

THE CHILD AND ADOLESCENT HEALTH MEASUREMENT INITIATIVE

# BE OUR VOICE! MARKETING AND MEDIA TOOLKIT



February 2024

## OVERVIEW

The [Child and Adolescent Health Measurement Initiative \(CAHMI\)](#) is a national initiative based out of The Bloomberg School of Public Health at Johns Hopkins University. Since 1996, we have been working to engage and amplify the voices of families in healthcare and public health services, systems, and policy to promote the early and lifelong health of children through family-centered data and tools.

As part of our “Be Our Voice” outreach campaign, we developed this marketing and media toolkit so you, our partners in the field, can promote and share CAHMI’s work among your networks of early childhood service providers, policymakers, state and local leaders, family support specialists, and other stakeholders dedicated to improving child health. In this toolkit you can easily access sample news prompts, social media posts, flyers, templates, and links to resources to adapt and share. In addition, we’ve linked all media assets (flyers, infographics, PowerPoint slides, etc.) in our [Media Drive Folder](#) so you can easily download and share them through your channels.

Directly access and download all infographics, flyers, and other media assets here: [drive.google.com/drive/folders/1dc5iR3wlB4jPz2adS9N-Off6wZfsA5RK?usp=sharing](https://drive.google.com/drive/folders/1dc5iR3wlB4jPz2adS9N-Off6wZfsA5RK?usp=sharing)

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## What is CAHMI's Be Our Voice (BOV) campaign?

CAHMI's Be Our Voice outreach campaign is a collaborative initiative to engage and partner with individuals and organizations advocating for child health equity and related systems transformation. This campaign is designed to leverage the power of our collective voices to promote the resources and tools developed by CAHMI for early childhood service providers, child health researchers, quality improvement experts, family advocates, and systems change leaders. Through collaboration, we can **create a strong network of advocates dedicated to sharing knowledge and expertise** to make an impact on **the health system and services for children, youth, families, and communities.**

Be Our Voice Campaign Objectives:

1. **Raise Awareness:** Increase awareness about the CAHMI's work and role in creating publicly accessible data-driven, evidence-based resources, tools, research and policies for a positive approach to whole child and whole family health.
2. **Foster Collaboration:** Create meaningful partnerships with like-minded individuals, organizations, and initiatives working towards systems change to improve child health.
3. **Promote Resources and Tools:** Promote and encourage uptake of the wide range of resources and tools developed by CAHMI. Through use of CAHMI's data, measurement, family-engagement, and policy work, transforming the child health system is possible! We seek partners to Be Our Voice! and promote the grassroots utilization of our resources and tools.

## How to use this toolkit:

All marketing and media resources in this toolkit are categorized according to CAHMI's projects. For each project, you will find: 1) example newsletter, blog, and website content, 2) example social media prompts, 3) infographics, and 4) informational flyers. All media assets are hyperlinked to their downloadable version in [CAHMI's Media Drive Folder](#). The CAHMI is committed to reaching a wide range of audiences and stakeholders in the early childhood space; therefore, we suggest adapting prompts and visuals as needed to make them relevant to your audiences.

**This marketing and media toolkit includes:**

News Content	Social media content	Print materials	Digital assets
<ul style="list-style-type: none"><li>• Newsletter Blurbs</li><li>• Example blog posts</li></ul>	<ul style="list-style-type: none"><li>• Tweets</li><li>• Facebook posts</li><li>• LinkedIn posts</li></ul>	<ul style="list-style-type: none"><li>• Informational flyers</li><li>• 1 and 2 pagers</li></ul>	<ul style="list-style-type: none"><li>• PowerPoint templates</li><li>• Videos</li><li>• Infographics</li></ul>

The **target audiences** of this toolkit are: 1) child health providers, 2) early care and education professionals, 3) child welfare professionals, 4) community leaders and family-led organizations, 5) policymakers and state leaders, 6) health plans and systems, and 7) families. **If you work or collaborate with any of these groups, partner with us and Be Our Voice!**

If you have suggestions for additional resources or prompts for us to include in this toolkit that are more tailored for specific audiences, you can email us at [info@cahmi.org](mailto:info@cahmi.org) with your materials!

### **Tips: Before you begin!**

**Follow and tag** our social media accounts when sharing materials!

- Twitter
  - CAHMI organizational account: [@CAHMI2Thrive](#)
  - CAHMI's Data Resource Center account: [@childhealthdata](#)
- LinkedIn
  - [Child and Adolescent Health Measurement Initiative \(CAHMI\) at JHSPH](#)
- Facebook
  - [Child and Adolescent Health Measurement Initiative at JHSPH](#)
  - [Data Resource Center for Child & Adolescent Health](#)
- Instagram
  - [@thecahmi](#)
- YouTube
  - [The CAHMI](#)

Help expand our reach by using these **common hashtags** in your social media posts:

#CAHMI  
#DataInAction  
#EngagementInAction  
#WVP  
#childhealth  
#earlychildhood  
#childdevelopment  
#ACEs / #PCEs

#positivehealth  
#childflourishing  
#childthrive  
#SSNR  
#resilience  
#WeAreTheMedicine  
#PrioritizingPossibilities  
#healthdata

#childhealthequity  
#healthpolicy  
#systemstransformation  
#pediatriccare  
#familyleaders  
#childwellbeing  
#familyhealth  
#familycenteredcare  
#mentalhealth

**Use CAHMI's brand colors:** To maintain consistency with our brand, we recommend using the hex codes listed below when creating your own graphics or images to promote our work. The following hex codes are the exact colors used by CAHMI for our graphic visuals and website.

<div>#e2f0d9</div>	<div>#7ea580</div>	<div>#477e4a</div>	<div>#878336</div>
<div>#d6ccc2</div>	<div>#99c3dd</div>	<div>#4d96c4</div>	<div>#0069aa</div>
<div>#ceafdd</div>	<div>#aa72c4</div>	<div>#8636aa</div>	<div>#860e55</div>
<div>#802628</div>	<div>#444444</div>	<div>#000000</div>	<div>#####</div>

# CAHMI's Projects

## Transformative Research

The CAHMI's mission is to promote the early and lifelong health of children, youth, and families through the translation of the science of healthy child development and thriving into public health and health services research, policy, and practice. The following papers led by CAHMI's Director and Johns Hopkins Bloomberg School of Public Health Professor, Dr. Christina Bethell, seek to advance a positive construct of health. This research focuses on strengthening families, promoting healthy parenting, parent-child connection, and promoting child flourishing and positive childhood experiences while also addressing the health care and social factors impacting families.

Below, you will find ready-to-post content that can be used in outreach initiatives, such as newsletters or different social media platforms. We have also provided numerous Tweets that can be automatically posted by clicking "Tweet Now".

### **Research Articles of Focus**

**Health Affairs, May 2019:** Bethell CD, Gombojav N, Whitaker RC. Family Resilience and Connection Promotes Child Flourishing for US Children, Even Amid Adversity Health Affairs. (May 2019)

- Link to article: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05425>
- Link to Press Release: <https://www.newswise.com/articles/gaps-in-child-flourishing-narrow-with-family-resilience-and-connection>

**JAMA Pediatrics, September 9, 2019:** Bethell CD, Jones, J., Gombojav, N, Linkenbach, J, Sege, RD. Positive Childhood Experiences and Adult Mental and Relational Health, JAMA Pediatrics (September 9, 2019)

- Link to article: [https://jamanetwork.com/journals/jamapediatrics/fullarticle/10.1001/jamapediatrics.2019.3007?questAccessKey=25ec04c1-0c3a-475c-bc3e-364108c9515e&utm\\_source=For\\_The\\_Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_content=tf1&utm\\_term=090919](https://jamanetwork.com/journals/jamapediatrics/fullarticle/10.1001/jamapediatrics.2019.3007?questAccessKey=25ec04c1-0c3a-475c-bc3e-364108c9515e&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=090919)
- Link to Press Release: <https://www.jhsph.edu/news/news-releases/2019/for-better-adult-mental-and-relational-health-boost-positive-childhood-experiences.html>

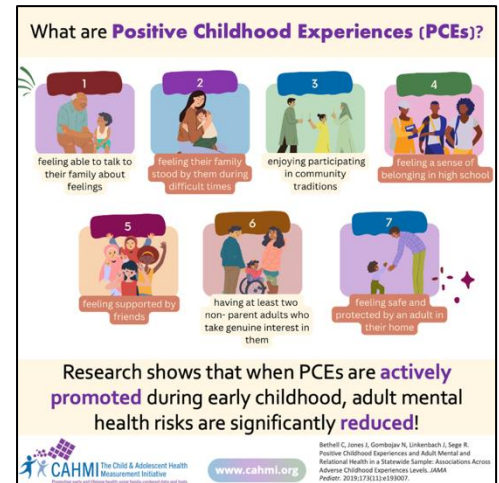
**Child and Adolescent Psychiatric Clinics of North America, January 2022:** Bethell CD, Garner AS, Gombojav N, Blackwell C, Heller L, Mendelson T. Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes. Child Adolesc Psychiatr Clin N Am. (Jan 2022)

- Link to article: <https://pubmed.ncbi.nlm.nih.gov/34801155/>
- Link to press release: <https://publichealth.jhu.edu/2022/study-reveals-fourfold-range-in-rates-of-mental-health-problems-among-us-children-based-on-relational-and-social-risks>

## News Content

Click on the graphics below to download them from our Media Drive Folder!  
[Newsletter Content on Positive Childhood Experiences, from JAMA Pediatrics](#)

- In September 2019, JAMA Pediatrics released the publication, *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels*, led by Dr. Christina Bethell, with co-authors Jennifer Jones, Dr. Narangerel Gombojav, Dr. Jeff Linkenbach, and Dr. Robert Sege. Analyzing the 2015 Wisconsin Behavioral Risk Factor Survey data from a state-wide representative sample of adults, the study found that positive childhood experiences, such as warm, supportive family interactions, caring relationships with friends, and connections in the community, are associated with large reductions in adult depression and poor mental health and increases in getting needed social and emotional support in adulthood, even among those who faced numerous childhood adversities. This points to the key role that positive childhood experiences play in influencing health and well-being among children and adults. These findings encourage more substantive government policies and public health efforts aimed at boosting positive childhood experiences in addition to and as a key part of efforts to reduce adverse childhood experiences. To read the full publication, click here: <https://bit.ly/2kwrm53>. To read the press release for this article, click here: <https://bit.ly/2m4eMud>.



