Eliminating Inequities:
First 5 California's North Star Statement and Audacious Goal White Paper

Background

First 5 California (F5CA) is committed to "ensuring all children in California receive the best start in life and thrive" (Vision Statement, 2019–2024 F5CA Strategic Plan).

Systems designed to support children and families have fallen short of fulfilling this vision, and evidence shows that this is especially prevalent in low-income and in Black, Indigenous, People of Color (BIPOC) communities. To support implementation of the 2019–2024 Strategic Plan within an impact framework, F5CA staff drafted both a North Star statement and an Audacious Goal. The purpose of this White Paper is to provide a common understanding of key concepts used in the North Star Statement and Audacious Goal, which are centered around the construct of "safe, stable, nurturing relationships and environments" (SSNREs) needed for a child's healthy development.

The following are the most recent versions of the North Star statement and Audacious Goal that reflect feedback from the July 22, 2021, State Commission meeting:

- North Star Statement (pending Commission approval): *Trauma-informed, healing-centered, and culturally responsive systems promote the safe, stable, nurturing relationships and environments necessary to eliminate inequities and ensure healthy development for all children.*

- Audacious Goal (adopted by the Commission on July 22, 2021): *In a generation, all children 0–5 will have the safe, stable, nurturing relationships and environments necessary to achieve healthy development.*

Service Delivery System Bias Hinder the Ability of California's Children to Thrive

Opportunity and disadvantage begin long before a child is born and can follow them throughout their life course. Research has consistently shown disparity and inequity experienced at birth often is rooted in systemic racism, and has created conditions that disadvantage many BIPOC, closing the door to long-term health and prosperity.[1] For example, household income remains one of the greatest indicators of inequity, and families living in poverty tend to be Black, Latinx, American Indian, or Alaska Native.[a]

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[a] California is home to more than 2.8 million children ages birth to 5 years old ([Healthy Communities Data and Indicators Project](#), 2019, available at hci-one-page-poverty-fact-sheet-june-2019-lm.pdf). The California Children's Report Card (2020) noted alarming achievement. gaps that begin early and highlighted significant disparities in access and outcomes by race and income. Further, of the 46.3% of children (<18 years old) who experience poverty, Latinx, African American, and American Indians/Alaska Native children more than twice as likely as white children to experience poverty.

These inequities translate into poor health, behavioral health, educational, and societal outcomes including disproportionate rates of incarceration, poverty and unemployment.

To reverse institutional and structural racism, we must change long-standing federal, state, and local policies, regulations, practices, and funding systems that uphold and continue racism against marginalized people. For example, wealth provides advantages that have benefited white families and disadvantaged BIPOC families. Wealth makes it possible to relocate for better housing, increases educational opportunity, and improves access to services. Laws to expand wealth-building capacity such as home ownership, the tax code, and employment laws exacerbate the cycle of wealth inequality.[2]

These structural inequities are rooted in the nation's history of white privilege and are perpetuated through inequitable allocation of power and resources.[3]

Public policies have failed to achieve equitable outcomes because policies and programs are designed and implemented by institutions with embedded bias. Moreover, these systems were not co-created with the communities they are designed to serve. Closing gaps in health, education, and other societal outcomes requires changes to policies, practices, and the flow of resources, shifting power dynamics, embracing new shared narratives, and dismantling the systemic barriers that are holding children and families back from success.

Achieving equity "*is both an outcome and a process. As an outcome, we achieve racial equity when race no longer determines one's socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live. As a process, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives*".[4] By focusing on the system to achieve equity, more sweeping changes can be made for more children. F5CA is poised to use its multiple roles to champion equity as a standard of practice and ensure systems support every child, every family, and every community.

Children Need Safe, Stable, Nurturing Relationships and Environments

SSNREs are essential to ensuring children reach their full potential in life.[5] Attachment between a child and their primary caregiver begins in utero and continues through birth and the critical early years of life. Secure attachments are a protective factor for infants and preschoolers, which set the foundation for social competence, effective functioning, and stress response.[6] The capacity to develop and maintain SSNREs with others is termed "relational health" and is an important predictor of wellness across one's life course by preventing the extreme or prolonged activation of the body's stress response systems.[7] Relational health can buffer adversity when it occurs, but also proactively promotes future resilience. Children with secure attachments can explore, interact, and learn in their environment, confident that they have someone who will keep them safe.

