

TTAC

Perinatal and Early Childhood Mental Health Network

Training and Technical Assistance Center



**We are the Medicine! Building the
Ecosystem to Take Positive Childhood
Experiences and Community Flourishing
to Scale, Even Amid Adversity**

Presented by Christina Bethell, PhD, MBA, MPH
Professor, John Hopkins University

Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



Visit the TTAC Website

A Variety of Features:

- View upcoming and archived content, trainings, and resources on the **Trainings page**.
 - Access videos, slides, and presenter information
- Contact the TTAC team by clicking on **Ask TTAC** and filling out our **Contact Us form**
- And more!

Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you

Explore all the provider resources at ttacny.org



About Trainings Resources Clinical Services

**NYC Perinatal & Early
Childhood Mental
Health Provider
Resources**

Learn More

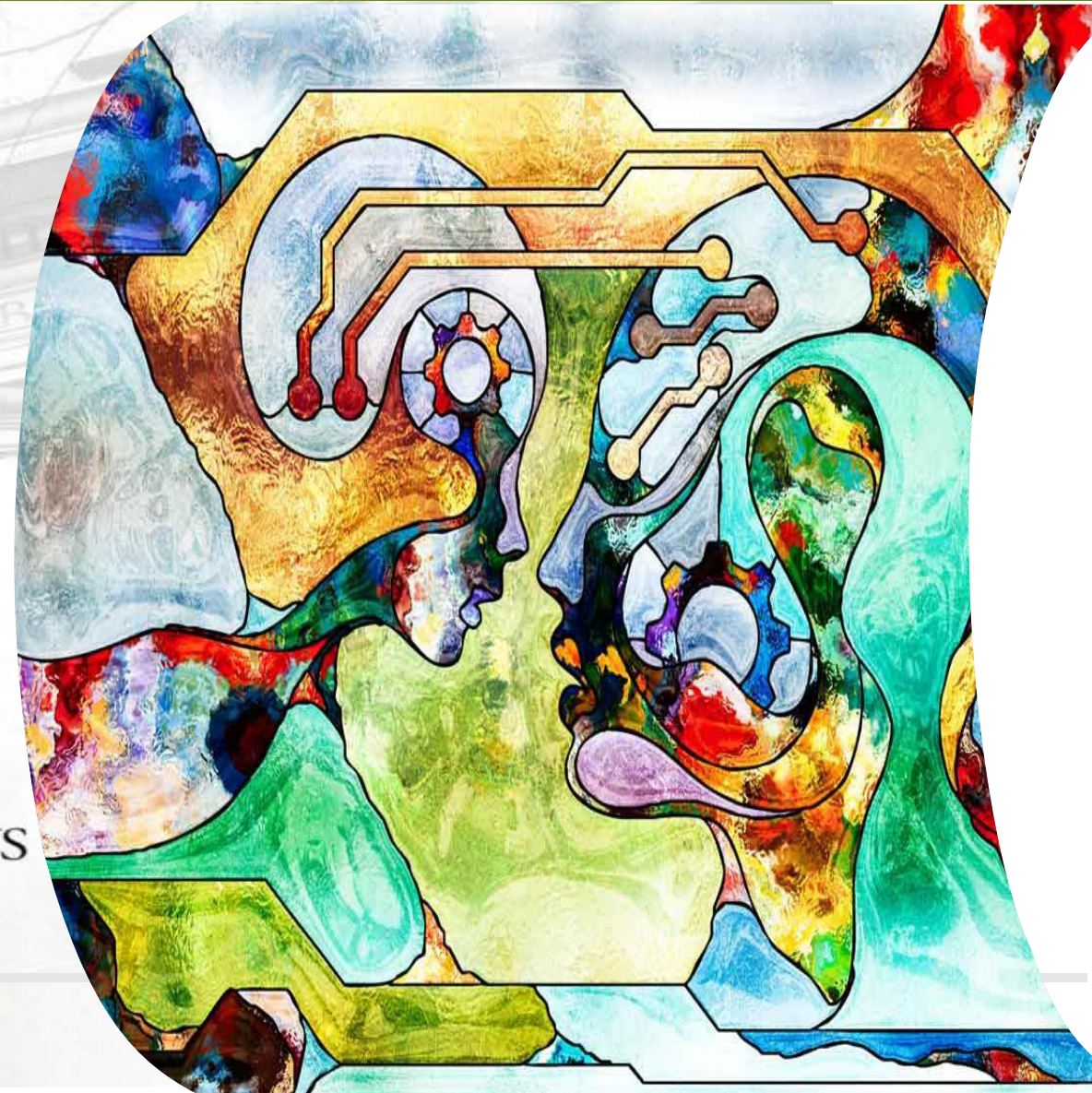


We Are the Medicine!

Building the Ecosystem to Take Positive Childhood Experiences and Community Flourishing to Scale, Even Amid Adversity

Christina Bethell, PhD, MBA, MPH
Professor, Johns Hopkins University

March 20, 2026

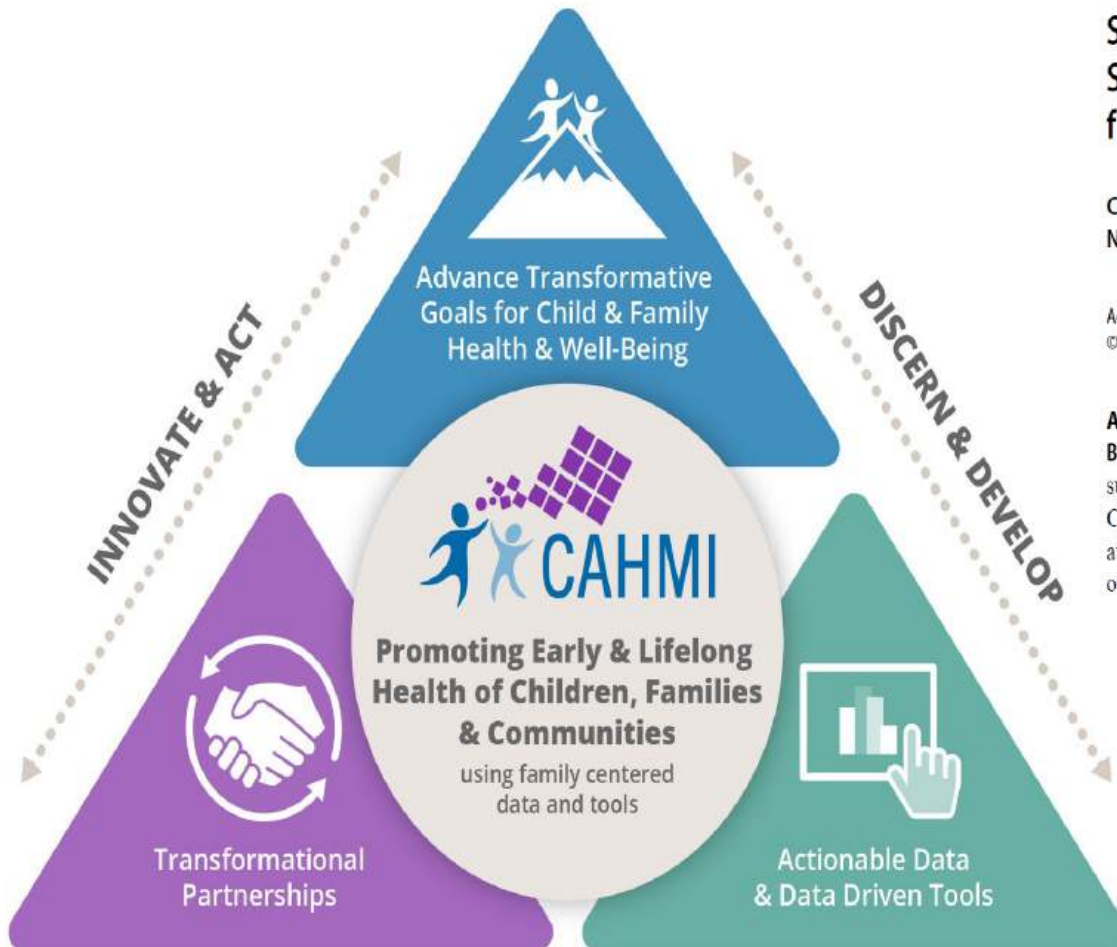


Please do not use slides from this presentation without direct permission: cbethell@jhu.edu



What is the Child and Adolescent Health Measurement Initiative? (www.cahmi.org)

Theory of Change



Maternal and Child Health Journal
<https://doi.org/10.1007/s10995-023-03755-9>

HISTORICAL NOTES

Scaling Family Voices and Engagement to Measure and Improve Systems Performance and Whole Child Health: Progress and Lessons from the Child and Adolescent Health Measurement Initiative

Christina D. Bethell¹ · Nora Wells² · Narangerel Gombojav¹ · Lisa A. Simp

Accepted: 6 July 2023
 © The Author(s) 2023

Abstract

Background: The 1997 legislation authorizes and publicly report on children's health. The Child and Adolescent Health Measurement Initiative is at the center of defining, measuring and reporting on health outcomes.

Data Resource Center for Child & Adolescent Health
 A project of the Child and Adolescent Health Measurement Initiative

National Survey of Children's Health Interactive Data Query

Video Tour of the Interactive Data Query CD

2022-2023 (two years combined)

Nationwide

Note: For the most reliable estimates, use the two-year combined data (e.g. 2021-2022).

Continue

Archived Data Query for 2016-2021 NSCH
 Archived Data Query for NSCH and NS-CSHCN (prior to 2016)

How to Use the DRC Website

The DRC advances the use of the National Survey of Children's Health, led by HRSA MCHB. Find more resources here:

- About the DRC
- DRC Video Overview CD
- DRC Frequently Asked Questions
- Data available in the online data query
- Request NSCH datasets
- Download NSCH codebooks
- Ask Us a Question

For Title V

The DRC focuses on data and resources for Title V programs and partners. For over 75 years, the HRSA Maternal and Child Health Bureau (MCHB) has funded the Title V program to ensure the health of the nation's mothers, women, children and youth.

- Ways to Compare Data Across States on the DRC
- HRSA MCHB Title V Information System
- Issue Brief: Health Disparities and Health Equity
- Tell us what TA would be most useful to you!

Compare Data Across States

20.3% of children between ages 6 to 11 were physically active everyday for at least 60 minutes per day.

SCAN ME

My Aim: Translate the Science of Early and Lifelong Health into practice, policy and culture (Top Down, Bottom Up, Inside Out Strategies)

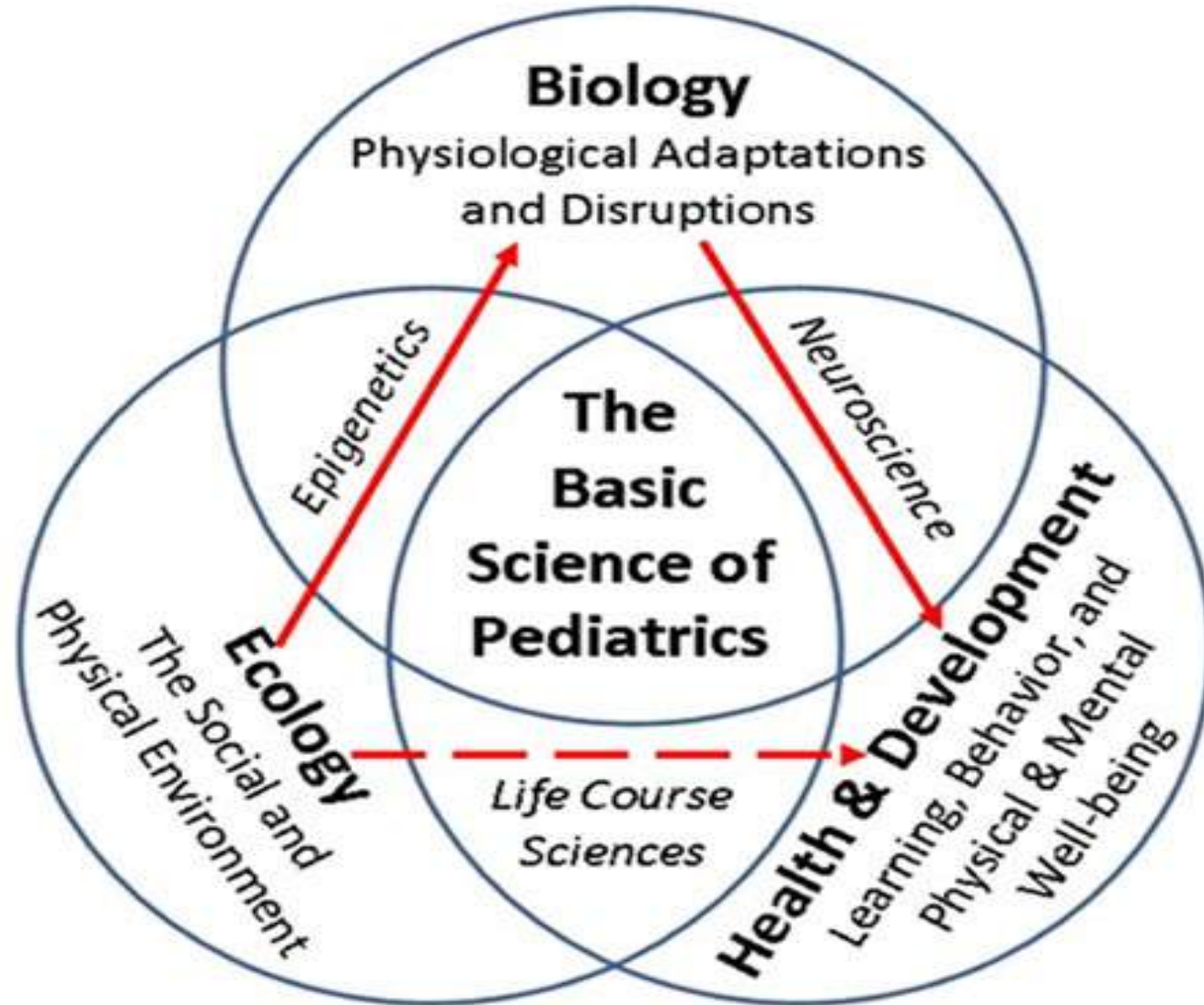
Advances in the sciences of human development and healing (e.g., attachment, epigenetics, neuroendocrine-immune, resilience) create unprecedented opportunities to proactively promote flourishing—even amid adversity.

We are the medicine.



The Eco-bio-developmental Framework Calls For an Integrated Whole Child, Youth, Family and Community Primary Prevention Approach

Major Milestone Reached In Defining the Ecosystem



Parent Well-Being and “Felt Sense” Parent-Child Attachment & Limbic Resonance: A Biologic Imperative (for children and parents)

Maternal stress affects fetal brain development

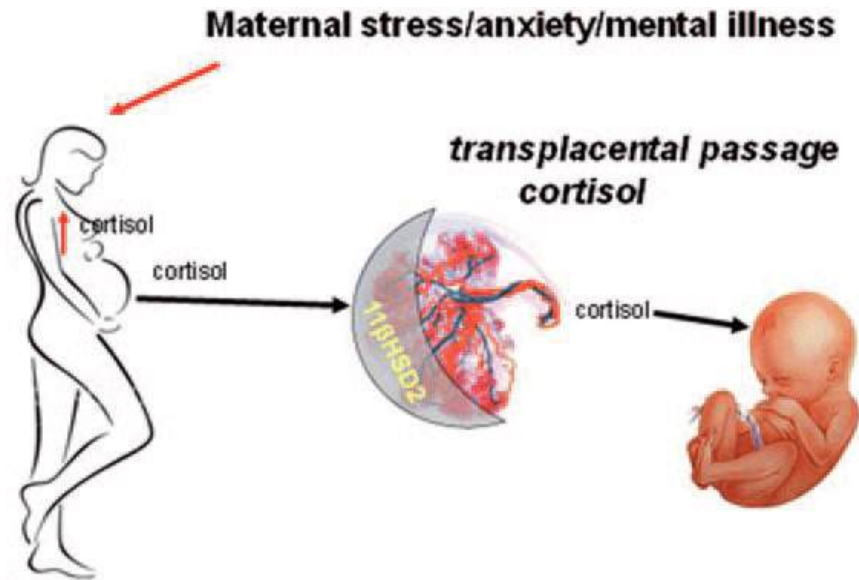
Download PDF Copy



By Dr. Liji Thomas, MD

Jan 13 2020

A new study published online January 13, 2020, in the journal *JAMA Pediatrics* reports that mothers who suffer severe mental stress during pregnancy may have babies with abnormal development in important areas of the brain even before birth. It is already



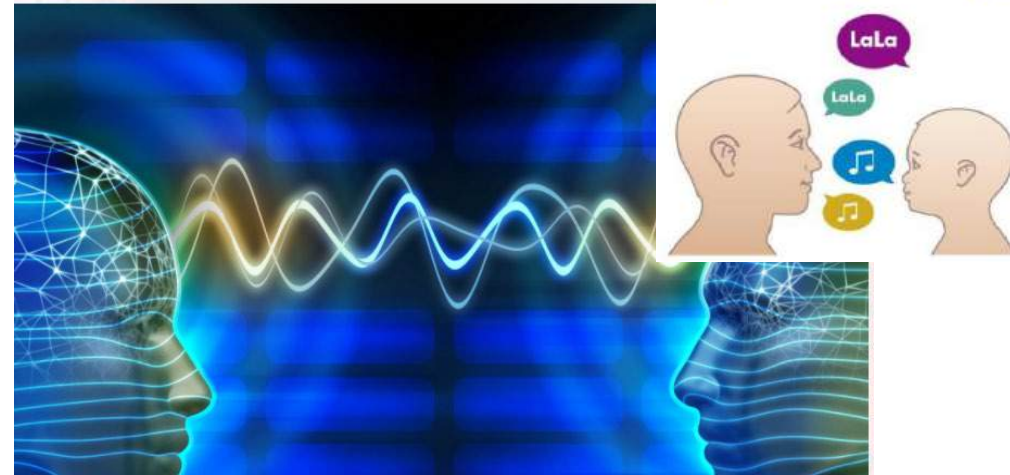
...oscillatory processes in the interacting individuals' brains have to become synchronized to one another so that information of any sort can flow between them.”

Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



BY PASCAL VRTICKA
JANUARY 18, 2019

COMMENT 1



https://www.researchgate.net/figure/A-model-of-some-potential-underlying-mechanisms-based-on-the-animal-data_fig1_266623523

The Science of Childhood Adversity

We are built for nurturing, stable, safe connection and belonging. Without this, our brains, bodies, minds and hearts suffer.



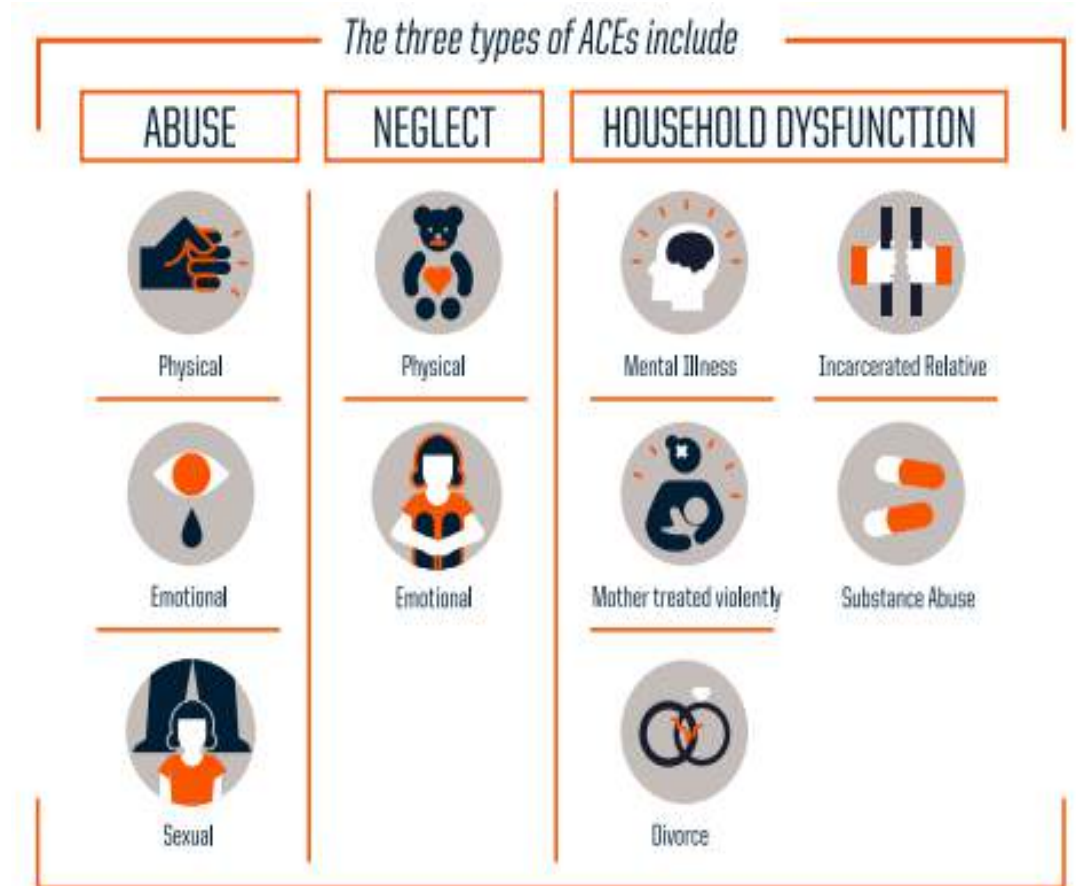
Jane Ellen Stevens ♥ Become a fan
Founder, AcesTooHigh.com/ACEsConnection.com



