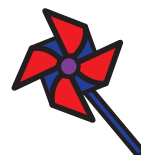


EARLY CHILDHOOD COMPREHENSIVE SYSTEMS

Increasing Equitable Access to Early Childhood and Maternal- Child Health Services



Driver Diagram and Change Package



Early Childhood Systems
TECHNICAL ASSISTANCE & COORDINATION CENTER

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Introduction

Increasing state-level capacity to advance equity and improve access to services for underserved prenatal-to-three (P-3) populations is a primary goal for Early Childhood Comprehensive Systems Health Integration P-3 (ECCS HIP-3) awardees. Equity is “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”¹ Underserved communities “refers to populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of equity.”¹

The P-3 period is a critical time of early child development, but entrenched disparities in institutional laws, policies, and practices affect family social determinants of health and opportunities to thrive. Equitable outcomes are achieved “when all people have fair access, opportunity, resources, and power to thrive, with consideration for and elimination of historical and systemic barriers and privileges.”² Fair access is a critical factor for improving equitable outcomes, but a complex one to conceptualize and operationalize. Availability, affordability, acceptability, and utilization of services are commonly accepted as key elements of access; however, more recent efforts to define access include services supporting child development and parent needs as well as the removal of structural and systemic barriers for underserved communities.³

To advance equitable outcomes and improve access to services, understanding what challenges families face when accessing services from maternal and early childhood systems is critical. Common structural barriers include inadequate health care payment strategies and coverage through Medicaid or private insurance; lack of needed services or choice of provider types in geographic area; long wait times for appointments; inflexible appointment times or locations; inaccessible language or communication; lack of transportation or access to good roadways; lack of paid parental and sick leave policies; competing cultural or familial obligations; and restrictive policies preventing providers from caring for the whole family during a single visit. Systemic barriers including racism, discrimination, and bias also limit access to resources that influence health outcomes.⁴

Importantly, barriers to services should be considered in the context of the differing sociocultural, political, and economic environments of the diverse communities residing in states, territories, and tribal nations. Awardees should review [Considerations for Applying Health Equity to Foster Transformative Change in Early Childhood Comprehensive Systems](#) to learn more about a health equity framework for improving child and family outcomes.

Increasing access to services requires strong collaboration and coordination between early childhood and maternal-child health (MCH) system partners, including Medicaid, early intervention, Title V, MIECHV, child welfare, healthcare, community organizations, tribes, and families. ECCS HIP-3 awardees have an opportunity to be a catalyst for change and play an important role in identifying and convening partners; aligning efforts to existing priorities; identifying gaps; establishing shared goals; allocating resources to meet goals; developing mechanisms for tracking and sharing data; integrating ideas from existing bodies working to improve child and family well-being; promoting authentic family and community leadership; amplifying the importance of systems integration; and maintaining momentum to improve long-term outcomes.

Purpose

The change package is a quality improvement tool intended for use by ECCS HIP-3 awardees and their partners. It provides many change ideas and a menu of options to inform continuous quality improvement (CQI) projects. The Early Childhood Systems Technical Assistance and Coordination Center (ECS-TACC) team encourages awardees to selectively test change ideas based on their unique circumstances and needs, as not all change ideas will be applicable for all of them. This resource and other change packages to support ECCS awardees are available at [ECS-TACC CQI Change Packages](#).

Definitions

Term	Definition
EARLY CHILDHOOD SYSTEM	The early childhood system may encompass, but is not limited to, home visiting, early care and education, family and social supports, income assistance and basic needs, physical health (i.e., pre- and postnatal care, pediatric or family care), oral health, mental and behavioral health, child welfare, and employment training and education.
MATERNAL-CHILD HEALTH SYSTEM	The MCH system may encompass, but is not limited to, organizations and providers including Medicaid, federally qualified health centers, hospitals, clinics, private practices, obstetricians, gynecologists, pediatricians, family practice physicians and advanced practice providers, community health workers, doulas, dental providers, mental or behavioral health professionals, substance use disorder providers, and postpartum support or recreation groups.
EQUITY	“The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons; Asian Americans and Pacific Islanders; and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.” ¹
UNDERSERVED COMMUNITIES	“Populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of equity.” ¹
CONTINUOUS QUALITY IMPROVEMENT (CQI)	A systematic approach to continuously examining the processes, conditions, and outcomes of a system using regular data collection and testing of changes to achieve measurable improvement.

