Transcript

Hello and thank you for tuning into this On-Demand session titled:

An Early Childhood History Lesson: Learning from the Past to Build a Better Future. My name is Anna Corona and I'm the senior program manager for Child and Adolescent Health at AMCHP, and I am delighted to be joined by two of my colleagues who will introduce themselves now

Hi, I'm Alison Parrish, and I am the director of the MIECHV TA Resource Center with the Education Development Center.

Hi. My name is Chris Bosco.

I am the systems change specialist for the Early Childhood Systems Technical Assistance and Coordination Center, which provides support for early childhood comprehensive systems awardees. Thank you, Chris and Alison and I would like to start our presentation today by acknowledging and celebrating the diversity of the indigenous peoples across all the lands that our viewers are tuning in from today for this virtual conference. I'm recording this presentation in Alexandria, Virginia, which is the ancestral land of the Piscataway people.

And I'll pause to allow Alison and Chris to give their land acknowledgments as well. Hi. I'm recording today from Tallahassee, Florida.

And these are the ancestral lands in the Muskogee and the Appalachians.

Hi. I'm recording from Toronto, Ontario, and I wish to acknowledge that the land I speak to you from has been for thousands of years the traditional lands of the Wendat and the Mississauga of the credit.

Thank you, Chris and Alison.

And before we get started, I wanted to share your warnings for the topics listed on the slide here, which are going to be covered throughout the presentation. On these topics include racism and ableism, eugenics, forced removal and separation of children from their families and physical, sexual and emotional abuse.

I encourage you to take care of yourself however you might need to as you watch or decide not to watch this presentation.

And I also want to take a moment to recognize that legitimate triggers that impact mental health are a different experience and the feelings of discomfort that one might experience while hearing about the difficult truths of our country's past and present. As you know, our conference room encourages all of us, but especially white folks, to take a hard look at the system structures and spaces that racism creates and perpetuates.

So that we can dismantle them.

For our viewers who have a sense that these topics may cause discomfort but are not triggering.

We invite you to join us in reflecting on our paths to establish honest conversations on racism in our spheres of influence and to challenge racism, explicit bias and implicit bias wherever they exist.

So, I have referenced our conference theme already, but I'd like to talk a little bit about how this presentation ties in with our theme before we dove in. So we're going to start by reflecting on our past, and we're going to be using an equity lens to review three major events related to early childhood public health history in the United States to demonstrate how these events have contributed to unjust outcomes and experiences that persist today. We'll round out the presentation with the Shaping Our Future portion, during which we'll discuss modern day federal investments in early childhood and their evolution towards prioritizing equity Throughout the presentation, we have opportunities to pause and reflect on everything that you're hearing today. And hopefully by the end, our reflections will help you think about how you can take that information that you've learned today and turn it into action and the ways that you implement or support your early childhood or maternal and child health related programs. So here on the slide quickly, you'll see that the objectives of the session, we want to promote a shared understanding that when we design public health programs, initiatives within deeply racist and ableist system, that that means that outcomes will also be inequitable by race and ability status.

We want to demonstrate that the impacts of racist and ableist decision making inflicts harms that are felt not only across decades but across centuries. And as I mentioned, before, we're hoping to prompt reflection on how we all can leverage the power and influence that we have in our spaces to administer the programs that we support in ways that we can disrupt patterns of racism and ableism.

So we are going to, as I mentioned, begin on reflecting on our past and using an equity lens to review three major historical events The first event that I'm going to review today took place over a span of 118 years and that is the opening of federally funded, what we're called Indian boarding schools in 1860. The first boarding school was opened in 1860. But I can't talk about boarding schools without talking about the passage of the stabilization Fund Act in 1819.

And this act essentially began a movement of forced assimilation of indigenous peoples into white Christian dominant culture and the act itself very specifically encouraged American education to be used as a tool to colonize Indigenous nations and promote assimilation.

Also this act provided the funding, the government, the Federal Government funding that was used to open and run boarding schools. As you see on the slide here, the board, the first boarding school opened in 1816 in the state of Washington on Yakima Land.

