



CHANGE IDEA: Collaborate with local organizations to promote early childhood development using family-centered approaches.

STEP 1: GET READY (TASKS)

- A. Identify and map local organizations focused on early childhood development (e.g., libraries, parenting groups, child care, home visiting).
- B. Contact organization leaders to assess interest and current programming.
- C. Assemble a multidisciplinary team from the health center (e.g., providers, community health workers, social workers).
- D. Develop shared goals for collaboration focused on family-centered practices and early relational health.
- E. Select a platform for collecting data (e.g., electronic health record, RedCap, Excel, Qualtrics)
- F. Gather baseline data on current referrals, family engagement, and demographics.

STEP 2: PLAN AND PRACTICE

SAMPLE PROCESS:

- A. Start with one pilot partner (e.g., a local early literacy program).
- B. Co-develop a biweekly parent workshop on parent-child bonding, developmental milestones, and responsive parenting.
- C. Invite families identified during well-child visits using personalized outreach and trusted messengers (e.g., community health workers, home visitors) or existing community coalitions (e.g., Help Me Grow).
- D. Provide language-accessible materials and interpreters as needed.
- E. Collect feedback from families and partners after each session on relevance, clarity, and co-facilitation.
- F. Track engagement data, such as:
 - Number of referrals to community services (e.g., parenting classes, mental health)
 - Referral follow-up rate (if available)
 - Staff comfort discussing early relational health
 - Ease of integrating invitations into visits
 - Parent confidence in bonding, managing behavior, or understanding development
 - Changes in family engagement with services over time

STEP 3: REVIEW AND REFINE

- A. Analyze participation rates and demographics, family satisfaction and perceived value, and partner feedback on the collaboration process.
- B. Assess whether the intervention reached families typically unable to access such programs.

- C. Hold a reflection session with internal staff and community partners.

STEP 4: EXPAND

- A. Formalize referral workflows with additional partners (e.g., maternal mental health services; Women, Infants, and Children [WIC] offices).
- B. Develop co-branded educational materials that reflect community values and languages.
- C. Train additional staff in early relational health-informed engagement practices.
- D. Share results and successes in internal meetings, newsletters, and community forums.

STEP 5: SUSTAIN

- A. Establish ongoing community advisory input to ensure programming reflects family needs and preferences.
- B. Integrate partnership activities into routine well-child care (e.g., add discussions into electronic health records, set follow-up reminders).
- C. Secure funding through grants or shared resource agreements with community partners.
- D. Include evaluation in annual quality improvement processes.