

First 1,000 Days Suncoast: Moving from a Maze of Resources to a Coordinated System of Care using the Collective Impact Model

(2019-2021)

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“The earlier the investment, the greater the return.”

Once upon a time, our founders, Chuck and Margie Barancik, asked staff to research ways to address summer learning loss for students and boost student success. In talking with our community partners, we were taught a valuable piece of wisdom that now informs much of our approach in philanthropy: the earlier the investment, the greater the return.

What transpired from there, which you will read about in the coming pages, was the birth of an equitable effort that helps families and babies regardless of race, education, or socio-economic status.

First 1,000 Days Suncoast has grown and matured in ways we could never have imagined. Similar to raising a child, it truly takes a village to develop and maintain a multi-sector collaborative.

We are grateful to our village. My gratitude is owed to the community partner agencies who give generously of their knowledge, experience, and time. We are also thankful to the donors and foundations who invest with us in this work. And, to our co-parent, Sarasota Memorial Healthcare System, thank you for your leadership and the resources you have lovingly given First 1,000 Days Suncoast.

Teri A Hansen

*Charles & Margery Barancik Foundation,
President/CEO*

A Mother's Story

As a mother you make numerous decisions daily based on what is best for your children. You want them to grow up happy, feeling loved, and with access to a good education and healthcare. Being a parent also makes you reflect on the community you live in and its impacts on them.

The First 1000 days journey has reshaped my life and understanding of so many things. Being a part of the initiative's Steering Committee and Parent Advisory Committee, has shown me how important it is that community parents be involved in the building of their own community programs. It presents a shift in the way parents are involved, so that communities participate and not just consume services.

From my involvement in the initiative, I have become an active volunteer in many other non-profit organizations, seeing the value and the power of my own voice to lead change. I am grateful to be a part of a collaborative where I can work to not only improve the lives of my own children but also help so many other families.

Maria Somera

*Parent Advisory Committee and
Steering Committee Member*

2. Executive Summary

A child's first few years are delicate, precious, fleeting, and critical.

During these first 1,000 days, when there is rapid brain development, negative environments and stressful events can greatly impact a person's lifelong health, well-being, resiliency, and prosperity.

First 1,000 Days Suncoast is a regional initiative comprised of 85+ organizations working to support families and babies by connecting caregivers with tools, support and care through a large and comprehensive partner network. Charles & Margery Barancik Foundation began the initiative in 2018, understanding the earlier the investment the greater the return. Meaning the earlier we can positively impact a person's life the more likely they are to be healthy, happy, productive members of society. It also means less money spent on healthcare expenses, criminal justice systems, child welfare, and government supportive programs.

Our country has been fractured by a pandemic, further exacerbating systemic and structural issues and shining a brighter light on long-standing historic inequities and limited mental health resources. In the Suncoast region, we saw these impacts through soaring housing prices, limited affordable and quality childcare, professional burnout, increased substance use and overdose deaths, and vaccine disparities. Families who never had to navigate services

found themselves without jobs and unable to meet basic needs. During this time, First 1,000 Days Suncoast used its robust partnerships with local healthcare systems, non-profits, and other community based organizations to identify ways to help the most vulnerable. Many of the initiative projects were timely in weaving a strong safety net for families and supporting professionals during this unprecedented time.

First 1,000 Days Suncoast envisions a safe, healthy, caring, and culturally sensitive community that helps newborns thrive and children to achieve their full potential. Five key components drive its vision: 1). Integrative Activities, 2). Partner Collaboration & Innovation, 3). Parent Empowerment, 4). Care Coordination, 5). Targeted Interventions & Services. These components provide a framework for the initiative giving intentional structure and flexibility for creative projects to impact the system of care.

Component One: Integrative Activities

- Partner growth from 32 to 85+ organizations
- Enhanced inter-agency connectivity, communication, and engagement
- Trusted leadership

Component Two: Partner Collaboration & Innovation

- Provider education and engagement
- Trauma informed professionals
- Strong network of agencies
- Referral enhancements
- Professional development
- Professional comradery

Component Three: Parent Empowerment

- Improved access to parenting resources
- Parent engagement and leadership
- Increased brain development knowledge
- Responsive parenting

Component Four: Care Coordination

- Improved care coordination; enhanced partnership between medical and social services
- Healthcare innovation and new program development
- Case management efficiency and confidence
- Prompt connections to care
- Health equity measurement capabilities
- Service gap resolution

Component Five: Targeted Services and Interventions

- Family support & case management for pregnant individuals with a history of substance use
- Empowered parents with lived experience
- Increased community awareness of preventative programs

Just like the first 1,000 days of life, First 1,000 Days Suncoast has been working hard to build a solid foundation for its future. The building of synapses in a child's brain is compared to the newfound connections between community agencies. Similar to the importance of nurturing adult relationships for a child, key leaders were

instrumental in fostering positive relationships and trust. Like the foundational building during a child's formative years for a healthier future, laying the groundwork for the initiative is building a healthier community.

To celebrate the initiative's graduation from its first 1,000 Days, this report will review its conception, highlight important developmental milestones, and share its bold plans.



3. Partner Agencies

A special thanks to the experts and parents from across the community who contribute their time to this work. Specifically, a sincere thank you to the workgroup participants who provided key insights over the last 3 years.

A Bond of Love

All Faiths Food Bank

All Star Children's Foundation

Better Together

Big Brothers and Big Sisters

Bridge a Life

Banyan Pediatric Care Centers

Care Net Manasota Pregnancy Center

Career Source Suncoast

CenterPlace Health

CenterStone

Charles & Margery Barancik Foundation

Child Protection Center

Children First

Charlotte County Department of Health

Community Foundation of Sarasota County

Community Pregnancy Clinics

Early Learning Coalition of Sarasota County

Easter Seals of Southwest Florida

Family Promise

First 1,000 Days Florida

First Step of Sarasota

Florida Association of Health Start Coalitions

Florida Department of Children & Families

Florida Department of Health

Forty Carrots Family Center

FSU Center for Prevention and Early Intervention

Girls Inc. of Sarasota County

Glasser/Schoenbaum Human Services Center

Goodwill Manasota

Gulf Central Early Steps

Gulf Coast Community Foundation

Gulf Coast South AHEC

Harvest House

Healthy Families

Healthy Start Coalition of Sarasota County

Healthy Start Coalition of Manatee County

Healthy Start Coalition of Charlotte County

Homeless Outreach Team

Hope 4 Communities

In-Your-Nest Home Health Services

Jewish Family & Children's Service

John Hopkins All Children's Hospital

Kids Thrive

March of Dimes

Manatee Community Foundation

Manatee County Department of Health

Manatee Memorial Hospital

Meals on Wheels Sarasota

Mommy Magazine

Mothers Helping Mothers

More Too Life

My Choice Pregnancy Center

NAMI Sarasota & Manatee Counties

New Seasons

North Port High School Teen Parent Program (Cyesis)

Nurturing Touch

Operation PAR

Our Mother's House


Parenting Matters

Parents As Teachers

Pediatric Health Choice

Planned Parenthood of Southwest and Central Florida

Pregnancy Solutions



Resilient Retreat
Resurrection House
Riverview High School & Cyesis
Safe Children Coalition
Safe Place and Rape Crisis Center (SPARCC)
Samaritan Counseling Services
Sarasota Children's Clinic
Sarasota County Health & Human Services
Sarasota County Libraries
Sarasota County Schools
Sarasota County Sheriff's Office
Sarasota Medical Pregnancy Center
Sarasota Memorial Health Care System
Schoolhouse Link
Soar in 4
SOLVE Maternity Homes
Sprout Therapy
Step Up Suncoast
St. Jude's Catholic Church
Suncoast Partnership to End Homelessness
The Basics, Inc.
The Florida Center for Early Childhood
The Literacy Fun/d
UF/IFAS Extension Family Nutrition Program
UnidosNow
United Way of Charlotte County
United Way of South Sarasota
United Way Suncoast
Unite Us
Venice Nokomis Community Preschool
Whole Child Manatee
Women's Resource Center

(List as of December 2021)

Thank you to our past and current Steering Committee members for their leadership and strategic guidance of the initiative's work.

Current Steering Committee Members:

Kelly Romanoff, Charles & Margery Barancik Foundation

Dr. Kameron Hodgins, Gulf Coast Community Foundation (previously at Glasser/Schoenbaum Human Services Center)

Angie Matthiessen, United Way of Charlotte County

Michelle Kapreilian, Forty Carrots Family Center

Dr. Pam Beitlich, Sarasota Memorial Health Care System

Mary O'Connor, Sarasota Memorial Health Care System

Shon Ewens, Healthy Start Coalition of Sarasota County

Nathan Scott, Department of Health

Melissa Parker, CenterPlace Health

MJ Horen, All Faiths Food Bank

Katie Powers, Manatee Memorial Hospital

Luz Corcuera, Unidos Now

Brittany Pendarvis, Parent Representative

Maria Somera, Parent Representative

Past Committee Members:

Jennifer Johnston, Gulf Coast Community Foundation

Bill Little, First 1,000 Days Consultant

Dr. Linda Stone, CenterPlace Health

Dr. Washington Hill, CenterPlace Health

Michael Drennan, Department of Health

Teri Hansen, Charles & Margery Barancik Foundation

The First 1,000 Days workgroup chairs have been instrumental in inducing systemic change across our region by leading various workgroups over the last three years. We are thankful for their time, expertise, commitment, and dedication!

