



# Disclosure

The views expressed in this presentation are those of the speaker and not, necessarily, of the Help Me Grow National Center or Connecticut Children's Medical Center.

Further, the presence of a commercial vendor at a Help Me Grow National Center event, and the presentation of or by any vendor of any information regarding any specific commercial products, process, or service by trade name, trademark, manufacturer, or otherwise, does not constitute or imply Help Me Grow National's endorsement, recommendation, or favoring of such item or organization. Any such material presented by or for any vendor, in any format, without limitation, is for informational purposes only. Any potential customer of any vendor, who is present at a Help Me Grow National Center event, is expected to conduct their own due diligence and assessment of the vendor, product, or services as appropriate for their needs.

# Help Me Grow Systems Linkage to support equitable access to Paid Family Medical Leave

JESSE GRITTON, DIRECTOR OF SYSTEMS PARTNERSHIPS, WITHINREACH

SARAH HOLDENER, HELP ME GROW LEAD, WA DEPT OF CHILDREN, YOUTH AND  
FAMILIES

## What to Expect

- Setting the stage
- Brief overview of Targeted Universalism
- Example of Targeted Universalism in practice through our collaborative work around WA's Paid Leave benefit
- Approaches to family engagement and leadership

Develop an understanding of how to use a Targeted Universalism approach in practice to identify and better understand inequities in system access.

Apply learnings to guide family engagement in co-development of solutions to systems barriers.

## Learning Objectives

"No one can whistle a symphony. It takes a whole orchestra to play it."

– H.E. Luccock



Washington  
**Paid Family &  
Medical Leave**

## Legislative Mandate

A proviso under the 2020 operating budget, Substitute Senate Bill 6168 requires the Employment Security Department to coordinate with a statewide family resource, referral and linkage system to provide outreach and education to paid family medical leave recipients, and to report to the governor and the legislature regarding coordinated service delivery and any necessary statutory changes.

# Goals of the Equity Leadership Action Initiative

---



Build new knowledge in leaders



Ensure racial and economic equity for young children

# Washington Prenatal to Three Coalition Goal & Focus Areas

Goal: Increase the number of low-income infants, toddler, and their families receiving high-quality services by 50% over five years.

## Food Security

- Increase food security for families with infants and toddlers

## Health Care

- Increase access to pediatric and perinatal medical care for families with infants and toddlers

## Child Development

- Improve child development outcomes through developmental screening, intervention services, and quality early learning programs

