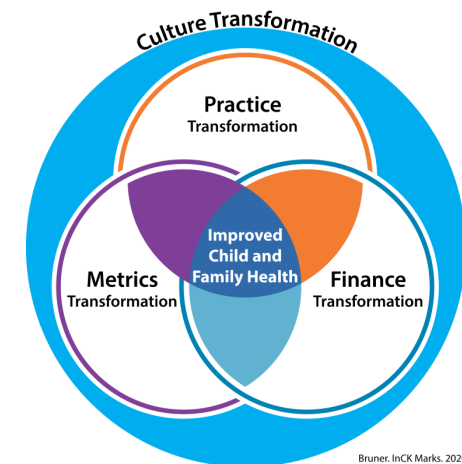


## InCK Marks Briefing and Dialogue: Child Health Transformation and a Relational Health Workforce

InCK Marks Monthly Dialogues with National  
Resource Partner Network and Leaders in  
Child Health Transformation

April 7, 2021



Bruner. InCK Marks. 2020

## Webinar Agenda

- Introduction – Charlie Bruner
- Briefing – David Willis, the Concept of Relational Health and the Need for a Relational Health Workforce; Charles Bruner, Current Policy Opportunities for the Field
- Dialogue: Opportunities for Advancing Relational Health – Melissa Bailey, Moderator

## InCK Marks Mission and Agenda

**InCK Marks** Mission: Support leaders in the field in advancing child health care transformation:

1. Produce/disseminate state-of-the-field resources based upon overarching child health care transformation framework developed by National Advisory Team
2. Share resources and expertise and advance the work of 35+ national resource partners in promoting child health care transformation
3. (New) Develop, educate about, and build support for policy initiatives to advance child health transformation, including dialogues with the field

# InCK Marks **InCK Marks National Resource Network**

AcademyHealth

American Academy of Pediatrics

Ascend at the Aspen Institute

Association of Maternal and Child Health Programs  
(AMCHP)

**Building Community Resilience**

**Center for Health Care Strategies (CHCS)**

**Center for the Study of Social Policy (CSSP)**

Center for Youth Wellness

Chapin Hall Center for Children

**Child and Adolescent Health Measurement Initiative  
(CAHMI)**

Child Trends

Children's Hospital Association

Community Catalyst

Community Based Workforce Alliance

Diversitydatakids.org

Duke-Margolis Center for Health Advocacy

Families USA

**Family Voices**

**Georgetown Center for Children and Families (CCF)**

Health Leads

Health Outcomes for Positive Experiences

Healthy Steps and Zero to Three

**Help Me Grow National Center (HMG)**

Manatt

Mental Health America

National Alliance to Advance Adolescent Health

National Center for Children in Poverty

National Family Support Network

National Improvement Partnership Network

National Interoperability Collaborative/Stewards for  
Change

**National Institute for Children's Health Quality (NICHQ)**

Nemours

Partnership for America's Children

Prevention Institute

RISE Institute

Safe Environment for Every Kids (SEEK)

Social Interventions Research and Evaluation Network  
(SIREN)

Start Early (formerly the Ounce)

United Hospital Fund

University of Texas Center for Health and Public Policy

Wellbeing in the Nation (WIN) Network

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)



**CHILD HEALTH EQUITY** is achieving the highest level of health for all children and entails focused societal efforts to equalize the conditions for health for all children, especially for those subject to socioeconomic disadvantage or exclusion, including an undergirding commitment to undoing racism. ... InCK Marks

## The Relational Health Workforce Back Story

1989 – *Within Our Reach: Breaking the Cycle of Disadvantage.* (Schorr L)

1994 – *Beyond the Buzzwords: Key Principles in Effective Frontline Practice*  
(Kinney J)

Principles for Family Support Programs (FRC)

Principles for Early Childhood Programs and Services for Infants and Toddlers

Principles for Child Mental Health (CASSP)

Principles for Health Care Services for Infants and Toddlers with Special Health Care Needs

