Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

Consortia/CAN Development Training

Tuesday, January 16 from 3-4:30 pm ET

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Consortia/CAN Development Training

Tuesday, January 16

3-4:30 pm ET

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

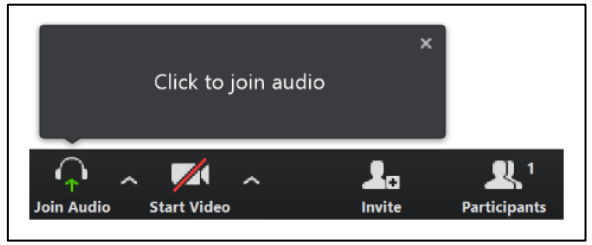
This session is being recorded.

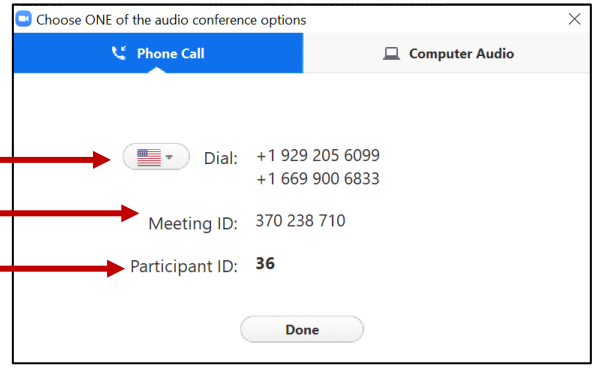
All participants are muted upon entry. We ask that you remain muted to limit background noise.

Participants are encouraged to share comments and ask questions using the chat box.

Audio

- After you join the Zoom session, an audio conference box may appear
  - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
  - If accessing the session audio via phone:
    - Dial one of the given numbers next to **'Dial'**
    - You will be prompted to enter the **Meeting ID**
    - Then you will be prompted to enter the **Participant ID**

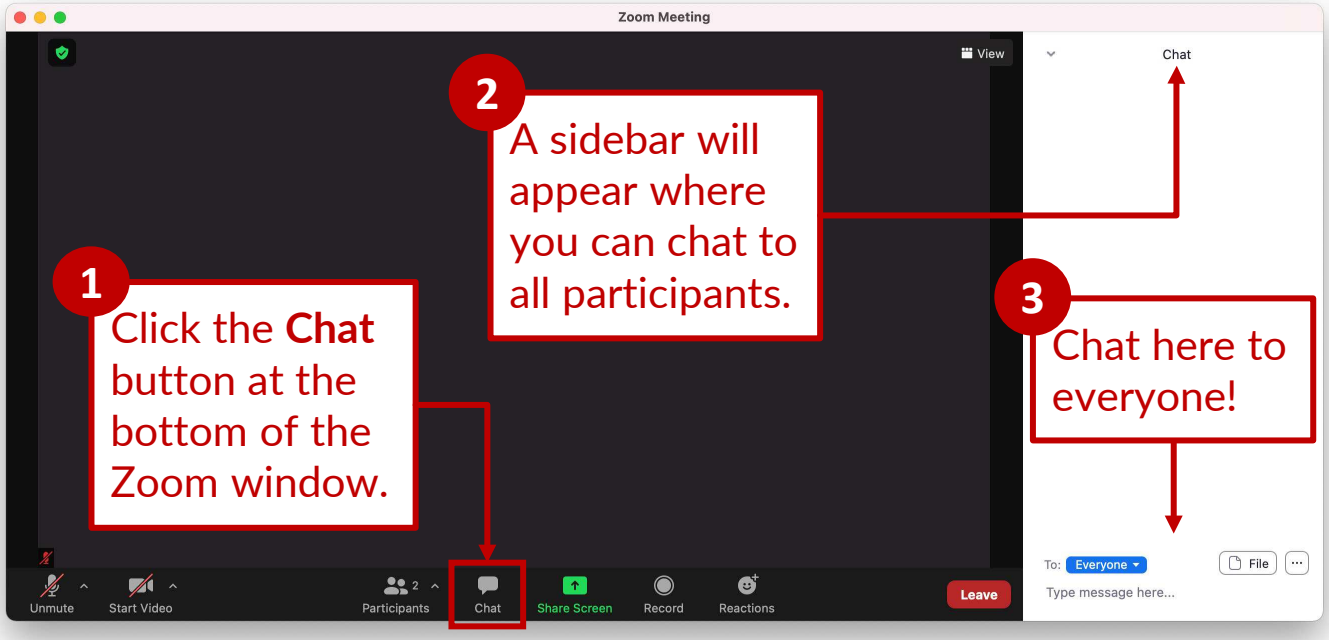




NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Chat


Zoom Meeting
View
Chat
2
A sidebar will appear where you can chat to all participants.
1
Click the **Chat** button at the bottom of the Zoom window.
3
Chat here to everyone!
Unmute
Start Video
Participants
Chat
Share Screen
Record
Reactions
Leave
To: Everyone
File
Type message here...

Housekeeping	**Tess Pierson** Healthy Start TA & Support Center (TASC)
Welcome & Introduction	**All**
Consortia/CAN Development Training	**Kenn Harris** TASC
Closing	**Tess Pierson** TASC

Let's get started!

CAN/Consortia Resources

CAN Learning Academy

Available on EPIC website

CAN & Community Engagement Cohort Artifacts

Available on EPIC website

Community Engagement Learning Academy

Available on EPIC website

Healthy Start Workshop Series: Tools for Community Transformation

Workshops #1-5 are available on EPIC website
Final workshop scheduled for Feb 1!

Welcome & Introduction

Consortia/CAN Development Training
Hosted by the Healthy Start TA & Support Center at NICHQ

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Consortia/CAN Development Training

Kenn Harris

Healthy Start TA & Support Center

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Getting Your Healthy Start Consortium Ready for the Future Enhanced!

Mr. Kenn Harris, Vice President for Engagement & Community Partnerships, Director of Healthy Start TA & Support Center, National Institute for Children's Health Quality (NICHQ)

Tuesday, January 16th 2024
Training Webinar

welcome and introduction

1. Name
2. Project (HS, HSE, Catalyst)
3. Expectation today?

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

Training Goals:

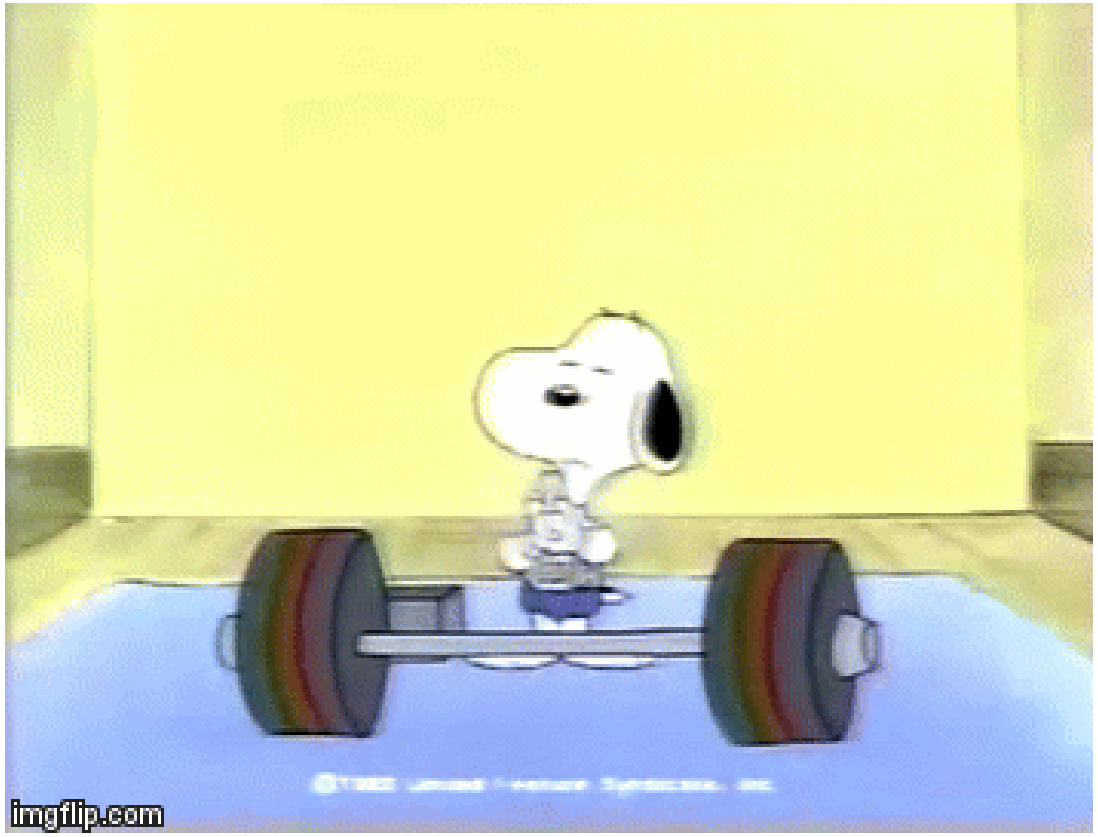
Examine the "ideal" high functioning Consortium and assess functionality of a Consortia

Understand the Community Consortia and the expectations

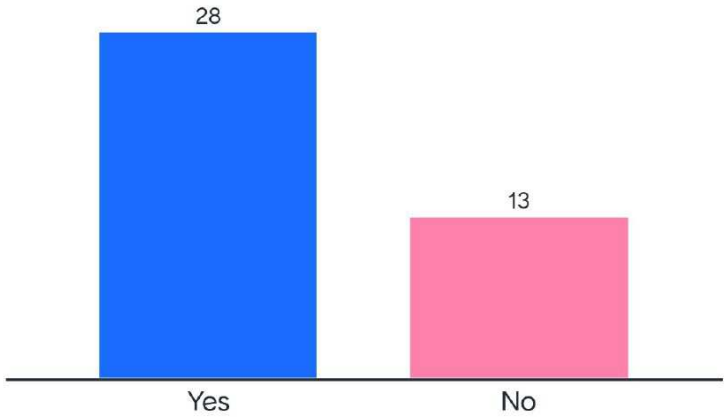
Share resources and ideas for maintaining, sustaining and evaluating Consortium

Explore participant involvement and partnership development through framework of community engagement

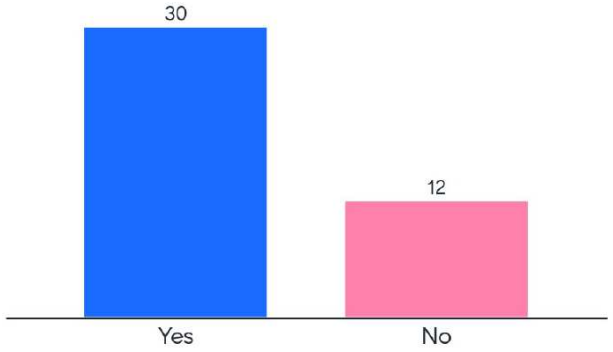
Mentimeter



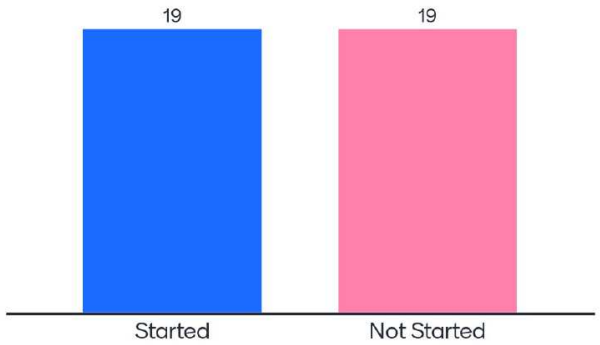
Do you have an established Consortia?



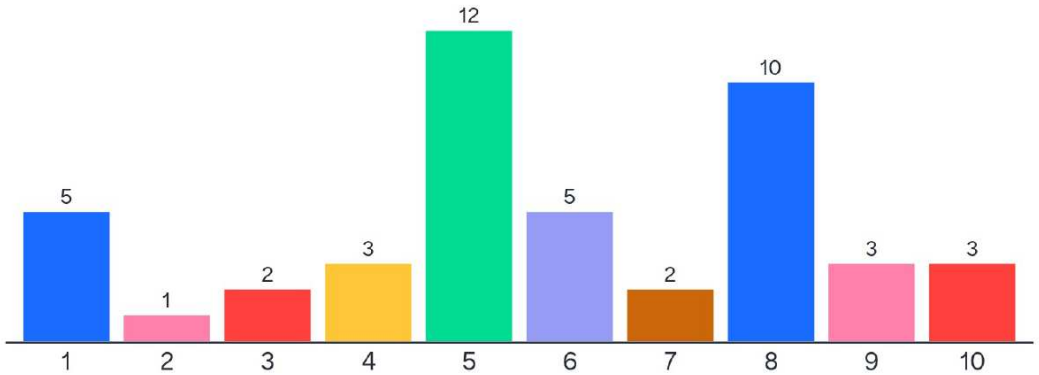
Do you have a Consortium Coordinator in place?



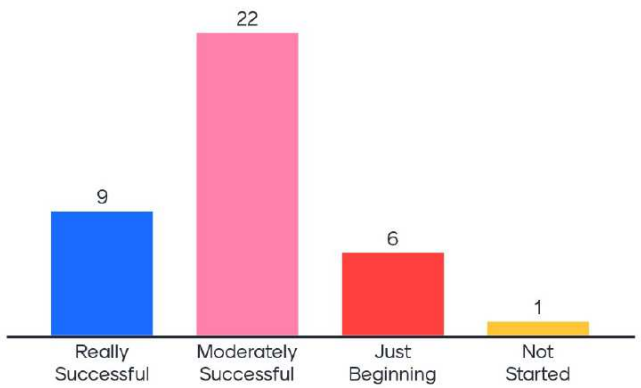
With regards to the Action Plan, what is your status?



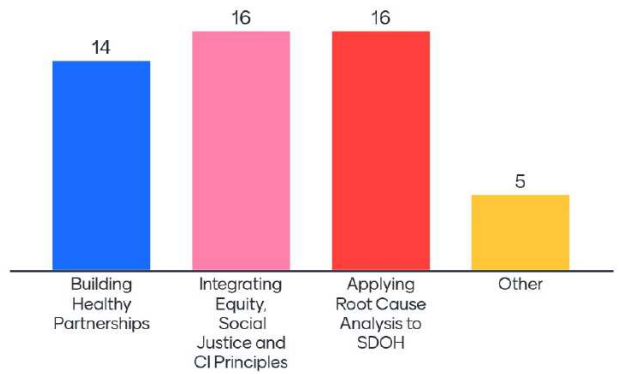
On a scale of 1-10, what is your understanding of the Healthy Start Consortium? (1="none" and 10="great")



Rate your success with integrating the social determinants of health into your work.



What other topical Consortia Trainings are you interested in? (Check all that apply)



Consortia Training

Consortia Development Readiness

Name:

REASONING: You can communicate clear, compelling case for developing a strong community-based Consortia based on its value

Reasoning
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

RESULTS: You can articulate what measurable results are expected from doing program, and you understand the expected impact the Consortia is to have and by when

Results
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

ROLES: You are willing and able to commit to a plan in light of competing priorities of your time and various roles you may have

Roles
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

RISKS and REWARDS: You understand the benefits that result in accomplishing goals and understand the consequences or threat to the health and well-being of women and infants if we don't.

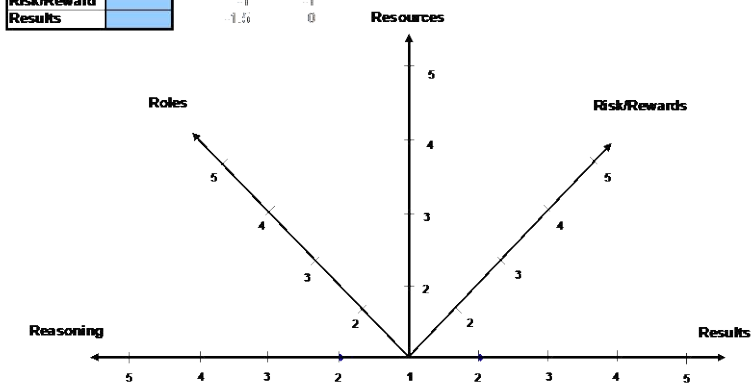
Risks and Rewards
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

RESOURCES: Sufficient information, support systems, staff, necessary partners and resources to support full development and implementation of the Consortia.

Resources
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

Reasoning		1.5	0
Roles		1	1
Resources		0	1.5
Risk/Reward		1	1
Results		1.5	0

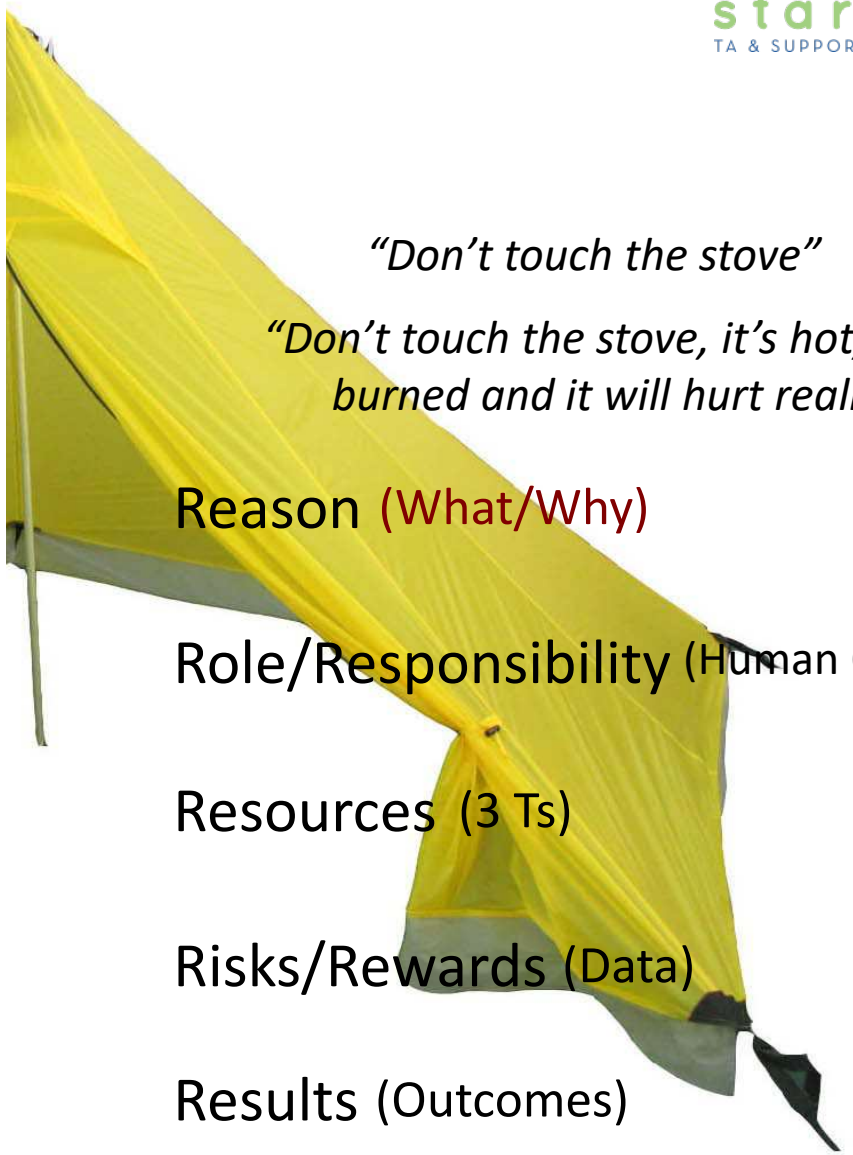
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree



