BE OUR VOICE!
MARKETING AND MEDIA TOOLKIT

THE CHILD AND ADOLESCENT HEALTH MEASUREMENT INITIATIVE

JULY 2023
OVERVIEW

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

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

Directly access and download all infographics, flyers, and other media assets here: drive.google.com/drive/folders/1dc5iR3wlB4jPz2adS9N-0ff6wZfsA5RK?usp=sharing
# Table of Contents

What is CAHMI's Be Our Voice (BOV) campaign? .......................................................... 3

How to use this toolkit: .................................................................................................... 3

Tips: Before you begin! .................................................................................................... 4

CAHMI's Projects .............................................................................................................. 6

**Transformative Research** ......................................................................................... 6
  News Content .............................................................................................................. 7
  Social Media Content and Graphics ........................................................................... 9

**The Data Resource Center for Child and Adolescent Health** ............................... 15
  News Content ........................................................................................................... 15
  Social Media Content and Graphics ...................................................................... 16
  Print Materials .......................................................................................................... 18

**The Cycle of Engagement Well Visit Planner Approach to Care** ............................ 19
  News Content .......................................................................................................... 19
  Social Media Content and Graphics ...................................................................... 21
  Print Materials .......................................................................................................... 24
  Templates and Digital Media .................................................................................... 27

**Engagement in Action! Framework for a Statewide Integrated Health System** ....... 28
  News Content .......................................................................................................... 28
  Social Media Content and Graphics ...................................................................... 28
  Print Materials .......................................................................................................... 30
What is CAHMI’s Be Our Voice (BOV) campaign?

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

Be Our Voice Campaign Objectives:

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

How to use this toolkit:

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

**This marketing and media toolkit includes:**

- **News Content**
  - Newsletter Blurbs
  - Example blog posts

- **Social media content**
  - Tweets
  - Facebook posts
  - LinkedIn posts

- **Print materials**
  - Informational flyers
  - 1 and 2 pagers

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

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

**Tips: Before you begin!**

**Follow and tag** our social media accounts when sharing materials!
- Twitter
  - CAHMI organizational account: @CAHMI2Thrive
  - CAHMI’s Data Resource Center account: @childhealthdata
- LinkedIn
  - Child and Adolescent Health Measurement Initiative (CAHMI) at JHSPH
- Facebook
  - Child and Adolescent Health Measurement Initiative at JHSPH
  - Data Resource Center for Child & Adolescent Health
- Instagram
  - @thecahmi
- YouTube
  - The CAHMI

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

- #CAHMI
- #DataInAction
- #EngagementInAction
- #WVP
- #childhealth
- #earlychildhood
- #childdevelopment
- #ACEs / #PCEs
- #positivehealth
- #childflourishing
- #childthrive
- #SSNR
- #resilience
- #WeAreTheMedicine
- #PrioritizingPossibilities
- #healthdata
- #childhealthequity
- #healthpolicy
- #systemstransformation
- #pediatriccare
- #familyleaders
- #childwellbeing
- #familyhealth
- #familycenteredcare
- #mentalhealth
Use CAHMI's brand colors: To maintain consistency with our brand, we recommend using the hex codes listed below when creating your own graphics or images to promote our work. The following hex codes are the exact colors used by CAHMI for our graphic visuals and website.

- #e2f0d9
- #7ea580
- #477e4a
- #878336
- #d6ccc2
- #99c3dd
- #4d96c4
- #0069aa
- #ceafdd
- #aa72c4
- #8636aa
- #860e55
- #802628
- #444444
- #000000
- #ffffff
- #860e55
CAHMI’s Projects

Transformative Research

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

Below, we provide all-ready, easy-to-post content that can be used in outreach initiatives, such as newsletters, and across different social media platforms. We have also provided numerous Tweets that can be automatically posted by clicking “Tweet Now”.