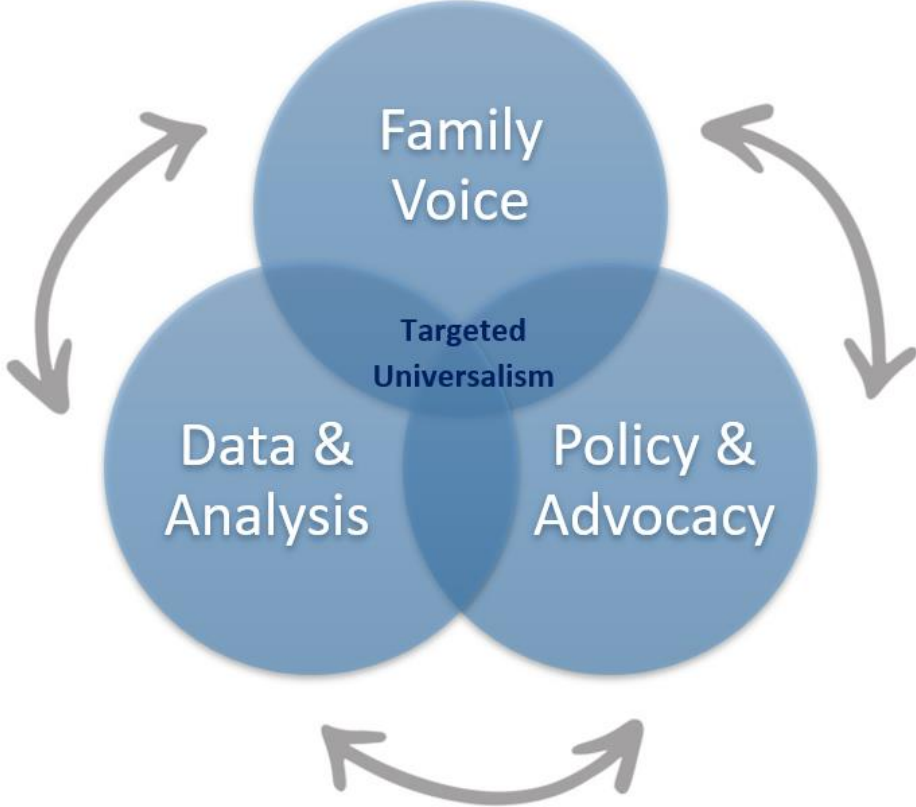
## Concrete Supports

- Increase family stability by increasing access to concrete supports in times of need



# PN3 Strategic Subcommittee Structure

---



# Targeted Universalism

---

FOUNDATIONAL EQUITY APPROACH OF THE PN3 COALITION

# Definition

---

**Targeted Universalism** is the pursuit of universal goals with targeted or tailored measures, programs or interventions.

- It is different from universal strategies and policies because with universal strategies both the goals and implementation processes are universal, treating everyone the same. In a Targeted Universalism framework, only the goals are universal, but the implementation processes are targeted.
- It is different from targeted policies in that targeted policies start with targeted goals. Targeted Universalism seeks to raise all groups to a common aspiration point, even though it may take different paths or efforts to achieve that goal.

# Five Steps for Targeted Universalism

---

1. Establish a universal goal based upon a broadly shared recognition of a societal problem and collective aspirations.
2. Assess general population performance relative to the universal goal.
3. Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.
4. Assess and understand the structures that support or impede each group or community from achieving the universal goal.
5. Develop and implement targeted strategies for each group to reach the universal goal.

# Can we use Targeted Universalism as a Racial Equity Approach?

---

Targeted Universalism is an approach that takes the best of both universal and targeted approaches, while being a more sustainable path to equity outcomes. It avoids the problems of being perceived as zero-sum, or running into zero-sum political debates while ultimately achieving the same goal.

This approach does not dilute a focus on race or racial equity. After all, steps 3, 4 and 5 in the Targeted Universalism development process require disaggregation of groups, analysis of the disparity, and the development of targeted strategies to help each group. **Thus, it actually provides a stronger and firmer foundation for the achievement of racial equity.**

# Targeted Universalism in Practice

---

EQUITABLE ACCESS TO PAID FAMILY MEDICAL LEAVE

# Steps of the Strategic Workgroup to apply Targeted Universalism

---





RACISM IS  
A ROOT  
CAUSE

- The interplay of individual, institutional and systemic racism is a root cause of the significant disproportionality experienced by PN-3 children and families of color and in poverty
- Institutional and systemic racism are critical levels of racism to disrupt:
  - Under-investment in marginalized communities
  - Intentional exclusionary policies and practices leading to reduced access
  - Lack of data-driven decision-making
  - Lack of community-led decision-making and family voice
- We recognize such disparity is rooted in colonization and slavery, and racism continues today.



# Data Review & Grounding

- DISCOVERY
- EXISTING  
INITIATIVES
- WORKGROUP  
FORMATION

# Workgroup Design

---

- Collaborative and strategic workgroup to ensure solutions and changes can be acted upon
  - Employment Security Department
    - Administrator of Paid Leave program: included Data/Eval analyst to lead with a data-informed perspective and focus
  - Help Me Grow Washington – WithinReach (state affiliate) & Department of Children, Youth & Families (state agency champion)
    - Providing existing statewide infrastructure and model for systems-weaving
  - Washington Prenatal-to-Three Coalition
    - Providing connections to Family Voice and Advocacy

Establish a universal goal based upon a broadly shared recognition of a societal problem and collective aspirations.

