



EARLY CHILDHOOD Innovation Network

Local Literature Review and Analysis: Listening to and Learning from DC Parents and Caregivers of Young Children

The Early Childhood Innovation Network Prenatal to Five Capacity Building Collaborative (P5CBC), recognizes the vital importance of actively listening to and engaging parents, caregivers, and community members in the co-creation of solutions to positively advance the emotional and physical wellbeing of young children and their families. As part of its ongoing efforts, in 2023, the ECIN P5CBC sought to learn directly from DC parents of color who are socio-economically disadvantaged about their needs and wants when it comes to caring for young children, prenatal to three (PN3). The focus was on residents of Wards 4, 5, 7, and 8; however, due to transience, we did not exclude parents based on residential geography.¹ We also heard from anyone caring for children in these underinvested/marginalized communities, including family caregivers and service providers (e.g., teachers, community health workers).

Drawing on resources within ECIN, we first began listening to economically disadvantaged parents of color (especially residents of Wards 4, 5, 7 and 8) by reviewing summary reports of or directly accessible qualitative data collected from this population by our ECIN partners between 2020-2023. These qualitative results informed our process of collecting new data directly from the community utilizing the ThoughtExchange tool.

Literature Review of Summary Reports

In 2022, Children's National Hospital released a Community Health Improvement Plan that included the following four Child Opportunity Index indicators as priority areas for improvement efforts within neighborhoods of lowest opportunity, chosen based on input from community members and hospital staff:

- Early Childhood Education
- Healthy Food
- Health Insurance Coverage
- Employment Rate

In developing strategies to address these priority areas, various listening sessions were conducted with residents of Wards 7 and 8 (and some neighborhoods in Prince George's County, Maryland). *Community*

¹ For more information on the data utilized to determine the wards in DC upon which we focused, please see Appendix A.

member quotes related to PN3 needs and wants indicate economically disadvantaged caregivers of color want more accessible mental health services for themselves and high-quality education for their children:

“Mental health services are almost impossible to access even with good insurance.”

– Ward 8 Resident

“The true civil rights issue of the next generation, in my opinion, is going to be education. Those who have it are going to do well. Those who don’t are really going to struggle.”

– Community Organization Leader

Home visiting services for families of children prenatal-to-kindergarten age in DC are provided through 17 organizations that target various demographic groups.² Eight serve families experiencing homelessness, seven serve families considered low income; two serve families who are Spanish-speaking; three serve teenage parents; and three exclusively serve residents of Wards 7 and 8. In the [2021 DC Home Visiting Council annual report](#), caregivers participating in home visiting expressed appreciation of [inferred as need for] information on how to support healthy child development:

*“I have been in the program for over four years. There are three benefits that I have experienced. One is being in the program and learning from it, **so I have the knowledge to guide my daughter at the different stages of her life**. Two, the program gives me tools with activities that we do to meet the goals we want for her development or for the stage that my daughter is at. Three, the in-depth knowledge I acquire helps me to be able to learn more about each stage in her life.”*

– Family Participant

*“[The program] has taught me a lot! Because at this age that I am, to be a mom has been very difficult for me. And it has been a great support for me and **teaches me many things about my baby as she grows**, step by step. It’s something that helps me a lot because that’s how I can get to know my little girl more.”*

– Family Participant

*“I am a proud father of three children. I wanted to express my satisfaction with the program for the great help to my development as a parent as well as for **the great knowledge I have acquired through this program**. I have not only grown as a father but also as a person and as a member of society. I feel supported since the material that the staff provides creates a remarkable impact on the fatherhood community. On a personal level, my attitude and skills have changed in a positive way in my day-to-day life as a father.”*

– Family Participant

² Organizations may target multiple of the following demographic groups.

In 2020, our Georgetown University Center on Child and Human Development (GUCCHD) colleagues conducted semi-structured in-depth interviews with 35 Black women (referred to as “birth tellers”) residing in Wards 5, 7, and 8 about their experiences seeking and receiving perinatal health care services in DC. This work was undertaken to understand contributing factors to significant disparities experienced by these birth tellers.

“Washington, DC currently holds the highest maternal mortality rate in the country, with nearly 36 deaths per every 100,000 live births (United Health Foundation, 2019)...According to recent data from the Centers for Disease Control and Prevention, Black women are more than three times as likely to die from pregnancy-related causes than White women (Centers for Disease Control and Prevention, 2022). Within the geography of DC, these high rates of pregnancy-related morbidity and deaths are specifically documented among pregnant people living in Wards 5, 7, 8 in DC (majority Black neighborhoods) due to structural racism” (p. 5).

