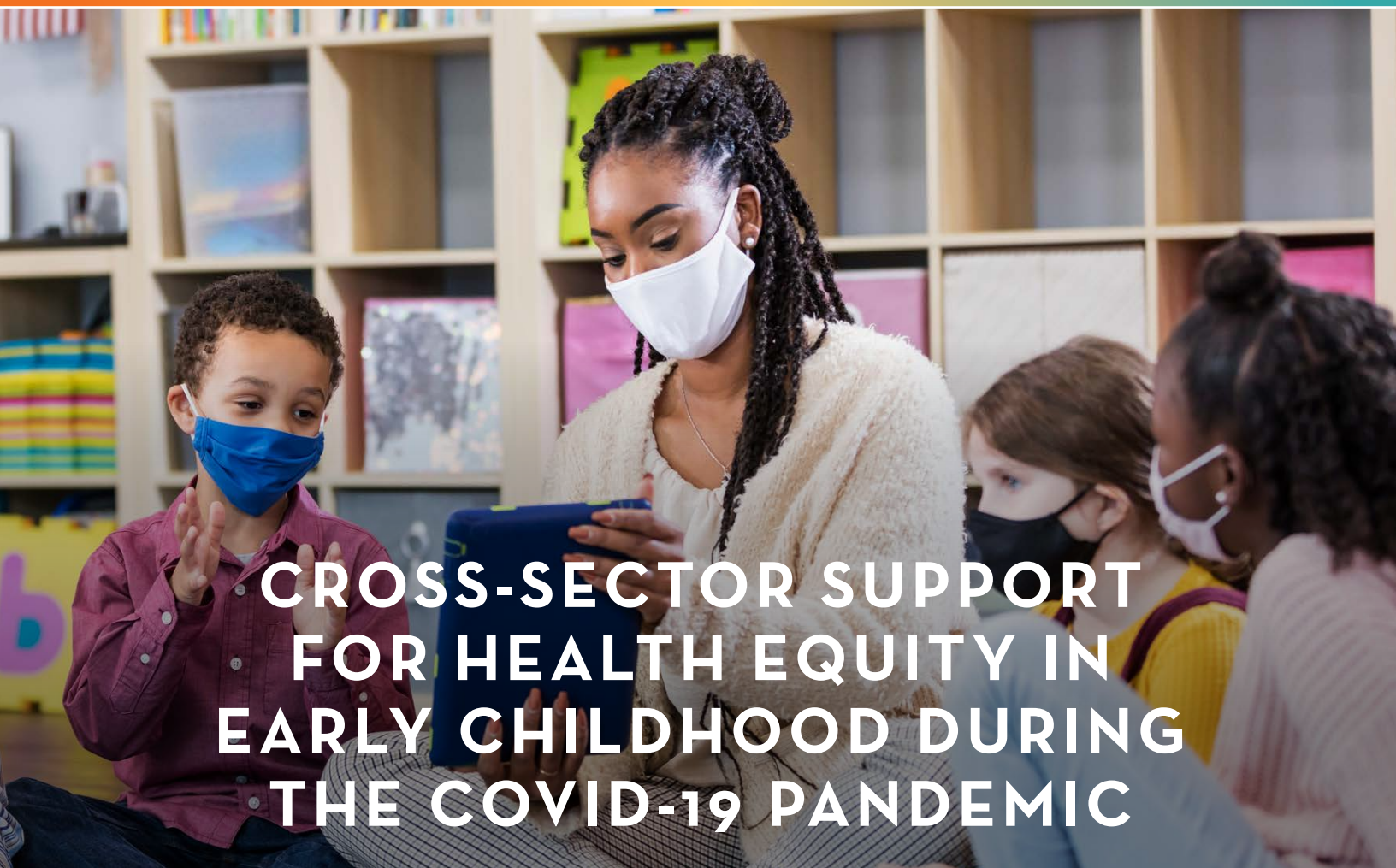


# Early Childhood Health Equity Landscape Project



## CROSS-SECTOR SUPPORT FOR HEALTH EQUITY IN EARLY CHILDHOOD DURING THE COVID-19 PANDEMIC

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## Early Childhood Health Equity Landscape Project



