

# Promoting Child Well-Being:

## *An Action Planning Guide for Community-Based Initiatives*



*Richard W. Puddy, M.A., M.P.H.*

*Stephen B. Fawcett, Ph.D.*

*Vincent T. Francisco, Ph.D.*



*KU Work Group for Community Health and Development*

*University of Kansas*

*4082 Dole Center, Lawrence, Kansas 66045*

*(785) 864-0533*

*<http://communityhealth.ku.edu>*

The mission of the KU Work Group is to promote community health and development through collaborative research, teaching, and public service.

*"Yesterday is gone.  
Tomorrow has not yet come.  
We have only today.  
Let us begin."  
- Mother Theresa of Calcutta*

## Preface

Our common vision is for communities in which all children live well. Yet, child health and development is threatened by a variety of issues including

- poor pre- and post-natal healthcare
- inadequate nurturance
- meager nutrition
- poor social connectedness
- lack of stimulating and engaging environments
- death

Each year in the United States:

- the infant mortality rate remains approximately at 7.2 deaths per 1,000 live births.
- the child mortality rate (children ages 1 to 4) hovers at 35 per 1000,000 children.
- 7.6 percent of children are born of low birth weight.
- 22 percent of children do not receive the recommended combined series of vaccinations.
- 46 percent of children ages 3 to 5 are not read to daily by a family member.
- 33 percent of children ages 3 to 5 who had not yet entered kindergarten did not receive any early childhood care or education programming.

(Federal Interagency Forum on Child and Family Statistics, 2001)

We work toward a day in which all infants and children live in communities that allow them to mature into healthy, fully developed adults. This guide is an attempt to foster work that will take us closer to this vision.

There is an array of factors that affect infant and child health and development. Personal factors include: communication and problem-solving skills of children and caregivers; temperament, and well-developed language and cognitive processes. Environmental factors include: exposure to caring adults, a caring community that values children and youth; stability of living situation; prosocial interactions; positive interaction with teachers and caregivers; and access to health care. Strategies for reducing risk and enhancing protection include: targeted

intervention programs aimed specifically at children experiencing multiple risk factors, and universal interventions aimed at the community in general.

Ensuring child well-being requires broad-based efforts involving many different sectors of the community. Often referred to as **community coalitions or partnerships**, these initiatives involve key community leaders and representatives of grassroots organizations. They bring together representatives from education and child development, social service agencies, religious organizations, businesses, health organizations, and other sectors of the community that share a concern about the problem or have a stake in its solution. The aim of such initiatives is to *change* communities and systems to improve outcomes in child well-being.

The group's **action plan** is its **vision** for a healthy community for children made concrete. How could education be changed to help foster child well-being? What changes in religious organizations would help fulfill this mission? How can the business community do its part? How about government? The caregivers themselves? Taken together, the proposed changes in all relevant sectors of the community provide a **blueprint for action**.

The purpose of this Action Planning Guide is to enhance your community's efforts to plan for child well-being across physical, emotional, social, and psychological arenas.

- Chapter I provides background information on key issues and concepts in planning.
- Chapter II offers an overview of the planning process, with particular emphasis on clarifying the vision, mission, objectives, and strategies.
- Chapter III provides help in considering which sectors of the community should be involved in the initiative.
- Chapter IV, the heart of this guide, assists in identifying particular changes that will be sought in each relevant sector of the community. These changes are categorized according to a standard set of outcomes (results or goals) that are being used throughout the United States. To recognize these changes, indicators (benchmarks) will help measure the outcomes. See the Table I below.
- Chapter V outlines a process for building consensus on community changes to be sought.
- Chapter VI offers guidance in listing action steps to finalize the action plan.
- Chapter VII outlines a strategy for documenting progress on goal attainment and promoting renewal of the initiative.

Best wishes for your own community's successful planning for the promotion of child well-being.

**Table 1: Some Common Outcomes and Selected Indicators Related to Child Well-Being**

<b>COMMON OUTCOMES</b>				
<b>Pregnant Women &amp; Newborns Thrive</b>	<b>Infants &amp; Children Thrive</b>	<b>Children are Ready for School</b>	<b>Children Live in Stable &amp; Supportive Families</b>	<b>Families and Children Live in Safe &amp; Supportive Communities</b>
Low birth weight babies	Free and reduced lunch	Kindergartners fully immunized	Children in families receiving food stamps	Employment rate
Early prenatal care	Infant mortality rate	Licensed preschool availability	Temporary assistance for needy families	Free and reduced lunch program
Birthrate among juveniles	Child mortality rate	Percent of children (ages 0-4) in families receiving welfare	Family history of alcohol and/or drug problems	Temporary aid to needy families
Births to single teen mothers	Child care availability	Percent of children ages 3-4 enrolled in nursery school (who have not yet entered kindergarten)	Children living in foster care	Children in families living in poverty
Births to mothers without high school diplomas	Overweight or obesity in children	Percent of Head Start participation / Head Start availability rate	Child abuse and neglect reports	Adults and children with healthcare coverage
Drug use during pregnancy	Percent of children covered by health insurance	Licensed preschool availability	Children effected by divorce	Adult alcohol-related arrests
Percent of mothers receiving prenatal care	Percent of children 19 to 35 months with recommended vaccination coverage	Number of accredited facilities or providers with CDA credential	Emotional attachment to mother	Adult drug-related arrests
Percent of mothers who received prenatal care in the first trimester	Percent of children in poverty	Amount of annual turnover in licensed and registered providers	Emotional attachment to father	Adult arrests for property crimes
Infant mortality rate (per 1000 live births)	Early childhood programs	Percent of children screened for vision and hearing problems	Child support obligations and collections	Adult arrests for personal crimes
	Adults interacting with children		Domestic violence	Homicide
	Early childhood programs		Percent of children in households that report there is sometimes or often not enough to eat	Alcohol sales outlets
	Exposure to environmental hazards		Percent of families with at least one parent working full-time full-year	Tobacco sales outlets
	Juvenile diabetes		Families living below the poverty line	Net migration
	Number of children served in summer lunch programs		Average per capita income	Adult suicide
	Physical activity		Single parent family households	Community safety

*"Seek the wisdom of the ages,  
but look at the world  
through the eyes of a child."  
- Ron Wild*

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## Acknowledgements

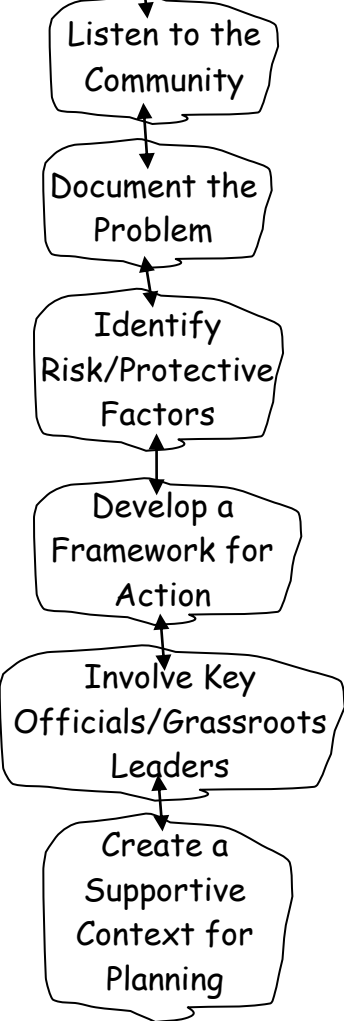
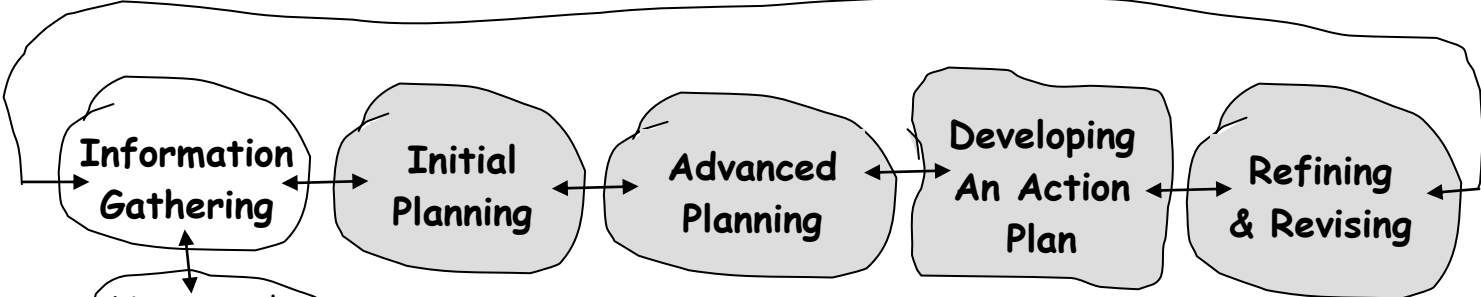
A number of experts, officials, and activists concerned with child well-being have provided feedback on earlier versions of this planning guide. They include colleagues at the KU Work Group on Health Promotion and Community Development: Valerie Carson, Carrie Curie, Paul Evensen, Renee Boothroyd, Rod Bremby, Jerry Schulz, and Lydia Yu. Thanks also to other colleagues including Ron Alexander, Frank Barry, Barbara Bradley, Jim Caccamo, Joyce Cussimano, Cindi Geist, Beverly Graham, Nancy Jorn, Linda Kenney, Kathryn Kirigin, Lisa Klein, Kristin Maloy, Rich Minder, Michael Roberts, Lisbeth Schorr, Wendy Turnbull, Jeff Usher, and Michelle Voth. They represent a variety of experience and viewpoints in public health, state and local government, cultural anthropology, community development, media, education, child development, pediatric psychology, health care, and social services. Support for work related to development of this Guide was provided, in part, by grants from the Ewing Marion Kauffman Foundation, Kansas Health Foundation, Kansas Juvenile Justice Authority, and Kansas Social and Rehabilitative Services' Office of Prevention.

***"The kids that do best in our society are the ones that have someone to care for them. It doesn't have to be their parents, but it has to be someone. "***

***- Physician***

# CHAPTER I

## INFORMATION GATHERING



With clarity of purpose, it is possible to address the array of child well-being issues faced by communities. This guide uses a process of action planning to build consensus on what can and should be done. The primary aim is to help specify the concrete ways in which the community can take action to promote child well-being.

The **Purpose of this Chapter** is to review key background issues and concepts of the planning process. At the end of this chapter, we provide planning pages that your group can use to better listen to the community, document the problem, become aware of local resources and efforts, involve key officials and grassroots leaders, and create a supportive context for planning and action.

**LISTENING TO THE COMMUNITY**

Perhaps the most important preliminary step in action planning is to become familiar with the issues and context of the community. Group leaders begin by talking with caregivers, key leaders in the community, and others affected by problems related to child well-being. Listening contributes to a better understanding of what the issues are and what needs to be done.

***The Problem or Goal***

- ❑ What are the problems or goals related to child well-being in your community?
- ❑ What are the consequences of these problems?
- ❑ Who is affected?
- ❑ How are they affected?
- ❑ Are these issues of widespread concern?



***Community Tool Box Online Resources:***

- Chapter 3: Assessing Community Needs and Resources  
[http://ctb.ku.edu/tools/EN/chapter\\_1003.htm](http://ctb.ku.edu/tools/EN/chapter_1003.htm)
- Chapter 13: Orienting Ideas in Leadership  
[http://ctb.ku.edu/tools/EN/chapter\\_1013.htm](http://ctb.ku.edu/tools/EN/chapter_1013.htm)
- Chapter 4: Getting Issues on the Public Agenda  
[http://ctb.ku.edu/tools/EN/chapter\\_1004.htm](http://ctb.ku.edu/tools/EN/chapter_1004.htm)
- Chapter 17: Analyzing County Problems and Solutions  
[http://ctb.ku.edu/tools/EN/chapter\\_1017.htm](http://ctb.ku.edu/tools/EN/chapter_1017.htm)

As any community organizer will attest, it is critical to listen before taking action. Talk with a variety of people, including children, parents, teachers, and other community members.

In addition to talking one-on-one, group leaders can use public forums or focus groups, in which people can express their views about the issues and what can be done about them. Such public meetings should be convened with people from different neighborhoods, socioeconomic groups, and ethnic and cultural groups. This will expand available perspectives on issues and options.

**Conducting listening sessions** One method of becoming familiar with the issues consists of structured opportunities to listen to a variety of members of the community. These listening sessions go by different names including focus groups or "social reconnaissance." They are straightforward and effective tools for gaining local knowledge about the issues and context. We recommend using these public forums to learn about the community's perspectives on local issues and options.

Listening sessions record information on four aspects:

- the problem or goal
- barriers and resistance to addressing the concern
- resources for change
- recommended alternatives and solutions

Discussion leaders set a limited time for brainstorming each aspect, using newsprint to record the product of discussions. Brief reports based on the findings can be used to publicize the issue in the media, thereby enhancing the credibility of the early developing initiative.

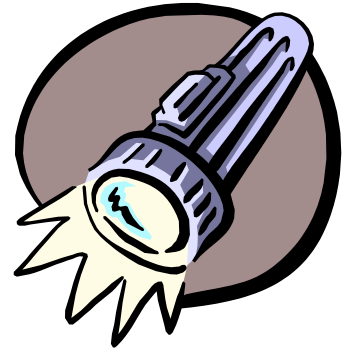
## **DOCUMENTING THE PROBLEM**

In addition to hearing the community's perspective on problems or goals related to child well-being, it is important to document the issue using existing information sources. Many health departments and child development centers have data from required reporting mechanisms that can be used to document the level of prenatal care, school readiness, or stable and supportive families in your community. For example, data may be available on the percentage of children who have health insurance. Perhaps public records can be used to create a scorecard for priority child well-being outcomes such as the number of new cases of infant mortality or cases of child abuse and neglect.

Such information can be used to help document the level of the problem and to consider whether further action is necessary. Later, these data can be used to determine how effective your group was in addressing the problem or goal. (Note: Increased community awareness and activity may beget changes in reporting, changes in service rates, and other activities that may make it difficult to conclude that there was an effect or that observed effects were due to the initiative.)

## Some Helpful Data Sources:

- The *state or county health department* can help you determine health indicators.
- The *state social services department* should be able to tell you the number of recipients of Medicaid and food stamp program participants.
- *Hospital admission and exit records* exist and can give you information on births, causes of death, etc.
- *Census data*: Demographic information is available for your community in the United States. This information can be found on the Bureau of Census web site: <http://www.census.gov/>. Many states have similar information on their own web sites as well.
- *Police records* can tell you crime rates and the incidence of problems such as domestic violence or motor vehicle accidents.
- *Chamber of Commerce data* provide information about job growth, the unemployment rate, etc.
- *Nonprofit service agencies*, such as the United Way (<http://www.unitedway.org> ) generally have records on a variety of different issues.
- *School districts* can tell you school enrollment rates, attendance, and test scores. For comparative school district rates, check with your state department of education.
- *The U.S. Centers for Disease Control and Prevention's* reportable disease files can give you national information on the rates of many diseases. Its web site is located at: <http://www.cdc.gov/>.
- Your *reference librarian* in a nearby public library can be very helpful.
- *Statistical Abstract of the United States* is a good general source in print for national information. It's done annually, and is available in most local libraries.
- *Specialized local, statewide, or national organizations* may help. For example, if you were interested in childhood diseases or lead poisoning you would want to track down and consult with an organization specializing in that field. (Gale's Encyclopedia of Associations is a good national source).
- Many other *web pages* contain useful, up-to-date information. Try using key words, such as "child health" or "child development", with the search engine of your internet browser.



## IDENTIFY RISK AND PROTECTIVE FACTORS

Those most affected by child health and development outcomes include:

- Children and Youth
- Parents, Guardians, and Caregivers
- Neighbors and the Broader Community
- Service Providers in health and human services)

A number of factors, if ignored, contribute substantially to risk for adverse outcomes. These conditions, if addressed, can help protect against problems affecting child well-being. Although our knowledge is incomplete, research and experience suggest some factors that may contribute to child well-being.

Table 2 provides a list of personal factors and environmental factors that may affect child well-being. **Personal factors** may include:

- Knowledge, skills, and history, such as temperament, exposure to caring adults, and support from family
- Biological/genetic influences such as the type and degree of existing health or physical or mental disability

Aspects of the social and physical environment may also affect child well-being.

**Environmental factors** may include:

- Availability and continuity of services
- Hazards related to births
- Support for caregivers and advocacy for children
- Financial barriers and resources
- Policies making available appropriate and quality daycare for working parents
- Poverty and living conditions

We can use this analysis of factors (see Table 2) – and our experience and knowledge of our local communities -- to identify promising strategies and tactics for improving child well-being.

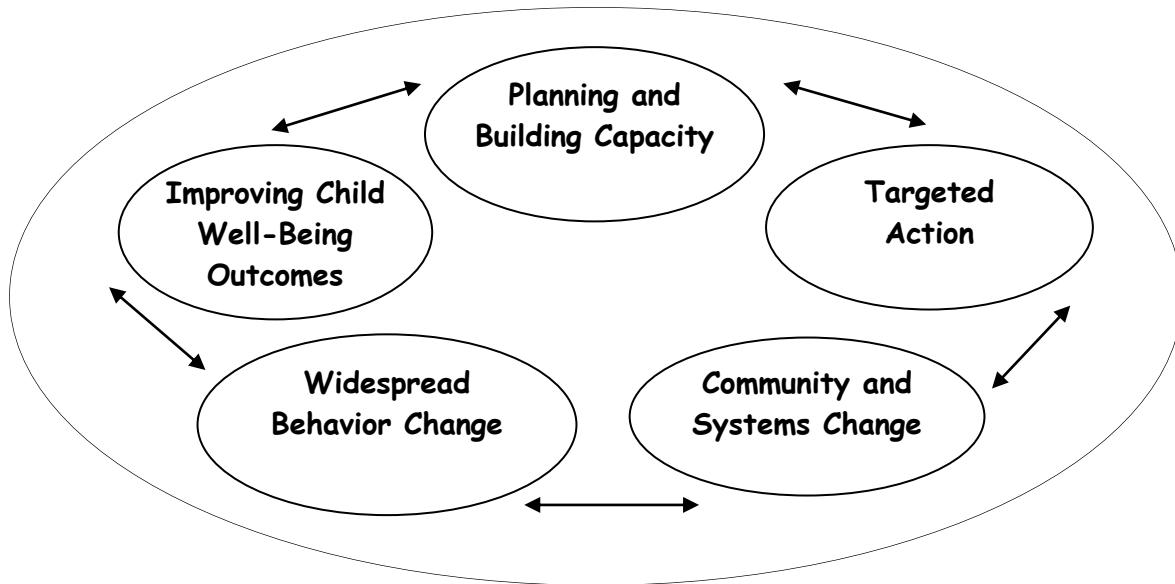
### **DEVELOP A FRAMEWORK FOR ACTION**

A framework (sometimes known as a “model” or “theory”) helps guide the process of community action and change. How is our community to navigate the course from initial understanding and planning down the long road to improved child well-being? A clear framework helps communicate the pathway for improvement, focusing local efforts on changing conditions for child well-being.

An illustrative “Framework for Promoting Child Well-Being” follows. It has five interrelated phases:

- *Planning and building capacity* (e.g., listening to the community, documenting the problem, building leadership)
- *Targeted action* (e.g., community organizing, contacting key officials, advocacy, social marketing)
- *Community and systems change* (e.g., bringing about new or modified programs, policies, and practices relevant to the mission in all appropriate sectors of the community or broader system)
- *Widespread behavior change in relevant behaviors* (e.g., caregivers read to their children on a daily basis)
- *Improving child outcomes* (e.g., increasing the number of children ready for school)

## A Framework for Promoting Child Well-Being



Each community develops its own framework (or model or theory) for action. It creates a “picture” and explanation of how change and improvement can occur in the place. The community’s framework reflects its unique goals, needs, assets, and situation.

### Becoming Aware of Local Resources and Efforts

It is important to be aware of existing programs and resources. You can find this out by talking with parents and guardians, children, service providers and others. Gather information about the scope of existing services and their effectiveness. Knowing the issues and the environment is critical to successful planning. Some questions to keep in mind:

- What programs, task forces, or coalitions with similar purposes already exist in the community?
- How many people are involved?
- Who are they serving?
- Could the services and programs be more effective? How?
- Were there *past* initiatives with a similar mission?
- Why and how did their efforts end?

#### ***Barriers and Resistance***

- ❑ **What key individuals or groups might oppose your efforts?**
- ❑ **Can they be involved in your initiative?**
- ❑ **What other barriers might limit the effectiveness of the initiative?**
- ❑ **How can the barriers and resistance be overcome?**

Investigating these questions and others are crucial to ensure that your initiative doesn’t reinvent the wheel, and to maximize your potential through joining forces with others.

## **INVOLVING KEY OFFICIALS AND GRASSROOTS LEADERS**

The planning process should be *inclusive*. We recommend that leaders of your child well-being initiative arrange opportunities for participation by all those interested in changing a particular sector of the community, such as schools or businesses. Key officials of each sector can be recruited, such as influential pastors of churches (for the Religious Organizations Sector) and pediatricians and nurses (for the Health Organizations Sector). Similarly, leaders of grassroots community organizations should be recruited, such as those from neighborhoods and cultural communities affected by the concern. See the Community Tool Box Chapter 7, Section 6 for more information on Involving Key Influentials in the Initiative ([http://ctb.ku.edu/tools/EN/section\\_1083.htm](http://ctb.ku.edu/tools/EN/section_1083.htm)).

Participants should reflect the diversity of the local community. Coalition leaders must ensure that the planning group extends beyond service providers of relevant agencies. Are parents and guardians involved? People of different socioeconomic backgrounds? If the community is culturally diverse, are African Americans, Hispanics, or other racial or ethnic minorities involved in planning?

## **Creating a Supportive Context for Planning and Action**

Successful initiatives create a supportive context for ongoing planning and action. Several aspects of the group are particularly important, including its leadership, size, structure, organization, diversity, and integration.

**Leadership** refers to the process by which leaders and constituents work together to bring about valued change by setting priorities and taking needed action. Successful groups have a person or small group that has accepted responsibility for their success. Leaders should have a clear vision of a community that promotes child well-being and the ability to attract others to the vision. They also have the capacity for listening and other qualities that enable them to relate to others within the group. Good leaders have the courage, perseverance, and other attributes to help the group transform the community to better fulfill the vision. Although a single person often accepts overall responsibility, effective organizations usually have a number of leaders who work with constituents to fulfill the group's mission. For further information and how-to tools in regards to fostering leadership development, visit Chapter 13 of the Community Tool Box at [http://ctb.ku.edu/tools/EN/chapter\\_1013.htm](http://ctb.ku.edu/tools/EN/chapter_1013.htm).

The planning group must have a manageable **size** and **structure**. Most groups operate best with a maximum of 15 people. If many people are interested in working on the issues, the group can be structured into smaller groups, such as task forces organized by community sectors, which can report back to a coordinating council or the coalition as a whole.

Some groups use a "planning retreat" in which members can focus specifically on the goals and means of the initiative. This can be accomplished in half or full-day sessions that involve all or key members of the initiative.

The **organization** of the planning group is also important. In larger groups or communities, action planning might initially be done in subcommittees or task groups that are organized around each sector of the community to be involved. For example, separate task forces might be set up for businesses, education, or parent/family organizations. In smaller groups or communities, the entire group might work on the action planning.



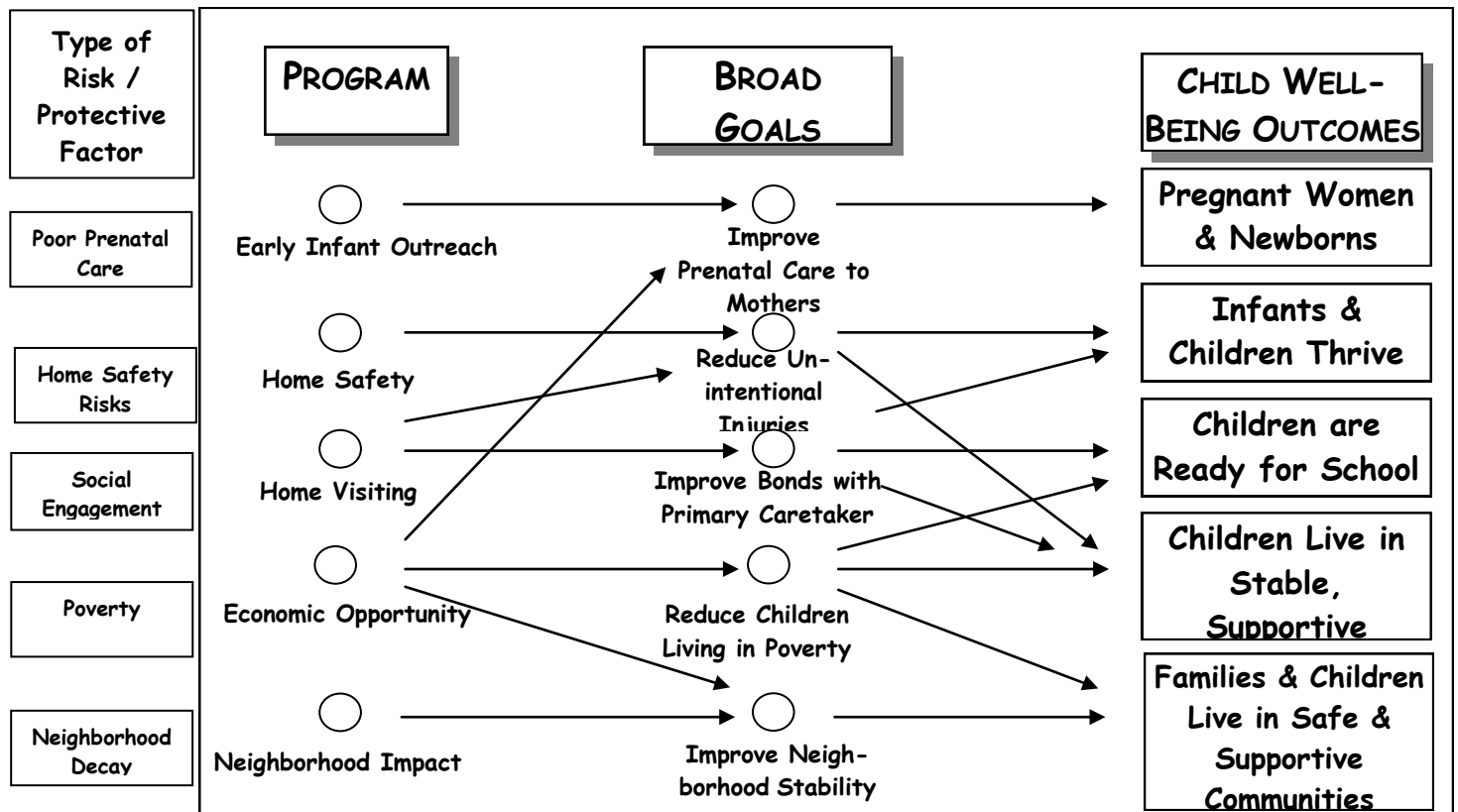
The planning groups should be **diverse** and **integrated**. They should include officials from important sectors, such as the school superintendent or principals from the education sector. They also include people concerned about what is going on in the sector, such as parents and caregivers, who are affected by and interested in bringing about change in school readiness. The group must consider how the continuing participation of persons in positions of authority can be maintained while preserving the involvement of other community members without official titles.

Planning sessions must be well publicized and open to members. The entire group will provide final review and approval of the coalition’s action plan, as well as its vision, mission, objectives, and strategies.

### Network Diagram

The accompanying Network Diagram illustrates the accumulated impact that multiple and interrelated programs and broad goals can have on Child Well-Being Outcomes. This illustration highlights the importance of collaboration within communities. When community sectors and programs are able to work together, they can have an aggregated impact on improving community level outcomes related to child well-being.

## Network Diagram: Some Interrelated Programs and Goals Contributing to Child Well-Being Outcomes



## Overall Tips on the Planning Process

Several overall aspects of the planning process are worth noting.

### □ ***Be Inclusive***

Good planning is active and inclusive. Seek out key players with diverse viewpoints on the problem or goal. Once a diverse group of important players is at the table, it is important to get them to communicate with each other. Effective leaders often call on silent members during pauses in the discussion. They convey the value of each person's voice on the issues. Occasionally, it may be necessary to discourage an overly enthusiastic member from talking too much or dominating meetings. Leaders may do so by thanking them for their comments and indicating the importance of hearing from other members of the group.

### □ ***Manage Conflict***

If the group is effective in attracting diverse views, conflict among members may result. Group facilitators can recognize differences, perhaps noting the diverse experiences that give rise to divergent views. To resolve conflicts, leaders may attempt to elevate the discussion to a higher level on which there may be a basis for agreement. By reminding the group that we are all about the same shared vision of promoting child well-being, leaders can help members find common ground.

### □ ***Use Brainstorming Rules***

Group facilitators must avoid making judgments about ideas and suggestions. Brainstorming rules apply – acknowledge all ideas. All ideas must be heard and noted without criticism.

### □ ***Be Efficient***

Planning meetings must be efficient, starting and ending on time. It may be helpful to have an agenda or to build a consensus at the beginning of the meeting about what will be accomplished and in what time frame.

### □ ***Communicate Products of Planning***

Planning will result in a useful product. Try to structure every planning session so that it results in a product, such as a list of issues or ideas. Show off the product at the end of planning meetings, distributing copies of the products of planning to all members.

### □ ***Provide Support and Encouragement***

Finally, it is important to provide support and encouragement throughout the process of planning. Good planning takes time; it usually requires months to produce a detailed plan of action. Acknowledge the contributions of all participants, especially key leaders. Let the group know when it is doing a good job. Positive feedback feels good, particularly to those who are used to being criticized for their work.

## Summary

This chapter provided a background in the key issues and concepts of planning. The next chapter provides an overview of the process of planning for actions, with particular emphasis on reviewing the group's vision, mission, objectives, and strategies for promoting healthy youth development.

**Table 2**  
**Some Risk and Protective Factors Associated with Child Well-Being**  
**Outcome 1: Pregnant Women and Newborns Thrive**

<b><u>I. Personal Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
<b><u>Knowledge and Skill</u></b>	<ul style="list-style-type: none"> <li>• Communication skills</li> </ul>	<ul style="list-style-type: none"> <li>• Communication Skills</li> <li>• Coping &amp; problem-solving skills</li> <li>• Knowledge of normal child development</li> <li>• Prenatal care</li> <li>• Nutrition</li> <li>• Adolescent mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of interventions</li> <li>• Early Intervention Services</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudes toward problem behaviors</li> <li>• Level of concern (e.g., capacity for caring)</li> </ul>
<b><u>History</u></b>	<ul style="list-style-type: none"> <li>• Exposure to caring adults</li> <li>• Support from family</li> </ul>	<ul style="list-style-type: none"> <li>• Positive engagement (e.g., time spent talking to child)</li> <li>• Substance abuse (e.g., alcoholism)</li> <li>• Violence/peace in household (e.g., domestic violence)</li> <li>• Family attachment (e.g., bonding to family members)</li> <li>• Marital stability/Single parenthood (e.g., continuity of caregivers)</li> <li>• Abuse or neglect of child (e.g., physical, emotional)</li> </ul>		

	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
<b><u>Biology/Genetics</u></b>	<ul style="list-style-type: none"> <li>• Genetic Complications</li> <li>• Biological Compromise (e.g., chromosomal abnormalities, inadequate fetal blood supply, infections)</li> <li>• Medical complications</li> <li>• Diet (i.e., nutrition)</li> <li>• Mental health/Psychiatric disability (e.g., attention deficit disorder)</li> <li>• Cognitive ability (e.g., learning disabilities)</li> <li>• Premature birth</li> <li>• Serious medical illness</li> </ul>	<ul style="list-style-type: none"> <li>• Exposure to Toxins (Drugs, Alcohol, Smoke)</li> <li>• Malnutrition</li> <li>• Adolescent mothers</li> </ul>		

<b><u>II. Environmental Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
	<ul style="list-style-type: none"> <li>• Hazards related to births (e.g., pesticides)</li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Early Prenatal Care Beginning in the First Trimester</li> <li>• Home Safety</li> <li>• Exposure to Toxins In-utero</li> <li>• Poverty</li> <li>• Maternal education</li> <li>• Efficacy or influence on the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Support Groups</li> <li>• Free Well-Baby Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Adult models (e.g., of caring)</li> <li>• Media portrayals of caring adults</li> <li>• Attachment and organization of community (e.g., support of neighbors, neighborhood)</li> <li>• Cultural sensitivity</li> <li>• Income inequality</li> <li>• Social Connectedness</li> </ul>

## Some Risk and Protective Factors Associated with Child Well-Being

### Outcome 2: Infants and Children Thrive

<b><u>I. Personal Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
<b><u>Knowledge and Skill</u></b>	<ul style="list-style-type: none"> <li>• Strong attachments</li> <li>• Well developed language and cognitive processes</li> <li>• Social interactions</li> <li>• Behavior problems</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal psychopathology</li> <li>• Awareness of importance of strong attachments</li> <li>• Adolescent mothers</li> <li>• Maternal caregiving</li> <li>• Family caregiving</li> <li>• Paternal involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding research and integrating into practice</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of psychopathology</li> <li>• Media awareness</li> </ul>
<b><u>History</u></b>	<ul style="list-style-type: none"> <li>• Healthy Start</li> </ul>	<ul style="list-style-type: none"> <li>• Experience with strong attachments to child</li> <li>• Untreated illness</li> </ul>		
<b><u>Biology/Genetics</u></b>	<ul style="list-style-type: none"> <li>• Premature birth</li> <li>• Serious medical illness</li> <li>• Psychopathology</li> <li>• Malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Psychopathology</li> </ul>		
<b><u>II. Environmental Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
	<ul style="list-style-type: none"> <li>• Temperament</li> <li>• Infant Injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Parents read to children daily</li> <li>• Home Safety</li> <li>• Attachments</li> <li>• Adolescent mothers</li> <li>• Family violence</li> <li>• Efficacy or influence on the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Training of Licensed Child Care Providers</li> <li>• Home Visiting Programs</li> <li>• Child Development Centers</li> </ul>	<ul style="list-style-type: none"> <li>• Community buildings are child-proofed</li> <li>• Communities value children</li> <li>• Unintentional injury prevention</li> <li>• Income inequality</li> <li>• Social connectedness</li> </ul>

## Some Risk and Protective Factors Associated with Child Well-Being

### Outcome 3: Children are Ready for School

<b><u>I. Personal Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
<b><u>Knowledge and Skill</u></b>	<ul style="list-style-type: none"> <li>Stimulating environment</li> </ul>	<ul style="list-style-type: none"> <li>Parenting education</li> <li>Family support services</li> <li>Social isolation</li> <li>Adolescent mothers</li> <li>Maternal caregiving</li> <li>Job training</li> </ul>	<ul style="list-style-type: none"> <li>Professional development activities for licensed child care providers</li> <li>Consultation on specific concerns related to infant-toddler care</li> </ul>	<ul style="list-style-type: none"> <li>Licensed child care provider slots for infants and toddlers</li> <li>Collaborative efforts within the community</li> </ul>
<b><u>History</u></b>	<ul style="list-style-type: none"> <li>Stimulating environment</li> </ul>	<ul style="list-style-type: none"> <li>Lifetime and adult education in parenting practices</li> <li>Good parenting practices</li> <li>Watching educational and prosocial programs</li> </ul>	<ul style="list-style-type: none"> <li>Quality care for children in poverty</li> <li>Small student-teacher ratio</li> <li>Close and caring student-teacher relationship</li> </ul>	<ul style="list-style-type: none"> <li>Emphasize multiple areas of child development</li> <li>Affluent neighborhoods</li> </ul>
<b><u>Biology/Genetics</u></b>	<ul style="list-style-type: none"> <li>Temperament</li> <li>Malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>Learning disabilities</li> <li>Psychopathology</li> </ul>		

<b><u>II. Environmental Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
	<ul style="list-style-type: none"> <li>Read to daily by an adult family member</li> </ul>	<ul style="list-style-type: none"> <li>Reading to child daily</li> <li>Immunizations</li> <li>Adolescent mothers</li> <li>Nurse Home Visitation</li> <li>Efficacy or influence on the environment</li> </ul>	<ul style="list-style-type: none"> <li>Establish grant initiatives (e.g., health and safety reimbursement grants)</li> </ul>	<ul style="list-style-type: none"> <li>Affordable early childhood education</li> <li>Transportation to public centers of support (e.g., shopping, health, education, play)</li> <li>Safe playgrounds</li> <li>Income inequality</li> <li>Social Connectedness</li> </ul>

## Some Risk and Protective Factors Associated with Child Well-Being

### Outcome 4: Children Live in Stable, Supported Families

<b><u>I. Personal Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
<b><u>Knowledge and Skill</u></b>	<ul style="list-style-type: none"> <li>• Stable care</li> <li>• Problem-solving abilities</li> <li>• Manifest competence and perceived self-efficacy or capacity to influence the environment</li> <li>• Identification with competent role models</li> </ul>	<ul style="list-style-type: none"> <li>• Strong parental attachments</li> <li>• Exposure to few stable caregivers</li> <li>• Effects of substance abuse</li> <li>• Effects of domestic violence and marital conflict</li> <li>• Maternal caregiving</li> </ul>	<ul style="list-style-type: none"> <li>• Quality child development programs</li> <li>• Training and licensing of programs and staff</li> </ul>	<ul style="list-style-type: none"> <li>• Stimulating environments</li> <li>• Moving to “opportunity neighborhoods”</li> </ul>
<b><u>History</u></b>	<ul style="list-style-type: none"> <li>• Limited exposure to marital conflict</li> </ul>	<ul style="list-style-type: none"> <li>• Increased exposure to multiple caregivers</li> <li>• Engagement in domestic violence</li> <li>• Stimulating environments</li> </ul>		
<b><u>Biology/Genetics</u></b>	<ul style="list-style-type: none"> <li>• Temperament</li> <li>• Malnutrition</li> <li>• Gender</li> </ul>	<ul style="list-style-type: none"> <li>• Parent psychopathology</li> <li>• Maternal depression</li> </ul>		

<b><u>II. Environmental Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
	<ul style="list-style-type: none"> <li>• Rates of child abuse and neglect</li> <li>• Temperament</li> <li>• Exposure to interparental anger</li> <li>• Lead exposure</li> <li>• Dental health</li> </ul>	<ul style="list-style-type: none"> <li>• Children living in poverty</li> <li>• Strong parental attachment</li> <li>• Interparental anger</li> <li>• Constructive marital disagreements</li> <li>• High parental intimacy</li> <li>• Stimulating environments</li> <li>• Family violence</li> <li>• Unwanted and unintended pregnancies</li> <li>• Marital status</li> <li>• Efficacy or influence on the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of out-of-home placements</li> <li>• Number of child moves within the child substitute care system</li> </ul>	<ul style="list-style-type: none"> <li>• Community values family</li> <li>• Stimulating environments</li> <li>• Moving to “opportunity neighborhoods”</li> <li>• Income inequality</li> <li>• Social connectedness</li> </ul>

## Some Risk and Protective Factors Associated with Child Well-Being

### Outcome 5: Families and Individuals will Live in Safe and Supportive Communities

<b><u>I. Personal Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
<b><u>Knowledge and Skill</u></b>	<ul style="list-style-type: none"> <li>• Awareness of caring adults</li> <li>• Survival skills</li> </ul>	<ul style="list-style-type: none"> <li>• Parents are aware of importance of strong attachments</li> <li>• Adequate social support</li> <li>• Maternal caregiving</li> </ul>	<ul style="list-style-type: none"> <li>• Quality child development programs</li> <li>• Training and licensing of programs and staff</li> </ul>	<ul style="list-style-type: none"> <li>• Social supports</li> <li>• Awareness of importance of social connectedness</li> <li>• Collective socialization and neighborhood resources</li> </ul>
<b><u>History</u></b>	<ul style="list-style-type: none"> <li>• Experience with strong parental attachments</li> </ul>	<ul style="list-style-type: none"> <li>• Parental experiences with caregivers</li> </ul>		
<b><u>Biology/Genetics</u></b>	<ul style="list-style-type: none"> <li>• Childhood psychopathology</li> </ul>	<ul style="list-style-type: none"> <li>• Parental psychopathology</li> </ul>		

<b><u>II. Environmental Factors</u></b>	<b>Child/Youth</b>	<b>Parent/Caregiver</b>	<b>Service Providers (Health and Human Services)</b>	<b>Neighbors/Broader Community</b>
	<ul style="list-style-type: none"> <li>• Strong attachments</li> <li>• Secure bonding</li> <li>• Temperament</li> </ul>	<ul style="list-style-type: none"> <li>• Safe and decent housing</li> <li>• Strong parental attachment</li> <li>• Adequate social supports</li> <li>• Family violence</li> <li>• Efficacy or influence on the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Needs for health, mental health, substance abuse, family support services met</li> </ul>	<ul style="list-style-type: none"> <li>• Neighborhood stability</li> <li>• Social bonds</li> <li>• Neighborhood safety</li> <li>• High rates of individuals in stable jobs with decent pay</li> <li>• Social supports</li> <li>• Social connectedness</li> <li>• Income inequality</li> </ul>



# Planning Page: Information Gathering

## Listening to the Community

Please review the ideas in this chapter. Use these planning pages to conduct listening sessions in the community. This will help refine your group's understanding of the problem or goal, barriers and resistance to addressing the concern, resources for change, and recommended alternatives and solutions.