[Newsletter Content on Family Resilience and Connection, from Health Affairs](#)

- In May 2019, Health Affairs released the study, *Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity*. Using data from the 2016-2017 National Survey of Children's Health (NSCH), this paper assesses the prevalence of flourishing among US school-age children and across varying levels of household income, health status, and exposure to Adverse Childhood Experiences (ACEs). The study found that across all levels of adversity the prevalence of flourishing increased with increasing levels of family resilience and connection. Population-wide approaches to increase family resilience and connection can promote flourishing in all US children, even as the remediable causes of childhood adversity are being addressed. Increasing flourishing could increase the level of meaning and engagement that child can have in their relationships, in school and in activities. The findings give promise to improved child health and well-being by advancing a positive construct of health that focuses on strengthening families and promoting child flourishing, while also addressing the health care and larger social factors impacting families, parenting, and parent-child connection. To read the full publication, click here: <https://bit.ly/2Vm4aYA>. To read the press release for this article, click here: <https://bit.ly/2EgwVvj>.

[Newsletter content for both JAMA Pediatrics and Health Affairs papers](#)



- There is an immense need and interest in preventing and mitigating the impacts of childhood trauma and adversity. Two publications led by CAHMI director Dr. Christina Bethell and key partners highlight the importance of assessing and promoting positive and relational health to foster healing and advance health among children, adults and families. In September 2019, *JAMA Pediatrics* released Dr. Bethell's publication, *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels*, which analyzed data from the 2015 Wisconsin Behavioral Risk Factor Survey. This study found that positive childhood experiences offset the risk of depression and poor mental health and increased the chances of healthy relationships in adulthood. In May 2019, *Health Affairs* released the publication, *Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity*, which analyzed data from the 2016-2017 National Survey of Children's Health. The study found that across all levels of adversity the prevalence of flourishing among school-age children increased with increasing levels of family resilience and connection. The findings from these studies point to the importance of assessing and promoting positive and relational health among children, even as society addresses the remediable causes of adversity. Population-wide approaches to increase family resilience and connection as well as positive childhood experiences can promote flourishing in children and reduce the likelihood of poor mental health and depression into adulthood. "These studies offer the hopeful possibility that children and adults can thrive despite their accumulation of negative childhood experiences," says Bethell. People often assume that eliminating adversity automatically results in good health outcomes, but these findings reveal that many children and adults with lower childhood adversity still had low flourishing and poorer mental and relational health outcomes if they did not also have positive childhood experiences and positive family relational health. To read the full publications, click here: <https://bit.ly/2kwrn53> & <https://bit.ly/2Vm4aYA>. To read the press release for the articles, click here: <https://bit.ly/2m4eMud> & <https://bit.ly/2EgwVvj>.

Newsletter Content on Social and Relational Health, from *Child and Adolescent Psychiatric Clinics of North America*

- In January 2022, *Child and Adolescent Psychiatric Clinics of North America* released the publication, *Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes*. Using data from the combined 2016-2019 National Survey of Children's Health (NSCH), this paper focused on the occurrence of mental, emotional, and/or behavioral health problems (MEB) with social health risks (SHR) and relational health risks (RHR) to assess associations with self-regulation skills, school engagement, and bullying involvement along with its connection to family resilience and parent-child connection. Children were more likely to have MEB conditions if they experienced SHR or RHR, with greater associations with RHR. Children without MEB conditions were more likely to have good self-regulation skills but this also varied with levels of SHR and/or RHR exposure. Most notable, the study found that the prevalence of good self-regulation skills increased with increasing levels of family resilience and parent-child connection despite presence of MEB. Increasing good self-regulation skills could improve school-related outcomes and reduce bullying involvement. To read the full publication, click here: <https://pubmed.ncbi.nlm.nih.gov/34801155/>. To read the press release, click here:

<https://publichealth.jhu.edu/2022/study-reveals-fourfold-range-in-rates-of-mental-health-problems-among-us-children-based-on-relational-and-social-risks>.

## Social Media Content and Graphics

Click on the graphics below to download them from our Media Drive Folder!

### Twitter

Sample Tweets on Positive Childhood Experiences, from *JAMA Pediatrics*

- Positive childhood experiences offset chances of depression and poor mental health in adulthood, even for those who faced numerous childhood adversities. See @JAMApediatrics study by @CBWeThrive (et al.). <https://bit.ly/2kwrn53> See press release: <https://bit.ly/2m4eMud>

[Click to Tweet Now](#)

- 2019 study in @JAMApediatrics by @CBWeThrive offers still relevant and hopeful possibility that kids & adults can thrive despite many ACEs if we promote positive relational experiences & heal the effects of their absence <https://bit.ly/2kwrn53> & <https://bit.ly/2m4eMud>

[Click to Tweet Now](#)



- Supportive family interactions, caring relationships with friends & the community, are associated with reductions in chances of depression and poor mental health in adulthood. See study @JAMApediatrics by @CBWeThrive (et al.). <https://bit.ly/2kwrn53> & <https://bit.ly/2m4eMud>

[Click to Tweet Now](#)

- Why do some children with adverse childhood experiences thrive while others do not? Study by

@CBWeThrive (et al.) reveals positive relationships in childhood are a key factor. Read more: <https://bit.ly/2kwrn53> & <https://bit.ly/2m4eMud>

[Click to Tweet Now](#)

Sample Tweets on Family Resilience and Connection, from *Health Affairs*

- Family resilience and connection substantially improves child flourishing, even among children facing multiple adversities. See the @Health\_Affairs publication by @CBWeThrive (et al.): <https://bit.ly/2Vm4aYA> & <https://bit.ly/2EgwVvj>

[Click to Tweet Now](#)

- @CBWeThrive's (et al.) article on flourishing is available through @Health\_Affairs: <https://bit.ly/2Vm4aYA>. Research shows that the prevalence of flourishing increased with increasing levels of family resilience & connection across all levels of adversity #CAHMI #flourishing

[Click to Tweet Now](#)

- Less than half of school-aged children are flourishing. See the @Health\_Affairs publication from May 2019 authored by CAHMI Director @CBWeThrive (et al.): <https://bit.ly/2Vm4aYA> & <https://bit.ly/2EgwVvj>

[Click to Tweet Now](#)

- Why do some children with adverse childhood experiences flourish while others do not? A @Health\_Affairs study reveals family resilience and connection are key factors. Read the full article by @CBWeThrive (et al.): <https://bit.ly/2Vm4aYA> & <https://bit.ly/2EgwVvj>

[Click to Tweet Now](#)

Sample Tweets for both JAMA Pediatrics and Health Affairs papers

- Even without childhood adversity some children and adults fail to thrive, @CAHMI2thrive @CBWeThrive (et al.) research shows that positive experiences & relational health are key to child and adult health and well-being.

<https://bit.ly/2kwrm53> & <https://bit.ly/2Vm4aYA>

[Click to Tweet Now](#)

- As the federal gov't addresses the epidemic of childhood adversity, findings from @CAHMI2thrive @CBWeThrive (et al.) show positive childhood experiences, family resilience & connection are key in preventing negative outcomes:

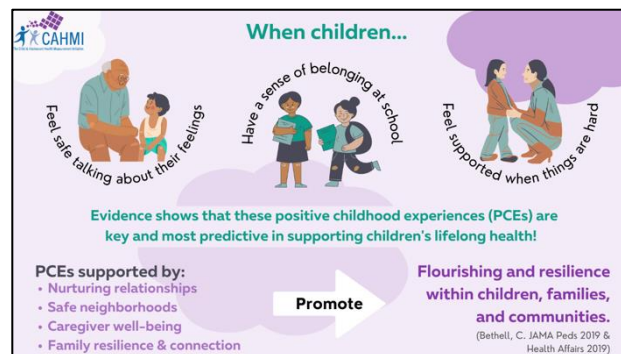
<https://bit.ly/2kwrm53> & <https://bit.ly/2Vm4aYA>

[Click to Tweet Now](#)

- @CAHMI2thrive @CBWeThrive (et al.) highlight the need to promote positive and relational health to prevent and mitigate impact of ACEs and improve health & well-being. Read more:

<https://bit.ly/2kwrm53> & <https://bit.ly/2Vm4aYA>

[Click to Tweet Now](#)



#### The Mitigating Role of Positive Childhood Experiences

- ☒ POSITIVE CHILDHOOD EXPERIENCES (PCEs) ARE LINKED TO BETTER MENTAL HEALTH AND ADULT RELATIONAL WELL-BEING.
- ☒ ACTIVELY PROMOTING PCEs IN CHILDREN CAN LOWER THE RISK OF ADULT DEPRESSION/MENTAL HEALTH ISSUES AND ENHANCE RELATIONAL HEALTH.
- ☒ BY ASSESSING BOTH PCEs AND ACEs, WE CAN BETTER TAILOR INTERVENTIONS, FOCUSING ON STRENGTHS TO PROMOTE OVERALL WELL-BEING.
- ☒ PRIORITIZING NURTURING RELATIONSHIPS FOR CHILDREN IS KEY FOR FOSTERING A SAFE AND STABLE ENVIRONMENT.

BETHELL, C., JAMA PEDI 2019



- The absence of negative experiences and adversity do not equal positive health outcomes for children or adults. Learn more about the research & its implications on the health system @CAHMI2thrive @CBWeThrive (et al.):

<https://bit.ly/2kwrm53> & <https://bit.ly/2Vm4aYA>

[Click to Tweet Now](#)

Sample Tweets on Social and Relational Health, from *Child and Adolescent Psychiatric Clinics of North America*

- To promote positive experiences and child health, a @CBWeThrive study in @psych\_clinics shows family resilience and parent child connection to be integral for self-regulation skills. Read more: <https://pubmed.ncbi.nlm.nih.gov/34801155/>

[Click to Tweet Now](#)

- Want to mitigate social and relational health risks to improve academic and social outcomes? Share findings from the @CBWeThrive study in @psych\_clinics highlighting the significant role of family resilience in positive outcomes: <https://pubmed.ncbi.nlm.nih.gov/34801155/>

[Click to Tweet Now](#)

- Collaborative efforts towards addressing social and relational health risks are needed that involve family, children, and health professionals. Read more on how these efforts could help to increase positive academic and social experiences: <https://pubmed.ncbi.nlm.nih.gov/34801155/>

[Click to Tweet Now](#)

- Children's mental health outcomes are affected by broad number of social and relational health risks. Promotion of good mental health should incorporate collaboration among family and health professionals to address these risks. Learn more:

<https://pubmed.ncbi.nlm.nih.gov/34801155/>

[Click to Tweet Now](#)

## Facebook

Please be sure to tag the Data Resource for Child and Adolescent Health page within these posts. This is the official CAHMI/Data Resource Center (DRC) page. An "@" sign in the post is indication that you will have to manually tag the page.