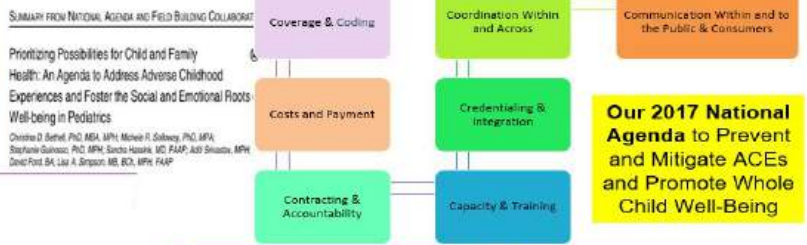
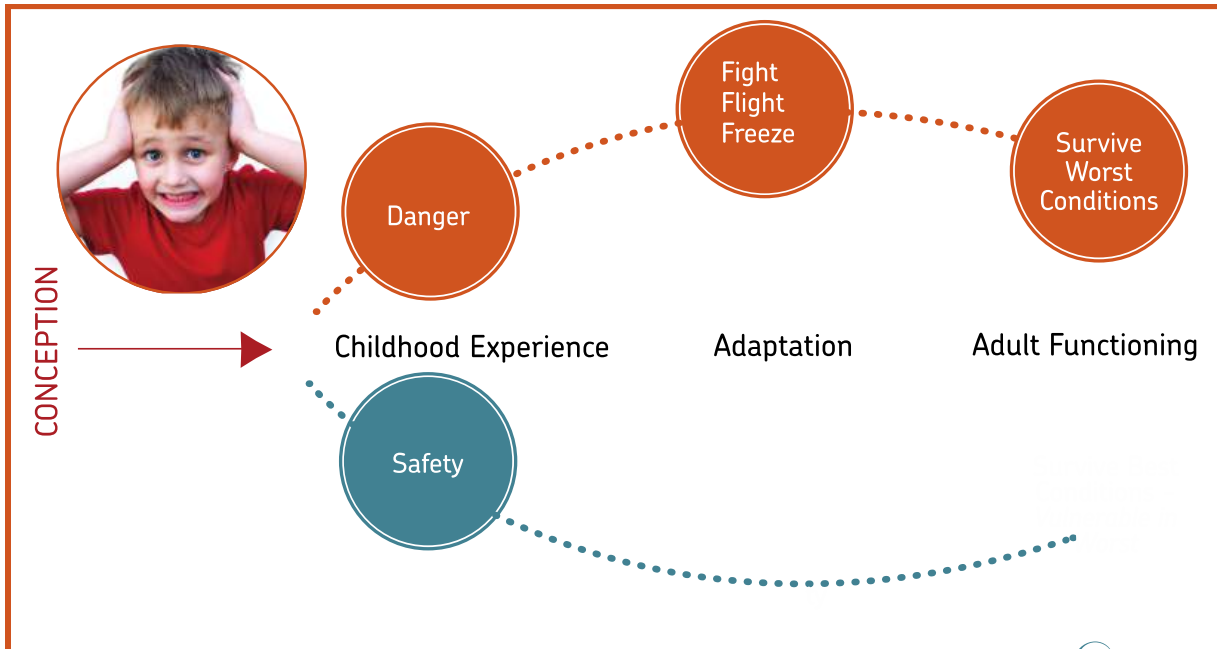
The Adverse Childhood Experiences Study -- the Largest Public Health Study You Never Heard Of

Posted: 10/08/2012 9:02 am EDT | Updated: 12/08/2012 5:12 am EST

<https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>



Major Milestone Reached! Broad Awareness About the Impacts of Adverse Childhood Experiences, the Trauma that Can Result and the Need for Prevention and Healing



A National Agenda to Address Adverse Childhood Experiences

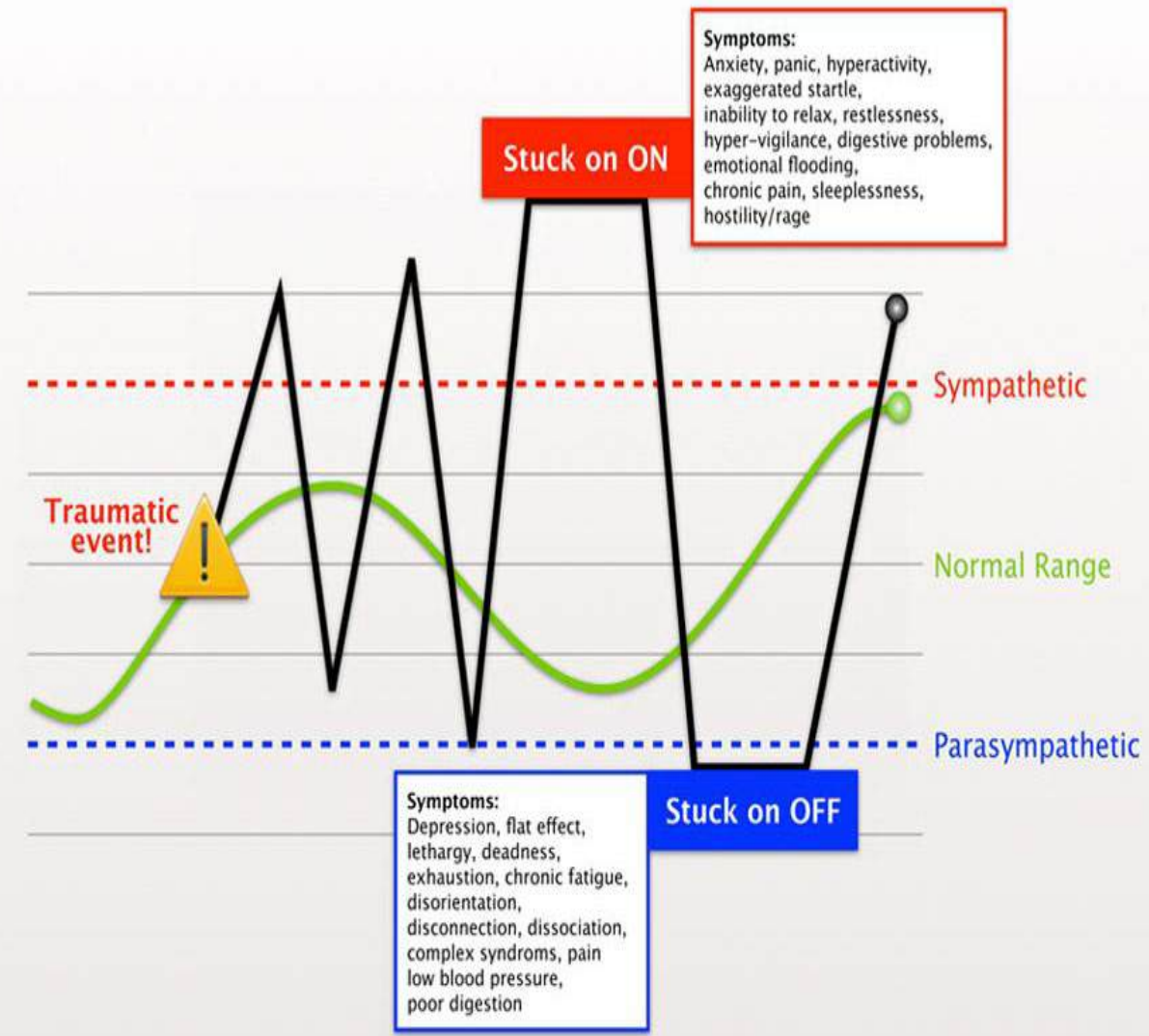
What are ACEs and Why Do They Matter?

In 2016,¹ nearly half of U.S. children – 34 million kids – had at least one Adverse Childhood Experience (ACE) and more than 20 percent experienced two or more. The new brain sciences and science of human development explain how ACEs can have devastating, long-lasting effects on children's health and well-being. These events resonate well beyond the individual child to have far-reaching consequences for families, schools, and communities.

Developing a National Agenda

Over a four-year period, the Child and Adolescent Health Measurement Initiative (CAHMI) and Academy Health engaged more than 500 people across multiple sectors in a rigorous process to establish a national agenda to address ACEs. It began with the first-ever available national and state-level data on ACEs, resilience, and family functioning from the 2011-12 National Survey of Children's Health. To develop the agenda, a series of in-person meetings and

- 1 Educate about and translate the science of human development, flourishing, resilience, & ACEs
- 2 Cultivate the conditions for cross-sector collaboration to incentivize shared action and address structural inequalities
- 3 Fuel "launch and learn" research, innovation, and implementation efforts (change funding, evaluation metrics and methods)
- 4 Restore and reward for safe and nurturing relationships and self-, family-, and community-led prevention and healing



Child Outcomes by Adverse Childhood Experiences

First Population Based Findings (2014) from the 2011-12 National Survey of Children's Health

RESEARCH ARTICLE

[HEALTH AFFAIRS](#) > [VOL 33, NO 12](#) CHILDREN'S HEALTH

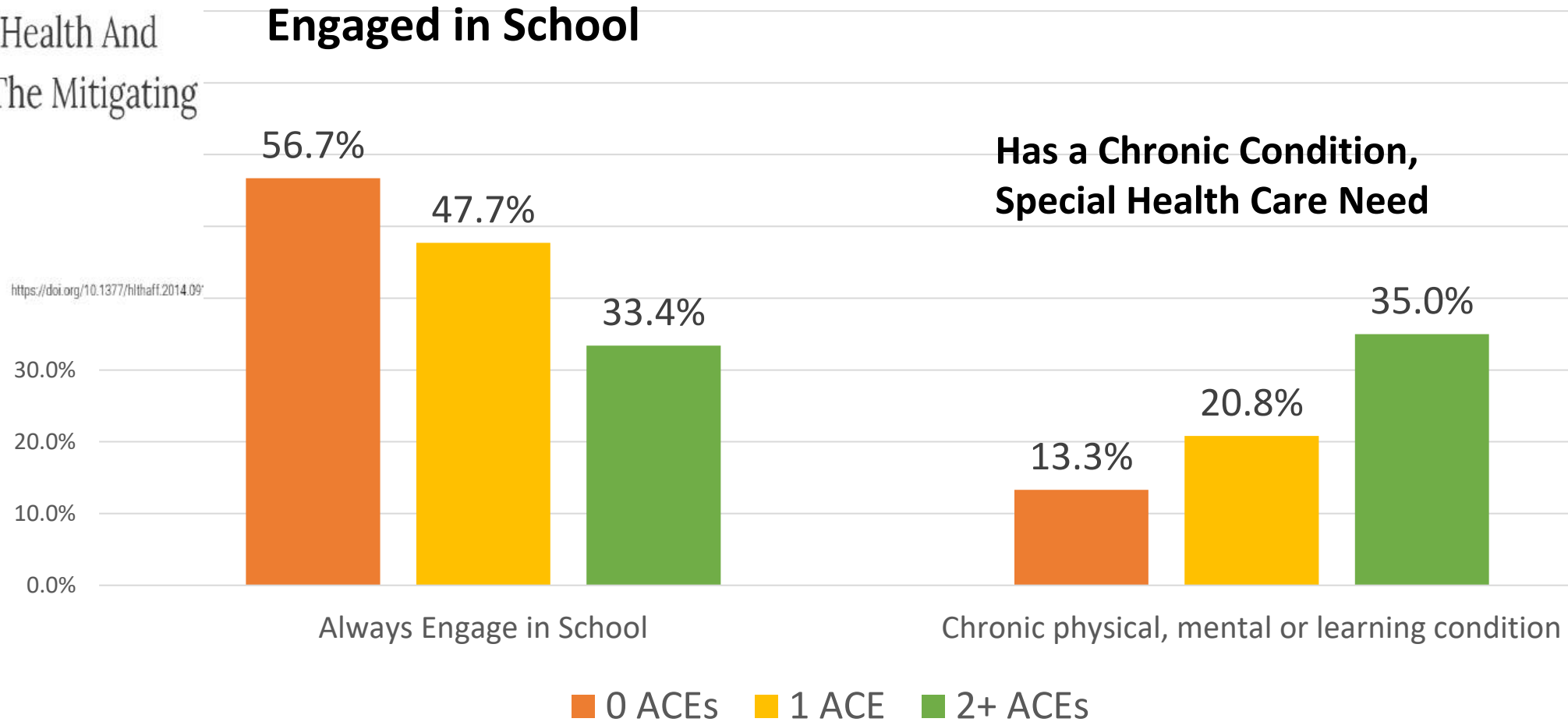
Adverse Childhood Experiences:
Assessing The Impact On Health And
School Engagement And The Mitigating
Role Of Resilience

[Christina D. Bethell](#), [Paul Newacheck](#), [Eva Hawes](#), and [Neal Halfon](#)

[AFFILIATIONS](#) ▾

PUBLISHED: DECEMBER 2014 [No Access](#)

<https://doi.org/10.1377/hlthaff.2014.09>





Social Health Risks:

Economic hardship, food insecurity, exposure to community violence, racism, etc.

Relational Health Risks:

Adverse childhood experiences (ACEs), low parental mental health, low parent emotional support, etc.



Growing Agreement: Whole Child and Youth Well Being Requires a Whole Relational Systems of Care Approach



Home Profiles Research units Research output

Toward Measurement for a Whole Child Health Policy: Validity and National and State Prevalence of the Integrated Child Risk Index

Christina Bethell, Courtney K. Blackwell, Narangerel Gombojav, Martha B. Davis, Charles Bruner, Andrew S. Garner

ZIP Code Is Destiny? Turns Out That's Bunk

The neighborhood where a child grows up matters much less to his success than what his parents do.

By James J. Heckman and Sadeqh Eshaghnia
Sept. 4, 2025 5:08 pm ET

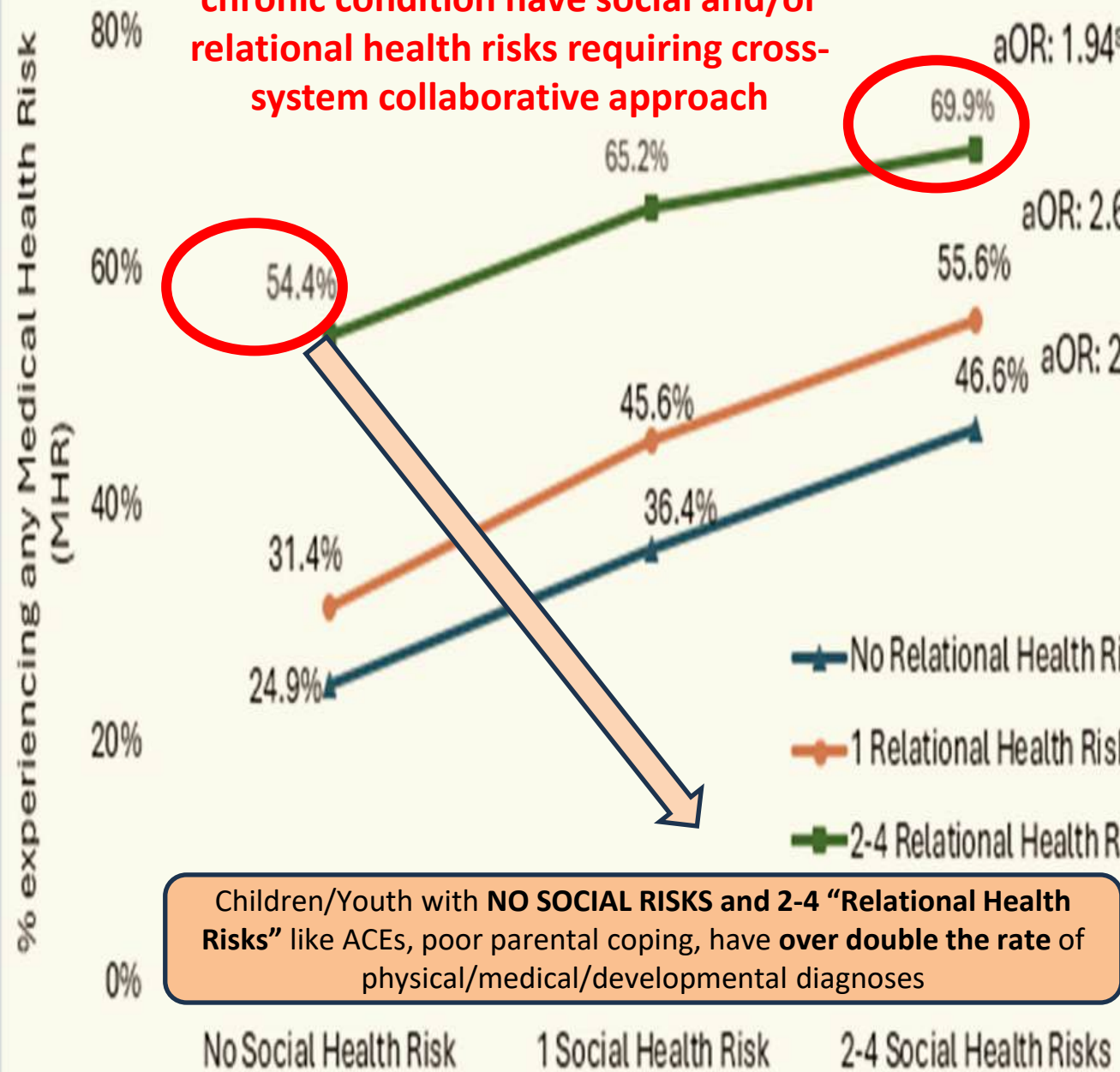


ILLUSTRATION: CHAD CROWE

Our Findings:

- Consistently Inconsistent!
- Equally Unequal!

Two-thirds of youth with ANY TYPE Of chronic condition have social and/or relational health risks requiring cross-system collaborative approach



Children/Youth with **NO SOCIAL RISKS** and 2-4 "Relational Health Risks" like ACEs, poor parental coping, have **over double the rate** of physical/medical/developmental diagnoses

THE ACE PYRAMID

And how to get off of it

THE CHALLENGE



Early death
and/or
Reduced quality
of life

SOLUTIONS

OUTCOMES



Disease, disability, social problems
and/or
Adoption of risky coping behaviors



External environment

- Prevent/address ACEs and other stressors
- Enhance protective factors
- Increase opportunity
- Improve structural factors



Disruptions of neurodevelopment,
physiology and genetics



Prolonged activation of the body's stress response system
and/or
Lack of opportunities to support well-being



Internal biology

- Calm the stress response
- Address disruptions of neurodevelopment, physiology, and genetics



Adverse Childhood Experiences
and/or
Other significant stressors



Protective Factors & Risk Factors

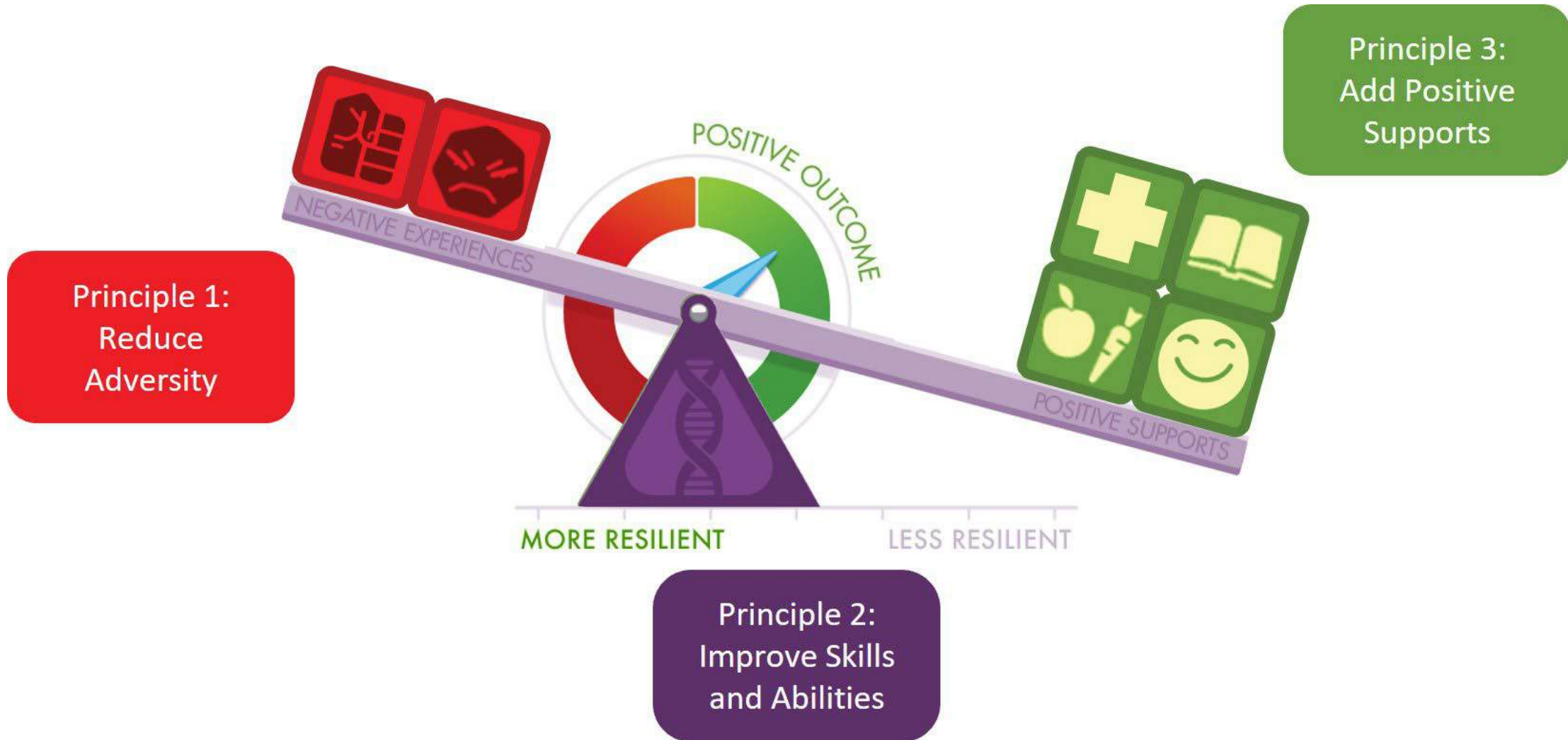
Individual, family, community, structural, intergenerational, historical



Longer life
&
Improved
quality of life

Reducing Adversity Is Not Enough

The Essential Need to Proactively Promote *Flourishing As Our North Star*



Our Power Move! Reset the North Star From Removing the Bad to Creating the Good. We Must Start Where We Want to End Up!