Completed
Adapted from Readiness Tool created by Dr. Magda Peck, University of Nebraska

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality



"Don't touch the stove"

"Don't touch the stove, it's hot, you'll get burned and it will hurt really bad"

Reason (What/Why)

Role/Responsibility (Human Capital)

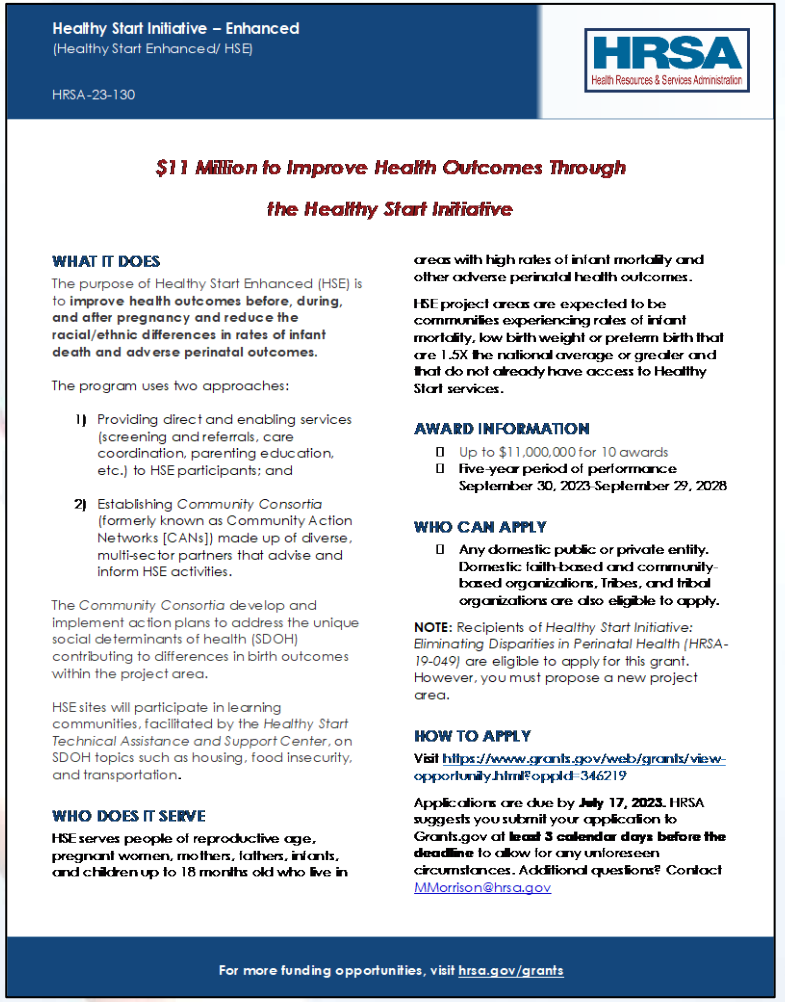
Resources (3 Ts)

Risks/Rewards (Data)

Results (Outcomes)

The purpose of Healthy Start Enhanced (HSE) is to improve health outcomes before, during, and after pregnancy and reduce the racial/ethnic differences in rates of infant death and adverse perinatal outcomes.

The HSE program uses two approaches:



Healthy Start Initiative – Enhanced
(Healthy Start Enhanced/ HSE)

HRSA-23-130

HRSA
Health Resources & Services Administration

$11 Million to Improve Health Outcomes Through the Healthy Start Initiative

WHAT IT DOES

The purpose of Healthy Start Enhanced (HSE) is to **improve health outcomes before, during, and after pregnancy and reduce the racial/ethnic differences in rates of infant death and adverse perinatal outcomes.**

The program uses two approaches:

1) Providing direct and enabling services (screening and referrals, care coordination, parenting education, etc.) to HSE participants; and

2) Establishing *Community Consortia* (formerly known as Community Action Networks [CANs]) made up of diverse, multi-sector partners that advise and inform HSE activities.

The *Community Consortia* develop and implement action plans to address the unique social determinants of health (SDOH) contributing to differences in birth outcomes within the project area.

HSE sites will participate in learning communities, facilitated by the *Healthy Start Technical Assistance and Support Center*, on SDOH topics such as housing, food insecurity, and transportation.

WHO DOES IT SERVE

HSE serves people of reproductive age, pregnant women, mothers, fathers, infants, and children up to 18 months old who live in areas with high rates of infant mortality and other adverse perinatal health outcomes.

HSE project areas are expected to be communities experiencing rates of infant mortality, low birth weight or preterm birth that are 1.5X the national average or greater and that do not already have access to Healthy Start services.

AWARD INFORMATION

- Up to $11,000,000 for 10 awards
- Five-year period of performance September 30, 2023-September 29, 2028

WHO CAN APPLY

- Any domestic public or private entity. Domestic faith-based and community-based organizations, Tribes, and tribal organizations are also eligible to apply.

NOTE: Recipients of *Healthy Start Initiative: Eliminating Disparities in Perinatal Health (HRSA-19-049)* are eligible to apply for this grant. However, you must propose a new project area.

HOW TO APPLY

Visit https://www.grants.gov/web/grants/view-opportunity.html?oppId=346219

Applications are due by **July 17, 2023.** HRSA suggests you submit your application to Grants.gov at **least 3 calendar days before the deadline** to allow for any unforeseen circumstances. Additional questions? Contact MMorrison@hrsa.gov

For more funding opportunities, visit hrsa.gov/grants

https://mchb.hrsa.gov/sites/default/files/mchb/about-us/2023-mchb-healthy-start-factsheet.pdf

HEALTHY START

The Maternal and Child Health Bureau (MCHB) Healthy Start (HS) program invests in communities to improve health outcomes before, during, and after pregnancy. Local HS projects tailor services to the needs of their communities to help reduce racial and ethnic differences in rates of infant death and maternal health outcomes.

Funding goes to communities experiencing high rates of adverse outcomes including:

- infant mortality rates at least 1.5x the U.S. national average; or
- high rates of preterm birth, low birth weight, and maternal illness.

The HS program began in 1991 as a demonstration, providing funding for 15 HS projects. As of 2023, the program consists of 111 HS projects.

PROGRAM FOCUS AREAS

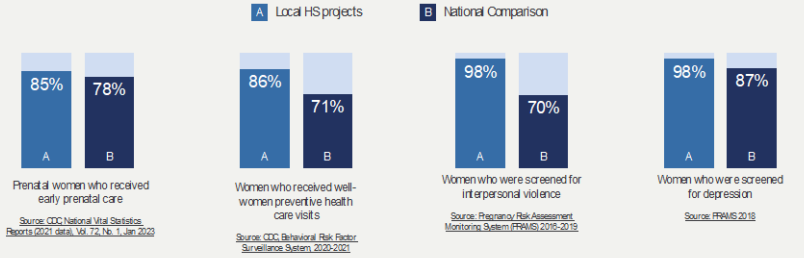
- Localized solutions tailored to each community's specific needs
- Connecting families with culturally sensitive and comprehensive health services
- Access to immunizations and community health education
- Ensuring that social and health services are well coordinated

POPULATIONS SERVED AND SERVICES PROVIDED

Local HS projects enroll women of reproductive age, pregnant people, new parents, children from birth to 18 months, and fathers/partners.

The HS program served about 85,000 participants in 2022. Local projects provide:

- Prenatal and post-partum care, screening, and referral to services for depression and interpersonal violence
- Outreach and case management to link parents with social services and educational programming such as parent skill building
- Public health services such as immunizations and health education
- Continuing education and training on best practices for HS staff and community partners
- Nearly 47,000 HS participants were women, of which 75% belonged to racially/ethnically underrepresented groups



Learn more at https://mchb.hrsa.gov/programs-impact/healthy-start Last revised: December 2023

HRSA Maternal & Child Health

RECENT INVESTMENTS

Healthy Start Enhanced (HSE)

In 2023, HRSA funded 10 new Healthy Start projects aimed at reducing health disparities by focusing on non-medical factors that impact health outcomes such as transportation, housing, education, and economic stability. Each project forms a "Community Consortia," uniting diverse stakeholders like program participants, faith leaders, Title V contributors, medical and social service providers, and public health experts to collaboratively drive systemic improvements.

Healthy Start Community-Based Doulas

Some existing HS sites receive supplemental funding to increase the availability of doulas who provide services to people during pregnancy, birth, and at least three months following delivery. In 2021 and 2022, 44 HS sites received award funds that covered the training, certification and compensation of community-based doulas.

Healthy Start Programs Employ

Clinical Providers, Social Workers, Case Managers, Lactation Consultants, Nutritionists, Doulas, Community Health Workers and Translators.

HEALTHY START PROGRAM REACH

Learn more at https://mchb.hrsa.gov/programs-impact/healthy-start Last revised: December 2023

HRSA Maternal & Child Health

The goals of HSE are to:

1. *Continue reducing infant mortality rates (IMR) in the U.S., and*
2. *Decrease disparities in infant mortality (IM) across racial/ethnic groups by achieving steeper declines for groups with the* ***highest infant mortality rates (e.g., non-Hispanic Black and AI/AN infants).***

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."

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

Two main objectives during the 5-year period of performance:

- **Direct and Enabling Services** for HSE Participants (program)
  - ✓ Increase receipt of case management and care coordination to facilitate access to medical care and community-based resources.
  - ✓ Increase uptake of healthy behaviors before, during, and after pregnancy.
  - ✓ Increase use of safe infant care practices.

- **Community Consortia** (community)
  - ✓ Convene diverse, multi-sector state, local, and community level partners, including HSE participants and other community members, that will:
  - ✓ Advise and inform strategies for providing direct and enabling services to HSE participants.
  - ✓ Develop cross-sector partnerships to ensure access for HSE participants to coordinated, comprehensive maternal, child, and family medical care; health and parenting education; and community-based resources that address social determinants of health within the project area.
  - ✓ Participate in Communities of Practice with other HSE projects to develop and implement a strategic plan for the community that focuses on at least one social determinant of health.

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

today's learning pathways

- *Strengthen* Community Consortia for HSE (or HS Catalyst or HS)
- *Transition* existing Community Action Network (CAN) into Community Consortia for HS (now and beyond)
- *Establish* "new" Community Consortia for HSE (or Catalyst or HS)

community consortium

Convene diverse, multi-sector state, local, and community level partners, <u>including HSE participants and other community members</u>, that will:

- **Advise and inform strategies** for providing direct and enabling services to HSE participants.
- **Develop cross-sector partnerships** to ensure access for HSE participants to coordinated, comprehensive maternal, child, and family medical care; health and parenting education; and community-based resources that address social determinants of health within the project area.
- **Participate in Communities of Practice** with other HSE projects to develop and implement a strategic plan for the community that focuses on at least one social determinant of health.

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

community consortium

- **Advise and inform strategies** for providing direct and enabling services to HSE participants (program services).
  - ❑ Increase receipt of case management and care coordination to facilitate access to medical care and community-based resources.
  - ❑ Increase uptake of healthy behaviors before, during, and after pregnancy.
  - ❑ Increase use of safe infant care practices.
- **Develop cross-sector partnerships** to ensure access for HSE participants to coordinated, comprehensive maternal, child, and family medical care; health and parenting education; and community-based resources that address social determinants of health within the project area (partnership development and services-alignment).
  - ❑ Organizational partners
  - ❑ Community partners
  - ❑ Behavior & Mental Health providers
- **Participate in Communities of Practice** with other HSE projects to develop and implement a strategic plan for the community that focuses on at least one social determinant of health.
  - ❑ HS TASC facilitate

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

community consortium

Community Consortium - A formally organized partnership, advisory board or coalition of organizations and individuals representing program participants such as appropriate agencies at the State, Tribal, local government levels; public and private providers, faith-based organizations local civic/community action groups; and local businesses which identify with the project's target project area.

the who and what

The Community Consortium works collaboratively to develop and implement a plan focused on SDOH with activities that result in systems changes and improvements in order to accelerate reducing disparities in perinatal outcomes.

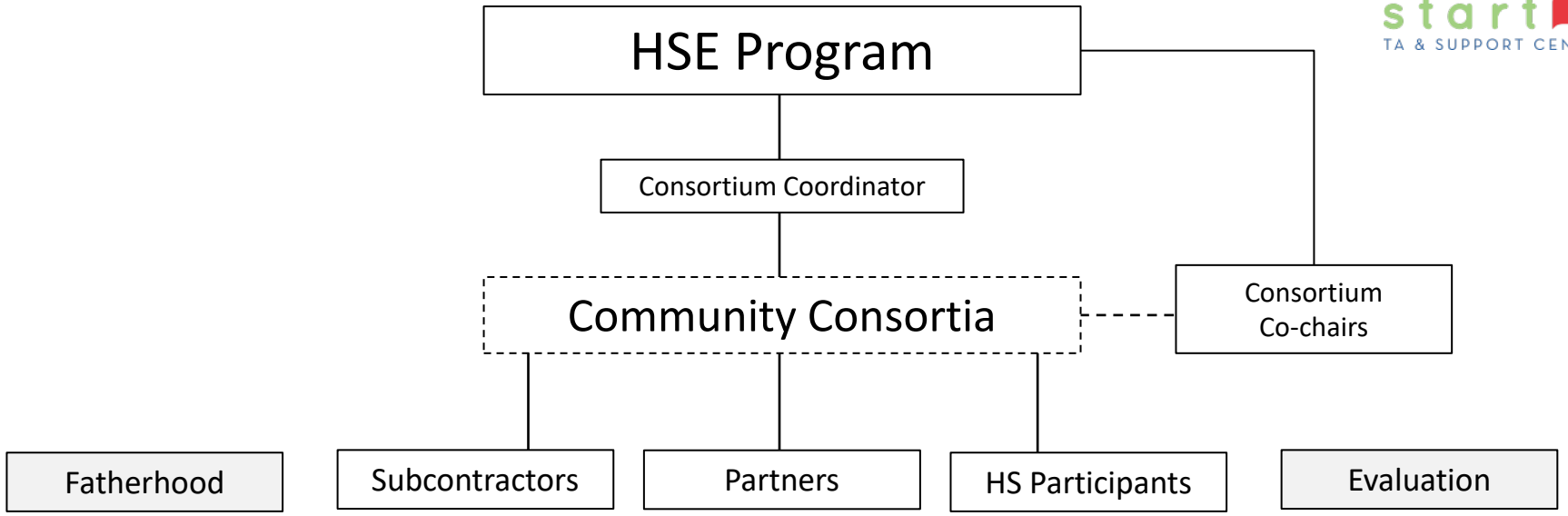
how it functions, what it does!

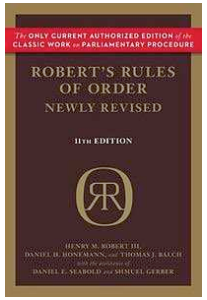
SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

expectations

- Establish a Community Consortium within 3 months of the start of the HSE project period.
- It is expected that a minimum of 25 percent of Community Consortium members are enrolled HSE participants and women of reproductive age, mothers, fathers or partners and other people with lived experience living in the project area.
- It is expected that the Community Consortium will have representation from Title V, public health departments, hospitals, health centers, State substance abuse agencies, and other significant sources of health care services
- The HSE project is expected to lead Community Consortium
- HSE projects are expected to have the necessary partnerships (e.g., Title V, health centers, community non-profits), curricula, evidence-based/evidence-informed, and/or scientific information to implement high quality direct and enabling services addressing the main drivers of infant mortality and disparities in perinatal outcomes within the project area.
- The HSE project is expected to hire or contract with a Community Consortium Coordinator from, and representative of, the community being served. The Community Consortium Coordinator will oversee the development and implementation of the plan described below.
- As a best practice, the Community Consortia chair or co-chair should be a current or former Healthy Start participant.

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

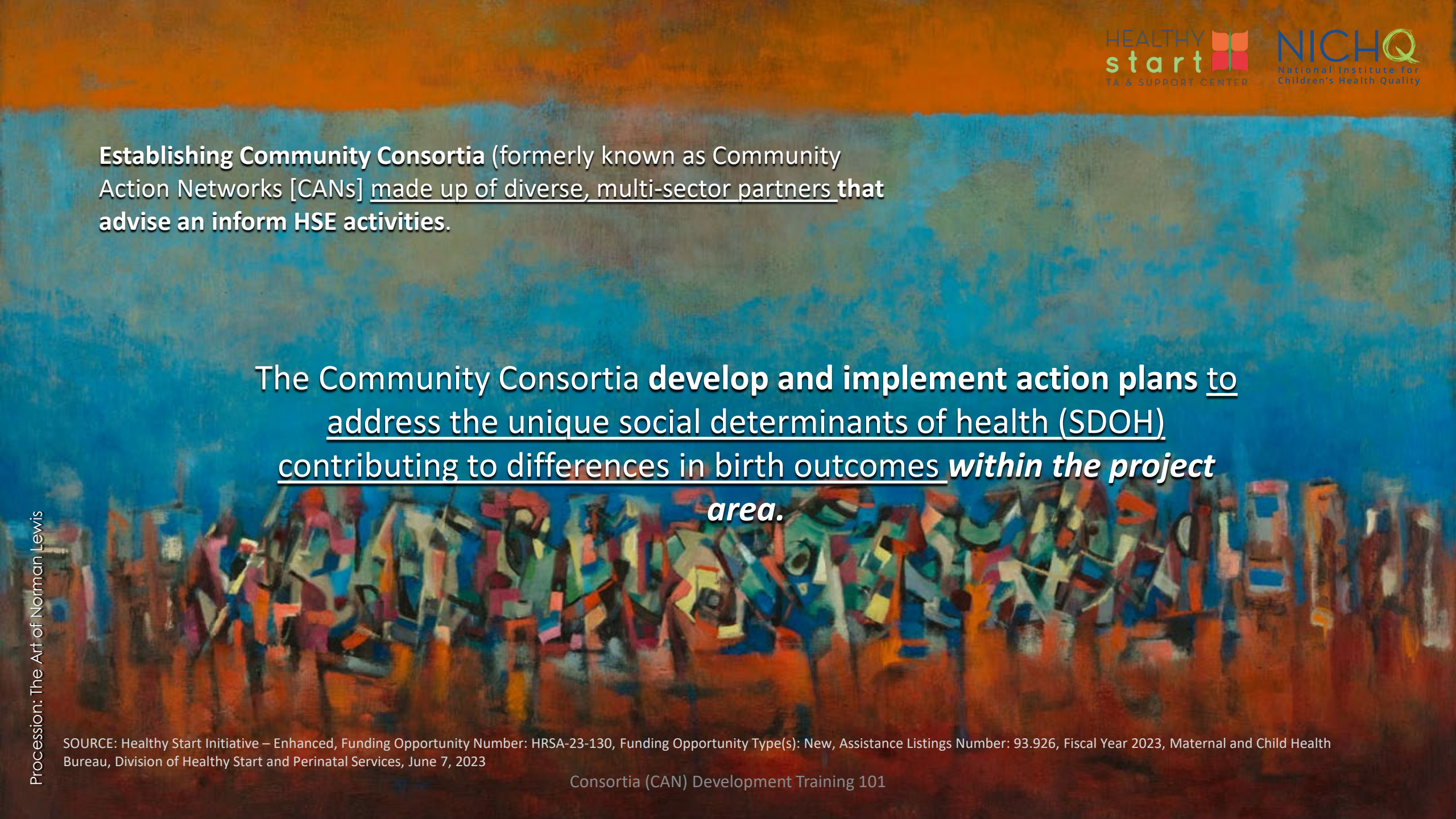




The Community Consortium should regularly report out/disseminate information to community members and partners on the implementation of the HSE project overall, the plan and progress made towards achieving goals/objectives of the plan.

