



COMMUNITY STORY

Addressing Racism as a Public Health Crisis

A Conversation with Psychologist Dominique Charlot-Swilley, Early Childhood Innovation Network, Washington, DC

By Julie Pratt, THE MODEL CONVENING PROJECT



The social determinants of health have been long recognized and are now amplified during the first year of COVID-19. Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, according to the Centers for Disease Control and Prevention. Long-standing inequities affecting people of color, such as poverty and healthcare access, increase their health risks and the likelihood of poor outcomes.

Racial inequities have particularly serious consequences for young children. “These early disruptions can undermine young children’s opportunities to achieve their full potential,” according to the Center on the Developing Child at Harvard University. “And, while they may be invisible to those who do not experience them, there is no doubt that both systemic racism and interpersonal discrimination can lead to chronic stress activation that imposes significant hardships on families raising young children.”

In the District of Columbia, Dr. Dominique Charlot-Swilley sees this problem firsthand in her work with families of color living in neighborhoods impacted by systemic racism. “Racism is a health crisis and having it married now with COVID-19, it really is showing its head on a whole different level,” she said. (See sidebar on next page.)



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Charlot-Swilley was born and raised in Port-au-Prince, Haiti. She earned her MS and PhD in Clinical Psychology at Howard University, with a focus on ethnic minority mental health. She currently co-leads the design, implementation, and evaluation of HealthySteps, a program of ZERO TO THREE, at Children’s National Medical Center-Anacostia. [The HealthySteps model](#) embeds an early childhood developmental specialist within primary care settings to engage with families during routine visits from birth to 3 years of age.

“In HealthySteps DC we serve families who are and have been historically marginalized, families who have had to endure structural racism and make very difficult decisions around basic needs,” said Charlot-Swilley.

“Now they are dealing with food and housing insecurities at a very different level.”

Before the pandemic, families came in person to pediatric primary care for their children’s immunizations, which served as a touchpoint for HealthySteps to address other needs. “But because of COVID-19, we have not been in those pediatric primary care settings,” said Charlot-Swilley. “We are all home, and telemedicine is really the only way for us to do our work in HealthySteps. But how do we connect with families to do telemedicine if they can’t pay for the phone service?”

Integrative Care as a Racial Equity Strategy

Charlot-Swilley is part of the [Early Childhood Innovation Network \(ECIN\)](#) launched in 2016 by Children’s National Hospital and MedStar Georgetown University Hospital. The network’s vision is to strengthen a citywide movement to promote healthy families and children through focused

A Trifecta of Inequity in the District of Columbia

The COVID-19 crisis ... is magnifying the urgency to address the health of Black communities - locally and nationally. In the District of Columbia, Black residents are disproportionately burdened by pre-existing disease conditions that increase risks of mortality if infected with the virus. These include but are not limited to diabetes, heart disease, cancer, respiratory diseases, and obesity.

Racial disparities in COVID-19 incidence and mortality are the outcomes of a deep-seated history of political, social, educational, environmental, and healthcare injustices that have disadvantaged Black populations for generations. While a higher prevalence of sickness and comorbidity are factors, when compared with Whites, Blacks are less likely to have the opportunity to practice social distancing due to a number of conditions: essential work capacities, hourly wage employment, limited or no internet access, and/or housing in units with multigenerational cohabitation. A trifecta of high risk day-to-day survival needs, pre-existing illnesses, and limited access to timely, high-quality healthcare make Black populations especially vulnerable to infection and mortality.

COVID-19 transmission methods are a reminder that racial inequity is a public health issue. The pandemic serves as yet another cue to action to course correct and dismantle racial injustice for the sake of humanity.

From [Health Disparities in the Black Community: An Imperative for Racial Equity in the District of Columbia](#), a 2020 report by the School of Nursing & Health Studies at Georgetown University Medical Center



interventions including HealthySteps, as described by Charlot-Swilley.

HealthySteps is an evidence-based model, but there are also nuances among the families we serve in Wards 7 and 8 that we wanted to address. So, our work started with a needs assessment of families and understanding what it was they wanted in this pediatric primary care setting. One of the major parts was brief mental health services, where families could come and have their babies seen and also be seen themselves, if needed. So, this work with HealthySteps started by focusing on integrative care.

For example, there is a series of screenings done in pediatric primary care, and one of them looks at maternal depression. If the score is high, this may be suggestive of postpartum depression. However, even a mom with a low score can be experiencing depressive symptoms. When there is reason for concern, Charlot-Swilley will go in alongside the pediatrician to have a conversation with the mother.

Clinical judgement is integral to understanding the scores and considering next steps to support the parent. "I'll begin to explore with her the stressors that she's facing based on the screening tool and discuss services offered by HealthySteps," she said. "One of the services I might offer her is brief mental health

services. She could choose to receive those services when her baby is being seen by the pediatrician or she can choose another time."

For families in need of diapers, HealthySteps has partnered with a diaper bank in the District of Columbia to provide them. Sometimes the diaper bank also has formula, clothes, and other items. At the HealthySteps location in Anacostia, there is a WIC office and lactation support in the same building. Social workers are available if there are housing issues. Children's Law can be brought in if an older child has an Individualized Educational Plan and the school is not doing what is needed for that child.

"While I'm seeing the mom about her baby or toddler, I'm also listening for the stressors that she had before she was pregnant," said Charlot-Swilley. "Those might have been intensified now that she has the baby, but sometimes it's not postpartum depression. Sometimes moms are just navigating the stressors of life and the structural racism that's impacting their ability to really parent."

As a mother of three daughters, including twins, Charlot-Swilley knows firsthand the importance of providing support to new parents. "Healthy mommies and daddies make healthy babies," she said. "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."

The Way Forward

EXPANDING EVIDENCE-BASED PROGRAMS

In June 2018, the DC City Council unanimously approved the Birth-to-Three for All DC Act to increase investments in prenatal and early childhood services. Some of the key provisions are expanding HealthySteps, improving child care access and worker wages, and offering early childhood mental health consultation to child care centers serving low-income families. The Act also calls for the implementation of Help Me Grow to serve as a comprehensive resource and referral system for child development and family support services.

Charlot-Swilley is encouraged by efforts such as these. “What has come out of that legislation is funding for HealthySteps to go beyond just Children’s National Hospital,” she said. “This year we have three new HealthySteps sites that are starting in the District of Columbia. Although the start-up has been slow, we’re so excited to see that the model is really beginning to take a greater foothold in the community.”

ENSURING DIGITAL EQUITY

The expansion of telemedicine during the pandemic is changing the landscape of how Charlot-Swilley and her colleagues do their work. For example, if a parent is experiencing a psychiatric crisis and not able to leave home, support can be provided through telemedicine. “It’s another layer that has been added to how we will do the work moving forward,” she said. “But again, it only works if the parent has access to a phone or computer.”

Charlot-Swilley believes the issue of digital access is a critical one. “It’s so important that, whenever new models emerge as happened with telehealth, we also pause and think about who cannot access these systems,” she said. “For many it’s been a wonderful thing, but for those who are in need and who have historically been marginalized, how do we get them access? Because families are very much in need right now.”

HAVING THE DIFFICULT CONVERSATIONS

Charlot-Swilley sees the events of 2020 as opportunities for the country to address racial justice concerns more assertively.

At an organizational level, conversations have taken place even prior to the murder of George Floyd. This is not new to the Black and Brown community. The only nuance to this was the camera, and all of the country and beyond, nationally and internationally, saw one of the ugly truths of America.

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.

We have to be willing to have the very uncomfortable conversations. The only way to move on toward 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.

To Learn More

“How Racism Can Affect Child Development” is a one-page graphic explanation developed by the Center for the Developing Child at Harvard University, which can be downloaded at <https://developingchild.harvard.edu/resources/racism-and-ecd/>.

ABOUT THE MODEL CONVENING PROJECT

Four national early childhood models—Family Connects, HealthySteps, Help Me Grow, and Nurse-Family Partnership—are exploring ways to have a greater impact on young children and their families in communities where their programs overlap. 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 the [Hand in Hand Directory](#).

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