Research Articles of Focus


- Link to article: https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05425

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


- Link to article: https://pubmed.ncbi.nlm.nih.gov/34801155/
Click on the graphics below to download them from our Media Drive Folder!

Newsletter Content on Positive Childhood Experiences, from JAMA Pediatrics

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

Newsletter Content on Family Resilience and Connection, from Health Affairs

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

Newsletter content for both JAMA Pediatrics and Health Affairs papers

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

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

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

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

Twitter
Sample Tweets on Positive Childhood Experiences, from JAMA Pediatrics


Click to Tweet Now

• 2019 study in @JAMApediatrics by @CBWeThrive offers still relevant and hopeful possibility that kids & adults can thrive despite many ACEs if we promote positive relational experiences & heal the effects of their absence https://bit.ly/2kwrm53 & https://bit.ly/2m4eMud

Click to Tweet Now

Sample Tweets on Positive Childhood Experiences, from JAMA Pediatrics

• Supportive family interactions, caring relationships with friends & the community, are associated with reductions in chances of depression and poor mental health in adulthood. See study @JAMApediatrics by @CBWeThrive (et al.). https://bit.ly/2kwrm53 & https://bit.ly/2m4eMud

Click to Tweet Now

• Why do some children with adverse childhood experiences thrive while others do not? Study by @CBWeThrive (et al.) reveals positive relationships in childhood are a key factor. Read more: https://bit.ly/2kwrm53 & https://bit.ly/2m4eMud

Click to Tweet Now

Sample Tweets on Family Resilience and Connection, from Health Affairs

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

Click to Tweet Now

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

Click to Tweet Now

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

Click to Tweet Now
• Why do some children with adverse childhood experiences flourish while others do not? A @Health_Affairs study reveals family resilience and connection are key factors. Read the full article by @CBWeThrive (et al.): https://bit.ly/2Vm4aYA & https://bit.ly/2EgwVvj

Click to Tweet Now

Sample Tweets for both JAMA Pediatrics and Health Affairs papers

• Even without childhood adversity some children and adults fail to thrive, @CAHMI2thrive @CBWeThrive (et al.) research shows that positive experiences & relational health are key to child and adult health and well-being. https://bit.ly/2kwrm53 & https://bit.ly/2Vm4aYA

Click to Tweet Now

• As the federal gov’t addresses the epidemic of childhood adversity, findings from @CAHMI2thrive @CBWeThrive (et al.) show positive childhood experiences, family resilience & connection are key in preventing negative outcomes: https://bit.ly/2kwrm53 & https://bit.ly/2Vm4aYA

Click to Tweet Now

• @CAHMI2thrive @CBWeThrive (et al.) highlight the need to promote positive and relational health to prevent and mitigate impact of ACEs and improve health & well-being. Read more: https://bit.ly/2kwrm53 & https://bit.ly/2Vm4aYA

Click to Tweet Now

• The absence of negative experiences and adversity do not equal positive health outcomes for children or adults. Learn more about the research & its implications on the health system @CAHMI2thrive @CBWeThrive (et al.): https://bit.ly/2kwrm53 & https://bit.ly/2Vm4aYA

Click to Tweet Now

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

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

Click to Tweet Now

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

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

**Click to Tweet Now**

Children’s mental health outcomes are affected by broad number of social and relational health risks. Promotion of good mental health should incorporate collaboration among family and health professionals to address these risks. Learn more: https://pubmed.ncbi.nlm.nih.gov/34801155/  

