



Congress and America's Health: The Role for Grassroots Dialogue

*****Begins Shortly*****

Of all the forms of inequality, injustice in health care is the most shocking and inhumane. – Martin Luther King



Webinar 3 - Congress and America's Health: The Role for Grassroots Dialogue

Thursday, October 16th, 3:30 Central



Kay Johnson, Host
Child Health Equity
Team



Diana Fishbein, Panelist
UNC-Chapel Hill & National
Prevention Science Coalition



Mayra Alvarez, Panelist
Children's Partnership

Charles Bruner, manager of Values to Votes, will provide an introduction.

Values to Votes is a project of the Grassroots Iowa Network

www.valuestovotes.com



Congress and America's Health: Keeping the Focus

Charlie – Introduction

1. Why Values to Votes and Grassroots (and State) Advocacy, Education, and Dialogue
2. Health and Child Health as Core Congressional Battleground

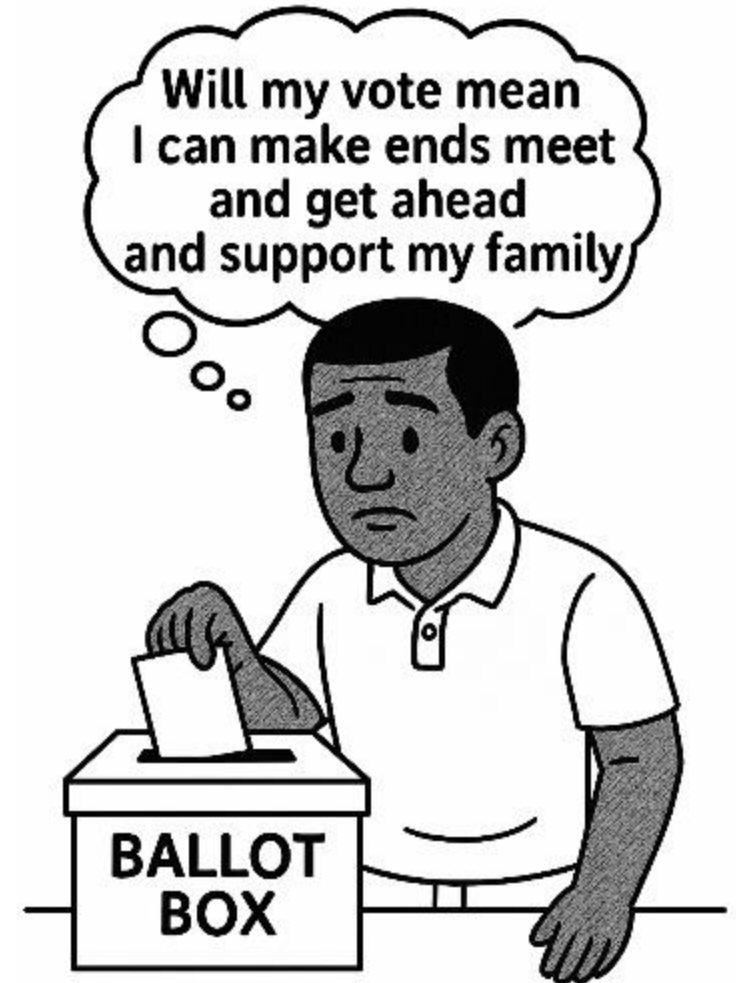
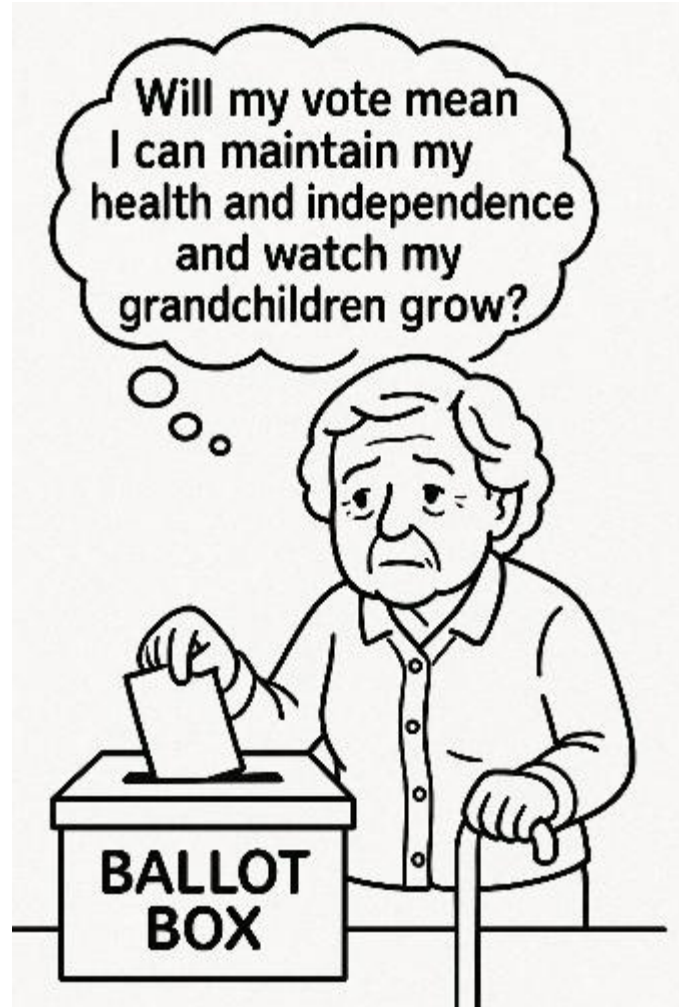
Diana – Unpacking the Congressional Stakes