### Sample Facebook Post on Positive Childhood Experience, from JAMA Pediatrics

- JAMA Peds article, *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels*, written by CAHMI (@Data Resource Center for Child and Adolescent Health) Director and Johns Hopkins Bloomberg School of Public Health Professor Dr. Christina Bethell, and co-authors Jennifer Jones (Alliance for Strong Families and Communities), Dr. Narangerel Gombojav (CAHMI and Johns Hopkins Bloomberg School of Public Health), Dr. Jeff Linkenbach (The Montana Institute), and Dr. Robert Sege (Tufts Medical Center/Tufts School of Medicine) was a study that found that positive childhood experiences, such as warm, supportive family interactions, caring relationships with friends, and connections in the community, are associated with reductions in chances of adult depression and poor mental health and increases in chances of having health relationships in adulthood, even among those with a history of adverse childhood experiences. To read the full publication, click here: <https://bit.ly/2kwrm53>. To read the press release, click here: <https://bit.ly/2m4eMud>

### Sample Facebook Post on Family Resilience and Connection, from Health Affairs

- In 2019, Health Affairs released a publication titled *Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity*, written by CAHMI (@Data Resource Center for Child and Adolescent Health) director and Johns Hopkins University Bloomberg School of Public Health Professor Dr. Christina Bethell, alongside Dr. Narangerel Gombojav, and Dr. Robert Whitaker. This study uses data from the 2016-17 National Survey of Children's Health to determine the prevalence and predictors of flourishing among US children ages 6-17. The findings showed that less than half of US school-aged children are flourishing. However, there is an increased prevalence of flourishing with increasing levels of family resilience and parent-child connection, across all levels of adversity. Population-wide evidence-based programs and policies to increase family resilience and connection can promote child and adolescent flourishing and well-being, while society addresses the remediable causes of adversity. To read the full publication, click here: <https://bit.ly/2Vm4aYA>. To read the press release, click here: <https://bit.ly/2EgwVvj>

#### Sample Facebook Post on Both JAMA Peds and Health Affairs papers

- Dr. Christina Bethell (Founding director of the Child and Adolescent Health Measurement Initiative and @Data Resource Center for Child and Adolescent Health and Johns Hopkins Bloomberg School of Public Health Professor) and co-authors, highlight the importance of assessing and promoting positive and relational health to foster healing and advance health among children, adults and families. *JAMA Pediatrics* article, *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels*, analyzed data from the 2015 Wisconsin Behavioral Risk Factor Survey. This study found that positive childhood experiences offset the risk of depression and poor mental health and increased the chances of healthy relationships in adulthood. *Health Affairs* article, *Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity*, analyzed data from the 2016-2017 National Survey of Children's Health, and found that across all levels of adversity, the prevalence of flourishing among school-age children increased with increasing levels of family resilience and connection. As the federal government recognizes the epidemic of childhood trauma and adversity, these findings demonstrate how population-wide approaches to promote positive childhood experiences and positive relational health in childhood can foster flourishing and positive mental health outcomes in adulthood, even among those with a history of childhood adversity. To read the full publications, click here: <https://bit.ly/2kwrn53> & <https://bit.ly/2Vm4aYA>. To read the press release for the articles, click here: <https://bit.ly/2m4eMud> & <https://bit.ly/2EgwVvj>.

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## LinkedIn

For the LinkedIn Posts below, you are welcome to tag relevant people by typing @ and then their name and selecting the corresponding LinkedIn profile. Those listed below without an "@" are unable to be tagged in LinkedIn posts.

### Sample LinkedIn Post on Positive Childhood Experiences, from JAMA Peds

- In 2019, JAMA Pediatrics released a publication titled [Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels](#) written by CAHMI Director and Johns Hopkins Bloomberg School of Public Health Professor @Christina Bethell, and co-authors Jennifer Jones, @Narangerel Gombojav, @Jeff Linkenbach, and @Robert Sege. The study found positive relationships in childhood, such as warm, supportive family interactions, caring relationships with friends, and connections in the community, are associated with reductions in adult depression and poor mental health and increases in having healthy relationships in adulthood, even among those with a history of adverse childhood experiences. This points to the key role that positive childhood experiences play in influencing health and well-being among children and adults. These findings encourage public health efforts and policies aimed at boosting positive childhood experiences in addition to and as a key part of efforts to reduce adverse childhood experiences, an issue currently being investigated as a national epidemic by the federal government. For full paper, click here: <https://bit.ly/2kwrm53> For press release, click here: <https://bit.ly/2m4eMud>

### Sample LinkedIn Post on Family Resilience and Connection, from Health Affairs

- In 2019, Health Affairs released a publication titled *Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity*, written by CAHMI (@Data Resource Center for Child and Adolescent Health) director and Johns Hopkins University Bloomberg School of Public Health Professor @Christina Bethell, alongside @Narangerel Gombojav, and Dr. Robert Whitaker. This study incorporates data from the 2016-17 National Survey of Children's Health to determine the prevalence and predictors of flourishing among US children ages 6-17. The findings show that less than half of US school-aged children are flourishing. However, there is an increased prevalence of flourishing with increasing levels of family resilience and parent-child connection, across all levels of adversity. Population-wide evidence-based programs and policies to increase family resilience and connection can promote child and adolescent flourishing and well-being, while society addresses the remediable causes of adversity. To read the full publication, click here: <https://bit.ly/2Vm4aYA>. To read the press release for this article, click here: <https://bit.ly/2EgwVvj>.

### Sample LinkedIn Post on Both JAMA Peds and Health Affairs Articles

- There is an immense need and interest in preventing and mitigating the impacts of childhood trauma and adversity. Two publications led by CAHMI director Dr. Christina Bethell and key partners highlight the importance of assessing and promoting positive and relational health to foster healing and advance health among children, adults and families. In September 2019, JAMA Pediatrics released Dr. Bethell's publication, *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels* which analyzed data from the 2015 Wisconsin Behavioral Risk Factor Survey. This study found that positive relationships in childhood offset risk of depression & poor mental health and increased healthy relationships in adulthood. Health Affairs released, Family

Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity, which analyzed data from the 2016-17 National Survey of Children's Health, & found across all levels of adversity, prevalence of flourishing among school-age children increased with increasing family resilience and connection. Even as society addresses adversity, assessing and promoting positive & relational health in children is key. These offer the hopeful possibility that children & adults can thrive despite their accumulation of negative childhood experiences. Learn more: <https://bit.ly/2kwrm53> & <https://bit.ly/2Vm4aYA>

Sample LinkedIn Post on Social and Relational Health, from *Child and Adolescent Psychiatric Clinics of North America*

- In 2022, *Child and Adolescent Psychiatric Clinics of North America* published *Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes*, co-authored by CAHMI (@Data Resource Center for Child and Adolescent Health) director and Johns Hopkins University Bloomberg School of Public Health Professor Dr. Christina Bethell. This study used the combined 2016-2019 National Survey of Children's Health to determine the prevalence and co-occurrence of mental, emotional, and/or behavioral health problems (MEB), social health risks (SHR), and relational health risks (RHR). It also finds an association with increased family resilience and parent to better self-regulation skills, which in turn are associated with higher school engagement and less bullying involvement. Promotion of resilience strategies among families by health professionals can be successful strategy in mitigating social and relational health risks among both children with and without MEB conditions. To read the full publication, click here: <https://pubmed.ncbi.nlm.nih.gov/34801155/>. To read the press release, click here: <https://publichealth.jhu.edu/2022/study-reveals-fourfold-range-in-rates-of-mental-health-problems-among-us-children-based-on-relational-and-social-risks>.



# The Data Resource Center for Child and Adolescent Health

The [Data Resource Center \(DRC\)](#) advances the use of the National Survey of Children's Health by making the data easily accessible. The following audiences will find this content most relevant: state or local leaders, Title V programs, policymakers, researchers, child health professionals and advocacy groups, and families.

## News Content

Click on the graphics below to download them from our Media Drive Folder!

[Sample Newsletter article for Title V or other State Leaders](#)

- **The Data Resource Center** (DRC, [childhealthdata.org](http://childhealthdata.org)) is a national center led by the Child and Adolescent Health Measurement Initiative (CAHMI) and supported by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB), focused on the effective spread and use of data from the National Survey of Children's Health (NSCH) to assist efforts in improving child, family, and community health. The DRC provides a user-friendly [Interactive Data Query](#) to explore national, regional, and state-level NSCH findings for over 350+ variables for each dataset. This powerful tool puts your state's data and **Title V National Performance Measures (NPMs) and National Outcome Measures (NOMs)** available from the NSCH right at your fingertips. To learn more, watch a short [video tutorial](#), or jump right in and start [exploring the data](#).

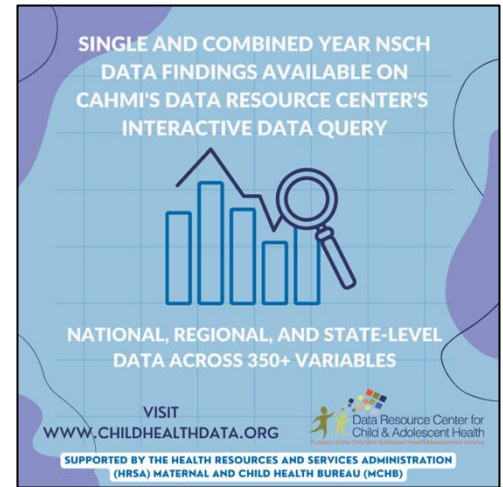
**The DRC offers three state-level comparison options for Title V NOMs and NPMs:** across-states data query, comparison tables and US maps. The [comparison tables](#) allow you to visually compare your state to others and the nation across multiple measures. The [US maps](#) visualize comparisons between your state and other states as well as the nation overall through a map. Click [here for more information](#) on the ways to compare data across states on the DRC.

