Children’s health and social and emotional well-being begin before birth. While still in utero, babies are affected by their mothers’ ability to access high-quality prenatal care and support. Once born, children are profoundly affected by experiences at home, in health care settings, and in their communities. A body of research known collectively as P.A.R.E.N.T.S. Science (Attachment A) points to the critical importance of safety, stability, and nurturing to a healthy start in the earliest years.¹

Families living in crisis or struggling with poverty, depression, unemployment, or domestic violence have a more difficult time mitigating the harm these experiences have on their children. Adverse childhood experiences (ACEs) like these can produce toxic stress that has long-lasting effects on a child’s health and development, including social relationships, education, and overall success. According to the 2016 National Survey of Children’s Health, 43.8 percent of Iowa’s children ages 0 to 17 have experienced one or more adverse experience. While it is better than the national average of 46.3 percent it is still a significant concern.

Rural Iowa children, who make up 35.7 percent of the state’s total child population,² represent a disproportionate share of those who have experienced two or more adverse experiences.³ Challenges facing rural Iowa families are compounded by their communities’ lack of resources, requiring families to travel greater distances for services. Low-income families in rural settings face limited access to and support for postsecondary education, a weakened labor market, and lack of specialized community-based programs for those with disabilities.⁴

Iowa’s urban communities face their challenges. For example, Des Moines has only 30 affordable housing units for every 100 low-income families. That’s worse than many other cities, including Brooklyn, New York, which has 48 units of affordable housing for every 100 low-income families.⁵

No matter where they are located, Iowa’s family-and child-serving organizations and programs all work to implement effective strategies to support families. How well they do so relies on how they communicate and engage with each other and the families they serve. But what are these effective strategies for communication and engagement? What can Iowa family and child-serving agencies, in both rural and urban communities, do to better work with families and with each other?

The Child and Family Policy Center (CFPC), with funding from the Robert Wood Johnson Foundation, has been working to document the answers to these questions. CFPC brought together 12 national and state/local programs and practices (Attachment B) from around the country with long, successful histories of engaging diverse families in rural and urban communities and collaborating with other organizations to coordinate effective services.
The programs were also joined by Maxine Hayes, a national health and equity practitioner and leader, and member of the Health Equity and Young Children’s Kitchen Cabinet. Representatives of these “exemplary programs” began by defining core component they share, then digging deeper to identify effective strategies in each area. The four core elements are:

- care coordination
- family engagement
- community linkages
- focus on health equity

This paper is a synthesis of their conversations, organized around these four core elements, with some additional context for an Iowa audience. Many of the best practice strategies outlined here are already implemented in various settings across Iowa, whereas others could be more intentionally implemented across family and child-serving sectors.

**CARE COORDINATION**

“Care coordination” (a term often used interchangeably with “case management”) describes a set of activities to promote optimal access to a range of services and supports. The exemplary programs engage in care coordination activities that substantially exceed the traditional meaning of the term, which refers to simply identifying families’ needs and connecting them to services and resources. The care coordination done by the exemplary programs is more intentional and intensive, involves concerted efforts to assess and understand the family’s current position, helps enhance the family’s resiliency, builds on the family’s aspirations and strengths, and supports and strengthens the family’s role in nurturing the child.

**Care coordination in Iowa**

Many Iowa organizations offer care coordination or case management services, including Iowa’s 1st Five Healthy Mental Development Initiative, part of the Help Me Grow national model. 1st Five has an expanded definition that goes beyond the medical arena to include services and resources that address a child’s environmental and social determinants of health, including the well-being of the parents.

**Best Practices in Care Coordination**

Participants identified the following elements of practice as foundational to success.

- **Immediacy and seamlessness of response**
  Once issues of concern to the family, including medical, psychological, social, or educational needs are identified, the provider provides an immediate warm handoff to a care coordinator or someone within the practice setting for direct follow-up (care coordinator, legal advisor, family advocate, social worker or child development specialist). Timely responses in the beginning to referrals are crucial in building a good relationship with the family.

- **Patient/family centered, with a concerted and persistent engagement of families**
  Engaging families often takes persistence as well as specific skills. Care coordinators often benefit from training in motivational interviewing, appreciative inquiry, supervision, and reflective practice to hone and develop skills so they can establish a good rapport with families, especially families who are isolated and distrustful.

- **Underlying emphasis on fostering family capacity, strengths, and resiliency**
  Most families play the role of care coordinators and case managers for themselves and their young children. Through encouragement and mentoring, professional care coordinators work to build families’ capacities. Such an approach fosters family resiliency and personal growth that helps them make productive connections with other programs and helps them become more confident and capable in their own advocacy for their children.
Engaging with other agencies/partners
Because of families’ varied needs, care coordinators must be in productive communication with other agencies and community partners. Such relationships help care coordinators build a more comprehensive understanding of families’ strengths and needs.