**Click to Tweet Now**

Facebook

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

Sample Facebook Post on Positive Childhood Experience, from JAMA Pediatrics

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

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

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

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

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

- In 2022, Child and Adolescent Psychiatric Clinics of North America released Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes, co-authored by CAHMI (@Data Resource Center for Child and Adolescent Health) director and Johns Hopkins University Bloomberg School of Public Health Professor Dr. Christina Bethell. This study uses the combined 2016-2019 National Survey of Children’s Health to determine prevalence of mental, emotional, and/or behavioral health problems (MEB), social health risks (SHR), and relational health risks (RHR) to explore associations with self-regulation skills, school engagement, and bullying involvement with the factors of family resilience and parent-child connection. This study found children with SHR and RHR were more likely to have MEB conditions which was associated with decreased self-regulation skills. However, greater family resilience and parent-child connections increased good self-regulation skills which was further associated with higher school engagement and reduced bullying involvement. Policy and public health implications suggest prioritizing approaches that engage families, communities, and health professionals to promote integrated models of care that mitigate RHR and SHR as well increase family connection to promote positive mental health. To read the full publication, click here: https://pubmed.ncbi.nlm.nih.gov/34801155/. To read the press release, click here: https://publichealth.jhu.edu/2022/study-reveals-fourfold-range-in-rates-of-mental-health-problems-among-us-children-based-on-relational-and-social-risks.
LinkedIn
For the LinkedIn Posts below, you are welcome to tag relevant people by typing @ and then their name and selecting the corresponding LinkedIn profile. Those listed below without an “@” are unable to be tagged in LinkedIn posts.

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

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

Sample LinkedIn Post on Both JAMA Peds and Health Affairs Articles
• There is an immense need and interest in preventing and mitigating the impacts of childhood trauma and adversity. Two publications led by CAHMI director Dr. Christina Bethell and key partners highlight the importance of assessing and promoting positive and relational health to foster healing and advance health among children, adults and families. In September 2019, JAMA Pediatrics released Dr. Bethell’s publication, *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels* which analyzed data from the 2015 Wisconsin Behavioral Risk Factor Survey. This study found that positive relationships in childhood offset risk of depression & poor mental health and increased healthy relationships in adulthood. Health Affairs released, *Family*
Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity, which analyzed data from the 2016-17 National Survey of Children's Health, & found across all levels of adversity, prevalence of flourishing among school-age children increased with increasing family resilience and connection. Even as society addresses adversity, assessing and promoting positive & relational health in children is key. These offer the hopeful possibility that children & adults can thrive despite their accumulation of negative childhood experiences. Learn more: https://bit.ly/2kwrm53 & https://bit.ly/2Vm4aYA

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

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

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

News Content

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

Sample Newsletter article for Title V or other State Leaders

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

Quick and easy access to this data can inform and enhance your ongoing needs assessment and program planning work. For example, with just a few clicks you can compare rates of breastfeeding in your state by subgroups including race/ethnicity and household income level; or compare the overall health status among children in your state by age, type of health insurance, special health care needs status, or whether a child has a medical home and more. To learn more, watch a short video tutorial, or jump right in and start exploring the data.

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

The DRC offers downloadable datasets with accompanying codebooks that include measure specifications, codes, and more in SAS, SPSS and Stata formats. These empower you to run your own analyses beyond what is available in the interactive data query. There are also numerous archived data and resources for the NSCH and NS-CSHCN on the DRC that you may find helpful. NSCH surveys conducted prior to 2016 will not be comparable as the methods and design of the survey changed significantly. The DRC includes numerous resources to learn about the NSCH, including:

- Fast Facts,
- Survey Instruments and Methodology
- Guides to Topics and Questions by survey year,
- Survey changes across years,
- Detailed content maps of indicators and survey items displayed in the DRC’s interactive data query.
**Sample Blog or Website Posts**

- The Data Resource Center (DRC, www.childhealthdata.org), led by the Child and Adolescent Health Measurement Initiative (CAHMI), provides point-and-click online access to national, state, and regional findings from the National Survey of Children's Health (NSCH) through the interactive data query (IDQ). The IDQ allows you to search survey findings by survey year, geographic level, and measure. The DRC also offers cleaned and coded downloadable datasets with accompanying codebooks that include measure specifications, codes, and more in SAS, SPSS, and STATA formats. The Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