And over the next 118 years there would be over 350 government and or church run boarding schools opened and operated across 29 states Initially these schools were either day schools or boarding schools that were located within geographic found within reservation geographic boundaries. But by 1880 there was a push to move boarding schools off of reservations and into white communities to accelerate

assimilation and this process also accelerated the practice of forcefully separating children from their families.

And it became mandatory, whether or not parents and families gave their consent for their children to be removed and placed into boarding schools. The forced removal and kidnaping of children was part of a larger overall era of forced removal that the American government inflicted upon indigenous communities and people at this time,

So, as I alluded to, the goals of these schools really was to use education as a tool for forced assimilation into white dominant culture and to erase the cultures, practices and identities of indigenous peoples. These schools forced children to cut their hair in braids, which are often considered sacred in indigenous cultures.

They standardized uniforms, meaning that children could no longer wear their traditional clothing.

They were given new white European names, both their first and last names, and were not allowed to go by the names that they were given at birth by their families.

They were forbidden to speak native languages. Native foods were not served.

Children were forced to convert to Christianity, and they were not allowed to contact their families.

And all my research about boarding schools, one thing was really crystal clear is that they were the setting for horrible human rights abuses that were inflicted by the people that ran the schools and the federal government that encouraged and funded these abuses. As you'll see on the slide here, when we try to describe the boarding school conditions, students were trained for domestic service and labor there was a placing out system where girls were often placed in domestic labor jobs for white families, while boys were placed in seasonal harvest work. Discipline in schools was violent and abusive and included privilege restrictions, food restrictions, confinement, corporal punishment and neglect and physical, sexual and emotional abuse. High quality medical care was not accessible and rarely provided. Often schools and children, there were infectious diseases like tuberculosis and trachoma, measles that spreads through the school and killed many children, and parents were often not notified of their child's death and very frequently were buried on school grounds in unmarked mass graves. Indigenous families did everything that they could to resist the kidnaping of their children from their homes, including refusing to enroll their children until the federally appointed police forcefully removed their children from their homes.

Families negotiated quotas to try to limit the forced removal of children from families and communities and many families and communities organized to withdraw their children from these schools. And many parents supported their children's escape from the boarding schools over the summer.

And I do want to share here some additional context for this. So parents and families were doing everything they could to resist the kidnaping of their children. But while they were doing that, again, these federally appointed agents or police would often retaliate against families that tried to resist kidnaping by withholding rations and critical supplies to indigenous communities. So 75 years later,

the Indian Reorganization, after 75 years, after the first boarding school was opened, the Indian Reorganization Act was passed to decrease federal control of Native affairs and to instead allow for native self-determination and self-governance.

And with this opportunity, many of these indigenous leaders fought to gain control over boarding schools. And some of these boarding schools or schools still exist today.

Such as the Santa Fe Indian School. And many of these schools really focus on native cultures and community as a way to promote healing from the trauma that was inflicted by boarding schools and other colonial acts of violence.

It wasn't until 118 years later, after the first boarding school opened, that the Indian Child Welfare Act was passed and gave the legal right to Indigenous parents to refuse their children's placement and off reservation schools. And so I want to just pause here and note that 1978 was just 44 years ago in comparison to the 118 years that Indigenous communities were forced to endure the kidnaping of their children So as we consider the context of 118 years of government sponsored chronic stress trauma and adverse childhood experiences inflicted upon Indigenous families and tribes through boarding schools, there's really no doubt that there have been and continue to be intergenerational impacts of this violence.

We know that what happens to us in childhood affects our health outcomes, not only as children but as the adults we become. And we also know that the trauma that a parent is exposed to it can have impacts on the outcomes of their children as well. And this is what creates the intergenerational impacts that I'm referring to before.

I kind of go over the points listed on the slide here.

