

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



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

CAN to Consortium Webinar

Thursday, May 30
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.

CAN to Consortium Webinar

Agenda

Housekeeping

Tess Pierson
HEALTHY START TA &
SUPPORT CENTER (TASC)

Welcome & Introduction

Kenn Harris
TASC

Breakout Rooms

All

CAN to Consortium

Kenn Harris
TASC

Closing

Tess Pierson
TASC

*CAN TO CONSORTIUM WEBINAR
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER





Welcome & Introduction

Kenn Harris

HEALTHY START TA & SUPPORT CENTER

*CAN TO CONSORTIUM WEBINAR
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Breakout Rooms

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start
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The logo icon for Healthy Start, featuring a stylized plant with four red leaves and a green stem.

Breakout Room Instructions

We need 8 volunteers to serve as Consortium Coordinators for their breakout room!

YOU WILL HAVE 5-7 MINUTES TO DISCUSS THE FOLLOWING QUESTIONS:

- *WHAT ARE YOUR LEARNING EXPECTATIONS FOR TODAY'S WEBINAR?*
- *WHAT DO YOU THINK IS THE POWER OF A STRONG CONSORTIUM?*

Mentimeter



CAN to Consortium

Kenn Harris

HEALTHY START TA &
SUPPORT CENTER

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**HEALTHY
start** 
TA & SUPPORT CENTER

Healthy Start

from a can to

consortium

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

Thursday, May 30th 2024
Consortium Series Session



welcome and introduction

1. Name
2. Project
3. City & State
4. **Expectation today?**

Workshop Goals:

Distinguish
difference in in
CAN and
Consortium

Examine current
CAN in order to
transition to HS
Consortium

Have some fun during the
whole presentation!

Provided framework for building a
strong, "high functioning Healthy Start
Consortium

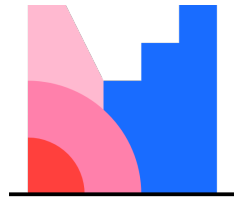
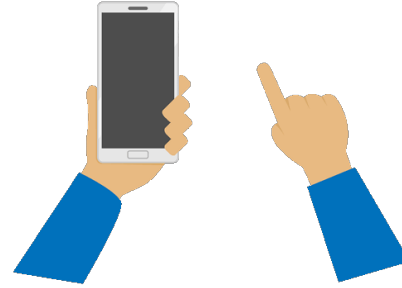
how are you today?

5 word story

**need
volunteers!**



report out!



Mentimeter

fist to five

understanding of the community consortium





welcome to the table

From CAN to Consortium | HS Consortium Series

today's learning pathways

- *Strengthen* Community Consortia
- *Transition* existing Community Action Network (CAN) into Community Consortia for HS (now and beyond)
- *Establish* “new” Community Consortia

strengthen

transition

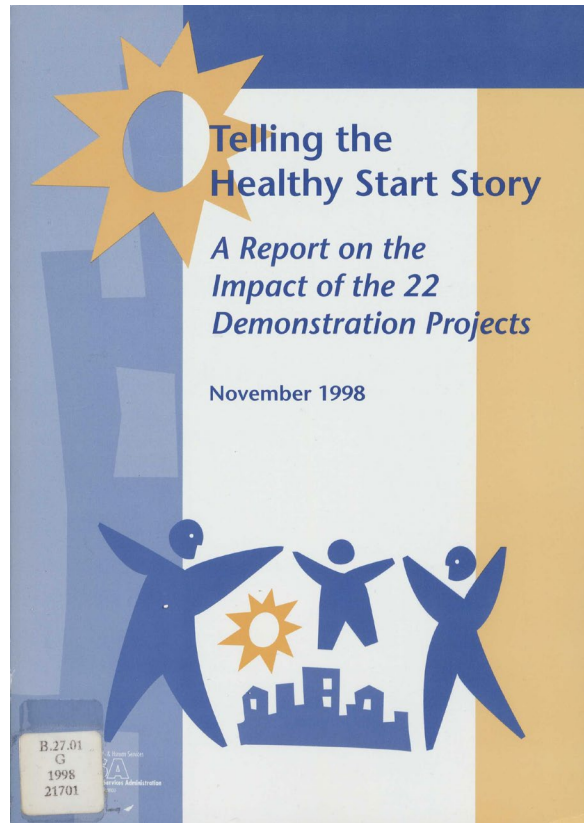
establish

comprehensive
consortia
training

telling the story

The Healthy Start Initiative

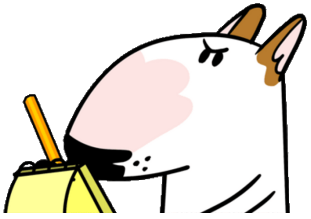
“A Community-Driven Approach to Infant Mortality Reduction”



- 1991-1996
- 1997-2001
- 2001-2005
- 2005-2009
- 2009-2014
- 2014 – 2019
- 2019-2024
- 2024-2029

8 Generations of HS

congratulations!



look back, leap forward!

what did you
learn from the
can?



