

# Using an Equity-Focused Collective Impact Framework in a Place-Based Early Childhood Development Initiative: Together Growing Strong

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## Abstract

This manuscript employs Kania and colleagues' revised Equity-Focused Collective Impact Framework to describe a community-partnered initiative, Together Growing Strong (TGS). TGS aims to strengthen the health, well-being and development of children in one geographically defined community — Sunset Park, Brooklyn — with an ultimate goal of enhancing community-wide school readiness. The initiative is housed in an academic setting and has been developed in partnership with an affiliated Federally Qualified Health Center. While we strive for co-leadership with community members and organizations, we recognize that our approach is still evolving and that our journey is not complete. This paper uses the Collective Impact Forum's Community Engagement Continuum to examine our evolution thus far, and highlights how a place-based initiative can work to center equity in a racially and ethnically diverse immigrant community, the challenges that can arise, and potential strategies to successfully build equitable collaborations among academic institutions, community partners and families.

Keywords: Health Equity, Collective Impact, Place-Based Initiative, Immigrant Families, Community Engagement Continuum, School Readiness; Child Development

## 1. INTRODUCTION

Many collaborative models have evolved over time to promote positive and equitable health and education outcomes in geographically defined communities across the U.S. Community-based research and community psychology arose in the 1960's and 70's as a collaborative approach to research that includes diverse perspectives of researchers, community members and organizational representatives (Israel et al., 1998). Community-based participatory research and participatory action research aim to elevate voices of marginalized communities, treating researchers as co-learners, not experts, and addressing issues of positionality and power (Harrington et al., 2019; Minkler, 2020). A similar approach emerged in the early 2000's to ensure that knowledge gained from research was more fully integrated into community-based practice. This "research-practice partnership" approach, commonly applied in the education sector (e.g., Brotman, 2021), focuses on connecting research, community or setting-based practice, and policy. Recent writing describes such partnerships as "intentionally organized to connect diverse forms of expertise and shift power relations in the research endeavor to ensure that all partners have a say in the joint work" (Farrell et al., 2021).

In a seminal paper, Kania and Kramer (2011) defined the collective impact model as "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem." The authors delineated a structured process, including a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a "backbone organization." This ambitious framework aimed to provide guidance for multiple groups with different perspectives to come together to address challenges in the community by using data to develop and implement approaches for change. Importantly, based on a decade of feedback from practitioners and collective impact networks, and their own personal journeys, Kania, Kramer and their colleagues recognized that the biggest challenge to their model was a failure to center equity. As a result, they redefined the collective impact model, highlighting that it is critical to change underlying systems to achieve equity (Kania et al., 2022). In this paper, we employ Kania and colleagues' revised Equity-Focused Collective Impact Framework (Kania et al., 2022) to describe a community-based initiative, Together Growing Strong (TGS), which aims to strengthen the health, well-being and development of children in a geographically defined community -- Sunset Park, Brooklyn -- with the ultimate goal of enhancing population health and health equity through a specific focus on school readiness.

We also utilize the Collective Impact Forum's Community Engagement Continuum (adopted from the Tamarack Institute and IAP) to describe TGS's intentional efforts to increase community engagement. This continuum defines the following levels of engagement: inform (provide public with information), consult (gather feedback from stakeholders), involve (work directly with stakeholders to understand their concerns), collaborate (partner with stakeholders at each point in decision-making) and co-lead. Importantly, the Collective Impact Forum model describes co-led as putting decisions "in the hands of stakeholders." As described below, we envision "co-led" as a true partnership,

with shared leadership between the academic backbone institution and the community. We strive for TGS to be completely community co-led, and while one component of our initiative currently fits that definition, most are still somewhere between the “consult” and “collaborate” stages. This paper describes our initiative’s evolution thus far and highlights how a place-based initiative works to center equity in a racially and ethnically diverse community, the challenges that can arise, and potential strategies to successfully build equitable collaborations among academic institutions, community partners and families.

## 2. EQUITY-FOCUSED COLLECTIVE IMPACT FRAMEWORK

Kania and colleagues (2022) describe five strategies as critical to centering equity in community-based work. The following sections describe TGS using this equity-focused collective impact framework, highlighting how we apply these five strategies in our place-based initiative: (1) Ground the work in data and context, and target solutions; (2) Listen to and act with community; (3) Focus on systems change, in addition to programs and services; (4) Shift power within the collaborative; and (5) Build leadership and accountability that centers equity.

### 2.1 Ground the work in data and context, and target solutions.

#### 2.1.1 Understanding community demographics, assets and challenges

Sunset Park is a largely immigrant community that is thriving in many respects - unemployment is low, streets are vibrant enclaves of immigrants from China and Latin America, and inter-generational families and communities are tight-knit. The community is home to a federally qualified health center (FQHC) that has been a trusted source of care in Sunset Park for 55 years and provides a wide range of clinical and social services across the life course. In 2016, NYU Langone Health and the local community hospital in Sunset Park underwent a merger (NYU Langone Hospital – Brooklyn). As a result, the FQHC, called the Family Health Centers, affiliated with NYU Langone Hospital and is now known as the Family Health Centers at NYU Langone (FHC). The ensuing system offers enhanced and comprehensive inpatient and outpatient health care to the Sunset Park and neighboring Brooklyn communities. In addition, numerous strong, deeply-rooted, community and faith-based organizations contribute to the fabric of this community. However, despite Sunset Park’s many strengths and assets, housing is overcrowded, many families live below the Federal Poverty Line, and, similar to other immigrant communities, workers experience low wages (U.S. Census Bureau, 2022; Misra et al., 2021).

