

Considerations for Applying Health Equity to Foster Transformative Change in Early Childhood Comprehensive Systems



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The Need for Transformative Change in Early Childhood Comprehensive Systems

Early Childhood Comprehensive Systems (ECCS) Health Integration Prenatal-to-Three (HIP-3) awardees are tasked with strengthening, aligning, and sustaining family-centered systems at state and community levels, using the health system as a key partner. The Early Childhood Systems Technical Assistance Coordination Center (ECS-TACC) developed this resource to support awardees' work toward ECCS-specific goals and objectives (**Appendix A**). **This health equity resource provides guidance to awardees to reflect on historic and current practices, policies, and financial decisions that have harmed communities, and to identify opportunities to redesign their shared approach, reallocate resources, and build knowledge and capacity to advance health equity in maternal and early childhood (EC) systems.** According to the Centers for Disease Control and Prevention (CDC), "health equity is achieved when everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance" (CDC, 2022).

Transformative systems change is required to achieve the ECCS HIP-3 goals and objectives to their fullest extent and in ultimate service of its fifth goal related to advancing health equity and access to services. An initial action in any transformative systems change is to create a shift in ideas and beliefs about how a system functions and whom it is designed to support. It is important to understand, for example, that chronic stress due to systemic racism and recurring exposure to microaggressions has been shown to significantly impact the health and well-being of families (Gadson et al., 2017). Racism, discrimination, and bias limit access to economic and social resources that influence health outcomes (Tulane University, 2021). The effects of racism on children's physical, mental, and behavioral health can last a lifetime and into future generations (American Academy of Pediatrics, 2020). Data, such as these and the following, indicate how racist and inequitable practices in maternal and EC systems negatively impact maternal, infant, and EC outcomes.

Twenty percent increase in maternal mortality rates from 2019-2020 (CDC, 2022).



Non-Hispanic Black communities experience nearly three times more deaths from pregnancy-related causes than white communities (CDC, 2022), and Black and Hispanic mothers are at a higher risk for pregnancy-related complications, such as pre-eclampsia, than white mothers (Howell et al., 2020). Similarly, American Indian and Alaska Native women (AIAN) are three to four times more likely than white women to die of complications related to pregnancy and/or childbirth. Moreover, AIAN women experience a higher rate of severe maternal morbidity, including a preterm labor rate and an obstetrical hemorrhage rate that is more than twice that of white women (National Partnership for Women and Families, 2019). **These data indicate a need for improved systems and quality of maternal health care** (Chhabra, 2014).

One in five babies experience at least one adverse childhood experience (ACE) and one in 12 experience two or more ACEs.



The incidence of two or more ACEs in Black babies (11.8%) and Hispanic babies (8.5%) is significantly higher than for white babies (5.8%) (Zero to Three, 2022). Since ACEs can impact lifelong health and opportunity (CDC, 2021), **improved awareness, screening, diagnosis, and access to services are important factors in multigenerational prevention in Prenatal-to-Three (P-3) populations.**

Disparities in early intervention have resulted in children from minority and low-income backgrounds being more likely to have a delayed or missed diagnosis.



A 2020 study by researchers at the Children's Hospital of Philadelphia found that white children were more likely to be referred for early intervention for developmental delays prior to developmental screening, while Black children were more likely to be referred after a positive developmental screen suggested the need. These findings reinforce the need for better universal surveillance for developmental delays and increased access to early intervention, as the later access to services for non-white children may increase the risk of long-term impairment in low-income and minority groups. **Early intervention is critical for children with a range of developmental issues, resulting in improved outcomes over the life span.**

Differences in health insurance coverage and health care access contribute to maternal and child health (MCH) outcomes. Black, Indigenous, and People of Color (BIPOC) are more likely to experience insurance and health care barriers (Artiga et al., 2020).



In states that have not adopted Medicaid expansion, income eligibility requirements and time limitations on pregnancy-related coverage make it difficult for many families to maintain regular and consistent health care (Ranji et al., 2021). Americans living in rural communities are less likely to have employer-provided health insurance coverage and, if they are poor, often are not covered by Medicaid (Rural Health Info Hub, 2019). **Improved policy and funding strategies, including those related to Medicaid coverage, support sustainability and P-3 outcomes.**

Fewer than one in 20 eligible children receive Temporary Assistance for Needy Families (TANF), early intervention services (Part C of the Individuals with Disabilities Education Act (IDEA)), and subsidized housing and childcare.



Potentially as few as one to two percent of eligible families receive Early Head Start, services through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and/or foster care services. **A fundamental shift in focus, activities, measures, and financing is needed to improve the continuum of, and access to, P-3 services (InCK Marks, 2020).**

ECCS HIP-3 awardees are encouraged to reflect on how their states' data compare to the countrywide data presented here. The health equity framework introduced in the following section provides a structure for conceptualizing the relationship between maternal and EC systems and can be used to guide understanding of how historical and current context can shape opportunities for transformative action.

A Framework for Understanding Ideas and Beliefs about Health Equity in ECCS

Systems are made up of people (Milligan et al., 2022); therefore, it is important to understand how the different levels within a system connect and play a role in transformative systems change. Social-ecological models are commonly used to describe relationships in systems (CDC, 2022). The ECCS model (**Figure 1**) describes the relationships between families, community partners and local-level systems, state-level systems, and federal-level systems. To achieve health equity, it is important to center families (i.e., value and uplift families' voices and experiences) who directly interact with community partners and local service systems and whose health and wellbeing are impacted by: access to culturally informed quality care; early development and health promotion; financing and policy decisions made at the local, state, and federal levels; standards; and the use of precise data in decision-making in maternal and EC systems. (The ECS-TACC's complementary resource, [Building a Comprehensive Prenatal-to-Three System with a Focus on Health Integration: A Health Integration Framework](#), which provides a depiction of the P-3 system, describes key levers for transforming that system, and offers a set of tested strategies for achieving the goal of a system that provides quality and equitable services and outcomes for children and families.)

