Example Ecosystem Strategies

Erin Watson, Ph.D. | <u>Weaving Change</u>

This ecosystem strategy menu provides national and international examples and promising practices to consider adapting for your region or state. The menu is organized around common ecosystem leverage points. Where available, references have been provided. This menu has been adapted from strategy reviews by Powell, Centers for Disease Control, the Spark Policy Institute, and the ABLe Change Framework.

0,	\sim
\bigcirc	

Contents

Mindsets	
Goals	
Decision-Making	
Policies and Practices	
Connections	
Human Resources	10
Programs and Opportunities	
Environments	14
Financial Resources	15
References	17



Mindsets

Strategy Ideas	Details and Considerations
Foster conversations and experiences to raise critical consciousness	• Encourage people to talk about change goals during natural interactions. Have people talk about your change goals and proposed strategies during staff meetings, local collaborative meetings, professional development, service interactions with parents, etc. ¹ Help normalize that change is needed in every community to advance equity. ^{1,3}
	• Embed relevant training and experiences aimed at shifting mindsets into existing meetings, orientations, or ongoing professional development efforts. ^{4,5} For example, engage professionals in first-hand experiences that simulate what it is like to navigate the service delivery system or support a family within poverty conditions. NOTE: to sustainably shift mindsets, research shows these trainings/experiences <i>must</i> be combined with other efforts to align goals, decision-making, policies, and connections with the new mindsets/attitudes. ⁶
	• Use equity assessment tools to help shift mindsets about equity. For example, use an equity impact assessment tool or an organizational equity culture assessment tool to create a consciousness around equity in meetings and decision-making processes. ⁷
	 Create safe, facilitated spaces to discuss and align differences. Engage a skilled facilitator to help individuals identify common values/goals and then find ways to navigate or align their conflicting mindsets around those shared values/goals.⁸
Use advocacy and social marketing approaches	• Use advocacy approaches to shift the narrative. Many advocacy approaches exist, see this guide and this article for ideas and recommendations.
	• Develop and disseminate customized messages to audiences representing different experiences, identities, and preferences. Frame messages in ways that appeal to widely held values, beliefs, and personal experiences; are consistent with your group's values; and are inclusive and flexible enough to evolve as new information emerges. Emphasize the necessity, benefits, and feasibility of new strategies. ¹⁰ Highlight who or which entities in the region have adopted your strategies. ⁹ See Frameworks Institute and this article for more ideas.
	• Use multiple media channels to get messages out (e.g., television, public access TV, billboards, radio, newspaper articles and letters to the editor, Internet, social media). Work with local partners – including parent leaders – to identify culturally appropriate media channels to best reach your audiences. ¹¹
	• Engage champions. Support and provide opportunities for powerful leaders, respected staff, trusted community members, and parent leaders representing priority populations to speak about the need to shift prioritized leverage points and proposed strategies; focus on champions who already have buy-in. ¹ Consider providing basic talking points to help these individuals share the messages. ²
Increase motivation through recognizing early adopters	• Pilot strategies with powerful and respected individuals, organizations, or settings to demonstrate initial small wins and build buy-in and momentum across the region/state. ¹
	 Provide public recognition of settings or individuals adopting new strategies or approaches. For example, recognize settings or individuals through staff meetings, communications, or at local community events.^{4,1}



Goals

Strategy Ideas	Details and Considerations
Develop shared goals	• Engage partners in an Ecosystem Assessment process to identify shared goals. The process can bring together multiple perspectives to understand and prioritize ecosystem conditions affecting your outcomes and can be used to identify shared change goals. Ensure goals are ambitious enough to motivate action yet achievable given the context and available resources. ^{12,13}
	• Expand goals to include the focus areas of other potential partners. Identify other sectors (e.g., transportation, housing, mental health, etc.) that are affecting the selected outcomes for children and families from your priority populations. Work with agencies, initiatives, and organizations representing these sectors to see how your group's goals could expand to accommodate their goals as a way to develop or strengthen your partnership. ¹⁴
	• Promote mutual understanding of goals among people with different mindsets and interpretations. ⁵ EXAMPLE: Some partners from a group were concerned that including unregulated child care settings within their change goals related to increasing families' access to child care would diminish quality standards and were initially opposed. Through dialogue, partners clarified how their goals could maintain high-quality standards (while ensuring they promote equity and cultural responsivity) while working to build the capacity of unregulated settings to reach these standards. This helped to provide mutual understanding and allowed the group to move forward with their shared goals.
Create alignment with shared goals	• Align existing goals, strategic plans, and mission statements with new shared goals to maximize potential synergies and prevent goals from interfering with each other. ¹⁵
	• Put shared goals on local meeting agendas used by groups and partner organizations to increase people's attention to aligning the work around the shared goals.
	• Encourage local and state funders to set new expectations related to the shared goals by referencing them in outcome expectations, RFPs, and grant application prioritizing criteria.
	 Help leaders demonstrate their priority for new shared goals to help shift staff mindsets.¹
	Get written commitments from local partners to adopt shared goals. ¹
Embed shared goals	• Create an organizational culture that supports change and learning to encourage staff to value and adopt shared goals. ¹⁶
	• Add expectations into job roles/responsibilities and job performance criteria. For example, embed expectations for practices, behaviors, or changes that support the shared goals, like engaging parent leaders in decision-making. ¹
	• Use a "Health in all policies" approach. The Health in All Policies (HiAP) approach encourages decision-makers across multiple sectors and levels of government to embed a goal of promoting health into all decisions. Adapt and apply this approach to help embed your shared goals into regional and state decision-making about policies, processes, resource allocations, and programs. ¹⁷



