



Hub State Spotlight: New York

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The NCIT Newsletter offers Spotlights, a regular monthly feature that provides an ongoing opportunity to share the work happening at the state or community level, and foster connections among grantees. This document highlights the work of the New York coalition.

New York Prenatal-to-Three Goals

- Our overarching goal is to make New York State a place where children and families feel comfortable and welcome to raise children. We want to re-direct investments into early child care, because we believe that the first three years of a child's life are the most impactful years. This means aligning resources and bringing the community together to prioritize the prenatal-to-three population.
- Our first priority in reaching this goal is providing access to health and developmental care. That has been a challenge especially for our most underserved citizens, who are typically African American and Hispanic. New York City is a huge melting pot and, unfortunately, minorities and immigrants are typically the ones who have the least access. We know as a state we can't move forward unless we bring everyone with us.
- Our second priority is to make sure that children have access to high-quality child care. There are many challenges across the state which can present a huge barrier. One challenge is the subsidy rates that differ county by county. Another challenge is that there are many child care deserts. We're looking to make New York a place where there are adequate investments and children and families receive high-quality child care.
- Our third priority is to help families become financially secure. We know that a large part of feeling secure in general, which includes having adequate healthcare, has to do with your financial stability. We want to make sure that parents have training, access to college, and parental supports to truly make their family stable.
- Our fourth priority is about aligning systems. We really want to create systems-level change from the ground up.

Challenges to Achieving Our Goals

You can't talk about current challenges without talking about the crisis we're going through. We're dealing with a statewide health crisis, and New York was the epicenter being hit harder than any other state in the country. We had more deaths and cases of coronavirus than some entire countries. The one factor that we all know is that many of the challenges that came to the surface were things that existed before. Of course, the child care system was fragile before COVID-19; it's even more fragile now and is facing potential collapse. Child care workers are at home with their children. There's a serious threat with this virus, and child care owners, who are typically women, and many of them Black women, are forced to reduce slots to

comply with CDC guidelines which greatly reduces their income. This makes it difficult to maintain their business and adequately pay their staff and that doesn't even include hazard pay. The issues in health care, childcare, financial stability have all been exacerbated by the pandemic.

We recently conducted a poll throughout the state, and we found that many of our parents with young children are reporting a great deal of financial instability. About 30 percent of our parents reported that they are either missing meals or skipping meals in order to make ends meet, and to ensure that there is enough food for their children. A number of them reported that access to broadband and internet support was a huge issue, and that's a big concern because as a society we have switched to virtual formats to deliver educational and health services. Families need access to attend their telehealth appointments, and meet with teachers, or to access information; if you don't have broad-band infrastructure or internet services because you're in a rural area, or if you just don't have access to it because, it is cost prohibitive, it's a huge challenge.

And, of course, transportation. It has and always will be one of the greatest barriers for early childhood care. Many people uncomfortable with taking taxis, wanting to drive...transportation was a big deal before, and it's an even bigger deal now.

COVID-19 greatly exacerbated the challenges we've always had. Financial stability, health supports, and child care – those are some of our major, overarching priorities right now.

One of the powerful things about the Raising New York coalition is that all the priorities we were focused on before the pandemic are even more important and urgent now. The pandemic has impacted communities that are low income and communities of color the hardest, exacerbating the inequities that existed long before COVID – including disparate access to health care, disparities in early education opportunities, and a tremendous racial wealth gap. We had a public health crisis with maternal health before and now COVID has exacerbated that crisis. We're now diving into telehealth access and technology availability, exploring the real-time barriers new mothers are facing that prevent them from interfacing with folks who can support them through a really difficult time. One of our greatest challenges is that there are so many issues facing families with infants and toddlers, and how those families are impacted looks much different across the state.

Our coalition has been focused on, "How do we reduce child poverty? How do we make sure more children have access to early intervention? How do we make sure more children and their families enter school prepared? How do we make sure new mothers have access to high-quality prenatal care? How do ensure that a zip code does not determine access to quality early learning experiences? How do we lay the groundwork for important policy changes that center historically marginalized children and families and end the unjust systems and structures in this country?" In order to do that, we've needed to tell the zero-to-three story. We're finding there is a need for greater data transparency in the early childhood space, particularly for families of children in the zero-to-three age range.

We've been urging folks across the state to dig a little deeper. There hasn't been a strong enough focus in New York state on children between zero to three. Our coalition has begun to change that narrative by naming that in every conversation we have about our work, and specifically using that language: infants and toddlers. I'm hopeful that with Raising New York and other groups' work that we're really sounding the alarm for a focus on infants and toddlers, and that we'll begin to see a shift in our practices to more equitable systems for young children in New York state.

Raising New York's Influence on the Re-Opening of the State

We're thinking a lot about what is top of mind for policy makers right now in New York state. Obviously, it's re-opening. How does New York re-open? The big question we have for policy makers is "How is the state prioritizing babies?" We see our role as making sure that the state is prioritizing babies. We know that if we don't name our youngest New Yorkers, if we don't name infants and toddlers, we won't see them being prioritized as they should be.

We have this growing body of work that we've developed during COVID that is really focused on New York's recovery plan and making sure that infants and toddlers are central to that plan. We know that the only way to power New York's economic recovery is to really scale up child care, specifically for infants and toddlers.

