



SUSTAINING CROSS-SECTOR EARLY CHILDHOOD HEALTH EQUITY INITIATIVES

AUTHORS:

Jennifer L. Brooks, PhD, Kirsten Klatka, MSW and Colleen Bernard, BS

CONTRIBUTORS:

Jennifer Myers, BA – Monroe Smart Start

Brandy Fox, LCSW, IECMH-E® – PA Project LAUNCH

Betsy Smith, MEd – R.O.C.K. Mat-su

Peggy Geisler, MA – Sussex County Health Coalition

Emily Feinberg, ScD, CPNP – Team Up for Children

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OVERVIEW

This brief presents lessons about the sustainability of cross-sector early childhood health equity initiatives, drawn from interviews with five community or state initiative representatives. Part of a larger project entitled the **Early Childhood Health Equity Landscape Project (ECHE)**, this brief – and several companion briefs – aim to highlight promising strategies for addressing key issues such as sustainability, data use, state and local relationships, cross-sector collaboration, and operationalizing health equity within the context of early childhood health equity initiatives. The findings of this brief identify successful strategies that these initiatives used to address one of the biggest challenges: sustainability of funding, and particularly, sustainability of funding for the initiative infrastructure. These strategies include embedding the initiative infrastructure within funding agencies in government or philanthropy, engaging funders purposefully in the work, designing the initiative to tap into existing sustainable resources, and ensuring that technical assistance and partner engagement is as focused on sustainability as on the primary programs and policies that the initiative aims to improve.



Early Childhood Health Equity Landscape Project

Early Childhood Health Equity (ECHE) work seeks to strengthen early childhood systems to support healthy child development and reduce health inequities and disparities that can have a lifelong impact.

In an effort to understand how ECHE work is carried out at the local, state, and national levels, the **ECHE Landscape Project**, a joint venture of the National Institute for Children’s Health Quality (NICHQ) and Child Trends and funded by the Robert Wood Johnson Foundation, gathered and analyzed information on cross-sector initiatives promoting early childhood health equity through the **ECHE Landscape Survey**.

To provide context to the ECHE Survey, the ECHE Landscape Project team has also held conversations with ECHE initiatives to inform a series of spotlight briefs on the topics of health equity, measuring and reporting progress and impact, sustainability, cross-sector partnerships, and state-local collaborations. The information from the landscape survey and series of spotlight briefs is intended to support innovation across sectors to advance health equity for young children.



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INTRODUCTION



The Challenges to Sustaining Cross-Sector Initiatives

A key challenge facing cross-sector early childhood health equity initiatives is finding the resources to keep the collaborative work going. Collaborative bodies may give an initial grant to bring community members together to solve a multifaceted community challenge. But when the grant ends a few years later, how does the community continue to sustain itself? Specifically, what resources support the continued meeting and organization of the partners? How are the changes in practice or systems that the collaborative body sought to achieve continued?

This brief explores the issue of sustainability among early childhood health equity initiatives. For the purpose of this brief, we define sustainability as the identification and accessing of private or public resources that can be tapped to support the future work of the collaborative body on an ongoing basis.

Several authors have noted the unique challenges in sustaining cross-sector collaborative work.¹

Because collaborative initiatives rely on partnership from diverse sectors of the community— representing community members, non-profit and service providers, public agencies, philanthropy and other funders, and advocates, among others -- they require dedicated staff that can schedule meetings, help draft collective documents, such as a community-wide strategic plan or funding applications, and take on other roles that are necessary to keep the work moving forward. This role is sometimes known as a “backbone” role, and it is necessary to address the fact that most collaborative initiatives rely on staff and community members who already have “day jobs” working at their public or private agency or for another employer. Thus, the backbone role takes some of the burden off the community members to do the work of the collective.