Strategies to Shift Decision-Making

Strategy Ideas	Details and Considerations
Support power building approaches	 Support community organizing and power building that aim to put individuals with lived experience in decision-making roles where they set the agenda and gain power over how ecosystem policies are designed and implemented. It can take on many forms, such as: voter outreach; participating in town halls, school board, or city council meetings; supporting mobilization efforts; training advocates to share their stories in ways that connect to larger policies and systems; and help parents and providers run for office. Cited from this playbook (see page 20 for a case example of Mothering Justice's power building work). See Michigan's Great Start Parent Coalitions as an example. Help relevant employees (including service providers) build power. For example, child care providers created the Child Care Providers United union in California that successfully advocated to changes in state subsidy policies. Support coalition-based power building that brings together organizations, initiatives, and groups to advocate for changes around shared causes, even allies who may not agree with each other 100 percent of the time on other issues. Cited from this playbook, see p. 44-52 for details.
Embed new decision- making roles for individuals with lived experience	 Embed new decision-making roles for individuals with lived experience (Lex) within organizations and initiatives related to selecting strategic priorities, developing services and supports, designing policies/practices, and hiring.¹⁸ Make sure to build needed capacities of parents/caregivers and professionals to ensure they can effectively engage in these processes.^{20,21} Invite individuals with LEx to join organizations' board of directors to directly inform decision-making processes. Create LEx advisory councils to provide opportunities for individuals with LEx to give input and feedback on local decisions.¹⁹ Councils can inform the decisions of one or more organizations across a community. Provide supports to help individuals with LEx engage in leadership opportunities, such as transportation, food, and childcare.²⁰ Consider planning meetings at locations that already have childcare support in place, like churches. Embed meaningful engagement indicators in state standards and quality rating systems across levels (Meeks 2020) Examples: 2016 HHS-ED Policy Statement on Family Engagement or Parenting Matters: Supporting Parents of Children Ages 0-8 Implement a group model where organizations and agencies can jointly invest in – and share access to – family engagement coordinators or specialists who provide meaningful engagement opportunities, connect individuals with LEx to community services as needed, conduct staff training, and engage in consultation with administrators on how to embed Lex engagement across programmatic operations. (Meeks 2020)
Embed new decision- making roles for staff	 Help organizations embed internal opportunities (e.g., during staff meetings) for relevant staff to provide input and engage in decision-making. Develop action teams engaging direct staff from cross-sector organizations who are relevant to prioritized leverage points in learning, decision-making, and action.²⁴



Strategy Ideas	Details and Considerations
Embed equity approaches within decision-making	• Embed the use of equity impact assessment practices within decision-making. Equity Impact Assessments provide a series of questions to ensure decisions about policies, budgets, service design, and priorities consider intended and unintended consequences for equity. ^{7,25} See this <u>AECF toolkit</u> for ideas.
Help communities gain decision-making influence	Encourage funders to adopt community-driven philanthropy approaches. These approaches engage community members in selecting which change efforts are most important to pursue in their community and are used to inform philanthropic priorities. See this article for ideas.
	• Use a Community Benefits Agreement (CBA) where community-based organizations negotiate directly with developers for the benefits most important to them. A CBA is a legally enforceable contract between a coalition of community-based organizations and the developer of a proposed project. In exchange for the coalition's public support of the project in the approval process, the developer agrees to contribute benefits to the local community if the project moves forward. Cited directly from <u>PolicyLink</u> .
Embed short cycle feedback loops to inform decision- making	• Use developmental evaluation approaches to inform decision-making with real-time feedback on the implementation and results of strategies. ²⁶ Rapidly share this information with individuals who can use it to inform adaptation and continuous improvement. ¹
	• Embed practice to gather feedback during staff meetings and collaborative meetings on emerging needs and opportunities. Rapidly share this information with individuals who can use it to inform decision-making and action. ²⁷
	• Embed practice to gather feedback during direct service interactions with families (e.g., doctors' appointments, home visits, or program sessions, etc.). For example, have service providers give a short survey to families at the end of a service visit or in a waiting room that can be filled out in under 5 minutes. Help organizations and initiatives develop protocols and procedures to help staff rapidly share feedback gathered from families with relevant decision-makers.
	• Launch a Cross-sector "Pulse" survey where multiple agencies coordinate the development and distribution of a quarterly survey to families in waiting rooms and at the end of service visits. It is important to include demographic information on these surveys in order to break out data from populations experiencing inequities.
	Use text messaging to gather rapid feedback from families. ²⁸
	• Develop processes to support two-way communication about referral status between organizations. Communicating this information helps support ecosystem alignment and can help let providers know when there is a need to follow-up with a referred family to ensure a warm handoff.
Promote accountability to feedback	• Create accountability feedback loops in place that share information about the progress or outcomes (both positive outcomes and unintended negative outcomes) with decision-makers and require those decision-makers to report back to partners how that feedback was used to inform changes. ³⁰
	• Build families' capacity to promote accountability. Prepare families to ask questions with relevant staff and leaders (during service visits or meetings) about the use of new ecosystem strategies or practices. ¹