The DRC offers [downloadable datasets](#) and [codebooks](#) that include measure specifications, codes, and more in SAS, SPSS and Stata formats. Utilize th datasets to run your own analyses beyond what is available in the interactive data query. **The DRC includes numerous resources to [learn about the NSCH](#)**, including:

- [Fast Facts](#).
- Survey [Instruments](#) and [Methodology](#)
- [Guides to Topics and Questions by survey year](#).
- [Survey changes across years](#).
- [Detailed content maps of indicators and survey items displayed in the DRC's interactive data query](#).

## Sample Blog or Website Posts

- The Data Resource Center (DRC, [www.childhealthdata.org](http://www.childhealthdata.org)), led by the Child and Adolescent Health Measurement Initiative (CAHMI), provides point-and-click online access to national, state, and regional findings from the National Survey of Children's Health (NSCH) through the [interactive data query](#) (IDQ). The IDQ allows you to search survey findings by survey year, geographic level, and measure. The DRC also offers cleaned and coded [downloadable datasets](#) with accompanying [codebooks](#) that include measure specifications, codes, and more in SAS, SPSS, and STATA formats. The Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
- [The Data Resource Center for Child and Adolescent Health](#) houses data primarily pulled from The National Survey of Children's Health (NSCH), a rich survey providing information on multiple aspects of children's lives — including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. The Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

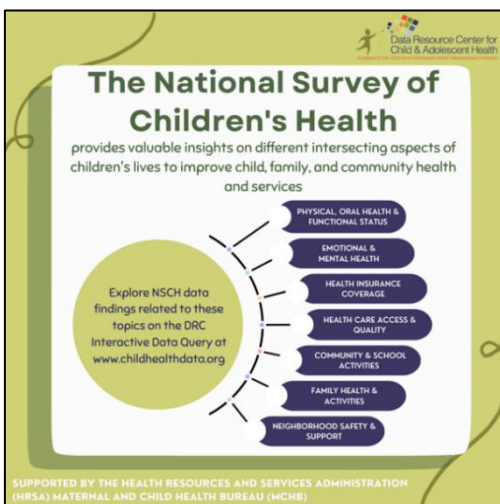


## Social Media Content and Graphics

*Click on the graphics below to download them from our Media Drive Folder!*

### Twitter

Sample tweets for researchers, Title V leaders, and family advocates



- CAHMI's Data Resource Center makes family-centered data from the National Survey of Children's Health accessible for all! Prioritize the possibilities to achieve child health equity in your state by visiting [www.childhealthdata.org](http://www.childhealthdata.org).

[Click to Tweet Now](#)

- The Data Resource Center (DRC) is your go-to source for national, state, and regional data on children's health and related services in the US. Explore @childhealthdata's interactive data query to see your state's data here:

[www.childhealthdata.org/browse/survey](http://www.childhealthdata.org/browse/survey)!

[Click to Tweet Now](#)

- Calling all champions of children's health! The Data Resource Center empowers all with comprehensive data findings from the NSCH to explore possibilities in our states! Optimize this data for positive change. @childhealthdata

[Click to Tweet Now](#)

- State leaders and policymakers, unlock the power of data for effective decision-making! The Data Resource Center offers a wealth of child health data, trends, and indicators, empowering you to craft evidence-based policies that make a real impact.  
[www.childhealthdata.org](http://www.childhealthdata.org)

[Click to Tweet Now](#)

- Attention child & family advocacy groups! The DRC equips you with the data and evidence you need to lead your agenda. Uncover critical insights, spot gaps, & drive policy reforms that positively impact children's lives. [www.childhealthdata.org](http://www.childhealthdata.org)  
#DataResourceCenter #ChildAdvocacy

[Click to Tweet Now](#)

- Conduct your own analyses using @childhealthdata downloadable NSCH datasets & codebooks. Content includes variables corresponding to measures of children's health status, health care quality, system performance, and more. Download yours today:  
[childhealthdata.org/help/dataset](http://childhealthdata.org/help/dataset)

[Click to Tweet Now](#)

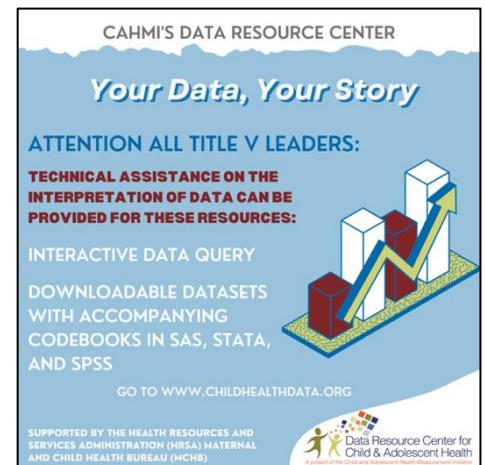
## LinkedIn or Facebook



- The Data Resource Center ([www.childhealthdata.org](http://www.childhealthdata.org)), led by the Child and Adolescent Health Measurement Initiative (CAHMI), makes national, state, and regional child health data from large population-based surveys including the redesigned National Survey of Children's Health (NSCH) easily accessible to all. Optimize this data today and explore the possibilities to improve child and family health services in your state today! Downloadable NSCH datasets with can be requested here:  
[www.childhealthdata.org/help/dataset](http://www.childhealthdata.org/help/dataset)

- The National Survey of Children's Health (NSCH) provides rich data on multiple, intersecting aspects of children's lives—including physical and mental health, access

to quality health care, and the child's family, neighborhood, school, and social context. The Data Resource Center takes the results from the NSCH and makes them easily accessible to parents, researchers, community health providers and anyone interested in maternal and child health. Explore the possibilities here: [www.childhealthdata.org](http://www.childhealthdata.org). Downloadable NSCH datasets with can be requested here:  
[www.childhealthdata.org/help/dataset](http://www.childhealthdata.org/help/dataset)



## Print Materials

Click on the graphics below to download them from our Media Drive Folder!



### THE DATA RESOURCE CENTER FOR CHILD AND ADOLESCENT HEALTH

The Data Resource Center for Child and Adolescent Health (DRC), a project of the Child and Adolescent Health Measurement Initiative (CAHMI), aims to provide essential maternal and child health data at the national, state and community level in order to inform and enhance maternal and child health policy and practice. The DRC maintains a website providing user-friendly,

point-and-click access to national, state, and regional data findings from two large parent or family reported surveys on child and adolescent health and well-being in the US, Health Resources Services Administration's (HRSA's) MCHB National Survey of Children's Health and National Survey of Children with Special Health Care Needs.

Find us at  
[www.childhealthdata.org](http://www.childhealthdata.org)

#### What surveys are available on the DRC?

##### **The National Survey of Children's Health (NSCH):**

The NSCH is the prime focus of the DRC and funded and directed by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). The NSCH provides rich data on multiple, intersecting aspects of children's lives – including physical and mental health, access to quality health care, and the child's family, neighborhood, school and social context. As of 2016, the NSCH has been administered annually as a mail or web-based survey by the Census Bureau.

Data from previous survey years are also available, from when this survey was administered every four years (2003, 2007, 2011/12). The NSCH was sponsored and directed by HRSA MCHB and conducted by the National Center for Health Statistics at the Centers for Disease Control during these years.

##### **The National Survey of Children with Special Health Care Needs (NS-CSHCN):**

The NS-CSHCN was administered in 2001, 2005/6, and 2009/10. Starting in 2016, content from the NS-CSHCN and the NSCH were combined into a single survey for annual administration.



Population, Family and  
Reproductive Health



# The Cycle of Engagement Well Visit Planner Approach to Care

[www.cycleofengagement.org](http://www.cycleofengagement.org) | [www.wellvisitplanner.org](http://www.wellvisitplanner.org) | [www.onlinephds.org](http://www.onlinephds.org)

The Cycle of Engagement Well Visit Planner Approach to Care (COE WVP) builds the capacity of child health providers, community-based organizations, and family support specialists to effectively partner with families in the provision of Bright Futures Guidelines for well-child visits. Currently available for children from the first week of life through age six, the online, guideline-based and family-facing Well Visit Planner® (WVP) and post visit Promoting Healthy Development Survey (PHDS) quality assessment give voice to families and help child and family care teams. All WVP and Online PHDS content can also be adapted to share with families directly.

## News Content

Click on the graphics below to download them from our Media Drive Folder!

Sample Newsletter Article for child health professionals, family advocates and support specialists

### 1. The Cycle of Engagement Well Visit Planner Approach to Care catalyzes and strengthens partnerships with families and across early childhood systems.



The family-centered Cycle of Engagement Well Visit Planner Approach to Care (COE WVP) provides interoperable whole child and family screening and data sharing tools for partners to address the needs and priorities of children and families. The COE WVP approach was developed by the Child and Adolescent Health Measurement Initiative (CAHMI, [www.cahmi.org](http://www.cahmi.org)) in collaboration with the American Academy of Pediatrics, primary care providers, community organizations and families. With automated scoring and personalized links to credible resources bas, health providers and family support professionals can ensure that assessments are completed and that relevant support is provided. The digital Well Visit Planner tool helps streamline communication across early childhood partners, closing gaps in the utilization, quality, and equity of

preventive and developmental services for children. The information in the WVP is based on the American Academy of Pediatrics *Bright Futures Guidelines for the Health Supervision of Infants, Children, and Adolescents* (<https://brightfutures.aap.org>).

Sample Newsletter Article for families

### 1. The Well Visit Planner: Making the most of well-child visits

The American Academy of Pediatrics (AAP) recommends 15 well-child visits during the first six years of your child's life. Well-child visits are an opportunity for you and your health providers to connect and celebrate what's going well, meet your family's needs, and address any concerns. It's also a good time for health care providers to learn about any family traditions or cultural norms that might impact your child's health and development.



## The Well Visit Planner

The Well Visit Planner online tool can help make those visits to the pediatrician's office as meaningful as possible. This tool, specifically designed by and for families, is proven to save you time during your visit, makes more time for personalized conversations with your child health provider, and helps you and your care team prepare to discuss your priorities and goals. Here's why you should use it:

- It's free.
- It's available in English and Spanish.
- It takes 10-15 minutes to fill out before each visit.
- Results can be printed and shared with your provider and care team.
- It empowers families to partner in care and helps health care providers better serve the needs of your child and family.

