

Infrastructure and Summary of Experience/Qualifications section.

a. Lead Agency.

i. Describe the organization's ability to complete the project (program management) as well as its capacity to comply with and monitor the implementation of grant requirements.

The Civic Canopy (CC) has successfully overseen federal/state contracts, multiple private/public funding streams, and has organizational infrastructure for monthly invoicing with cost reimbursement contracts, carrying project costs until reimbursement. Bill Fulton and Jodi Hardin, Co-Executive Directors have served CC for 20 years, combined. CC leadership for EastSide Unified/Unido (EU) has been stable since its inception. CC is highly regarded in NE Denver and beyond for expertise in collaborative process, commitment to ensure all voices are equal, skills in unearthing/addressing tensions, and tools that promote information sharing and transparency. CC maintains strong internal controls and possesses the necessary financial infrastructure including contract accounting services, time and effort timekeeping, and Generally Accepted Accounting Practices. The board of directors meets regularly and staff are highly qualified for their roles.

ii. Describe the organization's experience relevant to the project, such as history and experience working with the affected population, implementing similar strategies, etc.

CC is a community-based nonprofit creating a culture of collaboration that drives transformative change to ensure stronger neighborhoods, healthier communities and a more just society. CC changes the way complex social issues are solved by connecting diverse groups seeking change and equipping them with tools to create meaningful impact. CC's vision is that *the many work as one for the good of all*. CC works with groups statewide, yet is committed to strong ties within its NE Denver home, growing neighborhood relationships. CC provides convening/coordination support for 2 NE Denver community initiatives: SHARE Network and EU. The first 80205 Unity Summit co-hosted by these two networks reflects CC's commitment to cultivating community leaders, creating spaces for organizations and residents to work together, and promoting linkages between networks.

iii. Describe the role of the lead agency in this project.

EU created a common vision, goals and strategy in 2016 in its Community Action Plan. CC will continue to serve as convener, facilitator and project manager for EU efforts, providing tools and infrastructure to the EU Council to ensure collaborative leadership, ownership and decision-making. EU Council receives running balances to monitor spending, identifies sub-awards to implementation partners, and advises on course corrections. CC will enhance existing communication platforms (e.g. website, e-newsletter, social media, Civic Network) and create new tools to promote sharing progress and engaging the community. Finally, CC will proactively create space and structures needed for trust to be strengthened, all perspectives valued, and consensus-based decisions to occur. While staff of CC support EU planning and implementation processes, they do not position themselves as the community leader or voice. They leverage relationships within and beyond the community to shape and implement activities.

b. Multisectoral Partnership.

Partner (Sector)	Relevant expertise	Role on the project
Diversity Dynamics* ** (LLC)	Family/community engagement, community relationships, male engagement	EU Council, Community ECHOS
Hope Center* ** (Early Education)	Culturally responsive early learning, family support	EU Council
Denver Public Health* (Public Health)	Data/evaluation, Maternal and Child Health, built environment, systems/policy	Healthcare Action Team; EU Council, data/evaluation
Healthcare Partners: <ul style="list-style-type: none"> ● Denver Health and Hospital Authority ● Kaiser Permanente ● Presbyterian St. Luke's ● Exempla St. Joseph 	Anchor institution	Healthcare Action Team; EU Council, data/evaluation
Denver Public Schools* (Education)	Early education Birth to Eight Roadmap	Community Action Teams, engagement venues
Denver Early Childhood Council* (Early education, family support)	Deep ties to early education systems, home visitation, early childhood mental health.	Community Action Teams
The Center for African American Health* (Community non-profit, health, social support)	African American community; data and evaluation	Assessment, data and evaluation, community engagement.
Servicios de la Raza (Community non-profit, social support)	Latino community	Community Action Teams; mobilizing the Latino community
Five Points Business District* ** (business)	Business community	Evaluation, connect business community to Community Action Teams, EU events
Epworth Foundation* (Community non-profit, health and social support)	Male engagement; fatherhood initiatives	Community Action Teams, event/meeting space
SHARE Network* ** (health and social support)	Healthy eating and active living; community mobilizing	Community Action Teams, EU Council, 80205 Unity Summit, evaluation
National Organization of African Americans in Housing (Housing)	Housing	Community Action Teams, event/meeting space

***Within geographic area. **Majority of services provided to affected population**

c. Infrastructure.

i. Describe the infrastructure that exists to manage this project. This includes the history of the partnership between the lead agency and the collaborating agencies on this project.