Establishing Community Consortia (formerly known as Community Action Networks [CANs] made up of diverse, multi-sector partners **that advise an inform HSE activities**.

The Community Consortia **develop and implement action plans** to address the unique social determinants of health (SDOH) contributing to differences in birth outcomes ***within the project area.***



Procession: The Art of Norman Lewis

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

Develop and submit a Community Consortium plan to address SDOH by June 30, 2024. Plans should go beyond solely addressing barriers to clinical care and improving the local system of care. They should address the environmental, social, and economic conditions that contribute to disparities in perinatal outcomes.

- Describe strategic partnerships and strategies to address the "upstream factors" and unique SDOH contributing to disparities in perinatal outcomes within the project area.
- Include a minimum of five performance measures corresponding to plan activities. Examples of performance measures include:
  - ❑ Increase access to nutritious foods by ensuring X percent of eligible residents of the project area are enrolled in WIC;
  - ❑ Increase access to prenatal care by coordinating X centering groups within less than a X minute walk from public transportation;
  - ❑ Increase access to employment opportunities by increasing the General Educational Development test completion rate in project area by X percent.

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

Procession: The Art of Norman Lewis

timeline

December 2023
Formalized Consortia

June 30th 2024
Finalize Action Plan

September 2024
Implementation

Procession: The Art of Norman Lewis

SOURCE: Healthy Start Initiative – Enhanced, Funding Opportunity Number: HRSA-23-130, Funding Opportunity Type(s): New, Assistance Listings Number: 93.926, Fiscal Year 2023, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, June 7, 2023

OMB Number: 0915-0298
Expiration Date: 8/31/2025

DIVISION OF HEALTHY START AND PERINATAL SERVICES PERFORMANCE MEASURE DETAIL SHEET SUMMARY TABLE

Performance Measure	Topic
HS01	Reproductive Life Plan
HS02	Usual Source of Care
HS03	Interconception Planning
HS04	Intimate Partner Violence Screening
HS05	Father/ Partner Involvement during Pregnancy
HS06	Father and/or Partner Involvement with Child 0-24 Months
HS07	Daily Reading
HS08	CAN implementation
HS09	CAN Participation

HS 08 PERFORMANCE MEASURE **Goal: CAN implementation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN).[21]
GOAL	To increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.
MEASURE	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN).
DEFINITION	**Two benchmarks are calculated to capture Community Action Network (CAN) implementation and progress towards achieving collective impact:** **Numerator**: Number of related CAN measure components implemented by the CAN in which the Healthy Start grantee participates. **Denominator**: 3 (representing total of CAN components) This is a scaled measure which reports progress towards full implementation of a CAN. A "yes" answer is scored 1 point; a "no" answer receives no point. To meet the standard of "fully implemented" for this measure, the HS grantee must answer "yes" to all three core elements listed below: 1. Does your CAN have regularly scheduled meetings? (Regular scheduled is minimally defined as every quarter during the reporting period). This can be documented by using sign in sheets. Yes = 1 No = 0 2. Does your CAN have members from three or more community sectors? (e.g., individuals with lived experience, Healthy Start consumer, faith based, hospital, school setting, community based organizations, government, business, medical provider(s), child care provider(s)). Yes = 1 No = 0 3. Does your CAN have a twelve month work plan? This work plan should outline the CAN's goals, objectives, activities, entities responsible for completing, and timelines. Yes = 1 No = 0 --- **Numerator**: Number of related Collective Impact (CI) measure components implemented by the CAN in which the Healthy Start grantee participates. **Denominator**: 10 (representing total points for 5 CI measure components) 1. Does your CAN have a common agenda developed? 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. This can be documented by using a theory of change, logic model, work plan template that captures this information, and/or a charter. Yes = 2 In Process = 1 Not started = 0

[21] Consistent with Healthy Start Benchmark 17.

HS 08 PERFORMANCE MEASURE **Goal: CAN implementation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN).[21]
	2. Does your CAN have Shared Measurement Systems? The CAN has identified a common set of indicators that tracks progress/action related to the common agenda, collects data across partners, presents data on a consistent basis, and uses data to make informed decisions and to hold each other accountable. Yes = 2 In Process = 1 Not started = 0 3. Does your CAN engage in Mutually Reinforcing Activities? Participant activities are differentiated while still being coordinated through a mutually reinforcing plan of action. This plan of action can be included on the work plan noted above and should include at least two to three activities, a description of how it is believed that the activities will impact the common agenda, how the activities will be measured, who/what organization will take the lead, and the timeline for implementation. Yes = 2 In Process = 1 Not started = 0 4. Does your CAN have Continuous Communication? Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation. A communication plan agreed upon by stakeholders should be included as a part of the work plan noted above. Yes = 2 In Process = 1 Not started = 0 5. Does your CAN have a backbone infrastructure in place? 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. Documentation is shared with CAN members describing roles and responsibilities, and skills required for staff of the entity(ies) supporting the backbone infrastructure. Yes = 2 In Process = 1 Not started = 0
BENCHMARK DATA SOURCES	None
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	A Community Action Network, or CAN, is an existing, formally organized partnership of organizations and individuals. The CAN represents consumers and appropriate agencies which unite in an effort to collectively apply their resources to the implementation of one or more commons strategies to achieve a common goal within that project area.

HS 9 PERFORMANCE MEASURE **Goal: CAN participation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN.[22]
GOAL	To increase the proportion of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN to 100%.
MEASURE	The percent of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN.
DEFINITION	**Numerator:** Number of community members and Healthy Start (HS) program participants serving as members of the CAN. **Denominator:** Total number of individual members serving on the CAN. **Community Member:** an individual who has lived experience that is representative of the project's Healthy Start target population. Community members may include former Healthy Start participants, fathers and/or partners of Healthy Start participants, males and family members. **Program Participant:** an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start services on an ongoing systematic basis to improve perinatal and infant health. Specifically, program participants are pregnant women and women of reproductive age and children up to age 2. A Community Action Network, or CAN, is an existing, formally organized partnership of organizations and individuals. The CAN represents consumers and appropriate agencies which unite in an effort to collectively apply their resources to the implementation of one or more commons strategies to achieve a common goal within that project area.
BENCHMARK DATA SOURCES	
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Consumer involvement in setting the community agenda and informing efforts to effectively meet the community's needs is critical to the effectiveness of the CAN.

[22] Consistent with Healthy Start Benchmark 18.

HS 08 PERFORMANCE MEASURE **Goal: CAN implementation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN).[21]
GOAL	To increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.
MEASURE	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN).
DEFINITION	**Two benchmarks are calculated to capture Community Action Network (CAN) implementation and progress towards achieving collective impact:** **Numerator**: Number of related CAN measure components implemented by the CAN in which the Healthy Start grantee participates. **Denominator**: 3 (representing total of CAN components) This is a scaled measure which reports progress towards full implementation of a CAN. A "yes" answer is scored 1 point; a "no" answer receives no point. To meet the standard of "fully implemented" for this measure, the HS grantee must answer "yes" to all three core elements listed below: 1. Does your CAN have regularly scheduled meetings? (Regular scheduled is minimally defined as every quarter during the reporting period). This can be documented by using sign in sheets. Yes = 1 No = 0 2. Does your CAN have members from three or more community sectors? (e.g., individuals with lived experience, Healthy Start consumer, faith based, hospital, school setting, community based organizations, government, business, medical provider(s), child care provider(s)). Yes = 1 No = 0 3. Does your CAN have a twelve month work plan? This work plan should outline the CAN's goals, objectives, activities, entities responsible for completing, and timelines. Yes = 1 No = 0 --- **Numerator**: Number of related Collective Impact (CI) measure components implemented by the CAN in which the Healthy Start grantee participates. **Denominator**: 10 (representing total points for 5 CI measure components) 1. Does your CAN have a common agenda developed? 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. This can be documented by using a theory of change, logic model, work plan template that captures this information, and/or a charter. Yes = 2 In Process = 1 Not started = 0

[21] Consistent with Healthy Start Benchmark 17.

OMB Number: 0915-0298
Expiration Date: 8/31/2025

HS 9 PERFORMANCE MEASURE **Goal: CAN participation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN.[22]
GOAL	To increase the proportion of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN to 100%.
MEASURE	The percent of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN.
DEFINITION	**Numerator:** Number of community members and Healthy Start (HS) program participants serving as members of the CAN. **Denominator:** Total number of individual members serving on the CAN. **Community Member:** an individual who has lived experience that is representative of the project's Healthy Start target population. Community members may include former Healthy Start participants, fathers and/or partners of Healthy Start participants, males and family members. **Program Participant:** an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start services on an ongoing systematic basis to improve perinatal and infant health. Specifically, program participants are pregnant women and women of reproductive age and children up to age 2. A Community Action Network, or CAN, is an existing, formally organized partnership of organizations and individuals. The CAN represents consumers and appropriate agencies which unite in an effort to collectively apply their resources to the implementation of one or more commons strategies to achieve a common goal within that project area.
BENCHMARK DATA SOURCES	
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Consumer involvement in setting the community agenda and informing efforts to effectively meet the community's needs is critical to the effectiveness of the CAN.

[22] Consistent with Healthy Start Benchmark 18.

FAQs about Consortium and the Community Consortium Plan

HRSA Maternal & Child Health

National Maternal Mental Health Hotline | Sitemap

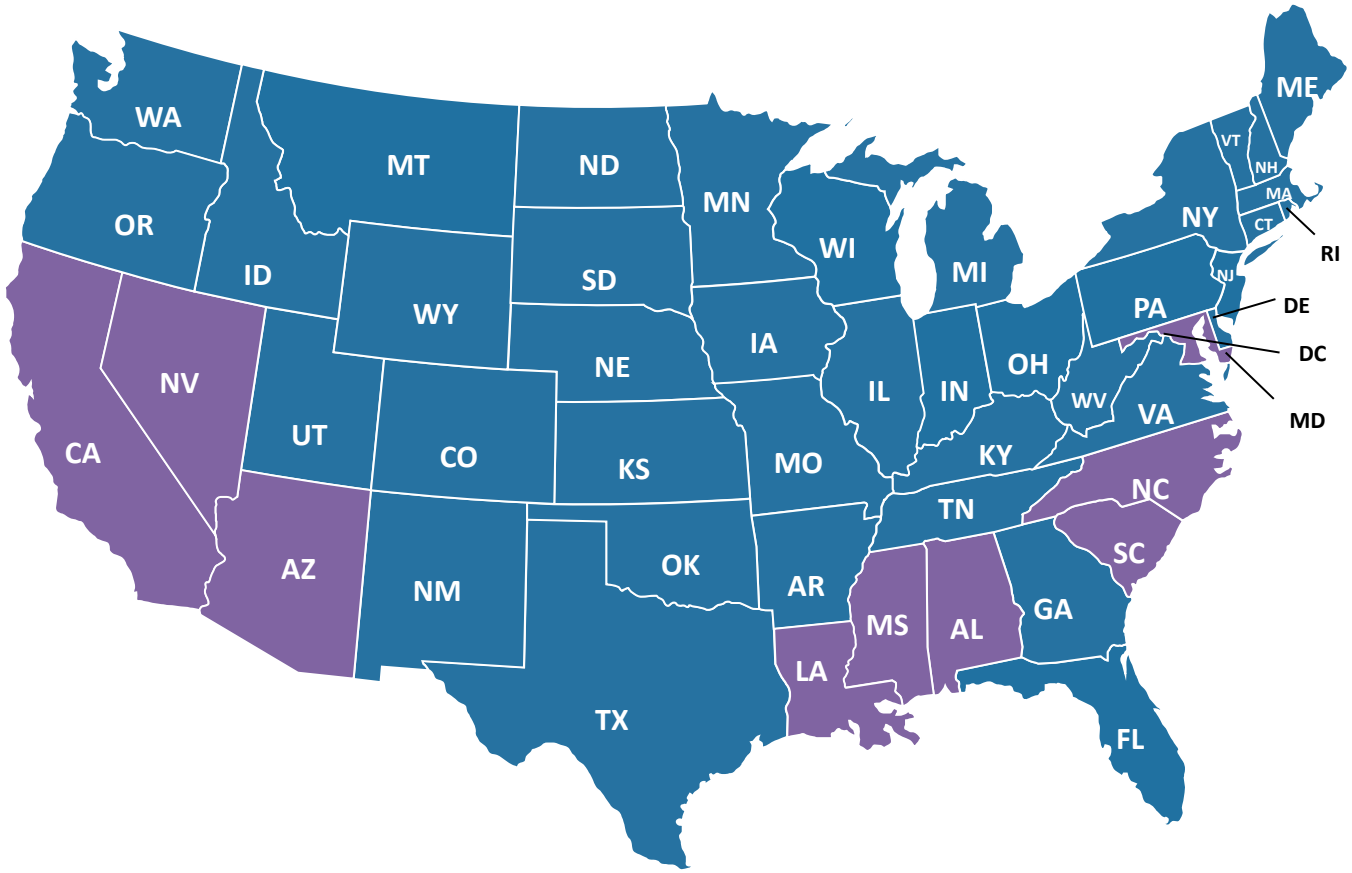
Home | Funding | Programs & Impact | Data & Research | Capacity Building Resources | About Us

Home » Programs & Impact » Programs » FAQ: Healthy Start Initiative – Enhanced (HSE)

FAQ: Healthy Start Initiative – Enhanced (HSE)

Funding Opportunity Numbers: HRSA 23-130 (New)

https://mchb.hrsa.gov/programs-impact/programs/healthy-start-initiative-enhanced



10 HSE Grantees

- MOBILE COUNTY BOARD OF HEALTH (AL)
- MARICOPA, COUNTY OF (AZ)
- FAMILY TREE INFORMATION EDUCATION & COUNSELING CENTER (LA)
- MEDSTAR HEALTH RESEARCH INSTITUTE, INC. (MD)
- GLOBAL COMMUNITIES, INC.* (MD)
- MISSISSIPPI STATE DEPARTMENT OF HEALTH (MS)
- **STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES (NC)**
- **CARE RING INC (NC)**
- SOUTHERN NEVADA HEALTH DISTRICT (NV)
- PRISMA HEALTH-MIDLANDS SC)