## OVERVIEW

This brief presents lessons learned from cross-sector early childhood health equity initiatives in the context of the COVID-19 pandemic and continued systematic racism. Information was derived from interviews with six community initiative representatives. As part of a larger project entitled the **Early Childhood Health Equity Landscape Project (ECHE)**, this brief – and several companion briefs – aims to highlight promising strategies for addressing key issues such as sustainability, data use, state and local partnerships, cross-sector collaboration, and operationalizing health equity within the context of early childhood health equity initiatives. This brief discusses the ways that cross-sector relationships serve to support health equity work in the context of the COVID-19 pandemic and ongoing racial discrimination.



### 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.



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## INTRODUCTION

The global emergence of COVID-19 was an unprecedented health crisis that intensified existing inequities in health and well-being within the United States, particularly in realms that affect children and families. Precautions intended to slow the spread of COVID-19 caused a near-total shutdown of child care, educational, and public service systems. Unemployment rates peaked at 14.4 percent in April 2020, leaving families at increased risk of housing and food insecurity and facing additional challenges to accessing services like home visiting.<sup>1</sup> Additionally, essential workers like grocery store and public transportation staff (positions disproportionately filled by people of color) remained at greater risk for contracting the virus and spreading it to their families. Jobs that did not provide sufficient health insurance, sick leave, or time for caregiving put families at greater risk of financial difficulty if a parent or child contracted the virus. Multiple hardships within the domains of food insufficiency, loss of income, and illness or death due to COVID-19 were twice as likely to affect households of Black and Latino families with children than to affect White and Asian households.<sup>2</sup> These co-occurring stressors limit families' ability to maintain the health and well-being of children by depleting their financial and personal resources, which are already limited due to systematic discrimination.

**In the context of such extreme pressures on early childhood well-being, the Early Childhood Health Equity Landscape Project Team examined ways in which local initiatives have coordinated programming to improve children's well-being and address systematic inequities in health. Specifically, we investigated the ways that relationships across sectors—or groups of organizations that address a specific need (e.g., early care and education) or provide a specific kind of service (e.g., home visiting)—supported operations during the COVID-19 pandemic.** Early childhood initiatives were chosen based on their goals for improving health equity, defined by the Robert Wood Johnson Foundation as universal “fair and just opportunity[ies] to be as healthy as possible...” through “removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs and fair pay, quality education and housing, safe environments, and healthcare.”<sup>3</sup>



**“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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The initiatives profiled in this brief leveraged multiple approaches to improving health and well-being in early childhood. For example, several initiatives provide focused prenatal and postnatal care and consulting for Black families, with specialized attention to the effects of racism and discrimination that result in poorer birth outcomes for Black families. Other initiatives worked to facilitate developmental screening and access to resources for young children's well-being in areas where families were more likely to experience barriers to accessing the care they need. These initiatives spoke to the ways in which the COVID-19 pandemic has disrupted efforts to systematically address health equity, but also to the adaptations initiatives made to continue supporting young children and families.

Representatives from initiatives engaging in work across sectors discussed the challenges they faced due to the pandemic, along with the ways that resources and relationships in other early childhood sectors contributed to their flexibility and successes. Programs and initiatives designed to address inequities caused by systemic racism, ableism, sexism, and homophobia experienced challenges in continually meeting the needs of the populations they serve in a rapidly changing context. In an environment where the needs of communities shifted daily, initiatives with strong cross-sector relationships had opportunities to lead in developing responsive ways to meet the needs of the children and families they serve. This brief highlights the role of these collaborations in sustaining work and relationships, and explores the challenges and opportunities presented by this global and national crisis.

### Key Findings

- ▶ Cross-sector collaborations allow the unique strengths and resources of each sector to fill gaps in communities' access to necessities
- ▶ The challenges that initiatives face in addressing systemic inequities are not new but have intensified in the context of an immediate health crisis
- ▶ Innovative solutions to service provision and outreach support a climate of openness to change and flexible collaboration

### Methodology

The Early Childhood Health Equity Landscape Project administered a nationwide **ECHÉ Landscape Survey** of initiatives focusing on health equity for children under eight years of age. Respondents from initiatives answered questions about their initiative's work, including which health-related topics it addressed, sectors that were involved, funding sources, and the approaches used to address inequities in well-being. The project team selected six initiatives for further exploration. These initiatives were selected based on their indications of cross-sector relationships involving domains most likely to be affected by the COVID-19 pandemic, such as early care and education, home visiting, and child welfare. We invited representatives from each initiative to participate in short interviews to understand their response to the pandemic and assess the role of cross-sector relationships in addressing emerging challenges.