“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

- Robert Wood Johnson Foundation

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One challenge for cross-sector initiatives, which we heard in our interviews, is that backbone roles can be difficult to support on an ongoing basis.² Initial funding for initiatives may include the resources for a project director and other central staff. But when those initial dollars run out, there may not be other sustainable funding streams that can cover that role. Thus, cross-sector initiatives may wind up cobbling together resources from different funding streams (one interviewee for this brief referred to this as “beg, borrow, and steal”) to cover the work. This issue is magnified by restricted funding that limits the use of resources to certain activities and by lack of funding streams that provide support for the infrastructure-related roles.

Yet, sustainability planning for collaborative bodies must go beyond funding the backbone role. It also must include funding for any practice or systems changes recommended and overseen by the collaborative body. The plans and structures that a backbone organization puts in place must lead to changes that affect the lives of children and families – such as by implementing new practices, modifying existing practices, influencing community norms, increasing resources, or policy. The initiatives we spoke with had goals as diverse as expanding pediatric practice in community health organizations to enhancing the quality of child care centers in the region.

Another challenge is when sustainability is not part of the initial planning of the initiative. Sustainability issues often arise when thinking about continuing these changes after the initial funding for a cross-sector collaboration initiative is fading. Some community coalitions build advocacy into their work to ensure that they can better access sustainable funding (typically public) to keep the work going. Several of the initiatives we interviewed used the flexible funding available through the federal Early Childhood Comprehensive Systems grants to help support this work. Some of the interviewees indicated that these concerns of sustainability can creep up on the partners if they aren't paying attention to it. Interviewees recommended planning for sustainability from the start.

This brief summarizes how several notable early childhood health equity initiatives are addressing sustainability. We highlight findings from interviews with representatives of five local cross-sector initiatives charged with addressing early childhood health equity. We present more information on these initiatives in the methodology section below.

With this brief, we aimed to address the following questions:

- > **What sources were the initiatives using to fund their work?**
- > **What were some of the greatest barriers the initiatives faced in sustaining their work?**
- > **What are some approaches that the initiatives used to sustain the work over time?**

Methodology

To better understand the role of sustainability in cross-sector early childhood health equity initiatives, the ECHE Landscape Project Team selected five initiatives based on their responses to the **ECHE Landscape Survey**. Selection criteria included survey responses citing expertise on the topic of sustainability, nominations from experts in the field, and inclusion of initiatives in varying geographies with different populations of focus at state and local levels. These selection factors resulted in five geographically diverse initiatives, including initiatives from midwestern, northeastern, Mid-Atlantic states, and even an initiative in Alaska. They were based in rural and urban settings.

Note that the interviews for this brief took place during the COVID-19 pandemic in the United States. The responses may reflect the unique circumstances during this time, although the questions asked of the initiatives did not focus specifically on this time period. Moreover, it is important to note that, because we only spoke to individuals representing five initiatives, the findings here should be viewed as hypothesis-generating for future research.



