



PROJECT BRIEF

Public Policy Advocacy for Early Childhood

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Identifying and advocating for policy improvements that will benefit young children and their families is a key but often overlooked function of community collaborative groups focused on early childhood. “Policy” is a broad term generally defined as a principle or plan of action adopted or pursued by a government, organization, business, political party, or individual. In the formulation of public policy, a government body decides on a course of action that is deemed to be in the public’s best interest. Public policies guide future decisions and are intended to formalize, enhance, or sustain a practice or program. They may be conveyed through laws, regulations, standards, funding mechanisms, protocols, or procedures.

Advocacy for changes in public policies may occur at the federal, state, or local levels. Although we most often think of federal policy influencing state policy, and state policy influencing local practices, the reverse is sometimes true. Communities can be incubators for innovative ideas and can give the state or federal government ideas about spreading these initiatives. Communities may also think creatively about using “unexpected” funding sources such as

Temporary Assistance for Needy Families or workforce dollars for early childhood services.

Public policy advocacy by early childhood collaborative groups can take a variety of forms, including the following:

- tracking policy developments such as proposed legislation, new programs, or changes to existing programs or policies

- developing relationships with state and federal policymakers
- identifying challenges facing the community
- organizing meaningful community input into proposed policies and plans
- sharing data and families' experiences on the effectiveness of a program or policy
- proposing changes to existing programs such as expanding eligibility for services or strengthening program standards
- suggesting how funding sources can be allocated most efficiently
- highlighting promising local practices that could be brought to scale by instituting them in policy

This brief describes the experiences of a broad-based coalition of advocates in Washington, DC. These organizations supported the Birth-to-Three for All DC Act of 2018 through its passage and are now engaged in advocating for additional funding as well as monitoring implementation of the comprehensive roadmap laid out in the legislation. The brief also identifies other public policy efforts by the state of Colorado and by the counties of Palm Beach (Florida) and Monroe (New York).

Community Experiences and Insights

Two collaborative groups came together in 2016 in Washington, D.C. to focus on the needs of the city's youngest children and their families. The Early Childhood Innovation Network's vision was to strengthen a citywide movement to promote healthy families and children from pregnancy through 5 years old through focused interventions. The Birth-to-Three Policy Alliance was supported by the Bainum Family Foundation to advance a comprehensive system for young children that addressed both early learning and health care components. Their goal was to direct services to those populations most affected by systemic inequity. Representatives of the Early Childhood Innovation Network, with an interest in advancing innovative models such as ZERO TO THREE'S

HealthySteps, as well as advocates for Help Me Grow DC, were involved in the Birth-to-Three Policy Alliance from the beginning.

In 2018, when two key policymakers on the DC Council introduced legislation on birth to three early learning, the members of the Birth-to-Three Policy Alliance provided public testimony about specific health and family support needs to complement the focus on early learning. The [Birth-to-Three for All DC Act of 2018](#) passed unanimously. The three primary cornerstones of the legislation are access to high-quality child care for low-income families with infants and toddlers, increased pay for early childhood educators, and access to health and developmental care for expectant parents and families with young children. The DC Council secured partial funding in the FY2019 budget, committing \$1.3 million to begin to implement key components.

Once the legislation became effective, focus shifted to obtaining and preserving funding for the Act as well as monitoring its implementation. A coalition was established in early 2019 and publicly launched in February 2020 as [Under 3 DC](#) with [DC Action for Children](#) as the backbone organization. The coalition planned a more aggressive budget ask; however, with the onset of COVID, the group pivoted immediately to advocate for preserving essential health and early education services. The coalition mobilized early childhood stakeholders to engage with policymakers online through virtual town halls, rallies, and DC Council budget hearings. They also coordinated community members to write letters to government agency leaders, sign petitions, and promote funding for early childhood through social media and news stories.

Ultimately, the coalition was successful in protecting funding for health and child care. In addition, Under 3 DC was able to reverse a \$5 million cut to child care subsidies proposed by the mayor, gain \$1 million for early childhood mental health consultation, and make \$5 million in emergency grants available to help stabilize child care programs.

Recognizing that full implementation of the roadmap in the Act could take at least a decade, the District of Columbia is continuing to scale components of the legislation as funding is available, beginning with services for families facing the most barriers to success.



Family health services expanded through the Act include HealthySteps, Help Me Grow, home visiting services, and early childhood mental health consultation to child care programs. Beyond expansion of services, implementation of the legislation will require DC to address the broad policy question of how to create a child care system that works well for everyone, including providers as well as families.