1. National Prevention Science Coalition and its Whole Child, Relational Health as Cornerstone for Nation's Health – Decade of the Child
2. Post-Election Actions Regrouping and Emphasis on Keeping Focus Upon Whole Child Health As a Lens to View All Congressional and Executive Actions
3. Role of National Work in Supporting Grassroots Advocacy and Dialogue

Mayra - Unpacking the Impact Upon States and Communities and Fostering State and Grassroots Response

1. Direct and Indirect Impact of Congress Actions on State Child Policy Actions (California)
2. Role of State Policy and Advocacy Organizations in Supporting Grassroots Advocacy and Dialogue

WHY VALUES TO VOTES: People Vote Their Values ... Not Just Their Pocketbooks



***“We the People”* Democratic Values: What We Want Government to Support and Preserve**

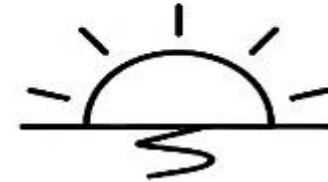
Shared Core Values



Family & Care



Safety & Security



Freedom &
Self-Determination



Opportunity &
Fairness



Community &
Belonging



Stewardship &
Responsibility

***** Today: HEALTH as Key to All Core Values *****

Will These Values Be Translated Into Votes and Public Policy?



**Key Role for
Grassroots
Education and
Advocacy**



Votes

Who's Elected...

...What They Do

Congressional Power, Purse Strings, and the Nation's Health

- Congress plays vital and comprehensive role in financing to support our nation's health, which includes but is not limited to medical care (Diana).
- Congressional actions impact what states can and will do to further health in their states (Mayra).
- Congress determines whether there is sufficient revenue to fund what is needed to ensure the nation's health and does not result in negative health impacts (future VtV webinar).

**TODAY – Rhetorical Agreement on Goals and Objectives –
Crossroads on How Congress Will Act**

Executive Order Establishing the President's Make America Healthy Again Commission

EXECUTIVE ORDER 14212, February 25, 2025

American life expectancy significantly lags behind other developed countries. Overall, the global comparison data demonstrates that the health of Americans is on an alarming trajectory that requires immediate action.

This concern applies urgently to America's children.

To fully address the growing health crisis in America, we must redirect our national focus toward understanding and drastically lowering chronic disease rates and ending childhood chronic disease.

We must ensure our health care system promotes health rather than just managing disease.