Principles for Child Welfare

Principles for Child Abuse Prevention

Principles for School-Community Collaborations and School-linked Services

Principles for Education

Principles for Disability Community

Principles for Youth Development

Principles for Service Integration (NCSI)

2003 – *Family Pediatrics: Report of Task Force on the Family* (Schor E)

## Principles Found in Systems Reform Literatures: Described in *Beyond the Buzzwords*

- **Building on Strengths:** Effective workers emphasize client strengths, rather than client pathology, and use client strengths and resources in problem-solving
- **A Holistic Approach:** Effective workers view their clients holistically and their treatment plans encompass a broad range of factors
- **Partnership in Decision-Making:** Effective workers join with their clients as true partners in a collaborative problem-solving effort
- **Individual Tailoring of Services:** Effective workers tailor treatment plans to meet the needs and goals of their clients
- **Goal Setting and Monitoring:** Effective workers and clients work together to create very specific, short-term, measurable goals for treatment
- **Worker Characteristics and Skills:** Effective workers display certain skills and attitudes, including the ability to engage clients in a [trusting working relationship](#), to express appropriate empathy, and to facilitate learning of a broad range of life skills.

## Not a Field, But Many On-the-Ground Iterations

Community Health Workers

Promotores de Salud

Doulas

Family Development Specialists

**Family-Centered Care Coordinators (Targeted Case Managers)**

Family Service Workers

Accompagneurs

Abriendo Puertas (Door Openers)

Family Navigators

Health Realization Coaches

Family Resource Center and Parenting Program Staff

Home Visitors

Para-Educators, Staff in School-Based Youth Service/Health Centers, Community Liaison Staff in Community Schools





# Early Relational Health

## InCK Marks Dialogues

David Willis, MD, Center for the Study of Social Policy Early  
Relational Health Coordinating HUB  
April 7, 2021



**Center for the  
Study of  
Social Policy**  
Ideas into Action





**Q. Why Relational Health?**

**A. It's a Core Component of Child Health.**

Child Health Includes:

- Physical/Medical Health
- Social/**Relational** Health
- Cognitive/Developmental Health
- Emotional/Behavioral/Mental Health

*Relational health is achieved through positive relationships.  
A relational child health workforce helps build those positive relationships.*

## Early Relational Health Development

**Mutual Attention & Engagement 2-3mo**



**Mutual Responsiveness 2-4 mo.**



**Mutual Enjoyment 3-5mo**



**Mutual Initiation 7-10 mo.**



**Mutual Imitation 9-12mo**



**Shared Goal 15-18mo.**





## Early Relational Health Definitions and Messaging

**Early relationships:** Early relationships shape the health and well-being of both the child and the caregiver and are a key driver for social-emotional development. – Frameworks Institute, 2020

**Early relational health:** a foundational, culturally embedded and developing set of positive, responsive and reciprocal interactions from birth that nurture and build emotional connections between caregivers, infants and young children and results in the emerging confidence, competence and emotional well-being for all. -- National ERH Advisory Panel, CSSP, 2020