Professional Development

Laura Josephson, Forty Carrots Family Center
Christina Russi, Glasser/Schoenbaum Human Services Center

Jennifer Carey, Sarasota Medical Pregnancy Center

Education and Outreach

Nan Morgan, Planned Parenthood of Southwest Florida

Jennifer Johnston, Gulf Coast Community Foundation

Medicaid

Bill Little

Dr. Linda Stone

Coordination of Services

Michelle Kapreilian, Forty Carrots Family Center

Access to Care

Meredith Piazza, Riverview High School (Cyesis)

Carla Johanns, Forty Carrots Family Center

Kathrine Wiegand, CenterPlace Health

Data

Charles Henry, Department of Health

Michael Drennan, Department of Health

4. Testimonials

Dr. Chelsea Arnold

First 1,000 Days Suncoast Manager

"It's all about relationships..." From early childhood researchers and educators to community developers and key leaders across the nation, this sentiment is expressed over and over again. To create a resilient child, a supportive and nurturing adult relationship is needed; to help families in the community, authentic and trusting connections must be made; to build an initiative, collaboration and partnerships amongst community organizations is essential.

Relationships are the foundation, driving force, and beauty behind the First 1,000 Days initiative. New connections are being made almost every day. The connections are not only improving the lives of families in our community but providing a sense of comradery amongst dedicated professionals.

Thanks to the foresight of Barancik Foundation, leadership of Sarasota Memorial Hospital and Steering Committee, generosity of many foundations and individual donors, and lastly the heart and passion of professionals and parents in the community, the work of the initiative will continue to not only transform the system of care but most importantly ensure all families get the help they need.

Michelle Kapreilian

Forty Carrots Family Center CEO

Founding Chair, First 1,000 Days Steering Committee

As the leader of a nonprofit dedicated to nurturing healthy child and family development, I was privileged to participate in the conversations that sparked the First 1,000 Days Suncoast. Those early discussions put a spotlight on the immense needs of families in our community, and how we could collectively come together to ensure the best possible start for every child in our community.

The vision and determination of the Barancik Foundation would be the force that brought us together, and it was the dedication of our community partner agencies that set the initiative's mission. Thank you to each one. Your contributions have led to a stronger social safety net for families and babies, giving families access to services that will keep them healthy, support them in their role as parents, empower them as their child's first teacher, and as a result children will be healthier, happier, and more resilient because of our collaboration.

After years of planning together, it was a dream realized when Sarasota County launched First 1,000 Days. It was my honor to serve as the first chair of the First 1,000 Days Steering Committee, and to assist in fostering the initiative's growing expansion to serve Sarasota's neighboring counties. This is an exciting opportunity to set more ambitious goals and further elevate the region's prioritization of the well-being of babies and young children. Thank you for your ongoing partnership!

Dr. Pam Beitlich

Sarasota Memorial Hospital Women and Children's Services Executive Director

Serving the largest volume of vulnerable families and pregnant individuals in the Suncoast region, Sarasota Memorial Healthcare System has the unique opportunity to ensure no families fall through the cracks in getting connected with care. Social determinants of health all have a significant impact on the health of a child and through the initiative we are now able to seamlessly connect our families with non-profit partner agencies who can address them.

This initiative has been the most rewarding work in my career. Working collaboratively with foundations and local leaders to address complex barriers to health and social care has been a powerful way to come up with innovative solutions. Marrying in the voices of families with their own lived experience ensures we are building something that is effective, sustainable, and valuable. Thanks to the initial foresight of the Charles & Margery Barancik Foundation to spearhead the initiative, we are transforming healthcare and making great strides in helping our children of tomorrow. The additional generous contributions of local foundations such as the Gulf Coast Community Foundation, Sarasota Memorial Health Care Foundation, William G. and Marie Selby Foundation, Louis and Gloria Flanzer Philanthropic Trust, and many individual donors have made all of this work possible.

Shon Ewens

Healthy Start Coalition of Sarasota County Executive Director

Healthy Start Coalition of Sarasota County is an enthusiastic partner in the First 1,000 Days Suncoast Initiative. Our agency provides home visiting services and resources to improve the health and well-being of pregnant women, infants and young children. We have been able to achieve our mission with greater impact because of the care coordination enhancements led by the initiative.

Specifically, the Unite Us referral platform and resource database allows us to connect with community partners to send and receive client referrals in ways never before possible. As a result, in 2021 Healthy Start received more referrals from Sarasota Memorial Hospital to support newborns than in any of the organization's previous 23 years of operation. We know based on program data that mothers and babies are healthier as a result of receiving our home visiting services.

On behalf of the women and children we serve, thank you to the leadership and partners of First 1,000 Days Suncoast for all you do.

Nicholas King, MSW

Sarasota Memorial Hospital Case Manager

First 1,000 Days Suncoast has proven to bring immense value and worth to our community parents. The initiative has cultivated an environment rich in both knowledge and resources to promote healthier families. I have witnessed its success firsthand within my patient population as many families are being provided opportunities to grow without the added burden of limited resources. First 1,000 Days also brought a wonderful electronic referral platform to our region known as Unite Us.

This has contributed to our community by assisting helping professionals be more effective in brokering needed resources to our clients. Unite Us has a large catalog of available agencies which is routinely updated and thus reduces the time spent sending referrals. I believe First 1,000 Days has contributed to increase the overall knowledge in our community and has enabled us to be more resource rich.



5. Introduction and Literature Review

The first three years of a child's life are critical. With 80 percent of a child's brain developing by age three, what happens during the first 1,000 days can impact them for the rest of their life (Rapp & Bachevalier, 2013; Center on the Developing Child at Harvard University, 2007; Dekaban, 1978).

When those early years are characterized by adversity, the lifetime impacts can be devastating. Fortunately, children are extraordinarily resilient if given the supports to help them thrive (Center on the Developing Child at Harvard University, 2015).

At Sarasota Memorial Hospital, a large regional health system delivering 4,000+ babies a year, more than 50 percent of babies are born into low-income or poverty-stricken families. Without additional support, those families may struggle to provide stable housing, food, healthcare, or other resources key to babies' foundational physical, emotional, and intellectual development (UNICEF, n.d.).

Supporting prenatal and early childhood programs is the best financial and population health investment a community can make, leading to better education, health, and economic outcomes. A large providential study by Kaiser Permanente and the Center of Disease Control and Prevention, showed the

more adverse childhood experiences (ACEs) a person has, the greater the risk for developing devastating long-term medical and mental health conditions (Felitti et al., 1998). Chronic stress effects brain function, inflammation, and metabolism, resulting in many inflammatory conditions, mental health/development disorders, obesity, hypertension, etc. (Evans & Kim, 2013). In fact, half of the leading causes of death are associated with these adversities. Honing in on health inequities, it is also key to note women and minority groups are at a greater risk for having at least four ACEs (Centers for Disease Control and Prevention, 2019). During early childhood, parent mental health diagnosis, poverty, living in an unsafe neighborhood, and lack of a medical home are some of the most common adverse contributors to behavioral issues (Bitsko et al., 2018). These findings stress the importance of intervening as early as possible and investing in community programs that foster resiliency.

Ideally, support and education for families begins prenatally, since maternal mental and physical health play a significant role in the long-term impacts on a child. Specifically, anxiety and stress during pregnancy can lead to premature deliveries, low birth weight, and lasting effects on child's health, temperament, and behavior. Some of the most common pregnancy stressors being: major life events, fear of being pregnant, panic about being a good parent, lack of prenatal care, limited social support, financial concerns, and fear of mother's own health (Ramos, & Dunkel Schetter, 2018). Reducing these stressors by building up protective factors such as concrete support,

social connections, and parental resilience, have been shown to foster healthy development in children and is a framework woven into preventative programs (Child Welfare Information Gateway, 2020b).

The Center on the Developing Child at Harvard University (2021) identified three principles to improve health, behavioral, and developmental outcomes for children: support responsive relationships for children and adults, strengthen core life skills, and reduce sources of stress in the lives of children and families. Using these principles and our five key components, First 1,000 Days Suncoast aims to give our most vulnerable neighbors the resources they need by:

1. Promoting the child-parent relationship and parents as community leaders.
2. Improving care coordination between social, medical, and social services.
3. Leveraging collaborative partnerships.
4. Applying integrative activities to develop solutions to systemic barriers.
5. Constructing targeted interventions for high-risk individuals.



6. History and Background

The initiative launched in 2018 to strengthen the systems of care serving families and babies in Sarasota County.

Recognizing the disparities in health outcomes for mothers experiencing poverty, homelessness, substance use disorders, race and other place-based inequities, the initiative united healthcare providers and nonprofit organizations to reduce systemic barriers and implement solutions proven to lead to better outcomes.

Local data that compelled this work in Sarasota County (2018)

- 52 percent of babies born at Sarasota Memorial Hospital were born into low income or poverty-stricken families (Medicaid or uninsured).
- 50 percent of children in foster care were and still are under the age of five. The leading causes of removal include substance abuse and neglect (Florida Department of Children and Families, 2019).
- 20 percent of women received inadequate prenatal care prior to delivery (Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management, n.d.).
- 9.1 percent of Caucasian compared to 19.7 percent of Black babies were born prematurely (Bureau of Community Health Assessment Division of Public Health

Statistics and Performance Management, n.d.).

- 24.7 Caucasian compared to 47.1 of Black women per 1,000 had severe maternal morbidity (Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management, n.d.).
- 56 percent of children were ready for kindergarten (Florida Department of Education, 2018).
- Professionals and parents reported “difficulty navigating the system” or a “maze of resources” as the biggest barrier to care.

