let's talk CAN

my community made the difference!

then | now | tomorrow
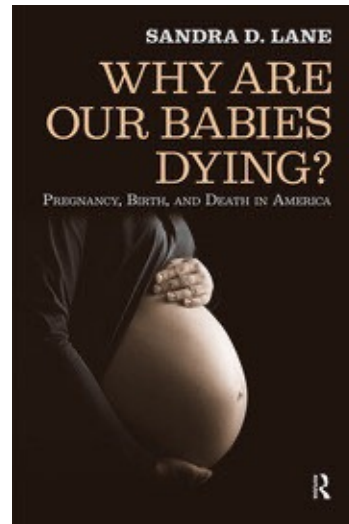
HEALTHY start
2023 Regional Meeting

too many. too small. too soon

HEALTHY start
TA & SUPPORT CENTER

NICHQ
National Institute for
Children's Health Quality

low birth weight, premature birth, and infant death are a part of life patterns resulting from systemic discrimination increasing risk over a lifetime and, in some cases, reaching the next generation.

America was looking for answers to infant mortality

1989
President George H. W. Bush creates the interagency White House Task Force to Reduce Infant Mortality. Healthy Start is one of 18 proposals submitted to the White House Task Force.

1994
7 sites are added to the Phase I Healthy Start Initiative as "special projects" and funded by the March of Dimes, bringing the total of demonstration projects to 22.

1998
The National Healthy Start Association (NHSA) is established by several project directors from the original 15 Healthy Start sites. The membership organization focuses on advocacy and its efforts led to Healthy Start's first federal Authorization.

2001-2005
New Healthy Start Funding Cycle. Healthy Start expands its scope beyond providing comprehensive health services, to focus on supporting child development from conception to age 2 years, screening for maternal depression, promoting father involvement, and uplifting consumer voices.

2013
SACIM issues recommendations and a framework for a national strategy to reduce infant mortality. This reaffirms the need for continued federal investment in Healthy Start and similar programs (e.g., Title V MCH Services Block Grant; MIECHV Program; WIC, etc.).

2009-2014
New Healthy Start Funding Cycle. There are now 105 Healthy Start sites located in 39 states, Puerto Rico, and the District of Columbia.

2019-2024
New Healthy Start Funding Cycle. The 101 funded projects represent rural, urban, tribal, and border communities in 37 states, the District of Columbia, and Puerto Rico. Healthy Start refines its programmatic approaches to focus on: improving women's health; improving family health and wellness; promoting systems change; assuring impact and effectiveness through workforce development, data collection, quality improvement, performance monitoring, and evaluation.

2016
Healthy Start celebrates its 25th anniversary.

1991
The Secretary's Advisory Committee on Infant Mortality (SACIM, now called the Advisory Committee on Infant and Maternal Mortality or ACIMM) is formed. ACIMM advises the Secretary on Department of Health and Human Services' (HHS) programs that are directed at reducing infant and maternal mortality and improving the health status of pregnant women and infants.

1991
HHS's Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) launches the Healthy Start program as a presidential initiative. Healthy Start is located in MCHB's Division of Healthy Start and Perinatal Systems (DHSPS) and aims to reduce infant mortality by 50% in 5 years. 15 sites with infant mortality rates 1.5 to 2.5 times the national average are selected as demonstration projects. The sites are funded to be innovative, community-based, community-driven projects tasked with reducing infant mortality and improving the health and well-being of women, infants, and their families. A hallmark of Healthy Start, which continues today, is the requirement of a community consortia (now called Community Action Network) where community voices are lifted.

1997
As part of the Replication Phase of Healthy Start, additional sites are added to reproduce the model of the original 15 programs by conducting outreach, case management, and health education.

1997–2001
New Healthy Start Funding Cycle

2000
Healthy Start is authorized by Congress as part of the Children's Health Act.

2005-2009
New Healthy Start Funding Cycle

2008
Healthy Start Reauthorization Act is enacted.

2014-2019
New Healthy Start Funding Cycle. Healthy Start establishes five programmatic approaches: improve women's health; promote quality services; strengthen family resilience; achieve Collective Impact; increase accountability through quality improvement, performance monitoring and evaluation.

2020
Healthy Start Reauthorization Act is enacted.

2021
Healthy Start celebrates its 30th anniversary.

CELEBRATING 30 YEARS 1991-2021

Regional Meeting | History of CAN

the clearing of whole neighborhoods during urban renewal

the unemployment collapse of industry

crack epidemic & illicit drug use racially biased arrest and sentencing underpin the epidemic of African American/Latino male incarceration.

brought unintended consequences

dilapidated rental housing
abandoned houses

inadequate education

empty lots provide the conditions for lead poisoning

supermarkets fled the inner cities

corner stores sell cigarettes, malt liquor, lottery tickets, and drug paraphernalia in place of healthy food

"101 anchor stories"

the 80s
the 70s
the 60s

Telling the Story

The Healthy Start Initiative

"A Community-Driven Approach to Infant Mortality Reduction"

- Problem
- Who's going to address
- How we are going to do it
- What we want to do
- Belief
- Strategy

- 1991-1996
- 1997-2001
- 2001-2005
- 2005-2009
- 2009-2014
- 2014 – 2019
- 2019-2024

Dr. Thurma McCann, MD, MPH
First Director, Division of Healthy Start
Maternal and Child Health Bureau

HEALTHY start
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A Little History

Historically, Healthy Start programs have been built on the principles **rooted** in their designation as **"community-based"** and **"community-driven"** approaches to reducing infant mortality.

This *strong foundation creates an opportunity to address issues beyond infant mortality to include addressing social determinants of health, equity, maternal mortality and fatherhood.*

As a federal requirement and now **"unique" trademark of federal HS programs**, each project should have as a foundation, a CAN (*community consortium*) that is comprised of consumers, providers and a vast array of community partners who work together to **create a culture** of collaboration and involvement that ensures the success of the Healthy Start project.

Propelled by its resulting collective impact; a strong, well-informed CAN (community consortium) is yielded, **which is one of the hallmarks of a successful HS project.**

Understanding federal Consortium

- Healthy Start Programs are community based and community driven.

- Each Project is required to have a community consortium that is comprised of consumers, providers and a vast array of community partners.

- Working together to create a culture of collaboration and involvement.

- Strong, well-informed and involved consumer and consortium is the hallmark of a successful project.

- Understand the role of consumers / consortia in Healthy Start.

- Identify community assets and resources.

- Work with the community and consortia to engage them in becoming full partners

- Improving birth outcomes and reducing disparities.

- Complex community resources needed to meet all of the needs of the Healthy Start client.

- Important for sustainability of the Healthy Start Project.

- Using it as a base to build and add other resources to assist the Healthy Start client.

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Regional Meeting | History of CAN

Consortium Worth in application

- 25% of funding decision score

- HS focuses on the power of collaboration on the problem of infant mortality

- Well-organized communities can have benefits in reducing maternal and infant mortality and morbidity rates

- Increasing public's understanding of the problem

- Strengthening public commitment to deal realistically with problem

- Using existing resources more efficiently and effectively

- Mobilizing additional resources

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it's in the HS language

H.R.4801 — 116th Congress (2019-2020)