Up to three initiative representatives from each initiative were asked to participate in a semi-structured, hour-long interview via Zoom video conferencing. They discussed how the pandemic affected their work, contributions of their collaborators, and their expectations for future work and collaboration. Interviewees received compensation for their time if permitted by their organization\* and were given an opportunity to review this publication before it was published.

\* Washington, D.C. government employees are prohibited from receiving payments.

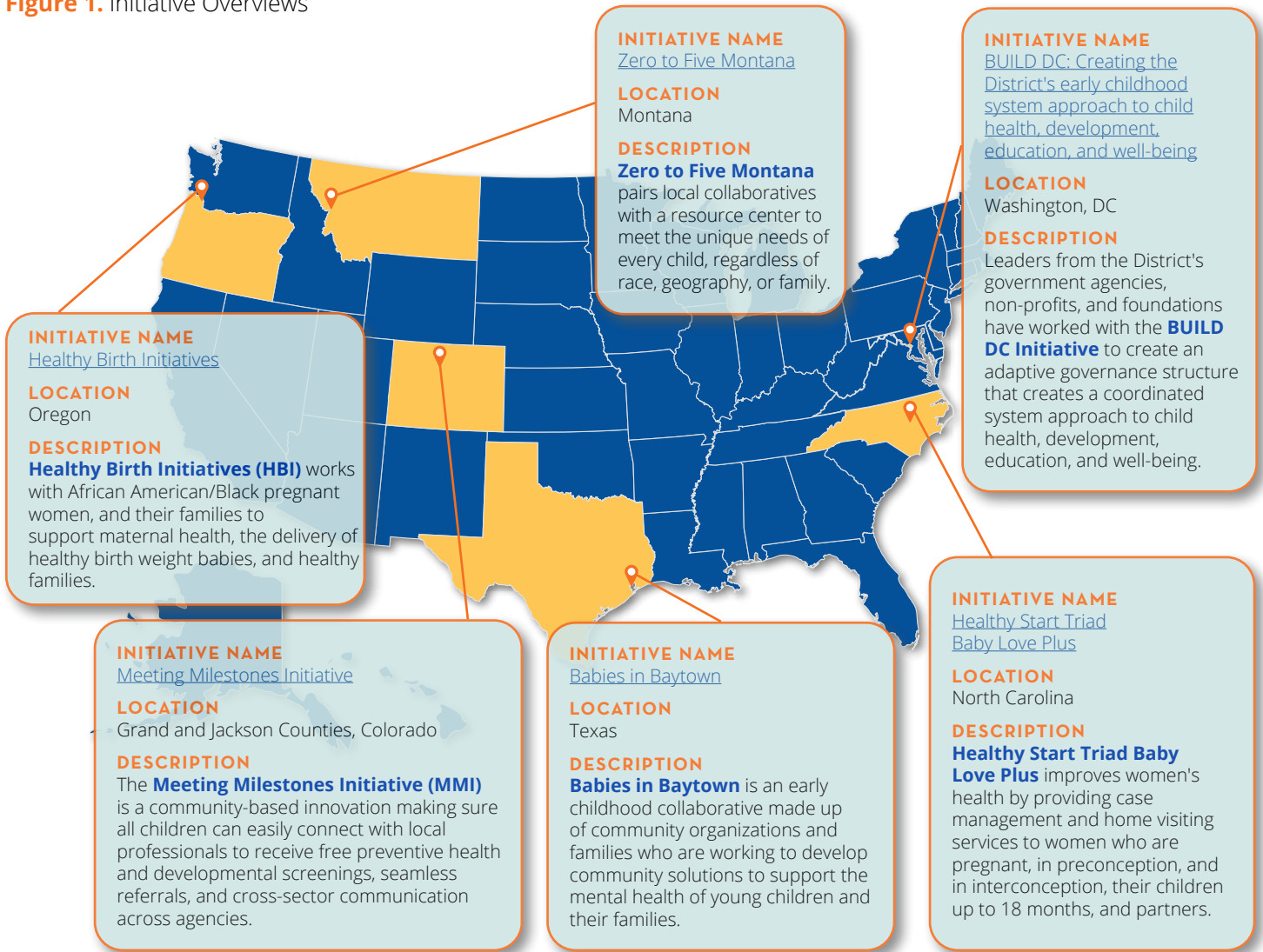
# CROSS-SECTOR SUPPORT FOR HEALTH EQUITY IN EARLY CHILDHOOD DURING THE COVID-19 PANDEMIC