# Our Paid Leave Universal Goal

---

All families eligible for Paid Leave can successfully access the benefit.

Establish a universal goal based upon a broadly shared recognition of a societal problem and collective aspirations.

# Discovery & Key Partnerships

---



EMPLOYMENT SECURITY  
DEPARTMENT EVALUATION  
BRIEFS & REPORTS



ECONOMIC OPPORTUNITY  
INSTITUTE FINDINGS



RESOURCES & LEARNINGS  
FROM YAKIMA AND PIERCE  
COUNTIES



MENTAL HEALTH LEAVE FOR  
CAREGIVER STUDY

Assess general population  
performance relative to  
the universal goal.

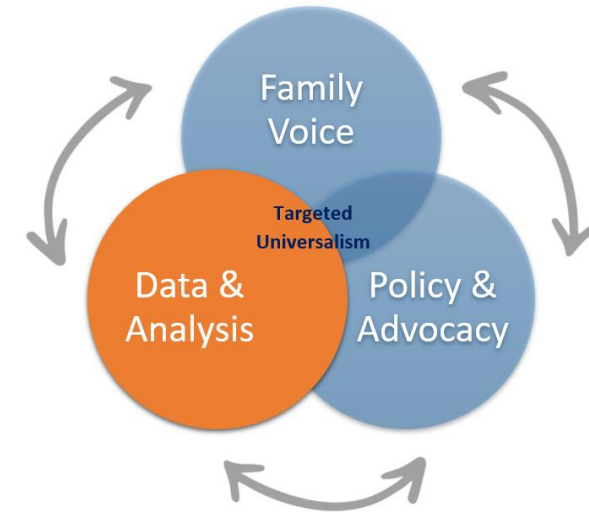
# Demographics of Paid Leave customers with low-income

What we did: we looked at a sample of Paid Leave customers who applied for bonding and pregnancy-related medical leave benefits in 2022.

- We classified customers as low-income if their wages were less than \$35,580.
- We compared low-income customers to those who were not low-income and the larger customer group.

What we found:

- Low-income customers tend to be younger.
- They tend to identify more as female.\*
- They tend to identify more as people of color, specifically Hispanic/Latinx, Black, American Indian/Alaska Native, and Native Hawaiian/Other Pacific Islander.
- They tend to be employed more in the Accommodation & Food Services, Retail Trade, Healthcare, and Agriculture industries.
- They tend to be employed more by small employers with 49 or fewer employees.



Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.

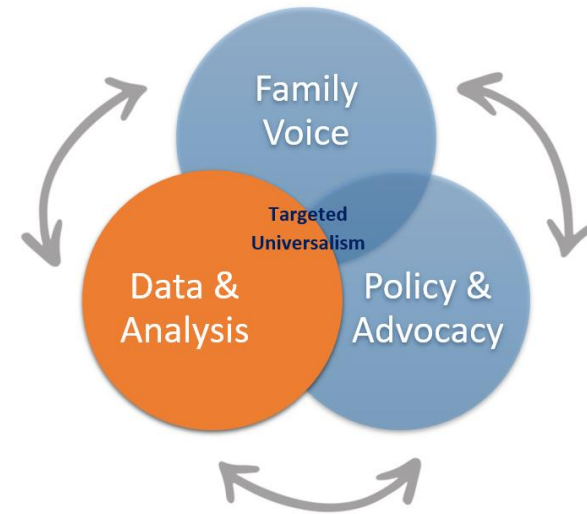
# More disaggregated analysis

---

The group then looked at 1) if geography contributes to access, 2) what factors may contribute to likelihood of application approval, and 3) demographics of denied customers by income status.