Recognizing the care coordinator as partner in the care team
The role of the care coordinator requires the exercise of substantial discretion and results in much greater knowledge about the family than the primary-care practitioner or any one service agency has. Care coordinators also know a wider range of concerns the family may have and the community resources they are accessing. Because of the on-the-ground leadership role care coordinators play in responding to a wide variety of family needs, they should be recognized as a valued partner across the systems with which they collaborate.

Continuous improvement and learning
Regardless of their backgrounds, pre-service education and training, and given the diversity of the families they serve, care coordinators confront new situations and needs on almost a daily basis. They often find that families take steps backward, as well as forward, and initial strategies and plans require adaptation. Strong supervision, frequent teaming and peer consultation, and reflective practice represent core features of care coordination that exemplary programs work at building into the workloads of care coordinators.

Flexibility, humor, humility, and self-care
Effective care coordinators have many different professional and community backgrounds, including social, legal or public health professional training or life experiences within diverse communities. Exemplary programs have found that a care coordinator’s ability to be flexible, find humor and humility, and implement self-care strategies are all key to effective care coordination. These traits help care coordinators find the work fulfilling and avoid burnout. Continuous training builds more competent care coordinators, and this competency helps them to deal better with the concerns of families, and in turn better care for themselves.

COMMUNITY LINKAGES
This element of practice refers to providing connected and responsive services to families. It requires organizations to communicate, connect and collaborate with each other. Strong community linkages support coordinated systems to increase continuity, collaboration, and cross-sector sharing in all aspects of service delivery while ensuring the privacy and rights of families. In building community linkages, exemplary programs recognize they must give primary attention to ensuring that any referral aligns with the family’s desires, values, experiences, and goals. Referrals must also complement the strategies of other supports the family uses, including those within the primary-care practice.

Community partnerships are based on strong, ongoing, and evolving relationships. The strongest community linkages are grounded in formal, structured, and extensive partnerships among key stakeholders. Strong partnerships build on the services, strengths, resources, referral processes, and strategies of each partner organizations. These linkages need to be supported by ongoing community needs assessments and advocacy for additional services to fill identified gaps.

Community linkages in Iowa
Linking resources to increase seamless and connected services to families is a strategy used in Iowa. Statewide collaborative bodies such as Early Childhood Iowa (ECI) have systemically worked on coordinating services to families with young children. ECI’s State Board builds community capacity to deliver a comprehensive and integrated early care, health and education system. ECI’s
organizational partners work on building relationships with each other to create a more comprehensive and seamless system for families with young children. In Iowa’s rural communities, where often families have to travel long distances to services, the ability of programs to link is even more crucial than in urban communities where more services are often available. The more programs can collaborate the better services families receive.

**Best Practices in Community Linkages**

Participants identified the following values and strategies as foundational to success in building community linkages.

- **Identifying resources and resource gaps**
  Because of their unique role of working directly with families on multiple concerns at one time, exemplary programs are often in the best position for both identifying specific needs of families and for advocating for the development of services and supports to meet them. Participating in or leading community resources meetings provides a structured place where family service providers share needs they see in families, and where community resource gaps can be identified and addressed.

- **Building and sustaining partnerships**
  As important as it is to build a trusting and authentic relationship with the families, service providers must also build strong and trusting relationships with other community services and resources families need. These relationships strengthen community linkages between organizations and help better align resources for families. Strategies include:
    - engaging other agencies through community initiatives
    - building and supporting systems of care, including protocols, agreements, care pathways, etc.
    - measuring referrals, linkages, and systems processes

**FAMILY ENGAGEMENT AND LEADERSHIP**

Engaging families is a struggle for many organizations. Authentically engaging families increases positive utilization of services, and, in turn, more successful outcomes for families.

Exemplary programs define family engagement as family-driven care with families at the center of the care planning process. In effective family engagement, there is a commitment to family-centered, strength-based services that respect the diversity and unique needs of children and families. An effective family engagement approach includes consistent and meaningful, two-way communication that helps build a strong relationship with a family. Strong relationships lay the foundation to enhance family resilience, build knowledge of parenting and child development, and to offer concrete support in times of need.

An important function of family engagement is to promote and maintain family dignity and integrity by supporting their active involvement in identifying, promoting, improving, and managing child development and health in ways that are meaningful to the family itself.

