



April 1, 2020

Dr. Nadine Burke Harris
Surgeon General, State of California
Chair, Early Childhood Policy Council
1600 9th Street, Suite 460
Sacramento, CA 95814

Re: Child Health Equity and the Master Plan for Early Learning and Care

Dear Dr. Burke Harris:

On behalf of the undersigned child health equity organizations, we write to congratulate you and your fellow Council members in your role as part of the Early Childhood Policy Council and in the creation of the Master Plan for Early Learning and Care. As you undertake this critical work and provide recommendations to the Governor and Legislature, we respectfully offer the following comments and recommendations to ensure the Master Plan includes a focus on the health and wellbeing of children and their families.

Governor Newsom's actions continue to move the state towards a more just, equitable, and inclusive society where everyone, no matter their background, has access to the opportunities, resources, and supports they need to be healthy and thrive. We support Governor Newsom's bold two-generation investments that support children and their families through systemic reforms that focus on the whole child and bring together all of the myriad ways in which California serves families. Investments in early childhood development across sectors including increasing access to subsidized child care for low-income families, expanding funding and eligibility for health coverage programs, and investing in early learning and care data systems, move us closer to making the Governor's "California for All" agenda a reality for every child and family. The Master Plan offers an opportunity for California to center children, families, communities, and equity and ensure that the health of our youngest Californians is a priority for all of us. As a collaborative of state and local partners working to improve the health of every child and family in California, we are ready to support the development of the Master Plan in order to help the Governor implement his early childhood agenda and put California on a path to supporting the healthy development of every child, beginning with those who face the highest barriers to living up to their full potential.

A child's and their family's health is foundational to their ongoing success in the classroom and beyond. We respectfully offer the following vision for a "Whole Child" approach that centers the health and wellbeing of historically marginalized children and their families, and that the Early Childhood Policy Council may weave throughout its agendas, discussions, and recommendations. This vision acknowledges that inequitable outcomes that have plagued many families and their communities are not due to individual failures or choices, but are instead

rooted in oppression from racist or xenophobic systems, laws and policies that are a part of our state's country's history. It also lays the foundation for a collective equity agenda to transform current programs and policies to ensure all children, no matter their background, have the resources and opportunities they need to reach their full potential and lead healthy lives.

This letter offers recommendations for how the state can expand and improve its commitment to early childhood development and ensuring the systems of care are in place to help ensure that every child in our state should have the resources and support they need to live happy and healthy lives. Our recommendations for the Master Plan include: (1) the need for a strong focus on equity in children's health; (2) improvements to linkages between systems for child wellbeing; (3) strengthen the value of care in the community; (4) further investment in supports that strengthen families; and (5) an expansion of the accountability and improvement in the quality and availability of pediatric care.

The Need for a Strong Focus on Equity in Children's Health

While Governor Newsom's proposed investments build on the remarkable progress California has made for children, systemic inequities continue to persist and detrimentally impact the health of children from historically oppressed communities. California is home to 10 million children, of which three in four are children of color and half have at least one immigrant parent. Across the state, marginalized children and their families have higher rates of uninsured children, low birthweight, asthma hospitalization, lack of access to public funded early care and education programs, low 3rd grade math and reading proficiency, and student homelessness and poverty. Further, the current hostile federal environment has detrimentally impacted the mental and behavioral health of children and parents in immigrant communities by creating heightened stress, fear, anxiety, and depression. It has also created a "chilling effect" where immigrant families are increasingly wary of utilizing health coverage, nutrition assistance, early education, and other essential safety net services.¹ Finding solutions to the new and emerging problems that immigrant families face is especially important to the work of the Master Plan and our efforts to advance policies and practices that seek to effectively serve young children must be responsive to the needs of immigrant families.²

California is one of the most diverse states in the nation with a majority of its population, over 60 percent, comprising communities of color. Shortly, the nation as a whole will see similar demographic shifts and by 2045, people of color will represent a majority of the nation's population. Already 11 other states are at or close to a majority population of color. All children deserve the opportunity to meet their full health potential and lead fulfilling lives; our nation depends on it. In order to raise a healthier generation of Americans, we must first achieve health equity, and to do so, we must focus on the youngest, and historically marginalized communities. California now has the opportunity to lead the way and be a model of equity and innovation for the rest of the nation.