TGS began in Sunset Park in 2018 as a collaboration among NYU Langone Hospital – Brooklyn, the FHC and NYU Grossman School of Medicine (NYUGSOM). From the start, TGS built on the successful relationships held by the FHC with community-based organizations, public schools, community members, and social service systems, as well as the FHC’s reputation in the community as a trusted service provider staffed by culturally responsive professionals who are often community members themselves. TGS staff spent the first years of the initiative conducting a multi-pronged landscape analysis that included interviews

with FHC staff, hospital providers, community-based organizations, community leaders and educators. This process also included analyses of local administrative data. The initiative was fortunate to have the support of the Brooklyn Data Station (BKDS), an NYUGSOM resource for accessing, analyzing, visualizing, and communicating clinical and population-based data; BKDS assisted TGS with data collection, analysis, and community-centered communication, and continues to be a deep partner in our Sunset Park work. TGS combined these newly analyzed data with NYU Langone's triennial Community Health Needs and Assets Assessment, which included analysis of secondary data and information gathered from community-based organizations and residents.

### **2.12 Understanding history and political context**

The TGS landscape analysis highlighted the histories of many residents of the Sunset Park community. Many families in Sunset Park, Brooklyn emigrated from Latin America or China, and experienced stress and trauma in their countries of origin and/or during the migration process. Moreover, many families shared that immigration procedures are overwhelming, with discriminatory U.S. policies leading to feelings of uncertainty; this was particularly true for immigrants who did not have authorized legal status. Through ongoing discussions with community members, educators, healthcare providers and social service agencies, we learned that Latinx families often fear immigration raids and deportation, and many Chinese American families experienced, and were concerned about, anti-Asian hate, especially during and after the COVID-19 pandemic.

Community members and community-based organizations also described immigration policies as confusing, leaving families unsure of the benefits they are eligible for and the consequences that accepting benefits now might bring later, thus preventing families from securing important assistance. In addition, concern over gentrification has led to uncertainty about the ability of families with low incomes to remain and prosper in this neighborhood.

### **2.13 Understanding the role of the academic institution**

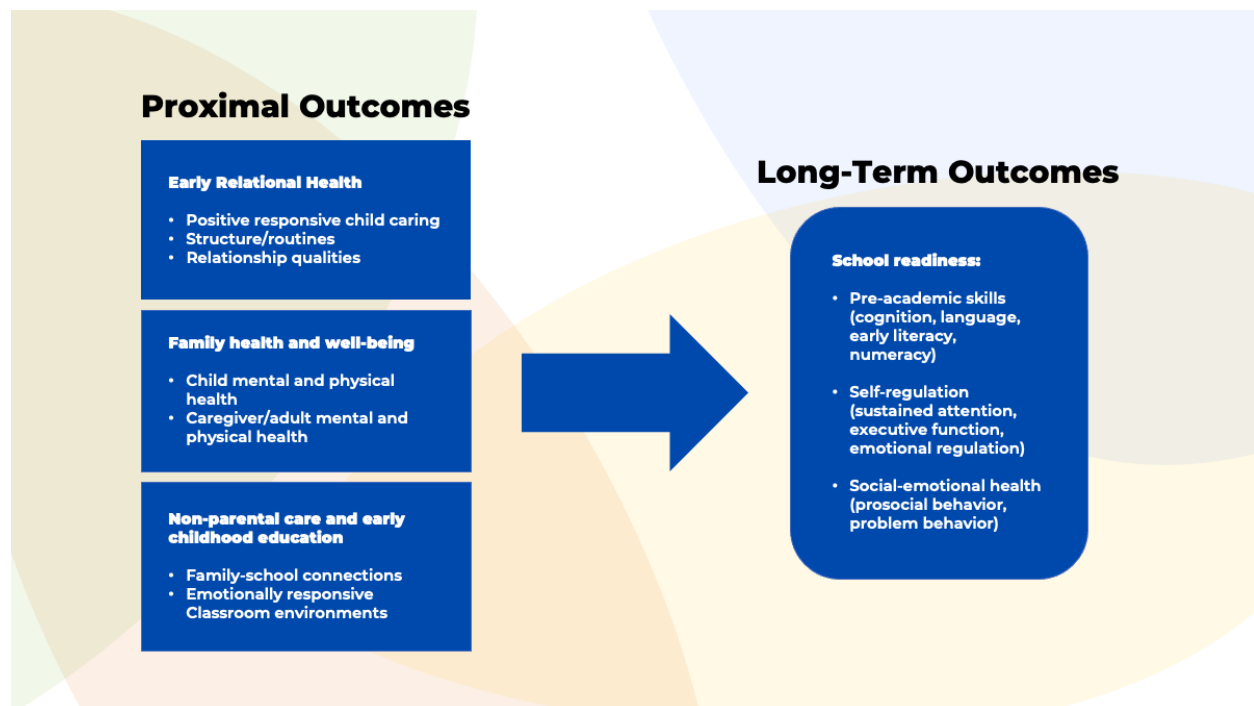
NYUGSOM, as an academic institution, secured the initial funding for TGS and provides financial and operational resources for the initiative. Its faculty provide methodological and content expertise, which is both compensated and in-kind. A family foundation made a generous endowment to the academic institution to launch TGS; additional grants from foundations in support of TGS have been made to the academic institution, which is ultimately accountable for the use of these funds. As part of a not-for profit hospital system, the academic institution also has a community benefit spending plan which provides services and programmatic resources to multiple communities including Sunset Park, covering costs of several TGS early childhood programs. In support of TGS, the academic institution supports numerous faculty members in leadership positions to engage in TGS activities in a variety of ways (e.g., as TGS advisors and in community work). Faculty members with expertise in developmental science, prevention science, epidemiology, and implementation science developed the original TGS theory of action, identified early childhood evidence-based interventions aligned with community needs, and designed and

