Healthy Tomorrows Partnership for Children

Program Recommendations to Advance Health Equity

HEALTHY TOMORROWS Partnership for Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

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October 2021

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I. Introduction

The Healthy Tomorrows Partnership for Children Program (Healthy Tomorrows) is a collaborative program between the federal Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) and the American Academy of Pediatrics (AAP). MCHB provides funding to innovative community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and health services. Each grant recipient is awarded up to $50,000 per year for 5 years. Through a collaboration with MCHB, Healthy Tomorrows staff at the AAP provide technical assistance (TA) to program applicants and grantees. Currently, Healthy Tomorrows has 40 active grantees across 24 states.

Achieving health equity for its program participants is a key component of Healthy Tomorrows. With the goal of strengthening the TA provided to grantees, AAP contracted with Kathleen Gregory Consulting LLC to develop recommendations to guide grantees in increasing the focus of health equity in their work.

This report summarizes work conducted from March through June 2021, in the context of the COVID-19 pandemic that disproportionately affected communities of color across the United States. It should be noted that the majority of Healthy Tomorrows grantees shifted program operations in 2020 in response to state and local stay-at-home orders, newly identified child and family needs, and partnership opportunities. The recommendations provided herein recognize the challenges and opportunities that these changes have brought, and seek to identify ways to further grantees' work in advancing health equity in a changing environment.

II. Health Equity Terms

MCHB is committed to promoting equity in health programs for mothers, children, and families. To that end, MCHB programs, including the Healthy Tomorrows program, have plans to adopt the following U.S. Department of Health and Human Services language (once final) to define key concepts:

Health Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[1]

[1] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[2]

Underserved Communities: Populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."[3]

Social Determinants of Health: Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context.

III. Methods

Healthy Tomorrows grantees provided insights into their work to advance health equity, including current operational status, and opportunities and challenges. Table 1 provides an overview of the mechanisms used to obtain grantee feedback.

[2] See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

[3] Executive Order 13985, at § 2(b).

Table 1: Overview of Grantee Input Methods

GRANTEE INPUT METHOD	TIMEFRAME	PARTICIPATION	DURATION (AVERAGE)
HTPCP progress reports	FY2021 reports	40 grantees	n/a
Health Equity Survey	May 7 - 24, 2021	36 grantees	11 minutes
Healthy Tomorrows Annual Meeting - Health Equity session small group discussions	May 14, 2021	75 individuals from grantee organizations/ 93 participants	20 minutes
Grantee Interviews	June 22 - 29, 2021	7 grantees	45-60 minutes

A brief description of each of these methods is provided below.

A. HTPCP Progress Reports

Grantee progress reports provided background on program foci, populations served, and impact of COVID-19 on operations. Beyond this foundational review, progress reports were used to identify grantee responses to questions about how their program addresses (1) cultural competence and linguistic appropriateness, and (2) health equity. A thematic analysis of responses was conducted to identify approaches grantees use to address these 2 issues, as well as to identify clusters of technical assistance needs.

B. Health Equity Survey

A 21-question survey was administered to learn about program practices, community partnerships, and emerging issues related to health equity. Grantees were asked to work together with their project team, and to submit 1 response per grantee. Informants were notified that their responses would only be reported in the aggregate. Thirty-six surveys were submitted in response. Survey results are included as Appendix B.

C. Grantee Interviews

Semi-structured interviews were conducted to gain deeper insights into themes uncovered in the health equity survey. Discussion focused on the local community context for advancing health equity, community and family partnerships, the program's Healthy Tomorrows Advisory Board, health equity tools, and evaluation. The facilitation guide is included in Appendix C.

A range of Healthy Tomorrows programs were selected to provide perspectives from various organizational and programmatic lenses. Representatives from 7 of the 40 Healthy Tomorrows funded programs (18% of grantees) were contacted to provide feedback through confidential interviews. Characteristics of the participating programs are outlined in Table 2.