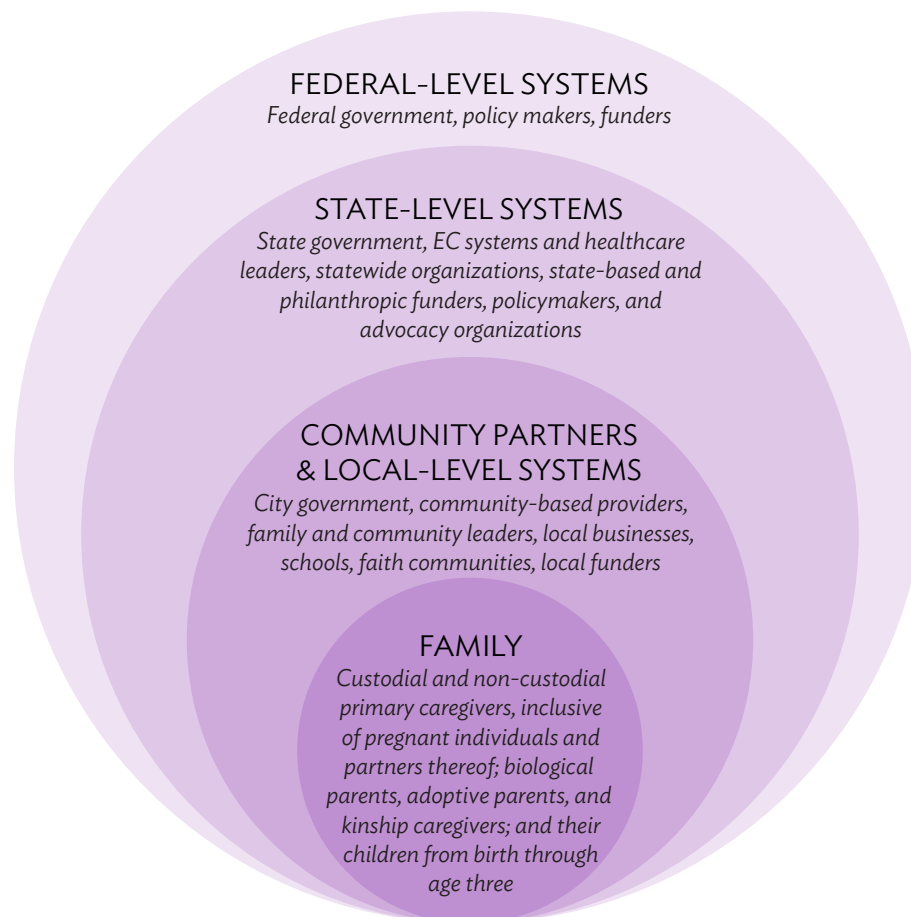


Figure 1. A basic social-ecological model of ECCS. This model demonstrates the relationship between families, community partners and local-level systems, state-level systems, and federal-level systems and helps visualize how social and ecological factors at one level can affect other levels. (Text description of this graphic provided in **Appendix C.**)

Building off the basic social-ecological model of ECCS and layering on the conditions (key drivers in maternal, infant, and EC health equity outcomes) that create either barriers or opportunities for families, a framework for health equity within ECCS takes shape.

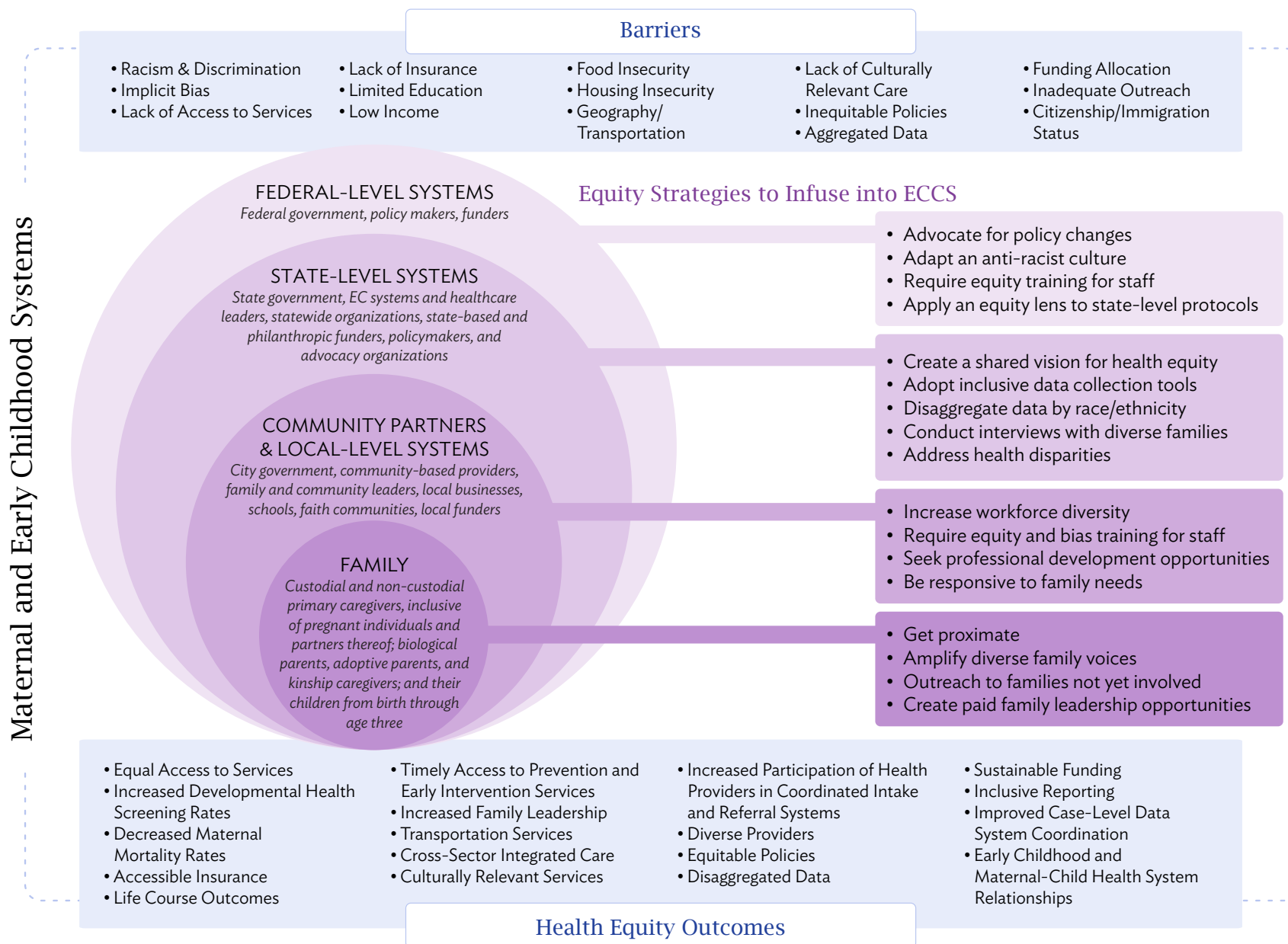


Figure 2. ECCS Health Equity Framework. This framework builds off the basic social-ecological model of ECCS. It identifies barriers faced by many families in maternal and EC systems, as well as strategies to infuse into ECCS health equity work so that health equity outcomes are realized by all P-3 families. (Text description of this graphic provided in **Appendix C.**)

Looking closely at **Figure 2**, we can begin to see where systemic barriers to maternal health and EC services, if addressed, can lead to the desired health equity outcomes of the ECCS initiative:

FAMILY

(Custodial and non-custodial primary caregivers, inclusive of pregnant individuals and partners thereof; biological parents, adoptive parents, and kinship caregivers; their children from birth through age three) Biological, environmental, and lived experiences can all impact health equity outcomes during the P-3 period and beyond. Leveraging the strengths and protective factors that are present within family units and removing barriers such as racism, implicit bias, lack of access to quality services, gaps in insurance coverage, and limited educational and economic opportunities will support families to thrive.

ECCS HIP-3 AWARDEE HIGHLIGHT MAINE

In collaboration with the Children’s Cabinet and an outside contractor, **Maine has begun the process of analyzing and synthesizing existing reports and needs assessments to develop a comprehensive service gap analysis.** In their efforts, they are specifically utilizing reports that highlight existing disparities and recommendations for improving access and referrals for the state’s underserved populations. Maine is also focused on engaging a large variety of families utilizing the perinatal and EC systems in the state. The Maine ECCS team established a Collaborating Partners Advisory Group (CPAG) to increase family engagement, diversity, equity, and inclusion. The Maine ECCS Program Manager and the ECCS Family Leadership Liaison engaged in extensive outreach to organizations and individuals working closely with families from many diverse groups. Diverse groups included leaders involved with Tribal health, immigrant public health, rural health, migrant health, adoptive and foster families, EC education, perinatal health, families of children with special health needs and disabilities, and mental health.

COMMUNITY PARTNERS AND LOCAL-LEVEL SYSTEMS

(City government, community-based providers, family and community leaders, local businesses, schools, faith communities, local funders) The relationships that exist between families and this level are integral to shaping behaviors, knowledge/skills, and experiences of families. The fewer barriers a family faces, the more likely they are to benefit from the protective factors within a community, as well as the culturally responsive systems of care that support early developmental health and wellbeing.