I really want to encourage you to research the many voices stories that exist today to hear directly from survivors and descendants of survivors about what their experiences were like with boarding schools and how those experiences impacted them. I'll share some of those resources in a couple of slides, but for the next couple of slides, I'm going to describe some of these impacts that we know about. Survivors and descendants of survivors are more likely to experience chronic disease indigenous youth, experience mental health challenges at a higher rate than their white counterparts. And suicide is the leading cause of death among indigenous adolescents. Educational disparities still exist, and this is because the United States has not equitably invested in culturally relevant educational infrastructure for tribal nations. And these systemic inequities show themselves

with lower high school graduation rates in indigenous communities. There are many, many indigenous led healing efforts that are happening today, and I encourage you to do some research and learn about some indigenous led efforts that might be happening in your state or community. But for a presentation today, I wanted to highlight one of them called the National Native American Boarding School Healing Coalition, which works to lead in the pursuit of understanding and addressing the ongoing trauma created by the U.S. Indian boarding school policy. Their resources were very helpful to me in creating this presentation, and I encourage you to check them out. And as noted on the slide, many indigenous led healing efforts really focus on reinstating and spreading their cultural practices as a form of healing and as I alluded to before, I highly encourage you again to learn from the stories of

survivors and descendants of boarding schools. There are many, many stories out there available for anyone that's interested in learning more.

I linked just a few here to get you started. If you're interested in that. And with that, I'm going, we're going to conclude our first event that we were going to review. And I would like to invite our viewers to join me in pausing for two or three breaths so that we can sit with the information that we have just learned and center ourselves before we move on. Thank you for pausing with me and allowing me to take those breaths. And I hope that you were also able to do the same to start to sit with all the information that we just heard so the next event that we are going to cover today moves us into the 20th century.

1912, which was the creation of the Children's Bureau. So as I mentioned, the Children's Bureau was created in 1912 and it was created following extensive lobbying by advocates that had leveraged research that had been conducted over the previous three to five years that was looking at the causes of poor outcomes among children.

So these advocates use this this data. And the Children's Bureau was instructed and one of the major priorities of the Children's Bureau when it, when it was first established was to investigate infant mortality and some of their initial efforts included cleaning up cities where there were high rates of infant mortality.

And they also supported the clearing of milk supplies of bovine tuberculosis, which is known to cause death and disability among children. And then finally, the Children's Bureau supported the fortification of milk with vitamin D to prevent rickets. In 1915, the Children's Bureau launched maternal and child health or MCH research projects. And one of those projects included a nationwide campaign to improve the health of children.

And this was called the Campaign for Better Babies. And the Campaign for Better Babies was essentially the origins of a preventive well visit. The campaign provided health clinics for children, provided mothers with basic classes and first aid, nutrition and home health care, and then recorded the infant weights and heights. And this was the origins of collecting health data on infants and children and served as the foundation of national statistical data sets. However, because segregation was still a standard practice in the United States, in 1915 black children and families were forced to utilize separate clinics and were not included in height and weight measurements that I mentioned made up the foundation of national statistical data sets the children's bureau and other federal agencies did not invest in the health of black babies. That was actually left up to private organizations and citizens to develop programs and they had to rely on their own resources. Booker T Washington was one of those private citizens that looked to invest in the health of black babies and as such.

And in 1915 he launched National Health Improvement Week which later had a name change to the NNHW. And the purpose of this Health Observation Week was to provide general sanitary improvement of the community for health and betterment of the individual family and home the campaign for better babies was interrupted by World War One.

And then after the war, what were known as fitter families, contests emerged. And I'll say here that fitter family contests were separate from campaign, from the campaign for better babies. But it was but these fitter family contests were an outgrowth of the better baby campaigns. And these contests moved completely away from prevention altogether and were undeniably a practice of eugenics.

And you'll see eugenics defined on the slide there, which is the practice or advocacy of controlled selective breeding of human populations, as by sterilization to improve the population's genetic composition. And so instead of examining just infants and children as the campaign for better babies in the Fitter Families contest, judged and scored entire families using criteria that were rooted in ableism and racism and reinforced the white supremacist and ableist ideas that white abled Americans had the most desirable characteristics physically and essentially encouraged stripping those that fell outside of those characteristics of their reproductive rights Each of these contests had a winner. Scores and rankings were modeled after those that were used for livestock and many of these contests took place during state fairs, which were often government sponsored and funded These fitter family contests were eventually discontinued once the horrors of Nazi Germany were revealed to be based on the idea of eugenics.