Table 2: Characteristics of Grant Programs Interviewed

CATEGORY	GRANTEE CHARACTERISTICS
Organization type	Health department Hospitals (2) Federally Qualified Health Center Community Based Organization (2) Family support agency
Grantee program year	First year Second year (2) Third year (2) Fourth year Fifth year
U.S. geographic distribution	Northeast (2) Southeast (2) Midwest West (2)
Healthy Tomorrows program geography *Note that some programs cover multiple geographies	Statewide Large metropolitan area Small metropolitan area Rural
Healthy Tomorrows program participant racial/ethnic characteristics	Black or African-American American Indian Asian Latinx White

IV. Key Findings

Healthy Tomorrows programs are taking action to advance health equity, and leverage the structure of the 5-year, federally funded program to implement change within their organizations. Healthy Tomorrows programs are both shaped by their home organization's health equity focus, resources, and priorities, as well as spur organizational change through Healthy Tomorrows program implementation. The impact of Healthy Tomorrows may extend beyond the program's stated goals, as organizations institutionalize new practices and change systems.

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organization's health equity focus, resources, and priorities, as well as spur organizational change through Healthy Tomorrows program implementation. The impact of Healthy Tomorrows may extend beyond the program's stated goals, as organizations institutionalize new practices and methods of engagement with traditionally marginalized populations. and change systems.

Healthy Tomorrows programs provide a range of opportunities to incorporate family, youth and community voices into the program, tailoring approaches to create more equitable spaces for family input. Mechanisms to elevate these voices include parent participation on the program's Advisory Board, creation of a separate Parent Advisory Board, and assessment of program services through surveys and focus groups. Programs that have established relationships with neighborhood groups, community planning coalitions, and local advocacy groups reported having a depth of understanding about community needs as well as opportunities to advance a health equity agenda. Other programs rely on informal, one-on-one feedback to understand the direct impact of services on individual children and families. However, the mechanisms to capture this informal feedback for program quality improvements efforts addressing health equity are often not established.

Healthy Tomorrows grantees face systemic challenges in recruiting staff reflective of the population(s) that their project serves. While 89% of grantees report that staff reflect the linguistic, cultural, education, and/or lived experiences of families to a "high" (28%) or "moderate" degree (61%), 42% cite access to recruitment pipelines with candidates that reflect the populations as a challenge to greater representation. Nineteen percent (19%) also reference organizational hiring policies such as specific institutional educational requirements as a challenge to recruiting staff.

Increasing Healthy Tomorrows programs' access to training and tools has the potential to advance health equity. One of the guiding principles for organizations to advance health equity is intentionality in building staff capacity to advance health equity. The majority of Healthy Tomorrows programs indicate that they have training in place for staff, advisory board members and/or volunteers on topics related to diversity, equity, and inclusion (67%); the remaining 33% of grantees presents an opportunity to deepen programmatic understanding of health equity principles and approaches. Among grantees, 28% report that they do not use any tools to support their project's health equity work.

Access to healthcare is the main social determinant of health addressed by Healthy Tomorrows programs. Eighty-one percent (81%) of grantees indicated that their program addresses access to healthcare. This emphasis reflects alignment with the program goal as stated in the Healthy Tomorrows program Notice of Funding Opportunity.

While the shift to telehealth presents new opportunities for families and communities to engage with Healthy Tomorrows programs, an overemphasis on telehealth services may also result in greater health disparities. Many programs reported a shift to telehealth services during the pandemic. For some families, this provided greater accessibility, as transportation and childcare barriers were alleviated. However, internet accessibility, as well as hardware accessibility (smart phones, tablets, laptops) remains a challenge for many families, especially in rural areas. Grantees recognize a potential for a growth in health disparities because of this entrenched digital divide. Programs are now looking at options for a hybrid model, giving families various ways in which to engage in services.

Grantees recognize the impact of social determinants of health on the families engaged in Healthy Tomorrows programs, and vary in their programmatic, organizational, and community capacity to address the complexity of challenges facing families. Approaches to address social determinants vary among grantees. Some programs screen for social determinants of health to better understand the needs of program participants (78%). Programs rely on referrals to partner agencies to address family needs (86%). However, grantees in smaller cities and rural areas indicated the difficulty of identifying the range of necessary resources within their community. Other programs have successfully integrated partners addressing social determinants of health (64%), especially to address food insecurity during the pandemic. Healthy Tomorrows grantees recognize the disproportionate impact that the pandemic has had on the populations that they serve, and have worked to support families during this time. Several grantees noted that this integration has resulted in building greater trust with families.

