Advancing a Family-Centered Community Health System:

A Community Agenda Focused on Child Health Care, Foundational Relationships, and Equity

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Introduction

Increasingly, practitioners in health, education, and other human services sectors are acknowledging the important fact that parents and other caregivers are experts on their children. Parents are their children's first teachers, yet need the supports of the communities around them. They have direct knowledge of the conditions of their children's physical environments, their diets, the communities in which they're living, and other important factors that influence their children's health and well-being. This acknowledgment of families as experts demands that the systems that strive to be responsive to these unique family needs must become "family-centered" and shift to accommodate increased parental engagement and decision-making power.

Family-centered systems of care "build partnerships between providers and families to create broad arrays of services and supports that are organized into a coordinated network; are culturally responsive; and are developed to meet the needs of children, youth, and their families."[1] A **family-centered community health system** is the organization of people, institutions, and resources in a specific geographic area that can deliver health care and other health-influencing services in ways that acknowledge and appropriately respond to the unique needs of the families being served. Systems of care that strive to be family-centered will do their best work when equity is at the core of their operations. Working to achieve equitable outcomes acknowledges the unequal starting places that different populations experience based on historic and structural racism and the need for targeted responses to address issues caused by unequal access and barriers to successful outcomes.

The fundamental elements for advancing **family-centered community health systems** for young families exist today. Each of the elements for building this early childhood system (described later in this agenda) has been in development over the past decade, but they have often remained isolated from one another, even though all are essential to each other to realize improved impacts. Now is the time to bring the elements together in an approach that is conceptually coherent and that allows these systems to be implemented, tested, and developed with community and family leaders.

The development of a **family-centered community health system** for young families seeks to create a more equitable comprehensive, science-informed, and effective response to children's and families' developmental needs. The following elements, when adopted and coordinated, can drive transformation at the system and community level:

1. A focus on a place-based approach for achieving population health with disaggregated data that informs local decision-making;
2. A local, coordinated early childhood system that works collectively to dismantle structural inequities and racism;
3. High-performing medical homes that better support families and connect them with the array of community supports to address family needs;
4. Parent leadership networks that hold programs, services, and community systems accountable;
5. Intensive, coordinated, and comprehensive strategies for all infants, toddlers, and their families that support building foundational relationships for improved life course outcomes; and
6. Vibrant and robust family- and community-led networks that support positive experiences for children and families.

Family-Centered Community Health System (FCCHS): Key Transformational Elements

1. A focus on a place-based approach for achieving population health with disaggregated data that informs local decision-making.

A **place-based approach** targets an entire community and aims to address issues that exist at the neighborhood level, such as lack of access to safe and adequate housing, social isolation, lack of access to or fragmented service provision, and limited economic opportunities for residents. Population health has been defined as the health outcomes in communities of a group of individuals, including the distribution of such outcomes within groups.[2] It

Vermont: An FCCHS Case Study

Vermont's (VT) many early childhood system activities demonstrate the FCCHS transformational elements at work. Vermont's Agency of Human Services and the Vermont Department of Health have robust data portals. Building Bright Futures, Vermont's early childhood public-private partnership, annually publicly reports the data sets from 12 human service regions across the state: How are Vermont's Young Children and Families. The Early Childhood Learning Innovation Network for Communities (EC-LINC) team in Lamoille and Central Vermont Regions is a strong, rural, coordinated, and innovative early childhood system, including a HELP ME GROW network, an active regional council, and the successful adoption of the high-performing medical home initiative with Developmental Understanding and Legal Collaboration for Everyone (DULCE). They have now expanded to four additional state communities. The new expansion and implementation team is led by DULCE champions representing Parent Child Centers, the Maternal and Child Health Division of the state's Department of Health, and the Vermont Child Health Improvement Project (VCHIP). This team envisioned DULCE as a universal access point for service providers to reach newborns and their families early, and to ensure that social determinants of health and toxic stress were being equitably addressed for all families in Vermont. Vermont communities demonstrated a strong commitment to engaging families and expanding parent leadership by empowering parent leaders in local communities. With a visible state early childhood system commitment to Strengthening Families Protective Factors, Vermont understands that social emotional competence derives from strong family and early relationships and helps tackle greater family and community challenges. Vermont's focus on quality child care for infants and toddlers; the needs of families experiencing homelessness, the challenges of substance abuse, and hunger; and the identification of and support for maternal depression are current community agendas that engage all community sectors. All elements together make visible a Family-Centered Community Health System for young families.