CC and collaborating agencies have partnered for over 3 years laying the groundwork through EU planning and early implementation. Part of grant Year 1 will be to refresh and reconfirm the roles and responsibilities of this infrastructure along with the channels for communication across structures. Infrastructure envisioned to further this project:

- Lead Agency: Undergirds strategic efforts through convening, coordination, communication; fiscal and project management
- EU Council: Decision making body overseeing project strategies and activities; monitoring progress, identifying course correction; guiding staff/contractors; expanding partnerships
- Action Teams: Community residents, organizations activating around key project strategies
- Community-Wide Opportunities: Convenings, annual summit welcoming all community members; outreach/engagement strategies cultivating input and mobilize action

ii. Identify how long the partners have worked together, and describe successful projects the partnering group has engaged in.

For approximately 3½ years, CC and EU have demonstrated that being grassroots and community-driven doesn't mean lacking in expertise and innovation. EU has developed strong relationships with partners in and beyond NE Denver. The strength of EU is in its ability to mobilize residents with equal power to make change. EU has spearheaded multiple, successful community events such as the 80205 Unity Summit, a Black-Brown conversation on racial issues, a community healthcare forum where C-Suite executives from the 4 healthcare organizations engaged with residents, and the creation of multi-modal communication tools that share the spirit, inclusivity and story behind EU.

iii. Explain how this project builds on existing project collaborations.

This project represents a continuous learning process for EU, taking an emerging collaborative initiative with the crucial foundation required for a community-driven effort and supports the next phase of growth and maturity. In particular, this project will build upon relationships formed with healthcare partners. While such partners might see themselves in the provision of direct community services, EU will look at the role of these partners as anchor institutions, as members of the community.

iv. Indicate the percentage of funds each partner organization will receive and explain the process that was used to determine funding levels for each partner organization.

Upon notice of award, the EU Council will identify and finalize all subcontractors with the goal of tapping into skills and expertise of 80205 individuals and organizations, maximizing existing partnerships, and expanding capacity within the community. EU's standard approach to allocating resources has been: ⅓ for project infrastructure, ⅓ for project expenses including those that ensure resident engagement (e.g. child care, stipends, interpretation), and ⅓ sub-contracts to community individuals and organizations to move strategies and actions. Remaining true to EU values of making sure resources stay within the community, the budget submitted allows the flexibility needed to allocate resources for both individual community residents and partnering organizations to fully engage in the project.

Project Design/Approach section.

a. System or Policy Change(s).

Our EastSide Unified/Unido (EU) project aims to address intergenerational poverty among current and recent residents of the Northeast Denver (NE Denver) zip code 80205. Involuntary displacement or “gentrification” is a driver of instability in the neighborhood and families are experiencing a negative impact. Gentrification has caused escalating housing costs and our families are increasingly forced to move some distance from their support systems and services, disrupting social connections and care/service continuity. This project will take a Two-Generation¹ approach to address our community’s **economic assets and social capital**, seeking to grow community and individual economic assets, enrich and expand resident social networks, and bolster the neighborhood economy. Building upon current efforts, the focus of this grant will be **organizational policy change within anchor institutions**. Anchor institutions are defined by the Democracy Collaborative as “enterprises such as universities and hospitals that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors”.² The anchor institution movement is young with a small percentage of institutions participating nationwide. However, uptake of concepts and development of practices is ongoing at a rapid pace and well supported nationally. This policy effort is ripe for development locally. EU is ideally positioned to move institutions forward, having begun community mobilization by successfully uniting hospitals, local agencies, and residents around community concerns and aspirations. We will work with residents and existing healthcare partners to identify 2-3 specific anchor institution policy areas within workforce development, purchasing, and investment to positively impact our chosen determinants. We will apply continuous learning/improvement practices and utilize lessons learned with current partners to reach out to other anchor institutions in NE Denver, replicating policy strategies.

b. Theory of Change

i. Identify the change goals for this three-year grant cycle.