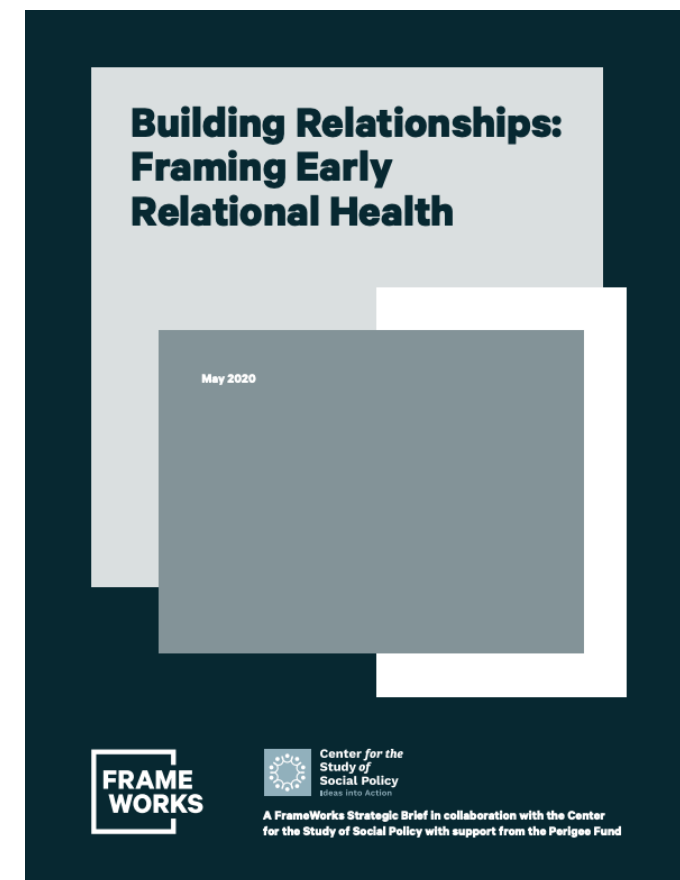


## Early Relational Health The Frameworks Institute Report

***Early relationships matter. How we talk about them matters as well.***

### ***Early relational health:***

- *A new term (not a new field or new discovery)*
- *Builds upon decades of research from the fields of :*
  - *child development*
  - *infant mental health*
  - *neurodevelopment*
- *Focuses on the centrality of relationships between caregivers and very young children for future health, development and social-emotional wellbeing*





## Early Relational Health Coordinating HUB Approach

Building upon work and models in child health and early childhood and partnering with others in the field, the HUB's approach involves:

- Equity to Action with Families
- TA/Partnership with National Networks and Communities
- Research
- Influencing Policy
- Communications and Dissemination



## Building a Relational Health Workforce as Key to Achieving ERH

*“If we are careful in the development of a relational health workforce, we have an unprecedented opportunity to advance early relational health, equity, and social fabric rebuilding with a focus on relationships that counter isolation, bring empathy, provide encouragement and hope, demonstrate their own courage that confronts racism, support recovery and healing, and bring the human-to-human storytelling that is the essence of relational protection, healing, recovery, and community resiliency.”* -- David Willis Commentary, InCK Marks WP7

## Federal Leadership and Building a Relational Health Workforce

**Briefing on Current Specific Federal Actions to Advance a Relational Health Workforce for Children and Families**





## FEDERAL POLITICS AND POLICY

- **Poetry:** Setting the Stage During the Campaign – a transformational agenda for children and families
- **Preamble:** Immediate Initiation of Response – American Rescue Plan Act of 2021 in place for state and local roll-out
  - **Funding for public health workforce -- \$7.66 billion**
  - **Funding for community health centers and community care -- \$7.6 billion**
- **Prose:** Building Back Better – Establishing a health and development infrastructure, including making permanent temporary features of ARPA

## **POLICY LEVER 1/BIDEN ADMINISTRATION: BUILDING A COMMUNITY HEALTH WORKFORCE**

“Addressing our nation’s caregiving challenges requires investing more in communities that suffer from significant racial health disparities driven by chronic underfunding and systemic racial discrimination. Biden will more than triple the number of community health workers – often workers of color serving the communities where they live. He will do this by providing direct grant funding, as well as adding community health worker services as an optional benefit for states under Medicaid. **Community health solutions can lead to better health outcomes, allow people to live with more independence, and ease caregiving challenges through a focus on prevention and care coordination,**” *Biden Building a 21<sup>st</sup> Century Caregiving and Education Workforce plan*

## **POLICY LEVER 1/CONGRESS: BUILDING A COMMUNITY-BASED HEALTH WORKFORCE**

“Congress must create at least 250,000 permanent, high-paying public health jobs. ... When the pandemic eases, **this public health workforce should continue to work to reduce health disparities, improve health messages among their communities, and address the social determinants of health. Workers can be recruited from and serve their home communities, and they should be trained in alignment with best practices.**” -- *Senator Warren-Congressman Khanna Sign-on Letter (October 22, 2020 with 141 Congressional Co-Signors)*