However, as we know, the ideal. The idea and the concept of what the ideal American family looks like remained and as we know, still remains deeply ingrained. The Children's Bureau has been, as we as we move into thinking about the Children's Bureau today, it's worth mentioning that the Children's Bureau has been housed in many different agencies over the last century, including the Department of Labor and the Federal Security Agency.

However, in the sixties, the public health and welfare duties of the Children's Bureau were split. And what is now known as the Maternal Child Health Bureau took on health and public health while child welfare stayed with the Children's Bureau. And today, the Children's Bureau exist within the Health and Human Services Administration of Children and Families and is responsible for administration of programs that support state child welfare services. And I also want to highlight that the Children's Bureau and you can see a screenshot from their website that I took just a couple of days ago, promotes and supports strategies for reducing and or eliminating disproportionality and disparity within the child welfare system.

And they have a whole host of resources there for folks that are doing work to decrease inequities in child welfare system. So I encourage you to check those out

And with that, I will pass it over to my colleague Allison to continue us on our reflection on the past Thanks, Ana.

And I'm going to share a little bit with you about the Sheppard Towner Act of 1921 in this that advocates mobilized newly enfranchised white women to support this act which from the outset excluded the voices and specific needs of women of color.

The law provided matching federal funds to states for maternal health, health care initiatives within that physicians and public health nurses for mothers about prenatal care, screened

children for preventable diseases and weight and measure them again because this was in the twenties. Segregation was still a standard practice in the U.S., so it's reasonable to assume that families and children of color were excluded from these services and height weight measurements. The act also increased funding and the ability of states, typically health departments, to regulate midwifery via guidelines and certification programs that were noted in a white dominant frame of birthing practices. While this brought some helpful practices to midwifery, it also served to eliminate many traditional cultural practices of midwifery, which were a form of community self-care for many black birthing families.

Since many Black Wives, Black midwives were disqualified based on new licensing requirements, licensure also uprooted and interrupted apprenticeship practices among black midwives, they had long served as a way to train midwives.

The outcome, dwindling numbers of black midwives who practiced traditionally and were more accessible to black birthing people, and an exponential increase in the available availability of white midwives for the next reason the act was not renewed after expired in 1929 because of opposition from physicians fearing socialized medicine and because politicians learned that women didn't vote as a bloc, meaning supporting the act wasn't required politically to secure the vote of women. Excellent.

And now we're going to ask you to pause and reflect on a couple
of questions.

I'm going to read the questions to you and then we're literally going to ask you to pause your recording so that you can go to a GM board where you can share your anonymous functions and read those of others that are viewing this section. So the first question I'd like you to reflect upon is what are some of the key moments in history that cemented and reinforced systemic inequities by race and ability for early childhood outcomes that we witnessed today? Second, what feelings came up as you learned about or heard?

Again, the history of violence, racism and ableism embedded in the history of our country and the lasting impact that history has on children today. And now I'm going to ask you to visit this link or use the QR code. Again, these reflections are anonymous, but we really love for you to share your thoughts and take some time to view the reflections of others. So go ahead and pause the recording and then come back when you're done.

Thank you, Alison, for walking us through the Sheppard Towner Act, prompting our first moment of reflection here I am going to now transition us to the shaping our future piece of our presentation, where we're going to review the modern day investments in improving early childhood outcomes, again with a lens on how they've evolved over time to center equity. So the first modern investment that we're going to talk about was actually incepted back in 1935, and I'm sure many of you are familiar with it, but that would be title five of the Social Security Act, which was signed by President Franklin Roosevelt.

The law built on the federal state partnerships established by the Sheppard Towner Act, and it was initially administered by the Children's Bureau and provided funding to states to promote the health of women and children in poverty.