Supporting Families of Infants and Toddlers and Pregnant Women Who Face Significant Barriers to Supports and Services

One of our goals is to have a maternal mental health round table to bring in mothers, doctors, psychologists, and providers who are familiar with maternal mental health because that's, again, another layer of trauma. As I'm sure many people know, Black women are three times more likely than their White counterparts to die during childbirth. So we are supporting them in many different ways. One of our goals is to make sure that more parents, more pregnant parents, are participating in a program called Centering, which is basically a group-style prenatal visit. It offers support from other mothers who are going through the same thing. Many times providers can help patients catch different things that they might not have thought about that would be a red flag, and it really provides some level of camaraderie. But we're looking to expand the number of mothers and the number of pregnant moms to participate in Centering because it is an evidence-based program that has shown some really positive results, but we're looking for ways to really improve maternal infant health.

"I recently went to a listening session for Black mothers. I'm a Black mom five times over. I remember going through the process of being pregnant, people assuming that when you first walk in that you have Medicaid. And they say, "We don't take Medicaid here." If they're already assuming that you have Medicaid because of the color of your skin, what other assumptions are they making for actual Medicaid patients? And how are they supporting them? So, one of the things we're really looking to do is provide some culturally responsive professional development training, not necessarily by us, but to talk to providers about getting culturally responsive training because many of our providers have very few actual experiences outside of work with minority communities. Just listening to their patients is a huge thing that we're trying to promote." (Melodie Baker)

Doulas and Midwives in the Black Community in New York

Doulas and midwives are part of a huge movement, which we're really excited about. During the pandemic, it was very difficult for many of our pregnant moms to get to their prenatal appointments. It was great to have the doulas because even with the virus, they would still come out and see the moms in their homes. So there has been a huge doula movement. We even have an organization called Black Doulas who are basically there to provide peer-level support to Black pregnant moms. They can share their experiences. So that has been a positive thing from which we've seen some really positive results.

It's part of Centering work as a collaborative component, really leveraging our existing resources to build capacity for providers and for moms and parents. We make sure that our Centering patients understand that they can get a doula, which is a great resource.

And besides that, if you do not have health insurance, doulas are a lot less expensive. And many of our immigrants who are concerned about getting any type of services oftentimes won't go to a hospital. So a doula is ideal for those types of situations.

Our Stakeholders

Our coalition is made up of civil rights folks. We do have parents involved; we have people at several different program levels. We are a very diverse group of people from professional backgrounds. But yes, unfortunately, the early childhood community, historically, especially in New York State, has been something that is seen as an exclusive community of white women. So we have been working very hard to get more African Americans, more Latinos, more women of color into the field.

Engaging Parents

Our parent voice component is huge. It is a big part of our coalition because everything that we do, of course, is for our parents. We want families to believe, to know that New York is the best place to raise a child and the best place for children to grow up. We involve the parents in every aspect, in the planning aspect, in all of our round tables. The parent voice is incredibly important.

We knew early on that we needed to work closely with organizations that work directly with parents, or we would be missing the mark. We launched Raising New York with 13 partner organizations on our steering committee and about 10 to 12 organizations that represented the geographic and cultural diversity of New York State. We have early childhood professionals, business leaders, folks that were focused on race equity, workforce, healthcare, home visiting, etc. We're building a diverse group that cuts across all sectors. We now have 55 organizations and over 150 members. Some of those members are parents themselves. Some are family child care providers or teachers. Some also work for organizations that oversee and provide support to child care providers across the state. We tried to leverage existing expertise on the ground and build that connection to Raising New York into the work that we're doing.

There also are a number of efforts across the state to build a statewide parent advisory group. That's something that we're really interested in and Raising New York will likely engage with that group as well. We've been very deliberate about growing parent representation in our coalition, naming the importance of that voice and of parents' experience.

Cross-System and Cross-Sector Collaboration

I think that anytime you have a new organization, you get a lot of pushback in the sense there are other organizations that are within the community and other organizations who believe that this is their space. I want them to know that you can never have enough people all pushing for what we know is important for children and families, and rowing in the same direction is incredibly important. So, really involving everyone from a diverse background is how you really get a community and your state to rally around and support your work. We had organizations that said, “Hey, we’ve been doing this for years.” And these organizations haven’t convened, they haven’t even met in years. It was difficult in the beginning because they really felt like that was their space.

As we continued to really work hard, and collaborate, and ask them for their support and their recommendations based on the work that we did, they really did begin to rally around our work and support the work that we do. If anything I’d say, “Just really keep the path forward.” At the end of the day, we are fighting on behalf of our most vulnerable and our most precious assets, our children. They’re our future. And if we keep that message, using data, especially when it comes down to prioritizing which funds and which resources go where first, that’s going to be incredibly important. We have an important emphasis on mothers of color, and children of color, and fathers of color because the rates are so disproportionately negative when it comes to Black and Brown children and families.

It was very difficult to get support across the state because of that factor. But, once we started showing the data, and we talked about how many personal experiences we have or when we talked to Black women about how many of their friends have died, and then talked to White women, and they didn’t really realize that it was a thing anymore – it really brings everybody to the understanding of this as an issue. And if we’re going to move the needle at all, we have to do it together. This is not a Black people issue. This is not a Latino people issue. This a human people issue. And in order for us all to move forward, we all have to work together. This is all of our issue.