Strategies to Shift **Policies and Practices**

Strategy Ideas	Details and Considerations
Support mobilization and power building approaches	 Support community organizing and power building that bring together parents/ caregivers with lived experience to advocate for change and ultimately achieve decision-making roles where they set the agenda and gain power over how ecosystem policies are designed and implemented. It can take on many forms, such as: voter outreach; participating in town halls, school board, or city council meetings; supporting mobilization efforts; training advocates to share their stories in ways that connect to larger policies and systems; and help parents and providers run for office. Cited from this playbook (see page 20 for a case example of Mothering Justice's power building work). See Michigan's Children Sandbox Party for an example. Moms Rising provides resources to help launch parent-driven advocacy efforts. Support coalition-based power building that brings together allies to advocate for shared example on an advocate for advocate for a support coalition-based power building that brings together allies to advocate for shared example on a support advocate for advocate for support coalition based power building that brings together allies to advocate for shared example on advocate for advocate for advocate for support coalition based power building that brings together allies to advocate for support coalition based power building that brings together allies to advocate for support coalition based power building that brings together allies to advocate for support coalition based power building that brings together allies to advocate for support coalition based power building that brings together allies to advocate for support coalition based power building that brings together allies to advocate for support coalition based power building that brings together allies to advocate for support coalition based power advocate for support power power building that brings together allies to advocate for support coalition based power advocate for suppower power building that brings together allies to advocate
	changes around shared causes, even allies who may not agree with each other 100 percent of the time on other issues. Cited from this <u>playbook</u> , see p. 44-52 for details. Provide advocacy materials to aid these efforts. ²
	• Launch a ballot initiative to mobilize voters around shifting policies. Ballot initiatives put policies and funding decisions directly in front of voters and use campaigns that highlight their widespread public appeal beyond any political party affiliation. They have succeeded in red states as well as blue states. Ballot initiatives are also a way to bypass statehouse partisan stalemates or dysfunctional local governments. Ballot initiatives require funding and can take years of power building to get a meaningful policy on the ballot. Directly cited from this <u>playbook</u> , see page 32-34 and 53-56 for details. See the <u>Children's Funding Project website</u> for more examples.
	• Help relevant service providers organize to advocate for needed policy changes. For example, child care providers created the <u>Child Care Providers United</u> union in California that successfully advocated to changes in state subsidy policies.
	• Start 501(c)(4) organizations to raise funds to support power building strategies. These organizations can donate funds to regional mobilization campaigns to cover costs associated with polling, communications, and stipends to organizers. Directly cited from this <u>playbook</u> , see p. 35-38 for more details and examples.
Directly advocate to shift policies and practices	• Draw upon effective advocacy tools to share critical information with relevant decision- makers about how targeted policies and/or practices are contributing to current problems/inequities and recommendations for how to change it. Provide ongoing feedback on how changed policies are working. ³¹
	• Support a Photovoice process to amplify advocacy efforts. Photovoice engages people in taking photographs about local conditions and aspirations. Parent leaders can come together to discuss their photos as a way to understand local root causes and design strategies. Parents' photos can also be shown in "gallery" style exhibits to raise community awareness about local conditions and promote local action. ^{22,23}



Strategy Ideas	Details and Considerations
Align, improve, and streamline processes and procedures	• Remove stigmatizing intake processes that separate or call out groups from priority populations who are experiencing social inequities. ³²
	• Simplify intake or application processes to make it easier for families (especially from priority populations) to enroll in services. For example, create a common application form, common intake group, reduce the number of intake step, or develop intake applications as a phone app. ²⁹
	• Create automatic enrollment processes for recurring services to simplify the process and reduce potential gaps in services. ³²
	• Leverage school-wide enrollment processes to make it easy for families to sign up for other types of supports or services. ³²
	• Embed a process where volunteers help families fill out enrollment paperwork. This is particularly important for families with low literacy levels or who speak multiple languages. ³²
	• Streamline service delivery processes, for example by reducing check in stops needed per visit and better communication between staff. See this <u>case example</u> for ideas.
	• Help settings adopt aligned transition processes to make it easier for children and families to transition from one program to another.



Strategies to Shift **Connections**

Strategy Ideas	Details and Considerations
Develop new partnerships and cooperatives	 Launch or expand partnerships around shared goals. These partnerships can engage in understanding ecosystem conditions, designing and testing strategies, and learning for ongoing adaptation and improvement. Create cooperative incubators that provide training and resources to help community members launch and scale cooperative business models. See this article for more details.
	· · · · · · · · · · · · · · · · · · ·
Enhance job pipelines	• Create job pipeline systems to help organizations attract staff and leaders representing the community, especially groups experiencing inequities. ³⁹ For example, develop internships with community colleges to attract skilled staff.
Enhance referral and navigation processes	• Embed coordinated assessment, early screenings, and "no wrong door" inter-agency referral processes within multiple settings that reach families from priority populations. ^{29, 54} See p. 27-28 of this <u>report</u> and this <u>example</u> for more ideas. NOTE: coordinated assessment processes are most effective when root ed in family strengths (rather than pathology) and co-designed by families with lived experience. ⁵⁴
	• Embed community response processes to automatically connect families diverted from child welfare to needed resources. For example, these processes would connect families to resources who were screened out of the hotline or families with an investigation closing but no subsequent open child welfare case. ⁵⁴ See p. 28 of this <u>report</u> for details.
	 Develop inter-organization shared intake forms to promote coordinated referrals across organizations addressing the needs of families, especially from priority populations.²⁹
	• Embed diverse service navigators to help families find and enroll in needed services. Engage navigators through formal settings or informal networks. Navigators can also help families prioritize which programs are the best fit with their needs. Navigators can be trained volunteers, such as college students getting service hour credit. ³⁸
	• Embed "warmlines" or universal navigation infrastructures. As an alternative to child welfare hotlines, embed a "warmline" hub for navigation and referrals that can be accessed outside the child welfare system. Anyone can contact the warmline to help proactively connect families to needed supports and services before a crisis occurs. ⁵⁴ See p. 26 of this <u>report</u> for examples.
	• Develop online navigation platforms that can assess for families' needs (or link with prior assessments carried out by organization staff) and automatically generate customized reports of available services, including eligibility and enrollment information. Consider how to embed processes to update the database regularly with service changes. See <u>example</u> .
	• Engage community businesses and cross-sector service providers in referring families to relevant resources during natural interactions, including clergy, hair salon stylists or <u>barber</u> <u>shops</u> , grocery store check-out lines, <u>pediatricians</u> , and bank tellers. ³⁷
	• Engage neighborhood leaders in referring families to relevant resources. EX: <u>Promotoras</u> are trained neighborhood-based Latina women who share information and referrals with other Latinas during "pláticas" (small talks) in homes and other familiar settings.
	• Engage local health care providers in "prescribing" free programs and supports promoting targeted changes to families. See this <u>example</u> for more ideas.
Improve how information is shared	 Create a shared consent form to enable better information sharing across partnering organizations, even with policies such as HIPAA and FERPA.³³
between and within organizations	 Create cross-sector wraparound service teams who share information and coordinate care for shared cases (e.g., system of care approach).³⁴