Healthy Tomorrows programs are using data to identify disparities among program subpopulations and note the complexity of changing systems of care in response. A significant percentage of grantees (64%) report using data to identify disparities in care. Programs identify using participant data to develop program materials as the most common use of such data (72% of programs use data for this purpose). Grantee feedback suggests that programs are at the initial stages of using participant data to inform broader action planning and systems change within their organization. Several Healthy Tomorrows grantees remarked on the complexity of not only capturing and analyzing participant data, but also on the greater challenge of translating data into actionable knowledge.

V. Recommendations

Recommendations for Healthy Tomorrows Grantees

1. **Utilize health equity tools in program planning to assess the potential differential impact of programming choices on infants, children, and families across varying cultural, linguistic, historical, economic, and other backgrounds.** Health and racial equity tools may provide a helpful framework and structure to grantees in assessing their programs and services. Resources such as the Ontario Health Equity Impact Assessment tool, Annie E. Casey's Race Matters organizational self-assessment, Race Forward's Racial Equity Impact Assessment and others may provide guidance to grantees. Links to these tools are provided in Appendix A.

2. **Partner within the Healthy Tomorrows program's organization to diversify recruitment efforts.** Healthy Tomorrows seek staff that reflect the linguistic, cultural, and lived experiences of the families engaged in the program. Programs are encouraged to work within their organizations to review and update job descriptions, as well as candidate qualifications, to favor the attributes that the program is seeking and attract a diversity of candidates. Qualifications may explicitly state an interest in candidates who reflect multiple pathways towards attaining professional experiences and education, including options for equivalent experiences in lieu of educational attainment, including demonstrated leadership successes, progressive leadership roles, content expertise and thought leadership, as well as relevant experiential learning. Programs also have an opportunity to work within their organizational human resources departments and other professional units to create linkages to professional organizations and associations to create pipelines to diverse candidates.

3. **Create a formal structure to capture feedback from families.** Feedback from families engaged in Healthy Tomorrows programs is vital to service planning and quality improvement efforts addressing health equity. Grantees can maximize the benefits of informal, one-on-one feedback by creating systems to capture it in the program's more formal data collection efforts. This may include regularly capturing patient stories, comments/complaints, and requests for information, as well as brief thematic write ups from program/community rounds and home visits. This systematic approach will allow programs to aggregate informal feedback across multiple program staff and locations, identify emerging issues through qualitative assessment of patient input, and create action plans as part of the program's continuous quality improvement. Collectively, these actions will expand the impact of what was once informal feedback.

4. **Ground health equity approaches in quality improvement efforts.** This includes improving the quality of the data collected to ensure that it accurately reflects program participants; analyzing data by subgroups using factors such as differential access to care or health outcomes by language, race/ethnicity, insurance type, and service location to identify disparities across populations served within the program; setting equity-informed goals; and tailoring interventions to address disparities. The Health Resources and Services Administration's Applying a Health Equity Lens to Analyze Performance Data and Inform Continuous Quality Improvement Work can serve as a useful guide to grantees in how to pursue this work. A link to the guide is provided in Appendix A.

5. **Provide structure to community partnerships to align health equity goals.** Grantees should consider co-creating explicit health equity goals when establishing partnerships, and co-construct guiding principles, operational processes, and data collection strategies to support achievement of goals. The focus on shared goal setting allows partnerships to not only focus on service delivery, but also to focus attention on systemic barriers and opportunities to address health disparities.

6. **Connect with regional resources to support telehealth transformation.** Several resources exist to support Healthy Tomorrows grantees in telehealth access, service delivery, and policy. These include connections with state AAP chapters, HRSA Maternal and Child Health Bureau regional project officers and consultants, and HRSA-funded Telehealth Resource Centers. Links to these resources are included in Appendix A.

7. **Support local and state policy and systems change work through Healthy Tomorrows program data insights.** While many Healthy Tomorrows programs are focused on service delivery, programs have a role to play in supporting policy and systems change work to advance health equity. Healthy Tomorrows programs are best positioned to support policy and systems change through the sharing of aggregated data and/or evaluation results with local advocacy coalitions, state Title V agencies, public health departments, and public health institutes in order to inform advocacy agendas, policy development, systems change, and resource coordination. With their focus on improving the health status of infants, children, adolescents, and families in rural and underserved communities, Healthy Tomorrows grantees often have data insights on populations that may be obscured or unrepresented in aggregated community data.