The tool is fully aligned to the American Academy of Pediatrics *Bright Futures Guidelines for the Health Supervision of Infants, Children, and Adolescents* (<https://brightfutures.aap.org>), so you can trust the information and results provided are high quality and expert-approved. The Well Visit Planner can be accessed at: [www.WellVisitPlanner.org](http://www.WellVisitPlanner.org).

For more information about the Well Visit Planner, watch this video:

- Introduction to the Well Visit Planner: <https://youtu.be/HFy5hJ7FvEs>

## Sample Blog or Website posts

- CAHMI's [Cycle of Engagement](#) (COE) is a family-centered, data-driven model of health care that prioritizes the importance of bringing family needs and priorities front and center. The COE model can be implemented in practice using it's a 3-part approach that includes:
  - Part 1: the digital [Well Visit Planner](#) (WVP), a family-driven pre-visit planning tool.
  - Part 2: the Personalized Connected Encounter, relationship-building visit between provider and family
  - Part 3: the [Promoting Healthy Development Survey](#) (PHDS), a family-driven post-visit quality of care assessment

What's more is that families receive their data back when they complete a WVP! A Well Visit Guide is generated for families to review their responses and a Clinical Summary can be shared with their provider of choice to have a meaningful discussion during their next visit.

The WVP and PHDS are nationally validated tools proven to improve developmental and psychosocial screening and follow up, reduce urgent care visits, increase family and provider satisfaction, and track and measure quality of care provided. To learn more, watch a demo, and/or get a COE account, visit [www.cycleofengagement.org](http://www.cycleofengagement.org).





- The [Well Visit Planner](http://www.wellvisitplanner.org) is an evidence-based, family-driven tool available in English and Spanish ([www.wellvisitplanner.org](http://www.wellvisitplanner.org)) designed to improve early childhood services for children 6 years and under. The tool was created in collaboration with the CAHMI, pediatric providers, families, community-based organizations, and research experts and is aligned with recommendations established by the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4<sup>th</sup> Edition. The tool helps parents and caregivers to prepare for their child's first 15 recommended well-child visits by allowing them to complete screeners ahead of the visit and reflect and identify strengths, priorities, and concerns. The Well Visit Planner employs a family-centered approach by ensuring families receive their

data and results back in a family-friendly Well Visit Guide (WVG) that can be printed and shared with their providers to prepare for their visit. A provider-facing Clinical Summary is also automatically generated which is a 1-page at-a-glance report of scores and results from the WVP, including strengths and priorities selected by the family. The Clinical Summary and Well Visit Guide can be optimized by both provider and family to support shared-decision making allowing families and providers to work as partners for the health and well-being of their child. Learn more at [www.cycleofengagement.org](http://www.cycleofengagement.org).

## Social Media Content and Graphics

*Click on the graphics below to download them from our Media Drive Folder!*

### Twitter

Tweets about **the Cycle of Engagement model** to engage child and family health providers

- The COE model supports full engagement of families & communities in well-child care, promoting healthy development and ensuring that Bright Futures Guidelines are met at every well visit! Watch this video to learn more: <http://ow.ly/YRU450MC9AI>

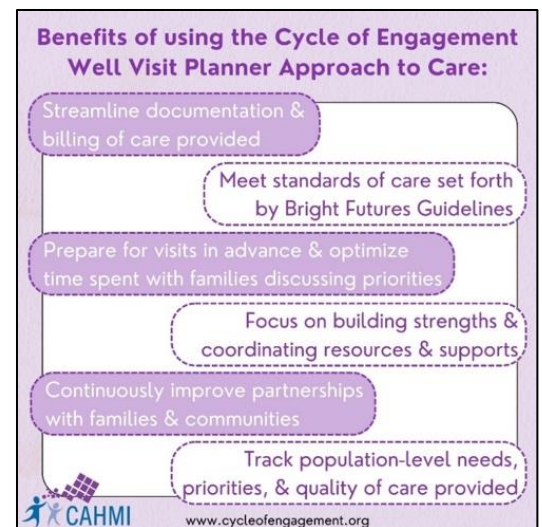
[Click to Tweet Now](#)

- Early childhood well visits are a perfect place to engage families to keep children #flourishing & #connected. The #CycleofEngagement model promotes personalized well visits using family-centered, online tools. Learn more here: <https://bit.ly/3ygDb0Y>

[Click to Tweet Now](#)

- The Cycle of Engagement Well Visit Planner is a feasible and effective approach to provide whole-family & personalized care. Learn more about how you can use it to help families thrive here: <http://ow.ly/9CTY50Mk7cv>

[Click to Tweet Now](#)



Tweets about **the Well Visit Planner** to engage health professionals or family support specialists

- The Well Visit Planner is a must-have tool for #pediatriccare! Get a summary of family priorities, strengths, concerns, & needs. It even allows you link resources to share, streamline visits & build trust with patients & families. Learn more: [www.wellvisitplanner.org/ProviderInfo.aspx](http://www.wellvisitplanner.org/ProviderInfo.aspx)

[Click to Tweet Now](#)

- The Well Visit Planner is directly aligned with Bright Futures Guidelines to ensure families meet high quality medical home criteria by promoting family engagement, comprehensive assessments & social and relational health! Learn more: [www.wellvisitplanner.org/ProviderInfo.aspx](http://www.wellvisitplanner.org/ProviderInfo.aspx)

[Click to Tweet Now](#)

- The Well Visit Planner is more than just a screening tool. It's a way to promote family resilience and prevent emergencies. The WVP is proven to help reduce emergency room visits for children and lower health care costs. Learn more: <http://ow.ly/Ps7G50Om5jr>

[Click to Tweet Now](#)

- The Well Visit Planner facilitates a whole-family approach to pediatric primary care to promote child and family flourishing. 92% of families who used the WVP would recommend it to others! Learn more about the WVP & Cycle of Engagement approach at <http://cycleofengagement.org>

[Click to Tweet Now](#)

- Preventive care decreases the health risks and the cost of urgent care. The Well Visit Planner approach to care engages families to take control of their child's healthcare through a whole-person approach. Learn more about the WVP here: <http://ow.ly/AKKO50J10kf>

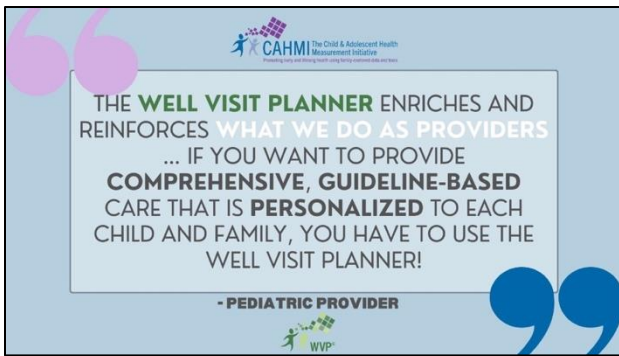
[Click to Tweet Now](#)

## LinkedIn or Facebook

- CAHMI's Cycle of Engagement Well Visit Planner Approach to Care is a 3-part evidence-based model aligned with Bright Futures Guidelines and is entirely driven by the family's agenda. The CAHMI developed the Well Visit Planner and Promoting Healthy Development Survey family-facing tools to operationalize Bright Futures and promote comprehensive, family-centered








care. The Well Visit Planner has been researched and proven to improve follow up care, reduce urgent care, and increase family and provider satisfaction. Any professional dedicated to improving the health and well-being of children and families can use the Cycle of Engagement and customize their own family-facing tools to enhance their services. To learn more, watch a demo, or get a COE account, go to [www.cycleofengagement.org](http://www.cycleofengagement.org).

- Over half of young children in the United States experience complex and interrelated social, relational and/or medical health risks, only 40% meet criteria for being ready for school, 65% fail to receive even basic early developmental screens and large gaps exist in the utilization and quality of essential well-child care preventive and developmental services. It is critical that we are aware of the possibilities and actions we can take to address these system challenges using family-centered and evidence-based tools and resources. The innovative Cycle of Engagement Well Visit Planner (WVP) Approach to Care provides interoperable whole child and family assessment and data sharing tools for system partners to address the needs and priorities of children and families. Watch a demo of the COE WVP tools and enhance your early childhood services today! Visit: <https://implement.cycleofengagement.org/demo.aspx>

## Print Materials

Click on the graphics below to download them from our Media Drive Folder!

1. COE WVP 2-page overview for child health providers or professionals




## The Cycle of Engagement Well Visit Planner

### Approach to Care – Your Families, Your Partners

*Prioritizing Possibilities for Child and Family Well-being Using Family-Centered Data and Tools*

The Cycle of Engagement Well Visit Planner Approach to Care (COE WVP) builds the capacity of families, communities, and pediatric primary care teams to partner in the joyful work of promoting the well-being of all children. Currently available for children from the first week of life through age six, the COE WVP's online, guideline-based and family-driven **Well Visit Planner® (WVP)** and post visit **Promoting Healthy Development Survey (PHDS)** quality assessment give voice to families and help child and family care teams:

1. **Integrate and streamline** family-reported screening and priority setting
2. **Prepare for and optimize time** during visits to focus on the family's agenda
3. **Focus on building strengths** and coordinating resources and supports
4. **Continuously improve** in partnership with families and communities
5. **Track population-level needs, priorities, and quality of care**



### Creating an Integrated Cycle of Family Engagement Before, During, and After Well Child Care Encounters





#### Personalize Care Using the Family Driven Well Visit Planner (WVP)

**What is it?**

- **Brief:** A 10-minute web-based tool where families share strengths; complete developmental & psychosocial screeners; pick priorities for support/education; note concerns; & learn. Mobile optimized.
- **Transparent & Secure:** Providers receive Clinical Summaries with results and resources for families.
- **Supported:** Family-owned accounts store family Well Visit Guides & support use for multiple children. Customized provider accounts offer access to Well Visit Guides, Clinical Summaries and resources to support implementation.

#### Optimize Time Spent During Encounters

- **Focus:** Use the at-a-glance Well Visit Planner Well Visit Guide and your Clinical Summary to prepare for and make the best use of time during encounters.
- **Your Well-being:** Increase your joy in work by using time freed up to deepen your connection with your patients and rest knowing you met their priorities, celebrated strengths, addressed risks, and linked families to needed supports.