- The Data Resource Center for Child and Adolescent Health houses data primarily pulled from The National Survey of Children’s Health (NSCH), a rich survey providing information on multiple aspects of children’s lives — including physical and mental health, access to quality health care, and the child’s family, neighborhood, school, and social context. The Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

---

**Social Media Content and Graphics**

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

---

**Twitter**

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

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

  [Click to Tweet Now](https://twitter.com)

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

  [Click to Tweet Now](https://twitter.com)

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

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

• Attention child & family advocacy groups! The DRC equips you with the data and evidence you need to lead your agenda. Uncover critical insights, spot gaps, & drive policy reforms that positively impact children’s lives. www.childhealthdata.org #DataResourceCenter #ChildAdvocacy
Click to Tweet Now

LinkedIn or Facebook

• The Data Resource Center (www.childhealthdata.org), led by the Child and Adolescent Health Measurement Initiative (CAHMI), advances the effective use of public data on the status of children’s health and health-related services for children, youth and families in the United States. The DRC makes national, state, and regional data from large population-based surveys including the redesigned National Survey of Children's Health (NSCH) easily accessible to all. Optimize this data today and explore the possibilities to improve child and family health services in your state today! Downloadable NSCH datasets with can be requested here: www.childhealthdata.org/help/dataset

• The National Survey of Children’s Health (NSCH) provides rich data on multiple, intersecting aspects of children’s lives—including physical and mental health, access to quality health care, and the child’s family, neighborhood, school, and social context. The Data Resource Center takes the results from the NSCH and makes them easily accessible to parents, researchers, community health providers and anyone interested in maternal and child health. Explore the possibilities here: www.childhealthdata.org. Downloadable NSCH datasets with can be requested here: www.childhealthdata.org/help/dataset
Print Materials

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

THE DATA RESOURCE CENTER FOR CHILD AND ADOLESCENT HEALTH

The Data Resource Center for Child and Adolescent Health (DRC), a project of the Child and Adolescent Health Measurement Initiative (CAHMI), aims to provide essential maternal and child health data at the national, state and community level in order to inform and enhance maternal and child health policy and practice. The DRC maintains a website providing user-friendly, point and click access to national, state, and regional data findings from two large parent or family reported surveys on child and adolescent health and well-being in the US, Health Resources Services Administration’s (HRSA’s) MCHB National Survey of Children’s Health and National Survey of Children with Special Health Care Needs.

Find us at www.childhealthdata.org!

What surveys are available on the DRC?

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

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

The National Survey of Children with Special Health Care Needs (NS-CSCHN): The NS-CSCHN was administered in 2001, 2005/6, and 2009/10. Starting in 2016, content from the NS-CSCHN and the NSCH were combined into a single survey for annual administration.
The Cycle of Engagement Well Visit Planner Approach to Care builds the capacity of child health providers, family support specialists/professionals or family-led organizations, child welfare professionals, health plans and systems leaders to partner in the joyful work of promoting the well-being of all children. Currently available for children from the first week of life through age six, the COE WVP's online, guideline-based and family-driven Well Visit Planner® (WVP) and post visit Promoting Healthy Development Survey (PHDS) quality assessment give voice to families and help child and family care teams. All WVP and Online PHDS content can also be adapted to share with families directly.

News Content
Click on the graphics below to download them from our Media Drive Folder!
Sample Newsletter Article for child health professionals, family advocates and support specialists

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

   The innovative family-centered Cycle of Engagement Well Visit Planner Approach to Care (COE WVP) provides interoperable whole child and family assessment and data sharing tools for system partners to address the needs and priorities of children and families. The COE WVP approach to care has proven to be relevant to many system partners, employing guideline-based screeners, questions, scoring, and reporting methods, making it suitable for use across various early childhood sectors, regardless of differing levels of training in screening and assessments. With automated scoring and personalized links to credible resources based on family needs and priorities, family support professionals can ensure that assessments are completed and that the necessary support is provided to address those needs and priorities. This approach propels collaboration across health care, early childhood systems, and community partners, closing persistent gaps in the utilization, quality, and equity of preventive and developmental services for children.

