

EXPLORING THE INTERSECTION OF EARLY LEARNING AND HEALTH POLICY IN WASHINGTON STATE

K. Jennifer Johal

Washington State has been a leader in many policy innovations, including providing health care insurance coverage for all children. The Children's Alliance (CA), a leading non-profit advocacy organization based in Washington, began the *Cover All Kids* campaign in 2007. It has since made enormous progress toward the goal of universal coverage. It accomplished this by supporting *Apple Health* and *Apple Health for Kids*, which are State funded comprehensive health insurance options.¹ Although Washington State provides access to health insurance coverage for children and families, this is just the first step to ensure that Washington's children are healthy and can thrive academically.

Under the Director of Health Policy at CA's Seattle office, I began the extensive effort of drafting a policy paper that documented the intersections between early learning and health policies using a racial equity lens. I also attended coalition meetings in both the early learning and health sectors. I conducted interviews with key stakeholders and discussed their professional and personal opinions to identify intersections and build bridges between the two groups. Through this internship, I came to realize there is a need to change both internal and external structures of how policies and programs are developed in Washington State.

Often, individuals involved in advocacy, policy development, and outreach programs for children and families have conversations about the importance of early learning and health. The health of a child and early learning programs are very much connected and cannot be separated from one another. Yet, Washington State's current system separates funding for early learning programs from funding for health programs.

¹ "Cover All Kids | Children's Alliance." Cover All Kids | Children's Alliance. July 7, 2014. Accessed September 16, 2014. <http://www.childrealliance.org/our-current-work/cover-all-kids>.

I consider myself new to the field of health advocacy, my experience working as an assistant teacher in child care programs, analyzing the work of theorists like Jean Piaget and John Dewey, and understanding the importance of dramatic play in children's learning, has taught me that children learn better when they are healthy than when they are sick.

I also spent time on CA's *Cover All Kids* campaign designed to support the state law that provides affordable health insurance coverage. Compared to 2007, more Washington State children and families now have health insurance, can go to a doctor for checkups, and get prescription medication without paying out of pocket costs. Although Washington State continues to provide access to health coverage for children and families, this is just the first step.

However, access to low cost insurance does not yet mean access to quality and affordable health services for all children and families. The Seattle Public Health department data for the Seattle/King County area shows a pattern of poor social outcomes (i.e. adverse childhood experiences, low physical activity, life expectancy, preventable hospitalization, etc.) related to the concentration of poor health. This data showed that children who live in the southern region of King County (the most diverse and socioeconomically disadvantaged section of the County) are at the highest risk of poor health outcomes.² This disparity based on race is the reason why CA has developed a racial equity policy. The implementation of quality early learning and health programs in Washington State cannot exist without structurally changing the strategies and thinking of policy makers and major funders. A way to fight this long and challenging battle to integrate the silos is to enhance State and Federally funded programs to include health and early learning components equally and effectively.

I participated in the policy discussions around developmental screenings, which identify developmental delays in children, and allow for intervention at the earliest age possible. Framing developmental screenings as both an early learning and health policy priority is smart. There are huge implications to benefit family systems. Both the state

² Wysen, Kirsten. "5 Opportunities (and Challenges!) of Community Engagement." A Living Cities. July 24, 2014. Accessed July 9, 2014. <https://www.livingcities.org/blog/653-5-opportunities-and-challenges-of-community-engagement>.

Apple Health for Kids and Washington State's Early Childhood and Assistance Program (ECEAP) cover developmental screenings; however, this coverage is still inadequate. *Apple Health for Kids* only reimburses psychologists for developmental screenings and does not provide coverage for all the follow-up services that might be needed. ECEAP, on the other hand, provides developmental screenings and support for intervention services. Families and children (from birth to three years of age) living in South King County are eligible for ECEAP.³

I also examined differences in the eligibility requirements for the two programs which affect access to developmental screenings and services. Eligibility for ECEAP is based on the age of the child, and requires the family income to be at or below 110% of the federal poverty line (FPL). Washington State's *Apple Health for Kids* policy provides its population with access to health insurance coverage if family income is lower than 138% of FPL.

Children who live in South King County and may have health coverage and can afford the services, do not have access to health clinics, and are therefore at greater risk of developmental delays and an adverse learning experience. In order to meet the health and early learning needs of children, there must be intersections between these two policies areas, which are frequently kept separate. If there were a focus on preventative measures, to support the connection between silos, these programs could potentially help reduce the current barriers children and families face to meet their full potential.

I gained much knowledge and experience in the field of policy development and program implementation while working with Children's Alliance in Seattle. I have come to understand that policies which are not well thought out can both hurt and help those we advocate for. As a committed advocate for the health and learning of children and their families, it will be my job to develop policy through the work I do with the community, not just for the community.

³ Screening Issue Brief. April, 2009. Access July 2014.
http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-128_DDScreeningIssueBrief.pdf.

K. Jennifer Johal received her double Masters of Arts in Health Advocacy and Child Development from Sarah Lawrence College. Her research focuses on the intersection between early learning and health policy to support children and families within early learning and parenting programs, and how to enhance the quality of care in our current health system. Ms. Johal currently resides in Seattle, WA and is pursuing a professional pathway for early learning and health.