Your group might arrange town meetings or focus groups in which to consider these issues. Be sure to include a variety of people, including parents and guardians, children and youth, child development staff, teachers, community members, and others.

### THE PROBLEM OR ISSUE

- What are the problems or goals related to child well-being in your community?
- What are the consequences of these issues?
- Who is affected?
- How are they affected?
- Are these issues of widespread concern?

### BARRIERS AND RESISTANCE

- What key individuals or groups might oppose your efforts?
- Can they be involved effectively?
- What other barriers might limit the effectiveness of the initiative?
- How can the barriers and resistance be overcome?

## RESOURCES FOR CHANGE

- What resources and capacities are needed to address the mission?
- What local individuals or groups could contribute?
- What financial resources and materials are needed?
- Where might the money and materials be obtained?

### Resources Needed

### Potential/Existing Sources

People/Organizations:

Financial:

Materials:

## SOLUTIONS AND ALTERNATIVES

- What are some alternatives for addressing the problem or goal in light of the anticipated barriers and resources?
- These ideas may provide an initial indication of what solutions might be acceptable to the community. (The group will refine these ideas in its actions plan that is described in later chapters of this guide.)

# Planning Page: Information Gathering

## Documenting the Problem (or Level of Goal)

Please review the ideas in this chapter. Use this planning page to focus your group's efforts to document community problems or level of goal related to child well-being.

Your group might collaborate with officials of local child development centers, school districts, and health departments to obtain existing data that could be used to document the problem.

### DATA ON THE DEVELOPMENT OF HEALTHY CHILDREN

Various systems have data from parent and community surveys on prenatal care, infant birth weight, child development, school readiness, stable families, and safe communities.

- What percentage of pregnant mothers ever engage prenatal care and what is the average time of first visit?
- What percentage of caregivers are reading to their toddlers on a regular basis?
- How do the levels and trends compare with those of similar communities?

# Planning Page: Information Gathering

## Identifying Factors that May Affect Child Well-Being and Developing a Framework for Action

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of factors that may affect the mission of promoting child well-being. Also, outline (draw a picture and explain briefly) the framework for action (or model or "theory" of change) that your community initiative will use to address its mission.

Your group might use past planning products, interviews with community leaders and outside experts, and models provided by others (see, for example, Table for Influential Factors and the illustrative "Framework for Child Well-Being").

### **SOME FACTORS THAT MAY AFFECT CHILD WELL-BEING**

- What *personal factors* affect attainment of the community's goals (e.g., healthy mothers, children, and families, and communities)? These may include knowledge, skills, and history, such as a history of exposure to caring adults, and biological/genetic influences such as cognitive abilities.
- What *environmental factors* affect child well-being? These may include hazards related to healthy births, poverty, infant injuries, and access to dental health care.
- How can we use this analysis of influential factors - and our experience and knowledge of our local communities - to identify promising strategies and tactics for promoting child well-being?

### **FRAMEWORK FOR ACTION**

- Is the community initiative already using a framework for action (or model or "theory" of practice) to guide its efforts?
- If appropriate, how can (should) it be adapted?
- What is the logical path from initial understanding and planning to improvements in outcomes at the community level?
- How can this framework for action help guide our group's efforts?

## Planning Page: Information Gathering Becoming Aware of Local Resources and Efforts

Please review the ideas in this chapter. Use this planning page to refine your group's understanding of *existing* programs and resources as well as *current* and *past* efforts of groups with a similar mission.

Your group might use interviews with community leaders to help with these questions. Informants might be drawn from key officials in health and human services, and the business and government sectors, as well as parents and grassroots leaders in communities particularly affected by the concern.

### EXISTING PROGRAMS AND RESOURCES

- What are the *existing* programs and resources for promoting child well-being?
- How many children and families are they *servicing*?
- Do these services and programs meet community needs?
- Can these services be made more effective?

### CURRENT AND PAST INITIATIVES

- Are there task forces or coalitions *currently* involved in promoting child well-being?
- If so, who are they?
- How many people are actively involved?
- Are these groups as effective as they could be?
- Were there *past* initiatives with a similar mission?
- Why and how did their efforts end?

## **Planning Page: Information Gathering** **Involving Key Officials and Grassroots Leaders**

Please review the ideas in this chapter. Use this planning page to refine your group's understanding of which key officials and grassroots groups should be involved in the initiative.

Your group might use interviews with community leaders to help with these questions. Informants might be drawn from key officials in health and human services and the business and government sectors, as well as parents and leaders in communities particularly affected by the concern.

### **KEY OFFICIALS**

- Who can make things happen on this issue?
- What individuals are in a position to create (or block) change?
- What contact people from the initiative would be most successful in getting these key officials to become involved in the initiative?
- Consider involving those who may initially be for (and against) the initiative.

Key Officials to be Involved

Contact People from the Initiative

### **KEY GRASSROOTS LEADERS**

- What neighborhoods and ethnic and cultural communities are particularly affected by this concern?
- What individuals and groups make things happen in these neighborhoods and cultural communities?
- What contact people from the initiative would be most successful in involving members of these neighborhoods and cultural communities?

Key Grassroots Leaders

Contact People from the Initiative

## Planning Page: Information Gathering **Creating a Supportive Context for Planning**

Please review the ideas in this chapter. Use these planning pages to consider how your group will position itself for success. In particular, note the leadership of the planning group and its preferred size and structure, organization, and plans for integration of key leaders and people affected by the concern.

### **LEADERSHIP**

- Has a person or small group accepted responsibility for the initiative's success?
- Consider how the leaders can enhance their vision of a safe, stable, and healthy community where all children thrive.
- How can the leaders attract others to the vision?
- How can the leaders enhance their skills to relate to others within the group?
- How can the group select for and support those with the courage, perseverance, and other attributes necessary to help transform the community?

### **GROUP SIZE AND STRUCTURE**

- What is a manageable size for the planning group?
- If more people wish to be involved, what structure will be used to include them?
- Perhaps the planning group might be composed of a smaller executive or steering committee that would report to the group.

## **GROUP ORGANIZATION**

- How will the planning group be organized?
- In larger groups or communities, planning might initially be done in subcommittees or task groups organized around community sectors, such as schools or religious organizations.
- In smaller groups or communities, the entire group might do this.

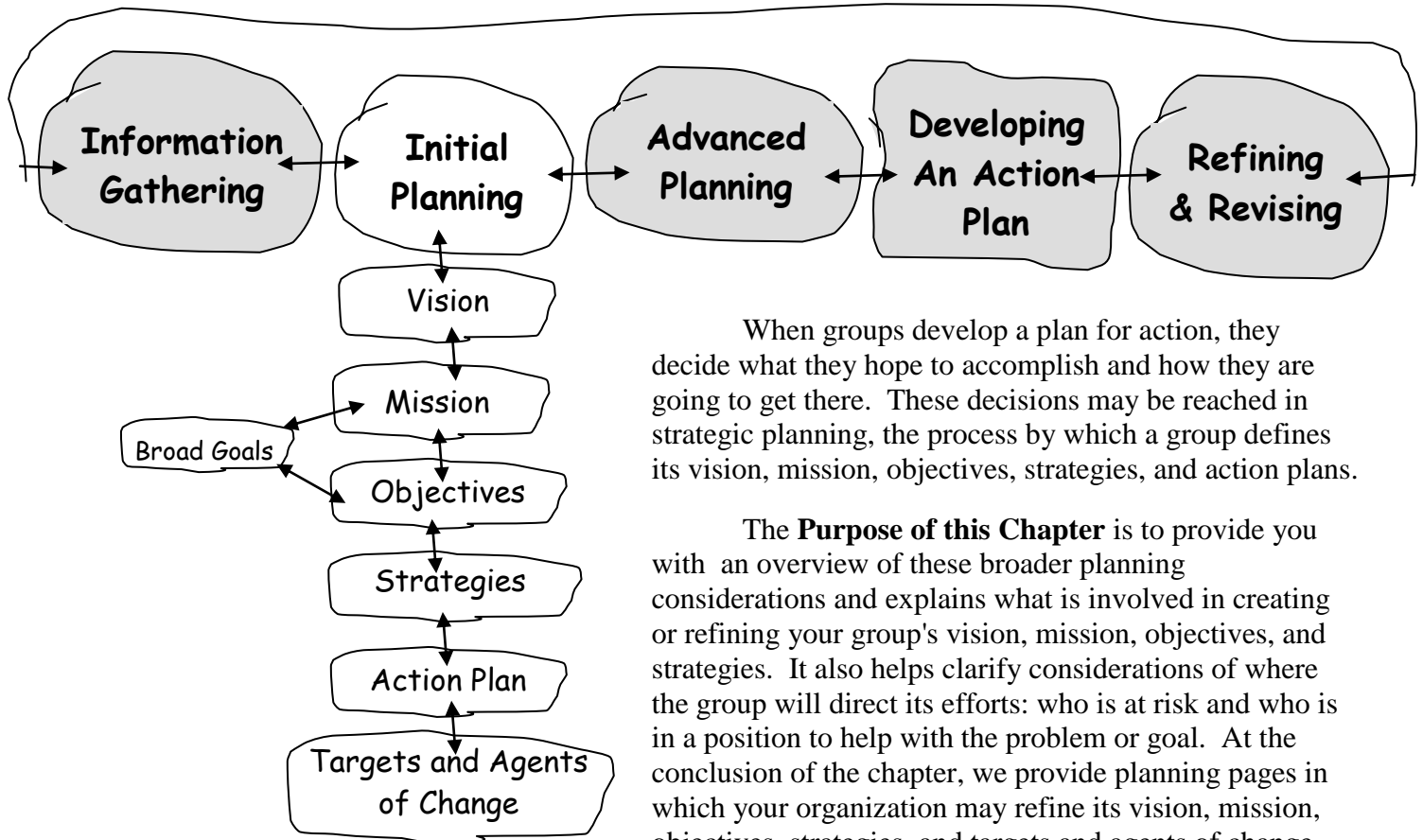
## **GROUP DIVERSITY AND INTEGRATION**

- How will diversity and integration of differing perspectives be assured?
- How will influential people be involved?
- How will other people affected by the concern be involved?
- How can the continuing participation of those with resources and authority be maintained while preserving the involvement of other community members without official titles?



## CHAPTER II

### An Overview of Strategic Planning



When groups develop a plan for action, they decide what they hope to accomplish and how they are going to get there. These decisions may be reached in strategic planning, the process by which a group defines its vision, mission, objectives, strategies, and action plans.

The **Purpose of this Chapter** is to provide you with an overview of these broader planning considerations and explains what is involved in creating or refining your group's vision, mission, objectives, and strategies. It also helps clarify considerations of where the group will direct its efforts: who is at risk and who is in a position to help with the problem or goal. At the conclusion of the chapter, we provide planning pages in which your organization may refine its vision, mission, objectives, strategies, and targets and agents of change.

### An Overview of Strategic Planning

VMOSA is a practical planning process that can be used by any community organization or initiative. VMOSA provides a blueprint for moving from dreams to action to outcome. It stands for:

- Vision
- Mission
- Objectives
- Strategies
- Action Plan

Refer to the Community Tool Box Chapter 8, Section 2  
[http://ctb.ku.edu/tools/EN/section\\_1086.htm](http://ctb.ku.edu/tools/EN/section_1086.htm).

The remainder of the guide will be devoted to preparing detailed action plans consistent with the identified vision, mission, objectives, and strategies. Strategic planning is a process of determining how to get from here (where we are now) to "there" (where things ought to be). Once begun, it continues throughout the life of the program or initiative. **VMOSA** is one approach to strategic planning that can help place (and keep) an organization on the path to success.

A **VISION** states the ideal conditions desired for the community. A group concerned about child well-being might use the following brief phrases to capture its vision: "Adults caring for children", "Caring families and communities", or "Healthy children". The vision should convey the community's dream for the future. A vision should be: a) shared by members of the community, b) uplifting to those involved in the effort, and c) easy to communicate (it should fit on a T-shirt).

The **MISSION** describes what the group is going to do and why. The mission might refer to implementing a community-based effort to reduce the incidence of a negative condition, such as infant mortality, or increasing the level of a positive condition, such as adults caring for children. A group's mission may be mandated by its funding source, or it may be created by its leadership. The mission may look something like this:

"To build a healthier community for children through family and community partnerships."

"To work together to improve outcomes for all the children in our community."

**BROAD GOALS** refer to *specific measurable results* of the initiative. They include: a) key behavioral outcomes, such as a change in the percentage of first time mothers obtaining prenatal care during the first trimester, b) related community-level outcomes, such as the incidence of low birth weight babies or childhood injuries, and c) key aspects of the process, such as adopting a comprehensive action plan for improving outcomes related to child well-being. They set specified levels of change and dates by when change will occur.

A group's **OBJECTIVES** for promoting child well-being will likely refer to the specific behaviors and outcomes of particular concern, including how much change in what will occur by when. The objectives may appear as follows:

**Example Objectives:**

- a. By the year 2006, decrease by 20% the number of low birth weight babies born in the community.
- b. By the year 2010, increase by 30% those children entering kindergarten who are identified as ready for school.

For more information on developing Objectives, see the Community Tool Box Chapter 8, Section 3 [http://ctb.ku.edu/tools/EN/section\\_1087.htm](http://ctb.ku.edu/tools/EN/section_1087.htm)

**STRATEGIES** refer to *how* the initiative will be conducted. A group may use a variety of strategies to meet its objectives and fulfill its mission.

**Some examples of Broad Strategies:**

- Use the media to promote public awareness of the benefits of caregivers reading to their children.
- Build a successful community coalition that involves all relevant sectors of the community in promoting child well-being.
- Enhance grassroots involvement in children's initiatives.
- Promote coordination and integration of existing services and resources for promoting healthy children.
- Advocate for changes in programs and policies related to creating healthy environments for children.

For more information on developing Strategies, refer to the Community Tool Box Chapter 8, Section 4 for more information: [http://ctb.ku.edu/tools/EN/section\\_1088.htm](http://ctb.ku.edu/tools/EN/section_1088.htm)

**ACTION PLANS** describe how strategies will be implemented to attain the objectives. They refer to: a) *community and systems changes to be sought* in all relevant sectors of the community and b) *action steps*. Action steps indicate what actions will be taken (what), the responsible agents (by whom), the timeline (by when), resources and support needed and available, potential barriers or resistance, and with whom communications about this plan should occur. Example community and systems changes and action steps for identified changes are provided in later chapters.

For further information on developing Action plans, see the Community Tool Box Chapter 8, Section 5: [http://ctb.ku.edu/tools/EN/section\\_1089.htm](http://ctb.ku.edu/tools/EN/section_1089.htm)

### **IDENTIFYING TARGETS AND AGENTS OF CHANGE**

When the group has determined where it is going and how it is going to get there, it will focus on key actors whose behaviors need to be changed and people who are in a position to make the changes. Clarifying whose behavior must change to address the problem or goal will help in later planning for action.

Potential **TARGETS OF CHANGE** include all children and their parent and guardians, especially those children who are at high risk. They also include those whose actions (or inaction) contribute to the problem, such as caregivers, service providers, teachers, business people, and elected and appointed officials.

Potential **AGENTS OF CHANGE** include all those in a position to contribute to the solution, such as parents and guardians, caregivers, and others. They also include those who have a responsibility to contribute to the solution, including neighbors, service providers, teachers, business people and merchants, religious leaders, and elected and appointed officials.

For further information on identifying targets and agents of change, please refer to Chapter 8, Section 3 of the Community Tool Box : [http://ctb.ku.edu/tools/EN/section\\_1145.htm](http://ctb.ku.edu/tools/EN/section_1145.htm).

### **Summary**

This chapter outlined key ideas in strategic planning. The planning pages that follow provide an opportunity to apply these ideas to your own community initiative.

## Planning Page: Strategic Planning Refining Your Group's Vision, Mission, Broad Goals, and Strategies

Use these planning pages to refine your group's vision, mission, objectives, and strategies. Please note that if you are applying for grant funds, the funding agent may largely or fully predetermine the mission, objectives, and/or strategies.

### VISION

The vision describes the ideal condition desired for the community. It conveys the community's dream for the future. It must be a shared vision; uplifting and easy to communicate. An example vision statement is: "All Children Thrive."

### MISSION

The mission statement describes the special task or purpose of the group. It describes *what* the group intends to do and *why*. It must be concise, outcome-oriented, and inclusive. An example mission statement is: "To promote the well-being of children through a family-community partnership."

Please state the mission of your group:

## OBJECTIVES

Objectives state the goals toward which project activities are directed. Objectives describe how much will be accomplished in *specific measurable results* and state the time frame for accomplishments. (Note that increased community awareness and activity may increase reporting, making it difficult to conclude that the initiative had an effect.) Objectives must be challenging, important, potentially measurable, and feasible to accomplish. Please list the objectives of your group, inserting the appropriate dates and target percentages:

- By the year \_\_\_\_\_, the incidence of infant mortality will be reduced by \_\_\_\_ percent.
- By the year \_\_\_\_\_, the incidence of children receiving immunizations will be increased by \_\_\_\_ percent.
- By the year \_\_\_\_\_, \_\_\_\_\_.

## STRATEGIES

Strategies describe *how* the objectives are going to be met. Broad strategies for enhancing child well-being include: increasing personal experience and competence, decreasing environmental stressors and barriers, and enhancing environmental support and resources.

Specific strategies related to changing individual behavior include: a) providing information and enhancing skills, b) altering incentives and disincentives, c) modifying access, barriers, and opportunities, d) enhancing services and supports, and e) modifying policies and practices.

Specific strategies related to organizational and community development include: a) community assessment and monitoring, b) public awareness and media campaigns, c) integrating and coordinating local agencies and resources, d) coalition building, e) modifying access to products and services, f) developing resources to enhance family and peer support, g) advocacy and nonviolent protest, h) enforcement of existing policies and laws, and i) changing policies and laws.

Please list the strategies to be used by your group.

## Planning Page: Strategic Planning

### Refining Your Group's Choice of Targets and Agents of Change

Please review the ideas in this chapter. Use this planning page to refine your group's choice of targets and agents of change.

#### **TARGETS OF CHANGE**

Targets of change include all children and their parents and guardians and caregivers. (Targets of change are those who by their actions or inaction contribute to the problem). Possible targets of change include: children, parents and guardians, caregivers, service providers, teachers, business people, and elected and appointed officials.

Please list the targets of change for your group.

#### **AGENTS OF CHANGE**

Agents of change are those who are in the best position to contribute to the solution, such as parents and guardians and caregivers. They may also include those who have a responsibility to contribute to the solution, such as neighbors, service providers, teachers, or religious leaders. Possible agents of change include: parents and guardians, caregivers, merchants, child development staff, service providers, teachers, business people, religious leaders, and elected and appointed officials.

Please list the agents of change for your group.

# **Action Planning Workshop for Child Well-Being** **An Example Outline Using Two Half-Day Working Sessions**

An effective action planning session allows a diverse group of participants to:

1. Clarify common purpose—Through listening, gathering and reviewing data, and building a shared vision and mission.
2. Generate and critique options—Through consideration of risk and protective factors, broad and specific strategies, and the community’s framework for action, it identifies particular changes in communities and systems (i.e., new or modified programs, policies, and practices) to be sought to achieve the mission.
3. Obtain consensus about community and systems changes to be sought—Through ballot voting about the importance and feasibility of proposed changes, or by having participants use “dots” or “post-its” to register preferences for changes to be sought.
4. Decide how to proceed as a group—Through open discussion, the group identifies action steps (i.e., who will do what by when) to bring about the identified changes.

Background Work Before the Session/Workshop:

- *Listening sessions with a variety of people including those most affected.*
- *Documenting the problems or goals, including data on the levels of problems or goal attainment.*

## **Action Planning for Child Well-Being Session**

### **Day One (1/2 Day)**

- 8:30 Continental Breakfast
- 9:00 Welcome and Introductions
- 9:20 Overview of the Action Planning Process
- 9:30 VMOSA ... What is VMOSA (Vision, Mission, Objectives, Strategies, Action Plans)?
- 9:45 Vision: Promoting Child Well-Being: Creating your own community’s vision
- 10:15 Mission: What are we trying to accomplish and why?: Stating your mission.
- 10:45 Objectives: How much of what will we accomplish by when? Creating your objectives.
- 11:15 Strategies: How will we get there: Identifying a set of broad and specific strategies.
- 12:15 Questions/ Wrap Up: Group Summarizes Accomplishments of Session/Day One
- 12:30 Adjourn

**Product of Session/Day One:** A new (or renewed) statement of the group’s Vision, Mission, Objectives, and Strategies. (These may require review or approval by a broader group.)

**Homework Before Session/Day Two:** Review the “Inventory of Potential Community and Systems Changes for Promoting Child Well-Being.” Bring recommended changes to be sought: a) by specific strategy (i.e., providing information and enhancing skills, modifying access, barriers, and opportunities, enhancing services and support, changing consequences, and modifying policies) and b) by community sector (e.g., Community Organizations, Business, Government).

## **Action Planning for Child Well-Being Session**

### **Day Two (1/2 Day)**

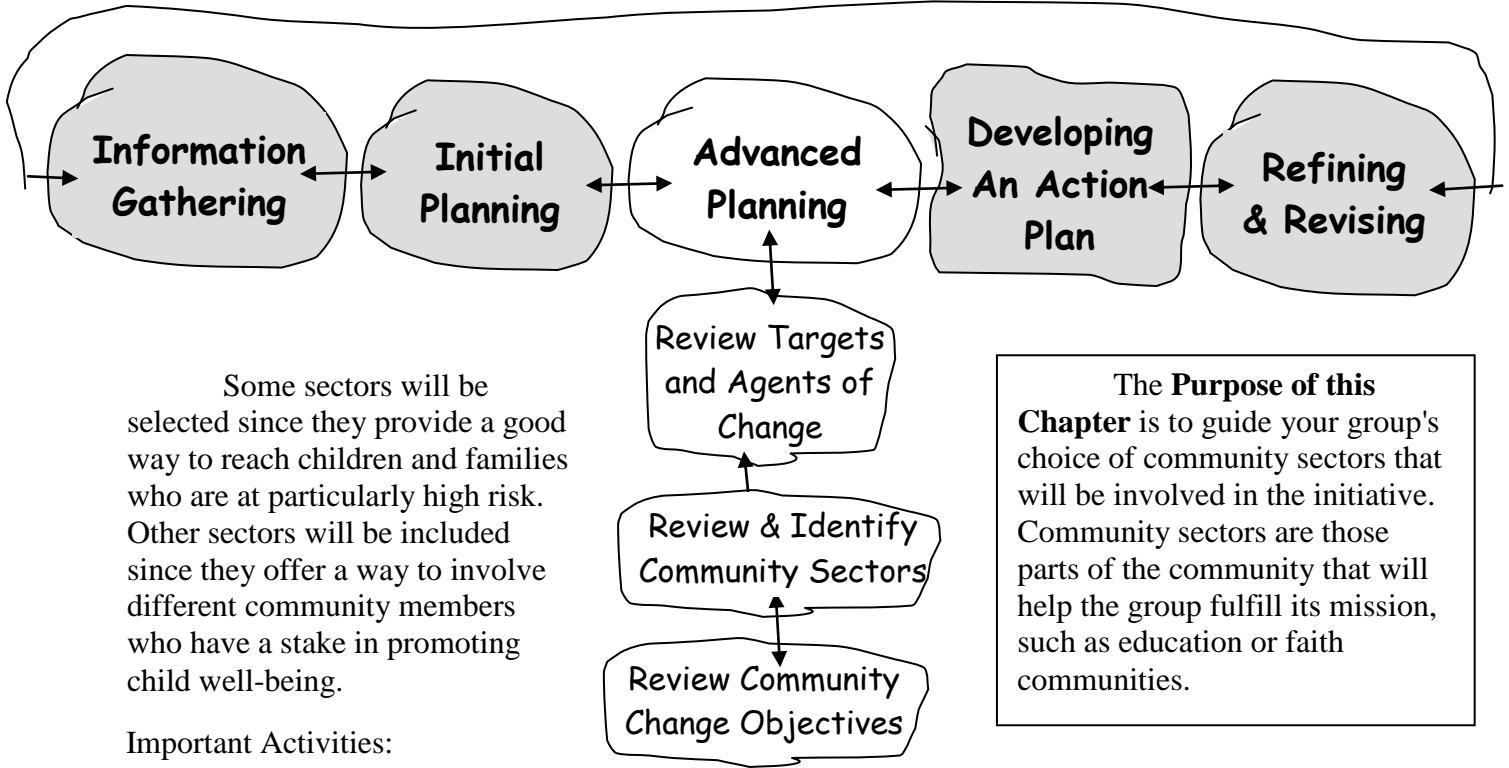
- 9:00 Review of Session/Day One and Overview of Session/Day Two
- 9:15 Identifying Targets and Agents of Changes: Who should benefit? Who can contribute?
- 9:30 Identifying Community and Systems Changes: By Strategy (work in small groups of 6-8 organized by strategy)
- 10:15 Small Group Reports
- 10:45 Identifying Community and Systems Changes: By Sector (work in small groups of 6-8 organized by sector)
- 11:15 Small Group Reports
- 11:45 Building consensus on community and systems changes to be sought (e.g., using dots, by voting)
- 12:15 Next Steps:
- Building Consensus/Seeking Approval from the larger group (if appropriate)
  - Identifying Action Steps for each change to be sought (who will do what by when)
  - Plan for Documenting Progress and Promoting Celebration and Renewal
- 12:45 Questions/ Wrap Up: Group Summarizes Accomplishments of Session/Day Two
- 1:00 Adjourn

**Product of Session/Day Two:** A set of community and systems changes (i.e., new or modified programs, policies and practices to be sought in each relevant sector of the community (e.g., Community Organizations, Business, Government).



# CHAPTER III

## Working Together to Promote Child Well-Being: Involving Key Sectors of the Community



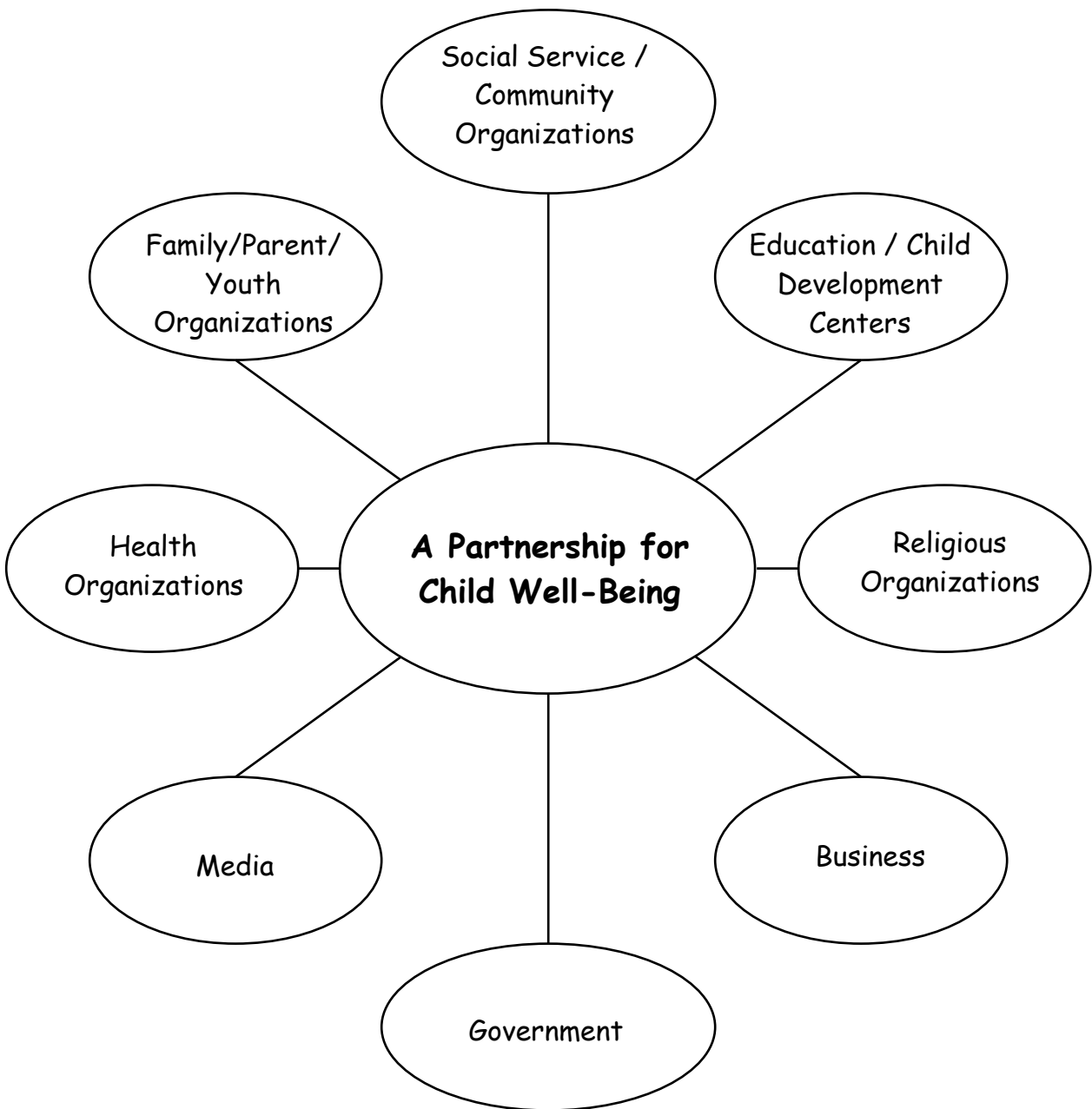
1. **REVIEW THE TARGETS AND AGENTS OF CHANGE** identified in the previous chapter. These are the people whom your group hopes to influence and involve in its efforts.
2. **REVIEW THE COMMUNITY SECTORS** diagram on the next page from an example coalition promoting child well-being. Consider which of these sectors of the community might be most useful in promoting child well-being. Modify the chosen sectors and delete or add new ones to fit your community's special needs, resources, barriers, and experiences.
3. Use the planning page at the end of this chapter to **IDENTIFY THE COMMUNITY SECTORS** with which your group will collaborate. Each sector should help reach your group's targets of change and/or involve your selected agents of change. Your organization's own particular sectors will reflect the overall vision, mission, objectives, and strategies, as well as local resources and opportunities.
4. In preparation for the next important chapter on preparing an action plan, review the example **COMMUNITY CHANGE OBJECTIVES** that could be sought in each sector. Consider how these changes in communities and systems could work together in a comprehensive and concrete vision for promoting child well-being.

# Key Sectors of the Community

## An Example Partnership for Child Well-Being

Here is a diagram of community sectors that might be involved in a community partnership for the promotion of child well-being. These are the community sectors or groups through which that organization intends to fulfill its mission.

Which community sectors should be used to address your group's mission? Which of these offer good prospects for changing behaviors of parents and caregivers and involving community members with a concern about the health and development of children?

