



## LANDSCAPE SURVEY OVERVIEW

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# Early Childhood Health Equity Landscape Project: LANDSCAPE SURVEY OVERVIEW

## Introduction

Resources and relationships in early childhood set the foundation for lifelong health and well-being.<sup>1,2</sup> Children's health and early development are shaped by their access to adequate income, nutritious food, health care, and safe and affordable housing. However, access to these resources has historically been restricted by forms of oppression (e.g., racism and white supremacy, ableism, and sexism).<sup>3</sup> These inequities affect a child's health throughout the course of their life and cause disparities between populations in health and development over time. Yet early childhood is also a time of developmental flexibility, meaning that positive interventions can be especially effective in promoting future well-being.<sup>4</sup>

A rapidly growing body of knowledge about the relationship between equity and well-being in early childhood has supported state and community leaders in designing initiatives to improve early childhood systems that support young children and their families.<sup>5</sup> The Early Childhood Health Equity (ECHE) Landscape Project explored and documented these innovative practices at the intersection of early childhood development and health equity across the United States. This work was completed with funding from the [Robert Wood Johnson Foundation](#) (RWJF) as a partnership between [Child Trends](#) and the [National Institute for Children's Health Quality](#) (NICHQ).

The [Early Childhood Health Equity \(ECHE\) Landscape Project](#) addressed a gap in knowledge about the approaches applied to promote early childhood health and development through systems change, both locally and at the state level. Project findings can inform programming and policy making that advance health equity for young children.

## Scope and Descriptions

The ECHE Landscape Project identifies and describes the work of initiatives that target and address early childhood health equity using a cross-sector approach. The purpose of sharing this information is to build awareness of these initiatives across the field, to advance practices that actively build health equity into the early childhood landscape, and to support improvements in the health and development of young children and their families.

Early childhood health equity initiatives:

- **Focus on an issue related to health and development**
- **Engage multiple sectors and early childhood contexts to address their issue of focus**
- **Address inequities that systematically affect health and development outcomes**

The following definitions clarify the project scope.

### Health equity

The following description, proposed by the Robert Wood Johnson Foundation, served as a guiding definition within this project:

*"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."<sup>6</sup>*

Many initiatives emphasize health equity in their planning and in their work as a way of recognizing the importance of the roles that resource allocation and marginalization play in early childhood. However, how initiatives choose to define and apply this term to their work can vary greatly. In this project, the ECHE project team broadly defined health to include any facet of children's development and well-being.

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## Initiative

For the purposes of this work, the ECHE project team developed the following definition of an initiative:

*“A broad set of activities within a specific population or geographic area which involves centralized administration and coordinated implementation to bring together early childhood programming and services aimed at improving children’s health and well-being.”*

This definition was intentionally broad to account for the wide variety of activities conducted by initiatives included in the landscape project. The project sought to document national efforts (such as those listed in Appendix B) that support and connect early childhood initiative, and elevate local-level community experiences that are often undervalued in systemic change.

## Cross-sector engagement

Engaging with children and families in the multitude of contexts within which they live and grow is the most effective way to support development and address health inequities.<sup>7,8</sup> In this project, sectors were defined as groups of organizations that address a specific need (e.g., early care and education) or provide a specific kind of service (e.g., juvenile justice) related to the fields of health equity or early childhood. A cross-sector initiative is one that leverages the unique contributions and resources of each group or context to meet initiative goals that would be challenging to accomplish in a separated, siloed working environment. Cross-sector initiatives in early childhood bring together elements related to the health of children and their caregivers, supports for parenting, and high-quality early care and education.<sup>9</sup>

Similarly, cross-sector initiatives bring in the expertise and tools of individuals from multiple backgrounds to collaboratively work on planning and accomplishing the vision of the initiative. Engagement is an active process of identifying systematic challenges, meaningfully involving experts from the communities served, and creating an equitable collaborative process.

Cross-sector initiatives are well positioned to effect lasting systemic change by addressing root causes of inequity and the interconnected needs of children and families across multiple early childhood contexts and services. The ECHE Landscape Project sought to learn more about the factors that contribute to the success of these kinds of initiatives, as well as the challenges they face.

## Capacity building

Community and state initiatives that address early childhood health equity are a focus of national efforts aimed at developing skills and resources for supporting innovation. These national efforts tailor their supports, often by networking groups of communities or states that articulate goals related to early childhood health and development. Capacity-building efforts are a critical feature of the early childhood health equity landscape.

## Methods

Building the ECHE Landscape Map entailed a series of interconnected stages: search for initiatives, review findings, data collection via the ECHE Landscape Survey (see Appendix A), and analysis. The online search was intended to identify potential initiatives for inclusion, which were then reviewed by project staff. Once staff determined that initiatives were a good fit for the project, the ECHE Landscape Survey was sent to gather more information about the work of the initiative and to ensure the accuracy of the information staff gathered in the search.

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## Search

The ECHE project team took multiple approaches to searching for initiatives, and we modified search tactics as we gathered additional information. The following list includes all strategies used to reach initiatives of as many varieties as possible.

- > **Google search:** Research staff used online search tools to identify health equity initiatives and specific topics. For example, phrases such as “early childhood health equity” were entered into Google searches, along with additional terms such as “collaborative” or “initiative.” Staff then followed links to individual initiatives, funding organizations, and libraries of early childhood health equity projects to identify initiatives that met project criteria.
- > **Professional contacts and word of mouth:** Members of the project team reached out to professional contacts through email, describing the project and soliciting feedback on leads for initiatives to include. Feedback ranged from individual suggestions by email to shared databases of work funded by other organizations.
- > **Nomination form:** To expand outreach and improve systematic collection and evaluation of initiative suggestions, the project team developed a brief nomination form to send to professional contacts. This form was also posted on the project pages hosted by Child Trends and NICHQ. The nomination form requested a basic overview of topics and sectors engaged in the work, as well as contact information for a representative from the initiative.
- > **State contact outreach:** The project team contacted state early childhood representatives by email and phone to solicit information about initiatives to ensure more complete representation.
- > **Survey nomination:** The ECHE Landscape Survey included a section in which representatives from responding initiatives could provide potential leads for other initiatives that may fit with the project goals.

As the project team identified initiatives, they logged these in a spreadsheet with information gathered from initiative websites or via informal communication.

## Review

Identified initiatives were entered into a database and reviewed by at least two staff to decide whether or not they met project criteria: 1) serving a population from birth to age 8; 2) currently operating or operating within the last five years; 3) targeting an early childhood health equity topic; and 4) engaging two or more sectors related to health and early childhood. To be included, initiatives had to meet all of these criteria based on initial internet searches.