The birth teller interviews elucidated the impact of racism across multiple levels (system, institutional, interpersonal). Themes included:

- **Access to Prenatal Care for Black Women:**

*“I think overall, just systematically, because of how things are set up in the city, it’s a major concern that there is **nowhere for me to deliver anywhere near my house**....I think that should be very alarming, and not like, “Oh yeah, we’re just going to close this hospital, and we’re going to close this one too.” It’s war here. I don’t know, what are the moms to do? I know there are moms that don’t drive, so what about them? I think that that is unfair and has a lot to do with race.”*

*“I have known especially because of the Medica[id] population East of the river and our moms who are of high risk even if mom is just...Let’s say doesn’t even have a pre-existing condition or doesn’t have comorbidities. If she has a multiple gestation, that is considered high risk. She has to go way uptown, **depending on which MCO [Managed Care Organization] she has** for example. What’s in the network for AmeriHealth may not be what’s in the network for CareFirst which used to be Trusted Health Plan, things as such. I really feel there is inaccessibility. For someone who lives East of the river...Let’s just say, for example, a lot of the specialties in the network are at Sibley. That’s an hour [and] 15 minutes [of] transportation.”*

*“I hate the fact that **people have this stereotype that all individuals who are a Medicaid recipient look this way**. Oh, they’re down, they’re out, they have four or five kids, they don’t know how to talk, they don’t know how to articulate themselves, they don’t understand, and that’s not so...I hate the fact that we live where previous notions are what we are identified as, and that’s not so...That shouldn’t affect it. It’s sad to say, but I have had the experience of going to a provider’s office in Ward 8 versus going to a provider’s office in Ward*

4 and in Ward 2. It's a completely different experience. It's sad that that happens. I will be honest, I purposely did that just to see if it will be different....Over the years, I have seen it. I will say, I can appreciate being in the field, and also, being a patient, because I put the practice with it. I feel like race has a big difference to do with it, the insurance carrier and [the] Ward [you] live [in]."

"I like the holistic health approach. Financially, **I can't afford the holistic health approach, because holistic doctors are not covered by state insurance.** Everybody has to be paid for their time, for their energy, but holistic doctors aren't paid by state insurance. Does that mean that I have to get the generic help that the whole public gets, in order to be served in a healthy way properly? Do I save all the money I already don't have from my normal, typical, daily, struggling life, and afford someone else's time that can give me more advice that will fit my mindset and my beliefs?"

- **Circumstances and Decisions Impacting How, When, and Where Black Women Seek/Receive/ Self-advocate for Prenatal Care:**

"Black women do not have the luxury to just "focus on their pregnancy"—they **"have to advocate for [themselves] really strongly and really adamantly."**

Many birth tellers who have been pregnant before expressed that previous traumatic experiences of being pregnant prepared them for "what to avoid" in future pregnancies and how to navigate their experiences with racist and disrespectful care. One birth teller recounted how the hospital staff and providers failed to listen to her concerns and to provide her comfort during her delivery. Accordingly, she "learned" from this experience and prepared to be a loud advocate for herself the next time she interfaced with the health care system (p.24).

- **Low Participation Rates in the Six-week Postpartum Visit for New Black Parents:**

"You had a baby and you never see a doctor again until you take the baby to their doctor. It then becomes all about the baby from there on. That's probably what happens a lot of times. I don't think we're checked. The postpartum mortality rate is high too in our community. It's almost neck-in-neck like during labor. The percentages are almost the same because **we're not checked on after that. It's all about the baby, which is very important, but our bodies are still recovering.** It takes nine months for your hormones to regulate after a baby."

"[providers] frame [the postpartum visit] and it ends up being seen as a birth control visit instead of a let's care for you as a new mother visit. The catastrophes have come and gone."

"By six weeks, she's figured it out. There have also been a huge number of things, of missed opportunities for supporting breastfeeding, for supporting her in adequate sleep, for supporting mood transition, for sup-

porting relationships with her support people. For just getting her through and being seen and witnessed, in what is a heartbreakingly hard and glorious month. By then, she's already been abandoned by her health care provider, so what are they going to give me at six weeks?"

- **How Black Women Protect, Support, and Empower Themselves and Each Other:**

"The most positive thing, honestly, having my daughter at the birthing center and just being in that atmosphere. During that time, they had CenteringPregnancy, where women would come together and we will literally have our prenatal appointments together. That experience and feeling so supported by the providers there, literally made me want to get into the field and that's what I did. That has been very positive for me and very humbling. Makes me feel I am making a big difference in some of the work I do. It just really goes to show that having providers that look like you or at least they are knowledgeable of what you have going on, culturally or however you want to call it can make a difference and make you feel more supportive, more educated and then being able to share that information with other moms and that just continues to carry on and creates this ongoing cycle of people that know, people that know how to share things and I feel like that in some ways, maybe small ways and just makes everyone have better outcomes....I really enjoyed my birth, I really felt supported and loved by those women. Even though it was a short period of time, less than 9 months, when I was there, I felt I had support, I was not worried, I felt informed. It was very, very helpful..."