EU’s theory of change is rooted in 3 important concepts/models: a Two-Generation approach (determinants), organizational policy change in anchor institutions (policy), and Asset-Based Community Development³ (ABCD) (engagement and mobilization). Our determinants, from the Aspen Institute’s Two-Generation approach:

- **Increasing economic assets** through strategies such as access to affordable, safe housing, public supports, and building financial capacity.
- **Increasing social capital**, especially stability of neighborhood and family networks through strategies such as expansion of job networks, and two-parent participation in caregiving and child development.

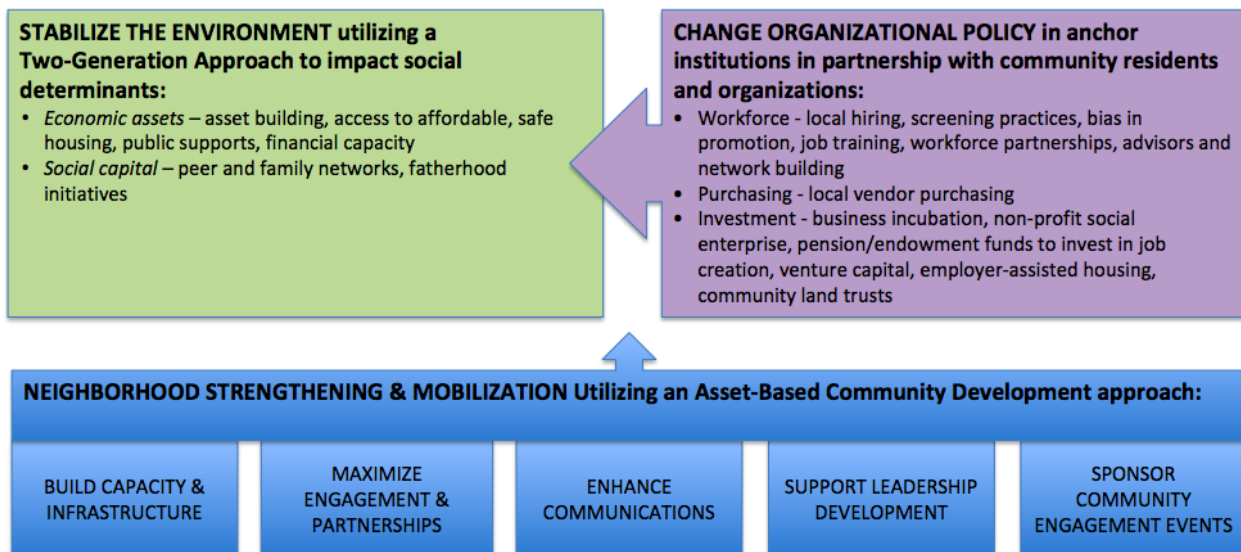
Measureable objectives for the 3-year grant cycle focus on intermediate measures supporting policy change (as described above) and neighborhood strengthening. By June 30, 2021:

- Improved/enhanced relationships (how and when the community and anchor institutions intersect and work together) between the community and anchor institutions, beginning with health systems partners.
- Identified and implemented specific anchor institution organizational policies aimed at building community economic assets.
- Increased understanding of the intersect between community voice and anchor institution policies.

- Increased the number of anchor institutions in NE Denver participating in EU efforts.
- Deepened and expanded resident involvement and leadership in community change..
- Strengthened community cohesion and connection.

To bolster work with anchor institutions, we will employ **neighborhood strengthening strategies** through ABCD by hiring a community organizer, enhancing communications strategies, supporting community leadership development, and engaging the community at a deeper level. ABCD is a community development model that “rests on the principle that a recognition of strengths and assets is more likely to inspire positive action for change in a community than is an exclusive focus on needs and problems.”³ The benefit of ABCD to our project can be summarized, “ABCD is concerned with linking community-driven initiatives to the macro environment and promoting a policy environment conducive to such initiatives”.³ These neighborhood strengthening strategies are critical to impacting both determinants and policies, and ensuring sustainability.

EastSide Unified/Unido Theory of Change



ii. Why did you select this project design?

