

Policy and Advocacy for HOPE Kay Johnson and Charles Bruner, PhD

The First Annual HOPE Summit

April 9, 2021, Afternoon Breakouts



Policy and Advocacy for HOPE This materials packet includes:

- 1. Policy and Advocacy for HOPE Handout
- 2.Policy and Advocacy for HOPE PowerPoint presentation



For more on HOPE, visit https://positiveexperience.org/



POLICY ADVOCACY HANDOUT Kay Johnson and Charles Bruner. HOPE SUMMIT. April 2021

What are Your Priorities in Context of ARPA? What Action Can You Take?

Be informed

- Find out how ARPA change matters in your state or community
- Understand how the policy fits with your role, your work
- Determine who is going to be making decisions on how ARPA funding is used

Take action in the policy process

- Be a cheerleader for the opportunities presented in ARPA for advancing HOPE
- Discuss policy changes and their impact with your state legislators, state government agency staff, or local decision makers
- Convene/participate in an organizational, coalition or community meeting to discuss the impact of the policy change
- Submit comments on proposed changes in or your state or community
- Communicate using social media or regular media

Maximize the power for families and self-advocates

- Secure information and materials (e.g., documents, websites) useful for informing families
- Train staff who work with families so they can educate families about benefits, rights, and opportunities
- Connect families to other resources for additional information

Strategies for Engaging in Policy Development, Education, and Advocacy

Strategies and Actions		Thoughts on what you do			
BE INFORMED					
1.	Familiarize yourself with ARPA and the provisions most relevant to your work in advancing HOPE.				
2.	Sign up for and read policy action alerts, then activate your networks as appropriate.				
3.	Attend webinars or meetings where the policy changes are discussed.				
TAKE ACTION IN POLICY PROCESS					
4.	Be a cheerleader for the opportunities.				
5.	Educate policymakers as a constituent, using direct contact.				
6.	Build/participate in partnerships and coalitions to support key issues and specific policy solutions.				
7.	Develop and share a strong communication message, using data and anecdotal evidence to tell the story and gain support.				
8.	Follow and contribute to policy development, including comments on draft legislation, during public comment periods, and/or in regular and social media.				
M/	MAXIMIZE THE POWER OF FAMILIES AND SELF-ADVOCATES				
9.	Secure materials to inform families (documents, websites, etc.).				
10	Train direct service staff or otherwise provide information to families and individuals about the potential impact of the policy change on their lives				
	Encourage and support policy advocacy by affected families and individuals.				
12	Gather stories from families to use in making the case for the importance of programs and policy for children and families.				

Select National Organizations Focusing on Child/Family Policy Advocacy (Many with State Organizational Analogues)

American Academy of Pediatrics https://services.aap.org/en/advocacy/

American Public Health Association https://www.apha.org/Policies-and-Advocacy

Association of Maternal and Child Health Programs (AMCHP) http://www.amchp.org/Policy-Advocacy/Pages/default.aspx

Center for the Study of Social Policy (CSSP) www.cssp.org

Center for Law and Social Policy (CLASP) https://www.clasp.org/

Center on Budget and Policy Priorities https://www.cbpp.org/

Child Aware America https://www.childcareaware.org/our-issues/public-policy/

Children's Defense Fund https://www.childrensdefense.org/

Community Action Partnership https://communityactionpartnership.com/

First Five Years Fund https://www.ffyf.org/

First Focus on Children https://firstfocus.org/

InCK Marks www.inckmarks.org

Kids Are Essential (a network of more than 100 organizations) https://www.kidsareessential.org/

National Association of Community Health Centers https://www.nachc.org/

National Association for the Education of Young Children NAEYC) https://www.naeyc.org/our-work/public-policy-advocacy

National Partnership for Women and Families https://www.nationalpartnership.org/

Partnership for America's Children (network 52 state based child advocacy organizations in 41 states) https://foramericaschildren.org/

PolicyLink https://www.policylink.org/

Start Early (formerly the Ounce of Prevention Fund) https://www.startearly.org/

State Policy Advocacy and Reform Center (SPARC) focused on child welfare issues http://childwelfaresparc.org/

Zero to Three https://www.zerotothree.org/policy-and-advocacy

HOPEful 2021 Policy Opportunities to Improve Child and Family Health and Well-being

Presentation by Kay Johnson, Johnson Group Consulting, Inc.