8. **Leverage intra- and inter-organizational resources to support policy and systems change.** Healthy Tomorrows programs housed in organizations with government relations departments are encouraged to share program data with government relations staff in order to highlight policy and/or systems change opportunities to advance health equity. In several instances, grantees identified that Healthy Tomorrows program data, along with findings from other organizational pediatric initiatives, provided solid evidence to support broader policy and advocacy work. Healthy Tomorrows programs have also been successful in contributing to inter-organizational data sharing efforts that provide evidence for payment reform, mandated screenings, and other legislative efforts.

Recommendations for AAP/HRSA

1. **Create a structure for cohort-based learning by creating a health equity learning collaborative.** Grantees indicate an interest in structured, opt-in learning opportunities to learn from other Healthy Tomorrows grantees. Health equity principles support this team-based approach to learning. AAP can leverage its Patient Centered Medical Home (PCMH) expertise to support this work.

2. **Create foundational health equity training opportunities for grantees.** Topics may include Health Equity 101, anti-racist training, health equity terminology, and other program foundations to support equity.

3. **Establish systems to systematically identify policy and/or systems change opportunities.** With its national scope, Healthy Tomorrows programs provide rich data and knowledge about service delivery, insurance gaps, and other barriers facing families across the U.S. AAP/HRSA should review its reporting structures, as well as grantee forums such as collaborative learning sessions, to create structured ways of identifying policy/systems change issues, as well as work undertaken by grantees to address them.

4. **Leverage AAP's organizational resources to identify and highlight areas here education on policy would be helpful to grantees.** In systematically capturing information, AAP can highlight grantee-identified needs, specifically those related to: (1) Medicaid reimbursement for telehealth services that extend beyond the current pandemic; and (2) accessible broadband in rural communities, and for underserved households.

Appendix A: Resources

Equity Tools

The Annie E. Casey Foundation (2006). Race Matters Organizational Self-Assessment. Retrieved from url: *https://assets.aecf.org/m/resourcedoc/aecf-RACEMATTERSorgselfassessment-2006.pdf*

Ontario Ministry of Health (2013). Health Equity Impact Assessment Workbook. Retrieved from url: *https://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf*

Race Forward (2009). Racial Equity Impact Assessment Guide. Retrieved from url: *https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf*

Health Resources and Services Administration (2021). Applying a Health Equity Lens to Analyze Performance Data and Inform Continuous Quality Improvement Work. Retrieved from url: *https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/health-equity-lens.pdf*

Organization Links

American Academy of Pediatrics State Chapters: *https://services.aap.org/en/community/chapter-websites/*

Health Resources and Services Administration Maternal and Child Health Bureau, Division of State and Community Health Offices and Regional Consultants: *https://mchb.tvisdata.hrsa.gov/uploadedfiles/TvisWebReports/Documents/titleVfederalstaff.pdf*

National Consortium of Telehealth Resource Centers: *https://telehealthresourcecenter.org/*

Appendix B: Health Equity Survey Results

Number of respondents = 36

Note: Responses to questions containing an "Other" category have been condensed and edited for clarity.

1. What is the best description of your organization?

ANSWER CHOICES	PERCENTAGE	NUMBER
Community health center	33.33%	12
Mental health provider	2.78%	1
Hospital	22.22%	8
Health department	2.78%	1
College/university	11.11%	4
School or school district	0.00%	0
Community based organization	16.67%	6
Association	0.00%	0
Other: • Pediatric health system • Non-profit family support agency • Community dental health center • Non-profit public health organization	11.11%	4

2. Does your organization have an established diversity, equity, and inclusion (DE&I) program? A DE&I program is an intentional effort to provide an equitable and inclusive environment for patients, staff, and others engaged with the organization, through methods such as the review of policies and practices to identify systemic bias, staff training, assessment of institutional relationships, etc.

ANSWER CHOICES	PERCENTAGE	NUMBER
Yes	66.67%	24
No	16.67%	6
I don't know	16.67%	6

3. If your organization has a DE&I program, does your HTPCP project participate in activities conducted by the organization's DE&I program?

ANSWER CHOICES	PERCENTAGE	NUMBER
Yes	44.44%	16
No	25.00%	9
My organization does not have a DE&I program	13.89%	5
I do not know if my organization has a DE&I program	16.67%	6

4. To what extent do your HTPCP project staff currently reflect the linguistic, cultural, education, and/or lived experiences of the population(s) that you serve?