EU chose this design based on 3 factors: expressed community need, evidence, and existing assets. The **expressed need** of our community is clearly identified in both the policy focus and chosen determinants. During the past 2 years, EU hosted community convenings and collected data from over 350 community residents and businesses, which support these focus areas. The **evidence** behind the theory of change model is built upon The California Endowment’s community mobilization model. This model has been successfully used to drive change in several California communities, and beyond.⁴ The model not only targets environment and policy to achieve equity, it also emphasizes the importance of neighborhood strengthening and mobilization. Finally, the design builds upon **existing assets** EU has cultivated including: strong relationships with large healthcare systems in the area to mobilize around an anchor institution approach (e.g. Denver Health and Hospital Authority, Kaiser Permanente, St. Joseph’s Hospital, Presbyterian St. Luke’s Hospital), infrastructure that promotes communication, connection and

engagement (e.g. EU website, newsletter and social media; Civic Network; Community ECHOS), and the 80205 Unity Summit (i.e. well attended event co-hosted with the SHARE network to promote cohesion across community health movements).

iii. Will this project take a “Two-generation Approach”?

EU’s chosen determinants are derived from the Aspen Institute’s Two-Generation model. While EU has always focused on young children and families, we will formally adopt a Two-Generation approach that “focuses on creating opportunities for and addressing needs of both vulnerable parents and children together.”¹ This is a bold step for EU, recognizing the true root causes that impact environments and relationships surrounding young children every day.

iv. What would make this project fail and what steps will you put in place.

This project will only be successful when informed and driven by residents in NE Denver. In order to ensure this, EU will adopt an ABCD approach. ABCD deepens the leadership and direction provided by the community, furthering EU’s development on the Community Engagement Spectrum. ABCD approach includes significant assessment and community dialog, ensuring that the desires of our community are clear and at the forefront, and driving project strategies and decisions. A second factor in success will be approaching anchor institutions with reasonable expectations, partnering to identify solutions together as a community. EU will leverage existing relationships with our healthcare systems in the neighborhood in order to design policy changes prior to approaching new partners (e.g. cultural or business entities) and provide the technical assistance needed for institutional success. Finally, we must learn from both successes and mis-steps. We will enhance our continuous learning strategies in order to be intentional and aware of what has worked and what has not.

v. Explain the potential for the project’s impact on health equity in the identified geographic area and how the systems or policy changes will impact health outcomes.

We will emphasize community mobilization and neighborhood strengthening, including relationship and leadership building, to create change. This, in itself, will be a long-term, sustainable strategy to impact health equity. Also, working with long-standing, neighborhood organizations to change organizational policy for the betterment of the community will increase economic resources for families, stabilize family housing, and reduce stressors experienced by the whole family. An example of how this has been done in another community is The Cleveland Clinic, which moved from paying high costs to a national company for laundry services to investing in an employee owned co-op institutional laundry business. This saved money for the clinic, created jobs and invested in long term stability in the community. Reducing stressors and improving relationships will improve long-term health trajectories for young children (see c. iii).

c. Upstream Determinant(s) of Health.

i. Identify no more than two upstream determinants of health that will be addressed.

ii. Explain why this/these determinant(s) was/were selected.

Our project will address: increasing family economic assets and expanding, enhancing, and often maintaining social capital. These two determinants best met the factors: expressed community need, evidence, and existing assets. Significant evidence suggests the importance of impacting relationships and environments surrounding young children in order to impact child outcomes. In

formalizing a Two-Generation approach, we used the evidence-based Aspen Institute model to support project focus. Recognizing that it would be difficult to impact all 5 components at once, we chose 2 of the 5 with priority on components that would stave off involuntary displacement in NE Denver. **Economic assets** to meet rising housing costs are needed for family stabilization and to remain in NE Denver. **Social capital** is both mobilization strategy and end goal. Partners recognize the importance of community relationships, both between residents and with agencies. Further relationship building is a strategy toward success, as well as an end goal as one of our determinants. Further, partners asked the difficult question, “If we cannot stabilize the presence of families with young children in 80205, how can we hope to pull together as a community?” Our collective strengths supporting these determinants include solid partnerships and strong values around community relationships.

iii. Explain how the identified social and environmental conditions put people/communities who are already disadvantaged at increased risk for health inequities.

