



Health Equity and Young Children Meeting

May 29-30, 2013

Warwick Denver Hotel / 1776 Grant Street / Denver, CO 80203

Through the generous support of The Colorado Trust, the Health Equity and Young Children conference brought together experts, champions, and advocates from across the country. During the two day conference, state teams (from Colorado, Michigan, Minnesota, and Ohio) and individual state representatives (from Arizona, Georgia, Illinois, and New York) were able to work together, learn from each other, and consult with some of the most prominent leaders in the fields on children's health and health equity.

After opening remarks from the funder (Dr. Ned Calonge, The Colorado Trust) and the convener (Dr. Gerrit Westervelt, the BUILD Initiative) of the conference, each state team was given the opportunity to make brief, introductory presentations on their states' current initiatives, success, challenges, and questions regarding health disparities in young children.

- [Overview of Current State Activities and Efforts, Challenges, Opportunities, and Questions](#)

After the state team introductions, Dr. Bernard Guyer provided an overview of disparities in health and the implications for children. Dr. Guyer stressed the need to move beyond thinking solely in terms of specific programmatic interventions, but to creating a framework that can respond to the growing knowledge about social and economic as well as medical factors affecting young children's development.

- Dr. Guyer's presentation, "Health Equity and Young Children: Build Strong Foundations for our Youngest Children"
- "A New Framework for Childhood Health Promotion: The Role of Policies and Programs in Building Capacity and Foundations of Early Childhood Health", co-authored by Dr. Guyer

Dr. Guyer's presentation was followed by remarks from Dr. Steven Poole: "Addressing Health Disparities Experienced by Children in Colorado: the Primary Healthcare Provider Perspective." Dr. Poole provided a detailed report that could be adapted by other states and described the need for attention to health disparities, the role that practitioners themselves are willing to play in addressing them, and the evidence and best practices that can be drawn upon in designing more specific strategies and actions.

After the afternoon's presentations, state teams brainstormed around a mock grant opportunity. The mock grant opportunity was used as a tool for teams to move their thinking towards the development of a comprehensive plan from which specific action steps could then be developed. During the brainstorming session, each state team was partnered with another state team, two individual representatives, and 2-3 national consultants. This format allowed states to present and receive feedback on their ideas, questions, and sticking points.

Day one of the conference closed out with a keynote presentation from Dr. Maxine Hayes, “Righting the Wrong of Social Injustice in Health.” Dr. Hayes emphasized the importance of moving beyond a focus upon “health disparities” to one of “health inequities,” described how Washington state had developed an inclusive strategy to do this, and closed with a charge to keep an eye of the prize of “eliminating race as a factor which can explain any health disparity.”

- [Dr. Maxine Hayes’ presentation, “Righting the Wrong of Social Injustice in Health”](#) (presentation can be downloaded from a link in the left-hand column of the website, titled “Meeting Materials”)

Dr. David Willis joined the conference remotely to start of day two of the conference. Dr. Willis’ presentation provided an overview of federal opportunities to address health disparities in young children, including the leadership role of the division of maternal and child health. Dr. Willis emphasized the need to draw upon the growing knowledge about early childhood adversity and toxic stress in supporting and strengthening families.

- Dr. Willis’ presentation, “Health Equity and Young Children: Overview of State and Federal Contexts”

Dr. Willis’ presentation was followed by presentations from Dr. Angela Sauaia and Carrie Hanlon. Dr. Sauaia emphasized the need to demystify the problem and its solution and to break the connections between poverty, poor health, and lack of education and remove barriers that currently exist for those affected by any of these to achieve success with the children. Ms. Hanlon’s presentations provided information on opportunities to address health disparities at the state level through Medicaid and primary and preventive child health services, drawing from the experiences and successes of states involved in the Assuring Better Child Health and Development (ABCD) and other initiatives.

- [Carrie Hanlon’s presentation, “State Context”](#) (presentation can be downloaded from a link in the left-hand column of the website, titled “Meeting Materials”)

The rest of the afternoon was devoted to developing state-specific next steps and action plans. Each state team was partnered with a different state and given the opportunity to work with the consultants that they did not work with during day one. Teams worked to further refine and articulate the action plans that they began developing on day one. Again, state teams had the opportunity to present their ideas to the consultants and their partner state, ask questions, and receive feedback.

