



## Black Providers Launch New Clinic Centering on the Health of Black Children and Families

By Dayna Long, MD

Nurture Connection believes in equitable access to the support and resources all caregivers need to form healthy relationships with their children from birth. This requires a significant shift in the way practitioners who work with young children and families think and respond. It requires them to recognize the structural, historical, and racist barriers families face alongside the cultures, traditions, and generational history that are sources of strength for building strong, positive, and nurturing connections with their babies.

BLOOM: Black Baby Equity Clinic is an inspiring example of how a clinic is centering the Black family experience in Early Relational Health (ERH). BLOOM is an initiative of the UCSF Benioff Children's Hospital Oakland, cofounded by Dayna Long, MD, and Javay Ross, MD, pediatricians at UCSF Benioff Children's Hospital Oakland's Primary Care Clinic. Dr. Long, a renowned early childhood and Adverse Childhood Experiences (ACEs) researcher and practitioner, is a member of Nurture Connection's National ERH Network.

Part of what makes BLOOM unique is the understanding that a sense of belonging is critical to a child's and family's social and emotional health. While we don't often hear the terms "belonging" or "love" in pediatric settings, that is BLOOM's special ingredient for addressing our country's long-standing health inequities.

As stated in UCSF's [press release for BLOOM](#), "This clinic is for Black families who feel unseen and unheard, and feel their concerns about their baby's care are being dismissed. Here Black parents will know they are valued and their babies are loved."

The goal of the clinic is to transform the pediatric experience for Black families. Care teams ensure families feel understood, their concerns are being heard, and they have the support they need to experience positive emotional connections with their babies.

This is essential work to improve the health of Black babies. According to the [California Department of Public Health](#), in the San Francisco Bay Area, Black babies are two to three times more likely to be born prematurely or die in their first year, compared with white babies. Across the country, [statistics](#) show that Black women are two to three times more likely than white women to die during pregnancy, labor, and within a year of childbirth.

Although multiple factors are at work, a [growing body of evidence](#) is revealing how chronic exposure to racism, implicit bias, and disrespect during healthcare visits contribute to disparate health outcomes. For example, a [statewide California survey](#) reveals that Black women report difficulty in communicating with their providers and have a lack of practical and emotional postpartum support.

At BLOOM, Black families with children 0–3 are seen by a Black pediatrician. Everyone on the clinical team, including social workers, lactation specialists, therapists, and health educators, participate in trauma-informed care and cultural humility training to understand the social, cultural, and racial challenges many Black families experience. Recognizing both the unique and shared traumas and joys of the Black experience in a clinical setting, BLOOM prioritizes healing-centered care.

BLOOM's multidisciplinary teams meet weekly with families to address their concerns and ask how they are doing with breast-feeding, sleep, and other relevant topics as well as to connect families with community resources. Most importantly, families talk with their health teams about the joy they experience when interacting with their babies, which is foundational for the emergence of ERH.

As one BLOOM patient explained, “Dr. Long makes me feel safe as a parent. I trusted her instantly because she understands my story and has the courage and freedom to adjust her care to my baby's needs. I don't have to do unnecessary explaining — she just gets it.”

The clinic's approach of supporting ERH through provider-patient racial concordance, or connecting families with pediatricians of the same race, is linked to [more effective therapeutic relationships, higher patient satisfaction, and improved healthcare](#). However, increasing the diversity of medical teams will continue to be challenging; although 13% of people in the U.S. are Black, just [4% of U.S. doctors and 7% of medical students are Black](#).

When we are brave enough to center equity in organizational design and intention, work together with families to promote ERH, and provide the culturally relevant resources they need, we can create trust, belonging, and improved health. To find out more about the BLOOM: Black Baby Equity Clinic, contact [Lorna Fernandes](#).

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## Parent Perspective

**Question:** Why are you involved in the Family Network Collaborative?

**Mia Halthon, Parent Leader representing the Home Visiting, Black, Brown, African American Community in Michigan:**

“Representing the Black and Brown community and myself, I want to say that we're the forgotten community. Sometimes I feel like I'm not heard, that my opinions don't matter, or question if the outside world really cares if our children don't succeed. I feel like we're not heard or maybe if we do talk it comes off combative or not important, so that's why this [ERH] information is so important to me, because we're not normally in these spaces.”