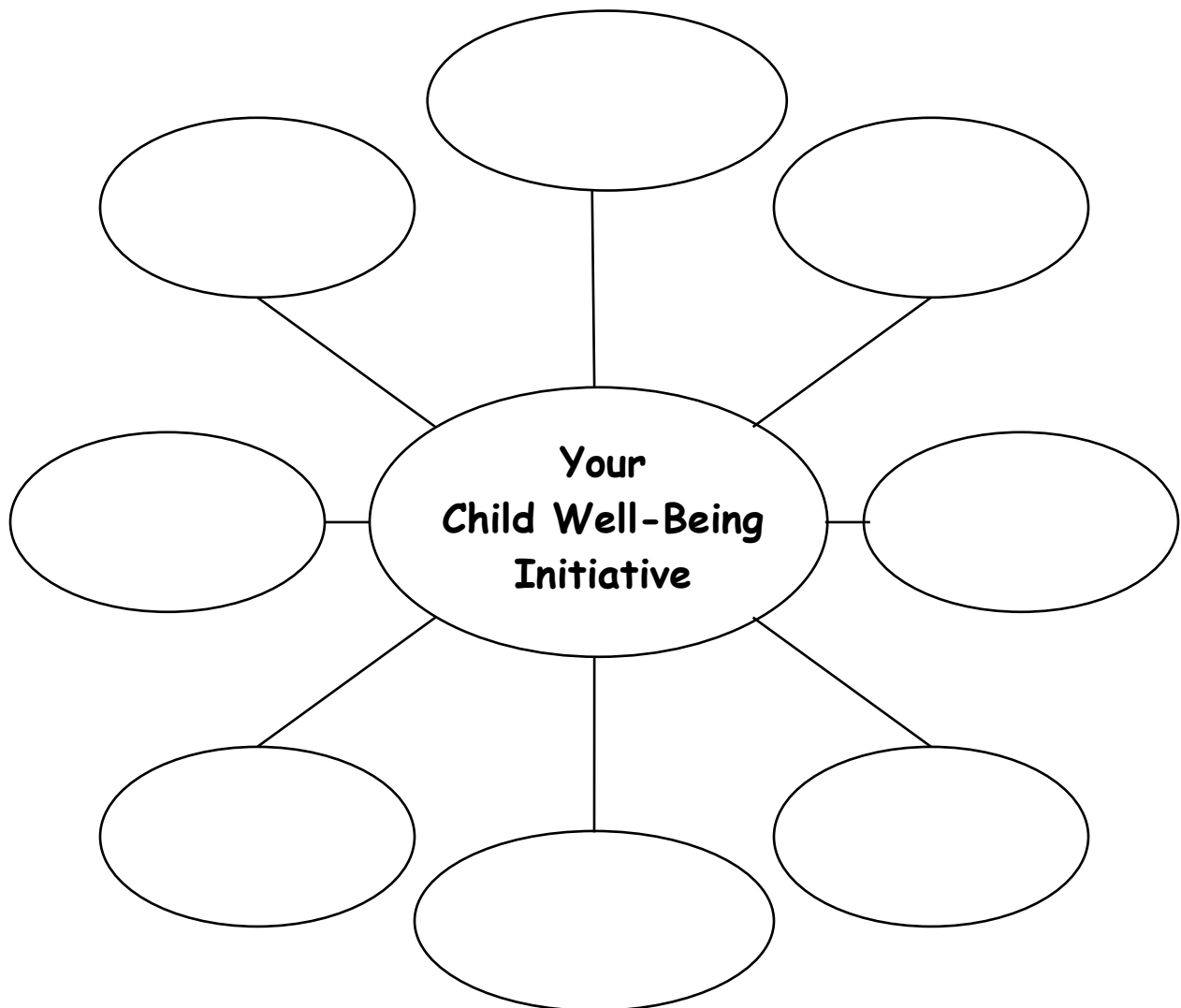


## Planning Page

### **Choosing Community Sectors to be Involved in Your Group**

Please review the diagram for the child well-being partnership on the previous page. Use this page to list proposed sectors of the community in which *your* group can and will have influence. Potential sectors include education, health organizations, religious organizations, and other contexts for reaching parents and guardians and involving those willing to help.

Review the targets and agents of change identified in the previous chapter. Consider what community sectors will best enable the group to reach the targets of change and to involve potential agents of change. Consider the following questions: Does the sector provide a way to reach large numbers of children, parents and guardians and caregivers, including those children at risk? Does it provide access to community members who have an interest or responsibility for promoting child well-being? Is this part of the community important to the mission? Is it feasible to involve the sector in the group's efforts? What other sectors could or should be involved?

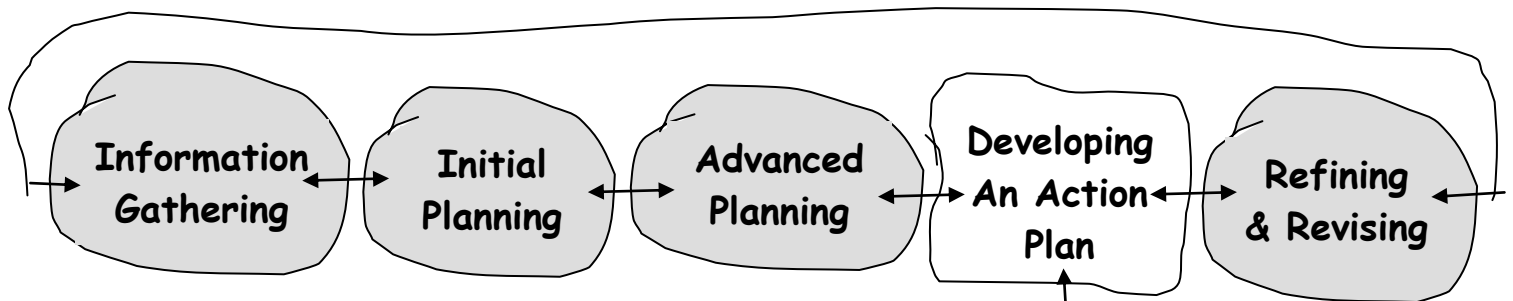


*"The key to getting through to these children is to move slowly...  
to build a relationship...  
it's like we're racing against time,  
but we're not allowed to run."*

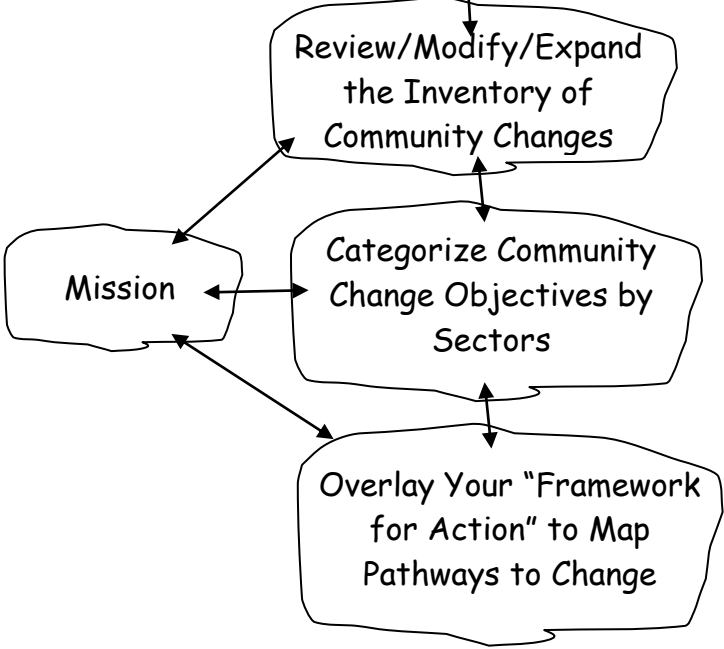
*- Covenant House*

# CHAPTER IV

## Preparing Your Action Plan: Identifying Community and Systems Changes to be Sought



The **Purpose of this Chapter** is to help you identify the factors in your community or the broader system that, if strengthened or changed, would increase the chances of attaining your goals. The potential changes to be sought are directed at many different levels of the community or system. Some address the behaviors of parents or health providers, while others seek to change the behaviors of influential people, such as leaders in faith communities, business, or government.



This chapter is the heart of action planning. Its purpose is to help clarify which community and systems changes that your group will seek in each sector of the community. To address the **MISSION**, your group may attempt to change programs, policies, and practices within health organizations, faith communities, business, schools, community and social service organizations, government, and other relevant community sectors.

Use the information gathered in the previous chapters to guide your initiative's choices for community and systems changes. For example, what does the community's framework for action and understanding of barriers and resistance suggest about which particular strategies to use? In light of the choices of targets and agents of change (and the sectors through which they can be reached and engaged), which changes should be sought in particular sectors of the community?

This chapter provides an inventory of possible changes that your group might seek. Final decisions about which changes or improvements to pursue should be made by your community. For an example of the product of action planning, refer to the sample Community and Systems Changes in Chapter 3. This provides an illustration of the types of community and systems change objectives the initiative might seek in relevant sectors of the community.

The Community and System Change Objectives are nested first within **Sectors** of the community, then within **Strategies** to bring about those changes, and finally within **Outcomes** for child well-being. See the categorization below:

**Sectors:**

- A. Education / Child Development
- B. Religious Organizations
- C. Business
- D. Media
- E. Health Organizations
- F. Family/Parent/Youth Organizations
- G. Social Service/Community/Government Organizations

**Strategies:**

- 1. Providing Information and Enhancing Skills
- 2. Altering Incentives and Disincentives
- 3. Modifying Access, Barriers, and Opportunities
- 4. Enhancing Services and Supports
- 5. Modifying Policies and Practices

**Outcomes:**

- a. General Child Well-Being
- b. Pregnant Women and Newborns Thrive
- c. Infants and Children Thrive
- d. Children are Ready for School
- e. Children Live in Stable, Supportive Families
- f. Families and Individuals will Live in Safe and Supportive Communities
- g. Other Outcomes Related to Child Well-Being

**The process of developing the Action Plan consists of three steps:**

### **Step 1**

For each sector of the community involved, strategy to be invoked, and outcome to be targeted, **REVIEW, MODIFY, AND EXPAND THE INVENTORY OF POTENTIAL COMMUNITY AND SYSTEMS CHANGE OBJECTIVES** by referring to the following examples of possible changes that might be sought by your group. Remember, change objectives are nested within outcomes, which are nested within strategies, which are nested with sectors. At the outcome level, there is a “menu” of possible changes related to the promotion of child well-being. Taking into account the issues your community is addressing, carefully scan the inventory and mark the community and systems changes that seem relevant. Then brainstorm to see if you can identify others not listed in the inventory. Modify these potential changes and delete or add new ones to fit your community's special needs, resources, and barriers. Frame the proposed objectives as descriptions of changes in the environment that could be observed, using language in the inventory as a guide.

### **Step 2**

Using abbreviated key words, use the Worksheets to transfer, adapt, and **CATEGORIZE THE COMMUNITY AND SYSTEMS CHANGE OBJECTIVES TO THE APPROPRIATE SECTOR CLUSTER** (e.g., Health Organizations, Education, Social Service). Use the Planning Page at the end of each section to list a tentative set of changes to be sought in each sector. An extra copy of the Planning Page is provided for your convenience.

### **Step 3**

Finally, use your community's **“FRAMEWORK FOR ACTION.”** (see Chapter 2) to draft a simple flowchart (one page) that shows how the planned changes in communities and systems fit together, **FORMING PATHWAYS** that lead logically to widespread **BEHAVIOR CHANGE** and **IMPROVED OUTCOMES** related to child well-being. (See Network Diagram from Chapter 1)

Note that the potential changes in the inventories are directed at many different levels of the community and broader system. Some address the behaviors of parents, while others seek to change the behaviors of influential people, such as teachers or clergy. Some changes are directed at the environment by altering the programs, policies, and practices of important institutions or organizations. Your group should attempt to make changes in a variety of different sectors and levels in your community. Such changes may bring about a more meaningful and lasting solution.

We strongly encourage planners to involve as many stakeholders as possible in the process described in this chapter. For example, a planning group of 20 could break into diverse work teams of 5 people – one team for each sector in which changes will be sought. Once all of the steps were completed, those smaller teams could review and exchange their respective findings, and rationales, with one another. This exchange of ideas could then serve as the basis for a planning team's recommendations to the broader coalition.

### **A Key Question:**

What combination of changes in programs, policies, and practices are necessary to make a difference with the mission of promoting child well-being?

***"Nothing in life is to be feared.  
It is only to be understood."***

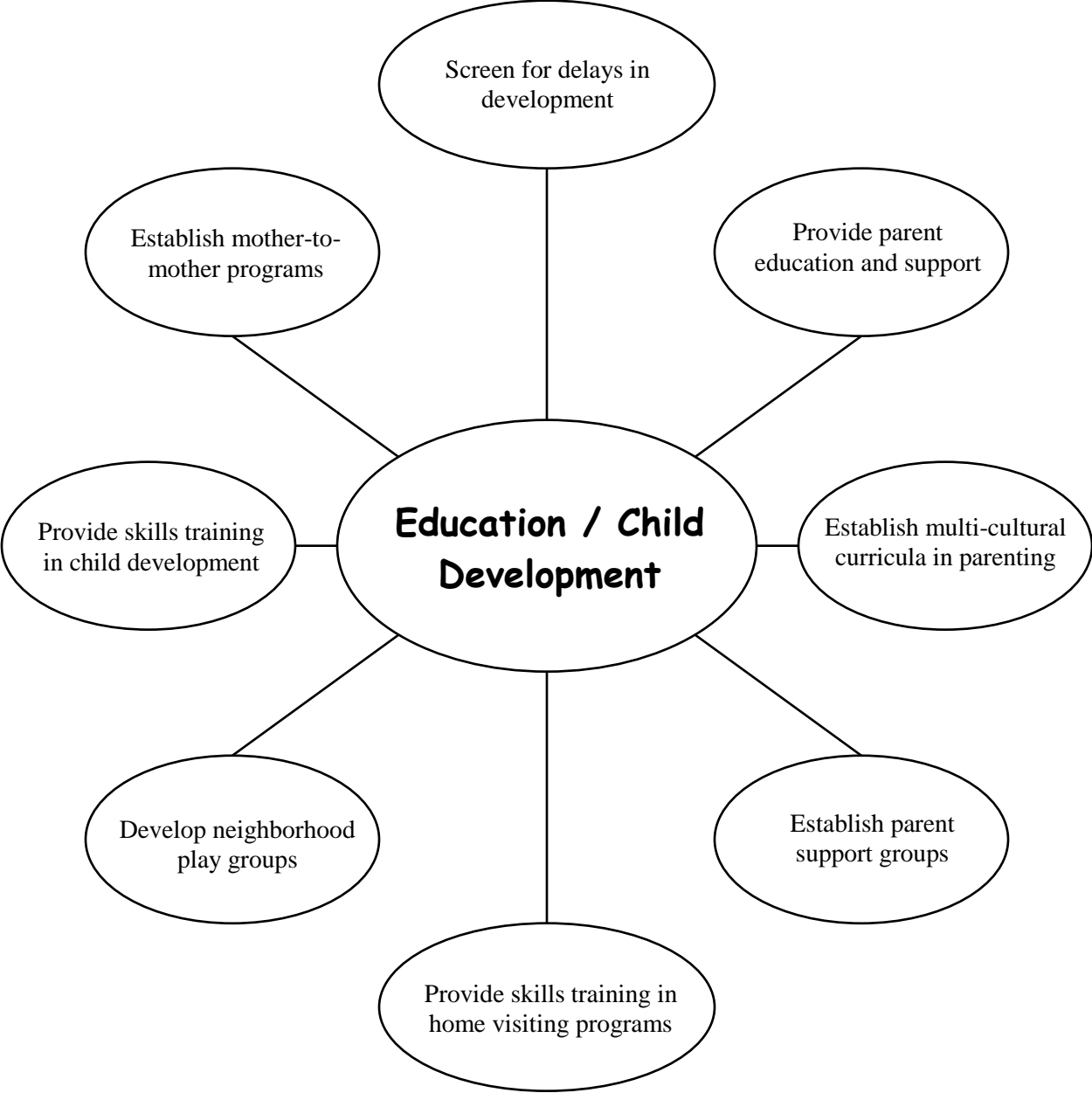
*- Madame Curie*



**Part A**  
**Changes in Education / Child Development**

(An Example)

There are a number of potential changes in preschools, schools, and child care centers that might contribute to the mission of promoting child health and development. Here is an example of the product of planning--a list of changes that might be sought in your community's child care sites and schools.



# Inventory of Potential Community and System Change Objectives **Education / Child Development**

Please review this list of potential changes in the community's educational and child development systems. The list notes how particular programs, policies, and practices of these groups might be changed to contribute to the mission of enhancing child well-being. These changes that might be considered are organized under several categories of changes, such as providing information or modifying educational policies.

Identify those changes in the child care centers and schools that may be most helpful to the mission of promoting child health and development in your community. Modify these possible changes, and delete or add new ones, to fit your community's special needs, resources, and experiences.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

- ☞ 1. By \_\_\_\_\_, use newsletters and in-service trainings to train child care workers to identify healthy physical development, safe physical environments, and supportive social and cognitive environments.
- ☞ 2. By \_\_\_\_\_, provide free seminars to parents at work explaining the importance and what constitutes healthy nutrition during pregnancy and for infants and children.
- ☞ 3. By \_\_\_\_\_, provide staff of Head Start and other child care centers with training in standards of learning in early literacy, language, and numeracy skills.
- ☞ 4. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- ☞ 5. By \_\_\_\_\_, use newsletters and brochures to educate pregnant and new parents on the importance and recommended schedule of prenatal care, well-baby checks, and immunizations.
- ☞ 6. By \_\_\_\_\_, provide in-service training to staff of child care sites in immunizations, nutrition, and child management, and abuse reporting.
- ☞ 7. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- ☞ 8. By \_\_\_\_\_, provide newsletters and information to educate parents on recommended immunization schedules for infants and children.
- ☞ 9. By \_\_\_\_\_, use child development newsletters and parent meetings to inform parents or guardians about healthy physical development, monitoring these behaviors, and methods of interventions they can implement.
- ☞ 10. By \_\_\_\_\_, conduct community forums to discuss the concerns of parents of young children and what can be done about those concerns.

- 11. By \_\_\_\_\_, work with child care providers to help them become advocates for improved availability and quality of child care.
- 12. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 13. By \_\_\_\_\_, provide a checklist of tasks for parents to work on daily with their children in order to prepare them for success at school (e.g., daily reading, prosocial skills).
- 14. By \_\_\_\_\_, offer individualized workshops to caregivers and their children and provide role models for age-appropriate discipline techniques and behaviors in public.
- 15. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 16. By \_\_\_\_\_, in collaboration with Local Interagency Coordinating Councils (LICC's), to establish and implement prevention programs targeting unhealthy behaviors for use by parents or guardians at home.
- 17. By \_\_\_\_\_, offer training and follow-up to caregivers to help identify early warning signs of conflict in families and problem-solving skills.
- 18. By \_\_\_\_\_, publicize existing support programs for children and spouses who are victims of domestic violence.
- 19. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 20. By \_\_\_\_\_, offer to organize groups of caregivers by geographical neighborhood in order to prompt for the forming of neighborhood child watch groups.
- 21. By \_\_\_\_\_, invite parents to an information weekend morning to address specific issues of safety and social connectedness in their neighborhoods.
- 22. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

- 23. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(2) ALTERING INCENTIVES AND DISINCENTIVES**

**a. General Child Well-Being**

- 24. By \_\_\_\_\_, use public service announcements and honoring ceremonies to encourage neighborhood and community members without children to volunteer as mentors (e.g., a Big Brother or Big Sister or at a Boys and Girls Club).
- 25. By \_\_\_\_\_, develop community cash rewards to be redeemed at local businesses for those volunteering as mentors.
- 26. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 27. By \_\_\_\_\_, establish incentive programs to reward caretakers and neighbors who

- ☞ encourage expectant parents to engage in healthy behaviors (e.g., stop smoking).
- ☞ 28. By \_\_\_\_\_, establish an incentive program, such as creative vouchers, for employees who quit smoking.
- ☞ 29. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- ☞ 30. By \_\_\_\_\_, establish an incentive programs in which reduced child care costs are available for parents who engage in healthy behaviors (e.g., stopping smoking).
- ☞ 31. By \_\_\_\_\_, establish incentives for private child care providers to receive training in child development skills.
- ☞ 32. By \_\_\_\_\_, support family child care providers in creating sustainable businesses.
- ☞ 33. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- ☞ 34. By \_\_\_\_\_, establish incentive programs to reward child development centers that implement evidence-based practices in preparing children to read.
- ☞ 35. By \_\_\_\_\_, involve city or county-wide child care providers in forming collaboratives to work together to ensure parents are reading to their children.
- ☞ 36. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- ☞ 37. By \_\_\_\_\_, publicly recognize those businesses in the community that pay their employees a living wage (e.g., ad in the newspaper, billboard, store-front window).
- ☞ 38. By \_\_\_\_\_, offer day care discounts as incentives to companies offering a living wage.
- ☞ 39. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- ☞ 40. By \_\_\_\_\_, provide Community Development Block Grant (CDBG) monies to support safety and prevention activities in low-income neighborhoods.
- ☞ 41. By \_\_\_\_\_, establish a reward program for tips leading to conviction for criminal activities.
- ☞ 42. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

- ☞ 43. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

**a. General Child Well-Being**

- ☞ 44. By \_\_\_\_\_, provide safe and affordable transportation to health, education, and human services opportunities for parents and their young children.

- 45. By \_\_\_\_\_, improve the accessibility and affordability of child health services.
- 46. By \_\_\_\_\_, establish quality criteria for early childhood education and an implementation plan for dissemination throughout the community and state.
- 47. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 48. By \_\_\_\_\_, create increased opportunities for expecting mothers to receive prenatal visits in their homes or in sites in their neighborhoods.
- 49. By \_\_\_\_\_, arrange for follow-up home visits by the local child development cooperative to offer support and provide information on child care options.
- 50. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 51. By \_\_\_\_\_, organize the use of school buses or vans to provide transportations from areas where children and families live to area parks or community centers for free or a nominal fee.
- 52. By \_\_\_\_\_, provide scholarships for parents and children to participate in community-based activities if they are unable to pay themselves.
- 53. By \_\_\_\_\_, provide developmental screening and, if necessary, referrals for fuller assessments of young children.
- 54. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 55. By \_\_\_\_\_, provide opportunities for parents and infants to enhance their relationship through in-service trainings or workshops on emotional bonding techniques and child development.
- 56. By \_\_\_\_\_, offer a mobile reading center sponsored by the child development centers that visits private day care providers to enhance reading and cognitive skills.
- 57. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 58. By \_\_\_\_\_, create a transportation program to get people to support groups.
- 59. By \_\_\_\_\_, run a weekly article in the local newspaper outlining a menu-planner on a budget, emphasizing ease and nutrition. Include recipes and grocery lists.
- 60. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 61. By \_\_\_\_\_, rehab homes for family child care providers.
- 62. By \_\_\_\_\_, modify public housing to include well-lit courtyards, defensible space, and decent housing conditions.
- 63. By \_\_\_\_\_, develop and implement a plan to restrict access to abandoned buildings, vacant lots, and other gathering places of illegal activity.

- 64. By \_\_\_\_\_, promote ownership and empowerment among parents by involving caregivers in a school or neighborhood improvement committees.
- 65. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 66. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(4) ENHANCING SERVICES AND SUPPORTS**

**a. General Child Well-Being**

- 67. By \_\_\_\_\_, establish and maintain a network among local child care providers for improving coordination of local efforts to promote healthy development.
- 68. By \_\_\_\_\_, establish a centralized center for educating and supporting parents and guardians in child development issues.
- 69. By \_\_\_\_\_, establish an interagency network to coordinate efforts to enhance child development.
- 70. By \_\_\_\_\_, adopt national program models for child development and family support including home visiting, Even Start, Head Start, and Early Head Start.
- 71. By \_\_\_\_\_, place emphasis on the multiple and interrelated areas of child development (i.e., cognitive, language, social, and emotional) by creating stimulating environments, quality care for children in poverty, small student/teacher ratios, parent involvement, collaboration with community services, and stable child care arrangements.
- 72. By \_\_\_\_\_, organize support groups and networks, such as mother-to-mother programs, that connect parents and guardians with concerned neighbors.
- 73. By \_\_\_\_\_, establish intergenerational programs that link young parents and elders.
- 74. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 75. By \_\_\_\_\_, increase the number of agencies or organizations that conduct free child birthing, child development, and parenting classes with culturally appropriate content.
- 76. By \_\_\_\_\_, extend available and affordable daycare to reduce stress for parents and guardians.
- 77. By \_\_\_\_\_, centers will work toward beginning high quality care in infancy while placing emphasis on multiple areas of child development including cognitive, language, social, and emotional.
- 78. By \_\_\_\_\_, establish or sponsor support groups and networks among employees who are new and more experienced parents or guardians.
- 79. By \_\_\_\_\_, establish “day out” programs for parents of young children through day care providers with free/reduced child care.
- 80. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 81. By \_\_\_\_\_, form an Intergenerational Program linking senior citizens with youth.
- 82. By \_\_\_\_\_, have a “Big for a Day” event with unmatched children waiting for a Big Brother/Big Sister that recruits college students and adult workers to become permanent “Bigs.”

- 83. By \_\_\_\_\_, establish a cooperative daycare program for single or working parents.
- 84. By \_\_\_\_\_, provide daycare during school hours for junior high and high school students who have children.
- 85. By \_\_\_\_\_, encourage NAYC (National Association of Young Children) national accreditation among center-based programs to ensure high quality services.
- 86. By \_\_\_\_\_, establish support programs, either peer or intergenerational programs, to assist new parents in caring for newborns.
- 87. By \_\_\_\_\_, provide financial credit for parents' participation in volunteering efforts in child development programs.
- 88. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 89. By \_\_\_\_\_, establish parent support groups in local day care centers for spouses experiencing partner abuse.
- 90. By \_\_\_\_\_, child development centers will implement programs that involve one-on-one or small group interactions around book reading.
- 91. By \_\_\_\_\_, create opportunities for preschool attendance especially for children living in poverty.
- 92. By \_\_\_\_\_, enhance quality of contacts between kindergartens and preschools, home, and community resources while providing in-depth careful screening techniques.
- 93. By \_\_\_\_\_, provide daycare credits for parent's participation in child development workshops at local daycares.
- 94. By \_\_\_\_\_, create formal linkages with private day care providers and public school programs to assist in the transition from day care to educational programs.
- 95. By \_\_\_\_\_, create mentoring programs between private day care providers and child development centers in standards of child care practice.
- 96. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 97.
- 98. By \_\_\_\_\_, start a "Babysitting Club" for adults who would be on-call to provide respite services for single mothers.
- 99. By \_\_\_\_\_, create safe houses for families experiencing abuse with daycare components.
- 100. By \_\_\_\_\_, start a babysitting referral program and training for teens through local high schools to have names available of teenagers who would like babysitting jobs.
- 101. By \_\_\_\_\_, establish crisis intervention teams to address extreme or repeated instances of conflict among family members.
- 102. By \_\_\_\_\_, provide GED courses in child development centers while providing reduced day care expenses for parents wishing to enhance their own skills.
- 103. By \_\_\_\_\_, provide help in obtaining public assistance (e.g., AFDC, food stamps) for those families that need it.
- 104. By \_\_\_\_\_, establish parent support groups to learn ways to enhance relationships between parents and with children.
- 105. By \_\_\_\_\_, establish regional support networks among leaders and members of child development organizations working on promoting child well-being.
- 106. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 107. By \_\_\_\_\_, coordinate local child care providers to encourage parents to participate in home safety and self-protection classes and form safe streets coalitions.
- 108. By \_\_\_\_\_, schools will provide supervised after-school activities for youth.
- 109. By \_\_\_\_\_, increase donated money and services for the community effort to improve child outcomes including refreshments for meetings, incentives for the parents, and equipment and supplies for participating agencies.
- 110. By \_\_\_\_\_, create opportunities for networking among neighbors for mutual supervision at playgrounds or at block mothers homes.
- 111. By \_\_\_\_\_, establish and support the adoption of family enhancement programs in existing employee organizations (labor unions, employee health committees).
- 112. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 113. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(5) MODIFYING POLICIES AND PRACTICES**

**a. General Child Well-Being**

- 114. By \_\_\_\_\_, establish a policy of providing matching funds for grants for enhancing child development activities.
- 115. By \_\_\_\_\_, pass legislation to subsidize job-training programs for parents wishing to enhance their standard of living.
- 116. By \_\_\_\_\_, establish cooperative agreements among relevant state and local agencies regarding joint initiatives for child well-being.
- 117. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 118. By \_\_\_\_\_, develop more intensive home-based supports to assess and identify problems in early stages.
- 119. By \_\_\_\_\_, provide more access to child development workers/pediatricians/ at rotating sites within the community through parenting forums.
- 120. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 121. By \_\_\_\_\_, expand funding to early intervention programs that are home and centered based.
- 122. By \_\_\_\_\_, implement policies to provide technical assistance to any private day care seeking licensure or the use of indicators of quality care.
- 123. By \_\_\_\_\_, child development centers will implement phonological training (separating individual sounds in words, rhyming) combined with “dialogic” reading (making children an active part of shared book-reading by asking questions).
- 124. By \_\_\_\_\_, \_\_\_\_\_ (other).



**d. Specific to School Readiness**

- 125. By \_\_\_\_\_, increase adult reading to children and access to connections and relationships by creating policies that assure a minimum of reading time for young children.
- 126. By \_\_\_\_\_, create networks of fathers who read to boys in child care settings through free time work policies.
- 127. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 128. By \_\_\_\_\_, conduct cross systems training (child welfare, child development, education) to enhance the ability of front-line staff to assess multiple problems and act immediately with interventions.
- 129. By \_\_\_\_\_, limit parental rights and discontinue entitlements for families known to consistently abuse drugs.
- 130. By \_\_\_\_\_, provide communication programs in the workplace for parents or guardians and their families.
- 131. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 132. By \_\_\_\_\_, increase donated money and services for low-income families, such as food and clothes, shelter for the homeless, holiday gifts, and tutoring services.
- 133. By \_\_\_\_\_, provide resources for community policing to increase the constructive presence of police officers in high crime neighborhoods.
- 134. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 135. By \_\_\_\_\_, \_\_\_\_\_ (other).

**Worksheet for Potential Community and System  
Changes to be Sought in  
Education / Child Development**

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_


**Check which strategies you want to use and list candidate change objectives (by #):**

- Changes that Provide Information and Enhance Skills**
  
- Changes that Alter Incentives and Disincentives**
  
- Changes that Modify Access, Barriers, and Opportunities**
  
- Changes that Enhance Services and Supports**
  
- Changes that Modify Policies and Practices**

**Worksheet for Potential Community and System  
Changes to be Sought in  
Education / Child Development**

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_


**Check which strategies you want to use and list candidate change objectives (by #):**

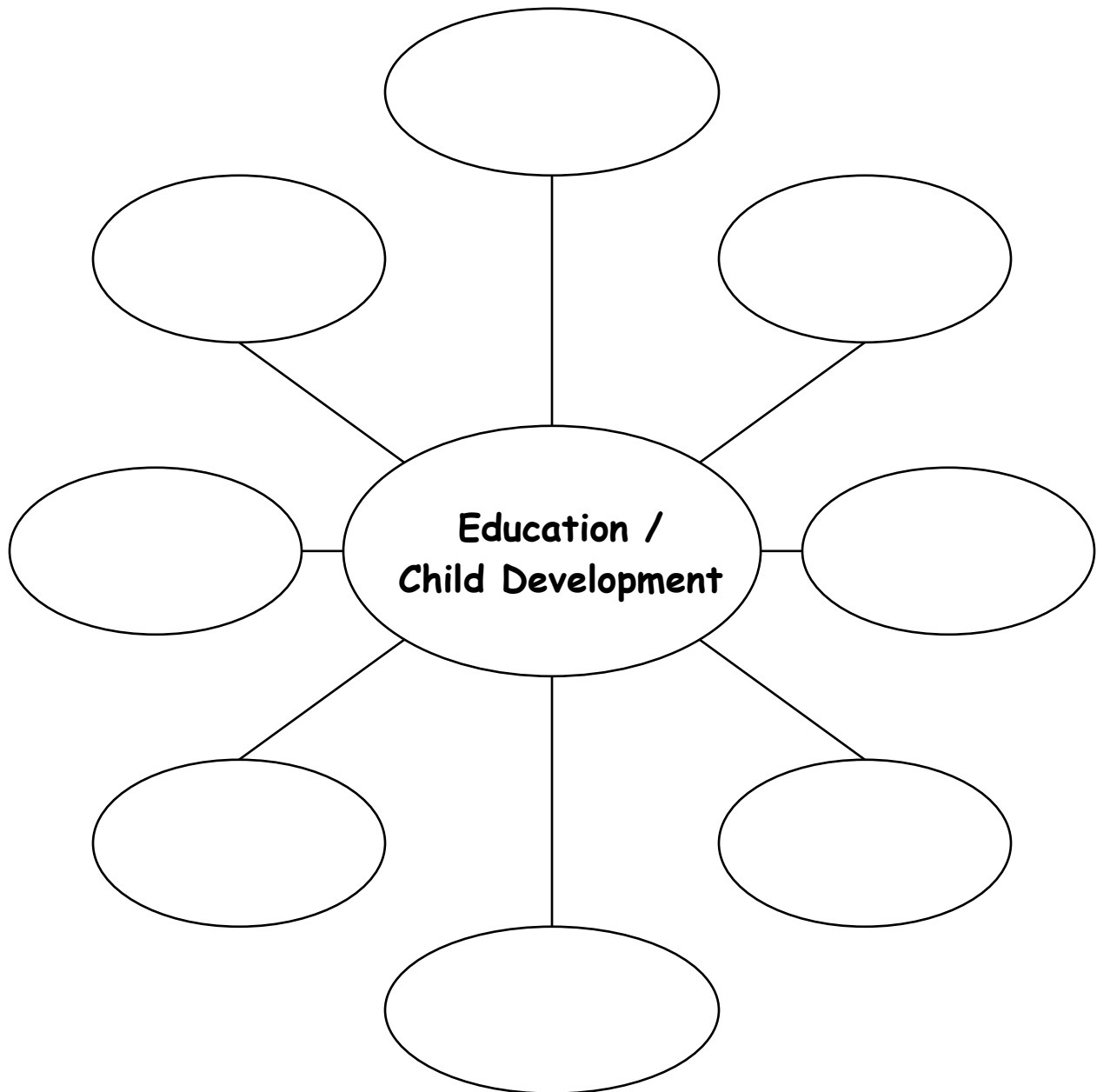
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- Changes that Alter Incentives and Disincentives**
  
- Changes that Modify Access, Barriers, and Opportunities**
  
- Changes that Enhance Services and Supports**
  
- Changes that Modify Policies and Practices**

# Planning Page

## Changes in Education / Child Development

Please review the inventory of community and systems changes provided earlier in this section. Then list tentative changes to be sought in your community's educational and child development systems. Consider changes that can occur at day care sites, preschools, child development centers, and kindergarten classrooms in elementary schools.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should the schools do?

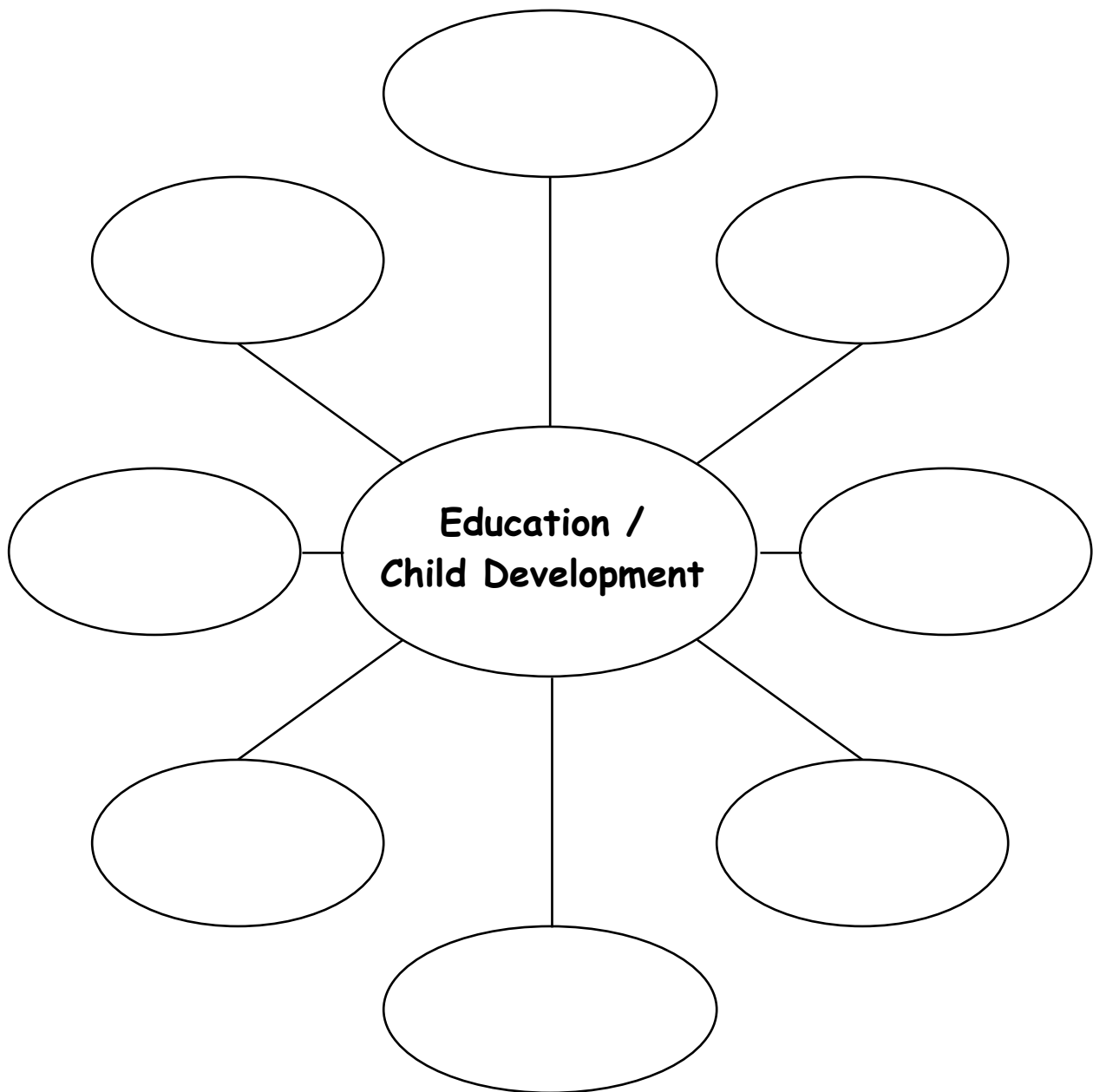


# Planning Page

## Changes in Education / Child Development

Please review the inventory of community and systems changes provided earlier in this section. Then list tentative changes to be sought in your community's educational and child development systems. Consider changes that can occur at day care sites, preschools, child development centers, and kindergarten classrooms in elementary schools.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should the schools do?