Improvements to the Linkages Between Systems for Child Wellbeing

The systems that are supposed to protect the health and wellbeing of children are failing. For example, the CA state auditor recently found that over 2 million children enrolled in Medi-Cal do not receive critical preventative health services they are entitled to each year, in part because of

¹ W. Cervantes, et al. "Our Children's Fear: Immigration Policy's Effect on Young Children," CLASP, March 2018, available at https://www.clasp.org/sites/default/files/publications/2018/03/2018_ourchildrensfears.pdf

² "California: Quick Stats on Young Children and Workers Providing Early Childhood Education and Care (ECEC)," Migration Policy Institute, available at <https://www.migrationpolicy.org/sites/default/files/publications/ECEC-Workforce-California-FactSheet.pdf>.

deficient oversight and lack of coordinated communication.³ The CA state auditor also recently found that millions of children in Medi-Cal have not received required testing for lead poisoning, also due in part to deficient oversight and management.⁴ Finally, California cannot ignore the disturbing, regressive national trends that we continue to see - from declining health coverage enrollment to federal anti-immigrant policies.

The creation of the Department of Early Childhood Development demonstrates the Administration's commitment to foster collaboration across programs. To be effective, this department must work to coordinate the various state systems that touch the lives of California's children that currently operate in silos, including early childhood and health programs administered by the California Department of Education, the Department of Health Care Services, and departments within the California Health and Human Services Agency, and the Department of Public Health. Operating in silos, these departments have not fully lived up to their duties and obligations, and deficient oversight and management have detrimentally impacted the children and their families that depend on their programs, services, and supports. Ensuring the Master Plan considers the unique leadership role of the new Department will help

In addition, enrolling every eligible child into health coverage and nutrition assistance through streamlined enrollment and interoperability strategies between CalFresh, WIC and Medi-Cal, such as Express Lane Eligibility, would further break the silos in which the systems are currently operating, and lead to improved health and wellbeing for marginalized families.

Strengthen the Value of Care in the Community

Community-centered health supports and services have an unparalleled ability to address the unique health and social needs within their communities. There are a number of community-centered programs that have shown to be effective in increasing the health and wellbeing of families. These include family wellness hubs or medical-legal partnerships that strengthen families and communities by addressing social determinants of health through a continuum of care approach that includes services such as screenings, mental health, literacy, early childhood education, early intervention, child welfare, social services and legal services in one place for a community to access.

Community Health Workers (CHWs), including promotores, doulas, and home visitors, are also an important but overlooked community-centered component of supporting the health and wellbeing of children and families. CHWs know community resources (e.g. housing, food, employment) and can assist families in getting the help they need (e.g. resources to find improved housing for a child with asthma who wheezes because of mold in her apartment instead of repeated ED visits). The Administration's investment in home visiting is an important step forward in supporting a community health workforce. The Administration should also consider making additional investments in other CHW programs that bring critical services to where children and their families live, work, and play.

Finally, the role of technology in improving access to critical health services in the community cannot be overlooked. Whether at schools or early learning centers, technology, such as through telehealth, can increase access to health care, such as behavioral and mental health services, for children and families at locations they already frequent.

³ Auditor of the State of California, "Department of Health Care Services: Millions of Children in Medi-cal Are Not Receiving Preventive Health Services," March 2019, available at <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>.

⁴ Auditor of the State of California, "Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning," January 2020, available at <https://www.auditor.ca.gov/pdfs/reports/2019-105.pdf>.

Further Investment in Supports that Strengthen Families.

Further investments in supports that strengthen families will embolden our state's prioritization of children by ensuring that parents and caregivers have all of the tools and resources they need to help their children thrive. In helping address the primary needs of families, the state can contribute to reducing or managing caregiver stress, a critical buffer against adversity.⁵ Creating healthy living conditions requires economic stability, food and housing security, and robust access to well-resourced early learning programs.

Child wellbeing and life course outcomes are strongly related to family income and access to public programs. Continuing to advance and implement the expansion and enrollment of Medi-Cal to all low-income Californians, regardless of immigration status, as well as opening up the Expanded Income Tax Credit and nutrition programs to all families, no matter their immigration status are concrete opportunities to offer families the security that comes with health coverage as well as additional income supports. In addition, advancing continuous Medi-Cal coverage for children up to age 3 offers families the early interventions proven to be most impactful on healthy childhood development. In addition, the availability of safe and welcoming spaces for children and youth through “safe space” policies that protect the safety, privacy, and wellbeing of immigrant families and their children offer the necessary supports for California’s diverse families, while also preparing early childhood educators and program leaders.