Requirements

In making grants under subsection (a), the Secretary shall require that applicants (in addition to meeting all eligibility criteria established by the Secretary) establish, for project areas under such subsection, **community-based consortia of individuals and organizations** (including agencies responsible for administering block grant programs under title V of the Social Security Act [42 U.S.C. 701 et seq.], participants and former participants of project services, public health departments, hospitals, health centers under section 254b of this title, State substance abuse agencies, and other significant sources of health care services) that are appropriate for participation in projects under subsection (a).
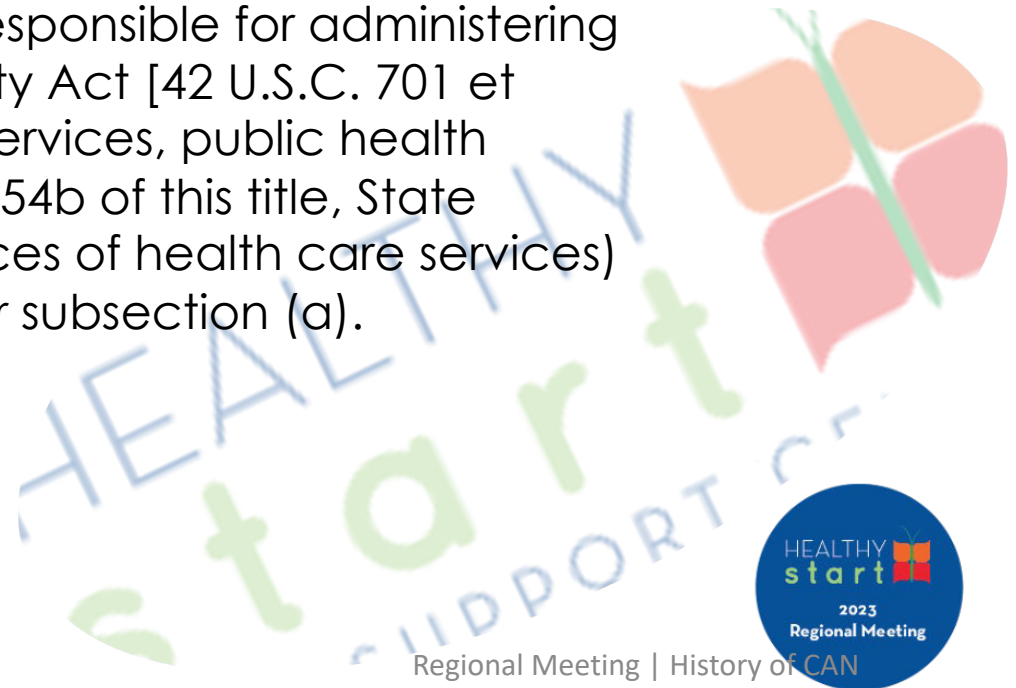
Baltimore City Healthy Start

Birmingham Healthy Start

Boston Healthy Start Initiative

Chicago Healthy Start

Cleveland Healthy Family/Healthy Start

Dallas Healthy Start

Delta Futures (Mississippi)

Detroit Healthy Start

District of Columbia Healthy Start Project

Essex County Healthy Start (New Jersey)

Florida Panhandle Healthy Start

Great Expectations Healthy Start (New Orleans)

Healthy Start/New York City

Allegheny County/Pittsburgh Healthy Start

Milwaukee Healthy Women and Infants Project

Northern Plains Healthy Start (North and South Dakota, Iowa, and Nebraska)

Northwest Indiana Healthy Start

Oakland Healthy Start

Pee Dee Healthy Start (South Carolina)

Philadelphia Healthy Start

Richmond Healthy Start Initiative

Savannah Healthy Start

original sites

The Florida Panhandle Healthy Start Project (FPHS) was a randomized controlled study of at-risk pregnant women in six: poverty-stricken, rural north Florida counties. The project improved birth outcomes among the study's participants, as well as among the entire project -area population.

FPHS is one of seven special projects funded during the later part of phase I (1994). These projects were funded for special purposes, in contrast to the broader scope of the 15 original projects funded in 1991. The purpose of FPHS was to compare nurse and paraprofessional home visiting.

HEALTHY start

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what was true

The Challenge of Healthy Start's *Demonstration Phase*

From the beginning, in serving high-risk, vulnerable communities Healthy Start projects have sought to accommodate both the challenge of working with multiple organizations and the complexity of dealing with multilevel policy and service delivery environments.

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"At the heart of the Initiative is the belief that the community, guided by a consortium of individuals and organizations from many sectors, can best design and implement the services needed by the women, children and families (men/fathers) in that community"

AVOID the spirit of "business as usual"

Government encourages community flexibility and ownership as codified in the HS guidance

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Regional Meeting

it's like throwing a good party!

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Regional Meeting | History of CAN

getting the right person!

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Regional Meeting | History of CAN

the hallmark of a successful Healthy Start project

a strong, well-informed and involved Consortium

Elements

CREATING A CULTURE OF COLLABORATION AND INVOLVEMENT

IDENTIFY COMMUNITY ASSETS AND RESOURCES AND THE WORK NEEDED TO ENGAGE THE COMMUNITY

IDENTIFY PARTNERS NEEDED IN THE WORK OF IMPROVING BIRTH OUTCOMES AND ELIMINATING DISPARITIES AND INEQUITIES

Why Community Engagement?

Value	Value community voice – Democracy/Equity
Gain	Gain insights in program design and policy priority
Build	Build partnership and support
Translate	Translate information back to broader community

Why Community Engagement is Important: Values and Benefits

✓ Increased sense of program ownership
✓ Individuals and communities are strengthened
✓ Addressing cultural, racial and class issues
✓ Reflection of community needs

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Why is Community Engagement Important?

❑ Processes have historically excluded and marginalized low-income communities and communities of color

❑ Knowledge and perspective of low-income communities and communities of color is vital to turning visions for revitalization into reality

❑ Lack of engagement in the process also sometimes resulted in opposition to results that didn't reflect community needs

Healthy Start TA & Support Center
Community Engagement Learning Academy

Danette McLaurin Glass
Strategic Partnerships and Infrastructure Development Consultants
First TEAM America, LLC

Sessions	Topics
Session One- February 2023	**Overview of Community Engagement** Part 1: The Defining Moment Part 2: The Landscape Part 3: Opportunities for Impact Part 4: Connecting the Dots
Session Two- April 2023 (March 2023 / NHSA Annual Conference)	**Tools and Strategies for Community Engagement** Part 1: Session One Review Part 2: Various Methods of Community Engagement Part 3: Your Agency's Goal for Community Engagement Part 4: Developing a Community Engagement Plan
Session Three- April 2023	**Community Engagement Best Practices In Action** Part 1: Session Two Review Part 2: Best Practices Information Exchange Part 3: Healthy Start Best Practices
Session Four – May 2023	**Implementing and Managing a Community Engagement Plan** Part 1: Session Three Review Part 2: Modifying the Plan Part 3: Implementing and Managing the Plan
Session Five – June 2023	**Community Engagement Plan Presentations and Closing Celebration!**

COURSE OUTLINE AND SYLLABUS

Session Three April 26th

- ❑ Part One
  - ▪ Session Two Review
- ❑ Part Two
  - ▪ Information Exchange: Community Engagement Best Practices
- ❑ Part Three
  - ▪ Healthy Start CANs Best Practices to Promote Systems Change
- ❑ Part Four
  - ▪ Plan Development: Clarify Goals, Simplify Process, Modify Plan

*sessions one and two are available at www.healthystartepic.com*

Principles for Community Engagement

- Empower residents through meaningful inclusion and partnership

- Build capacity for high level engagement

- Prioritize community knowledge and concerns

- Target resources to support ongoing engagement

- Facilitate mechanisms that encourage mutual learning and feedback mechanisms
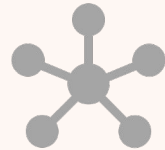
Community Engagement Principles

Build	Build trusting and accountable relationships with community leadership and residents
Develop	Develop a shared vision for community change
Build	Build partnerships with diverse sectors
Develop and sustain	Develop and sustain community capacity
Translate	Translate community vision into policy and environmental change
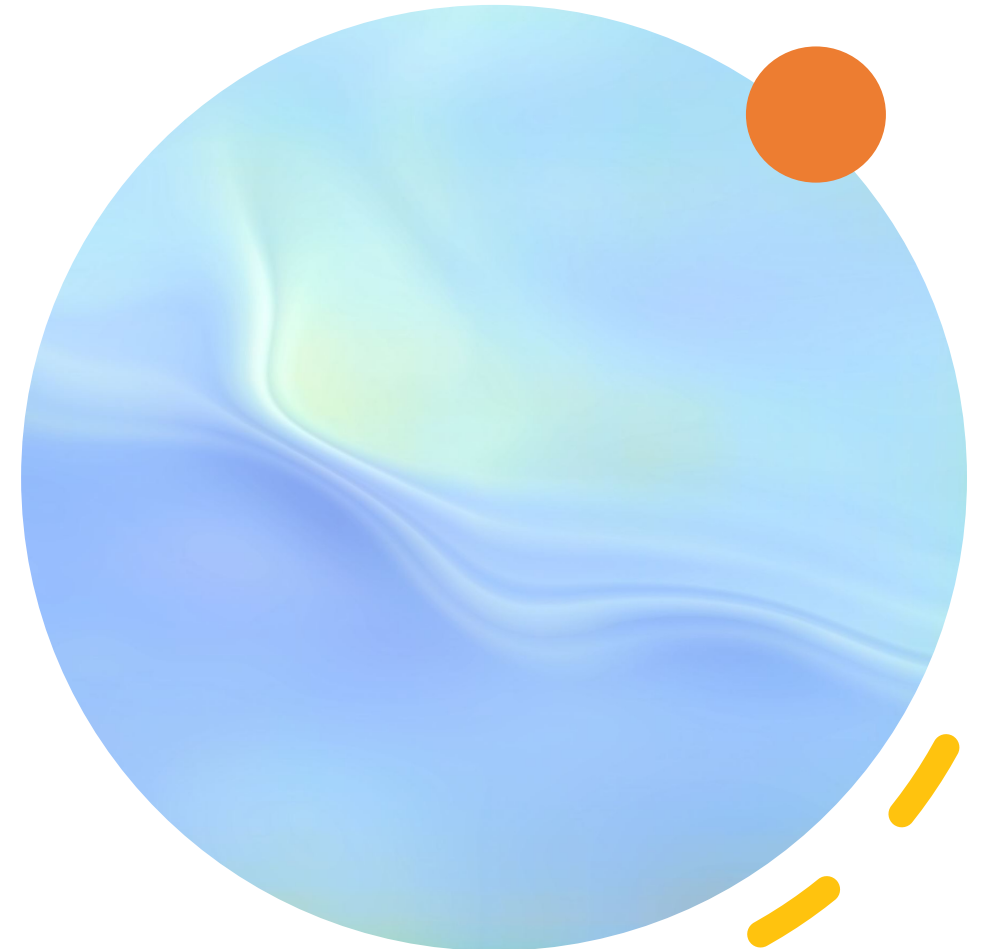
Community Engagement Strategies

