

February 2021



# The Parent Leadership Council

Ready to ROAR!

Change the message.  
Change the perspective.  
Change the world.



JAYE WILSON, FOUNDER OF  
MELINATED MOMS

An overview of  
Advocates for  
Children of  
New Jersey  
and its  
Prenatal-to-Three  
Policy Areas



MELINATED moms

Welcome! Thank you for being a part of the ROAR Parent Leadership Council. As parents, you are the expert voices on the challenges and successes of what children need to unlock their potential and thrive. Your input and personal stories are invaluable in informing our advocacy, developing solutions and creating better outcomes.

Here's what you need to know about ACNJ's work in prenatal-to-three advocacy, our mission and our partners.

## What is Advocates for Children of New Jersey (ACNJ)?

Children can't vote. They have no political influence. They can't tell our state leaders what they need. That's why Advocates for Children of New Jersey (ACNJ), established in 1978, works with local, state and federal leaders, as well as community stakeholders, to identify and implement policies that will benefit New Jersey's children. Our work results in better laws and policies that create better outcomes for children and their families so that every child has a chance to grow up safe, healthy and educated.

## ACNJ is pushing state leaders to *Think Babies*



**It's time to *Think Babies*™ NJ  
and make their potential  
our priority!**



Approximately 102,000 babies are born each year in New Jersey. Brain science teaches us that their early healthy development - the first 1,000 days - is consequential, right from the start. However, their early experiences could be vastly different, depending on race and family income.

With funding from two national organizations, ZERO TO THREE and the Pritzker Children’s Initiative (PCI), ACNJ is working to unlock the potential of every child in New Jersey by lifting up both the child and their families through services and resources during the prenatal-to-three development period.

In fact, there is a statewide plan, developed by a team of public and private sector leaders and supported by early childhood experts from across the state, aimed at meeting the following benchmarks by 2023:

- ▶ 8,750 more infants and toddlers will have access to high-quality subsidized child care.
- ▶ 9,867 more low-income families will receive evidence-based home visiting.
- ▶ 7,247 more low-income infants and toddlers will receive mental health services annually to support optimal social-emotional development.
- ▶ 3,000 more low-income women will receive prenatal supports and services annually.

Funded by the Pritzker Children’s Initiative, ACNJ is working on making these goals a reality. ACNJ formed a coalition of community partners, state leaders and parents called the Think Babies Coalition, capturing comprehensive perspectives that will help shape policy and outcomes for families. The coalition is led by a steering committee that oversees the direction of these priorities. The work of the coalition is divided into four workgroups:

- ▶ Quality and affordable child care,
- ▶ Home visitation,
- ▶ Infant mental health, and
- ▶ Maternal and infant health.

The work that ACNJ conducts under the Think Babies/Pritzker Children’s Initiative is guided by three principles:

1. **Promote Racial Equity** - We believe that every baby born in New Jersey deserves high-quality support and services to get the best possible start in life. However, we know that not every family has access to those services, limiting opportunities for our children and their families. Far too often, that happens on the basis of race and income. Our plan is based on the belief that we all have a role to play in achieving equity, and that supporting equitable opportunities at the start of a child’s life is the first step in eliminating disparities that impact outcomes for babies, families and communities.
2. **Utilize Data Disaggregated by Race** - Often in data, dissimilar narratives emerge when disaggregated by race. Disaggregating the data help to identify racist policies and decreases the likelihood of creating additional laws and regulations that may adversely impact Black, Indigenous, People of Color (BIPOC) families who are furthest from equity.
3. **Elevate Parents’ Voices** - In the past, solutions were created for communities without their input. But recently, there has been a recognition that policy work should not only engage those who it will impact, but that those impacted the most should be in charge of designing solutions. In 2020, ACNJ partnered with Melinated Moms to engage parents with lived experiences to help them refine their stories. Through Melinated Moms’ *Find Your Roar trainings, parents are affirmed that they are experts in their lives and they have the ability to advocate for change to bring better outcomes for their children and their communities. These advocates form the Parent Leadership Council, where they offer input to proposed solutions.*
  - ▶ Every year, ACNJ organizes **Strolling Thunder**, ZERO TO THREE’s flagship advocacy event to provide a platform for parents and caregivers to urge lawmakers to *Think Babies and tell them what our youngest children need to thrive. This year, we want your input as we approach Strolling Thunder 2021.*



- Check out last year’s virtual event:  
<https://acnj.org/welcome-to-strolling-thunder-new-jersey-2020/>
- Listen to parent sharing their stories at the statehouse steps from Strolling Thunder NJ 2019:  
<https://www.youtube.com/watch?v=LUAR4YT9Ad8>
- ▶ Continue the conversation with the ROAR private Facebook group!  
<https://www.facebook.com/groups/117963106878934>

## Description of each workgroup

### Affordable, Quality Child Care

Quality child care, a child’s first formal educational experience, feeds a baby’s rapidly growing brain. During these early years, studies show high-quality child care improves language, mental health and social-emotional development, all contributing to later school success. Safe, stable and nurturing child care also helps parents work, strengthening the economic health of our families, our neighborhoods and the state.