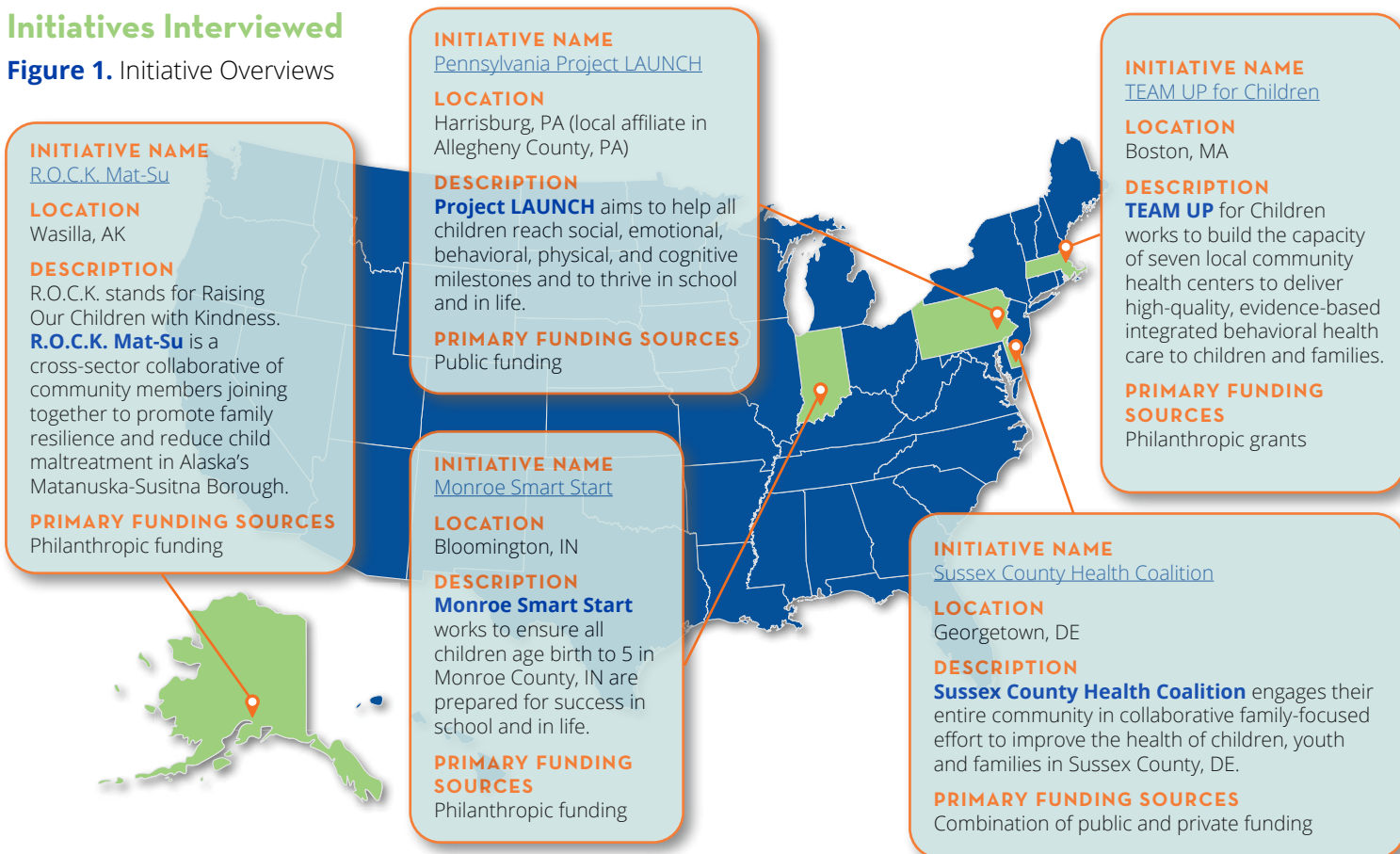
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Initiatives Interviewed

Figure 1. Initiative Overviews



The initiative representatives varied in both the role that they or their organizations played in the initiative and in the type of organization in which they were situated. Both **R.O.C.K. Mat-Su** and **Monroe Smart Start** were affiliated with local foundations that helped to initiate the work. **Sussex County Health Coalition** was represented by an independent contractor hired to facilitate the work. The **Pennsylvania Project LAUNCH** initiative was represented by a senior leader in a state agency that received federal funding for that work. **TEAM UP for Children** was represented by the Director of Implementation for the initiative who held an academic position at the affiliated medical school. In most cases, the individuals helped to organize and coordinate the work of the initiative in a role that some refer to as the “backbone” for cross-sector community collaborative work.³

There was substantial variability in the goals of these initiatives as the partners involved represented many different sectors and agencies. The topical focus of the work ranged from Adverse Childhood Experiences (ACEs), to early care and education, infant mental health, and developing a comprehensive model of integrated behavioral health in Federally Qualified Health Center (FQHC) pediatric primary care practices.