ANSWER CHOICES	PERCENTAGE	NUMBER
High	27.78%	10
Moderate	61.11%	22
Low	11.11%	4
Not at all	0.00%	0

5. What are the challenges of identifying, recruiting, hiring, and retaining staff reflective of the population(s) that your HTPCP project serves?

ANSWER CHOICES	PERCENTAGE	NUMBER
We do not have challenges identifying, recruiting, hiring or retaining staff	19.44%	7
Knowledge of population(s) experiences, culture, and other characteristics	11.11%	4
Organizational hiring requirements (e.g., minimum education requirements)	19.44%	7
Access to recruitment pipelines/networks with candidates that reflect the population(s)	41.67%	15
Gaps in organizational policies that meet the needs of a diverse staff (e.g., flexible work hours)	11.11%	4
Difficulty reflecting the multiple populations that the program serves (e.g., multilingual staff)	33.33%	12
Other: • Competitive hiring market/external environmental factors • Low pay rate • Difficulty in filling part-time positions • Difficulty in recruiting/sustaining staff with lived experience of being homeless	25.00%	9

6. Does your HTPCP project provide training to program staff, the advisory board, and/or volunteers on topics related to diversity, equity, and inclusion?

ANSWER CHOICES	PERCENTAGE	NUMBER
Yes	66.67%	24
No	33.33%	12

7. Where does your HTPCP project take place? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
Early childhood/child care agency/daycare	13.89%	5
School	16.67%	6
Primary care setting	58.33%	21
Mental health care setting	8.33%	3
Home based services	8.33%	3
Virtually (e.g., telehealth)	47.22%	17
Mobile unit	8.33%	3
Community based organization	41.67%	15
Other • Integrated mental health/primary care/telehealth • Local parks • Judicial diversion program • Federally qualified health center	19.44%	7

8. How does your HTPCP project engage participants? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
Outreach using culturally and linguistically relevant methods (e.g., bi-/multilingual staff, outreach in non-traditional venues and through peer networks)	80.56%	29
Service hours, meeting times, workshops, trainings, special events, and other activities based on participant availability	55.56%	20
Technology access (e.g., provision of free/low-cost internet access, computer hardware, and/or technical support)	22.22%	8
Development of cultural, linguistic, and literacy-appropriate outreach and education materials	75.00%	27
Participant feedback in program planning and development	66.67%	24
Membership on HTPCP Advisory Board	47.22%	17
Other • Identify patients who meet program criteria • Incentive program for participant engagement • Partnerships with key partners who serve families with young children	11.11%	4

9. If your HTPCP project uses an evidence-based model of care, was the model developed for the population your program serves?

ANSWER CHOICES	PERCENTAGE	NUMBER
Yes, the program model was developed for the population	50.00%	18
No, but the program model was tested with the population	8.33%	3
No, but we have adapted the model for our population	16.67%	6
No, the model was not developed, tested, or adapted for our population	0.00%	0
We do not use an evidence-based model of care	25.00%	9

10. Is participant data used in the evaluation of your HTPCP project?

ANSWER CHOICES	PERCENTAGE	NUMBER
Yes	100.00%	36
No	0.00%	0

11. How does your HTPCP project use the participant data that you collect? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
We do not collect/use data for these purposes.	0.00%	0
Identify emerging populations in need of care	41.67%	15
Identify social determinants of health by population	63.89%	23
Target interventions by population	66.67%	24
Inform design and content of program material (e.g., literacy level, language, cultural relevance)	72.22%	26
Identify potential disparities in care (e.g., by population, location)	63.89%	23
Inform policy and systems change	47.22%	17
Other • Assess the efficacy of the intervention • Assess patient satisfaction	8.33%	3

12. Is participant data used in the evaluation of your HTPCP project?

ANSWER CHOICES	PERCENTAGE	NUMBER
We do not partner on this issue	0.00%	0
American Academy of Pediatrics (AAP) chapters	63.89%	23
State Title V Maternal and Child Health agencies	52.78%	19
Children and Youth with Special Health Care Needs (CYSHCN) programs	19.44%	7
Local or state health department	50.00%	18
Health systems/practices	55.56%	20
Mental health service providers	41.67%	15
Early childhood/child care agencies/daycare (e.g., Head Start)	38.89%	14
Family-professional partnership organizations	25.00%	9
Food banks/food relief organizations	33.33%	12
Housing providers	16.67%	6
Social service agencies	52.78%	19
Associations (e.g., state primary care, hospital, etc.)	33.33%	12
Local community or neighborhood groups	41.67%	15
Colleges/universities	36.11%	13
Diversity, equity, and inclusion subject matter experts	16.67%	6
Faith-based organizations	16.67%	6
Other • Department of Parks and Recreation	2.77%	1