**Workgroup Goal:** More infants and toddlers in low-income families will have access to high-quality care.

1. Improve the quality of current infant-toddler child care programs serving children in low-income families.
2. Develop more high-quality, regulated child care slots for infants and toddlers.
3. Fully utilize opportunities to expand Early Head Start services and reach more children.
4. Improve the credentials and compensation of infant/toddler educators in child care settings.

### Fast Facts

- ▶ Child care in New Jersey is expensive and hard to find. Pre-pandemic, 66 percent of New Jersey’s babies had all parents in the workforce, yet there was only enough availability in licensed child care centers for 27 percent of those babies. That’s about 200,000 babies in need of child care.
- ▶ The state’s median weekly cost for center-based child care for an infant is \$250. Annual child care costs range from \$12,000 to \$15,000 for an infant or toddler, which is about equal to or more than the cost of a four-year university in New Jersey.

## Infant Mental Health

Relationships are the foundation of human development. And much like physical development, we need to foster a baby's social and emotional health by ensuring a full spectrum of services, from prevention to treatment, is available to address their mental health needs. Children who experience stressful or traumatic events at an early age are more likely to develop behavior and learning difficulties in school that can lead to long-term consequences such as physical and mental health issues in adulthood. Research demonstrates that early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties later on.

**Workgroup Goals:** More infants, toddlers and their caregivers in low-income families will have access to services to support their mental health.

1. Expand the availability of infant mental health consultation services in a variety of settings.
2. Increase the availability of mental health treatment services.
3. Increase the supply of well-trained infant mental health professionals and ensure geographic parity.
4. Improve procedures to document the need for mental health services for infants and toddlers.

## Fast Facts

There are three key issues impacting the provision of mental health services for infants and toddlers:

- ▶ There is a lack of awareness around infant mental health. Not only are families not aware of this field, but many mental health professionals, pediatricians, and lawmakers have never been educated about infant mental health.
- ▶ There are not enough mental health professionals in New Jersey trained to help infants. The New Jersey Association of Infant Mental Health offers an Endorsement that certifies a mental health clinician has the education and training to provide infant mental health services. However, there are only about 20 professionals in the entire state with this endorsement.
- ▶ New Jersey Medicaid does not provide adequate coverage or reimbursement for infant mental health services. This not only makes it difficult for clinicians to provide services, but also makes it hard for families to access services.

## Home Visitation

While having a baby is an exciting time for families, it can also be stressful and overwhelming. All parents could benefit from additional support and services during these critical early years. Home visitation programs match expectant parents and parents of young children with a trained professional who can provide essential support to help nurture positive parent-child relationships. Quality home visiting programs can increase children's school readiness, enhance parents' abilities to support their children's overall health and well-being, and improve family economic self-sufficiency.

### Fast Facts

- ▶ New Jersey has three evidenced-based home visitation models offered across all 21 counties; Nurse Family Partnership (NFP), Healthy Families America (HFA), and Parents as Teachers (PAT).
- ▶ Combined, these programs are only able to serve 4,801 children prenatal up to age five and their families. But with over 100,000 babies born a year, there are many more families who could benefit from this program but do not have access.

**Workgroup Goals:** More parents of infants and toddlers in low-income families will have access to evidence-based home visiting.

1. Increase service capacity and program completion rates within the current system of evidence-based home visiting.
2. Expand the capacity of the current evidence-based programs.
3. Reframe and develop home visiting as inclusive of all families who want to participate.

## Maternal and Infant Health

Maternal and infant health encompasses the well-being of mothers and their babies across the physical, mental and social health domains from preconception throughout the first few years of a child's life. In the Garden State, there are huge racial disparities in maternal and infant mortality and morbidity. New Jersey First Lady Tammy Murphy has made this issue a focal point of her tenure. Her statewide awareness campaign, Nurture New Jersey is aimed at reducing these disparities and ensuring equitable access to care.

**Workgroup Goal:** More women in low-income families will have equitable access to maternal and infant care supports and services to ensure a healthy birth.

1. Align with the Healthy Women, Healthy Families Initiative to ensure equitable maternal and infant health care.
2. Support the Nurture NJ Campaign to raise awareness of racial disparities in maternal and infant health.
3. Establish metrics to assess birth outcomes, monitor progress and promote positive practices among the health care community.

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### Fast Facts

- ▶ Significant racial disparities exist in New Jersey for maternal and infant health. Even before birth, Black and Hispanic women are the least likely to receive early prenatal care with 35.1 percent of Black women and 30.5 percent of Hispanic women receiving late or no prenatal care compared to 14.8 percent of white women.
- ▶ New Jersey has one of the worst maternal mortality rates in the country, ranking 47th out of 50 states.
- ▶ On average, 46.4 New Jersey women die for every 100,000 births, compared to 29.6 nationally.
- ▶ A Black woman in New Jersey is four times more likely to die due to pregnancy related complications than a white woman. The rate for Black women is 132 deaths per 100,000 births compared to 35 deaths for white women.
- ▶ The infant mortality rate is higher for Black babies, at 9.4 per 1,000 live births compared to 2.7 for white babies. Black babies are also twice as likely to be born at a low birthweight, at 12.3 percent compared to 6.4 percent for white babies.