

September 15, 2021

The Honorable George Latimer Westchester County Executive 800 Michaelian Office Building 148 Martine Avenue, 9th Floor White Plains, NY 10601

Dear County Executive Latimer,

We appreciate your administration's commitment to use federal relief funding to support families hardest hit by the pandemic and write on behalf of Westchester's families with young children. In addition to economic returns over a child's life ranging from \$4 to \$9 for every \$1 invested, early childhood home visiting programs provide essential health benefits to Westchester families amidst this unprecedented public health crisis.¹

The American Rescue Plan (ARP) Act is focused on improving public health and importantly includes Health and Human Services provisions for an additional \$150 million-dollar national investment in Maternal, Infant, and Early Childhood Home Visiting (MIECHV). New York State has been awarded \$1,398,700 in supplemental appropriations to enable MIECHV recipients to address the needs of expectant parents and families of young children during COVID-19.² As the State Department of Health allocates these funds to localities, **Westchester Children's Association urges you to use Westchester's funding to expand the funded capacity of existing home visiting programs.**

With 424 families served in 2020, and capacity to serve only 4% of Westchester low-income children ages 0-3, the County's allocation of American Rescue Plan funding presents an essential, immediate opportunity to support children during their most critical development period.³ Furthermore, should the federal government award more pandemic relief dollars, please consider utilizing any additional community funds made available for our request(s).

Home visiting is a proven and effective strategy for improving maternal and child health outcomes, reducing child abuse and neglect, promoting social-emotional bonding, and increasing school readiness. Paraprofessionals visit the home or host tele-visits, providing vital information, resources, and referrals on young children's physical, emotional and cognitive development, as well as breastfeeding and nutrition, and has been shown to reduce food insecurity and improve nutrition among young children.⁴ Programs are voluntary, evidence-based, or evidence-generated, and deliver services and support to

¹ https://www.thencit.org/resources/building-momentum-for-prenatal-to-three

² https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/american-rescue-plan-awards

³ https://www.health.ny.gov/community/pregnancy/home-visiting-programs/docs/needs-assessment.pdf, https://scaany.org/wp-content/uploads/2020/09/Westchester-County.pdf

⁴ https://www.acf.hhs.gov/sites/default/files/documents/opre/mihope_impact_report_final20_508_0.pdf

families from early in pregnancy through the first few years of a child's life. Importantly, research has demonstrated that home visiting is an effective intervention for key causes and risk factors associated with maternal and infant mortality and successfully addresses racial disparities in Black maternal health and birth outcomes – which we know is a focus for the County Executive and Department of Health.⁵

During the pandemic, home visitors stepped up to disseminate supplies such as diapers, formula, and food. They continue to "see" families virtually, connecting them to information, resources, and (maybe most importantly) a trusted partner in a time of increased isolation. Home visitors are essential workers and predominantly women who continue to be on the frontline, every day, supporting parents and providing healthcare away from crowded settings and hospitals. Their work provides health benefits that are especially important throughout COVID-19, including increased vaccination of pregnant mothers, which can transfer levels of immunity to newborns. In addition, the populations hit hardest by the pandemic and centuries of racial injustice are the primary populations served by home visiting—lowincome women and families of color.

The return on investment for Medicaid recipients' emergency room usage in the first year of a child's life alone is \$3 for every \$1 invested. Yet even prior to the pandemic, due to insufficient funding, programs were only able to serve 1% of all Westchester children aged 0-3.6 Now is the opportune time to increase investment in these essential services and build community infrastructure for children and families.

We strongly recommend Westchester County use the ARP MIECHV funding to expand existing home visiting programs and explore additional funding and ongoing resources to develop universal home visiting, as has occurred widely across the country, including in New York City and Monroe County, NY, as well as the state of Oregon and most recently, New Jersey. These initiatives' funding mechanisms vary, from tax levy dollars in New York City, to Medicaid in Oregon and New Jersey, to contributions from health insurance companies in Rochester.

Westchester has an opportunity to bold in its design and WCA has had initial conversations the Westchester County Department of Health and Department of Community Mental Health, who are willing to work with us in investigating further the details, options, and the funding approaches that can work for Westchester.

Thank you for any support you can provide. We look forward to working with your administration.

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CC:

Westchester County Department of Health Westchester County Department of Community Mental Health Westchester County Board of Legislators

⁵ https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/

⁶ https://scaany.org/wp-content/uploads/2020/09/Westchester County.pdf