STATE-LEVEL SYSTEMS

(State government, EC systems and health care leaders, statewide organizations, state-based and philanthropic funders, policymakers, advocacy organizations) Partnerships at the state-level can create structures in which activities, such as coordinated intake, can increase care coordination and early intervention services for families. Policies, funding decisions, and promotion of culturally responsive, antiracist, and equitable practices at this level will also drive families’ health equity outcomes.

FEDERAL-LEVEL SYSTEMS

(Federal government, policymakers, funders) Large-scale social and ecological factors at this level include, but are not limited to, health care, health insurance (i.e., Medicaid), and MCH policies and funding decisions that, when combined, help set the climate for interactions between the different levels of the maternal and EC systems.

For families to experience the health equity outcomes identified in **Figure 2**, ECCS awardees must first work with the different levels of the maternal and EC systems to identify their state’s unique situation and needs (refer to the System Asset and Gap Analysis (SAGA) for your state). These needs can then be infused into subsequent strategic planning efforts and action steps. The next section offers a minimum set of strategies for doing this based on the ECCS health equity framework.

Co-Create Conditions for Change

The ECCS health equity framework (**Figure 2**) is intended to support awardees as they work with families, community partners and local-level systems, state-level systems, and federal-level systems to a) understand the historical and contextual factors that have shaped current maternal and EC policies, financial decisions, and practices; b) analyze current system needs and opportunities through the development of their SAGA; and c) identify opportunities for action that can be built into awardees’ ECCS strategic plans. Ultimately, with this health equity framework, awardees should be asking, “What do we need to learn, who do we choose to be, and what can we do to transform maternal and EC systems, so that all families — regardless of race, ethnicity, gender identity, sexual orientation, geography, and/or socioeconomic status — will benefit and thrive?”

To begin, ECCS HIP-3 awardees are encouraged to use the ECCS health equity framework to generate dialogue and create a shared vision for health equity in their state. It is important for all interested parties to listen and actively participate in conversations that promote thought partnership and the co-design of ECCS change efforts.

For each level, the framework offers historical and current context as well as opportunities for transformative action and alignment with ECCS HIP-3 goals and objectives (**Appendix A**). The latter, while listed for one level of the framework, may also be applicable at another level. In addition, equity strategies that are feasible in one state or community may not work in another because of political, economic, or cultural context. While context will clearly shape choices in what strategies awardees promote, it is important not to let it be overly limiting to aspirations. (See **Appendix B** for a blank framework that can be adapted by your state.)

Space is provided for awardees to record initial notes and reflections on the framework and how it might be adapted for their state. These notes and reflections may support dialogue and the identification of further opportunities for action and change.

ECCS HIP-3 Awardee Highlight NEVADA

The Nevada ECCS team has established the Nevada Early Childhood Advisory Council Data and Evaluation Subcommittee to increase the availability and utilization of state-specific disaggregated data around early childhood, maternal, and child health. This data will help Nevada to implement the goals, objectives, and strategies identified in the state’s Early Childhood Strategic Plan. The ECCS team also attends coalition/organizational meetings to compile parent and family leaders’ input on issues impacting the P-3 population. The data gathered from these meetings inform, and are incorporated into, the continuously evolving Early Childhood Strategic Plan.

With diverse families, consider the following:

Historical/Current Context

Families have not historically been engaged as leaders and decision makers within state-level programs and initiatives. This has led to programs failing to meet a wide range of families' needs, and programs not being as effective as they could be.

Related Resources

- ◆ [Change Package – Family Leadership to Inform Maternal and Early Childhood Systems and Initiatives \(ECS-TACC\)](#)
- ◆ [Manifesto for Race Equity and Parent Leadership \(CSSP, 2019\)](#)
- ◆ [The Power of Proximity \(ECS-TACC, 2022\)](#)
- ◆ [Stepping Up & Speaking Out: The Evolution of Parent Leadership in Michigan \(Michigan Home Visiting Initiative, 2020\)](#)

Opportunity for Transformative Action

- ◆ Get proximate to those nearest to the problem. Center family voice and lived experience to better understand the history and current context of the community and opportunities to improve access to and navigation of maternal and EC systems.
- ◆ Amplify the voices of diverse families at every level of your ECCS work, including with the ECCS Advisory Group. This will help services to be more inclusive, accessible, and responsive to the families' needs.
- ◆ Move beyond family engagement by helping to build the leadership capacity of families and providing them with opportunities to make decisions and inform policies and protocols being addressed through ECCS. This can be done by providing family leaders with training and leadership development opportunities; ensuring that the family voice is centered in all ECCS meetings and workgroups; and designing policies, programs, and evaluation tools with family leaders.
- ◆ Use data to measure the impact of, and to continually improve, family engagement and leadership efforts. Be transparent with results with family leaders and system partners.

Related ECCS Goals

① ⑤

Related ECCS Objectives

① ② ③ ④ ⑤

Historical/Current Context

Data shows that BIPOC families have the worst health outcomes in our nation. Health and other disparities such as maternal morbidity, poverty, preterm birth, unsafe housing, and food insecurity are the result of systemic racism and inequities that have long existed in our country. Maternal and EC professionals and health providers play a significant role in addressing racism and other systemic barriers that threaten MCH.

Related Resources

- ◆ [Capturing the Ripple Effect: Developing a Theory of Change for Evaluating Parent Leadership Initiatives \(Annenberg Institute for School Reform at Brown University, 2016\) \(PDF\)](#)
- ◆ [‘Dismantle Racism at Every Level’: AAP President \(American Academy of Pediatrics, 2020\)](#)
- ◆ [Early Childhood is Critical to Health Equity \(RWJF, 2018\)](#)
- ◆ [Exploring the Social Determinants of Racial/Ethnic Disparities in Prenatal Care Utilization and Maternal Outcome \(Gadson et al., 2017\)](#)
- ◆ [Using the Head Start Parent, Family, and Community Engagement Framework in Your Program: Markers of Progress \(US Department of Health and Human Services, 2011\)](#)

Opportunity for Transformative Action

- ◆ Utilize MCH data to identify disparities and inequities in your state and to inform your ECCS Advisory Group meeting agendas, continuous quality improvement (CQI) activities, and strategic planning.
- ◆ Work with maternal health, EC, and other health partners to identify strategies they can employ to increase and sustain family voice and health equity in their programs, practices, and departments.
- ◆ Provide training for partners on the relationship between equity and family leadership and how the advancement of these can lead to better outcomes for families, especially those who identify as BIPOC.
- ◆ Implement accountability measures to ensure that family leadership is prioritized. This can be demonstrated by implementing a quorum requirement for family leaders for major decisions, surveying family leaders on their engagement/leadership at regular intervals, and measuring the progression and impact of family voice and leadership.

Related ECCS Goals

1 5

Related ECCS Objectives

1 2 4 5

ECCS Awardee Reflections and Notes on Work with Families

- ◆ What steps can you take to amplify the voices of diverse families and use their lived experiences to inform your ECCS work?
- ◆ How can you strengthen your existing efforts to engage families as leaders and decision-makers? What support do you need?
- ◆ What health disparities and inequities identified in your SAGA/strategic plan can you realistically address through your ECCS project? How can families be included in this process?

With community partners and local-level systems, consider the following:

Historical/Current Context

Health equity requires a collaborative approach. At the community level, this means including families and non-traditional partners, such as faith communities and local businesses, in the collaboration. Historically, communities have not been consulted during the development or implementation phases of projects and programs. This has ultimately led to mistrust, and recruitment and retention challenges. This is especially true for communities with significant racial, health, economic, and geographic disparities. Community partners play an important role in advancing health equity and MCH in communities through their direct contact with families.