Charles Bruner, PhD, InCK Marks Initiative

Healthy Outcomes from Positive Experiences (HOPE) Summit



Kay Johnson and Charlie Bruner are both policy entrepreneurs

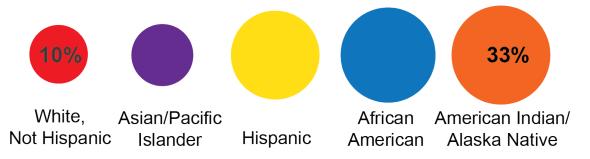


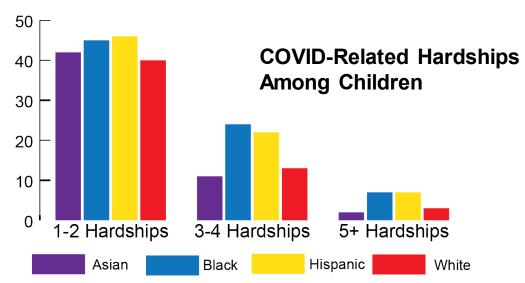
❖POLL- How do you relate to policy?

- Policy entrepreneur: always working on policy development and/or to improve policy (through advocacy, research, or other roles).
- Policy maven: follow and/or engage in politics and policy developments closely at federal, state, and/or local levels.
- Policy implementer: play active role in making sure policies are well implemented (through management, data, or other roles).
- Policy dabbler: peripherally or occasionally following or involved in a singular policy topic.
- Policy rookie: not usually thinking about policy or politics, not my thing.

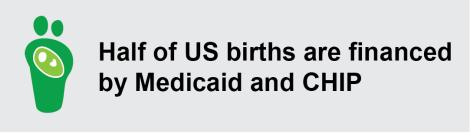
Status of Children – Risks related to SES & Racism

Poor Children 0-17, By Race/Ethnicity

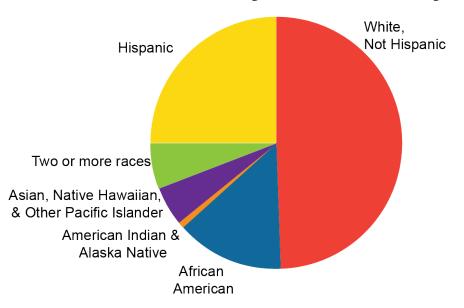




Percentage of Households with children who experience hardships during COVID-19 pandemic. Source: Child Trends analysis of US Census Bureau, Household Pulse Survey, (August 19-December 7, 2020).



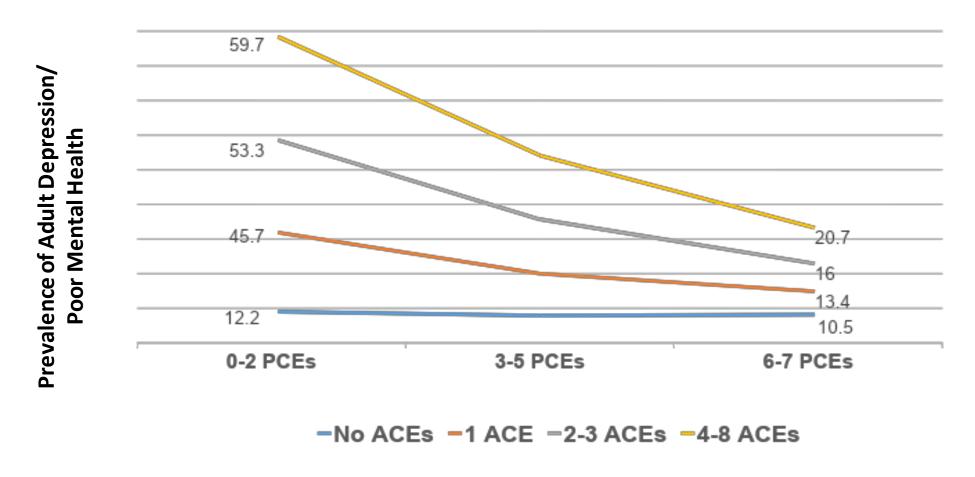
Children 0-17, By Race/Ethnicity



Percentage of Children Under 18, By Race and Ethnicity, US, 2019. Source: US Census Bureau, American Community Survey, Table S0901.



