

**MPHA 2015-2016
Policy Forum Series
January 22, 2016
Healthy..... Right from the Start
for Early Childhood**

Forum Panelists:

Sameerah Bilal-Roby (SBR)
African American Babies Project

Natasha Frost (NF)
William Mitchell Public Health Law Center

Barbara Reilly (BR)

Forum Moderator:
Ken Bence (KB)
Director of Public Health for Medica
Past-President of MPHA

Welcome: Aggie Leitheiser Cook, President MPHA

- Welcome all, especially School of Public Health and Mentees and Mentors from the Mentor Program
 - Meghan Laffen, coordinator of mentor program, looking for mentors and mentees, contact her if interested
- Today's session is about early childhood
- We all have different experiences and stories from our childhood
- Our discussion will be about our contributions to early childhood
- 2nd forum this year, next is March 18 about children and the world around them
- May 13 is the final forum on safety of children
- Moderator is Ken Bence, former president of MPHA, Communications chair for MPHA, and SPH mentor

KB:

- Chair of states MCH advisory task force, allows a very good of line of communication with the Commissioner
- Jan 22nd is the anniversary of Roe vs Wade 1973
- Positive return on investment for early childhood: better access to care, better understanding for special needs like autism
- Despite this, we know we still face issues: underfunding of schools, parents not vaccinating, parents can't work because childcare would cost more, children being born into poverty
- Even children born into privilege are not guaranteed a happy and healthy life

- Approaches to make things better
 - Policy approaches, form authentic relationships, expand early screening and home visiting
- Brief introduction of panel
 - Sameerah Bilal-Roby, Director of African American Babies Project and Brains are Built Campaign
 - Natasha Frost, Lawyer at Public Health Law Center, focusing on policy and law, and healthy food and active play efforts
 - Barbara Reilly, Hennepin County Public Health, works on Child care consultation, and assists mothers with depression

SBR:

- African American Babies Coalition is committed to supporting healthy development of babies since 2009
- Provide culturally relevant info that can be used in African American life
- Launched Brains are Built Campaign, needed to impact lives on the ground
 - Families can have discussion in their own way and own language about brain development, toxic stress, etc.
 - Train people from the community to be trainers
 - Bring in community to do research
 - Engaged 116 individuals (single fathers, single mothers, grandparents, incarcerated men)
 - Wanted to hear about traditional messages they heard
 - 15 key factors found during listening sessions, matched messages with brain science (what brain science says in relation to their comment)
- www.africanamericanbabies.org, See research
- Vision: For all African American families claim our cultural heritage, for children this is important to remember who you are and where you came from

NF:

- Works with Public Health Law Center and across country to promote healthy food, physical activity, and tobacco control, all of which are embedded in policy control
- Working on Robert Wood Johnson Foundation funding for child care
 - Benefit of focusing on child care setting: it is an emerging issue
 - Wonderful opportunity to develop strategies to impact children through a variety of levers (food, activity, limiting screen time)
- Born to Thrive Group: advocates and stakeholders looking at child care and early education setting
 - Focus on how we can incorporate public health concepts through policy, systems, and environmental change
 - Back up attention from school setting to child care setting (provide healthy food for meals, family friend and neighbor care)

- Child care is changing and evolving and the Born to Thrive Group is moving with those changes
- What are we talking about when we talk about CC: equity is huge component
 - Important to impact entire group, but also good to be targeted in impact, targeted support through policy for those lacking resources or funding

BR:

- Public health nurse for 25 years, hands-on in streets and homes, working with mothers and children
- Hennepin County programs: long-term home visiting programs, program for mothers experiencing depression
- Health systems didn't use to think about child before they were born, but 25 years later, this is different, we are thinking about baby way before
 - Baby brain starts developing at 3 weeks and continues throughout life
 - Everything mom does can affect brain development
 - What type of caregiving and home does child go into? Verbal-rich? Mom with depression? Lack of touch with baby?
- HCMC Dr. Hellen Kim MCH works with mother-baby partial day hospital
 - Believe moms who stay at close supervision stick with their medication and result in better outcomes for mom and baby
- Long-term home visiting staff is a mix of nurses and social workers
- Help in answering questions and provide resources for families
- Preschool programs: work closely with school districts and daycare, opportunities to grow and learn in unrestricted environment

Panelist Discussion

KB:

- Natasha, MN ranks high in health disparities, how does MN stack up in early childhood in general?

NF:

- Depends on the measure
- Long way to go and hard work to do, but we do have supportive factors (Statewide Health Improvement Program)
- MN is ahead in collaborating on public health components for children (eating, toxic stress, physical activity, oral health)
- Great opportunities to identify how to use these strategies to better outcomes

KB:

- Sameerah, it is important to use common language to talk about issues so how do we bring fathers into the equation and what language do we need to use?