The primary sources of funding also varied across these five sites. Three began with foundation funding – (R.O.C.K. Mat-Su, Monroe Smart Start, and TEAM UP for Children), and both R.O.C.K. Mat-Su and Monroe Smart Start were still affiliated with their original foundations. Project LAUNCH was housed in a state agency that served as a hub for early childhood funding in PA, including the initial federal funding for Project LAUNCH. The state agency was a statewide early childhood office, overseeing not only the initiative but all funding for early childhood that passed through the state. The state initiative was paired with a sister initiative in Allegheny County, which is located in Pittsburgh. However, nearly all the initiatives had more than one funding stream, and all were eyeing other dollars that could be leveraged to continue the work.

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STRATEGIES TO ADDRESS SUSTAINABILITY

We identified several factors that facilitated sustainability for these initiatives. Those factors included everything from where the initiative was housed to how it was implemented and what supports were provided to those implementing the initiative. These strategies transcend the topic area of early childhood health equity and have important implications for funders and communities looking to design cross-sector collaboration efforts in the future. Specific factors included governance structure of the collaborative, proactive and intentional engagement of funders, enhancement of what exists rather than building anew, incorporation of long term finance into all elements of the initiative, and the role of data.



Governance Structure of the Collaborative

R.O.C.K. Mat-su, Monroe Smart Start, and PA Project LAUNCH – three initiatives that were situated in or strongly connected to public or private funding organizations – had fewer barriers to continued funding of their work. R.O.C.K. Mat-su and Monroe Smart Start had commitment from their foundation to keep the work going – however, their success was not due solely to the internal funding commitments of their foundations. Representatives of these initiatives noted that their foundation connection helped them to generate broader interest from other funders, leveraged from the long-standing funder-to-funder relationships and positive reputation of the community foundations that seeded the work.

“It feeds (the foundation’s) work just as much as it feeds our work. It’s mutually beneficial. They influence us, we influence them.”

– Betsy Smith,
R.O.C.K. Mat-Su

Being embedded in funding agencies also presented an opportunity for key lessons and practices identified through the initiative’s work to be extended to other funding priorities. For example, Betsy Smith, Director of **R.O.C.K. Mat-Su** spoke about incorporating key lessons identified from one grant into other funding streams that required cross-sector cooperation. She reflected on the symbiotic relationship the initiative has with the funding body. R.O.C.K. Mat-Su began providing training for trauma-informed schools. In response, the principals at those schools approached the foundation for grants to provide behavioral health services in schools. The foundation was able to launch 10 pilot sites, with intent to scale and spread. Principals in other schools learned about the behavioral health grants and applied to receive trauma-informed training to jumpstart their work.



Proactively and Intentionally Engaging Funders

Initiatives that are not seeded with foundation funding may need to work harder to get the attention of philanthropy. This is particularly true for rural communities and those that lack a rich local philanthropic base. Peggy Geisler, Executive Director of the **Sussex County Health Coalition**, shared that she works as a bridge between communities and funders, arranging for philanthropy representatives to join meetings with the community so that each can hear about the other’s priorities and identify common interests. This allows less resource-rich communities to better understand how to organize and present their work to fit within the private funders’ strategic goals. This pre-emptive engagement, in turn, helps philanthropy to better understand and be more sensitive to the needs and wants of the community.

“First of all, awareness is key. How do you get nonprofits in front of funders they normally wouldn’t be? We started a ‘Meet the Funders’ series. We brought funders down and did intimate discussions. Many of our non-profits were scared – they don’t know how to navigate that. How do we create opportunity for their leadership to have access? To be aware of who is funding and what they’re funding? [We] create an opportunity for access and then shepherd some of those relationships.”