Related Resources

- ◆ [Centering Equity in Collective Impact \(Kania et al, 2022\)](#)
- ◆ [Why Am I Always Being Researched? \(Chicago Beyond, n.d.\)](#)

Opportunity for Transformative Action

- ◆ Provide professional and skill development opportunities and/or funding for community partners and local-level systems to improve understanding of health equity-related issues, opportunities for addressing biases, and the skills required to equitably move the work of ECCS forward.
- ◆ Reflect as a team on how personal biases, and/or a lack of an understanding of systemic racism and equity, have impacted equitable service delivery. Include any relevant strategies for addressing biases and increasing equitable service delivery in the ECCS strategic plan and any other relevant maternal health and EC state plans.

- ◆ Conduct surveys, interviews, or focus groups with community-based maternal, EC, and health providers on their thoughts about health equity and the impact of personal bias, systemic racism, and limited provider capacity. Use this data to inform state-level strategic planning and identify critical policy and financing priorities.
- ◆ Advance health equity and address systemic barriers to service access by creating or strengthening a centralized intake and referral system for families.

Related ECCS Goals

1 3 5

Related ECCS Objectives

1 2 3 4 5

Historical/Current Context

A challenge that many marginalized and oppressed communities face is having providers that do not represent them racially, ethnically, culturally, or geographically. Inequities in compensation for the maternal and EC workforces is also a challenge, and one that impacts families' access to quality and responsive care within a community. When maternal health and EC providers are representative of the communities they serve, it is easier to build trust and connection with children and families. Some programs have addressed access issues through the employment of Community Health Workers (CHWs) who typically reside in the communities they serve. This allows programs to reach community residents where they live, eat, play, work, and worship.

Related Resources

- ◆ [Cultural Competence in Health and Human Services \(CDC, 2021\)](#)
- ◆ [Racial Equity Impact Assessment Toolkit \(Race Forward, 2009\)](#)
- ◆ [Role of Community Health Workers \(NIH, 2014\)](#)
- ◆ [Social and Structural Determinants of Health Inequities in Maternal Health \(Crear-Perry et al., 2021\)](#)

Opportunity for Transformative Action

- ◆ Provide training (or funding for training) on cultural responsiveness and humility to community-based maternal and EC providers.
- ◆ Through state-level levers or in partnership with community partners and local-level providers, work toward policies and strategies that support greater workforce and provider diversity, equity, and inclusion, as well as fair and equitable compensation. Racial equity impact assessments, for example, are helpful tools for understanding the impact certain strategies can have and informing decision-making on the implementation of these strategies.

- ◆ Encourage community partners and local-level providers to a) examine and assess best or evidence-based practices that drive maternal and EC systems to ensure alignment with families' cultures and experiences; and b) explore ways these practices can be adapted, changed, or eliminated to better meet the needs of families based upon their input.

Related ECCS Goals

3 5

Related ECCS Objectives

5

ECCS Awardee Reflections and Notes on Work with Community Partners

- ◆ In your state, how well do maternal and EC community-based providers represent and reflect the communities they serve? What role can ECCS play in addressing these gaps?
- ◆ How can the work of your ECCS project help build the capacity of maternal and EC community-based providers in your state related to cultural responsiveness and humility?

With state-level systems, consider the following:

Historical/Current Context

The role of state-level maternal and EC systems is to work in partnership with local communities to advance MCH and ensure that all children in their state live, grow, and thrive. Unfortunately, data-informed policies, resource allocation, and programming have not always benefited all children. At times, these data have even reinforced harmful policies and practices and ultimately harmed children and families.

Data collection, analysis, and reporting practices can have a significant impact on how maternal and EC systems function. For example, the term *disparity* is often used to describe trends in data related to health differences between racial and ethnic groups. However, disparities can exist across many other dimensions including gender, sexual identity, disability, age, socioeconomic status, language, and geographic location.

Taking cultural, structural, and contextual factors into account in the data processing cycle and using a participatory data process that shifts power to families and communities will help advance equity with maternal and EC systems.

Related Resources

- ◆ [Elevate Data for Equity \(Urban Institute, 2020\)](#)
- ◆ [Data for Equity and Action \(CSSP, 2022\)](#)

- ◆ [Healthy People 2020: Disparities \(ODPHP, 2022\)](#)
- ◆ [Racial Equity Toolkit: An Opportunity to Operationalize Equity \(Local and Regional Government Alliance on Race & Equity, 2016\)](#)
- ◆ [Story Circles Toolkit \(Oregon State University, 2020\) \(PDF\)](#)
- ◆ [Using a Collective Impact Framework to Implement Evidence-Based Strategies for Improving \(Shaffer et al., 2021\)](#)
- ◆ [Why Lead with Race? \(Local and Regional Government Alliance on Race and Equity, 2022\)](#)

Opportunity for Transformative Action

- ◆ In alignment with ECCS HIP-3 goals and strategic planning efforts, create a culture of health equity in your state by advancing and promoting equity training for state-level staff, review state-level maternal and EC policies and protocols through an equity lens, and implement related accountability measures.
- ◆ Conduct formal training with the ECCS data team and state-level partners on equitable data practices, such as including family and community voice and power sharing at every stage of the data cycle, and relationship building between people from whom the data are collected and those who are using it (Urban Institute, 2020).
- ◆ Conduct interviews, focus groups, and/or story circles with racially and ethnically diverse families regarding their experiences in the maternal and EC system. Use their lived experience to inform and improve the work of ECCS and other related projects.
- ◆ Create a shared vision for health equity among maternal and EC systems and align strategic planning goals/objectives with this vision. This shared vision should include a common understanding of the problems that ECCS seeks to address and a joint approach to solving it through agreed upon actions. Identifying examples of framed and defined health equity and social determinants of health (SDOH) can be helpful to this process.
- ◆ Work collaboratively with state-level partners and family leaders to identify the barriers that exist with data sharing and data measurement across programs and sectors and which of these barriers can be addressed through ECCS.
- ◆ Identify ways in which existing data collection tools, tracking systems, and reporting practices can be improved so that methods are inclusive of and responsive to the needs of communities, particularly those experiencing high levels of health disparities.
- ◆ Disaggregate maternal and EC data by race and ethnicity to identify health disparities and better understand the experiences of communities. These data help provide decision/policymakers context for creating change and establishes a sense of accountability to families and communities. Once historical and other contextual factors are revealed in the data, you can work with partners to co-design strategies during the strategic planning process which advance health equity within the maternal and EC systems and which address systemic barriers.
- ◆ Create opportunities for community-level partners and families to review and provide feedback on state-level goals and strategies.

Related ECCS Goals

1 2 3 4 5

Related ECCS Objectives

1 2 3 5

ECCS Awardee Reflections and Notes on Work with State-Level Systems

- ◆ What barriers exist in your state related to data sharing and data measurement? What can ECCS do to address these barriers?
- ◆ What existing maternal and EC data can be disaggregated to identify existing health disparities in your state? How can your ECCS health partners support this process?
- ◆ In what ways has data been used to harm marginalized and oppressed communities in your state? What can ECCS do to learn from this and help eliminate harm?

