

### Small Group Discussion Notes

**Topic:** Reducing Health Disparities Across the Lifespan:  
Early Childhood and School-Aged Children

<b>Existing Resources</b>	<b>New Resources Needed from TA Centers</b>
<ul style="list-style-type: none"> <li>• Act Early</li> <li>• CDC (to an extent)</li> <li>• MN model of health equity efforts – available online</li> <li>• Robert Wood Johnson Foundation</li> <li>• Family Café (model for achieving parent discussion)</li> </ul>	<ul style="list-style-type: none"> <li>• More translations and languages of Act Early as other supportive literature</li> <li>• Providers to walk through information, not just passing it out</li> <li>• Telehealth expansion – accessibility to classrooms via technology even when they aren't there</li> </ul>
<b>Obstacles or Challenges Experienced</b>	<b>Lessons Learned</b>
<ul style="list-style-type: none"> <li>• Absent parents at critical stages of infant development (importance of first 3 years)</li> <li>• Insufficient foster care situation</li> <li>• Lack of breast feeding and bonding</li> <li>• Politicians not making decisions based on evidence</li> <li>• Rural communities not wanting to be monitored by 'elites'</li> <li>• Preschools are too expensive in some states – red lining</li> <li>• Cultural nuance or under appreciation for screening</li> <li>• The structural racism of red lining and housing covenants (e.g. Baltimore)</li> <li>• Homelessness and other geographic disparities</li> <li>• Barriers in technology connections – internet etc.</li> <li>• Providers being limited to their home state (Possibly addressed by telehealth services?)</li> <li>• Increasingly limited public transportation (food and medicine deserts)</li> </ul>	<ul style="list-style-type: none"> <li>• Need for frame policy issues to politicians as win/win for their constituents and their reelection prospects</li> <li>• Need to provide cultural competence training: make an effort to learn some words in language shows RESPECT</li> <li>• Need more of 'the village' concepts</li> <li>• Need a consistent definition of what inequity is (health inequity)</li> <li>• Must empower parents</li> <li>• Maximize technological resources that are available</li> <li>• Equity as a value that once cultivated, and be passed along</li> <li>• Be mindful of connotations in messaging and how you frame information</li> </ul>
<b>Opportunities for Grantee Collaboration</b>	<b>Outside Collaborators</b>
<p>(especially needed in a time of budget cuts)</p> <ul style="list-style-type: none"> <li>• ECS grants – “small pots of money to make bigger things happen”</li> <li>• Clinical scholars program (5 people per team)</li> <li>• Robert Wood Johnson Foundation</li> </ul>	<ul style="list-style-type: none"> <li>• Support and collaboration within communities (e.g. within Somali community model)</li> <li>• Transportation organizations (to get medicine and food) MEDICAID</li> <li>• More meetings and consultations like this one need to happen – broaden context and deeper understanding</li> <li>• WIC (food availability)</li> <li>• Nurse practitioners being better utilized</li> </ul>

Recommendations for future action by each grantee group

### **Research**

#### **State Systems Change**

1. Cultural competence training as required of providers
2. Traveling preschools (Hawaii model)
3. Newborn hospital visits
4. Be more aware of appointment timing do's and don't's from what you know about the community

#### **Training**

1. Stipulate funding that includes cultural broker
2. Cultural congruence
3. Representation matters! It is important to have providers that look like who they are serving, not just the most qualified (lived experience as a prerequisite)