From these birth teller stories, we hear that Black caregivers in Wards 7 and 8 want convenient, affordable (i.e., covered by insurance), holistic and racially sensitive prenatal care that continues through the postpartum period.

Secondary Analysis of Qualitative Data

In addition to these reports summarizing qualitative data from focus groups and interviews with caregivers, we were ourselves able to code and analyze transcripts of focus groups and parent interviews conducted by ECIN evaluation teams (with IRB approval from Georgetown University).

In March 2023, a focus group was conducted with seven caregivers receiving HealthySteps services at Children's National primary care locations to gather their feedback about the program; six of the participants reside in Wards 7 and 8. Also in the spring of 2023, a Photovoice project was conducted with 12 caregivers who had participated in at least three Parent Cafés. Participating caregivers, eight of whom reside in Wards 7 and 8, took photos expressing how they used the Protective Factors they learned about in Parent Cafés. During weekly group sessions involving one-to-one interviews, participants explained their photos, and transcripts were generated from these Zoom meetings.

All transcripts were de-identified, and the content was then coded by a trained research assistant according to caregivers' compliments/complaints regarding existing PN3 (prenatal to age three) services. Compliments emphasized elements crucial to supporting PN3 wellbeing, including positive statements and community strengths, whereas complaints highlighted gaps, challenges, and opportunities for improvement. Based on these compliments and complaints, several themes emerged regarding caregivers' wants and needs. In the HealthySteps focus group, caregivers appreciated these existing supports:

- **Mental Health Support for Parents**

"HealthySteps program is like strong and effective. And you know, like they focus on everyone's... like our children's health, and as well as the parent and caregiver's health."

"They [Healthy Steps] definitely care. They want to make sure that you're in the right headspace, and being a mom and taking care of your child."

"I've been on a waiting list since my mom has passed. I never got any type of therapy, and [a HealthySteps specialist] was willing to give me this stuff that I need as a parent to help me with my son but also talk to me outside of that."

- **Safe Spaces (non-judgmental spaces) for Parents**

"So it it never made me feel any less. It never made me feel like I ask type of crazy question or stupid question, because every question they always had to answer for or solution."

"I would say it's a great program, and what it does for family is give them open opportunities to, you know, feel comfortable to be able to speak to people that you don't know. And you know me being a new mom and not having my mom around gives me that support of what I need to know in becoming a new mom and let me, giving me that guidance."

"You don't have a feeling like you might be getting judged or anything like that like this, you know. That's the feeling that we want to be able to talk freely to express ourselves freely."

- **Parents' Capacity Building and Sharing Knowledge and Resources**

"I enjoyed those guests who came in to teach their specialties, being able to talk to other 1st time mothers, knowing developmental milestones, and reminders of things to do."

"There are so many different aspects of the program that I love, like they have different pamphlets that have, you know, just everything you can need from like breastfeeding to postpartum care to, like, help with sickness or help with families who are grieving, like it's just so much."

"I love the text messages that we get from the HealthySteps kind of like along the way reminders of little things that you do."

- **Care Coordination and Connection to Services (medical, legal, social)**

"My daughter... was in Strong Start... she needed help with her speech and they connected me with, you know, like a good speech therapist to be able to help her."

"Then I told her as we continued our conversation, 'Oh, I'm having issues with lactation because my baby came early, and then he was in a NICU for 20 days, and they didn't let me breastfeed him while I was in the in at MedStar Hospital,' and so I would pump, and I was having a hard time with my machine. So she brought the lactation person right there, and the lactation consultant would talk to me every single day, which I thought was something I'd never expected that much of a hands-on support."

- **Financial Assistance**

"And even by joining the program, the HealthySteps [Parent Advisory Council], it helped me as far as financially as well, because I was a new mom, and I didn't have any money. So by doing those little meetings and getting a Target gift card that really came in handy for me to be able to buy my son diapers, wipes or like a onesie. Something that was suitable for him."

- **Having a Peer Support System**

"That was the last kind of icing on the cake is knowing that there's a community of other moms like you that you can come and kinda learn from and grow from."

Caregivers in the HealthySteps focus group identified several gaps as well:

- **Limited Access to Mental Health Care for Caregivers**

"She kind of been on point because I've been on a waiting list since my mom has passed. I never got any type of therapy, and she was willing to give me this stuff that I need as a parent to help me with my son but also talk to me outside of that."