launched a series of mixed methods studies to evaluate TGS impact and inform the model. Institutional commitment and faculty expertise have been critical to launching TGS, providing a sustainable infrastructure for the future, and the institution will continue to have an important role moving forward. At the same time, as TGS works to shift power toward community members, the role of the academic institution and faculty will need to evolve accordingly so that TGS can be a truly co-led initiative.

**2.14 Developing targeted solutions**

Similar to other initiatives (Lane et al., 2021), TGS began to the far left of the engagement spectrum. Initially, TGS was based on a faculty-driven model that defined the primary desired outcome as school readiness, comprising pre-academic skills, self-regulation and social-emotional health (Williams et al., 2019; Blair and Razza, 2007; Garner et al., 2021). In addition, the model specified several key predictors of school readiness to target: early relational health, family health and well-being, and non-parental care and early childhood education (Figure 1). Importantly, because this construct and these outcomes were based on the extant academic literature and did not incorporate community perspectives, we are currently planning a more collaborative, community-focused approach to redefining our school readiness outcomes.

**Figure 1 Together Growing Strong Proximal and Long-Term Outcomes**



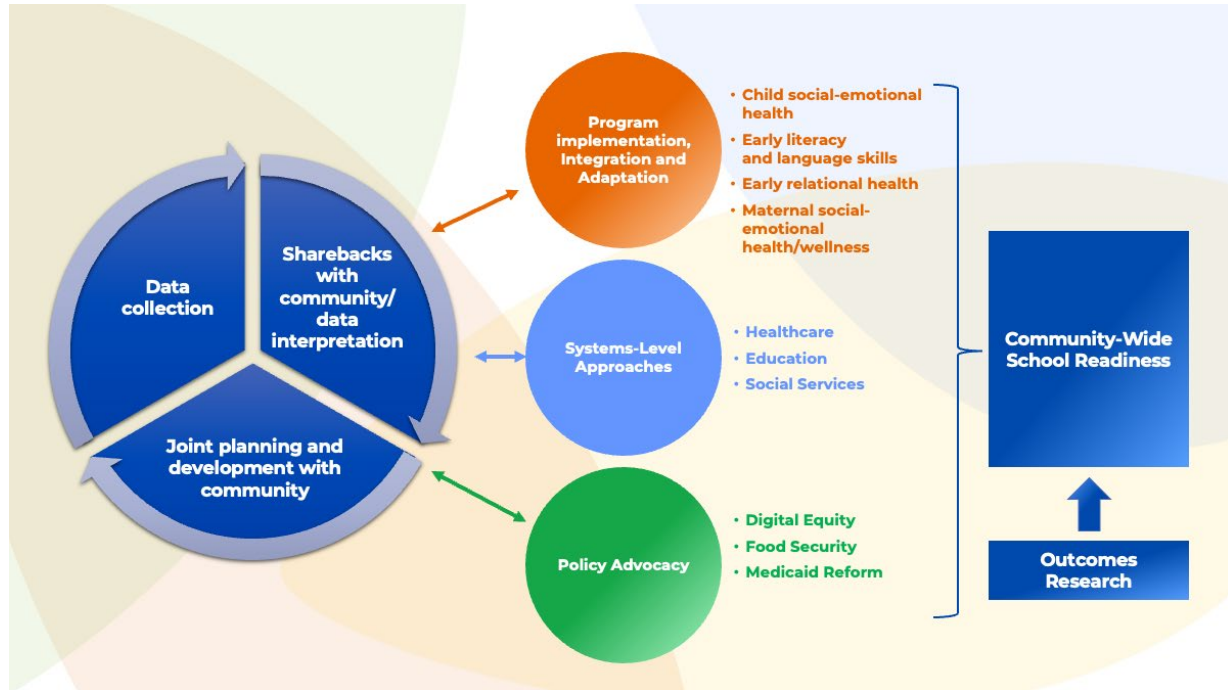
Through our initial community-focused landscape analysis, we identified four evidence-based early childhood programs already being implemented in Sunset Park that support these key predictors of school readiness (Healthy Steps, Reach Out and Read, Healthy

Families and Parent Child +), and four evidence-based and evidence-informed programs that would complement existing programs (Vroom, PlayReadVIP, ParentCorps, ROSE); TGS decided to bring these additional programs to the Sunset Park community (Table 1). Although the original development of these programs engaged community, the way TGS chose them for this initiative fits into the “inform” stage of the community engagement model.