We're all going to die.

Yes, but what should Congress do before then to help ensure Americans live long, healthy, and fulfilling lives?

- Medical coverage and treatments
- Primary and preventive health care
- Public and environmental health
- Health-related social, housing, environmental, and economic supports.

Partisan News Cycle Noise Can Be Overwhelming and Lead to Voter View of Politics as Tribal War

GOVERNMENT

SHUT-DOWN

DEI Executive Order

Tax Cuts

DOGE Actions

ICE Raids

Vaccine Safety

CDC and Science

NIC Grant Terminations

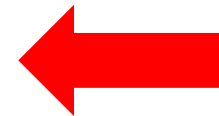
OBBBA Medicaid/SNAP/ACA Cuts

Elimination Dept. Ed.

Conversion Therapy

HHS STAFF LAYOFFS

**SAME OLD
POLITICKING**



Getting Beyond This Perception Requires Unpacking and Framing Issues as Related to Core Voter Values

GOVERNMENT DOGE Actions

Vaccine Safety

SHUT-DOWN

Life Sciences

Art and Science

Our Future

DEI Executive Order

NIC Grant Terminations

BBB Tax Cuts

OBRA Medicaid/SNAP/ACA Cuts

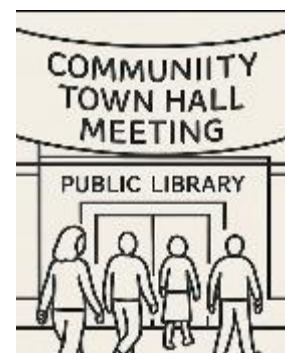
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Conversion Therapy

HHS STAFF LAYOFFS

Health

**GRASSROOTS
ENGAGEMENT/
REAL IMPACT**



Federal, State, and Community/Grassroots Roles in Ensuring Future of America's Health

FEDERAL

Core financing for health and healthcare, with guidelines and parameters, mostly for detailed state administration

- 10 percent of federal budget for children
- 30 percent for health (incl. Medicaid and Medicare)

STATE

Core financing for K-12 education, administration and shared financing of most federal programs directed to children

- 65 percent of budget directed to children (health, child welfare, and early childhood and reliant upon federal match or support and more than half of financing)

LOCAL/GRASSROOTS

Direct delivery of programs and services and knowledge of how they work

Contributor of additional support (both governmental and private) to meet local needs and values

Most flexible but also reliant upon core federal/state investments

Segue to Presenters

Diana Fishbein, Ph.D.

- Senior scientist in the Frank Porter Graham Child Development Institute at the University of North Carolina, Chapel Hill.
- Founder and director of the National Prevention Science Coalition to Improve Lives, dedicated to the transfer of knowledge from science to public health policies.
- 40-year career in the fields of prevention science, neuroscience, and behavioral science, including advising congressional members, state legislators, state and federal agencies, and national organizations on the science of whole child healthy development.



Mayra Alvarez, MHA.

- President of The Children's Partnership (TCP), a nonprofit children's advocacy organization committed to advancing informed policy to better the health and well-being of California's children.
- Associate Director for the U.S. HHS Office of Minority Health (2013-14), leading OMH's work related to the Affordable Care Act, community health workers, and language access.
- Policy expert on the role of community health workers in child health and on advancing diversity, equity, and inclusion in child policy and practice.

Government's Role in Ensuring Healthy Outcomes for ALL Children

Diana “Denni” Fishbein, PhD

- Director, Translational Neuro-Prevention Research, Frank Porter Graham Child Development Institute, University of North Carolina
- President, National Prevention Science Coalition to Improve Lives
- Part-Time Research Faculty, The Pennsylvania State University

Charlie's Take

Just because
government's role
to ensure all
children's healthy
development is
complicated
doesn't mean:

Congress should not learn about it

It doesn't need to be done

It's not worth fighting for

We should blow it all up



Supported by Nova Institute for Health

National Prevention Science Coalition *To Improve Lives*

Working to prevent social ills and promote well-being by translating scientific knowledge into effective and sustainable practices, systems and policies.