Which led us to our task:

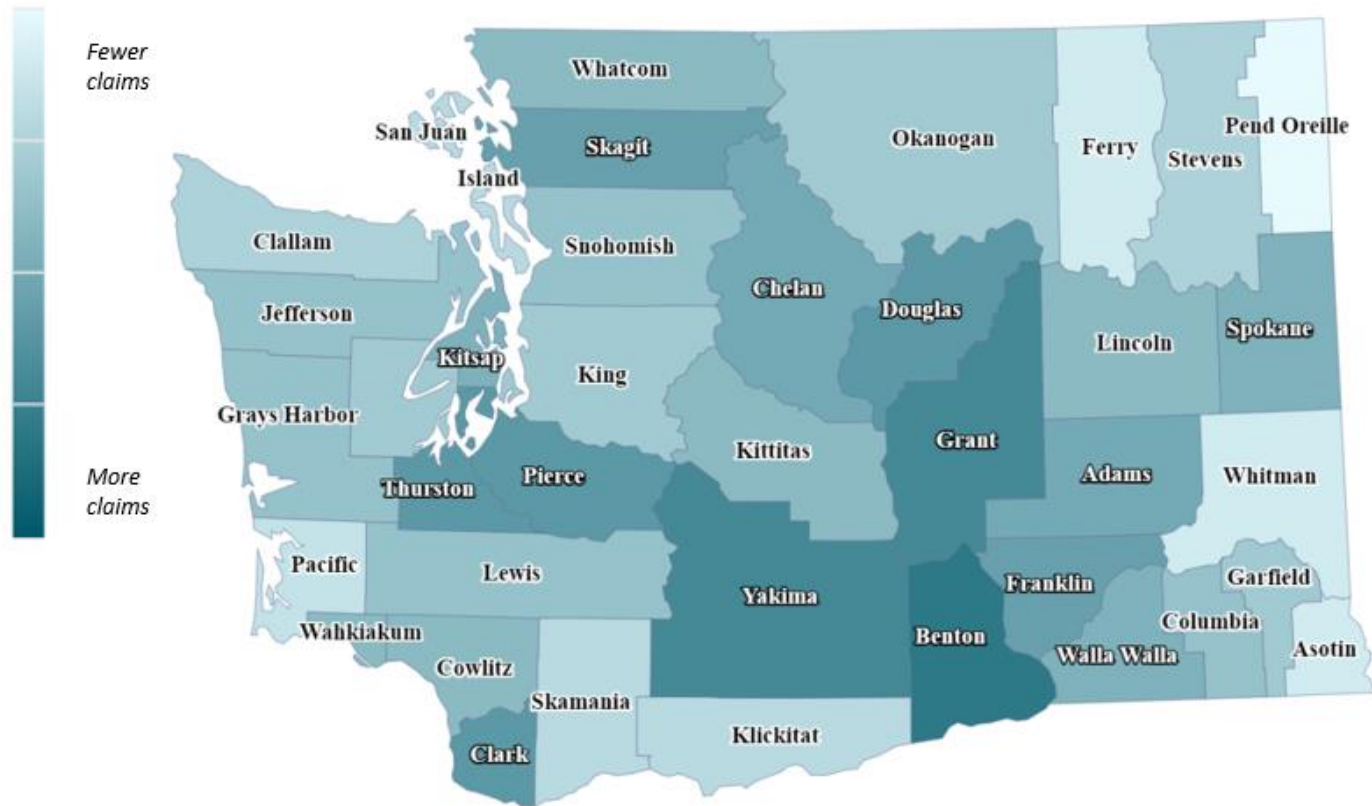
Develop an approach to reduce inequities in access and participation of the Paid Leave benefit **for pregnancy-related medical leave and/or bonding leave** among workers of **low-income in rural settings who are Black, AI/AN and Latinx**.



Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.

# Looked at Data with a Geographic Lens

Bonding & pregnancy-related claims submitted by county (per 1,000 low-income residents)<sup>2</sup>



Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.

