Enhanced Incubation Plan Components
Magnolia Community Initiative (MCI)

Vision: A community invested in achieving positive health and well-being outcomes for children and families.

Magnolia Community Initiative (MCI) and partner organizations know that children's outcomes are most directly influenced by family and neighborhood context. Inherent assets in a community can protect against negative neighborhood conditions that impact child and family health outcomes. As such, MCI and partner organizations will develop an approach to better understand how residents experience neighborhood context and use these findings to improve the well-being of children and families in the 500-block catchment area and a 22-block focus area where previous survey canvassing has occurred.

Project Purpose: The Community Wellness Design Team (CWDT), composed of MCI members, partner organizations, and, most importantly, community residents, will redesign MCI's *Community Wellness* survey to better capture what residents perceive to be community assets and the structural barriers to improving population health. As context experts, community residents are a critical part of the design process because they bring an important lived experience perspective on local community conditions. Being equitable and inclusive starts with sharing power and ensuring that the people most affected and most marginalized, especially those who have been historically left out of these conversations (e.g., low-income people, communities of color, recent immigrants, etc.), have a say in the decisions that affect their lives. Current efforts use a traditional service delivery approach that creates programs to address community needs, such as a nutrition program to address childhood obesity. Although it can lead to children eating healthier, it does not address the high number of fast food outlets and the lack of safe green space, and how those link to children being overweight. Services delivered without community input do not address the complex and interconnected neighborhood conditions that impact health outcomes.

It is our hope that a well-designed community survey can bridge the gaps by providing both quantitative and qualitative data at the local level to better inform and align groups to a common purpose. It is very difficult to determine if the efforts across the networks are producing the desired impact without a common data set. If these networks can agree to use a common measurement system, such as the Early Development Instrument (EDI) and the MCI *Community Wellness* survey, we can start having meaningful conversations about the conditions that allow neighborhoods to thrive.

The EDI is a validated population-level research tool implemented in kindergarten classrooms that measures developmental change or trends in *populations* of children in five key domains: physical health, emotional maturity, social competence, language and cognitive skills, and communications skills and general knowledge.

- EDI results can be used to identify the strengths and needs of the children within their communities, and to create targeted programs that affect the areas identified as the greatest need. Local groups can also use the data to better advocate for changes to policies and funding.
- EDI results can support the planning of early childhood investment, inform policy and program development decisions, or help evaluate programs.
- EDI results can help address important questions and create new research programs to better understand the social determinants of children's health, well-being, and development.

A. Project Goals

Goal: Change the currently used survey to reflect the perspectives, experiences, and desires of residents and capture different local data (on health, poverty, safety, etc.) that can be used to promote community wellness and resident well-being.

Objective 1: Create the Community Wellness Design Team (CWDT) that consists of MCI Partners (organizations and community residents) and partners from the Population Change Learning Community (PCLC).

Activities:
1. Draft selection criteria for inclusion into design process.
2. Select sites from the PCLC, which represents networks throughout the U.S. that are capturing local data to inform their work and transform systems of care for children and families in their respective localities.
3. Identify requisite levels of and commitments for participation.

Objective 2: Identify current limitations of various iterations of the Community Wellness surveys.

Activities:
1. Identify original goals associated with the implementation of the *Community Wellness* survey to assess whether the data captured have informed trends or shifts in current priorities.
2. Interview selected communities that have implemented a version of the *Community Wellness* survey to understand the utility and limitations of existing surveys.
3. Identify measurement gaps and opportunities for improvement in both measures and collection strategies.

Objective 3: Design survey adaptations to address measurement gaps of the various iterations of the Community Wellness survey.

Activities:
1. Introduce iterative learning cycles ***Plan, Do, Study, Act (PDSAs)*** with the CWDT to test new measures and data collection strategies. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test

(Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act). Often, having an idea to implement skips the testing, which is an important step in quality improvement. The PDSAs aim to:

   a. Address limitations in the questions and themes measured in the surveys themselves.
   b. Address limitations associated with data collection to resolve any confusion associated with different individual responses or reference points as they relate to terms like "neighborhood" and "community."

2. Share lessons learned in facilitating a co-design process to develop a community survey tool and identify best practices with local MCI partners and the national PCLC network.

Objective 4: Implement Community Wellness Survey in the MCI targeted area.

Activities:

1. Conduct door-to-door canvassing efforts and collect a minimum of 400 responses.
2. Host two Community Dialogues to share data collected from the wellness survey and EDI data. Targeted audience will be community residents, community-based organizations, elected officials, and Los Angeles County (Departments of Health Services, Public Health, Mental Health, and Children and Family Services).
3. Identify community-defined projects based on the data and planning process.

Objective 5: Test scale opportunities for the Community Wellness Survey beyond the current 22-block focus area in the MCI catchment.

Activities:

1. Develop scale strategies to expand the *Community Wellness* survey data collection efforts beyond targeted designated census tracks.
2. Implement another series of iterative learning cycles (PDSAs) to test sustainable scale strategies.
3. Share findings across learning communities of practice to advance best practices.