	• Develop integrated electronic information systems or "federated databases" where information (e.g., intake, progress reports) is collected from families once and then made
	accessible to multiple organizations based on families' consent. ³⁵ See this <u>case example</u> .
	• Embed practice to share information, questions, and ideas gathered through collaborative meetings at staff meetings to ensure information gets to everyone who can use it.
	• Use 211 to diffuse information about new programs or opportunities. Ensure 211 is current and people are aware of this resource.
	• Connect community partners who have access to data (e.g., universities, public agencies) with individuals who need the information to inform decision-making processes.
	• Ask families how they would like to receive information. Do they prefer text? Facebook or other social media? Email? Would they prefer face to face interaction only? Also ask other local organizations what methods they use successfully.
	 Adopt new outreach practices of sharing information in natural traffic areas for priority populations (e.g., public transit systems, playgrounds, etc.).²⁸
	• Combine outreach efforts with groups, organizations, or collaboratives pursuing similar goals to reach more settings and families.
Improve how information is shared with and between families	• Use existing enrollment campaigns (i.e., voter and/or health insurance registration) to reach families with enrollment options for early childhood services. See this example.
	• Embed practice of including information for families into mass mailings. Talk with local businesses or organizations to embed key information into regular communications such as gas bills, school report cards, and newsletters. ³⁶
	• Use 211 to diffuse information about new programs or opportunities. Ensure 211 is current and people are aware of this resource.
	• Embed practice for providers to keep a record of 3 dependable contacts to prevent losing touch with families. Ask families for three contacts who will always know how to reach them despite moves and phone number changes. List these contacts on a card within the resident's file and update regularly.
	• Use multiple communication channels and mediums to get the word out.
	• Craft information that families can understand and resonate with. Write information in multiple languages, make it easy to understand (no jargon, emphasize how programs are necessary, desirable, and feasible for families to participate in).
	• Engage community businesses, neighborhood leaders, and cross-sector service providers in sharing information during natural interactions with families. For example, clergy, hair salon stylists, grocery store check-out lines, <u>pediatricians</u> , and bank tellers can be great partners for sharing information. ³⁷
	• Use social media to communicate with families. One school set up a twitter account that announces upcoming school events and news. Families can organize around a Facebook group page, or another social networking site they frequent.
	• Use mass text communication to share information with families. See these examples.
	• Create an electronic resource directory housed on every organization's website that is updated frequently.
Create resource sharing	• Connect organizations/programs with locally sourced resources. For example, help school connect with local farmers to provide fresh produce.
and/or purchasing networks	• Create networks to distribute surplus resources to settings and partners who need them. For example, create networks to <u>redistribute surplus food</u> resources to families with food insecurity, or surplus learning materials to schools.



Strategies to Shift **Human Resources**

IMPORTANT NOTE: many of the strategies below draw on other more powerful system leverage points discussed in the tables above, as these higher leverage point strategies are a more sustainable and cost-effective way to shift human resources (versus shifting them person by person).

Strategy Ideas	Details and Considerations
Embed ways to recruit needed workforce	 Create job pipeline systems to help attract staff and leaders representing the community, especially families representing priority populations. For example, develop internships with community colleges to attract skilled staff. Help organizations set goals around hiring staff representing the demographics and lived experiences of families from priority populations. Align staff recruitment efforts with this goal through outreach to professional affinity groups and cultural networks. ⁴⁰ Shift HR hiring practices to include lived expertise as an optional substitute for formal educational attainment to expand the range of provider within the field to include lived experts with nontraditional professional credentials who live within the communities they serve and whose lived experiences mirror those of their clients.⁵⁴
Expand accessible training and professional development opportunities	 Embed relevant training content into higher education curriculum (e.g., community colleges, Universities, etc.) teaching the workforce relevant to your outcomes. Embed relevant training content into ongoing professional development being offered in the region or state. Encourage organizations to open up their existing training/professional development to more relevant cross-sector staff across the region.⁴⁹ Example: open up professional development to publicly funded preschool to home-based childcare settings.⁵¹ Expand Registered Apprenticeship Programs. Partner with workforce development agencies/advocates to apply their resources and expertise in sector-based workforce strategies to registered apprenticeship programs in fields relevant for your outcomes. Engage end-users (e.g., staff, families) as partners in designing training content and processes that meets their needs/goals and fits with cultural traditions and preferences.¹⁸ Ensure training is accessible related to language, time, location, and cost, and ensure people know about these opportunities. In particular, offer training geared towards families in neighborhood settings like churches, schools, and libraries. Embed peer to peer support networks to enable staff and providers to support each other's professional development.
Align training and professional development across settings and sectors	 Align professional development content for professionals to encourage consistent practices across program settings.⁵⁰ Align capacity-building content for professionals and families to encourage consistent practices at home and program settings.⁵⁰ Create policies to ensure relevant credit transfers that enhance postsecondary success, such as Articulation agreements that enable students to earn an associate degree and then enter a four-year institution with junior standing and 52 to 60 credit hours to apply to required program credits in their field of study. Build a professional learning infrastructure. Using user-experience design principles, states can work with diverse stakeholders (educators, providers, advocates, higher education, professional development providers, philanthropy, etc.) to develop a vision for an infrastructure that delivers more effective and streamlined job-embedded professional development and supports for continuous quality improvement across programs. Directly cited from this Policy Roadmap, see page 15 for details.