**Family Engagement and Leadership in Iowa**

Many Iowa programs and organizations recognize the importance of engaging families and intentionally work to make sure families are engaged. For example, at the state level, ECI is working to facilitate a systemic approach to family engagement in early care and education. The Child Health Specialty Clinics (CHSC) have a long history of employing family support professionals, also known as Parent Consultants, Parent Partners, and Family Navigators, as an effective way to engage families. For decades, CHSC has advocated for increasing the role of families in Iowa’s system of care for children with special health care needs.
Best Practice Strategies in Family Engagement

Discussions among these exemplary programs reflected a number of values and best practices related to family engagement.

- **Building trusting relationships**
  Building positive relationships requires on-going training in cultural competency, family engagement models, and listening skill building. These important skills help care coordinators better understand where the family is and how to respond effectively.

- **Families at the center of the planning process**
  There needs to be a commitment to family-centered, strength-based services. This means that families are seen as the drivers and decision makers of the services and support they need and want. Care coordination trainings in skills like listening and motivational interviewing, and engaging in reflective practice supervision help care coordinators engage families as partners.

- **Families’ perspectives are essential to service quality**
  Including and engaging parents in ways that promote quality improvement (QI) creates better services and outcomes for families. Measures of consumer satisfaction, family input on service design, and other methods can inform QI projects.

- **Intentional peer learning opportunities**
  Fostering or developing mechanisms for peer support, (e.g. family support groups) creates opportunities for parents to build social relationships, and build skills in leadership, advocacy, or advisory group roles.

- **Families engaged in leadership and development of programs and agencies**
  Providing opportunities for families to participate in advisory boards and other governance bodies encourages parents to share their experiences and to be actively involved in organizational decision making. Intentionally creating processes where families’ voices and experiences can influence the way the agency develops and delivers programs results in better services for families.

**HEALTH EQUITY**

The exemplary programs all use Healthy People 2020’s definition of health equity as their own. Healthy People 2020 defines health equity as “achieving the highest level of health for all people.” It goes on to say, “Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.”

Health disparities are defined as differences that are systematic and plausibly avoidable health differences, according to race/ethnicity, skin color, religion, or nationality; socio-economic resources or position (reflected by, e.g., income, wealth, education, or occupation); gender, sexual orientation, gender identity; age, geography, disability, illness, political or other affiliation; or other characteristics associated with discrimination or marginalization.

**Health equity in Iowa**

Iowa is an increasingly diverse state, and children—especially young children—are its most diverse age group (see Figure 1, next page). According to the Iowa Department of Human Rights, the median age of Latinos is 23.5 years, for the African American population it is 26.1 years, and for the state as a whole it is 39.7 years.

As Iowa’s white-non Hispanic population ages, the population of young children of color increases and those children in turn become parents, diversity will continue to increase.
These big shifts have raised the stakes in providing culturally competent services to racially and ethnically diverse families and communities. Like many other states, Iowa recognizes that to have healthy and thriving communities, all children and families must have support and access to resources. ECI is taking steps to bring formal attention by providing guidelines on using a culturally competent lens to better serve families. ECI is creating “Early Childhood Iowa Equity Guiding Principles: Principles to Address Race, Ethnicity, Culture, and Language.” The goal of these guiding principles is an “equitable early childhood system that ensures every child is healthy and successful and benefits all Iowans, regardless of race, ethnicity, culture, and language.”

**Best Practices Strategies in Promoting Equity**

- **Hire staff from diverse backgrounds**
  Making sure that, as much as possible, programs hire bilingual, bicultural staff that represent the communities they are serving.

- **Train staff on cultural competency (i.e. Cultural and Linguistically Appropriate Services (CLAS), health equity trainings)**
  Cultural competence is a process. Ongoing support and reflective practice help staff continue to increase their skills.

- **Engage Parents in Peer Support**
  Engaging parents with similar cultural, language, values, and experiences in peer-support activities helps families feel less isolated and provides a venue for support and education to be delivered.

- **Collect data**
  Knowing who makes up the community being served is key to implementing culturally competent services. Collecting information on the cultural make-up the community allows measurement by race/ethnicity, income, geography, and other factors. As changes in race and ethnicity occur in communities, exemplary programs make sure their services change to meet the needs.