# Data around Approval Rates are helping us understand who to talk to

---

- **Income<sup>4</sup>:** Low-income customers are 85% less likely to be approved.
- **Race:** Customers who identify as Black are 34% less likely to be approved. Customers who identify as Native American or Native Hawaiian/Pacific Islander are 39% less likely to be approved.
- **Gender:** Customers who identify as male are 24% less likely to be approved.
- **Age:** For every one unit increase in age, the likelihood of approval decreases by 2%. In other words, older customers are less likely to be approved.
- **Industry<sup>5</sup>:** Customers who work in Administrative & Waste Services (17%) and Transportation & Warehousing (27%) are less likely to be approved, while customers who work in Finance are 50% more likely to be approved.
- **Region<sup>6</sup>:** Customers who live in a more populous/urban county on the east side of the state are 9% more likely to be approved.
- **Leave Type:** Customers who only apply for medical leave are 81% less likely to be approved. Customers who apply for both medical and bonding leave are 10 times more likely to be approved.

Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.



# Community Health Provider & Family Collaboration

- SURVEY
- COMMUNITY FACILITATOR NETWORK
- FAMILY LISTENING SESSIONS

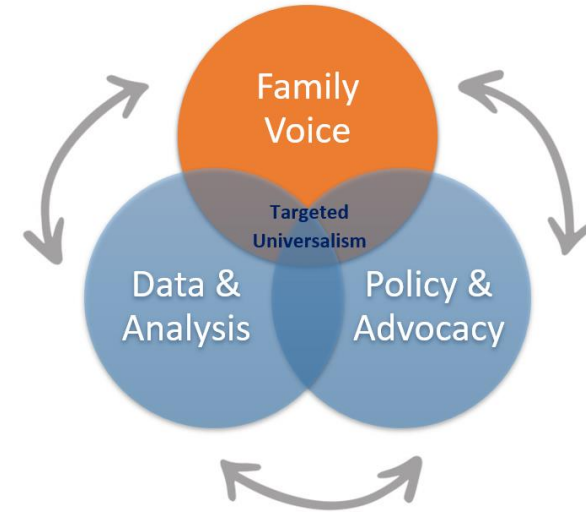
Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Phase 1: Community Health Provider Survey

---

We launched a survey to understand community health providers' function in the navigation process to Paid Leave and how to best maximize their role to benefit the experience of families of low-income in becoming aware of and accessing the Paid Leave benefit for pregnancy-related medical or bonding leave.

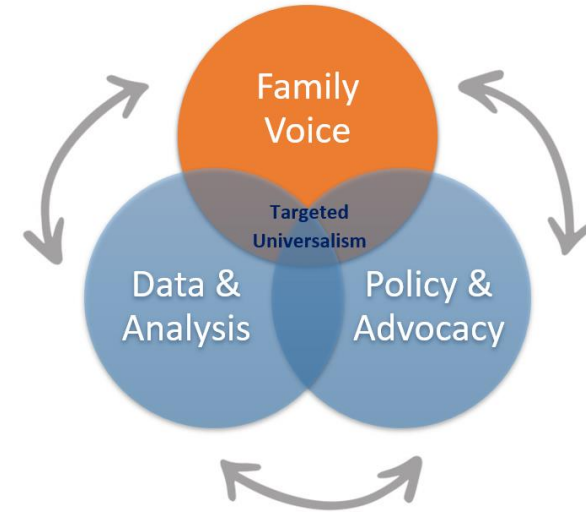
- Received a total of 228 responses
- Respondents identified as community health worker, resource navigator, application worker, health provider or care coordinator.
- 53% work with patients/clients who are pregnant or recently gave birth.
- 97% work with families with low-income who are Black, American Indian/Alaska Native, or Spanish speaking.



Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Key Findings: Community Health Provider Survey

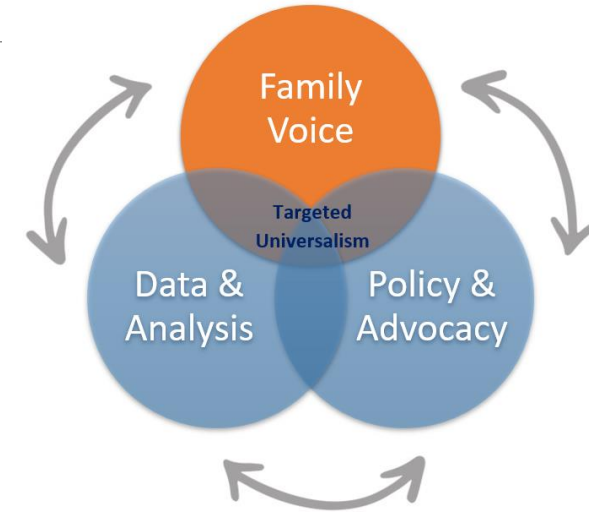
- Most respondents were very or somewhat familiar with Paid Leave.
- There were some roles that were more likely than others to talk to patients/clients about Paid Leave.
- For those who were less likely, most said it's because they need more information, or isn't part of their role.
- Most said their organization is very/somewhat supportive of their assisting clients.
- Key themes contributing to organizational level of support:
  - Equipped with right information and training
  - Time and staffing capacity/funding to do so
  - Extent to which it is part of their role and has been integrated into work processes



Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Phase 2: Community Health Provider Interviews & Focus Groups

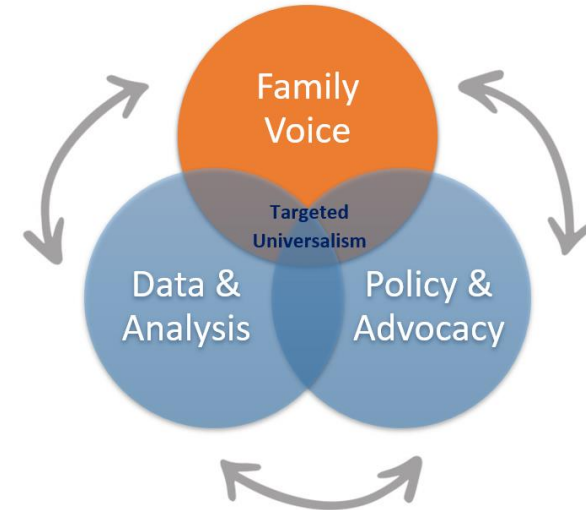
- Understand the supports needed and barriers faced by families with low-income, and those who identify as Black, AI/AN, or Latinx in becoming aware of or accessing the Paid Leave benefit for pregnancy-related medical leave or bonding leave
- Understand community health providers' functions in navigating families to Paid Leave and how to best support their roles in helping families of low-income, those who identify as Black, AI/AN, or Latinx in becoming aware of and accessing the Paid Leave benefit for pregnancy-related medical or bonding leave
- Build a mechanism for feedback, identify areas of improvement or support, and co-create solutions



Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Preliminary Learnings: Community Health Worker Focus Group

- Eligibility questions and complexity
- Application process and approval barriers
- Healthcare provider certification
- Outreach, Messaging & Communications Channels suggestions – digital, printed, and in-person strategies

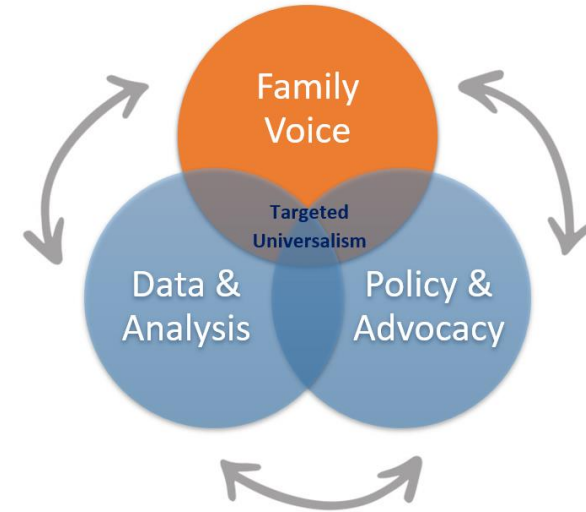


Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Phase 3: Community Facilitator Network