www.npscoalition.org





DECADE OF THE CHILD

An Action Plan to
Improve the
Health and
Wellbeing of Our
Nation's Children



*Supporting the whole
ecosystem within which
children are born, play,
learn, and flourish.*

APPROACH to Fostering Whole Child Health and Wellbeing

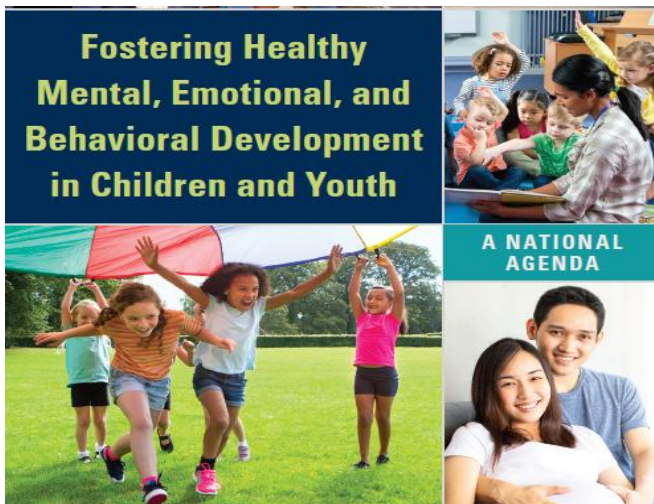
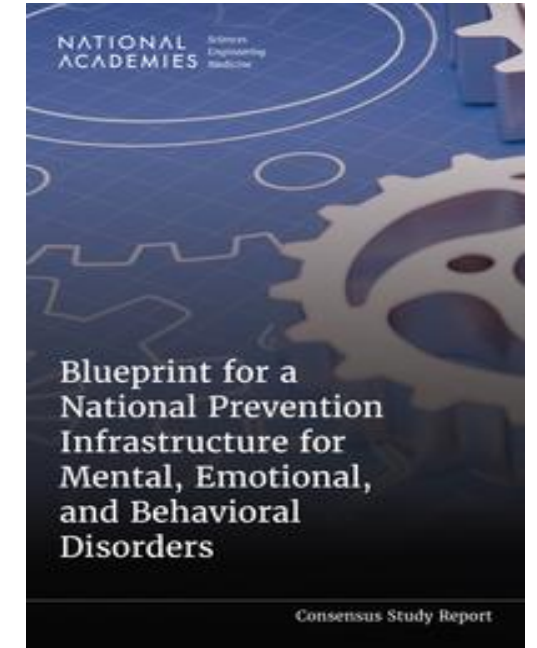
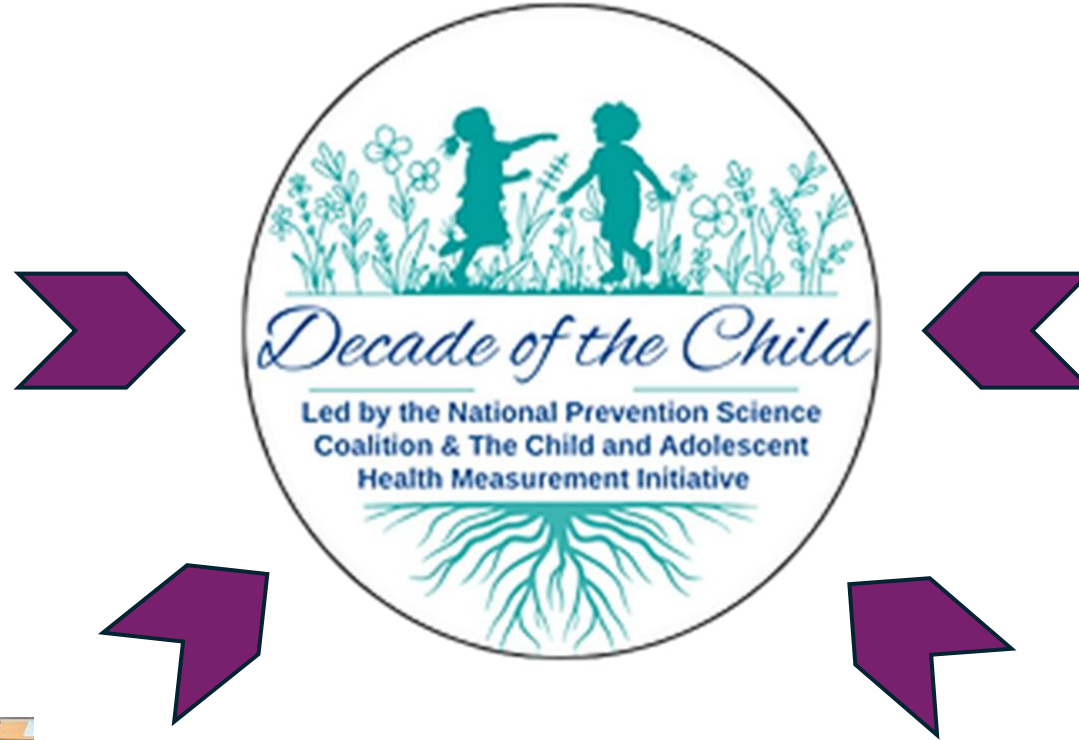