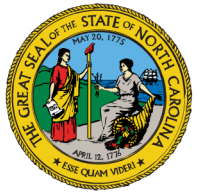

Global Communities

MCHD mobile county health department A legacy of excellence since 1816

SNHD Southern Nevada Health District


Mississippi State Department of Health

PRISMA HEALTH MIDLANDS FOUNDATION

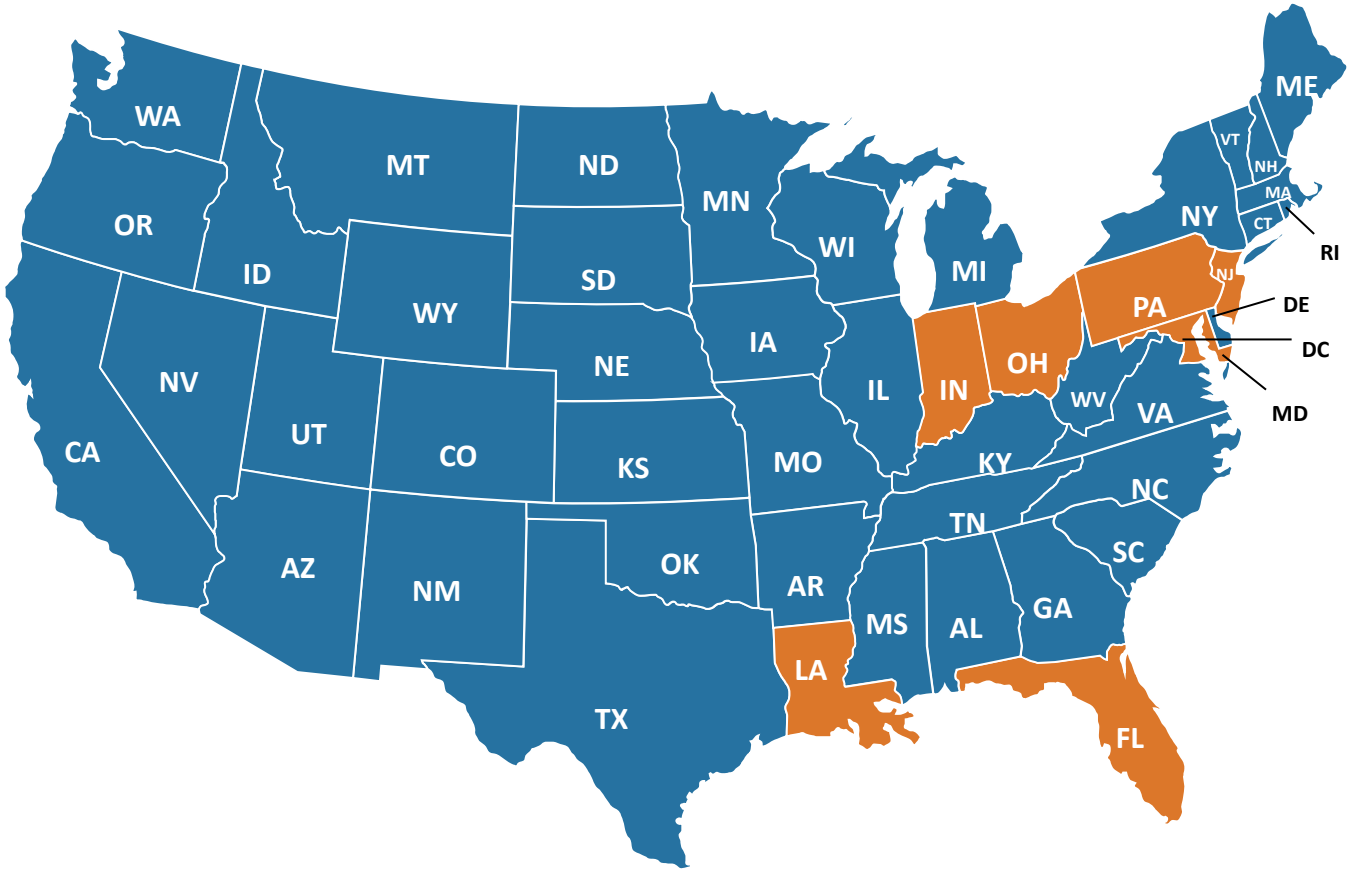


NCDHHS


THE FAMILY TREE INFORMATION, EDUCATION & COUNSELING CENTER

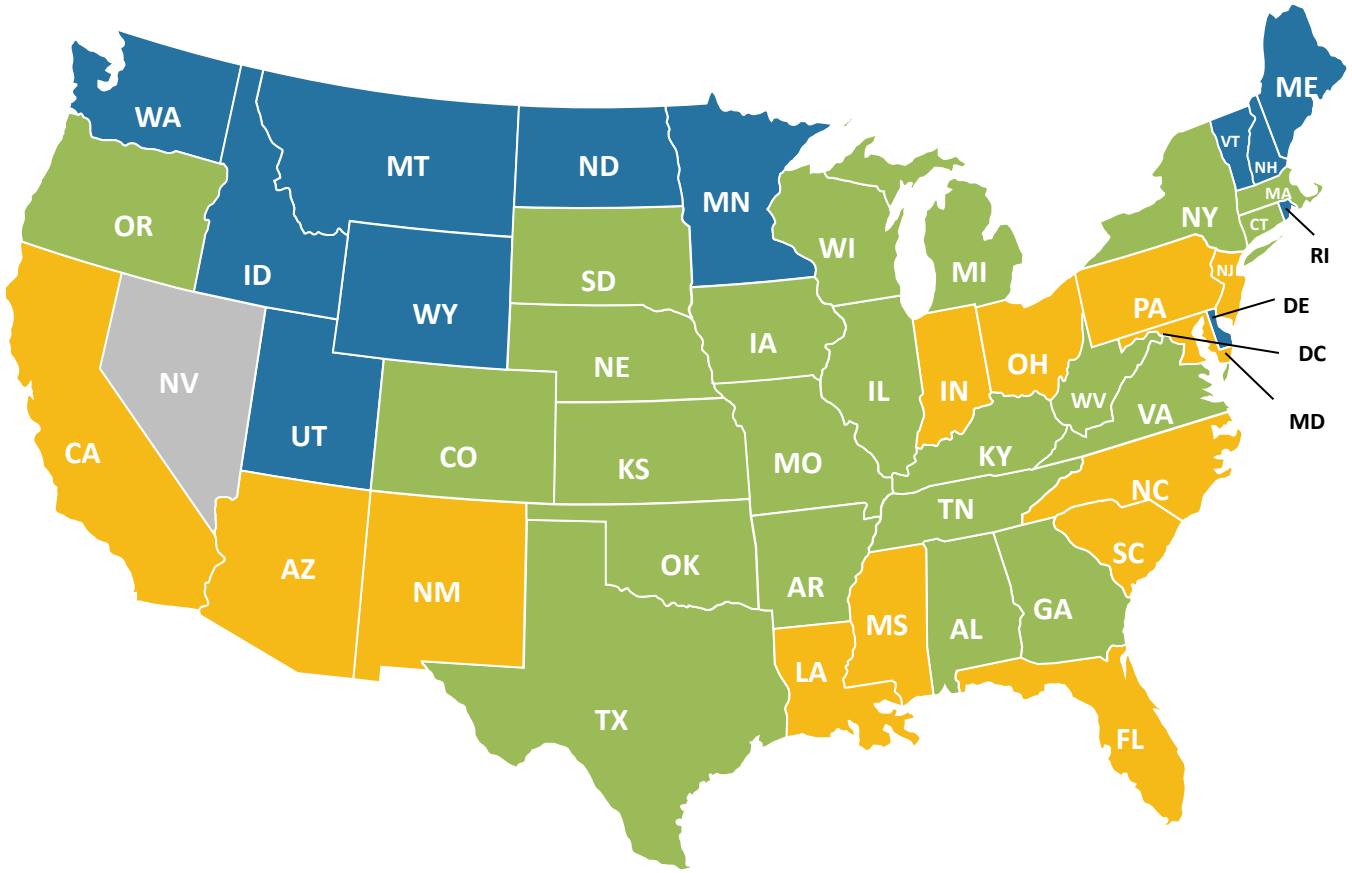

CARE RING


MedStar Health Research Institute



9 Catalyst Grantees

- Baltimore Healthy Start, Inc. (MD)
- Broward Healthy Start Coalition (FL)
- Florida Department of Health (FL)
- Healthy Start Inc. Pittsburgh (PA)
- Marillac Community Health Centers (LA)
- Newark Community Health Centers, Inc. (NJ)
- Northeast Florida Healthy Start Coalition, Inc. (FL)
- Research Institute at Nationwide Children's Hospital (OH)
- Trustees of Indiana University (IN)

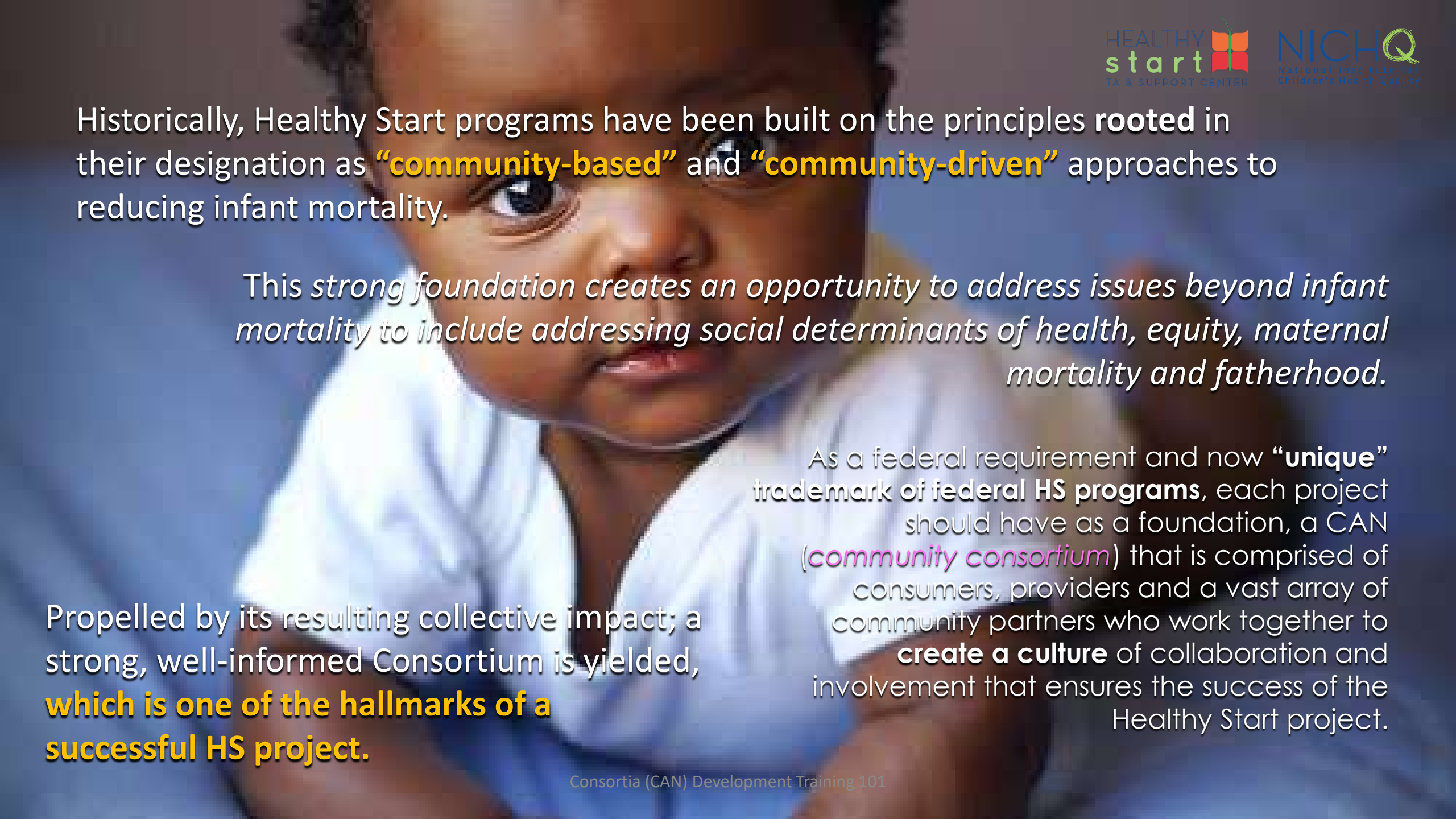


101 Healthy Start Grantees

- 101 HS Projects across the country (many states with more than one grantee)

OPPORTUNITIES

- States with more than one of the MCHB grants (i.e. HS, Catalyst, HSE)



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 Consortium is yielded, **which is one of the hallmarks of a successful HS project.**

This training will examine your Consortium's current functionality and capacity and identify areas that need strengthening in order to transition into the vehicle needed to ultimately transform it into the new Healthy Start framework. The five key areas of concentration are community engagement/ community involvement; partnership development; leadership and capacity building; maintenance/sustainability and evaluation. The intention of this training is to ensure that your Consortium refines its functionality and learns how to tap into the available community assets and engages a broad community of partners needed for a vibrant, successful Consortium that is viable both now and beyond.

at the

the message

core

"the ultimate driving machine"©

build mobilize work

A good goal to focus on is to **build** the Consortia to **mobilize** action that effects impactful and transformative **work**


still keeping
promises!

This is a great exercise to do with staff and Consortium members to begin to begin creation of standardized message for your Healthy Strat program!

How would it differ based on the audience?

- *Program staff*
- *Consortium*
- *Consumer group*
- *Board of Directors*
- *Finance*
- *Fiduciary*
- *Community*

Developing your "hook"

- If you only had 60 seconds to talk about your Consortia convincingly, what would you say?
- Take a few minutes to develop a “pick-up” speech

The key to creating a viable consortia is to think about **transformation** as opposed to change, create an opportunity for something POWERFUL to happen. Connect with the community, strengthen your community-base. Folks at the community level have values that must be tapped into. And once people see the value, it will drive what they do (mission) and the vision for community betterment will be realized and be efforted by the community itself.

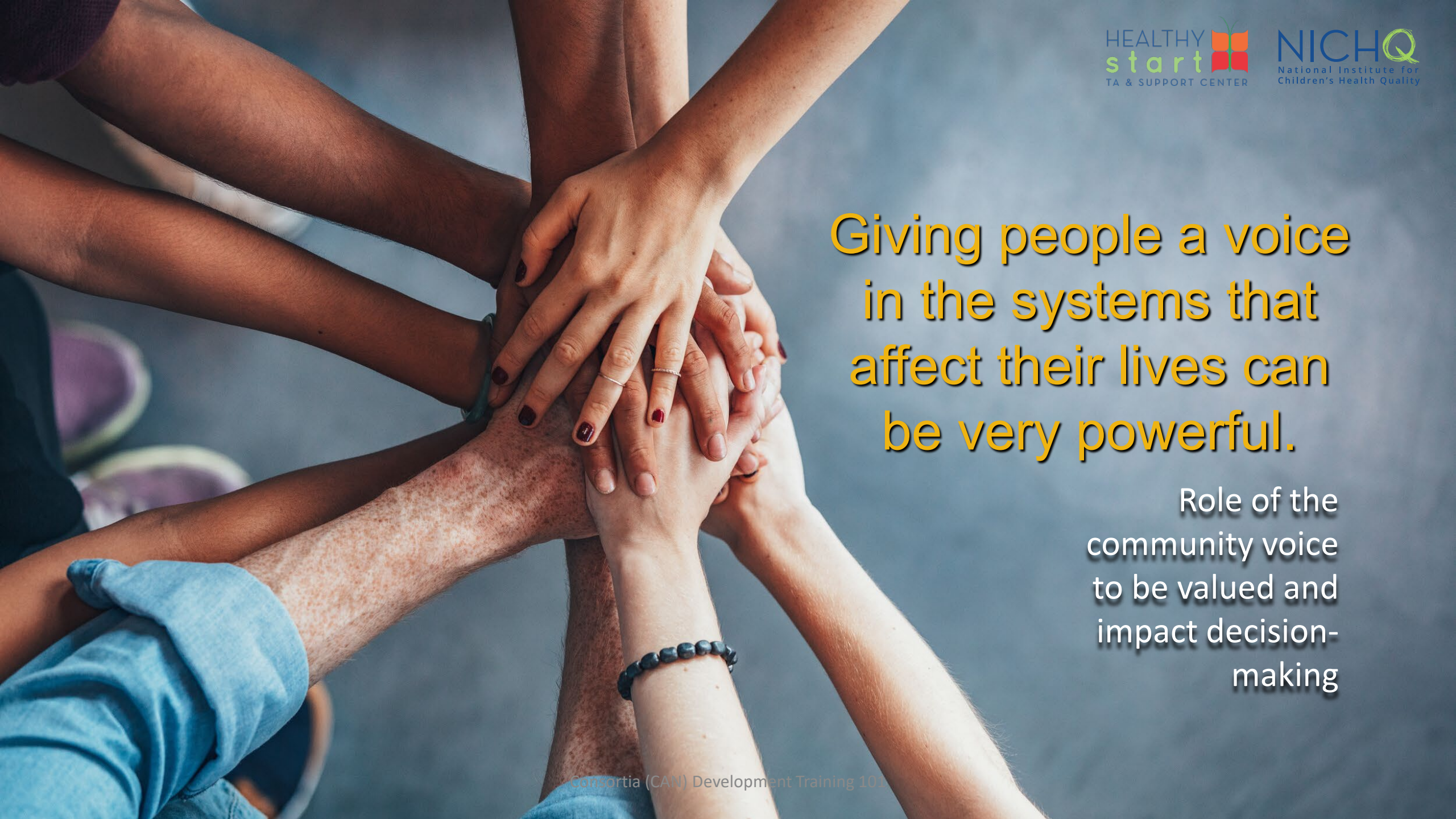
function and functionality

what it's designed to do!

purpose

how it does what it's designed to do!

performance



Giving people a voice in the systems that affect their lives can be very powerful.

Role of the community voice to be valued and impact decision-making

foundational perspective

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.

perspective during replication phase

A healthy community is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

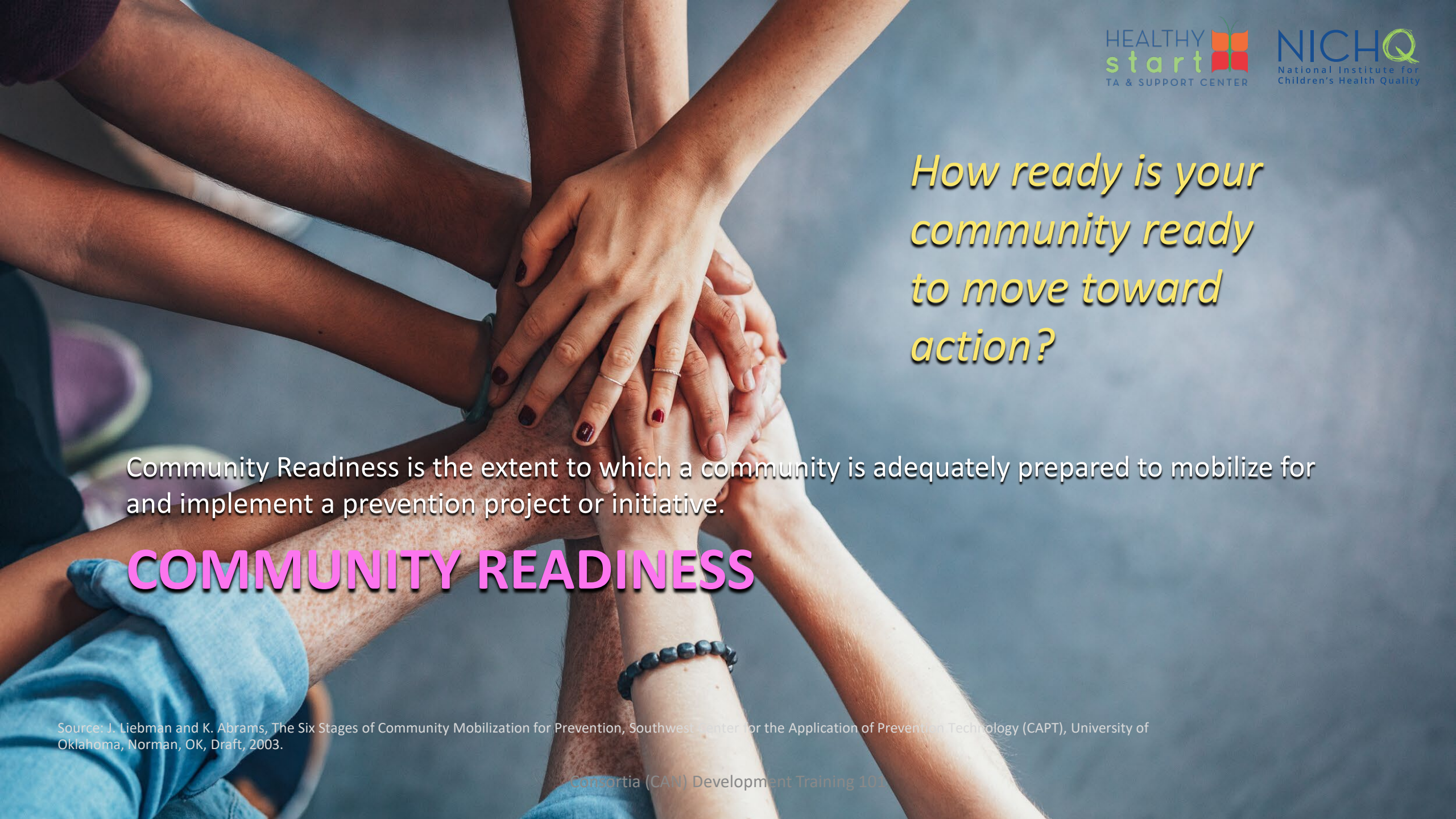
M. Minkler. Community Organizing and Community Building for Health. New Brunswick, NJ : Rutgers University Press, 1997

Five Critical Factors Shape the Development of Consortium

1. Climate
2. People
3. Resources
4. Processes
5. Policies

Creating Community Consortium Together

- Name
- What value do you bring to this work?
- Your expectation?



How ready is your community ready to move toward action?

Community Readiness is the extent to which a community is adequately prepared to mobilize for and implement a prevention project or initiative.

COMMUNITY READINESS

Source: J. Liebman and K. Abrams, The Six Stages of Community Mobilization for Prevention, Southwest Center for the Application of Prevention Technology (CAPT), University of Oklahoma, Norman, OK, Draft, 2003.

how you build it!

All things are created twice. There's a mental or first creation, and a physical or second creation.

Stephen Covey, "7 Habits of Effective People"

investing the effort at the beginning

envisioning the desired outcome and then working backward to develop a plan will help achieve that outcome.

beliefs

"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

"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

Historical perspectives on participation in development

Participation in development popularized in the 1990s as a novel, common-sense way to address a range of development ills. It promised a new approach that would give 'the poor' more voice and choice in development.

Cultural notions of democracy and governance are embedded in the practice of participation in development. The expectation is that there will result an ultimate impact and benefits

Procession: The Art of Norman Lewis

Andrea Cornwalia - Commonwealth & Comparative Politics, Volume 44, Issue 1, 2006, Special Issue: *Where Development Meets History*

Kitchen Time

picture-study

New Breakpads

picture-study

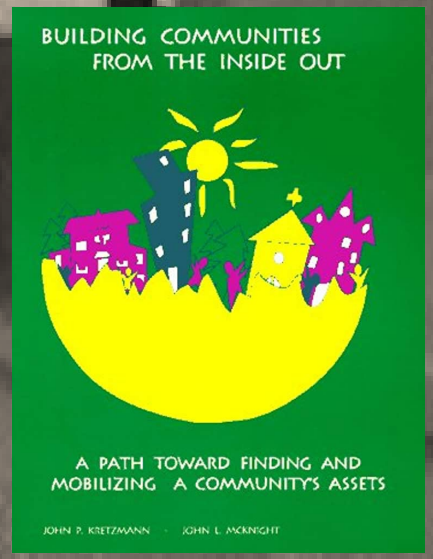
Old School

This gives us the half empty glass. In creating a needs map, we focus on the problems in a community, and can overlook many community strengths.