• Hire or engage local families representing priority populations to help deliver needed services or supports. Train family members to co-facilitate programming with professionals, conduct developmental screenings, provide service navigation, and provide basic medical assistance at home. See this <u>example</u>.

Leverage community members and informal supports

- Engage retirees and college students in filling gaps in current service/program array. Consider recruiting volunteers through settings such as colleges, AmeriCorps, faith-based settings, or Senior Citizen communities. Some communities have partnered with college professors to engage their whole classes in projects to provide needed support.
- Engage community members and businesses in supporting shared goals. For example, some communities engage <u>barber shops</u> in helping to remind patients to follow up with primary care providers and lifestyle modifications.



Strategies to Shift Programs and Opportunities

IMPORTANT NOTE: many of the strategies below draw on other more powerful system leverage points discussed in the tables above, as these higher leverage point strategies are a more sustainable, cost-effective, and comprehensive way to shift family programs and opportunities long term (versus shifting them one by one).

Strategy Ideas	Details and Considerations
Ensure programs, services, and opportunities meet families' needs and preferences	 Engage families as partners in decision-making around how to design services, supports, and opportunities – as well as program and waiting room spaces - that meet their needs, fit with cultural traditions and preferences, and are family-friendly.¹⁸ This can be done at an organizational level, or in direct service interactions. In terms of the latter, some regions create packs of cards that list common barriers, needs, and goals to help families discuss them with service providers. Cards can be created in categories or 'suits' that help families and providers organize their thoughts. Embed equitable procurement and contracting practices to prioritize providers who are both physically proximate to the communities they serve and staffed and led by people who have shared lived experiences with their clients. This helps to ensure contracted services are culturally responsive and reflect the local context.⁵⁴ See page 34 of this report for more details.
Decrease barriers to accessing programs, services, and opportunities	 Embed services, supports, or opportunities into cross-sector and community settings⁴¹ For example, some communities have permanently embedded: early literacy resources and activities into laundry mats and barber shops; child care centers in senior living facilities; mental health providers in physician offices, Juvenile Court buildings, and school-based health clinics⁵⁵; a DHS worker or basic need resource pantries within the schools. Engage families in identifying the best locations to have these providers work.⁴³ Co-locate multiple cross-sector providers or services in a family resource center. These community-based hubs offer a range of flexible, family programs, supports, and opportunities that are responsive to needs and interests of local families while also promoting relational networks in the community.^{44, 54} See page 19 of this report for more details and case
	 examples. Other examples: <u>Center for Family Life</u> and <u>Hope Street Family Center</u> Sequence family support programs to allow families to engage at their own pace. For example, offer concrete supports (e.g., cash or groceries) up front before more intensive supports (e.g., substance use treatment) in recognition of the fact that families often need concrete needs met before they are willing or able to engage with other supports.⁵⁴ See page 30 of this <u>report</u> for more details and case examples. Have providers deliver bundled services to reduce the number of service visits families need
	 • Provide mobile services to bring needed cross-sector services and supports to priority areas with limited access. For example, use a Mobile Clinic to bring nurses, literacy supports, and family supports to local neighborhoods.⁴⁶
	 Locate offices and service settings in neighborhoods of families representing priority populations to improve access.⁴⁷ See this <u>example</u>.
	• Embed processes to coordinate carpools to help families get to programs, services, and opportunities (e.g., jobs). This not only helps address transportation needs, but also provides opportunities for families to build relationships.
	• Create a coordinated transportation network through local faith-based organizations (e.g., churches, mosques, etc.) for families without access to transportation to service appointments, programs, or opportunities (e.g., jobs). Use volunteers and vans during weekdays when these vehicles are not being used for services.



	 Use technology/web-based platforms to provide or supplement supports that are easier for families to access (compared to traveling to an office or center).^{48, 55} See this <u>example</u>. Offer one-off services during existing gathering times of groups from priority groups. Offer time-limited resources, supports, and services (e.g., flu shots) during parent-teacher conferences, family nights, and other events where families naturally gather.
Align curriculums across programs and services	• Align core priorities, principles, and curriculum elements across settings and programs. For example, ensure that pre-K curriculum matches the requirements within the Kindergarten curriculum. In this community pre-K teachers spend the first week of every school year helping to teach kindergarten to remind them which skills children need by the end of pre-K.
Increase the quality of programs, services, and opportunities	 Identify and share best and promising practices that result in closing opportunity gaps and disparities. Lift these examples up as models for other programs and settings to visit and learn from.⁵¹ Embed evidence-based best and promising practices into quality rating and improvement systems to promote wider scale adoption.⁵¹ Provide targeted funding and technical assistance to expand access to evidence-based best and promising practices, prioritizing historically marginalized communities.⁵¹
Make services more affordable	 Embed practices to coordinate third-party payments on behalf of families whenever possible (e.g., child care subsidies, Medicaid). When applicable, design low-cost versions of family supports that are more affordable. For example, Minute Clinics are often housed in community retail stores and offer low cost care for common issues with no appointment or fees for an office call.



Strategies to Shift **Environments**

IMPORTANT NOTE: many of the strategies below draw on other more powerful system leverage points discussed in the tables above, as these higher leverage point strategies are a more sustainable, cost-effective, and comprehensive way to shift family programs and opportunities long term (versus shifting them one by one).