First 1,000 Days was designed using the Collective Impact Model, which orients partner agencies toward a shared mission, vision and values (Kania & Kramer, 2013). There is an extremely high degree of involvement by community partners to inform and lead the initiative. Early goals, which have been accomplished, included hiring a full-time employee, helping families navigate the system of care, and creating an outreach and education campaign on the importance of early childhood development.

Since the initial launch in Sarasota County in 2018, First 1,000 Days expanded its work to include Charlotte, DeSoto, and Manatee counties. Partners working to advance the initiative’s mission number 85+ with core leadership from Sarasota Memorial Hospital. The initiative is strategically guided by a Parent Advisory Committee and Steering Committee.

7. Timeline

2016: Barancik Foundation staff hosted a meeting between All Faiths Food Bank, Forty Carrots Family Center and Sarasota Memorial Hospital to discuss the status of early childhood development services in Sarasota County. The need for systemic improvement was identified.

2017: Meetings continued, and the number of agencies involved grew to 32. The professional staff of the agencies created a shared mission, vision and values to guide the collaboration. They also prioritized collective action based on an analysis of strengths, weaknesses, opportunities and threats within the community.

Mission: To improve access and coordination of services for families and babies.

Vision: A safe, healthy, caring and culturally sensitive community that supports families and helps newborns thrive and children to achieve their potential.

Values: Inclusive, collaborative, respectful, responsible, transparent, ethical, accountable, and compassionate.

Initial priorities: Improve patient navigation within the system of care; hire a full-time coordinator to lead the initiative; and launch an outreach and education campaign to empower parents to be their child's first and best teacher.

2018: Publicly launched First 1,000 Days Sarasota. Raised \$1-million to fund development of operating, technology and marketing infrastructure.

2019: SMH and Barancik Foundation signed a Memorandum of Understanding designating the hospital as the backbone agency responsible for staffing and operations and Barancik Foundation as the fiscal agent. The initiative hired Dr. Chelsea Arnold as Initiative Coordinator, formed the Steering and Parent Advisory Committees, and grew the partner network to 70+ agencies.

2020: Launched the parent portal, [First1000DaysSarasota.com](https://www.First1000DaysSarasota.com), rolled-out the electronic referral platform Unite Us, and enhanced the initiative's programmatic framework.

2021: The initiative became bi-lingual making all education material available in English and Spanish. The Steering Committee approved a multi-year strategic plan to expand to include Charlotte, DeSoto, and Manatee counties and changed the name to First 1,000 Days Suncoast. The initiative hired a bilingual Family Navigator and Community Support Specialist. Efforts are underway to raise \$1.5 million to fund ongoing efforts through at least 2024.

8. Parents' Dreams

Parent voice is a shining beacon for the initiative, guiding our strategy and program development. As a critical step in the infancy of First 1,000 Days, the initiative collected the dreams from local parents to help develop its long-term goals and theory of change.

- Meet basic needs: access to healthy food, safe and affordable housing, access to childcare, safe communities, etc.
- Quality healthcare: accessible, affordable, and equitable medical and mental health care for all, established medical homes, reduction in emergency healthcare visits.
- Care coordination: efficient and effective navigation system, improved organization collaboration, removal of "data silos."
- Enriched parent education- promotion and normalization the critical nature of the first three years of life, empowering parents to be their child's first teacher, connection with evidence-based tools.
- Optimal education: school readiness, opportunities for parents to go back to school/scholarships, mentoring.

- Embrace diversity: cultural sensitivity and equity built into every community program, close healthcare disparity gaps.
- Compassionate care: empathetic/trauma-informed professionals, reduced stigma around drug use and mental illness, focus on peer support and "lived experience" experts.
- Sense of community: parent-guided decisions, space for parent/child gatherings.
- Economic prosperity: employment opportunities with benefits, equalized opportunity, second-chance employment options for people with criminal records, assistance for small businesses.

Inspired by the parents' dreams, the initiative articulated a list of aspirational goals for multi-sector population health outcomes.

- Pregnant women are able to navigate and access prenatal care
- Women are healthy during their pregnancies
- Preborn babies are not exposed to harmful substances
- Children have a healthy and equitable start in life
- Families are functioning well and staying together
- Families have access to preventative care and basic needs are met.
- Children are ready for kindergarten.

9. Five Key Components

First 1,000 Days devised a blended framework with five key components. The components were built from best practices that are independently grounded in science and guided by parent and stakeholder input. If successful, coordination among providers will increase, families and children will be more resilient, and health inequities in pregnant individuals, infants and children will be reduced.

Component One: Integrative Activities

Integrators are the people who drive the vision and work. According to Nemours, integrators “work at a population-level, with health care, public health and other community partners, to promote prevention, improve health and well-being, improve quality and reduce health care costs, in a sustainable fashion” (2012). They are trusted leaders who ensure strategic alignment, promote collaboration, remain abreast of new community developments, and facilitate connectivity.

Some of the most recent recommendations for applying integrator functions to build community health networks include: a focus on equity, building a robust leadership table, connecting mission and merit, and changing the role of healthcare in communities (Chang,

Gertal-Rosenberg, Burke Blackburn, & Taylor, 2020). The initiative is led by regional integrators: dedicated staff, steering committee members, parent advisors, backbone leaders, and fiscal agent. Using the Collective Impact model and weaving in integrator functions, the initiative effects the entire system of care.

Collective Impact

The initiative is built on the Collective Impact Model to provide a stable, yet flexible framework: backbone organization, common agenda, mutually reinforcing activities, continuous communication, shared measurement (Kania & Kramer, 2013).

Backbone Organization

Sarasota Memorial Health Care System, as a trusted and highly regarded healthcare system, provides robust support as the backbone organization. Their leadership team works collaboratively with other healthcare systems across the region to address complex systemic issues, reduce persistent and pervasive disparities and enhance preventative measures.

Backbone organization responsibilities:

- Employing staff to provide tactical direction, promote efforts and activities, and ensure alignment with the hospital’s priorities for the community.
- Vet and execute the contract for the regional Unite Us care coordination platform, including assistance with community partner buy-in and expansion.
- Providing legal, marketing, clinical, IT, and human resources support.

Initiative Staff

Employed by Sarasota Memorial Healthcare System, the First 1,000 Days team guides the strategy and directs the operations of the initiative. Through the analysis of multi-sector data and guidance of parents and professionals, they work with regional stakeholders to develop innovative solutions for any barriers to care.

Responsibilities of the initiative staff:

- Devise and conduct evaluation for shared measurement; building targeted interventions.
- Support professionals and parents in navigating social, medical, and mental health services.
- Partner engagement and collaboration with local and state organizations; maintaining a high level of participation in meetings and intervention design; staff support for the Steering and Parent Advisory Committees.
- Managing the Unite Us platform from internal compliance and process, community partner buy-in, content decisions, network expansion and data analysis.
- Continuous communication and all aspects of initiative marketing, outreach, event planning, and presentations.

Governance and Strategic Leadership

Partnering with community organizations and parents with lived experience is key to implementing system-wide changes. Two

leadership committees provide strategic counsel to the initiative.

Steering Committee

The Committee, comprised of partner organizations and parents, safeguards alignment with regional activities. Membership rotates allowing different leaders to bring forward expertise and foster innovation. Parents play a critical role in the initiative and two parents sit on the Committee. The Committee values diversity and recognizes its importance in bringing forth innovation and fostering collective impact.

Steering Committee responsibilities:

- Deliver guidance on long-and-short-term goals and decision-making for any structural and financial moves.
- Ensure initiative activities are developed in coordination with regional health policy and planning efforts.
- Provide oversight for contracts signed on behalf of the initiative.
- Remain active participants in workgroups and providing outreach as needed.
- Champion involvement, support the work of the initiative.

Parent Advisory Committee

The Parent Advisory Committee empowers parents in the community and places their perspectives at the center of intervention design and strategy. Through the committee, parents share their goals and dreams for themselves and their children, challenges faced,

and supports needed. Parent Advisory Committee responsibilities:

- Provide guidance on long-and-short-term goals; give feedback on assessments, tools, and technology; and help develop and implement activities.
- Identify ways to improve the coordination of services, increase access to care, and remove barriers.
- Promote word of mouth awareness and share ways to spread the initiative within their communities.

Fiscal Agent

Charles & Margery Barancik Foundation serves as the fiscal agent, supports philanthropic and outreach efforts on behalf of the initiative, and has a standing position on the Steering Committee. It has proven especially useful to have a charitable fiscal agent separate from the healthcare backbone agency so that the small initiative team can focus all of its efforts on the operations.

Impact of Integrative Activities

Data presented was collected in the 2020 annual partner survey.

- Growth: The growth of the initiative is an enormous milestone with engaged partners increasing from 32 organizations in 2018 to over 85 organizations and programs in 2021.
- Introductions and Partnerships: First 1,000 Days enhances partnerships across our region and has many positive impacts.

- 81% of service providers were introduced to new organizations
- 38% created new partnerships with another organization
- 38% improved a service or created a new activity at their organization.
- Communication & Engagement: Partners are engaged, feel welcomed, and are well informed about initiative activities and campaigns.
 - 92% strongly agreed or agreed they felt their ideas and concerns matter to collective group
 - 91% felt clear about the initiative's goals and objectives.
- Professional connectivity: Community events, workgroups, and activities hosted by the initiative provide a forum for professionals to work together. This comradery empowers professionals to advocate for their clients and gives them a safe place to work through complex scenarios weighing heavily on them.
 - 89% agreed or strongly agreed their organization benefited from being involved in the initiative's collaboration
 - 81% felt more connected to other professionals in the community.
- "Ripple Effect": The influence of the Barancik Foundation in spearheading the initiative was critical to its launch and continued success. They instilled a sense of hope within the community by convening a

variety of stakeholders who touch the lives of parents and children.