But we can ask questions in two ways when doing needs assessments.

We can ask:

- What are the needs of the community?
- What needs to change in the community?
- What are the barriers to creating change?



Sustainable Community Impact

Or we can ask:

- What are the strengths and assets of your community?
- When was a time you felt your community was at its best?
- What do you value most about our community?
- What is the essence of our community that makes it unique and strong?

Community*Strong*

By focusing on the strengths and assets of a community, we can create a very different picture to the needs-based one.

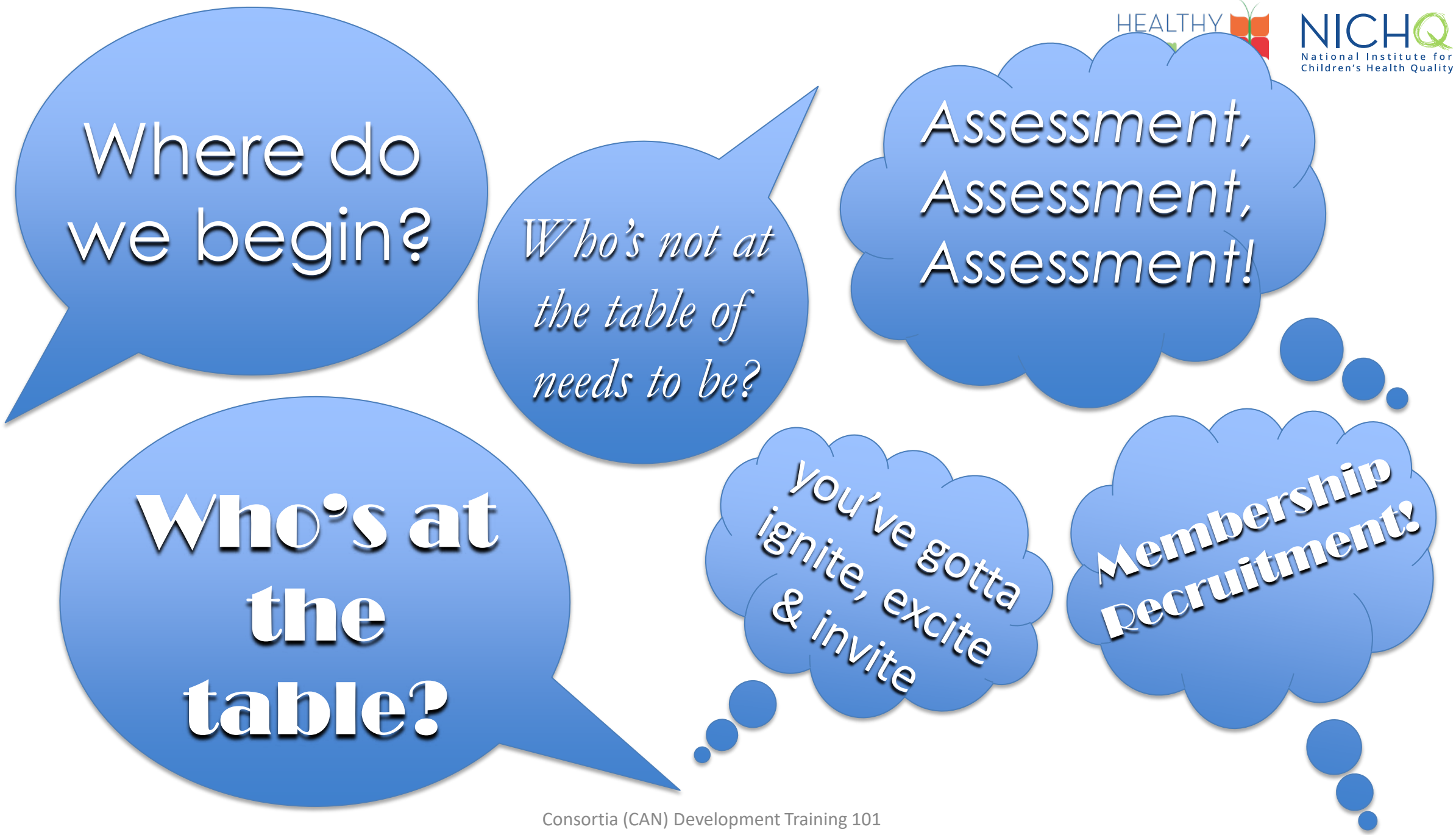
We start with what helps make the community strong. All communities have strengths and assets and ABCD recognizes the everyone in the community (including individuals, voluntary groups, businesses and organizations) has skills, interests and experience that can help strengthen their community.

Asset-Based Community Development

ABCD is built on four foundations

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**.

Kretzmann, 2010; Kretzmann & McKnight, 1993; Mathie & Cunningham, 2003


Where do we begin?
Who's not at the table of needs to be?
Assessment, Assessment, Assessment!
Who's at the table?
you've gotta ignite, excite & invite
Membership Recruitment!

leadership-coaching

manage

leadership-inspiring

motivate

leadership-navigating

mobilize

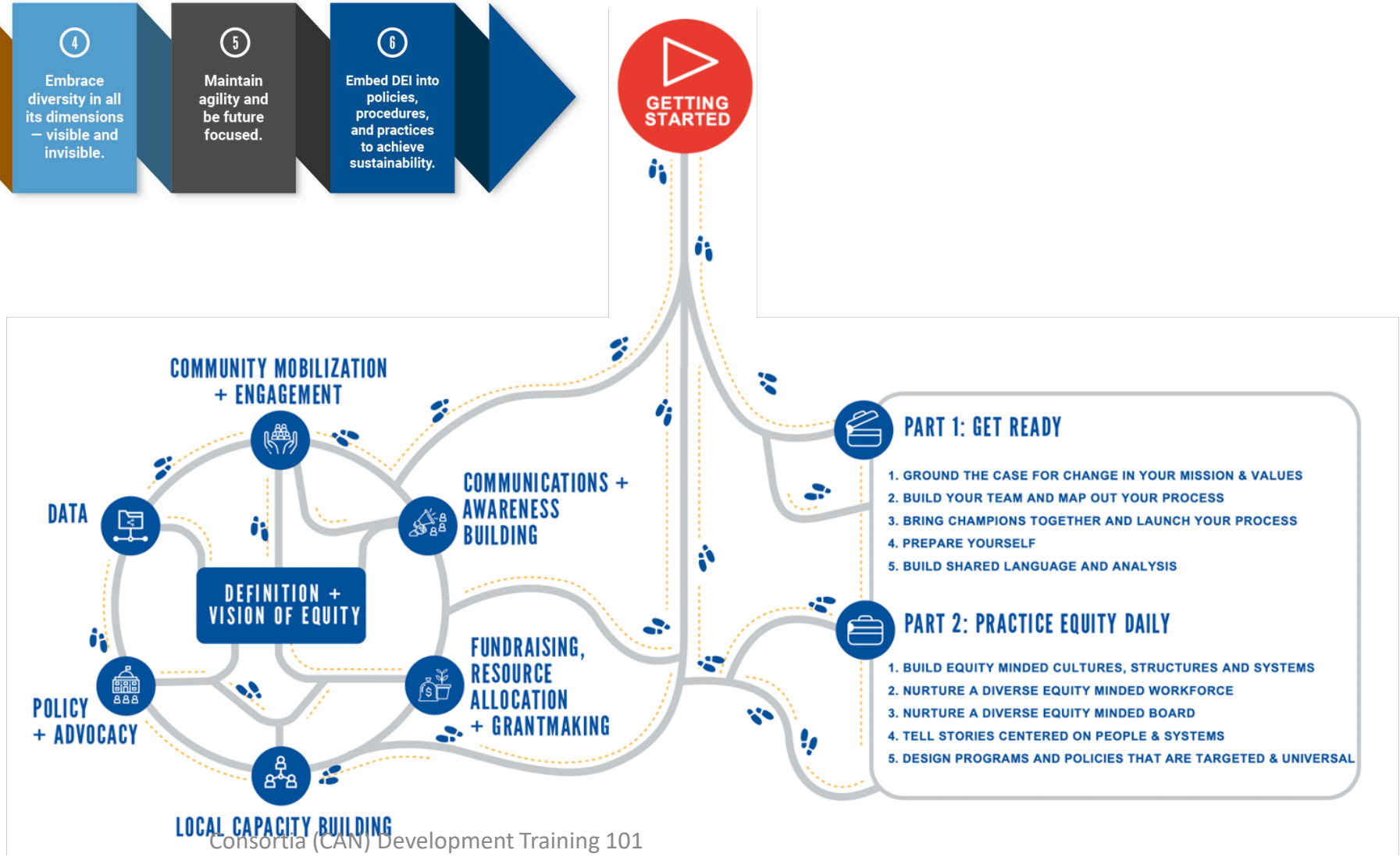
mastering all three!

Building Leadership

1. **Become engaged as a community leader.**
    a. Develop and communicate a personal vision.
    b. Indicate how will you listen to people.
    c. How will you take responsibility for your community?
    d. Set goals.
    e. How will you serve individuals in the group?
    f. How will you serve the group as a whole?
    g. Propose specific changes in how you will lead others.
    h. How you will get the work done?
    i. How will you recruit and prepare others to become leaders?

At United Way Worldwide, we activate six key principles to advance Diversity, Equity, and Inclusion in everything we do.

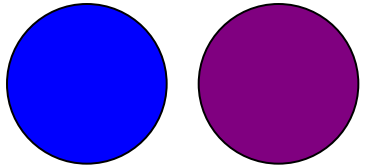
1. Model equitable and inclusive behaviors.
2. Implement evidence-based and data-driven solutions.
3. Prioritize our people and our culture.
4. Embrace diversity in all its dimensions — visible and invisible.
5. Maintain agility and be future focused.
6. Embed DEI into policies, procedures, and practices to achieve sustainability.



source: https://equity.unitedway.org

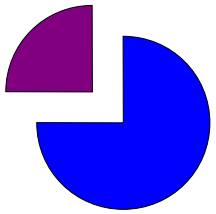
Evolution of Inclusion

Segregation



Exclusion
From the process/ mainstream

Integration

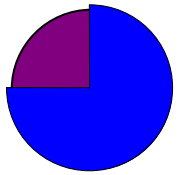


Bringing groups or individuals together
Placing someone who has been previously excluded into process/ mainstream

Phase I
Physical Integration

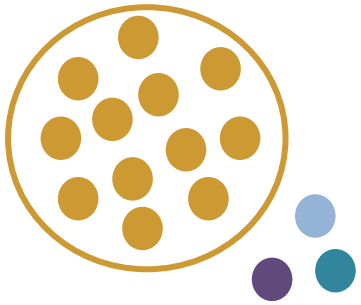
Phase II
Social Integration

Inclusion



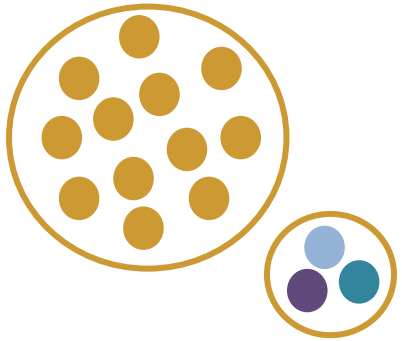
Being a part of the whole
The development of a sense of community, in order to improve success and outcomes for overall community members

exclusion



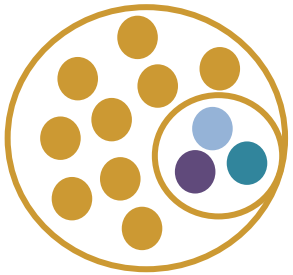
Exclusion - occurs when directly or indirectly prevented from or denied access in any form

segregation



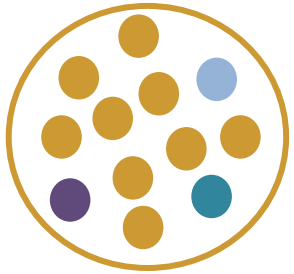
Segregation - occurs when service is provided in separate environments designed or used to respond to a particular or various impairments, in isolation from

integration



Integration – is a process of placing particular groups in existing mainstream systems, as long as the dominant can adjust the standardized requirements

inclusion



Inclusion – involves a process of system reform embodying changes and modifications in content, approaches, structures and strategies in order to overcome barriers with a vision serving to provide persons with an equitable and participatory experience and environment that best corresponds to their requirements and preferences

Integration does not automatically guarantee the transition from segregation to inclusion

Placing people within mainstream environments with accompanying structural changes does not constitute inclusion

Engagement: Create a framework; alignment; and communication protocol

Define *governance* (broad) (aerial)

Define *management* (day-to-day) (on the ground)

Consortium partners with staff in day-to-day (example: subcontractor performance shared with them, recommendations taken but they do not run things!)

IMPACT

- Policy
- Program Design/ Implementation
- Evaluation/ Program Outcomes
- Systems
- Community Outcomes

Subcontracts include Consortium description stating expectation of participation of ALL hired staff under the grant. Include as a contractual obligation. For a higher level of institutional engagement, also include a requirement of supervisor of HS staff attend two meetings annually.

Create Partnership Commitment Policy

This PCP can become an attachment to the contract as well and must be signed by all official persons of each entity authorized as contract signer.

- ❑ Mission
- ❑ Collective Impact
- ❑ Inclusion/ Alignment/ Integration
- ❑ Institutionalization – lessons-learned, best practice, evidence-based practice, practice-based evidence
- ❑ Standards of Excellence in Operation
- ❑ Sustainability
- ❑ Signatures

Common Challenges

- Determining the structure of management and governance
- Increasing consumer/participant involvement
- Addressing disparities, inequities and SDOH
- Boosting economic development

Navajo Maidens (1970) by Manfred Susunkewa, Hopi, Casein on Board

Potential Obstacles

- Poor communication
- Limited experience
- History of being ignored
- Resistant leaders
- Over-committed leaders
- Sense of powerlessness
- Not enough time
- Lack of transportation/child care
- Poor organization/unproductive meetings

Navajo Maidens (1970) by Manfred Susunkewa, Hopi, Casein on Board

Characteristics of Ineffective Consortia

- Lack of leadership and teamwork
- Turf and competition
- Bad history between members
- Failure to act
- Dominance by professionals
- Poor links to the community
- Funding - *too much or too little*
- Costs outweigh the benefits

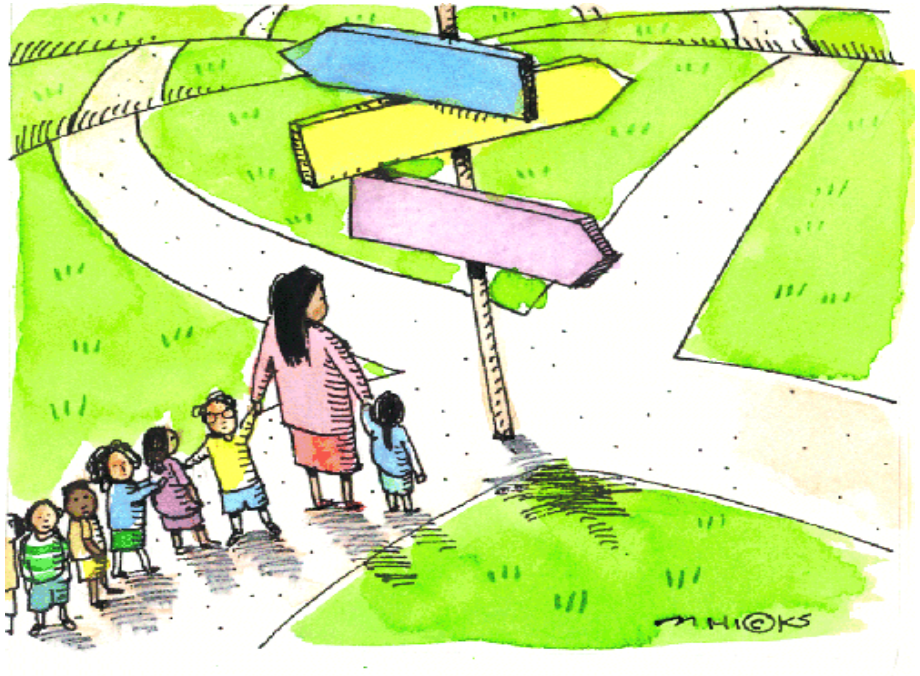
Navajo Maidens (1970) by Manfred Susunkewa, Hopi, Casein on Board

Transitioning Your Program Participants

From the clinic to the consortium

Navajo Maidens (1970) by Manfred Susunkewa, Hopi, Casein on Board

Pathways to Community/ Consumer Involvement



- *Consortium*
- *Focus Groups*
- *Facilitated Training Workshops*
  - ✓ *Heart disease*
  - ✓ *Obesity*
  - ✓ *Physical activity and exercise*
  - ✓ *Nutrition*
- *Volunteerism (health fairs, tag sales, conferences, etc.…)*
- *Parent Groups*
- *Support Groups (LBW Club, Infant Loss)*
- *Healthy Start Reunions*
- *Workgroups*

Strategic Intent

Mission

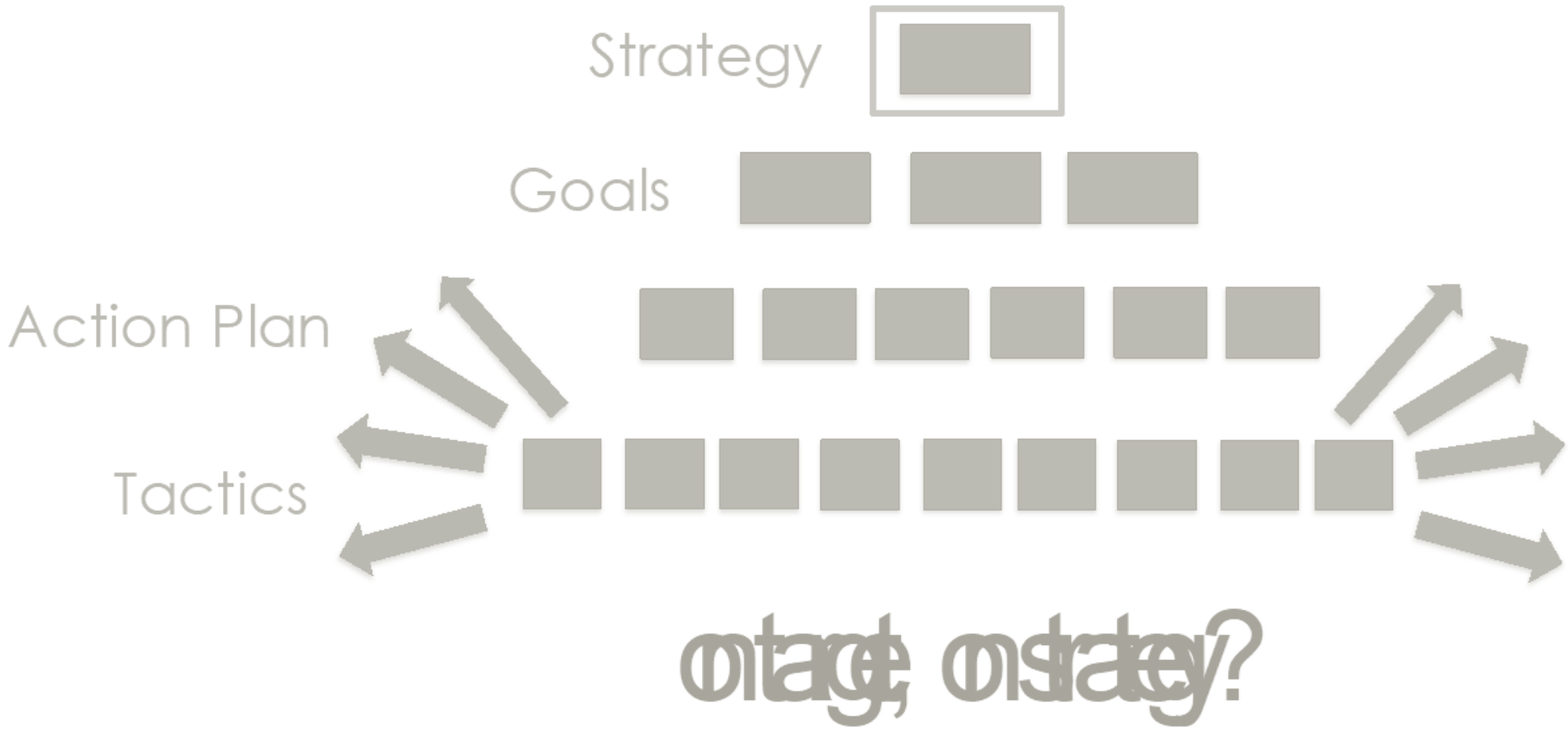
The mission of the Healthy Start program is to improve the health and well-being of America's mothers, children, and families

The HSE Mission
To achieve healthy birth outcomes by improving the well-being of mothers, fathers, and their children before, during, and in between pregnancies in collaboration with community.