Positive Childhood Experiences (PCEs) Can Mitigate Effects of ACEs



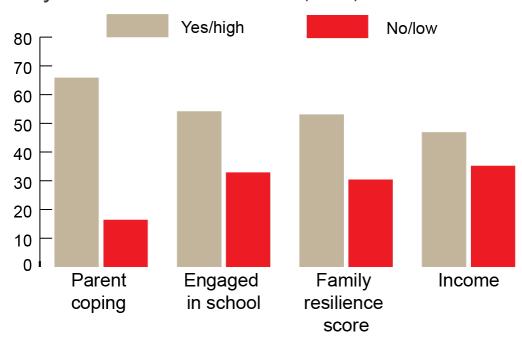
Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatrics*. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007



Using Policy to Increase Healthy Outcomes from Positive Experiences (HOPE)

- Public investments needed to:
 - Eliminate child poverty
 - Provide for basic needs (e.g., food, housing)
 - Support and strengthen families
 - Promote positive experiences at home, at school, in communities
 - Ensure children are launched on a trajectory for lifelong success

Percent of Children Flourishing, Age 6-17, By Select Characteristics, US, 2016-2017

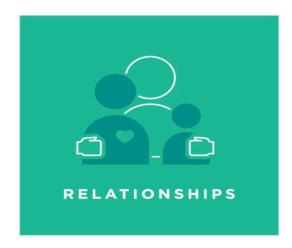


Bethell CD, Gombojav N, Whitaker RC. Family Resilience and Connection Promote Flourishing Among US Children, Even Amid Adversity. Health Affairs. 2019;38(5):729-737.

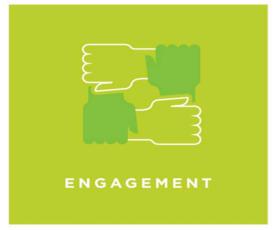
Sege R & Johnson K. Policy Opportunities to Spread HOPE. 11/19/20 https://positiveexperience.org/policy-opportunities-to-spread-hope/

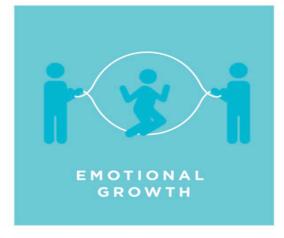


HOPE Building Blocks









- The Building Blocks of HOPE:
 - Have meaning at the family and community level
 - Should be advanced at the service delivery level
 - Can be and must be supported by public policy

HOPE Building Block View on Policy Change

Relationships

- Funds for an early childhood development specialist in every FQHC and other practices serving a high proportion of Medicaid/CHIP.
- Support for community-based workforce, paid family leave, home visiting, and more.

Environments

- Investment in child care, universal pre-K, and schools.
- Investments in family economic security (tax credits, assistance, etc.).
- Action to protect immigrant children and reduce gun violence.

Engagement

- Funds for the Individuals with Disabilities Education Act (IDEA).
- Protections for LGBTQ+ youth, criminal justice reform, and improvements in foster care.

Social-Emotional Development

- Investments in social-emotional support in schools.
- Resources to support recovery and resilience.









Sege R & Johnson K. Policy Opportunities to Spread HOPE. 11/19/20 https://positiveexperience.org/policy-opportunities-to-spread-hope/



AMERICAN RESCUE PLAN

- INCREASING DIRECT PAYMENTS TO \$1,400 FOR WORKING CLASS AMERICANS
- CUT CHILDHOOD POVERTY IN HALF
- HOUSING ASSISTANCE FOR 12 MILLION
 AMERICANS STRUGGLING TO PAY THEIR RENT
- UNEMPLOYMENT BENEFITS BOOSTED
- SAFELY REOPEN SCHOOLS
- **▼** FUNDING FOR VACCINE DISTRIBUTION
- FUNDING FOR VACCINE PRODUCTION
- RELIEF FOR RESTAURANTS
- RELIEF FOR SMALL BUSINESSES