"We was trying to find another therapist for me. But it's always, 'we got short-term therapy or we ain't taking nobody right now.' So it kind of fizzled out. So I just end up spending with her and talking to her. And to be honest, I ain't even worried about talking to nobody else."

- **More [information about] Resources**

"Building a relationship or a directory where it kind of helps moms through Children's Hospital navigate through that and kind of really giving a soft handoff rather than a cold handoff on the number... [would be helpful]."

"Even having resources to talk about being a parent, being a parent post-pandemic, and navigating health concerns would be helpful as well."

"I think that having a resource list of services that are available would be helpful."

"I think that having more resources and information on different types of support that are available would be great."

- **Longer Access [past age three]**

"I would hope that they continue this program on for a while, because you know, I never know when I may have a meltdown and may need to call [HSS] or anything like that. But it's definitely a great program. Like I definitely try to refer people to them, you know."

"So I just think, like they say the program should just be able to last forever."

- **Representation/Inclusion of Fathers**

"I would love to see more, you know, like single, even if they're not a single father, but like more dads involved even to not just be just moms because everyone needs help. Everyone needs somebody to talk to."

"If they're not- you're not engaging with the parents right there when they first started their journey into motherhood. I think that's a perfect time to bring them, and it also puts the onus on both parents to be on this journey together."

- **Facilitated Connections to Other Parents**

"I just wish I was able to like, come in the program, and, you know, be able to get some of the ladies names and numbers and build that relationship with them."

"If we can start like a WhatsApp group, where folks can just jump on and just check in all together, and we can share things... [it would be helpful]."

"I also think having some informal ways to engage is is cool."

- **Housing Assistance**

"I do wish it was something where maybe they could have for like single mom, for moms that's in the program, like something that can help you get into housing or something like that. Where it can be more affordable for people who are, you know, not fully financially where they used to be. Because, you know, once having a kid and I lost my mom, my finance shift. So maybe if they had something like that where they can help moms get into like some type of housing program or something like that. I think that will be good. That would make a lot of people feel better, because, you know, living with people, living with other family, it's not always the best. Cause you gotta be under their guidelines and rules. So if you can have your own place with your kid, they can make them a mom feel better. Because as a new mom or moms period, you're always in your head about something."

Similarly, in the Parent Café Photovoice sessions, caregivers appreciated the benefits of:

- **Mental Health Support for Caregivers**

"But I feel like one solution is really like just normalizing that whole experience, like what they call it the

fourth trimester, you know, I personally think that we all go through some level of postpartum, a postpartum experience. I mean, it's impossible not to just like any type of monumental change in somebody's life, you have to come to terms with it on an emotional level on a mental level on a physical level. And I think I want to see, like, what's the one state one solution I see is removing the stigma around postpartum, the fourth trimester, because I just feel like a lot of women, there's a tendency to think like you have to be, okay. Like, you have to have all the answers you have to be, right, you have to know all the right things to do. And like, it's okay to say, hey, I need help in the sense of, I'm open to receiving help, you know...And I think that that is a multifaceted solution to something that I think that is a very common experience."

- **Caregivers' Capacity Building; Sharing Knowledge and Resources**

"[I wish Parent Cafés talked more about] mental health for the parents. Like even like because a lot of parents don't have both parents a lot of families don't have both parents. So something that can be resources for the moms to provide to the dads. How to communicate how to coparent communication or know when it comes to that, it's kind of new to me. places I don't know, I can't really speak. Yeah, just different things that they can provide as a resource."

- **Having a Peer Support System**

"I would think it's very important to find community and people that understand, or moms because even though all moms, we all are different, but we do share the same thing, which is being a mom, and having that unconditional love for our children, even for our family. So I will say starting that, that tribe or that community of people to support you, and for you to be your authentic self, but also to support you for the children. I'm just not a mom, I'm a single mom as well. So the load does get really heavy. And sometimes that light at the end of the tunnel doesn't seem so bright."

"Whether it is in participating in like Parent Cafés, or like being a part of like Mamatoto Village, or finding that village of people that you want to surround, you know, that they're going to check on you and come and help you."

"[Parent Cafés] makes me smile and I can still be me. Because I hear women actually say like real stuff. I heard a couple of moms talk about they have autism children. Heard a couple moms say they got a lot of significant others, but they still trying to parent each other and try to be communicating. It makes me just realize like I said, understand that I wasn't by myself."

- **Children's Social-Emotional Development and Play**

"That makes us happy. Even though we're in the confines of our home, we're gonna, we're gonna have carnival day, whether it's arts and crafts, playing in the yard, making fun desserts, trying to make sure that

our children develop in such a way that they don't really feel the impact of those grown up challenges that we have."

