Leaders of nine different exemplary and evidence-based early-childhood health programs met with national child health experts in Chicago on April 14 and 15, 2016 to launch a Collaborative Innovation Network (CoIN). The CoIN is part of a Learning Collaborative on Health Equity and Young Children managed by the Child and Family Policy Center and the BUILD Initiative.

The purpose of the meeting was to assess the state of the child health primary care practitioner field in better responding to young children's social as well as bio-medical determinants of health. Each program described its approach, results, and impacts, what it considered its core elements contributing to success and challenges and opportunities in building its own program and the field. National child health experts added their perspectives and insights.

The following are consensus conclusions from participants:

1. Each of the nine programs share core components and attributes of practice that represent a transformation of primary care child health. Each program has distinctive elements of its own that deserve replication, but together these programs represent a field of new and needed practice that requires further support and recognition – as essential to achieving goals for child health and health equity as the treatment of disease or management of chronic conditions. Rather than being viewed as individual programs with discrete objectives, the components and attributes the programs share should be recognized as a new standard for practice. This, in turn, requires systematic efforts to further define, describe, and develop their essential core components and attributes.

Reasons for personal motivation and commitment (in six words) *

- Early nurturing relationships protect developing brains
- Justice is good for children’s health
- Changing a child’s life trajectory matters
- Lawyers are not the enemy
- Equity, justice, community, dignity create health
- Together we can change child outcomes
- Promoting equity requires our commitment
- Children are our most precious gift

* In introducing themselves, participants were asked for a six-word description of why they do this work. These are a sampling of the responses.
2. While most of the programs have developed protocols, guidance, and staffing structures to promote replication, they agree that the fidelity of replication is primarily based on adherence to the core components and attributes of practice found across the nine programs, and not specific program and staffing structures. These programs collectively provide a strong basis for further articulating, and providing pathways to replicating, those components and attributes. It is important to ensure fidelity in replication, but local efforts may also require adaptation in staffing or program configuration to reflect existing primary health care structures and community health practices, which vary by practitioner, community, and state.

3. Core components and attributes of practice include those identified in the framework paper with three qualifications and additions:

   a. At the heart of successful engagement is ensuring that families are valued and their voice elicited and used in the process, giving them the support they need to better serve as their child’s most important resource (e.g. placing families at the center).

   b. While each component (health practitioner as the first contact, care coordinator, and community networker) serves needed functions, these functions may be configured differently and not always be separated into three discrete positions.

Pediatricians are at the forefront of promoting child and family well-being and moving beyond treating disease to ensuring lifelong well-being.

Pradeep Gidwani

4. Expansion and sustainability of incorporating these elements and attributes into practice are critical to producing this transformation. This involves two concurrent activities:

   a. Work with the practitioner community to secure more innovators and early adopters of...
Programs and supports have to focus on building adult capacity and executive functioning to yield elusive child developmental outcomes.

**Kimberly Martini-Cavell**

these practices in the field. These innovators should continue to develop the practices that are most effective in responding to diverse families and neighborhoods and provide a critical mass within states to demonstrate the potential to move to scale.

6. Work with those at the policy and financing levels to ensure health care policy reforms (accountable care organizations, enhanced medical homes, community health workers, and population health strategies) provide contractual expectations and fiscal incentives to support such practice. In this context, cost impacts (including rates-of-return on investment) must be valued through a life course trajectory approach that extends beyond short-term contractual periods.

5. Particularly for very young children, strengthening safety, stability, and nurturing in the home environment should be viewed as a primary and foundational child health outcome. This is needed for measuring program impact from the perspectives of both external accountability and internal monitoring and continuous improvement.

We need to listen and respect families, not be judgmental. We will have better outcomes with families if we could culturally relate to them and their experiences.

**La’Tasha Lee**

---

**Program Participants and Child Health Expert Launch Participants**

**STAFF, LEARNING COLLABORATIVE ON HEALTH EQUITY AND YOUNG CHILDREN**

Charles Bruner, Ph.D.
Child and Family Policy Center (Principal Investigator)

Angelica Cardenas, M.S.W.
Child and Family Policy Center

Mary Nelle Trefz, M.P.H.
Child and Family Policy Center

Carla Plaza, M.P.H.
Child and Family Policy Center (Consultant)

Carey McCann, BUILD Initiative

**CoIN KITCHEN CABINET MEMBERS**

Maxine Hayes, M.D., M.P.H., FAAP

Edward Schor, Senior Vice President
Lucile Packard Foundation for Children’s Health

Judith Shaw, Ed.D., M.P.H., R.N.
Executive Director, Vermont Child Health Improvement Program (VCHIP)

**CHILD HEALTH EXPERTS AND CONSULTANTS**

Jamie Hall (facilitator), Ph.D., M.P.H.
Executive Vice President, Atlas Research

David Keller, M.D.
Professor, Department of Pediatrics, University of Colorado School of Medicine

Jocelyn Guyer, M.P.A.
Managing Director, Manatt Health

Patsy Hampton
Center for the Study of Social Policy

Shadi Houshyar
Center for the Study of Social Policy

Christine Bethell, Ph.D.
Child and Adolescent Health Measurement Initiative, Johns Hopkins University
PROGRAM LEADERS AND CHAMPIONS

Child First
Darcy Lowell, M.D., Founder & Chief Executive Officer

Early Childhood Mental Health
Deborah Allen, Sc.D.
Director, Bureau of Child, Adolescent and Family Health, Boston Public Health Commission

Mira Kelsey, LICSW
Director of Early Childhood and Family Mental Health, Boston Public Health Commission

Health Network by Cincinnati Children’s
Colleen Kraft, M.D., FAAP, Medical Director

Healthy Development Services (San Diego AAP)
Pradeep Gidwani, M.D., M.P.H.
Director of Projects, American Academy of Pediatrics, California Chapter 3

Lily Lim Valmidiano, M.P.H., CHES
Project Director, Healthy Development Services, Countywide Coordination and Support, American Academy of Pediatrics, California Chapter 3

Healthy Steps Chicago
La’Tasha Lee, M.S., DT, CDS
Healthy Steps Specialist, Advocate Children’s Hospital - Oak Lawn

Anita Krolczyk, R.N., M.S., C-PNP, APN
Behavior Health, Advocate Healthy Steps

Help Me Grow
Kimberly Martini-Carvell
Executive Director, National Center

Von Jessee, M.A.
Program Specialist, National Center

Peter Gorski, M.D., M.P.A.
Chief Community Health, Child Development and Innovation Officer, The Children’s Trust - Florida

Katherine Suarez Espinosa, Ed.S.
State Coordinator - Florida

Loretta Crowley, LISW-CP
Community Outreach Coordinator, Upstate – South Carolina

Kerry Sease, M.D., M.P.H.
Medical Director, Children’s Hospital at Greenville Health System - South Carolina

Medical Legal Partnership
Caroline Chapman
Director, Public Benefits Practice Group, LAF Chicago

Liz Tobin Tyler, J.D., M.A.
Assistant Professor of Family Medicine and Health Services, Policy and Practice, The Warren Alpert Medical School of Brown University

Project DULCE
Patsy Hampton
Center for the Study of Social Policy

Safe Environment for Every Kid (SEEK)
Howard Dubowitz, M.D., M.S., FAAP
Professor of Pediatrics, Director, Center for Families
Department of Pediatrics, University of Maryland School of Medicine