includes an emphasis on well-being and quality of life and is seen as the shared responsibility of health care, public health, and other public systems, as well as community-based organizations. Taken together, a place-based approach to improving population health offers an opportunity to address the impacts of neighborhoods on intergenerational mobilty.[3]

To be successful, a place-based **family-centered community health system** for young families must bring together local community leaders and parents to define its community, including its geographic boundaries as well as the number of families and children in the population. To be population health-focused, the community must disaggregate data by age (including the number of new births), ethnicity, race, and other characteristics along which health disparities that may exist. In addition, a population-based effort must define core indicators of child and family well-being and establish methods to measure, monitor, and analyze progress against those indicators. These data should be used for continuous quality improvement with the goal of creating a system that allows every child to thrive.

As these place-based population health systems are established, much can be learned from retrospective and concurrent administrative data matching, as has been recently developed in some states, e.g. Oregon's Child Integrated Dataset and the Illinois Risks and Reach Report.[4,5] These integrated longitudinal early childhood data platforms have the capacity to link health, early learning, and early childhood community services and programs and can be particularly useful for kindergarten entry assessments (KEAs), assessing program longitudinal outcomes, and geospatial targeting.[6]

Pioneering community efforts in Multnomah County, Oregon; Alameda County, CA; and Guilford County, NC are innovative in their use of data collection and analysis efforts that highlight population health needs, identify disparities, and aid in decision-making. Using a population health focus, these local efforts are focused on outcomes and equity-based promotion-prevention activities, moving from using data solely for cost containment and billing purposes to using data for quality improvement and addressing racial and local disparities.

2. *A local, coordinated early childhood system that works collectively to dismantle structural inequities and racism.*

Well established early childhood systems require effective long-term leadership, intentional use of

data, sustainable financing, a strong support for the workforce, and the powerful and empowered voices of families as part of broad and sustained advocacy efforts with accountability to address structural inequities and racism. Each of these components must be carried out through anti-racist approaches. For example, system leaders should be representative of and accountable to the people and families they serve. Requirements must be advanced for changes in agency and/or system-level governance structures to include parents and caregivers at the decision-making tables. It may also require updates to written governance documents to include explicit definitions of and commitments to equity, inclusion, and justice. When it comes to the intentional use of data to drive change, all changes should be analyzed to determine the differential impact they may have on children and families in specific neighborhoods, racial or ethnic groups, and/or on families with children of differing abilities. With regard to funding, system leaders should use available flexibility to invest in neighborhoods and populations where disparities are prevalent. They should also ensure that funding processes are accessible to small, grassroots organizations and those led by people who live in and represent the communities they serve. A well-established early childhood system should ensure that its workforce is grounded in approaches that eliminate implicit bias and promote cultural humility and equitable and meaningful partnerships with families. Finally, building and sustaining coordinated early childhood systems requires strong public will in support of quality services and thriving neighborhoods and the enactment of local and state policies that sustain these community efforts.

With these elements in place a well-established early childhood system can advance anti-racist policies and practices across its backbone organization, especially when building on a community resource and referral system, such as Help Me Grow.[7] In addition, there may be accompanying early childhood councils, parent leaders, and parent leadership organizations, and a constantly evolving network of community-based, public, and private early childhood resources that align efforts to address families' multiple needs. Central to these efforts are activities that address the structural

Early Learning Multnomah: An FCCHS Case Study Multnomah County, OR

Early Learning Multnomah (ELM), an Oregon early learning hub and member of CSSP's Early Childhood Learning and Innovation Network for Communities (EC-LINC),has forged a strong partnership with Health Share of Oregon, Oregon's largest Coordinated Care Organization (CCO) which serves the Medicaid population in the Portland Metro region. Together they are well on their way toward realizing a family-centered community health system for young families in a number of ways. Oregon's CCO 2.0 agenda includes requirements and metrics that show population-based improvements in kindergarten readiness, including upstream efforts to address social determinants of health, behavioral health, and addressing and preventing ACEs. The partners have identified health disparities in Health Share's disaggregated claims data and have engaged with refugee families to better understand their conceptions of and experiences with engaging with the health system around metrics like well-child checks, developmental screenings, and immunizations. The goal is to design clinical and community interventions to improve access and outcomes for specific populations. Together, Health Share, the three Metro counties, and the three Early Learning Hubs, including ELM, have launched Help Me Grow to serve as a centralized access point to a triaged menu of services and supports for families with young children at risk for developmental delays or behavioral challenges. This is an asset to parents, child health providers, as well as early childhood providers. Building on strong leadership from within Health Share, ELM, the pediatric community and a collective of more than 60 regional, cross-sector partners, have created the All Ready Network. The Network works to redesign systems so that race, class, and ability are no longer predictors of kindergarten readiness and beyond. ELM's Parent Accountability Council has elevated parent voice and parent leadership, as well as working to center equity and community voice within the All:Ready network. And with ELM leadership, early relational health is taking shape to be an overarching frame to shape future policy, practice, and new conversations.