CAN vs. Consortium

an alliance for
combined action

function and functionality

what it's
designed to
do!

purpose



how it does what
it's designed to
do!

performance

too many, too
small, too soon

the message remains

From CAN to Consortium | HS Consortium Series



since then, until now!

Healthy Start provides **a forum for the community voice** in efforts to improve the health of mothers and babies.

Healthy Start programs participate in Community Consortium (formerly CANs) that mobilize health care, social service and other providers to coordinate services, and steer local action to address social determinants of health related to poor birth outcomes.

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 Community Consortium (*formerly CAN*) 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.

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 effordted by the community** itself.

how are you connecting now?





how are you including community now?

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



thinking



community
connection



action/
impact

“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”



CAN vs. Consortium

From CAN to Consortium | HS Consortium Series

informal to formal

independent | interdependent

far | near



proximate

placement, close; very near.

*program
community
outcomes
issues
etc...*



what social determinant of health are you focusing on?



The Consortium

today's learning pathways

- *Strengthen* Community Consortia
- *Transition* existing Community Action Network (CAN) into Community Consortia for HS (now and beyond)
- *Establish* “new” Community Consortia

strengthen

transition

establish

comprehensive
consortia
training

- **Community Consortia** (community)
 - ✓ Convene diverse, multi-sector state, local, and community level partners, including HS participants and other community members, that will:
 - Advise and inform strategies for providing direct and enabling services to HS participants.
 - Develop cross-sector partnerships to ensure access for HS 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 HS projects to develop and implement a strategic plan for the community that focuses on at least one social determinant of health.

engagement

community consortium

- **Advise and inform strategies** for providing direct and enabling services to HS 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 HS 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 HS projects to develop and implement a strategic plan for the community that focuses on at least one social determinant of health.
 - ❑ HS TASC facilitate