TGS supports the idea that communities know their strengths, challenges, and the types of support that would be meaningful to them. As the initiative has evolved, our approach has grown to engage the community, including individual members, healthcare providers and staff, early childhood and elementary school educators, and social service providers, in all aspects of data collection, analysis and program development and optimization. We collect data using mixed methods, which enables a deeper understanding of community perspective and is essential given that most existing measures of school readiness and proximal outcomes have not been developed or validated with both Latinx and Chinese-American immigrant families.

In the TGS approach, findings from such studies are shared back with the community to start a conversation, assess whether we “got it right,” hear different perspectives of the interpretation of the data, and jointly plan for the next phases of initiative development or modification (“shareback session”). Since the final decisions are made by the institution, this process is considered to fall in the “collaborative” part of the engagement spectrum. Nonetheless, this feedback cycle is essential to the ongoing development and refinement of TGS’s strategies: program integration and adaptation, systems-level approaches and policy advocacy (Figure 2).

**Figure 2 Together Growing Strong Strategy Model**



## 2.2 Listen to and act with community.

Listening to and acting with community requires trust and engagement, and continual conversations with community over time (Kania et al., 2022). The model described above enabled us to elevate community voices to inform program content, integration and adaptation.

### 2.2.1 Program development

The onset of the COVID-19 pandemic led us to think critically about our programming, highlighting new, as well as existing, unmet needs. Most of our programming began offering virtual opportunities, and while this worked well for some, it was challenging for others. This acknowledgment led to the development of the TGS digital literacy workgroup (see more below). Further, we knew that families were struggling, and TGS staff recognize that we needed much more community participation in identifying assets and challenges and making decisions about the direction of the initiative. The feedback cycle described above was essential to this process. For example, to better serve Sunset Park families, we surveyed community members about their programmatic interests and conducted a broader mental health study among caregivers in Sunset Park. Caregivers reported high levels of stress, mental health symptoms, basic needs, and concern about their children's social and emotional health. One woman offered, "We are at home every day, and we dare not take our children outside to play with other children . . . after a child has been at home



for a long time, I will worry that he will shut himself down and may not dare to play or make contact with children.”

Discussions with community members about these data have led to an understanding of the types of support desired, and the ways in which families wanted help. As a result, we established TGS CARE (Community-based Activities, Resources and Education), a program to provide in-person workshops, virtual webinars, playgroups, community events and a digital messaging service, with content that families want presented in ways that are easiest for them to access and digest. Similarly, when we discussed the basic needs data with community members in “shareback” sessions, we learned about the challenges and stigma involved in going to multiple locations for services, and family member’s desire to give back to their community. One woman from the Chinese community shared, “While I may not have much material-wise, I’m more than willing to volunteer and share gently used items from my kids, make sure they are clean and ready for other families who may need them...” After brainstorming with community members, we collaborated with families to design a “swap” event that allowed them to acquire recycled clothes, toys and gear while giving back to their community, thus reducing feelings of shame. We also worked with the FHC’s food pantry to bring food services to more families.

### **2.22 Program complementarity and integration**

Although the programs described above are highly complementary, there was also some overlap among programs in the pediatric setting, and feedback from FHC staff and providers highlighted the need to break down silos. From a healthcare systems perspective, implementing multiple early childhood literacy and development programs independently was an inefficient use of resources, led to an extra burden on staff and providers, and was challenging to fit into packed medical visits. From a family perspective, participation in multiple programs was often impractical given time requirements in the context of multiple commitments at work and home.

Given these considerations, TGS focused on the integration of programs. Vroom was especially well-suited to such integration as its written materials (Vroom tips) could easily be included with Reach Out and Read books and integrated into provider anticipatory guidance; TGS is currently working on similar integration among VROOM, PlayReadVIP and HealthySteps, including alignment of specific Vroom tips with PlayReadVIP and Healthy Steps sessions, and cross-training of Healthy Steps and PlayReadVIP providers. A larger study of this integration is in progress with federal funding.

### **2.23 Ensuring cultural relevance through community engagement and adaptation**

Through “shareback” sessions, community members also shared insight into how cultural differences can manifest themselves and pose challenges to engagement with evidence-based programs. Although much has been written about not straying from “evidence-based” models, we agree with scholars that programs need to fit the cultures, ethnicities and settings in which they are implemented (Castro et al., 2004). To achieve this outcome, programs can be developed among specific cultural groups, including direct input from

both families and professionals who are from those communities. Sometimes, however, culturally relevant programs are not available. In these cases, program adaptation may be necessary. Although it's important to ensure fidelity to the core concepts of an evidence-based intervention, the way those components are framed may need to change to resonate with the community and be continuously evaluated to ensure effectiveness.

## ENSURING CULTURAL RELEVANCE

### ParentCorps

ParentCorps was originally designed to serve culturally diverse communities; it is not an adaptation for a particular group. Cultural informants, including Black, Latinx, and Asian US-born and immigrant parents, educators, and mental health professionals provided extensive input on content and process (Brotman et al. 2008, 2011). The approach to behavior change is collaborative, autonomy supporting, and non-prescriptive. ParentCorps gives parents access to the latest evidence on parenting (along with limitations of extant research) so they may consider adopting strategies that are consistent with their cultural values and feasible given everyday realities. ParentCorps creates opportunities to reflect on the influence of culture and context on parenting and child development and recognizes the broad spectrum of family strengths (e.g., traditional values, strong commitment to children's success) as well as stressors related to urban disadvantage (e.g., discrimination, community violence). Therefore, although ParentCorps includes a core set of behavioral strategies (e.g., positive reinforcement, consequences) that are found in nearly all effective parenting interventions its culturally informed approach is unique.