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### Initiatives Interviewed

Figure 1. Initiative Overviews



## FINDINGS: A FOUNDATION OF CROSS-SECTOR RELATIONSHIPS

The six initiatives in this sample each enjoyed a wide variety of strong collaborative relationships prior to the onset of the pandemic. When asked to name collaborators, each representative listed between five and 25 entities with which the initiative had ongoing partnerships. These partners played a variety of roles, ranging from experts and advisors to community service providers.

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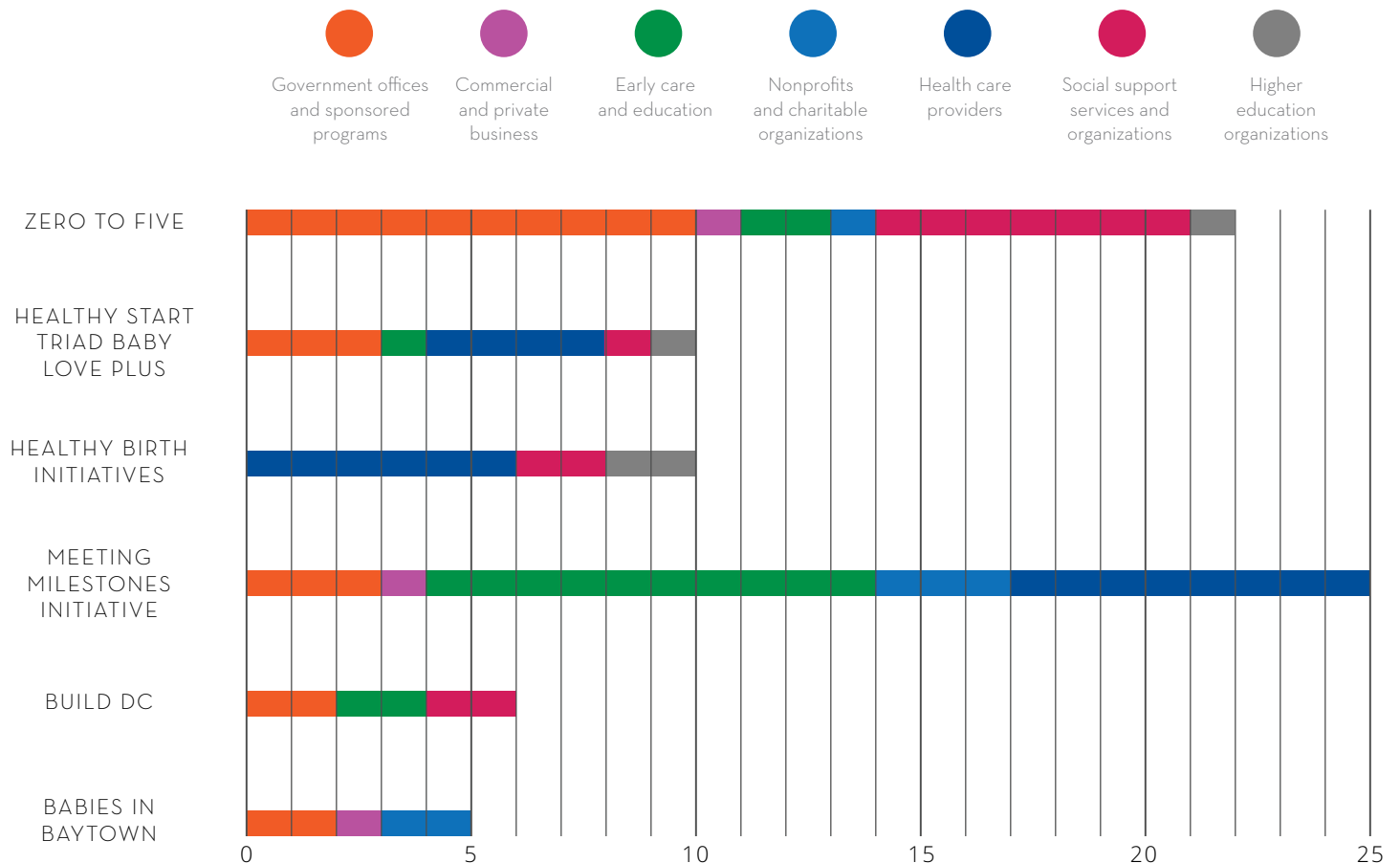
### Sector Representation