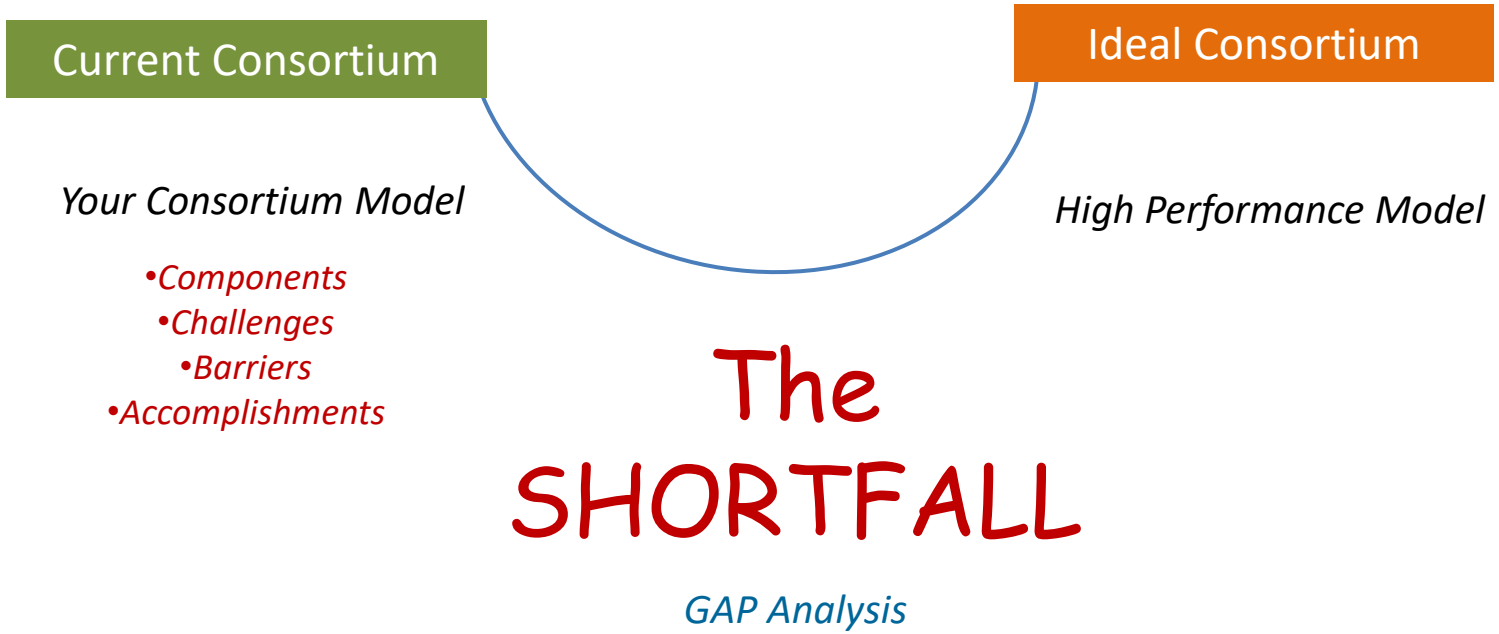
Vision

By 2028, to integrate into the fabric of the community an awareness that addressing the SODH improves perinatal health outcomes, reduces the survival lag of AA/AI/AN, moves toward the elimination racial and ethnic disparities.

Strategies


Strategy
Goals
Action Plan
Tactics

ASSESS

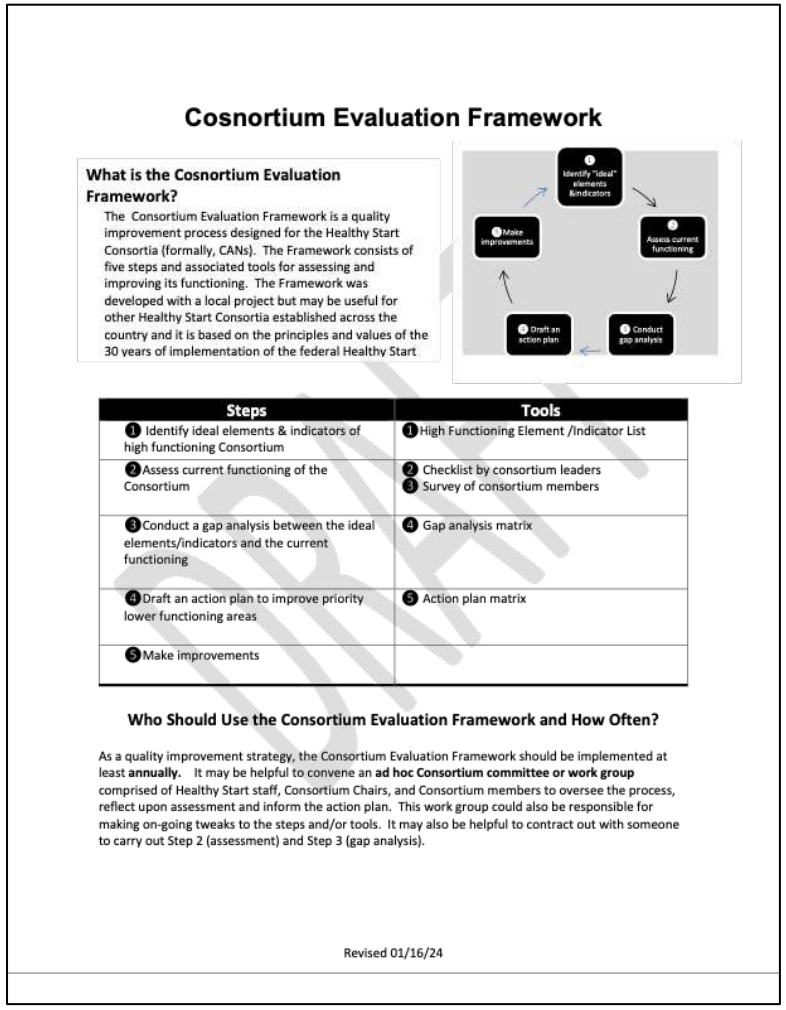

Current Consortium
Ideal Consortium
Your Consortium Model
•Components
•Challenges
•Barriers
•Accomplishments
High Performance Model
The
SHORTFALL
GAP Analysis

value of Consortium

impact of Consortium

power of Consortium

What is the Consortium Evaluation Framework?



Cosnortium Evaluation Framework

What is the Cosnortium Evaluation Framework?

The Consortium Evaluation Framework is a quality improvement process designed for the Healthy Start Consortia (formally, CANs). The Framework consists of five steps and associated tools for assessing and improving its functioning. The Framework was developed with a local project but may be useful for other Healthy Start Consortia established across the country and it is based on the principles and values of the 30 years of implementation of the federal Healthy Start

Steps	Tools
1 Identify ideal elements & indicators of high functioning Consortium	1 High Functioning Element /Indicator List
2 Assess current functioning of the Consortium	2 Checklist by consortium leaders 3 Survey of consortium members
3 Conduct a gap analysis between the ideal elements/indicators and the current functioning	4 Gap analysis matrix
4 Draft an action plan to improve priority lower functioning areas	5 Action plan matrix
5 Make improvements	

Who Should Use the Consortium Evaluation Framework and How Often?

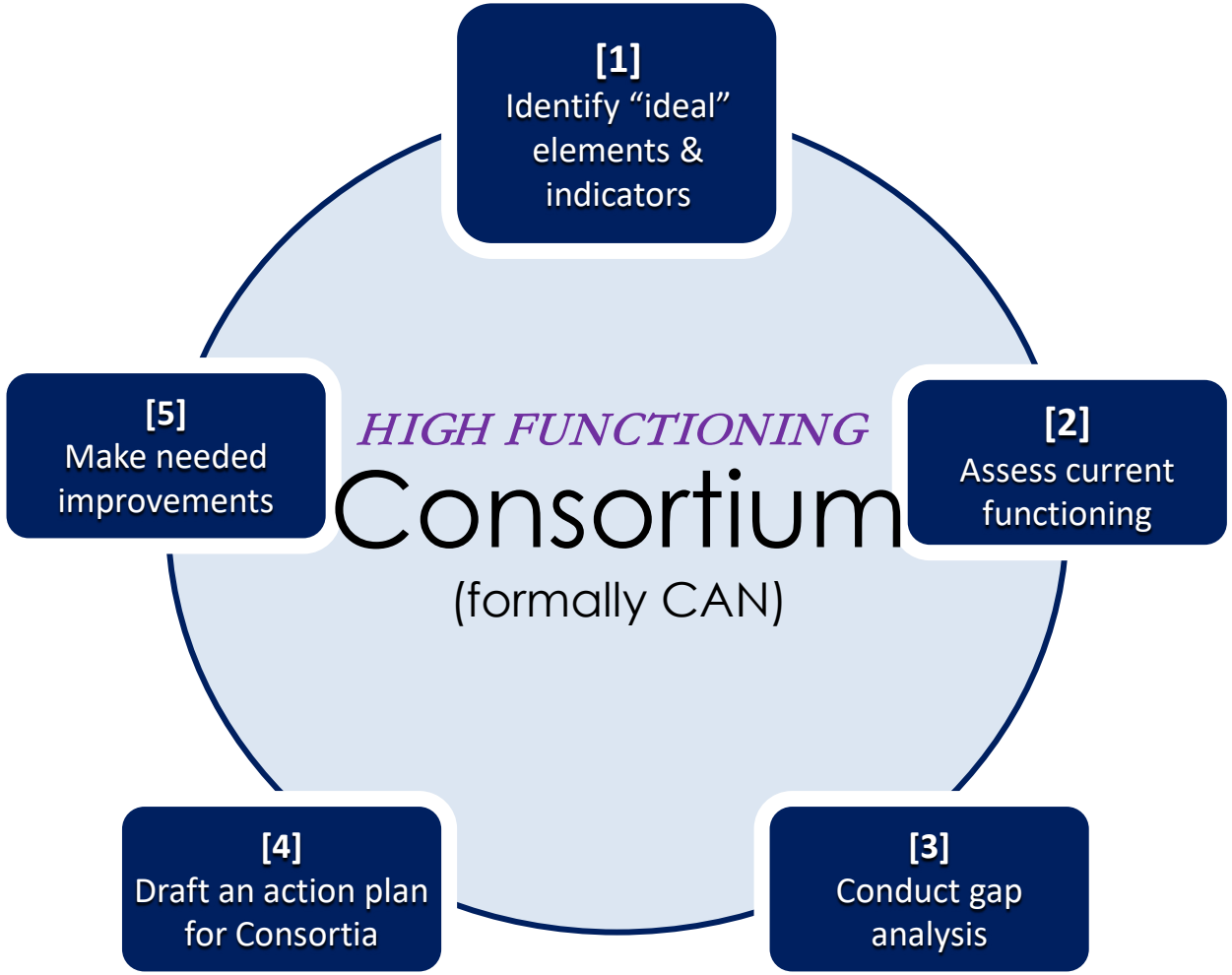
As a quality improvement strategy, the Consortium Evaluation Framework should be implemented at least **annually.** It may be helpful to convene an **ad hoc Consortium committee or work group** comprised of Healthy Start staff, Consortium Chairs, and Consortium members to oversee the process, reflect upon assessment and inform the action plan. This work group could also be responsible for making on-going tweaks to the steps and/or tools. It may also be helpful to contract out with someone to carry out Step 2 (assessment) and Step 3 (gap analysis).

Revised 01/16/24

The **Consortium (CAN) Evaluation Framework** is a quality improvement process designed for the Healthy Start Consortium (formally, CAN).

The Framework was developed and validated with a local Healthy Start project but may be useful for other Healthy Start Consortium established across the country, and it is based on the principles and values of the 30 years of implementation of the federal Healthy Start program.

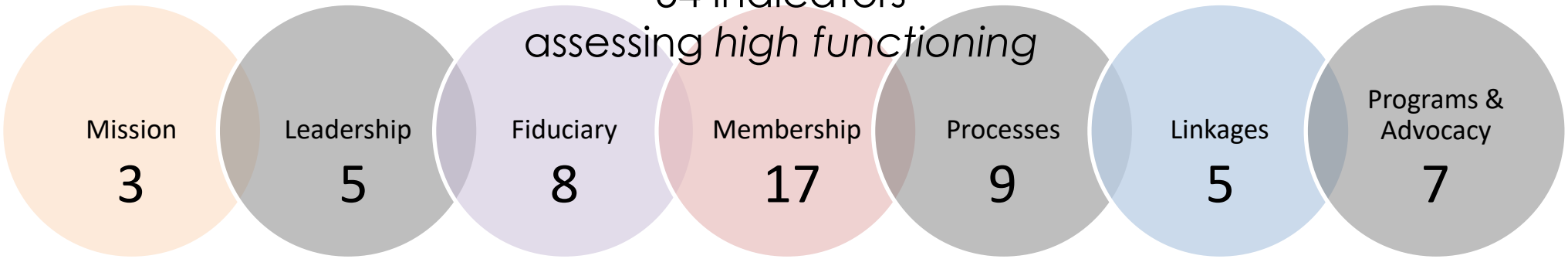
The Framework consists of ***five steps*** and associated tools for assessing and improving its functioning.



improved functionality leads to greater value, impact and power

who, what, when, where, why and how

54 indicators
assessing *high functioning*



MISSION
The Consortium mission is clear, agreed upon, and aligns with Healthy Start Program

FIDUCIARY (LEAD AGENCY)
Adequate staffing and resources are allocated to support the Consortium

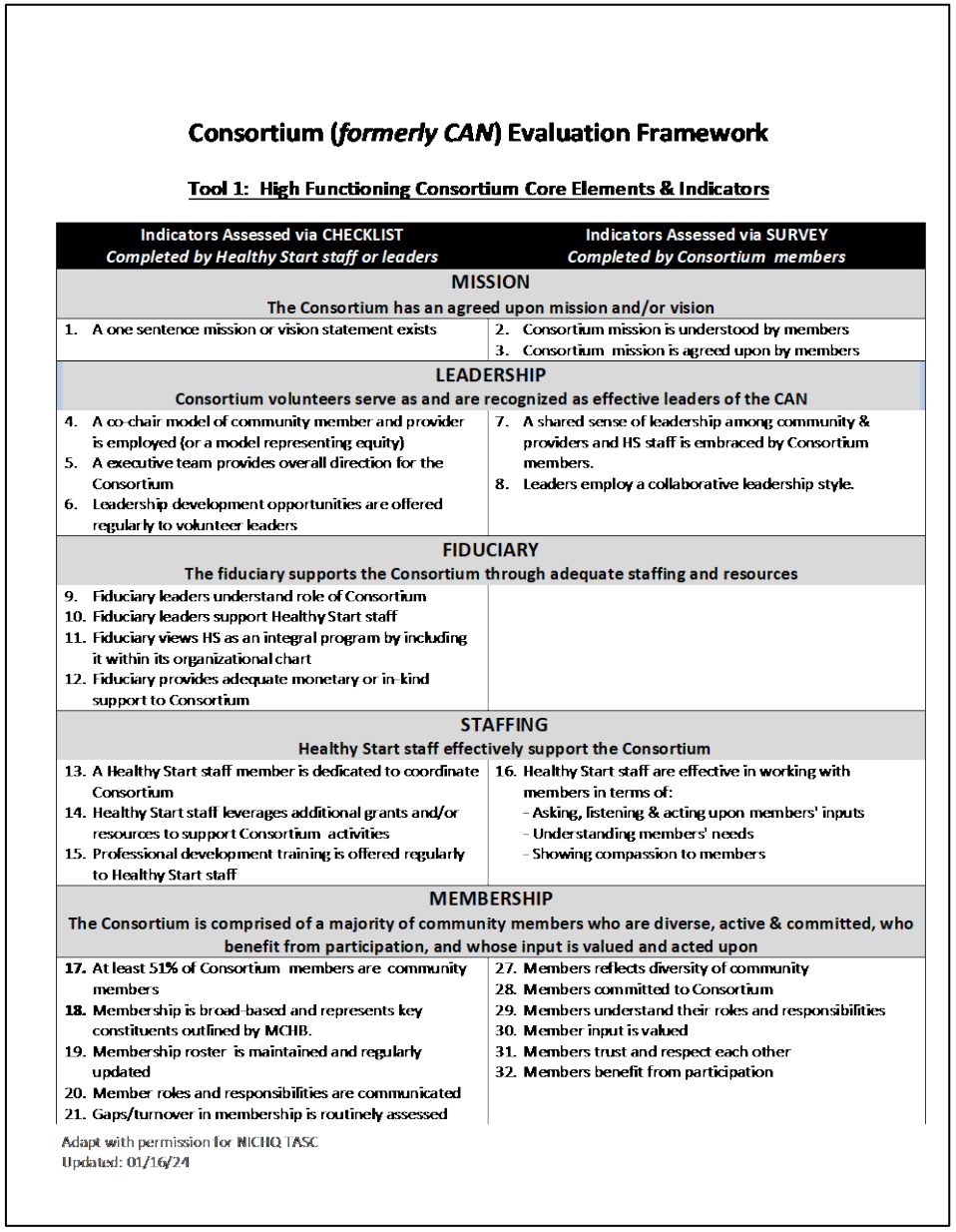
PROCESSES/STRUCTURES
The Consortium creates processes and structures that facilitate effective group interactions

PROGRAMS and ADVOCACY
The Consortium implement programmatic efforts and advocates for issues that support healthy births for at-risk families

LEADERSHIP
Community members & providers serve as and are recognized as effective leaders of the Consortium

MEMBERSHIP
The Consortium is comprised of a majority of community members who are diverse, active & committed, who benefit from participation, and whose input is valued

LINKAGES
The Consortium establishes well-defined roles within the Healthy Start Program and forms partnerships with other relevant community groups