***"Do small things with great love."***

*-Mother Theresa of Calcutta*

## Part B Changes in Religious Organizations

### (An Example)

There are a number of potential changes in religious organizations that might contribute to the mission of promoting health and development. Here is an example of the product of planning--a list of changes that might be sought in churches, synagogues, and other religious organizations.



# Inventory of Potential Community and System Change Objectives **Religious Organizations**

Please review this list of potential changes in a community's religious organizations. The list notes how particular programs, policies, and practices of religious organizations might be changed to contribute to the mission. These changes that might be considered are organized under several categories of changes, such as providing information or enhancing support through faith communities.

Identify those changes in religious organizations that may be most helpful to the mission of promoting child well-being in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in religious organizations. An extra copy of the Planning Page is provided for your convenience.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

1. By \_\_\_\_\_, use newsletters and in-service trainings to train religious leaders and teachers to identify healthy physical development, safe physical environments, and supportive social and cognitive environments.
2. By \_\_\_\_\_, each denominational central office within \_\_\_\_\_ County will create an ongoing program to access the health and development of all children in its churches.
3. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

4. By \_\_\_\_\_, conduct seminars for all parishioners on faith and care giving for children.
5. By \_\_\_\_\_, develop and distribute inserts for church bulletins and bulletin boards on prenatal check-up clinics and well-baby visits in the community.
6. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

7. By \_\_\_\_\_, outreach teams will work with each other across denominations to provide parent training in behavior modification and positive discipline.
8. By \_\_\_\_\_, create a network among ministers of all denominations where programs and strategies to enhance child development and parenting could be discussed.
9. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**



- 10. By \_\_\_\_\_, provide in-service trainings, including activity-based lessons, for using child friendly curricula in the religious education and services programs.
- 11. By \_\_\_\_\_, develop and distribute inserts for church bulletins and bulletin boards on preparing young children for school through daily reading and strong parent/child bonds.
- 12. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 13. By \_\_\_\_\_, provide information to parents and guardians about how to reduce family stress and violence.
- 14. By \_\_\_\_\_, provide annual in-service training to area clergy and religious workers on using community resources for assessing early family conflicts and facilitate more effective referrals to local agencies.
- 15. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 16. By \_\_\_\_\_, train religious workers, parents, and guardians on ways for adults to connect with children and give them information about healthy child development in your community.
- 17. By \_\_\_\_\_, participate in cross-cultural training for religious professionals to enhance the cultural appropriateness of child care services.
- 18. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

- 19. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(2) ALTERING INCENTIVES AND DISINCENTIVES**

**a. General Child Well-Being**

- 20. By \_\_\_\_\_, provide space free or at reduced costs for seminars or workshops on child development and parenting practices.
- 21. By \_\_\_\_\_, develop creative incentives for parishioners who volunteer their time working in the church nurseries.
- 22. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 23. By \_\_\_\_\_, develop honoring programs for expecting parents participating in church-sponsored well baby screenings.
- 24. By \_\_\_\_\_, create church-based home-visiting teams for expecting parents providing education and creative incentives from local businesses based on the frequency of visits.
- 25. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 26. By \_\_\_\_\_, create a network within and between religious groups to offer clothing and baby supplies free or at reduced cost.

☞ 27. By \_\_\_\_\_, network faith-based Le Leche Leagues with each other within the same county or across counties.

☞ 28. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

☞ 29. By \_\_\_\_\_, provide opportunities, space, and scholarships for parents of young children to attend workshops on child development.

☞ 30. By \_\_\_\_\_, involve religious leaders in establishing incentive programs for families who participate in child reading programs or other child development activities.

☞ 31. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

☞ 32. By \_\_\_\_\_, involve religious leaders in establishing achievement scholarships for teen parents who graduate from high school or obtain a GED.

☞ 33. By \_\_\_\_\_, provide creative incentives for parents who attend church-based seminars on faith and communication or violence prevention.

☞ 34. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

☞ 35. By \_\_\_\_\_, establish support and incentive programs to reward peers who encourage each other to avoid criminal activities.

☞ 36. By \_\_\_\_\_, provide incentives for religious programs to train youth in prevention strategies that help them to avoid risky situations.

☞ 37. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

☞ 38. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

**a. General Child Well-Being**

☞ 39. By \_\_\_\_\_, offer religious facilities free or at reduced costs as training and programming space for day care and child development programs.

☞ 40. By \_\_\_\_\_, develop liaisons with health, social service, and child welfare organizations to work toward solutions to enhancing child health and development.

☞ 41. By \_\_\_\_\_, organize transportation to health clinics among parish volunteers.

☞ 42. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

☞ 43. By \_\_\_\_\_, use religious facilities for well-baby visits and immunization clinics.

☞ 44. By \_\_\_\_\_, offer opportunities for new and expecting parents to participate in child birthing classes or breast feeding support programs organized by the religious organization.

☞ 45. By \_\_\_\_\_, religious groups will organize and staff transportation routes to health clinics

- for those parents needing medical visits for themselves and their children.
46. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

47. By \_\_\_\_\_, use religious facilities to conduct free workshops on child development and child health for members of the community.
48. By \_\_\_\_\_, religious leaders in the community will be involved on task forces and boards of in-home intervention programs and crisis response teams to assist in enhancing services.
49. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

50. By \_\_\_\_\_, orchestrate a series of social meetings among parents of children with special needs to offer social support and information on special education.
51. By \_\_\_\_\_, offer a range of quality child care options for low-income parents by working collaboratively with other religious organizations.
52. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

53. By \_\_\_\_\_, create a flexible pool of funds to be used to sponsor families in receiving therapeutic interventions.
54. By \_\_\_\_\_, support existing affiliations with therapeutic services by developing skills to make appropriate referrals.
55. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

56. By \_\_\_\_\_, appoint members of ecumenical groups to community and safe streets task forces to advocate for issues in child health and development.
57. By \_\_\_\_\_, use the grounds near churches, and other religious organizations to create well lit and supervised recreational areas.
58. By \_\_\_\_\_, involve religious leaders in developing strategies to provide well-lighted, supervised, and safe play areas near churches for young people.
59. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

60. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(4) ENHANCING SERVICES AND SUPPORTS**

**a. General Child Well-Being**

61. By \_\_\_\_\_, provide support to existing services by offering volunteers, space, and in-kind contributions to host programs or services.
62. By \_\_\_\_\_, develop a core group of home visitors who provide supports specifically for parents of young children in the form of child care.
63. By \_\_\_\_\_, encourage ministers to simultaneously address the same child development

topic from the pulpit or in the bulletin insert.

- 64. By \_\_\_\_\_, develop an ecumenical counsel to address the topic of child well-being consistently across religious denominations throughout a region of the county.
- 65. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- 66. By \_\_\_\_\_, assign a parish volunteer to accompany pregnant and parenting teens to well-baby checks and prenatal visits.
- 67. By \_\_\_\_\_, coordinate a community resource directory of support groups who offer instruction in breast feeding, child care, recreation, and social support.
- 68. By \_\_\_\_\_, create mother to mother programs where experienced mothers mentor newer mothers.
- 69. By \_\_\_\_\_, orchestrate prenatal clinics at area religious organizations in conjunction with information sessions on breast feeding.
- 70. By \_\_\_\_\_, establish a program where mentors from churches, synagogues, and mosques work closely with pregnant and parenting teens offering support and friendship during this time.
- 71. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 72. By \_\_\_\_\_, arrange for volunteer apprenticeships with local child-serving agencies to provide one-on-one support for new parents (e.g., transportation, child care, house cleaning).
- 73. By \_\_\_\_\_, offer affordable daycare to reduce stress for parents and guardians.
- 74. By \_\_\_\_\_, provide low-income families with books in their homes.
- 75. By \_\_\_\_\_, create a faith-based network of speakers who can present on techniques to enhance child development and arrange opportunities for workshops.
- 76. By \_\_\_\_\_, develop opportunities for peer support groups among pregnant and parenting teens and their spouses.
- 77. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 78. By \_\_\_\_\_, donate resources into creating opportunities for formal and informal social connections for parents of young children.
- 79. By \_\_\_\_\_, create support groups for parents of young children so that they can come and request information, hear speakers on child development, and ask questions.
- 80. By \_\_\_\_\_, create opportunities for social connectedness among parents of newborns within religious organizations.
- 81. By \_\_\_\_\_, develop home visiting teams to connect with children and parents who do not have access to transportation outside of their home during the day
- 82. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

- 83. By \_\_\_\_\_, coordinate a father-to-father program to mentor younger fathers with anger management issues with those who have addressed similar struggles in the past.
- 84. By \_\_\_\_\_, collaborate with social services agencies to implement a plan for referrals

- addressing family conflict and violence.
- 85. By \_\_\_\_\_, provide communication programs affiliated with religious activities for parents or guardians and their children.
  - 86. By \_\_\_\_\_, coordinate a family literacy program incorporating a home visiting component to increase adult GED attainment and the number of books in the home.
  - 87. By \_\_\_\_\_, religious organizations will develop outreach programs targeting families with newborns who are experiencing conflict.
  - 88. By \_\_\_\_\_, create networks among all denominations of ministers in making proper referrals for counseling for families with difficulties.
  - 89. By \_\_\_\_\_, create linkages between young adult male mentors and at-risk youth within faith-based programs.
  - 90. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 91. By \_\_\_\_\_, establish and maintain a collection drive to coordinate the collection of funds and other resources for the enhancement of child development programs.
- 92. By \_\_\_\_\_, develop an informational exchange and ecumenical support network for community clergy, religious workers, and active laity to prevent and cope with violence.
- 93. By \_\_\_\_\_, establish and support the adoption of child health and development programs in existing religious groups, classes, courses.
- 94. By \_\_\_\_\_, establish faith-based support programs, either peer or intergenerational programs, to assist youth trying to avoid involvement with risky behaviors.
- 95. By \_\_\_\_\_, create a network among ministers of all denominations where programs and strategies to promote child well-being could be discussed through featured presentations..
- 96. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 97. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(5) MODIFYING POLICIES AND PRACTICES**

**a. General Child Well-Being**

- 98. By \_\_\_\_\_, apply for federal funding under the faith-based initiative to deliver services that enhance child development.
- 99. By \_\_\_\_\_, create a region-wide reimbursement schedule for follow-up home visiting programs through faith-based health care organizations.
- 100. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 101. By \_\_\_\_\_, modify employee policies of religious organizations to respond to the

demands of pregnant and new parents.

102. By \_\_\_\_\_, involve a network of ministers to coordinate volunteer home visiting teams that would work from hospital records to provide weekly supports to new parents in their homes.

103. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

104. By \_\_\_\_\_, organize a grass roots effort to encourage insurance companies to reimburse for instructions in breast feeding techniques.

105. By \_\_\_\_\_, develop a proposal for faith-based initiatives to receive federal funding to administer high quality, low child/staff ratio child care on a sliding fee schedule.

106. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

107. By \_\_\_\_\_, change internal policies of religious organizations to provide flexible working hours and on-site child care for parents to develop strong child/parent bonds.

108. By \_\_\_\_\_, assign a mother to mother mentor to advocate for low income parents in obtaining temporary assistance for needy families or other social welfare programs that they may be eligible for and not realize.

109. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

110. By \_\_\_\_\_, modify fee schedules in providing therapeutic interventions to families in need.

111. By \_\_\_\_\_, work through ecumenical councils to obtain payment for coordinated in-home services through local social service or counseling agencies.

112. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

113. By \_\_\_\_\_, provide resources for community policing to increase the constructive presence of police officers in high crime neighborhoods.

114. By \_\_\_\_\_, involve the local counsel of chambers in mandating the use of effective child health and development curricula in Sunday school and other religious programs.

115. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes Related to Child Well-Being**

116. By \_\_\_\_\_, \_\_\_\_\_ (other).

# Worksheet for Potential Community and System Changes to be Sought in Religious Organizations

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

Check which strategies you want to use and list candidate change objectives (by #):

- Changes that Provide Information and Enhance Skills
  
- Changes that Alter Incentives and Disincentives
  
- Changes that Modify Access, Barriers, and Opportunities
  
- Changes that Enhance Services and Supports
  
- Changes that Modify Policies and Practices

# Worksheet for Potential Community and System Changes to be Sought in Religious Organizations

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

Check which strategies you want to use and list candidate change objectives (by #):

- Changes that Provide Information and Enhance Skills
  
- Changes that Alter Incentives and Disincentives
  
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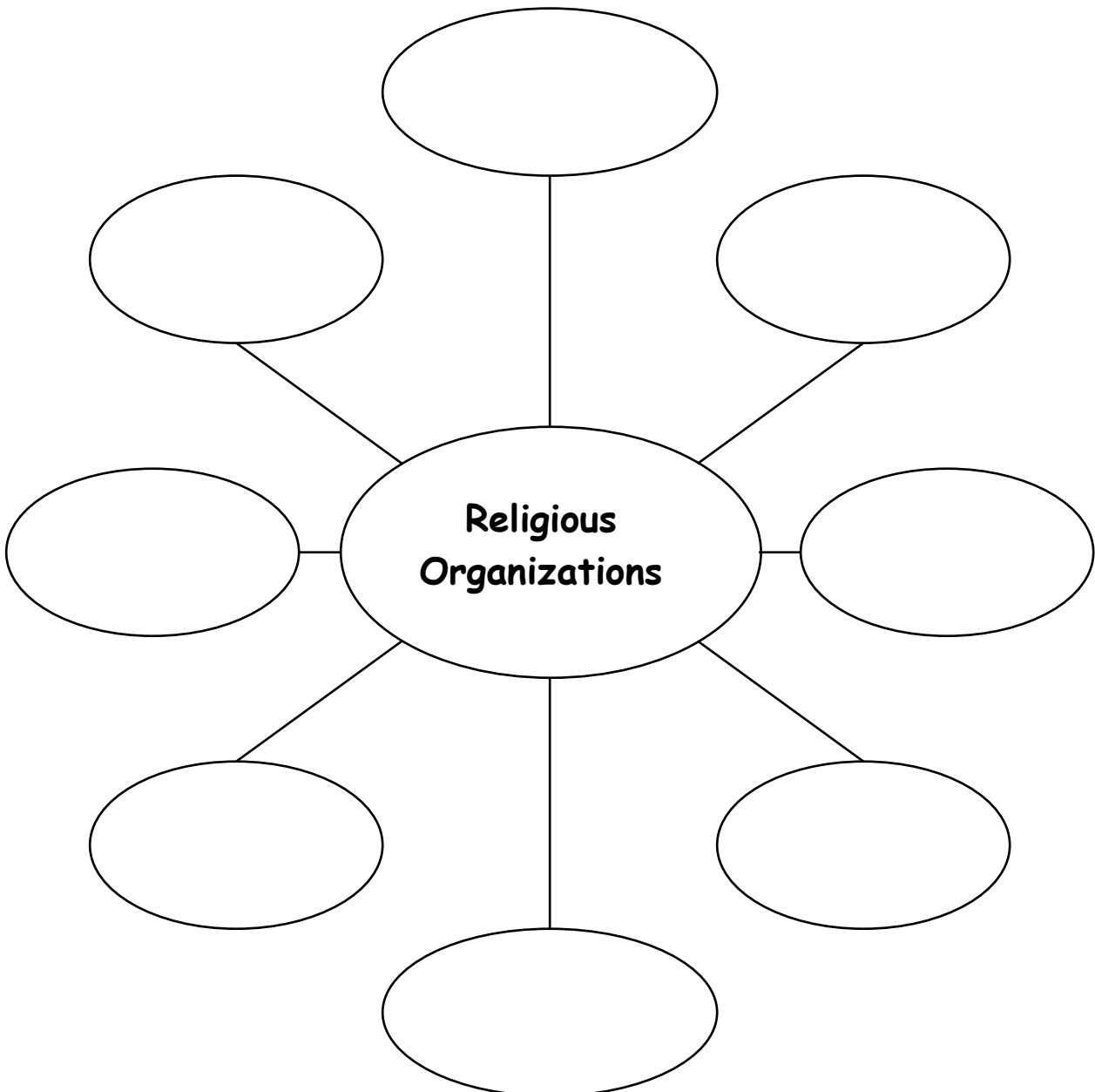


## Planning Page

### **Changes in Religious Organizations**

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in your community's religious organizations. In particular, consider those religious organizations, such as African American or Hispanic churches, which can help the initiative reach culturally-diverse groups.

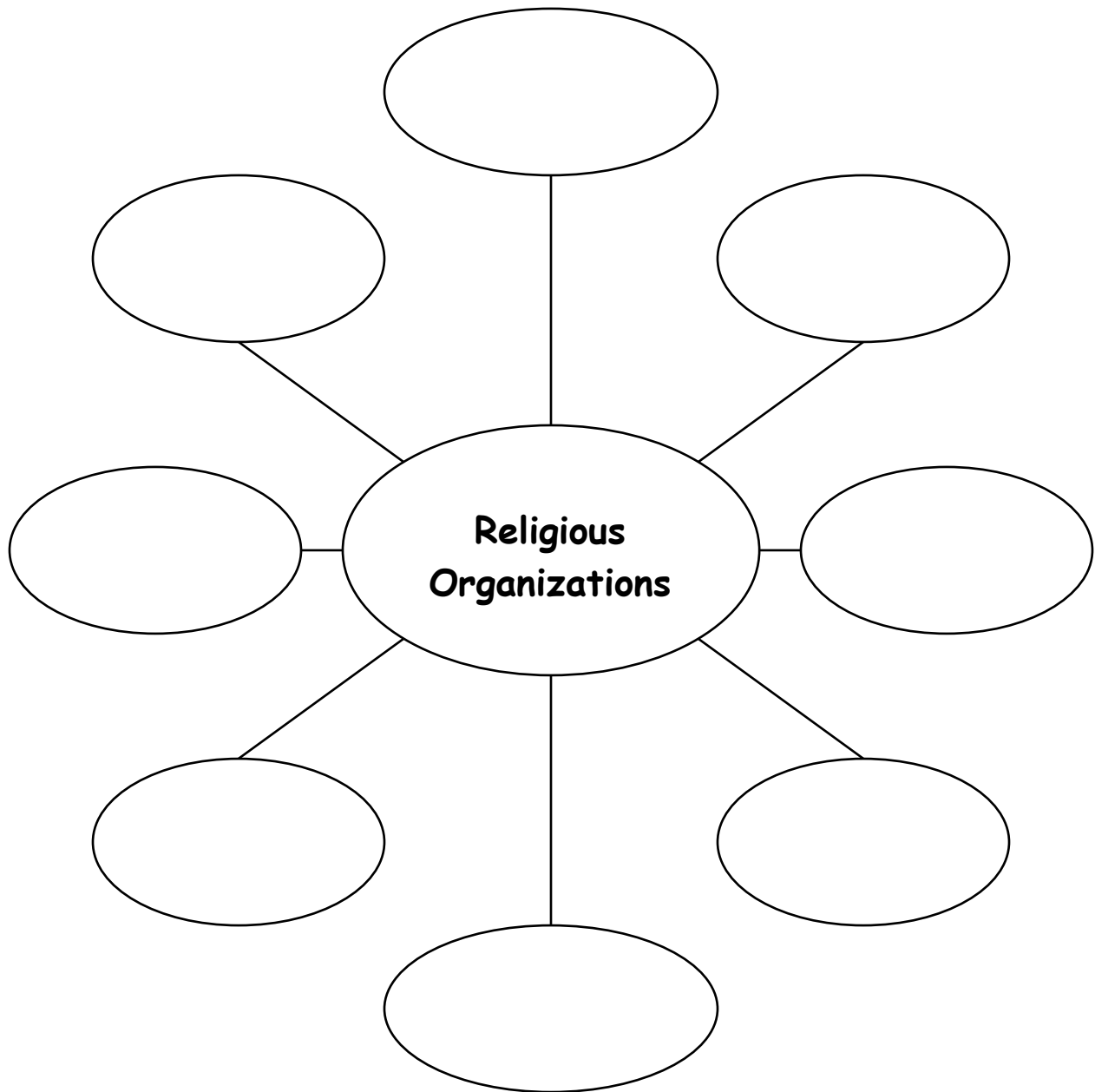
When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should religious organizations do?



## Planning Page Changes in Religious Organizations

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in your community's religious organizations. In particular, consider those religious organizations, such as African American or Hispanic churches, which can help the initiative reach culturally-diverse groups.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should religious organizations do?

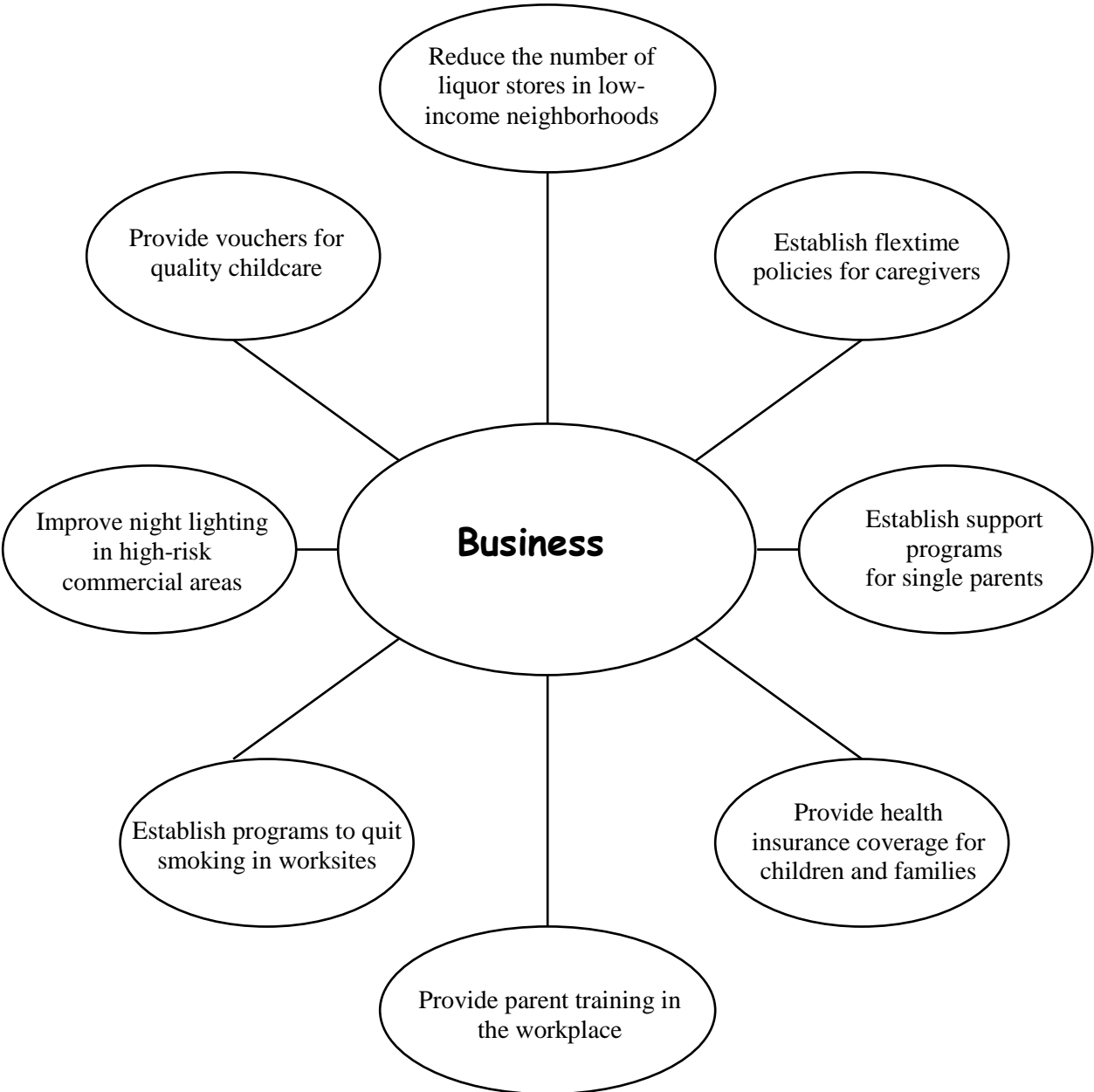


***"A vision without a task is a dream.  
A task without a dream is drudgery.  
But a vision with a task  
can change the world."  
- attributed to Black Elk (Oglala Sioux)***

**Part C**  
**Changes in the Business Community**

*(An Example)*

There are a number of potential changes in the business community that will contribute to the mission of promoting child health and development. Here is an example of the product of planning—a list of changes that might be sought in the local business community.



# Inventory of Potential Community and System Change Objectives **Business Organizations**

Please review this list of potential changes in the local business community. The list notes how particular programs, policies, and practices of the business community might be changed to contribute to the mission. These changes that might be considered are organized under several categories of changes, such as providing information or modifying business policies.

Identify those changes in the business community that may be most helpful to the mission of promoting child health and development in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in the business community. An extra copy of the Planning Page is provided for your convenience.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

- 1. By \_\_\_\_\_, use newsletters and in-service trainings to prepare employees to support children by identifying healthy physical development, safe physical environments, and supportive social and cognitive environments.
- 2. By \_\_\_\_\_, become supportive partners of child care providers and family support networks.
- 3. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- 4. By \_\_\_\_\_, provide information to business leaders on what puts children at risk for adverse health outcomes including lack of adequate prenatal care and poor child care.
- 5. By \_\_\_\_\_, identify and build work-related skills among pregnant and parenting teens.
- 6. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 7. By \_\_\_\_\_, release time for parents wanting to attend workshops focused on providing skills training for parents and guardians that emphasize adult-child communication.
- 8. By \_\_\_\_\_, provide skills training on interacting with children, child development, immunization schedules, and stimulating environments in all businesses and industries that employ parents who can benefit.
- 9. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 10. By \_\_\_\_\_, collaborate with local child development centers to develop creative options for parents wishing to access high quality day care during working hours.
- 11. By \_\_\_\_\_, provide on-site skills training for adult employees that emphasize parent-

- child bonding, parenting skills, discipline, etc.
12. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

13. By \_\_\_\_\_, establish corporate funded and supported job skills training, placement, and hiring practices for parents at risk to unemployment and underemployment.
14. By \_\_\_\_\_, provide workshops for employers and employees in adult-child communication including how to talk to children and youth about risky behaviors.
15. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

16. By \_\_\_\_\_, conduct community forums on concerns of parents of young children and what can be done to enhance services and supports.
17. By \_\_\_\_\_, collaborate with social services to provide a community scorecard, publicly reporting on monthly/yearly levels of licensed child care programs, infant and child mortality rates, immunization rates, and other indicators of child well-being.
18. By \_\_\_\_\_, arrange trainings for local contractors, building superintendents, and maintenance workers in proper lead abatement techniques.
19. By \_\_\_\_\_, sponsor trainings for housing owners and managers in lead poisoning reduction, safe home maintenance, and rehabilitation techniques.
20. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

21. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(2) ALTERING INCENTIVES AND DISINCENTIVES**

**a. General Child Well-Being**

22. By \_\_\_\_\_, provide incentives for businesses to offer employees flexible schedules and part-time positions taking advantage of flexible working hours of parents.
23. By \_\_\_\_\_, provide publicity to merchants who contribute to healthy environments for children.
24. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

25. By \_\_\_\_\_, establish an incentive program in which employment and secondary education options are created for at-risk teens who follow thorough on prenatal exams, wellness programs, and other care for their babies.
26. By \_\_\_\_\_, establish scholarship and other incentive programs for pregnant adolescent employees who obtain above average school grades and who complete high school graduation requirements.
27. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

28. By \_\_\_\_\_, provide honoring ceremonies in local businesses for adults who work toward enhancing the development of children not their own.

- ☞ 29. By \_\_\_\_\_, develop a cooperative with local WIC programs to donate excess non-perishable foods to community food banks.
- ☞ 30. By \_\_\_\_\_, support family child care providers in creating sustainable businesses with technical support in business management and tax preparation.
- ☞ 31. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- ☞ 32. By \_\_\_\_\_, establish child development center and business partnerships to offer parents incentives for participating in local activities.
- ☞ 33. By \_\_\_\_\_, establish on-site child care or partner with other businesses or the chamber of commerce to create cooperatives among businesses for child care for employees.
- ☞ 34. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- ☞ 35. By \_\_\_\_\_, endorse flexible employee assistance programs that allow families to receive help in resolving conflict.
- ☞ 36. By \_\_\_\_\_, involve business leaders in efforts to promote healthy communication between parents and children.
- ☞ 37. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- ☞ 38. By \_\_\_\_\_, businesses will allow employees work credit for participating in community efforts to create safe and supportive neighborhoods.
- ☞ 39. By \_\_\_\_\_, support increased fines and more frequent crackdowns on merchants who illegally sell alcohol or firearms to minors.
- ☞ 40. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

- ☞ 41. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

**a. General Child Well-Being**

- ☞ 42. By \_\_\_\_\_, businesses will offer options for insurance coverage for employees that offer flexibility in coverage that is family friendly.
- ☞ 43. By \_\_\_\_\_, participate in obtaining low-cost transportation to health care services for employees and their children.
- ☞ 44. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- ☞ 45. By \_\_\_\_\_, businesses will provide release time for parents to visit health centers to obtain immunizations for children.
- ☞ 46. By \_\_\_\_\_, allow employees to use sick time to attend prenatal health care visits.
- ☞ 47. By \_\_\_\_\_, establish partnerships with health departments to allow on-site prenatal

48. By \_\_\_\_\_, \_\_\_\_\_ (other).  
check-ups for pregnant mothers on work property to reduce time away from work.

**c. Specific to Infants and Children Thriving**

49. By \_\_\_\_\_, businesses will offer administrative support to ensure that all eligible parents are participating in the WIC program.
50. By \_\_\_\_\_, businesses employing over 500 workers will offer on-site child care at all their sites.
51. By \_\_\_\_\_, through support networks for family child care providers, offer technical assistance on business-related issues including marketing assistance and tax preparation.
52. By \_\_\_\_\_, the chamber of commerce will work with local contractors and property owners to remove lead paint from homes primarily by replacing lead pipes.
53. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

54. By \_\_\_\_\_, businesses will provide transportation to immunization visits through a coordinated volunteer program for their employees.
55. By \_\_\_\_\_, businesses will implement quality indicators of child care at their on-site centers.
56. By \_\_\_\_\_, through the support network of family child care providers, offer short term “emergency” child care subsidies for families that are clients of the providers.
57. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

58. By \_\_\_\_\_, to enhance emotional attachment, businesses will offer parents flexible scheduling to participate in school-based activities and after-school programs.
59. By \_\_\_\_\_, employee assistance programs will cover domestic violence interventions.
60. By \_\_\_\_\_, provide job training and education for parents to help raise family income above the poverty level.
61. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

62. By \_\_\_\_\_, participate in the development and implementation of a plan to restrict access to abandoned buildings, vacant lots, and other gathering places of illegal activity.
63. By \_\_\_\_\_, improve night lighting in commercial areas at high-risk for violent activity.
64. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

65. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(4) ENHANCING SERVICES AND SUPPORTS**

**a. General Child Well-Being**

66. By \_\_\_\_\_, provide GED courses in the workplace for business and industries that



frequently employ pregnant and parenting teens.

- 67. By \_\_\_\_\_, establish mentor programs for new and expecting parents to increase access to employment and educational opportunities.
- 68. By \_\_\_\_\_, financially support local efforts to promote child health and development.
- 69. By \_\_\_\_\_, spotlight and offer rewards to employees who act within the community to support children and families.
- 70. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 71. By \_\_\_\_\_, establish a speakers' bureau featuring well-known business people to talk about child development issues.
- 72. By \_\_\_\_\_, businesses will extend available and affordable daycare hours to reduce stress for parents and guardians.
- 73. By \_\_\_\_\_, connect pregnant teens who receive prenatal care and follow-up to support and negotiate with potential employers and other influential adults.
- 74. By \_\_\_\_\_, provide meeting space for an after work hours smoking cessation program to occur on company property.
- 75. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 76. By \_\_\_\_\_, increase donated money and services for low-income families, such as food and clothes, shelter for the homeless, holiday gifts, and tutoring services.
- 77. By \_\_\_\_\_, increase the number of businesses that conduct free parenting classes with culturally appropriate content.
- 78. By \_\_\_\_\_, through the provider support networks, offer equipment loans and small grants to purchase equipment for family child care centers.
- 79. By \_\_\_\_\_, establish parent-to-parent programs at work by which new parents can gain access to experienced parents who have successfully combined work and parenting responsibilities.
- 80. By \_\_\_\_\_, businesses will their employees who are new parents to meet during lunch hours with mentors from local child development centers.
- 81. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 82. By \_\_\_\_\_, businesses will participate in lunch buddy programs at child development centers and elementary schools by allowing employees time off of work.
- 83. By \_\_\_\_\_, provide communication and child bonding programs in the workplace for parents or guardians and their children.
- 84. By \_\_\_\_\_, establish support groups and networks for parents and guardians that can meet on work property.
- 85. By \_\_\_\_\_, provide a referral network of high quality child care programs for all employees.
- 86. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 87. By \_\_\_\_\_, businesses offer healthy and nutritious meals for their employees, and offer low-cost “take home” meals for parents.

- ☞ 88. By \_\_\_\_\_, establish a central clearinghouse to conduct widespread job skills training and placement for teen parents.
- ☞ 89. By \_\_\_\_\_, encourage upper level management to write articles for a company newsletter highlighting personal stories of family strengthening through employee counseling programs.
- ☞ 90. By \_\_\_\_\_, businesses will offer mentoring programs for parents who have children in foster care and offer flexible work hours for attendance at meetings.
- ☞ 91. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- ☞ 92. By \_\_\_\_\_, participate in an interagency network to coordinate efforts to prevent substance abuse and violence.
- ☞ 93. By \_\_\_\_\_, provide legal services whereby protective orders, temporary restraining orders, and peace bonds keep violent offenders from attacking partners or family members.
- ☞ 94. By \_\_\_\_\_, support and/or establish a speakers bureaus to provide information about the impact of early prenatal care and high quality day care on children and benefits for employees and employers.
- ☞ 95. By \_\_\_\_\_, businesses will appoint high ranking officials to contribute to community efforts to address safety and neighborhood improvement issues.
- ☞ 96. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- ☞ 97. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(5) MODIFYING POLICIES AND PRACTICES**

**a. General Child Well-Being**

- ☞ 98. By \_\_\_\_\_, modify sick time leave policies so the families can use sick time to attend health appointments for their children.
- ☞ 99. By \_\_\_\_\_, establish a policy of providing matching funds for grants to support community efforts to improve child health and development.
- ☞ 100. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- ☞ 101. By \_\_\_\_\_, subsidize job-training programs for pregnant and parenting teens.
- ☞ 102. By \_\_\_\_\_, implement flex-time policies where employees can leave early and work late to make up lost time due to getting childhood immunizations and well baby check-ups.
- ☞ 103. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- ☞ 104. By \_\_\_\_\_, businesses will subsidize child care providers of employees who implement quality indicators.
- ☞ 105. By \_\_\_\_\_, businesses will provide money management and financial counseling services for families of children eligible for free and reduced lunches.

106. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

107. By \_\_\_\_\_, subsidize the cost of immunizations for children of employees.

108. By \_\_\_\_\_, collect and distribute information on licensed preschools that provide a reduced registration fee for employees.

109. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

110. By \_\_\_\_\_, extend support/benefit packages to cover things that families otherwise would have to pay for (e.g., childcare, transportation).

111. By \_\_\_\_\_, develop a living wage standard for your community. Create an ordinance that states all full-time positions (40 hours/week or more) must pay at least \_\_\_\_\_ per hour.

112. By \_\_\_\_\_, low-wage businesses offer daycare services for employees.

113. By \_\_\_\_\_, provide bonuses in the form of “local” dollars redeemable only from businesses offering a livable wage.

114. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

115. By \_\_\_\_\_, adopt policies that don't allow any one employee to be the only one at the establishment during nighttime hours.

116. By \_\_\_\_\_, provide legal services whereby protective orders, temporary restraining orders, and peace bonds keep violent offenders from attacking partners or family members.

117. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

118. By \_\_\_\_\_, \_\_\_\_\_ (other).

**Worksheet for Potential Community and System  
Changes to be Sought in  
The Business Community**

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_


**Check which strategies you want to use and list candidate change objectives (by #):**

- Changes that Provide Information and Enhance Skills**
  
- Changes that Alter Incentives and Disincentives**
  
- Changes that Modify Access, Barriers, and Opportunities**
  
- Changes that Enhance Services and Supports**
  
- Changes that Modify Policies and Practices**

**Worksheet for Potential Community and System  
Changes to be Sought in  
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Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_


**Check which strategies you want to use and list candidate change objectives (by #):**

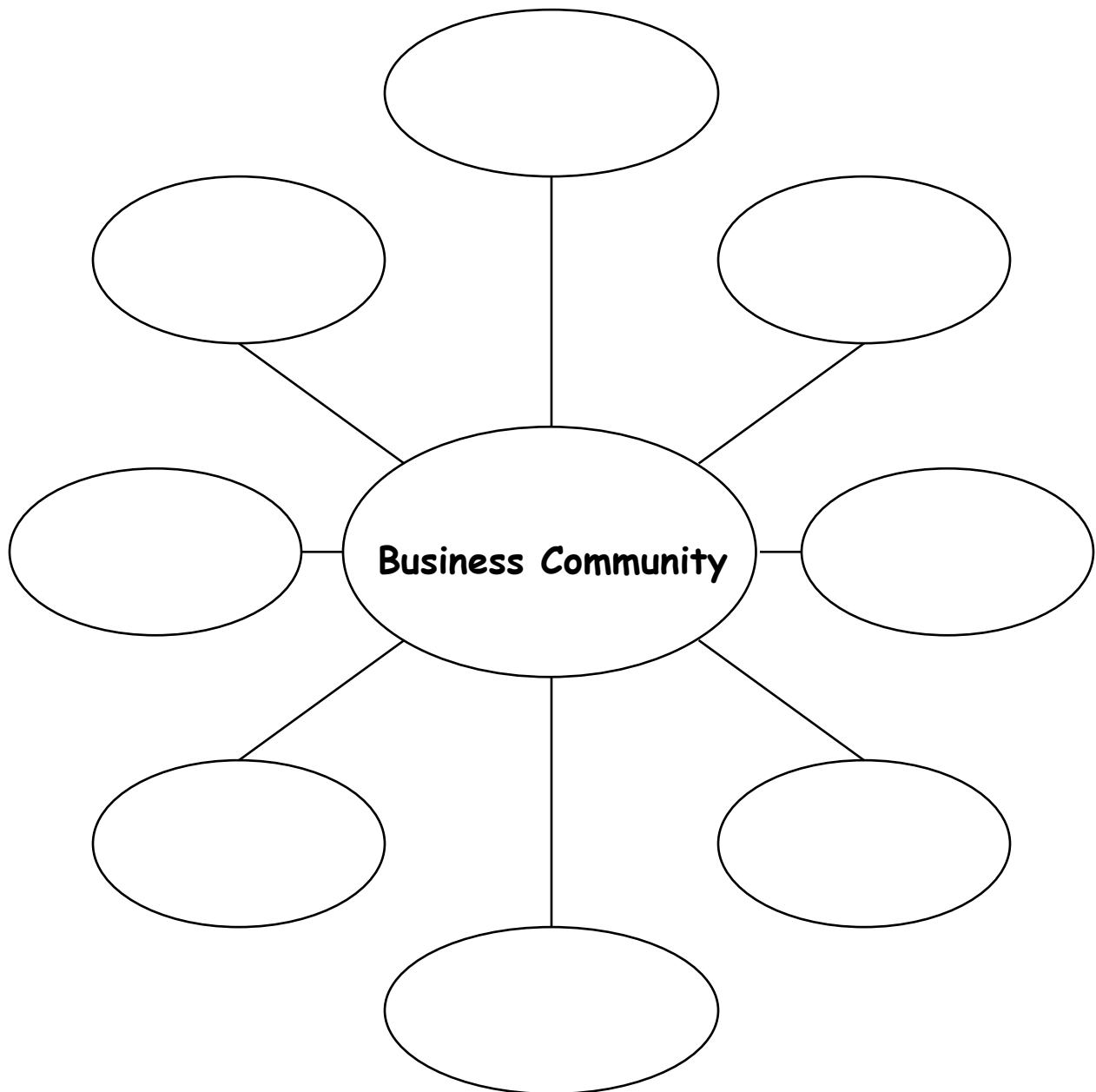
- Changes that Provide Information and Enhance Skills**
  
- Changes that Alter Incentives and Disincentives**
  
- Changes that Modify Access, Barriers, and Opportunities**
  
- Changes that Enhance Services and Supports**
  
- Changes that Modify Policies and Practices**

## Planning Page

### **Changes in the Business Community**

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in the local business community. Consider changes that can occur in businesses that employ or are frequented by parents and other caregivers.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should the business community do?

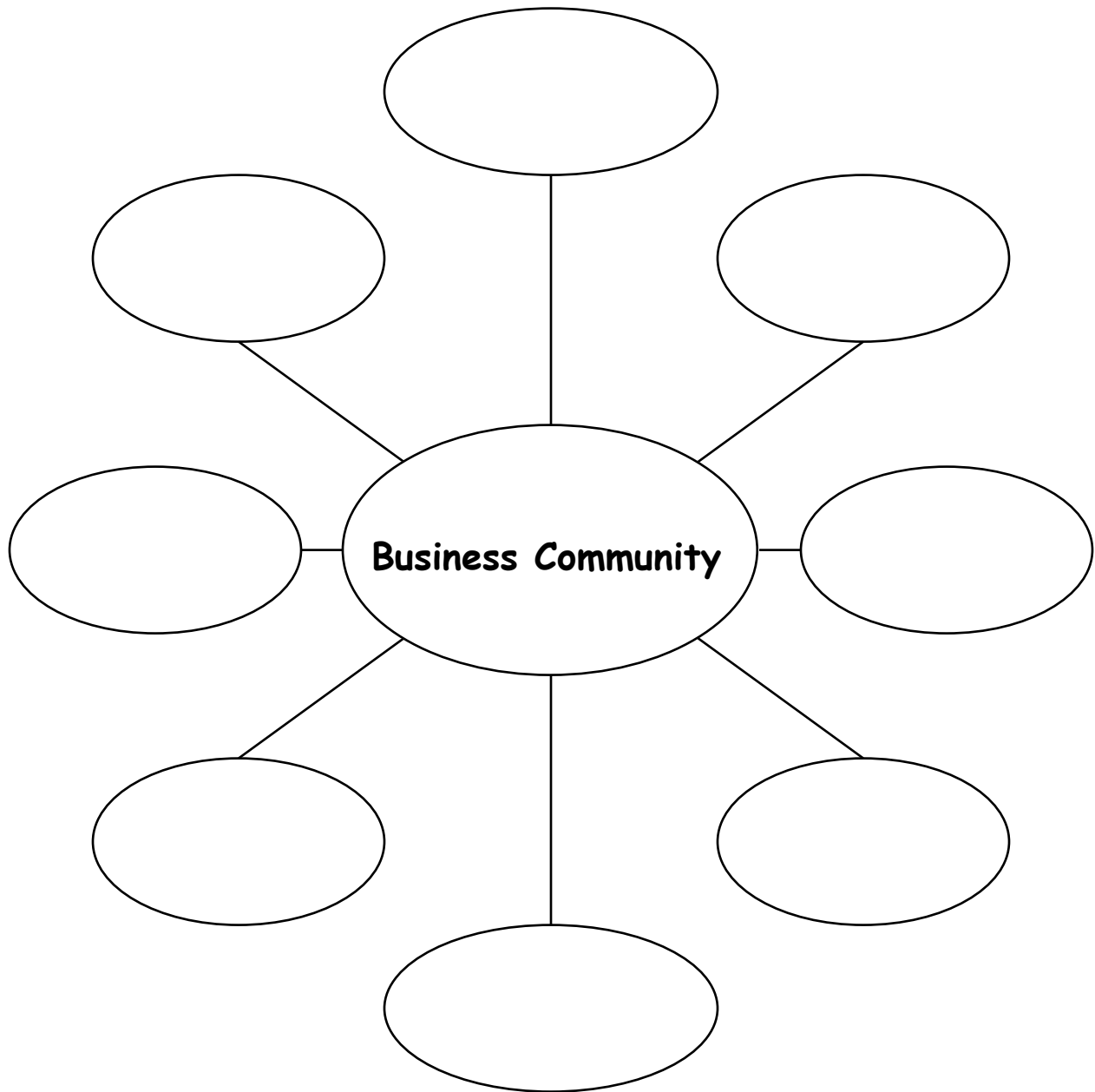


# Planning Page

## Changes in the Business Community

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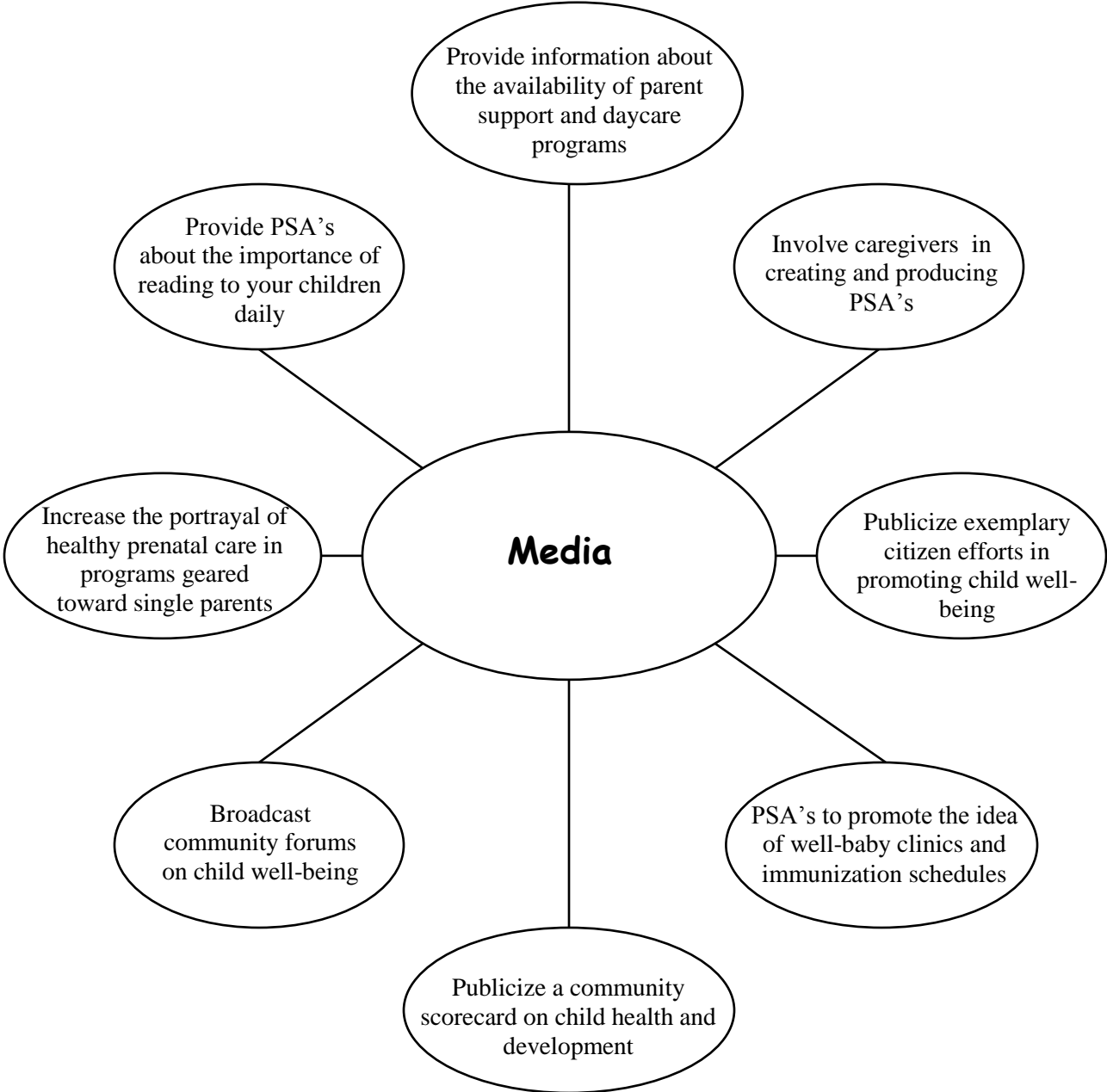
When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should the business community do?



**Part D**  
**Changes in the Media**

**(An Example)**

There are a number of potential changes in newspapers, radio, and television that might contribute to the mission of promoting child health and development. Here is an example of the product of planning—a list of changes that might be sought in the media.





# Inventory of Potential Community and System Change Objectives **Media**

Please review this list of potential changes in a community's newspapers, radio, and television. The list notes how particular programs, policies, and practices of the media might be changed to contribute to the mission of promoting child well-being. These changes that might be considered are organized under several categories of changes, such as providing information or modifying media policies.

Check off those changes in the media that may be most helpful to the mission of promoting child health and development in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in the media. An extra copy of the Planning Page is provided for your convenience.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

- 1. By \_\_\_\_\_, use newspapers and radio advertisements to educate parents on how to identify healthy physical development, safe physical environments, and supportive social and cognitive environments.
- 2. By \_\_\_\_\_, provide Public Service Announcements (PSA's) to enhance child well-being through comprehensive community awareness campaigns targeting parents, grand parents, and family members.
- 3. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- 4. By \_\_\_\_\_, conduct marketing campaign (television, newspapers, radios, movie theaters) targeting pregnant and parenting teens on prenatal care and immunization schedules.
- 5. By \_\_\_\_\_, use (PSA's) to promote immunization schedules and locations.
- 6. By \_\_\_\_\_, use movie theater advertising to promote information on the importance of prenatal visits and regular check-ups of children.
- 7. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 8. By \_\_\_\_\_, the local newspaper will provide a weekly profile of new parents working to promote strong parent-child bonds.
- 9. By \_\_\_\_\_, utilize the media to communicate accurate information on the levels of infant and child mortality.
- 10. By \_\_\_\_\_, arrange public awareness campaigns that disseminate information about the importance and contributions to early brain development.
- 11. By \_\_\_\_\_, provide a community-wide education campaign to reduce unintentional

injuries (e. g., child passenger safety devices, hot tap water safety, smoke alarm ownership, bicycle helmet use).

- 12. By \_\_\_\_\_, publish printed materials to accompany prosocial television shows such as Mr. Roger’s Neighborhood so that adult-guided support activities may occur before and after shows.
- 13. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 14. By \_\_\_\_\_, arrange an annual public awareness march, rally, or forum to accompany use of quality indicators of child care.
- 15. By \_\_\_\_\_, develop, maintain, and distribute a resource directory listing local licensed preschools.
- 16. By \_\_\_\_\_, orchestrate a promotional effort to increase family literacy.
- 17. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 18. By \_\_\_\_\_, use editorials in local newspapers to promote public support for child health and development efforts (e.g., increased funding, awareness, school readiness programs, supportive environments, stable communities).
- 19. By \_\_\_\_\_, produce and help distribute a brochure that describes local community services and programs involved in enhancing healthy relationships among parents/guardians and caregivers.
- 20. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 21. By \_\_\_\_\_, keep the media and public informed about the group's prevention activities through regular press conferences and public relations efforts.
- 22. By \_\_\_\_\_, develop and distribute an information sheet informing patients in health departments, public clinics, and obstetric offices of the dangers of poor prenatal care.
- 23. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

- 24. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(2) ALTERING INCENTIVES AND DISINCENTIVES**

**a. General Child Well-Being**

- 25. By \_\_\_\_\_, the media will offer creative incentives to businesses partnering with them to conduct community forums on the problem of poor child development.
- 26. By \_\_\_\_\_, the media will sponsor PSA’s offering incentives for participating in community-wide efforts to promote child health and development.
- 27. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 28. By \_\_\_\_\_, publicly advertise free immunization clinics through the radio, tv, and printed press.

29. By \_\_\_\_\_, the television media will showcase families experiencing difficulty receiving proper health care for their newborns because of lack of insurance and advocate to obtain coverage.

30. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

31. By \_\_\_\_\_, feature 5 local private child care providers using high standards of care during a week long television segment during the local news hour.

32. By \_\_\_\_\_, the media will collaborate with child development centers and businesses to provide free “family calendars” that conveys ways parents can enhance child health and development through daily activities.

33. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

34. By \_\_\_\_\_, spotlight benefits for parents who connect in social networks with other parents of young children.

35. By \_\_\_\_\_, publicly advertise licensed preschools using quality indicators of care with free registrations during the advertisement campaign.

36. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

37. By \_\_\_\_\_, the newspaper will provide frontpage coverage to families engaged in activities promoting child well-being (e.g., emotional bonding between fathers and daughters, employment success stories, the benefits of quality foster care).

38. By \_\_\_\_\_, disseminate a community scorecard of child indicators, publicly reporting information on the level of reported childhood immunizations, domestic violence, child support obligations, children in foster care, while offering community-wide incentives for improving these indicators of child well-being.

39. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

40. By \_\_\_\_\_, publicize the levels of police reported incidence for alcohol-related arrests, drug-related arrests, property crimes, and personal crimes.

41. By \_\_\_\_\_, publicize the levels of police arrests and prosecutions for alcohol-related arrests, drug-related arrests, property crimes, and personal crimes.

42. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

43. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

**a. General Child Well-Being**

44. By \_\_\_\_\_, provide editorials and PSA's outlining what community members and elected officials can do in their neighborhoods to promote child health and

development.

- 45. By \_\_\_\_\_, local radio will sponsor regular live discussions on ways of enhancing child well-being through events in the community.
- 46. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 47. By \_\_\_\_\_, provide television programs that describe the consequences of poor prenatal care or for neglecting immunization schedules.
- 48. By \_\_\_\_\_, provide PSA's demonstrating the consequences of drug use during pregnancy.
- 49. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 50. By \_\_\_\_\_, broadcast live debates on current public and business policies that affect quality child care in a local area.
- 51. By \_\_\_\_\_, feature editorials on participation criteria for the WIC program, free and reduced lunches, and food stamps.
- 52. By \_\_\_\_\_, offer increased programming time for educational programs such as Sesame Street and prosocial programs such as Mr. Roger's Neighborhood.
- 53. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 54. By \_\_\_\_\_, feature newspaper articles detailing the nutrition value of food provided at various private day care providers in the area as compared to what's recommended by national agencies.
- 55. By \_\_\_\_\_, provide cover stories (on the number of child care sites that are licensed and those that provide a safe physical environment) comparing them to standards in other areas of the county/state.
- 56. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 57. By \_\_\_\_\_, provide a community report card on economic deprivation in your community with a focus on how local politicians plan to enhance supports for children and families affected by poverty.
- 58. By \_\_\_\_\_, develop a feature story focusing on the needs of children of single parent families while highlighting what social service agencies may (or may not) be doing to provide support.
- 59. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 60. By \_\_\_\_\_, provide and publicize a community resource directory of opportunities for contributing to community improvement and arrange for a registration night at one central location during this event.
- 61. By \_\_\_\_\_, create billboards highlighting the costs of poverty for children and everyone

and how community members can get involved by contacting a centralized coordinating agency.

62. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes Related to Child Well-Being**

63. By \_\_\_\_\_, \_\_\_\_\_ (other).

## **(4) ENHANCING SERVICES AND SUPPORTS**

### **a. General Child Well-Being**

64. By \_\_\_\_\_, provide free advertising for community workshops on issues related to child health and development .
65. By \_\_\_\_\_, publicize exemplary efforts by community members to enhance child well-being.
66. By \_\_\_\_\_, create a 211 phone number (similar to 911) for parents in distress to call to access services and referral information for issues affecting child health and development.
67. By \_\_\_\_\_, involve local TV personalities as spokespersons for prenatal visits and immunizations.
68. By \_\_\_\_\_, solicit the support of regional and state sporting teams to present public service announcements on reading to your children on a daily basis.
69. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

70. By \_\_\_\_\_, provide PSA's that display skills that pregnant and parenting teens can use to obtain needed services for themselves and their children.
71. By \_\_\_\_\_, establish and promote use of a community resource phone contact for those with questions about prenatal care, immunizations, infant care, poison control, etc.
72. By \_\_\_\_\_, provide a community scorecard, publicly reporting on monthly/yearly levels of infant and child mortality in the neighborhood or community, reporting increases or decreases from previous time periods.
73. By \_\_\_\_\_, use press coverage to highlight weekly events that feature well-know personalities participating in prenatal care, immunizations, or well-baby check-ups.
74. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

75. By \_\_\_\_\_, publicize success stories of early intervention programs that incorporate home visiting as a component.
76. By \_\_\_\_\_, use newspapers to incorporate an insert for donations to a child care consortium providing quality indicator services.
77. By \_\_\_\_\_, use press coverage to highlight personalities in private day care who are implementing quality standards of care.
78. By \_\_\_\_\_, feature a documentary on a family who benefited from the WIC program and who are now self-sufficient and supporting others.
79. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **d. Specific to School Readiness**

- 80. By \_\_\_\_\_, partner with other organizations to provide publicity for efforts to promote parent/child daily reading.
- 81. By \_\_\_\_\_, sponsor local telethons to support and publicize efforts to establish licensed preschools that meet quality standards of social, cognitive, and emotional development in children.
- 82. By \_\_\_\_\_, the media will feature a prominent personality in the community supporting the practice of immunizing their child before entering kindergarten.
- 83. By \_\_\_\_\_, newspapers will include inserts about licensed preschools in the area listing personal testimonies from parents with referral and contact information.
- 84. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **e. Specific to Children Living in Stable and Supportive Families**

- 85. By \_\_\_\_\_, feature parenting tips on TV and in print media highlighting anger management strategies, creating safe play environments, and behavioral discipline practices.
- 86. By \_\_\_\_\_, use media to sponsor a telethon to raise financial support for domestic violence shelters and private providers of foster care.
- 87. By \_\_\_\_\_, the media will enlist a prominent personality to conduct PSA's supporting parents and children in communicating effectively and building emotional connections.
- 88. By \_\_\_\_\_, enlist the support of the public broadcasting system in airing programs supporting family-enhancing activities and values.
- 89. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 90. By \_\_\_\_\_, publicize and coordinate a supply drive (e.g., clothing, safe toys, diapers) for licensed preschools employing quality indicators of care.
- 91. By \_\_\_\_\_, generate a series of stories highlighting agency and community efforts that benefit parents and children without insurance coverage.
- 92. By \_\_\_\_\_, enlist the support of management in reducing the amount of violence that airs on television during prime time family viewing hours.
- 93. By \_\_\_\_\_, provide information about the negative effects of violence for children through radio, television, and newspaper PSA's appropriate for a variety of audiences including children, adolescents, adults. The PSA's will be culturally-specific and ethnically-appropriate and will feature local and national celebrities and personalities.
- 94. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **g. Other Outcomes Related to Child Well-Being**

- 95. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **(5) MODIFYING POLICIES AND PRACTICES**

#### **a. General Child Well-Being**

- 96. By \_\_\_\_\_, establish practices of newspapers to include daily children's sections that feature activities that promote development and are free from exposure to violence.
- 97. By \_\_\_\_\_, create alternative times to broadcast children's programs that enhance

creativity and healthy development while involving parents and children in joint activities.

98. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

99. By \_\_\_\_\_, modify media policies to report all deaths, including infant and child mortality rates.

100. By \_\_\_\_\_, establish policies that reduce negative portrayals of low-income families using government subsidies, (e.g., individuals receiving food stamps, WIC participants).

101. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

102. By \_\_\_\_\_, establish policies for airing programs targeting children to include a greater proportion of shows that enhance cognitive, social, and emotional development.

103. By \_\_\_\_\_, reduce the portrayal of violence in programs geared to children.

104. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

105. By \_\_\_\_\_, create programs that encourage daily reading times between parents and young children that are interactive with the host of the program.

106. By \_\_\_\_\_, require news programs to air segments on healthy nutrition for young children which feature licensed preschools providing these recipes.

107. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

108. By \_\_\_\_\_, create policies which require radio, TV, and newspapers to air PSA's targeting how to enhance relationships between parents and children on a weekly basis.

109. By \_\_\_\_\_, reduce the amount of air time given to shows that glorify assaultive violence, criminal activity, and use of drugs or alcohol.

110. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

111. By \_\_\_\_\_, modify media policies to report all crime, including drive-by shootings.

112. By \_\_\_\_\_, radio stations in the area will adopt policies to refrain from playing music that promotes violent behavior or use of drugs and alcohol.

113. By \_\_\_\_\_, reduce the amount of news time given to sensationalized stories.

114. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

115. By \_\_\_\_\_, \_\_\_\_\_ (other).





# Worksheet for Potential Community and System Changes to be Sought in

## The Media

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_  
\_\_\_\_\_

Names of Contributors: \_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

Check which strategies you want to use and list candidate change objectives (by #):

- Changes that Provide Information and Enhance Skills
  
- Changes that Alter Incentives and Disincentives
  
- Changes that Modify Access, Barriers, and Opportunities
  
- Changes that Enhance Services and Supports
  
- Changes that Modify Policies and Practices

# Worksheet for Potential Community and System Changes to be Sought in

## The Media

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check which strategies you want to use and list candidate change objectives (by #):

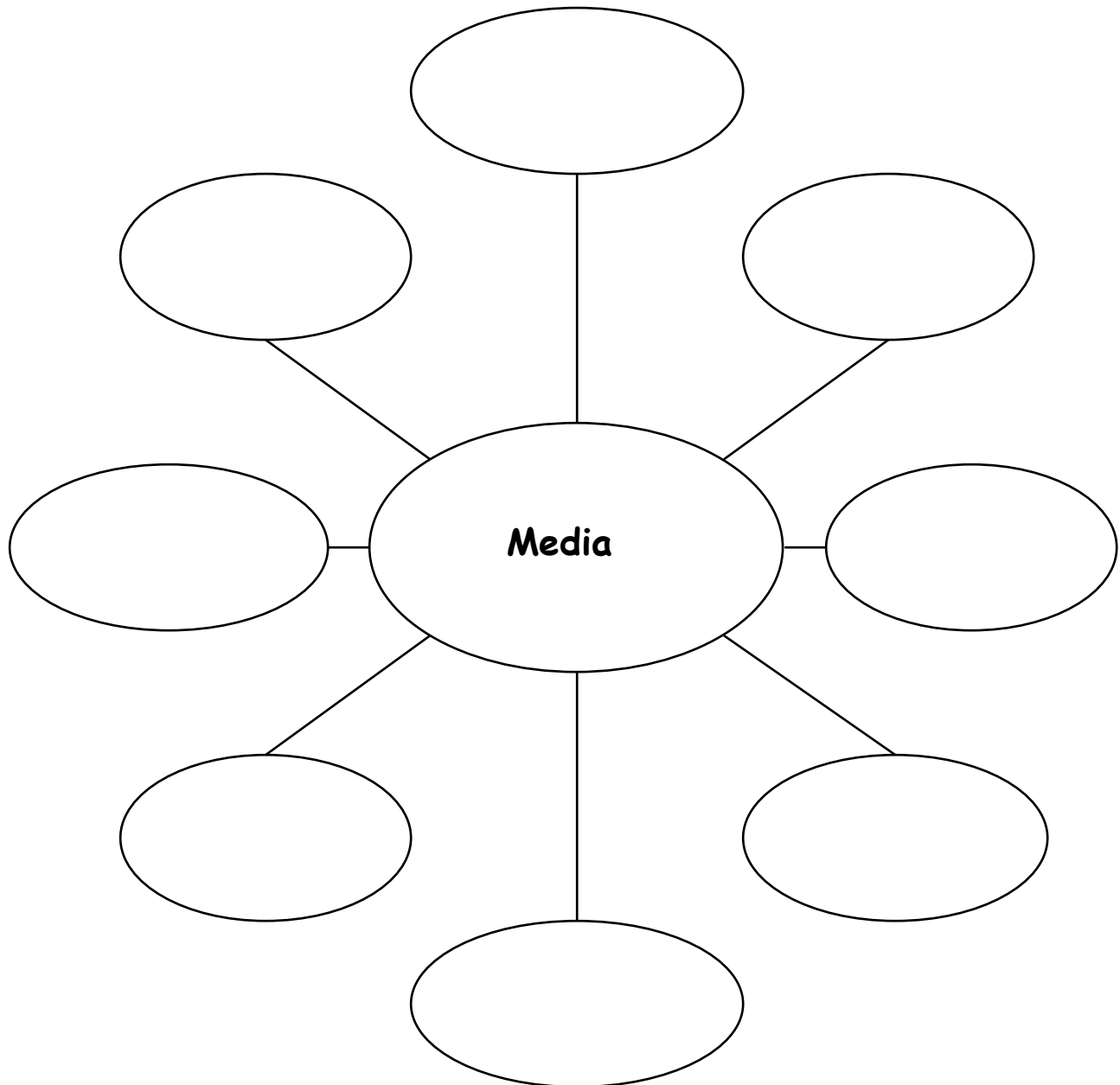
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- Changes that Alter Incentives and Disincentives
  
- Changes that Modify Access, Barriers, and Opportunities
  
- Changes that Enhance Services and Supports
  
- Changes that Modify Policies and Practices

# Planning Page

## Changes in the Media

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in your community's media. Consider all forms of local print and broadcast media, including newspapers, radio, and cable and other television.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should the media do?

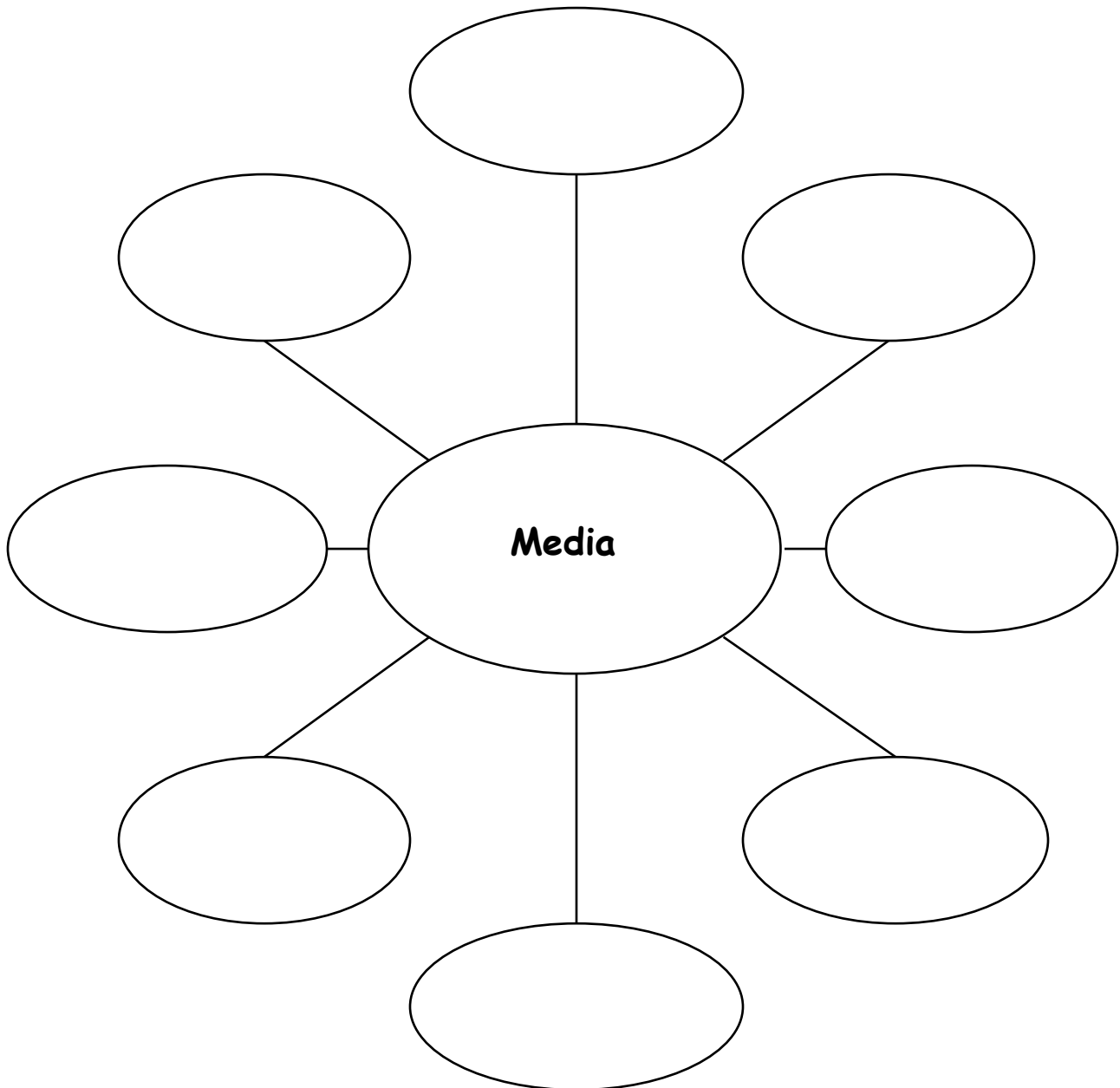


# Planning Page

## Changes in the Media

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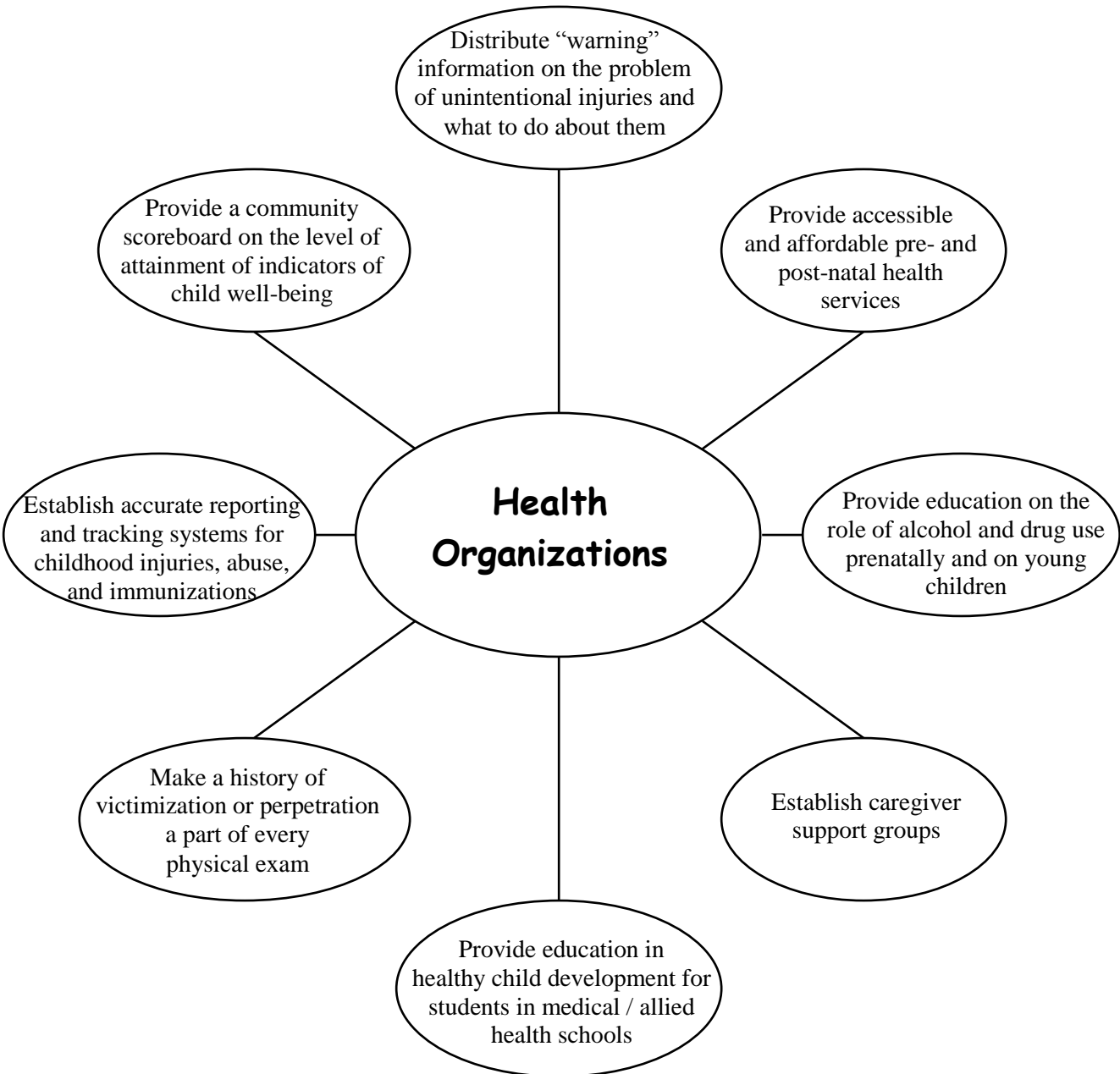
***"Children spell love... T-I-M-E."***

*- Dr. Anthony P. Witham*

# Part E **Changes in Health Organizations**

*(An Example)*

There are a number of potential changes in health organizations that might contribute to the mission of promoting child well-being. Here is an example of the product of planning--a list of changes that might be sought in hospitals, clinics, public health organizations, health education programs, physicians' offices, and other places where health care is provided.