With federal-level systems, consider the following:

Historical/Current Context

Federal-level systems are responsible for advancing MCH by strengthening the infrastructure of programs; helping to develop and diversify the workforce; providing funding, developing policies, regulations, and guidance for awardees; and eliminating barriers to equitable access to services. For health equity to be advanced and health disparities eliminated in communities, federal-level systems must not only support state and local efforts but must also model equitable practices. Under President Biden's Executive Order 13985, over 90 federal agencies conducted equity assessments to uncover where systemic barriers to access may exist. Using those findings, agencies developed Equity Action Plans for addressing and achieving equity in their missions and delivery of services.

Related Resources

- ◆ [The Leadership for Equity Assessment & Development \(LEAD\) Tool: Engaging in Self-Reflection and Growth for Equity \(Larson et al. and Education Northwest, n.d.\)](#)
- ◆ [Advancing Equity and Racial Justice Through the Federal Government \(The White House, 2021\)](#)
- ◆ [The Groundwater Approach \(Racial Equity Institute, n.d.\)](#)
- ◆ [Leading for Equity Framework \(National Equity Project, n.d.\)](#)
- ◆ [The State of Babies Yearbook: 2022 \(Zero to Three, 2022\)](#)

Opportunity for Transformative Action

- ◆ Use country-level equity assessments and related resources to increase shared understanding, among awardees and key project partners, of systemic racism and other institutional barriers that impact maternal and EC health outcomes at the national level. Identify how your state compares and/or is impacted by federal-level systems.
- ◆ Identify anti-racist and equity-driven approaches that have been developed outside of your state and/or at the national level that can be adopted to guide your state's ECCS work.
- ◆ Consider how the rules of systems are set and enforced at the federal level and how those rules impact what may or may not happen within state-level systems. Leverage these rules to address policy issues within your state, such as restrictions to Medicaid reimbursement and historical financing practices, that have prevented families and communities from reaching the desired health equity outcomes of ECCS.
- ◆ Identify ways that maternal and EC policies and funding allocations have advantaged some communities while disadvantaging others, particularly BIPOC communities. Actively engage in discussions with state partners and federal funders to determine how your state's ECCS program might address these issues.
- ◆ Seek additional federal funding to sustain health equity work in your state.

Related ECCS Goals

1 4 5

Related ECCS Objectives

4 5

ECCS Awardee Reflections and Notes on Work with Federal-Level Systems

- ◆ How have systemic racism and institutional barriers impacted MCH outcomes in your state?
- ◆ What support is needed from federal-level systems for your ECCS health equity goals to be achieved?
- ◆ How will your state sustain your health equity improvements beyond the ECCS project period? What role can Medicaid play in sustainability?
- ◆ What state-level maternal and EC policy changes are critical to advancing health equity and eliminating disparities in your state? How are these policies impacted by federal policies?

Next Steps with the ECCS Health Equity Framework

To further the health equity goals of ECCS, awardees can:

- ◆ Continue learning and honing anti-racist and health equity-driven approaches that may include scheduling a structured in-person or virtual training with a subject matter expert (e.g., training offered by [The Groundwater Approach \(Racial Equity Institute, n.d.\)](#)) and/or hosting ongoing learning opportunities (e.g., Community of Practice, book club, study group) that are tailored to your programs' specific priorities and draw on the knowledge and strengths of ECCS leads, partners, advisory council members and other collaborators
- ◆ When possible, leverage state-specific expertise, such as state equity/minority health offices, state initiatives, community initiatives that elevate specific community voices, family led coalitions or organizations, etc.
- ◆ Embrace [The Power of Proximity \(ECS-TACC, 2022\)](#) by establishing partnerships with equity-focused organizations or initiatives that have a strong presence in communities but are not sufficiently engaged
 - ◆ For example, outreach to and engage Tribal governments or Tribal early childhood programs in the work
- ◆ Engage in a process to develop a shared health equity vision with the ECCS Advisory Group, family leaders, and other collaborative partners
- ◆ Complete racial and health equity impact analyses (see the Race Forward and Human Impact Partners toolkits, linked in the **Resources** section) that are inclusive of families' and providers' experiences, as well as current community and state-level policies, distribution of financial resources (e.g., request for proposal processes), and practices; get proximate with the idea of developing long-term relationships
 - ◆ The SAGA is also a useful tool for identifying priorities for promoting health equity in early developmental health and well-being; the **Resources** section, may be helpful in developing the SAGA and supporting your ECCS evaluation

ECCS HIP-3 AWARDEE HIGHLIGHT NEW JERSEY

In Year 1, New Jersey Department of Children and Families ECCS HIP-3 Leads have begun to develop plans to increase state-level capacity to advance equitable and improved access to services for underserved populations. Foundational steps have also taken place to increase engagement with family leaders within and across maternal, infant, and early childhood systems to inform and improve efforts in an equitable way. This includes integrating ECCS parent leaders into state-level shared planning and decision-making groups as part of New Jersey's newly implemented Universal Home Visiting — making them the second state in the country to implement this.

- ◆ Create action steps and measures in the ECCS strategic and performance measurement plans, respectively, that align with the identified opportunities for action and that reflect goal 5 (**Co-Create Conditions for Change** section and **Appendix A**) to increase state-level capacity to advance equitable and improved access to services for P-3 populations
- ◆ Utilize data monitoring and CQI strategies to test and scale up innovations for implementation
Use the ECCS change packages to guide this work:
 - ◆ [Family Leadership to Inform EC Systems and Initiatives](#)
 - ◆ [Infrastructure to Support Integration Between EC and Maternal-Child Health Systems of Care](#)
- ◆ Evaluate the impact of ECCS work
 - ◆ Take an anti-racist, culturally responsive, and equitable evaluation approach to implementing your ECCS evaluation plan
 - ◆ Learn from and understand how historical approaches to research and evaluation have impacted families and communities
 - ◆ Include families and communities in each phase of the ECCS evaluation – development, design, interpretation, and examination ([ECCS Evaluation Plan Guide](#))
 - ◆ Ensure your evaluation questions align with the health equity goals identified in the ECCS strategic and performance measurement plans
 - ◆ Select evaluation methods that have been standardized with and vetted by the families and communities you are aiming to better serve
 - ◆ Identify from the evaluation what actions to continue, change, and abandon in service of health equity
 - ◆ Continue to evaluate the impact of ECCS based upon families’ experiences with maternal and EC systems and related outcomes
 - ◆ Maintain disciplined attention and celebrate the health equity wins of families and communities along the way
 - ◆ Reflect on how topics of [“power and oppression; biases and assumptions; the presence of a shared vision of equity; and core values”](#) (Larson et al. and Education Northwest, n.d.) are impacting your ECCS work
 - ◆ Create opportunities to share power within ECCS teams, advisory councils, work groups, etc. to eliminate practices that have historically harmed families and communities

Resources

The following resources were used in the development of the ECCS health equity framework presented in this document, and/or are recommended to further awardees' learning and action to advance equitable and improved access to services for P-3 families and communities in the EC system.

Amplifying Parent and Community Voice

[Change Package – Family Leadership to Inform Maternal and Early Childhood Systems and Initiatives \(ECS-TACC\)](#)

This change package provides ideas to improve authentic partnerships with family leaders and to embed family leadership as a standard practice in P-3 systems. Promoting family leadership is a key equity strategy as it enables diverse families, including those with lived experience with the P-3 system, to play a key role in the redesign of that system to be more responsive to the needs of families and children.

[Manifesto for Race Equity and Parent Leadership \(CSSP, 2019\)](#)

“A group of 40 parent leaders and agency staff from nine Early Childhood Learning and Innovation Network for Communities (EC-LINC) groups, with support from Center for the Study of Social Policy (CSSP) staff and consultants, came together to create this manifesto.”