## **POLICY LEVER 1/POLICY EXPERTS AND ADVOCATES: BUILDING A VALUED AND RESOURCED COMMUNITY-BASED RELATIONAL HEALTH WORKFORCE FOR CHILDREN**

We urge you to invest in and scale up America's community-based workforce. ... Work to recruit, hire, manage and protect community-based workers with a racial equity framework to ensure efforts are impactful and include an **authentic, locally-sourced, trusted and culturally and linguistically appropriate workforce**. – *Community-Based Workforce Alliance Letter to Biden Administration*

[Provide] expanded funding (through the Title V Block Grant or other flexible block grant funds) for a **community-based child health workforce** (e.g. community health workers, family specialists, relational health workers, doulas and midwives, family navigators, and others) **to build the capacity to provide family-centered, high-performing medical homes for all children**. – *InCK Marks National Advisory Team Letter to Biden Administration*

## **POLICY LEVER 2/BIDEN ADMINISTRATION: EXPANDING COMMUNITY HEALTH CENTER RESPONSES TO CHILD DEVELOPMENT/NURTURING**

**Provide early childhood development support to families where they are most likely to access it – the pediatrician’s office. ...**

President Biden will provide funds to ensure that there is an early childhood development expert in every community health center. He will also provide grants to help cities place early childhood development experts in other pediatrician offices. – ***Biden***

***Education Plan***

## **POLICY LEVER 2/EXPERTS AND ADVOCATES: EXPANDING CHC RESPONSES AS A PRIMARY CARE CHILD DEVELOPMENT INITIATIVE STRENGTHENING RELATIONSHIPS**

**Strengthen families in ways that will prepare children for success.** The nation should use its universally available network of pediatric primary and preventive care practices to mount evidence-based parenting and early child development interventions. – *American Enterprise Institute and Brookings Institution Working Group of Poverty and Opportunity*

**Support integrated models that promote effective parenting.** An enhanced medical home providing integrated care for families in poverty ... is within the scope of practice for community pediatricians and the effects of toxic stress on children can be ameliorated by supportive, secure relational health during early childhood. – *AAP Council on Community Pediatrics Poverty Policy Statement*

**Transform pediatric care to be the gateway to comprehensive family-centered care and developmental support.** We recommend and support the creation of a new Primary Care Child Development Initiative (PCCDI) as a signature proposal to be rolled out by the Biden-Harris Administration. – *Zero to Three Letter to Biden Administration*

## Select Related and Complementary Statements from Others in the Field (Many with Joint Sign-On Letters)

- **American Academy of Pediatrics** (strengthen child health practice through *Bright Futures* and patient-centered medical homes)
- **Multiple Organizations from Participants in NASEM Collaborative on Healthy Parenting in Primary Care** (provide insurance coverage for evidenced-based parenting practices)
- **Children's Hospital Association** (invest in community-based workforce)
- **Zero to Three** (enact a primary care child development initiative)
- **Nemours** (authorize direct CMI investments in child health transformation)
- **Community-Based Workforce Alliance** (invest in high quality and well-compensated community-based workforce)
- **First Focus** (with Mental Health America and Nemours, establish White House Office of Children and Youth and in own extended document, rebuild federal investments in children)
- **Manatt** (create Children's Health Wellness Fund)
- **InCK Marks National Advisory Team** (Ditto to all the above – coverage, Medicaid enhancements, CMMI, community child health workforce, equity emphasis in planning and implementation)

## Levers 1 and 2: Part of Transformational Agenda for Children and Families

for further details:

<https://2020visionforchildren.com/child-health-activities>

(downloadable statements from different policy organizations and specific language/amendments related to above child health transformation provisions)



