

Early Relational Health | Session 1 | Q&A

1. I am struck by what Dr. Willis said, "Parents are built by their experiences with their child." We so often focus on educating parents on how they are building their children's brains and futures by what they do. Can he speak a little bit more of how he sees us shifting that to more intentional focus on a parent's growth based on their experiences with their child?

So much of parenting is a discovery process, that in the moment learning and experience. All parents know that each child is a unique person, and calls up different styles, needs and communications with them. We discovery our parenting journey when in-the-moment needs must be addressed which brings forward our best judgement, what we have seen, what we have heard, what we remember and what we've been told. Each stage of parenting brings new challenges, needs and skills, that develop in us as time passes. The basic elements of being in-relationship, being positive, being attuned, being safe and open to learning with our children applies.

2. We must listen to the community's voice and often times we pull on the community to give feedback or ask how to address a situation put we never put policies in place to address the concerns because it may go against what we are wanting to accomplish. Will you speak more lifting up community voices especially when addressing equity? Also how can we move from using programing to address the inequities to changing policies that are oppressive to people of color?

It starts with building authentic trust, conversation and respect with all parents, from which we learn of racist barriers, structures and inequities. Parents of all races must be at all planning tables with those of privilege. We cannot begin to address inequities, their racist policies as root cause and attempt to eliminate such policies without all parents with us on that journey of co-creation.

3. When do we move beyond just having the conversation and starting to look at our policies and procedures through an anti-racist lens?

Now! And we're beginning with the national and local dialogue, which has to move from discussion to action. We have to be asking the question, "How is racism manifest in this policy?" and be prepared for the answer, no matter how uncomfortable it makes us. It's time for our racial stamina to develop.

4. Do you recommend and how effective do you find pediatric practices that are in partnership with programs such as Reach Out and Read, Healthy Step etc. that offer books and support to parents in the context of doctor visits?

The pediatric medical home is a universal platform for all families, offering a unique opportunity to bring broad population messages. Reach Out and Read (ROR) is an evidence-based practice of promoting literacy through book sharing. The evidence is striking: See deBondt, M, et al, 2020, "Do Book Giveaway Programs Promote the Home Literacy Environment and Children's Literacy-Related Behavior and Skills", Review of Education Research, Vol 90, Issue 3, pg. 349-375. Similarly, HealthySteps (HS) is also an evidence-based model of team-based care in the pediatric office with a HS specialist who provides child development, early relational health and literacy promotion activities to families.

5. Do programs like this bridge the equity gap and what are other recommendations do you have for bridging the equity gap as it relates to Early Relational Health?

Remember the equity gap is driven by structural racism and its impacts on SDOH, family stress, local resources and community capacities. Yet, strong positive relationships can buffer the "toxic stress of

racism”, and help counter the drivers of the equity gap. Focusing all we do to bring an end to structural barriers, and bring strong, encouraging, anti-racist interpersonal and community supports to pregnant mothers and young families offers hope to counter the long history of racism as root cause for the equity gap.

6. Head start programs emphasize the 2 gen approach providing opportunities for and to meet the needs of children and their families together. How do we ensure all families embrace this approach regardless of head start affiliation and continue this approach beyond the early years.

Tall order, but great ask. Begins with this mindset shift we are all focused on. It includes community messaging about the essential need for relational health and support at all ages and in all touch points with families. Head Start is an exemplar of this approach, yet remembering their limited capacity to meet the needs of all qualifying children and families.

7. How can we use our voice in the moment to explain without coming across as biased against others?

Always ask for feedback. Always comment that “I have racist blind spots.” Always note that “I can handle” your feedback to me about my bias or racism. Only by having the hard conversations, can we have true sharing of experience, counter white privilege and supremacy and build a more equitable nation.

8. How can I help others to feel comfortable because the divide of trust is - understandably - wide?

Sit down and invite a dialogue about racism, especially about the trust between us. Admit that I understand that racism is the norm in our nation, and I’ve been a part of that system, yet I did not develop it, but it has unfairly, and perhaps benefited me in some undeserving ways. I need feedback, and I know it may be hard, and I will take it any way I can get it. I’ll do my best to handle it, knowing that it’s on me to build my racial stamina.

9. Can you speak more on the vulnerability around white privilege?

Read, *White Fragility* by Robin DeAngelo, PhD