The higher one’s income, the higher their opportunity for health and lower the likelihood of disease.⁵ Research has made this indisputable. Higher income families are more likely to experience place-based health benefits with better conditions and greater assets in their living environment.⁶ This applies to income, assets, and overall net worth.⁷ Economic assets impact access to health services; more importantly, they impact the ability to maintain access to consistent resources and remain within the community and maintain social capital as housing costs and cost of living skyrocket. EU’s policy strategy acknowledges that local economy and resources determine job opportunities, commerce, and education: resources that create family economic stability and subsequently, health. With regard to social capital, the ability to remain within NE Denver is a heightened concern. This applies to accessibility and community/government resources, which can change as families relocate to different communities. However, community partners cite that this often applies more deeply to maintenance and continuity of child/adult care and educational settings, church community, and established, informal neighborhood networks. EU places a high value on relationships and seeks to continue to build and maintain this cohesion. Our policy strategy will build social capital further through job networks and connections through anchor institutions in order to preserve informal social capital. The realities of these social and environmental conditions is compounded for young children. Children in lower income homes are more likely to experience adverse childhood experiences and toxic stress, which impacts their health trajectories for a lifetime. Stressors are “toxic” when young children experience ongoing and/or severe stress in the absence of supportive relationships and environments. Toxic stress impacts health outcomes in a (e.g. low birth weight, obesity, mental health) in a dose-response manner; that is, more adversity is predictive of both “increased severity of symptoms and a broader range of chronic health conditions”⁸. ACEs and toxic stress research hold implications for public health policy and practice, demanding real and innovative prevention strategies.

iv. What are the concrete steps of this project that will address the identified upstream determinant(s) of health?

EU partners have recognized the supportive or adverse impact that policies and daily operations of large, local anchor organizations have on the community in terms of housing, job opportunities and promotion, education, and access to public services. Anchor institutions

maintain a long-standing presence in communities, direct significant human and economic resources, and have the potential to benefit their surrounding community. A number of community wealth-building think tanks have provided guidance on changing organization policies within these institutions. By building upon existing relationships with healthcare and mobilizing the established community within NE Denver, EU can become a model for diverse, yet equity challenged, neighborhoods to impact economic assets and social capital.

d. Authentic Community Engagement.

i. Using the Community Engagement Spectrum, describe your experience with community engagement and your capacity to continue that work on this project.

EU received a BUILD Health Challenge planning grant in 2015 to conduct a needs assessment for NE Denver. The first step was to recruit a Leadership Team comprised of more than 50% community residents who all work, live, pray, or play in NE Denver, to guide the planning process including 3 community engagement sessions. Over 200 community residents from the 5 neighborhoods, participated, exchanging information, ideas, and resources. Mothers, fathers, hospital CEOs, community providers, and youth engaged in dialogue, sharing their thoughts, perspectives and hopes for the community. These deeper strategic engagement sessions led to a vision, purpose, operational structure, and initial action plan with the commitment to advance community-led strategies. The EU Council, comprised of more than 50% community residents, oversees initiative strategies and decisions and provides leadership of work groups. To date, EU has operated between Collaborate and Empower on the Community Engagement Spectrum and anticipates embracing ABCD as a proven mobilization model to firmly remain in Empower.

ii. Explain how the affected population will be engaged and/or lead portions of this project and how this initiative will build the capacity and voice of those affected.

Community residents, representatives of local organization and business leaders, civic leaders, youth, and other stakeholders from the five neighborhoods have lead and shaped the initiative from its inception – crafting the vision, articulating core values, identifying long-term goals, and forming workgroups for implementation (Spark Policy Institute, April 2017). EU is now poised to deepen its commitment to a community-driven approach where those most impacted by the threat of community instability shape and lead project activities to build economic assets and social capital. Several examples are organized by the 5 project strategies that will be further built out by our community using an ABCD approach:

1. **Build Capacity and Infrastructure:** engaging residents to inform and respond to anchor institution priority strategies; providing stipends and incentives for community members to deploy project activities.
2. **Maximize Engagement and Partnerships:** updating EU Council role and composition, ensuring diversity of perspective/voice within decision-making body; hiring a community organizer from within existing EU assets; mobilizing/resourcing resident-led Community Action Teams.
3. **Enhance Communications:** using community-developed tools to facilitate connections and coordination; capturing community member stories to provide context around quantitative data; allowing space for creative, community-led outreach/engagement strategies; sharing data gathered and lessons learned with community in accessible formats.

4. **Support Leadership Development:** supporting existing leadership development and civic engagement trainings; investing in resident participation in personal/professional development activities; sending teams that include residents to trainings and events.
5. **Sponsor Community Engagement Events:** sponsoring events that strengthen 80205 unity and cohesion, welcoming all community members; maximizing community partnerships to co-host dialogues and convenings.