Strategy Ideas	Details and Considerations
Enhance buildings and environments to achieve shared goals	 Add missing community infrastructure elements to support shared goals. For example, add streetlights to discourage crime or install bike racks to support transportation options.
	• Create or improve current public spaces to support shared goals. For example, create or improve local parks to increase opportunities for physical activity or build <u>story walks</u> in areas accessible to families from priority populations to support early learning.
	• Redesign relevant building layouts to support shared goals. EX: some regions have restructured grocery stores and cafeterias to make it easier to purchase healthy food options.
	NOTE: the above strategy ideas require significant resources. A more efficient, sustainable strategy would be to embed new goals and policies to ensure future regional public spaces are designed with needed elements and conditions. See strategy at bottom of this table.
Repurpose and redirect current buildings and spaces to meet regional needs	Allocate space within existing buildings to house needed services. For example, have child care centers housed in senior living facilities or employers develop on-site child care
	• Repurpose vacant buildings, spaces, or lots into usable resources to achieve shared goals. For example, transform abandoned public spaces into parks and farming plots or repurpose empty buildings, houses, apartments, and hotels to house people experiencing homelessness. See this <u>example</u> for ideas.
	• Select foreclosed properties in priority neighborhoods for rehabilitation and resale at below- market rates to first-time, low-income households; perhaps combine with requirements on the new buyer for a sweat equity component, pre- and post-purchase counseling and financial management, a minimum stay in the dwelling, and shared home appreciation capture. ⁵²
	• Implement community landbanks where land is deeded to the preservation of affordable land within areas ripe for gentrification. ⁵³
Embed ways to ensure <i>future</i> buildings are aligned with shared goals	• Embed new goals/outcomes, decision-making processes, and policies to ensure future buildings and environments support shared goals. For example, some city planning departments have embedded policies and incentives to encourage new housing developments to include child care infrastructure. City planning departments have used the Health in All Policies approach or a "Complete Streets" model to ensure development supports health.



Strategies to Shift Financial Resources

IMPORTANT NOTE: many of the strategies below draw on other more powerful system leverage points discussed in the tables above, as these higher leverage point strategies are a more sustainable, cost-effective, and comprehensive way to shift family programs and opportunities long term (versus shifting them one by one).

Strategy Ideas	Details and Considerations	
Reduce unnecessary operations costs	• Embed Shared Service Networks to reduce service providers' overhead costs. A <u>Shared</u> <u>Service Alliance</u> or Network allows providers to outsource some of their back office administrative tasks to a centralized entity that can carry out these tasks more efficiently at scale across multiple businesses or organizations. This is especially relevant for small child care businesses. Savings can be used to increase workforce wages and promote overall business sustainability.	
Embed new self- sustaining funding sources	 Campaign for Voter Approved Children's Fund where voters approve a levy or millage to garner local public funds dedicated to supporting children's services, supports, and systems outside of the K-12 school day. See the <u>Children's Funding Project website</u> for more details. Advocate for the passage of State level policies to generate sufficient funding for critical services and infrastructure. The following describes a case study from <u>Vermont</u>, and this <u>article</u> describes case examples from Minnesota, Michigan, New Mexico, and California. 	
Generate capital	• Micro-financing and microloans are small working capital loans, usually anywhere from a few hundred to a few thousand dollars, made available to individuals, entrepreneurs, and small businesses who don't have access to traditional banking services. Microloans are generally offered by specialized financial services providers called Microfinance Institutions (MFIs).	
	• Tax Increment Finance District (TIF) is a development finance tool to encourage real estate improvements or development (e.g., construct new buildings, pay for public improvements like streets, sidewalks). TIF uses the increased property or sales taxes (increment) generated by new development to finance costs related to the development. The tax increment from a TIF district is created without raising taxes, and also without dipping into the base tax revenues at the time of adoption. The increment becomes a repayment stream for debt used to finance some aspects of what is driving the increase. One <u>South Dakota municipality</u> used TIF approaches to fund the building of a new child care center.	
	 Revolving Loan Fund is a pool of capital from which loans are made and to which the loan repayments are returned and lent out again. Multiple organizations offer RLFs to schools, nonprofits, and service providers. (<u>Cited source</u>) 	
	• Low interest financing. Organizations such as IFF, LISC, and Forward Community Investments offer community-centered financing with low or no interest lending with long repayment windows. For example, organizations like <u>ACTS</u> buy and renovate foreclosures, setting mortgage rates for someone earning \$12.50/hr.	
Make current funds easier for providers to access	• Reduce administrative burdens on providers that are required to receive public funds, including extensive paperwork, data collection and reporting, and unclear business procedures. These burdens often cause small and community-based providers to opt-out of receiving public funds and providing services. ⁵⁴	
Promote in-kind facilities usage	• In-Kind or Low/No Interest Facilities Usage. Building owners can allocate space within existing buildings to expand program facilities, such as locating child <u>care centers within senior living facilities</u> or <u>new housing complexes</u> . Governments can also support child-serving organizations by providing existing public facilities free of charge or at a discounted rate. This is particularly relevant given many office spaces/buildings are now vacant due to COVID-19. (<u>Cited source</u>).	