### ROSE

ROSE, a postpartum depression prevention intervention, is evidence-based and was developed and originally tested among Black and Latinx women (Zlotnick et al., 2016). TGS began implementing ROSE among Latinx women in 2019, and the intervention was well-received among Spanish-speakers in Sunset Park. However, it was clear from our community-partnered work that women in the Chinese community think about motherhood, communicate about needs, and value self-care (all integral parts of the intervention) in culturally specific ways. Partnering with the community to ensure cultural relevance is critical to TGS's values and community-based approach, which may be even more critical in diverse communities. We engaged with Chinese women and iteratively modified the intervention to meet the needs of the Chinese community. Although the core, evidence-based components remain, the adapted version is framed in a way that resonates with the Chinese community and allows for deeper engagement with the material. For example, one component of the original ROSE intervention emphasizes the importance of women taking care of themselves as a way to reduce stress. Through this adaptation process, we learned how challenging it is for women in the Chinese community to prioritize taking care of themselves; they were much more comfortable focusing on their families. As a result, we reframed the self-care components in terms of creating balance in themselves and harmony in the family. This adaptation allowed us to maintain an original ROSE core component, while presenting the material in a way that resonates with families in this community.

## 2.3 Focus on systems change, in addition to programs and services.

Structural and systemic inequities cannot be eradicated through programmatic efforts alone. Conversations with community members, educators and healthcare providers highlighted systemic issues, such as challenges accessing virtual healthcare services and conflicting information regarding expectations for Kindergarten. Most evidence-based programs for families are not designed to address systemic issues and will not on their own create a more equitable society in which families can thrive. TGS recognizes that support for families with young children must go beyond the important proximal factors that impact school readiness (see Figure 1 above), and works towards improving the education, healthcare and social service systems to be more equitable and family centered. Ultimately, integrated equitable systems with culturally responsive and accessible resources will likely reduce the need for individual-level programs.

Kania and colleagues (2022) describe systems change as including structural (policies and practices), relational (connections and power dynamics), and transformational (narratives and worldviews) change. While transformational change is implicit in our work, TGS focuses on structural and relational change. To this end, the strategy model described above extends beyond programs to systems change and policy advocacy. Similar to the process described above, TGS engages with community members, healthcare providers, educators and social service providers to better understand the ways in which systems are working, and the ways in which they are falling short, particularly with respect to ensuring racial and ethnic equity.

### 2.31 Education setting

Through conversations with caregivers, teachers and healthcare providers, we learned that families often feel confused about the transition to Kindergarten, educators need supports to bring a racial equity lens into the classroom, and accessing culturally responsive special education services in Sunset Park is a major challenge. In response, we created workgroups on Transition to Kindergarten, Equity, and Special Education, including diverse membership across TGS partners and community members. These groups are currently working with educators to develop and pilot initiatives in a “hub and spoke” model that centers the elementary school and includes preschools that feed into that school as part of the extended community. We have also involved our local Department of Education District Office in this work, aiming to expand successful pilots in the district before working on citywide scaling. This work fits into the “collaborative” part of the engagement spectrum.

For example, in our conversations one childcare provider reflected, “As a childcare volunteer, I work with many families from our church and sense the communication gap between Pre-K and elementary schools and between schools and caregivers. Maybe TGS could support making that connection.” The Transitions workgroup aims to enhance relationship-building between early childhood educators and Kindergarten teachers, sharing and aligning expectations throughout the hub model so that parents are presented

with a unified set of expectations and goals. This is critical to address caregivers' concerns because currently early childhood educators and Kindergarten teachers are driven by different standards and do not share professional development opportunities. In addition, schools are now systematizing school tours for preschool children and their families, and opportunities for "meet-ups" prior to the Kindergarten year. We anticipate learning from these experiences and then advocating for change system wide.

Further, an educator stated, "I'm thankful for [TGS] programming developed based on our voices and needs. Meeting us where we are and respecting our culture is crucial. I'm so glad many providers, including myself, can share our conflicted feelings about gender identity in a welcoming space." Educators have struggled with potential differences between their own views on social issues, and those of the families they serve. The Equity workgroup worked with educators to identify professional development, including that provided by ParentCorps, that met their needs, both personally and professionally. These trainings are currently being implemented in elementary school and select preschools and will be extended throughout the hub model.

Caregivers have shared concerns about how challenging it is for them to access special education services, and educators have expressed frustration about children entering Kindergarten having been assigned inappropriate services by the system. The Special Education workgroup responded by developing accessible educational material to support families' understanding and navigation of the system. In addition, the group is developing a pilot program for a Navigator to work with preschool families to help them with access to services as well as the transition of services from one system (preschool) to another (elementary school).

### **2.32 Healthcare setting**

Through our formative research, we learned about high rates of depressive and anxiety symptoms among pregnant and parenting women, and a correlation between low social support and symptoms. Our "shareback" sessions taught us more about the types of support that the Chinese and Latinx communities were interested in, assets present in the community, and barriers to care. This process was greatly appreciated by participants. One community member reflected, "Being part of our community discussion as a mom is . . . not just about being heard; it's realizing I'm not alone. Hearing from other moms makes it a community. We share our journey, struggles, and progress. It's more than talk; it's a support network making motherhood less isolated and more connected." During these conversations, Chinese community members described how women were already supporting each other during and post pregnancy. Further, healthcare providers described a system with limited capacity to meet the growing demand for mental health services, including for those who were not currently receiving healthcare, and the challenges inherent to virtual care.