[The Power of Proximity \(ECS-TACC, 2022\)](#)

ECS-TACC newsletter article that calls on leaders to take a step back and assess the practices that have long been the essence of systems — practices that have been historically exclusionary and dismissive of the marginalized communities that the system is meant to support. When working to strengthen child-serving systems and support families and communities, getting proximate to those most impacted by these systems is vital to understanding their needs.

[Role of Community Health Workers \(NIH, 2014\)](#)

The National Institutes of Health (NIH) define “CHWs as lay members of the community, and their work is either for pay or as volunteers in association with the local health care system in both urban and rural environments.”

[Stepping Up and Speaking Out: The Evolution of Parent Leadership in Michigan \(Michigan Home Visiting Initiative, 2020\)](#)

“Parent voice and leadership is key for systems, policies, and programs to be equitable and effective for all families. This report draws on the learnings from parents, providers, and administrators in Michigan and provides examples and strategies that support the development of a parent leadership system where parents can emerge as leaders and agents of change in their communities.”

[Story Circles Toolkit \(Oregon State University, 2020\)](#)

“Regardless of where or how you would like to use Story Circles, this toolkit shares information about how you can facilitate a Story Circle, the history behind the practice, and the considerations for developing storytelling programs and projects.”

[Using the Head Start Parent, Family, and Community Engagement Framework in Your Program: Markers of Progress \(US Department of Health and Human Services, 2011\)](#)

“This resource was created to help recognize program accomplishments in engaging parents, families, and the community. It also offers the opportunity to identify aspects of your work in this area that can be strengthened and ideas for new and innovative ways to enhance your efforts.”

Centering Health Equity and Antiracism

[Advancing Equity and Racial Justice Through the Federal Government \(The White House, 2021\)](#)

“On his first day in office, President Biden signed Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The Order recognized that although the ideal of equal opportunity is the bedrock of American democracy, entrenched disparities in our laws, public policies, and institutions too often deny equal opportunity to individuals and communities.”

[Centering Equity in Collective Impact \(Kania et al, 2022\)](#)

“This series, sponsored by the Collective Impact Forum, looks back at 10 years of collective impact and presents perspectives on the evolution of the framework.”

[Cultural Competence in Health and Human Services \(CDC, 2021\)](#)

“Health and human service organizations are recognizing the need to enhance services for culturally and linguistically diverse populations. Providing culturally and linguistically appropriate health care services requires an understanding of cultural competence.”

[‘Dismantle Racism at Every Level’: AAP President \(American Academy of Pediatrics, 2020\)](#)

“American Academy of Pediatrics (AAP) leaders have condemned the racism that has incited protests in recent days and are calling on pediatricians to recommit to rooting out inequities that threaten children’s health at all ages.”

[Early Childhood is Critical to Health Equity \(RWJF, 2018\)](#)

“This report, produced in partnership with the University of California, San Francisco, examines some of the barriers to health equity that begin early in life, and the promising strategies for overcoming them.”

[Health Equity \(CDC, 2022\)](#)

On this website, the CDC describes its definition of equity and shares links to informational pages on health equity and racial/ethnic disparities.

[Healthy People 2020: Disparities \(ODPHP, 2022\)](#)

“Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. Healthy People strives to improve the health of all groups.”

[How to Advance Health Equity through Health Impact Assessments \(Health Impact Partners, 2016\)](#)

“The conceptual framework and tools in this resource emphasize building community power through the practice of health impact assessments as a key process for advancing equity.”

[Infusing Equity \(ECS-TACC, 2022\)](#)

EC leaders across the country are citing the desire to infuse equity throughout their systems as both a strong goal and a specific challenge in their efforts. This critical work will have a significant impact on a large part of our country that has been historically excluded from services and support.

[Racial Equity Impact Assessment Toolkit \(Race Forward, 2009\)](#)

“A Racial Equity Impact Assessment (REIA) is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities.”

[Racial Equity Toolkit: An Opportunity to Operationalize Equity \(Local and Regional Government Alliance on Race & Equity, 2016\)](#)

“Racial equity tools are designed to integrate explicit consideration of racial equity in decisions including policies, practices, programs, and budgets. It is both a product and a process. Use of a racial equity tool can help to develop strategies and actions that reduce racial inequities and improve success for all groups.”

[Rural Health Disparities \(Rural Health Information Hub, 2019\)](#)

“Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering.”

[Social and Structural Determinants of Health Inequities in Maternal Health \(Crear-Perry et al., 2021\)](#)

In this article, the authors “review research on social determinants of maternal health and expand upon efforts in the literature to include the terms ‘structural determinants of health’ and ‘root causes of inequities.’ They propose practice and policy solutions to end inequities in maternal health outcomes.”

[Study Reveals Disparities in Key Early Intervention Referrals for Developmental Delays \(CHOP, 2020\)](#)

“To determine the extent of disparities, a study team from Children’s Hospital of Philadelphia examined racial, ethnic, and sex differences in referral status after a positive developmental screen at 18 or 24 months.”

[Why Lead with Race? \(Local and Regional Government Alliance on Race and Equity, 2022\)](#)

“Leading with race acknowledges that the creation and perpetuation of racial inequities has been baked into government, and that racial inequities across all indicators for success are deep and pervasive. Focusing on racial equity provides the opportunity to introduce a framework, tools, and resources that can also be applied to other areas of marginalization.”

[Why Race Is a Public Health Issue \(Tulane University, 2021\)](#)

“This blog describes how racism limits people’s ability to attain their highest level of health. As a major cause of health inequity, racism violates a core mission of public health professionals: creating conditions that give all people the opportunity to achieve their best health.”

Data and Making Meaning

[Adverse Childhood Experiences \(CDC, 2021\)](#)

“ACEs can have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. The CDC works to understand ACEs and to prevent them.”

[Capturing the Ripple Effect: Developing a Theory of Change for Evaluating Parent Leadership Initiatives \(Annenberg Institute for School Reform – Brown University, 2016\)](#)

“A ripple effect can be defined as a gradually spreading influence or series of consequences caused by a single action or event. This ripple effect begins with stable, well-structured opportunities — such as the ones described in this report — for parents to gain civic leadership skills.”

[Data for Equity and Action \(CSSP, 2022\)](#)

“The goal of this project is to share best practices for collecting data about race, ethnicity, and other demographic information including sexual orientation, gender identity and expression (SOGIE); national origin; language spoken; disability; religion; and Tribal affiliation in child welfare agencies nationwide.”

[The Leadership for Equity Assessment & Development \(LEAD\) Tool: Engaging in Self-Reflection and Growth for Equity \(Larson et al. and Education Northwest, n.d.\)](#)

“The LEAD Tool™ helps leadership teams start dialogue and sustain action in expanding educational opportunities, improving [organizational] climate, and attaining equitable outcomes. It provides teams the opportunity to examine practices and policies through the lens of 10 research-based equitable practices and to bring families, communities, and other stakeholders into the conversation. Teams can use the rubrics to assess their personal and organizational strengths, challenges, and progress.”

[The Effects of Early Care and Education on Children’s Health \(Health Affairs, 2019\)](#)

“A growing body of research indicates that early childcare and education may lead to improvements in short- and long-term health-related outcomes for children.”

[Elevate Data for Equity \(Urban Institute, 2020\)](#)

“The Elevate Data for Equity project aims to help change norms and practices of data use to advance equity and prevent harm to communities of color and people with low incomes. The resources below provide principles, guidance, and templates for equitable data practice.”