Term	Definition
CHANGE PACKAGE	An evidence-informed collection of actionable change ideas that are known to produce the desired result in a process or system.
DRIVER DIAGRAM	A visual display of an improvement theory showing what “drives” or contributes to the achievement of a project aim; helps break down large CQI projects into smaller, more manageable pieces.
SMART AIMS	Desired outcomes that are specific, measurable, achievable, relevant, and time-bound.
SMARTIE AIMS	Desired outcomes that are specific, measurable, achievable, relevant, time-bound, inclusive, and equitable.
PRIMARY (KEY) DRIVERS	Broad, overarching factors that directly affect the aim.
SECONDARY DRIVERS	Factors that affect primary drivers.
CHANGES	Ideas that are believed to result in improvement.
CHANGE TOOLS	Specific examples or resources to support tests of change.
PLAN-DO-STUDY-ACT (PDSA) CYCLE	Method used to test a change by planning it, trying it out, studying the results, and acting on what is learned.



Ingredients for Improvement

To achieve system-level improvement, ECCS awardees should review and consider the three “must-haves”⁴ listed below.

1 WILL

The urgency, buy-in, and motivation to improve; “We must do what it takes!”

2 IDEAS

Alternatives to the status quo; changes to the way you are currently doing things.

3 EXECUTION

The ability to carry out change effectively and make improvements.

Awardees can discuss these elements with their partners to identify strengths and areas for growth. Applying the [three ingredients for improvement](#)—will, ideas, and execution—and a CQI framework such as the [Model for Improvement](#) can move awardees effectively toward their goals and increase the likelihood of success. These can also help awardees and their partners efficiently use valuable time and resources.

Using the Change Package

Awardees, together with their early childhood and MCH system partners, should first review and discuss the primary and secondary drivers. Then they can work together to determine individual and collective strengths as well as opportunities for improvement. Once partners have agreed on the drivers most in need of improvement, changes can be selected and prioritized to help strategically focus efforts while ensuring the work feels manageable. Awardees can use the questions below to guide discussions and select changes with their partners.

Selecting Changes

- 1 Which primary and secondary drivers are already in place and working well?

- 2 Which drivers do we need to work on? Does this align with what the data (qualitative and quantitative) tells us?

- 3 Which changes could leverage existing efforts already underway and/or enable us to gain early wins and build momentum?

- 4 Which changes might help us address our most urgent priorities?

- 5 Do we need to work on some changes before others? (sequencing)

- 6 Who will lead and support these changes? What does equitable burden-sharing look like in practice?

Once changes have been selected, awardees and their partners can begin testing changes on a small scale (i.e., conduct a small test of change) using [Plan-Do-Study-Act \(PDSA\) cycles](#). Starting small enables the team to learn from and adjust the change as needed before implementing it on a larger, more permanent scale. Awardees and their partners should revisit the change package regularly. Over time, additional drivers may be addressed, and additional changes may be tested.

Custom Measures

Awardees are also encouraged to explore custom measures that may be helpful in monitoring their progress. A resource such as [Stronger Measurement](#) can be used to assess the potential impact of custom measures during the exploration and selection process. The ECS-TACC team recommends the [Group Assessment for Aligning Systems for People \(GrAASP\) Tool \(PDF\)](#) and [Whole Family Toolkit](#) because they include measurement elements that can be aligned to the aim and key drivers described in the change package. Awardees should also use an index (i.e., combining different measures into a single composite measure) when examining access and related outcomes because these provide a comprehensive look at many factors affecting whole family health and well-being. Specific indices recommended include the [Child Opportunity Index](#) and [Care Index](#). Awardees may also consider the [Early Childhood Workforce Index](#) or others that account for state coordination and community collaboration supported by state action.