"So making that time to teach them that love because we have to teach our children to love we have to teach them how do we want to speak their emotions and teach them accountability. So the fact that I teach them love and I give them love is the most important thing because they need it. I think everyone in the world needs extra love these days. So by me, holding them accountable and teaching them to be as one is something very important."

- **Developing Parent-Child Relationships**

"Just having our time together so she [child] can explore and do things that she enjoy doing."

"I'm trying my best to keep them safe. So this was mainly just trying to tell him it's okay. Mommy is a safe place. You safe for me, I'm safe for you. It's gonna be alright. You're not scared the dark. We the light in the dark, you'll be okay."

Caregivers also want more of the following:

- **Safe and Clean Public Spaces**

"So just the whole notion of having like, really good public spaces, you know, that like, like public parks, and I feel like, you know, sometimes that is a challenge in some of our communities, because, I mean, you need spaces that you need people to respect those spaces, and you want them to be like, clean."

- **Food Security and Nutrition**

"What I needed was financial support, like I needed, that we were living in food deserts. You know, I'm pouring everything into the house. And so, you know, there were shortfalls. There were pitfalls, and there were shortfalls. And there were days, there were weeks where all we ate was ramen. You know, it was, we were beginning to live an unhealthy nutritional lifestyle. But by any means necessary, I was gonna get this house done and get this baby. And so if it meant that temporarily, we, you know, did things that were extremely frugal or not ideal, then that's what I had to do."

"So it's both the challenge when it comes to just the challenge everybody faces with like eating well, eating healthy, the monetary challenges that can present there, with buying the foods that are like organic foods, like I like to eat organic, you know, I actually do receive food assistance, like SNAP benefits. So I have a lot of people who, like I can't afford it, I have never had any problem, like going to Whole Foods, using my benefits, buying the things that I need, I have never really felt like I've lacked in that. So I'm grateful for that. And that's, that's a positive thing. And also, considering that I, I've been a stay at home mom, so I'm not working right now. So I do receive some cash assistance from the city, it's very helpful to know that the cash I do

to receive, I don't have to put it towards food, you know, cash gets spread out, has to go far and wide, you know, the cover my different like bills, and just whatever, you know, not just bills things that I might need to get for him or for me just to live, you know?"

"So it needs to be changed there when it comes to like our food system, and like pharmaceutical system, and the protection that is afforded to those companies, I think, is a huge disservice to the average American."

Across both datasets, **the most frequent themes identified regarding caregivers' wants and needs were having a peer support system, mental health support for caregivers, safe spaces for caregivers and children, access to shared knowledge and resources, and parent capacity building.** These themes highlight how caregivers play a crucial and multifaceted role in promoting the health and wellbeing of their children; therefore, it is essential to address the holistic needs of caregivers to ensure positive health outcomes for young children.

Collection of ECIN P5CBC-Specific Qualitative Data

After reviewing these existing sources of data that include the voices of economically disadvantaged caregivers of color, our team acknowledged that certain caregivers had yet to be heard from - those who do not speak English as their primary language and/or are immigrants and those who are not yet engaged in ECIN-supported programs. Thus, we reached out to as many community partners as we could think of to find out about convenings of parents/guardians from Wards 4, 5, 7, and 8 that might have been willing to share input with us during the month of June 2023. In addition to convenings of parents, we were also willing to gather input from service providers (e.g., teachers, community health workers) working with children and families in these wards.

For expediency, we used the ThoughtExchange platform to collect open-ended responses to a single question: **What do families - living in Wards 4, 5, 7, or 8 - with children under age three (including pregnant families) need and want?** In addition to answering the open-ended question, participants were asked to assign one to five stars to others' answers depending on how strongly they agreed (all answers and ratings were submitted anonymously), which allowed us to measure consensus on the most important needs and wants of caregivers of young children residing in these wards.

This polling tool can be facilitated synchronously during virtual meetings, which our Evaluation Team did on seven occasions: Georgetown Center of Excellence Family Leadership students (20 in attendance), DC Perinatal Mental HealthWorkgroup (16 in attendance), Georgetown Head Start University Partners (10 in attendance), P5CBC Steering Committee (11 in attendance), Spaces in Action Strengthening Medicaid Community Meeting (30 in attendance), Children's National Healthy Steps Parent Advisory Council (8 in attendance), and Spaces in Action Parent Cafe (23 in attendance). The survey can also be administered asynchronously via an email with a link, which we shared with ECIN team members, Healthy Futures child development programs, Mary's Center, CenteringPregnancy programs at Unity Healthcare, Community of Hope, Under 3 DC Listserv, DC Child and Family Services Agency (CFSA) Keeping Families Together Lived Experience Advisory Council, and CFSA Family Success Centers.