For the purposes of this landscape scan, initiatives were differentiated from broader, ongoing programs or funding activities sponsored by federal or state government offices, including Head Start; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Preschool Development Grants Birth through Five (PDG B-5); Medicaid; and the Children’s Health Insurance Program (CHIP). While these types of large-scale efforts affect early childhood health equity across the nation, this project intentionally sought to elevate local-level community experiences that are often undervalued in systemic change.<sup>10</sup> However, some local initiatives that exist within these larger efforts were included in the landscape scan and analysis.

Additionally, programs that provide direct service only, such as home visiting programs or parenting supports, were not included as initiatives for this project. However, many initiatives did include service provision as part of their broader activities and were eligible to be included in the scan.

Inclusion and exclusion disagreements were discussed among members of the project team until we reached a resolution. Review was performed on an ongoing basis and the search process was periodically refined for clarity.

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## Data Collection

The project team developed the ECHE Landscape Survey to collect descriptive information about initiatives identified through the search, including funding details, scope, and populations served; health topics; sector representation in leadership and services; and other details about strategies, activities, and goals. A Spanish translation was available upon request.

Project staff sent email survey invitations personalized with the name of the initiative and preferred contact person, along with an individual link to complete the ECHE Landscape Survey, to initiatives identified during the review. Team members also shared a public link with their professional networks and made the link available to initiative representatives and state contacts who wanted to share the survey among their networks. The study team sent a total of 268 invitations, with additional entries completed by representatives using the public link.

If the project staff did not receive a response from an identified initiative within a two-week period, staff sent a follow-up email including a reminder and the survey link. Staff sent follow-up emails on a rolling basis, depending on when the initial invite was sent and whether the invitation had been opened. When initiatives did not respond, project staff contacted them by phone and worked to resolve any issues that prevented representatives from completing the survey. The most common reason for lack of response was not having enough time to complete the survey, among other initiative priorities.

## Data Review

ECHE Landscape Survey responses were examined for completeness, validity, and fit to inclusion criteria. Although criteria were specifically designed to be inclusive, the findings do not represent an exhaustive list of all qualifying initiatives in the United States. Incomplete and ineligible responses were removed from the dataset.

## Survey Findings

As of March 2020, representatives from 143 initiatives had completed the Early Childhood Health Equity Landscape Survey. All survey data were collected before COVID-19 related shutdowns began.

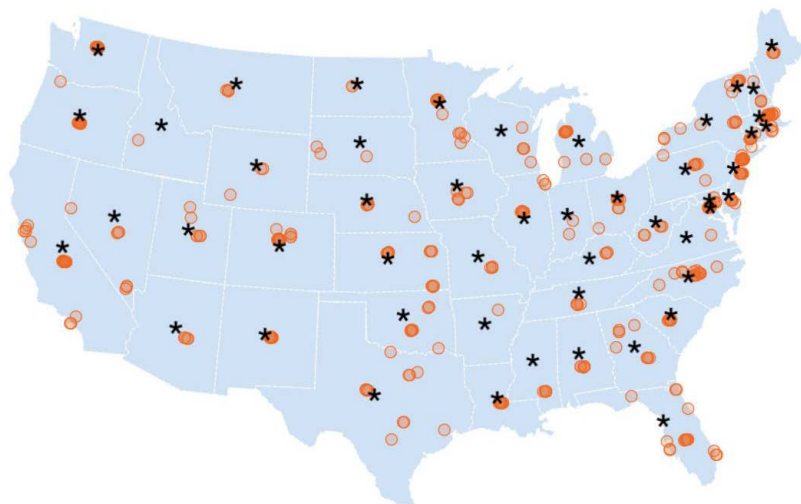
This section reports the results of the ECHE Landscape Survey and provides a brief discussion of the findings. While the ECHE project team intentionally designed criteria to be inclusive, the sample in this report does not represent an exhaustive list of qualifying initiatives within the United States. The results presented include all survey responses; for all survey questions, respondents were permitted to select multiple response options or to write in additional responses that better reflected their initiative.

# Early Childhood Health Equity Landscape Project: LANDSCAPE SURVEY OVERVIEW

## Initiative Characteristics

### Where are the Initiatives Operating?

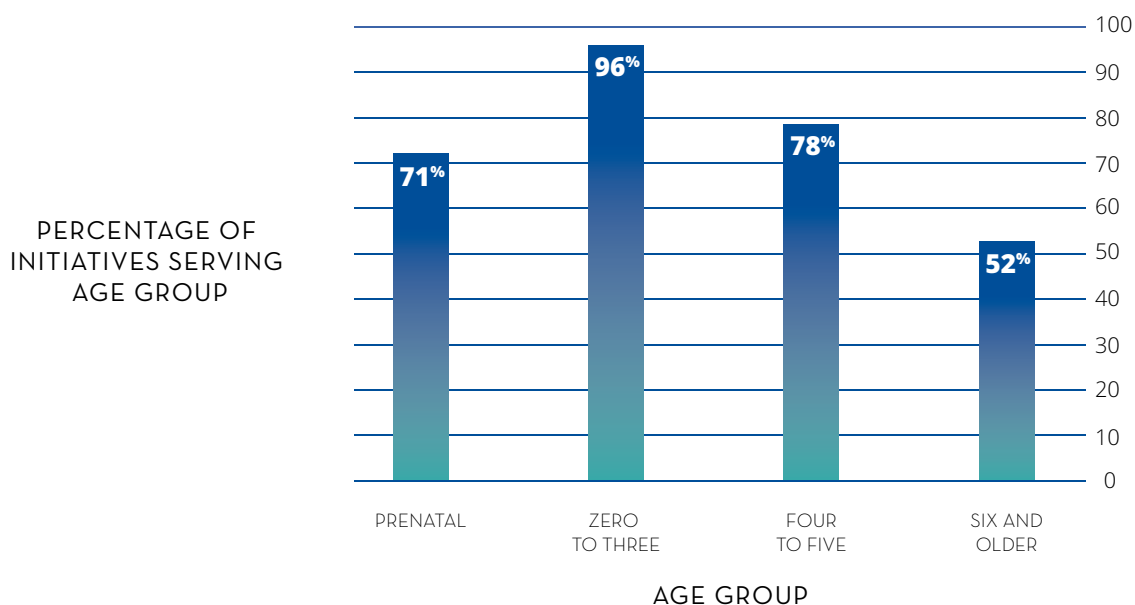
The locations and overall distribution of supports influence families' access to services across contexts (e.g., school and home) and can provide insight on the priorities of a community. The ECHE Landscape Project team made extensive efforts to find and contact initiatives in every state; survey respondents represented initiatives in 40 states, Washington, DC, and one U.S. territory, with 55 percent located in the eastern United States. Initiatives were located in a mix of urban and rural areas. Forty percent operated at a local level, with state-level initiatives representing just under one third (31%) of respondents. Eighteen percent of respondents indicated that their initiative operated at multiple sites, which could mean local sites within different states or regional operations, and 10 percent indicated "other" or "unsure" for their location.