◆ **Action-Oriented Research: Cross Agency Supported**

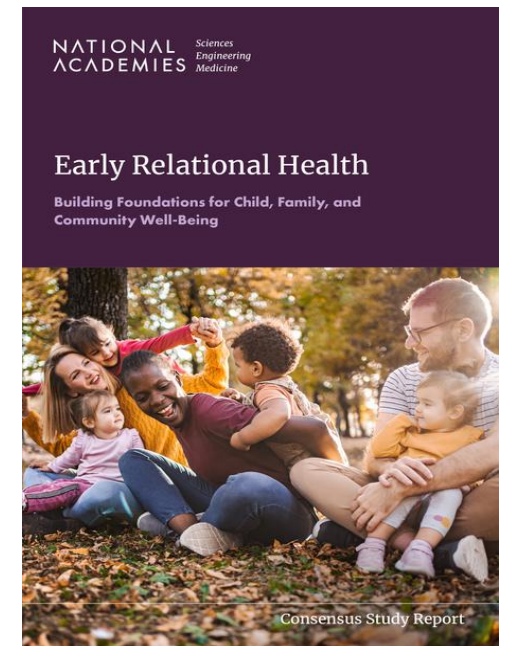
◆ **Child-Focused Policy Agenda in Congress**

◆ **Community and Local Government Engagement**

◆ **Public Education Campaign**



Bright Futures™
prevention and health promotion for infants,
children, adolescents, and their families™



Key Components of the Decade of the Child Initiative: Federal Policies that Support Each Area

Health Care	Public Health	Child Nutrition and Housing	Mental Health	Family Supports	Education
Medicaid (Title XIX, SSA)	Public Health Service Act	National School Lunch Program	Mental Health Parity and Addiction Equity Act	Family and Medical Leave Act (FMLA)	Every Student Succeeds Act (ESSA)
Children's Health Insurance Program (CHIP)	CDC Preventive Health and Health Services Block Grant	School Breakfast Program	Community Mental Health Services Block Grant	Child Care and Development Block Grant/Fund	Individuals with Disabilities Education Act
Affordable Care Act (ACA) Marketplace	Vaccines for Children (VFC) Program	Supplemental Nutrition Assistance Program (SNAP)	988 Suicide and Crisis Lifeline	Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)	Head Start and Early Head Start
Maternal and Child Health Block Grant	Healthy People 2030 and NIH and CDC Research	Supplemental Nutrition Program for Women, Infants and Children (WIC)	Project AWARE (SAMHSA/ED)	Temporary Assistance for Needy Families (TANF)	Title I

Current Actions Dismantling Health Programs



DOGE, HHS staff losses, EO on DEI, OBBA, firing advisory groups, etc.