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

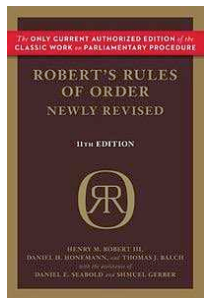
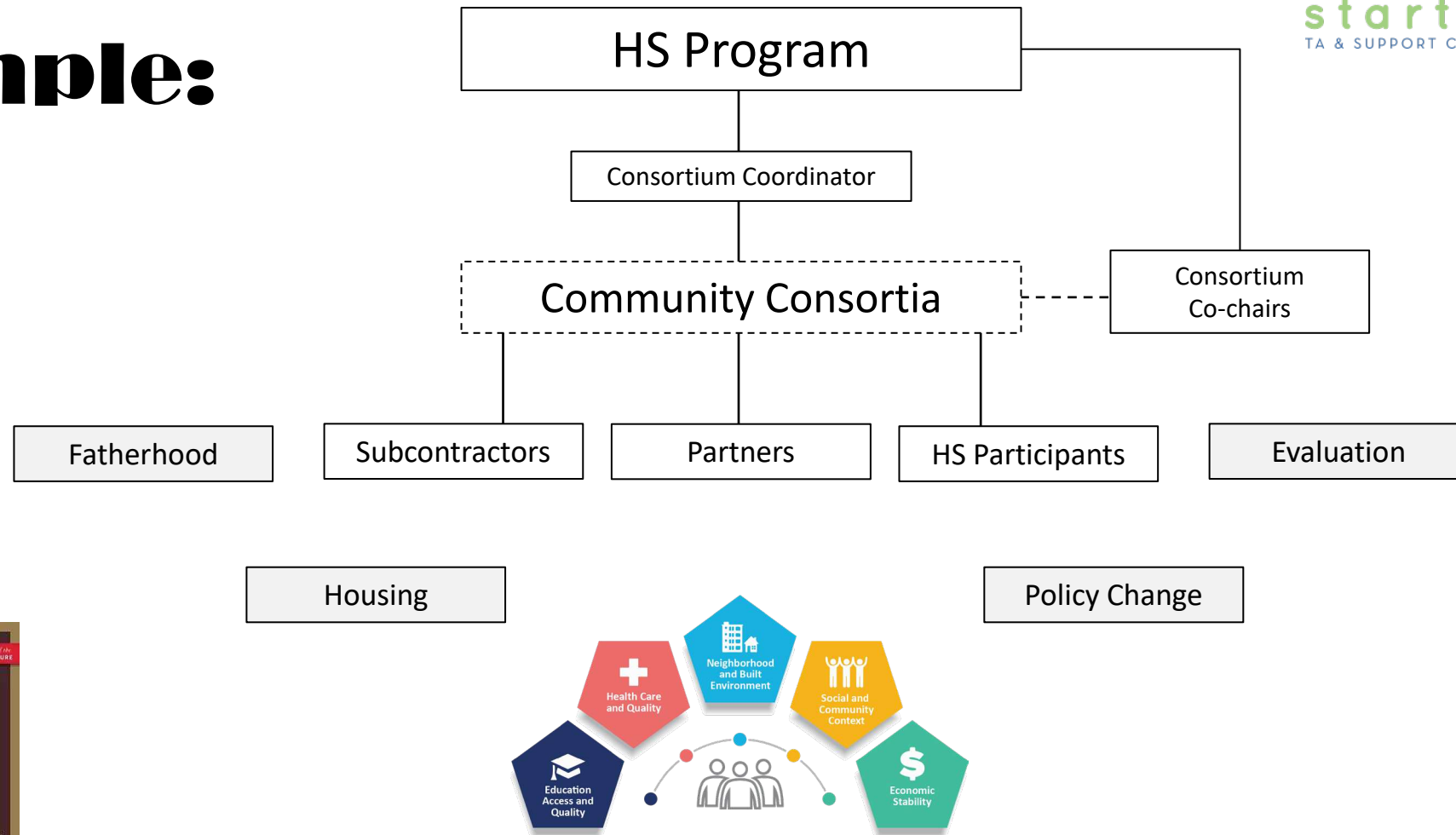
The Community Consortium works collaboratively to develop and implement a plan focused on SDOH with activities that result in systems changes and improvements in order to accelerate reducing disparities in perinatal outcomes.

how it functions, what it does!

expectations

- ❑ Establish a Community Consortium within 3 months of the start of the HS project period.
- ❑ It is expected that a minimum of 25 percent of Community Consortium members are enrolled HS 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 HS project is expected to lead Community Consortium
- ❑ HS 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 HS 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.

example:



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.

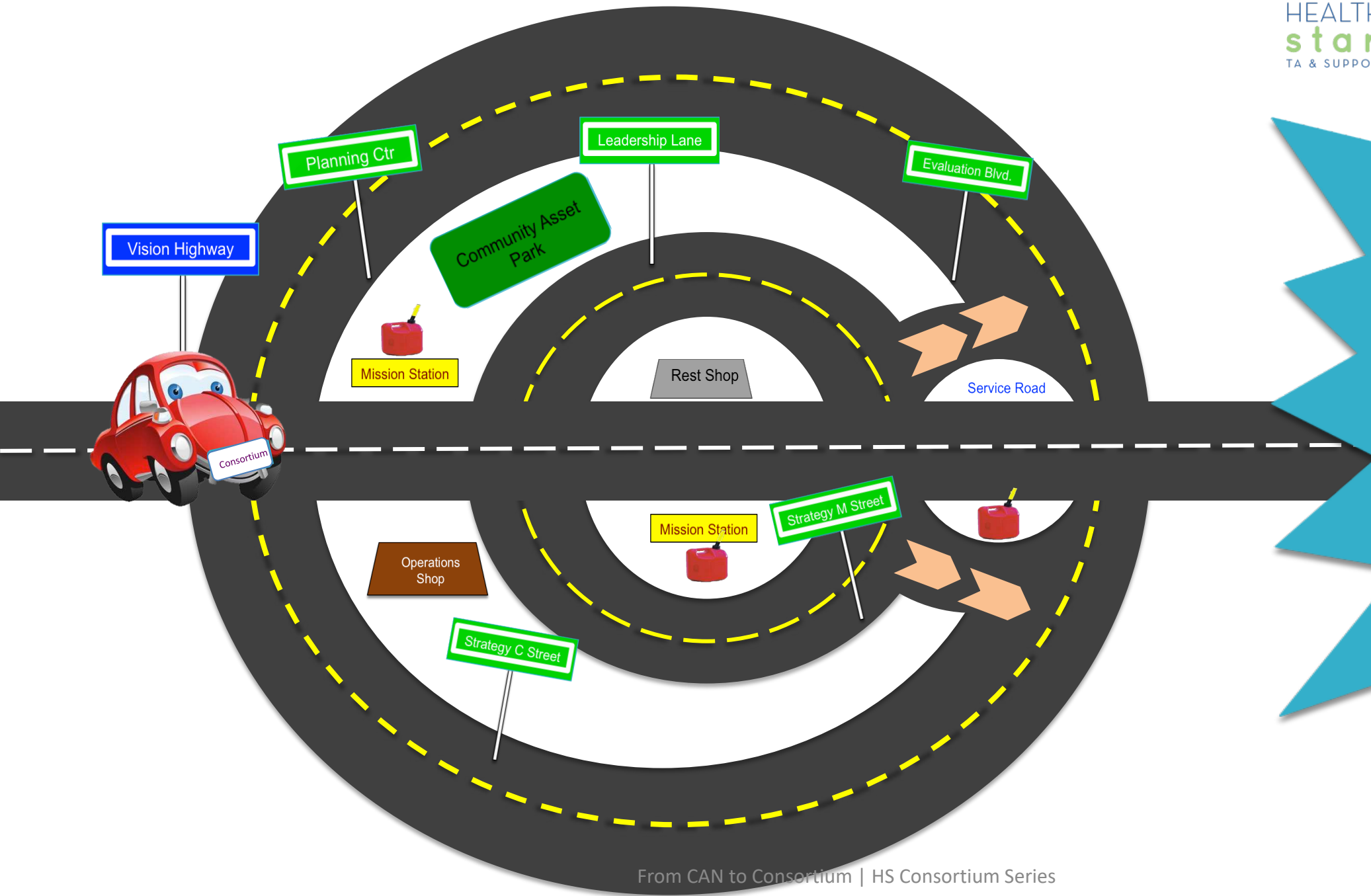
how the consortium functions!

the **VEHICLE**



- Vision
- Mission
- Plan (Community Action Plan)
- Operations (structure, staffing, fiduciary alignment, leveraging and maximization)
- Consortium Membership/ Partnerships (roles/responsibilities, assets, engagement)
- Established leadership (communication protocols)
- Communication Strategies
- Marketing Strategies
- Evaluation (program and Consortium)
- Services ((program and Consortium)
- Resource Development

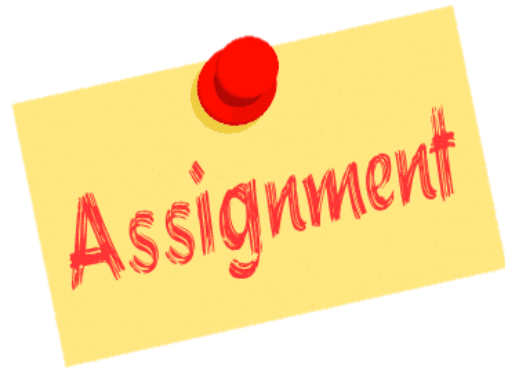




Consortium RoadMAP

Creating a
vision for the
future based
on where you
want your
program to
be?

This webinar examines 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.



- *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



Five Critical Factors Shape the Development of Consortium

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

Highly supportive

Non-supportive



*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.

Where do we begin?

Who's not at the table of needs to be?

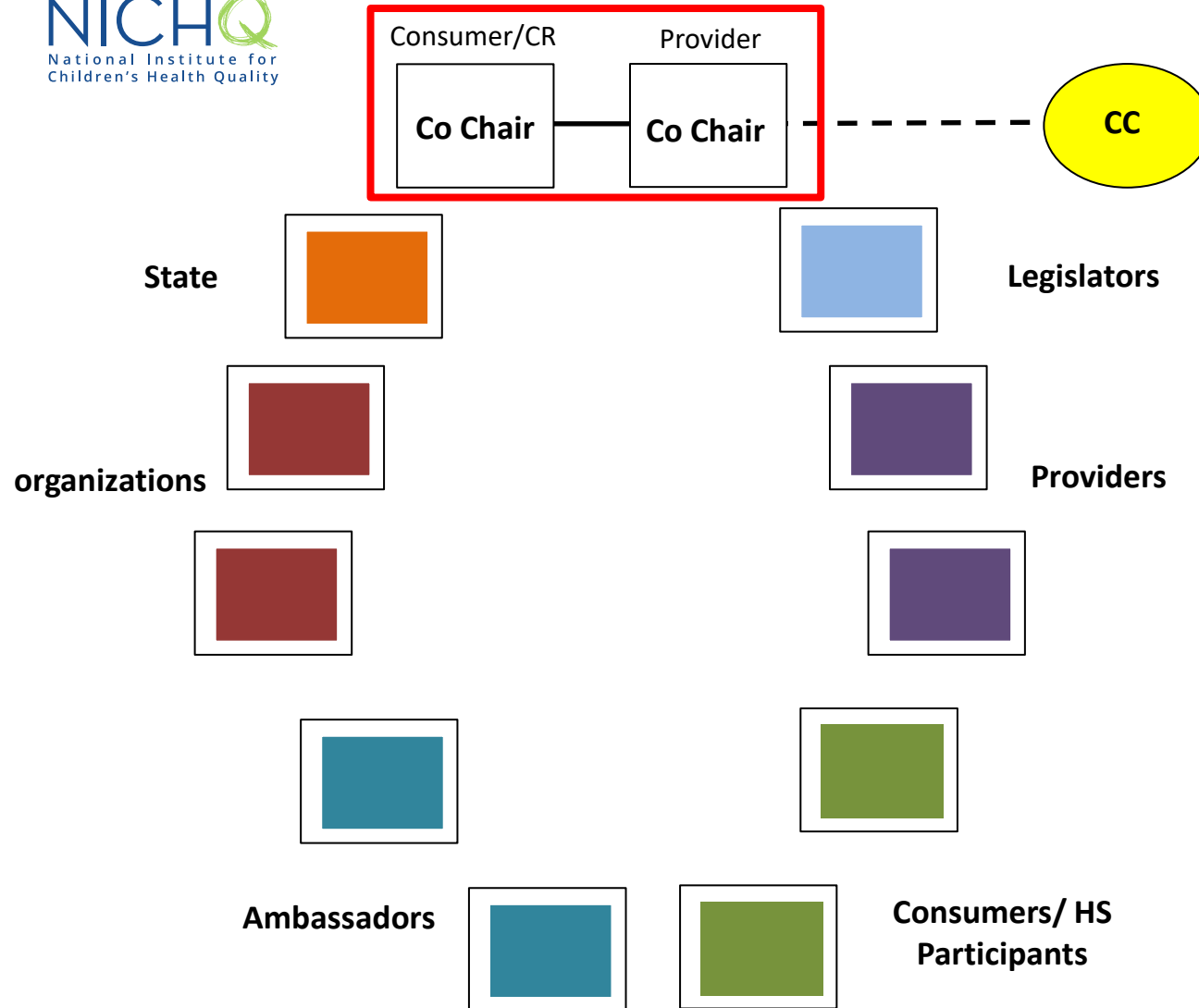
Assessment, Assessment, Assessment!

Who's at the table?

you've gotta ignite, excite & invite

Membership Recruitment!

Consortium Structure



Consortium Training/ Workshops

- Orientation
- Capacity Building
- Advocacy
- Topical (CVD, Breastfeeding, etc...)
- Leadership Development

Project Leadership Team

Project Director
Co-Chairs
Consortium Coordinator
Fiduciary Representative
*Suggested meeting times:
twice /year or 4xs/year*

Committee Structure Model

Co-Chairs: Provider/Consumer



Co-Chairs and Consortium Coordinator Meeting
PURPOSE: Set agenda, discuss f/u and f/t

Consortium Meeting

Meeting Agenda

[mission]

Who runs the meetings? Volunteers (chairs)

Standard items:

- Welcome/ Introductions
- Program Update
- *Evaluation*
- *Committee Reports*
- *Budget Update*
- Educational Element

'Month' 'Year' Regular Meeting

'Company Name' Board of Directors

Date:

Time:

Location:

MEETING AGENDA

I. Call to Order / Roll Call

Name of Attendees

II. Approval of Previous Board Meeting Minutes

III. Approval of Agenda

(Additional items will be added under Other Business)

IV. Officers Report

See attached

V. Old Business

VI. Items for Review / Discussion

VII. Items Requiring Board Approval

VIII. Feedback Session

IX. Action Items for Next Meeting

X. Adjournment



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

Subcontractors include Consortium description stating expectation of participation of ALL hired staff under the grant. Include as a contractual obligation. If you desire higher level of institutional engagement, include in contract requiring supervisor of HS staff attend two meetings annually (possibly grantee meeting)

Create Partnership Commitment Policy

This policy 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

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

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

Transitioning Your Program Participants

From the clinic to the consortium

VIP Consortium

value of Consortium

impact of Consortium

power of Consortium

ASSESS

Current Consortium

Your Consortium Model

- *Components*
- *Challenges*
- *Sucesses*
- *Barriers*
- *Accomplishments*

Ideal Consortium

High Performance Model

The SHORTFALL

GAP Analysis

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?

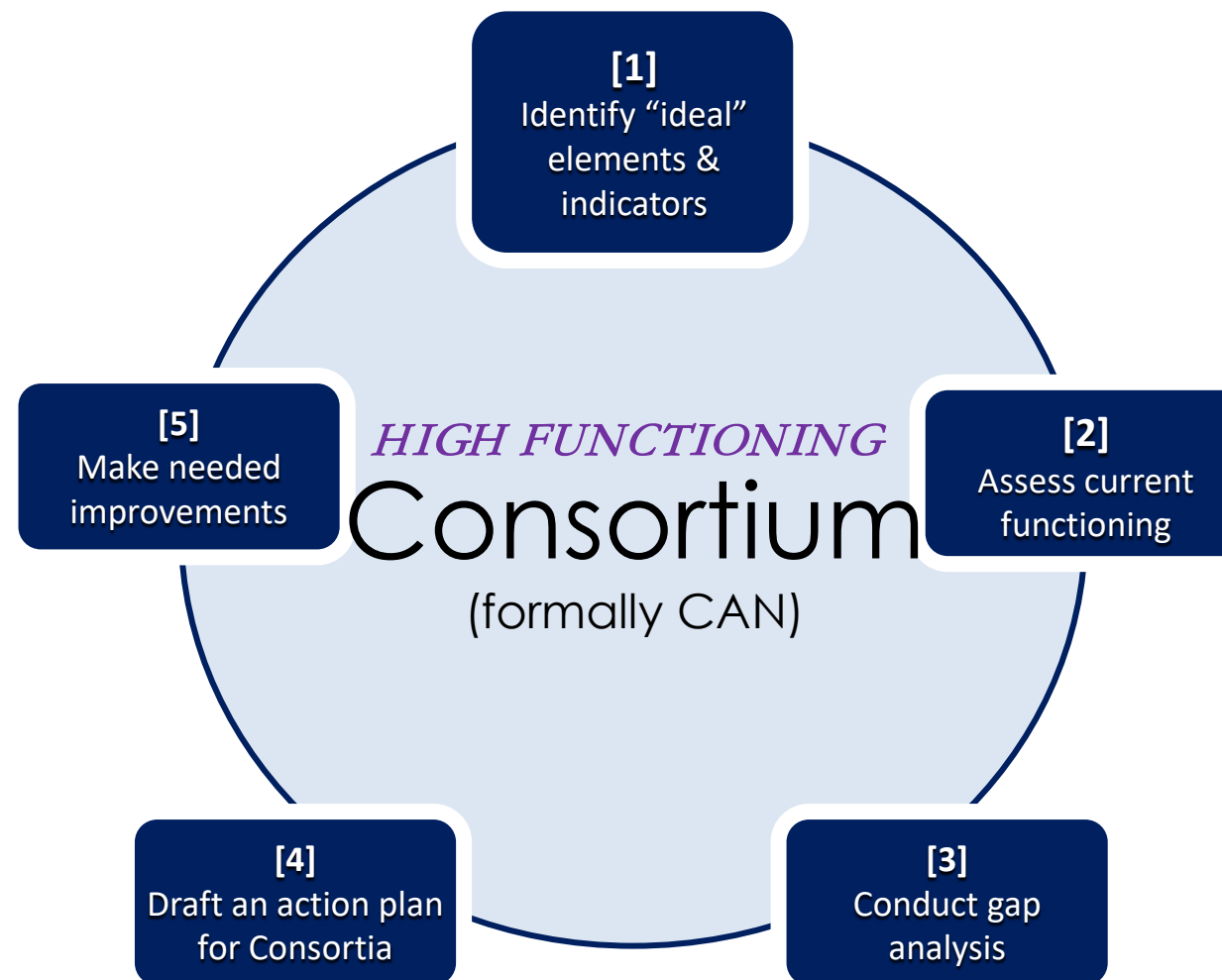
As a quality improvement strategy, the Consortium Evaluation Framework should be implemented at least **annually**. It may be helpful to convene an **ad hoc Consortium committee or work group** comprised of Healthy Start staff, Consortium Chairs, and Consortium members to oversee the process, reflect 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.

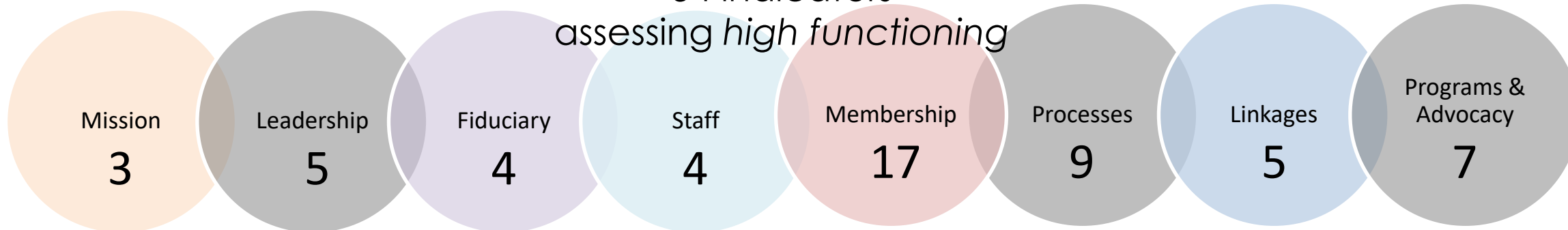
The Framework consists of **five steps** and associated tools for assessing and improving its functioning.



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

LEADERSHIP

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

FIDUCIARY (LEAD AGENCY)

Adequate staffing and resources are allocated to support the Consortium

STAFF

Healthy Start staff effective support 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

PROCESSES/STRUCTURES

The Consortium creates processes and structures that facilitate effective group interactions

LINKAGES

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

PROGRAMS and ADVOCACY

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

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 Consortia
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:

Program services
(alignment,
referrals); coalition
alignment

Collaboration:

Planned coordination;
intimate involvement; co-
sponsoring; formal program
connection; MOUs

Integration:

Sharing resources; program
integration; core connections;
program maximization, working
together for systems change; MOAs

C + C + I = True Partnership



“Commitment to Action”