	•	Leverage private sector support and public-private partnerships to expand the array of available services and supports in communities experiencing inequities.
	٠	Re-appropriate current government and/or institutional funds to support shared goals.
Re-allocate or leverage existing funding	•	Braid funding across efforts to create larger collective pots of funding to support expansion of needed services for families representing priority populations. Consider how to bundle these services together to maximize funding. See this <u>example</u> for how to organize a braided funding plan.
	•	Use flexible federal funds intended to increase the quality of services to implement targeted state/tribal technical assistance, workforce development, and new policies to support more equitable systems. ⁵¹



References

- Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., ... & Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, 10(1), 21.
- 2. Ronald G. Victor , Ciantel A. Blyler , Ning Li , Kathleen Lynch , Norma B. Moy , Mohamad Rashid , L. Cindy Chang , Joel Handler , Jeffrey Brettler , Florian Rader , and Robert M. Elashoff. (2018). Sustainability of Blood Pressure Reduction in Black Barbershops. *Circulation*, DOI: 10.1161/CIRCULATIONAHA.118.038165
- 3. Fineberg, H. V. (2012). A successful and sustainable health system—how to get there from here. *New England Journal of Medicine*, 366(11), 1020-1027.
- 4. Leeman, J., Birken, S. A., Powell, B. J., Rohweder, C., & Shea, C. M. (2017). Beyond "implementation strategies": classifying the full range of strategies used in implementation science and practice. *Implementation Science*, *12*(1), 125. doi:10.1186/s13012-017-0657-x
- 5. Biggs, D., Abel, N. Knight, A., Leigch, A., Langston, A. & Ban, N. (2011). The implementation crisis in conservation planning: could "mental models" help? *Conservation Letters* 4, 169-183.
- 6. Bezrukova, Katerina, Chester S. Spell, Jamie L. Perry, and Karen A. Jehn (2016). A Meta-Analytical Integration of Over 40 Years of Research on Diversity Training Evaluation. *Psychological Bulletin*, 142(11): 1227-1274.
- 7. <u>Keleher, T. (2009). Racial Equity Impact Assessment. *Race Forward*. Retrieved from <u>https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf</u></u>
- 8. Schusler, T. M., Decker D. J., Pfeffer M. J. (2003). Social learning for collaborative natural resource management. Society & Natural Resources 16(4), 309–326.
- 9. Glickman, D., Parker, L., Sim, L. J., Cook, H. D. V., Miller, E. A., & Committee on Accelerating Progress in Obesity Prevention. (2012). Accelerating progress in obesity prevention: Solving the weight of the nation. Washington DC: *National Academies Press (US).*
- 10. Holt, D. T., Armenakis, A. A., Feild, H. S., & Harris, S. G. (2007). Readiness for organizational change: The systematic development of a scale. The Journal of applied behavioral science, 43(2), 232-255.
- 11. Lee, N. R., & Kotler, P. (2011). Social marketing: Influencing behaviors for good. Sage.
- Hinsz, V. B., Kalnbach, L. R., & Lorentz, N. R. (1997). Using judgmental anchors to establish challenging self-set goals without jeopardizing commitment. Organizational Behavior and Human Decision Processes, 71(3), 287-308. <u>http://dx.doi.org/10.1006/obhd.1997.2723</u>
- 13. Zachary, L., & Fischler, L. (2011). Begin with the end in mind: The goal driven mentoring relationship. *Training & Development*, 55(1) 51-53.
- Kolkman, M. J., Kok, M., & Van der Veen, A. (2005). Mental model mapping as a new tool to analyse the use of information in decision making in integrated water management. *Physics and chemistry of the earth*, 30(4-5), 317-332.
- 15. Alegre, I., Berbegal-Mirabent, J., Guerrero, A., & Mas-Machuca, M. (2018). The real mission of the mission statement: A systematic review of the literature. *Journal of Management & Organization*, 24(4), 456-473.
- Glisson, C., Landsverk, J., Schoenwald, S., Kelleher, K., Hoagwood, K. E., Mayberg, S., ... & Research Network on Youth Mental Health. (2008). Assessing the organizational social context (OSC) of mental health services: implications for research and practice. Administration and policy in mental health, 35(1-2), 98-113.
- 17. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in all policies: a guide for state and local governments. American Public Health Association. Washington (DC). Retrieved from http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf
- 18. Rowland, A. (2016). Design thinking: Catalyzing family engagement to support student learning. *Harvard Family Research Project*. Retrieved from <u>http://www.hfrp.org/publications-resources/publications-series/human-centered-design/design-thinking-catalyzing-family-engagement-to-support-student-learning</u>
- 19. Kegler, M. C., Lebow-Skelley, E., Lea, J., Lefevre, A. M., Diggs, P., Herndon, S., & Haardörfer, R. (2018). Peer Reviewed: Developing Smoke-Free Policies in Public Housing: Perspectives From Early Adopters in 2 Southern States. *Preventing chronic disease*, 15.