- “The Barancik Foundation has been an amazing community connector and bridge builder for our organizations to work together to support and provide resources to families across Sarasota.”
 - First 1,000 Days Partner
- Trusted leadership: Testimonials about First 1,000 Days leadership speak to the power of a dedicated team and backbone organization.
 - “Communication has been great. Chelsea (First 1,000 Days Manager) is great at keeping everyone informed even if they miss a meeting. She is very inclusive and respectful of what is existing in the community and works to link things appropriately”
 - “Watching SMH take this amazing program on and be the hub of coordination has truly been incredible. Expanding a traditional hospital health care system to true community care and coordination feels like the next frontier for creating a truly healthy community.”

Summary: Lessons Learned on Integrative Activities

Using the Collective Impact Model, while incorporating integrator functions has laid a strong foundation for the other components of the initiative. Below are the biggest lessons learned, areas for improvement, and future plans.

- **High quality governance from a diverse and vested team of leaders is important to maintain the initiative’s credibility and impact.** Use of a Steering Committee Matrix to identify missing specialties and key stakeholders was helpful during the first rotation of members.
- **Be flexible!** Although the initiative’s overarching goals stay consistent, specific opportunities and timing constantly evolve. Unforeseen events, such as new data, leadership turnover in partner agencies, and variable public health policies are difficult to navigate. Moving at the pulse of the community and deploying aggressive, yet flexible strategies to engage with partners is a delicate balance.
- **Incorporating the perspective of parents in the highest leadership of the initiative has created authentic and effective strategies.** Establishing trust among the vulnerable families First 1,000 Days seeks to serve was important. Listening to the needs and preferences of parents has resulted in a high rate of word-of-mouth referrals, indicating the messages and services are resonating.
- **It is critical to develop creative ways to evaluate partnership, connectivity, and integrative functions.** The initiative staff does not provide a direct service to families in the community, but instead plays an instrumental behind the scenes role in the areas of: facilitation, advocacy, service navigation, data collection, etc. Measuring the value of these connections and

activities through the Annual Partner Survey has yielded valuable information on the essential role of the integrator.

- **There is an intangible value of having a strong backbone organization like Sarasota Memorial Healthcare System.** The degree of systemic change would not have been achieved without the complete support and buy-in of the community's largest healthcare provider, particularly the leadership in Women and Children's services.
- **There is immense value in hiring one full-time employee to bring the initiative's long-term vision to fruition.** For the First 1,000 Days, hiring Dr. Chelsea Arnold, a well-connected, trusted, and experienced Family Nurse Practitioner, increased the capacity of the work that could be accomplished. Her time working at the local health department with some of the most vulnerable families gave her credibility amongst the local healthcare and social service providers. Following evidence-based research, developing evaluation methods to measure impact, building a governance structure, creating a strategic plan, resolving complex system barriers, and incorporating lived experience are some of the biggest accomplishments within Dr. Arnold's first three years.
- **Investing in and expanding dedicated staff to deliver upon the vision and aspirations is vital.** A collective impact model tends to generate big ideas. Hiring a team of highly competent, collaborative,

and hardworking staff is the single greatest investment made into First 1,000 Days. Siena Kelley, Community Support Specialist, and Tina Wilson, Family Navigator are compassionate, trauma informed professionals that have a unique ability to connect with both parents and professionals alike. The addition of the team has expanded the initiative social media marketing, parent education and support, Latinx/Hispanic outreach, and regional networking.

- From 2019–2020, First 1,000 Days Sarasota was one of nine initiatives from across the nation chosen to participate in the **Nemours Integrator Learning Lab**, funded by the Kresge Foundation. Access to consultants in the field of health equity and networking informed the long-term strategic planning process.

Component Two: Partner Collaboration and Innovation

According to Kania and Kramer (2013), when there is a shared vision and intentional, strategic collaboration between agencies, previously unseen solutions and resources can surface. Inter-organizational partnerships improve communication, increase trust and respect, breakdown misconceptions, creates an environment to sustain efforts and support population health (Woulfe, 2010; Mays, Mamril, & Timsina, 2016). Using the collective impact model, First 1,000 Days has been able to convene diverse professionals and parents with lived experience.

Workgroups

Difficulty navigating the system, siloed data, inadequate prenatal care, and Medicaid challenges were the top barriers to care identified by parents and professionals.

Workgroups were developed to address these concerns.

Coordination of Services Workgroup: With difficulty navigating the system being one of the biggest barriers for families and professionals alike, this workgroup focused on systems level solutions. Accomplishments include:

- Developed a MOU between SMH as the backbone organization, Charles & Margery Barancik Foundation as the fiscal agent, and community partners to outline financial and operational responsibilities of each entity.
- Recommended and hired the full-time staff lead operations.
- Asset mapped all case management and navigation services in Sarasota County.
- Selection of a Social Determinant of Health care coordination platform, Unite Us.

Data Workgroup: The collection of preliminary data was key to determining priorities. Initial findings included, 52 percent of Sarasota County babies born at SMH were born to low-income or poverty-stricken families. The initial focus of the group was to collect county-specific data on prenatal care. After the hiring of a full-time employee, the role of collecting and reporting of public and hospital data was transferred. Accomplishments include:

- Sarasota County report on prenatal care statistics.
- Selection of initiative long-term outcomes and objectives.
- Overlay of multiple nonprofit and Department of Health data sets to identify neighborhoods with the most at-risk children and families.

Medicaid Workgroup: Medicaid navigation and expansion for families was an early identified priority of the initiative. This workgroup strived to promote local advocacy in addressing long-standing issues. Accomplishments include:

- Collection of reported Medicaid barriers and concerns.
- Outreach to local and state Medicaid insurers.

Education and Outreach Workgroup: Getting information out to families, promoting the importance of prenatal care, and spreading awareness about the critical nature of a child's first 1,000 days were the key goals in this workgroup's infancy. Accomplishments include:

- First 1,000 Days website for partners, donors, and the community at-large.
- Parent Portal website with resources to help parents be their child's first and best teacher and get connected with help.
- Selecting and offering for free The Basics text messaging service which sends weekly developmentally appropriate tips to parents.

- A county-wide mural campaign featuring original artwork by local artists that promotes parent-child bonding and celebrates the magic of childhood.
- Development of a sidewalk chalk campaign, which encouraged parents and community partners to create masterpieces with children and share on social media.
- Partner communication strategy development: partner spotlights, social media, monthly newsletter.

Access to Care Workgroup: Mental illness during a mother’s pregnancy and postpartum period has been linked to behavioral challenges and mental illness in children (Ramos, & Dunkel Schetter, 2018). Lack of provider screening and treatment for perinatal depression, as well as awareness of community services, was identified as a major gap in our region.

Accomplishments include:

- Asset map of mental health services for pregnant and post-partum women.
- Continuing education for 100+ OBGYNs, nurses, therapist, Psychiatrists, and Psychologists on the Evaluation and Management of Perinatal Depression.
- Identification of community navigators for mental health services.

Professional Development Workgroup: In order to help others, professionals in the community must be well-supported and equipped with tools to provide quality and compassionate care. In focus groups, some of the top reasons parents are fearful of reaching out for support

include: criticism or poor treatment in the past, associated stigmas with their struggles (substance use, mental illness), and lack of cultural competency. To support professionals and improve family trust, this workgroup planned multi-agency professional development trainings. Accomplishments include:

- Assessed knowledge and training on trauma and cultural competency.
- Clinical and non-clinical Trauma Informed Care trainings provided by a partner organization, Resilient Retreat. This series provides a standardized approach, common language, and uniform messaging across various sectors in the areas of trauma informed care, diversity through a trauma lens, and self-care.
- Provided certified training in the Fundamentals of Infant Mental Health.
- Sponsored in partnership with Barancik Foundation, 25 social workers and mental health therapists became certified Child Parent Psychotherapists. The therapy heals trauma between parents and children under the age of five.

Process and System Improvements

Acting as a community connector and facilitator, First 1,000 Days convened various meetings between key stakeholders to improve workflows, build partnerships, and identify unique solutions.

- Coordinated in-take and response protocol for pregnant individuals struggling with homelessness.
- Created a “Navigation” map outlining services that coordinate care for families.
- Increased community knowledge of local Federally Qualified Health Center (FQHC) eligibility requirements.
- Assisted in coordinating onsite mental health services at a local housing authority.
- Enhanced the coordination of families to home visiting programs after birth through nurse education, workflow changes, and new promotional material.
- Recruited breastfeeding support for teen parents in the Sarasota County School program Cyesis.
- Facilitated meetings to enhance partnership between Cyesis, Department of Health, and Sarasota’s FQHC, CenterPlace Health, to improve access to care for pregnant and parenting teens.
- Coordination of non-profit organizations to present at community Pediatricians’ bi-monthly meetings to increase awareness of social and mental health services

Impact of component two: Partner Collaboration & Innovation

- Provider education and engagement: Over 100 medical professionals attended the initiative-sponsored online seminar on the Evaluation and Treatment of Perinatal Mood Disorders. 98 percent of participants

reported the education greatly impacted their performance as a member of the healthcare team and 80 percent intended to make changes based on the information provided.