Community members expect transparency in all project activities, are integral in decision-making, expect project information to be presented in an accessible and meaningful way, and have multiple avenues to participate. The EU Council will strive to ensure all project resources stay within the community including contract dollars, incentives, stipends, and vendors. Project evaluation and communication strategies will include paid internships offered to NE Denver community residents to promote skill building and increased economic assets.

iii. What is your plan to adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards)...

One of EU's core values centers on being culturally responsive, described as: we respect, honor, and incorporate diversity and are responsive to culture, language and abilities. Ongoing strategies include: meetings and events provide simultaneous English/Spanish interpretation using TALK system, professional translation of project materials, EU Council is comprised of culturally and linguistically diverse backgrounds, and continuous assessment about how project and activities can be improved in order to be accessible to all.

e. Project Evaluation.

i. A summary of the evaluation plan of activities proposed in the Outline of Activities for Years 1-3, including timelines; tools and approaches used; and staff responsible...

To date, EU has adopted a participatory evaluation framework. The evaluation team has included experts in evaluation, community engagement, epidemiology, and data collection representing healthcare partners, community organizations, neighborhood coalitions and community members. This format ensures that the inclusive values of EU are represented through evaluation and that data collected are utilized and useful for all stakeholders. The next phase of evaluation will continue to build from EU values, include community partners with an interest and expertise in evaluation (e.g. Denver, Public Health, Center for African American Health, Kaiser Permanente, SHARE network, and The Civic Canopy), and maximize existing evaluation tools. Current tools include interactive network maps, a surveying Street Team, and a community panel surveying tool (BeHeardMileHigh). EU will utilize grant resources during the first 6 months of the grant period to develop a multi-year, comprehensive data and evaluation plan. Current and new partners will be engaged to develop the plan, which will include roles for the identified evaluation organizations and community members, implementation schedule, and any additional tools needed to assess and monitor activities and outcomes. The plan will incorporate tenets of ABCD to ensure that the data collected are appropriate to inform the community.

ii. How the results achieved by the project will contribute to the achievement of the Health Disparities Grant Program goals and objectives.

EU's project is bold and innovative, with a commitment to continuous learning and comprehensive evaluation. EU will shed light on addressing social determinants early in the life

course. The impact of early adversities on chronic disease and mental health are now widely known. However, a focus on early childhood in the spirit of primary prevention has only recently been embraced as a key public health strategy. With a strong Two-Generation approach, EU will capture learning in this area. Further, few Colorado communities are implementing an ABCD approach of community organizing, with only 2 neighborhoods known to us. EU will partner with those communities to build a knowledge base of ABCD in Colorado. Finally, EU will contribute to enhanced understanding of policy change through anchor institutions as a strategy to impact social determinants.

iii. A description of the types of measures or indicators that may be used to evaluate the project, including how the systems or policy changes will impact health outcomes.

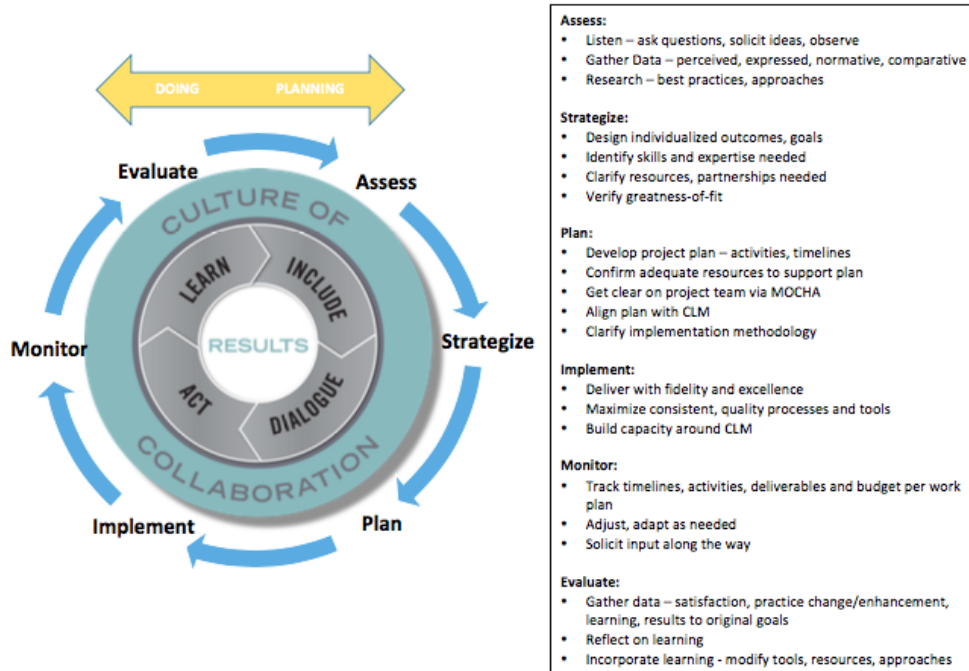
The initial frame for EU’s evaluation measures consists of 3 components, which measure across both community strengthening and policy change.