### Who do the Initiatives Serve?

Determining the focus population for initiatives is essential for understanding who is served, and where service gaps may exist. The survey presented respondents with categories describing children's age groups and characteristics and asked them to select all that applied. Most initiatives (96%) indicated that they served children in the birth to age 3 group, with ages 4 to 5 years (78%) and prenatal (71%) being the next most common selections. Fifty-two percent indicated that they included children ages 6 and older in their work.

**Figure 1.** All age groups served by initiatives



Respondents were asked to select all that apply. Source: Authors' analysis of ECHE Landscape Survey Data - [childtrends.org](https://www.childtrends.org)

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Within these age groups, initiatives focused on multiple populations. The most commonly included populations were children in families living at or below the federal poverty level (77%), children in specific neighborhoods or zip codes (58%), and children and families impacted by trauma (54%). For a list of all response options, see the full survey in Appendix A.

It is noteworthy that 26 percent of respondents also indicated a focus population more specific than those listed within the survey options; these respondents specified focusing on families of color within a particular race or ethnicity, children with special needs, and children vulnerable to developing certain health conditions. One write-in response noted that many of the population categories overlapped in their potential for histories of trauma, further emphasizing the interconnected nature of experiences that affect health equity.

## How are the Initiatives Funded?

An initiative's funding source provides important information for understanding their operations and sustainability. Sixty percent of initiative representatives indicated that the initiative received grant funding from foundations. The next most common funding sources were state (32%) and federal (33%) public funding, with local public funding (27%) and other sources (20%) following. Four percent of initiatives indicated that they did not have funding.

## Who Leads the Initiatives?

The institutions and individuals with decision-making power within an initiative determine which issues take priority and how they should be addressed. Respondents indicated which types of organizations were represented in their leadership; the most common response was nonprofits (88%), with community-based organizations following (79%). Public and government leadership (74%) and health care provider organizations (71%) were also common. Of the eight choices listed, respondents chose an average of five, indicating that leadership was shared between a variety of organizations. Half of all respondents indicated that their initiative was affiliated with a state agency or initiative.

Approximately halfway through data collection, the ECHE project team added an open-ended question about community representation in leadership to the survey to better understand the relationship between the people running the initiatives and the communities they served. Of the 15 respondents who chose to answer, 10 specifically mentioned building direct feedback from program participants or from people who shared lived experience with the communities served in the development of steering efforts.

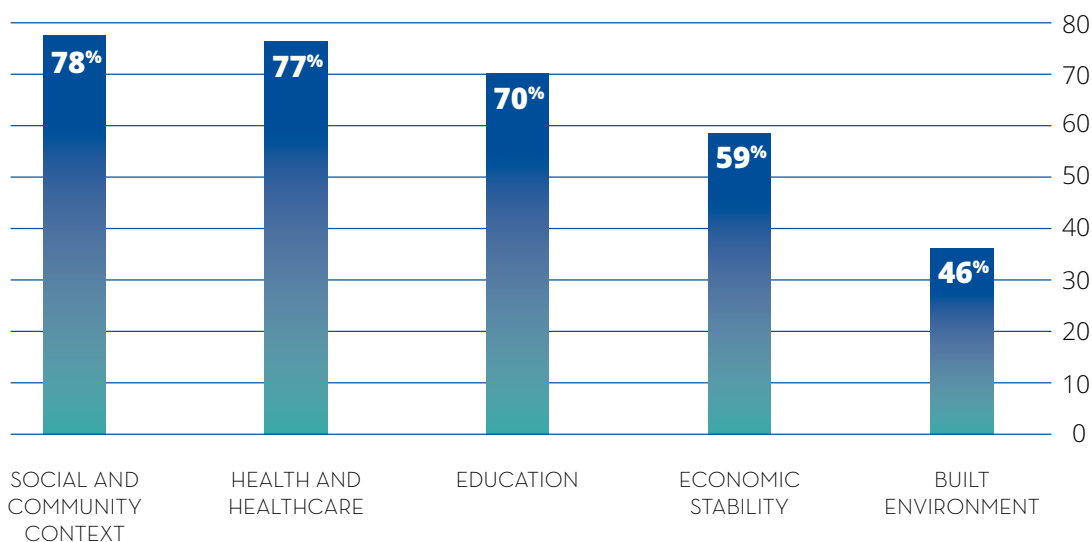
## Which Health Equity Topics do Initiatives Focus on?

A main goal of the ECHE Landscape Project was to learn more about initiatives' health and development focus. Respondents were asked to choose all that applied from a list of health- and early childhood-related topics. The majority of respondents (84%) indicated that social and emotional development was a main focus of their initiative. Additionally, mental health (69%), school readiness (67%), healthy relationships and attachment (65%), and trauma and toxic stress (66%) were frequently selected, with nutrition (48%), pediatrics (51%), and pregnancy/postnatal health (52%) represented in approximately half of the initiatives. Twenty percent of initiatives also selected an "other" option, writing in responses such as physical development and environmental health.

Finally, to determine whether an initiative's health equity focus was guided by specific social determinants of health (SDOH), initiatives selected all relevant options from an SDOH list compiled from guidance developed by the [World Health Organization](#) (WHO) and [The Kaiser Family Foundation](#). This list represented conditions that exist in the environments where individuals live, work, and learn that affect outcomes related to their quality of life and health. Results illustrate the intersection and interconnection of these topics. In one third of initiatives, respondents selected all five SDOH options.

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**Figure 2.** Representation of social determinants of health within initiatives



Respondents were asked to select all that apply. Source: Authors' analysis of ECHE Landscape Survey Data - [childtrends.org](https://childtrends.org)

## What Strategies and Sectors Do Initiatives Employ?

A goal of the ECHE Landscape Project was to understand how sectors—or groups of organizations that address a specific need (e.g., early care and education) or provide a specific kind of service (e.g., juvenile justice)—collaborate in initiatives. Survey respondents selected strategies commonly employed by health equity initiatives, including capacity building, community engagement, and the creation of shared learning opportunities. Responses suggested interrelationship between these strategies, as 59 percent of respondents selected six or more of the seven options available. Additionally, 91 percent of initiatives indicated that they used data to monitor their efforts and engage in quality improvement.