- Trauma informed professionals: Over 100 non-clinical professionals attended the initiative-sponsored Trauma Informed Care series. 100 percent of respondents found the workshop to be helpful and would recommend it to others. Greater than 93 percent of respondents said their knowledge increased.
- Strong and trusted network: In a recent study done by Visible Network Labs and Glasser/Schoenbaum Human Service Center, it was found that First 1,000 Days partner agencies were highly connected to one another. First 1,000 Days agencies reported a high trust in other First 1,000 Days partners in areas of: reliability, mission congruence, and openness to discussion. Lastly, 43% of First 1,000 Days members believed their partnerships improved the community’s capacity to address unmet social needs during the pandemic.
- Referral enhancements: Families are saying yes to help and home visiting! Through the Community Connect nurse education and rebranding campaign in partnership with SMH and Healthy Start, and the implementation of Unite Us, referrals to Healthy Start Coalition of Sarasota County from Sarasota Memorial Hospital increased from 10.9 percent in 2019, to 50 percent in 2021.

- Professional growth: Through the initiative, it was identified there was a lack of knowledge on Infant Mental Health. Through a grant from Barancik Foundation, fifty professionals were trained on Infant Mental Health and child development and 25 became certified in Child Parent Psychotherapy.
- Boosted comradery: In addition to addressing systemic issues, the workgroups have empowered professionals and parents to take on newfound leadership roles and build comradery with their peers. In the annual survey 82 percent of professionals reported feeling more connected to their peers.
- Increased parent access to educational tools: A partnership and sponsorship by the Van Wezel Artworks Anywhere program created activity packets for 2,500 families involved with the Early Learning Coalitions, home visiting programs, and/or libraries. These packets included a video instruction guide, book, sidewalk chalk activities, and information about First 1,000 Days.

Summary: Lessons Learned on Partner Collaboration and Innovation

The collaborative culture and partnerships the initiative has built are invaluable to the community. A welcoming space for professionals to learn, grow, and develop solutions together has resulted in many accomplishments. The initiative learned some lessons and evolved to keep engagement high among partners.

- **Getting to know the community professionals is an important first step in building an initiative.** The First 1,000 Days team dedicates a significant amount of time to one-on-one meetings with partners. They provide a personal space for getting to know one another, understand their services, and build genuine relationships. Meetings often lead to new introductions and resolution of simple barriers.
- **Utilizing “sprint” workgroups is a good way to maintain energy and avoid workgroup fatigue.** With so many professionals dedicating their precious time, it is critical to engage their expertise in an efficient way. Workgroup fatigue can become a real concern when the task is overwhelming and goals are unclear. As participants in a national learning collaborative with Nemours, the initiative learned about “sprint” workgroups. First 1,000 Days staff incorporates this model by using feedback from the Annual Partner Survey to develop targeted short-term goals.
- **It is good practice to celebrate and recognize partners.** A monthly partner spotlight shares the noble work of organizations in our community, specifically in the areas of program innovation, partnership development, and care coordination. In the Annual Partner Survey, there is a space for professionals to share a comment about a peer or an organization within the community that the First 1,000 Days team then individually shares with those highlighted.

- **Online videoconferencing and blending with existing meetings promote more participation.** At the beginning of the pandemic there was a much-needed pause on workgroup activities, however when the groups re-convened everything switched virtually. Participation was exceptionally higher and more direct service providers were able to attend. Time spent traveling to and from locations across the region takes a toll on professionals and being intentional in which meetings should be held in person is a key consideration. We are also doing a better job of hosting joint meetings or adding items to existing partner meeting agendas versus scheduling separate meetings.
- **Giveaways and materials for organization's clients are an effective way to energize partners.** Nonprofits and community-based organizations are always looking for ways to engage with their clients and provide them with fun tools and activities. In addition to the Artworks Anywhere packets, during a Color the Community campaign, partner agencies participated in sidewalk chalk activities with their clients celebrating The Basics (a five-component parent activity guide). The initiative also has "Plant, Grow, Bloom" campaign planned to teach the nature of early brain development through gardening activities.
- **For large statewide issues and advocacy, it is important to join forces with other initiatives and organizations.** First 1,000 Days Suncoast is an active participant in

the First 1,000 Days of Florida collaborative, an advocacy group comprised of maternal child health leaders across the state.

- **As initiatives grow and expand, intentional networking is critical.** At the beginning of the initiative with only 32 partner agencies, maintaining connection was not a huge undertaking; however, as the initiative expands coming up with creative and effective ways to disseminate information is imperative. Ideas include: table stations in each of the counties one day a week to meet directly with agencies; joining more existing meetings to share updates; including more information on ways to get involved on our website; developing "talking points" for the Steering Committee members and encourage them to share with their contacts; doing a blend of virtual and in-person visits.

Component Three: Parent Empowerment

Valuing the perspective of parents in the community and providing them opportunities to learn and grow is a priority of the initiative. A child's first few years help lay the foundation for the rest of their life. To build that strong footing, children need a responsive, supportive, and nurturing adult. Research has shown children who are able to overcome significant hardship and thrive almost always have this one single recurring factor in common. Supporting responsive relationships between caregivers and children is a key principle to improving health, behavioral, and developmental outcomes for children (Center on the

Developing Child at Harvard University, 2015; Center on the Developing Child at Harvard University, 2021).

Parents as Teachers

For a child, having parents appropriately respond to cues not only assists with development, it lets the child know they are safe and important. This serve and return communication is key to building the foundation of a child's brain. For the parent, responsive relationships improve confidence and give a sense of hope. (Center Developing Child, 2021).

In 2018, the initiative hired a behavior change marketing firm to investigate community trends and parenting behaviors. They found knowledge about early brain development and the importance of the first few years of life may be a novel concept for parents. Since that time, promoting healthy parenting behaviors and providing tools for caregivers to be their child's first, and best teacher, has been a priority.

The Basics

First 1,000 Days partnered with The Basics, using their five evidence-based parenting principles to increase parent knowledge on every day brain boosting activities for children. The Basics is a national movement to boost cognitive and social-emotional development for children from birth to three years of age, improve school readiness, and close achievement gap disparities by providing tools to all parents (The Basics, n.d.).

The principles were embedded in the First 1,000 Days website, along with their text messaging

service called The Basics Insights. The Basics Insights sends parents one age-appropriate developmental fact and one activity per week. This service also collects specific data on parenting behaviors and child development through on-going survey questions. In the future this information could be used for targeted interventions and marketing campaigns based on zip code specific parenting behaviors.

Website

The First 1,000 Days website has three purposes:

- 1.) empower caregivers to be their child's first teacher;
- 2.) promote the importance of early childhood development; and,
- 3.) connect families to services.

On the bi-lingual site, parents can sign up for texts from The Basics, reach out for help through an Assistance Request form, and learn about the initiative's mission. The color scheme, content, and design were chosen by parents.

Brain Builder Bags

First 1,000 Days partnered with Sarasota Memorial Health Care System, Sarasota County Libraries, and the Studor Community Institute to pilot a program to provide new parents with brain development resources. The program offers a video introduction, nurse education and a gift bag with tools to promote early brain development. "Brain Development Bags" educate parents about their baby's brain development and normalize its importance similar to other wellness like breastfeeding, immunizations, and checkups.

Parent Curriculums

Early childhood education and literacy experts at Forty Carrots and Sarasota County Libraries were consulted to develop mini curriculums for parents in the community. The curriculums contained fun, developmental activities caregivers could do with their children, using The Basics Principles, to celebrate the initiative-sponsored community murals. These fliers were handed out at childcare centers, libraries, and other community partners.

Parents as Leaders

“According to SCALE communities, partnership and collaboration with people with lived experience of a core issue and/or inequity was one of the most effective strategies to create lasting community transformation” (100 Million Healthier Lives, 2017). First 1,000 Days strives to empower families to advocate for themselves and speak to the broader structural and systemic issues that constrain access and individual agency.

Focus Groups

Eight parent focus groups were held to understand families’ dreams and aspirations. The First 1,000 Days called upon its partners to help coordinate the groups at local pregnancy centers, churches, father and other parenting classes, a local housing authority, and substance use facility. Top barriers identified:

- Addiction: Criminal records make it challenging to find housing and jobs with a good income and benefits. When bills add up and stress levels are high it can cause a relapse.

- Employment: Criminal records make it challenging to find jobs; have to work multiple jobs to make enough money; difficult time finding after hours’ childcare.
- Finances: Cost of living is high; poor credit/high interest rates; unexpected obstacles (bills from hospital, medical complications).
- Lack of support: Juggling too many things (school, work, caring for children); no local support system; limited support for single dads
- Housing: It’s expensive, limited affordable options to purchase or rent; don’t have enough credit built up; criminal records limit access to housing.
- Transportation: Without a car, it can take multiple hours to take child to childcare and then go to work; bus system is not reliable; everything is too spread out from each other.
- Access to healthcare/services: Long wait list for services; need more providers that except Medicaid; traveling too far to have basic needs met
- Difficulty navigating the system: If you do not have someone to guide you it’s a challenge to find services; a lot of resources are out there but families don’t even know about them; would like somewhere to go for help before they have their children taken away; having to explain their story and work with multiple employees instead of one is exhausting.

- Childcare: Long wait lists; sick policies for childcare are too strict causing loss of work for parents.
- Judgment/fear: Afraid of organizations sharing client’s information with immigration; mean front office staff; bad experience at prenatal visits and now afraid to go to appointments; too many long and detailed assessments in the community, it makes them feel vulnerable. Fear of law enforcement was also expressed.