Areas for Congressional Response



Medicaid & ACA Marketplace Health Coverage



Maternal and Child Health / Vaccines



WIC, SNAP, and Other Nutrition



NIH and CDC Research and Expertise



Education, Child Care, Head Start, etc.



Tax credits and other income supports

Collective action = Collective impact

Legislative Influence

Groups actively work to shape legislation that supports child and family health/wellbeing.

Protect Funding

Campaigns emphasize safeguarding existing financial resources for programs that support children and families; e.g., early childhood education, childcare, housing, income stability.

Expand Support Programs

Organizations aim to increase the reach and impact of support initiatives through advocacy.

Prioritize Equitable Access

Health care, nutritional support, service delivery



Public investment in children and families is essential for building strong communities and ensuring future prosperity .

Federal, State, Grassroots, and Interconnected Actions for Children, Families, and Health

Federal Level:

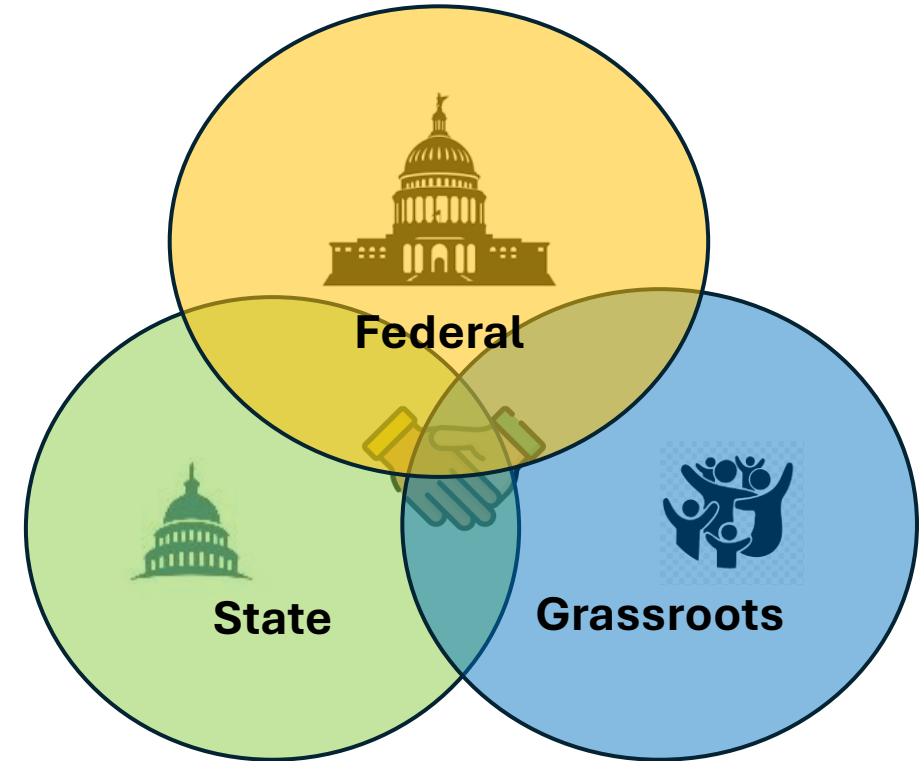
- Set national policies and funding priorities
- Provide research, evidence standards, and data infrastructure
- Support national coalitions and clearinghouses that translate science to practice

State Level:

- Implement and adapt federal programs to meet local needs
- Oversee state health departments, education, and social services
- Coordinate funding to ensure alignment across counties and cities

Grassroots Level:

- Community-based organizations, local leaders, and residents
- Drive culturally relevant interventions, advocacy, and direct service
- Generate local data and feedback to inform higher-level policy



Federal support empowers grassroots innovation; grassroots insights shape federal priorities.



Congress and America's Health: The Role for Grassroots Dialogue



Mayra E Alvarez, President
October 16, 2025



Who We Are

The Children's Partnership is a California advocacy organization advancing child health equity through research, policy and community engagement.



Core Beliefs

1 A child is a child. Regardless of their race, ethnicity or place of birth, all children have equal value and potential. All children require our greatest efforts to expand the resources and opportunities they need to reach their full potential.