I do want to note here again it was 1935. Segregation was still standard practice and since and we know from previous from the campaign for better babies and even the shepherd counteract we know that funds were likely not implemented or distributed in a way that was equitable and that black family and black families and children and families of color were likely excluded from many of the benefits of this initial title five funding Finally, this was one of the first pieces of legislation to focus specifically on the needs of disabled children. And you can see the initial focus of the legislation written there on the slide about almost 50 years later, the Title five funding was converted to a block grant as we know it today, and this meant that all 59 states and jurisdictions receive a grant based on their population size.

And for those that are interested in the history of that, that conversion actually happened under the Omnibus Budget Reconciliation Act of 1981.

So today's title five programs we fast forward now to 2022 are administered by the Maternal and Child Health Bureau and they the block grants offer a lot of flexibility with accountability to states to decide the systemic approaches that they want to take to improve health and access for all women, children, youth and families as a part of the accountability mechanisms that states are required to conduct a needs assessment every five years to determine priority needs that are specific to their state or jurisdiction and community and public input is required as a part of this process. Every five years and each year, states must submit an annual report of progress and an action plan for each of the population domains that outlines the strategies that they've decided upon to meet the priority needs that were determined from their most recent needs assessment. And again, these yearly reports and action plans are required to be made available for public input and comment each year.

Cheryl Mathis and Becca Hofer for at Altarum. I conducted an analysis on MCH. Priority Needs that emerged from the 2015 Title five needs assessments across the country and the 2020 priorities that came from the needs assessments conducted across the country. And they found that from 2015 to 2020 that the needs assessment meant that the priorities identified through needs assessment shifted considerably.

So in 2015 many more of the priority needs were focused on individual health outcomes and behaviors, whereas by 2020 many of the priority needs that were elevated were more focused on the larger systems and environments that surround populations.

In addition, in 2020, many more states hone their focus on developing priority needs that centered, specific racial and ethnic population. And determinants of health and health equity. And so that wraps up our, our overview and review, quick review of Title five. And now I'll hand it over to Chris to chat with you all about the Essex Project's the Early Childhood Comprehensive Systems Initiative was developed in 2003 as a result of the 2002 HB Strategic Plan for Early Childhood, calling upon state Title five programs to use their leadership in convening powers to foster cross-agency early childhood systems development, planning to address health equity and disparities in school readiness. But even though at its root is a call to action around improving early access to comprehensive systems for all children and eliminating disparities in early childhood development

and school readiness, a more explicit focus on equity and implementation emerged over time as it became increasingly clear that this was essential to address disparities in early childhood.

And as a need for a focus on equity, equity was made tragically clear by national events, including the brutal murder of George Floyd.

And so I'm going to talk about that evolution over time. So in 2003, there were two year planning grants that were about 100,000 per year were available to all states and territories to plan, develop and ultimately implement collaborations and partnerships to support families and communities in their development of children that are healthy and ready to learn.

At school entry. It covered things such as medical home access, addressing needs of children at risk for mental health problems, early care and education, parent education and family support. In 2005, there was a day when we moved from planned.

There was a move from planning to implementation.

All states interim areas territories were invited to implement plans or continue planning to achieve these goals and overall program goals across multiple and across multiple competitions remained similar. There were rewards of approximately 140,000 per year and across iteration there was attention to those living in poverty, those from non-English speaking families, and attention to cultural competency, which was the preferred language and focus of the day.

So now we often talk about cultural humility instead. I would also note that many awardees reported data by race there. And that it is that is important because the policies and recommendations that were focused on tackling disparities were driven less by a required explicit focus on equity at the national and state level and more by the empirical realities of the situation. If you look closely at data on children and families in just about any state across the country, and in many territories, you come to the realization that you can't improve outcomes for the most vulnerable families without targeting policy based on race, ethnicity and or language. Even if tackling equity becomes problematic in places because of political context, you will need to figure out some kind of targeted universalism approach, if you are serious about improving the lives of all children, especially the most vulnerable. In 2013, six was still available to all states and territories with a restated purpose to improve the healthy, physical, social and emotional development during efficacy in early childhood.