# Inventory of Potential Community and System Change Objectives Health Organizations

Please review this list of potential changes in a community's health organizations. The list notes how particular programs, policies, and practices of health organizations might be changed to contribute to the mission of promoting child well-being. These changes that might be considered are organized under several categories of changes, such as providing information or modifying access, barriers, and opportunities.

Identify those changes in health organizations that may be most helpful to the mission of promoting child well-being. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in health organizations. An extra copy of the Planning Page is provided for your convenience.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

- 1. By \_\_\_\_\_, use newsletters and in-service trainings to train health care workers to identify healthy physical development, safe physical environments, and supportive social and cognitive environments.
- 2. By \_\_\_\_\_, produce and help distribute a brochure that describes local community services and programs involved in enhancing child well-being.
- 3. By \_\_\_\_\_, provide cross-cultural training for health professionals to enhance the cultural appropriateness of clinical and preventive services.
- 4. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- 5. By \_\_\_\_\_, develop and distribute an information sheet informing patients in health departments, public clinics, and obstetric offices of the dangers of neglecting prenatal check-ups.
- 6. By \_\_\_\_\_, create a mentor education group to provide skills training in interacting with newborns to first-time parents in health care settings.
- 7. By \_\_\_\_\_, distribute information sheets to private pediatricians about the importance of early brain development of young children.
- 8. By \_\_\_\_\_, provide clinic-based parent education in conjunction with community-level interventions to reduce unintentional injuries (e. g., child passenger safety devices, hot tap water safety, smoke alarm ownership, bicycle helmet use).
- 9. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 10. By \_\_\_\_\_, provide workshops for new parents on what to expect in cognitive, social, and emotional development of their children through health departments.
- 11. By \_\_\_\_\_, create a web-based platform for parents to contact health care professionals to receive advice on frequently asked questions.
- 12. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 13. By \_\_\_\_\_, health care professionals will post and distribute information to parents about quality indicators of licensed preschools.
- 14. By \_\_\_\_\_, provide a flyer on local immunization clinics to all clinics, health centers, and family doctors.
- 15. By \_\_\_\_\_, provide parent education in oral health practices and proper feeding to improve dental health outcomes.
- 16. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

- 17. By \_\_\_\_\_, sponsor parent, guardian, and family workshops to enhance decision making, communication, and problem-solving skills.
- 18. By \_\_\_\_\_, provide pamphlets, audio, and video-tapes of techniques to improve emotional attachment with young children.
- 19. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 20. By \_\_\_\_\_, provide a yearly report card of community safety behaviors among parents of birth to 5-year old children (e.g., alcohol, drug, property, and personal related arrests).
- 21. By \_\_\_\_\_, increase the availability of locally relevant and culturally specific information about the rate and consequences of poor prenatal care and inadequate nutrition in appropriate forms (e.g., pamphlets, audio and video-tapes, posters, PSA's).
- 22. By \_\_\_\_\_, provide incentives for Emergency Room staff that get additional training to deal with victims of violence.
- 23. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes related to Child Well-Being**

- 24. By \_\_\_\_\_, \_\_\_\_\_ (other).

## **(2) ALTERING INCENTIVES AND DISINCENTIVES**

### **a. General Child Well-Being**

- 25. By \_\_\_\_\_, create incentive programs through partnerships with health care providers and businesses to encourage pregnant women to participate in child wellness programs.
- 26. By \_\_\_\_\_, increase new parent's willingness to allow home visits by offering incentives (e.g., free baby supplies).



27. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

28. By \_\_\_\_\_, provide incentive programs through health care providers that would increase rates of prenatal check-ups and immunization rates.

29. By \_\_\_\_\_, create disincentives for pregnant mothers who put their child at-risk by smoking or drinking during pregnancy (e.g., referrals for neglect, reductions in food stamps).

30. By \_\_\_\_\_, provide incentives for following immunization schedules according to plan (e.g., certificates for free or reduced cost goods and services).

31. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

32. By \_\_\_\_\_, offer gift cards to local department stores for parents immunizing their children on-time.

33. By \_\_\_\_\_, create networks of health care providers to combine resources and offer free support to subscribe needy parents in local WIC programs.

34. By \_\_\_\_\_, offer food vouchers (WIC and food stamps) to increase nutritional intake by young children.

35. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

36. By \_\_\_\_\_, appoint representatives to Local Interagency Coordinating Councils (LICCs) to provide support to existing unlicensed preschools as they prepare and apply for licensure.

37. By \_\_\_\_\_, provide creative incentives (e.g., business vouchers) for to parents to attend free vision, hearing, and dental screening clinics.

38. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

39. By \_\_\_\_\_, provide continuing education training to health centers, clinics, and private physician staff in supporting parents to complete paperwork for enrollment in TANF and food stamp programs.

40. By \_\_\_\_\_, offer free training to health care professionals on how to recognize symptoms of child abuse/neglect, drug and alcohol involvement, or domestic violence and proper referral and reporting procedures.

41. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

42. By \_\_\_\_\_, offer commendations in personnel files of health care professionals who more accurately assess, report, and monitor at-risk behaviors in parents (e.g., employment, arrests, firearm use, etc.)

43. By \_\_\_\_\_, provide health care professionals with leave time to participate in community efforts aimed at publicizing and reporting vital statistics on drug, alcohol, property, and personal crimes.

44. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

45. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

**a. General Child Well-Being**

46. By \_\_\_\_\_, reduce the cost and improve the accessibility of health services for all children and families.

47. By \_\_\_\_\_, provide safe and affordable transportation to health care appointments for parents and their children.

48. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

49. By \_\_\_\_\_, health care professionals will organize immunization clinics in low income-housing sites on a quarterly basis.

50. By \_\_\_\_\_, child health clinics will organize a mobile response team with supplies to provide prenatal and child wellness services to rural communities.

51. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

52. By \_\_\_\_\_, home visiting nurses will also make recommendations on proper stimulating environments to enhance children's cognitive, social, and emotional development during medically-related visits.

53. By \_\_\_\_\_, nutritionists from health departments will provide private child care providers with preplanned food guides and recommendations on proper nutrition for young children.

54. By \_\_\_\_\_, develop a mobile resource team to provide information to parents, conduct assessments, and provide support to underdeveloped areas.

55. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

56. By \_\_\_\_\_, licensed preschools will jointly fund a part-time nurse to be present in their centers providing services on a rotating basis.

57. By \_\_\_\_\_, county health workers will provide a uniform health history questionnaire that all physicians in the county have agreed to use.

58. By \_\_\_\_\_, develop relationships with local school districts to allow health care professionals to be present at kindergarten registration to offer on-site immunizations.

59. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

60. By \_\_\_\_\_, health workers will be trained to make confidential referrals to social services or private therapeutic providers during medically-related home visits.

61. By \_\_\_\_\_, home visiting teams will receive access to a limited fund to improve access to emergency food, shelter, and clothing services for families in crisis.

- 62. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 63. By \_\_\_\_\_, health care professionals will participate in community action groups to reduce drug and alcohol use among pregnant and parenting teens.
- 64. By \_\_\_\_\_, health care professionals will support efforts to reduce the number of gun shops in all residential neighborhoods, especially low-income neighborhoods.
- 65. By \_\_\_\_\_, work to improve public housing to include well-lit courtyards, defensible space, and decent housing conditions.
- 66. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 67. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(4) ENHANCING SERVICES AND SUPPORTS**

**a. General Child Well-Being**

- 68. By \_\_\_\_\_, health care professionals will develop and implement programs to help young parents provide proper stimulating physical environments for optimal development of their children.
- 69. By \_\_\_\_\_, nurses will receive joint training with social services to offer multiple points of entry into receiving services to improve child health and development.
- 70. By \_\_\_\_\_, establish mother to mother mentoring programs in the community to provide support from experienced mothers in enhancing child development.
- 71. By \_\_\_\_\_, organize support groups and networks for parents and guardians.
- 72. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 73. By \_\_\_\_\_, nurses will offer more home visiting programs to link parents and children when needed to primary care services.
- 74. By \_\_\_\_\_, nurses will coordinate volunteers to assist in providing mentoring services to pregnant and parenting teens.
- 75. By \_\_\_\_\_, implement regular parent meetings where they have the opportunity to be observed interacting with their children and then offer a support group with trained parent mentors while a child development specialist works with the children.
- 76. By \_\_\_\_\_, provide oral health screenings/preventive treatments through child care sites.
- 77. By \_\_\_\_\_, establish support programs (either peer or intergenerational) for pregnant and parenting teens to develop social relationships and links to resources and networks.
- 78. By \_\_\_\_\_, encourage health professional organizations to address pregnant women and newborns at conferences and through organizational newsletters.
- 79. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 80. By \_\_\_\_\_, community health nurses will participate in multidisciplinary evaluations of children through early intervention programs for prevention of serious health deficits in

developmentally delayed children.

- 81. By \_\_\_\_\_, community health nurses will establish and maintain a network among local child care providers for improving coordination of local efforts to promote healthy behaviors among parents and their children.
- 82. By \_\_\_\_\_, create a home visiting program where a child development specialist goes into the home of participants to help parents and grandparents with developmentally appropriate activities.
- 83. By \_\_\_\_\_, create support resources and natural links between private child care providers and health care organizations to enhance the quality of services through resource support.
- 84. By \_\_\_\_\_, establish intergenerational programs that link new parents with elders in the community who can serve as mentors in child development.
- 85. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **d. Specific to School Readiness**

- 86. By \_\_\_\_\_, health care professionals will provide early childhood screenings and health services (e.g., well baby checks) in licensed preschools and child development centers.
- 87. By \_\_\_\_\_, a collaborative of community health nurses will increase the number of children served by free immunization clinics.
- 88. By \_\_\_\_\_, health care providers will foster relationships between private child care providers and licensed preschools to implement a continuum of best practices.
- 89. By \_\_\_\_\_, develop relationships between local pediatricians and preschools to offer greater flexibility in consultations as well as in offering immunization clinics.
- 90. By \_\_\_\_\_, coordinate dental health services with other services (e.g., WIC, child care, home visits, immunizations).
- 91. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **e. Specific to Children Living in Stable and Supportive Families**

- 92. By \_\_\_\_\_, initiate and participate in a coordinated program of "wrap around" services for medically compromised children involved in multiple agencies because of severe medical and emotional difficulties.
- 93. By \_\_\_\_\_, community health nurses will participate in crisis intervention teams to address extreme or repeated instances of conflict among family members.
- 94. By \_\_\_\_\_, implement a case management program for mothers and grandmothers to help address needs of housing, education, employment, child care, and health care.
- 95. By \_\_\_\_\_, health care organizations will offer a spectrum of services from individualized child enhancement services to prevention programs that address abuse and neglect in families.
- 96. By \_\_\_\_\_, provide training to health care professionals from regional, state, and national experts in family functioning and how to identify when a family needs additional supports.
- 97. By \_\_\_\_\_, increase the number of Medicaid providers and access to dental services.
- 98. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 99. By \_\_\_\_\_, community health nurses will provide help in obtaining public assistance (e.g., AFDC, food stamps) for those families that need it.
- 100. By \_\_\_\_\_, increase access to shelters to protect women and children who may be victims of abuse.
- 101. By \_\_\_\_\_, health care professionals will facilitate support groups for parents of young children with spouses at-risk for multiple problem behaviors (i.e., drug and alcohol abuse, violence, criminal activity).
- 102. By \_\_\_\_\_, health care workers will develop and facilitate mentoring programs for at-risk parents of young children.
- 103. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 104. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(5) MODIFYING POLICIES AND PRACTICES**

**a. General Child Well-Being**

- 105. By \_\_\_\_\_, establish policies within health care organizations for cross-system training so home visiting nurses are able to provide access to both medical and social services.
- 106. By \_\_\_\_\_, create health care professional standards of practice and training for implementation by any home visiting team to conduct comprehensive assessments of child physical and emotional well-being.
- 107. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 108. By \_\_\_\_\_, health care organizations will encourage all parents at their facility who give birth to participate in follow-up home visiting programs.
- 109. By \_\_\_\_\_, health care organizations will implement workplace-based immunization clinics and screenings.
- 110. By \_\_\_\_\_, implement a policy where by young children are assessed two times a year using the Denver screening instrument for indicators of developmental delays.
- 111. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 112. By \_\_\_\_\_, health care organizations will be encouraged to offer parenting classes to new parents within one month of giving birth.
- 113. By \_\_\_\_\_, health care organizations will be encouraged to form partnerships with child care providers and child development centers implementing quality indicators of care of young children.
- 114. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 115. By \_\_\_\_\_, health care organizations will implement incentive programs for employees who immunize their children according to federal guidelines with no delays.
- 116. By \_\_\_\_\_, health care organizations will be required to provide employees with release

time to volunteer their expertise in local preschools and kindergartens for up to 10% of their work week.

117. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

118. By \_\_\_\_\_, health care organizations will establish a policy of providing “bonus back bucks” to families who participate in wellness programs which include parenting skills, communication skills, conflict resolution skills, etc.

119. By \_\_\_\_\_, health care organizations will establish a policy of mandatory counseling for employees testing positive for drugs, attending work intoxicated, or receiving a DUI charge.

120. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

121. By \_\_\_\_\_, health care organizations will establish a policy of providing matching (or in-kind) funds for grants promoting child health and development.

122. By \_\_\_\_\_, establish cooperative agreements among relevant state and local agencies regarding joint initiatives for promoting child health and development.

123. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

124. By \_\_\_\_\_, \_\_\_\_\_ (other).

# Worksheet for Potential Community and System Changes to be Sought in Health Organizations

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check which strategies you want to use and list candidate change objectives (by #):

- Changes that Provide Information and Enhance Skills
  
- Changes that Alter Incentives and Disincentives
  
- Changes that Modify Access, Barriers, and Opportunities
  
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Community Issue/Goal: \_\_\_\_\_

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Names of Contributors: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

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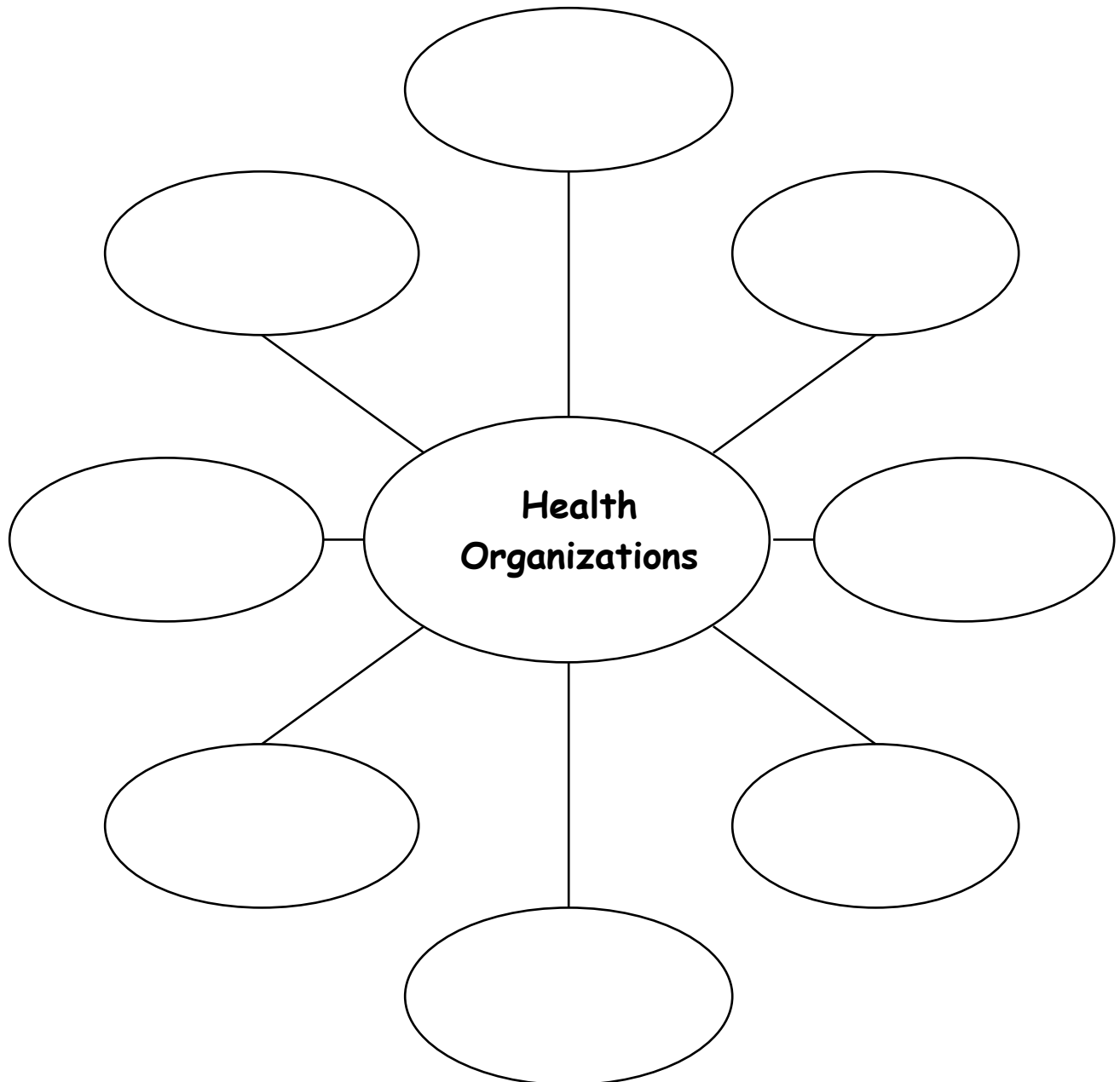


# Planning Page

## Changes in Health Organizations

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in your community's health organizations. Consider all the contexts in which people receive health services including hospitals, clinics, public health organizations, health education programs, physicians' offices, and other places where health care is provided.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should health organizations do?

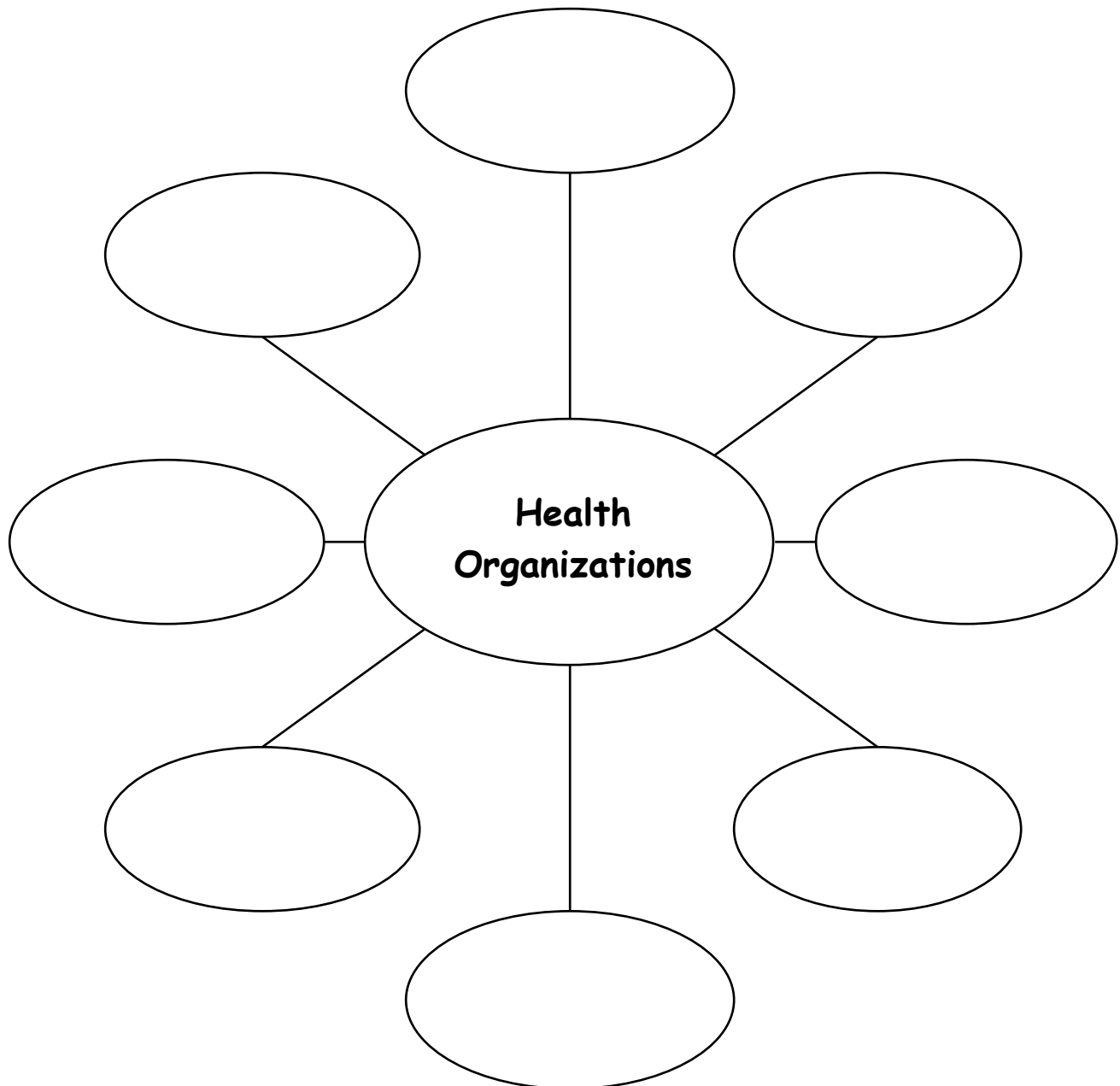


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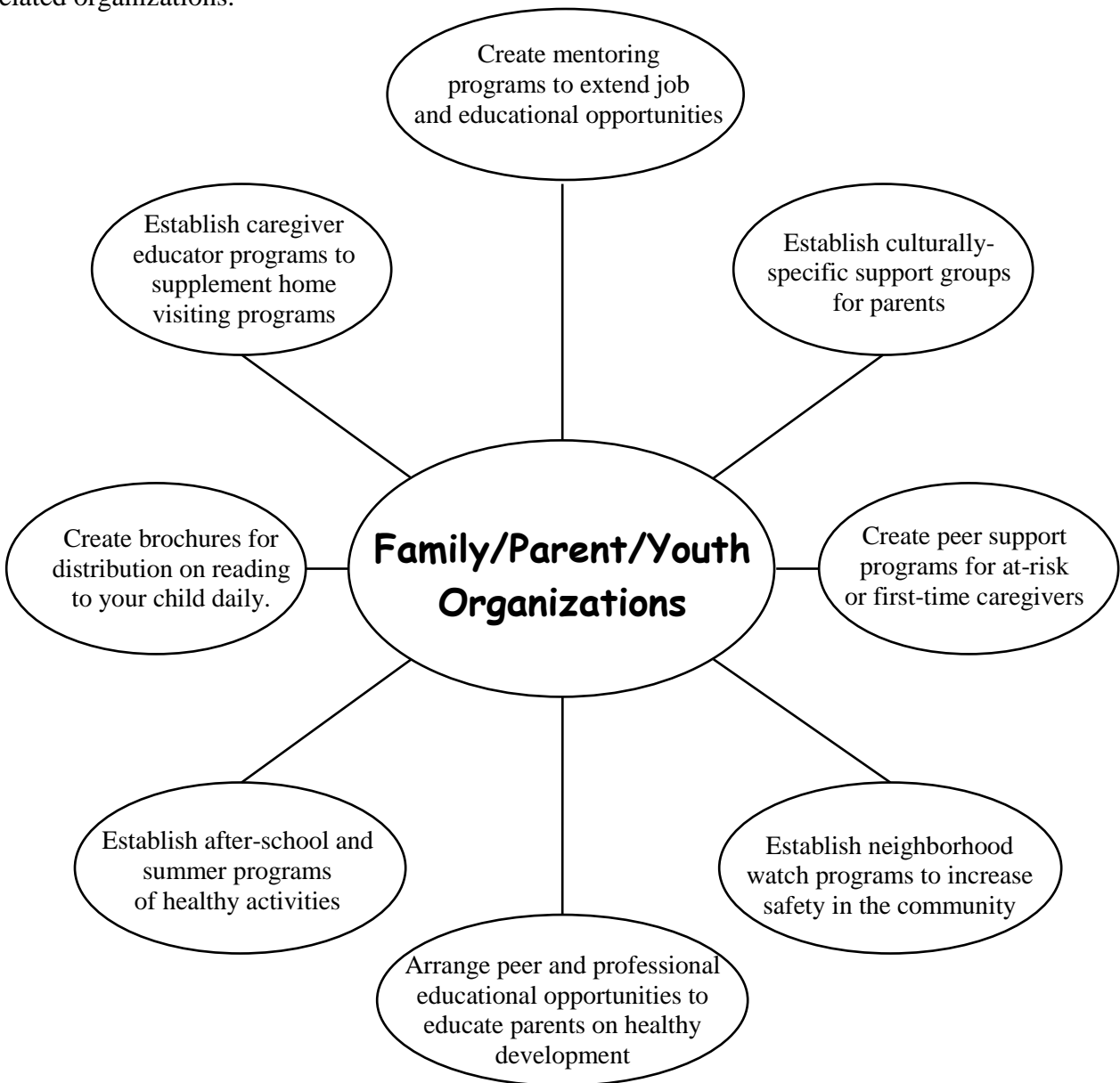
***"We never know the love of a parent  
till we become parents ourselves."  
- Henry Ward Beecher***

# Part F

## Changes in Family/Parent/Youth Organizations

### (An Example)

There are a number of potential changes in parent, family, and youth organizations that will contribute to the mission of promoting child well-being. Here is an example of the product of planning--a list of changes that can be sought in PTA's, Parent to Parent groups, coffee klatches, Boys and Girls Clubs, the YMCA, Scouting organizations, 4-H recreational programs, and other related organizations.



# Inventory of Potential Community and System Change Objectives **Family/Parent/Youth Organizations**

Please review this list of potential changes in a community's parent/family/youth organizations. The list notes how particular programs, policies, and practices of family, parent, and youth organizations might be changed to contribute to the mission of promoting child well-being. These changes that might be considered are organized under several categories of changes, such as providing information or modifying policies of family/parent/youth organizations.

Identify those changes in family/parent/youth organizations that may be most helpful to the mission of promoting child well-being in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in family/parent/youth organizations. An extra copy of the Planning Page is provided for your convenience.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

1. By \_\_\_\_\_, use newsletters and in-service trainings to prepare parent volunteers to identify healthy physical development, safe physical environments, and supportive social and cognitive environments.
2. By \_\_\_\_\_, create brochures for distribution at local meetings on the benefits of spending one-on-one time with your child reading a nightly story.
3. By \_\_\_\_\_, participate in the rehabilitation of homes for private child care providers to occupy and serve children.
4. By \_\_\_\_\_, assess environmental risks to children through parent and family groups.
5. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

6. By \_\_\_\_\_, train soon-to-be parents on the benefits of prenatal visits, breastfeeding, development, and behavioral discipline techniques.
7. By \_\_\_\_\_, provide early skills training to parents on methods of relaxation during child birth, breastfeeding, and discipline practices with children.
8. By \_\_\_\_\_, produce and distribute brochures highlighting common environmental hazards to children, especially common routes of lead poisoning.
9. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 10. By \_\_\_\_\_, provide information to private child care providers about local levels of problems affecting young children, their consequences, and effective prevention and promotion methods (e.g., safe environments, proper nutrition, stimulating activities).
- 11. By \_\_\_\_\_, provide parent training in behavior management and positive discipline.
- 12. By \_\_\_\_\_, through support networks of family child care providers, offer workshops and education on child health and development.
- 13. By \_\_\_\_\_, provide brochures, videos, and informal lunches on “dialogic” reading where parents make their children an active part of shared book-reading by asking questions.
- 14. By \_\_\_\_\_, arrange for presentations and trainings on preventing lead poisoning for community residents and groups.
- 15. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 16. By \_\_\_\_\_, create a media campaign to draw attention to the importance of immunizations and nutrition before children enter preschool.
- 17. By \_\_\_\_\_, develop and distribute inserts for church bulletins and bulletin boards on the benefits of maternal health, adequate nutrition, safe environments, and strong parent-child bonds in preparing young children for entry into school.
- 18. By \_\_\_\_\_, increase health and development in the early years by providing a lending library of at-home parenting videos for 1, 3, 5, 7, 10, and 12 months.
- 19. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

- 20. By \_\_\_\_\_, distribute door hangers and refrigerator magnets describing available services with phone numbers, contact information, and web addresses for domestic violence, social services, financial support, insurance information, etc.
- 21. By \_\_\_\_\_, participate in the development of a community report card indicating the rates of crimes, violence, child abuse and neglect, etc.
- 22. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 23. By \_\_\_\_\_, conduct forums on community problems such as what can be done to address issues concerning the parents of young children (e.g., violence, safety).
- 24. By \_\_\_\_\_, produce and help distribute a brochure that describes local community services and programs involved in promoting child health and development.
- 25. By \_\_\_\_\_, create and distribute a protocol of house renovations and maintenance to reduce environmental hazards for children.
- 26. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes related to Child Well-Being**

- 27. By \_\_\_\_\_, \_\_\_\_\_ (other).

## **(2) ALTERING INCENTIVES AND DISINCENTIVES**

**a. General Child Well-Being**

- 28. By \_\_\_\_\_, provide incentive programs and ways to recognize parents who participate in community-wide events promoting child health and development.
- 29. By \_\_\_\_\_, establish reimbursement/discount programs for parents participating in child birthing classes, breastfeeding, and child development classes.
- 30. By \_\_\_\_\_, establish family advocates in education, transportation, job opportunities, and child care to help parents and guardians gain access to needed services.
- 31. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 32. By \_\_\_\_\_, establish incentive programs through informal networks of parents who own businesses for those new parents who participate in well baby check-ups.
- 33. By \_\_\_\_\_, develop an informal community food bank for those families in need of food assistance when TANF and food stamps do not provide enough support.
- 34. By \_\_\_\_\_, offer in-kind incentives to the family resource advocates as they share their knowledge of resources in the community while serving as links to child care, transportation, and education services.
- 35. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 36. By \_\_\_\_\_, provide incentive programs (e.g., free publicity on cars) for private child care sites to offer more flexibility in staffing and hours. “The proud parent of a child at \_\_\_\_\_ child care.”
- 37. By \_\_\_\_\_, work to reduce the stigma associated with receiving TANF or food stamps through personal testimonies of success stories of those who received support in the past and are now self-sufficient.
- 38. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 39. By \_\_\_\_\_, parent groups form partnerships with local businesses to offer playground equipment as incentives to preschools who become licensed and implement quality indicators of care.
- 40. By \_\_\_\_\_, parent groups use informal network of connections to find discounts on nutritious food in bulk and work with preschools to obtain discounts for increasing enrollment.
- 41. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 42. By \_\_\_\_\_, family organizations provide public recognition for other groups working to improve family relationships and supports.
- 43. By \_\_\_\_\_, establish parent-to-parent groups work with parents who have children in foster care to offer support, instruction, and mentoring in parenting skills to improve their chances of having their children returned home to them.
- 44. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive**

## **Communities**

- 45. By \_\_\_\_\_, parent groups unite to form neighborhood watch programs to improve community safety in local neighborhoods.
- 46. By \_\_\_\_\_, family organizations visit elected officials to express concern over the large number of children and families without healthcare coverage.
- 47. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes related to Child Well-Being**

- 48. By \_\_\_\_\_, \_\_\_\_\_ (other).

## **(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

### **a. General Child Well-Being**

- 49. By \_\_\_\_\_, improve the access to regular health care services for all children and families.
- 50. By \_\_\_\_\_, family groups work together to create neighborhoods that provide support (social, in-kind) to parents of young children.
- 51. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- 52. By \_\_\_\_\_, parent groups work to coordinate transportation to health visits, check-ups, and follow-up medical appointments for each other.
- 53. By \_\_\_\_\_, family groups arrange to share information with each other on how to access social services, breastfeeding techniques, parenting practices, discipline strategies, etc.
- 54. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 55. By \_\_\_\_\_, family groups arrange for the sharing and exchange of toys, children's clothing, and baby accessories with each other through an informal cooperative.
- 56. By \_\_\_\_\_, parent groups work in partnership with other social service leaders to informally provide referrals of community members to TANF, food stamps, and WIC programs.
- 57. By \_\_\_\_\_, form partnerships with key stakeholders (e.g., education, media, religious organizations, businesses, and health care to assemble a unified team of collaborators to address issues of poverty, child health and development, and availability of child care.
- 58. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 59. By \_\_\_\_\_, parents working in conjunction with resource and referral agencies make personalized referrals of other parents to licensed preschools that implement quality indicators of care.
- 60. By \_\_\_\_\_, provide low income families with books to create opportunities for parents to read to their children.
- 61. By \_\_\_\_\_, members of parent groups share with each other information on how to create safe environments when they exchange babysitting time.
- 62. By \_\_\_\_\_, improve child cognitive and social outcomes by encouraging involvement



- between children and parents who do not live in the home.
63. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

64. By \_\_\_\_\_, members of family organizations offer support and motivation needed for parents to leave abusive relationships and seek healing because of domestic violence.
65. By \_\_\_\_\_, parent group members look out for each other by assisting other members in finding employment, developing strong parent-child emotional attachments, and providing social support.
66. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

67. By \_\_\_\_\_, eliminate access to areas known for promoting drugs and alcohol, violence, and crime by participating in community efforts to demolish crack houses and clean up parks and other public sites of illegal activity.
68. By \_\_\_\_\_, parent groups participate in citywide plans to remove graffiti associated with gang and other illegal activity.
69. By \_\_\_\_\_, participate in a grant-based employment program where TANF recipients are given an opportunity to earn a real paycheck for work experience performed at nonprofit agencies in the community.
70. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

71. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(4) ENHANCING SERVICES AND SUPPORTS**

**a. General Child Well-Being**

72. By \_\_\_\_\_, parent groups will establish and maintain a network among local child serving agencies for improving coordination of local efforts to promote healthy child development.
73. By \_\_\_\_\_, parent groups will utilize informal networks and relationships at agencies to expedite referrals for programs.
74. By \_\_\_\_\_, use local efforts to create support networks for family child care providers.
75. By \_\_\_\_\_, existing family organizations organize support groups and networks for parents and guardians.
76. By \_\_\_\_\_, create mentoring relationships between more experienced parents and new parents to address parenting practices, nutrition, parent-child bonds, etc.
77. By \_\_\_\_\_, approach key stakeholders about the availability of support and mentoring programs for parents and guardians of at-risk children.
78. By \_\_\_\_\_, recruit family resource advocates from the local community to link families to resources.
79. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 80. By \_\_\_\_\_, parent groups will coordinate volunteers to assist in arranging transportation to health care visits or to assist in staffing tables at community health fairs.
- 81. By \_\_\_\_\_, family groups will provide informal help in obtaining public assistance (e.g., AFDC, food stamps) for those families that need it.
- 82. By \_\_\_\_\_, create block grandparent programs throughout the community to help families address challenges through home visits.
- 83. By \_\_\_\_\_, implement nurse home visiting programs beginning in pregnancy and continuing until the child's second birthday to offer guidance in parental health habits, parenting behaviors, and home safety.
- 84. By \_\_\_\_\_, establish support programs, either peer or intergenerational, to assist young parents in caring for their newborns and negotiating needed social services.
- 85. By \_\_\_\_\_, parenting groups exchange names and numbers of women who choose breastfeeding options to exchange techniques and tips.
- 86. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 87. By \_\_\_\_\_, train parents and guardians on adult-child communication and give them information on healthy physical development.
- 88. By \_\_\_\_\_, parents will advocate for the establishment of before and after work quality day care options and summer programs for their children.
- 89. By \_\_\_\_\_, through support networks of family child care providers, offer technical assistance from child development specialists regarding child development issues.
- 90. By \_\_\_\_\_, develop a lending library for providers involved with the child care provider support network.
- 91. By \_\_\_\_\_, develop relationships with child development experts in the area to present to parent groups on discipline, nutrition, and creating stimulating environments.
- 92. By \_\_\_\_\_, forge partnerships with formal groups (religious, media, business, health) to provide expertise about child health and development at parent meetings and activities.
- 93. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 94. By \_\_\_\_\_, parent group members will serve as informal supports to at-risk parents to provide modeling of good parenting, emotional attachments to young children, etc.
- 95. By \_\_\_\_\_, members of organizations will serve on preschool boards to assure that high quality care is being provided to all local children.
- 96. By \_\_\_\_\_, coordinate other home visiting programs using paraprofessionals to target improved parent-child interactions, reduce maternal depression, and increase child cognitive abilities.
- 97. By \_\_\_\_\_, make connections between mothers to form support networks and opportunities for play groups with each other.
- 98. By \_\_\_\_\_, leaders and members of youth organizations work together on licensing preschools across the region.
- 99. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 100. By \_\_\_\_\_, family group members will interact and help direct new families affected by

divorce to individual counselors in the community or to social service agencies with effective programs that address this issue.