#### Measure & Improve Using the Promoting Healthy Development Survey (PHDS)

**What is it?**

- **Meaningful:** A family-completed survey yields 8 meaningful quality indicators aligned with Bright Futures guidelines.
- **Flexible:** Use on an ongoing or periodic basis based on your needs.
- **Confidential:** Generate your own confidential, aggregate quality report after at least 25 completions.
- **Shared:** Families receive a personalized report with resources to partner in improving care.

Studies to date have demonstrated acceptability, feasibility, improvements in screening and quality, and reductions in urgent care.

## Over 92%

of providers and families recommend the Well Visit Planner.

#### What users have to say about the Well Visit Planner:

**Providers:** "The Well Visit Planner enriches and reinforces what we do as providers... We didn't have to ask as many questions... If you want to provide comprehensive, guideline-based care that is personalized to each child and family, you have to use the Well Visit Planner!"

**Families:** "I liked it! Using the Well Visit Planner was fast, helped me plan my child's visit and identify questions. During the well visit the providers were prepared to focus on my child and family."

#### Learn More!

- **Request** a demo.
- **Learn** more about the Well Visit Planner content and benefits.
- **View** a short video.

#### Try It Out!

**Register** to get a free, customized, and secure Cycle of Engagement (COE) account and dashboard. From here you can:

1. **Customize the Well Visit Planner** to use with the children and families you serve and use your WVP Use Portal to access Well Visit Guides, Clinical Summaries and resources.
2. **Customize the Online Promoting Healthy Development Survey** and use your PHDS Use Portal to get aggregate reports on quality and resources to improve care.


#### Get Help!

Please email us at [info@cycleofengagement.org](mailto:info@cycleofengagement.org) for more information or questions. We aim to partner to continuously improve and look forward to hearing from you!

## 2. COE WVP Content and Benefits Overview for child health providers and professionals

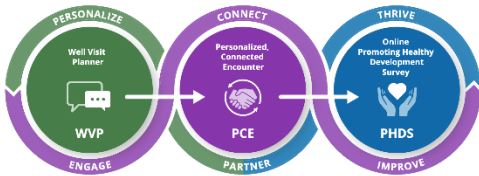
### Well Visit Planner® and Promoting Healthy Development Survey:

Summary of content, reports, implementation and alignment with screening and quality of care standards




**CAHMI's Cycle of Engagement**  
Real engagement, for real health

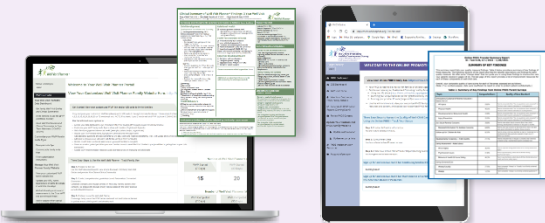
The **CAHMI's Cycle of Engagement Well Visit Planner Approach to Care (COE WVP)**, using the **Well Visit Planner (WVP)** and **Promoting Healthy Development Survey (PHDS)** family tools, includes valid content aligned with national standards of care. Actionable reports for families and child health professionals are generated to help you meet recommended standards of care based on Bright Futures Guidelines and to improve aspects of care aligned with performance measures used to evaluate quality of care.



#### Family Tools and Reports



#### Provider and Care Team Dashboards and Reports



#### Topics Assessed Using the Well Visit Planner (WVP)

The Well Visit Planner® is a brief family-completed, pre-visit planning tool anchored to Bright Futures guidelines for all 15 well visits recommended from a child's first week to sixth year of life.

CORE CONTENT	
<ul style="list-style-type: none"> <li>Tailored for 15 recommended visits based on <i>Bright Futures</i> guidelines (first week to 6<sup>th</sup> year of life)</li> <li>English and Spanish</li> <li>Mobile optimized</li> <li>Not all content applies for all ages</li> </ul>	<ol style="list-style-type: none"> <li>Child and parent/caregiver <b>strengths</b> (what is going well!)</li> <li>Open ended questions about family/parent specific goals and concerns for the well visit</li> <li>Developmental <b>surveillance and standardized developmental screening</b> using the Survey of Well-Being of Young Children (SWYC)</li> <li><b>Autism spectrum disorder screening</b> using the Modified Checklist for Autism in Toddlers, Revised (<b>M-CHAT-R™</b>) for 18- and 24-month visits</li> <li>Caregiver concerns about speaking, vision, hearing</li> <li>Open ended question on any additional concerns about child's development or health.</li> <li>Caregiver <b>depression</b> using the Patient Health Questionnaire-2 (PHQ-2) or Edinburgh Postnatal Depression Scale (EPDS) (based on child's age)</li> <li>Family <b>psychosocial issues</b> (e.g., meeting basic needs, alcohol and substance use, smoking, emotional support, parent/caregiver coping, experiences of racial discrimination, etc.)</li> <li><b>Intimate partner violence</b> using the Women Abuse Screening Tool-Short (<b>WAST-Short</b>)</li> <li><b>Anticipatory guidance and parental education</b> prioritization checklists and provision of family-centered topic by topic Family Resource Sheets (can pick up to five; average selected=3)</li> <li><b>Other general health information recommended in guidelines</b> (age-specific; nutrition, medications, vitamins/herbs, special health care need)</li> <li>Other family health history and updates (heart, stroke, blood pressure, new problems, recent changes or stressors)</li> </ol> <p><i>Other context and environmental assessments (e.g., living situation, lead, fluoride)</i></p>
OTHER ASSESSMENTS AND TOPICS THAT CAN BE ADDED	<ul style="list-style-type: none"> <li>Short <b>Child Flourishing Index (CFI)</b></li> <li>Short <b>Family Resilience Index (FRI)</b></li> <li>Short Parent-Child <b>Emotional Connection</b> Items</li> <li>Short <b>Protective Family Routines and Habits (PFRH)</b></li> <li><b>Pediatric ACEs and Related Life-events Screener (PEARLS)</b></li> <li><b>Other social-emotional screening</b> (Baby Pediatric Symptom Checklist (BPSC) and Preschool Pediatric Symptom Checklist (PPSC)).</li> <li><b>Other social determinants topics.</b> SEEK coming soon as core.</li> <li><b>Interconception Care (ICC)</b></li> </ul> <p><i>Other assessments can be added by you during customization of your WVP.</i></p>

#### Aspects of Quality Assessed Using the Promoting Healthy Development Survey

The Online PHDS is a valid family-reported, post-visit assessment of quality of care for families of children 3 months to 6 years.

QUALITY OF CARE MEASURES	
<ul style="list-style-type: none"> <li><b>Anticipatory guidance and parental education</b> needs are met</li> <li>Recommended developmental <b>surveillance</b> and standardized <b>developmental screening</b> occurs</li> <li><b>Follow up occurs</b> for children at risk for developmental problems (using PEDS)</li> <li>Basic <b>psychosocial screening</b> occurs</li> <li>Surveillance of caregiver <b>mental health</b> conducted</li> </ul>	<ul style="list-style-type: none"> <li><b>Family concerns</b> about child development are addressed</li> <li>Surveillance about problems/issues in the <b>community</b> occurs and resources provided</li> <li><b>Core medical home criteria are met</b> (e.g., personal doctor or nurse; access to and coordination of care, family centered care)</li> </ul> <p><i>Quality measures are stratified by child/family demographics, caregiver mental health, child developmental status and having a special health care need (CSHSCN Screener).</i></p>
OPTIONAL CONTENT	<ul style="list-style-type: none"> <li>Caregiver interest in telemedicine and concerns/barriers to telemedicine</li> <li>Impact of COVID-19 on child's well visits and daily life</li> <li>Feedback on the use of the Well Visit Planner (if using this tool)</li> </ul> <p><i>Additional assessments will be added as we discern their need by COE WVP users.</i></p>



### 3. Well Visit Planner 2-page overview for family leaders – English and Spanish

#### Your Child, Your Well Visit

The Well Visit Planner® – helping children and families thrive one well visit at a time!



The Well Visit Planner was created and evaluated in partnership with families and child health care providers. The free, convenient Well Visit Planner covers all 15 well visits recommended to occur between a child's first week to sixth year of life. When families use the Well Visit Planner they will:

- ✓ Learn about and know what to expect during well visit check-ups. Topics and assessments are different for each visit as children grow and develop.
- ✓ Conveniently complete recommended assessments all in one place, identify priorities and what is going well and learn about important topics, such as how their child is developing.
- ✓ Get a personalized Well Visit Guide that summarizes strengths, what may need attention and their priorities for the visit. Families get personalized resources and example questions to ask.
- ✓ Focus time with child health providers using the automatically generated Well Visit Guide that summarizes all their information in one, links families to resources and provides tips to get the most from their child's well visit. Providers get a Clinical Summary and the family Well Visit Guide before visits when they sign up for a customized Well Visit Planner website.

**The Well Visit Planner supports personalized, relationship-centered care for every child and family.**  
Covers well visits from the first week to sixth year of a child's life. In English or Spanish. Mobile optimized.



**During the Well Visit:**

- ✓ When families use the Well Visit Planner before each visit, they and their child's providers start visits knowing what matters most and how the child and family are doing!
- ✓ Using the Well Visit Planner creates more time to discuss family priorities and needs and provide the support, information, and resources families need to help their children and family thrive.

**The Online Promoting Healthy Development Survey**

- ✓ The optional Online Promoting Healthy Development Survey (PHDS) can be used to invite families to confidentially share feedback on the quality of care they received.
- ✓ When families complete the Online PHDS, it reinforces what they should expect and gives each family a personalized feedback report on the quality of their child's care and how to partner to improve services.
- ✓ The Online PHDS is a validated method to comprehensively assess quality of care. Providers get an aggregate report on quality to help them improve.

**Learn More**

- View a short video.
- Request a demo.

**Try It Out**

Try out the public use Well Visit Planner today at [www.wellvisitplanner.org](http://www.wellvisitplanner.org). Get a report on the quality of well visits at [www.onlinephds.org](http://www.onlinephds.org).

**See instructions to customize the Well Visit Planner**

- The Well Visit Planner was designed to be customized and used in partnership between families and their child's health care providers or other family support professionals.
- Providers invite families to use the Well Visit Planner by sharing their customized website link or QR code and access family Well Visit Guides and Clinical Summaries in their secure data dashboard.