– Peggy Geisler,
Sussex County Health Coalition

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Enhancing What Exists Rather Than Building Anew

Several interviewees discussed the challenges in sustaining support for new positions introduced as a part of this work, particularly those “backbone” positions. Pennsylvania purposely avoided adding staff positions to their **Project LAUNCH** grant. Instead, they built the work of the initiative into existing roles within the state and local agencies. **R.O.C.K. Mat-Su** mentioned keeping staffing for the initiative to a minimum even when resources were not as tight, understanding that these positions may not be sustainable. The Pennsylvania representative, Brandy Fox, described an intentional approach to identifying existing positions or resources that could be improved and sustained over the longer term.

Examples of practices and resources include:

- ▶ **Enhancing systems for referrals between agencies**
- ▶ **Enhancing the capacity of staff to work more efficiently and collaboratively, by supporting trainings**
- ▶ **Taking the time for agencies and partner groups to develop common language and goals that can be used to guide work over the long-haul.**

Incorporating Long-Term Financing into All Elements of the Initiative

TEAM UP for Children, a city-based initiative working to strengthen the capacity of community health centers to deliver high-quality, evidence-based integrated behavioral health care to children and families, described a potentially unique strategy for addressing sustainability: helping community health centers optimize current fee-for-service reimbursement. This strategy was successful for sustaining integrated behavioral health clinicians, but less so for sustaining integrated community health workers, whose services are not currently reimbursable within fee-for-service methodologies. As a result, TEAM UP for Children has pursued additional sustainability strategies for community health workers, including advocating for expanding reimbursable billing codes and including community health workers in alternative payment methodologies, such as bundled or capitated payments. TEAM UP for Children provided technical assistance to the community health centers on how to optimize billing and revenue for integrated services. In addition, over time, this initiative determined that it was critical to engage billing experts from the centers as core members of the partnership.

“There was a sense that having someone who really understood much more of the nitty-gritty of billing was really important to understanding how to support sustainability.”

– Emily Feinberg,
TEAM UP for Children

The strategy of including billing and reimbursement experts in the work and providing technical assistance around financing was unique to this one initiative, and it is specific to sustaining practices that can be billed through fee-for service. However, it raises key questions about how often and how well early childhood initiatives engage financing experts who understand what activities can be funded through which dollars, and whether specific technical support for financing is attended to at the same level as technical support for initiative design and implementation.

The representatives for TEAM UP for Children also noted that connecting with other communities that have figured out the sustainability of comparable practices – a more common technical assistance strategy – was helpful to them as they developed their sustainability plan.

“I think the easier things to sustain were enhancements to strategies or programs that were already occurring, like strengthening the referral process for home visiting, [support for building a] coordinated referral line...that’s sustained to this day some of the strategies that built the capacity of those systems partners to serve more families and be more efficient.”

– Brandy Fox,
The Pennsylvania Key



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The Role of Data

The representatives we interviewed noted that data showing the initiative's work and effectiveness was critical to being able to fundraise. **TEAM UP for Children** used data collected from participating health centers, including data extracted from electronic health records, to advocate for additional funding. Emily Feinberg, Director of Implementation for TEAM UP for Children, said "The ability to capture data in real time, capture metrics that matter to the state, and demonstrate quality and improved access was seen as a key to making an argument for sustainability." It should be noted that this effort took significant time and resources from the initiative's evaluation team. Brandy Fox, Project Director of **PA Project LAUNCH**, recommends that initiatives create a framework that includes strong data for informed decision making and outcomes and measures that support sustainability. Ultimately, initiatives can leverage data to advocate for additional funding and resources to support their communities. For additional information, please see the related brief "Use of Data and Measurement in Cross-Sector Early Childhood Health Equity Initiatives."