Empowering participants

Tapping into networks

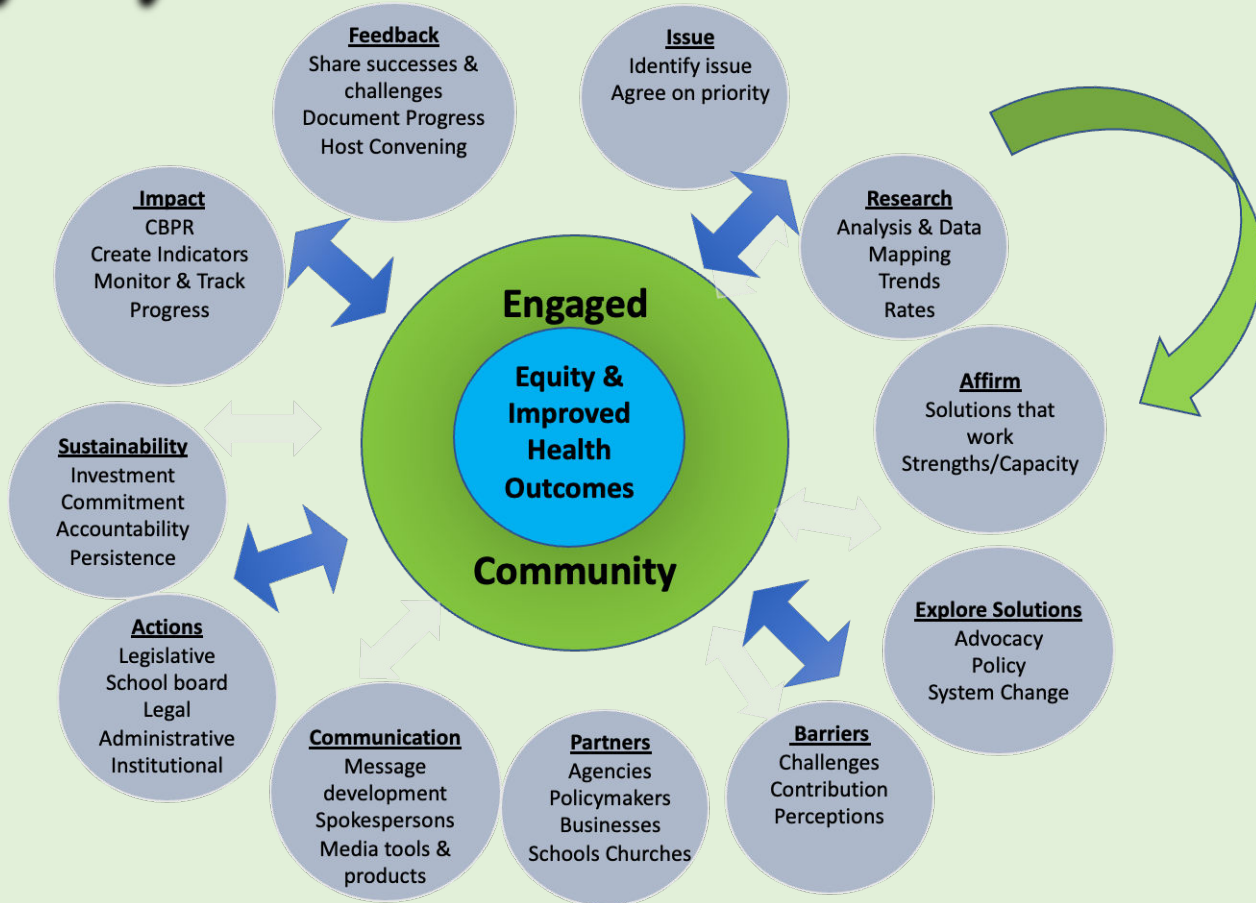**Partnering with community leaders**

**Nurturing new partnerships**

community engagement context

Strengthening Community through Substantive Engagement - Mildred Thompson, PolicyLink Center for Health and Place

HEALTHY start
2023 Regional Meeting

Feedback
Share successes & challenges
Document Progress
Host Convening

Issue
Identify issue
Agree on priority

Impact
CBPR
Create Indicators
Monitor & Track Progress

Research
Analysis & Data
Mapping
Trends
Rates

Engaged

Equity & Improved Health Outcomes

Community

Affirm
Solutions that work
Strengths/Capacity

Sustainability
Investment
Commitment
Accountability
Persistence

Actions
Legislative
School board
Legal
Administrative
Institutional

Communication
Message development
Spokespersons
Media tools & products

Partners
Agencies
Policymakers
Businesses
Schools Churches

Barriers
Challenges
Contribution
Perceptions

Explore Solutions
Advocacy
Policy
System Change

Towards More Equitable Public Engagement Processes

- **Inclusive:** What communities and interests need to be represented and in what capacity?

- **Accessible:** Will people and organizations from a diversity of backgrounds feel comfortable and engaged?

- **Transparent:** How does public engagement interact and influence decision-making?
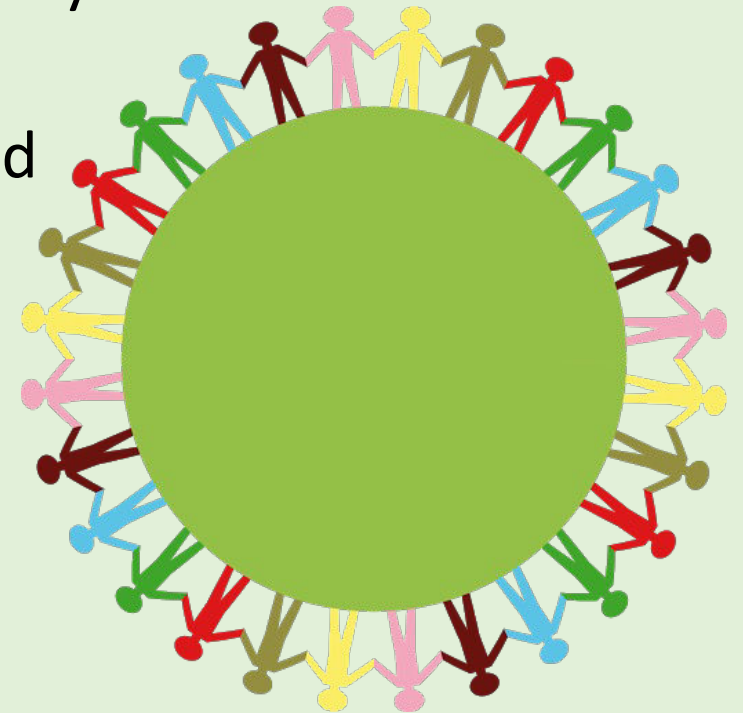
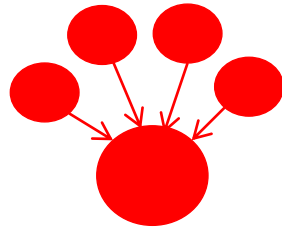Adapted from IAP2's Public Participation Spectrum, Toronto