13. How does your HTPCP project partner with other organizations to improve health equity? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
We do not partner on this issue	0.00%	0
Participant outreach/engagement	75.00%	27
Development of program materials for outreach and/or education	58.33%	21
Community education	61.11%	22
Program services	72.22%	26
Data collection, data analysis, quality improvement, and/or evaluation	55.56%	20
Policy and systems change	25.00%	9
Training/technical assistance for HTPCP Advisory Board, staff, and/or volunteers	47.22%	17
Other • Cross-referrals	2.78%	1

14. Which of the following social determinants of health does your HTPCP project address?

ANSWER CHOICES	PERCENTAGE	NUMBER
None of the above	0.00%	0
Housing	30.56%	11
Family and social support	77.78%	28
Education and/or literacy	58.33%	21
Child care	30.56%	11
Food security	44.44%	16
Employment	16.67%	6
Transportation	30.56%	11
Access to care (e.g., medical, behavioral health)	80.56%	29
Other: • Mental and behavioral health gaps in care for adolescents • Resources/support for LGBTQ+ youth	8.33%	2

15. What approaches does your HTPCP project use to address social determinants of health? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
We do not address social determinants of health.	0.00%	0
Screening/assessment for social determinants of health	77.78%	28
Directories/databases to support referrals to childcare, food resources, etc.	41.67%	15
Referrals to community partners	86.11%	31
Integration of community partners who address social determinants of health as part of program delivery	63.89%	23
Information sharing/dissemination with partners	75.00%	27
Other: • Education for early childhood center staff on food insecurity/community resources	2.78%	1

16. What tools do you use to support your HTPCP project's health equity work? Tools may include participant screening tools for social determinants of health, program assessment tools, racial equity assessments, etc. Check all that apply. Respondents are encouraged to specify tools not identified here in the "Other" category.

ANSWER CHOICES	PERCENTAGE	NUMBER
We do not used specific tools for our health equity work	27.78%	10
Health Equity Impact Assessment	0.00%	0
Race Matters Organizational Self-Assessment	2.78%	1
Hunger Vital Signs	8.33%	3
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	8.33%	3
Health Leads Screening Tool	2.78%	1
Other: • Practice-specific tools/EHR • Community-level data published by local health, parks departments • Bright Futures • CANS	66.67%	24
• Asthma assessment tools: ACT/CACT, TRACK, Healthy Homes Environmental History • WE CARE • Hybrid screening tool combining SDOH, LEC-5, PEARLS, ACE, CAGE-AID, and CSSR APGAR • Rapid Assessment of Adolescent Preventative Services in development stage		

17. What policies and/or practices are barriers to individuals accessing your HTPCP project? These may be policies/practices within your HTPCP project, organization, and/or the result of regulatory requirements (e.g., an organization's geographic boundaries may have the effect of excluding a neighboring high need population; Medicaid rules may limit program access). If you have not identified any policies/practices, indicate "none."

ANSWER CHOICES
Time constraints (3)
Computer/internet access barriers (4)
Limited mental health resources in our community especially for Medicaid patients.
We have faced challenges with staff recruitment and retention, especially during the pandemic. Our lack of staffing, and delays in recruiting for vacant positions due to trends in the labor market, is one thing that could impact our efforts. Unfilled positions cause staff to be pulled in different directions and cause staff members to become overworked. As a result, there could be delays on efforts related to specific project components.
High school curriculum board approval process is long & tedious.
Inter-organizational partnership, stigma associated with social services organizations/ the "system"

ANSWER CHOICES
Parents of patients not familiar or comfortable integrating dental services with a medical visit
Trying to provide the large amount of in-kind for this project.
Barriers in hiring quality personnel from multiple populations exists
Billing requirements for Medicaid and income restrictions for folks on SSDI; Medicaid and Department of Public Health policies related to geographic boundaries of serving the community
Insurance rules
Project is limited to practices within our health care system.
Sometimes funding dictates who we can serve by location
Families may face scheduling, transportation, or geographic barriers to attending the early childhood centers we partner with.
Space restrictions also limit the number of students.
Staff speak English and Spanish, the primary languages in the community, but not other languages.
Lack of central system for autism services
When trying to recruit health centers to participate in our project, many of those who support the most in need youth are overwhelmed with other projects and needs and aren't interested in taking on another initiative.
Geographic boundaries, lack of access to reliable transportation, lack of access to reliable internet
Local school policies that inhibit access to a broader population than we reach

18. What emerging trend(s) may impact your HTPCP project's ability to advance health equity? Please describe the trend(s) and potential impact. If you have not identified emerging trend(s), indicate "none."