[Expanding Postpartum Medicaid Coverage \(Ranji et al., 2021\)](#)

“Recently, there has been growing interest from federal and state policymakers, clinicians, and health advocates in expanding Medicaid’s postpartum coverage from 60 days to one year. This brief discusses Medicaid’s eligibility for pregnancy and postpartum care, describes gaps in coverage, particularly for low-income women who live in states that have not expanded Medicaid under the Affordable Care Act, and highlights several state and federal efforts to extend postpartum coverage for a longer period.”

[Exploring the Social Determinants of Racial/Ethnic Disparities in Prenatal Care Utilization and Maternal Outcome \(Gadson et al., 2017\)](#)

“The objective of this article is to review literature illuminating the relationship between prenatal care utilization, SDOH, and racial disparities in maternal outcomes.”

[Hear Her Concerns: About the Campaign \(CDC, 2022\)](#)

“The Hear Her campaign supports the CDC’s efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs.”

[Maternal Mortality Rates in the US, 2020 \(CDC, 2022\)](#)

“This report presents maternal mortality rates for 2020 based on data from the National Vital Statistics System.”

[Maternal Near Miss: An Indicator for Maternal Health and Maternal Care \(Chhabra, 2014\)](#)

“Reviewing near-miss cases provides significant information about delays in health seeking so that appropriate action is taken. It is useful in identifying health system failures and assessment of quality of maternal health care. The near-miss approach will be an important tool in evaluation and assessment of the newer strategies for improving maternal health.”

[Race and Ethnicity, Medical Insurance, and Within-Hospital Severe Maternal Morbidity Disparities \(Howell et al., 2020\)](#)

“Within hospitals in New York City, Black and Latinx women are at a higher risk of severe maternal morbidity than white women; this is not associated with differences in types of insurance.”

[The State of Babies Yearbook: 2022 \(Zero to Three, 2022\)](#)

“The data included in the State of Babies Yearbook: 2022 help inform policymakers that too many babies face risks that can undermine development and therefore their ability to reach their potential. In other words, the yearbook shows them what to pay attention to. The data also can help policymakers think strategically about progress — the actions that can be taken to create meaningful and sustainable change for all families with young children.”

[System Asset and Gap Analysis \(SAGA\) Guidance for Awardees \(HRSA, 2022\)](#)

“The purpose of the SAGA is to understand the landscape of the state’s ECS and existing efforts, address integration of the ECS and health sector, and identify gaps in promoting early developmental health and family well-being. The SAGA will also lay the foundation for the ECCS Strategic Plan and drive a reassessment of current or future priorities, objectives, and implementation timelines.”

[Why Am I Always Being Researched? \(Chicago Beyond, n.d.\)](#)

“A guidebook for community organizations, researchers, and funders to help us get from insufficient understanding to more authentic truth.”

Systems Change Theory, Leadership, and Sample Frameworks

[Building a Comprehensive Prenatal-to-Three System with a Focus on Health Integration: A Health Integration Framework \(ECS-TACC\)](#)

The health integration framework provides a depiction of the P-3 system, describes key levers for transforming that system, and offers a set of tested strategies for achieving the goal of a system that provides quality and equitable services and outcomes for children and families.

[Building a System of Change Initiative Theory of Change \(Mathis et al., 2012\)](#)

“The purpose of this tool is to provide an adaptable theory of change for initiatives focused on systems change.”

[Changing the Conversation: Applying a Health Equity Framework to Maternal Mortality Reviews \(Kramer et al., 2019\)](#)

In this article, the authors propose a “literature- and theory-grounded framework for social determinants of maternal health, socio-spatial measures of community context to potentially incorporate into individual maternal death review narratives, and policy and programmatic interventions that map community-based factors to possible maternal mortality review committees’ recommendations for prevention.”

[Creating an Equity Framework That Supports Underserved Students \(Education Commission of the States, 2021\)](#)

“This brief is the first installment in a three-part series on how the use of an equity framework can support success for students who are underserved in educational settings.”

[Equity Action Framework \(Killins Stewart et al., 2017\)](#)

“The Equity Action Framework is designed to support individuals and groups that want to advance racial equity in EC systems. The goal of a racial equity approach is to develop policies, practices, and programs that provide opportunities, promote fairness and access, and remediate racial inequities.”

[The Groundwater Approach \(Racial Equity Institute, n.d.\)](#)

“This alliance of trainers, organizers, and institutional leaders have devoted themselves to the work of creating racially equitable organizations and systems. They help individuals and organizations develop tools to challenge patterns of power and grow equity.”

[Health Care Transformation for Young Children: The State of the Field and the Need for Action \(InCK Marks, 2020\)](#)

“This overview working paper is part of a series of working papers about what we know about transforming child health care in the critical P-3 years to improve child health and well-being.”

[Leading for Equity Framework \(National Equity Project, n.d.\)](#)

“The National Equity Project’s Leading for Equity Framework provides a frame of reference that enables leaders to navigate the complex territory of equity challenges and to develop the capacity to engage in purposeful leadership action.”

[The Relational Work of Systems Change \(Milligan et al., 2022\)](#)

“Collective impact efforts must prioritize working together in more relational ways to find systemic solutions to social problems.”

[Shifting My Mental Framework: Systems Thinking in Action \(Knowledge Works, 2020\)](#)

“Systems-thinking offers ways to make our mental frameworks explicit, which creates a starting point for discussion and collaborative problem-solving.”

[Social-Ecological Model for Prevention \(CDC, 2022\)](#)

“The CDC uses a four-level social-ecological model to consider the complex interplay between individual, relationship, community, and societal factors.”

[Using a Collective Impact Framework to Implement Evidence-Based Strategies for Improving \(Shaffer et al., 2021\)](#)

“In 2016, five grantees representing 14 North Carolina counties were awarded two years of funding to implement one evidence-based strategy per aim using a collective impact framework, the principles of implementation science, and a health equity approach. Results show that grantees made the most progress engaging diverse sectors in implementing a common agenda, continuous communication, and mutually reinforcing activities. Grantees struggled with a shared measurement system but found that a formal tool to assess equity helped to use data to drive decision-making and program adaptations.”

[The Work of Leadership \(Heifetz and Laurie, 2001\)](#)

“The most important task for leaders in the face of challenges is mobilizing people throughout their organizations to do adaptive work. [In this article,] Heifetz and Laurie offer six principles for leading adaptive work.”

Appendix A: Program Goals and Five-Year Objectives

Goals

The **goals** for the ECCS program are to:

- 1 Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and EC systems of care;
- 2 Increase coordination and alignment between MCH and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being;
- 3 Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family well-being, beginning prenatally;
- 4 Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the P-3 population; and
- 5 Increase state-level capacity to advance equitable and improved access to services for underserved P-3 populations.