- 101. By \_\_\_\_\_, parent group members will serve on multidisciplinary teams for child welfare agencies to represent families at this level and to offer input into reports of child abuse and neglect.
- 102. By \_\_\_\_\_, coordinate a family literacy program incorporating a home visiting component to increase adult GED attainment and the number of books in the home.
- 103. By \_\_\_\_\_, family groups work to link and provide support to parents with other parents who have had their children returned successfully from foster care programs.
- 104. By \_\_\_\_\_, family groups create mentoring programs to enhance job and secondary education opportunities for each other.
- 105. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 106. By \_\_\_\_\_, parent group members will participate in an interagency network to coordinate efforts to prevent substance abuse, violence, criminal activity in their neighborhood.
- 107. By \_\_\_\_\_, family group members will participate as support to the parents in a coordinated program of "wrap around" services for other young children involved in multiple service systems.
- 108. By \_\_\_\_\_, parent groups establish and support the adoption of violence prevention programs in existing employee organizations (e.g. employee health committees).
- 109. By \_\_\_\_\_, establish support programs with other parents who are struggling with economic difficulty, as well as difficulties parenting young children.
- 110. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **g. Other Outcomes Related to Child Well-Being**

- 111. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **(5) MODIFYING POLICIES AND PRACTICES**

#### **a. General Child Well-Being**

- 112. By \_\_\_\_\_, participate in the establishment of policies to provide line item funding to activities promoting child health and development.
- 113. By \_\_\_\_\_, family group members will advocate for day care organizations and preschools to adopt quality standards of care and pursue licensing.
- 114. By \_\_\_\_\_, \_\_\_\_\_ (other).

#### **b. Specific to Pregnant Women and Newborns Thriving**

- 115. By \_\_\_\_\_, influence policy development on the necessity of offering prenatal check-ups in the community at sites where pregnant women live and work.
- 116. By \_\_\_\_\_, enact policies that would provide a home visiting component to family, parent, and youth organizations.
- 117. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 118. By \_\_\_\_\_, create opportunities for expectant and new parents to influence policy issues that affect child well-being (e.g., public forums or advisory committees on access to quality child care).
- 119. By \_\_\_\_\_, help create standards of care for use in private day care providers by sitting on county boards.
- 120. By \_\_\_\_\_, lobby for legislation to reduce unintentional injuries (e. g., child passenger safety restraints, hot tap water safety, smoke alarm ownership, bicycle helmet use).
- 121. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 122. By \_\_\_\_\_, support the development of a formal mechanism requiring the licensure and implementation of standards for private day care providers and preschools (e.g., nutrition guidelines and meal examples, creating stimulating environments, enhancing cognitive, social, and emotional development).
- 123. By \_\_\_\_\_, endorse a yearly public awareness campaign on the importance of parent-child bonding and creating opportunities for emotional development of children through daily reading time, one-on-one time with young children, proper parenting techniques, and adult caring engagements with children.
- 124. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

- 125. By \_\_\_\_\_, parent group members help enact policies encouraging the hiring of parents completing rehabilitation programs and intensive in-home therapy programs.
- 126. By \_\_\_\_\_, support the passage of legislation to subsidize job-training programs for soon-to-be or new parents.
- 127. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 128. By \_\_\_\_\_, family group members will support the increased prosecution of perpetrators of violent acts who are family members, intimates, or acquaintances of the victim.
- 129. By \_\_\_\_\_, parent group members will support the provision of resources for community policing to increase the constructive presence of police officers in high crime neighborhoods.
- 130. By \_\_\_\_\_, enhance caregiver’s abilities by training parents how to testify, providing voter registration in day care centers, and using data that affects children to evaluate services.
- 131. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes Related to Child Well-Being**

- 132. By \_\_\_\_\_, \_\_\_\_\_ (other).

# Worksheet for Potential Community and System Changes to be Sought in

## Family/Parent/Youth Organizations

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check which strategies you want to use and list candidate change objectives (by #):

- Changes that Provide Information and Enhance Skills
  
- Changes that Alter Incentives and Disincentives
  
- Changes that Modify Access, Barriers, and Opportunities
  
- Changes that Enhance Services and Supports
  
- Changes that Modify Policies and Practices

# Worksheet for Potential Community and System Changes to be Sought in

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Community Issue/Goal: \_\_\_\_\_

Names of Contributors: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

Check which strategies you want to use and list candidate change objectives (by #):

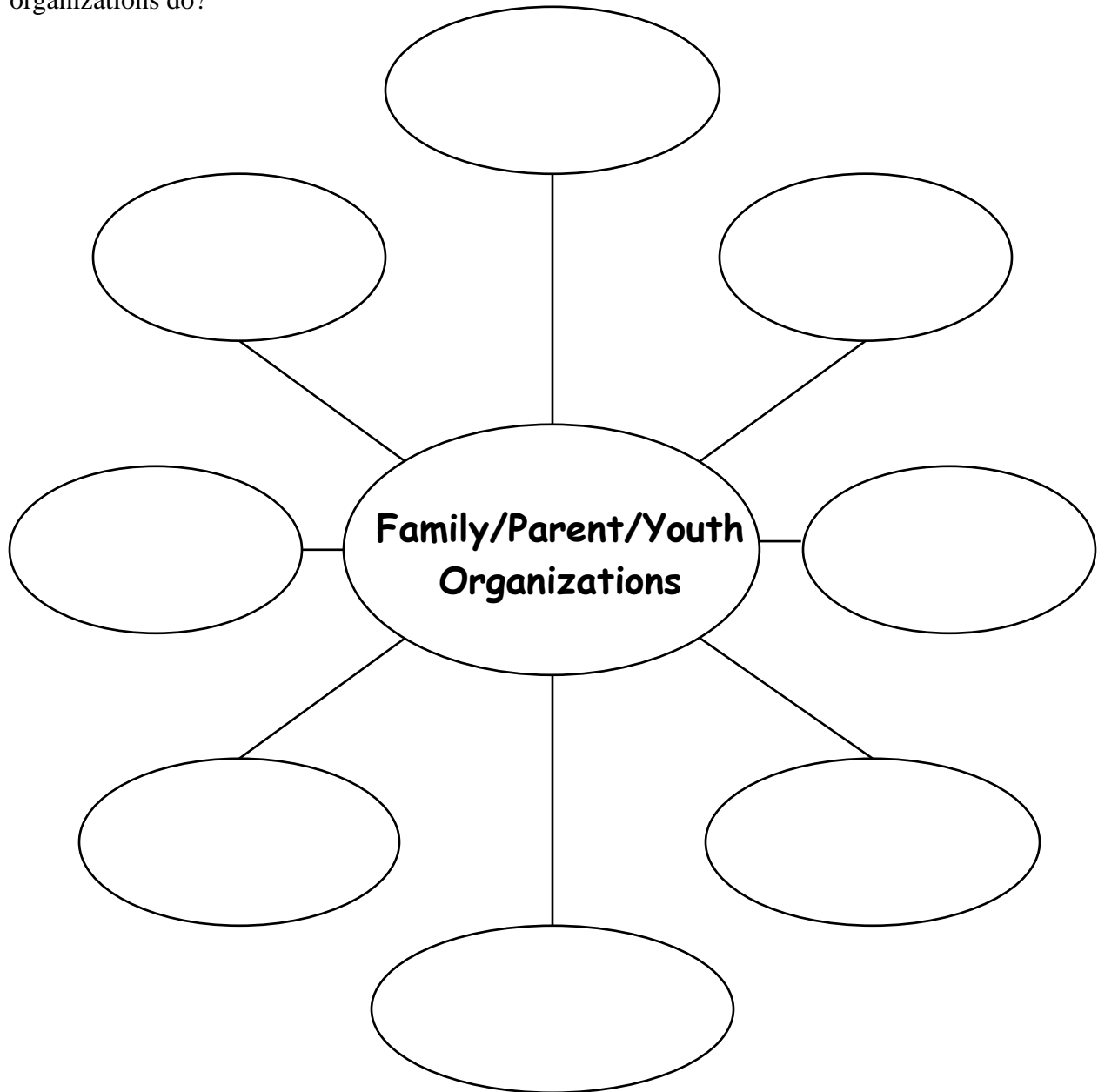
- Changes that Provide Information and Enhance Skills
  
- Changes that Alter Incentives and Disincentives
  
- Changes that Modify Access, Barriers, and Opportunities
  
- Changes that Enhance Services and Supports
  
- Changes that Modify Policies and Practices

# Planning Page

## Changes in Family/Parent/Youth Organizations

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in your community's parent, family, and youth organizations. Consider the different types of organizations serving families, including after-school recreational programs PTA's, Parent to Parent groups, coffee klatches, Boys and Girls Clubs, the YMCA, Scouting organizations, 4-H recreational programs, and other related organizations.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should youth organizations do?

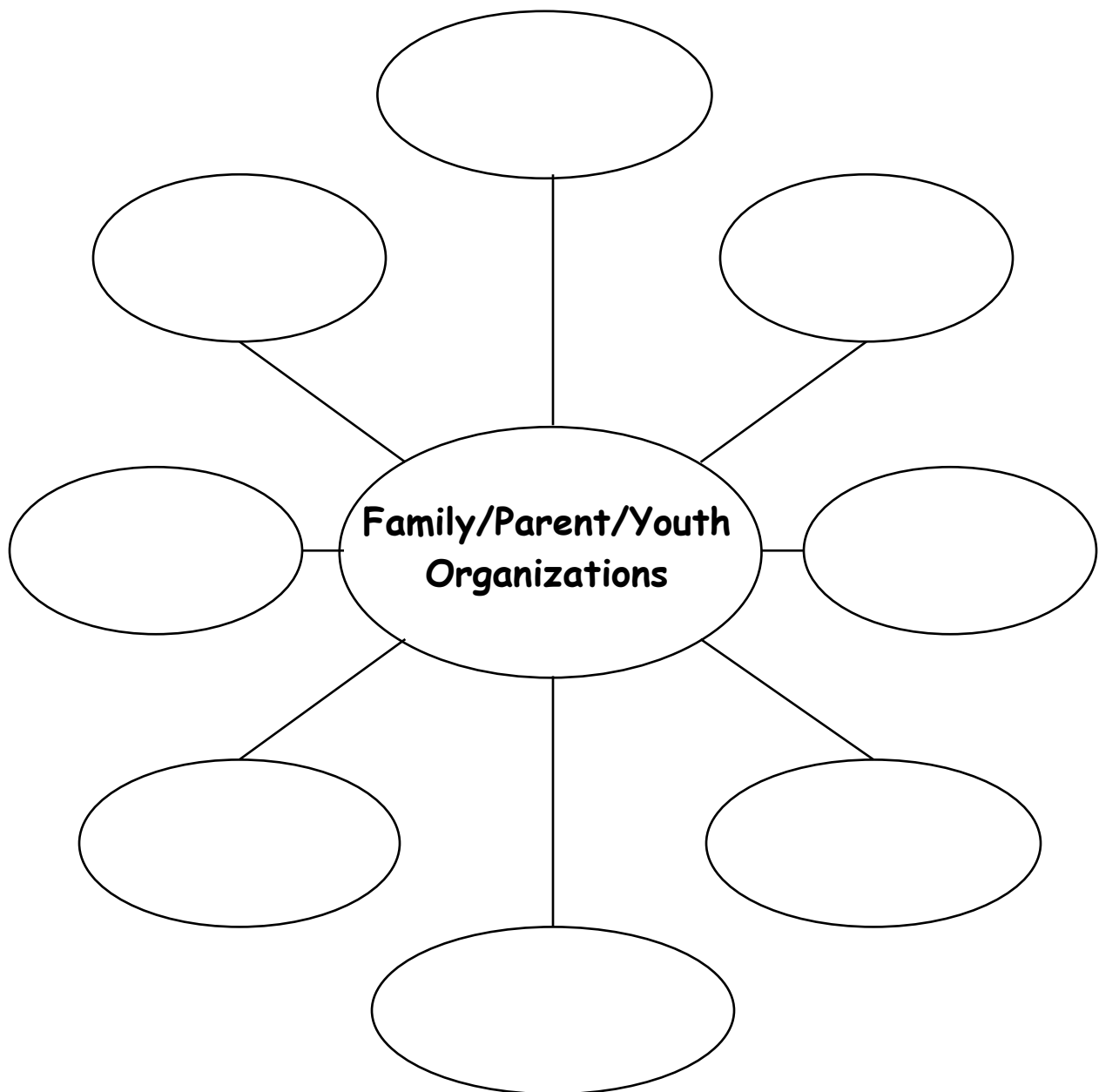


# Planning Page

## **Changes in Family/Parent/Youth Organizations**

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When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should youth organizations do?





**Part G**  
**Changes in Social Service/  
 Community/Government Organizations**

**(An Example)**

There are a number of potential changes in social service, government, and community organizations that might contribute to the mission of promoting child health and development. Here is an example of a product of planning. It is a list of changes that might be sought in service organizations, including those providing welfare and vocational services; community organizations, including related coalitions, advocacy organizations, self-help groups, neighborhood improvement associations, neighborhood task forces; and government agencies, including executive and legislative bodies at local, county, and state levels.



# Inventory of Potential Community and System Change Objectives **Social Service/Community/Government Organizations**

Please review this list of potential changes in local social service, community, and government organizations. The list notes how particular programs, policies, and practices of social service, community, and government organizations might be changed to contribute to the mission of promoting child well-being. These changes that might be considered are organized under several categories of changes, such as providing information or modifying social service, community, and government organization policies.

Identify those changes in social service, community, and government organizations that may be most helpful to the mission of promoting youth development in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in social service, community, and government organizations. An extra copy of the Planning Page is provided for your convenience.

## **(1) PROVIDING INFORMATION AND ENHANCING SKILLS**

### **a. General Child Well-Being**

- 1. By \_\_\_\_\_, provide training for area decision-makers in leadership skills for promoting child health and development (pre and postnatal health, stimulating environments, school readiness, family and community stability).
- 2. By \_\_\_\_\_, provide newsletters and in-service trainings to inform case managers of general principals of child development, strategies to improve child-parent bonding, and techniques to assess for social/emotional delays.
- 3. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

- 4. By \_\_\_\_\_, develop a county-wide brochure listing sites, dates, and times for free well-baby screenings and prenatal care.
- 5. By \_\_\_\_\_, conduct workshops with social service agencies working with pregnant mothers on the importance of prenatal care in ensuring the healthy birth, functioning, and development of their child.
- 6. By \_\_\_\_\_, arrange for existing support groups (e.g. Mother-to-Mother) to focus on distributing information to expecting and new parents.
- 7. By \_\_\_\_\_, provide information to agency offices and waiting rooms of social service agencies on prenatal development and well-baby checks.
- 8. By \_\_\_\_\_, media modify messages to adjust to the cultural beliefs and practices of local minority groups emphasizing healthy prenatal and postnatal development.
- 9. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 10. By \_\_\_\_\_, produce and help distribute information (e.g., directory, brochure, on-line edition) that describes local community-based services and programs involved in supporting the healthy development of children and families.
- 11. By \_\_\_\_\_, provide information to programs and new parents about home safety issues, such as lead paint, home environmental hazards, and the physical condition of the household.
- 12. By \_\_\_\_\_, develop resources for both parents and professionals about healthy check-up points during pregnancy and for childhood immunizations.
- 13. By \_\_\_\_\_, distribute information to all social service agencies working with young children and families assessing social isolation within a family and resources to connect families to caring neighbors.
- 14. By \_\_\_\_\_, provide skills training to agency staff and home visiting workers on family relationship factors and possible referral if appropriate.
- 15. By \_\_\_\_\_, provide information on appropriate developmental expectations of children to new and expecting parents through support groups, play groups, and private child care.
- 16. By \_\_\_\_\_, distribute information enhancing knowledge of healthy child development and nutrition to newly discharged parents from the hospital.
- 17. By \_\_\_\_\_, provide training to parents and child care advocates on how to mobilize community resources to enhance resources for healthy families (e.g., transportation, toy lending, early childhood education).
- 18. By \_\_\_\_\_, provide information increasing awareness of developmentally appropriate learning materials for young children (e.g., how to provide a stimulating environment, importance of reading to children).
- 19. By \_\_\_\_\_, distribute resources (maps, information, contact names) on safe areas in the local community for play groups or others interested informing such groups.
- 20. By \_\_\_\_\_, provide cross-disciplinary training to staff of social service agencies working with young children on language stimulation, responsivity, and modeling.
- 21. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 22. By \_\_\_\_\_, schools will provide supervised after-school activities for children and youth.
- 23. By \_\_\_\_\_, provide information what it takes to create environments that support social and cognitive development.
- 24. By \_\_\_\_\_, provide a yearly report on factors contributing to school readiness among pre-kindergarten youth.
- 25. By \_\_\_\_\_, train parents and guardians on adult-child communication and give them information about preparing children for school readiness.
- 26. By \_\_\_\_\_, provide skills training for teachers and administrators to assist them in recognizing students that display signs of poor bonds with their primary caregiver.
- 27. By \_\_\_\_\_, provide a community scorecard, publicly reporting on monthly/yearly levels of school readiness, reporting increases or decreases from previous time periods.
- 28. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

- 29. By \_\_\_\_\_, schools and community agencies will provide supervised after-school activities for children and youth.
- 30. By \_\_\_\_\_, provide education, resources, and training to help assure the stable income of caretakers (e.g., job fairs, economic opportunities targeting expecting and new parents).
- 31. By \_\_\_\_\_, provide information on developing adequate social supports among expecting and new parents (e.g., informal groups of expecting parents, mentoring parents).
- 32. By \_\_\_\_\_, distribute information and resources on the locations, numbers, qualifications, and types of day care and respite care providers in the community.
- 33. By \_\_\_\_\_, produce and distribute information on physical care standards (e.g., food, shelter, clothing, personal hygiene, medical care) recommended to enhance prenatal and postnatal healthy development.
- 34. By \_\_\_\_\_, train agency staff and home visitors on standards for appropriate affection (e.g., spouse to spouse, parent to child, sibling to sibling, other adult to child, including positive physical interaction, positive verbal expressions of affection) and role model during interactions with families.
- 35. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 36. By \_\_\_\_\_, produce and distribute information to agency staff and home visitors on social education (i.e., health care and hygiene issues, clothing procurement and care skills, personal interaction and problem-solving, nutrition/eating, transportation skills, child care skills, safety/security skills).
- 37. By \_\_\_\_\_, conduct workshops with families of young children, agency staff, and volunteer mentors on guidance skills (e.g., positive methods for providing age-appropriate guidance to the child, providing advice, feedback).
- 38. By \_\_\_\_\_, train all private day care providers and home visitors on the process of child development, issues, and limitations affecting child well-being.
- 39. By \_\_\_\_\_, provide training at community health fairs to parents and guardians on how to provide adequate supervision and appropriate discipline for children (i.e., time-out, rewards, consequences, consistency).
- 40. By \_\_\_\_\_, train child care workers and home visitors how to secure professional guidance counseling as required when working with families and communities.
- 41. By \_\_\_\_\_, provide trainings and support for forming neighborhood and tenant associations, neighborhood watch programs, and child safe houses from violence.
- 42. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **g. Other Outcomes related to Child Well-Being**

- 43. By \_\_\_\_\_, \_\_\_\_\_ (other).

## **(2) ALTERING INCENTIVES AND DISINCENTIVES**

### **a. General Child Well-Being**

- 44. By \_\_\_\_\_, establish incentive programs to reward parents or caregivers who help each other develop supportive social and cognitive environments for their children.
- 45. By \_\_\_\_\_, establish tax rebates for employers that create high quality child care options.
- 46. By \_\_\_\_\_, provide incentives for government agencies to hire parents of young children for part-time jobs.
- 47. By \_\_\_\_\_, provide incentives for child development centers to help parents enhance parenting skills.
- 48. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 49. By \_\_\_\_\_, ensure confidentiality of pregnant and new parents seeking help and support from social service agencies.
- 50. By \_\_\_\_\_, provide transportation and child care for parents who attend school sponsored workshops, night classes, or other events.
- 51. By \_\_\_\_\_, provide incentives similar to child care credits for caregivers who participate in prenatal classes for reimbursement after the birth of the child.
- 52. By \_\_\_\_\_, provide financial incentives to low-income and at-risk parents for attending educational workshops on prenatal care and healthy homes.
- 53. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 54. 1 By \_\_\_\_\_, provide incentives to new parents for attending educational workshops on health nutrition and development
- 55. By \_\_\_\_\_, provide child care credits for at-risk families that attend programs to prevent child abuse and neglect.
- 56. By \_\_\_\_\_, offer gift certificates for families participating in regular home visits for newborns and their parents to screen for health problems.
- 57. By \_\_\_\_\_, develop loan programs for service providers and scholarships for professional development.
- 58. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 59. By \_\_\_\_\_, provide incentives for service agencies to implement effective immunization initiatives and other preventive health care services in their buildings.
- 60. By \_\_\_\_\_, establish a government incentive program in which employment and secondary education options are created for parents of young children who participate in home visiting programs.
- 61. By \_\_\_\_\_, provide incentives for service agencies and youth programs to train parents in prevention strategies that help them to avoid child abuse and neglect.
- 62. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 63. By \_\_\_\_\_, reduce costs for families to purchase nutritious healthy snacks.
- 64. By \_\_\_\_\_, develop “family our time” nights-out where families can come together to participate in healthy and safe activities.
- 65. By \_\_\_\_\_, build parent leadership networks to address issues of availability and quality

- of child care.
- 66. By \_\_\_\_\_, provide initiatives for families to enroll in Early Intervention programs prior to involvement with other social service agencies.
  - 67. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 68. By \_\_\_\_\_, offer incentives to families experiencing problems to voluntarily participate in family problem-solving courses and workshops
- 69. By \_\_\_\_\_, provide transportation vouchers for families participating in community nights out or regular family activities.
- 70. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes related to Child Well-Being**

- 71. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(3) MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES**

**a. General Child Well-Being**

- 72. By \_\_\_\_\_, provide community-based learning opportunity zones for parents of young children.
- 73. By \_\_\_\_\_, provide varied economic opportunities, such as part-time jobs and job sharing, for parents of young children.
- 74. By \_\_\_\_\_, provide businesses with tax credits for policies that support parent of young children (e.g., flextime, health insurance).
- 75. By \_\_\_\_\_, \_\_\_\_\_ (other).

**b. Specific to Pregnant Women and Newborns Thriving**

- 76. By \_\_\_\_\_, offer flexible and paid supports to mothers who are not able to work during their pregnancy due to health conditions that may harm the child.
- 77. By \_\_\_\_\_, offer free and reduced health care to pregnant mothers not eligible or receiving healthcare.
- 78. By \_\_\_\_\_, \_\_\_\_\_ (other).

**c. Specific to Infants and Children Thriving**

- 79. By \_\_\_\_\_, offer flexible and paid supports to fathers who decide to spend 4-weeks at home on paternity leave.
- 80. By \_\_\_\_\_, make day care available and affordable by creating flexible funding options for families with young children that require multiple services.
- 81. By \_\_\_\_\_, provide short-term, emergency child care scholarships to providers so children can stay in the same setting.
- 82. By \_\_\_\_\_, \_\_\_\_\_ (other).

**d. Specific to School Readiness**

- 83. By \_\_\_\_\_, provide adequate materials (books, educational toys) in waiting rooms of local agencies and offices frequently visited by parents and children.

- 84. By \_\_\_\_\_, promote access to high quality out-of-home care.
- 85. By \_\_\_\_\_, provide home visiting programs to increase and promote children’s strong bonds with competent primary caregivers.
- 86. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 87. By \_\_\_\_\_, provide flexible work schedules so parents can spend time with their children during work hours.
- 88. By \_\_\_\_\_, allow parents and caretakers to access therapeutic services through existing relationships for their children for drug and alcohol addiction, violence prevention, and interpersonal counseling through identification of the child as at-risk because of the parent’s behavior.
- 89. By \_\_\_\_\_, implement pilot programs of community relocation to reduce concentrated poverty and to increase jobs for men in inner-cities, municipalities, and rural areas.
- 90. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 91. By \_\_\_\_\_, offer home renovation dollars to residents in neighborhoods with active neighborhood watch programs.
- 92. By \_\_\_\_\_, offer funding and coordination for neighborhood block parties and socials so neighbors know each other.
- 93. By \_\_\_\_\_, reduce environmental risks to children, such as exposure to lead poisoning.
- 94. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 95. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(4) ENHANCING SERVICES AND SUPPORTS**

**a. General Child Well-Being**

- 96. By \_\_\_\_\_, develop after-school child care options for parents of young children.
- 97. By \_\_\_\_\_, develop alternative summer learning programs for parents of young children to participate together.
- 98. By \_\_\_\_\_, develop and provide opportunities for community supports, networks, and connections among families with similar experiences.
- 99. By \_\_\_\_\_, encourage community members to volunteer in activities affecting children.
- 100. By \_\_\_\_\_, establish and maintain a network among social agencies for improving coordination of local efforts to promote child well-being.
- 101. By \_\_\_\_\_, establish parent organizations promoting healthy behaviors in neighborhoods and the workplace.
- 102. By \_\_\_\_\_, establish parent support groups such as mother-to-mother or father-to-father.
- 103. By \_\_\_\_\_, organize support networks to give a respite or break to parents and guardians.
- 104. By \_\_\_\_\_, establish intergenerational programs that link children and parents with elders.

### **b. Specific to Pregnant Women and Newborns Thriving**

- 105. By \_\_\_\_\_, implement County-wide program to increase the number of mothers utilizing prenatal visits.
- 106. By \_\_\_\_\_, create multiple points of entry into local social welfare services (e. g., child welfare, mental health, early intervention) so that women can receive prenatal care from referrals from their therapist or so child welfare workers can access immunization clinics.
- 107. By \_\_\_\_\_, establish support groups for young mothers or first-time mothers with other trusted community mentors who can answer questions about prenatal development and normal reactions to a pregnancy.
- 108. By \_\_\_\_\_, create an informal network of supports where home visitors can spend time with new parents.
- 109. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

- 110. By \_\_\_\_\_, create and distribute Early Childhood Report Cards to increase community accountability for child health and development (e.g., indicators for health, child care, school readiness, family stability, and community safety).
- 111. By \_\_\_\_\_, offer and expand programs targeting new parents that involve regularly scheduled home visits offering education, resources, and supports.
- 112. By \_\_\_\_\_, provide short-term substitute child care for providers who are ill or taking vacation.
- 113. By \_\_\_\_\_, help unlicensed service providers become licensed.
- 114. By \_\_\_\_\_, seek mini-grant support from local agencies and governmental bodies to fund services to new parents and young children (e.g., transportation, clothing, toy lending library).
- 115. By \_\_\_\_\_, create partnering programs with experienced parents and new parents in the workplace and in the community to ask questions and share information about healthy child development.
- 116. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

- 117. By \_\_\_\_\_, establish a parent drop-in center in cooperation with the Local Interagency Coordinating Council or local government.
- 118. By \_\_\_\_\_, establish and maintain a network among schools and child development centers for improving coordination of local child well-being efforts.
- 119. By \_\_\_\_\_, develop interventions to promote children's strong bonds with a competent primary caregiver.
- 120. By \_\_\_\_\_, develop interventions to promote high quality out-of-home care.
- 121. By \_\_\_\_\_, develop job interventions to increase success rates of families becoming economically secure.
- 122. By \_\_\_\_\_, establish parent organizations promoting child well-being in the workplace, colleges, county offices.
- 123. By \_\_\_\_\_, promote connections between families and supportive networks and institutions through family support, home visitors, and outreach from community organizations and agencies.



- 124. By \_\_\_\_\_, promote a literacy-centered environment with children’s books and lending libraries in the waiting rooms of all city and county offices.
- 125. By \_\_\_\_\_, social service providers will foster relationships between private child care providers and licensed preschools to implement a continuum of best practices.
- 125. By \_\_\_\_\_, \_\_\_\_\_ (other).

**e. Specific to Children Living in Stable and Supportive Families**

- 126. By \_\_\_\_\_, develop economic incentives for families who attend regularly scheduled family well check-ups coordinated by social service agencies.
- 127. By \_\_\_\_\_, allow flexible funding that is available to providing services to an entire family so that child welfare workers can access and pay for quality mental health services for parents without referral to adult systems.
- 128. By \_\_\_\_\_, offer programs on building healthy marriages and relationships to enhance stability for children.
- 129. By \_\_\_\_\_, offer free support to families to engage in mediation during crisis times of relationships.
- 130. By \_\_\_\_\_, provide support to separated and divorced families in negotiating child custody schedules and relating to the child’s parents in ways that are healthy for the child.
- 131. By \_\_\_\_\_, \_\_\_\_\_ (other).

**f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- 132. By \_\_\_\_\_, offer opportunities for communities to access funds to decide how to renovate their community on a block by block basis.
- 133. By \_\_\_\_\_, create flexibility in billing and reimbursement procedures so human service agencies can work toward improving overall family conditions (e.g., parental employment, discipline, mental health).
- 134. By \_\_\_\_\_, seek support from city and county officials on providing lighted neighborhoods and establishing a community curfew.
- 135. By \_\_\_\_\_, unite social welfare agencies at local levels and present joint data on the impact of poverty on families to county and state officials.
- 136. By \_\_\_\_\_, obtain support from local and government agencies to offer working parents flexible schedules, flex time, shared jobs, or working at home.
- 137. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- 138. By \_\_\_\_\_, \_\_\_\_\_ (other).

**(5) MODIFYING POLICIES AND PRACTICES**

**a. General Child Well-Being**

- 139. By \_\_\_\_\_, change the state guidelines to require private day care centers to be licensed with periodic monitoring and follow-through.
- 140. By \_\_\_\_\_, change state statutes to assure availability and receipt of income benefits (e.g., TANF, child support, minimum wage).

141. By \_\_\_\_\_, the county system will collect and report data on county-wide day care centers failing to meet licensure.

142. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **b. Specific to Pregnant Women and Newborns Thriving**

143. By \_\_\_\_\_, adjust limitations in insurance coverage so all expecting parents can access prenatal and well-baby screenings.

144. By \_\_\_\_\_, human service agencies will implement a policy requiring all intakes to include assessments of pre- and post-natal care and develop appropriate resources to access these services despite insurance reimbursement barriers.

145. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **c. Specific to Infants and Children Thriving**

146. By \_\_\_\_\_, create changes in insurance policies to allow breast-feeding consultation to be covered under healthy child development.

147. By \_\_\_\_\_, human service agencies will implement policies carving out funds for direct contracts with child development centers or allowing flexible funds to be used by families to access licensed day care providers.

148. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **d. Specific to School Readiness**

149. By \_\_\_\_\_, establish state reimbursement rates for the use of home visitors by social service agencies so that they can be billed by insurance for providing support to parents on a wide array of services (e.g., support for breast feeding, parent education).

150. By \_\_\_\_\_, require the establishment of LICC's that promote adequate supply of accessible, affordable, stable, high quality out-of-home care including literacy and knowledge centered environments and connections to other sources of help and support.

151. By \_\_\_\_\_, enact statutes to help assure economic opportunities for parents of young children, including supports for employment, continuing education, training, job placement.

152. By \_\_\_\_\_, propose county-wide provisions that make workplace arrangements and activities available that strengthen families and support child development.

153. By \_\_\_\_\_, improve child emotional and behavioral problems by treating child and maternal depression and focusing on the parent-child relationship.

154. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **e. Specific to Children Living in Stable and Supportive Families**

155. By \_\_\_\_\_, develop strict paternity, child-support, and alimony guidelines that assure adequate living support for the custodial caregiver.

156. By \_\_\_\_\_, human service agencies will implement policies that require intense review by an independent outside committee for foster care cases where parental rights are being terminated.

157. By \_\_\_\_\_, \_\_\_\_\_ (other).

### **f. Specific to Families and Individuals Living in Safe and Supportive Communities**

- ☞ 158. By \_\_\_\_\_, implement changes in policing patterns to ensure quick response to all call areas of the city as quickly as others.
- ☞ 159. By \_\_\_\_\_, human service agencies will establish satellite centers featuring combinations of essential services in high risk areas of the county to provide more comprehensive and accessible services to improve healthcare coverage, employment rates, and reduce crime.
- ☞ 160. By \_\_\_\_\_, \_\_\_\_\_ (other).

**g. Other Outcomes Related to Child Well-Being**

- ☞ 161. By \_\_\_\_\_, \_\_\_\_\_ (other).

**Worksheet for Potential Community and System  
Changes to be Sought in  
Social Service/Community/Government  
Organizations**

Date: \_\_\_\_\_

Community Issue/Goal: \_\_\_\_\_  
\_\_\_\_\_

Names of Contributors: \_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Check which strategies you want to use and list candidate change objectives (by #):**

- Changes that Provide Information and Enhance Skills**
  
- Changes that Alter Incentives and Disincentives**
  
- Changes that Modify Access, Barriers, and Opportunities**
  
- Changes that Enhance Services and Supports**
  
- Changes that Modify Policies and Practices**

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\_\_\_\_\_


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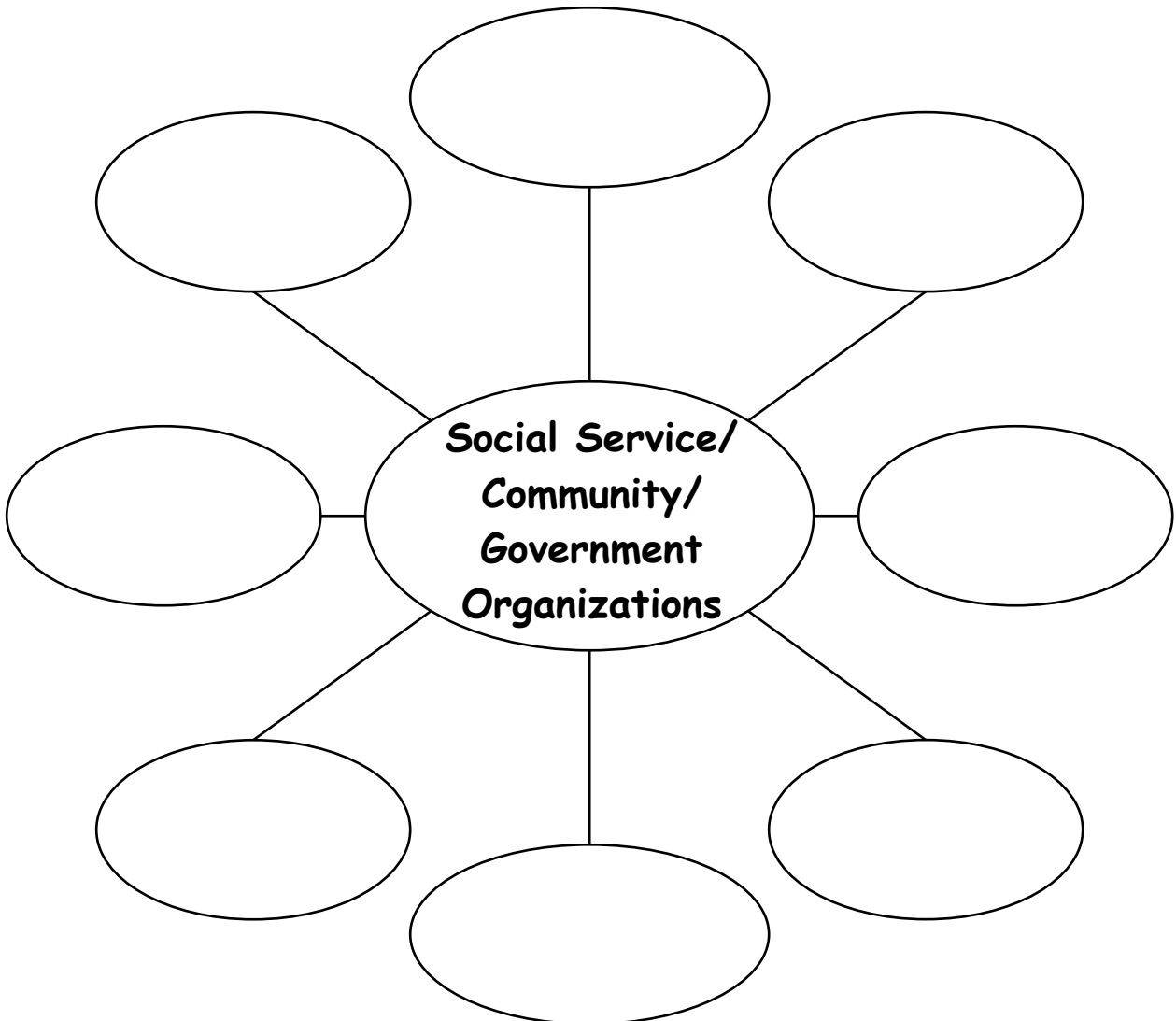
- Changes that Provide Information and Enhance Skills**
  
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- Changes that Enhance Services and Supports**
  
- Changes that Modify Policies and Practices**

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## **Changes in Social Service/Community/Government Organizations**

Please review the inventory provided earlier in this section. Then list tentative changes to be sought in local social service, community, and government organizations. Consider the variety of service organizations, including those providing welfare and vocational services. Consider relevant community organizations, including related coalitions, advocacy organizations, self-help groups, neighborhood improvement associations, and neighborhood task forces. Consider relevant government agencies, including executive and legislative bodies at local, county, and state levels.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should social service, government, and community organizations do?