Obtain community feedback on analysis, alternatives and/or a decision

Partner with the community in each aspect of the decision including the development of the alternatives and the identification of the preferred solution
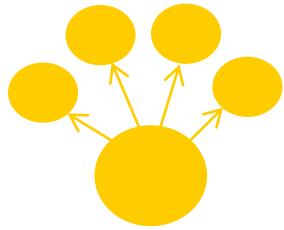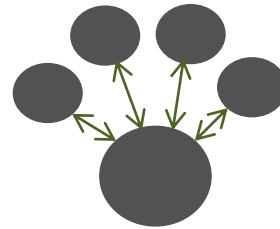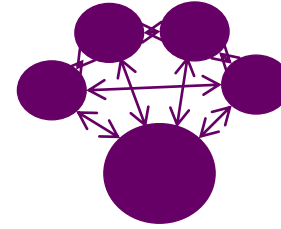
Inform   **Consult**   **Involve**   **Collaborate**   **Empower**
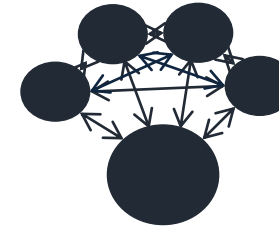
Inform low level of public engagement

Provide the community with balanced & objective information to assist them in understanding the problems, alternatives and/or solutions.

Involve Mid level of public engagement

Work directly with the community throughout the process to ensure that public issues and concerns are consistently understood and considered

Empower High level of public engagement

Place final decision-making in the hands of the community

Adapted with Permission from Tapestry, Community Engagement (CE), Kenn L. Harris

Community Engagement — Working Together — Outcomes Approach — Achieving Alignment

Supported by
The National Lottery®
through the Big Lottery Fund

COMMUNITY PLANNING TOOLKIT

COMMUNITY ENGAGEMENT

LOTTERY FUNDED

Community Places

Harris, K. – Tools from Getting Your Healthy Start Consortium Ready for the Future - NHSA Healthy Start Association Leadership Training Institute

Regional Meeting | History of CAN

Matthew Crozier, CEO,
Bang the Table

Bang the Table is a global digital public engagement company.

Decision-Making

Relationship
Development

Capacity
Building

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Association Leadership Training Institute

Regional Meeting | History of CAN

Healthy Start
Community Consortium Membership

- Program participants
- Local / State Title V
- Federally funded (330) & other clinics
- Local health care providers, hospitals, medical & nursing schools
- Social Service Agencies
- Medicaid

- Local schools
- Civic & community based organizations
- Local businesses / Chamber of Commerce
- Church / Religious organizations
- Job Training Programs
- Head Start
- Early Intervention Services

Regional Meeting | History of CAN

A Consortium is an advisory body that is expected to:

- ❑ Recommend policy for and contribute to the development of the application;
- ❑ Contribute to, review, and recommend approval of the organizational approach for assuring local determination and integration;
- ❑ Provide advice regarding program direction;
- ❑ Participate in discussions related to allocation and management of project resources;
- ❑ Be aware of program management and activities such as data collection, monitoring and evaluation, public education, and assuring continuity of care; and
- ❑ Share responsibility for the identification and maximization of resources and community ownership to sustain project services beyond the project period.

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Regional Meeting | History of CAN
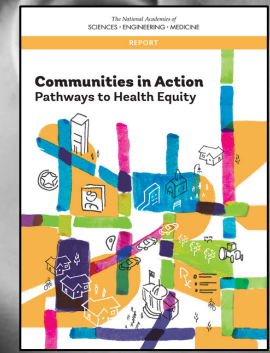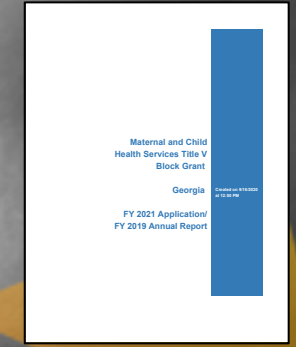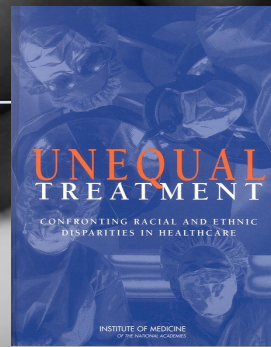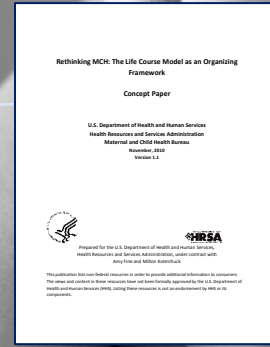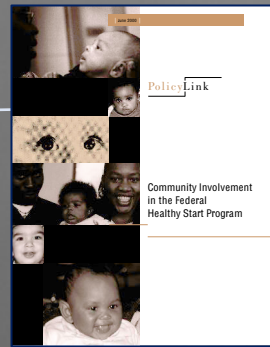
community

Community exists when people who are interdependent struggle with the traditions that bind them and the interests that separate them so that they can realize a future that is an improvement on the present.

C.M. Moore. A Working Paper on Community. The National Conference on Peacemaking and Conflict Resolution. Fairfax, VA: George Mason University, 1991.

Harris, K. – Tools from Getting Your Healthy Start Consortium Ready for the Future - NHSA Healthy Start Association Leadership Training Institute

Regional Meeting | History of CAN

Five Critical Factors Shape the Development of Consortium

1. Climate

2. People

3. Resources

4. Processes

5. Policies

| Highly supportive | | Non-supportive |

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Regional Meeting | History of CAN

Community-Driven Development

Rooted in community

Information sharing

Participatory planning

Community Participation

Guiding Principles **Empowerment**

Strategic

M o b i l i z i n g   A s s e t s

ABCD-Sustaining Community

Target: Community-driven – leadership, direction

Target: Community-based organizations

value of engagement

"The children and families who participate in our education and human services systems are essential for its reinvention. They are indispensable partners with educators, human service professionals, business leaders, civic and religious leaders, leaders of community-based organizations, and other citizens in creating the pro-family system"

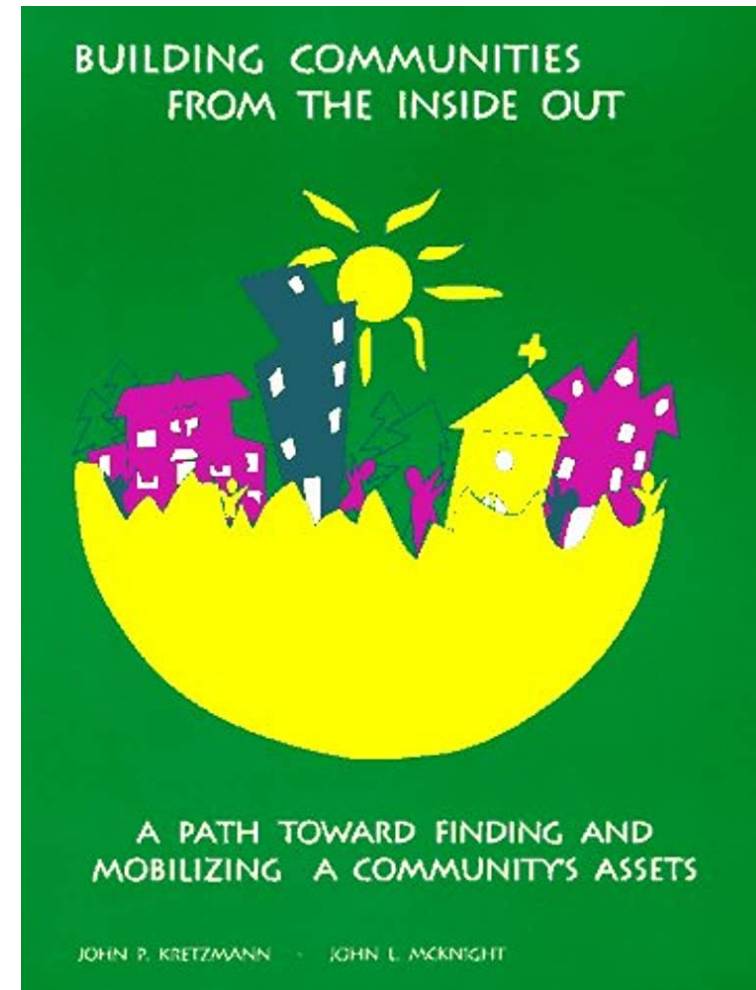*Melaville Blank, and Asayesh in Together We Can: A Guide for Crafting a Profamily System of Education and Human Services*

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Regional Meeting | History of CAN

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community

Asset-Based Community Development

1. It focuses on community assets and strengths rather than problems and needs
2. It identifies and mobilizes individual and community assets, skills and passions
3. It is **community driven** – 'building communities from the inside out'
4. It is **relationship driven**. and focuses on community assets and strengths

BUILDING COMMUNITIES FROM THE INSIDE OUT

A PATH TOWARD FINDING AND MOBILIZING A COMMUNITY'S ASSETS

JOHN P. KRETZMANN · JOHN L. MCKNIGHT

Kretzmann, J. P., & McKnight, J. L. (1993). Building communities from the inside out: a path toward finding and mobilizing a community's assets. Evanston, Ill.: Center for Urban Affairs and Policy Research, Northwestern University. Introduction available from http://www.abcdinstitute.org/publications/basicmanual/

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What do you think your challenge are when engaging consumers, participants, and community members?