Other useful sources of data for custom measures include the [Maternal and Child Health Measures Compendium](#), [Child Health Data Resource Center](#), and [County Health Rankings and Roadmaps](#). Ideas for custom measures related to assessing systems change and alignment broadly include the [Compendium of Measures for Cross-Sector Aligning](#), [Evaluating Systems Change: An Inquiry Framework \(PDF\)](#), and the [Collective Impact Readiness Assessment \(PDF\)](#).

Awardees should consider using the [SMARTIE](#) (specific, measurable, achievable, relevant, time-bound, inclusive, equitable) format when selecting their custom measures and setting related aims. SMARTIE aims are about including marginalized, oppressed, and underserved communities in a way that shares power, reduces disparities, and advances equitable outcomes. Below are two examples of SMARTIE aims.

By MM/DD/YY,

1. Increase the number of family leaders from underserved communities and serving on the equitable access advisory committee who are trained through the National Parent Leadership Institute from XX to YY.
2. Increase the percentage of children enrolled in Medicaid who receive at least 6 of 9 well child visits in the first 15 months of life from XX% to YY%, with consultation from family leaders to help shape the direction and decisions of the work.

For more guidance on developing SMARTIE aims, please refer to the [SMARTIE Goals Worksheet](#).

Technical Assistance

The ECS-TACC team can provide technical assistance to support awardees in using a CQI framework; understanding the change package; selecting and testing change ideas; identifying custom measures; and building the will for change. Please contact your ECS-TACC Technical Assistance Specialist for assistance, support, or more information on this change package.

Driver Diagram

A driver diagram is a visual display of an improvement theory showing what “drives” or contributes to the achievement of a project aim. It helps break down large CQI projects into smaller, more manageable pieces.

<p>Aim <i>Desired outcomes that are specific, measurable, achievable, relevant, and time-bound.</i></p>	<p>Primary Drivers <i>Broad, overarching factors that directly affect the aim.</i></p>	<p>Secondary Drivers <i>Factors that affect primary drivers.</i></p>
<p>By MM/DD/YY,</p> <ol style="list-style-type: none"> Increase access* to maternal and early childhood services that more equitably meet the needs and support the well-being of culturally and linguistically diverse populations. Build capacity** of maternal and early childhood system partners to work with families to strengthen relationships, learn together, collectively set goals, create actionable plans, and assess progress to advance equitable outcomes. <p>*Use the Child Opportunity Index, Care Index, or a similar index to evaluate access to services.</p> <p>**Use the Group Assessment for Aligning Systems for People (GrAASP) Tool, Whole Family Toolkit (PDF), or a similar tool to assess collaboration with partners and families to advance equitable outcomes.</p>	<p><i>Engagement with underserved communities</i></p>	<p><i>Inclusive and collaborative outreach</i></p> <p><i>Culturally responsive communication</i></p> <p><i>Listening and feedback loops</i></p>
	<p><i>Authentic family leadership</i></p>	<p><i>Investment and infrastructure</i></p> <p><i>Inclusive and diverse representation</i></p> <p><i>Trust, safety, and belonging</i></p> <p><i>Shared power</i></p>
	<p><i>Equity and community-centered change</i></p>	<p><i>Local context</i></p> <p><i>Data for equity</i></p> <p><i>Policies, statutes, and regulations</i></p> <p><i>Resource allocation and innovative funding</i></p>
	<p><i>Representative and responsive workforce</i></p>	<p><i>Provider voice</i></p> <p><i>Equity competencies</i></p> <p><i>Recruitment, hiring, and retention practices</i></p> <p><i>Training and professional development</i></p>
	<p><i>Whole-family services</i></p>	<p><i>Cross-sector coordination</i></p> <p><i>Family supports</i></p> <p><i>Diverse care and support settings</i></p>

Change Package

A change package is an evidence-informed collection of actionable change ideas that are known to produce the desired result in a process or system.