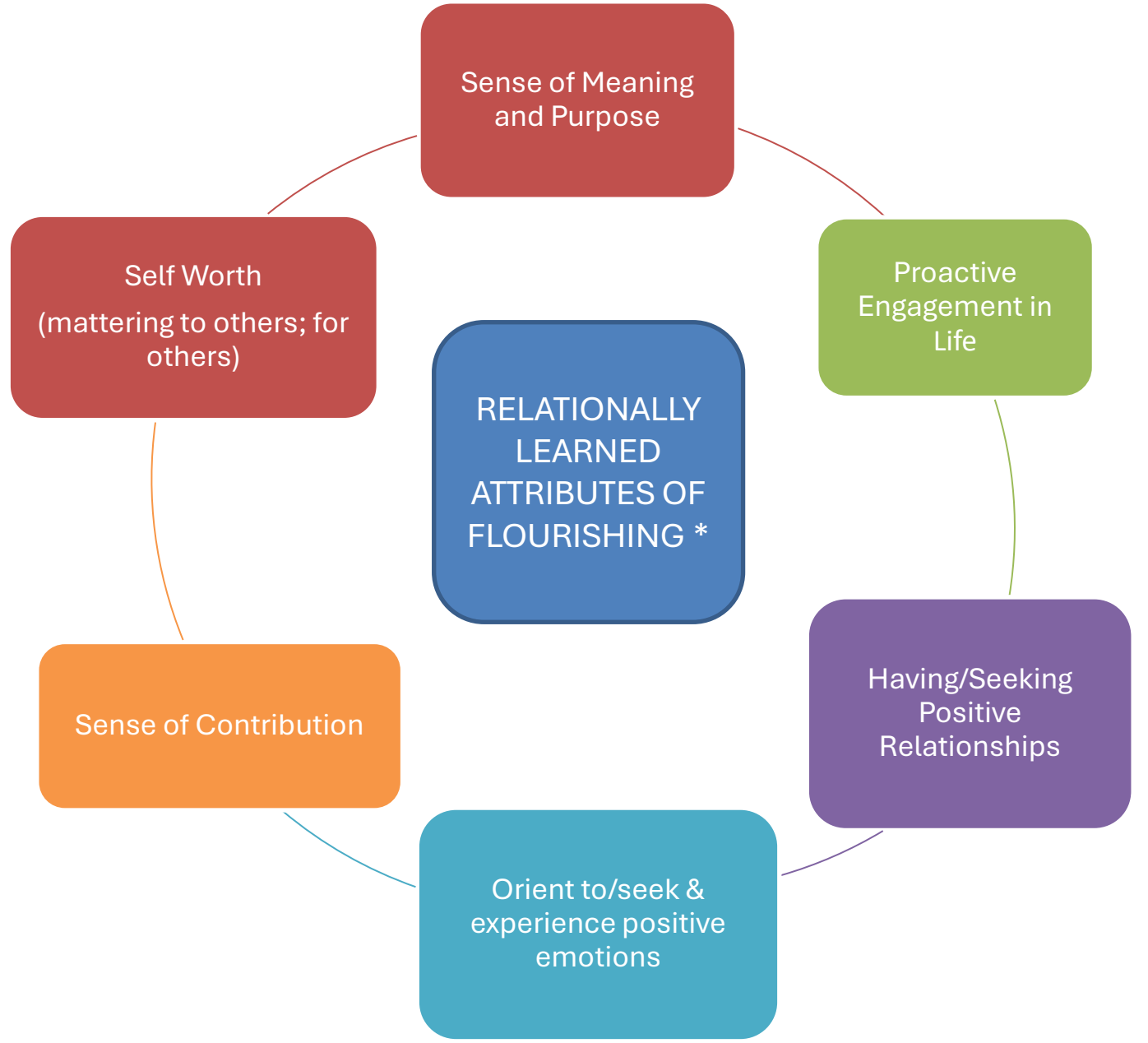
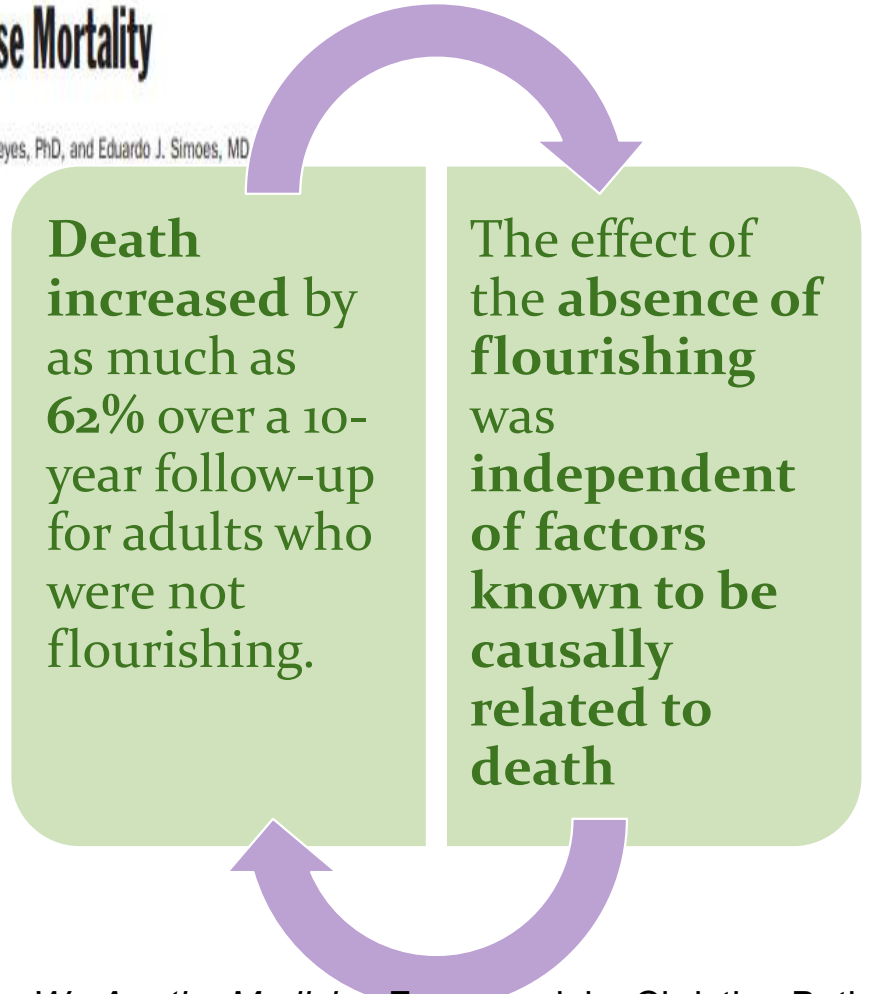
The Flourishing Paradigm

Flipping the narrative to proactively promote positive health and healing –the absence of the negative (risk, illness) is not the same as the presence of well-being and flourishing.

Do We Flourish Amid Adversity?
Are You Flourishing In this Time?

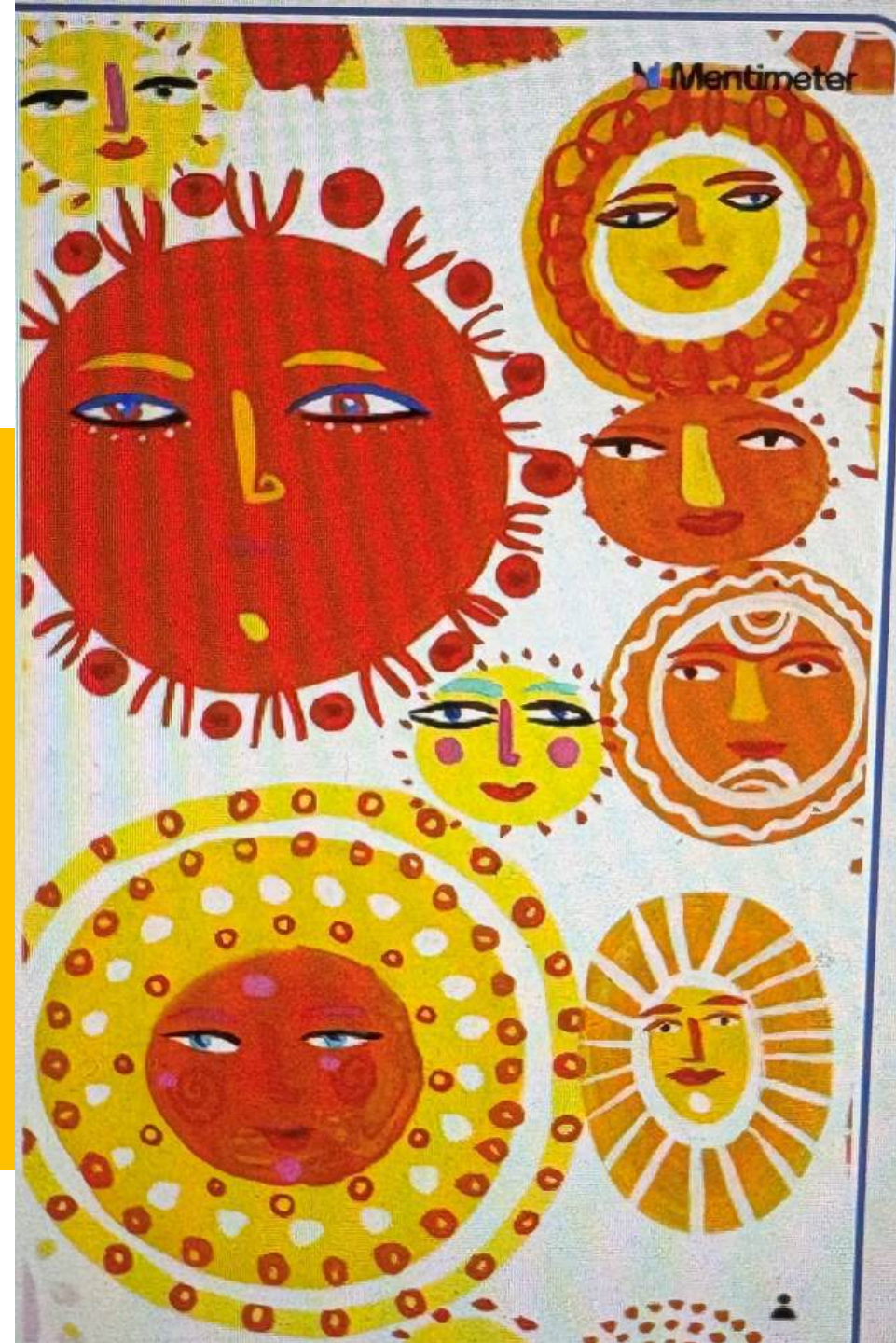
To Flourish or Not: Positive Mental Health and All-Cause Mortality

Corey L. M. Keyes, PhD, and Eduardo J. Simoes, MD



Confidential Group Poll: Setting aside that we all have ups and downs, how many aspects of flourishing have you consistently experienced in the past week?

- | | | |
|----|-------|---|
| 1. | 0-1 | 1. Sense of meaning and purpose |
| 2. | 2-3 | 2. Look forward to engaging fully in your days and life |
| 3. | 4-5 | 3. Prioritize and foster positive relationships |
| 4. | All 6 | 4. Notice and experience positive emotions, your strengths and what is going well |
| | | 5. Sense of accomplishment and contribution to others |
| | | 6. Sense of self worth and that you matter (just because!) |



TTAC

Perinatal and Early Childhood
Mental Health Network
Training and Technical Assistance Center



**We are the Medicine! Building the
Ecosystem to Take Positive Childhood
Experiences and Community Flourishing
to Scale, Even Amid Adversity**

Presented by Christina Bethell, PhD, MBA, MPH
Professor, John Hopkins University

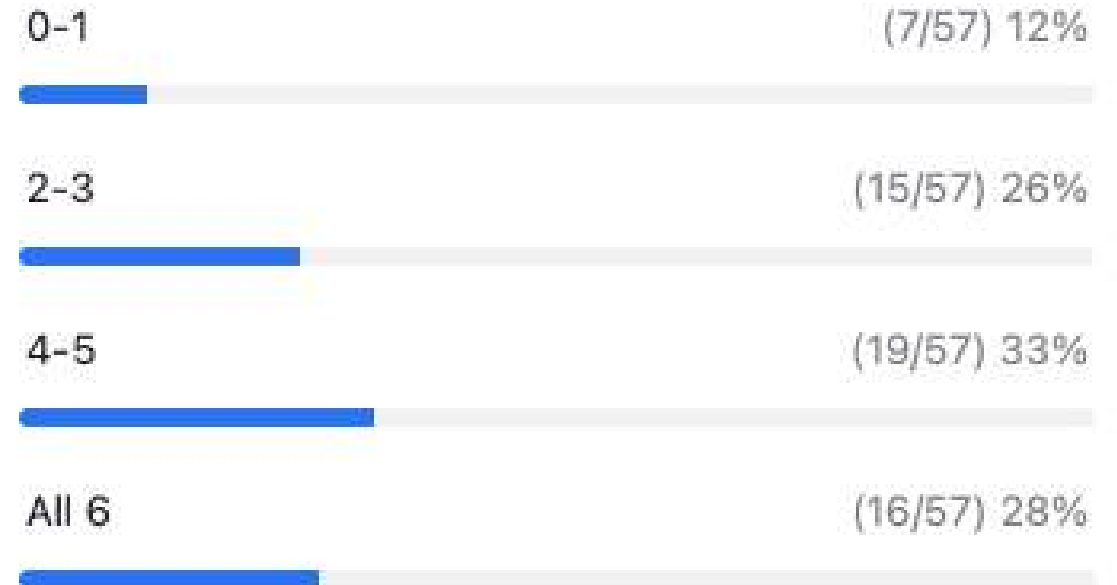
March 20, 2026 Participant Poll Results

Flourishing Q.

Poll ended | 1 question | 57 of 74 (77%) participated

1. Setting aside that you may also have negative experiences, how many aspects of flourishing do you experience today? (Single choice)

57/57 (100%) answered



Flourishing is a Science

YOUR HEALTH

What's Your Purpose? Finding A Sense Of Meaning In Life Is Linked To Health

May 25, 2019 - 8:00 AM ET

MARA GORDON



Arch Gen Psychiatry. 2012 May ; 69(5): 499–505. doi:10.1001/archgenpsychiatry.2011.1487.

Effect of Purpose in Life on the Relation Between Alzheimer Disease Pathologic Changes on Cognitive Function in Advanced Age

Dr. Patricia A. Boyle, PhD, Dr. Aron S. Buchman, MD, Dr. Robert S. Wilson, PhD, Dr. Lei Yu, PhD, Dr. Julie A. Schneider, MD, and Dr. David A. Bennett, MD
Rush Alzheimer's Disease Center (Drs Boyle, Buchman, Wilson, Yu, Schneider, and Bennett).

International Journal of Mental Health and Addiction
<https://doi.org/10.1007/s11469-020-00225-z>

ORIGINAL ARTICLE

Mattering, Insecure Attachment, Ruminator and Self-Criticism in Distress Among University Students

Gordon L. Flett¹ • Ron Burdo² • Taryn Nepon¹

Published online: 24 January 2020

© Springer Science+Business Media, LLC, part of Springer Nature 2020

Resilience to Interpersonal Stress: Why Mattering Matters When Building the Foundation of Mentally Healthy Schools

Antecedents, correlates, and consequences of feeling like you don't matter: Associations with maltreatment, loneliness, social anxiety, and the five-factor model

Gordon L. Flett^{a, b, c}, Abby L. Goldstein^b, Ingrid G. Pechenkov^a, Taryn Nepon^a, Christine Wekerle^c

Attuned mutual connection (presence) is a biologic imperative. Bio-Behavioral Synchrony & Limbic (Emotional) Resonance Associated with All Aspects of Flourishing—We are LITERALLY the Medicine.

Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



Received: 18 June 2020 | Revised: 1 September 2020 | Accepted: 2 October 2020

DOI: 10.1002/ab.23106

RESEARCH ARTICLE



Physiological and social synchrony as markers of PTSD and resilience following chronic early trauma

Shai Motsan^{1,2} | Eran Bar-Kalifa³ | Karen Yirmiya^{1,2} | Ruth Feldman^{1,4}



Don't Hide Your Happiness! Positive Emotion Dissociation, Social Connectedness, and Psychological Functioning

Iris B. Mauss, Amanda J. Shallcross, Allison S. Troy, Oliver P. John, Emilio Ferrer, Frank H. Wilhelm, and James J. Gross

Showing our positive feelings lowers depressive symptoms and **improves levels of well-being**... these associations are mediated by (strength of) social connections. **Without connection we withhold** positive and negative emotions and **wall off possibilities to foster mattering**.

Four Components of the Child Flourishing Index: National Survey of Children's Health, 6 months-5 years assessing markers of healthy attachment, emotional well-being, engagement and resilience



**Affectionate
and tender
with parent**



**Bounces back
quickly when
things don't go
their way**



**Show interest
and curiosity
in learning
new things**



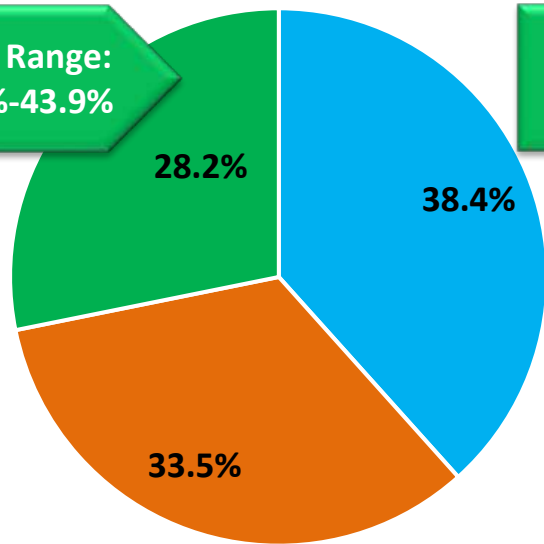
**Smile and
laugh a lot**

**Interrelated attributes that reflect, contribute to or are precursors for flourishing of the
"living and relating self" & supporting living a meaningful and engaged life**

Young Child Flourishing and School Readiness. Data: 2023-2024 National Survey of Children's Health

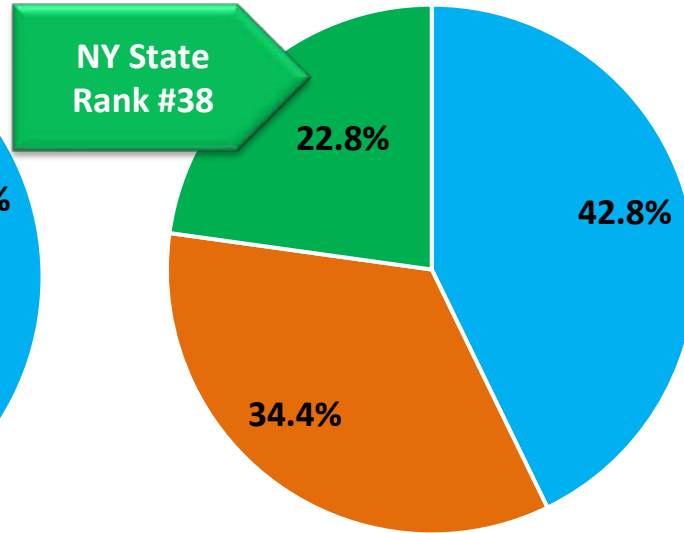
Prevalence of Publicly Insured Children Aged 6 Months to 5 Years By Child Flourishing Index Score (Count of "Always" Responses)

Nation



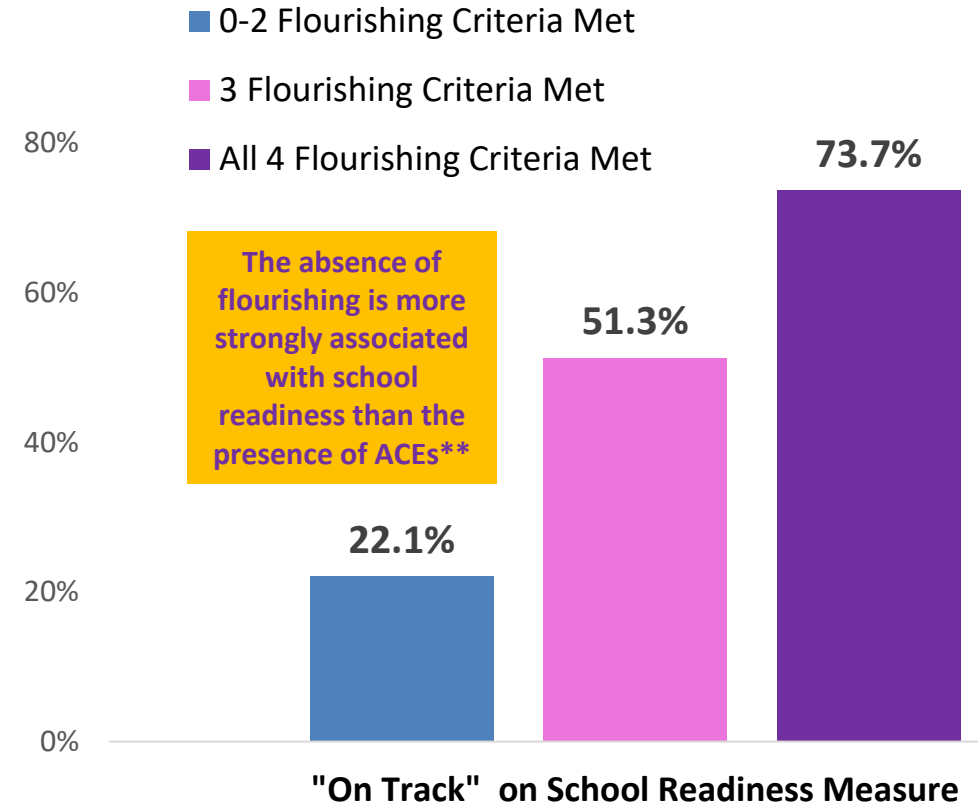
- 0-2 Flourishing Criteria Met
- 3 Flourishing Criteria Met
- All 4 Flourishing Criteria Met

New York



- 0-2 Flourishing Criteria Met
- 3 Flourishing Criteria Met
- All 4 Flourishing Criteria Met