A second focus of this project was to provide more information about the strategies used in health equity work within the early childhood field. Please see the ECHE companion briefs on measurement, cross-sector collaboration, state-local partnerships, and health equity for an in-depth look into the work of many of the initiatives surveyed for this landscape.

## Sector Representation

### Which Service Sectors Do the Initiatives Represent?

To understand the different organizations and people involved in conducting an initiative's work, respondents were asked to indicate which service sectors they engaged to accomplish their goals. Sectors were grouped under six domains: Social and Community Supports, Early Childhood, Health Services and Systems, Disability, Education, and Legal. Respondents were offered a list of three to eight sectors within each domain and asked to select all those involved in their work. Social and Community Supports (85%) and Early Childhood (83%) were the most commonly represented domains. See Table 1 for representation by domain.



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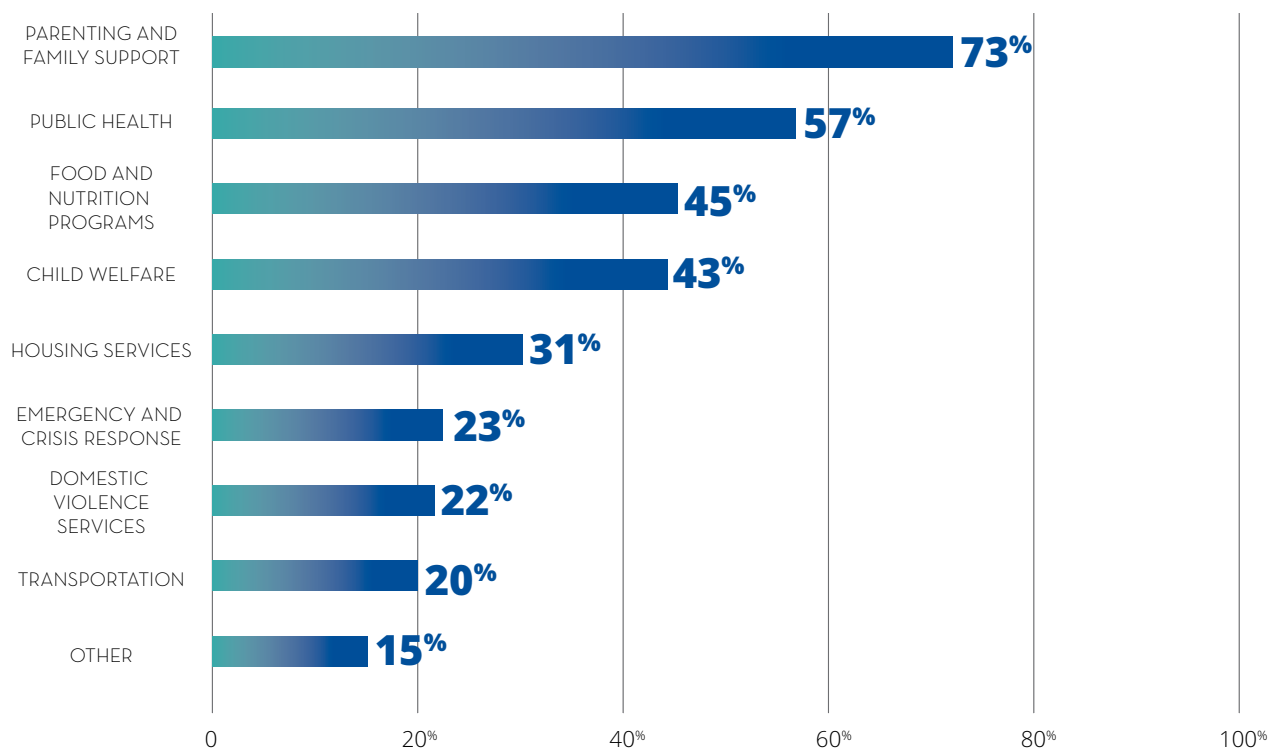
**Table 1.** Percentage of initiatives indicating representation within service sector domains

Service Sector Domain	Percentage
Social and Community Supports	85%
Early Childhood	83%
Health Services and Systems	76%
Disability	70%
Education	63%
Legal	50%

Respondents were asked to select all that apply. Source: Authors' analysis of ECHL Landscape Survey Data - [childtrends.org](https://childtrends.org)

Within each domain, respondents further indicated specific sectors. The following charts depict the representation of each sector within domains. Taken together, these findings indicate that within most domains, one to two sectors are present in nearly two thirds of initiatives. This may suggest that these sectors are most invested in this type of collaborative work.

**Figure 3.** Sector representation within the Social and Community Supports domain

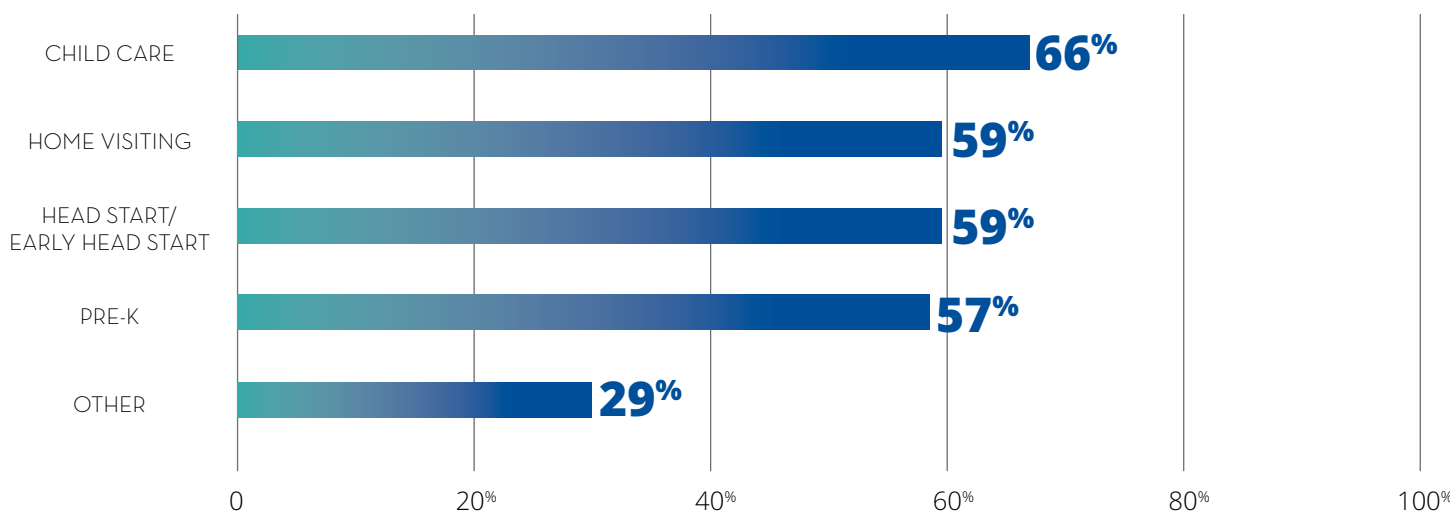


Respondents were asked to select all that apply. Source: Authors' analysis of ECHL Landscape Survey Data - [childtrends.org](https://childtrends.org)

The two most commonly selected sectors within the Social and Community Supports domain were parenting and family support (73%) and public health (57%). This was expected, as Social and Community Supports was the most commonly selected domain and these two broader categories can take multiple forms among initiatives. More specific sectors, like housing services and domestic violence, were represented less often.