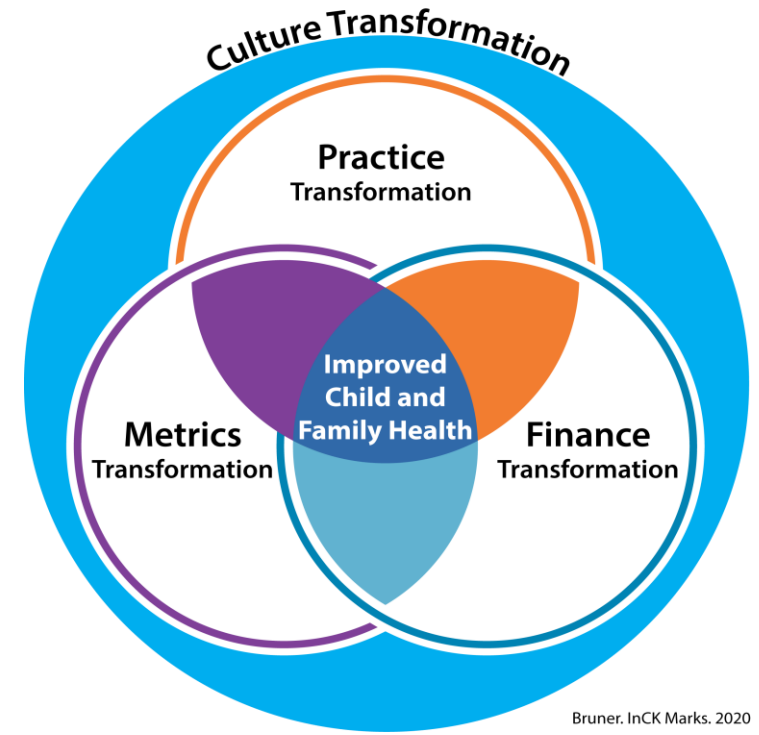
## InCK Marks National Advisory Team Statement: **Five Opportunities for Federal Leadership**

*Sign-On from 80+ Leaders in Field (and Growing)*

- **Invest in innovation/diffusion** – Significant set-aside of Center for Medicare and Medicaid Innovation funding for children’s developmental health
- **Expand coverage** – Ensuring all infants and young children have Medicaid/CHIP as default, mothers covered up to one-year post-partum
- **Improve Medicaid quality** – Enhanced federal match for differential payments for primary care services by high performing medical homes/relational care coordination
- **Build community health workforce** – Investment in community health workforce for children and families
- **Promote equity** – Investment in structures, trainings, and implementation guidance that is anti-racist and advances equity

# Dialogue:

- ❖ Thoughts on CSSP's Advancing of Early Relational Health (ERH) as a Framing Concept
- ❖ Thoughts on InCK Marks' Focus Upon Advancing a Relational Health Workforce
- ❖ Thoughts on Key Considerations in Defining and Operationally Developing a Relational Health Workforce
- ❖ Ideas on Coordinating, Aligning, or Developing Synergy Across Other Efforts in the Field



## Discussion

## Discussion

## InCK Marks Working Papers and Syntheses

Available at: [www.inckmarks.org](http://www.inckmarks.org)