To eliminate disparities and to increase access to needed early childhood services. An additional shift was that states were asked to prioritize a focal area of systems development out of the following options included mitigation of toxic stress and trauma systems, coordination around developmental screening and referrals, and improving health and safety and child care.

While still focused on serving all children, there still wasn't a strong, explicit focus on equity as a key component of implementation.

But once again, as states looked at data, they were encouraged to adopt changes that included a targeted focus on the most vulnerable populations. In 2016, a significant shift took place that led to the development of the E6 Impact Program.

Which included an aspirational program aimed to embrace early childhood system building and demonstrate improved outcomes in population based children's developmental health and family well-being indicators, including improving the developmental health of three year olds by 25% within one to five communities. In, as part of those changes, awards were limited to 12 states to accommodate an increased amount of funding per state, which went up to over $500,000 per year for five years.

Awardees were expected to apply continuous quality improvement principles and participate in the Collaborative Innovation and Improvement Network known as the COIN.

So awards were still state based. This inclusion of a placed patient based approach with the intention to spread and scale successful strategies statewide was new. Of note for the next part, one of the communities in each was required to be a mixed community. Early in this initiative, it was recognized that desired outcomes could not be achieved without a strong focus on promoting family leadership. Equity developed into a guiding principle of this initiative and awardees advance a variety of strategies such as integrating diverse community and family voice into state systems development and identifying and addressing disparities in service areas. The Awardee Focus on Equity was self-created forcing peer sharing enhance that focus across states that brings us up to today.

2021 when another redesign occurred. Rooted in lessons learned from prior iteration lessons learned from prior iterations in the broader field about making a statewide impact.

And these priority to accelerate upstream together.

The redesign moved ECCS closer to its original design, including required involvement of Title five The current ECCS Program ECCS Health Integration Prenatal.

The three program brings an added emphasis to prenatal populations health systems integration within a comprehensive early childhood system. And most notably for this presentation, an explicit focus on promoting equity as a central objective. Awardees are working to build integrated maternal and childhood systems of care that are equitable, sustainable, comprehensive and inclusive of the health system, and that promote early development, health and family well-being and increase family centered access to care and engagement of the prenatal to three population.
Among other goals and objectives, they are working to increase state level capacity to advance equitable and improved access to services for underserved pediatric populations and are expected respected to set specific and measurable P through three health equity goals in a statewide early childhood strategic plan encouraging authorities to infuse equity into all their work when the new ECCS is a key goal in the Early Childhood Systems Technical Assistance and Coordination Center, of which I am a part.

This is linked to another critical objective, which is to strengthen family leadership so families can play a key role in designing a system that works for families

This strong focus provides states with a tremendous opportunity to identify and address disparities As you can see, the explicit focus on equity within ECCS has grown over time.

The current context and the longstanding nature of disparities in early developmental health and family well-being require new and innovative approaches to improve outcomes for children and families.

If you are in a state with these kids, we encourage you to reach out to your state ECCS Lead and Family Leader to find out what ways you can work together to advance equity and help remedy disparities. I'm going to turn it over to Allison now to talk about MIECHV.

Thank you, Chris. I am here to talk to you a little bit about vestment and MIECHV programs and the progress of equity within this program.

In 2010, Congress passed the landmark legislation. The patient Protection and Affordable Care Act. This amended Title five of the Social Security Act to include the maternal infant in early childhood home visiting or MIECHV program. MIECHV supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.

Families choose to participate in home visiting programs and partner with health social service in child development professionals to set and achieve goals that improve their health and well-being.

This act of legislation funded all 50 states and territories and set aside 3% for tribal organizations through fiscal year 2014.

Since then, several extensions have been granted, though funding is set to expire in September, if not reauthorized. Current advocacy efforts are underway, with the home visiting Coalition and others recommending funding MIECHV over the next five years with increases of 200 million annually. Current funding is at 400 million per year or funding has been in place for over a decade.