In total, we collected 135 thoughts and 2,058 ratings from 113 participants. Of this group, 46 percent self-identified as family caregivers of young children in Wards 4, 5, 7 or 8 (and received a \$25 Target gift card when possible). The remaining 54 percent worked with young children in child care settings, healthcare settings or as community advocates (including researchers). Regarding breakdown of racial/ethnic groups, 63 percent of respondents self-identified as Black/African American and 22 percent as Hispanic or Latinx. After considering the top five AI-generated themes from ThoughtExchange, our evaluation team created a similar but more specific set of nine themes. The two researchers each coded half of the thought responses, assigning a primary theme to each; then they reviewed and confirmed each other's coding. These are the most frequently mentioned themes with example thought responses:

- **Housing in safe neighborhoods:**

To reduce stress, families need/want stable housing that they can afford in neighborhoods that are safe. (27 thought responses)

- ☐ **Safe neighborhoods.** "It's important for families to be able to live in and move thru their neighborhoods w/o threat of violence." (4.4★)

- ☐ **Healthy housing.** "Stable health housing is important for healthy and decreases stress on the family." (4.4★)

- **Quality [early] education and child care:**

Single parents especially need/want affordable, high-quality childcare so they can work or go to school. (26 thought responses)

- ☐ **They need daycare.** "They need someone to watch their children so that they can go to work to provide for their families." (4.4★)

- ☐ **Child care.** "Some families, poverty-stricken, need or seeking training or employment. Childcare supports the ability to obtain advancements for family stability." (4.3★)

- **Accessible healthcare:**

Parents need/want several types of health care (medical, behavioral) to be more affordable (covered by insurance), accessible (location, hours, volume of providers), and culturally sensitive. (23 thought responses)

- ☐ **Culturally sensitive mental health care for parents without waitlists.** "Parents need to be able to see a therapist they trust during these early stages of parenting especially when you have postpartum depression." (4.3★)

- ☐ **Easy access to affordable high quality health care.** "Families need caring doctors that take medicaid and are located in their neighborhoods." (4.3★)

- **Employment/income:**

Parents need/want financial resources – through employment opportunities, financial education, or direct monetary benefits – to provide for their children's basic needs. (18 thought responses)

- ☐ **Financial support via employment opportunities.** "Part-time or per diem opportunities that do not have hiring restrictions." (4.4★)

- ☐ **Financial literacy.** "To learn how to properly budget and get on the other side of a bad financial situation, start to build a solid foundation for their children." (4.4★)

- ☐ **Enough income.** "So parents can provide for their children." (4.3★)

Additional themes associated with fewer (but greater than two) responses were:

- **Social support for parents:** Parents, particularly single parents and fathers, need supportive relationships with others in their community. (12 thought responses)
- **Food:** Parents need/want to be able to afford and conveniently shop for healthy food to fuel their children’s health development. (12 thought responses)
- **Resource navigation:** Parents need/want information about and help accessing the community support services available to their families. (9 thought responses)
- **Fairness and respect:** Parents want to be treated with dignity and respect and to have their voices listened to regardless of their skin color, income, or other circumstances. (5 thought responses)

Conclusion

Based on partner reports, including qualitative data, secondary analysis of our own qualitative data, and the ThoughtExchange polling results, the most consistently mentioned needs and wants of DC parents of color who are socio-economically disadvantaged and caring for children, prenatal to three, can be summarized as in the table below. Notably, we have already been seeking to address several of these needs and wants through current service strands.

NEEDS / WANTS	P5CBC SERVICE STRANDS
Better prenatal care	Centering Pregnancy, PMAD screening
More mental health care	HealthySteps
Peer support networks	Parent Cafes
Accessible information about available resources	
Stable housing and nutritional support	