Before starting...

- **Be clear about the purposes and goals** of engagement for the population

- **Be knowledgeable** about the community's economic conditions, political structures, norms and values, demographic trends, history, experience with engagement efforts; learn about community's perceptions

for engagement to happen, it is necessary to...

- Go into community, establish relationships, build trust, work with formal and informal leadership, seek commitment from organizations and leaders to create processes for mobilization

- Accept and respect community's self determination as a responsibility and right of all within community

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for engagement to succeed . . .

- **Partnering with the community** is necessary to create transformation and improvements

- **Respect community diversity**. Awareness of cultures and other factors of diversity should be part of design and implementation

- Engagement can only be sustained by **identifying and mobilizing assets** and developing capacities and resources

- Organizations have to **be prepared to release control** of actions, interventions and be flexible

- **Community collaboration requires long-term commitment**

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Individual/ Family   Program   Organization   Agency/ Institution/ Academic   Community/ Civic   State/ National

BREADTH of Community Consortia Partnerships

DEPTH of Community Consortia Partnerships

DO

THINK

VALUES

BELIEFS

Achieve Collective Impact:
❑ Two areas of collective impact-related activity are
1. develop a CAN and
2. contribute to collective impact
❑ Increase the proportion of HS grantees with a fully implemented CAN to 100%.
❑ Increase the proportion of HS grantees with at least 25% HS participant membership on their CAN membership to 100%.

The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may help to achieve collective impact, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.
1. The extent to which the proposed plan describes sustainable and/or replicable activities in the areas of: improving women's health, promoting quality services, and strengthening family resilience.
2. The extent to which the community action plan proposes to work with other programs and activities serving the MCH population to drive community change and collective impact, as appropriate to the proposed level.
3. The extent to which the applicant demonstrates understanding of the concept of collective impact and describes roles in achieving collective impact, including carrying out or supporting the functions of a backbone organizations.
4. The extent to which the applicant proposes to sustain the project through new or existing sources and/or to acquire additional resources.

Achieve Collective Impact

a. Develop common agenda

i. Describe how the grantee will identify collaborative partners to develop a common agenda with shared outcomes.

ii. Provide details on how the grantee will revise, update, and monitor activities included in the common agenda.

b. Contribute to shared measurement system

i. Collect community-level data for selected HS perinatal outcome measures.

ii. Describe how the grantee will contribute to collection of community-wide data and measurement targets.

c. Conduct mutually reinforcing activities

i. Provide the data system infrastructure required for collective impact community-wide efforts.

ii. Convene and lead the process for determining shared measures for collective impact.

iii. Collect, analyze, and report on data that supports indicator measures of collective impact.

d. Provide continuous communication

i. Describe how the grantee will convene and facilitate a collaborative partnership required to fulfill the goals and objectives of HS.

ii. Describe how the grantee will engage partners who can contribute to shared outcomes.

e. Support backbone organization

i. Describe how the grantee will serve as the backbone organization providing leadership and structure for collective impact, including overall strategic direction, dedicated staff, coordination of communication and outreach, data collection and analysis, and mobilization of funding and other resources.

ii. Provide details on past performance that demonstrate capacity to serve as a backbone organization for achieving collective impact. Level 2 programs must serve no less than 800 program participants per year. At least 50% of program participants should be pregnant women. Program participants must be case managed and the program must be able to collect data on all program participants.

What is Collective Impact?

"A disciplined, cross-sector approach to solving complex social and environmental issues on a large scale."

- FSG: Social Impact Consultants

Collective Impact
By John Kania & Mark Kramer

what type of problem are you addressing?

Collective Impact: Overview   FSG.ORG

There Are Several Types of Problems

Simple	Complicated	Complex
Baking a Cake	Sending a Rocket to the Moon	Raising a Child

Social sector treats problems as simple or complicated

FSG

Simple	Complicated	Complex

Making Soup

Right "recipe" essential

Gives same results every time

Sending a Rocket to the Moon

"Formulae" needed

Experience built over time and can be repeated with success

Raising a Child

No "right" recipes or protocols. Outside factors influence Experience helps, but doesn't guarantees success

known   *knowable*   *unknown*

Expertise can help but is not sufficient; relationships are key

Source: **Brenda Zimmerman,** Director of Health Industry Management Program, Schulich School of Business

The Five Conditions of Collective Impact

Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

Mutually Reinforcing Activities

Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

Backbone Support

Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

FSG

Phases of Collective Impact

Left table:

Components for Success	Phase I Generate Ideas and Dialogue	Phase II Initiate Action	Phase III Organize for Impact	Phase IV Sustain Action and Impact
Governance and Infrastructure	Convene community stakeholders	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Hold dialogue about issue, community context, and available resources	Map the landscape and use data to make case	Create common agenda (common goals and strategy)	Support implementation (alignment to goal and strategies)
Community Involvement	Facilitate community outreach specific to goal	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation And Improvement	Determine if there is consensus/urgency to move forward	Analyze baseline data to ID key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

© 2014 FSG

Right table:

Evolution of a Collective Impact Initiative — FSG.ORG

Collective Impact Efforts Tend to Develop Over Three Key Phases

Components for Success	Phase I Initiate Action	Phase II Organize for Impact	Phase III Sustain Action and Impact
Governance & Infrastructure	Develop group; structure communication and decision making	Create infrastructure/ backbone and processes	Facilitate and refine
Strategic Planning	Map the landscape and use data to make case	Create common agenda (common goals, strategy)	Support implementation; alignment to goal/ strategies
Community Involvement	Facilitate community outreach	Engage community, build public will	Continue engagement, conduct advocacy
Evaluation & Improvement	Analyze baseline data to ID key issues and gaps	Establish shared metrics, indicators, measurement approach	Collect/track/report progress; process to learn and improve

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Collective Impact Is Best Structured with Cascading Levels of Collaboration

