



Promoting a Culture of Health in the Early Childhood Education and Care Department

Recommendations for improving equity and healthy childhood development for New Mexico's children



Introduction

All of New Mexico's children deserve the opportunities that will help them reach their full potential, and at no point in a child's life are opportunities for nurturing care and learning experiences more crucial than in early childhood. Research shows that the events children experience are carried with them for the rest of their lives, and a child's chance of growing up to be a healthy, thriving member of society is most heavily influenced by their early years. Establishing New Mexico's new Early Childhood Education and Care Department (ECECD) is a singular opportunity to provide the strong building blocks to success that can help ensure all New Mexico children can grow into their best possible selves. This is most effectively done by adopting a holistic view of child well-being that prioritizes and integrates health in policy and budget making across all ECECD programs. Therefore, we recommend that the new agency center health and healthy childhood development in its mission to help guide all children – and our state – to a brighter future.

The first five years of a child's life – and particularly the first two – are when the most rapid physical, cognitive, and emotional growth occurs. This includes learning to regulate emotions and behaviors. In early childhood, there is no separating health from other domains of development and growth. All development is interconnected, and a child's environment and relationships are so important because they shape the physical and chemical makeup of the brain and body. Experiences in those early years have an outsize impact on a child's future trajectory, and ensuring our youngest children are healthy from the start is critical to setting the path to success for a child's and our state's future.

Unfortunately, a large and growing proportion of New Mexico's children face major social, economic, and environmental risks to their health. We are ranked last in the nation in child well-being, and every child's health is influenced by preventable disparities that are rooted in systemic economic issues and institutional racial and ethnic biases. Those inequities mean that children of color in New Mexico – who comprise more than 75 percent of the child population – often face higher hurdles to success and serious challenges at much greater rates than do many of their white peers. Children of color in the state are more likely than white children to experience social and structural discrimination, marginalization, exclusion, adverse childhood experiences, food insecurity, and poverty – all factors that are detrimental to healthy development and learning. The toxic stress created by these experiences can cause harm at all ages, but it is particularly damaging in the earliest years of life when a child's brain and ability to regulate emotions and behavior are rapidly forming. A collective and comprehensive focus on well-being and health equity during the early years is needed to address the underlying conditions and adverse experiences.

Recent policy changes on the federal level – including in immigration, education, and health care – are presenting new challenges for infants, toddlers, preschoolers, and their families, especially families of color. Children can't reach their full potential when they are hungry, sick, stressed, or afraid. Dismantling the structural barriers to health for all groups – especially for those who have experienced socioeconomic disadvantage or historical racism and injustices – would help achieve health equity for all children in the state and ensure all New Mexico kids have great opportunities to learn, grow, and thrive.



For much of the last decade, the state has underfunded or cut many programs crucial to child health and well-being, and New Mexico ranks at or near the bottom of the 50 states in many measures of well-being, including on multiple economic, educational, and health indicators. Evidence suggests that increased public spending in both health and other economic supports for families can lead to improved population health.

Given New Mexico's pressing needs, and the evidence that increased public investment in early childhood programs supports healthy child development, much more must be done to create a culture of health in governance that links all fiscal and policy decisions to population health outcomes. The creation of a new department to house and connect early childhood programs is a unique opportunity to build a well-resourced, evidence-based, and integrated early childhood system that reaches all children.

New Mexico Voices for Children has long worked at the intersection of policy and child well-being, and we offer the following policy recommendations to ensure that the ECECD is positioned to be as effective as possible in supporting the healthy development and outcomes of New Mexico's youngest children.

Guiding principles for the ECECD

Foundational principles that can help position the Department as a state and national policy leader in strategically directing programs to improve equity during early childhood.

- The ECECD should ensure that professionals and leaders in the Department and fields of healthy child development such as infant mental health should reflect on their own culture, personal values, and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on their lives in order to provide diversity-informed, culturally attuned services on behalf of infants, toddlers, and their families.
- The ECECD should be a diversity-informed department. Diversity-informed practice is a dynamic system of beliefs and values that shape interactions between individuals, organizations,



and systems of care. Diversity-informed practice recognizes the historic and contemporary salience of race, ethnicity, class, gender, sexuality, age, ableism, xenophobia, and homophobia and works to strive for the highest possible standard of inclusivity in all spheres of practice: teaching and training, research and writing, policy and advocacy, and direct service.

- The ECECD should work to raise understanding and awareness among health and early childhood philanthropists, state policymakers, health care and early learning providers and leaders, and national and state-based organizational leaders of the physical, cognitive, social, and emotional health disparities affecting young children. It should advance knowledge of innovative policies, programs, strategies, and practices that promote health equity, and develop and support leaders to carry out reform work at the policy and practice levels.