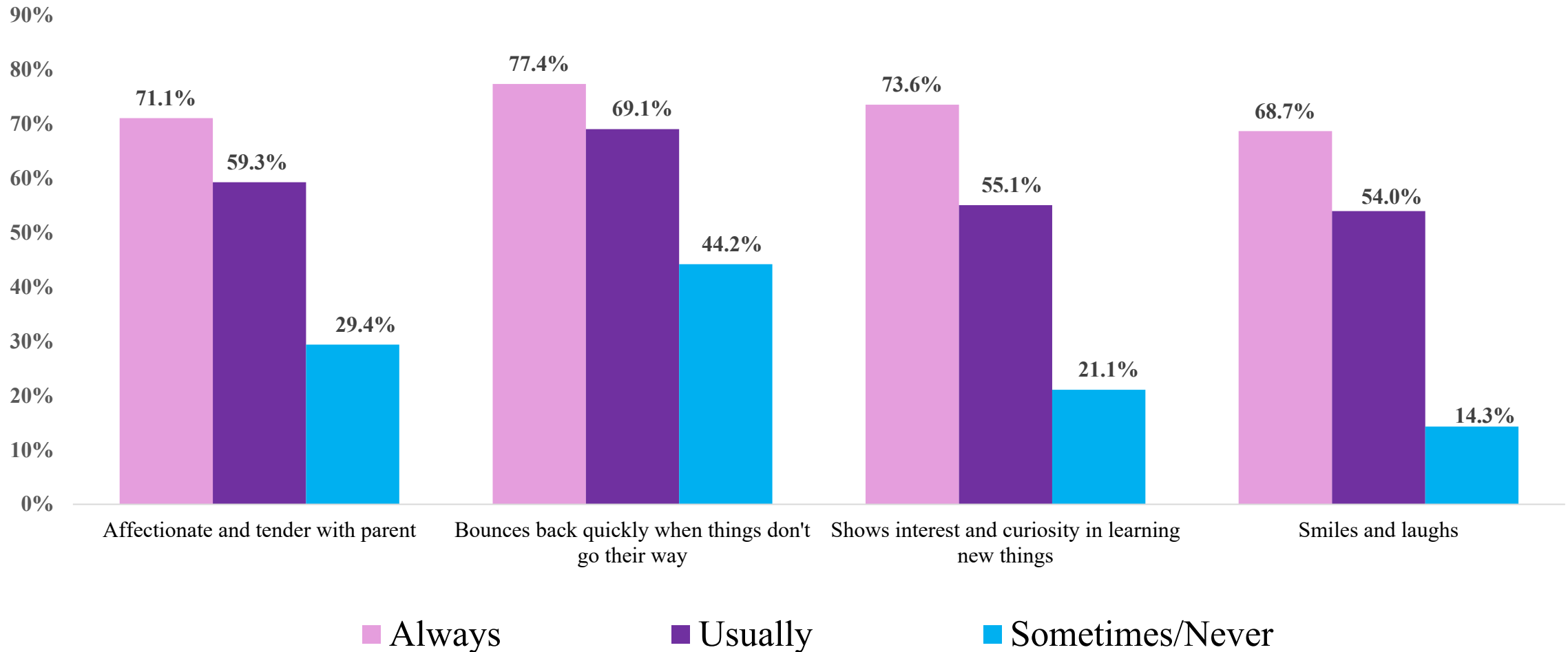
National Data: "On Track" On At Least Four of Five School Readiness Domains by Young Child Flourishing Score (Always/Usually) (Age 3-5)



School Readiness by ACEs Exposure

0 ACEs: 70.5% "On track"; 1 ACE: 59.2%; 2+ ACEs: 46.2%

National prevalence of children age 3-5 who met “On Track” criteria on at least 4 of 5 school readiness measure domains by children’s child flourishing index (CFI) item by item responses (always, usually or sometimes/never). Data: National Survey of Children’s Health 2023-2024 (Bethell & Gombojav, 2026)



Three Components of the Youth Flourishing Index: National Survey of Children's Health

Common denominator attributes underlying a range of health concerns in youth



Positively Persistent:
Work to finish tasks
they start



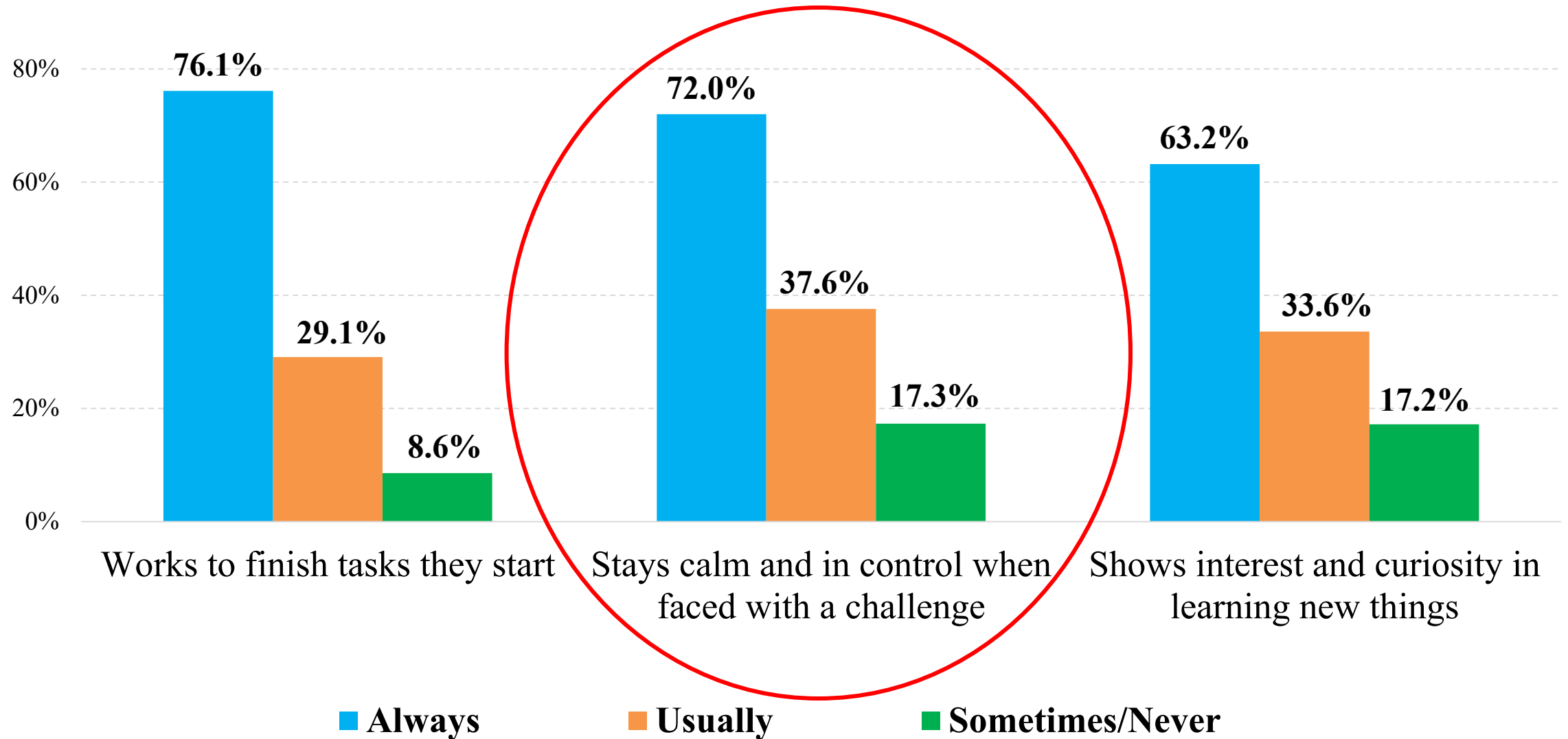
**Regulated: Stay calm
and in control when
faced with a
challenge**



Open and Engaged:
Show interest and
curiosity in learning
new things

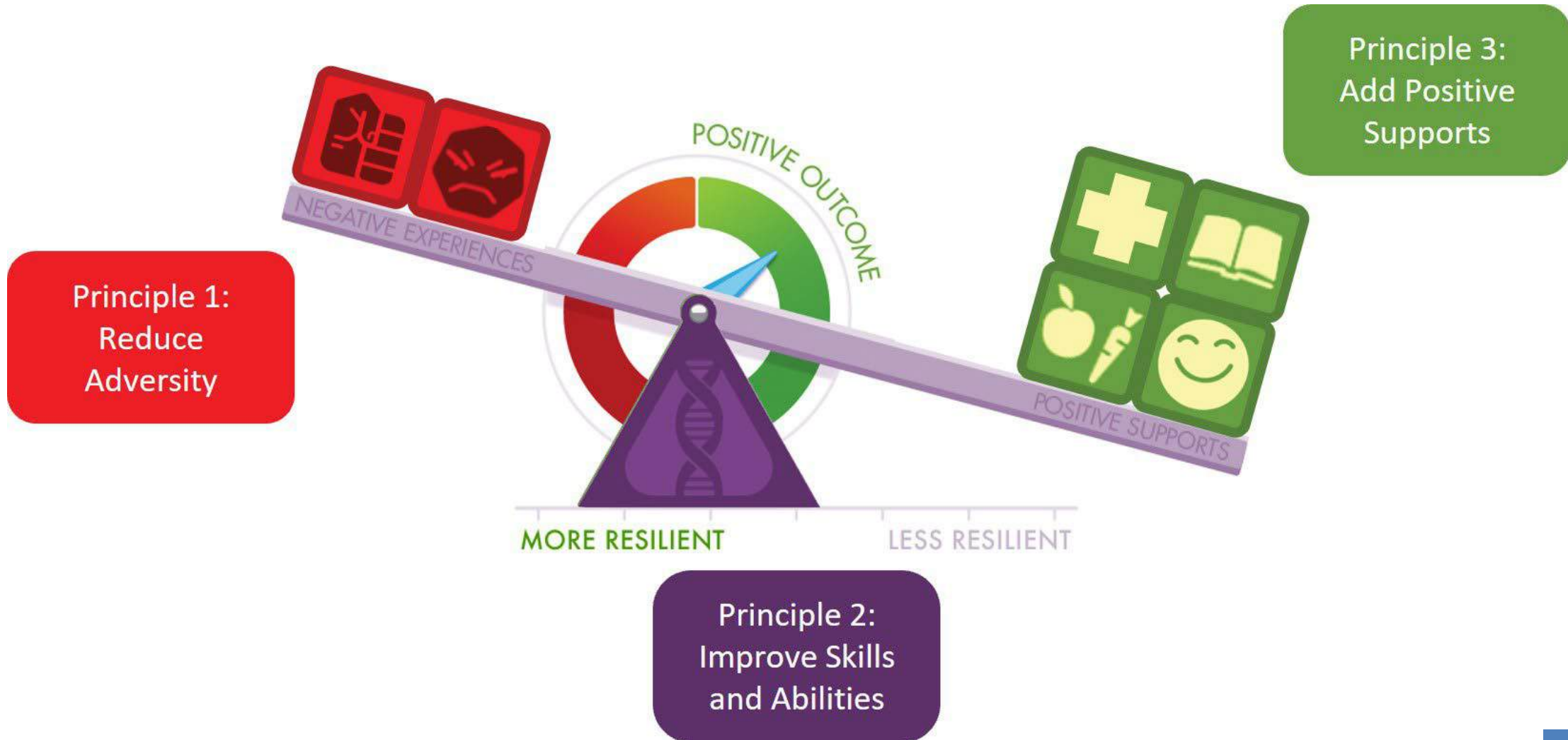
**Interrelated attributes that reflect, contribute to or are precursors for flourishing of the
“living and relating self” & supporting living a meaningful and engaged life**

Prevalence of All US Children Ages 12-17 Years Who Engaged in School by Youth Flourishing Item. Data: 2022-2023 National Survey of Children's Health

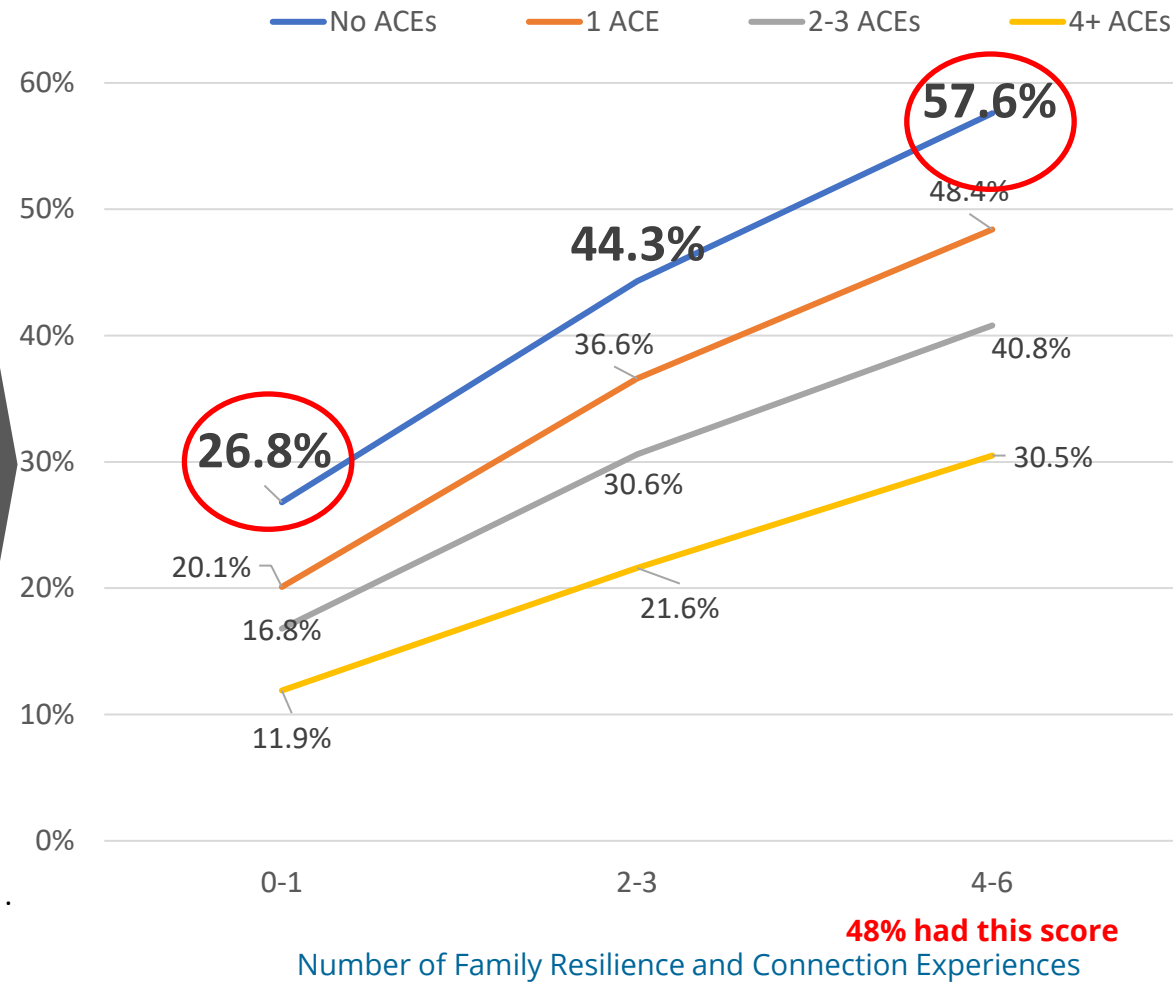


Not all Red and Green Boxes Are Created Equal

The Essential Need to Go from “Fixing to Connecting” to Turn On the Resilience Switch



National prevalence of US children aged 6-17 years who demonstrate resilience and flourish (by family protective factors and ACEs status)



Connection key even for children without adversity!

- Talk together about what to do when the family faces problems
- Work together to solve the problem
- Know they have strengths to draw on
- Stay hopeful even in difficult times
- Share ideas and talk about things that really matter

RESEARCH ARTICLE CULTURE OF HEALTH

HEALTH AFFAIRS > VOL. 38, NO. 5 SOCIAL DETERMINANTS, CHILDREN & MORE

Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity

Christina D. Bethell, Narangerel Gombojav, and Robert C. Whitaker

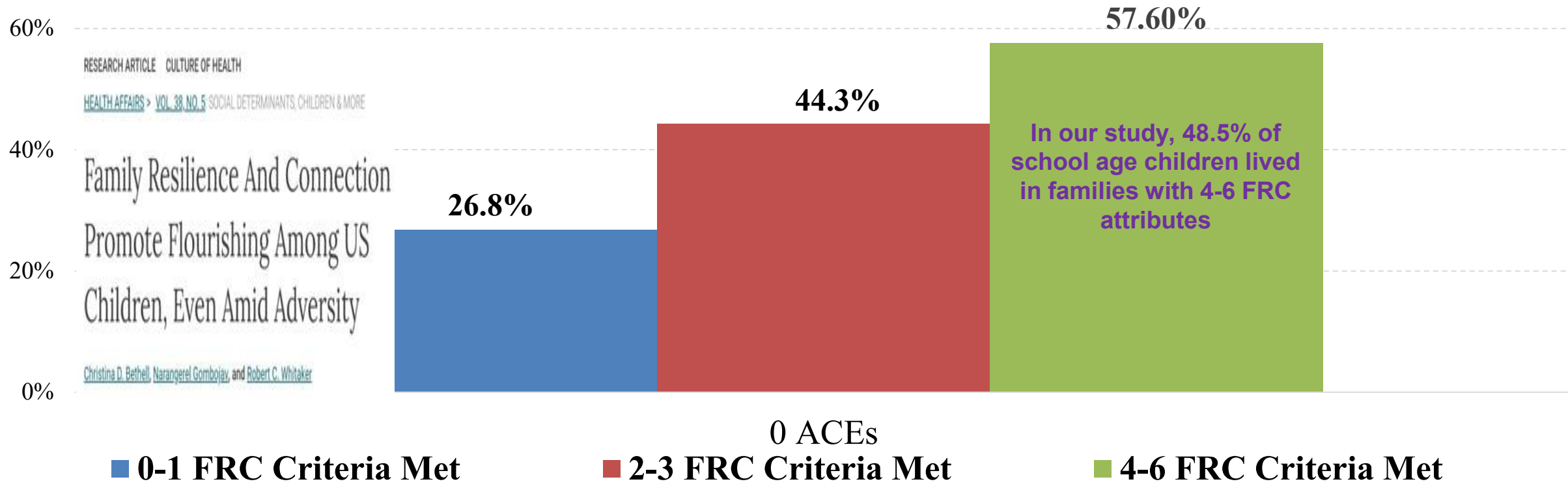
Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425



Christina Bethell,

Example: Prevalence of Children Age 6-17 Years With No ACEs Meeting Flourishing Criteria Based on Their Family Resilience and Connection (FRC) Scores

OUR EVIDENCE BASED CONCLUSION: The absence of the positive IS the negative. Even without ACEs, without FRC and PCEs few youth flourish! We Are the Medicine!