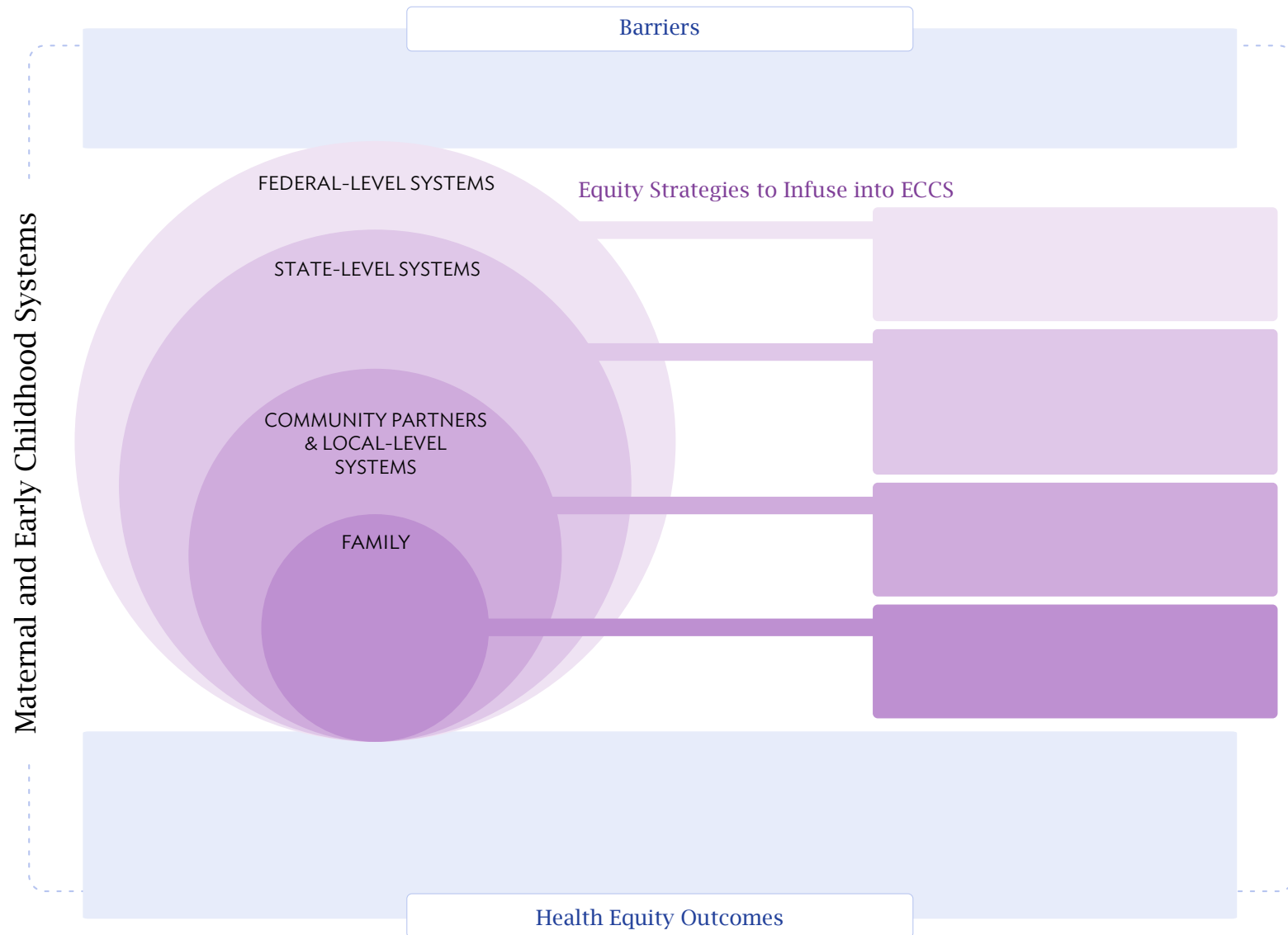
Objectives

To advance these goals, recipients will pursue the following core objectives:

- 1 Increase the number of family and professional leaders engaged in state-level maternal and EC initiatives;
- 2 Develop (or strengthen) and implement a cross-sector state-level maternal and EC strategic plan that integrates health with other P-3 systems and programs;
- 3 Increase the participation of health providers in centralized intake and data coordination efforts for the maternal and P-3 population;
- 4 Demonstrate progress toward critical policy and financing changes, as identified in state maternal and EC strategic plans; and
- 5 Set specific and measurable P-3 health equity goals in the statewide EC strategic plan.

Appendix B: Framework Worksheet

It is important to acknowledge that equity strategies that are feasible in one state or community may not work in another because of political, economic, or cultural context. The following blank ECCS health equity framework is provided for awardees to work with families, community partners and local-level systems, state-level systems, and federal-level systems based on their unique climate and situation. (See **Appendix C** for a text description of this graphic.)



Appendix C: Text Descriptions

The following text descriptions are offered for Figures 1 and 2 and the graphic included in **Appendix B**.

Figure 1

The graphic is a set of 4 circles nested inside each other. Each subsequent circle is smaller than the circle that encompasses it. Circles are labeled largest to smallest:

1. Federal-Level Systems (federal government, policymakers, funders)
2. State-Level Systems (state government, EC healthcare leaders, statewide organizations, state-based and philanthropic funders, policymakers, advocacy organizations)
3. Community Partners & Local-Level Systems (city government, community-based providers, family & community leaders, local businesses, schools, faith communities, local funders)
4. Family (custodial and non-custodial primary caregivers, inclusive of pregnant individuals and partners thereof; biological parents, adoptive parents, and kinship caregivers; and their children from birth through age three)

Figure 2

All elements in the graphic are encompassed by a box that is labeled “Maternal and Early Childhood Systems.” Elements inside the box include:

- ◆ Text box at the top labeled “Barriers” that includes a list of bulleted items.
 - ◆ Racism & Discrimination
 - ◆ Implicit Bias
 - ◆ Lack of Access to Services
 - ◆ Lack of Insurance
 - ◆ Limited Education
 - ◆ Low Income
 - ◆ Food Insecurity
 - ◆ Housing Insecurity
 - ◆ Geography/Transportation
 - ◆ Lack of Culturally Relevant Care
 - ◆ Inequitable Policies
 - ◆ Aggregated Data
 - ◆ Funding Allocation
 - ◆ Inadequate Outreach
 - ◆ Citizenship/Immigration Status

- ◆ Nested circle graphic from Figure 1 (described in Figure 1 section).
- ◆ Lines labeled as “Equity Strategies to Infuse into ECCS.” These 4 lines connect each circle in Figure 1 to its own text box.
- ◆ Set of 4 text boxes connected to Figure 1. Each includes a list of bulleted items.
 - ◆ Federal-level systems:
 - ◆ Advocate for policy changes
 - ◆ Adapt an anti-racist culture
 - ◆ Require equity training for staff
 - ◆ Apply an equity lens to state-level protocols
 - ◆ Box connecting to state-level systems:
 - ◆ Create a shared vision for health equity
 - ◆ Adopt inclusive data collection tools
 - ◆ Disaggregate data by race/ethnicity
 - ◆ Conduct interviews with diverse families
 - ◆ Address health disparities
 - ◆ Partners & local-level systems:
 - ◆ Increase workforce diversity
 - ◆ Require equity and bias training for staff
 - ◆ Seek professional development opportunities
 - ◆ Be responsive to family needs
 - ◆ Family:
 - ◆ Get proximate
 - ◆ Amplify diverse family voices
 - ◆ Outreach to families not yet involved
 - ◆ Create paid family leadership opportunities
- ◆ Text box at the bottom labeled “Health Equity Outcomes” that includes a list of bulleted items.
 - ◆ Equal Access to Services
 - ◆ Increased Developmental Health Screening Rates
 - ◆ Decreased Maternal Mortality Rates
 - ◆ Accessible Insurance
 - ◆ Life Course Outcomes
 - ◆ Timely Access to Prevention and Early Intervention Services

- ◆ Increased Family Leadership
- ◆ Transportation Services
- ◆ Cross-Sector Integrated Care
- ◆ Culturally Relevant Services
- ◆ Increased Participation of Health Providers in Coordinated Intake and Referral Systems
Diverse Providers
- ◆ Equitable Policies
- ◆ Disaggregated Data
- ◆ Sustainable Funding
- ◆ Inclusive Reporting
- ◆ Improved Case-Level Data System Coordination
- ◆ Early Childhood and Maternal-Child Health System Relationships

Appendix B

This is the same graphic as in Figure 2. The difference is that the text box elements within the graphic are empty. They include no bulleted items and are meant to be filled in as needed.