and systematic barriers and impacts of racism and poverty as well as related local barriers like access to affordable housing, access to nutritious food, maternal depression, social isolations, and trauma. There are also recent examples of the important role that anchor institutions can play in supporting and helping to lead such efforts; e.g., All Children Thrive, Cincinnati Children's Hospital, North Hartford Triple Aim Collaborative, and the United Way of Central and NE Connecticut.

The Building Blocks for Early Learning Communities and the *Early Learning Community Action Guide* (developed by CSSP, the Early Childhood Learning and Innovation Network of Communities (EC-LINC) network, and the National League of Cities (NLC)) provides a broad framework for local communities working to achieve a more integrated and coordinated early childhood system. Specifically, the Guide describes the importance of community efforts related to commitment to and leadership in making early childhood a priority, quality services, community context, and policies which are responsive to families.[8]

3. *High-performing medical homes that better support families and connect them with the array of community supports to address family needs.*

An important stage in developing an FCCHS is the deliberate development of partnerships between local child health care practices and early childhood systems to help the health care practices become **high-performing medical homes**.[9] These new efforts expand team-based care and community-linked primary care approaches to meet the needs of parents with young children and represent a transition from a child-centered to family-centered practice. Such practices include an expanded team of individuals who can focus on efforts to improve child development, social-emotional development, and maternal/paternal well-being, while addressing social determinants of health. In addition, high performing medical homes provide individualized care coordination and effective linkages to other early childhood services that can strengthen family relationships. Recent high visibility child health system transformation efforts are advancing Medicaid and state policy supports and sustainability initiatives to expand high-performing medical home services; e.g. NY's First 1,000 Days in Medicaid[10] and Oregon Health Authority's CCO 2.0.[11]

High-performing medical homes also combine other attributes for family well-being, often reflecting family protective factors as described in the Strengthening Families Protective Factors Framework.[12] They link to visible, coordinated, accessible, and efficient community services, thus bringing to the medical home the ability to support families' needs identified through day-to-day child health care. Such innovative approaches for high performing medical homes may include: team-based care, such as DULCE or HealthySteps; universal promotion activities, like Reach Out and Read or Promoting First Relationships-Primary Care; and/or early relational health interventions, like the Welch Emotional Connection Scale (WECS), Video Interaction Project (VIP), or Early Relational Health Screening and video feedback. Many of these practice innovations are described and analyzed in CSSP's recent report for the Pediatrics Supporting Parents (PSP) Initiative.[13]

Orange County, California: An FCCHS Case Study

First 5 Orange County (FFOC) is well down the path of demonstrating a Family-Centered Community Health System for young families. As part of the CSSP Demonstration Project, FFOC has implemented Developmental Understanding and Legal Collaboration for Everyone (DULCE) in two of its high-risk communities. DULCE integrates a Family Specialist (FS) as part of the primary care team, fostering trusting relationships between the family and the medical home. Family Specialists offer parenting skills, knowledge of child development, and attention to caregiver-child attachment through the developmental Touchpoints® program, and families are connected to various types of support, including legal counsel. In addition, FFOC is an exemplar in the use of population data: for 10 years, they have advanced the Early Development Index (EDI) with the kindergarten population, now with 100% participation of local schools. This kindergarten readiness data is being used in a variety of ways by community partners to inform local decision-making. For example:

- The Santa Ana Early Learning Initiative (SAELI) is a community-led partnership committed to bringing together parents, caregivers, non-profit organizations, Santa Ana schools and city agencies, funders, and other leaders to improve kindergarten readiness in Santa Ana. SAELI has evolved from three founding non-profit agencies into a network of more than 30 agencies, 12 elementary schools, and more than 125 parents.
- Laguna Beach Unified School District's EDI results showed their young children were vulnerable in the areas of fine and gross motor skills and resulted in revamped preschool playground tailored to develop children's fine and gross motor skills.
- The Anaheim Learn Well EDI Task Force is engaging community stakeholders, focusing on policy change with a goal to increase funding for programs that benefit young children.