Bernie

AMERICAN

RESCUE PLAN

SRIDGE TOWARDS ECONOMIC RECOVERY, and CUT



1 IN 6 CHILDREN
in the United States live in poverty*

*Source: Children's Defense Fund

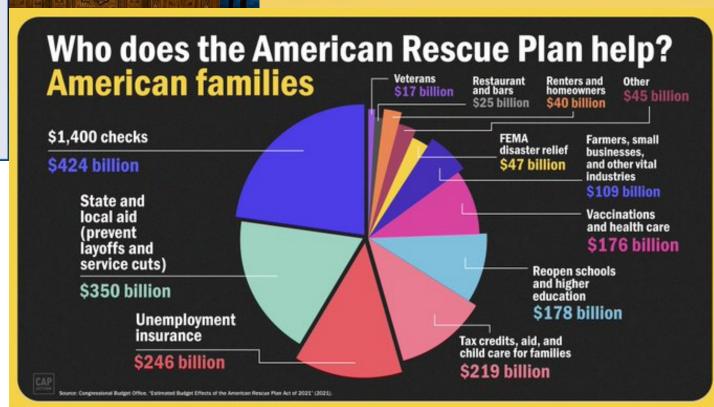


IF PASSED, THE AMERICAN
RESCUE PLAN WOULD CUT
CHILDHOOD POVERTY IN HALF*

*Source: Columbia University

AMERICAN RESCUE PLAN





BIDEN'S ECONOMIC RESCUE PLAN



- \$400/WEEK UNEMPLOYMENT BENEFITS INCREASE
- \$1,400 STIMULUS CHECKS
- \$15 FEDERAL MINIMUM WAGE
- \$3K/YEAR CHILD TAX CREDIT INCREASE
- EXTEND EVICTION, FORECLOSURE MORATORIUM

AMERICAN RESCUE PLAN, THURSDAY



Kay Johnson. Advancing Policy Opportunities to Improve Child & Family Well-Being. DULCE Forum April 2021

American Rescue Plan & Act

- Child tax credit
- Earned income tax credit (EITC)
- Child & dependent care tax credit
- Paid family leave
- Relief checks
- Unemployment benefits
- Minimum wage to \$15

Economic relief to families with children



- Medicaid protections
- ACA premiums
- COBRA
- Expand public health workforce
- Safety net providers
- Science-based COVID response
- Vaccine campaign
- Equity as a priority throughout

Protect health and health coverage



- TANF cash assistance
- Child care assistance
- Utilities assistance
- Food assistance (WIC & SNAP)
- Home visiting supports
- Housing assistance

Assistance with basic needs



- \$ for schools
- "Hardest hit" education fund
- Child care stabilization fund
- \$ for equity challenge
- Higher education emergency relief

Open education settings safely



https://www.whitehouse.gov/briefing-room/blog/2021/03/10/the-american-rescue-plan-passed-now-what/https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/president-biden-announces-american-rescue-plan/https://www.congress.gov/bill/117th-congress/house-bill/1319



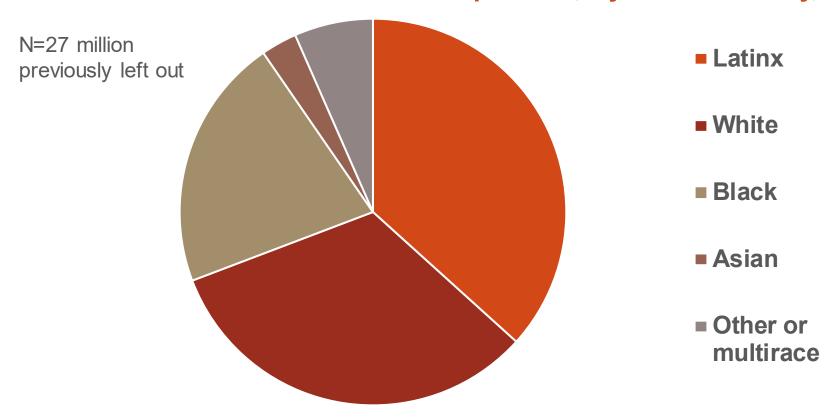
American Rescue Plan Act Income Supports for Families