2 Dismantling systemic racism is a necessity for children to thrive. Disrupting cultural norms and values rooted in white supremacy will lead to our collective well-being. In taking a targeted universalism approach to our work, we center the needs of the most marginalized children so all children ultimately benefit from the targeted removal of systemic barriers.

3 Community input must guide our work. Communities know best the solutions to the challenges they face. We invite, engage and design solutions and co-produce knowledge in partnership with them, knowing policies will be strongest if solutions come directly from impacted communities themselves.

4 Our work is intersectional. Families do not lead single-issue lives, and therefore, our work must also be intersectional. We take into account the many identities children and families have, understanding the cumulative impacts of marginalization. We recognize that the success of children is dependent on the well-being of their families and communities.

5 Effective partnerships are transformational, not transactional. Partner relationships are most meaningful when they share power, listen and create a space for creativity, belonging and collective action. Through partnerships and coalitions, community power is multiplied. Working in partnership across issue areas is endemic to our work and helps us meet the needs of the whole child and family.

6 A feedback loop allows for continuous improvement. Public investments, evidence-based policy and systems change are essential levers for improving the lives of children, and successful policy implementation is a vital component of systems change. It is essential to ensure that policies are implemented in, by and for communities of color. It is equally essential that the impacts of those policies are measured and that the feedback of the communities impacted by such policies informs their implementation and continuous improvement.

7 Priorities change as social conditions change. The biggest issues impacting children change as social conditions change. Centering child health equity requires us to recognize that systemic barriers impact communities differently based on numerous factors, including race, ethnicity, gender, income, language, immigration status, identity and ability. We must be responsive to social, economic and environmental changes and adjust our priorities as necessary.

California Child Diversity

United States	Percent
African American/Black	13.9%
American Indian/Alaska Native	1.0%
Asian American	5.1%
Hispanic/Latino of Any Race	25.2%
Native Hawaiian/Pacific Islander	0.2%
Non-Hispanic/Latino White	49.9%
Multiracial	9.2%

California	Percent
African American/Black	5.3%
American Indian/Alaska Native	0.8%
Asian American	12.2%
Hispanic/Latino of Any Race	51.5%
Native Hawaiian/Pacific Islander	0.3%
Non-Hispanic/Latino White	24.9%
Multiracial	13.2%

Source: KidsData

California Progress Threatened by Federal Actions

- Immigration enforcement and attacks on families and economy
- Drastic Medicaid cuts and ACA subsidies creating hole state cannot replace
- SNAP cuts and other public program and grant reductions hitting vital programs for kids
- Multiple Executive Orders targeting marginalized communities
- Plan to eliminate Head Start
- And more...

California Progress Threatened by Federal Actions

Enrollee Income (by Federal Poverty Level)	Number of Enrollees	Annual Value of Enhanced Premium Tax Credit
0-150% FPL	275,000	\$148 million
150-200% FPL	499,000	\$461 million
200-250% FPL	274,000	\$363 million
250-400% FPL	462,000	\$576 million
>400% FPL	161,000	\$969 million
Total	1,671,000	\$2.5 billion

KEEP KIDS COVERED
#KeepKidsCovered

"Health care is a must for everybody."
- Parent in Fresno

55% of California kids rely on Medi-Cal. Let's guarantee coverage for the first 5 years of their lives.



The Role of State Child Policy and Advocacy Partners



- Providing information and resources on the impact of federal actions on state programs serving children
- Providing virtual forums and meetings with and for communities and grassroots organizations
- Providing support, including financial resources, capacity building, and identifying presenters and providing materials
- Serving coalitions of community leaders and organizations working to advance children and family issues

HEALTHY CHILDREN

- **Protect Medi-Cal coverage and ensure reforms work for children**, centering family, youth and community experience in health care systems.
- **Emphasize prenatal care and early childhood development as the foundation of life-long health and well-being**, including healthy pregnancy and birth, and address the health-related social needs of birthing people, families and young children ages 0-3.
- **Improve mental health and social-emotional well-being for children, youth and families through community-defined approaches**, including trauma-informed, liberating, trauma-informed, culturally responsive and community-based care.