Policy recommendations for the ECECD

Organizational recommendations

- Adopt an interagency approach to promote early intervention and age-appropriate screenings.¹
- Create a position dedicated to ensuring a focus on healthy child development in early childhood, ensuring a health focus in ECE program implementation, and helping to establish systems and processes to facilitate enrollment of children and their families (especially for at-risk youth and young children) in the programs that matter most for healthy development both within the ECECD and other agencies, including the Department of Health (DoH), the Human Services Department, the Children, Youth, and Families Department, the Public Education Department (PED), the Department of Workforce Solutions, and the Taxation and Revenue Department.
- Develop agreements for data sharing and collaboration across departments and programs, including those that remain in DoH and PED.

- Train frontline workers in trauma-informed practices, such as trust-building, with low-resourced and vulnerable populations (e.g. survivors of domestic violence and foster children), to maximize enrollment and retainment of families in ECECD programs.

Programmatic recommendations

- Maintain initial eligibility levels for child care assistance at a minimum of 200 percent of the federal poverty level (FPL) and provide continuous eligibility through 300 percent of the FPL so parents can accept pay raises without losing benefits.
 - Eliminate child care assistance co-pays for families under 100 percent of the FPL and scale co-pays for families above 100 percent FPL to their incomes so that copays are not an undue burden for low-income families.
 - Create a state-funded voluntary wage supplement grant program for the child care workforce.
 - Increase training, technical assistance, compensation, and retention incentives for early learning providers.
 - Request increased funding for early care and learning services and recommend new funding sources for increases, including permanent funds. Consider growing these funds with investments from current oil and gas surpluses.
 - Request increased funding for high-quality home visiting so that all families who want services have access to them.
 - Support and expand quality home visiting services proven to lower child abuse and neglect rates in order to help improve social and physical outcomes for infants and young children.
- Greatly expand home visiting by matching state dollars with federal Medicaid dollars.
- Hire an outreach coordinator who works solely with obstetricians, doulas, pediatricians, hospitals,

¹ Connecticut provides a model for integration in this area. Watson, E. (2019, August 05). Connecticut's Interagency Partnerships Help Promote Child Health Screenings. Retrieved from <https://nashp.org/connecticuts-interagency-partnerships-help-promote-child-health-screenings/>



and others to promote enrollment in home visiting programs.

- Request increased funding for the Family Infant Toddler (FIT) program.
- Provide multilingual translation services for families with limited English proficiency and integrate translation supports into early childhood care and education programs and screenings, including home visiting, child care assistance, pre-K, and early and periodic screening, diagnostic, and treatment (EPSDT) screenings.

low-performing students, and to those whose parents may not be able to help them with their homework.

- Provide professional development for teachers on the use of technology.
- Automatically exempt single-parent pregnant women from TANF (Temporary Assistance for Needy Families) work requirements, especially in the last trimester.
- Enact paid family leave so parents can bond with their new infant.
- Provide Medicaid coverage for maternal depression screening.
- Train home visitors so they can enroll families (remotely) in SNAP, Medicaid, TANF, LIHEAP, etc.
- Consider funding a “baby box” for every newborn, every child born to a family living under 200

Other policy recommendations to improve child well-being in New Mexico

- Expand quality before- and after-school, mentorship, and tutoring programs to provide added academic assistance to low-income and



percent FPL, or every newborn covered by Medicaid. It might include a car seat, baby monitor, tips and recommendations for new parents, resource lists for newborn needs and healthy child development, and samples for things like diapers, lotions, etc. (many of which could be donated).

- Examine incentives to expand EPSDT and the Bright Futures program so that babies and toddlers get more frequent and more comprehensive screening.
- Increase funding for programs providing trauma-informed services for children in foster care.
- Enact and enforce a foster care bill of rights to ensure foster children are provided with, for example: extracurricular or community activities, educational stability, mental, behavioral and physical health care, and access to siblings and family members.

- Ensure that the state utilizes its full federal WIC allocation every year, and develop a plan to increase WIC uptake among New Mexico families.
- Evaluate and scale up the Family Connects pilot program, and develop it into a centralized intake and referral system, which would coordinate universal screenings and referrals for children and pregnant women.
- Engage the DOH Maternal and Child Health epidemiology program to improve program performance across agencies.
- Fund a program to use the community health worker/promotora model to train outreach workers who are members of communities with large populations of families who are eligible for early childhood services in order to increase outreach and enrollment efforts with hard-to-reach families.





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New Mexico Voices for Children

James Jimenez, MPA, Executive Director • Amber Wallin, MPA, Deputy Director • Stephanie Brinker, Ph.D., Volunteer • Farah Council, MA, Development Director • Marie-Pier Frigon, Communications Assistant • Cirila Estela Vasquez Guzman, Ph.D., Research and Policy Analyst and SPP Fellow • Bill Jordan, MA, Senior Policy Advisor and Government Relations Officer • Sharon Kayne, Communications Director • Paige Knight, MPP, Research and Policy Analyst • Derek Lin, Research and Policy Analyst • Barbara Mike, Operations Support Clerk • Javier Rojo, MPA, Research and Policy Analyst • Brian Urban, Office Manager • Jacob Vigil, MSW, Research and Policy Analyst

625 Silver Ave, SW, Suite 195 • Albuquerque, New Mexico 87102 • 505.244.9505 • www.nmvoices.org

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