The COE WVP approach was developed and created by the Child and Adolescent Health Measurement Initiative (CAHMI) (www.cahmi.org). National experts, families, and pediatric providers worked together in the design, development, and testing of the WVP. The information contained in the WVP is based on the American Academy of Pediatrics Bright Futures Guidelines for the Health Supervision of Infants, Children, and Adolescents (https://brightfutures.aap.org)

Currently available for children from the first week of life through age six, the COE WVP's online, guideline-based and family-driven Well Visit Planner® (WVP) and post-visit Promoting Healthy Development Survey (PHDS) quality assessment give voice to families and help child and family care teams. Creating an integrated cycle of family engagement before, during, and after well-child care encounters begins with the WVP, a 10-minute web-based tool through which families share strengths, complete developmental & psychosocial screeners, and pick priorities. Then families can periodically complete the PHDS, a survey yielding 8 meaningful quality indicators aligned with the nationally mandated Bright Futures Guidelines.
Sample Newsletter Article for families

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

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

The Well Visit Planner

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

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

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

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

  o Introduction to the Well Visit Planner: https://youtu.be/HFy5hJ7FvEs

Sample Blog or Website posts

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

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

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

The Well Visit Planner is an evidence-based, family-driven tool available in English and Spanish (www.wellvisitplanner.org) designed to improve early childhood services for children 6 years and under. The tool was created in collaboration with pediatric providers, families, community-based organizations, and research experts and is aligned with recommendations established by the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition. The tool helps parents and caregivers to prepare for their child’s first 15 recommended well-child visits by allowing them to complete screeners ahead of the visit and reflect and identify strengths, priorities, and concerns. The Well Visit Planner employs a family-centered approach by ensuring families receive their data and results back in a family-friendly Well Visit Guide (WVG) that families can print and share with their providers to prepare for their visit; a provider-facing Clinical Summary is also automatically generated. The Clinical Summary provides a 1-page at-a-glance view of the whole-child with all recommended screeners scored. The Clinical Summary and Well Visit Guide can be optimized by both provider and family to support shared-decision making allowing families and providers to work as partners for the health and well-being of their child. Learn more at www.cycleofengagement.org.

Social Media Content and Graphics
Click on the graphics below to download them from our Media Drive Folder!

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

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

Click to Tweet Now

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

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

Click to Tweet Now

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

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

Click to Tweet Now

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

Click to Tweet Now

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

Click to Tweet Now

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

Click to Tweet Now

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

Click to Tweet Now

LinkedIn or Facebook

- Improve early childhood services today! CAHMI’s Cycle of Engagement Well Visit Planner Approach to Care is a 3-part evidence-based model aligned with Bright Futures Guidelines and is entirely driven by the family’s agenda. The CAHMI developed the Well Visit Planner and Promoting Healthy Development Survey family-facing tools to operationalize Bright Futures and promote a new culture of engagement where families are partners in their child’s well-
Research shows that when the Well Visit Planner is used by families and providers, developmental and psychosocial screening and follow up improves, urgent care is reduced, and family and provider satisfaction increases. Any professional dedicated to improving the health and well-being of children and families can learn more about the Cycle of Engagement and customize their own family-facing tools to enhance their services and invite families to partner with them. To learn more, watch a demo, or get a COE account, go to www.cycleofengagement.org.

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

1. COE WVP 2-page overview for child health providers or professionals
2. COE WVP Content and Benefits Overview for child health providers and professionals

The COE WVP Content and Benefits Overview provides a comprehensive guide for child health providers and professionals. It includes a summary of content, reports, implementation and alignment guidelines, and screening and quality of care standards. The overview is designed to help providers meet the recommended standards of care based on Bright Futures Guidelines and to improve aspects of care aligned with performance measures used to evaluate quality of care.