- *What do we mean by safe?* Safety is the extent to which a child is free of fear and secure from physical or psychological harm within their relationships and

environments.

- *What do we mean by stable?* Stability is the degree to which a child's emotional, social, and physical environments are predictable and consistent.

- *What do we mean by nurturing?* Nurturing is the extent to which children have access to adults who are warm and sensitive, and consistently respond to and meet their needs. Children who have a nurturing caregiver learn how to manage emotions and stress.

Each of the three dimensions of safe, stable, nurturing relationships represents a significant aspect of the social and physical environments that protect children and promote their optimal healthy development. Each dimension forms a relational and environmental continuum within relational health.

Toxic stress due to early negative experiences such as maladaptive attachment, maltreatment, early trauma, and other Adverse Childhood Experiences (ACEs) can disrupt early brain development, interrupt the development of the nervous and immune systems, contribute to chronic disease and mental illness, and alter life course trajectories. Early experiences with ACEs may lead to unstable work histories and difficulties with finances, jobs, and depression in adulthood and throughout life. Children growing up in unhealthy environments that lead to ACEs may have difficulty forming healthy and stable relationships.[8] Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.[9] ACEs and toxic stress are considered by public health experts as an urgent public health crisis with wide-reaching health and societal impacts.[10]

Relational health, in the form of at least one SSNRE, can buffer against the impact of ACEs from one generation to the next. Additionally, relational health promotes the skills needed to be resilient in the future.

Clarifying Terms in the North Star Statement

Proposed North Star Statement: **Trauma-informed, healing-centered, and culturally responsive** *systems promote the safe, stable, nurturing relationships and environments necessary to eliminate inequities and ensure healthy development for all children.*

The North Star Statement is intentional in its use of the following terms (for which additional context is provided below) to describe the systemic change required to achieve healthy development within a generation:

- Trauma-Informed
- Healing-Centered
- Culturally Responsive

1. Trauma-Informed Systems

Early experiences influence how people approach and respond to services, making it essential that those in positions of support understand long-term effects of trauma on the developing brain, recognize expressions of trauma, and acknowledge the role trauma plays in people's lives. This is known as "trauma-informed care," which focuses on treatment of the whole person, and the impact of severe harm on mental, physical, and emotional health.[11] Effectual trauma-informed care also is culturally sensitive and responsive. It does the following:

- Integrates the patients' and families' culture, language, beliefs, values, and practices into the provision of care.
- Understands that cultural differences can exist in the perception and interpretation of a traumatic event.
- Understands the meaning given to the traumatic event and beliefs about control over the event.
- Addresses historical trauma, trust, and safety issues.
- Empowers the family so they are in control of the healing journey with understanding.[12]

A trauma-informed system is one in which all members of the system have the knowledge and skills to infuse trauma awareness into their organizational culture, practices, and policies. Trauma-informed systems build partnerships at all levels of the system with children, families, and professionals to address the compounding impact of structural inequity and historical power differentials, and disproportionate access of families to resources and choice.[13]

2. Healing-Centered Systems

While culturally responsive, trauma-informed systems emphasize the specific needs of individuals, some researchers indicate it focuses too much on the trauma, and not enough on the healing. A healing-centered approach views trauma as a function of the environments where people live, work, and play and that to overcome trauma, people must advocate for policies and opportunities that address causes of historical and structural trauma. A healing-centered approach takes culturally sensitive, trauma-informed care to another level by addressing the root causes of trauma.[14]

A healing-centered approach can be applied to relationships, communities, policies, and systems. A healing-centered approach disrupts assumptions and engages in critical reflection about data, intervenes in inequities imposed by systemic oppression, advocates for resources for those who are the most vulnerable, understands context and history, and diversifies power. It is asset-driven, grounded in the restoration of identity, and rooted in the idea that healing is experienced collectively. Shared experience and community will restore a sense of belonging and sustain well-being. A healing centered system is one in which all members of the system have the knowledge and skills to infuse healing centered approaches into their organizational culture, practices, and policies.