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**Figure 1. Percent of Iowans by age and race/ethnicity**

Source: U.S. Census Bureau American Community Survey, 2012

<table>
<thead>
<tr>
<th>Ages</th>
<th>Hispanic</th>
<th>Non-white, non-Hispanic</th>
<th>White, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0-4</td>
<td>9.8%</td>
<td>11.2%</td>
<td>79.1%</td>
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<tr>
<td>Ages 5-17</td>
<td>9.0%</td>
<td>9.7%</td>
<td>81.3%</td>
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<td>Ages 18-64</td>
<td>4.8%</td>
<td>6.6%</td>
<td>88.6%</td>
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<tr>
<td>Ages 65+</td>
<td>2.1%</td>
<td>1.0%</td>
<td>97.0%</td>
</tr>
</tbody>
</table>

[Image of bar chart showing percentage of Iowans by age and race/ethnicity]
CONCLUSION

The exemplary programs identified these strategies as best practices. Given the unique communities and populations they serve, as well as the availability of resources in those communities, they continually modify their strategies to better meet families’ needs. Thus, these strategies should not be seen as a one-size-fits-all approach. What is needed varies from place to place and population to population.

These approaches represent a myriad of strategies, which can be combined with current work and tailored to different structures of systems and organizations serving families.

Many of these strategies are already used in various forms and intensity by Iowa’s family and child-serving systems. Sharing these best practices offers the opportunity for programs to assess the presence and intensity in the engagement and communication they do with families and partners.
P.A.R.E.N.T.S. Science

Protective Factors
Drawing from the risk and protective factors research, the Center for the Study of Social Policy has identified five key protective factors to prevent child abuse and neglect and support healthy development in young children: (1) concrete services in times of need, (2) knowledge of child development, (3) resiliency, (4) social ties, and (5) supportive child environments and activities.

Adverse Childhood Experiences (ACEs)
Drawing on adult reports of adverse experiences in childhood, the Centers for Disease Control and Prevention has shown a strong relationship between those adverse experiences in childhood and health morbidity among adults across both physical and mental health.

Resiliency
The research on resiliency—at the individual, family, school, and community level—has shown the importance of fostering resiliency to ensuring healthy development. The American Academy of Pediatrics has established a working group to further promote resiliency in health practice.

Epigenetics
Recent findings from the science of genetics show that early childhood experiences can even affect genetic make-up and therefore transmission to the next generation.

Neurobiology
While there is a great deal of plasticity in the brain, neurobiology has shown the critical importance of the first years of life to not only set the foundation for cognitive development, but establish the basis for healthy social and emotional development.

Toxic Stress
The Harvard Center for the Developing Child has identified persistent, unrelieved and unmitigated stress as “toxic” to the development of the infant and toddler brain at its most critical period of development—and the need for early interventions to ensure that stresses in early childhood do not produce toxicity.

Social Determinants of Health
The World Health Organization and Healthy People 2020 both describe the primary contribution that social determinants—as opposed to bio-medical determinants—have on child development and adult morbidity and mortality. For young children, addressing these social determinants require addressing stress, discrimination, and social and economic disadvantage.

Source: Child and Family Policy Center
https://www.cfpciowa.org/documents/filelibrary/healthy_equity_2017/home_page/3BFiveYearsE_CE325A47C0B.pdf
Health Equity and Young Children
Exemplary Programs

1. **Child First, Connecticut National Office**
   www.childfirst.org

2. **Early Childhood Comprehensive Systems, NICHQ national office; Florida site**
   http://www.flmiechv.com/

3. **Healthy Development Services, San Diego, AAP - California Chapter 3**
   http://first5sandiego.org/healthy-development-services/

4. **Healthy Steps, DC national office; Illinois site**
   https://www.healthysteps.org/

5. **Help Me Grow, Connecticut national office**
   https://helpmegrownational.org/

6. **Maricopa Integrated Health System Medical Home, Arizona**
   http://mihs.org/

7. **Medical-Legal Partnerships, GWU national office; Chicago site**
   http://medical-legalpartnership.org/

8. **MYCHILD & Project LAUNCH, Boston, MA**
   http://www.ecmhmatters.org/Pages/ECMHHMatters.aspx

9. **Primary Health Care, Inc., Des Moines, Iowa**
   http://www.phcinc.net/

10. **Project DULCE, Center for the Study of Social Policy national office; Vermont site**
    https://dulcenational.org/

11. **Safe Environment for Every Kid (SEEK), University of Maryland**
    http://www.umm.edu/programs/childrens/services/child-protection/seek-project

12. **The Children’s Clinic, Long Beach, California**
    http://www.thechildrensclinic.org/
1 “Top 10 Things We Know About Young Children and Health Equity...” 9 The First Years Are Most Critical To Life Long Health, Child and Family Policy Center, https://www.cfpciowa.org/documents/filelibrary/healthy_equity_2017/home_page/3BFirstFiveYearsF_CE3E325A47C0B.pdf

2 Iowa Quick Facts. http://www.iowadatacenter.org/quickfacts