Regional Meeting | History of CAN
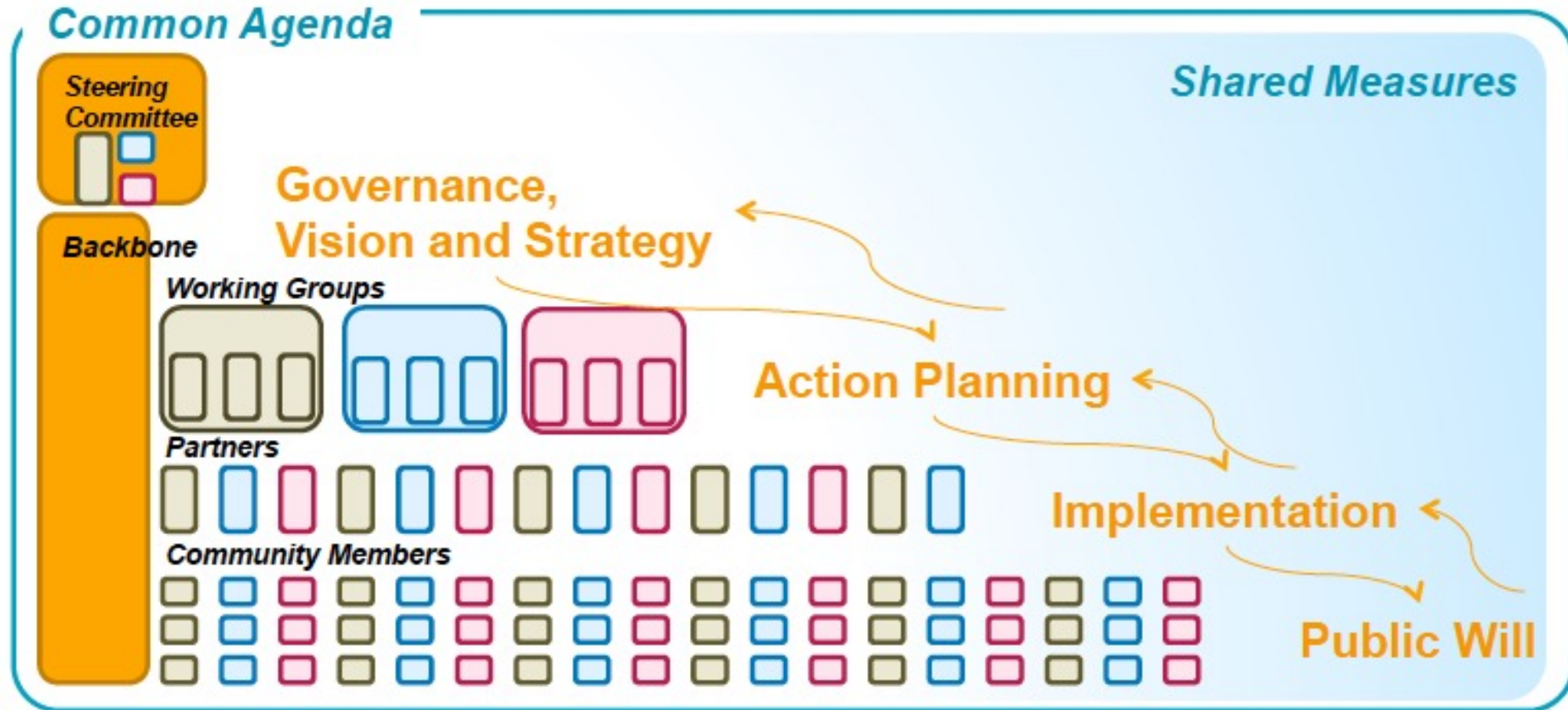
Shared Measurement Is a Critical Piece of Pursuing a Collective Impact Approach

Definition

Identifying common metrics for tracking progress toward a common agenda across organizations, and providing scalable platforms to share data, discuss learnings, and improve strategy and action

Benefits of Using Shared Measurement

- Improved Data Quality

- Tracking Progress Toward a Shared Goal

- Enabling Coordination and Collaboration

- Learning and Course Correction

- Catalyzing Action

FSG

Collective Impact

DISORDER & CONFUSION

INDIVIDUAL IMPACT in isolation

COORDINATED IMPACT with alignment

COLLECTIVE IMPACT with collaborative action
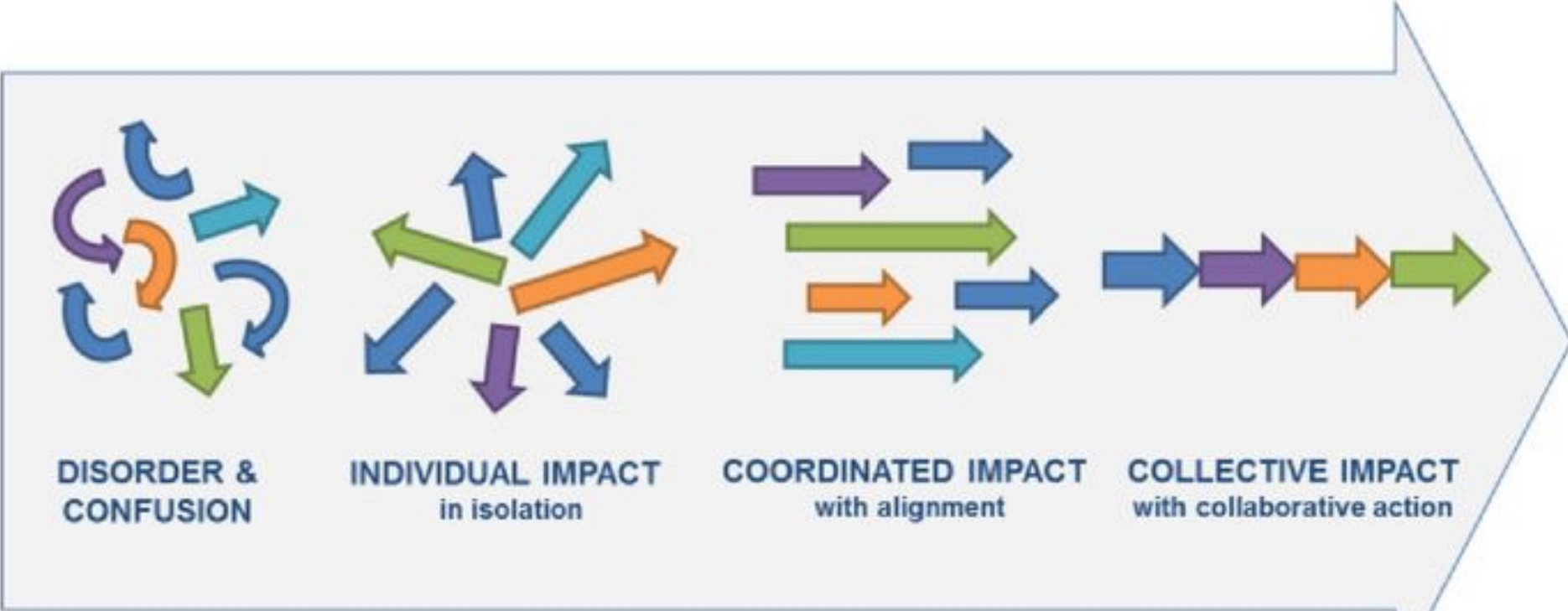
integrated strategies & approaches

The five conditions of collective impact, implemented without attention to equity, are not enough to create lasting change.

[John Kania & Mark Kramer Oct. 6, 2015]

CI - set it up so that you don't mess it up!

Equity:
The Soul of Collective Impact

PolicyLink

Michael McAfee, Angela Glover Blackwell, and Judith Bell

PolicyLink is a national research and action institute advancing economic and social equity by **Lifting Up What Works®**.

The long, rich history of community-building work in low-income communities and communities of color provides a foundation of theory and practice on which today's collective impact framework[1] must build to achieve results commensurate with society's biggest challenges. That foundation is equity—just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Equity, both racial and economic, must be infused through all aspects of collective impact processes,[2] from the deep engagement of communities to the collection and analysis of data; the design and scale of solutions; and the capacities, point of view, and roles of backbone organizations.

Advancing economic and social equity through the idea of *"Lifting Up What Works!"*

Michael McAfee, Angela Glover Blackwell, and Judith Bell

"just and fair inclusion into a society in which all can participate, prosper, and reach their full potential."