This represents a small percentage of the need. Home visiting is an equity accelerator, and while there is a need for universal services, we should ensure those communities with the greatest inequities are first in line. Over the past 12 years, there has been progress in the focus on equity, but there is still much work to be done. Some of these shifts have been the informal ways in which we talk about home visiting, but others have been concrete efforts to focus on improving equity. Some of the informal shifts have been moving from emphasizing high risk populations to at risk communities and recognizing that the communities are at risk because of the systemic inequities and not because there is something wrong with the people that live there.

More formal efforts to focus on equity have been included in the statewide home visiting needs assessment conducted in 2020 and a focus on equity as part of the continuous quality improvement plan that each awardee submits every year. Starting in 2021. Make the awardees conducting new

evaluations, joint peer networks to conduct coordinated state evaluations that include a focus on health equity.

Aside from the requirements, many awardees have recognized the importance of including parents as thought leaders and partners as we do this work. This is an important example of how home visiting programs can be an equity accelerator as they are better able to zero in on what is needed to reduce inequities within the population being served Launched early in 2021 the Health Equity Home

Visiting Collaborative Improvement Innovation Network, or CoIIN, aims to produce an actionable, evidence based framework that presents factors that are modifiable by MIECHV funded programs to ensure sustainable changes leading to health equity and home visiting.

We look forward to seeing those results. Finally, by the MIECHV Technical Assistance Resource Center, or task is committed to including a focus on diversity and equity in our universal resources and providing opportunities to awardee such as Communities of Practice focused on equity. We also aim to provide to with equity and mind even when the to request is not specifically about equity and can provide to on improving equity when requested. Finally, the park has an internal equity, diversity, inclusion and belonging work group to focus on how we can improve in our work in this area.

With that, I'm going to turn it back over to Ana.

Thank you, Alison, And thank you, Chris, for reviewing the evolution of the investments and ethics projects and programs.

I am going to wrap this out today.

I know we've heard a lot of information, some of it you may have known, but hopefully you've learned a lot of new things as well. But before we wrap up, a couple of additional reflection questions that we'd love for you. Again, as Alison shared earlier, if you'd like to pause the video or we're almost done, and once we wrap up, you want to share your thoughts.

But these questions are what lessons can we learn from the three U.S. historical events we discussed today in terms of outcomes for early childhood?

And what insights might we take into the work we are doing today? And finally, we invite you to consider your sphere of influence and power in the early childhood or MCH program that you administer support. What actions can you personally take to move the trajectory of early childhood outcomes toward justice? And again, we encourage you to share and or view the anonymous reflections of others.

There is a there are four different slides within the Chamber Board. You can add your reflections to each of the questions that we've posed throughout the presentation.

And again, you can view what others have shared as well. I wanted to close this out today with one of my favorite quotes from one of my favorite authors and community organizers, Adrian Marie

Brown. And that quote says that what we practice at the small scale sets the pattern for the whole system.

And I like to wrap up with this quote. When I give presentations because it's a reminder of the power that we do have to change systems as individuals.

And it reminds us that the interactions that we have with others, the choices we make day to day and how we do our work and implement our programs has ripple effects far beyond what we can even imagine. So I hope that you walk away today with lots of information to think about and are inspired to reflect and think about how you have the chance every single day and the way that you interact with others and make choices to impact the systems around you.

We have some additional resources from our respective technical assistance centers.

Some of these are linked on the slides here, but they'll also be available within our session for you to download if you're interested in taking a look at these.

I think that the many of these resources are going to be helpful starting points when thinking about actionable things that you can do to move your programs towards equity and justice. I wanted to share my references here for the presentation and offer them as a place for you to start your own independent research and learning on these events and others if you're interested. And now I will wrap this up and thank you for your time, your attention and reflection. We are very grateful that you chose to view our recording and we hope that we've achieved our objectives.

I've listed our emails here. If you'd like to get in touch with us to share your feedback or reflections on this presentation, if you have any questions or if you just want to chat with someone to further process what you've learned today, we'd be happy to hear from you.

Thanks so much.