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

- **Summary of content,** reports, implementation and alignment guidelines, and screening and quality of care standards.
- **The COE WVP Content and Benefits Overview** is tailored for 15 recommended visits based on Bright Futures guidelines (first week to 6th year of life).
- **Family Tools and Reports**
  - Drivers and benefits
  - Personalized care
  - Real engagement, for real health

- **Provider and Care Team Dashboards and Reports**
  - The Well Visit Planner® (WVP) is a brief family-completed, pre-visit planning tool anchored to Bright Futures guidelines for all 15 visits recommended from a child's first week to sixth year of life.
  - **Topics Assessed Using the Well Visit Planner (WVP):**
    - **CORE CONTENT**
      - Child and parent/caregiver strengths (what is going well)
      - Open-ended questions about family, parent-specific goals, and concerns for the well visit.
      - Developmental surveillance and standardized developmental screening using the Survey of Well-Being of Young Children (SWBYC).
      - Autism spectrum disorder screening using the Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R') for 18- to 24-month visits.
      - Parental concerns about speaking, vision, hearing.
      - Open-ended question on any additional concerns about child development or health.
      - Carer/patient depression using the Patient Health Questionnaire-2 (PHQ-2) or Edinburgh Postnatal Depression Scale (EPDS) (based on maternal age).
      - **OTHER ASSESSMENTS AND TOPICS THAT CAN BE ADDED**
        - Short Child flourishing Index (CFI)
        - Short Family Resilience Index (FRI)
        - Short Parent-Child Emotional Connection Items
        - Short Protective Family Routines and Habits (PFRH)
        - Pediatric ACEs and Related Life-events Screener (PEARLS)
        - Other emotional-social screening (e.g., Mary Helen Teen Symptom Checklist [MHSTC], and Personal Health Indicators [PHI])
        - Other social determinants topics (e.g., poverty, discrimination)
        - Other assessments can be added by you during customization of your WVP.

- **Aspects of Quality Assessed Using the Promoting Healthy Development Survey:**
  - **QUALITY OF CARE MEASURES**
    - Anticipatory guidance and parental education needs are met
    - Recommended developmental surveillance and standardized developmental screening occurs
    - Follow up occurs for children at risk for developmental problems (using PEDS).
    - Basic psychosocial screening occurs
    - Surveillance of caregiver mental health conducted
  - **OPTIONAL CONTENT**
    - Carer/patient interest in telemedicine and concerns/barriers to telemedicine
    - Impact of COVID-19 on child's well visits and daily life
    - Family concerns about child development are addressed
    - Surveillance about problem areas in the community occurs and resources provided
    - Care medical home criteria are met (e.g., personal doctor or nurse; access to and coordination of care; family-centered care)

- **The Online PHDS is a valid family-reported, post-visit assessment of quality of care for families of children 3 months to 5 years.**

- Feedback on the use of the Well Visit Planner® (WVP) can be obtained by you during customization of your WVP.
3. Well Visit Planner 2-page overview for family leaders – English and Spanish

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

Well Visit Planner

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

The Well Visit Planner is incredibly easy to use:
- You can register and start using it on day one.
- Add additional screening tools and resources to share with the family you serve.
- It's easy and free for early adopters.

The IRT is designed and validated by the CHIP and Adolescent Health Measurement Initiative (2008-2016) and is available for free as we scale across intensive pediatric health practices.
Templates and Digital Media
Click the following links and images to access and download them from our Media Drive Folder!