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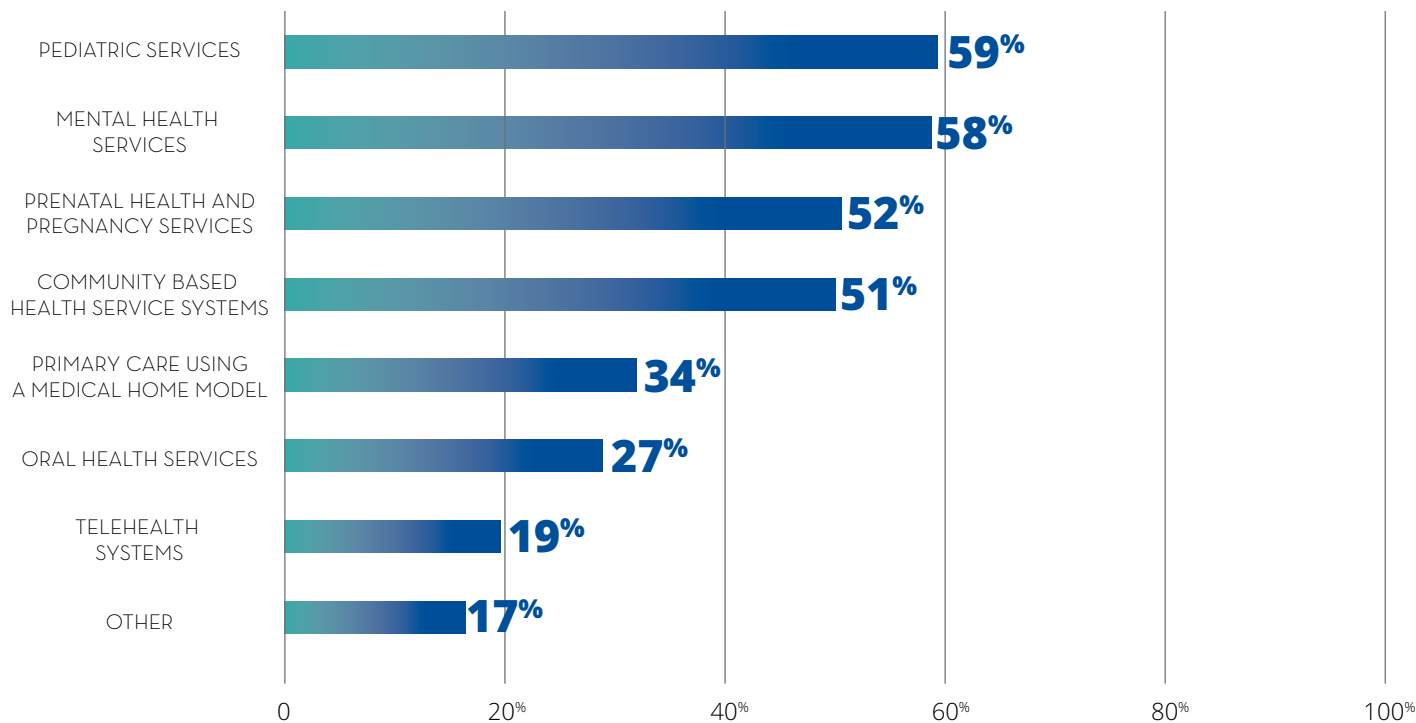
**Figure 4.** Sector representation within the Early Childhood domain



Respondents were asked to select all that apply. Source: Authors' analysis of ECHE Landscape Survey Data - [childtrends.org](https://childtrends.org)

The home visiting, Head Start, and Pre-K sectors were represented nearly equally (57% to 59%) within the Early Childhood domain, with child care represented only slightly more often (66%).

**Figure 5.** Sector representation within the Health Services and Systems domain

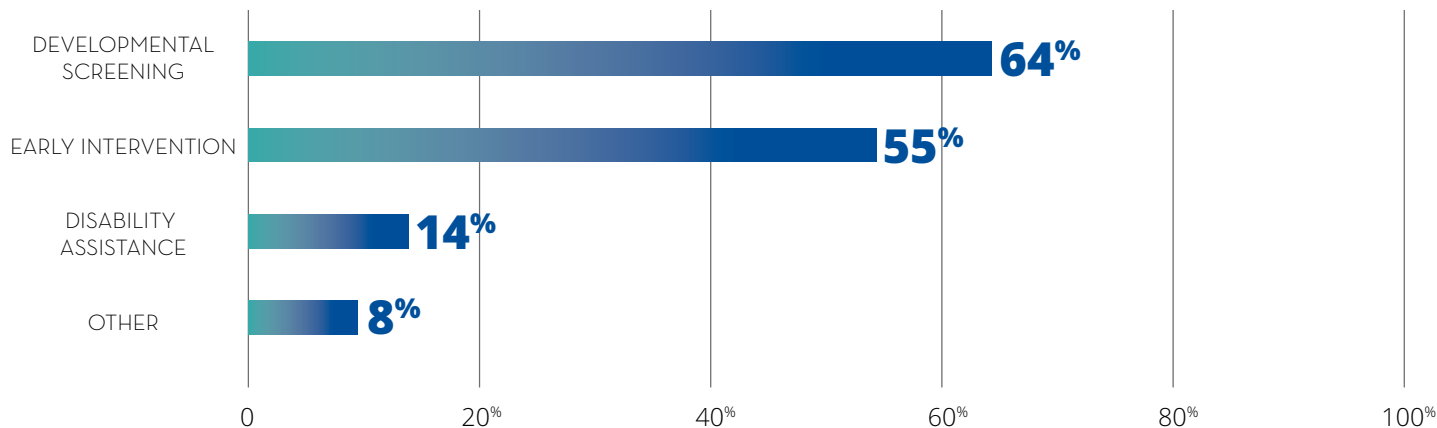


Respondents were asked to select all that apply. Source: Authors' analysis of ECHE Landscape Survey Data - [childtrends.org](https://childtrends.org)

Within the Health Services and Systems domain, pediatric (59%), mental health (58%), and prenatal health services (52%) were the most frequently represented sectors. Community-based health service systems were also represented in nearly half of the surveyed initiatives (51%).