Primary Driver: Engagement with Underserved Communities

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Inclusive and collaborative outreach	<ul style="list-style-type: none"> • Use the Children’s Core Set of Health Care Quality Measures state performance data to identify underserved communities • Use spatial analysis to map available services and identify gaps • Prioritize engagement with populations that have been underserved • Meet families where they gather within their communities (e.g., libraries, parks, places of worship, schools) • Partner with community agencies to reach families with health-related social needs (housing, nutrition, employment, transportation) • Work with IDEA Part C and B providers to engage families as they access Early Intervention • Partner with maternal and pediatric health providers in outreach efforts (e.g., materials for waiting rooms; surveys for caregivers; family events such as Books, Balls, and Blocks) • Expand ways fathers and nonparental caregivers are included • Develop peer-to-peer networks (e.g., caregiver café, parent network) in partnership with trusted community leaders 	<ul style="list-style-type: none"> • Children’s Core Set of Health Care Quality Measures • The Spatial Revolution: GIS in Public Health • Geo-Spatial Data Resources • Engaging Marginalized Communities: Challenges and Best Practices • Strategies for Engaging Fathers in Family Services • Creating Father-Friendly Environments in Early Childhood Programs • The Parenting Network • Caregiver Cafés Overview • Building Effective Health System-Community Partnerships: Lessons from the Field (PDF) • Health and Housing Partnerships: Overview of Opportunities and Challenges for Health Centers (PDF) • Books, Balls, & Blocks Help Me Grow Alabama

Primary Driver: Engagement with Underserved Communities

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Culturally responsive communication	<ul style="list-style-type: none"> • Create and maintain a directory of services and key contacts • Develop a shared communication plan that is culturally sensitive, responsive, and accessible • Provide appropriate for different audiences and contexts through multiple methods • Adapt communications to be more inclusive of traditionally underrepresented groups (e.g., symbols, metaphors, stories, pictures) • Use plain language for written information • Provide materials in languages representative of those spoken by the populations being served • Hire or engage trusted community leaders to inform culturally responsive communication and spread key messages 	<ul style="list-style-type: none"> • Developing a Plan for Communication • Talking About Early Childhood Development: A Communications Toolkit • Creating a Community Resource Guide • A Guide to Diversity, Equity, and Inclusion in Communications • The Diversity Style Guide • Center for Plain Language • WebAIM: Web Accessibility in Mind
Listening and feedback loops	<ul style="list-style-type: none"> • Use human-centered design to engage families as cocreators, not just representatives • Ask families what success would look like in terms of accessing services • Establish clear and bidirectional feedback loops • Request regular feedback from families about what is working well, what needs to be done better, and how might it be improved • Develop consistent and transparent methods for sharing the input received, how it was incorporated, and next steps • Complete an assessment to reflect on current family leadership practices 	<ul style="list-style-type: none"> • Co-Developing Solutions with the Community: The Power of Human-Centered Design • Leading by Convening Guide: A Blueprint for Authentic Engagement (PDF) • Feedback 101 • Listen4Good Tools and Frameworks • Reflection Tool on Parent Partnership and Diversity, Equity, and Inclusion in Your Organization