B. Community (challenges and opportunities)

The MCI catchment area of 500 blocks is one of the densest populations in Los Angeles County. Due to population density there are several initiatives that are funded to improve child and family well-being. One challenge among various networks that serve this community is the silos that exist. Networks have established their own coalitions and often duplicate efforts by other initiatives.

Opportunities to achieve our vision, focus area, and goal

One of the greatest opportunities for this work is the multitude of groups that have committed to advance community well-being in Los Angeles. By leveraging our diverse partnerships, we can

build community alignment to address silos and begin to work toward a shared, common data set.

First 5 Los Angeles, Los Angeles Unified School District (LAUSD), and UCLA Center for Healthier Children, Families, and Communities have agreed to launch the implementation of the EDI school district wide. UCLA has facilitated largescale efforts in Orange County and will expand to include all of LAUSD.

MCI is also part of the Population Change Learning Community (PCLC), funded by the Doris Duke Charitable Foundation. The PCLC formed to create an exchange between practitioners, researchers, and funders. From the beginning the members sought to gain a deeper, more structured understanding of how to support the collective actions needed to respond to inequity and poor outcomes within neighborhoods and communities. PCLC partners are in the CWDT and will provide the necessary feedback and perspective critical in the co-design process of the survey.

MCI's partner, the USC School of Social Innovation, will support the project through the Neighborhood Data for Social Change platform, which allows us to create custom geographic maps for individual census tracts. The platform will provide data on housing, transportation, and public safety that is not captured by the EDI or *Community Wellness* survey. USC is also considering making the EDI data available on their platform.

C. Report Recommendation of Focus

This plan is guided by a primary recommendation from *The Future of the Public's Health in the 21st Century* report released by the National Academies of Sciences, Engineering, and Medicine in 2003.

Recommendation 16: Local governmental public health agencies should support community-led efforts to inventory resources, assess needs, formulate collaborative responses, and evaluate outcomes for community health improvement and the elimination of health disparities […].

D. Stakeholders

The MCI Enhanced Incubation Team Leads are:

- Efren Aguilar, GIS Unit Chief, UCLA Center for Healthier Children, Families, and Communities.
- Sam Joo, Director, Magnolia Community Initiative (transitioned to the Director of External Affairs, Para Los Niños, at the time of publication)
- Jessie Salazar, Deputy Executive Director, Pathways LA
- Cristina Zuniga, MCI Partnership Manager

Other stakeholders contribute as follows.

- The CWDT is charged with reviewing existing community surveys used by MCI partners and the PCLC, whose members represent initiatives from Alaska, Los Angeles,

Milwaukee, and New York. Although the groups outside of Los Angeles are participating on the design team, the proposed plan is intended for the MCI network, who are providers committed to improve the 500-block catchment area.
- Community resident leadership groups from the MCI network will participate in providing direct feedback during the design and implementation process.
- MCI's Research and Evaluation Workgroup (whose members represent local partner organizations) will directly work with the Enhanced Incubation Team to provide guidance and support throughout the project timeline.

MCI will introduce iterative learning cycles (PDSAs) with teams from participating sites to test new measures and data collection strategies. We will address limitations in the questions and themes in the survey and data collection methods to resolve any confusion associated with different individual responses or reference points of specific terms.

Stakeholders' level of engagement
The co-design process includes partners in the CWDT and respective resident leadership groups. Community residents are involved in all facets of the planning and implementation stages of the project.

Upon completion of the community survey, we will engage other place-based initiatives to share what the intention of the survey is and how we hope to involve the participation of other networks to increase data collection efforts. The goal will be to have other networks adopt the practice of utilizing the *Community Wellness* survey and EDI to establish a baseline data set and use the data collected to inform planning and implementation of community improvement projects.

Receiving feedback from stakeholders
We will convene monthly calls with the CWDT and conduct one-on-one interviews with key stakeholders to ensure that appropriate feedback and perspectives are provided. Feedback will be provided to the MCI Research and Evaluation Workgroup and the Ambassadors/Champions (MCI's leadership body), and integrated into the planning and implementation process.

Monthly feedback will be provided to the team leads and quarterly updates will be provided to the Ambassadors/Champions.

E. Timeline

MCI will test the revised community survey in February 2020 as part of our biennial canvassing efforts. The canvassing efforts will take four weeks, with four canvassing teams walking the neighborhood six hours a day. Data analysis will be conducted from March 1 to April 15, 2020. Using Facebook and other communication platforms, we will invite organizations and community residents to attend one of two Community Dialogues by June 2020. We will share the data we have collected, with an overlay of the EDI data, during the Community Dialogues. After the 18-month NAM project timeline, MCI will explore scale strategies to disseminate the

revised community survey and introduce the design process to new proposed neighborhoods in the catchment area.