- **✓ Child Tax Credit**
 - Fully available and raise from \$3,600 for children under 6 and 3,000 for children 6-17.
- **✓** Earned Income Tax Credit (EITC)
- ✓ Child and Dependent Care Tax Credit fully refundable for one year, increase credit
- ✓ Improvements in paid family leave



90% of children can benefit from Child Tax Credit expansion - 65.7 million children

Number of Children <17 Previously Left Out of Full Child Tax Credit Who Could Benefit from Expansion, By Race/Ethnicity, US



Source: Center on Budget and Policy Priorities estimates. https://www.cbpp.org/research/poverty-and-inequality/american-rescue-plan-act-will-help-millions-and-bolster-the-economy#tax



American Rescue Plan Act Income Supports for Families

- ✓ Emergency relief checks & enhanced unemployment benefits
- ✓ Emergency assistance for basic needs
 - Income (TANF)
 - Food and nutrition (\$3 billion WIC, boost for SNAP, and families access to groceries to replace school food programs/meals missed)
 - Child care (CCDBG)
 - Housing (rental assistance, LIHEAP, homeowner counseling), and
 - More

https://www.whitehouse.gov/briefing-room/blog/2021/03/10/the-american-rescue-plan-passed-now-what/https://www.congress.gov/bill/117th-congress/house-bill/1319
Center on Budget and Policy Priorities https://www.cbpp.org/sites/default/files/3-10-21pov.pdf



American Rescue Plan Act Health Coverage / Medicaid

- ✓ Establishes option to extend **Postpartum Medicaid & CHIP** coverage for one year
- ✓ Mandatory coverage of COVID-19 vaccines and treatment under Medicaid & CHIP without cost sharing, and other provisions
- ✓ 7.35% increase in FMAP for one year for Medicaid **Home and** Community-Based Services (HCBS) for enhanced services
- ✓ 5% increase in FMAP for newly expanded coverage

Park. American Rescue Plan Act Provisions Explained. Georgetown Center on Children and Families. Issue Brief, 3/11/2021. https://ccf.georgetown.edu/2021/03/11/american-rescue-plan-act-health-coverage-provisions-explained/

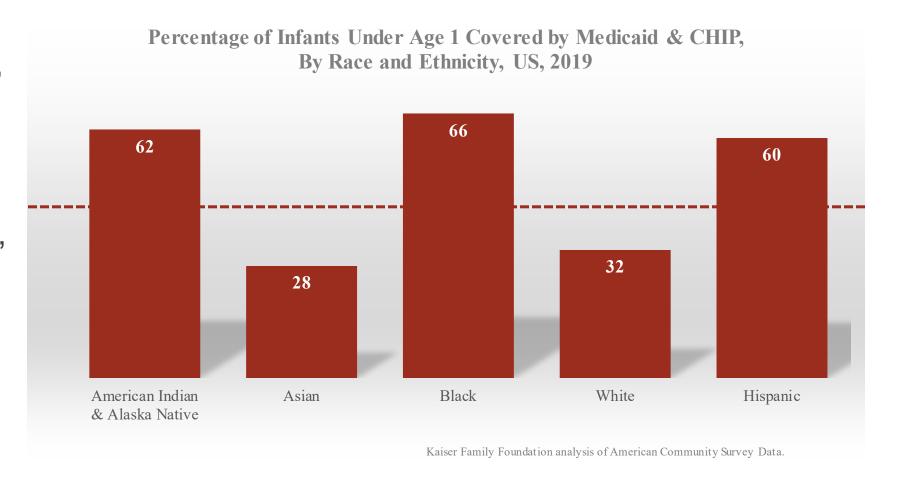
Musemeci. Medicaid Provisions in the American Rescue Plan Act. Kaiser Family Foundation. March 18,2021.

https://www.congress.gov/bill/117th-congress/house-bill/1319



Improving Medicaid/CHIP essential to equity

- 6 in 10 Black, Native, and Hispanic infants (46% of all races).
- Over half of all Black, Native, and Hispanic children ages 0-18.