**"I liked it! Using the Well Visit Planner was fast, helped me plan my child's visit and identify questions. During the well visit the providers were prepared to focus on my child and family."** [Parent]

Please email us at [info@cycleofengagement.org](mailto:info@cycleofengagement.org) for more information or questions. We aim to empower you to learn, partner, and get the best care possible to support their child and family's health, and well-being.

#### Su hijo/a, Su visita de salud

¡El Well Visit Planner® – apoyando a niños y familias en cada visita de salud!



El Well Visit Planner fue creado y evaluado en colaboración con familias y proveedores de salud infantil. El Well Visit Planner es gratuito, conveniente y cubre las 15 visitas de salud recomendadas entre la primera semana y el sexto año de vida de un niño/a. Cuando las familias utilizan el Well Visit Planner:

- ✓ Aprenderán y sabrán qué esperar durante las visitas de salud. Los temas y las evaluaciones son diferentes en cada visita a medida que los niños crecen y se desarrollan.
- ✓ Completarán convenientemente las evaluaciones recomendadas en un solo lugar, identificarán las prioridades, lo que va bien y aprenderán sobre temas importantes, como el desarrollo de su hijo/a.
- ✓ Obtendrán una guía personalizada que resume sus fortalezas, lo que puede necesitar atención y sus prioridades para la visita. Las familias obtienen recursos y ejemplos de preguntas personalizadas que pueden preguntarle al proveedor de salud infantil.
- ✓ Enfocarán su tiempo con los proveedores de salud infantil utilizando la guía personalizada generada automáticamente que resume toda su información, vincula a las familias con los recursos y provee consejos para aprovechar al máximo la visita de salud de su hijo/a. Los proveedores obtienen un resumen clínico y la guía personalizada de la familia antes de las visitas cuando se registran en un sitio web personalizado del Well Visit Planner.

**El Well Visit Planner apoya la atención personalizada y centrada para cada niño/a y familia.**  
Incluye visitas de salud desde la primera semana hasta el sexto año de vida de un niño/a. En inglés o español. También se puede usar en teléfonos móviles.



**During the Well Visit:**

- ✓ Cuando las familias usan el Well Visit Planner antes de cada visita, ellos y los proveedores de su hijo/a comienzan las visitas sabiendo lo que más les importa y cómo les está yendo a niño/a y la familia.
- ✓ El uso del Well Visit Planner otorga más tiempo para discutir las prioridades, necesidades, fortalezas y preguntas al apoyo, la información y los recursos que las familias necesitan para apoyar el crecimiento sano de sus niños.

**The Online Promoting Healthy Development Survey**

- ✓ El Online Promoting Healthy Development Survey (PHDS) es opcional y se puede usar para invitar a familias a compartir de manera confidencial sus comentarios sobre la calidad de atención que recibieron.
- ✓ Cuando las familias completan el PHDS en línea, resulta lo que deben esperar y proporcionar a cada familia un informe de evaluación personalizada sobre la calidad de atención de su hijo/a y cómo colaborar para mejorar los servicios.
- ✓ El PHDS en línea es un método validado para evaluar de manera integral la calidad de atención. Los proveedores obtienen un informe generalizable sobre la calidad para ayudarlos a mejorar su servicio.

**Aprende más**

- Vea un video corto.
- Inscribirse para una demostración.

**Pruébelo**

Pruebe el Well Visit Planner de uso público hoy en [www.wellvisitplanner.org](http://www.wellvisitplanner.org). Obtenga un informe sobre la calidad de las visitas de salud en [www.onlinephds.org](http://www.onlinephds.org).

**Obtenga instrucciones para personalizar el Well Visit Planner.**

- El Well Visit Planner fue diseñado para ser personalizado y utilizado en colaboración entre las familias y los proveedores de atención médica de sus hijos u otros profesionales de apoyo familiar.
- Los proveedores invitan a las familias a usar el Well Visit Planner compartiendo su enlace personalizado a través de QR y acceden a su perfil seguro para tener acceso a las guías personalizadas de las familias y resúmenes clínicos.

**"Me gustó! Usar el Well Visit Planner fue rápido, me ayudó a planificar la visita de mi hijo/a a identificar preguntas. Durante la visita de salud, los proveedores estaban preparados para concentrarse en mi hijo/a y mi familia."** [Padre, traducido del inglés]

Envíenos un correo electrónico a [info@ohm.org](mailto:info@ohm.org) para obtener más información o hacer preguntas. Nuestro objetivo es empoderar a las familias para que aprendan, colaboren y obtengan la mejor atención posible para apoyar la salud y el bienestar de su hijo/a y su familia.

### 4. 1-page flyer about the Well Visit Planner for child health care providers

#### Use The Well Visit Planner® to improve care in your practice



The Well Visit Planner® is a brief, family completed online pre-visit planning tool carefully aligned with national Bright Futures guidelines for children from the first week of life through six years of age.

**What The Well Visit Planner® does:**

- ✓ Families reflect, learn, identify goals, complete assessments and choose priorities before their child's visit—It only takes about 10 minutes! They can even complete it while in the waiting room on their smartphone.
- ✓ Families receive a guide to help them navigate their visit to maximize their child's care
- ✓ Clinicians receive an at-a-glance summary of family priorities, children's strengths, concerns and needs with links to resources to share with families and support care
- ✓ Streamlines the visit and builds trust between you and your patients and families

**"I liked it! Using the Well Visit Planner was fast, helped me plan my child's visit and identify questions. During the well visit the providers were prepared to focus on my child and family."** [Parent]



**"From a provider point of view, it was beneficial because we didn't miss a screen, we knew we met family priorities and were keyed into things that the families might not have otherwise shared."**

**The Well Visit Planner® is incredibly easy to use:**

- You can register and start using it on day one!
- Add additional screening tools and resources to share with and the families you serve
- Registration is easy and free for early adopter innovative health practices. Contact us at [info@cycleofengagement.org](mailto:info@cycleofengagement.org).



The WVP was designed and validated by the **Child and Adolescent Health Measurement Initiative** (2008-2016) and is available for free as we scale use across innovative pediatric health practices.

Copyright © Child and Adolescent Health Measurement Initiative, Center for the Advancement of Innovative Health Practices (CAIHP), OHM (2015), JHU (2021).

## Templates and Digital Media

Click the following links and images to access and download them from our Media Drive Folder!

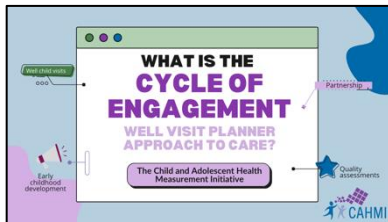
### Overview Videos

All videos can also be found on CAHMI's YouTube channel:

<https://www.youtube.com/@ChildHealthData>

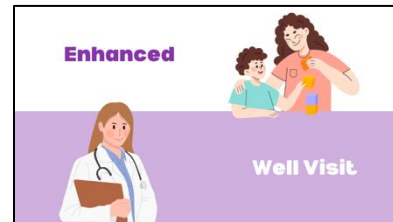
- 1) [Overview video of the Cycle of Engagement Well Visit Planner Approach to Care for child health professionals](#) (9 min)

Download it here:



- 2) [Overview video of the Cycle of Engagement Well Visit Planner Approach to Care for child health professionals](#) (4 min)

Download it here:



- 3) [An Introduction to the Well Visit Planner for families](#) (English, 2 min)

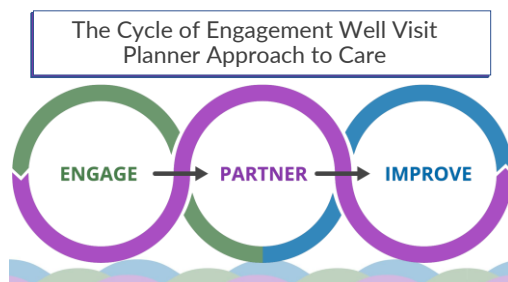
Download it here:



- 4) [The Well Visit Planner - Una Introducción para familias](#) (Spanish, 2 min)



Sample COE WVP slides template: Click below to download.

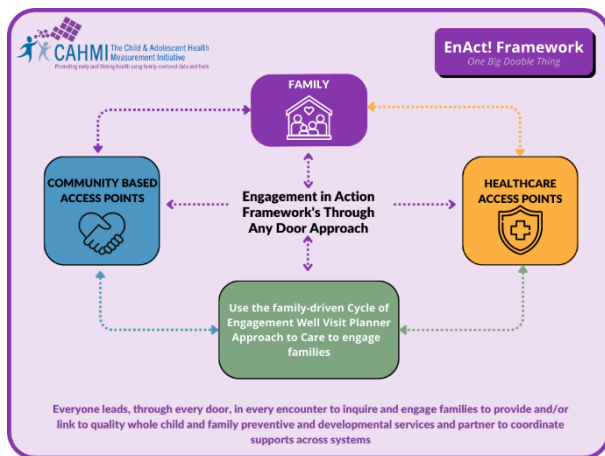


# Engagement in Action! Framework for a Statewide Integrated Health System

*The Engagement In Action (EnAct!) Framework aims to promote positive health equity for all children and families and sets forth a pathway to support national, state and local efforts to establish a family and community engaged, whole child and family well-being focused, integrated early childhood health system. Intended audience: state and local leaders, health system leaders and health plans, child health providers, child welfare professionals, family support specialists and family-led organizations.*

## News Content

Sample Newsletter article for child health system leaders, policy stakeholders, and community partners



### The EnAct! Framework: Everyone is a leader towards child health equity

Over half of young children in the United States experience complex and interrelated social, relational and/or medical health risks, only 40% meet criteria for being ready for school, 65% fail to receive even basic early developmental screens and large gaps exist in the utilization of essential well-child care preventive and developmental services.

The [Engagement in Action \(EnAct!\) Framework](#) for an integrated early childhood health system is a model to

support national, state and local efforts to engage families and communities in comprehensive, services for positive health equity. The EnAct! Framework, collaboratively designed with CAHMI and Mississippi Thrive!, with support from the Health Resources Services Administration (HRSA), provides a unique approach to early childhood care, guiding efforts to translate the science of healthy development into tangible strategies, policies, and innovations that promote child flourishing, school readiness, and family resilience. An actionable roadmap is available with documented relevancy across all early childhood system partners to spark effective action to ensure the provision of high-quality and personalized whole child and family services. To learn more and access resources, visit the CAHMI's [EnAct! Framework website](#).