Parent Workgroup Participation

Parents from the Parent Advisory Committee participate in initiative workgroups to provide key insight from a parent’s perspective. Parents have given guidance on the Social Media campaign, community murals, and initiative marketing strategies.

Impact of component three: Parent Empowerment

- Brain development knowledge: Over 1,095 Brain Builder Bags have been given to new families at Sarasota Memorial Hospital. Parent knowledge on how communicating with the baby influences brain development went up 19.7 percent. Within two months of implementation, enrollment in The Basics Insights text service went up 25 percent.
- Responsive parenting: In the last year enrollment of families in The Basics Insights text service has increased 500 percent. There are currently 180 parents who receive twice weekly activities and developmental milestone texts. There was an increase in positive parenting behaviors after being

enrolled in The Basics text messaging service for 3.5 months. The two largest changes in behaviors reported were an increased frequency in: talking to their children/babies about feelings and talking about numbers and/or counting.

- Parent leadership: Seven parents are actively engaged in the initiative’s workgroups and the Parent Advisory Committee. Over 40 parents at eight different focus groups provided key insights for the initiative’s leadership team.
- Barrier identification and resolution: “Lived Experience” data from the parent focus groups guided decision-making for additional staff, workgroup goals, and purchase of the Unite Us care coordination platform.

Summary: Lessons Learned on Parent Empowerment

Parent Empowerment is likely the most important component of the initiative. Supporting parents, listening to them, and learning from them has helped the First 1,000 Days produce authentic marketing tactics, build smart strategies, and devise useful solutions.

- **Investing in a regional movement to encourage parents to be their child’s first teacher is a broad and equitable way to provide resources to all caregivers.** While all parents may not need help accessing community services, they all can benefit from more tools to help boost their babies’ brain.

- **Find places where parents are a captive audience and interested in learning from trustworthy professionals.** Partnering with the healthcare system to educate new parents is a great way to engage with families. More than 99 percent of all parents who have babies interact with nurses multiple times throughout their pregnancy and postpartum. Having these trusted professionals model positive interactions with infants and stimulate interest in brain development is highly effective.
- **Parents should be a part of every workgroup!** The initiative was quick to recognize that although it had parents involved in the very beginning, there was limited parent participation in all aspects of the work. From the development of the Parent Advisory Committee, parents were recruited to be in each of the workgroups as consultants.
- **Gathering information from parents provides systematic community data to investigate the most persistent barriers families face when attempting to access resources during pregnancy or postpartum.** The barriers collected from parent focus groups act as a roadmap and resolving them is a way to measure impact.
- **A significant amount of time is needed to plan parent events and recruit participants. At the launch of the initiative, there was only one full time employee.** Coordinating and building the Parent Committee and Focus Groups while also

maintaining the operations of the initiative work was not feasible. First 1,000 Days now has two additional team members who will work together to build a regional committee and expand focus groups.

- **A warm, compassionate, and trauma informed professional is key to making parents feel comfortable sharing their experiences in Parent Focus Groups.** The initiative was beyond fortunate to have a trained facilitator with Sarasota County Libraries, volunteer their time.
- **Encouraging partner agencies to recruit parents for the Parent Advisory Committee** is an effective way to endorse the initiative's well-meaning intentions and enhance trust.

Component Four: Care Coordination

With genetics removed, Social Determinants of Health (SDoH) such as housing, food, access to services, etc., impact a person's health by up to 80 percent (Office of Disease Prevention and Health Promotion, n.d.). Research has shown addressing these determinants not only improves population health outcomes, but can also decrease healthcare expenses (Taylor et al., 2016). Communication and coordination between professionals are critical to address these determinant influences on a child's health (Council on Community Pediatrics, 2013). Further, seamlessly connecting families with resources reduces undue social stress, thus empowering parents to focus on their own skills and strengths, and most importantly their relationship with their child (Center on the Developing Child at Harvard University, 2016).

Lack of coordination within the local system of care was one of the key reasons the initiative was spearheaded. In a survey of case managers, one of the top ways of referring families was to provide them paper hand-outs, placing the onus of establishing contact with new providers on the client. Contradicting this practice, the number one reason case managers believe families don't connect with services is because the clients never contact the organizations. This paradox showed us the current referral system in place was not working. Understanding the significant impact SDoHs have on a person's life and the critical need to connect parents with supportive services, the initiative untangles the web of adversities that put children at a disadvantage from the very beginning by improving connections to help. To do this, the initiative invested in a platform called Unite Us, which launched in August of 2020 during the COVID pandemic.

Unite Us

Unite Us is an enterprise technology company that builds social and medical care networks at scale, throughout the United States. Unite Us is HITRUST, SOC 2, Type 2, and NIST certified and follows the highest security frameworks in the industry. The secure electronic referral platform has an up-to-date resource directory of community services with a closed loop system to ensure families get connected with the help they need and providers maintain visibility of their clients' care journey. Users can navigate the platform with confidence, knowing that Unite is fully HIPAA compliant and aligns with the strictest federal privacy regulations, such as 42 CFR Part 2 and FERPA. A Business Associate

Agreement and network accountability standards between all organizations adds an extra layer of accountability to respond to referrals in a timely manner. Its superior closed-loop coordination between service providers not only improves family navigation and care coordination, it also highlights strengths and barriers in the community with referral, outcome, and health equity data. These data are actionable and can be used to inform community investments as well as improve outcomes for the individual, provider, and community.

Electronic Referrals & Resource Directory

The Unite Us core platform incorporates an up-to-date resource directory with enhanced referral capabilities that make sending, receiving, and following-up easy and efficient through the following available actions:

- Search by service type i.e., clothing and household goods, emergency food.
- Send batch referrals i.e., send to multiple programs at once to meet an urgent social need. After one organization accepts it, it is removed as a pending referral.
- Search for programs and services by geographic location on a map.
- Network Hub Support: a team responsible for outstanding referrals and response times.
- Contact information for organizations with staff assigned to receive referrals is readily available for follow-up.
- Responsive and timely live support for all users

Data & Health Equity Dashboard

A county-specific dashboard provides a comprehensive report of network level activity, including referrals, cases, and service episode outcomes, highlighting capacity concerns, gaps, and barriers. The information is used to identify community-level service gaps where additional investments are needed in the region. The Health Equity Dashboard reports on outcomes by race, ethnicity, gender, and age, helping to identify who is being served in a network and improve inequitable access to care. Reported Health Equity dashboard outcomes include: service requests, referral acceptance, case resolutions, reasons for unresolved cases and rejections, co-occurring needs, recurring needs, and time to case closures. These dashboards are used by the initiative, as well as local foundations, to support the performance of social and human service agencies.

Assistance Requests

Listening to the voices of parents who shared “difficulty navigating the system” as a top barrier to care, the initiative added an Assistance Request form to its website. This form enables parents to quickly enter what services they need help with and is a part of the Unite Us platform. The First 1,000 Days team, who are experts on services available for pregnant individuals and families with children 0–3 years of age, reach out directly to families and refer them to support across the community. This “no strings attached” support is particularly helpful for families who are not connected with a service provider or case

manager, or who feel uncomfortable initiating the conversation about their social needs.

Community Stations

The First 1,000 Days team has stations in the lobbies of high-volume locations to screen and refer families: Federally Qualified Health Center, pregnancy centers, and other mother and child support organizations. This targeted outreach connects the hardest to reach families to all of the programs available in their community.

Impact of Component Four: Care Coordination

- Robust network: The trust and shared mission of community partners led the initiative to have one of the most successful launches reported by Unite Us (based on size of the community).
- Coordinated care: On Unite Us, 3,908 referrals have been sent for 2,016 families since August 2020. The top services requested are individual and family support, food assistance, education, housing and shelter, and clothing and household goods. Below are the five agencies receiving the most referrals on the platform as of February 2022.
 - Home visiting: 795 referrals to Healthy Start Coalition in Sarasota and Manatee counties
 - Food: 491 referrals to All Faiths Food Bank
 - Pregnancy Support: 435 referrals to Sarasota Medical Pregnancy Center

- Baby and Mother Supplies: 235 referrals to Mothers Helping Mothers
- Healthcare innovation and new program development: As the backbone organization, Sarasota Memorial Hospital Women and Children Services pioneered the use of the platform for its case managers and nursing team. With over 4,000 deliveries a year, Sarasota Memorial has sent 2,093 referrals and helped 1,346 families get connected with services in the region as of December 2021.
 - Follow-up wellness calls: With the increased confidence and powerful tool of Unite us, The Childbirth Education Department implemented follow-up wellness calls for postpartum patients; screening postpartum patients for mental, social, and medical needs and connecting them with services. The division also implemented universal SDoH screenings for all pregnant patients.
 - In-patient social service referral improvement: Prior to the implementation of Unite Us, SMH case managers did not have an effective way for sending referrals for services such as childcare, therapy, parenting education, job assistance, etc. Since the launch of the platform, 160 referrals have been sent for therapy, 106 for childcare, 128 for parenting education, and 10 for job assistance.
 - Case management efficiency: SMH case managers reduced their time spent searching for services by 81 percent and sending referrals by 60 percent. This could result in an average of 3.97 hours of time savings per week and potential for \$7,225 in savings per year per case manager.
 - Confidence in connection: 80 percent of SMH Women and Children case managers feel confident families always or frequently get connected with services using Unite Us and the other 20 percent feel confident at least half of the time. One reported “I enjoy having the shared accountability between the sender and receiver of resource referrals. This can only benefit our patients.”
 - Family navigation: Through Assistance Requests from the website, Community Stations, and word-of-mouth across the region, the First 1,000 Days team has helped 98 families get connected with services. Community Stations have been set up at five different partner sites to help coordinate care for the most at-risk individuals by meeting where they are already at.
- Enhanced partnerships between social and health care services: To assist partner organizations in launching the platform, the First 1,000 Days team coordinated trainings and workflow discussions with Unite Us. Connecting healthcare systems with non-profit agencies and other community-based organizations through a shared

database improves inter-organizational relationships and increases trust.