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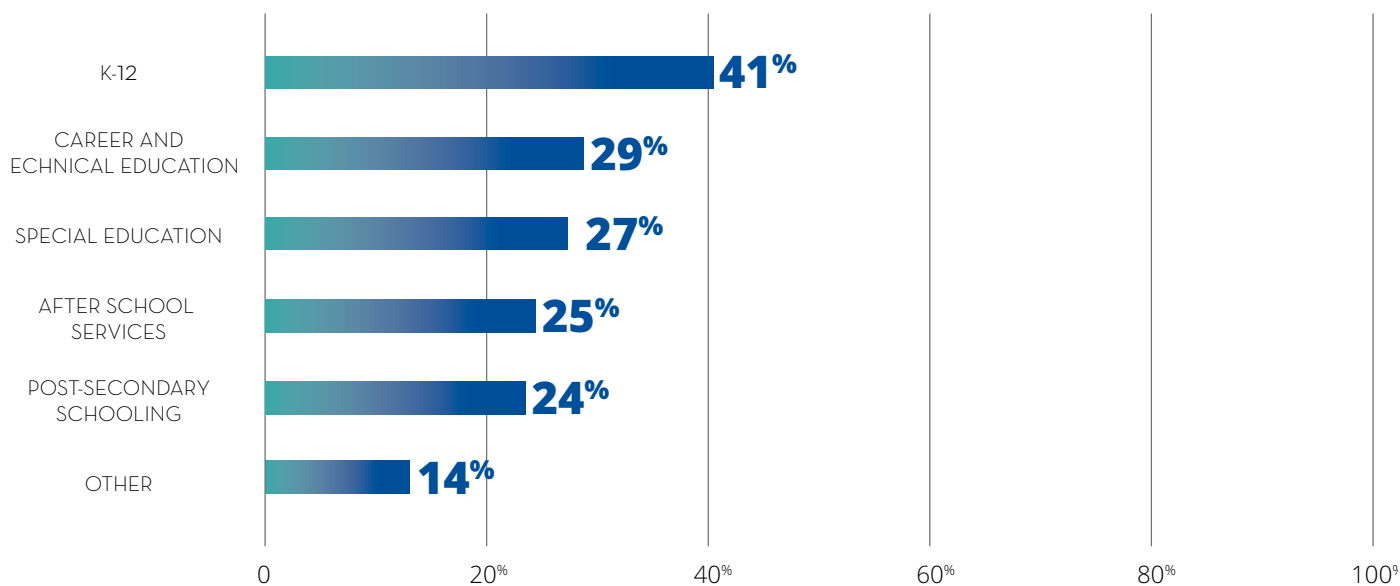
**Figure 6.** Sector representation within the Disability domain



Respondents were asked to select all that apply. Source: Authors' analysis of ECHS Landscape Survey Data - [childtrends.org](https://childtrends.org)

The Disability domain was represented in 70 percent of initiatives, with those initiatives most frequently selecting developmental screening and early intervention.

**Figure 7.** Sector representation within the Educational domain

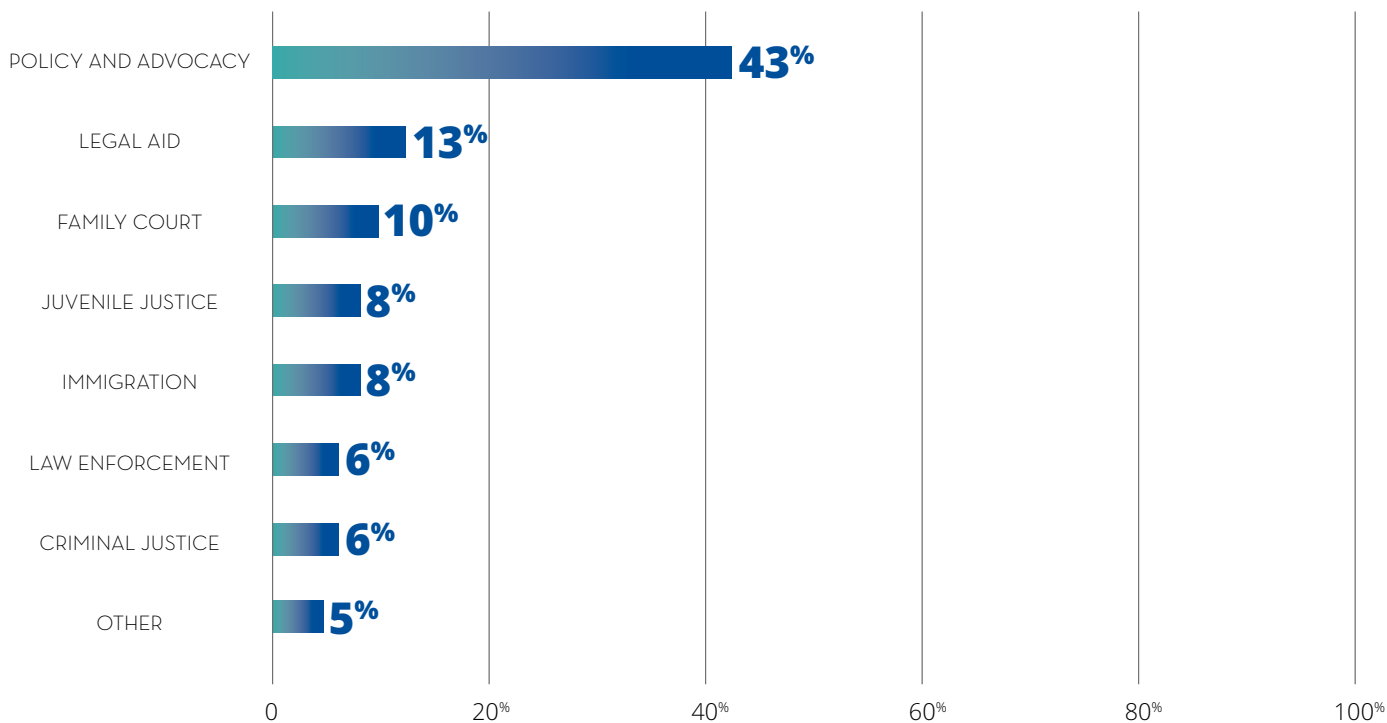


Respondents were asked to select all that apply. Source: Authors' analysis of ECHS Landscape Survey Data - [childtrends.org](https://childtrends.org)

The responses within the Education domain were more evenly distributed than in other domains, with K-12 being the most common response (41%).