TGS is working with community members and healthcare providers to use these learnings to design a mental health system enhancement that includes the provision of culturally-

relevant preventive and clinical services in the community and in healthcare spaces, digital literacy training to assist with access to virtual care, and strategies to strengthen existing assets in the community (“collaborative” part of the spectrum). For example, rather than bring a new program into the community to increase access to support, we are thinking with community members about how we can help strengthen current community resources. Further, locating mental health services in community settings increases access for the entire community. TGS recently received a grant to advance the design and rollout of this enhancement.

### **2.33 Social service setting**

In response to the high levels of basic needs evident in our data and increasing concern about food insecurity among community residents and community-based organizations during the pandemic, TGS and the FHC spearheaded the Sunset Park Community Coalition, which is comprised of community-based organizations and schools in the neighborhood. The Coalition, driven by its members, facilitates a cross-sector, integrated system of care for families by identifying gaps in services, leveraging resources, and coordinating responses to widen the safety net system and address unmet needs. This is the one part of TGS that is truly “co-led.”

The Coalition has shared food and grant money across communities in Sunset Park, making healthy and culturally-relevant food more widely accessible to the community, and used available resources to purchase refrigerators and other equipment for all members. One member, from a local elementary school reflected, “As a founding member of the Sunset Park Community Coalition, P.S. XX is so thankful for this partnership as it has opened the door to resources and organizations to help us address food insecurity in our community.”

Although the Coalition began in response to food insecurity concerns, the scope has broadened. TGS now regularly presents data and projects to its members and engages in discussions on data interpretation and initiative planning. For example, TGS staff heard from community members that conditions were changing quickly during the pandemic, and the idea for a community dashboard, to track data and inform decisions in real time, arose among TGS faculty. When staff brought this idea to the Coalition, it became clear that this would not be of interest to the community. Rather, there was interest in developing an interactive community asset map and events calendar to help link community members to existing resources. We built this version of the dashboard, called the SPACE, and are currently pilot testing it.

### **2.34 City and state policy change**

TGS’s deep engagement with the community has enabled an understanding of how government policies can support families with young children. TGS works with local and state policymakers to ensure that the issues that are of importance to the community are on their radar, and to discuss ways to better support families with children. For example, the Community Coalition has met with local elected officials to discuss the food insecurity needs of the community and keep them abreast of local resources and gaps in services.

Further, the TGS digital equity workgroup includes healthcare providers, educators, social services providers and local community leaders, and aims to ensure free, broadband access for all and increase digital literacy in the community, which is critical to access necessary services. This group has met with State Senators, presented data to public agencies making funding decisions that impact Sunset Park, and written letters supporting funding and policies that would benefit the community. This work can best be described as being in the “collaborate” part of the engagement continuum.

## 2.4 Shift power within the collaborative.

The collective impact model discusses the importance of a “backbone institution” dedicated to “aligning and coordinating the work of the group.” From an equity perspective, it is essential that power shift to those affected by the work (Kania et al., 2022). NYUGSOM serves as the backbone institution of TGS. This reflects our recognition that agencies that work on the ground in the community often lack the resources and infrastructure necessary to lead new initiatives or the expertise to collect the data that are integral to their success. Over time, as our partnership has grown, we have worked to develop a true collaboration, and at this point most aspects of TGS fit in the “involve” (working directly with stakeholders continuously to ensure that concerns are consistently understood and considered) and “collaborate” (working directly with stakeholders in each aspect of decision making) parts of the community engagement continuum. The academic institution will always have a role in TGS, but our aim is to shift power so that community partners have equal leadership.

When TGS first began, it was guided by a group of Department Chairs and Administrators from the academic institution and the FHC. Over time, this group’s purpose was modified to be more of an advisory group that helps troubleshoot challenges and make connections across the institution. Community partners routinely join the advisory meetings as experts and to present initiative updates, thus beginning to shift power from the institution to the community. While this is an important shift, we recognize the need to move further along the continuum towards a truly co-led initiative. Our goal is to have community members on our leadership and advisory teams, to be in positions of power to guide the initiative at all levels. This is challenging because of the different languages spoken in the community, the different levels of experience communicating in large groups, and the different cultural orientations among a range of participants. To work toward this goal, we have used our “shareback” sessions as ways to include community members’ voices in leadership, as those conversations highlight individuals’ expertise and guide the development of our work. One example of how this has shifted power is the significant role community members played in naming our initiative and developing the initiative’s icon. However, TGS cannot reach its ultimate goal without identifying a way to bring together the community and TGS leadership groups.

In order to fully engage with the community in the deepest way possible, TGS includes staff who are in cultural and linguistic affinity with the community. In this way, even within the

academic institution, the initiative is attempting to shift power by elevating the value and importance of community representation and guidance. TGS staff from the Chinese and Latinx communities engage in deep and nuanced conversations with community members; staff's ability to connect with and understand cultural preferences, assets and challenges is critical to truly enabling community voices to be elevated and incorporated into the TGS initiative.