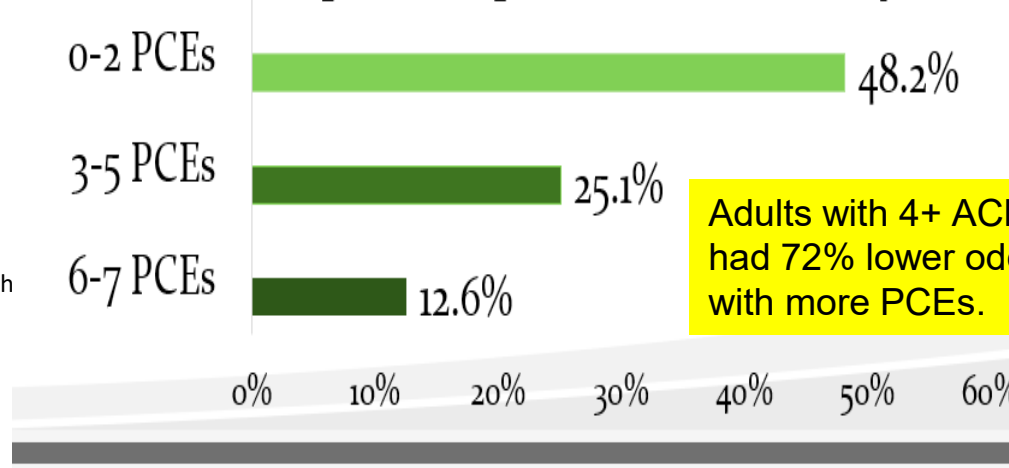


AND...Our empirical research validated a new PCEs dose-response metric that demonstrated the lifelong impact of PCEs on health at a population level and “Through Any Door”. But...it’s a “Positivity Paradox”

[NPR All Things Considered](#) 9.9.2019; [NPR Science Friday](#) 3.14.2025

JAMA Network
 JAMA Pediatrics Search All Enter Search Term
 View Correction
 This Issue Views 108,098 Citations 158 Altmetric 1149
 Download PDF More Cite This Permissions
 Original Investigation ONLINE ONLY
 September 9, 2019
Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample
 Associations Across Adverse Childhood Experiences Levels
 Christina Bethell, PhD, MBA, MPH¹; Jennifer Jones, MSW²; Narangerel Gombojav, MD, PhD¹; et al
 Author Affiliations Article Information

Prevalence of depression/poor mental health by PCEs



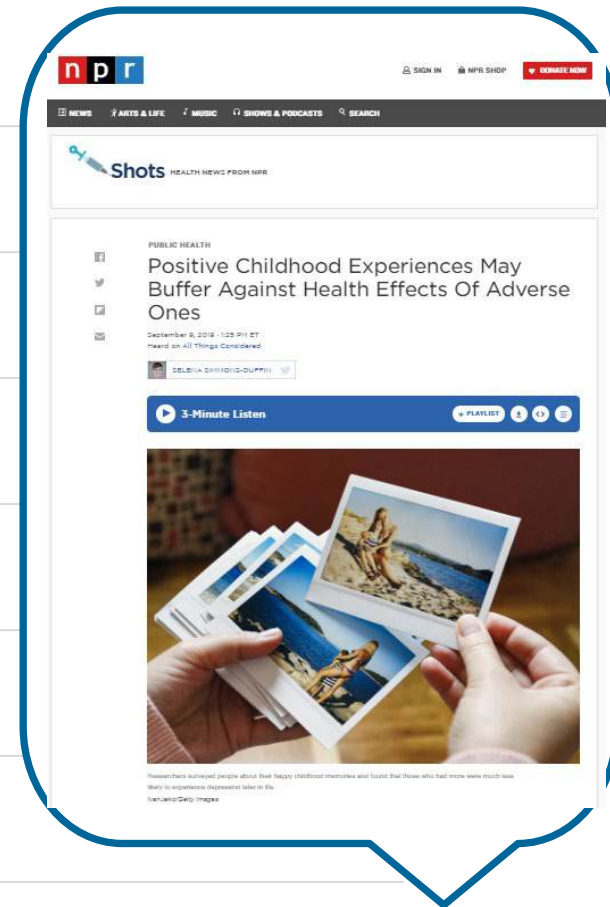
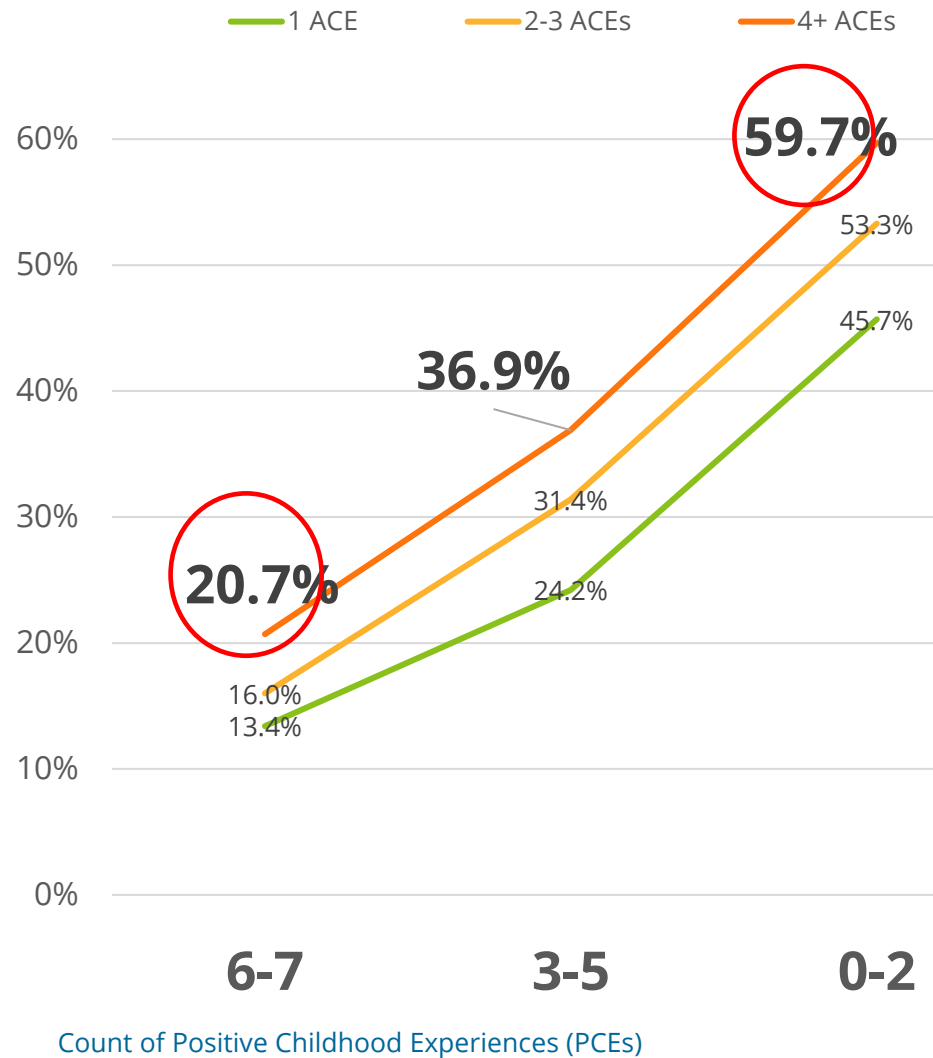
Adults with 4+ ACEs had 72% lower odds with more PCEs.

7 Positive Childhood Experiences (PCEs)

- feeling your family stood by you during difficult times
- enjoying participation in community traditions
- feeling able to talk to your family about feelings
- feeling safe and protected by an adult in your home
- feeling a sense of belonging in high school
- feeling supported by friends
- have at least two non-parent adults who took genuine interest in you

Statewide (WI)
Prevalence of Adult
Depression and/or
Poor Mental Health by
Positive Childhood
Experiences (PCEs)
Scores and ACEs*

Depression/Poor Mental Health, %



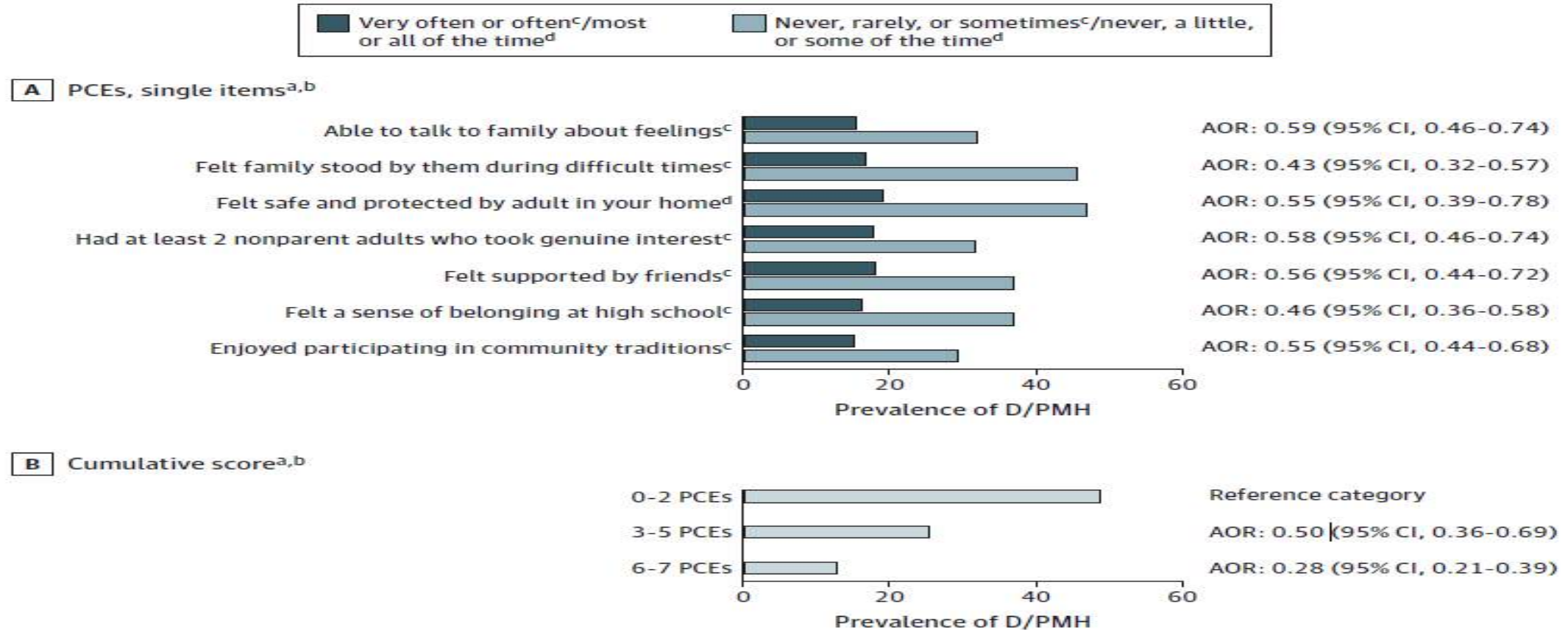
*Bethell, Jones, Gombojav, et al. Positive Childhood Experiences and Adult Mental and Relational Health Across Adverse Childhood Experiences Exposure Levels in a Statewide Sample, September, 9, 2019 Journal of the American Medical Association Pediatrics

Positive Childhood Experiences and Adult Depression/Poor Mental Health

Documenting a Dose-Response Effect

Bethell, et al, 2019 JAMA Pediatrics

Figure 1. Prevalence of Depression and/or Poor Mental Health Among Adults by Positive Childhood Experiences (PCEs) Single Items and Cumulative Scores



Internal Consistency (Cronbach's alpha)	Principle components factor analysis results	Factor loading across seven items
0.77	A single Eigen value greater than 1.0 (2.95) that explained 42.2% of variance	0.57 ("felt safe/home") to 0.72 ("family stood by/difficult times")

More Nuanced Findings on Positive Childhood Experiences and ACEs
Bethell, et al. 209, JAMA Pediatrics

Associations with Having Adult Depression and/or Poor Mental Health		
Positive Childhood Experiences	Without ACEs	With ACEs
0-2	Ref (1.00)	Ref (1.00)
3-5	.40 (.30-.54)	.50 (.36-.69)
6-7	.19 (.14-.25)	.28 (.21-.39)

Associations with Having Social/Emotional Needs Met		
Positive Childhood Experiences	Without ACEs	With ACEs
0-2	Ref (1.00)	Ref (1.00)
3-5	1.35 (1.01-1.81)	1.31 (.97-1.70)
6-7	3.83 (2.89-5.06)	3.53 (2.60-4.80)

Having PCEs has an independent association with D/PMH, whether an adult also has positive adult relational support or not

Having PCEs not only promotes adult relational health but may influence the protective impact of adult relationships

Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Andrew Garner, MD, PhD, FAAP[®] Michael Yogman, MD, FAAP[®]
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL
PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

Relational health refers to the **experience of and capacity to develop and sustain SSNRs**, which in turn prevent the extreme or prolonged activation of the body's stress response systems.

Three levels: 1. **Dyadic** level--parent/caregiver and child.
2. **Provider/practice** level. 3. **Community** level

Moving Beyond Toxic Stress ... Towards Relational Health

Summary (2013):

Toxic stress defines the problem.

Toxic stress explains how many of our society's most intractable problems (disparities in health, education and economic stability) are rooted in our shared biology but divergent experiences and opportunities.

Summary (2020):

Relational health defines the solution.

Relational health explains how the individual, family and community capacities that support the development and maintenance of safe, stable and nurturing relationships also buffer adversity and build resilience across the life-course.

Review > Child Adolesc Psychiatr Clin N Am. 2022 Jan;31(1):45-70.

doi: 10.1016/j.chc.2021.08.001.

Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes

Christina D Bethell¹, Andrew S Garner², Narangerel Gombojav³, Courtney Blackwell⁴, Laurence Heller⁵, Tamar Mendelson³

- ✓ **Eliminating risks is not enough to protect children.** Children without any social or relational health risks assessed have 71% lower odds of self-regulation and resilience if they also lack stronger parent-child connection

Prevalence of US children age 3-17 years who have a mental, emotional, or behavioral condition diagnosis (MEB), by their social health risk (SHR) and relational health risk (RHR) criteria count.^a

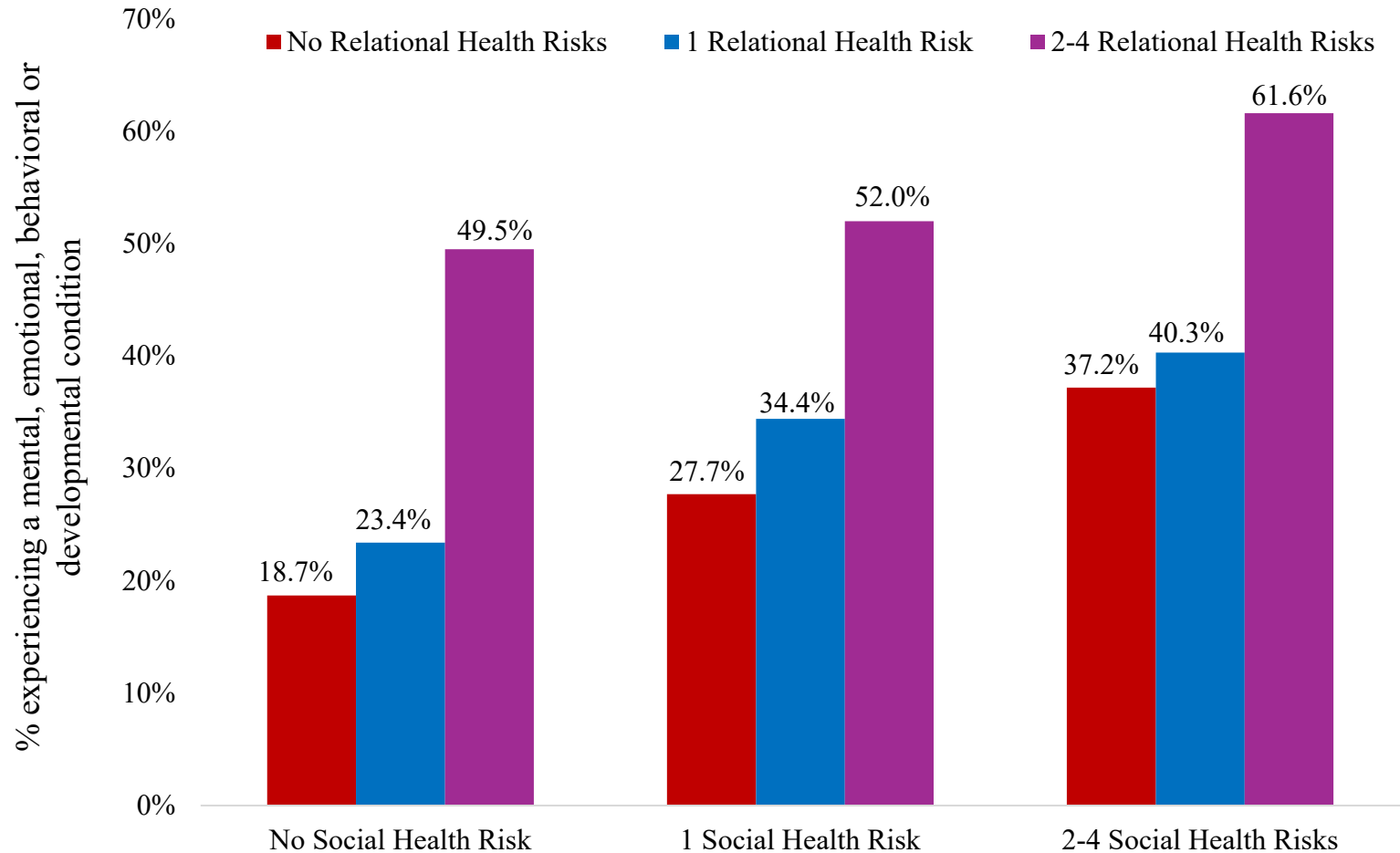
Data: 2023-2024 National Survey of Children's Health (Bethell & Gombojav, 2026)

Review > Child Adolesc Psychiatr Clin N Am. 2022 Jan;31(1):45-70.

doi: 10.1016/j.chc.2021.08.001.

Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes

Christina D Bethell¹, Andrew S Garner², Narangerel Gombojav³, Courtney Blackwell⁴, Laurence Heller⁵, Tamar Mendelson³



^aSHR: economic hardship, food/housing instability, unsafe neighborhoods, discrimination; RHR: 2+ adverse childhood experiences, poor/fair caregiving mental health, high parental stress, low parental coping. This figure replicates findings from published paper on the Whole Child Risk Index using most recent NSCH data. Identical methods are used as describe fully in the prior published study.¹⁸

Our Newest Research on PCEs Further Demonstrates A Dose-Response, Through Any Door Nature of PCEs

Listening to children is fundamental to establishing the safe, stable and nurturing relationships all children need to thrive. “Being Heard” = Asking + Considering.

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

ACADEMICS

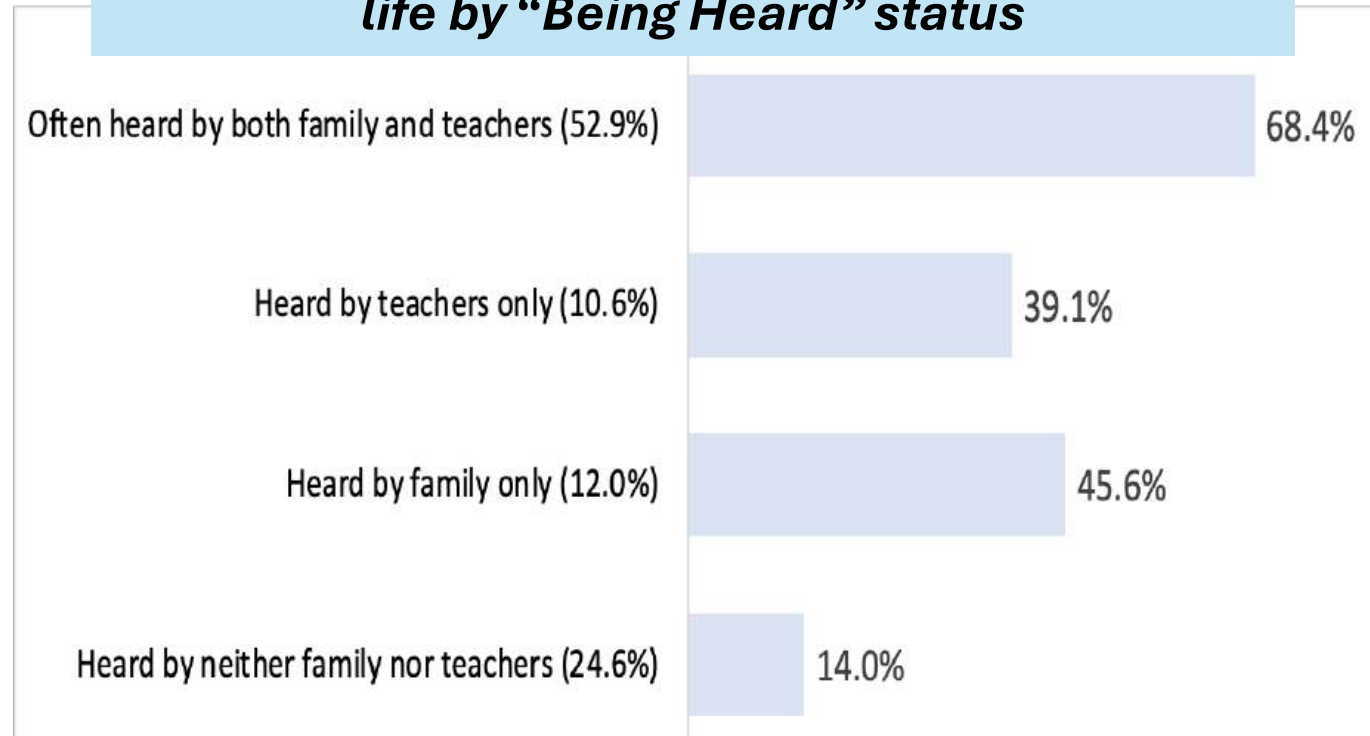
RESEARCH

PRACTICE

New Study Finds Japanese School Children Who Reported ‘Being Heard’ Were Five Times More Likely to Report Higher Quality of Life

Transformative “Positive Childhood Experiences” include children’s thoughts and opinions being heard, valued, and acted upon by the adults and caregivers in their lives.

Prevalence of children with a higher quality of life by “Being Heard” status



Positivity Pitfalls: (1) toxic positivity; (2) forgetting it is the “Felt Experience” not the “event”; (3) evaluating “success” as removal of the negative vs. fostering positive outcomes; (4) failing to stay with the process of healing and restoration

Our New 2025 Study!

PCEs Associated with Substantial Economic Savings



Home

Issues



[Home](#) | [JAMA Network Open](#) | [Vol. 8, No. 7](#)

Original Investigation | Pediatrics

Positive Childhood Experiences and Adult Health and Opportunity Outcomes in 4 US States

Robert D. Sege, MD, PhD¹; Maria V. Aslam, PhD, MPH²; Cora Peterson, PhD²; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

☰ [RELATED ARTICLES](#)  [FIGURES](#)  [SUPPLEMENTAL CONTENT](#)

Key Points

Question Are adult outcomes associated with exposure to positive childhood experiences (PCEs)?