Initiative representatives were asked to name several of their key collaborators from early childhood and health sectors. We collected information about the types of relationships and activities but did not assess the nature and strength of all collaborative relationships. The organizations named by initiative respondents represented the following sectors:

- > Government offices and sponsored programs
- > Commercial and private businesses
- > Early care and education programs
- > Non-profits and charitable organizations
- > Health care providers
- > Social support services and organizations
- > Higher education organizations

Each of the six initiative representatives discussed working with partners in **three to six of these sectors**. The representatives mentioned government offices most frequently; health care was the next most frequently mentioned sector.

### Collaborator Type by Initiative



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## RESPONSES TO THE COVID-19 PANDEMIC

The COVID-19 pandemic created a new and unpredictable environment for organizations that work with families. In many states, efforts to stop the spread of the virus resulted in shutdowns of all but essential businesses, meaning that access to services affecting the care and well-being of children and families were significantly restricted. These highly necessary precautions worsened long-standing barriers to healthcare and other critical services faced by marginalized families and children. Families of color have increased risk of contracting the virus due to discrimination, healthcare access and utilization, and inequalities in housing, occupation status, educational opportunities, income, and wealth.<sup>4</sup>

While all representatives described working to adjust to a “new reality” forcing them to shift methods and priorities, their core goals of addressing inequities related to health and well-being did not change. Calling on collaborators across sectors to share and manage resources allowed initiatives to sustain their work through a period of crisis.

### Challenges

Representatives described how each initiative struggled with limitations on processes that had formerly been conducted in person. Initiatives described switching in-person meetings and outreach to virtual environments and seeking out **innovative new connections** with families and caregivers.

### Changes in Partnerships

**Initiatives were forced to restructure plans with partners in all sectors – however, the relationships that faced the greatest challenges were in the health care and child care sectors.**

For example, the **Meeting Milestones Initiative (MMI)** works with health care providers to ensure that children in rural areas of Colorado receive developmental screenings and well-child visits. At the onset of the pandemic, these providers needed to switch focus, limit clinic visits, and lend their services to tasks like COVID-19 testing and contact tracing. **Babies in Baytown**, which focuses on young children’s mental health, described a decrease in capacity within the healthcare sector, as well as a need to pause the development of certain professional relationships. For **Zero to Five Montana**, which connects families to resources supporting well-being, **the onset of the COVID-19 pandemic necessitated a closer focus on safety procedures and classroom size. Additionally, methods of tracking equitable access to child care were disrupted**, as the data they typically use were nonexistent due to child care center closures.

“In this pandemic, [I’m worried that] the information we’ve been sharing is going to go out the window. Immediately we started hearing stories from our clients saying, ‘They aren’t listening to me.’ We’ve had to call and say our clients are not being treated fairly yet again. [People] go back to what they’re comfortable with. We’ve had to bring to the attention of those partners what’s been going on. But the partners themselves are still interested and wanting to know.”