IMPLICATIONS FOR FUNDERS

The lessons and strategies presented in this brief provide important messages to both the people managing initiatives, as well as to the public and private funders who support them. Actions that funders take related to what they fund, how they fund, and who they fund have implications for the initiative's likelihood of continuing beyond the seed funding. We identify some implications drawn from the stories that we heard from these initiatives:

- > **Consider who is coordinating the work of the initiative**
- > **Ensure maximum flexibility of the funding**
- > **Align both funding and measurement to the work that is required**
- > **Address sustainability in site selection and funding structures**



Consider Who Coordinates the Work

Interviewees noted that cross-sector initiatives require dedicated staff and the time and resources to develop shared goals and language, identify sustainable solutions, and engage stakeholders. Some of the sites we talked with were housed within foundations themselves, others were seeded by philanthropy but employed outside the foundation. **Whichever strategy is chosen, there should be staff with defined commitment to serving as a convener and who are supported by their "backbone" organization.** Funders should be thinking about the long-term viability of those positions from the start, particularly if it is anticipated that they will be needed longer than the funding period.

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Ensure Maximum Flexibility of Funding

To build upon what already exists in the community, the initiative may need to blend and braid existing public resources. This takes serious time and commitment from staff, which can be reduced some by the receipt of flexible funds. Public dollars are rarely flexible, so philanthropy may need to provide the dollars that can help fill in gaps in what the public dollars cannot support. This flexibility extends to considerations about how funding for “backbone” organizations may require more leniency about overhead rates, including funding for staffing, marketing and communications, and the “General and Administrative” resources necessary to support operations. **Providing greater power to community members to define the terms and focus of the grant can help address some of these challenges.**

Align Funding and Measurement to Required Work

A key challenge mentioned in multiple conversations is the fact that private funders often ask for measures that are better suited to direct practice than to cross-sector collaboration. For instance, a funder may require information on the number of children or families “served” or the outcomes of the coordination activities (e.g., building partnerships, developing shared goals and language, sharing data, taking stock of current systems and programs, identifying methods for blending and braiding funding) before it is realistic to expect those outcomes to transpire. **Collaboration requires time to build trust, define roles, and develop a common purpose, which means funders may have little data in the first year.** This can be frustrating, but if funders require metrics before it makes sense to capture them, communities may be incentivized to skip over important parts of the collaborative process or implement new programs rather than focus on enhancing what exists. Both of those results can affect the sustainability of the work.



Address Sustainability in Site Selection and Funding Structures

If funders want the lessons of cross-sector early childhood health equity initiatives to be sustained over time, they should pay attention to the sites that they fund and whether they have concrete plans for addressing sustainability. Does the applicant have a realistic plan for identifying public and private sources to sustain the work? What is the cost of what they are proposing?

Funders can also build sustainability into their funding structure. Some of the interviewees for this brief mentioned the importance of having a sustainability plan that is required early in the work. This plan could be a required deliverable that is updated over time as the community learns more about what they want to sustain and what financing mechanisms are available to them. Another approach highlighted by the interviewees was the use of a gradually increasing local match for the work. For **Monroe Smart Start**, funders covered most of the initiative costs at the start and the local community was required to increase its relative contribution to the budget. Thus, the communities were required to plan for sustainability from the start of the work.

Finally, many funders contribute resources to support advocacy, which can be a key component of cross-sector initiatives. By linking practice improvements with policy and advocacy, funders can better attend to sustainability in their grant-making and create structures to advance lessons from their work through legislation, regulation, and public budgeting.

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SUMMARY

As is true of most collaborative efforts, sustaining cross-sector early childhood health equity initiatives can be difficult. To do so, communities must plan and identify funding opportunities to cover both the backbone infrastructure as well as the changes in practice and systems undertaken by the cross-sector initiative. The five initiatives we interviewed identified several ways in which they have been able to continue their work, ranging from deep commitments from initial philanthropic funders to braiding together funding from private and public sources. By bringing funders to the table, limiting the number of new hires, using technical assistance to identify financing options, and carefully focusing their efforts on making improvements to existing systems – coordinating referrals, or developing shared metrics, for instance – these initiatives were able to minimize the number of “new” efforts that needed to be sustained.

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