Objectives	***Timeline***	***Activities***
Develop a Community Wellness Design Team (CWDT) that consists of MCI Partners (organizations and community residents) and partners from the Population Change Learning Community	Nov 2018-Feb 2019	1. Draft selection criteria for inclusion into design process 2. Select sites from the PCLC to join the CWDT 3. Identify requisite levels of and commitments for participation
Identify current limitations of various iterations of the *Community Wellness* Surveys	Feb 2019-Jun 2019	1. Identify original goals associated with the implementation of the *Community Wellness* survey to assess whether the data captured have informed trends or shifts in current priorities 2. Interview selected communities that have implemented a version of the *Community Wellness* survey to understand the utility and limitations of existing surveys 3. Identify measurement gaps and opportunities for improvement in both measures and collection strategies
Design survey adaptations to address measurement gaps of the various iterations of the *Community Wellness* Survey	Jun 2019-Nov 2019	1. Introduce iterative learning cycles Plan, Do, Study, Act (PDSAs) with the CWDT to test new measures and data collection strategies a. Address limitations in the questions and themes measured in the surveys themselves b. Address limitations associated with data collection to resolve any confusion associated with different individual responses or reference points as they relate to terms like “neighborhood” and “community” 2. Share lessons learned and identify best practices
Implement *Community Wellness* Survey in the MCI targeted area	Feb 2020-July 2020	1. Conduct door-to-door canvassing efforts and collect a minimum of 400 resident responses 2. Host two Community Dialogues to share data collected from the wellness survey and EDI data with community residents, community-based organizations, elected officials, and Lost Angeles County 3. Identify community-defined projects based on the data and planning process

Test scale opportunities for the *Community Wellness* Survey beyond the current 22-block focus area in the MCI Catchment.	Aug 2020-Nov 2020	1. Develop scale strategies to expand the *Community Wellness* survey data collection effort beyond targeted designated census tracks. 2. Implement another series of iterative learning cycle (PDSAs) to test sustainable scale strategies. 3. Share findings across learning communities of practice to advance best practices.

The expansion of the EDI data collection effort will allow the *Community Wellness* Survey data to be collected beyond our current 22-block focus area. As local elementary schools are on-boarded with the EDI, new neighborhoods will be identified for data collection. Community residents and service providers will participate in the planning and collection efforts.

The scale strategy will, to the best of our ability, mirror the locations where schools have administered or will administer the EDI.

Refer to the information in the timeline above for the last two objectives:
(1) "Implement *Community Wellness* Survey in the MCI targeted area" and
(2) "Test scale opportunities for the *Community Wellness* Survey beyond the current 22-block focus area in the MCI catchment."

F. Sustainability

Communications plan

The MCI Communications Workgroup, consisting of MCI partners, will assist in developing a communications plan that will include utilizing our social media platforms (Facebook, Instagram, and Twitter) to promote the launch of the *Community Wellness* Survey. The focus of the communication campaign will be to:

- Inform the audience about the importance of gathering direct input from community residents on the neighborhood conditions that impact the quality of life of children and families.
- Promote *Community-Based Participatory Research (CBPR)*, a partnership approach to research that equitably involves community members, organizational representatives, researchers, and others in all aspects of the research process.
- Announce the two *Community Dialogues* where data collected from the *Community Wellness* Survey and the EDI from participating local elementary schools will be shared.
- Identify strategies and interventions to promote community well-being.
- Recruit partner organizations to adopt the *Community Wellness* Survey to spread the local data collection effort.

We will also utilize social media strategies to document the current efforts and aspirational goals.

Evaluation plan

At the end of the 18-month Enhanced Incubation stage, we will collect feedback on the survey design process and scale strategy. MCI's Research and Evaluation Workgroup and resident leaders will lead the evaluation effort on the following metrics:

1. Recruitment strategies of residents and service providers to participate in the *Community Wellness* Survey.
2. Support of a site-led distribution and dissemination strategy to include presentations and workshops at existing professional meetings, convenings, or conferences.
3. Results collected from participating neighborhoods in the MCI Catchment area.

MCI will facilitate feedback sessions that will include the CWDT, MCI Research and Evaluation Workgroup, and MCI Ambassadors/Champions that respond to the following questions:

1. Did we include the right stakeholders?
2. Did our methods of harvesting information (e.g., interviews, focus groups, town halls) work?
3. How do we assess adaptation to our survey?
4. What was the feedback from survey participants?
5. Was our plan to scale and spread feasible?
6. Were our outcomes reached?

The feedback from *Community Dialogues* and the creation of future workgroups will also assist in documenting feedback and appetite for service providers to shift their perspective on indicators of neighborhood health.

With the support of the MCI Research and Evaluation workgroup and UCLA, we will create population-level spatial analyses maps that will articulate the location of geographic trends in the data from our 22-block focus area. The *Community Wellness* Survey will be incorporated into a larger measurement surveillance system by designing data and reporting spatial analytics.

Activities will include designing enhanced analytic reports comparing survey results with the following tools:

- EDI (where available)
- Neighborhood Risk Index: Index of neighborhood risk factors that impact child and family well-being
- Collective Community Capacity Assessment: Tool to assess the strength of collective action networks