- InCK Marks National Advisory Team. (March 2020). *Health Care Transformation for Young Children: The State of the Field and the Need for Action*. InCK Marks Working Paper Series. No. 1
- Bruner C, Johnson K, Hayes M, Dworkin P, Hild J, Willis D. (April 2020). *Young Child Health Transformation: What Practice Tells Us*. InCK Marks Working Paper Series. No. 2.
- Bruner C, Johnson K, Willis D, Hayes M, Bailey M. (June 2020). *COVID-19 and Child Health Care Transformation: Rising to the Opportunity*. InCK Marks Working Paper Series. No. 3
- Bruner C, Stein D, Johnson K. (July 2020). *Opportunities for State Advocacy on Child Health Transformation: Results from a Partnership for America's Children Member Survey*. InCK Marks Working Paper Series No. 4.
- Johnson K, Bruner C. (January 2021). *Medicaid Managed Care: Transformation to Accelerate Use of High Performing Medical Homes for Young Children*. InCK Marks Working Paper Series. No. 5.
- Bruner C, Bethel C. (January 2021). *Child Health Care Transformation, Nurturing and Resilience: Developing Transformed Metrics for Young Child Health*. InCK Marks Working Paper Series. No. 6.
- Bruner C, et. al. (March 2021). *Building a Relational Health Care Workforce for Young Children*. InCK Marks Working Paper Series, No. 7.
- InCK Marks. (July,2020). *Health Care Transformation for Young Children: A Landscape of Federal and Foundation Initiatives and Model Dissemination Efforts*. InCK Marks Resource Brief.
- Ink Marks National Advisory Team. (December 2020). *Statement on Child Health Transformation and the Next Federal Administration and Key Themes from Brainstorming Sessions with National Resource Network Leaders*.