Orange County's Detect and Connect collaborative works across the child health system and their early childhood community to ensure that all children receive timely, recommended developmental screenings and, when needed, families are connected to resources and interventions in the community as early as possible. Key Orange County stakeholders include the local American Academy of Pediatrics chapter, Help Me Grow Orange County, and the CHOC Children's Hospital Population Health Division: together, they are implementing a QI pilot project with nearly 200 pediatric offices. The OC Children's Screening Registry provides a breakthrough, critical data infrastructure for coordinating screening and care coordination between primary health care, early care and education, and community-based providers and local resources. FFOC also has a robust commitment to advancing early relational health through expanding home visiting. Building upon First 5 Orange County's Bridges Maternal Child Network, CalWORKs Home Visiting Program is the county's first state-funded, cross-agency home visiting collaborative between Orange County's First 5, Health Care, and the Social Services Agencies. Eligible women are offered home visiting from pregnancy up to 24 months, which includes evidence-based information that supports strong parent-infant relationships, access to multidisciplinary case management, interagency service coordination, and connections to early care and education services within the surrounding community.

4. *Parent leadership networks that hold programs, services, and community systems accountable;*

Advancing parent leadership within an FCCHS is "mission critical" in order for early childhood system building and health services improvement to advance equity.[14] Research shows that when parents are engaged as partners and leaders in the programs, services, and policies that support their children's learning and healthy development, children are more likely to thrive and systems to improve.[15] It should be noted, however, that although engagement of parents and other caregivers is essential to creating health systems that advance equity, the onus lies on systems, institutions, and the people in power to dismantle the structures which create disparities.

A **family-centered community health system** must fully engage parents as partners and leaders. The EC-LINC Parent Leader Network has made explicit the critical importance of parent voice and leadership to address disparities and systemic racism in local communities. FCCHS must recognize and confront systemic and historical root causes of health disparities, raise parent/resident voice and power, and pay careful attention to changing who has power and privilege in any given system change. Accountability for addressing racism and implicit bias and promoting equity is a core FCCHS value. For example, Early Learning Multnomah has elevated the influence of parents in system building with the Parent Accountability Council.

5. *Intensive, coordinated, and comprehensive strategies for all infants, toddlers, and their families that support building foundational relationships for improved life course outcomes.*

Public discourse is growing with new knowledge about our relational human nature, the fundamentals of intimate relationships, and the awakening of essential interconnectedness.[16] The science of human development now recognizes the centrality of relationships for building health, achieving human potential, and healing from adversity and risk.[17] Building on the achievements of NASEM's *From Neurons to Neighborhoods* and the World Health Organization's Nurturing Care Framework, scientific knowledge has established that early relationships are essential for health, development, and future well-being, especially during the

first 1,000 days following birth, as well as in the prenatal stage. Early relational health calls out the importance of those foundational relationships for the future health, development, and well-being. Grounded in science, early relational health is gaining attention within the field of pediatrics, family practice, public health, early childhood mental health, and child development, as well as the framing this concept with the communicative power of "foundational relationships."[18] Beyond the influence of epigenetics, the protections from and mitigations of stress and trauma rely on the strength and availability of relational supports (i.e. safe, stable, and nurturing relationships). Lifetime social emotional competencies are also an outcome of our positive and ongoing relational contexts. In addition, evidence is expanding about the influence on health outcomes of positive experiences (HOPE), even among those with trauma or ACEs.[19]

Yet, while knowledge of the importance of foundational relationships grows, policies that allow racial and structural barriers and widespread poverty compromise the relational needs of many infants, toddlers, and their parents and caretakers and contribute to disparities in developmental and social-emotional outcomes visible by school entry.[20,21] A **family-centered community health system** for young families values the centrality of foundational relationships in early childhood across all programs, services, and supports. The FCCHS keeps early relational health at the center of health, social service, early care and education, and other early childhood. This all-in strategy focuses efforts on all babies born each year and their families to achieve population outcomes.