Acknowledgements

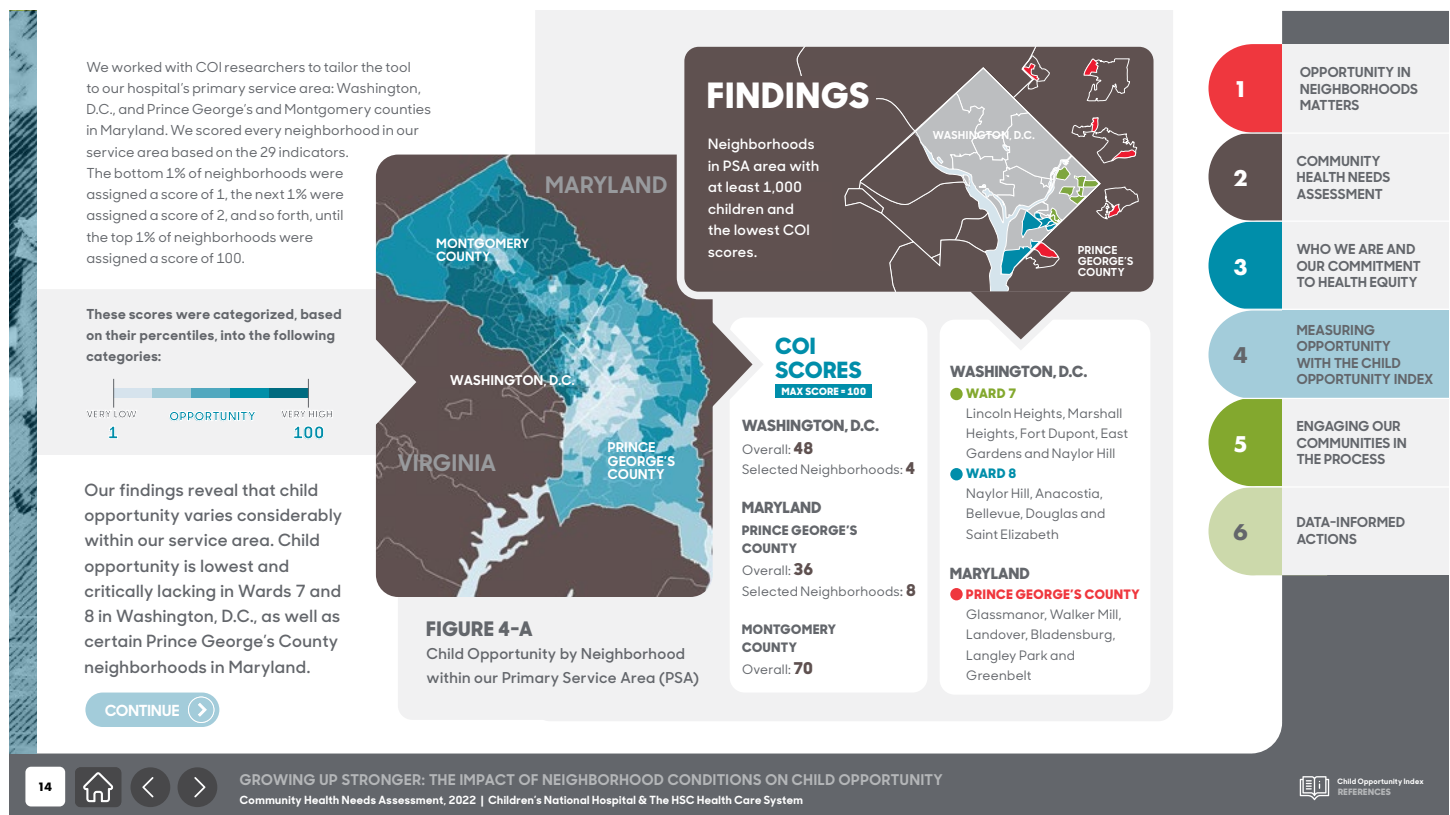
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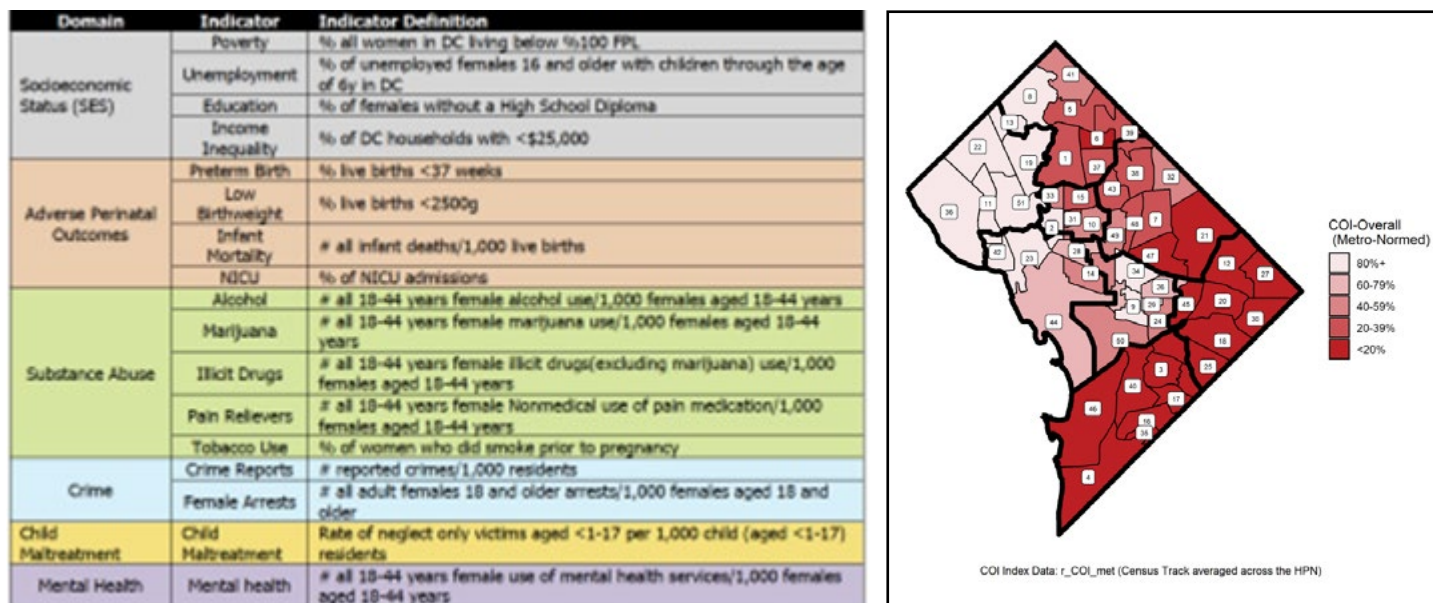
Appendix A