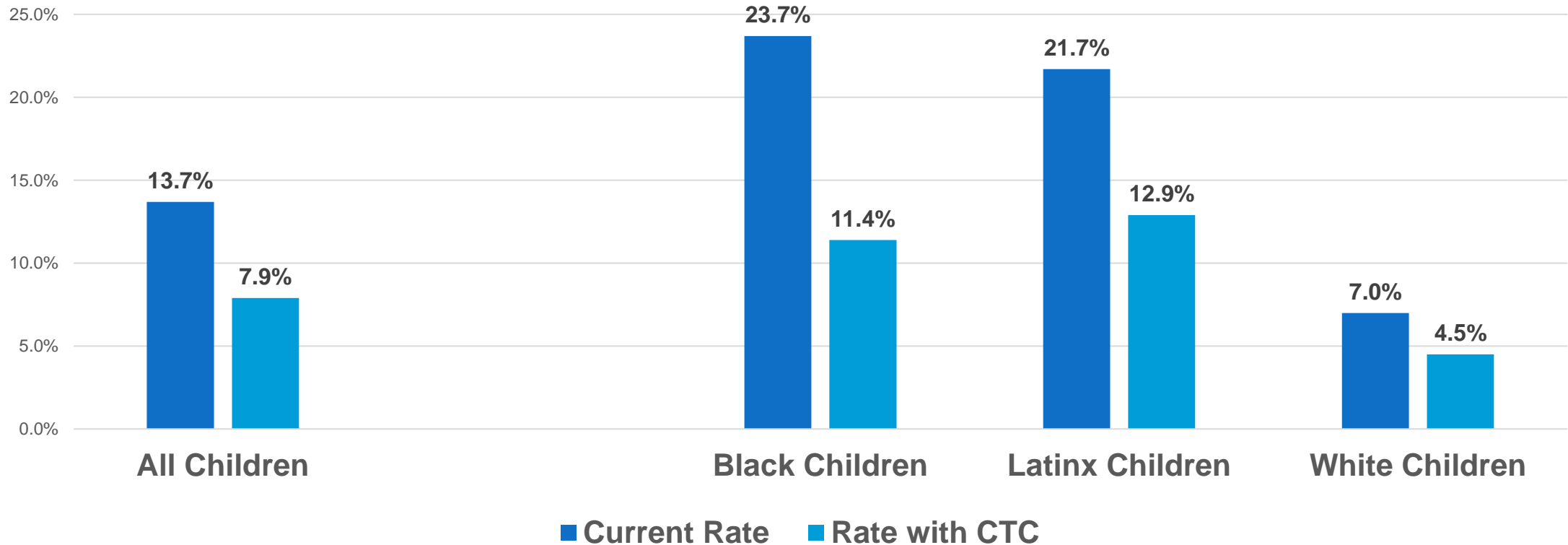


**We  
can achieve  
collective  
impact (if we  
engage in  
collective  
advocacy)**

## Following Through in American Rescue Plan Act of 2021 Most Directed to Child Relational Health

	<b>\$ BILLIONS</b>
Section 2001. Elementary and secondary school emergency relief fund	\$ 128.56
Section 2203-4. CCDBG and Child Care Stabilization	\$ 39.00
Section 2205. Head Start	\$ 1.00
Section 2207. CAPTA	\$ .25
Section 2301. Improvement to WIC benefits	\$ .49
Section 3021. <b>Funding for public health workforce</b>	\$ <b>7.66</b>
Section 3031. <b>Funding for community health centers and community care</b>	\$ <b>7.60</b>
Section 3036. Funding for family planning	\$ .05
Section 3037. Funding for children under the care of DHHS	\$ .42
Section 3051-57. Funding for mental health and substance abuse services	\$ 3.72
Section 3102. State option to cover women under Medicaid 1-year post-partum	--
Section 9101. Emergency assistance for families through home visiting (MIECHV)	\$ .15
Section 9611. Child Tax Credit Improvements for 2021	\$ 105.17

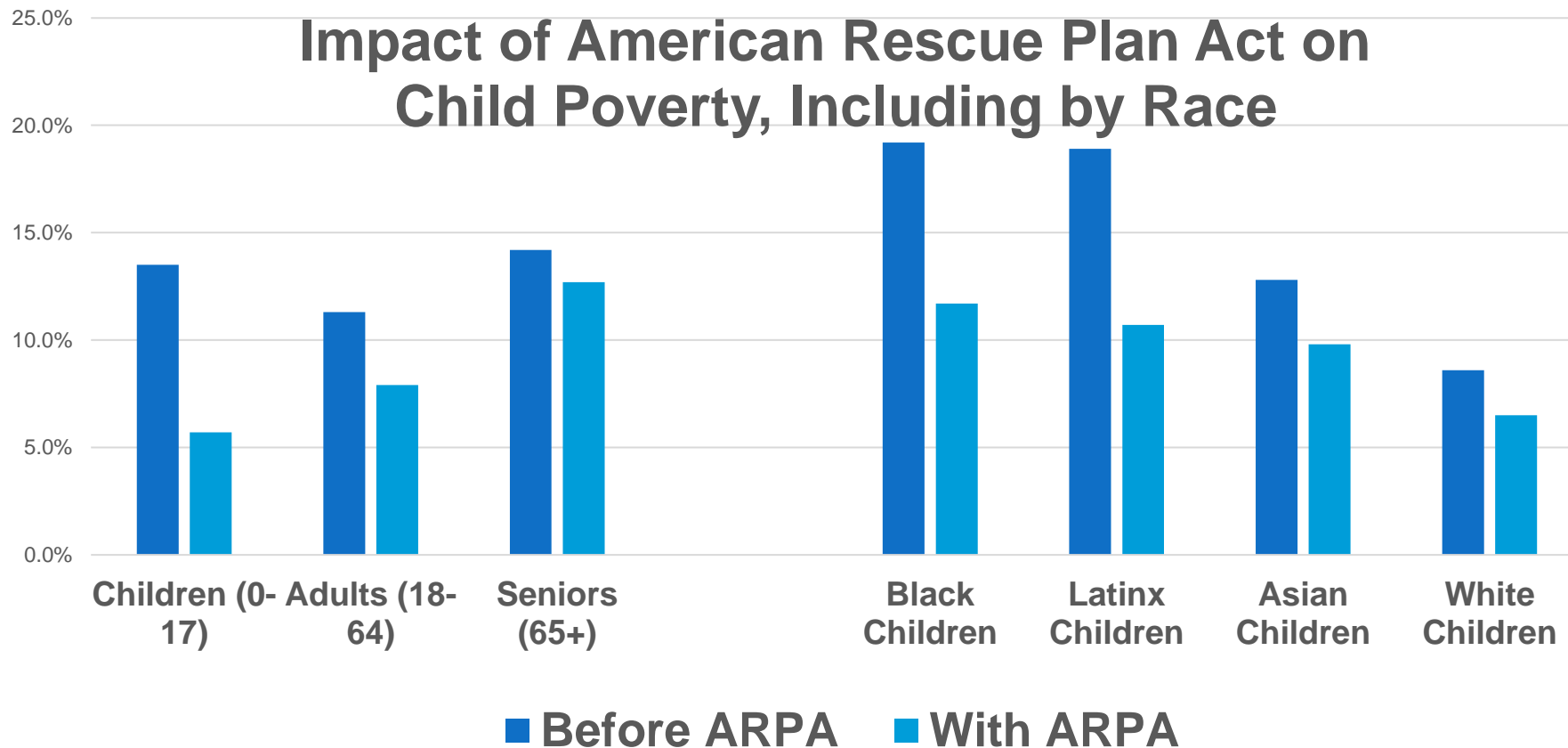
## Impact of Child Tax Credit Changes (Family Plan Act) on Child Poverty, By Race/Ethnicity