Further, although TGS co-initiated the Community Coalition (described above), the Coalition is now truly co-led by the FHC and a community-based organization; meeting agendas and resources are jointly planned and allocated by the members. The Sunset Park Early Childhood Research Collaborative is also representative of this power shift. In typical academic settings, researchers, as the experts in the field, present data findings to other researchers and sometimes practitioners. In contrast, the TGS bi-monthly Research Collaborative meetings bring researchers and practitioners together to present on one topic, so that the audience learns about important research findings in the context of the expertise of practitioners who work in the field. Practitioners also use this opportunity to make suggestions or clarifications to the researchers' plans or study questions. An additional aim of this group is to forge collaborations between researchers and practitioners for future projects. The Collaborative awards small pilot grants for these types of collaborations, with the expectation that project teams include diverse researchers, practitioners and community partners, and requires proposals to be equity focused, examine issues relevant to early childhood, and present a pathway to larger research projects. Alignment with community priorities is a core priority as funding decisions are made for these grants.

## **2.5 Build leadership and accountability that centers equity.**

In accordance with this framework, the backbone institution should be responsible for leading with, and being accountable for, equity (Kania et al., 2022). According to Kania and colleagues, this includes empowering a team that reflects the population being served and holding people in positions of power accountable for progress in equity work, both for themselves and the organization.

### **2.5.1 Equity in leadership**

The 10-member racially, ethnically and linguistically diverse TGS leadership team consists of academic faculty, FHC community and healthcare leaders, a local public elementary school principal, and a community-based program representative. This leadership team guides the direction of the initiative, elevating important issues and experiences in the community, and consulting on resource allocation. Ultimately, however, final decisions are largely made by the institution. It is our goal to include more community members who both live and work in the community on this leadership team and to continuously shift power to community stakeholders to make TGS a truly co-led initiative.

The leadership group is charged with ensuring that the initiative stays true to our anti-racist approach and addresses issues of importance to the community. To this end, the leadership team worked together to create an antiracist belief statement, which is intended to ensure that these values and commitments are a north star for our work. This statement focuses on identifying and eliminating structural racism, reducing health, socio-economic and educational disparities, and working with communities towards equity, racial justice, and positive transformational change.

### **TGS ANTIRACIST BELIEF STATEMENT**

Together Growing Strong (TGS) is committed to identifying and eliminating structural racism, reducing health, socio-economic and educational disparities, and working with communities towards equity, racial justice, and positive transformational change. Our work embraces and values families' identities, histories and cultures. We are committed to ongoing learning about equity and racial justice to enhance our insight into the continued work needed to make society fair and free for all families. TGS aspires to create a more just society by disrupting individual bias and advocating for anti-racist policies and practices and long-lasting system transformation.

#### **2.52 Accountability through measurement**

Monitoring progress is essential to the TGS model and another way to hold ourselves accountable. To promote population health and health equity, we need to understand what is working and what is not working, and for whom. This knowledge will enable us to lift up the successful parts of the initiative and further examine the parts that are not working for some or all. Critical to this process is understanding and measuring the outcomes that really matter to the community (Fisher et al., 2020). TGS began its journey with conventional family and child outcomes, which were well-established in the literature and easily measured. However, traditional outcomes may not be achievable without addressing the social, health or economic issues impacting the community (Fisher et al., 2020); as a result, we are monitoring progress on these factors as well. Further, we recognize that our original outcomes may not be those of most importance to the community. TGS is currently engaging in a community co-led process to re-evaluate our outcomes in that context.

With that in mind, we are conducting two separate observational studies of 1,350 families living in or receiving services in Sunset Park, Brooklyn, known as the Children, Caregivers, and Community (C3) Study (Miller et al., 2023). The longitudinal part of the study is a mixed methods study that will allow us to examine TGS program participation, as well as engagement with various systems, and understand children's and families' developmental trajectories in that context. By observing families over time, the longitudinal study seeks to evaluate baseline assets and vulnerabilities for families across the Sunset Park community and begin to explore associations between TGS implementation/participation and short-



term and long-term indicators of family health and well-being and child school readiness. The cross-sectional component will allow a community-wide assessment of our outcomes over time.

In keeping with TGS's principles, our research also highlights the importance of contributing to knowledge and creating a replicable model. In line with this approach, we have structured our research not only as an evaluation of the impact of TGS, but also as a way to better understand the issues that continue to pose challenges for community members, and the implementation and engagement strategies that are most useful.

### 3. DISCUSSION

With support and endorsement from an academic institution, philanthropic funds, and full community engagement, we successfully launched a place-based initiative that centers immigrant families of young children and seeks to advance population health and health equity in one community. Although components of our work have been implemented elsewhere (e.g., Lane, 2021), our model is novel in that it includes a series of programmatic and system-focused strategies and processes that support continuous community partnership and initiative improvement. Our ultimate goal is for TGS to be community co-led. This is an ongoing journey, and our deep work towards this thus far has uncovered some challenges that will continually need to be monitored and addressed.

TGS's broad approach to school readiness is key to our model, but the initiative cannot possibly address all challenges that families face. Every aspect of a family's life can influence a child's opportunities to succeed and thrive. TGS has learned to prioritize its focus based on the community's priorities, which we understand to include basic needs, mental health care, digital access, equitable systems, and a better understanding of and connection to the U.S. education system.