*Same as our 2019 study, **about half (53.1%) of adults had higher PCEs** and those with higher PCEs were less likely to have health problems and risky health behaviors.*

*For the four states included in this study alone, the **presence of higher PCEs was associated with an annual economic value of \$216 billion** from reduced disease morbidity and mortality.*

IF WE ARE ONLY LOOKING AT ADVERSITY, WE ARE MISSING HALF THE STORY-TOXIC STRESS IS MORE THAN PRESENCE OF ADVERSITY

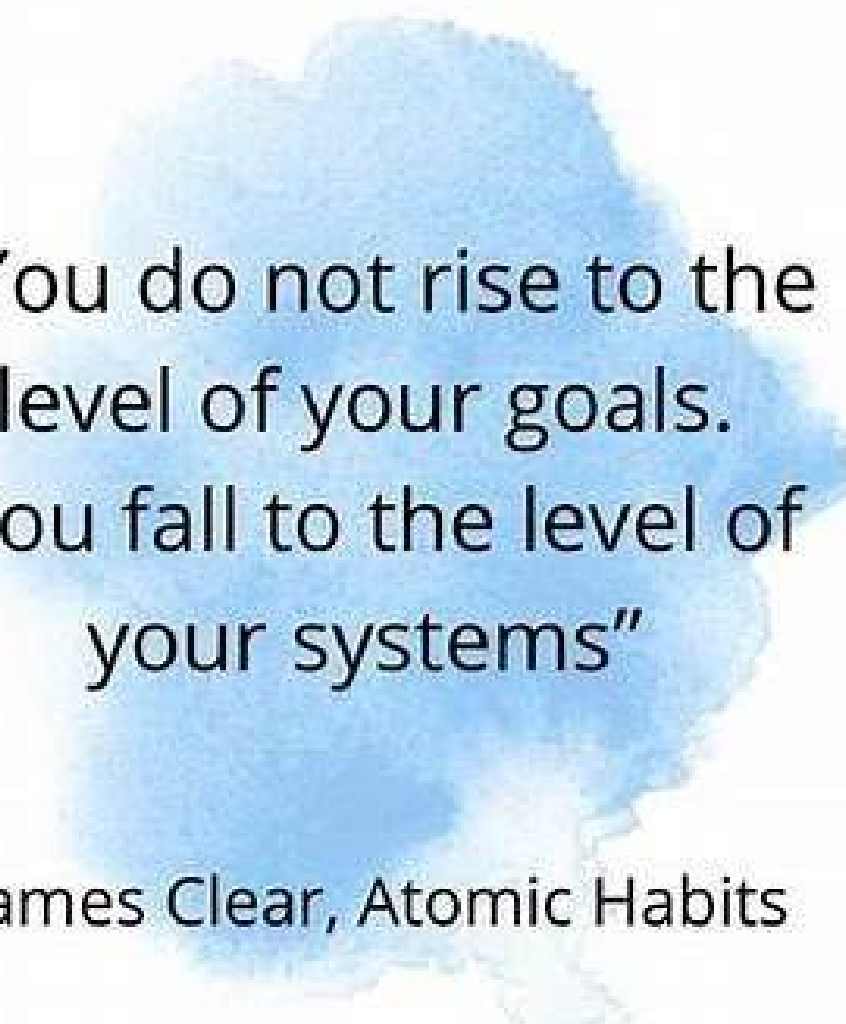
Toxic stress happens when the Adversities overwhelm the buffering capacity of Positive Childhood Experiences (primarily defined in terms of relational health in families, schools, communities)

“What is STRONG about you?”
(a PCEs and Flourishing frame)

“What has HAPPENED to you?”
(an ACEs “Trauma Informed” frame)

	LOW RELATIONAL HEALTH ^{2,3}	HIGH RELATIONAL HEALTH ^{2,3}
HIGH ADVERSITY ¹	HIGH RISK For toxic stress physiology	INTERMEDIATE RISK For toxic stress physiology
LOW ADVERSITY ¹	INTERMEDIATE RISK For toxic stress physiology	LOW RISK For toxic stress physiology

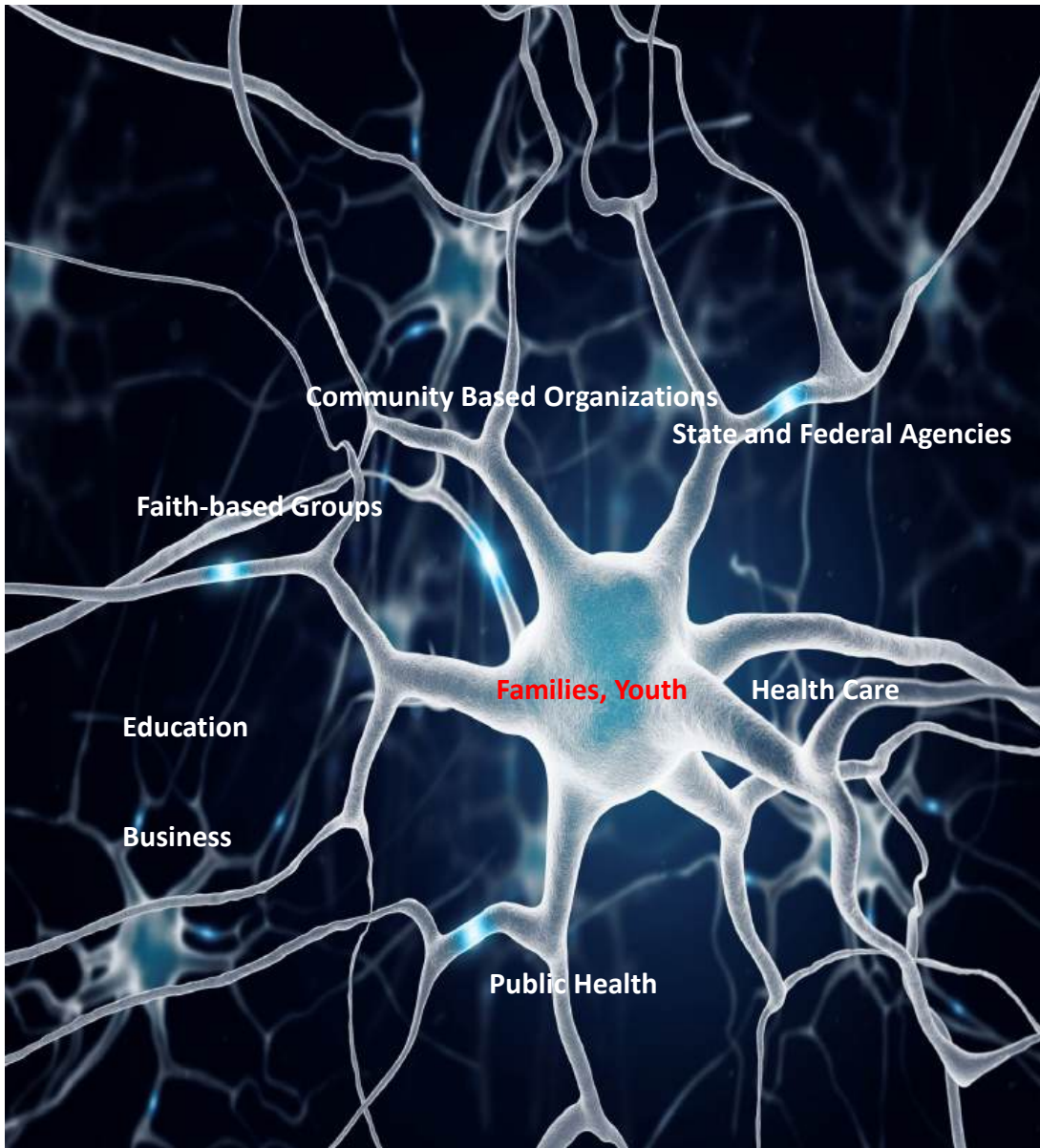
Preventing adversity is not enough or even possible without promoting positive health



“You do not rise to the
level of your goals.
You fall to the level of
your systems”

James Clear, Atomic Habits

Transformational Relationships Are Central Engine for
Positive and Sustainable System's Change



Scaling Possibilities for Flourishing Amid Adversity Requires Relational Systems of Care

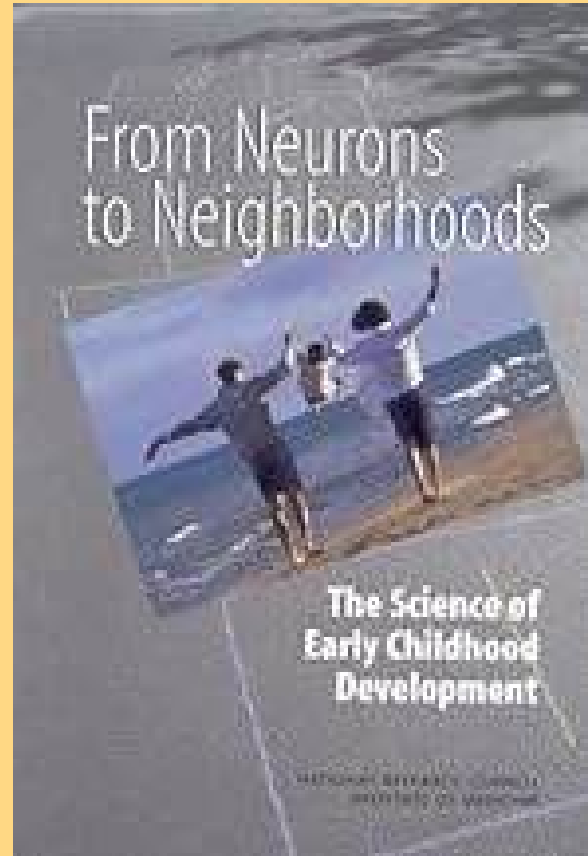
Shared accountability and collaboration across health care, education, social services and community programs and resources often stall before demonstrating impact. ***Effective community collaborations requires relational systems of care***

Building on the decades of knowledge and best practice recommendations

Year 1990



Year 2000



Year 2024



Our “One Big Doable Thing” Opportunity!

Getting integrated primary prevention into the drinking water of every community where “Everyone Is a Leader”, “Through Any Door”, “In Every Encounter” with “No Broken Link”



EXAMPLE High Leverage Primary Prevention Opportunity

Leverage the Existing Primary Care Prevention Infrastructure and Shared Accountability Across Systems to Engage and Support Children, Youth and Families “Through Every Door”, “In Every Encounter”, with “No Broken Links” where “Everyone Is a Leader” (my simple rules)



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



[Home](#) > Bright Futures

Bright Futures



HRSA's Bright Futures Program aims to improve the quality of primary and preventive care and dissemination of age-specific guidelines. HRSA launched the Bright Futures program to address a need for unified guidance, modern, efficient, and comprehensive...

After decades of work, only 45.3% of children receive care meeting medical home criteria

Only one-third of young children nationally receive developmental screening (45.7% OR); follow up is rare.

Only 30-50% of the ~60 million per year recommended visits for children age 0-5 (varies by state). 57.6% under 15 months get at least 6 of 9 in Oregon

The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System

Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative

EnAct! Framework—**ONE Big Doable Thing!**

Framework Purpose: Whole Child Health

The purpose of the EnAct! framework is to promote whole child health and improve child flourishing, school readiness and family resilience.

Framework Goals:

- 1 All In:** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
- 2 Real Engagement:** Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy and systems of care
- 3 Seamless System:** All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being

Key Elements of the EnAct! Approach



1. "Through any door" family engagement to activate trust and partner in care



2. Universal developmental and comprehensive whole child and family screening and assessments



3. Personalized, Strengths-Based Health Promotion and Supports



4. Coordinated, Warm Links to Quality Services and Interventions



5. Outcomes and Engagement -Based Quality Measurement and Improvement

Four "Simple Rules"

- Through any door
- In every encounter
- Everyone a leader
- No broken links

IMPLEMENTATION ROADMAP

1

Action: Establish a sustainable, cross-system, multi-level state leadership capacity

- **Outcome #1:** A cross-sector body has the structure, capacity and influence to sustainably advance state program and policy strategies that promote positive early childhood health
- **Outcome #2:** State leadership builds an across state agency infrastructure to coordinate strategies, resources, operations and performance measures that promote early childhood development
- **Outcome #3:** Local community coordinating bodies lead and link with state leadership to drive effective frontline systems change and improvements

2

Action: Create a culture of engagement among families, professionals, and system partners

- **Outcome #4:** Families are supported, included and activated to partner in care.
- **Outcome #5:** Families trust and experience authentic power-sharing and respect
- **Outcome #6:** Professional competencies and mechanisms for effective family engagement and partnerships are prioritized

3

Action: Catalyze, facilitate, study and spread cross-sector, practice-based implementation

- **Outcome #7:** A learning and communications network supports early adopters and spread
- **Outcome #8:** Launch and learn demonstrations inform spread and continuous improvement
- **Outcome #9:** Implementation resources are built, integrated and accessible
- **Outcome #10:** Professionals are trained to implement the science of healthy development and positive and adverse childhood experiences (PACES) with all children and families

4

Action: Drive enabling and incentivizing policies and financing strategies critical to success

- **Outcome #11:** Policies support processes to facilitate coordination of healthcare and community based services and resources across organizations and state agency programs
- **Outcome #12:** Health plans, providers and early childhood development professionals are incentivized and financed to enable high quality care and improvement

Engagement in Action Framework: *One Big Doable Thing*



Every child healthy, flourishing and ready for school



ALL IN: Universal provision of whole child and family personalized, preventive supports aligned with Bright Futures Guidelines



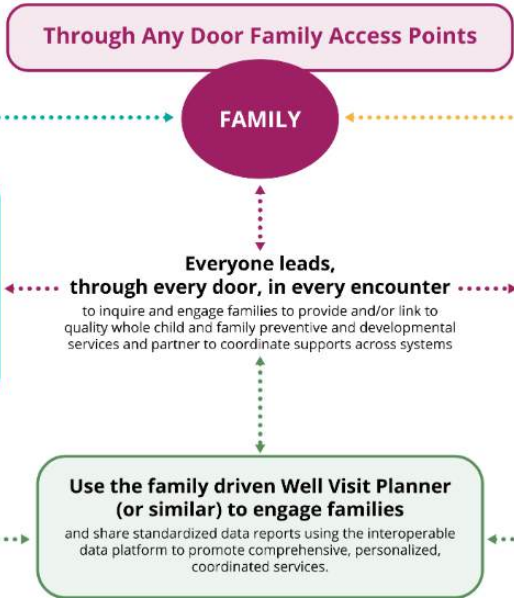
REAL ENGAGEMENT: Families engaged through any door to access services that are personalized to their goals and needs and; shape improvements in practice, policy and systems of care



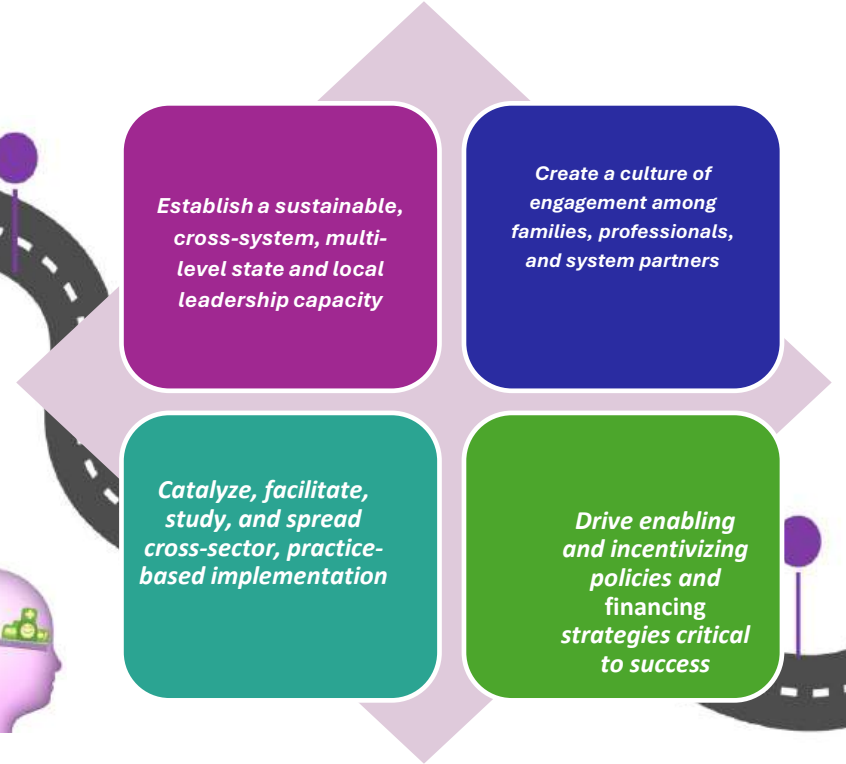
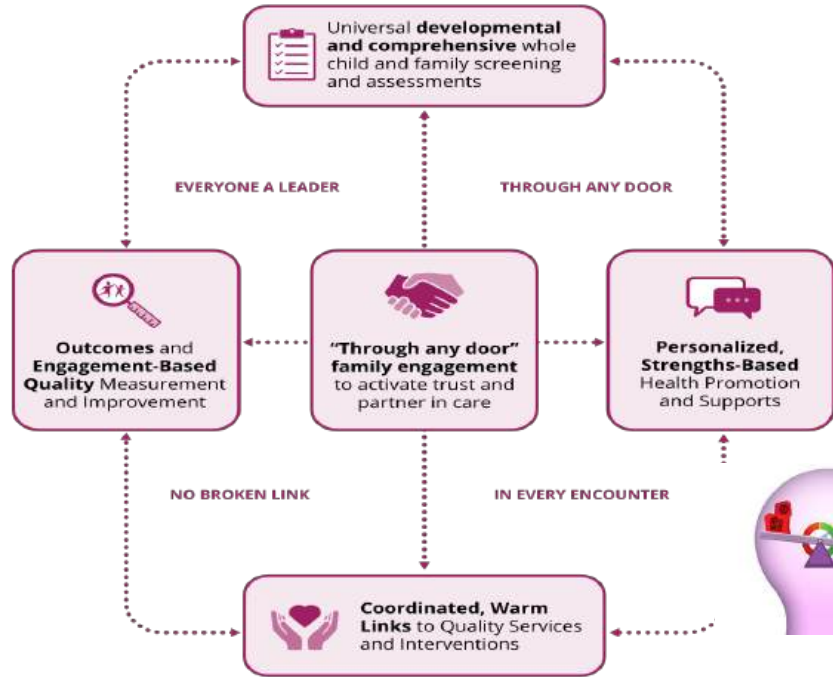
SEAMLESS SYSTEM: All early childhood partners/systems intentionally collaborate to optimize early screening, ***address social and relational*** health needs and promote well-being

Engagement in Action Framework: One Big Doable Thing and a Feasible, Actionable Path Forward Towards Well-Being at Scale
Building on Existing Strengths While Leading, Learning and Addressing Gaps

All In
Real Engagement
Seamless Systems

The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System
 Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative



Practical cross system collaboration criteria identified

Criteria 1: Family/Youth Engaged, Integrated and Personalized Whole Child, Youth, Family Standardized (and Customizable) Assessments and Tools



Criteria 2: Interoperable and automated scoring and reporting of whole child and family assessments to youth/family and professionals at the same time (with resource links!)

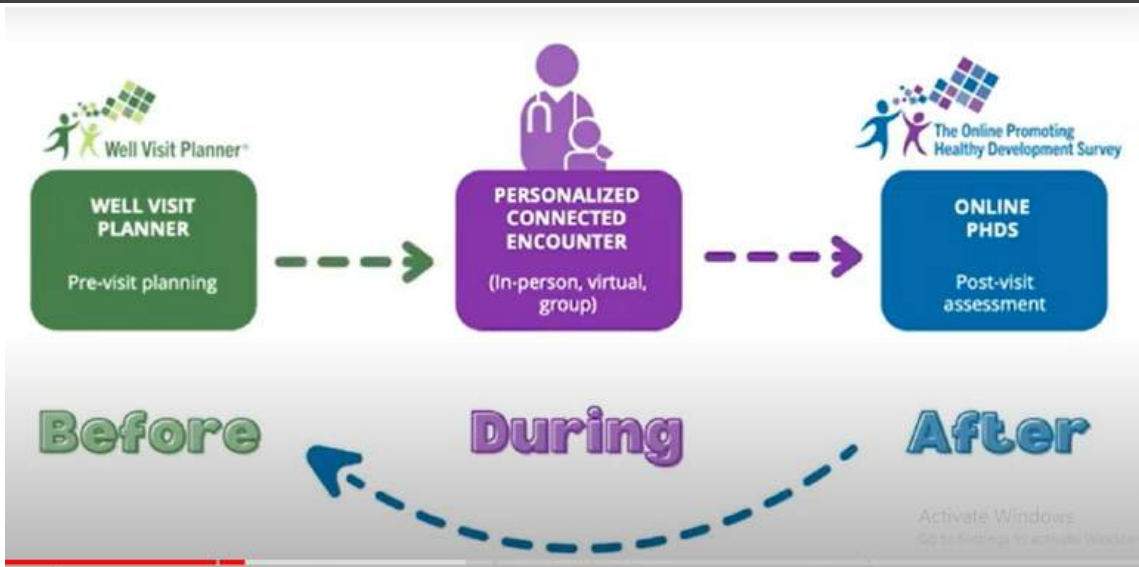


Criteria 3: Interoperable data sharing platform for ensuring real-time coordination of care and minimizing duplication of assessments



Criteria 4: Real-time capacity to assess, track, and improve quality and outcomes of services.

Cycle of Engagement



MAKE THE MOST OF YOUR CHILD'S WELL VISIT!

We would like to partner with you to improve how we provide well-child care. If your child is 6 years old or younger, please complete the online Well Visit Planner using the link below before your next well visit. This will help you prepare for your visit and allow us to provide the best possible care for your child.

www.wellvisitplanner.org/

LBHPedsKrugman



lifebridgehealth.org

Engagement based screening, personalized care, interoperable data sharing, anchored in "Behavioral Economics". Leverages digital health.



Select Language English ▼
 Login to your family account
 Have a provider ID code? [Use it here](#)
 Share with others! [✉](#) [f](#) [t](#) [in](#)

[Home/WVP](#) [About](#) [Family Resources](#) [FAQ](#) [Provider Info](#) [Contact Us](#)

Welcome to the Well Visit Planner®

Your Child, Your Well Visit

A quick and free pre-visit planning tool to focus care on your unique needs and goals.

Get started now:

Covers all 15 age-specific well visits from your child's first week of life to age 6

[Enter provider ID code](#) [Continue without code](#)



Take about 10 minutes to get a personalized Well Visit Guide. Get the best care focused on your child and family's unique goals and needs.

What families like about using the Well Visit Planner (WVP):

- ✓ Saves time filling out forms during visits
- ✓ Gives you a personalized Well Visit Guide with results specific to your child and family
- ✓ Provides easy to read resources on your needs and priorities
- ✓ Helps you and your child's providers focus care on your goals and needs
- ✓ Builds confidence that your child's care meets expert guidelines
- ✓ You choose what sections to complete and share.

Do you want to use the WVP with the children and families you serve?

[Learn more here!](#)

What is a Well Visit: Well visits are regular check-ups with your child's personal doctor, nurse, or other child health professional. At least 15 visits are recommended in the first six years of life when children are

Three Easy Steps for Using the Well Visit Planner

1

REFLECT & ASSESS



Reflect on what's going well and identify your goals and concerns. Assess your child's healthy development and family's unique needs.

2

PRIORITIZE



Prioritize what you want to discuss during visits. Pick from recommended topics specific to your child's age and add your own topics.

3

PARTNER



Partner with your child's provider(s). Your Well Visit Guide helps you and your provider focus care on your goals, concerns, needs and priorities.

The Well Visit Planner was created to be used in partnership with your provider. If you have a unique code from your provider, enter it here now:

[Enter provider ID code](#)

“The WVP empowers families so we can support their goals and needs. It gives us the reassurance all screens are done and we meet family priorities. Saves time to connect, build trust and link to supports.” (Pediatrician)
www.cycleofengagement.org

Digital Innovation for Catalyzing Engagement, Interoperability and Improvement

Well-Visit Planner Exemplar

Overview of Health

What's going well?