Source: Poverty and Social Policy Center at Columbia University. This compares the supplemental poverty measure before the child tax credit change and after the change. The Poverty and Social Policy Center has further analyses showing high overall returns-on-investment, which include beneficiary improvements in improved earnings and well-being and taxpayer benefits in reduced needs for other programs and contributions to the tax base. The Congressional Budget Office estimates of the costs of the CTC provisions in the American Rescue Plan Act are \$88.8 billion; the estimated returns-on-investment being almost ten times that amount.



## BUT WHAT ABOUT POVERTY? CAN WE ACHIEVE SUCCESS WITHOUT ADDRESSING THAT ROOT CAUSE?



Source: Poverty and Social Policy Center at Columbia Fact Sheet. Supplemental poverty measure/includes \$9.50 per hour minimum wage not in final legislation. Retrieved at: <https://www.povertycenter.columbia.edu/publications>

## Principles of High Performing Medical Home

- Children receive **well-child visits based on Bright Futures Guidelines**, reflected in state EPSDT visit schedule.
- All children are **screened** for medical, developmental, and social factors based on Bright Futures Guidelines.
- Practitioners provide **anticipatory guidance** that covers both child-specific medical and developmental issues, as well as protective factors and social determinants of health (e.g., income, housing, food, parental health, or social support).
- **Team-based** medical home provides enhanced care coordination/case management for children with identified medical, developmental, and/or social risk factors, at the level of intensity and duration needed.
- Medical home **links to or integrates with models** shown to improve health and developmental outcomes, such as family developmental specialists, home visiting, parent-child mental health therapy, and parenting programs.
- The team includes **trained staff whose roles are to engage and support families**, and Medicaid provides reimbursement for preventive services delivered by a broad array of staff (e.g., community health workers).
- **Monitoring and measurement approaches** promote continuous quality improvement and measure the impact at the child and family, as well as population levels.

- Centers for Medicare and Medicaid Services (CMS). Early and Periodic Screening, Diagnostic, and Treatment. <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- Bright Futures Periodicity Schedule Workgroup. *2020 Recommendations for pediatric preventive health care*. [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).
- Johnson K & Bruner C. *Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health*. [https://www.inckmarks.org/docs/pdfs\\_for\\_Medicaid\\_and\\_EPSDT\\_page/SourcebookMEDICAIDYOUNGCHILDRENALL.pdf](https://www.inckmarks.org/docs/pdfs_for_Medicaid_and_EPSDT_page/SourcebookMEDICAIDYOUNGCHILDRENALL.pdf)
- Johnson K, Willis D, & Doyle S. *Guide to Leveraging Opportunities between Title V and Medicaid for Promoting Social-Emotional Development*. Center for the Study of Social Policy and Johnson Group Consulting, Inc. 2020. <https://cssp.org/resource/guide-to-leveraging-title-v-medicaid-report/>