Operationalizing this bold vision is a daunting task. Members of the Under 3 DC coalition offer the following recommendations to others working to advocate for public policy improvements:

- **Build a broad base of stakeholders who are willing to advocate.** The Under 3 DC coalition includes advocacy groups, child care associations, health organizations, community organizers, direct service providers, parents, and community leaders. The campaign offers opportunities for early childhood providers and families to amplify their voices and to be part of a meaningful change process.
- **Work toward a comprehensive system of services and supports.** The Under 3 DC coalition has a broad focus on system change and sustainability, not just improvements in one program or area of practice.
- **Keep equity at the center of the work.** The impetus of this work in DC was to address the stark racial inequities in access to high-quality, affordable early learning, health, and family support services.

- **Be nimble enough to transition as needed.** The Under 3 DC coalition recognized that revenue projections resulting from COVID would necessitate advocacy for protecting funding for existing programs, reversing proposed cuts, and making emergency grants available for child care programs.
- **Stay committed for the long haul.** Long-term sustainability and growth of the efforts are key to success. The Under 3 DC coalition continues to advocate every year for maintenance and expansion funds that are tied explicitly to particular activities in the legislation.

Additional Examples

STATE OF COLORADO

Colorado's Early Childhood Leadership Commission created the [Home Visiting Investment Task Force](#) in 2020 to develop a strategy to scale a continuum of home visiting services and guide the release of future funding solicitations from the state's Office of Early Childhood. The strategy will support planning for state budget requests, the solicitation of new federal funding opportunities, and alignment with philanthropic funding for home visiting. The scope of home visiting is defined broadly to include any voluntary program touchpoint with parents/caregivers who have children up to 6 years old across a continuum of intensity for the purpose of ensuring child and family well-being.

Members of the task force include representatives from state agencies, state intermediaries for various models (such as Nurse-Family Partnership, Child First, HealthySteps, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters, and SafeCare), parents, foundations, and other interested stakeholders. The task force is meeting frequently between November 2020 and April 2021. The final report will include recommendations on sustaining and expanding the Colorado home visiting continuum as well as on creating a long-term investment strategy to ensure that communities will have access to the continuum through the alignment of multiple funding streams.

PALM BEACH COUNTY, FLORIDA

The [Palm Beach County Children's Services Council](#) is an independent special taxing district approved by voters in 1986 to fund services that improve the lives of children and their families. Its Healthy Beginnings system funds over 30 programs providing services to pregnant women, young children, and their families, including Nurse-Family Partnership, HealthySteps, and Help Me Grow.

The Children's Services Council serves as a backbone organization when there are external shifts that affect programs. For example, when the state's Healthy Start program was redesigned in 2017 with a number of new requirements, Healthy Beginnings staff held regular meetings with entry agencies and home visiting providers to determine how to braid Healthy Start and Children's Services Council funds and meet all requirements of both funding sources. Through this process, providers collaborated to best meet the needs of families while addressing critical outcomes.

MONROE COUNTY, NEW YORK

The [Early Childhood Development Initiative](#) (ECDI) in Monroe County, New York was established in 1987 to ensure that every child in Greater Rochester has the foundation to succeed in school and in life. ECDI is a broad-based coalition that supports developmentally appropriate care and learning, parenting, and comprehensive support services for children prenatal through 8 years old. In 2016, ECDI recognized the need to develop a plan for an integrated early childhood system.

Over the next five years, [The Children's Agenda](#), a local child advocacy organization, led development of the All Kids Thrive framework with significant collaboration from Children's Institute, United Way of Greater Rochester, Rochester Area Community Foundation, Rochester's Child, and other partners. All Kids Thrive is Rochester's model for a system of comprehensive, integrated early childhood supports at a scale to fully meet the needs of all children and parents. The framework has been endorsed by 21 organizations in Monroe County.

The Children's Agenda and All Kids Thrive partners have served as a broker to help coordinate and secure funding for this system. At times, they partner with state agencies to build out the comprehensive approach that Monroe County is taking. For example, in implementing the federal Preschool Development Grant, the New York State Council on Children and Families was looking for a community partner to share best practices in providing access to high-quality services for children birth to 5 years old. Children's Institute served as that partner and has received a \$1.5 million grant to implement coordinated early care and learning services and to share Monroe County's approach with other New York communities.

At other times, The Children's Agenda advocates for policy and funding changes that are needed by their community. They helped the state develop a plan to pilot universal home visiting services in Monroe and other counties through the First 1000 Days on Medicaid initiative funded by a Medicaid waiver. The Children's Agenda, Children's Institute, and United Way of Greater Rochester convinced the largest local insurer, Excellus BlueCross/BlueShield, to serve as a partner with the state in funding a telehealth version of Family Connects International. Another example of direct advocacy is The Children's Agenda's participation in the Kids Can't Wait campaign. This campaign addresses inadequate reimbursement of early intervention providers. The Children's Agenda is gathering data and mobilizing families to advocate for legislation that would impose a fee on commercial insurance plans for early intervention services to improve reimbursement rates.