The Equity Imperative
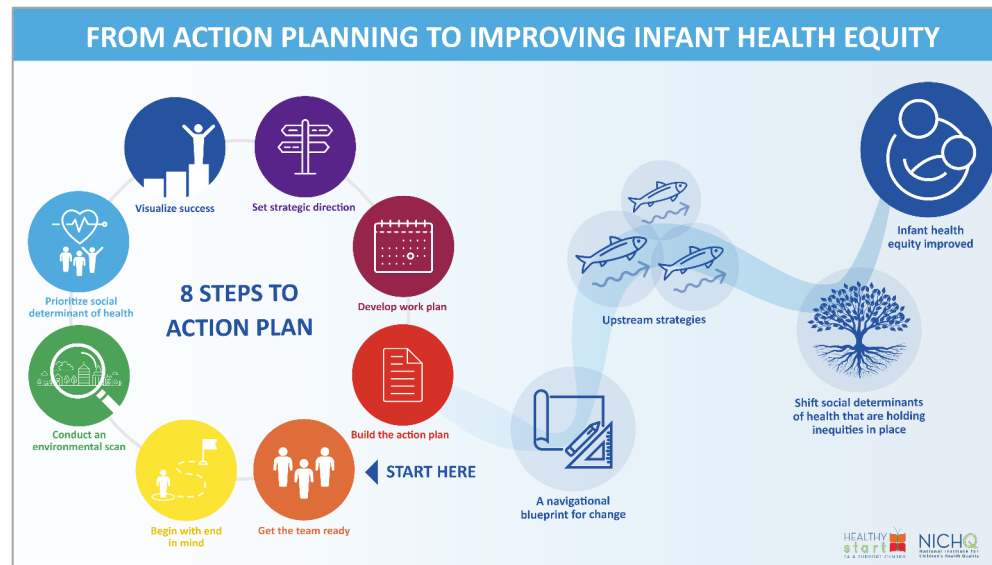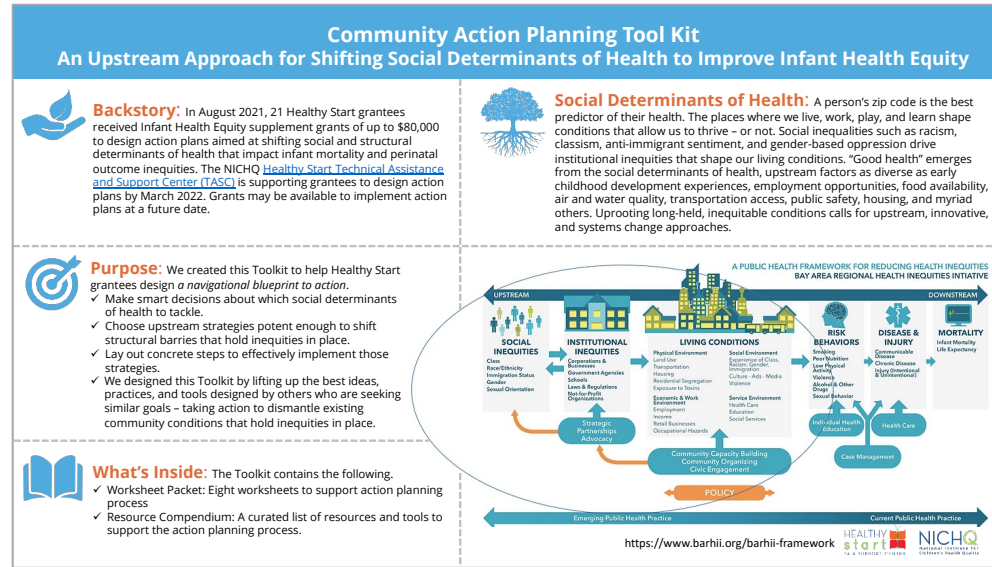[Angela Glover, Policy Link]

HRSA Maternal & Child Health

21 Infant Health Equity (IHE) Grantees

Develop Community Action Plans

Tools
Toolkit

Dr. Michael D. Warren, Associate Administrator Maternal and Child Health Bureau (MCHB)

"because of the survival lag for AA/AI/AI, we need to accelerate efforts to achieve equity."

Community Action Planning Tool Kit
An Upstream Approach for Shifting Social Determinants of Health to Improve Infant Health Equity

Backstory: In August 2021, 21 Healthy Start grantees received Infant Health Equity supplement grants of up to $80,000 to design action plans aimed at shifting social and structural determinants of health that impact infant mortality and perinatal outcome inequities. The NICHQ Healthy Start Technical Assistance and Support Center (TASC) is supporting grantees to design action plans by March 2022. Grants may be available to implement action plans at a future date.

Social Determinants of Health: A person's zip code is the best predictor of their health. The places where we live, work, play, and learn shape conditions that allow us to thrive – or not. Social inequalities such as racism, classism, anti-immigrant sentiment, and gender-based oppression drive institutional inequities that shape our living conditions. "Good health" emerges from the social determinants of health, upstream factors as diverse as early childhood development experiences, employment opportunities, food availability, air and water quality, transportation access, public safety, housing, and myriad others. Uprooting long-held, inequitable conditions calls for upstream, innovative, and systems change approaches.

Purpose: We created this Toolkit to help Healthy Start grantees design *a navigational blueprint to action.*
✓ Make smart decisions about which social determinants of health to tackle.
✓ Choose upstream strategies potent enough to shift structural barriers that hold inequities in place.
✓ Lay out concrete steps to effectively implement those strategies.
✓ We designed this Toolkit by lifting up the best ideas, practices, and tools designed by others who are seeking similar goals – taking action to dismantle existing community conditions that hold inequities in place.

What's Inside: The Toolkit contains the following.
✓ Worksheet Packet: Eight worksheets to support action planning process
✓ Resource Compendium: A curated list of resources and tools to support the action planning process.

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

https://www.barhii.org/barhii-framework

FROM ACTION PLANNING TO IMPROVING INFANT HEALTH EQUITY

8 STEPS TO ACTION PLAN

Visualize success
Set strategic direction
Develop work plan
Build the action plan
Get the team ready
Begin with end in mind
Conduct an environmental scan
Prioritize social determinant of health

START HERE

A navigational blueprint for change
Upstream strategies
Shift social determinants of health that are holding inequities in place
Infant health equity improved

(9) IHE Catalyst Awardees

Implement Community Action Plans

Healthy People 2030 has grouped social determinants of health (SDOH) into the five domains:
Domain 1: Economic Stability
Domain 2: Education Access and Quality
Domain 3: Health Care Access and Quality
Domain 4: Neighborhood and Built Environment
Domain 5: Social and Community Context

Grantees are expected to implement policy and systems strategies in their action plan from at least one of these domains, and focus on an objective(s) within that domain that can affect birth outcomes and contribute to reducing the IM disparity in the target county/jurisdiction.

Other Resources

Compendium of Resources
As of 11/30/21

A plethora of resources on action planning and social determinants of health exist. This compendium offers curated lists of resources and tools to support Healthy Start grantees design and implement action plans aimed at shifting social determinants of health to improve infant equity. This compendium is designed to be a living document, where Healthy Start grantees and the Technical Assistance and Support Center (TASC) add resources and tools throughout the action planning process.

Resource/Tool	Description	Page #
Resources and tools to support the action planning process		
Community Engagement	A short, curated list of toolkits for authentically engaging community members and those most impacted by an issue to co-design and implement action plans.	2
Group Decision-Making	A tool to help a group decide which decision-making processes to use when– consensus, voting, sub-group, or one person – and how to carry out those processes.	4
Learning Cards	A tool to help a group pause and reflect upon what they have learned in the action planning process before moving to the next step.	7
Upstream Strategies to Shift Social Determinants of Health	A short, curated list of documents that identify innovative and evidence-based strategies to shift conditions that are holding social determinants of health in place.	8
Understanding Social Determinants of Health	A short, curated list of videos and easy-to-read documents to understand social determinants of health, upstream solutions, and health equity.	10
Vision Statement	A tool to help a group draft a vision statement.	12
Resources and tools to support implementation of an action plan		
Adaptive Action Cycle	A tool to help group adapt action plans as conditions change.	14
Community Engagement	A short, curated list of toolkits for authentically engaging community members and those most impacted by an issue to co-design and implement action plans.	2
Milestone Tracking Journal	A tool to help groups track what conditions are shifting for the priority social determinant of health and the contribution of the Healthy Start project/CAN to those shifting conditions.	17

1

Racism as a Root Cause Approach: A New Framework

Zea Malawa, MD, MPH,[a] Jenna Gaarde, MPH,[b] Solaire Spellen, MPH[c]

abstract

The field of public health has identified racial health disparities as a chief concern for decades. Although there has been a myriad of published articles in which researchers describe the severity and complexity of these disparities, they persist into present day relatively unchanged. We believe this lack of progress can be explained, in part, by a failure to acknowledge that racism is at the root of these racial disparities. Many children's health advocates believe more should be done to address our country's systemic racial inequities, but few of us feel able to create meaningful change, and even fewer feel that it is our responsibility. As a result, many opt to pursue programmatic fixes and Band-Aid solutions over addressing the underlying systemic, interpersonal, and historical racism. We hope to empower children's health advocates by introducing a solutions-centered framework for addressing racism as a root cause. This approach can help guide and structure the important work of dismantling racism so Black, Indigenous, and other racially marginalized families can finally have an equal opportunity for good health.

Departments of [a]Pediatrics and [c]Obstetrics, Gynecology and Reproductive Sciences, School of Medicine, University of California San Francisco, San Francisco, California; and [b]The Praxis Project, Oakland, California

CHILDREN'S HEALTH ADVOCATES ARE OVERDUE IN ADDRESSING RACISM AS A ROOT CAUSE OF RACIAL HEALTH DISPARITIES

Racism in the United States is a deeply intractable problem. It negatively shapes all aspects of a person of color's world and literally steals years from their life.[1] For decades now, we as a society have worked to eliminate racism in our midst, and yet we have little to show for our efforts. Black and Indigenous families, children, and communities in the United States continue to be disproportionately incarcerated, systematically excluded from economic opportunity, and, in outcomes as diverse as preterm birth and coronavirus disease 2019 death, bear a disparate proportion of disease. Our society has started to recognize that historical and present-day racism, rather than biology, is a root cause of health disparities.[2] This understanding has evolved over the course of centuries, yet our impact has been limited because we have failed to successfully develop interventions that address the core issue of racism.