Overview Videos
All videos can also be found on CAHMI's YouTube channel:
https://www.youtube.com/@ChildHealthData

1) Overview video of the Cycle of Engagement Well Visit Planner Approach to Care for child health professionals (9 min)
Download it here:

2) Overview video of the Cycle of Engagement Well Visit Planner Approach to Care for child health professionals (4 min)
Download it here:

3) An Introduction to the Well Visit Planner for families and family leaders (2 min)
Download it here:

Sample COE WVP slides template: Click below to download.
Engagement in Action! Framework for a Statewide Integrated Health System

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

News Content

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

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

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

The Engagement in Action (EnAct!) Framework, toward an integrated early childhood health system, is a model to support national, state and local efforts to engage families and communities, promote whole child and family assessments, and align the performance and outcomes standards of state healthcare and early childhood systems, in order to promote positive health equity for all children and families. The EnAct! Framework, collaboratively designed with Mississippi Thrive! and with support from the Health Resources Services Administration (HRSA), serves as an aspiring model for a positive approach to care, guiding our efforts to translate the science of healthy development into tangible strategies, policies, and innovations that promote child flourishing, school readiness, and family resilience. The EnAct! Framework provides an imminently actionable roadmap with relevance across all early childhood system partners to spark swift and effective action so all children and families receive high-quality comprehensive and personalized whole child and family services. To learn more and access resources, visit the CAHMI’s EnAct! Framework website.

Social Media Content and Graphics

Twitter

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

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

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

Click to Tweet Now

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

Click to Tweet Now

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

Click to Tweet Now

LinkedIn or Facebook

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

• The EnAct! framework, developed by the Child and Adolescent Health Measurement Initiative (CAHMI), advances a state integrated early childhood health system to foster integrated approaches to early childhood preventive and developmental services and sets forth a pathway to support national, state and local efforts to establish a family and community engaged, whole child and family health system. Everyone is a leader towards positive child health equity in the EnAct! framework! Check out more information on CAHMI’s website here: www.cahmi.org/our-work-in-action/engagement-in-action/EnAct!Framework

• The EnAct! Framework represents a groundbreaking and imminently actionable approach to integrated early childhood health systems. By leveraging family engagement, evidence-based strategies, and collaborative partnerships, we aim to create a future where every child thrives.

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

- Possibility Prototypes, ten real-world examples that illustrate how the framework can be applied across various settings, sparking inspiration and collaboration: https://cahmi.org/docs/default-source/ms-enact-documents/attachment-d_enact
- Policy Playbook with priority policy levers, discussing potential for state leadership infrastructure, strategies Medicaid might employ, and opportunities for early intervention and others: https://cahmi.org/docs/default-source/ms-enact-documents/attachment-e_enact
- Cycle of Engagement Well Visit Planner Approach to Care, a comprehensive and interoperable approach to conducting whole child and family assessments, empowering providers, families, and community partners: https://www.youtube.com/watch?v=xuvXDzwKLJ3s&ab_channel=TheCAHMI
This is a call to action for all early childhood system partners, healthcare providers, and community stakeholders to break down silos and collaborate to create a healthy and productive society for generations to come. Together, we can close gaps in service utilization, improve quality, and ensure equitable access to universal preventive and developmental services. To learn more about the EnAct! Framework, visit www.cahmi.org/our-work-in-action/engagement-in-action/EnAct!Framework.

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

1. 2-pager overview of the Engagement in Action! Framework.
2. 2-pager about the Engagement in Action! Framework to share with state leaders and/or legislators

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

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

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

- Child flourishing
- School readiness
- Family resilience
- Healthy positive childhood experiences (PCEs)
- Prevent and mitigate the impacts of adverse childhood experiences (ACEs)

Through the use of the following strategies:

- Any door approach
- Whole child and family assessment
- Data sharing
- Health promotion interventions
- Driving collaboration across health care, early childhood systems, and community partners
- Closing gaps in the utilization, quality and equity of screenings for children aged 0-5.
- In full alignment with national and state health and education systems’ goals, performance standards, payment innovations, data requirements and evidence-based strategies.

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

- Summary of data to set priorities
- Policy playbook with targets
- Summary of tools to jump start collaboration
- Partner and performance measure framework
- EquityProtocols Illustrating how the any door approach can support success through shared accountability.