- Prompt response: The health of the network and coordination is measured by response time from agencies. The average response time for referrals is two days. With increased transparency and accountability, the data dashboard can also report on referral acceptance time for each service type and agency.
- Gap identification and resolution: Unite Us allows the community to identify missing services/barriers for families and produce solutions to address them. For example, at the launch of the Unite Us platform, there were limited services for benefit enrollment assistance. First 1,000 Days recruited SMH's Patient Assistance Program to fill the gap. Over 170 have been referred by internal case managers and community partners. This program is mutually beneficial for Medicaid eligible patients and the hospital.
- Identification of missed opportunities: Across Unite Us networks, the Suncoast region is one of the top performers in referral acceptance rates, with 87% of all referrals sent, accepted by the receiving organization. While only 13% of total referrals are rejected, these represent opportunities to investigate the "why" and use those data to inform and create solutions, build new partnerships, and/or bring to philanthropy to support programs.
- Health equity measurement: Unite Us has a dashboard to measure whether service types are equitable in accessibility, contact,

response time and case resolution. Prior to its implementation, there was no real-time community data to share inequities in referral and service delivery.

Summary: Lessons Learned on Care Coordination

Care Coordination has been a heavy lift for the initiative with many incredible outcomes.

Working with the Unite Us team as a partner, instead of just another vendor, has been key to its successful launch and continued achievement.

- **Investing in a regional platform to enhance care coordination was critical.** Linking health, mental health, and social services is key to improving care coordination and system navigation. Addressing the "maze of resources" and improving inter-organization communication first, then diving into more specific interventions creates a large, sophisticated safety net for families.
- **Partner organization input and selection of the platform was important to foster early adoption and community buy-in.** After careful exploration of other SDOH platforms across the country, it was determined Unite Us had all the capabilities that were outlined as local barriers by parents and professionals.
- **Having a trusted healthcare system as a pioneer of the platform encourages participation.** SMH was an early adopter of Unite Us. Since implementation, their case managers tout improved efficiency and

increased confidence families are connected with services. As Sarasota County's public hospital and only birthing center, their use of the platform led others to its utilization.

- **Find champions.** As with any change, there are early adopters; these agencies are key to influencing others. Real-life stories of families and professionals put the system's operations and impact into perspective.
- **Data dashboards provide insights into the community.** The initiative will use multi-sector data to identify community barriers, capacity concerns, and gaps in services—all with an emphasis toward health equity. Understanding these system-wide issues can assist with the allocation of resources and the development of innovative programs and interventions to assist high-risk families.
- **Balancing competing referral systems. In the Suncoast region, multiple case management systems exist with specific functions.** This fragmentation reduces collective impact and further divides the region into silos. Unite Us has system capabilities many others do not: HIPAA compliance; closed loop system; robust team that can engage with partners and ensure follow-up and accountability; and health equity dashboard. The initiative is spending time to learn about these other systems and identify creative ways to integrate efforts.
- **Expanding screening and referrals for social needs is a crucial step in**

preventative medicine. Addressing social determinants of health is not reimbursable for medical providers and healthcare systems, which makes the case for doing it challenging. This is especially difficult for small private practices who have limited support staff. The initiative is piloting ways to screen and refer for these needs using the Unite Us platform.

- **Future research on the impact of closed loop systems in reducing compassion fatigue is needed.** In the Suncoast region, 50 percent of helping professionals are experiencing compassion fatigue (Resilient Retreat, 2020). Assisting families who are struggling can be emotionally draining; worrying about whether they got the help they need can also make it difficult to separate work and personal life. Dr. Kerry A. Schwanz, PhD, of Coastal Carolina University reports this secondary traumatic stress from helping others who are experiencing trauma as "empathy overload" (Clay, Jun 2020). A comment from a profession using Unite Us highlights the potential to reduce chronic worrying.

"Last Friday, I worked with a client with pressing medical needs who had lost her job and health insurance because of COVID. She wasn't asking for much from us but I could sense that she felt defeated and was desperate for assistance. I entered her into Unite Us and referred her to a women's health clinic. I just got a note from the platform that the clinic had contacted her and are helping her get emergency Medicaid, financial planning assistance and

parenting support. It brought me to tears to read that. This client has been weighing on my heart all week. We also successfully referred another client for financial assistance to a nonprofit dedicated to addressing health disparities, that I did not even know existed. Feeling hopeful."

Component Five: Targeted Interventions and Services

Center of the Developing Child promotes a three-tiered approach to safeguard the health and well-being of children: meet families' basic needs, invest in broadly targeted services, and develop specialized programs for high-risk families (Center on the Developing Child at Harvard University, 2007). Adapting this approach, First 1,000 Days invested in macro-level systematic and structural changes, while also developing targeted services for parents of any race-, ethnicity-, or place-based disproportions. A targeted intervention example is The Plan of Safe Care, which is a purposefully designed safety net for children born substance exposed.

Plan of Safe Care

In the Suncoast region, (Charlotte, DeSoto, Manatee and Sarasota counties), substance use rips apart families, affects the youngest and most vulnerable residents, and continues to be a top reason children enter the foster care system. In the 12th judicial circuit, more than 2,100 verified child maltreatments have occurred over the past three years due to substance use (Florida Department of Children and Families, 2019).

Combatting substance use during pregnancy is critical. Research shows the harmful impacts alcohol, marijuana, and opioid use can have on brain development in children (Substance Abuse and Mental Health Services Administration, 2021; March of Dimes, 2019; Centers for Disease Control and Prevention, 2021). Providing the necessary support and recovery could also break intergenerational cycles of trauma and drug use. At a local focus group with pregnant and postpartum women with a history of opioid use, many expressed they wished they had known where to get help prior to the child welfare system getting involved. Other women reported barriers to seeking sobriety, including fear or judgment due to poor experiences with professionals in the past or the public stigma. To address these concerning issues, First 1,000 Days and its partners developed a regional Plan of Safe Care (POSC) for substance exposed newborns and their families.

POSC connects pregnant individuals struggling with substance use with resources and provides on-going coordination and support prior to and after the delivery of their baby. If effective, it will reduce children being in risky and harmful situations leading to child welfare involvement and it will increase child and family health and well-being. Elements of the POSC include: mother's substance use, mental health needs, infant's medical care, mother's medical care, and family caregiver history and needs (Child Welfare Information Gateway, 2020a).

Plan of Safe Care Taskforce

First 1,000 Days facilitated multiple meetings with experts and parents with lived experience to develop a comprehensive plan to address systematic barriers and support individual families.

- Create a seamless entry process for pregnant women and substance exposed newborns.
- Screen all pregnant patients for substance use in OB practices and healthcare systems.
- Identify and build community resources for pregnant individuals.
- Hold on-going interdisciplinary meetings to promote continued collaboration.
- Facilitate a holistic, multi-disciplinary approach to protect infant safety and well-being; follow them through their continuum of care for health, development, and substance use treatment.
- Reduce the stigma of substance use and provide peer support to pregnant and post-partum individuals.

Shared database

Trauma-informed care is top of mind in the design of the POSC. Intake is built into the Unite Us system to prevent families from having to re-tell their story, reduce duplication of effort, and enhance care coordination. A comprehensive assessment tool and family plan enhances communication between case managers, thus personalizing and streamlining a family's journey, all while maintaining privacy and respect for those we serve.

Coordinated intake

One of the initiative's partners, Safe Children Coalition, is the Community Based Provider of foster care services in the circuit and regional hub for the POSC. They develop, implement, and monitor the plans for individual families and provide direct client support. Services include:

- Care coordination and case management
- In-home parenting through a certified parent educator
- In-home counseling services by a licensed level therapist
- Nurse-based services and support

Impact of Component Five: Plan of Safe Care

The launch of the Circuit 12 Plan of Safe Care was in December 2021. As program awareness increases and trust is gained, it is anticipated there will be an even larger impact.

- Community collaboration: Fifteen organizations met monthly to discuss complex cases and identify/resolve barriers to care.
- Family support and case management: Safe Children Coalition has created 74 plans of safe care for families through their program since July 2021.
- Prenatal support: Within the first month of the POSC launch on Unite Us, five pregnant individuals with substance use were referred to Safe Children Coalition for preventative services.

- Empowered parents: Partner organizations received feedback from their clients on the assessment tools and parents were members of the POSC taskforce.
- Prevention and knowledge: Leveraging its robust partnerships, the initiative has disseminated information about the POSC throughout the region. Meetings with hospital and healthcare leadership has increased knowledge about services available, prior to child welfare involvement after a baby is born.
- Reduction in infant and child removals due to substance use: By connecting pregnant individuals with substance use with support prenatally, it is anticipated more newborns will remain with their families. Also, intensive support and care coordination will build parental resilience, fostering long-term recovery to reduce relapse and prevent future removals.

Summary: Lessons Learned from Plan of Safe Care

The POSC is a targeted service the First 1,000 Days developed with the expertise of its partners, parents with lived experience and the leadership of Safe Children Coalition. Built on the Unite Us platform, the Circuit 12 Plan of Safe Case is a quality improvement project that will require refining and continuous collaboration to ensure its success.