ADDITIONAL INFORMATION
Covid-19 pandemic: resource limitations due to Covid response; impact at program and systems level; budgetary impacts; programmatic impact of social distancing, lack of staff training
Policies and resources in communities that have experienced historical racism are needed to help make substantial change, e.g., improvements in wealth, home ownership, schools, early childhood education, etc. These deeper-rooted issues are difficult to address without significant resources and change in these places.
The focus on promoting health equity on all levels: national, state, local and organizationally, will impact our projects ability to advance health equity.
Gaps in community-based organizations
High Bronx unemployment rates
Since the COVID-19 Pandemic, Medicaid agree to reimburse psychotherapy when performed virtually or telephonically. However, there is the potential for that allowance to end. With the families I serve, living 200% percent the poverty line and their priority shifting, but always focused on survival- the option to have services delivered virtually or telephonically has assisted in them participating consistently.
The pandemic has affected income and working hours for parents, and pending evictions may force families to move out of the area.
Just now beginning to analyze data and look at emerging trends

Increasing awareness of and support for health equity programs and food insecurity work has increased support within our institution and city wide, presenting new opportunities to expand and strengthen health equity focused initiatives.
Access to reliable internet access and or multiple devices when multiple children are in virtual school.
No additional "new" trends
Covid and its impact on convening people and groups

19. What technical assistance topics would provide the greatest benefit to your HTPCP project's goal of improving health equity? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
Our program would not benefit from technical assistance.	0.00%	0
Participant voice in program design, implementation, and/or governance	33.33%	12
Participant outreach, access, and engagement	41.67%	15
Staff diversity, equity, and inclusion in recruitment, training, or professional development	38.89%	14
Partnership development to improve connections to community resources	44.44%	16
Social determinants of health awareness, screening, assessment, and assistance	36.11%	13
Data collection, analysis, or evaluation to support health equity goals	55.56%	20
Policy or systems change to address racism and other systemic barriers affecting program participants	33.33%	12
Other • Improved knowledge in all areas	2.78%	1

20. What are the most effective ways for your HTPCP project to receive technical assistance? Check all that apply.

ANSWER CHOICES	PERCENTAGE	NUMBER
Our program would not benefit from technical assistance	0.00%	0
Collaborative, interactive learning sessions with other HTPCP grantees	61.11%	22
Individualized program training, coaching, and support	61.11%	22
Peer-to-peer program mentorship with another HTPCP grantee	30.56%	11
Training webinars and other web-based informational resources	66.67%	24
Other	0.00%	0

21. What additional information would be helpful for AAP/HRSA to know about your HTPCP project's opportunities, needs, and barriers to advancing health equity? If you do not wish to provide additional information, please indicate "none."

ADDITIONAL INFORMATION
We haven't started recruiting practices yet. The first cohort will begin in October.
As a health center, we see the inequities which have historically resulted in health disparities for our most vulnerable community members, including those with intellectual and developmental disabilities, and those from minority groups. We strive to be sensitive to experiences lived by everyone in a way that is sincere and doesn't create further divisions. This lies true for both staff and patients. The challenge lies in creating a culture which welcomes and promotes open dialogue so that individuals can openly express themselves.
We have excellent resources since health equity is a department priority, but are always happy to learn more. Perhaps about advancing it with non-social service providers.
Continued program support to enable us to provide much needed asthma management education for our patients
Our main focus is to address health inequities by serving a particular population in LA County. Our approach is to integrate local voices and organizations that are present in the community to address issues best. It is a constant work in progress, so while we illuminate "challenges", they are constantly tried to be addressed as well.
Job well done - we feel very supported by the AAP/HRSA team in our work!
Other successful " Models That Work' to increase engagement for individuals in homeless shelters in making healthcare a priority
We are very restricted by insurance rules around autism diagnosis and coverage of various things. This may be something the AAP could advocate on.
More training
Our program is a little different as the "participants" for us are health centers and health care providers who in turn, support patients. The issue of health equity is two-fold for us - how can we support health centers and health care providers in enacting health equity initiatives and how can we ensure that support is trickling down to their patients?
The locations of those we serve are far reaching across multiple rural communities.
Access to healthcare continues to be a challenge for families who may not qualify for Medicaid or Covered CA. Private health insurance remains at a very high cost and the cost of living in California is also very high.
We reflect our community in terms of diversity, but we are on a beginning path of deepening our equity and inclusion opportunities