Additionally, our data processes can be challenging at times, as the initiative has multiple audiences, with different data needs. As part of an academic medical center, TGS aims to contribute to knowledge in the field and to share learnings with others. As a result, the initiative has a commitment to present data to department and institution leadership, at professional conferences, and in the peer-reviewed literature. TGS is also committed to presenting data to the community. Preparation for such venues takes time and expertise. While faculty are well-versed in academic processes, community partners may not be; conversely, community partners often have more expertise and credibility in presenting information to the community and about the community. Although time-consuming, collaborating on both types of efforts is critical – a “divide and conquer” method will not result in the same authenticity.

Further, there is often a tension between whether our data collection efforts should be considered research or quality improvement projects. Some of these projects involve human subjects and are generalizable, thus meeting the definition of research, but others

are setting-specific and aimed at quality improvement. While the latter are not considered research, it can feel uncomfortable to collect even deidentified data in disinvested communities without the protection of an institutional review board. We aim to work with our institution to add more flexibility into the IRB process, to bring equitable protection to quality improvement efforts.

### **3.1 Redefining outcomes**

While the current TGS outcomes are important and based on extensive research on early childhood development, they are not enough. Adopting a predefined set of outcomes may not capture the depth and breadth of the community's lived experiences and aspirations; engaging community members directly in a discussion of desired outcomes is essential to any community co-led initiative. Such a process might reveal that some of the listed outcomes align seamlessly with the values of the community. Alternatively, there might be contradictions or gaps that we need to address. Consequently, we are embarking on an in-depth process of incorporating community voice into our definition of TGS outcomes. Similar to our other formative research, this work must be iterative and flexible, allowing for modifications as the community changes and evolves. Active and ongoing involvement from the communities we serve will determine the outcomes' efficacy and resonance, and lead to a roadmap that is truly community co-led.

### **3.2 Role of the institution**

Having an academic institution be a "backbone institution" for an initiative that centers equity is challenging given the traditional relationships between universities and communities, and the traditional markers of success at some institutions. Universities have not always incentivized anti-racist, community-based research, which in some institutions is not valued in faculty promotion processes. Such work is sometimes perceived as a service, as opposed to rigorous research, and is often underfunded (Fleming et al., 2022). Although TGS is fortunate to be funded largely by private philanthropy and to have institutional support, meeting traditional academic expectations can be inherently challenging in this work. Key to the success of an equity-driven, community initiative within an academic institution is the motivation of all academic partners to share power with community.

### **3.3 Equitable hiring practices**

A key TGS principle includes hiring staff in cultural affinity with the community. We collaborate with community-based organizations in Sunset Park to advertise positions and consider additional ways to enhance employment opportunities in the community. This can be challenging, as many individuals living in Sunset Park do not have legal documentation. Further, academic institutions have expectations and regulations that are sometimes more achievable for individuals of privilege, such as institutional rules about work hours. TGS has sought flexibility with institutional policies regarding works schedules to allow employees to manage family and community obligations.

### **3.4 Conclusion**

This paper illustrates how TGS is approaching early childhood work through an equity-based framework along five strategies described by Kania and colleagues as essential elements: grounding the work in data and context, and target solutions; listening to and acting with community; focusing on systems change in addition to programs and services; shifting power within the collaborative; and building leadership and accountability that centers equity (Kania et al., 2022). Previous models have laid the groundwork and enabled our initiative to incorporate a deep commitment to equity, community voice, and shared decision-making. A key contribution of TGS is as a proof of concept for the successful application of such frameworks to support early relational health, early childhood development and school readiness. As such, TGS has helped advance the evolving field of community-engaged initiatives. Importantly, our approach can be applied to a multitude of outcomes; future efforts should focus on the adaptation of the model to different domains and in different populations. We anticipate that this model will be built on and will grow to reflect the changing needs of the field, all in an effort to help children and their families thrive.

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**Table 1. Together Growing Strong Existing and New Programs**

PROGRAM	DESCRIPTION	EXISTING OR NEW	SOURCE
<b>Healthy Steps</b>	Early childhood development support and referrals offered to families under the age of 5 in pediatric primary care.	Existing	Johnston et al., 2004
<b>Reach Out and Read</b>	Delivery of books and information about their importance from clinicians to parents of children ages 0-3 at routine pediatric checkups.	Existing	Zuckerman, 2009
<b>Parent Child +</b>	Early learning specialists support parents and home-based child care providers in preparing young children for academic success, and strengthening families and communities through home visits.	Existing	Peck and Smith, 2020
<b>Healthy Families</b>	Home visiting program that provides information, connections, assessments and support during pregnancy and early childhood.	Existing	Cullen et al., 2010
<b>Vroom</b>	Science-based tips for parents to add learning to the time they spend doing daily activities with their young children.	New	Galinsky, et al., 2017
<b>PlayReadVIP (formerly Video Interaction Project)</b>	<a href="#"><u>Relationship-based individualized parent-child intervention focused on supporting interactions in the context of play, reading and daily routines.</u></a>	New	<a href="#"><u>Mendelsohn et al., 2018</u></a>
<b>ParentCorps</b>	Multi-component evidence-based enhancement to pre-K programs in support of positive family-school connections, home and classroom environments, child mental health and school success.	New	Brotman et al., 2016.
<b>Reach Out and Stay Strong Essentials for New Mothers (ROSE)</b>	Postpartum depression prevention intervention including psychoeducation, and support/skills to manage the transition to motherhood, manage relationships, implement self-care, and communicate effectively.	New	Zlotnick et al., 2016