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**Figure 8.** Sector representation within the Legal domain



Respondents were asked to select all that apply. Source: Authors' analysis of ECHL Landscape Survey Data - [childtrends.org](https://childtrends.org)

The Legal domain was the least frequently represented; however, it was still represented within 50 percent of all responding initiatives. That representation appears to be driven by policy and advocacy sector, which was selected by 43 percent of initiatives.

## Conclusions

Initiatives represented in the Early Childhood Health Equity Landscape Project illustrate robust, innovative approaches to health equity via cooperative engagement across sectors. Responses to survey questions about health and development topic focus, populations served, and operational strategies indicated highly collaborative work with broad missions. The majority of initiatives focused on populations living at or below the federal poverty level, most often at the local level, and did so under leadership that included community members, nonprofits, government, and health care organizations. These initiatives represent the work of resourceful collaborators who are highly integrated with systems that serve families at multiple touchpoints and improve opportunities to address health equity barriers in multiple contexts.

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- <sup>6</sup> Braveman et al. (2017).
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- <sup>9</sup> National Academics of Sciences, Engineering, and Medicine. (2019). Development happens in contexts: Overview of early life critical influences. In J. E. DeVoe, A. Geller & Y. Negussie (Eds.), *Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity*. (pp. 141-232). The National Academies Press. <http://doi.org/10.17226/25466>
- <sup>10</sup> National Academics of Sciences, Engineering, and Medicine. (2019).

# Early Childhood Health Equity Landscape Project: LANDSCAPE SURVEY OVERVIEW

## Appendix A: ECHE Landscape Survey

### Initiative Landscape Survey

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Welcome to the Early Childhood Health Equity Landscape Initiative Survey!

The Early Childhood Health Equity (ECHE) Landscape Project is a collaborative project between the National Institute for Children's Health Quality and Child Trends funded by the Robert Wood Johnson Foundation. We aim to analyze initiatives serving children from birth to 8 years old by exploring innovative practices at the intersection of early childhood development and health equity.

This information will be used to create resources for administrators, programs, funders, and families to learn more about these initiatives. It will not be used in any decisions regarding funding.

Please provide as much information as possible about your initiative using the following survey. If you need any assistance, please email [cschaefer@childtrends.org](mailto:cschaefer@childtrends.org).

We greatly appreciate you taking time from your busy schedule to provide us with this important information!

#### Basic Information

First, we'd like to start with basic information about your initiative. This information will be shared in our Initiatives Landscape Guide or be used to group and filter displays of initiatives in visual representations. We appreciate as much information as possible, but understand that not all questions may apply.

#### Name of Initiative

Please enter the name of your initiative as you want it to be displayed in the Initiative Landscape Guide.

03-24-2020 3:53pm

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## Appendix A: ECHE Landscape Survey

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### Overview of Initiative

Briefly describe the initiative's purpose and goals.  
What changes do you expect to see as a result of  
your efforts?

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Please provide any contact information you'd like to make available in the Initiative Landscape Guide. As a reminder,  
this will be a publicly accessible guide.

---

Contact name:

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Phone number:

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Email:

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Street Address:

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Address Line 2:

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City:

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State:

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Zip Code:

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Website:

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**Further Information**  
This section asks for greater depth about the planning and function of your initiative.

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When did your initiative begin? Please list the earliest date as precisely as possible, including planning phases. \_\_\_\_\_

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Is your initiative currently under way/operating?  Yes  
 No  
 Unsure

---

When did the initiative end? \_\_\_\_\_

---

Please tell us more: \_\_\_\_\_

---

Please select your current or most recent funding source. Please select all that apply.

- Grants from foundations
- Local public funding
- State public funding
- Federal public funding
- No funding
- Other

---

Please describe your funding source here: \_\_\_\_\_

---

Please specify the names of your funders if possible: \_\_\_\_\_

---

What ages of children are the focus of your initiative? Please select all that apply.

- Prenatal
- Birth to one year
- 1-year-olds
- 2-year-olds
- 3-year-olds
- 4-year-olds
- 5-year-olds
- 6-year-olds
- 7-year-olds
- 8-year-olds
- 9 years and older

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Does the initiative specifically focus on improving outcomes for any of the following population groups? Please select all that apply.

- Children with families living at or below federal poverty level
- Children living in specific neighborhoods or zip codes
- Children of teen parents
- Children or families involved in the child welfare system
- Children with parents who are immigrants
- Children with parents who are incarcerated
- Children experiencing housing insecurity
- Children and families impacted by trauma
- No specific focus population
- A population not listed here

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Please describe the population that is the focus of your initiative: \_\_\_\_\_

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## Appendix A: ECHE Landscape Survey

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### Topics and Sectors

This section asks for information about the focus and scope of your initiative.

#### Health Topics

Which aspects of health are the focus of your initiative? Please select all that apply.

- Mental health    Oral health    Nutrition and healthy living    Social and emotional development  
 Pediatrics    Pregnancy and postnatal health    School readiness    Healthy relationships and attachment  
 Trauma and toxic stress    Developmental disabilities    Health literacy  
 Other

Please describe your health topic:

Does your initiative collect data or review data collected by others, and use it to make changes to improve your work?

- Yes    No    Unsure

Please describe how data is being used in your initiative:

Does your initiative use quality improvement strategies to improve performance? If so, please describe them.

#### Leadership

These categories represent the people and organizations in your community that are helping to manage and guide this initiative. Think about the most involved leaders in your initiative. Which of the following do they represent? Which community voices are represented? Please select all that apply.

- Foundations/philanthropy    Non-profits    Private partners (businesses, corporations)  
 Public/government (e.g., federal, state, local, territorial, elected officials)    Faith-based organizations  
 Community member organizations (e.g., community centers, parent groups, family representatives)  
 Academic institutions    Healthcare providers and organizations    Other

Please describe the leadership sectors involved in your initiative:

What organization is considered the initiative lead or convener?

Is your initiative connected to a state agency or state initiative?

- Yes    No    Other/ Unsure

Please tell us more:

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# Early Childhood Health Equity Landscape Project: LANDSCAPE SURVEY OVERVIEW

## Appendix A: ECHE Landscape Survey

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**Service Sectors**  
Here we are interested in the types of services your initiative is providing to your target population. Which sectors are represented in these services? Please select all that apply.