General health information
e.g. special needs, insurance,
family health history, etc.

Context and environmental
assessments
e.g. lead, fluoride, etc.

Overall goals and concerns



Specific Screeners

Developmental surveillance
and screening - SWYC

Concerns about speaking,
vision, hearing

Autism screening -
M-CHAT-RTM

Caregiver depression -
PHQ-2 & EPDS

Healthy relationships and
social determinants
(IPV/WAST-Short;
ACEs/PEARLS, SEEK;
economic hardship; BPSC;
PPSC and more)

Family Centered Care

Caregiver anticipatory
guidance and education
priorities

Parent/caregiver emotional
support, coping and self-
care

Household smoking and
substance use

Other options:

- Child social and emotional development
- Family resilience
- Child flourishing
- + More

Family Feedback through the
Online PHDS for quality
improvement and to
empower families to partner
in care



Scan for a
Video
Overview:



Scan to visit the
Provider Site:



Clinical Summary of Well Visit Planner® Findings: 18 Month Well Visit

Date WVP Completed: 6/30/2024 • Birth Month & Year: 12/2022 • WVG ID: 30-408652630-409

Key: family response indicated family response indicated family did not respond;
no or low risk some risk or concern nonresponse could indicate risk



Screening and Assessments Summary and Topics to Address: Assess & Address

Child Development

Developmental Surveillance and Screening

Developmental Screening SWYC milestones score¹: 8 (Results from 18 Month SWYC: did not meet age expectations, cutoff score of ≥ 9); score may or may not indicate a delay. Clinical review with family needed.

Very Much

- Runs
- Uses words to ask for help

Somewhat

- Climbs up a ladder at the playground
- Kicks a ball
- Names at least 5 familiar objects - like ball or milk
- Walks up stairs with help

Not Yet

- Jumps off the ground with two feet
- Names at least 5 body parts - like nose, hand, or tummy
- Puts 2 or more words together - like "more water" or "go outside"
- Uses words like "me" or "mine"

Emotional/behavioral screening (PPSC Score 9) At Risk; See details on 2nd page.

Autism spectrum disorder screen (M-CHAT R/F): Moderate Risk

Administer M-CHAT Follow-Up for specific responses

1. If caregiver points at something, child does not look
2. Caregiver has wondered if child might be deaf
3. Child does not play pretend or make-believe
4. Caregiver has wondered if child might be deaf
5. Child makes unusual finger movements near eyes

Caregiver's overall level of concern about child's development, learning, behavior

- Hearing concerns: No
- Speaking concerns: No
- Lazy or crossed eyes: No
- Bowel movements/urination concerns: No

Anticipatory Guidance Priorities Selected by the Family: Coach & Educate

View educational materials for the 18 Month Well Visit here:

<https://www.wellvisitplanner.org/Education/Topics.aspx?id=6>

This child's parent/caregiver selected the following top 4 priorities across each of the 24 recommended Bright Futures anticipatory guidance topics for the 18 Month Well Visit. Click on the links below to access information and resources to share with families on these priorities. See page 2 for additional resources.

1. [Your child's moods and emotions](#)
2. [Behaviors to expect in the next few months from your 18-month-old](#)
3. [Toilet training](#)
4. [What to do if your child swallows poison and when to call the poison control center](#)

¹SWYC Milestones: The developmental screening instrument of the Survey of Well-Being of Young Children (SWYC), which meets American Academy of Pediatrics' developmental screening guidelines ²Intimate partner violence risk assessed using the Woman Abuse Screening Tool-Short (WAST-Short), a two-question abuse screening tool ³The Pediatric ACEs and Related Life Events Screener (PEARLS) screens for a child's exposure to adverse childhood experiences (ACEs) and risk factors for toxic stress ⁴Caregiver depression risk is assessed using the Patient Health Questionnaire-2 (PHQ-2) for the 9 month well visit and beyond ⁵The Children with Special Health Care Needs (CSHCN) Screener is a validated 5-item screening tool identifying children with ongoing conditions and above routine service needs

About This Child

Name: Test18month Testlastname

Special Keyword:

WVP completed by: Father

Gender: Male

Insurance coverage/type: Medicare

General Health and Updates

Child's Health and Health History

Child has ongoing health problem requiring above routine services (CSHCN screener⁵)

New medications

Currently taking vitamins/herbal supplements

Dentist: Currently no dentist

Fluoride: Unsure if fluoride in water source.

Lead exposure

Family History and Updates

Recent family changes (e.g. move, job change, separation, divorce, death in the family): Move

New medical problem in family

Parent/grandparent had stroke or heart problem before age 55

Parent has elevated blood cholesterol

Lives with both parents: Yes

Strengths to Celebrate Connect & Celebrate

Caregiver social support:

One thing that is going well for the caregiver as a caregiver:
enjoy reading at night with them

One thing the child can do that caregiver is excited about:
running at park

Screening and Assessments Summary and Topics to Address: Assess & Address

Child Development

Developmental Surveillance and Screening

Developmental Screening SWYC milestones score¹: 8 (Results from 18 Month SWYC: did not meet age expectations, cutoff score of ≥ 9); score may or may not indicate a delay. Clinical review with family needed.

Very Much

- Runs
- Uses words to ask for help

Somewhat

- Climbs up a ladder at the playground
- Kicks a ball
- Names at least 5 familiar objects - like ball or milk
- Walks up stairs with help

Not Yet

- Jumps off the ground with two feet
- Names at least 5 body parts - like nose, hand, or tummy
- Puts 2 or more words together - like "more water" or "go outside"
- Uses words like "me" or "mine"

Emotional/behavioral screening (PPSC Score 9) At Risk; See details on 2nd page.

Autism spectrum disorder screen (M-CHAT R/F): Moderate Risk

Administer M-CHAT Follow-Up for specific responses

1. If caregiver points at something, child does not look
2. Caregiver has wondered if child might be deaf
3. Child does not play pretend or make-believe
4. Caregiver has wondered if child might be deaf
5. Child makes unusual finger movements near eyes

Caregiver's overall level of concern about child's development, learning, behavior

- Hearing concerns: No
- Speaking concerns: No
- Lazy or crossed eyes: No
- Bowel movements/urination concerns: No

Health Behaviors

Smoking: Child exposed to smoking

Flag for potential alcohol misuse

Recreational/non-prescription drug use

Relational Health Risks

Intimate partner violence risk²

- Caregiver and partner work out arguments with some difficulty
- Some tension in relationship with partner

Social Factors/Determinants

Economic Hardship: Rarely hard to cover costs of basic needs, like food or housing

Caregiver Emotional Health

Depression risk: PHQ-2⁴ Score: 2: Little interest or pleasure in doing things more than half the days over past 2 weeks

Caregiver social support

Caregiver self care/hobbies: Has not spent time in last 2 weeks doing things they enjoy

Caregiver coping: Somewhat Well

Other assessments added by provider:

None

Additional caregiver/parent goals and/or concerns to address during the visit: Test specific goals/concerns comment

Strengths to Celebrate Connect & Celebrate

Caregiver social support:

One thing that is going well for the caregiver as a caregiver:

enjoy reading at night with them

One thing the child can do that caregiver is excited about:

running at park

CAHMI
Logout

WVP Use Portal

Get Results: Your Data Dashboard
Add providers to share Clinical Summaries
Download a WVP data file

Engage Families: Personalized Invitations

Create Your Plan: Implementation Roadmap
Phase 1: Exploration
Phase 2: Preparation
Phase 3: Implementation
Phase 4: Sustaining

Partner in Care: Personalized Connected Encounter

Keep Improving

Your WVP Family Website
Update your customized website
Add additional questions and assessments
Update links to additional assessments
Update links to additional resources
Update notifications and ways to receive family data

COE Dashboard
Online PHDS Use Portal

Get Results: Your Data Dashboard

YOU ARE HERE

Get Results
STEP: 3

Use the table below to access the **Well Visit Planner provider Clinical Summaries and family Well Visit Guides** for each child/family. Use the "Filters" box below to **search by child characteristics** (e.g., child name and/or initials, the child's birth month and year, the date of the child's visit) or by **WVP screening results** (e.g., developmental screening, maternal depression screening, screening for Children with Special Health Care Needs Screener (CSHCN), other child and family risks).

Use the **"Share or Reassign Reports"** feature to streamline the process of sending **Clinical Summaries and Well Visit Guides** with another provider or family services partner.

Get a **Quick Start Guide** on how to access and use your Well Visit Planner Clinical Summaries by **clicking on Step 3** above.

Filters

Child name/initials: Last name: Child birth month, day, and year: Month: Day: Year:

WVP screening results: Shared/Reassigned:

Please note that children with families who did not respond to the WVP questions are included in your search results as a risk group and we encourage you to discuss the topics during their well visit.

Share or Reassign Reports

Select the Clinical Summaries and Well Visit Guides you wish to **reassign or share with another provider in the table below first**, then select **your action** in the drop-down menu and hit submit to select the provider. To stop sharing reports with a provider, select Unshare in the drop-down menu first, click submit, then select the reports you would like to stop sharing.

Don't see a Well Visit Guide and Clinical Summary?

If you are having trouble finding a Well Visit Guide or Clinical Summary in your Data Dashboard, it's possible the family accidentally used the public use Well Visit Planner website instead of your customized website. The family will still have received a Well Visit Guide. To access the associated Clinical Summary, simply enter the unique Identification Number found at the top or bottom of each Well Visit Guide into the search box below to search and reassign the WVG/CS to you. The family can send you a photo of the ID number or show it to you on their phone when they arrive at their visit.

Share or Reassign Reports

Select the Clinical Summaries and Well Visit Guides you wish to **reassign or share with another provider in the table below first**. Then select **your action** in the drop down menu and hit submit to select the provider. To stop sharing reports with a provider, select Unshare in the drop down menu first, click submit, then select the reports you would like to stop sharing.

Reassign

Share

Unshare

You have **144 children/families with unviewed/new Clinical Summaries (CS)**. To download Well Visit Guides and/or Clinical Summaries, click **"View/Download PDF"**. To print the Clinical Summary, click **"Download PDF"** and print once it has downloaded onto your device.

Show In Progress Well Visit Planners Show 99% Complete Well Visit Planners Show Submitted Well Visit Planners

Refresh Data Dashboard

Keys	Select CS/WVG	WVP Status	DOB	Child Name and/or Initials	Visit Age	Family Special Keyword	Date WVP Started	Date WVP Completed	Get Clinical Summary	Clinical Summary View Status	Get Family Well Visit Guide	Well Guide Identification Number
	<input type="checkbox"/>	Submitted	3/29/2025	Test CAHMI	1 Month Well Visit		4/26/2025	4/26/2025	View Download PDF	New	Download PDF Download PDF Search PDF	20-5013011220-231
	<input type="checkbox"/>	Submitted	4/13/2025	Test CAHMI	First Week Well Visit		4/26/2025	4/26/2025	View Download PDF	New	Download PDF Download PDF Search PDF	20-5013011220-231
	<input type="checkbox"/>	Submitted	4/10/2025	Test CAHMI	First Week Well Visit		4/17/2025	4/17/2025	View Download PDF	New	Download PDF Download PDF Search PDF	17-5026301217-231

Share Well Visit Guides and Clinical Summaries

1. Confirm you would like to share the following Well Visit Guide(s) (WVGs) and Clinical Summary(ies) (CSs) with another professional who is responsible for the child's care. By sharing, you will retain these WVGs and CSs in your Data Dashboard.

Child Birth Month/Year	Child Name / Initials	Visit Age
5/5/2022		3 Year Well Visit

2. Select one of the providers or associated partners from your practice/organization in the list below. After clicking Submit, the Well Visit Guide(s) and Clinical Summary(ies) will be shared with them.

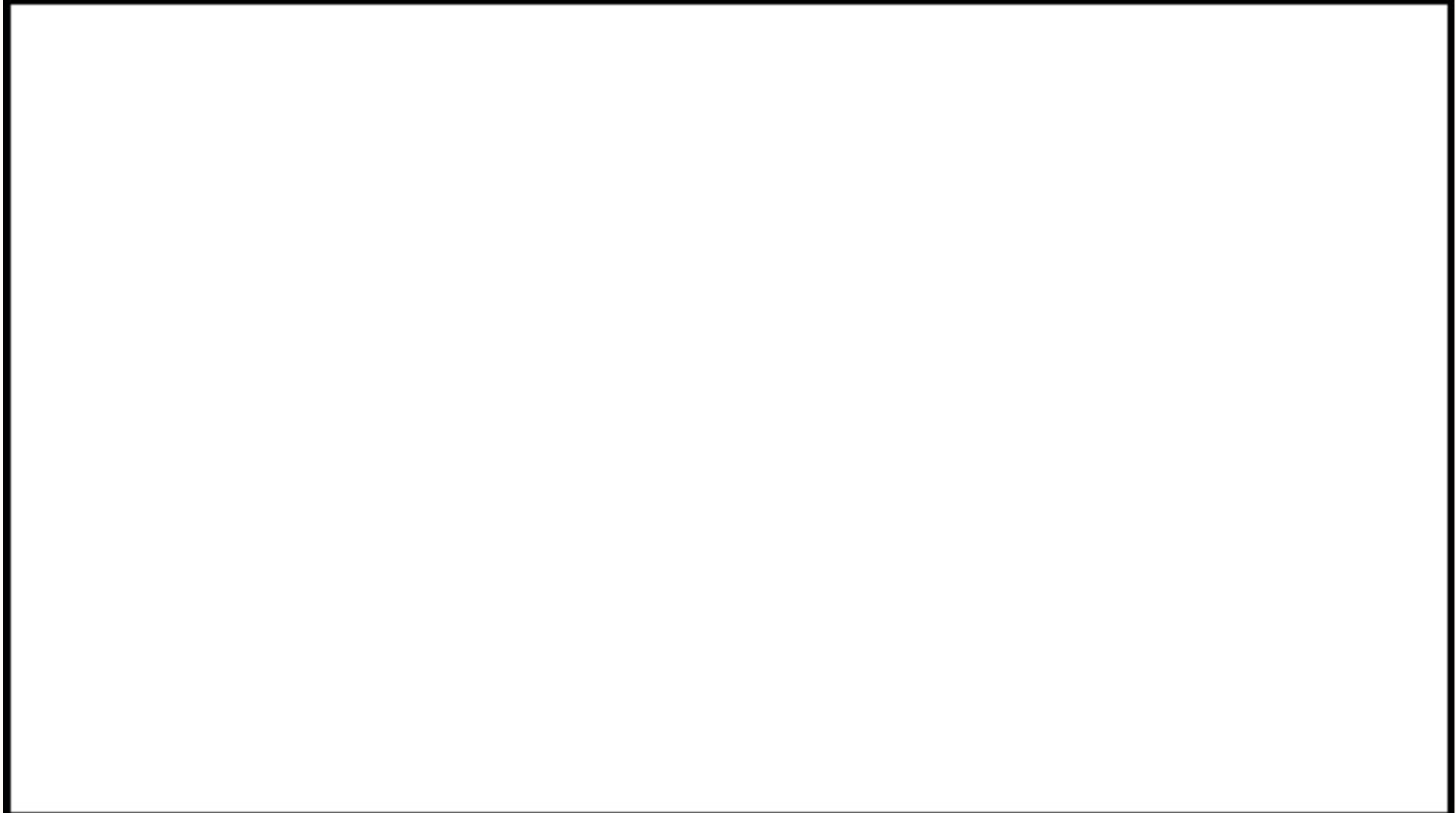
Christina Bethell

Designed to Work In Broader System of Supports!





A QUICK OVERVIEW OF THE WELL VISIT PLANNER



Get Results: Your Data Dashboard

YOU ARE HERE

Get Results

STEP: 3

Use the table below to access the **Well Visit Planner provider Clinical Summaries and family Well Visit Guides** for each child/family. Use the "Filters" box below to **search** by **child characteristics** (e.g., child name and/or initials, the child's birth month and year, the date of the child's visit) or by **WVP screening results** (e.g., developmental screening, maternal depression screening, screening for Children with Special Health Care Needs Screener (CSHCN), other child and family risks).

Use the "**Share or Reassign Reports**" feature to streamline the process of sending **Clinical Summaries** and **Well Visit Guides** with another provider or family services partner.

Get a **Quick Start Guide** on how to access and use your Well Visit Planner Clinical Summaries above.

Filters

Child name/initials

Last name

Child birth month, day, and year

Mon

Day

WVP screening results

Select screening results



Shared/Reassigned

Shared/Reassigned by/with

Visit age

All



Range of dates for when the WVP was completed

mm/dd/yy

mm/dd/yy

Please note that children with families who did not respond to the WVP questions are included in your group and we encourage you to discuss the topics during their well visit.

Submit

Clear Filters

Filters

Child name/initials

Last name

Child birth month, day, and year

Mon

Day

Year

Close Filters

WVP screening results

Select screening results

Shared/Reassigned

Shared/Reassigned by/with you

Select screening results

Met special needs criteria

Developmental risk (SWYC score)

Risk for Autism (M-CHAT R/F)

Economic hardship

Household smoking

Alcohol misuse risk

Recreational drug or substance use risk

Lacking social support

Caregiver depression risk

Intimate partner violence risk

PEARLS ACEs score (if applicable)

PEARLS Toxic Stress Risk Factor score (if applicable)

WVP was completed

mm/dd/yy

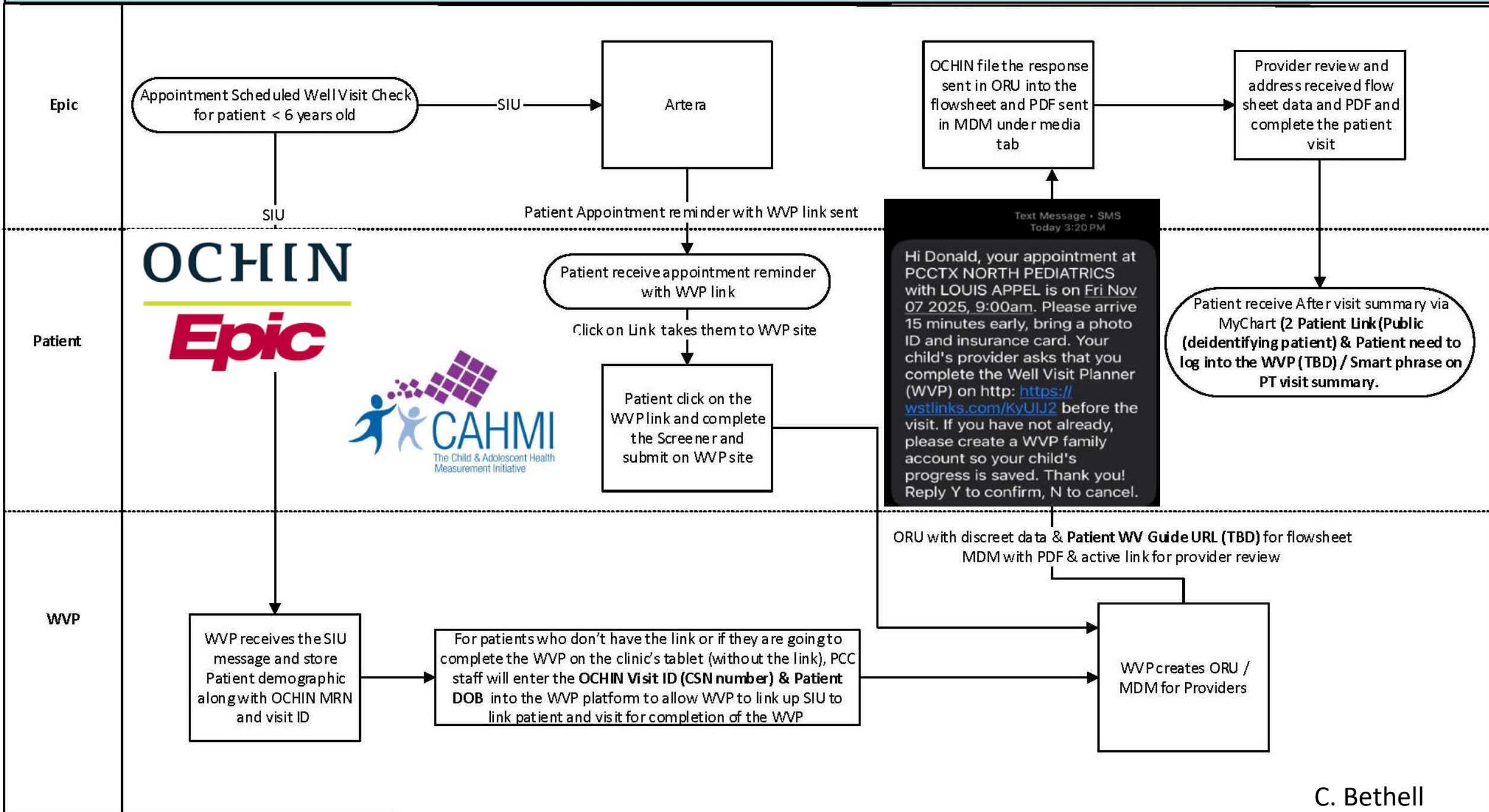
the WVP questions are included in your search results as a risk factor during the well visit.

Don't see a Well Visit Guide and Clinical Summary?

If you are having trouble finding a Well Visit Guide or Clinical Summary in your Data Dashboard, it's possible the family accidentally used the public use Well Visit Planner.

The Resilience Scale could be embedded with results appearing in the Clinical Summary and Family Well Visit Guide For Use During Encounters (build on, coaching, resource linkage, etc.)