—Violet Larry,  
Healthy Birth Initiatives

**Initiative representatives also expressed anxiety that the health emergency might shift attention away from their main concerns and result in a neglect of the practices they worked to implement.** This concern was specifically voiced by Violet Larry, who spoke on behalf of the **Healthy Birth Initiatives (HBI)**, which supports prenatal and infant health in Black families by addressing racism in healthcare practices. Larry described immediately hearing concerning stories about a lack of attentiveness to Black mothers’ needs in hospitals and clinics and attributed it to falling back on old practices in times of emergency. While partners were still actively addressing these situations, HBI needed to maintain close communications with clients about their experiences. **Zero to Five Montana** expressed similar concerns, noting that they had to pause their political- and Census-related work during the pandemic. Additionally, representatives reported that conversations with political leaders around early childhood have changed to focus on addressing the immediate needs presented by the pandemic.

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### Changes in Connections with Families

Each initiative described how limitations on common opportunities to connect with families reduced effective outreach and service provision. Restrictions on well-child visits, WIC office visits, and presence of non-essential staff in hospitals and child care centers were a major barrier between initiative staff and families in need. **Virtual outreach through online outlets was a successful but occasionally problematic solution, given that some families have limited internet access, a heightened skepticism about online safety practices, and “Zoom fatigue” from extended hours in front of a computer.** Additionally, major outreach events such as **Babies in Baytown’s “Baby Day”** – where community partners and volunteers interact with families through motor development, literacy, and other topical activities – moved to online platforms. Although making in-person connections with families was no longer possible, initiative staff were hopeful that planning alternative methods of outreach would sustain their relationship with the community.

### Supports

Despite these challenges, initiatives named multiple sources of support derived from cross-sector relationships and expressed understanding that everyone was in a period of adjustment. Two initiatives specifically mentioned using federal and state financial support to purchase emergency supplies such as disinfectant, diapers, and personal protective equipment. Due to a partnership with Piedmont Health Services & Sickel Cell Agency, **Healthy Start Triad Baby Love Plus** received emergency funds for use throughout the community. Without these shared resources, initiatives would have been unable to pivot and rapidly address their communities’ urgent needs.

“Fundors... have been great at trusting us to understand what our community needs. Pressure to deliver grant deliverables that no longer make sense would have been a major stressor - they used that support to help us and to preserve what we could of those grants.”

– Katy Hale,  
Meeting Milestones Initiative

**When asked which supports were most helpful, three initiatives specifically mentioned flexibility on behalf of funders with respect to timelines and goals. Zero to Five Montana** discussed flexibility to use current funding sources “before federal dollars kicked in” on work outside their primary systems-building scope. Relationships with funders from the non-profit and foundation sectors were especially helpful in allowing adaptation to changing community needs. Katy Hale of the **Meeting Milestones Initiative (MMI)** described the way funders have supported the priorities of the community by trusting those doing the work.

**Initiatives greatly appreciated flexibility with respect to modes of service provision. Zero to Five Montana** examined regulations around home visiting and Part C to implement remote home visiting procedures. The Washington, D.C. Office of the State Superintendent of Education also planned telehealth opportunities for Part C Early Intervention services. Kathy Norcott of **Healthy Start Triad Baby Love Plus** described using emergency resources from multiple sources to keep families ahead of their bills and supplied with the essentials. **With service providers across sectors experiencing common challenges and disruptions to previously established plans, relationships with government offices facilitated quick adjustments to regulations that allowed for rapid transitions to remote solutions.**

“We were able to secure money to assist clients because of COVID-19; some of our clients needed toilet paper, cleaning supplies, diapers, formula, so we put it together, and called it the ‘COVID Basket’ and set it on the porch, so we could still stay engaged and give them the support they need.”

– Kathy Norcott,  
Healthy Start Triad Baby Love Plus

Other initiatives cited resource sharing as a strength, which took the form of financial planning tools and webinars from national partners like the BUILD Initiative and partnering with programs like Women, Infants, and Children (WIC) and Temporary Assistance for Needy Families (TANF) to develop a local task force through **Zero to Five Montana**. Partnering with other early childhood initiatives and programs within social service sectors allowed initiatives to explore new options for planning their adaptations to the challenges of COVID-19.



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### Opportunities and Solutions

Despite the universal challenges experienced by initiatives working to improve health equity and well-being during the COVID-19 pandemic, representatives from every initiative highlighted opportunities for growth and positive change. Through creative and resourceful partnerships, initiative representatives were able to pivot and restructure their approaches toward their goals.