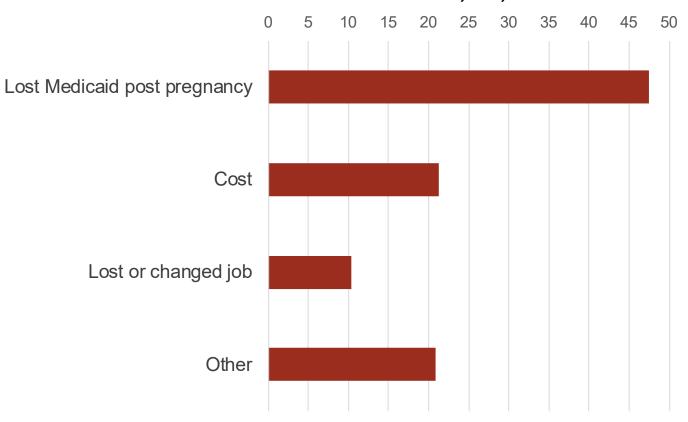
Sources: Artiga et al. Medicaid Initiatives to Improve Maternal and Infant Health and Address Racial Disparities. Kaiser Family Foundation, 2020; Brooks & Gardner. Snapshot of Children with Medicaid by Race and Ethnicity, 2018. Georgetown University Center for Children and Families, 2020.



New Mothers Losing Coverage Postpartum

- Half with below poverty income
- Half are Latinas / Hispanic
- Nearly 2/3 are citizens (62%)
- More than half are married, and another quarter live with a partner
- While one-third are employed,59% not in labor force

Uninsured New Mothers with an Infant, US, 2015-2018



Sources: McMorrow et al. Uninsured New Mother's Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Medicaid Coverage. Urban Institute, 2020. (NHIS data). Also see: Zephyrin & Nuzum. Caring for Moms During the COVID-19 Pandemic. Commonwealth Fund Blog, April 15, 2020; Eckert. It's Past Time to Provide Continuous Medicaid Coverage for One Year Postpartum. Health Affairs Blog, February 6, 2020



American Rescue Plan Act Support for community health care

- ✓ \$7.6 billion emergency funding for Community Health Centers/FQHCs
- **✓** \$7.6 billion for **Community Health Workers**
- ✓ \$1.5 billion for Community Mental Health Services Block Grants
- **✓** \$80 million for **Pediatric Mental Health Care Access**
- ✓ \$150 million increase for home visiting (MIECHV)
- ✓ Funding for **family planning**

https://www.whitehouse.gov/briefing-room/blog/2021/03/10/the-american-rescue-plan-passed-now-what/https://www.congress.gov/bill/117th-congress/house-bill/1319

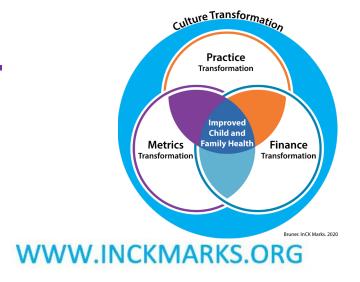




CHILD HEALTH EQUITY is achieving the highest level of health for all children and entails societal efforts to equalize the conditions for health for all children, especially for those subject to socioeconomic disadvantage or exclusion, including a commitment to undoing racism. In CK Marks

HOPE, RELATIONAL HEALTH, CHILD HEALTH CARE TRANSFORMATION, AND OPPORTUNITIES FOR CHILD POLICY

Charles Bruner, Integrated Care for Kids-InCK Marks Director
April 9, 2021



Organization of Presentation

- 1. About InCK Marks
- 2. Theory of Child Health Care Transformation: Aligning the Stars
- 3. Federal Leadership: Status and Two Leverage Points
- 4. State Response: Status and Next Steps

Inck Marks Mission and Agenda

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

- 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

Fully aligned with Health Outcomes through Positive Experiences HOPE framework (but focused specifically on child health practitioner's role)

Theory of Child Health Care Transformation: Aligning the Stars

- Vision
- Research and Science
- Practice
- Politics and Policy

Theory of Child Health Care Transformation: Aligning the Stars

Vision for Children

- Health Outcomes from Positive Experiences (HOPE)
- Relational Health
- Family Support and Two-Generation Emphasis
- Community Resilience/Population Health
- High Performing Medical Homes
- Holistic, Asset-Based Responses Advancing Parental Responsibility (Safety, Stability, and Nurturing) and Building Community