- **Addressing opioid and other substance use during pregnancy requires a four-pronged solution.**

1. Families have basics needs met and access to addiction treatment and ongoing recovery help.
 2. Professionals know how to interact and provide atraumatic and non-judgmental care.
 3. Families are educated about the effects of substance use during pregnancy.
 4. Caregivers know where they can go to receive help.
- **An electronic system to connect all case managers is a vital piece of the program.** Other counties in Florida that implemented a POSC stated it was difficult to keep track of paper copies; many struggled with keeping professionals involved with the plan up to date on the families' progress. Using a system that is set up for care coordination and closed loop accountability is crucial in knowing vulnerable families are getting the help they need.
 - **There is value in having a centralized hub.** Having a dedicated organization overseeing individual plans ensures caregivers are getting specialized support from professionals who have the experience and knowledge.
 - **Peers could be an effective way to gain trust and provide unique support for families.** Safe Children Coalition has partnered with First Step of Sarasota First Baby Steps program to connect families with Peer Support Specialists.

- **Programs specific to helping families are important, but so is fostering inter-agency collaboration and resolving system barriers.** Using data from individual programs and the Unite Us community dashboard, the taskforce will continue to tackle any professional, systematic, or family challenges.
- **A regional education campaign is needed to reduce the stigma of substance use.** The initiative has plans to develop a creative, non-judgmental, information campaign targeting pregnant women, professionals, and the public.



10. Conclusion and Next Steps

First 1,000 Days launched in Sarasota County in 2018 to improve the coordination and access to care for families and babies. Connecting and collaborating with social, mental health, and medical providers, the initiative has reduced systemic barriers and pioneered innovative programs.

Its recent expansion to Manatee, Desoto, and Charlotte Counties will create a regional “no wrong door” approach to care, further identify pervasive regional barriers for families, and unveil unique community solutions that can be scaled across the Suncoast.

As the initiative works collectively within the region, it will deploy its approach of using shared data, empowering parents, and collaborating with healthcare and community organizations to identify and prioritize systemic changes. If successful, the initiative will break cycles of abuse, promote healthy parent and child relationships, and improve family resilience—all leading to a healthier, more productive society.

To learn more visit First1000DaysSuncoast.org

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Priorities for 2022-2024

- Regional Parent Advisory Committee and Parent Cafes/Focus Groups
- Circuit 12 Plan of Safe Care
- Ongoing campaigns for parent education and substance use stigma reduction
- Exploration of additional professional training and support opportunities
- Perinatal Mental Health Support Services campaign
- Family Navigation through Community Stations and Assistance Requests
- Unite Us Network Expansion
- Systemic barrier identification and resolution
- Targeted interventions to address race- or place-based inequities
- First 1,000 Days Suncoast Summit

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11. References

100 Million Healthier Lives People with Lived Experience Workgroup and Community Champions. (2020, August 10). Engaging People with lived experience toolkit. Community Commons.

<https://www.communitycommons.org/collections/Engaging-Lived-Experience-Toolkit>

Bitsko, R. H., Holbrook, J. R., Robinson, L. R., Kaminski, K. W., Ghandour, R., Smith, C., & Peacock, G. (2016, Mar 11). Health care, family, and community factors associated with mental, behavioral, and developmental disorders in early childhood – United States, 2011–2012.

MMWR Morbidity and Mortality Weekly Report, 65(9), 221–226. doi:

<http://dx.doi.org/10.15585/mmwr.mm6509a1external icon>

Bureau of Community Health Assessment
Division of Public Health Statistics and
Performance Management. (n.d.). FL Health
Charts. Florida Department of Health.

<https://www.flhealthcharts.gov/charts/default.aspx>

Centers for Disease Control and Prevention. (2019, Nov 5). Adverse childhood experiences.

<https://www.cdc.gov/vitalsigns/aces/index.html>

Centers for Disease Control and Prevention. (2021, Dec 13). Basics about FASDs.

<https://www.cdc.gov/ncbddd/fasd/facts.html>

Center on the Developing Child at Harvard University. (2007). Early childhood program effectiveness (InBrief).

<https://developingchild.harvard.edu/resources/inbrief-early-childhood-program-effectiveness-video/>.

Center on the Developing Child at Harvard University. (2015). The science of resilience (InBrief).

<https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/>

Center on the Developing Child at Harvard University. (2016). From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families.

<https://developingchild.harvard.edu/resources/from-best-practices-to-breakthrough-impacts/>

Center on the Developing Child at Harvard University. (2021). Three principles to improve outcomes for children and families, 2021 update.

https://46y5eh1lfhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2017/10/3Principles_Update2021v2.pdf

Chang, D. I., Gertel-Rosenberg, A., Burke Blackburn, K., & Taylor, K. (2020, March).

Preliminary findings on the role of health care in multi-sector networks for population health: Notes from the field.

<https://www.movinghealthcareupstream.org/wp-content/uploads/2020/03/HealthCareRolesInPopulationHealthNetworks.pdf>

Child Welfare Information Gateway. (2020a).

Plans of safe care for infants with prenatal substance exposure and their families.

Washington, DC: U.S. Department of Health and Human Services, Administration for Children and

Families, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/safecare.pdf>

Child Welfare Information Gateway. (2020b). Protective factors approaches in child welfare. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>

Clay, R. (2020, Jun 11). Are you experiencing compassion fatigue?. American Psychological Association. <https://www.apa.org/topics/covid-19/compassion-fatigue>

Evans, G. W. & Kim, P. (2012, Dec 6). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspective*, 7(1), 43-48. doi: <https://doi.org/10.1111/cdep.12013>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. Am., Edwards, V., Koss, M. P., & Marks, J. S. (1998, May). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14(4), 245-258. doi: [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Florida Department of Children and Families. (2019). Office of child welfare dashboard. <https://www.myflfamilies.com/programs/childwelfare/dashboard/>

Florida Department of Education. (2018). Fall 2018 FLKRS Results by District. <https://www.fldoe.org/accountability/assessments/k-12-student-assessment/flkrs/flkrs-sw-results.shtml>

Gorski, P. A., Kuo, A. A., Granado-Willar, D. C., Gitterman, B. A., Brown, J. M., Chilton, L. A., Cotton, W. H., Gambon, T. B., Kraft, C. A., Kuo, A. A., Paz-Soldan, G. J., & Zind, B. (2013). Community Pediatrics: Navigating the intersection of medicine, public Health, and social determinants of children's health. *Pediatrics*, 131(3), 623-628. doi: 10.1542/peds.2012-3933

Kania, J. & Kramer, M. (2013). Embracing emergence: How collective impact addresses complexity. *Stanford Social Innovation Review*. https://ssir.org/articles/entry/social_progress_through_collective_impact

March of Dimes. (2019). Prescription opioids during pregnancy. <https://www.marchofdimes.org/pregnancy/prescription-opioids-during-pregnancy.aspx#>

Mays, G. P., Mamaril, C. B., & Timsina, L. R. (2016). Preventable death rates fell where communities expanded population health activities through multisector networks. *Health Affairs* 35(11), 2005-2013. doi: <https://doi.org/10.1377/hlthaff.2016.0848>

Nemours. (2012, May 2). Integrator role and functions in population health improvement initiatives. https://www.improvingpopulationhealth.org/Integrator%20role%20and%20functions_FINAL.pdf

Office of Disease Prevention and Health Promotion. (n.d.). Social Determinants of Health. *Healthy People 2020*. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Ramos, I., & Schetter, C. (2018). Pregnancy anxiety and stress. In M. Bornstein (Ed.), *The SAGE encyclopedia of lifespan human development*

(pp. 1714-1715). SAGE Publications, Inc. doi:
<https://dx.doi.org/10.4135/9781506307633.n641>

Resilient Retreat. (2020). Compassion satisfaction and fatigue for first responders and helping professionals for COVID-19).
<https://www.resilientretreat.org/wp-content/uploads/2020/12/First-Responder-Report-2020-1.pdf>

Substance Abuse and Mental Health Services Administration (SAMSHA). (2021). Marijuana and pregnancy.
<https://www.samhsa.gov/marijuana/marijuana-pregnancy>

Taylor L. A., Tan, A. X., Coyle, C.E., Ndumele, C., Rogan, E., Canavan, M., Curry, L. A., & Bradley, E. H. (2016). Leveraging the social determinants of health: What works? PLOS ONE, 11(8).
<https://doi.org/10.1371/journal.pone.0160217>

The Basics. (n.d.). The science behind The Basics principles. [https://thebasics.org/wp-](https://thebasics.org/wp-content/uploads/2020/09/Science-Behind-The-Basics-3a.pdf)

[content/uploads/2020/09/Science-Behind-The-Basics-3a.pdf](https://thebasics.org/wp-content/uploads/2020/09/Science-Behind-The-Basics-3a.pdf)

Unicef. (n.d.). Child poverty.
<https://www.unicef.org/social-policy/child-poverty>

Woulfe, J., Oliver, T. R., Zahner, S.J., & Siemering, K. Q. (2010). Multisector partnerships in population health improvement. Preventing chronic disease 7(6), A119.
<https://pubmed.ncbi.nlm.nih.gov/20950526/>

Dekaban, A. S. (1978). Changes in brain weights during the span of human life: relation of brain weights to body heights and body weights. Annals of Neurology, 4(4), 345-356. doi: 10.1002/ana.410040410.