Primary Driver: Authentic Family Leadership

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Investment and infrastructure	<ul style="list-style-type: none"> • Use a toolkit or roadmap to develop a statewide framework for family leadership • Provide team members with training (e.g., emotional intelligence, trauma-informed communication, strengths-based coaching, implicit bias) to authentically engage families • Dedicate funding and create mechanisms to pay families equitably; note that multiple methods may be warranted to meet varying family needs or preferences • Provide flexible meeting times and family supports (e.g., childcare, transportation, translation/interpretation, training) • Create a paid position to oversee and implement family leadership efforts, such as a family leadership liaison 	<ul style="list-style-type: none"> • Amplifying Family Voice to Advance Equitable Outcomes for Young Children (PDF) • Parent Engagement and Leadership Assessment Guide and Toolkit • Family Engagement Training, Parts One and Two • Family and Community Engagement in the Program Quality Roadmap (PDF) • Parent Voices at the Center • Sustaining and Embedding Parent Leadership and Voice (PDF) • North Carolina Family Engagement and Leadership Framework (PDF) • Stepping Up and Speaking Out: The Evolution of Parenting Leadership in Michigan • Family Voice Compass • Community Compensation Guidelines
Inclusive and diverse representation	<ul style="list-style-type: none"> • Identify gaps in representation from communities that have been systemically marginalized and oppressed; develop an invitation and engagement plan to reach them • Invite new and/or nontraditional community organizations and individuals (e.g., faith-based organizations, doulas, local businesses, housing agencies) with which to partner • Hire community liaisons or cultural brokers to reach underrepresented groups, build relationships, and provide linkages 	<ul style="list-style-type: none"> • Strong Staff and Family Relationships: The Heart of Tribal Home Visiting Programs (PDF) • Growing Your Capacity to Engage Diverse Communities by Working with Community Liaisons and Cultural Brokers (PDF) • Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs

Primary Driver: Authentic Family Leadership

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Trust, safety, and belonging	<ul style="list-style-type: none"> • Build self-reflective awareness skills among team members • Use tools (e.g., story circles, empathy mapping) to explore different perspectives • Honor first languages and develop a language justice plan • Celebrate culture by facilitating events that feature activities representing diverse cultural customs, languages, and traditions • Provide regular opportunities for relationship building during business meetings, activities, and trainings 	<ul style="list-style-type: none"> • Self-Reflective Awareness: A Crucial Life Skill • How to Increase Self-Awareness: 16 Activities & Tools • Story Circles Toolkit (PDF) • Understanding Empathy Mapping • Empathy Mapping Worksheet (PDF) • Language Justice Toolkit • Understanding the Trust Equation • Building Trust in Communities • Othering & Belonging Institute • The Power of Proximity in Early Childhood Systems (PDF)
Shared power	<ul style="list-style-type: none"> • Establish committees with nonhierarchical structure where family leaders and community partners make up at least 50 percent of the membership • Develop transparent decision-making guidelines and require a quorum (i.e., number of family leaders voting) for major decisions • Establish accountability measures or request an external audit of practices to ensure group guidelines are implemented as intended • Facilitate open dialogue on power dynamics 	<ul style="list-style-type: none"> • Fostering Distributed Leadership in Early Childhood • Facilitating Power: The Spectrum of Community Engagement to Ownership (PDF) • Share Power with Communities • When Less Is More: How Sharing Power Leads to Greater Impact • Consensus Decision Making

Primary Driver: Equity and Community-Centered Change

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Local context	<ul style="list-style-type: none"> • Create shared definitions of equity and access, or identify existing definitions upon which partners agree • Use an equity toolkit to support planning and implementation • Host brown bag lunch conversations about equity to provide socio-cultural, political, and economic context related to disparities and change • Use systems thinking tools to examine efforts in the context of the “big picture” and strengthen collaboration across sectors • Factor in socio-cultural, political, and economic context when mapping services, identifying gaps, developing plans, and implementing changes 	<ul style="list-style-type: none"> • Infusing Equity - First Steps for Early Childhood Systems (PDF) • Considerations for Applying Health Equity to Foster Transformative Change in Early Childhood Comprehensive Systems • Building Coalitions to Promote Health Equity: A Toolkit for Action (PDF) • Racial Equity Toolkit: An Opportunity to Operationalize Equity • Systems Integration Training (MCH Navigator) • Systems Integration Toolkit (PDF) • Building Early Childhood Systems in a Multi-ethnic Society • The Habits of a Systems Thinker