In this article, we present the Racism as a Root Cause (RRC) approach as a new framework for developing strategies, policies, and mechanisms to address the root causes of health disparities. Addressing racism as a root cause is critical to advancing population health, yet it is still rare for systemic racism to be mentioned explicitly in academic journal articles today,[3] and in these publications, authors often fail to offer a pathway for repair. Recognizing that Black and Indigenous communities, as well as other communities experiencing racism, cannot bootstrap themselves out of centuries of injustice, we introduce the RRC approach to offer a clear and corrective framework for advocates seeking to dismantle long-standing inequities.

SPECIAL ARTICLE

camara jones

5.16

What is Community Action?

In 1964, The Great Society, as envisioned by President Lyndon Johnson, was a sweeping plan to improve the lives of all Americans, regardless of their circumstances. Inspired by President Kennedy and his New Frontier, Johnson pledged to fulfill his promise of equal opportunity for all by enacting several comprehensive changes within the federal government. In August of that same year, the *Economic Opportunity Act* was signed into law by President Johnson creating the nationwide Community Action Network.

Head Start

Job Corps

Work-Study program for university students

VISTA (Volunteers in Service to America)

Neighborhood Youth Corps

Basic education and adult job training

In the United States and its territories, Community Action Agencies are local private and public non-profit organizations that carry out the **Community Action Program (CAPs)**, which was founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor as part of the War on Poverty

CAPS (Community Action Programs) - CAPS turned out to be the most controversial part of the package, as it proposed the "maximum feasible participation" by poor people themselves to determine what would help them the most. CAPS were a radical departure from how government had run most social reform programs in the past.

- CAAs are intended to promote self-sufficiency, and they depend heavily on volunteer work, especially from the low-income community.
- The Community Services Block Grant (CSBG) is the agencies' core federal funding.
- Agencies also operate a variety of grants that come from federal, state and local sources.
- These grants vary widely among agencies, although most CAAs operate Head Start programs, which focus on early child development.
- Other programs frequently administered by Community Action Agencies include Low-Income Home Energy Assistance (LIHEAP) utility grants and Weatherization Assistance Program (WAP) funded through the U.S. Department of Energy (DOE).

The National Community Action Network Theory of Change

Community Action Goals

Goal 1: Individuals and families with low incomes are stable and achieve economic security.

Goal 2: Communities where people with low incomes live are healthy and offer economic opportunity.

Goal 3: People with low incomes are engaged and active in building opportunities in communities.

Services and Strategies

Employment

Education & Cognitive Development

Income, Infrastructure & Asset Building

Housing

Health/Social Behavioral Development

Civic Engagement & Community Involvement

Core Principles

- Recognize the complexity of the issues of poverty
- Build local solutions specific to local needs
- Support family stability as a foundation for economic security
- Advocate for systemic change
- Pursue positive individual, family, and community level change
- Maximize involvement of people with low incomes
- Engage local community partners and citizens in solutions
- Leverage state, federal, and community resources

Performance Management

How well does the network operate?

What difference does the network make?

- Local Organizational Standards
- State and Federal Accountability Measures
- Results Oriented Management and Accountability System

- Individual and Family National Performance Indicators
- Community National Performance Indicators

A national network of over 1,000 high performing Community Action Agencies, State Associations, State offices, and Federal partners supported by the Community Services Block Grant (CSBG) to mobilize communities to fight poverty.

Regional Meeting | History of CAN

HEALTHY start
2023 Regional Meeting

[Your] Healthy Start CAN Theory of Change
GOALS

Goal 1:

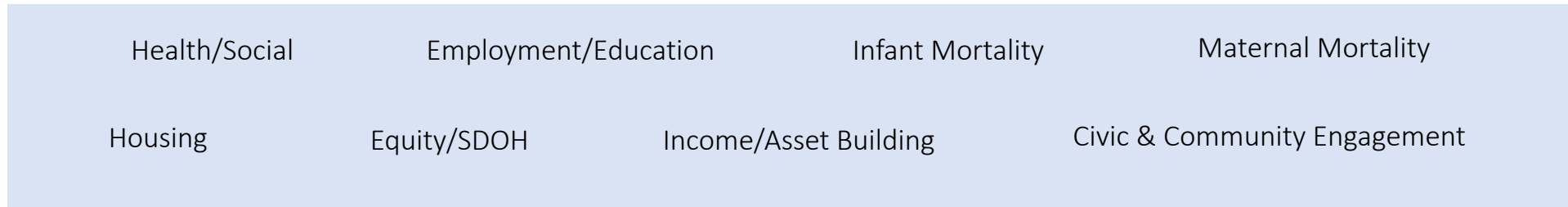Individuals and families with low incomes are stable and achieve economic security

Goal 2:

Communities where people with low incomes live are healthy and offer economic security

Goal 3:

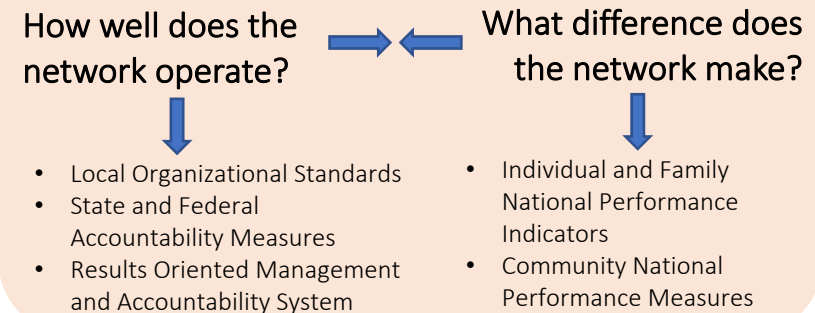People with low incomes are engaged and active in building opportunities in communities

Services and Strategies

| Health/Social | Employment/Education | Infant Mortality | Maternal Mortality |

| Housing | Equity/SDOH | Income/Asset Building | Civic & Community Engagement |

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Mobilizing communities to fight infant mortality

Adopted from the National Community Action Network's Theory of Change

HEALTHY start 2023 Regional Meeting

[Your] Healthy Start CAN Theory of Change
GOALS

Goal 1:	Goal 2:	Goal 3:

Services and Strategies

Health/Social   Employment/Education   Infant Mortality   Maternal Mortality

Housing   Equity/SDOH   Income/Asset Building   Civic & Community Engagement
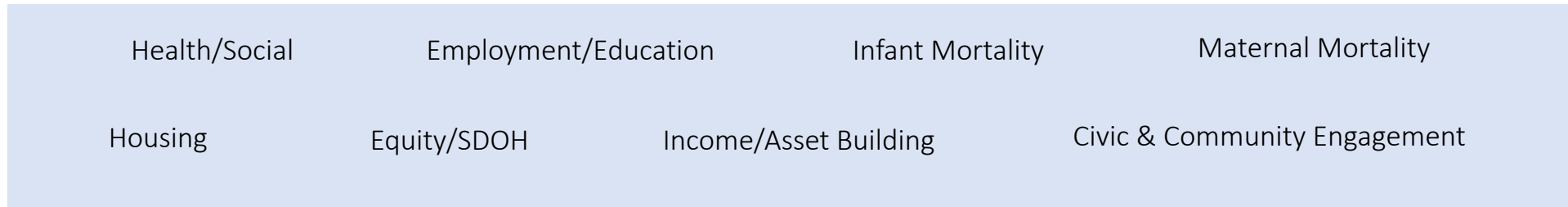
Core Principles

- Core principle 1
- Core principle 2
- Core principle 3
- **Core principle 4**
- **Core principle 5**
- **Core principle 6**
- **Core principle 7**
- **Core principle 8**
- **Core principle 9**

Performance Management

How well does the network operate?

What difference does the network make?

- Answer 1
- Answer 2
- Answer 3
- Answer 4
- Answer 5

- Answer 1
- Answer 2
- Answer 3
- Answer 4
- Answer 5

Mobilizing communities to fight infant mortality

Adopted from the National Community Action
Network's Theory of Change

thank you!