COMPONENT/GOALS AND OBJECTIVES	TOOLS/INDICATORS
Neighborhood Strengthening - Depth and Reach <ul style="list-style-type: none"> ● Deepened and expanded resident involvement and leadership in community change. ● Strengthened community cohesion and connection. ● Increased number and types of anchor institutions in Northeast Denver participating in EU efforts. 	Network mapping via Kumu tool; registry of residents involved; engagement spectrum; male engagement; community engagement events; community cohesion measures
Neighborhood Strengthening - Process and Capacity <ul style="list-style-type: none"> ● Increased capacity for change in the community. ● Increased capacity and effectiveness of EU community action teams. 	Survey residents, organizations on capacity indicators; process quality survey (e.g. Wilder); community action team outputs
Policy - Effectiveness/Impact <ul style="list-style-type: none"> ● Improved/enhanced relationships between the community and anchor institutions. ● Increased understanding of the intersect between community voice and anchor institution policies. ● Identified and implemented specific anchor institution organizational policies aimed at building community economic assets. 	Community assessment baseline; year 3 follow up; inventory of policies changed and impacts (e.g. tracking number of 80205 hires, trainings offered); qualitative annotation via meetings and stories

iv. A description of how the results of the evaluation will be used, disseminated and communicated, including back to the affected community.

Evaluation and data collection updates will be available to the EU Council for the purposes of continuous improvement. A project data dashboard will be created, regularly updated and made available to all EU Council and Action Team members via a web-based platform called Civic Network, helping keep all informed of progress and learning. Annual updates will be provided to the broader community through an annual 80205 Unity Summit. EU has employed community ethnographers in the past to create a variety of resources that share progress, outcomes and learnings, blending quantitative data with the qualitative or contextual data into appealing, accessible formats. EU will continue to use multiple modalities including videography, social

media resources, graphic illustrations and storyboards. The continuous learning process will be guided by a collaborative learning model internal to The Civic Canopy, pictured below.



v. **How the grantee will address cultural competence or cultural humility.**

Collecting data through the panel surveying tool as well as street surveys will maintain data collection directly from the community. Survey tools will be available in both English and Spanish. Qualitative data will also be cultivated ongoing in the form of anecdotes, storytelling, personal narrative, or artistic expression in the interest of capturing nuances in culture, linguistics, and personal expression that might be missed by quantitative methods. All those who have are part of EU work (e.g. hired, contracted, volunteer) will carry those values.

f. **Outline of Activities for Years 1-3.**

Year 1 will focus on EU governance refresh, assessment, policy identification, deeper engagement learning about and implementing ABCD, enhancement of technology-based tools and communication channels, and evaluation plan development. The activities laid out in the Year 1 Implementation Plan will set a firm foundation and direction, allowing EU the opportunity to learn more about anchor institutions and potential organizational policy changes. Year 2 will focus on policy development with healthcare partners, as well as outreach to additional NE Denver anchor institutions. Year 3 will include further work with anchor institutions on policy implementation, as well as deeper impact measurement. Anchor institution technical assistance will be provided, assisting institutions to assess both technical and adaptive challenges to community relationships and policy change will expand bandwidth to focus on this important opportunity, align the work of institutions, and link them to rapidly developing resources, peers, and measurement models. Throughout years 1-3, community strengthening will be dynamic, evolving, and responsive to community desires, and will be a focus throughout the project.

References

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