Primary Driver: Equity and Community-Centered Change

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Data for equity	<ul style="list-style-type: none"> • Use the Children’s Core Set of Health Care Quality Measures state performance data to align target measures across systems • Partner with underserved communities to choose priority outcomes • Develop a shared mechanism to track data across agencies • Disaggregate data by key subgroups to identify disparities • Employ quantitative and qualitative data methods • Engage families and communities in gathering, interpreting, and using data • Develop methods to systematically communicate findings for a wide variety of audiences 	<ul style="list-style-type: none"> • Using Data to Reduce Disparities and Improve Quality (PDF) • Children’s Core Set of Health Care Quality Measures • Our Identities, Ourselves: A Guide to Anti-Racist Data Collection for System Leaders and Data Administrators • Centering Racial Equity – A Toolkit for Centering Racial Equity Throughout Data Integration • Do No Harm Guide: Applying Equity Awareness in Data Visualization (PDF) • The Data Equity Framework • Why Am I Always Being Researched? • Powering Health Equity Action with Online Data Tools: 10 Design Principles (PDF) • Cross-Agency Data Sharing Agreement to Improve Coordination Across State Agencies (PDF) • North Carolina Early Childhood Action Plan Data Dashboards
Policies, statutes, and regulations	<ul style="list-style-type: none"> • Conduct equity impact assessments on existing and proposed policies, statutes, and regulations • Conduct focus groups with families and use data to inform policy agenda • Develop or revise policies to advance equitable processes and outcomes • Advocate for family-related policy change (e.g., equity, payment reform, Medicaid coverage, paid family leave, TANF work requirements) • Encourage and support families to share their stories with state and local policymakers 	<ul style="list-style-type: none"> • Racial Equity Impact Assessment Toolkit • Health Equity Policy Toolkit • Prioritizing Possibilities in Policy, Research, and Practice • Worksheet Template for Connecting with the Policy Environment • Prenatal-to-3 State Policy Roadmap 2022 • Prenatal-to-3 State Policy Lever Checklists • State of Babies Yearbook 2022

Primary Driver: Equity and Community-Centered Change

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Resource allocation and innovative funding	<ul style="list-style-type: none"> • Create a fiscal map to identify gaps in resources where increased funding is warranted to address the needs identified by families • Explore opportunities to leverage, blend, or braid funding with existing federal, state, territory, tribal, and local funding streams • Work with Title V to use a portion of MCH Block Grant funds dedicated to strengthening preventive and primary care through pediatric medical homes • Work with Medicaid to— <ul style="list-style-type: none"> • Define and incentivize high performing medical homes for young children and families • Expand coverage and increase reimbursement for programs and practices that incorporate early childhood services (e.g., screening for physical and social-emotional development, autism-spectrum disorder, perinatal and postpartum depression, health-related social needs) • Cover additional costs and scope of services for high-performing medical homes as part of Federally Qualified Health Center prospective payment system • Explore alternative payment models (e.g., value-based payments, pay for outcomes, supplemental payments) • Develop return on investment or cost benefit analysis to use with current and potential funders • Secure additional funding through foundations, philanthropic organizations, and state/federal grants to expand and sustain ECCS activities (e.g., cross-sector coordination, family leadership, equity, health integration) • Establish a grant program to support relevant community-based projects developed by providers or family leaders 	<ul style="list-style-type: none"> • Fiscal Mapping for Early Childhood Services: How-To Guide and Data Collection Tool • Five Strategic Components to Support Health Equity in Medicaid (PDF) • Braiding Federal Funding to Expand Access to Quality Early Childhood Supports and Services: A Tool for States and Local Communities • Prenatal to Five Fiscal Strategies • Opportunities for Medicaid to Transform Pediatric Care (PDF) • Cross-Agency Partnerships for Health Equity: Understanding Opportunities Across Medicaid and Public Health Agencies • Developing a Payment and Spending Strategy to Advance Health Equity: Checklist for Decision Makers (PDF) • Leveraging Value Based Payment Approaches to Promote Health Equity: Key Strategies for Health Care Payers (PDF) • Advancing Health Equity in Medicaid: Emerging Value-Based Payment Innovations • Payment for Progress: Investing to Catalyze Child and Family Well-Being using Personalized and Integrated Strategies (PDF) • Medicaid Policies for Caregiver and Maternal Depression Screening during Well-Child Visit, by State • Early Childhood: High Return on Investment