STRONG, ECONOMICALLY STABLE, COMMUNITIES

- **Improve access to a stable, affordable and safe home**, including stronger protections for tenants, more investments in deeply affordable housing, and increased power of people most impacted by housing insecurity.
- **Ensure access to affordable broadband, devices and digital literacy to open doors for children and families** to health care, education, employment, housing and public benefits.
- **Provide financial support to children and families experiencing income instability**, including cash aid, tax credits, trust and savings accounts, and other cash supports.
- **Recognize and support reparations as an opportunity for change**, a fundamental component of addressing racism and its systemic effects, and pursuing equity and health.

SAFE & WELCOMING COMMUNITIES

- **Increase community power by bringing health care into the community and the community into health care through a community-based health workforce** including community health workers, promotores, community representatives, peers, doulas and home visitors.
- **Build strong, well-resourced schools and early learning programs that foster a sense of belonging for all children and families, as well as nurture the whole child** with mental health supports, programs grounded in cultivating cultural identity and youth development, and dual immersion/multilingual programs.
- **Create safe spaces for children in immigrant families and their unique experiences**, fostering environments that strengthen enrollment in health, early learning and social services.
- **Transform public systems to eliminate barriers and improve access** to health, food, housing, mental health, income and social supports.

We can create policies that improve the well-being of children, and center children and families from Indigenous, Black, Latine, Pacific Islander, Asian American and mixed-race communities.

- **We expanded our ALL IN toolkit for educators with fact sheets in 7 languages to help families access important information on immigrant health coverage, public charge, and Medi-Cal enrollment and renewal.**



**ALL IN FOR
SAFE SCHOOLS**
SAFE SPACES,
STRONG FUTURES

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OUR VISION

All children, regardless of their race, ethnicity or place of birth, have the resources and opportunities they need to grow up healthy and thrive.

STRONG, ECONOMICALLY STABLE, CONNECTED FAMILIES

- **Improve access to a stable, affordable and safe place to call home**, including stronger protections for tenants, more investments in deeply affordable housing, and increased power of people most impacted by housing insecurity.
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*We awarded
\$8 million to 8 CA
high schools
for Peer-to-Peer
Youth Mental Health,
with DHCS*

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BRINGING UP CALIFORNIA

Racial Justice for Children,
Families, and Communities

CHOOSE CHILDREN

Child Well-Being at Risk



- Infant mortality is rising
- Child mortality is rising
- Child poverty is rising
- Uninsured rates for children are rising & access to care has declined
- Resurgence of measles and other preventable diseases
- Homelessness is increasing
- Hunger is rising
- Child care is in crisis
- Immigrants are under attack



Questions?



Mayra E Alvarez, President
malvarez@childrenspartnership.org





How can we engage voters in changing the course (now and in the next election)?

Current federal policy actions will have major impact on children and families and our future health:

- Shutdown and RIFs
- Appropriations bills proposed cuts
- More than trillion in cuts via HR 1 (OBBBA) to health coverage and nutrition
- Dismantling Dept. Ed and targeting public education
- Sequestration and termination of grants and projects
- Child Tax Credits inadequate, while child poverty rose to 13.4% in 2024, up >150% since 2021.

Values to Votes Goals for Webinar

1. Provide participants with a framework for advancing child health as a core issue for Congress today and for candidates and voters in the 2026 election.

2. Present what members and candidates for Congress need to be accountable for in their actions and proposals.

3. Show how grassroots advocacy is an important component and can draw upon experts and champions at the national and state level to engage, educate, and persuade voters.

How did we do? What should happen next?

Your Turn

- **Questions**
- **Who do you see as key partners?**
- **What do you want VtV to do as next steps?**
- **What do you see as key actions?**

VALUES^{to} VOTES

Grassroots
Advocacy to
Strengthen
Democracy



Values to
Votes – a
Project of
GIN



www.valuestovotes.com

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