Expand Accountability and Improve the Quality and Availability of Pediatric Care

In 2016, over 1.4 million children under the age of five received health coverage through Medi-Cal.⁶ Pediatric care is integral to a child’s healthy development, and should thus be integrated into any state early childhood development strategy. The health care system is most often the first point of contact for a child with support services, starting from their birth. Additionally, given that early social and emotional health contributes to a child’s lifelong prospects for physical and behavioral health, school success, and productivity, it is critical to make social and emotional health interventions a routine part of pediatric care. As part the Administration’s early childhood development interventions, Medi-Cal can and should play a central role in contributing to the integration and quality of care delivery by tying Medi-Cal financing to effective pediatric care improvements and outcomes, and promote health care integration with support services that address the social determinants of health.

However, Medi-Cal care for children has been inadequate: A recent report from the State Auditor found that Medi-Cal children are not receiving the prevention and early intervention services to which they are entitled, and California ranks 40th among all states in providing preventative health services through Medicaid.⁷ Several state audits identified significant problems with the Medi-Cal’s accountability of their managed care plans providing care to Medi-Cal beneficiaries including children. The 2019 report also revealed low Medi-Cal utilization rates among children: Rates remained below 50 percent from 2013-2018, and were far lower in many rural counties throughout the state.⁸ Ensuring that young children enrolled in Medi-Cal are connected to the services they are entitled to through the Medicaid Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit is a critical step to ensure that children are born

⁵ National Academies of Sciences, Engineering, and Medicine. 2019. *Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25466>.

⁶ Kidsdata.org. (2017). Medicaid (Medi-Cal) or CHIP Coverage, by Age Group (California & U.S. Only). Retrieved from: <https://www.kidsdata.org/topic/2000/means-tested-insurance-age/table#fmt=2507&loc=1,2&tf=88&ch=928,1301,1303,1300,1302&sortColumnId=0&sortType=asc>

⁷ California State Auditor Report 2018-111, Department of Health Care Services -- Millions of Children in Medi-Cal are not Receiving Preventative Health Care Services. (April 2019). Retrieved from: <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>

⁸ Ibid.

healthy, receive the appropriate early interventions like home visiting and services to address developmental delays, and develop optimally. The Governor's 2019/2020 budget took important steps to begin to reverse this troubling trend however far more is needed to improve accountability and promote preventive care utilization.

The Master Plan must address the critical role the Medi-Cal system plays in promoting child development including behavioral and physical health. The Administration's recent California Advancing and Innovating Medi-Cal (CalAIM) initiative unfortunately does not provide an effective strategy for promoting the health care of children particularly their preventive health. CalAIM does not envision any financing incentives to improve the preventive care utilization infrastructure and instead continues to provide requirements on managed care plans, such as the proposed Population Health Plans without accountability tied to financing. Most notably, to truly improve preventive care and care coordination for young children in their early development, Medi-Cal needs to fundamentally redesign its managed care payment structure such that the capitation rates are directly tied to specific health care measures and preventive care and care coordination utilization. Ensuring CalAIM financing for preventive and care coordination for all young Medi-Cal enrollees, and ensuring that the Master Plan incorporates Medi-Cal as a critical system to promote and integrate child development, will help reinforce the important role of multiple public systems in advancing the Governor's vision for early childhood.

Conclusion: Every Child Healthy, Safe and Ready to Learn

California is at a pivotal moment in its history as it creates and improves the systems, programs, and policies that aim to support the millions of children and families who live in the state. It is clear that California's leaders are fully aware of and committed to the wellbeing of young children, and now is the time for the Early Childhood Policy Council to build on these efforts. The Children's Partnership and its partners strongly encourages the Council to reaffirm its commitment to utilizing a Whole Child approach that centers a child and values a family's health and wellbeing in their long-term vision for early childhood development. By focusing its efforts on ensuring young children in marginalized communities are able to achieve their full potential, through access to high-quality early educational experiences, health care, nutrition assistance, and other supports that promote healthy development from birth through adulthood, all children in California will have the opportunity to thrive.

Thank you for your work to contribute to a bold vision for California's future. We look forward to working with you to accomplish the change we seek for the health of California's children. Please contact Gabriella Barbosa at gbarbosa@childrenspartnership.org or 213-341-1222 if you have any further questions or ideas.

Sincerely,

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Advancement Project
California Immigrant Policy Center
California Pan-Ethnic Health Network
Latino Coalition for a Healthy California
California Food Policy Advocates

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