To finish the day, each state team was asked to present their state’s takeaways from the conference and their state’s next steps. These takeaways and next steps are summarized below:

OHIO:

Next Steps:

- Ohio plans to partner with City Match to implement an Ohio Health Equity Institute focusing on the state’s high infant mortality rate among African-Americans. Ohio plans to have a kick off for the Institute in July and will target the major urban cities with the worst infant mortality rate in the state. Ohio hopes that this model will help Ohio cities address infant mortality and other health equity across the state.

- The Ohio team has invited Dr. Maxine Hayes to be a part of our Ohio Equity Institute kickoff at the end of July
- Carole Ware, a member of the Ohio Health Equity team, will help develop a health equity plan for the Medicaid office
- The Children's Defense Fund will be involved in the health equity work

Takeaways:

- Collaboration and communication are critical
- The champions can't always carry the message. Sometimes other champions are needed to carry the message with us, for us and instead of us.

MINNESOTA:

Next Steps:

- Minnesota plans to map out key strategic opportunities in the State to deepen the understanding of pathways to opportunity necessary to achieve health equity to further this work. They will work to plan ways to utilize the science and data behind the impact of health disparities and early brain development to create urgency and build public will. They will consider how to use this lens and information with various sectors, policy makers, service providers, and community members.
- The team also plans to tackle health disparities from the community level. They want to empower communities through resources, knowledge and education around health disparities and early childhood development.
- Minnesota will gather stories from the community to inform their work on health disparities. They plan to share these stories and a series of recommendations for actions that could be taken to advance health equity in our children with their legislature (by February 2014).
- The Minnesota team also plans to incorporate African-American men—lifting them up as part of the family as an area of emphasis.

Takeaways:

- The Minnesota team stressed the importance of dealing with racism, the “elephant in the room”.
- Minnesota learned about the importance of an integrated alignment of funding streams
- The team also learned more about the importance of cross-pollination and collaboration—it is critical to bring multiple parties to the table—including individuals with backgrounds outside of the healthcare sector (e.g. education, policy, etc.).
- The team recognized the need for an investment in data collection, analysis that goes beyond current capacity and includes the ability to forecast in order to demonstrate the urgency and value of investing in our youngest children.

MICHIGAN:

Next Steps:

- The Michigan team wants to utilize the existing evidence on the high return on investment of addressing health disparities in children. Michigan plans to garner the support of business leaders, who are some of the most powerful advocates in the legislature, by making the business case of address health disparities.
- Michigan plans to educate providers around health equity (child care, pediatricians, hospitals, etc.)
- Michigan plans to see if funding is available for an epidemiologist to mine data that could then be used to target resources.

- Michigan is a Medicaid Managed Care State. Michigan wants to explore how they can mandate and include health equity in the Medicaid managed care contracts
- Kellogg is based in Michigan. The Michigan health equity team wants to connect more strongly with Kellogg at the state and local levels and capitalize on the office that Kellogg is opening in DC around racial healing.

Takeaways:

- The Michigan team learned about the importance of taking advantage of the business community and learned about the hard science behind health disparities, which can be used to make the business case.
- Michigan also learned not to wait for the state and federal silos to be solved. Individuals who are working at the local level must join agencies and move forward.
- Per Maxine Hayes, now is the time to address health disparities!

COLORADO:

Next Steps:

- Colorado will identify a champion within the Commission on Health Equity
- Colorado will work with the new director of the Office of Early Learning to focus health equity
- The Colorado team plans to infuse an equity lens on all of Colorado's early childhood efforts
- The Colorado team will use workforce development to build capacity within the early childhood system
- Community Navigators and coordinating the coordinators are very important. Colorado plans to think about what the development and utilization of community navigators might look at the community level. There is currently a pilot navigator program within the Children's Corridor. This pilot is being evaluated by the School of Public Health. It will be important to draw lessons learned from this pilot and its evaluation.

Takeaways:

- Colorado will take away the importance of joining up at the local level, particularly in hot spot communities. It is critical to stay connected at the local level.
- Colorado also learned about the importance of keeping the dialogue going around community strengths. It is important to focus on the community instead of the problem or the disease. For example, obesity isn't the problem, it is the outcome. To be successful and move communities to a different space, there is a need to look at the whole community and all the issues.
- Continuous communication is essential. It is also important to include community-level champions and others in leadership positions in conversations around health equity.

The national consultants concluded by adding observations of their own and expressing extreme optimism about the actions these states will be taking and their ability to lead and inform work across the states and at the federal level. The BUILD Initiative committed to exploring opportunities for further webinars, conference calls, and activities that could draw upon the work within states to support learning across the states and inform work nationally.

The BUILD Initiative made conference materials available on its website (www.buildinitiative.org)