- 20. Stark, D.R. (2020). Stepping up and speaking out: The evolution of parent leadership in Michigan. Early Childhood Investment Corporation. Retrieved from: <u>https://www.ecic4kids.org/stepping-</u> <u>up/?fbclid=lwAR12G2H_FuZVI4E6hDKI42w2v7ZuEETMiGrrd6tmZshOVtggJ0UZI-B-BhA</u>
- 21. Saegert, S. (2004). Community building and civic capacity. New York: Aspen Institute Roundtable for Community Change.
- 22. Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health education & behavior*, 24(3), 369-387.
- 23. Foster-Fishman, P., Nowell, B., Deacon, Z., Nievar, M. A., & McCann, P. (2005). Using methods that matter: The impact of reflection, dialogue, and voice. *American journal of community psychology*, 36, 275-291.
- 24. Foster-Fishman, P. G., & Watson, E. R. (2012). The ABLe change framework: A conceptual and methodological tool for promoting systems change. *American Journal of Community Psychology, 49*(3-4), 503-516. doi:10.1007/s10464-011-9454-x
- 25. Agic, Branka (2019). Promising Practices in Equity in Mental Healthcare: Health Equity Impact Assessment. *Healthcare Papers*, 18(2), 42-47.
- 26. Patton, M. Q. (2011). Developmental evaluation: Applying complexity concepts to enhance innovation and use. New York: The Guilford Press.
- 27. Buskermolen, D., & Terken, J. (2012). Co-constructing stories: a participatory design technique to elicit in-depth user feedback and suggestions about design concepts. *ACM New York.* 33-36.
- 28. W.K. Kellogg Foundation. (2008). Tangible steps towards tomorrow. Retrieved from https://www.wkkf.org/resourcedirectory/resource/2008/02/tangible-steps-toward-tomorrow-printer-friendly
- 29. Spark Policy Institute. (2013). <u>Early Childhood Health Integration Evaluation Brief Report #4: Screening and Referral</u> <u>Systems for Early Childhood Health</u>. Spark Policy Institute.
- 30. Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A., Matthews, S. G., Vaivada, & ... MacMillan, H. (2014). Nurturing Care: Promoting early childhood development. Advancing Early Childhood Development. *The Lancet*, 389(10064), 91-102. <u>https://doi.org/10.1016/S0140-6736(16)31390-3</u>
- 31. Van Riel, C. B. (2012). The alignment factor: Leveraging the power of total stakeholder support. Routledge.
- 32. Centers for Disease Control and Prevention. (2013). <u>A Practitioner's Guide for Advancing Health Equity: Community</u> <u>Strategies for Preventing Chronic Disease.</u> Atlanta, GA: US Department of Health and Human Services.
- 33. Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel: a guide to designing Interventions. Great Britain: Silverback Publishing.
- 34. Suter, J., & Bruns, E. (2009). Effectiveness of the wraparound process for children with emotional and behavioral disorders: a meta-analysis. *Clinical child and family psychology review,* 12(4), 336-351.
- 35. Shavit, Y. (2008). What are federated databases? Retrieved from http://searchitchannel.techtarget.com/feature/What-are-federated-databases
- 36. Taylor, S. A. (2009). 'Engaging and Retaining Vulnerable Youth in a Short-Term Longitudinal Qualitative Study', *Qualitative Social Work* 8(3): 391–408.
- 37. Wainwright, E., & Marandet, E. (2016). Investigating new landscapes of training for work: the extended role of housing associations. A report of findings. Retrieved from https://bura.brunel.ac.uk/bitstream/2438/15697/1/Fulltext.pdf
- 38. Piper, L. E. (2014). Patient service navigator: Improving quality and services and reducing cost under the Affordable Care Act. *The health care manager*, 33(1), 47-52.
- 39. Massey, S. (2019). Combatting the skills gap by empowering underrepresented communities. Retrieved from https://www.nist.gov/blogs/manufacturing-innovation-blog/combatting-skills-gap-empowering-underrepresentedcommunities
- 40. Wagner, M. M., & Willms, D. (2010). The Urban Library Program: Challenges to Educating and Hiring a Diverse Workforce. *Library Trends*, 59(1), 128-146.
- 41. Selsky, J., Parker, B. (2010). Platforms for Cross-Sector Social Partnerships: Prospective Sensemaking Devices for Social Benefit. *Journal of Business Ethics*, 94(1), 21-37.



- 42. Craig, W. J. (1998). The Internet aids community participation in the planning process. *Computers, Environment, and Urban Systems,* 22(I4), 292-404.
- 43. Dziczkowski, J. E. (2011). Evaluation of a Shared Services Compact in Two Rural Ohio School Districts. Northcentral University.
- 44. Porter, C., Pelletier, J. (2010). Schools as Integrated Service groups for Young Children and Families: Policy Implications of the Toronto First Duty Project. International Journal of Child Care and Education Policy, 4(2), 45-54.
- 45. Fowler, S. A., Thomas, D. V., Tompkins, J., Hartle, L., and Corr, C. (2013). Strategies for Enrolling Traditionally Underserved Families in Early Childhood Education Programs. *Early Childhood Research & Practice* 15(2).
- 46. Gillispie, M., Mobley, C., Gibson, L. M., & de Peralta, A. M. (2016). Perceptions of and Preferences for a Mobile Health Clinic for Underserved Populations. *"Joint" Effort, Top Result*, 97.
- Daly J., Sindone A. P., Thompson D. R., Hancock K., Chang E. & Davidson P. (2002). Barriers to Participation in and Adherence to Cardiac Rehabilitation Programs: A Critical Literature Review. *Progress in Cardiovascular Nursing*, 17(1), 8-17
- 48. Wootton, R., Craig, J., & Patterson, V. (2017). Introduction to telemedicine. CRC Press.
- 49. Goode, T., & Jones, W. (2006). A guide for advancing family-centered and culturally and linguistically competent care. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.
- Green, B., Malsch, A., Kothari, B., Busse, J., Brennan, E. (2012). An Intervention to Increase Early Childhood Staff Capacity for Promoting Children's Social-Emotional Development in Preschool Settings. *Early Childhood Education Journal*, 40(2), 123-132.
- 51. Meek, et al. (2020). 14 Priorities to dismantle systemic racism in ealry care and education. https://childandfamilysuccess.asu.edu/sites/default/files/2021-12/14-priorities-equity-121621.pdf
- 52. Galster, G. C. (2019). Making our neighborhoods, making our selves. University of Chicago Press.
- 53. Troutt, D. D. (2014). The price of paradise: The costs of inequality and a vision for a more equitable America. NYU Press.
- 54. Rollins, K., Anderson, C., Grewal-Kök, Y., Widding, J., Thomas, K., & Heaton, L. (2024). Meeting family needs: A multisystem framework for child and family well-being. Chapin Hall at the University of Chicago.
- 55. National Academies of Sciences, Engineering, and Medicine. 2023. Reducing Intergenerational Poverty. Washington, DC: The National Academies Press. https://nap.nationalacademies.org/catalog/27058/reducing-intergenerational-poverty