Consortium (*formerly CAN*) Evaluation Framework

Tool 1: High Functioning Consortium Core Elements & Indicators

Indicators Assessed via CHECKLIST *Completed by Healthy Start staff or leaders*	Indicators Assessed via SURVEY *Completed by Consortium members*
MISSION The Consortium has an agreed upon mission and/or vision	
1. A one sentence mission or vision statement exists	2. Consortium mission is understood by members 3. Consortium mission is agreed upon by members
LEADERSHIP Consortium volunteers serve as and are recognized as effective leaders of the CAN	
4. A co-chair model of community member and provider is employed (or a model representing equity) 5. A executive team provides overall direction for the Consortium 6. Leadership development opportunities are offered regularly to volunteer leaders	7. A shared sense of leadership among community & providers and HS staff is embraced by Consortium members. 8. Leaders employ a collaborative leadership style.
FIDUCIARY The fiduciary supports the Consortium through adequate staffing and resources	
9. Fiduciary leaders understand role of Consortium 10. Fiduciary leaders support Healthy Start staff 11. Fiduciary views HS as an integral program by including it within its organizational chart 12. Fiduciary provides adequate monetary or in-kind support to Consortium	
STAFFING Healthy Start staff effectively support the Consortium	
13. A Healthy Start staff member is dedicated to coordinate Consortium 14. Healthy Start staff leverages additional grants and/or resources to support Consortium activities 15. Professional development training is offered regularly to Healthy Start staff	16. Healthy Start staff are effective in working with members in terms of: - Asking, listening & acting upon members' inputs - Understanding members' needs - Showing compassion to members
MEMBERSHIP The Consortium is comprised of a majority of community members who are diverse, active & committed, who benefit from participation, and whose input is valued and acted upon	
17. At least 51% of Consortium members are community members 18. Membership is broad-based and represents key constituents outlined by MCHB. 19. Membership roster is maintained and regularly updated 20. Member roles and responsibilities are communicated 21. Gaps/turnover in membership is routinely assessed	27. Members reflects diversity of community 28. Members committed to Consortium 29. Members understand their roles and responsibilities 30. Member input is valued 31. Members trust and respect each other 32. Members benefit from participation

Adapt with permission for NICHQ TASC
Updated: 01/16/24

Tool #1

High Functioning Cosnortia Core elements & Indicators

Tool #2

Checklist for Consortia Leaders

Tool #3

Survey for Consortia Members

Tool #4

GAP Analysis Matrix for Healthy Start Consortia

Tool #5

Action Plan

True Partnership

Coordination (getting to know you)

Collaboration (dating)

Integration (engagement)

Coordination:	Collaboration:	Integration:
Program services (alignment, referrals); coalition alignment	Planned coordination; intimate involvement; co-sponsoring; formal program connection; MOUs	Sharing resources; program integration; core connections; program maximization, working together for systems change; MOAs

C + C + I = True Partnership (marriage)

"Commitment to Action"

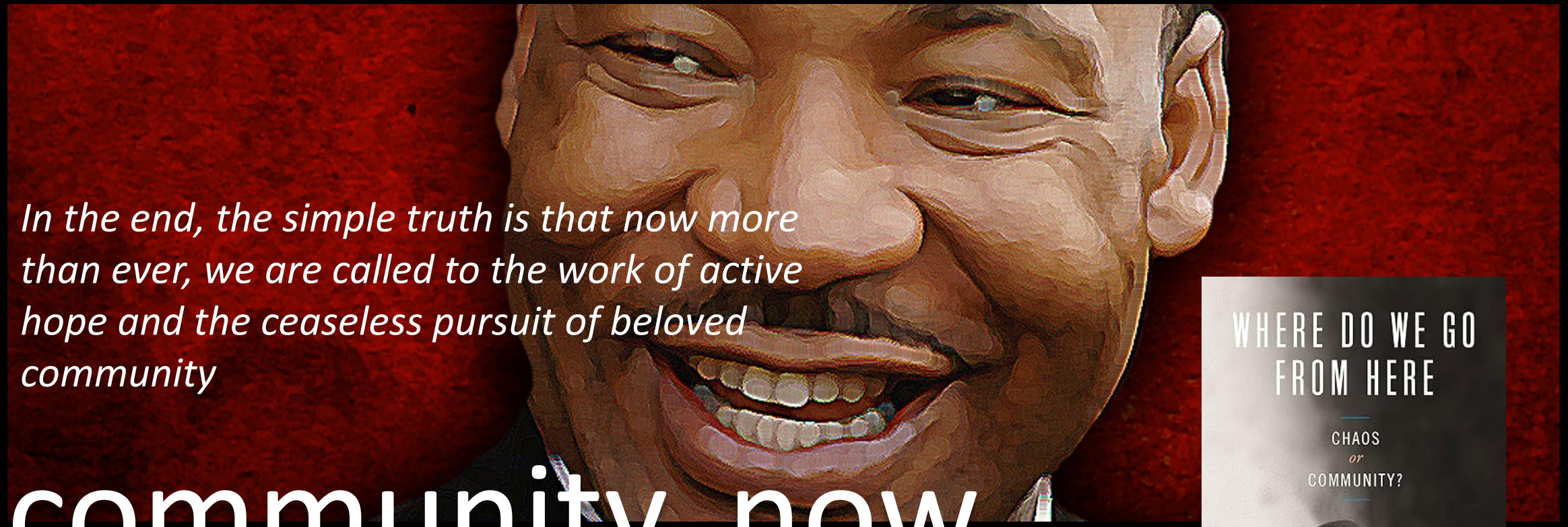
This is a great exercise to do with staff and Consortium members to begin to grow your membership!

- Identify 2-4 people/ organizations on your Consortia to target
- Give reason why you feel the need to focus on developing relationship with them
- Plan a "planned-encounter"
- Identify one or two issues to address
- Idea of how you see resolution and what you'd like to see happen

This is a great exercise to evaluate your partnerships and help move them to "true partnership" level!

Assignment: Examine Partnerships

Partner	Coordinate	Collaborate	Integrate	FOLLOW UP



In the end, the simple truth is that now more than ever, we are called to the work of active hope and the ceaseless pursuit of beloved community

community, now more than ever!

Engagement and Leadership

- Efforts to achieve revitalized communities of opportunity will not be successful without substantial community engagement
- Meaningful community engagement requires participation in governance and decision making

Procession: The Art of Norman Lewis

"Aligning *knowledge and practice* to build a **connected force** for community change"

Community Engagement (CE) is the process by which residents are engaged to learn and work together on behalf of their communities to create and realize bold visions for the future.

Procession: The Art of Norman Lewis

ENDING POVERTY
DEEPENING COMMUNITY
BUILDING YOUTH FUTURES
CLIMATE TRANSITIONS
Vibrant Communities
TAMARACK INSTITUTE

TAMARACK INSTITUTE

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

Empowering participants

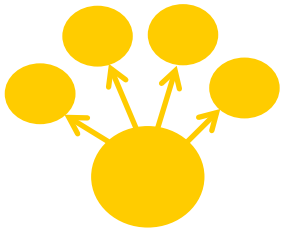
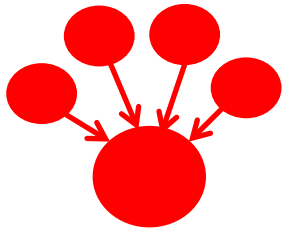
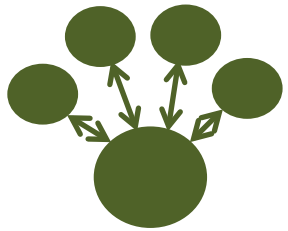
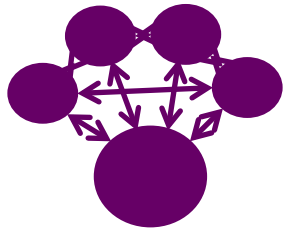
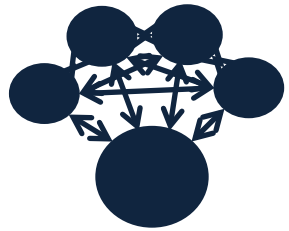
Tapping into networks

Partnering with community leaders

Nurturing new partnerships

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

Partner with the public 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 → ← **Involve** → ← **Empower**

low level of public engagement

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

Mid level of public engagement

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

High level of public engagement

Place final decision-making in the hands of the public

Adapted from IAP2's Public Participation Spectrum, Toronto

https://www.iap2.org/page/pillars

PROMISE (inform)
"We will keep you informed"

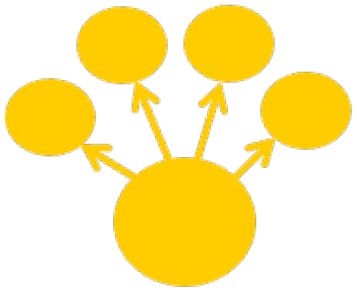
PROMISE (consult)
"We will listen to and acknowledge your concerns"

PROMISE (involve)
"We will work with you to ensure your concerns and aspirations are directly reflected in the the decisions made"

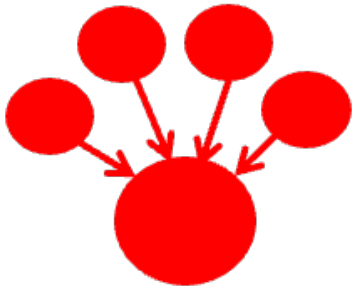
PROMISE (collaborate)
"We will look to you for your advice and innovation and incorporate this in decisions as much as possible"

PROMISE (inform)
"We will implement what you decide"

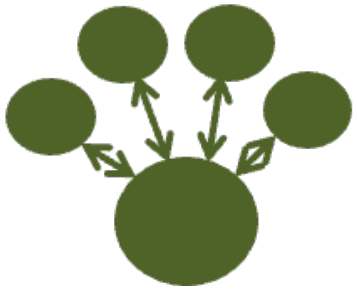
Inform



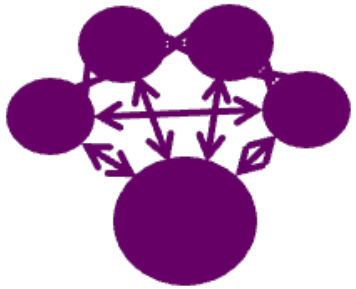
Consult



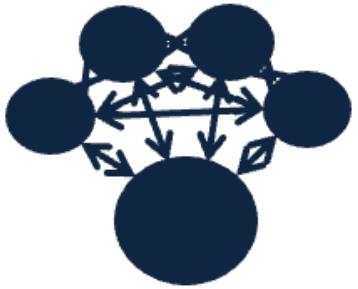
Involve



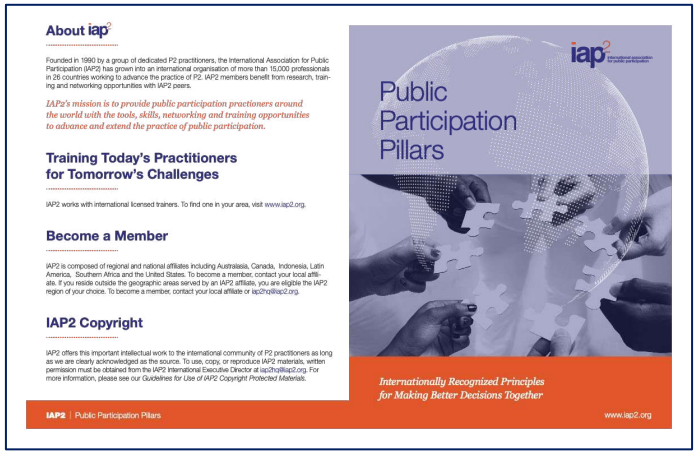
Collaborate



Empower



more on sustaining community engagement: https://sustainingcommunity.wordpress.com/2017/02/14/spectrum-of-public-participation/



About iap2

Founded in 1990 by a group of dedicated P2 practitioners, the International Association for Public Participation (IAP2) has grown into an international organisation of more than 15,000 professionals in 26 countries working to advance the practice of P2. IAP2 members benefit from research, training and networking opportunities with IAP2 peers.

IAP2's mission is to provide public participation practioners around the world with the tools, skills, networking and training opportunities to advance and extend the practice of public participation.

Training Today's Practitioners for Tomorrow's Challenges

IAP2 works with international licensed trainers. To find one in your area, visit www.iap2.org.

Become a Member

IAP2 is composed of regional and national affiliates including Australasia, Canada, Indonesia, Latin America, Southern Africa and the United States. To become a member, contact your local affiliate. If you reside outside the geographic areas served by an IAP2 affiliate, you are eligible the IAP2 region of your choice. To become a member, contact your local affiliate or iap2hq@iap2.org.

IAP2 Copyright

IAP2 offers this important intellectual work to the international community of P2 practitioners as long as we are clearly acknowledged as the source. To use, copy, or reproduce IAP2 materials, written permission must be obtained from the IAP2 International Executive Director at iap2hq@iap2.org. For more information, please see our *Guidelines for Use of IAP2 Copyright Protected Materials.*

Public Participation Pillars

Internationally Recognized Principles for Making Better Decisions Together

IAP2 | Public Participation Pillars

www.iap2.org

IAP2 Core Values

IAP2 Core Values define the expectations and participation process. P2 processes based on the Core Values have proved to be the most successful and respected.

1. Public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
2. Public participation includes the promise that the public's contribution will influence the decision.
3. Public participation promotes sustainable decisions by recognizing and communicating the needs and interests of all participants, including decision makers.
4. Public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision.
5. Public participation seeks input from participants in designing how they participate.
6. Public participation provides participants with the information they need to participate in a meaningful way.
7. Public participation communicates to participants how their input affected the decision.

IAP2 Code of Ethics

IAP2 Code of Ethics is a set of principles that guides the actions of P2 practitioners and enhances the integrity of the P2 process.

Purpose: We support public participation as a process to make better decisions that incorporate the interests and concerns of all affected stakeholders and meet the needs of the decision making body.

Role of Practitioner: We will enhance the public's participation in the decision making process and assist decision makers in being responsive to the public's concerns and suggestions.

Trust: We will undertake and encourage actions that build trust and credibility for the process among all the participants.

Defining the Public's Role: We will carefully consider and accurately portray the public's role in the decision making process.

Openness: We will encourage the disclosure of all information relevant to the public's understanding and evaluation of a decision.

Access to the Process: We will ensure that stakeholders have fair and equal access to the public participation process and the opportunity to influence decisions.

Respect for Communities: We will avoid strategies that risk polarizing community interests or that appear to "divide and conquer."

Advocacy: We will advocate for the public participation process and will not advocate for interest, party, or project outcome.

Commitments: We ensure that all commitments made to the public, including those by the decision maker, are made in good faith.

Support of the Practice: We will mentor new practitioners in the field and educate decision makers and the public about the value and use of public participation.

https://www.iap2.org/page/pillars

constellation alignment

What are resources in your orbit that are working?
Who's supporting this work?

What does the community want?

What do we want for the community?

How do we create alignment with the community?

Create a vision with community as partners for *Now and Beyond*
2024 2028 2030

This is a great worksheet ot use to help align project goals with community goals!

Constellation Alignment
WORK-SHEET

Have your group think about the community that your project is comprised of for your Healthy Start project. Use these questions to gather data to work with your community to help create a collective vision for the community!

What are resources in your orbit that are working?

Who's supporting this work?

What does the community want?

What do we want for the community?

How do we create alignment with the community?

NEXT STEP when you gather the community together:

Create a vision with community as partners for *Now and Beyond*

2024	2025	2030

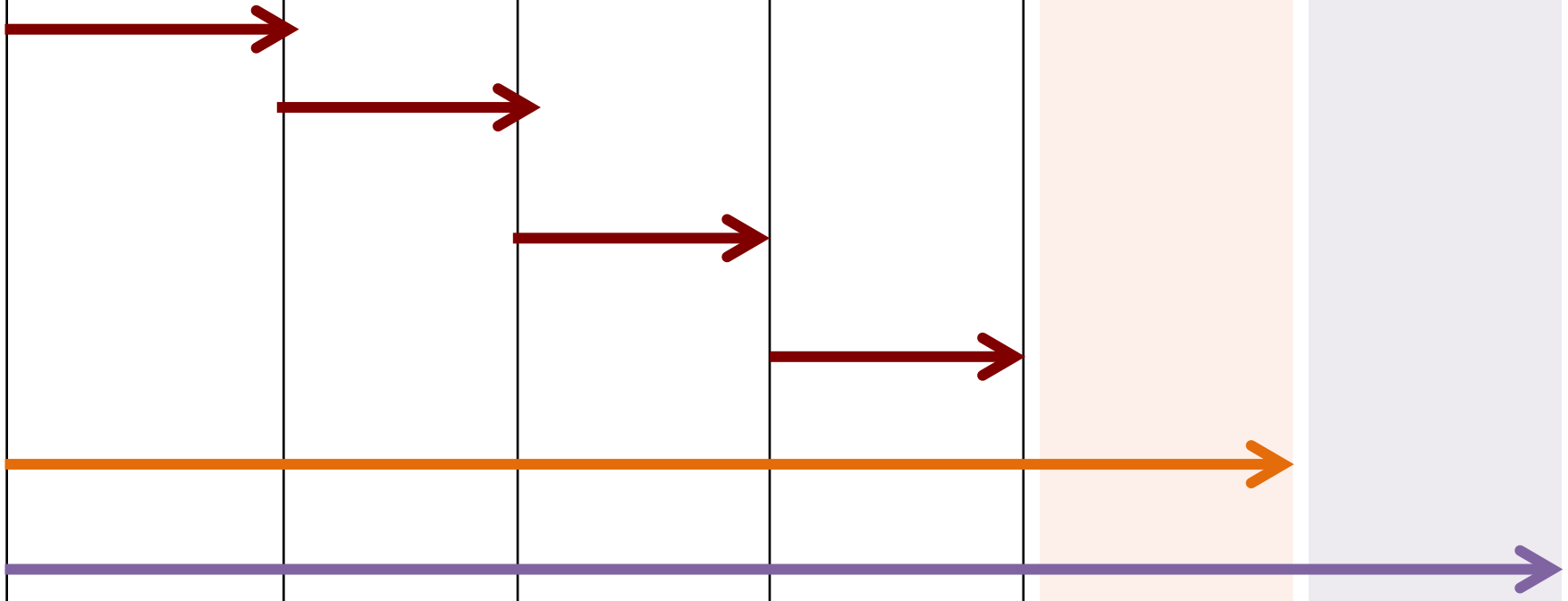
CE Mapping Worksheet developed by Tapestry, CE
12/2020

starter "to do" list:

- ✓ Introduction letter and invitation
- ✓ Develop a MCHB HSE one-pager
- ✓ Develop 2-pager Project Description (to accompany letter)
- ❑ Create MOU template
- ❑ Complete Partnership Evaluation Assessment
- ❑ Create vision/mission/strategy
- ❑ Define Consortium Structure and Operations
- ❑ Membership Form
- ❑ Referral Form
- ❑ Community Needs Assessment
- ❑ Brochure
- ❑ Create some communication documents
- ❑ Orientation
- ❑ Orientation Packet
- ❑ Develop Partnership Development Strategy
  - ✓ ID
  - ✓ Strengthen existing ones
  - ✓ MOUs in place
- ❑ Develop Membership Recruitment Strategy
- ❑ Develop Leadership Development Strategy
- ❑ Communicate today's learning back to others in your community
  - ✓ UP
  - ✓ Internal
  - ✓ External

Work-plan

Activity	Who's Responsible?	Timeline				Year 1 *2023*-2024	Years 2-5 2024-2028
		February 2024 (30 days)	March 2024 (60 days)	April 2024 (90 days)	May 2024 (120 days)	September 2024 (8 months)	2024-2028 (4 years)




tapestry of
engagement

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

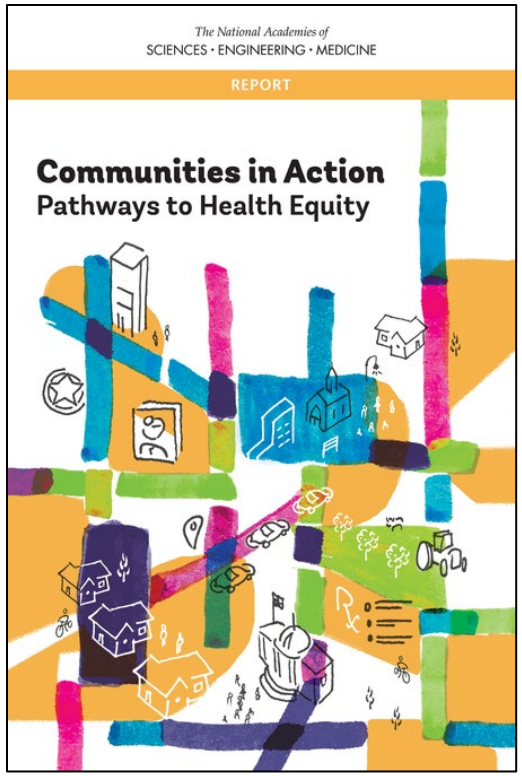
for engagement to happen, it is necessary to…

- 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

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 prepared to release control of actions, interventions and be flexible
- Community collaboration requires long-term commitment

McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Educ Q. 1988 Winter;15(4):351-77. doi: 10.1177/109019818801500401. PMID: 3068205. https://pubmed.ncbi.nlm.nih.gov/3068205/



Looking at an ecological perspective on health promotion programs

National Academies of Sciences, Engineering, and Medicine. 2017. Communities in Action: Pathways to Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624. https://nap.nationalacademies.org/catalog/24624/communities-in-action-pathways-to-health-equity

Social ecological model with examples of *racism constructs*.