- 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

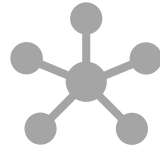


Assignment: Examine Partnerships

Partner	Coordinate	Collaborate	Integrate	FOLLOW UP



Empowering
participants



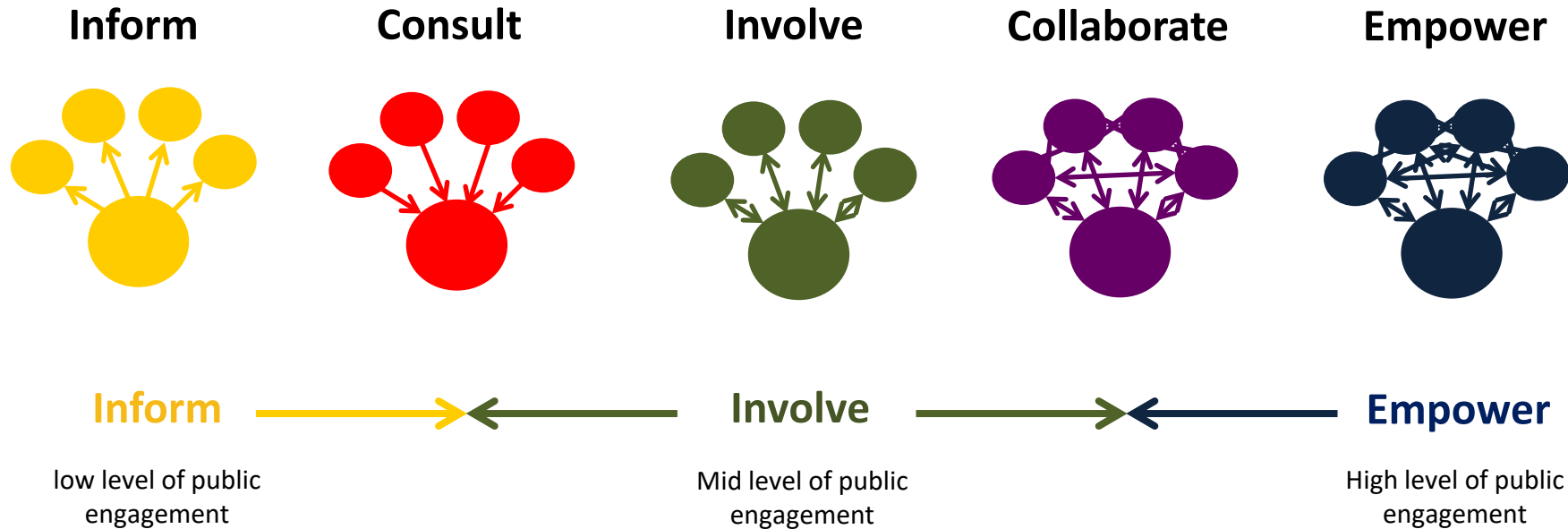
Tapping into
networks



Partnering with
community leaders



Nurturing new
partnerships



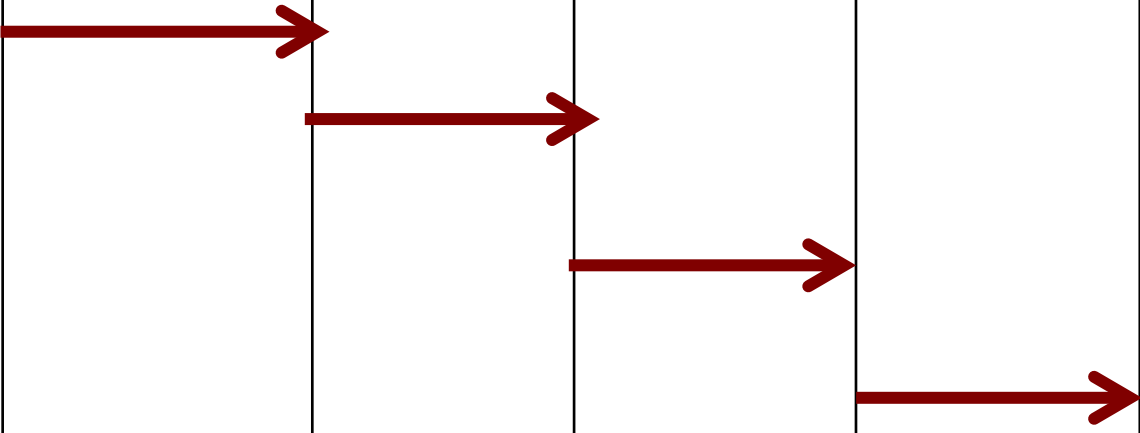


Adapted from IAP2's Public Participation Spectrum, Toronto

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

starter “to do” list:

- Introduction letter and invitation
 - Develop a one-pager for program
 - 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 2024-2025	Years 2-5 2024-2029
		June 2024 (30 days)	July 2024 (60 days)	August 2024 (90 days)	September 2024 (120 days)	May 2025 (8 months)	2024-2029 (4 years)
							
							
							

thank you!

May you find passion and reward in your work as a Healthy Start grantee!

Here's to 2024-2029!

we are all stronger
together!



kharris@nichq.org

Arthur Martinez

From CAN to Consortium | HS Consortium Series





Closing

Tess Pierson

HEALTHY START TA &
SUPPORT CENTER

*CAN TO CONSORTIUM WEBINAR
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

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Satisfaction Survey

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Now LIVE!

Healthy Start Hub

A BRAND-NEW **resource** & **engagement** HUB THAT WILL REVOLUTIONIZE THE WAY WE **collaborate, connect,** AND **share important work** WITHIN OUR HEALTHY START COMMUNITY.

TO REGISTER FOR AN ACCOUNT, SCAN THE QR CODE OR VISIT [HUB.HEALTHYSTART-TA.ORG](https://hub.healthystart-ta.org)



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CAN/Consortium Resources

**Community Action
Network (CAN)
Learning Academy**



**Healthy Start Workshop
Series: Tools for Community
Transformation**



**Community Engagement
Learning Academy**



**Additional Consortium
Resources**



COMING SOON..

XCELL Academy

EXECUTIVE CONSORTIUM ENHANCED LEARNING & LEADERSHIP



**Seeking additional support
around consortium
development, management,
or sustainability?**

PLEASE SUBMIT A TA REQUEST!

*TO SUBMIT A TA REQUEST, SCAN THE QR CODE
OR VISIT
[HEALTHYSTART-TA.SC.ORG/REQUEST-TECHNICAL-
ASSISTANCE/](https://healthystart-ta.sc.org/request-technical-assistance/)*



Thank you!