## Social Media Content and Graphics

### Twitter

Tweets to engage health system leaders, policy stakeholders, and community partners

- Everyone is a leader towards positive child health equity in the EnAct! framework. Visit CAHMI's website to access resources and learn how to implement this integrated early childhood health system in your state: <https://rb.gy/tcpr3>

### [Click to Tweet Now](#)

- It's time to bridge the gaps in early childhood systems & create a comprehensive approach to support children's healthy development. The EnAct! framework sparks partnerships & coordinated action across sectors. Check out this link for more information: <https://rb.gy/oqc9w>

### [Click to Tweet Now](#)

- Did you know over half of young children in the U.S. face health risks & gaps in essential care? Discover how the EnAct! framework drives real engagement & equitable access to comprehensive services. Follow @CAHMI2Thrive for more resources & updates. #ChildHealth #EnActFramework

### [Click to Tweet Now](#)

- Unlock the full potential of partnerships with the EnAct! framework! By working together, health care, early childhood & community systems can ensure every child receives high-quality whole child & family services. Learn more: <https://rb.gy/oqc9w>

### [Click to Tweet Now](#)

## **LinkedIn or Facebook**

### Posts for health system leaders, policy stakeholders, and community partners

- The EnAct! framework, developed by the Child and Adolescent Health Measurement Initiative (CAHMI), advances a state integrated early childhood health system to foster integrated approaches to early childhood preventive and developmental services and sets forth a pathway to support national, state and local efforts to establish a family and community engaged, whole child and family health system. Everyone is a leader towards positive child health equity in the EnAct! framework! Check out more information on CAHMI's website here: [www.cahmi.org/our-work-in-action/engagement-in-action/EnAct!Framework](http://www.cahmi.org/our-work-in-action/engagement-in-action/EnAct!Framework)
- The EnAct! Framework represents a groundbreaking and imminently actionable approach to integrated early childhood health systems. By leveraging family engagement, evidence-based strategies, and collaborative partnerships, we aim to create a future where every child thrives.

The EnAct! Framework goes beyond theory and offers practical tools and resources to support implementation:

- Possibility Prototypes, ten real-world examples that illustrate how the framework can be applied across various settings, sparking inspiration and collaboration:

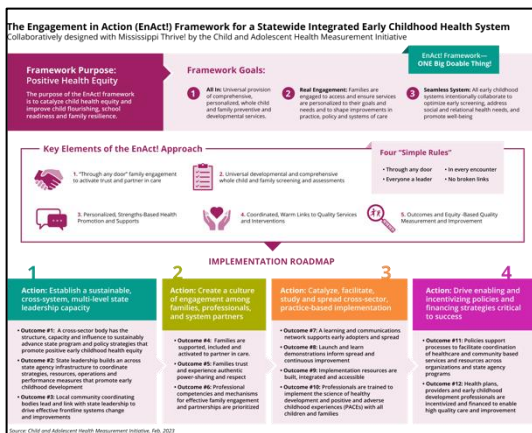
[https://cahmi.org/docs/default-source/ms-enact-documents/attachment-d\\_enact](https://cahmi.org/docs/default-source/ms-enact-documents/attachment-d_enact)

- Policy Playbook with priority policy levers, discussing potential for state leadership infrastructure, strategies Medicaid might employ, and opportunities for early intervention and others: [https://cahmi.org/docs/default-source/ms-enact-documents/attachment-e\\_enact](https://cahmi.org/docs/default-source/ms-enact-documents/attachment-e_enact)

- Cycle of Engagement Well Visit Planner Approach to Care, a comprehensive and interoperable approach to conducting whole child and family assessments, empowering providers, families, and community partners:

[https://www.youtube.com/watch?v=xuvXDzwKLJs&ab\\_channel=TheCAHMI](https://www.youtube.com/watch?v=xuvXDzwKLJs&ab_channel=TheCAHMI)





This is a call to action for all early childhood system partners, healthcare providers, and community stakeholders to break down silos and collaborate to create a healthy and productive society for generations to come. Together, we can close gaps in service utilization, improve quality, and ensure equitable access to universal preventive and developmental services. To learn more about the EnAct! Framework, visit [www.cahmi.org/our-work-in-action/engagement-in-action/EnAct!Framework](http://www.cahmi.org/our-work-in-action/engagement-in-action/EnAct!Framework).

## Print Materials

Click on the one-pager below to access and download it from our Media Drive Folder!

1. 2-pager overview of the Engagement in Action! Framework.

### The Engagement In Action (EnAct!) Framework – One Big Doable Thing!

*Toward a Statewide Integrated Early Childhood Health System that Optimizes the Power of Family Engaged Prevention and Early Intervention*

**Child and Family Flourishing: The Engagement In Action Opportunity**

The EnAct! framework was designed to serve as a national model focused on translating the science of healthy development by scaling strategies, innovations, and policies to equitably promote child flourishing, school readiness and family resilience, foster positive childhood experiences (PCEs) and prevent and mitigate the impacts of adverse childhood experiences (ACEs). The EnAct! framework achieves its positive health equity purpose using a *through any door* family engaged approach powered by interoperable whole child and family assessment and data sharing tools and health promotion interventions that drive collaboration across health care, early childhood systems and community partners as they work to close persistent gaps in the utilization, quality and equity of preventive and developmental services for children aged 0-5. In full alignment with national Bright Futures Guidelines, healthcare and state early childhood systems' goals, performance standards, payment innovations, data requirements and evidence-based strategies, the EnAct! approach works to incentivize and overcome barriers to real engagement and coordinated, cross-system action so all children and families thrive!

*Half of young children in the United States experience complex social, relational and/or medical health risks, only 40% meet criteria for being ready for school, 65% fail to receive even basic early developmental screens and large gaps exist in the utilization of essential well-child care services. Now is the time for the bold and feasible actions set forth in the EnAct! framework to create an integrated early childhood health system.*

**Framework Purpose: Positive Health Equity**

The purpose of the EnAct! framework is to catalyze child health equity and improve child flourishing, school readiness and family resilience.

**Framework Goals—One Big Doable Thing**

- All In:** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
- Real Engagement:** Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy and systems of care.
- Seamless System:** All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being.

Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

Despite widespread awareness about the urgency and possibilities to improve the healthy development of young children and existing system priorities and assets for doing so, unacceptable inequities, poor outcomes and performance gap realities call for creating new conditions, incentives and supports for historically siloed programs and sectors across health, early childhood, family support and others to work together seamlessly and in authentic partnerships with families and communities. The EnAct! framework provides an imminently actionable roadmap (Fig. 2) with relevance across all early childhood system partners to spark swift and effective action so all children and families receive high-quality comprehensive and personalized whole child and family services. The EnAct! implementation roadmap sets forth key actions and implementation outcomes relevant across states, including a [summary of data](#) to spark commitment and priority setting, a [policy playbook](#) with priority policy levers, a summary of [methods](#) to jump start collaboration, a partner and performance measure [analysis](#) and [Possibility Prototypes](#) illustrating the relevance and *through every door* roles (Fig 3) early childhood health system partners can play to support success through shared accountability.



2. 2-pager about the Engagement in Action! Framework to share with state leaders and/or legislators



State leaders seeking ways to ensure the array of state early childhood systems are doing what is needed to improve population outcomes is an endeavor. Starting early in a child's health and wellness trajectory can have immediate and long-term positive impacts. But what framework best supports these efforts? The *Engagement In Action (EnAct!) Framework* is a statewide integrated early childhood health system tool that optimizes the power of engaging families to change the life-course path using prevention and early intervention as a priority.

*Half of young children in the United States experience complex social, relational and/or medical health risks, fewer than half meet criteria for being ready for school or receive recommended well child prevention services in the first months and years of life, 65% fail to receive even basic early developmental screens and large gaps exist in the utilization of essential primary care health promotion and prevention services and other early childhood programs and supports.*

### What is EnAct! - ?

A national model focused on translating the science of healthy development by scaling strategies, innovations, and policies to equitably promote:

- Child flourishing and resilience
- School readiness
- Family resilience
- Positive childhood experiences (PCEs)
- Reduction and mitigation of the impacts of adverse childhood experiences (ACEs)

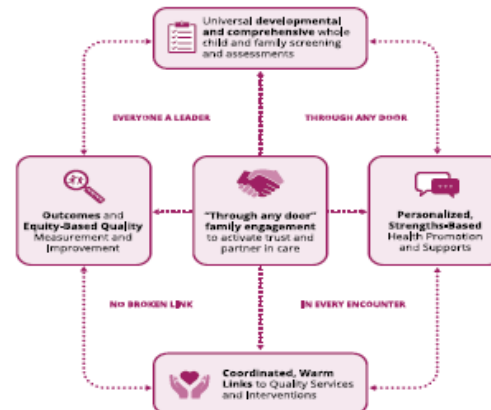
Using the following tools:

- A through any door, two generation approach.
- Closing gaps in the utilization, quality and equity of covered well child health promotion and preventive services for young children.
- Family centered and personalized whole child and family assessments aligned with Bright Futures Guidelines.
- Interoperable data sharing leveraging digital health innovations that activate families and make time to build trusting relationships and coordinate care while meeting quality of care standards.
- Scaling evidence-based health promotion interventions.
- In full alignment with national Bright Futures Guidelines, healthcare and state early childhood systems' goals, performance standards, payment innovations, data requirements and evidence-based strategies.

Figure 1: Engagement In Action Framework (EnAct!) Purpose, Goals, Approach

#### Framework Goals:

1. All In: Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
2. Real Engagement: Families are engaged to access and ensure services are personalized to their own goals and needs to shape improvements in practice, policy and the system of care.
3. Seamless System: All early childhood systems intentionally collaborate to optimize early screening, address social and relationship health needs and promote well-being.



Source: Child and Adolescent Health Measurement Initiative, Feb. 2022

**Why Use EnAct! - ?** Despite widespread awareness about the urgency and possibilities to improve the healthy development of young children, unacceptable inequities, poor outcomes and performance gaps still exist. EnAct! provides an actionable roadmap and key action steps supported by a:

- [Summary of data](#) to set priorities,
- [Policy playbook](#) with levers,
- Summary of [methods](#) to jump start collaboration,
- Partner shared performance measure [analysis](#),
- [Possibility Prototypes](#), illustrating how the *any door* approach can support success across 10 early childhood partners.