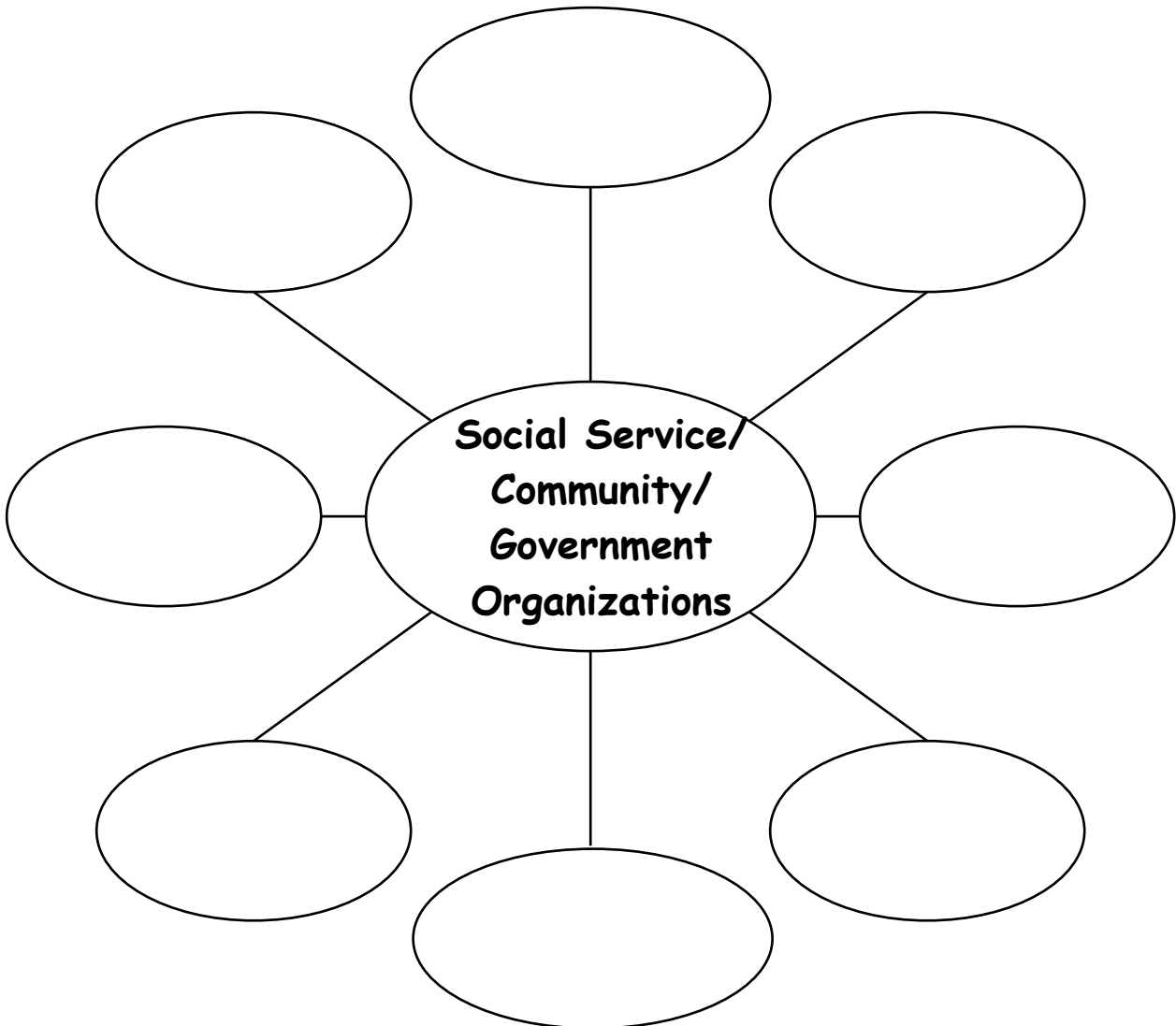


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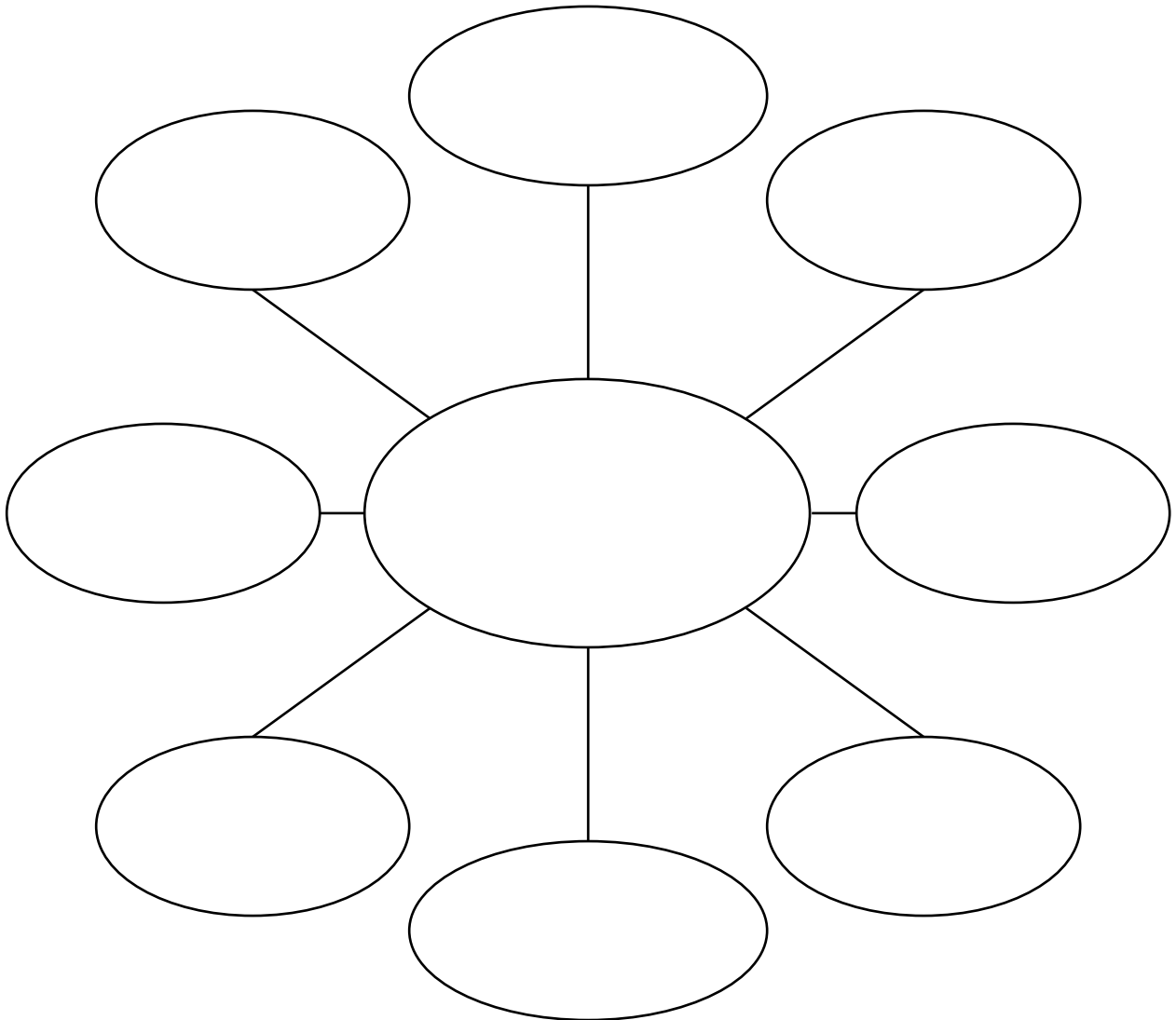


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### **Community and Systems Changes in Other Relevant Sectors**

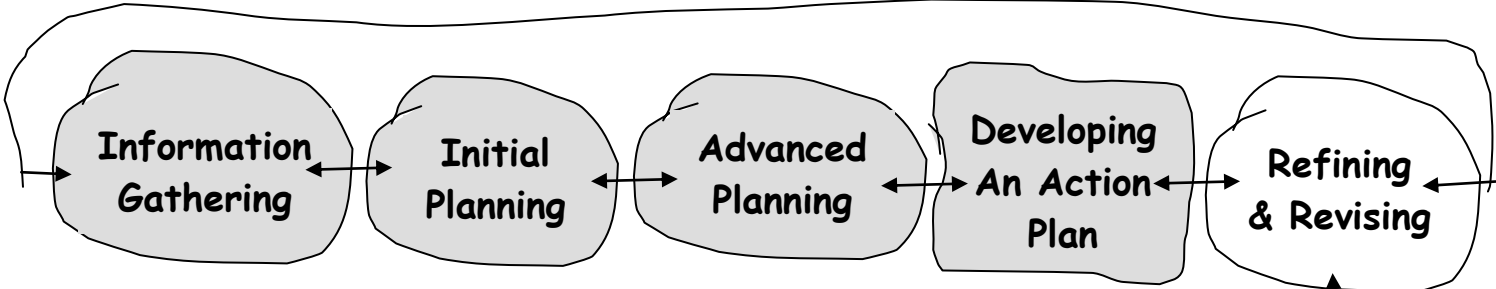
Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in other relevant sectors of your community. Consider the different types of organizations and places that could make a difference (e.g., military, recreation, law enforcement, cultural and arts organizations).

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission? Are the proposed changes feasible? What more could or should social service, government, and community organizations do?

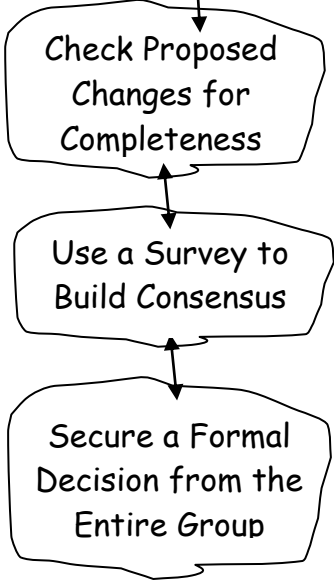




**CHAPTER V**  
**Refining Your Action Plan:  
 Building Consensus on Proposed Changes**



The **Purpose of this Chapter** is to help guide final choices of changes to be sought by your community's initiative for child well-being. We outline a process for building consensus among group members about proposed community and systems changes to be sought. The process consists of checking the proposed changes for completeness, using a survey (or more informal review) to build consensus, and securing a formal decision from the entire group.



**Step 1: Checking the Proposed Changes for Completeness**

The group should review proposed changes for each sector, as well as collectively. To review the proposed changes in each community sector, we recommend asking two questions:

- For this sector, do these proposed changes maximize its contribution to the mission of promoting child well-being?
- What other changes in programs, policies, or practices could or should be made in this sector?

To review the overall set of proposed changes for all sectors, we suggest asking:

- Collectively, would all the changes be sufficient to improve outcomes for child health and development to desired levels?
- What other changes in programs, policies, or practices could or should be made in the community?

## Step 2: Using a Survey (or More Informal Review) to Build Consensus

To help attract and preserve commitments, it is important to build consensus on the changes to be sought. The group may use a survey to review the proposed changes. This can also be done less formally, such as individually or in small groups. We recommend listing all the proposed changes, organized by community sector, along with questions about their importance and feasibility for addressing the mission of promoting health and development for all children.

For each change to be sought, we recommend asking whether the proposed change is:

- Important to the mission of promoting child health and development?
- Feasible to accomplish?

The following is an example of a survey you could use to build consensus.

<b><i>Proposed Changes in Social Services:</i></b>	<i>How important is it to...</i>					<i>How feasible is it to...</i>				
	Not at all			Very		Not at all			Very	
1. Provide skills training in child development.	1	2	3	4	5	1	2	3	4	5
2. Provide adequate support to home visiting programs.	1	2	3	4	5	1	2	3	4	5

Distribute surveys (or other opportunities to influence priorities) to all key audiences for the group. These include community members, representatives of funding sources, and experts in child well-being. Then collect the completed surveys and compute an average rating for the importance and feasibility of each proposed change.

The results can be used to guide final choices. Proposed changes with high importance and high feasibility ratings should be given higher priority for action; those with lower importance or feasibility, a lower priority. It may be helpful to set a cutoff for choosing priorities. For example, perhaps only those proposed changes with an average rating of 4 or higher on importance, and 3 or higher on feasibility might be included on the final action plan.

An additional tool you may want to utilize for this is <http://www.conceptsystems.com>. This suite of software is designed to support activities for sorting and rating concepts, such as proposed actions among a large number of stakeholders. Tailored reporting tools are also provided, making it possible to produce final reports of findings efficiently.

### **Step 3: Securing a Formal Decision from the Entire Group**

Seek formal approval of the proposed changes by the membership of the group. A one-half day action planning retreat or working session can be used very effectively.

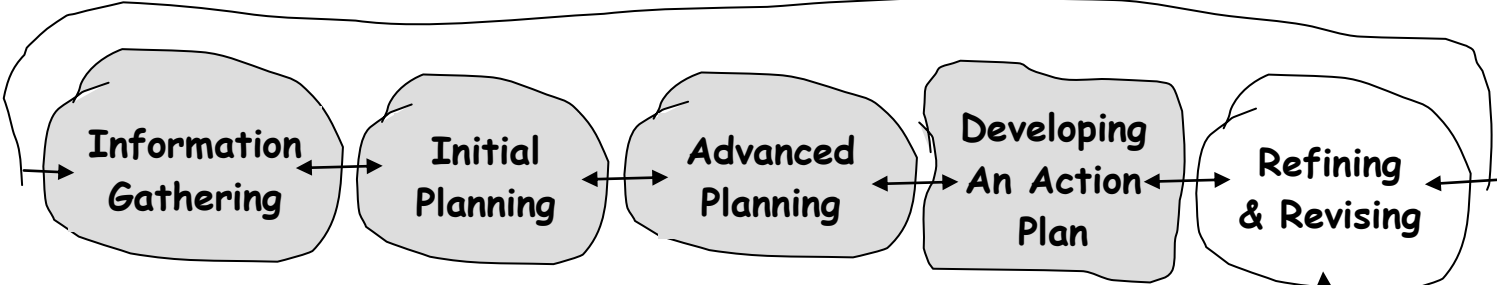
The *entire* membership should have the opportunity to make a decision on changes to be sought. Seek consensus. Use a formal vote to resolve disputes about specific changes only when necessary. Arrange for a vote of the entire membership on the complete action plan, recording the votes.

### **Summary**

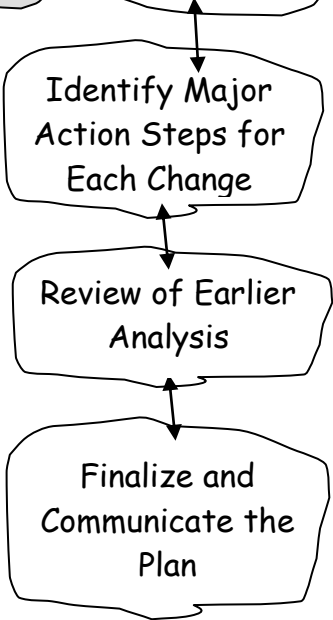
This chapter described a process for helping build consensus on the complete list of proposed changes for the community sectors to be involved in the initiative. The next chapter describes how to convert these proposed changes into a final action plan.

***"Every baby needs a lap."***  
*- Henry Robin*

**CHAPTER VI**  
**Finalizing Your Action Plan:**  
**Listing Action Steps for Proposed Changes**



The **Purpose of this Chapter** is to help prepare action steps that will be necessary to bring about your community changes in program, policy, or practice. We recommend defining only the *major* action steps needed to attain each proposed change. It is not necessary to list all the action steps--list only the most critical steps required to create the desired change.



**Step 1: Identify Major Action Steps for Each Change**

The action steps detail what will occur, in what quantity, by whom, and by when. To prepare action steps for your action plan, define the following for each proposed change:

- what actions will be taken
- the responsible agents (by whom)
- timeline (by whom)
- resources and support needed and available
- potential barriers and resistance
- with whom communication about the plan should occur

## **Step 2: Review of Earlier Analysis**

Use the information gathered in the previous chapters to guide your initiative's action steps for bringing about identified community and systems changes. For example, how can your understanding of potential resources and barriers be used to outline a communications plan for who should know about what?

## **Step 3: Finalize and Communicate the Plan**

A comprehensive action plan helps communicate that the group is clearly organized and understands what is needed to be effective in bringing about change. The complete action plan includes action steps for each change to be sought. Organize the changes by community sector, listing each proposed change, and related action steps, in the order in which they are supposed to occur.

The following example illustrates how to list action steps for a specific change to be sought in the Health Organization sector.

## Action Steps for Identified Community or Systems Change

(An example - Use this page to outline action steps for each identified change to be sought in each community sector.)

Community Sector: Health Organizations

Community Change to be Sought: By 2003, the local Health Department will establish nurse home visitation where nurses provide home visits beginning in pregnancy and continuing through the child's second birthday to discuss prenatal health issues, parenting behaviors, and home safety.

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIES OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed / available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By September 2003, the home visiting subcommittee will collect information on the incidence of poor prenatal care, child abuse and neglect, and unintentional home injuries in the community.	Staff, Committee Members	September 2003	Committee members such as the Health Department Dir, parents, nurses, doctors, teachers, and others who wish to help program development.	Other health organizations may have this information, and may not wish to share this information if they do have it.	City council, social service, government, education, child development, general public
By October 2003, the home visiting subcommittee will meet with Health Department / health organization officials to present the information and discuss the establishment of a nurse home visiting program.	Staff, Committee Members	October 2003	Committee members, such as the Chair of health organizations, Health Department Director, nurses, doctors, teachers, and parents.	Competing health organizations or other community-based social service programs may see this as a threat to their work.	City council, social service, government, education, child development, general public
By January 2004, the home visiting subcommittee will negotiate commitment for a specific nurse home visiting program.	Staff, Committee Members	January 2004	Committee members, health organizations/department Director, nurses, teachers, and parents; more funding needed.	Community-based nurses may feel that they have too much to do already.	City council, social service, government, education, child development, general public
By March 2004, the Health Department will implement the nurse home visiting program, and periodically report the levels of prenatal care, child abuse and neglect, and unintentional home injuries.	Staff, Committee Members	March 2004	Committee members, health organizations / department Director, nurses, doctors, teachers, and parents	Competing health organizations or other community-based social service programs may see this as a threat to their work.	City council, social service, government, education, child development, general public

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### Action Steps for Identified Community or Systems Changes

(Use this page to outline action steps for each identified change to be sought in each community sector.)

Community Sector: \_\_\_\_\_

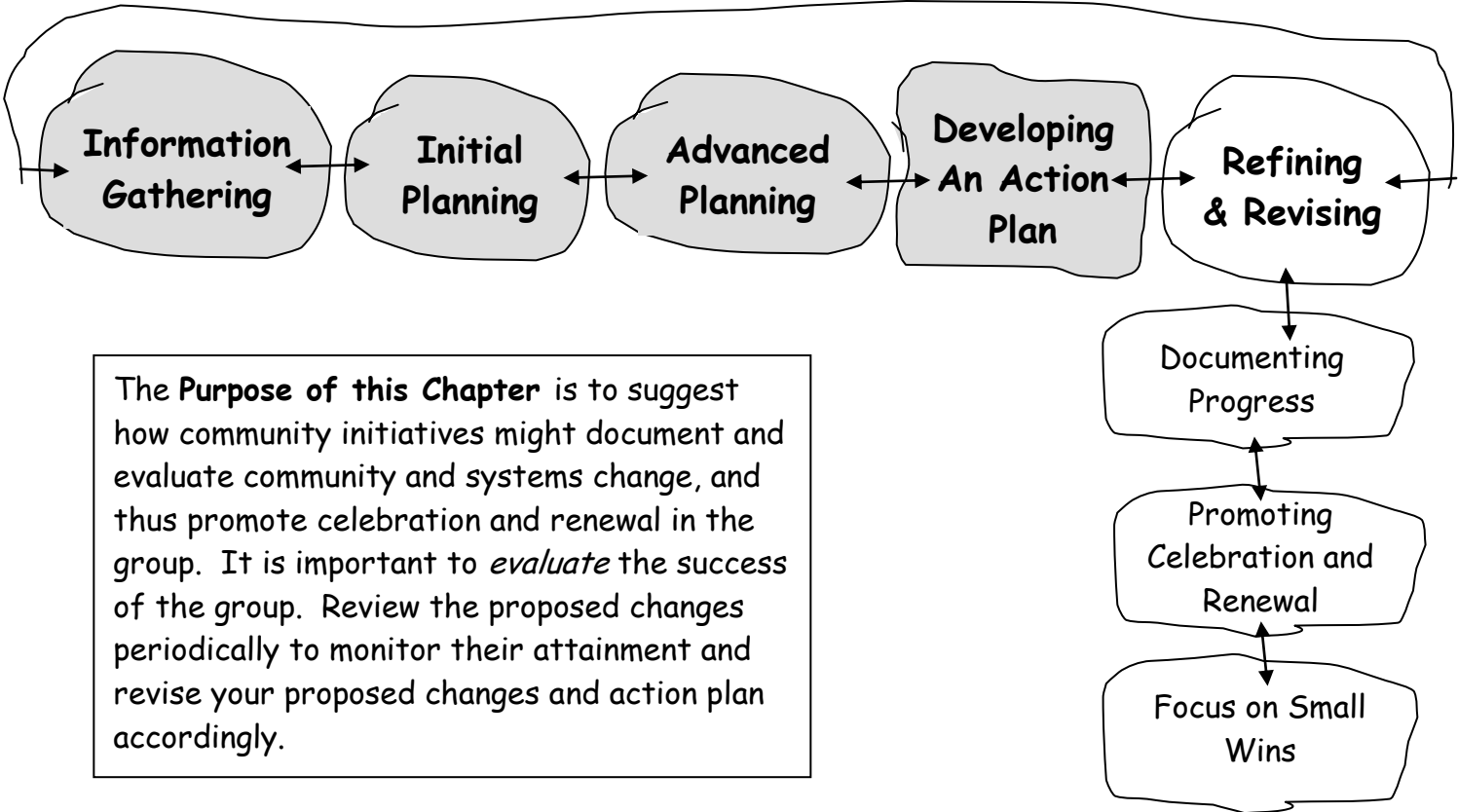
Community or Systems Change to be Sought: \_\_\_\_\_

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIES OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By _____,					
By _____,					
By _____,					
By _____,					



# CHAPTER VII

## Documenting Progress and Promoting Renewal



By **community change**, we mean developing a new program (or modifying an existing one), bringing about a change in policy, or adjusting a practice related to the group's mission. Examples of community changes include funding for establishment of a new nurse home visiting program or a workplace policy that would allow workers flexible time to be with children during the day.

**Systems changes** are similar to community changes, but take place on a broader level. A business might implement child-friendly practices throughout its operations in the state or nationally. Another example is a change in state agency policy to award cash incentives to grantees that reach or exceed their objectives. Documenting community and systems change is discussed further in Chapter 38 of the Community Toolbox ([http://ctb.ku.edu/tools/EN/sub\\_section\\_main\\_1364.htm](http://ctb.ku.edu/tools/EN/sub_section_main_1364.htm)).

We recommend monthly recording and quarterly reporting of community and systems changes. This documentation process can help you discover the factors that affect change. A lull in the rate of community changes may indicate that the action plan needs to be updated. Documenting community changes also helps us remember to celebrate our accomplishments.

## Documenting Progress

Documentation can help address three key questions related to the functioning of community-based efforts to improve child well-being:

### 1) Is the partnership serving as a catalyst for community and systems change?

The following example graph shows an accumulation of community and systems changes over time.

Figure 1.

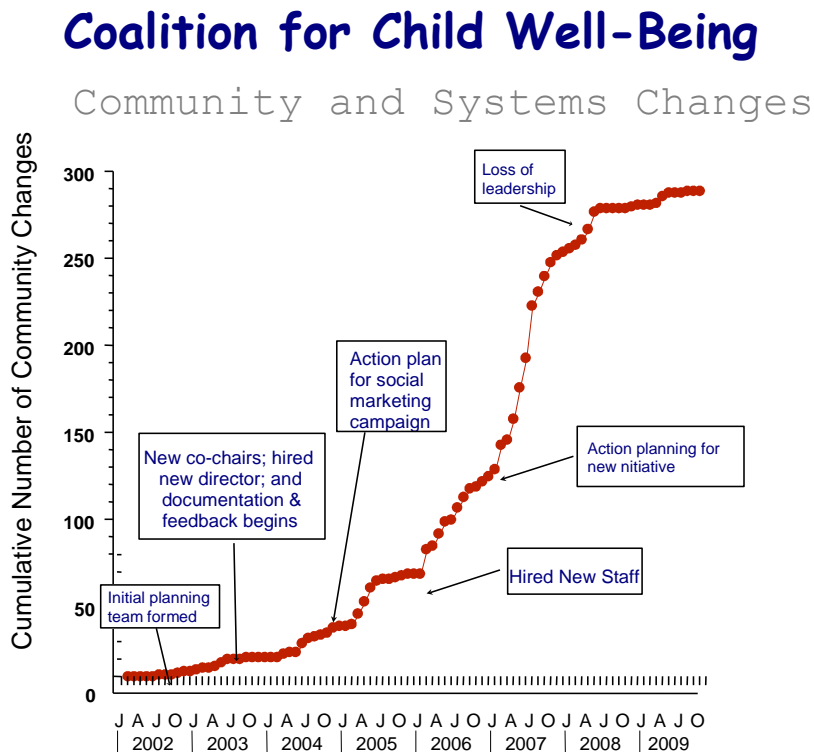


Figure 1 shows example data for a fictitious initiative for child well-being. Community and systems changes are displayed in a cumulative record: the onset of each new change is added to all previous changes in programs, policies, and practices. For example, let's assume that two new changes occurred in October of 2002. When added to the prior total of 10 community changes, the new cumulative total would be 12 community and systems changes.

If we saw data like this, we would conclude that the partnership is functioning as a catalyst for community and systems change.

### 2) What factors affect the rates of community and systems change facilitated by the initiative?

Over the past decade, the KU Work Group has examined the patterns of community change—and the factors that affect them—with over 30 community initiatives. Our research suggests seven factors that appear to affect rates of community and systems change:

1. Work that is guided by a clear and shared *vision and mission*.
2. *Stability in leadership*.
3. *Action planning*.
4. Hiring *community mobilizers or organizers* who can bring about change.
5. *Technical assistance*, especially with action planning and intervention.
6. *Documentation and feedback* on rates of community and systems change.
7. *Making outcome matter* (i.e., bonus grants for high rates of change).

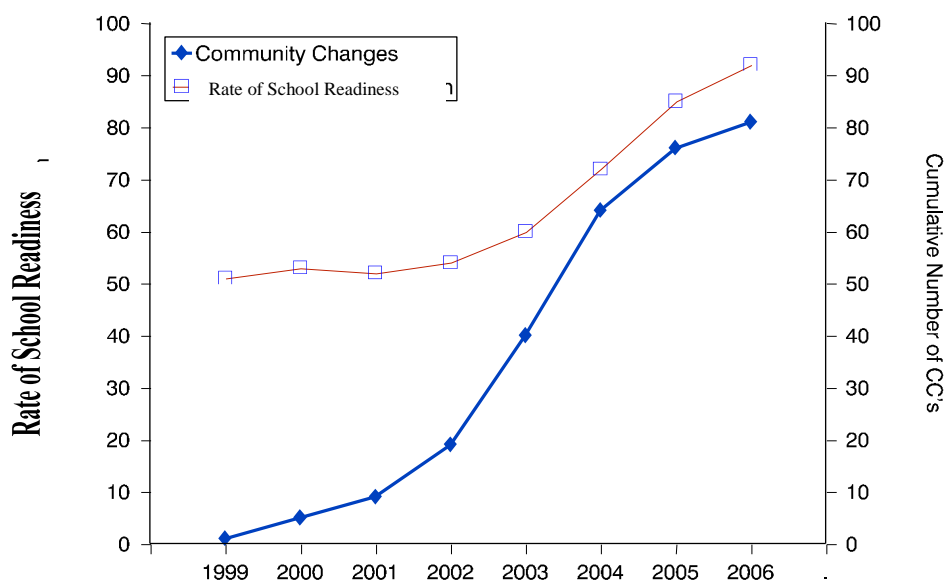
The data from Figure 1 above suggest the importance of several factors for the functioning of the coalition: a) action planning, b) hiring staff, and c) loss of leadership.

### 3) Under what conditions are community and systems changes associated with improvements in more distant community-level indicators of child well-being?

Figure 2 displays hypothetical data showing how these data can be used to examine a possible association between rates of community and systems change and improvements in more distant outcomes. When changes in the community-level indicator (i.e., percentage of children entering kindergarten who are certified as ready for school) are correlated with accumulated community and systems changes related to this goal (i.e., to promote school readiness), a causal relationship is suggested. (Note: Without formal experimental designs, this relationship is suggested, not demonstrated, since other factors could have caused the observed changes in outcomes.) Nevertheless, these and other related data such as duration of changes and their concentration in local places can help us examine the fundamental question: Under what conditions are community and systems changes associated with improvements in more distant community-level indicators?

Figure 2.

### Possible Association of Community and Systems Changes with More Distant Outcomes



For details on the documentation system used by the KU Work Group, see the Internet-based Community Tool Box [<http://ctb.ku.edu/>]. Use the search engine or table of contents to go to the chapters and sections on “Evaluation.” Or, use the helpful gateway sections on “Evaluating Comprehensive Community Initiatives” and “Framework for Program Evaluation.”

## Promoting Celebration and Renewal

All initiatives can benefit from reflection on their accomplishments. Arrange for ongoing review and discussion of group progress on the proposed changes. When new and important changes occur (e.g., a long-awaited policy change by a major employer), celebrate them! Celebrations can take the form of honoring those who are responsible for the change—for instance, giving a small party for the “champions of change.”

Data can also be used to promote critical reflection and adjustments. The review of progress should involve all relevant audiences for the group, including community members, health care providers, teachers, businesses, local agents and allies, funding partners, and outside experts in child well-being. Invite consideration of the importance of the accumulated changes to the group’s mission. Communicate with all relevant audiences how their feedback was used to modify the action plan--or even the broader vision, mission, objectives, and strategies--of the group.

Review the action plan at least annually. Revise the list of proposed changes to correspond to new opportunities and challenges. For example, when situations change in health care organizations or government, the group should consider how the action plan might be modified. Use the inventories found in this guide to help identify new changes to be sought that can *renew* your organization's efforts. You might use “sticky notes” on an Action Planning Bulletin Board to display how the plan is a **living, growing blueprint for change**.

## Why this Matters

There is a common misconception that one must design and implement “a program” to bring about a big vision such as promoting child well-being. This action-planning guide shows that rather than launching a single program, a more promising pathway to improvement in child health and development may involve cementing together hundreds of interrelated community and systems changes.

Focusing on these “small wins” (i.e., those community and systems changes that will make a difference) instead of creating “the perfect program” has many advantages.

### **Focusing on Small Wins:**

- ✓ Rewards outcomes, not actions
- ✓ Provides multiple opportunities for celebration
- ✓ Allows coalition partners to work together by asking each other to do their part while not demanding that everyone be locked into a single course of action
- ✓ Provides a sensitive measure of progress, which can be monitored periodically to support improvement and accountability

There is a particularly significant implication of the shift in orientation from a “program” perspective to one focused on facilitating community and systems changes: It increases the group’s flexibility and responsiveness to change over time. A community partnership that thinks of itself as running a “program” might find it difficult to redesign or reinvent itself should the environment change, and that particular strategy becomes ineffective. This can feel as though the rug were pulled out from under the coalition, be extremely demoralizing to the effort, and fatal to its evaluation.

By contrast, a coalition that aims to bring about a set of strategically chosen community and systems changes is more flexible. When outside forces shift or barriers are encountered, the natural response is to revisit the list of prioritized changes and generate a renewed course of action. This kind of adaptability allows coalition members to constantly align their targeted actions, utilizing existing initiatives and filling gaps.

*Acting in accordance with current events and issues that are important to the community is the key to bringing about change. It also provides a credible response to traditional criticisms from scientists and evaluators who may see existing activities and secular trends in systems as “confounding” effects that obscure the evaluation of a coalition’s work. Rather, this community change approach recognizes and embraces the dynamic and evolving nature of community work.*

We recommend framing the partnership’s role as a **catalyst for change**—helping bring about of a series of community and systems changes related to the mission, rather than the direct provider of programs or services. This shifts the evaluation conversation from questions about attribution (e.g., What outcomes did the coalition produce?) to questions about contribution (e.g., How did the coalition help?).

## **Summary**

This final chapter outlined a strategy for documenting the unfolding of community changes over time and providing feedback on goal attainment to the membership and funding sources. It also highlighted the importance of renewal, suggesting that groups must modify their action plans periodically to respond to new challenges and opportunities.

## Epilogue

This Action Planning Guide has posted markers on the winding road of planning for child well-being in our communities. Action planning includes:

- ✓ Convening a planning group in your community that consists of:
  - Key officials
  - Grassroots leaders
  - Representatives of key sectors
  - Representatives of ethnic and cultural groups
- ✓ Listening to the community
- ✓ Documenting problems that affect child health and development
- ✓ Identifying risk and protective factors
- ✓ Developing a framework for action
- ✓ Becoming aware of local resources and efforts
- ✓ Refining your group's vision, mission, objections, and strategies
- ✓ Refining your group's choice of targets and agents of change
- ✓ Determining what community sectors should be involved in the solution
- ✓ Developing a tentative list of changes to be sought in each sector
- ✓ Building consensus on proposed changes
- ✓ Outlining action steps for proposed changes
- ✓ Documenting progress on bringing about community and systems changes
- ✓ Renewing your group's efforts along the way

When you complete these activities, *celebrate* (for now)! You have developed a **blueprint for action**.

Helen Keller, known as the first lady of courage once said, "Walking with a friend in the dark is better than walking alone in the light." The work of transforming communities and systems to promote child well-being will be made by joining with local people who care enough to make needed changes. As we do this important work, we realize that we walk the path of those before us, sometimes in the dark, but as friends. And, eventually, with those who will carry on this cause after we are gone.

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***"Imagination is the highest kite  
one can fly."***

*-Lauren Bacall*

## **About the Authors**

Richard W. Puddy, M.A., is doctoral student in the Clinical Child Psychology Program at the University of Kansas, a graduate student in the Department of Preventive Medicine at the University of Kansas Medical Center, and a research associate with the KU Work Group. His email is [rpuddy@ku.edu](mailto:rpuddy@ku.edu).

Stephen B. Fawcett, Ph. D., holds an endowed professorship at the University of Kansas where he is Kansas Health Foundation Professor of Community Leadership and University Distinguished Professor of Human Development and Family Life. He serves as Director of the Work Group on Health Promotion and Community Development of the Schiefelbusch Institute for Life Span Studies. He is co-author of over 100 articles and book chapters and several books in the areas of health promotion, community development, independent living, and public policy. His email address is: [sfawcett@ku.edu](mailto:sfawcett@ku.edu).

Vincent T. Francisco, Ph.D., is Associate Director of the Work Group on Health Promotion and Community Development. He is a Courtesy Assistant Professor at the University of Kansas with the Department of Human Development and an Adjunct Assistant Professor with the Department of Preventive Medicine at the University of Kansas Medical School. His email address is: [vfrancisco@ukans.edu](mailto:vfrancisco@ukans.edu).

## **About the KU Work Group**

The mission of the KU Work Group on Health Promotion and Community Development is to promote community health and development through collaborative research, teaching, and service. For more information on the KU Work Group, see our web site at <http://ctb.ku.edu/wg/>.

## **About the Community Tool Box**

For thousands of pages of practical tools for promoting community health and development, see our related web site, the Community Tool Box at <http://ctb.ku.edu/>.

***"We're still not where we're going but  
we're still not where we were."***

*- Natasha Josefowitz*

*French-American writer and lecturer*