Appendix C: Grantee Interview Discussion Guide

1. Community Context

- What activities and ongoing efforts specific to your community support or inhibit a health equity-based approach?

- Where does your program go to understand the historical context of health inequities in the community? What resources have you found to be vital to developing this understanding of your community?

- What information do you not currently have, but would be helpful to you, to advance your program's health equity goals? Prompts:
  - Program data
  - Community data
  - Policy or access information

- How do you build trust with the community that you serve?
  - How successful do you feel you have been in establishing trust?
  - What have been barriers to establishing trust?

- Post-COVID-19, what barriers or opportunities do you see for future participants in your Healthy Tomorrows program? What makes this a barrier/opportunity? Prompts:
  - Recruitment via new partnerships established due to COVID-19 impact
  - Broader reach via telemedicine
  - New demographics (displacement, new entrants)
  - Policy changes that expand/limit access

- What policy or systems change within your state would have the greatest impact on advancing health equity for your Healthy Tomorrows program participants? Prompts:
  - Medicaid rules
  - State Title V programs
  - State Department of Health
  - State Department of Minority Health
  - AAP State Chapter

2. Partnerships

- How do you define a "successful" community partnership for your Healthy Tomorrows program?

- Does your program have examples of a "successful" community partnership? What makes it successful?

- There are several types of partnerships for Healthy Tomorrows programs, including partnerships with families. How does your Healthy Tomorrows program create "family partnerships"?

- What *process* do you use to assess partnerships/coalitions and their role in advancing your goal of achieving health equity? Prompts:
  - Co-created goals
  - Guiding framework for how programs will work together
  - Process evaluation (based on shared workflows)
  - Year-over-year comparison of participant outcomes (process & health outcomes)
  - Policy or systems change

- What *obstacles* do you face in building partnerships? Prompts:
  - Identifying potential partners/knowing how to start
  - Few community resources to forge partnerships (small pool)
  - Staff time for relationship building, planning
  - Mis-alignment of potential partner philosophy, health equity goals
  - Understanding how to align operations

3. Advisory Board

- What role does your Advisory Board play in advancing your program's health equity goals?

- How do you create an equitable playing field for the range of members on your Advisory Board - including those with varying professional expertise, lived experience, languages, etc.? Prompts:
  - Orientation/education to Advisory Board members
  - Meeting time/place
  - Childcare
  - Meeting language/interpretation
  - Equal time in meetings to members

4. Data, Tools, Evaluation

- Healthy Tomorrows programs across the country are using a combination of evidence-based tools created by Healthy Tomorrows programs, or the organizations where they are housed.
  - *If your program does not use specific tools, what prompted this decision?*
  - *If your program does use specific tools:*
    - How did/does your program identify the tools that it uses? Prompts:
      - AAP, HRSA
      - Literature review
      - Standard organizational practice
      - Quality committee
      - Equity assessment of cultural applicability
    - Has your program created any tools?
      - If yes, what was the motivation for creating a tool rather than using an existing one?
      - If yes, have you evaluated the effectiveness of the tool? Do you have plans to publish your Findings and/or disseminate the tool?
- In the recent Health Equity Survey, Healthy Tomorrows grantees indicated significant interest in evaluation technical assistance. If AAP were to create a learning collaborative to support your evaluation efforts:
  - What key evaluation topic/issue would be important to your program's efforts to advance health equity?
  - What would you hope to gain from participating?

5. Health Equity Barriers and Opportunities

- What is your program's *greatest* barrier to advancing health equity?
- What is the greatest opportunity that your program has to advance health equity? Why is this the greatest opportunity?

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This report is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $166,000 per year. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.