From the Children's National Hospital Community Health Needs Assessment 2022 (Children's CHNA), we know that residents of Wards 7 and 8, which are 87 percent African American, experience almost double the infant mortality rate of the rest of the city (9 deaths per 1000 vs. 5) and dramatically shorter life expectancy (63 years vs. 90 years in Ward 3). Contributing to these health disparities are inequities in opportunities for children within these wards. For the Children's CHNA, the COI tool was tailored to rank neighborhoods within the hospital's primary service area (shown below) based on child opportunity scores (ranging from 1-100); "The bottom 1 percent of neighborhoods were assigned a score of 1, the next 1 percent were assigned a score of 2, and so forth, until the top 1 percent of neighborhoods were assigned a score of 100." While the WDC service area overall had a COI score of 48, several neighborhoods within Wards 7 and 8 had COI of only four.



Moving beyond just the Children's National Hospital service area and of closer relevance for families with children prenatal to three, the Maternal Infant and Early Childhood Home Visiting Needs Assessment for Washington DC (MIECHV report) was published in 2021 by ECIN colleagues at Georgetown University Center for Child and Human Development (GUCCHD). According to HRSA-specified child risk factors: "socioeconomic status; adverse perinatal outcomes; substance use disorder; crime; and child maltreatment data...drawn from a variety of years from 2012-2018...Wards 7 and 8 were identified as communities with the highest concentration of risk" (p. 10). The GUCCHD team sought to look more closely at neighborhoods within wards, at additional risk indicators that are relevant to the needs of pregnant women and families with young children (e.g., NICU admissions, female arrests, number of adult females using mental health services), at a fixed year (2016) in which data for those indicators could be obtained from local sources. For each ward/neighborhood on each of the six risk indicators (see Table 1), a modified z-score was calculated, and any

indicator z-score greater than one absolute deviation about the median was classified as “at risk.” Areas that had more than two at-risk indicators were considered high concentration of risk (see map below). Wards 7 and 8 had all six indicators designated at risk, and all but three of the sixteen neighborhoods with high concentrations of risk are located in these wards.³



The GUCCHD team went on to compare the at-risk wards and neighborhoods, defined according to these indicators (measured in 2016), to wards and neighborhoods with COI scores (from 2015) less than 20. “All of Wards 7 and 8 are in the less than 20 percent (highest risk) category, as are several neighborhoods in Ward 5 (i.e., Trinidad and Fort Lincoln/Gateway). Also in the highest risk group for the COI is one neighborhood in Ward 4 (i.e., Brightwood Park). The rest of Ward 5, and much of Ward 4 (with the exception of Chevy Chase and Barnaby Woods) falls into the next tier of risk on the COI (i.e., below 40 percent)” (p. 14).

While these robust needs assessment reports from our ECIN partners focus on Wards 7 and 8 as the most underserved/marginalized communities, geographic borders may not be the only/best means of defining which communities are marginalized. The identification of other at-risk neighborhoods in Wards 4 and 5 may allude to other demographic identifiers of being underserved/marginalized. For example, compared to Wards 7 and 8, Ward 4 residents are more likely to be Hispanic, foreign born, and/or speak Spanish.

Moreover, Wards 7 and 8 have been consistently identified/targeted by policy makers, in large part due to structural racism that has concentrated Black families in these areas and blocked their wealth building. But being Black, which often means low income, and living in any DC ward is accompanied by marginalization and disparities. According to COI data, 66 percent of Blacks in DC have low or very low COI (1-2 on a 5 point scale) compared to 55 percent of Hispanics and 22% of Whites.

3 The other three neighborhoods are in Ward 5.