Washington, DC: An FCCHS Case Study

The Early Childhood Innovation Network (ECIN) is a local collaborative co-led by Children's National Medical Center and MedStar Georgetown University Hospital that joins health and education providers, community-based organizations, researchers, advocates, and family leaders in order to promote resilience and wellbeing in families and children from pregnancy through age five in Washington, DC. ECIN takes a two-generation approach, working across sectors to empower adults in the caregiver role—parents, family members, educators, and health providers—with knowledge, resources, and well-being supports in order to improve their capacities to build strong relationships with young children.

By developing interventions and inclusive processes that are rooted in developmental science and community voices, ECIN offers holistic and equity-driven approaches to address adverse childhood experiences and promote nurturing environments in support of healthy physical and emotional development. Community partnership and co-creation is crucial to developing and implementing ECIN's innovations. We work to include family perspectives and experiences, coupled with evidence-based design that we assess and improve in real-time, in order to optimize impact and ensure relevance of our approaches to families' and children's lives. Interventions address key developmental factors for children and families including parental mental health, family peer support, child social and emotional learning and development, stimulating and responsive early learning environments, and prompt attention to addressing key social determinants of physical and mental health for families and children.

Seeking to understand and undo the impacts of racism across early childhood systems is a central motivation of ECIN's work, and we are engaged in ongoing work to learn from community leaders, families, team members, and local and national experts about how to address implicit bias, advance equity within our team and our partnerships, lift up the voices of families and providers as we seek to learn from and disseminate our work, and reduce disparities in health and educational outcomes for young children. These efforts are in service of our underlying mission to keep parents well, to build healthy brains, and to prepare children to thrive in school and in life.

6. *Vibrant and robust family- and community-led networks that support positive experiences for children and families.*

Local, neighborhood, and community networks of supportive relationships—both formal and informal—are essential for a vibrant and robust community that counters social isolation, demoralization, and fear. We know that positive environments and social connections mitigate adversity and build resilience from the positive relational experiences within an engaged community—now called the healthy outcomes of positives experiences (HOPE).[19,22] Thus, an FCCHS should seek to expand family support beyond the traditional formal public health and family support services to include expanded networks of locally residing community health workers, doulas, home visitors, family navigators, and others. Such a local workforce with greater cultural congruency and competence can help to engender trust and more effective partnerships with parents. An expanded local family support sector may also serve as a lever for family economic development, not only with new paid roles for residents, but also by engaging families who seek training and advanced education. For example, Indianola, MS has demonstrated how the development of a local family support sector, featuring family outreach workers, has had positive impacts on maternal child disparities, expanded family engagement, and improved kindergarten readiness.[23] Federal Healthy Start sites across the country also demonstrate this approach in their use of peer support, community health workers, career pathways, and community action networks.[24]

From Vision to Action

Many opportunities exist to further develop and advance **a family-centered community health system** for families. Implementing a series of community demonstration projects would accelerate adoption of this approach. In addition, we identify a few promising opportunities that exist to test new financing strategies necessary for the sustainability of an FCCHS.

Community implementation strategies. Further development of an FCCHS should engage place-based and exemplary community networks and their local child health providers with a shared learning agenda, visible to other national networks. Based on experience, the following characteristics will be important in structuring such a new or expanded FCHHS initiative:

- **Whenever possible, build on the frameworks and leadership that communities are already using, taking advantage of hard-won community trust, knowledge, and experience.** Just within the experience of CSSP and EC-LINC, useful resources include a variety of system building tools and frameworks, including the Strengthening Families protective factors; the Building Blocks and Progress Rating Tool developed as part of the Early Learning Nation initiative; the core components identified and analyzed through the Pediatrics Supporting Parents (PSP) initiative; the *Manifesto for Race Equity & Parent Leadership in Early Childhood Systems*; Early Childhood System Performance Measurement guidelines; and exemplary practices that exist in high-performing medical homes; and others. New efforts should build on the local leadership from many other local system building initiatives; e.g., Project LAUNCH, Help Me Grow, Strive Together, etc.

- **Engage the medical community and build on the experience of high-performing pediatric medical home initiatives.** Practices that exemplify the high-performing medical home exist across the country, particularly in federally qualified health centers, children's hospital clinic networks, some family practice clinics, and large health systems. They can also be found within communities implementing the PSP initiative, DULCE, and within the EC-LINC network.

- **Reach out to and engage state officials** as a core activity, whether by inviting state agency leadership as ex-officio members of local leadership committees or holding regular "education and awareness meetings" with state lawmakers in order to address local policy needs and other means of outreach and communication with state policy leaders.