The mechanisms by which the social determinants of health operate differ with respect to the level.

At the systemic level, the mechanisms are national, state, and local policies, laws, and regulations.

At the community level, they are relationships among organizations.

At the institutional level, they are organizations and social institutions.

At the interpersonal level, they are families, friends, and social networks.

For the intrapersonal level, these mechanisms are individual knowledge, attitudes/beliefs, and skills.

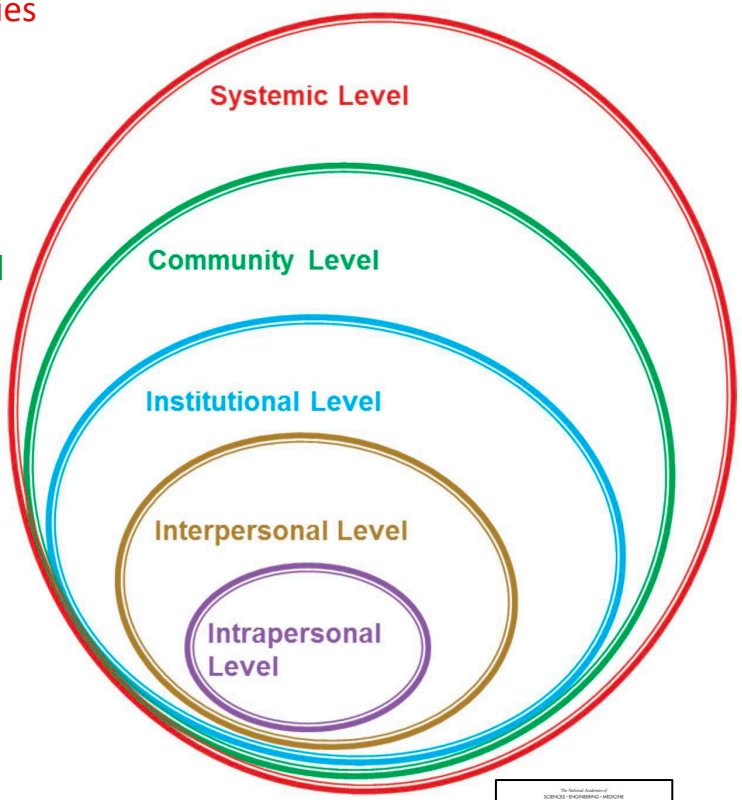
Systemic Level
- Immigration policies
- Incarceration policies
- Predatory banking

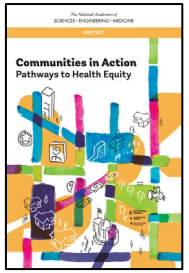
Community Level
- Differential resource allocation
- Racially or class segregated
- Schools

Institutional Level
- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal Level
- Overt discrimination
- Implicit bias

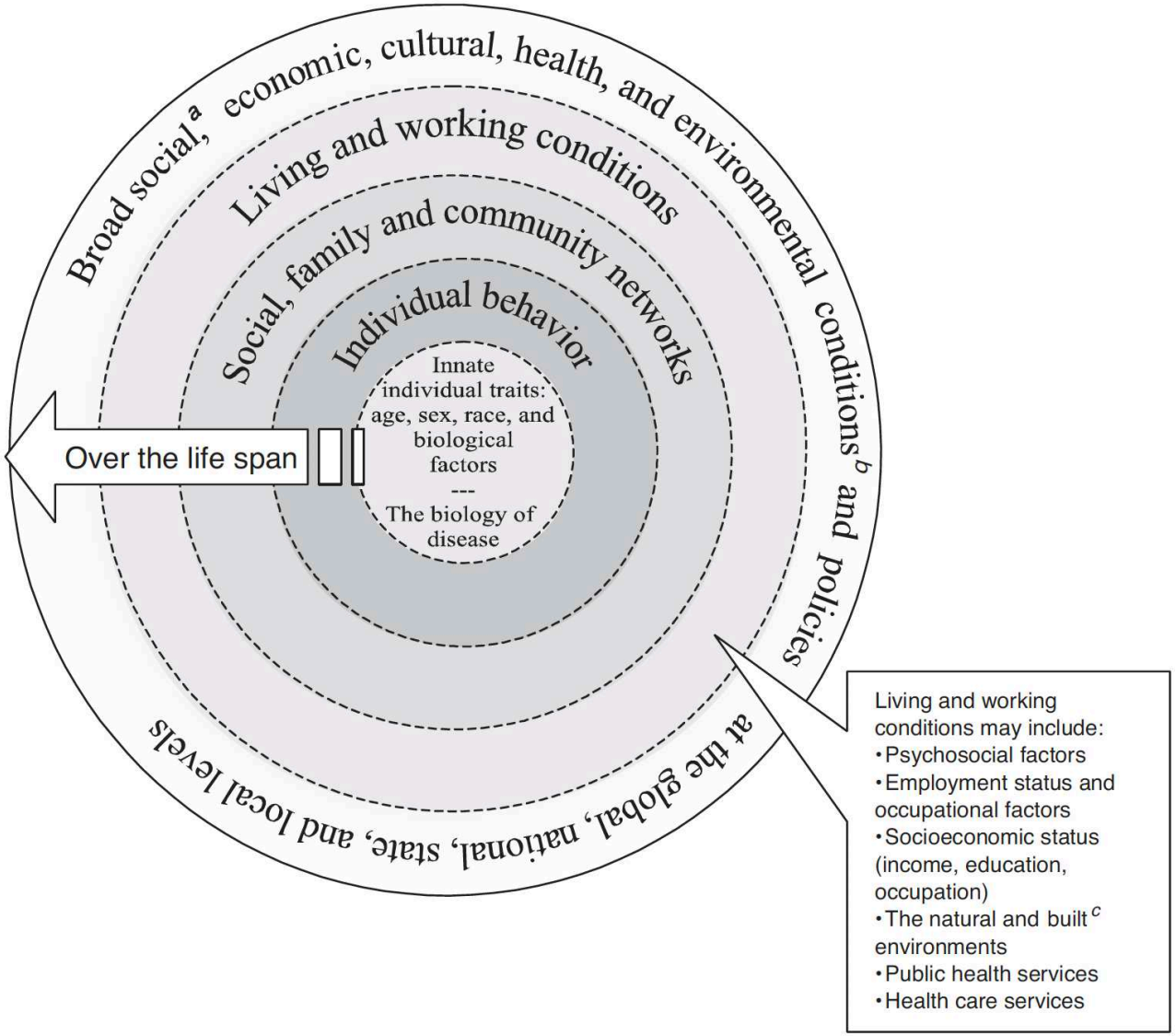
Intrapersonal Level
- Internalized racism
- Stereotype threat
- Embodying inequities





Adapted from Dahlgren and Whitehead, 1991. The dotted lines between levels of the model denote interaction effects between and among the various levels of health determinants (Worthman, 1999).

a. *Social conditions include, but are not limit to: economic inequality, urbanization, mobility, cultural values, attitudes and policies related to discrimination and intolerance on the basis of race, gender, a other differences.*
b. *Other conditions at the national level migh include major sociopolitical shifts, such as recession, war, and governmental collapse*
c. *The built environment includes*



Economic Stability

Goal: Help people earn steady incomes that allow them to meet their health needs.

Education Access and Quality

Goal: Increase educational opportunities and help children and adolescents do well in school.

Health Care Access a d Quality

Goal: Increase access to comprehensive, high-quality health care services.

Neighborhood and Built Environment

Goal: Create neighborhoods and environments that promote health and safety.

Social and Community Context

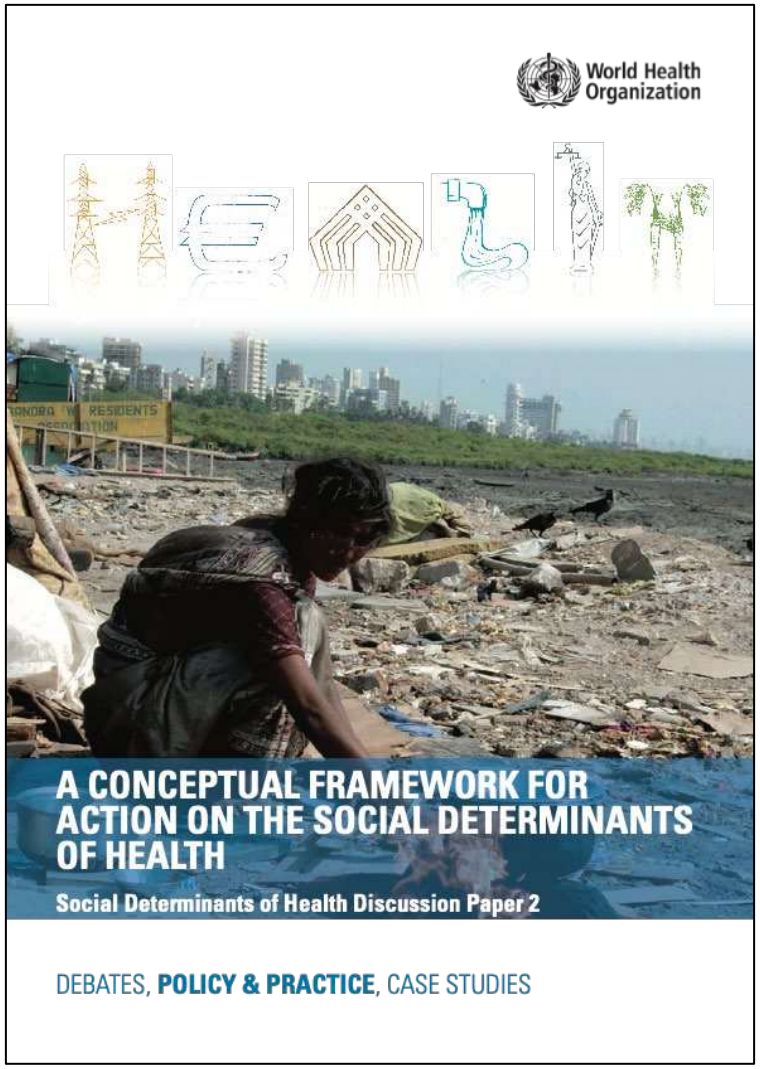
Goal: Increase social and community support.

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

https://www.who.int/publications/i/item/9789241500852

The “socioeconomic and political context” was adapted from the World Health Organization Conceptual Framework for Action on the Social Determinants of Health (WHO, 2010) and encompasses policies, law, governance, and culture.



Higher functioning collaboratives

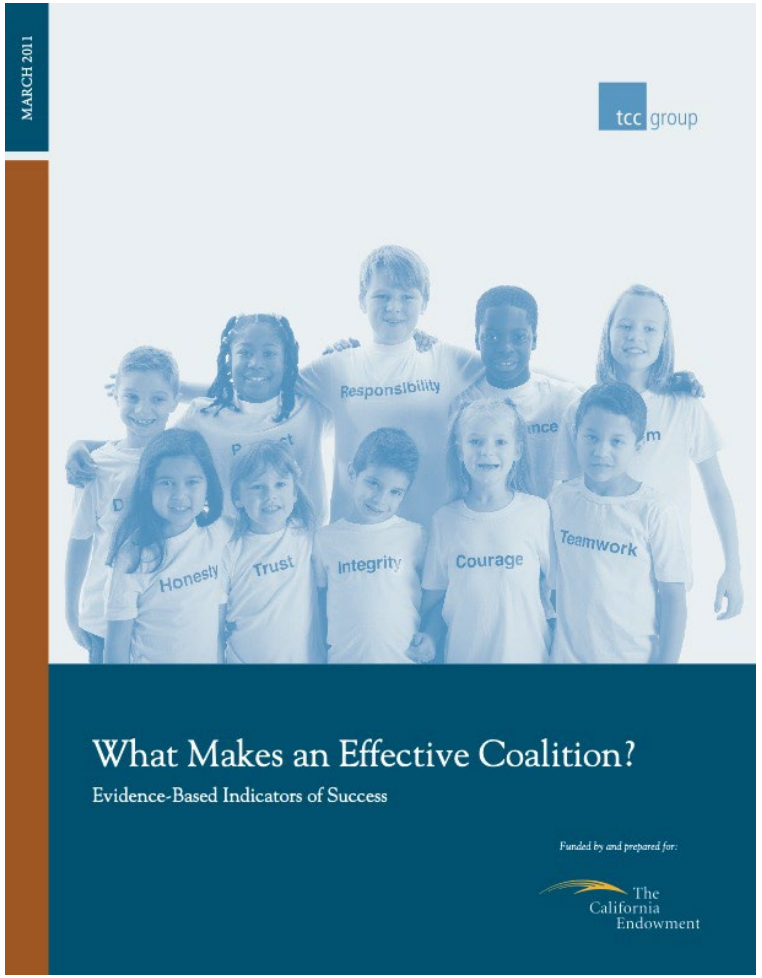
are more likely to succeed

align on a shared intent, have a transparent governance, have a strong membership, carry out backbone activities, and engage in ongoing learning and adaptation

Lower functioning collaboratives

misaligned around shared intent, have unclear governance procedures, experience conflict among members, lack sufficient backbone support, and/or fail to learn or adapt

may struggle to execute upstream strategies.



Jared Raynor. (2011). What Makes an Effective Coalition? Evidence-Based Indicators of Success. Prepared by the TCC Group for The California Endowment
https://www.tccgrp.com/wp-content/uploads/2018/09/What-Makes-an-Effective-Coalition.pdf

https://www.rwjf.org/en/cultureofhealth/taking-action.html

Robert Wood Johnson Foundation

https://www.rwjf.org/en/building-a-culture-of-health/why-health-equity.html

RWJF created an Action Framework that includes an integrated perspective on what it takes to achieve population-level health and well-being.

The core structure of the Action Framework centers around four areas:

1. Making Health a Shared Value
2. Fostering Cross-Sector Collaboration
3. Creating Healthier, More Equitable Communities
4. Strengthening Integration of Health Services and Systems

Ten Principles of a Culture of Health

RWJF believes a national Culture of Health grounded in health equity must reflect the following underlying principles:

- Every individual, family, and community is seen as deserving of health and wellbeing.
- Health is considered a shared responsibility within our society.
- America's national narrative acknowledges that health and wellbeing is impacted by injustice, systemic racism, and inequities in social and economic conditions.
- Everyone, no matter their background, has access to the resources they need to create conditions that support good health and wellbeing.
- All families—no matter who they are, where they live, or how much money they make—should have the resources they need to help their children grow up healthy.
- Healthcare, public health, and social services work together to fully address the goals and needs of the people they serve.
- Public Policy and decision-making in the private industry is guided by the goal of ensuring everyone has a fair and just opportunity for health and wellbeing.
- Communities, regardless of income or geography, have the power, agency, and resources to create and implement their own solutions to the unique health issues facing them.
- Health data, research, and measures prioritize collecting information by race, age, ethnicity, sex, geographic region, and other relevant factors, to advance health equity for all.
- No one is excluded.

Article: Building a National Culture of Health- Background, Action Framework, Measures, and Next Steps https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5568157/

Robert Wood Johnson Foundation

FUNDING OPPORTUNITY

Systems for Action: Systems and Services Research to Address Systemic Racism

https://www.rwjf.org/en/grants/active-funding-opportunities/2023/systems-for-action--systems-and-services-research-to-address-systemic-racism.html

Application Deadline

February 07, 2024 3:00 PM

APPLY FOR DEVELOPMENTAL STUDIES >

Application Deadline

February 07, 2024 3:00 PM

APPLY FOR IMPACT STUDIES >

Award Contact

Glen Mays, PhD and Carrington Lott, MPH

systemsforaction@cuanschutz.edu

https://www.systemsforaction.org

Here are the links to research, articles and documents referenced in today's training

1. https://mchb.hrsa.gov/sites/default/files/mchb/about-us/2023-mchb-healthy-start-factsheet.pdf

2. https://mchb.hrsa.gov/programs-impact/programs/healthy-start-initiative-enhanced

3. https://ctb.ku.edu/en/building-leadership

4. source: https://equity.unitedway.org

5. https://www.iap2.org/page/pillars

6. https://sustainingcommunity.wordpress.com/2017/02/14/spectrum-of-public-participation/

7.https://www.iap2.org/page/pillars

8. https://ctb.ku.edu/en/building-leadership

9. https://pubmed.ncbi.nlm.nih.gov/3068205/

10. https://nap.nationalacademies.org/catalog/24624/communities-in-action-pathways-to-health-equity

11. https://www.who.int/publications/i/item/9789241500852

12. https://www.tccgrp.com/wp-content/uploads/2018/09/What-Makes-an-Effective-Coalition.pdf

13. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5568157/

14. https://www.rwjf.org/en/grants/active-funding-opportunities/2023/systems-for-action--systems-and-services-research-to-address-systemic-racism.html

thank you!

May you find passion in the work of creating Community Consortia!

Happy New Year!

communities are stronger together

kharris@nichq.org

Arthur Martinez

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Closing

Tess Pierson

Healthy Start TA & Support Center

Consortia/CAN Development Training
Hosted by the Healthy Start TA & Support Center at NICHQ

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Satisfaction Survey

NICHQ National Institute for Children's Health Quality
HEALTHY start TA & SUPPORT CENTER

Thank you!

Consortia/CAN Development Training
Hosted by the Healthy Start TA & Support Center at NICHQ

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER