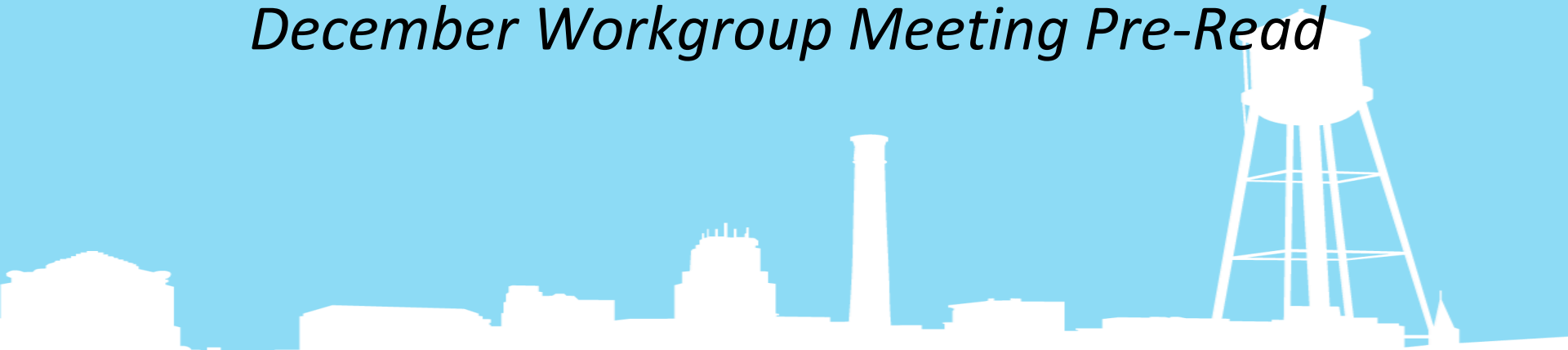


# Early Childhood Action Plan

*December Workgroup Meeting Pre-Read*

Healthy Workgroup | Dec 17, 2020 | 9 - 11 AM



# Building Upon Existing Research and Recommendations in the Durham ECAP

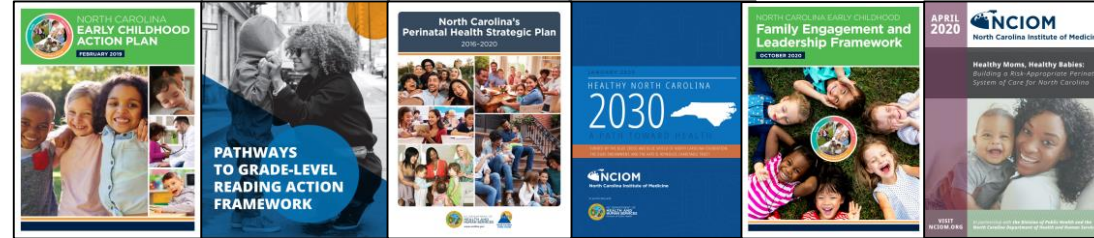
## Durham County-Level Recommendations

- State of Durham County's Young Children
- Racial Equity Task Force Report
- Durham County Community Health Assessment



## Statewide Recommendations

- Early Childhood Action Plan
- Pathways to Grade-Level Reading Action Framework
- NC Perinatal Health Strategic Plan: 16-20
- NCIOM Healthy North Carolina 2030
- Family Engagement and Leadership Framework
- NCIOM Healthy Moms, Healthy Babies



## National Recommendations

- Prenatal-to-3 State Policy Roadmap 2020
- Center for the Study of Social Policy's Manifesto for Race Equity and Parent Leadership in Early Childhood Systems
- Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity
- National Partnership for Women and Families' Black Women's Maternal Health Report
- Breastfeeding Friendly Communities
- Center for American Progress's Report: Eliminating Racial Disparities in Maternal and Infant Mortality



# Considerations and Limitations

- This opportunity to review existing recommendations will provide us with initial direction to see where we should focus our attention
- We may not yet know how much effort it will take to implement or the value that each recommendation could create; the information you shared is an initial “pulse check”
- The workgroups will be prioritizing recommendations further over the course of the next several meetings to decide which recommendations to move forward into action planning
- In parallel, parents and community members are proposing recommendations and ideas for Durham that will be uplifted accordingly for action planning
- Specific, concrete action plans for the Durham ECAP will be built out February – May

# Potential Strategies: *Data and research*

N = 16

| Potential Recommendation to Consider   | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|--|--|--------------------------|----------------|---------------|
| Track pregnancy intendedness data and create data sharing agreements to understand the needs across Durham.  | 47%  | MED                      | MED-HIGH       | MED           |
| Collect and report data on maternal and infant outcomes by race and ethnicity. Support review of the causes behind every maternal and infant death | 80%  | HIGH                     | MED-HIGH       | HIGH          |
| Collect longitudinal data consistently on breastfeeding and disaggregate data by race, ethnicity, insurance status                                 | 73%  | MED-HIGH                 | MED-HIGH       | MED-HIGH      |

*\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization*

# Potential Strategies: *Access to Health Coverage*

N = 16

| Potential Recommendation to Consider   | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|--|--|--------------------------|----------------|---------------|
| Advocate for Medicaid Expansion at the state level   | 80%  | HIGH                     | MED-HIGH       | HIGH          |
| Advocate to expand access to comprehensive prenatal care for women ineligible for Medicaid             | 73%  | HIGH                     | HIGH           | HIGH          |
| Advocate to extend insurance coverage for group prenatal care, childbirth education and doula services | 80%  | HIGH                     | HIGH           | HIGH          |
| Advocate for full practice authority for certified nurse-midwives                                      | 60%  | MED                      | MED-HIGH       | MED-HIGH      |

*\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization*

# Potential Strategies: *Childbirth and Postpartum Services*

N = 16

| Potential Recommendation to Consider   | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|--|--|--------------------------|----------------|---------------|
| Promote access to birth and postpartum doulas  | 80%  | MED-HIGH                 | MED            | MED-HIGH      |
| Increase training and accountability for culturally competent care during childbirth and the perinatal period  | 80%  | HIGH                     | MED            | MED-HIGH      |
| Promote access to comprehensive breastfeeding support services including medical lactation services  | 73%  | MED                      | MED            | MED-HIGH      |
| Promote adoption and utilization of breastfeeding friendly policies and services in local communities  | 67%  | MED                      | MED            | MED-HIGH      |
| Ensure that all breastfeeding families are able to properly store and label their breast milk for child care use   | 73%  | MED                      | MED            | MED           |
| Ensure women are transitioned from different points of care and have access to postpartum/primary/well woman care including access to ongoing health insurance coverage and a medical home | 80%  | MED-HIGH                 | MED            | MED-HIGH      |
| Standardize culturally-appropriate screening and treatment for perinatal mental health and substance use   | 80%  | MED-HIGH                 | MED            | MED-HIGH      |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Preventive Care for Young Children*

N = 16

| Potential Recommendation to Consider   | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|--|--|--------------------------|----------------|---------------|
| Promote awareness of the importance of well-child visits   | 80%  | MED-HIGH                 | MED            | MED-HIGH      |
| Implement evidence-based practices to prevent dental decay   | 67%  | MED                      | MED            | MED           |
| Increase access to pediatricians, oral health providers and pediatric specialists, particularly in rural areas   | 73%  | MED-HIGH                 | MED-HIGH       | MED-HIGH      |
| Improve blood lead level testing and monitoring for children early in order to prevent lead poisoning  | 73%  | MED                      | MED            | MED-HIGH      |
| Support professional development to increase primary care providers'™ knowledge in prevention, management and treatment of frequently occurring, mild to moderate early childhood mental health conditions | 80%  | MED-HIGH                 | MED            | MED-HIGH      |
| Integrate mental health providers with pediatric and other primary care practices  | 80%  | HIGH                     | MED-HIGH       | HIGH          |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Culturally Competent and Anti-Racist Care*

N = 16

| Potential Recommendation to Consider  | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|---|--|--------------------------|----------------|---------------|
| Engage patient and family advisory councils to promote patient and family partnerships, provide guidance on improving the customer experience, and inform service delivery and quality improvement during the perinatal period and beyond | 73%  | MED                      | MED-HIGH       | MED-HIGH      |
| Improve service coordination and partnerships among stakeholders to comprehensively address the health needs of Low English Proficiency populations   | 67%  | MED-HIGH                 | MED-HIGH       | HIGH          |
| Engage insurers in quality improvement efforts to address racial and ethnic disparities in care   | 73%  | MED                      | HIGH           | MED-HIGH      |
| Engage birthing facilities in quality improvement efforts to address racial and ethnic disparities in care  | 73%  | HIGH                     | MED-HIGH       | HIGH          |
| Increase funding to community-based organizations that work with immigrant and refugee communities in the area of healthcare  | 80%  | MED-HIGH                 | MED-HIGH       | MED-HIGH      |
| Implement diagnostic and assessment tools in healthcare that are free of linguistic, racial, and cultural bias  | 80%  | MED-HIGH                 | MED            | MED-HIGH      |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization



# Potential Strategies: *Culturally Competent and Anti-Racist Workforce*

N = 16

| Potential Recommendation to Consider  | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|---|--|--------------------------|----------------|---------------|
| Increase the number of culturally responsive counselors/social workers/nurses in public schools to meet the state benchmark, and appropriately compensation them                | 80%  | HIGH                     | HIGH           | MED-HIGH      |
| Expand and protect access to trusted community providers  | 80%  | MED                      | MED-HIGH       | MED-HIGH      |
| Educate clinicians and staff about racial and ethnic disparities in maternal outcomes, the importance of shared decision-making, cultural competency, and implicit bias in care | 80%  | MED-HIGH                 | MED            | MED-HIGH      |
| Use community health workers to support pregnant women in their communities   | 80%  | MED                      | MED            | MED-HIGH      |
| Build a pipeline of health providers of color, especially doctors and nurses in reproductive health, obstetrics, and pediatrics   | 80%  | MED-HIGH                 | HIGH           | MED-HIGH      |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Preconception*

N = 16

| Potential Recommendation to Consider  | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|---|--|--------------------------|----------------|---------------|
| Increase access to preconception health and health care for women and men   | 73%  | MED                      | MED-HIGH       | MED-HIGH      |
| Improve access to reproductive life planning services and contraception   | 73%  | MED                      | MED            | MED-HIGH      |
| Expand evidence-based home visiting services that include promotion of resiliency, mental health screening, substance use intervention and tobacco cessation and prevention | 73%  | MED                      | MED            | MED-HIGH      |
| Help patients better manage chronic conditions like diabetes, heart disease, high blood pressure and obesity  | 60%  | MED                      | MED-HIGH       | MED-HIGH      |
| Improve community-based education and outreach about preconception and prenatal services available in Durham, focusing in particular on Hispanic and Black communities      | 73%  | MED                      | MED-HIGH       | MED-HIGH      |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Prenatal Care*

N = 16

| Potential Recommendation to Consider   | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|--|--|--------------------------|----------------|---------------|
| Screen and treat women at-risk for preterm birth, with particular attention to Black mothers and culturally-affirming care | 80%  | HIGH                     | MED            | HIGH          |
| Assess, coordinate and standardize delivery care at delivery hospitals for risk-appropriate care                           | 80%  | MED-HIGH                 | MED-HIGH       | HIGH          |
| Improve access to and utilization of first trimester prenatal care   | 73%  | HIGH                     | MED-HIGH       | HIGH          |
| Expand prenatal support groups and group prenatal care for women   | 73%  | MED-HIGH                 | MED            | MED-HIGH      |
| Increase the utilization and completion rates of childbirth education classes  | 67%  | MED                      | MED-HIGH       | MED-HIGH      |
| Eliminate maternal care deserts and increase access to OB/GYNs, particularly in rural areas                                | 80%  | MED                      | MED-HIGH       | MED-HIGH      |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: Wraparound Support

N = 16

| Potential Recommendation to Consider  | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|---|--|--------------------------|----------------|---------------|
| Screen children and families for at-risk circumstances and social determinants of health. Screens should include risk factors, such as ACEs, trauma, poverty, homelessness, and protective factors, such as capacity to recover from difficulties (resilience), social connections and supports, knowledge of parenting and child development, and children's social and emotional health | 73%  | MED                      | MED            | MED-HIGH      |
| Create rapid response and referral systems that can quickly bring protective resources to bear when early-life adversities are detected by screenings in medical settings   | 67%  | MED                      | MED-HIGH       | MED-HIGH      |
| Equip and promote the pediatric medical home as an access point for referrals to wraparound supports  | 80%  | MED-HIGH                 | MED-HIGH       | MED-HIGH      |
| Expand prenatal, postpartum, and pediatric care coordination and patient navigation services  | 80%  | HIGH                     | MED-HIGH       | MED-HIGH      |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Social Determinants of Health*

N = 16

| Potential Recommendation to Consider  | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|---|--|--------------------------|----------------|---------------|
| Promote utilization of evidence-based strategies to prevent all forms of violence and promote coordinated community response  | 80%  | MED                      | MED-HIGH       | MED           |
| Improve access to low-cost or free safe and reliable transportation to prenatal, postpartum, and pediatric care   | 80%  | HIGH                     | MED-HIGH       | HIGH          |
| Improve, expand and beautify parks and open spaces in underserved areas   | 73%  | MED                      | MED-HIGH       | MED           |
| Increase children's access to safe, clean drinking water and indoor and outdoor air   | 80%  | MED                      | MED-HIGH       | MED-HIGH      |
| Invest in and expand access to policies and programs that support families' basic needs like access to safe and affordable housing and healthy and affordable food  | 80%  | HIGH                     | HIGH           | HIGH          |
| Implement family-friendly workplace policies such as paid family and medical leave, paid sick days, and pregnancy and breastfeeding accommodations. Ensure that low-wage, part-time, and seasonal or occasional workers have access to these policies | 80%  | HIGH                     | HIGH           | HIGH          |
| Strengthen economic supports for families through policies that raise incomes, increase employment opportunities, and build wealth  | 73%  | MED-HIGH                 | HIGH           | HIGH          |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Family Engagement and Leadership (All Workgroups)*

N = 58

| Potential Recommendation to Consider   | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|--|--|--------------------------|----------------|---------------|
| Invest in family education about how to understand and navigate through child and family systems, and be an advocate for their own and their children's needs at child care, in school, and in health care settings                  | 76%  | HIGH                     | MED-HIGH       | HIGH          |
| Develop parent leadership and advocacy, including staffing and staff development; support for families' full participation; and ongoing leadership development in ongoing early childhood systems work                               | 71%  | HIGH                     | MED-HIGH       | HIGH          |
| Promote two-way, relationship-based interactions between families and birth-to-five professionals sharing information and working together to build each other's knowledge and skills  | 69%  | MED                      | MED            | MED-HIGH      |
| Promote NCCARE 360 to families and community and encourage agencies to enroll. Consistently update the list of local family-focused programs and help other families access that information by linking to other agencies' websites. | 73%  | MED                      | MED            | MED           |
| Promote agency and community coordination in providing services  | 76%  | HIGH                     | MED            | HIGH          |
| Improve family and community driven service provision  | 75%  | MED-HIGH                 | MED-HIGH       | MED           |
| Educate and train parents on advocacy and engagement in systems in which they are unfamiliar   | 80%  | HIGH                     | MED            | HIGH          |
| Educate parents about the benefit of engagement in the early childhood systems   | 67%  | MED                      | MED            | MED           |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Early Childhood Cross-Systems Level (All Workgroups)*

N = 58

| Potential Recommendation to Consider  | % Who Responded "Yes" This Recommendation Should be Included | Weighted Prioritization* | Average Effort | Average Value |
|---|--|--------------------------|----------------|---------------|
| Address barriers to data collection across agencies and age groups so that community stakeholders can continue to identify the areas of greatest need and to track progress in these areas that have been identified as a focus | 80%  | HIGH                     | HIGH           | MED           |
| Support the adoption of an aligned entry portal to facilitate service awareness, referrals, and cross-agency coordination   | 69%  | MED-HIGH                 | MED-HIGH       | MED-HIGH      |
| Create data sharing agreements across sectors (non-profit, government, Durham Public Schools, etc.) with a cost-benefit model for all partners.   | 67%  | MED                      | HIGH           | MED           |
| Promote a diverse workforce of child- and family-facing providers across sectors  | 80%  | HIGH                     | MED-HIGH       | HIGH          |
| Promote high-quality training about institutional and structural racism and its impact on poor communities and communities of color   | 87%  | HIGH                     | MED            | HIGH          |
| Promote community and systems dialog and discussion on racism   | 78%  | HIGH                     | MED            | MED-HIGH      |
| Join with and invest in parent- and community-based organizations to support their ideas and priorities   | 78%  | MED-HIGH                 | MED            | HIGH          |

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Additional Recommendations or Considerations Provided by Respondents

- Considerations for Action Planning
  - “If we decide to do screenings, we should consider how to make them universal.”
  - “Labeling more children or parents as having problems and needing help is counter-productive. Provide services to all without labeling/pathologizing.”
  - “Early interventions include academic, social-emotional, language-based, developmental, etc.”
  - “Send resources and technical support to community rooted leaders. In thinking about funding community led solutions, eliminate RFPs that are barriers to funding.”
  - “Pay people who are deeply community rooted to gather the assets, metrics, timetables, budgets, and recommendations for their respective communities.”
  - “Prioritize the most vulnerable and affected communities/populations.”
  - “Need to bring as many community folks to the implementation table as possible.”