- **Seek to develop "all-in" strategies growing from current place-based efforts that are already developing in local communities.** In addition to the efforts to broaden, scale, and saturate communities toward population approaches, innovative communities may advance a range of evidence-informed approaches, interventions, and strategies across a system of care, avoiding over-reliance on single "silver bullet" programmatic approaches.

- **Establish local dialogues with early childhood system leaders, child health providers, and parent leaders about the historical root causes** of local disparities, including authentic but difficult discussions of racism, bias, structural barriers to equity, and trust-building with young families. Broadening the community engagement of employers and regional workforce/community development groups may help raise the awareness of socio-economic, housing, and security needs of young families.

- **Recognize and be explicit that an FCCHS approach must be population-based and incorporate longer term agendas (a minimum of 5-7 years),** with network learning capacities that allow a cohort of communities to make progress together, utilizing outcomes-based, continuous quality improvement methodologies for practice and community transformation.

- **Build capacity for and utilize longitudinal data systems and measurement tools across early childhood systems, including new family, child, and relational well-being measures.** These could include the piloting and testing of emerging population-based measures of child well-being and early relational health. Using the three faces of measurement defined by the Institute for Healthcare Improvement—that is, measurement for quality improvement, for population performance monitoring, and research and evaluation—can help communities understand impact and opportunities to achieve better results. As important as data are, however, communities should not wait until new data systems are built to engage in system development and leadership engagement efforts.

Financing Strategies: Implications and the Need for a Policy Framework

Sustainable financing for an FCCHS approach currently requires piecing together funds from multiple federal, state, and local financing streams. Medicaid expansion, managed care contracting,

and recent CMS/CMMI transformation activities each have brought new opportunities to support an expanded medical home. The Pediatrics Supporting Parents Initiative included a blueprint for Medicaid and CHIP financing for advancing social-emotional development and the high performing medical home.[25] Additional related funding efforts include building on EPSDT, value-based payment structures, Accountable Communities for Health, the Integrated Care for Kids model (InCK), and others.

Each of these and related mechanisms can be vehicles for broadening financing for community social supports and reducing the impact of negative social determinants of health. Many states have extended Medicaid financing for home visiting, early childhood/ parent-child mental health, and other models providing family support. The Affordable Care Act provided states the opportunity to use Medicaid to finance health workers who are "non-health professionals" (e.g., community health workers, doulas, and family navigators). Financing opportunities for prevention and early system building are also noteworthy, including the US Department of Health and Human Services (HHS) Preschool Development Grants and the Family First Prevention Services Act. And many states are also increasing state investments in expanded early childhood systems building, universal, and targeted home visiting expansions, and multiple and diverse initiatives to address short term population impacts, such as, birth outcomes, maternal depression, developmental services, and kindergarten readiness.

And now with the COVID-19 crisis, many state Medicaid offices are expanding telehealth care for child health care, care coordination services, home visiting, community health workers, mental health services and others. The opportunity to advance new financing structures in support of the above elements can become a part of the rebuilding efforts by early childhood system builders and community leadership. The needs are great as are the need for expanded and more equitable supports for families in local communities.

Looking Forward

With community and national partners, CSSP proposes to further conceptualize and then develop "proof points" of the FCCHS approach outlined here. There has never been a greater urgency for this type of effort as the inadequacy of our safety net for families has been made even more apparent by the COVID-19 pandemic.[26] The pandemic is laying bare our country's entrenched systemic inequities in income, housing, health care, and education that have long contributed to the disparities in health outcomes and the well-being of young children of color, which will now most likely worsen.[27] With partners, we will seek multi-year commitments from foundations and from federal, state, and local funding sources that allow longitudinal learning about impacts over successive birth cohorts. This will involve a commitment to an action/ learning agenda, a continuous quality improvement framework, a network of communities involved in implementation, careful attention to strategies that address historic root causes of racial disparities, and a laser focus on discovery and measured impacts. Demonstrating the feasibility and impact of a **family-centered community health system** for young families promises to be an important next step that champions equity, family voice, relational health, advanced early childhood systems building, and improved outcomes for young children and families, and communities. And in the midst of the COVID-19 crisis, restructuring to develop FCCHS may bring us closer to the standard of care that families with young children have always needed yet seemingly intractable barriers have prevented us from achieving at scale.

Perhaps now is the moment to realize such change.

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Endnotes

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