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Early Childhood

- Home visiting
- Child care (e.g. centers, home based)
- Pre-K
- Head Start/Early Head Start
- Other

---

Please describe the other early childhood sectors involved in your initiative:

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Education and Workforce

- K-12
- Post-secondary schooling
- Career and technical education
- After school services
- Special education
- Other

---

Please describe the other education and workforce sectors involved in your initiative:

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Social and Community Supports

- Child welfare (e.g. child abuse prevention, foster care, adoption)
- Food and nutrition programs (e.g. WIC, SNAP, school breakfast and lunch programs)
- Domestic violence services
- Housing services
- Parenting and family support
- Emergency and crisis response
- Public health
- Transportation
- Other

---

Please describe the other social and community supports involved in your initiative:

---

Legal

- Family court
- Juvenile justice
- Criminal justice
- Legal aid
- Law enforcement
- Immigration
- Policy and advocacy
- Other

---

Please describe the other legal sectors involved in your initiative:

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Disability Services

- Disability assistance (e.g. specialized therapy, transportation to appointments)
- Early intervention
- Developmental screening
- Other

Please describe the other disability service sectors involved in your initiative:

\_\_\_\_\_

Health Services and Systems

- Prenatal health and pregnancy related services
- Pediatric services
- Oral health services
- Mental health services
- Telehealth systems
- Primary care using a medical home model
- Community based health service systems
- Other

Please describe the other health services and systems involved in your initiative:

\_\_\_\_\_

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**Social Determinants of Health**  
Social determinants of health are the conditions shaping, but not absolutely defining, health outcomes. They are the result of inequities in the distribution of power and resources. Which categories of social determinants of health are targeted by this initiative? Please select all that apply.

- Economic stability (e.g., employment opportunities, income, food insecurity)
- Education (e.g. language and literacy, school systems, higher education opportunities)
- Health and health care (e.g. access to quality health care, health literacy, provider competency)
- Neighborhood and built environment (e.g. housing quality, transportation availability, environmental conditions)
- Social and community context (e.g. discrimination, incarceration, social support systems, community engagement opportunities)

---

If you wish to further specify or provide a social determinant that is not listed, please do so here:

---

Please describe how the communities served by your initiative are represented within your organization. For example, do individuals in leadership share lived experiences with the communities they serve? Do community members play decision making roles within your work?

---

Initiatives use a variety of strategies to accomplish goals. Please select all of the strategies and activities used by your initiative.

- Focusing on systems building
- Focusing on capacity building/sustainability for an existing system
- Supporting or increasing engagement of parents and families
- Using two-generation approaches
- Developing community partnerships and engagement
- Improving the pipeline of services
- Creating shared learning networks
- Other

---

Please describe the strategies used by your initiative:

---

**Scope of Initiative**  
Please select the geographic area where your initiative operates.

- Local (e.g. community, city)
- Multiple sites (i.e. more than one site but not a state or national effort)
- State
- Federal/National
- Unsure/Other

---

Please tell us more:

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In addition, we would like to profile initiatives that address certain special interest topics. Please read the statements at right and select up to two that are the best fit for your initiative.

- Our initiative incorporates social determinants of health and health disparities by race into our strategy of operation.  Our initiative partners with other initiatives to increase support, maximize resources, or improve efficiency.  Our initiative has insight on strategies for developing sustainable funding after initial seed funding ends.  Our initiative collects data to monitor our progress, guide planning, evaluate practices, or communicate progress.  Our Initiative has worked to leverage CHIP and/or Medicaid funding and/or has worked to collaborate with CHIP and/or Medicaid providers.  Our initiative incorporates adults and family members from other generations to address children's health equity.  None of these statements fit our initiative.

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This project is also aimed at creating a resource for information exchange among initiatives. If we were to develop a series of briefs or reports, are there any specific topics or common issues you'd like to see covered?

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Thank you for your time. We greatly appreciate your input! As we continue to learn about ongoing work across the country, we may want to ask you more about your initiative. Are you willing to be contacted for a phone interview?

Yes  No

Please provide the contact information for the individual who can best answer further questions. This information will not be shared on the Initiative Landscape Guide.

Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Is there anything else you'd like to tell us about your initiative before the survey is concluded?

\_\_\_\_\_

Are there any other initiatives you know of that should be included in our Initiative Landscape Guide? Please list them here, along with any other related information.

Survey Contact Initiative Name:

\_\_\_\_\_

Survey Contact First Name:

\_\_\_\_\_

Survey Contact Last Name:

\_\_\_\_\_

Survey Contact Phone:

\_\_\_\_\_

Survey Contact Email:

\_\_\_\_\_

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# Early Childhood Health Equity Landscape Project: LANDSCAPE SURVEY OVERVIEW

## Appendix B: National Efforts to Support Early Childhood Health Equity Initiatives

The ECHE Landscape Map identifies cross-sector initiatives that aim to promote early childhood health equity in states and local communities. However, many local and state initiatives also participate in national networks or collaboratives that provide support for the development of equitable systems and infrastructure. These networks play a critical role by providing technical assistance, capacity building, networking, quality improvement, resources, measurement and data support, and funding to many of these same initiatives.

The following is a partial list of nationwide efforts to improve health equity and contextualize the state and local initiatives that were part of the ECHE Landscape Project within a larger structure.

- > [All Children Thrive](#)
- > [BUILD Initiative](#)
- > [Early Childhood Learning and Innovation Network for Communities \(EC-LINC\)](#)
- > [Early Learning Nation](#)
- > [Essentials for Childhood \(EfC\)](#)
- > [Help Me Grow National Center](#)
- > [InCK Marks](#)
- > [National Collaborative for Infants & Toddlers \(NCIT\)](#)
- > [National Collaborative for Health Equity](#)
- > [National Farm to School Network](#)
- > [Networks of Opportunity for Child Wellbeing \(NOW\)](#)
- > [Promise Neighborhoods](#)
- > [Strive Together](#)

In addition, the state and local initiatives featured in the ECHE Landscape Map exist in the context of funding streams and programs at the federal level, many of which were designed in part to address income disparities, educational achievement gaps, and other types of inequities for families and children. For example, these include, but are not limited to: Early Childhood Systems (including Early Childhood Comprehensive Systems (ECCS)); Early Intervention; Head Start and Early Head Start; Early Head Start-Child Care Partnerships; the Maternal, Infant, and Early Childhood Home Visiting Program; The Preschool Development Grant Birth through Five (PDG B-5); Project LAUNCH (Linking Actions for Unmet Needs in Children's Health); and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).