Research and Science

- Neurobiology and Epigenetics
- ACEs, Toxic Stress, and Protective Factors
- Nurturing, Resilience, and Reciprocity
- Child Development, Sociology, Psychology, and Social-Psychology
- High Value and Returns on Elevating Child Health Trajectories

Theory of Child Health Care Transformation: Aligning the Stars

Practice

- Innovative and Early Adoption of Evidenced-Based Programs (DULCE, Healthy Steps, Reach Out and Read, Team UP, etc.)
- Identification of Science-Based Relational/Family Strengthening Practice Attributes
- Greater Understanding of Ensuring Fidelity of Replication of Attributes

Politics and Policy

- Politically Appealing New Awareness and Focus upon Essential Workers
- Public Purpose Viability of Next Generation and Need to Address Equity
- Substantive not Symbolic Manageable and Implementable at Much Greater Scale

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 enacted for state and local roll-out
- Prose: Building Back Better Establishing a health and development infrastructure making permanent temporary features of ARPA



Biden-Harris <u>Campaign</u> Plans and Transformational Investments for Children and Families

Early Care and Education

\$35+ billion additional annual investments in child care quality, compensation, and affordability; paid family leave; and preschool/Head Start

K-12 Education

\$60+ billion additional annual investments to advance equity in education, particularly in poor school districts, tripling
 Title I and providing full IDEA funding, doubling counselors/psychologists in schools and diversifying workforce

Family Economic Security

\$105+ billion to reduce child poverty through expansion of CTC, plus additional nutrition and housing investments

Health

- maternal and infant mortality measures to reduce inequities
- doubling funds for FQHCs with child development expert in all (\$2.3 billion for children),
- expansions of caregiving workforce (\$5+ billion for children with special needs),
- expanded community health workforce (\$6.5 billion, potentially \$3.0+ billion for children and families)
- Near Doubling of Current Federal Investments in Children (\$350 billion)

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

	\$	RILLION2
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. Funding for public health workforce	\$	7.66
Section 3031. Funding for community health centers and community care	\$	7.60
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-partu	m	
Section 9101. Emergency assistance for families through home visiting (MIECHV	/)\$.15
Section 9611. Child Tax Credit Improvements for 2021	\$	105.17

WWW.INCKMARKS.ORG

¢ DILLIONS

HOPE POLICY LEVERAGE POINT ONE: 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 21st Century Caregiving and Education Workforce plan

WWW.INCKMARKS.ORG

HOPE POLICY LEVERAGE POINT ONE: BUILDING A COMMUNITY 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)

In CK Varks

FOCUS UPON COMMUNITY HEALTH WORKFORCE PROVISIONS: Including focus on Children and Families

We urge you to invest in and scale up America's community-based workforce: community health workers, promotores de salud; community-based nonprofit staff and human services providers; community-based social workers; and other community-based professionals including doulas, peer specialists, caregivers, recovery coaches, family service workers and family development specialists, and health coaches. 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

Expand funding (through the Title V Maternal and Child Health Services 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

HOPE POLICY LEVERAGE POINT TWO: EXPANDING COMMUNITY HEALTH CENTER RESPONSES

"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

FOCUS UPON COMMUNITY HEALTH CENTER PROVISION:

Advancing a Primary Care Child Development Initiative

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 Institution and Bookings Institution Working Group on 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 Policy Recommendation to Biden Administration

WWW.INCKMARKS.ORG

Taking Action at the Federal Level

- Applaud the vision and steps taken to advance HOPE at the federal level with family, friends, peers, et. al.
- Let your members of Congress know of your support for these provisions and their need for *permanent* investment
- Encourage groups you are engaged in to advocate for them
- Advocate for particular emphasis upon children and families in continued federal investment and direction

Taking Action at the State Level

- Inform yourself about how your state intends to use the new resources from ARPA
- Call for a transparent and inclusive process for decision-making
- Support inclusion in state planning and implementation of those most knowledgeable about what works, including families with lived experience and those who serve families
- Emphasize the need to invest in organizations that have the values, experience, and connections to advance child and family health and well-being

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 Working Papers and Syntheses

Available at: 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*. In CK 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.



Questions & Discussion