Primary Driver: Representative and Responsive Workforce

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Provider voice	<ul style="list-style-type: none"> • Develop a provider engagement plan that prioritizes diversity (e.g., race/ethnicity, gender, geographic location, role, years of experience) • Establish ways for provider perspectives to be shared (e.g., include providers on committees, incorporate them in decision making, conduct on-site listening sessions, reserve time during meetings for provider stories) • Dedicate time and resources to provider engagement • Buy provider time to enable their participation • Regularly survey workforce to identify gaps and ideas for improvement 	<ul style="list-style-type: none"> • Strategies for Physician Engagement and Education • How to Make Meetings More Effective: 4 Tactics to Increase Participation • 3 Steps for Engaging Health Care Providers in Organizational Change • 6 Proven Physician Engagement Strategies • The Key to Successful Provider Engagement • 15 Ways Leaders Can Encourage Employees to Voice Their Concerns
Equity competencies	<ul style="list-style-type: none"> • Complete an assessment in cultural and linguistic competencies; develop a plan to strengthen priority areas • Provide consistent health equity training across sectors • Encourage self-exploration of personal and cultural biases; offer assessment, training, and support (e.g., SEEDS model) to address them • Train providers in cultural humility and responsive practices • Role play and give examples of ways individuals can be an ally • Integrate equity competencies into job descriptions, performance reviews 	<ul style="list-style-type: none"> • Self-Assessments: National Center for Cultural Competence • ECCS Culturally Responsive Leadership • Health Equity Training Modules • Health Equity Learning Module Series • Cultural Humility Training, Parts One and Two • Implicit Bias Self-Test • Implicit Bias Training Series • Webinar Series: Individual Implicit Bias, Moving the Needle on Health Equity, and Strategies for Combating Racism in Health Systems • Using the SEEDS Model to Understand and Manage Our Biases • Allies at Work: The Meaning of How to Be an Ally in The Workplace

Primary Driver: Representative and Responsive Workforce

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Recruitment, hiring, and retention practices	<ul style="list-style-type: none"> • Assess current workforce demographics to identify gaps and inform targeted recruitment efforts • Use tailored strategies (e.g., colleges, conferences, job fairs, e-recruitment, social media, incentives for referrals) to recruit culturally and linguistically diverse individuals who reflect the communities being served • Create standards for starting pay rates • Conduct routine pay equity analyses • Create supports (e.g., reflective supervision, coaching, affinity groups) that promote safety, belonging, and inclusivity • Develop career pathways for family leaders • Create and regularly evaluate recruitment and retention plan 	<ul style="list-style-type: none"> • 11-Step Roadmap for Increasing Diversity Through Recruitment • 50+ Ideas for How to Improve Diversity and Inclusion in the Workplace • Pay Equity: What Is It and Why Is It Important? • ECTA Center Learning Lab: Coaching for Practice Change • Three Building Blocks of Reflective Supervision
Training and professional development	<ul style="list-style-type: none"> • Offer cross-sector training and professional development opportunities to improve coordination and collaboration • Provide information on the “why” to connect change to the mission of organizations and motivation of providers • Train providers on relationship-centered principles • Educate providers on trauma-informed care and communication • Provide training on integrated, whole child and family approaches (e.g., two-generation) for care that promote family strengths and resilience 	<ul style="list-style-type: none"> • Competencies for P-5 Professionals • MCH Learning Modules • MCH Leadership Learning Bundle • Two-Generation Strategies, Webinars, and Examples • Role of Leadership and Key Actions for Health System Leaders • We Are the Medicine Framework: A New Science of Thriving to Foster Flourishing Right Where We Are Today • Association of Maternal & Child Health Programs Learning Modules

