childhood systems through centralized access points, family and community outreach, child health care provider outreach, and data collection and analysis.
- [Nurse-Family Partnership \(NFP\)](#) provides nurse home visits to first-time moms and children living in poverty or with other risk factors. Services are provided prenatally to the child’s second birthday.

The project is a multi-year initiative, with leadership and facilitation from [ZERO TO THREE](#) and funding from the [Pritzker Children’s Initiative](#). While the four models were the starting point for the project, their local experiences reveal a broad range of community partners who play important roles in early childhood collaboration. For links to additional stories and briefs from the Model Convening Project, see our [Hand in Hand Directory](#).