3. *Culturally Responsive Systems*

To eliminate disparities, systems must address practices that perpetuate those disparities. Often, the terms cultural competence, humility, sensitivity, and responsiveness[b] are used interchangeably, however, there are subtle but important differences. Cultural competence is the *capacity* to understand and genuinely interact with others whose language, culture, and beliefs are different from your own. Cultural responsiveness is the intentional *practice* of putting ones' competence into action.

Culturally responsive systems actively confront and alter institutional biases, dismantle policies and practices that perpetuate inequities, and ensure every member of the system intentionally demonstrates cultural competence and responsiveness in their interactions, decision making, development of systems and structures, and practice.

Conclusion

F5CA is well-poised to advance a system of trauma-informed, healing-centered, culturally responsive care where every child has *Safe, Stable, Nurturing Relationships and Environments*.

Through its roles as advocate, systems catalyst, broadcaster, and convener, F5CA can build on the American Academy of Pediatrics policy statement and the California Surgeon General's charge to advance successful prevention, screening, and treatment for the impacts of ACEs and toxic stress.

The North Star Statement frames the opportunity for F5CA to build on the strengths of local communities within an impact framework that moves us toward F5CA's Audacious Goal.

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[1] Center on the Developing Child (n.d.) Moving Upstream: Confronting Racism to Open Up Children's Potential. Available at https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/HCDC_RacismBrief_FINAL3.pdf.

[2] Hanks, A., Solomon, D., and Weller, C.E., (February 21, 2018). Systematic Inequality: How America's structural racism helped create the black-white wealth gap. Available at https://www.americanprogress.org/issues/race/reports/2018/02/21/447051/systemaic-inequality/.

[3] 2021/2022 Prevention Resource Guide: Chapter 2 Creating a More Supportive Society For All Families Available at https://www.childwelfare.gov/pubPDFs/prevention_ch2_2021.pdf.

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[b] Components of cultural competence are cultural humility (when a culturally competent person practices self-awareness and self-reflection, has a humble and respectful attitude towards others whose language, culture, and beliefs are different from their own, and is willing to learn and cultural sensitivity (the practice of remaining flexible to the needs of diverse individuals by engaging in verbal and non-verbal encounters that demonstrate ones' ability and willingness to understand people with different backgrounds.)

[4] Race Forward. *What is Racial Equity?* Available at https://www.raceforward.org/about/what-is-racial-equity.

[5] Bhushan D., Kotz K., McCall J., Wirtz S., Gilgoff R., Dube S.R., Powers C., Olson-Morgan J., Galeste M., Patterson K., Harris L., Mills A, Bethell C., and Burke Harris N., Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.

[6] American Academy of Pediatrics. Developmental Issues for Young Children in Foster Care | American Academy of Pediatrics. November 2000, 106(5) 1145-1150. Available at https://pediatrics.aappublications.org/content/106/5/1145.

[7] Garner, A., and Yogman, M., (August 2021)., Preventing Childhood Toxic Stress: Partnering with families and communities to promote relational health. Pediatrics, 148 (2). August 2021:e2021052582 Available at https://pediatrics.aappublications.org/content/pediatrics/148/2/e2021052582.full.pdf.

[8] Essentials for Childhood: *Steps to create safe, stable, and nurturing relationships*. Available at https://www.acesdv.org/wp-content/uploads/2014/06/Essentials-for-Childhood.pdf.

[9] National Center for Injury Prevention and Control, Division of Violence Prevention (2021). Preventing Adverse Childhood Experiences. Available at https://www.cdc.gov/violenceprevention/aces/fastfact.html.

[10] Bhushan, et.al.(2020).

[11] Ginwright, S. (2018). The Future of Healing: Shifting from trauma informed care to healing centered engagement. Available at http://kinshipcarersvictoria.org/wp-content/uploads/2018/08/OP-Ginwright-S-2018-Future-of-healing-care.pdf.

[12] Children's Hospital of Philadelphia (2021). Health Care Toolbox. *Culturally-Sensitive Trauma-Informed Care*. Available at https://www.healthcaretoolbox.org/culturally-sensitive-trauma-informed-care#Beliefs

[13] National Child Traumatic Stress Network (NCTSN). Creating Trauma-Informed Systems. Available at https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems.

[14] Foundations of Advocacy (2020) Training Manual Module 3: Healing-centered-care Available at https://www.nsvrc.org/sites/default/files/2020-05/Module_3_Healing_centered_care.pdf.