Primary Driver: Whole-Family Services

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Cross-sector coordination	<ul style="list-style-type: none"> • Conduct an assessment of current system performance and coordination • Facilitate connections between Medicaid, early intervention, Title V, MIECHV, child welfare, and community partners • Use Child Core Set state performance data to inform coordination action plans • Establish memoranda of understanding (MOUs) with partners to formalize roles and expectations • Develop a centralized intake and referral system (CIRS) or a “no wrong door” process for getting families what they need • Provide a warm handoff for families when making referrals between services • Develop closed-loop referral processes between partners • Create paid positions (e.g., family navigators, care coordinators, community health workers) to lead coordination and foster linkages • Scale practice and system-based interventions (e.g., interdisciplinary care teams, early childhood screening process) • Incorporate the Bright Futures Guidelines in practice across sectors 	<ul style="list-style-type: none"> • Early Childhood System Performance Assessment Toolkit • Roadmap for Collaboration among Title V, Home Visiting, and Early Childhood Systems Programs • Coordinating Medical Homes and Community Services (PDF) • Accelerating Child Health Care Transformation: Key Opportunities for Improving Pediatric Care (PDF) • Interagency, Cross-Sector Collaboration to Improve Care for Vulnerable Children: Lessons from Six State Initiatives (PDF) • Strengthening Service Coordination Between Home Visitors and Pediatric Primary Care Providers (PDF) • The Help Me Grow Systems Model • Resource Referral Guide & Template (PDF) • NowPow - Whole Person Care Across Whole Communities • Screening Technical Assistance Resource (STAR) Center • Title V-Medicaid IAA/MOU • American Academy of Pediatrics Bright Futures Guidelines

Primary Driver: Whole-Family Services

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Family supports	<ul style="list-style-type: none"> • Use a tool or model (e.g., Amplifying Family Voice, Cycle of Engagement model, Well Visit Planner) to center children and families • Create spaces (e.g., focus groups, surveys, story circles) where families can openly share their experiences accessing early childhood and MCH services • Explore innovative transportation solutions (volunteer driver program, rideshare partnerships, tokens for public transportation options, travel reimbursement) • Offer on-site childcare or reimbursement of expenses • Provide language translation and interpretation, and increase the number of multilingual providers and services • Offer flexible and extended hours for appointments, including evenings and weekends • Simplify scheduling processes and required paperwork 	<ul style="list-style-type: none"> • Amplifying Family Voice to Advance Equitable Outcomes for Young Children (PDF) • Cycle of Engagement Model • Well Visit Planner • Improving Outcomes in Medicaid through Innovative Transportation Partnerships (PDF) • National Map of Volunteer Driver Programs • LanguageLine Interpreting and Translation Service

Primary Driver: Whole-Family Services

Secondary Drivers <i>Factors that affect primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Diverse care and support settings	<ul style="list-style-type: none"> Engage nontraditional community members (e.g., public library staff, faith leaders) as public health allies and family advocates Expand telehealth and telemedicine services Explore opportunities to provide mobile services or co-locate services in non-traditional settings (e.g., schools, housing communities, libraries, places of worship) Consider ways to provide integrated, whole family care (e.g., two-generation approach) Use a structured approach (e.g., Family Resource Centers, community health coaches) to provide community-based coordination for families Explore mechanisms for offering group visits (i.e., shared medical appointments) 	<ul style="list-style-type: none"> Five Building Blocks to Help Achieve Greater Health Equity Public Library Staff as Community Health Specialists Leveraging Community Health Coaches to Address the Challenge of Medication Management Co-location of Services Model School-Based Health Centers and Pediatric Practice 2Gen Toolbox About Family Resource Centers Family Resource Center Service Delivery Model Using Pediatric Group Visits to Promote Social Emotional Development

Disclaimer

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