---

- Engage broader Prenatal-to-Three and Early Childhood Partners
- Trusted Black, Indigenous, and Latinx community leaders or health providers to ensure cultural match for conversations
- Compensation for planning and facilitation

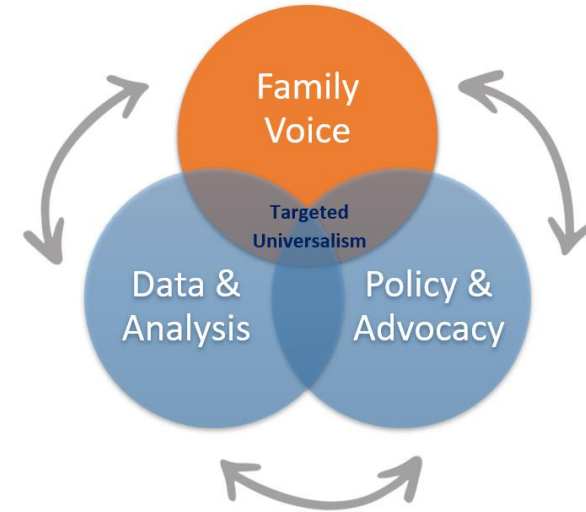


Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Phase 3: Family Listening Sessions

---

- **Guiding structure** will allow for multiple individuals with diverse backgrounds and expertise to conduct varying formats for the listening sessions, while also capturing a consistent set of qualitative information.
- **5 listening sessions** with families of low-income who are Black, AI/AN or Latinx and live in rural settings.
- **Timeline:** September-November.
- **Qualitative Analysis** complete in December



Assess and understand the structures that support or impeded each group or community from achieving the universal goal.

# Co-creation Strategies & Feedback Loops

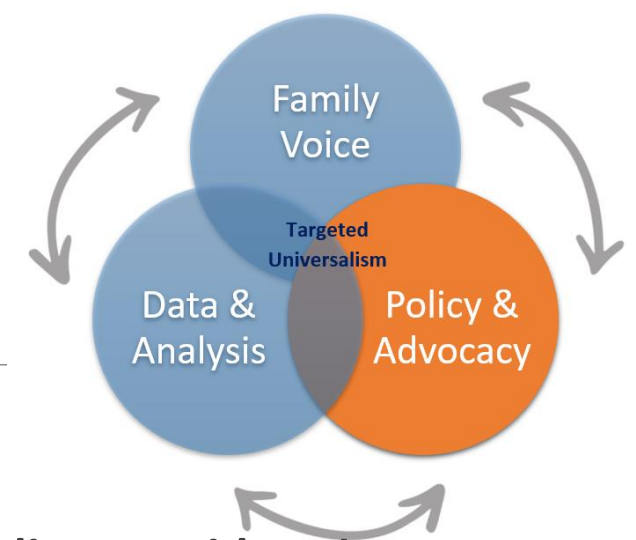
- MESSAGING & OUTREACH TRAINING
- SYSTEMS AND PROCESS IMPLICATIONS
- POLICY, ADVOCACY & FUNDING CONSIDERATIONS

Develop and implement targeted strategies for each group to reach the universal goal.



# Identify levers for change

---



## Messaging and outreach training, and cross-referral process implications

- Maximize community health providers' role in navigating families to paid leave
- Adapt HMG WA Network workflow to deepen support for families accessing the benefit
- Explore referral form and similar practices
- Translation of materials, applications, portals
- Redesign of phone tree

## Policy, advocacy and funding considerations

- Job protection clause should be extended (not just larger employers)
- Paid Leave orientation/navigation/support as a reimbursable activity under Medicaid
- Automated enrollment into PFML for eligible workers of low-income

Develop and implement targeted strategies for each group to reach the universal goal.

# Please join us now to reflect and connect on this session in small groups!

1. Exit the session to the home page
2. Click “Community” on top header
3. Select Discussion Rooms from the drop down menu
4. Select the discussion happening right now with our session title

\*Each discussion room will include up to six people



**HELP ME GROW  
NATIONAL FORUM  
WEEK 2023**