### Meeting Communities' Needs

**For each initiative, meeting the immediate and changing needs of the community was a top priority. All representatives provided examples of how their initiatives adjusted to changing circumstances on a weekly if not daily basis, and strategically shifted their processes to make use of whatever opportunities were available.** **Zero to Five Montana** immediately went into “response and prep mode,” recognizing the potential of their role in connecting families to resources within the health care and social service sectors. They distributed a parent survey to identify the most pressing gaps in services and best ways of sharing relevant information to parents. Working with state and local organizations, Zero to Five was able to leverage connections with government offices such as the Department of Health and Human Services to deliver messages from the local community to policymakers. This cross-sector partnership not only improved the quality of Zero to Five’s work, but provided critical information for policymakers and government officials who set funding and goal structures for health equity opportunities.

**Zero to Five Montana** also engaged community partners and businesses to share information on safe reopening plans and used this opportunity to highlight systemic changes that they had been working on prior to the onset of the epidemic. For example, remote work and flexible schedules were a main goal in their Family Forward plan for creating better working environments for caregivers. Now that these accommodations are central to maintaining operations during the pandemic, Zero to Five representatives are emphasizing the need for them to continue in addition to other services such as on-site child care. Relationships with local businesses have allowed Zero to Five to illustrate that family-friendly work accommodations are possible and beneficial. Other priorities (e.g., safety measures), which had limited implementation due to funding, are now benefiting from being at the forefront of local and state awareness.

#### STRATEGIES FOR MAINTAINING MOMENTUM



**Initiatives were able to use increased openness to collaboration to share opportunities for outreach.** Kathy Norcott of **Healthy Start Triad Baby Love Plus** described a change in mindset that promotes collaboration, saying, “One of the things COVID-19 has done is open people’s eyes about the needs of others. By us continuing to stay in contact during COVID, it might open the door for [other agencies] to refer more [clients] to us or tell more people about us.” In this example, cross-sector collaboration is a stepping stone toward program growth and interconnected resources for health equity.

Other collaborations happened digitally. The **Meeting Milestones Initiative (MMI)** has shifted slightly from priorities related to technical assistance provision to becoming a “conduit of information sharing” between licensed child care providers, their local Early Childhood Council, and local health clinics. The pandemic has accelerated work on reimagining the initiative website, making it a “clearinghouse” of information related to important forms and resources that provide opportunities for families to self-refer. Additionally, opportunities for sharing health information about immunizations and well-child visits through social media has been a useful practice. These new strategies have streamlined methods for services and providers across sectors to reach families and reduce barriers to health care access. In the words of Katy Hale, “We’ve learned certain things through COVID and then asked, why weren’t we doing that before?”

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MMI also leveraged collaborative relationships for agile service provision that included **oral health kit delivery at food pantries and outdoor vision and hearing screenings at child care centers**. When unable to visit families in hospital settings, the **Healthy Babies Initiative** developed a Breastfeeding Task Force to connect families with certified breastfeeding and lactation consultants to provide culturally specific assistance remotely. For the **Babies in Baytown** initiative, collaborative relationships provided a framework for ways to adapt to changing needs, such as a food drive collaboration with the local United Way. For them, relationships strengthened by cooperative response to the pandemic contributed to the engagement of other initiatives, conveners, and families. **Increased participation from recipients of services helped to shift power dynamics in favor of families. Developing mutually beneficial relationships among providers and programming within the contexts where families live and work allowed initiative coordinators to enhance families' access to resources during a period of crisis.**

Several initiative representatives reported that, while requiring adjustments, technological replacements for in-person engagement with families and partners had some benefits for their work. **Zero to Five Montana** and the **Meeting Milestones Initiative (MMI)** specifically addressed limited internet access by providing iPads and hot spots to rural families. The **Healthy Babies Initiative** also used remote consultation options and reported that most of their clients were able to make the switch. **While virtual meetings required an adjustment period, the time-saving nature of telehealth visits was an asset for busy families and rural providers who previously needed to travel significant distances for medical appointments.** Christy Serrano of **Babies in Baytown** noted how connecting via the internet has been helpful for fostering inclusive collaborations: "I think this is strengthening our work because we've been able to engage people who haven't been at meetings because of their schedules – but they can join virtually."