EPIC- Well Visit Planner Interface Workflow



Electronic Medical Record Integration (API+HL7) Is “Simple” ...,But Prevention and Child Health Outcomes Have Not Been Prioritized in Health Systems (and integration DOES NOT solve for the interoperable data sharing across child serving systems-WVP portal enables this)

In Basket

My Messages

Status	Date	Time	Patient
Read	11/04/2025	12:13 PM	Zzztest, Donald
Read	11/06/2025	8:05 PM	Zzztest, Donald

Message Patient Info Meds/Problems Vitals/Labs My Last Note Help

Donald Zzztest

Name: Donald Zzztest
 Preferred Pronoun: None
 MRN: 2960000979
 Gender: Male, 3 year old, 1/25/2022
 Weight: 29 lb 15.7 oz (13.6 kg)
 Phone: 512-619-9003

Well Visit Planner
 Interface Transcription -> Louis Appel
 Patient Name : ZZZTEST,DONALD
 Patient MRN : No MRN for patient in SA
 Well Visit Planner Filed

Clinical Summary of Well Visit Planner® Findings: 4 Year Well Visit
 Date WVP Completed: 11/4/2025 • DOB: 1/25/2022 • WVG ID: 4-57297094-91
 Key: family response indicated family response indicated family did not respond; no or low risk some risk or concern nonresponse could indicate risk

API +HL7



Enables the PCE

Celebrate Success

- What is going well?
- Joys and strengths
- Positive experiences
- Milestones

Priorities

- Address topics picked by family
- Education and questions

Concerns

- Are there concerns?
- How do we want to address them?
- What do we need to support?

Shared Decision Making

- Supports to address concerns
- Promote possibilities and speak hopes together
- Positive framing for shared decision making

Goals

- Guiding your short term and long term development

The Personalized Connected Encounter

Clinical Summary of Well Visit Planner® Findings:
 Date WVP Completed: 11/18/2024 • Birth Month & Year: 11/2023 • WVG ID: 4-57297094-91

Key: family response indicated family response indicated family did not respond; no or low risk some risk or concern nonresponse could indicate risk

Screening and Assessments Summary and Topics to Address:

- Child Development: Developmental Surveillance and Screening
- Health Behaviors: Smoking, Alcohol use, Recreational/non-prescription drug use, Intimate partner violence risk
- Social Factors/Determinants

And we persist.....

The submission status of this application 1935953 **Embedding Digital Health Innovations in Primary Care Systems for Child Health** was changed from **Ready for Submission** to **Submitted**.

Due to limited short term fiscal returns for primary prevention for children, digital health tools like the *Well Visit Planner* are rarely commercially viable. Efficient implementation methods and public impact support are essential.

Family Tools and Reports

Provider and Care Team Dashboards and Reports



RESILIENCE

Tipping the scale toward positive outcomes



Implementation Support

Resources to support COE WVP implementation are provided and anchored to best-practice frameworks and strategies.

Resources for the Personalized, Connected Encounter (PCE) support a strengths-based and relationship-centered approach to care.

EXPLORE

Learn, envision, and customize



PLAN

Team up, train up, and test up!



IMPLEMENT

Launch, learn, adapt, and improve



SUSTAIN

Evaluate, integrate, and celebrate





WE ARE THE MEDICINE
YOUR BEING, THEIR WELL-BEING

Evidence and Supportive Policies Don't Translate Innovations—People Do!

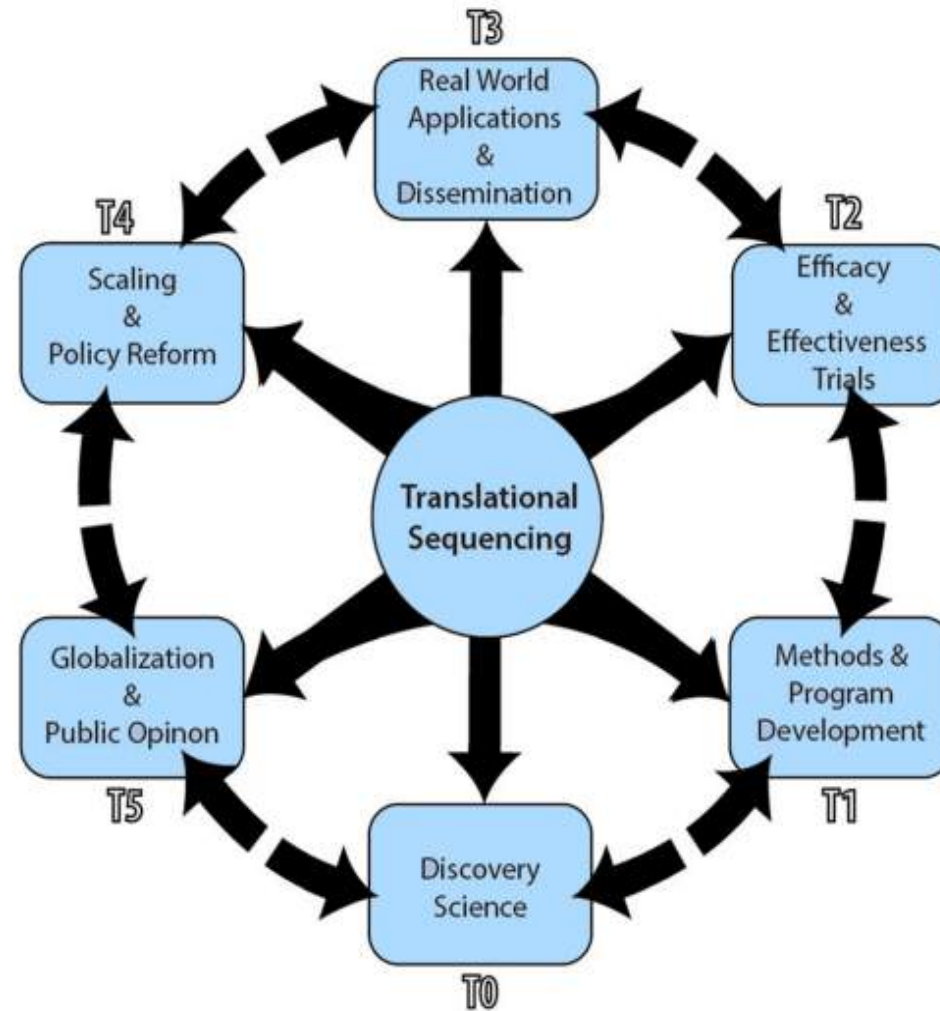


Fig. 1 | The full translational spectrum of prevention science model showing the following six basic stages of translational research: *T0* Discovery Science, *T1* Methods and Program Development, *T2* Efficacy and Effectiveness Trials, *T3* Real-World Applications and Dissemination, *T4* Scaling and Policy Reform, and *T5* Globalization and Public Opinon

We Are the Medicine!

Implementation of Evidence Based Strategies Relies on Relationships, Engagement and Healing



Time In
(BEING)



Time With
(BELONGING)

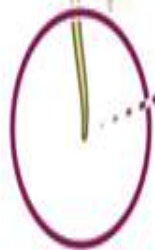


Time For
(BECOMING)



Broad systems-biology approach compares across chronic diseases, illnesses, and disorders reveals insight into hidden connections and similarities

© Naviaux Lab / UCSD



At its root, chronic disease is a result of a recurrent systems abnormality: failure to complete the healing cycle

<https://www.youtube.com/watch?v=ZYy0GeSkxKo>

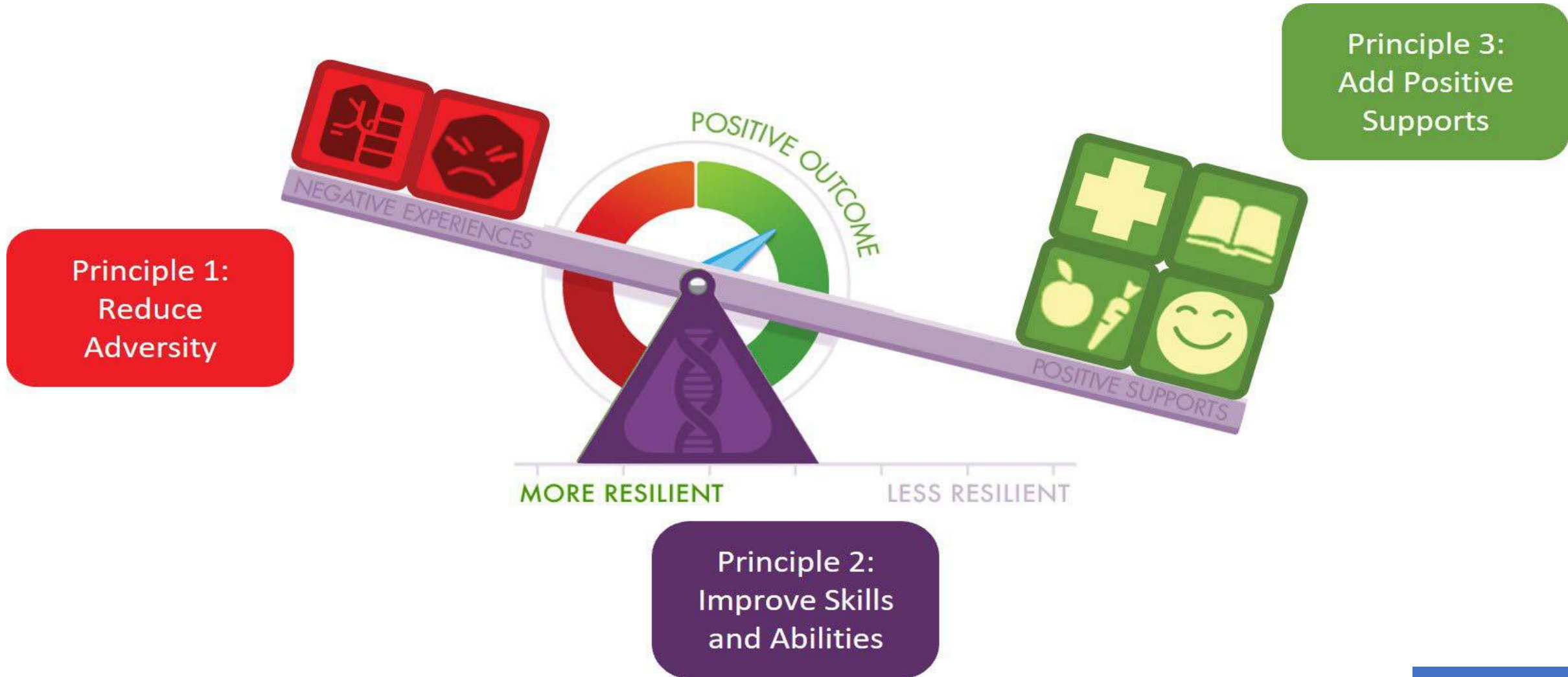
Nervous System Regulation Central to All Evidence Based Healing Methods: The vagus nerve regulates mitochondrial function by influencing blood flow, reducing oxidative stress, maintaining mitochondrial membrane potential, and improving mitochondrial structure and dynamics.

The Cell Danger Response (CDR) is an ancient biological defense mechanism that, when triggered by trauma or other threats, initiates a three-phase healing cycle: inflammation, proliferation, and differentiation.

Not all Red and Green Boxes Are Created Equal

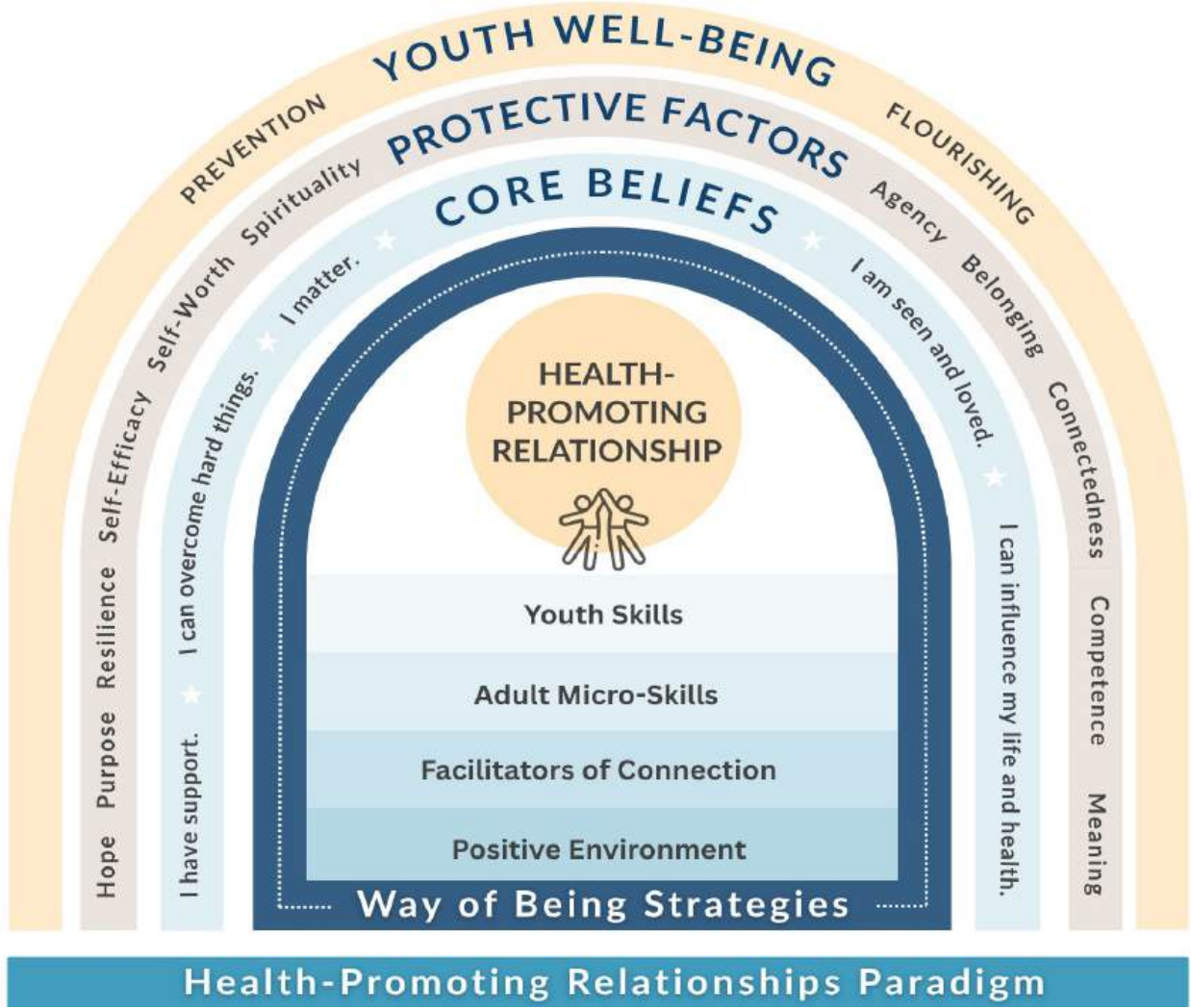
Going from “fixing to connecting”

Real Engagement By Building Health Promoting Relationships



Building Capacity to Deliver on the Science of Flourishing, Resilience and Relational Health

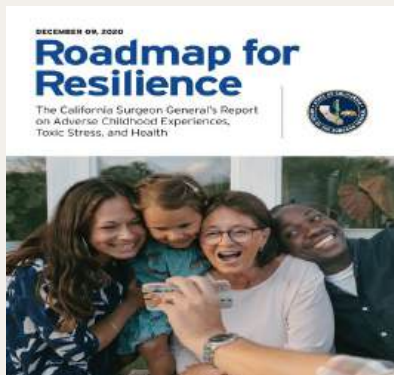
Our New Health Promoting Relationships Paradigm



Building on our decades-long trajectory of aligned recommendations....

Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics

Christina D. Bethell, PhD, MBA, MPH; Michele R. Solloway, PhD, MPA;



Launching Lifelong Health by Improving Health Care for Children, Youth, and Families

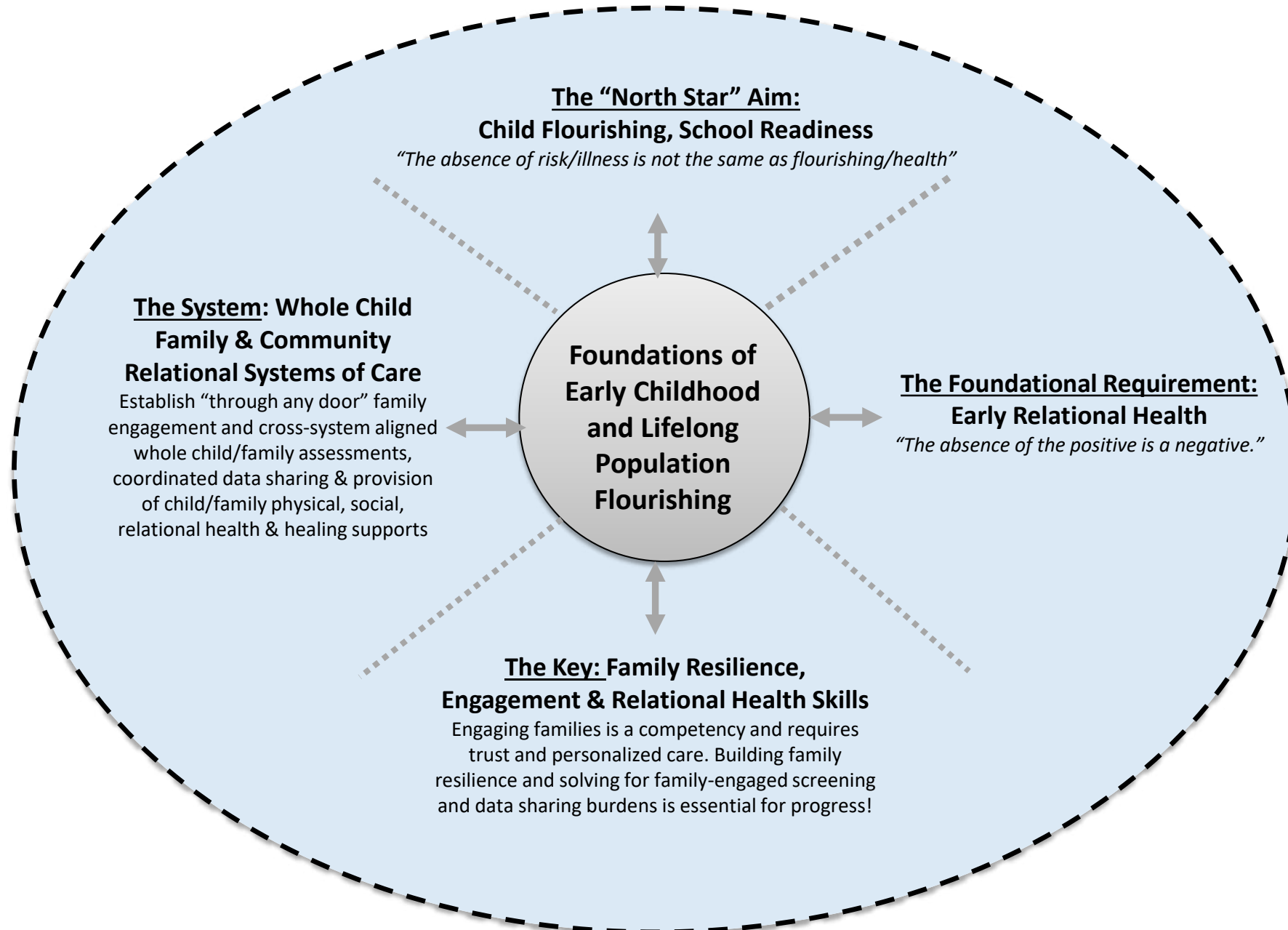


The Committee envisions a child and adolescent health care system a decade from now that builds from traditional knowledge in communities and empirical evidence on early life experiences, human development, and disease prevention to provide comprehensive, family- and youth-engaged, community-integrated, and equitable care focused on **optimizing the healthy development and lifelong wellbeing of all children, youth, and their families.**

	OLD MODEL	FUTURE MODEL
WHO	Primarily doctors and nurse practitioners	Interdisciplinary teams, community health workers, co-production with families, communities, virtual
WHAT	Individual patient-oriented, 1:1	Individual patient, family, and public health-oriented, 1:many
	Clinical treatment	Whole child and family health, prevention, outreach
WHEN	Health maintenance and acute care	Visits with other team members, group visits, self management, virtual
WHERE	Clinic and hospital-focused	Community-based and community-integrated, networks, virtual
HOW	Continuity through visits and phone	Continuity through visits, phone and other information technology
	Reactive, episodic	Proactive, outreach, education/empowerment, coordination/navigation
	Funded through insurance	Insurance, block grants, braided and blended funding across sectors
	Lesson plan	Listen plan, co-design and co-creation with youth, families, communities
	Focus on medical conditions	Longer time frames, investment in lifelong health and prevention

**NASEM
Consensus
Study Report,
2024**

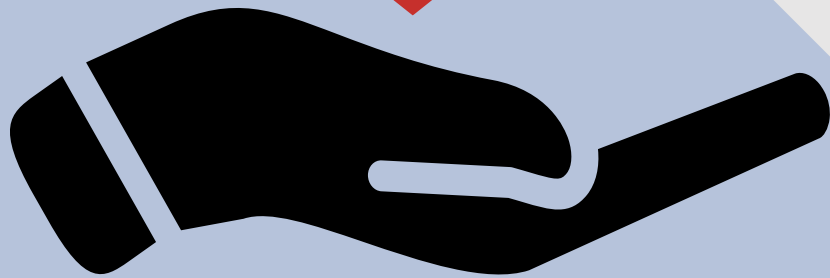
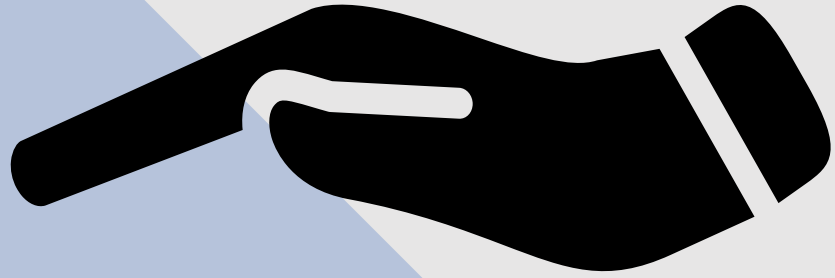
Schematic of the *We Are the Medicine* Framework Early and Lifelong Population Flourishing Paradigm for Young Children



We Are the Medicine®



**Healing is Upon Us!
(and within and between us!)**



The Best Is
Yet To Come!