Questions for Communities to Consider

Based on lessons learned about public policy advocacy for early childhood, the following questions are offered for communities considering similar efforts:

1. Is there a coalition in your community working on policies for young children and their families? If not, how can you connect with other partners to better address needed policy improvements?
2. What policy developments are currently being considered at the state or federal levels, such as legislation, new programs, additional funding, or changes in policies or programs?
3. How can families and community members provide input into potential policy opportunities?
4. What challenges does your community face that may have policy solutions?
5. What is your community doing well that might be brought to scale?
6. Who needs to be influenced to make the policy changes your community desires, and how can you best reach those decision makers?
7. What will be different in your community if the desired policy improvements are made?

The Role of National Offices

The national offices of the four Model Convening Project partners view public policy advocacy as an essential tool in sustaining and scaling early childhood programs, as well as in addressing societal issues that affect young children and their families.

HealthySteps stated the importance of joint policy and advocacy efforts:

The partners in the Model Convening Project have distinct roles within the early childhood community, and collective advocacy efforts can be greater than the sum of their parts. We can begin to build out a policy framework that centers children and families. The top-down approach of retrofitting systems designed for adults to suit the needs of children must be dispelled. Advocacy is a critical tool in these efforts.

Help Me Grow described the need for policy changes to address structural and systemic inequities in early childhood systems:

The current system of care for young children relies on a foundation of inequitable policies that have systematically shaped the flow of resources and opportunities that young children are

afforded. Until true racial and economic equity is at the foundation of resource flow and opportunities, the current system of care can only provide limited support to ensuring that all children grow up healthy and thrive.

Model Convening Project partners agreed that their affiliates/sites are well-positioned to advocate for improvements in the system of care in their communities and beyond. As Family Connects said,

Local sites are the experts on what is happening in their community or state and can build the relationships with other programs, including intensive home visiting models, at the local level to partner together in public policy advocacy. Because the model is universal, staff can look at site-level data to see trends in gaps and assets and work with community partners to respond accordingly.

HealthySteps and Help Me Grow noted that local sites play a pivotal role in helping families share their stories with policymakers regarding the need for policy changes or the ways in which proposed policy changes will affect communities. To be most effective, family voices need to be part of, or connected to, broader coalitions advocating for change.

Public Policy Advocacy for Early Childhood

The national offices of the four models educate policymakers directly and provide technical assistance to their sites/affiliates on policy and advocacy efforts. Help Me Grow identified three specific ways the national center's leadership promotes advocacy and public policy: (a) contributing to an array of national child health and early childhood coalitions working to achieve public policy change, (b) collaborating directly with state and local Help Me Grow leaders to leverage public will and political momentum to promote favorable public policy decisions, and (c) investing in strategic communications to bring visibility to advocacy opportunities, including ongoing technical assistance and engagement with affiliates.



To Learn More

The Model Convening Project Story Bank includes interviews and stories about the various ways people in communities are collaborating to improve child and family well-being. The story "[Public Policy Advocacy in the District of Columbia](#)" is a more detailed account of the work featured in this brief.

The [State of Babies Yearbook](#), developed by ZERO TO THREE, provides policymakers and advocates with national and state-level data profiles to help them advance policies to improve the lives of babies and families. The Yearbook compiles 60 indicators to measure progress across three policy areas: good health, strong families, and positive early learning experiences.

The [Prenatal-to-3 State Policy Roadmap](#) of the Prenatal-to-3 Policy Impact Center provides a data profile for each state on its progress in implementing effective solutions to foster the nurturing environments infants and toddlers need. The Roadmap currently includes eight policy goals, five effective policies, six effective strategies, and outcome measures to measure the well-being of young children and their families.

ABOUT THE MODEL CONVENING PROJECT

Four national, evidence-based early childhood models are exploring ways to have a greater impact on young children and their families in communities where their programs overlap:

- [Family Connects](#) is a population-based health program that enhances the local network of care by providing nurse home visits to all parents of newborns during the first month of life. During the visit, the nurse provides information, conducts health assessments, and makes connections to community resources that are needed.
- [HealthySteps](#), a program of ZERO TO THREE, integrates a child development expert into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families with low incomes and families of color.
- [Help Me Grow](#) supports communities in strengthening their early childhood systems through centralized access points, family and community outreach, child health care provider outreach, and data collection and analysis.
- [Nurse-Family Partnership \(NFP\)](#) provides nurse home visits to first-time moms and children living in poverty or with other risk factors. Services are provided prenatally to the child's second birthday.

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 our [Hand in Hand Directory](#).