As one example, a case worker with **Healthy Start Triad Baby Love Plus** engaged a client through online games and even TikTok, a popular video platform. "Part of the game still ends up being educational," said Kathy Norcott. "It gets their mind off of what's going on, and [the case worker] can casually ask how baby is. One of the TikToks was even about the baby. They did it together." The telehealth and remote options made available by working with health care regulation offices and technical assistance providers ensured that families could remain connected during periods of isolation.

**BUILD DC's** early childhood systems initiative benefited from the intensive focus on solving emergent issues by remaining in frequent contact with early childhood providers and advocates, the D.C. health department, child care resource and referral agencies, and funding groups. According to Dr. Margareth Legaspi, "It causes agencies to collaborate and have intentional deliverables, for example we have weekly calls [with collaborating agencies]. We worked with them pre-COVID, but it becomes important to work more closely during this time." She also mentioned the importance of growing visibility of collaboration in the eyes of the public.



"[We are] not solving issues alone – it takes an entire community to mitigate solutions. Not just because they have the solution, but collaboration in terms of brainstorming. These are the problems – does anyone have the solutions for thinking through them? What are other states doing?"

– Dr. Margareth Legaspi,  
D.C. Office of State Superintendent

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### A New Perspective

Four of the six interviewees specifically indicated that while the COVID-19 pandemic brought new challenges, the issues that emerged were not new. **In an environment where collaboration and rapid response were necessary for survival, initiatives were given the opportunity to try new solutions, assess their reach, and address their methods from a flexible and open mindset.**

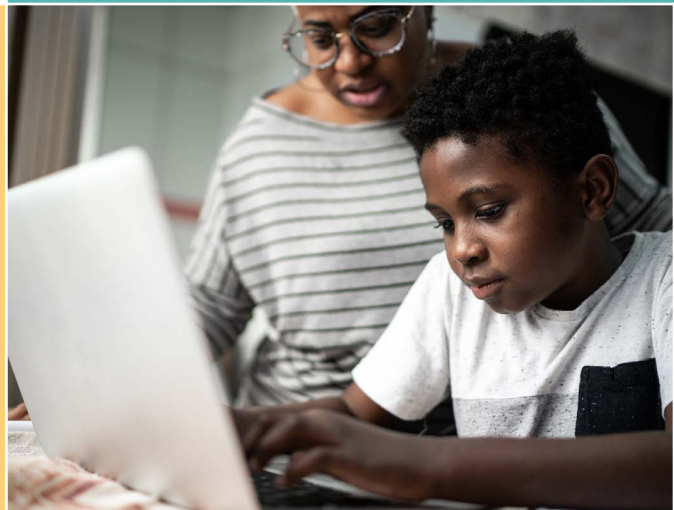
For example, **Zero to Five Montana** noticed an increased interest in the use of data to describe and address inequities in access to supports for health and well-being. The daily changes associated with the pandemic illustrated the need to collect data and use it to plan a response strategy, specifically in the domain of child and family services (e.g., home visiting). For the **Meeting Milestones Initiative**, the process of using real-time data to inform a pivot in approach was especially informative in envisioning new ways to meet goals while keeping their mission central.

“This has taught me to be patient. ‘Messy’ means a key relationship is growing and I need to be patient. New relationships are developing as we go through this. I’m hoping we can take COVID learning to enhance and evolve.”

– Katy Hale,  
Meeting Milestones Initiative

## SUMMARY

COVID-19 has upended the systems and supports on which Americans rely for addressing their basic needs. It has also worsened systemic inequities in health and well-being – all of which are rooted in classism, ableism, and white supremacy. In the face of threats to personal health and economic stability, initiatives working collaboratively at the intersection of early childhood and health equity were uniquely ready to address urgent needs with agility and resourcefulness. Their strategies for rapidly addressing community needs while understanding the gravity of a national health threat are forming the foundations of new approaches to collaborative, responsive work that prioritizes health equity in early childhood.



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