SBR:

- Systemic knowledge makes us assume father is not present, but not true
 - Fathers need to be at the table
 - Start in the community and in teenage years
- I was given up for adoption, the term used for me was “illegitimate”, we need to change the language around this
- Role of mother to identify who the male is in her life

KB:

- Barbara, how does a Public Health Nurse gain trust to be allowed into the family and home?

BR:

- Personality. Are Public Health Nurse born this way?
- Be very unassuming when going in, let the family take the lead
 - Explains who she is and why she is there, and what they expect
 - Don't assume that you know everything, overtime build relationship
- Used to be able to visit only 2 times a year, but with long-term visiting, can visit for up to 4 years (relationship-based)

KB:

- When an issue is identified, do we have sufficient resources?

BR:

- Gaps in mental health services for young children up to adults
- Moms with mental health issues but no insurance need to work harder to find services (factor in support of significant other, language and culture)
- Health insurance coverage an issue, many don't cover mental health services

KB:

- Sameerah, you are involved in many coalitions, who are more effective partners to work with?

SBR:

- Find a way to go to coalitions where it's not the same people at the table
- Believe in being innovative and try new things
- Cannot go down road of repeating and getting same outcomes

KB:

- There is tension between doing things to people and doing things with people. We need to make sure walk that line effectively, Natasha, policy approach is important, what is the strategy to make sure important voices are heard?

NF:

- Barrier is we expect people to come to our table and we need to go to theirs
- Being uncomfortable is a good opportunity to grow and listen to other stakeholders
- Going out and reaching out to others and communities of color will help bring them to our table

Questions from Audience

KB:

Natasha, we need to convince elected officials to improve outcomes. How do we engage them?

NF:

- Focus on investing early on because of time spent in early education setting
- Expanding this conversation and other supportive components: supporting family, friend, and neighbor care (FFN)
 - Need strategies to make sure they have resources they need (not licensed or certified)

BR:

- We need to provide early education to all families and not just those who can afford it

SBR:

- Our legislators don't understand early childhood and they don't really want to, it's not the first thing on their mind
- One of the places that has lowest investment is FFN, this group is very important, big gap if we don't invest in them

KB:

- MPHA works in policy and advocacy
 - March 16: Early Childhood Coalition Day on the Hill advocating for early childhood
 - Direct way we can get involved in educating officials
- We need to elect officials who care about these issues
- We've got so many disparities, what underlies those disparities?

SBR:

- Disparities based in racism,
- Those who have economic base, those will do better, child may not be smarter, but may have more resources

NF:

- It is institutional racism, numbers do not lie.
 - You can be in a community of color and have money and still have poorer outcomes
 - We need to address it head-on and not expect our communities of color to

KB:

- Barbara, what do you do when there are not sufficient resources?

BR:

- Have a huge network of coworkers and people, call people and ask about programs and services for certain situations
- Work outside of the box, pull in resources from past 25 years of work

KB:

- What do we consider interventions that are health-related?
- Who is providing services?
 - How do we expand understanding of who is a health care provider and what services are they providing?
- Expands beyond clinical setting because healthy eating, physical activity, are not covered by health insurance because not considered “health care services”
- Natasha mentioned FFM, how do we use the setting to help effective childhood care be available?

NF:

- Providers who don't fall in licensed bucket should have subsidy for FFN for regulation standpoint
 - Deserve support and funding to get them up to speed on public health concepts we take for granted
 - Acknowledge they are doing great job and we can provide support

SBR:

- Training dollars needed for FFN is safety net
- Struggle between licensed and unlicensed, we want every child to have quality care,
- Lack of knowledge on how a child develops can affect their early childhood outcomes, that's why we need training

BR:

- Need to work with child development and make sure families have access to understanding it

KB:

- What are steps we can take today to make progress in this area?

BR:

- The work we do is relationship-based, we don't know everything
- Listening is important

NF:

- Have difficult conversations about institutional racism in our different settings
- We can be voice of improving conversations and challenge folks to think outside of the box

SBR:

- Get involved in voting and find out who really understands women's health, early childhood, health and toxic stress, etc.

KB:

- Feel motivated to take action
- Themes: importance of language, we need to listen, we can't understate the importance of institutional racism, factor in health equity

AL:

- Thanks to planning committee for these forums
- Thanks for UMN SPH for co-sponsoring
- MPHA Annual conference May 25-26
 - Joint conference with Community Health Worker Alliance
- Governing council approved development of Health Equity Committee