To learn more about the Family Network Collaborative at Nurture Connection, visit our website [here](#).



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## Explore More



**What is Early Relational Health?**

**LEVERAGING THE BIOLOGY  
OF ADVERSITY AND  
RESILIENCE TO TRANSFORM  
PEDIATRIC PRACTICE**

Pat Levitt, PhD

Wed | <sup>Sept</sup> 14 | <sup>PST</sup> 12:30-1:30PM



**Leveraging the Biology of Adversity and Resilience to Transform Pediatric Practice**

The ACEs Aware Science and Innovation Speaker Series provides a forum for discussing the emerging science of toxic stress, Adverse Childhood Experiences (ACEs), and other early life adversities, as well as resilience and strength-based factors within a foundation of equity. The series highlights cutting-edge researchers and innovators in the field who have published evidence-based, community-engaged, and data-driven studies. In the first webinar of the series, on September 14 from 12:30-1:30 PT, Dr. Pat Levitt will present on his paper, “Leveraging the Biology of Adversity and Resilience to Transform Pediatric Practice” and a companion article, “Genes, Environments, and Time: The Biology of Adversity and Resilience”.

[Learn More and Register Here](#)

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**The Science of Engaging Youth Lived Experience in Health Research, Practice, and Policy: A Workshop**

On Wednesday, October 11 and Thursday, October 12 from 12pm-3pm ET, the Forum for Children's Well-Being will host a 2-day virtual workshop on the science of engaging youth in research, practice, and policy aimed at advancing youth well-being. Panels will highlight evidence around youth engagement outcomes as well as best practices and innovative strategies for engaging youth. Discussions will consider the benefits and challenges of engagement and questions of scalability and sustainability. Youth experts and youth-led programs will be featured.

**Early Relational Health** is the state of emotional well-being that grows from emotional connection between babies and toddlers and their parents and caregivers when they experience strong, positive, and nurturing relationships with each other.

ERH is foundational to children's healthy growth and development and parents' and caregivers' sense of competence, connection, and overall well-being. These strong and enduring relationships also help to protect the family from the harmful effects of stress.

**Core ERH Resources**

Frameworks Institute. [Building Relationships: Framing Early Relational Health](#). Prepared in collaboration with the Center for the Study of Social Policy. May 2020.

Willis D, Chavez S, Lee J, Hampton P, Fine A. [Early Relational Health National Survey: What We're Learning from the Field](#). Center for the Study of Social Policy. 2020.

Willis D, Sege R, Johnson K. [Changing the Mindset: Foundational Relationships Counter Adversity with HOPE](#). (Blog) Center for the Study of Social Policy. May 2020.

Perspectives on ERH Video Series. [Perspectives on Early Relational Health Series](#). Center for the Study of Social Policy. 2022.

Center of the Study of Social Policy and Health+ Studio. [How to Communicate Effectively About Early Relational Health: What It Is and Why It Matters](#). 2022.

Find additional resources on our [website](#).

[Register Here](#)

## Improving Child Health through Health Care System Transformation

The Committee on Improving the Health and Wellbeing of Children and Youth through Health Care System Transformation is hosting a virtual meeting today, Thursday, September 7 from 9am-2pm ET. Panel presentations will address: Policy and financing levers for transforming the child healthcare system, messaging the importance of investing in children's health and well-being, scientific advancements and the future of health care, and findings from the newly released National Academies report on the future of the pediatric physician workforce.

[Watch Here](#)

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## What We're Reading

- Heath, C. & Heath, D. (2017). The Power of Moments: Why certain experiences have extraordinary impact. [See book here.](#)
- VanderWeele, T. J. (July 2017). On the Promotion of Human Flourishing. *PNAS*. [Read here.](#)
- Takahashi, I., et al. (August 2023). Screen Time at Age 1 Year and Communication and Problem-Solving Developmental Delay at 2 and 4 Years. *JAMA Pediatrics*. [Read here.](#)

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### **Contact**

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**The Center for the Study of Social Policy (CSSP)**, which conceived Nurture Connection, is a national, non-profit policy organization that connects community action, public system reform, and policy change to create a fair and just society in which all children and families thrive. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.



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