

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

Community Consortium Plan Kick-off Webinar

Wednesday, September 18
2-3:30 pm ET

NICHOQ
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.



Introduction

Zaire Graves

DIVISION OF HEALTHY
START & PERINATAL
SERVICES

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HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

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Webinar Agenda

Introduction	Zaire Graves DIVISION OF HEALTHY START & PERINATAL SERVICES (DHSPS)
Temperature Check	Tess Pierson HEALTHY START TA & SUPPORT CENTER (TASC)
Framing	Zaire Graves
Social/Structural Determinants of Health	Melodye Watson DHSPS
IHE/Catalyst/HSE Timeline & Context	India Hunter & Melodye Watson DHSPS
Key Components of a Community Consortium Plan	Piia Brown TASC
Readiness Assessment	Piia Brown
Grantee Spotlight: Broward Healthy Start Coalition & Center for Health Equity	Keisha Williams BROWARD HEALTHY START COALITION Sharon Donaldson CENTER FOR HEALTH EQUITY, INC.
Resources, Timeline & TA Support	Tess Pierson
Q&A	All
Closing	Zaire Graves



Temperature Check

Tess Pierson

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Framing

Zaire Graves

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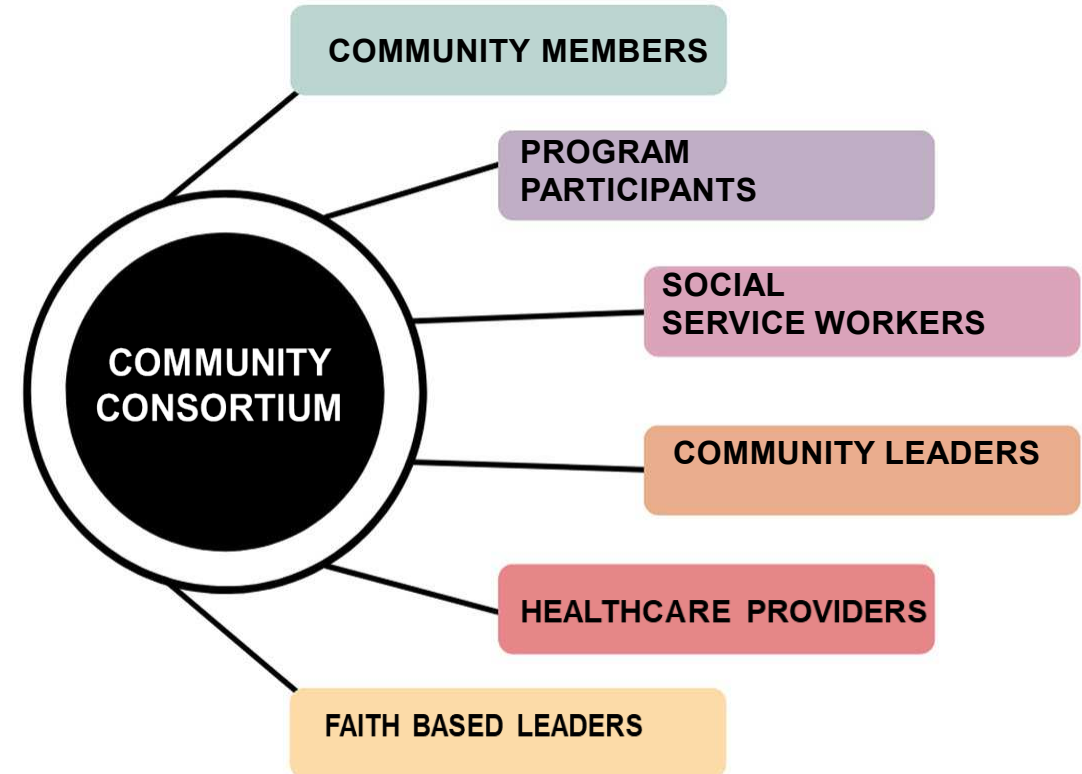
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Overview of the Community Consortia

Healthy Start legislation requires every HS grant applicant to establish a **Community-based Consortium**. HS grant recipients and their Community Consortium work together to:

- Improve the quality of, and access to, health care and other supports
- Increase access to culturally and linguistically appropriate services
- Advance equity by addressing unique social determinants of health (SDOH) contributing to disparities in perinatal outcomes within the project area



Key Changes to Community Consortium Requirements

2014 NOFO:

- Develop and use a "Community Action Network (CAN)"

2019 NOFO:

- 5-year Community Action Plan
- 25% of the CAN must be enrolled HS participants (Benchmark)

2024 NOFO:

- "Community Consortia"
- Expectation that at least 25% of the Community Consortium be HS Participants
- Guidelines for hiring/contracting of the Consortium Coordinator and the Chair or Co-Chair
- Community of Practice



Expectations of the Community Consortium for 2024 Grant Cycle

Staff & Leadership

- Community Consortium Coordinator (from and representative of the community)
- Co-Chair (should be a current or former Healthy Start participant)


Membership (not exhaustive)

- 25 percent enrolled HS participants/people with lived experience in the project area
- Title V
- Public health departments
- Health centers
- Community leaders

Community of Practice

- Community Consortium Coordinators are expected to participate in the Community of Practices and other technical assistance opportunities





What does it all mean?

Your Community Consortium Plan is an opportunity to be innovative in:

- Engaging your community to identify and prioritize SDOH causes of Disparities
- Foster strategic partnerships and develop strategies to address "upstream factors" contributing to disparities in perinatal outcomes
- Tailor interventions to meet the needs of your community
- Measure your impact



Social/ Structural Determinants of Health

Melodye Watson

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Structural and Social Determinants of Health

STRUCTURAL DETERMINANTS

GOVERNING PROCESSES

ECONOMIC AND SOCIAL POLICIES

RACISM, DISCRIMINATION, BIAS, AND SEGREGATION



EXPERIENCE OF SOCIAL DETERMINANTS

INCOME/POVERTY/WEALTH

EDUCATION

EMPLOYMENT

TRANSPORTATION

HOUSING

FOOD SECURITY

EXPOSURE TO TOXINS

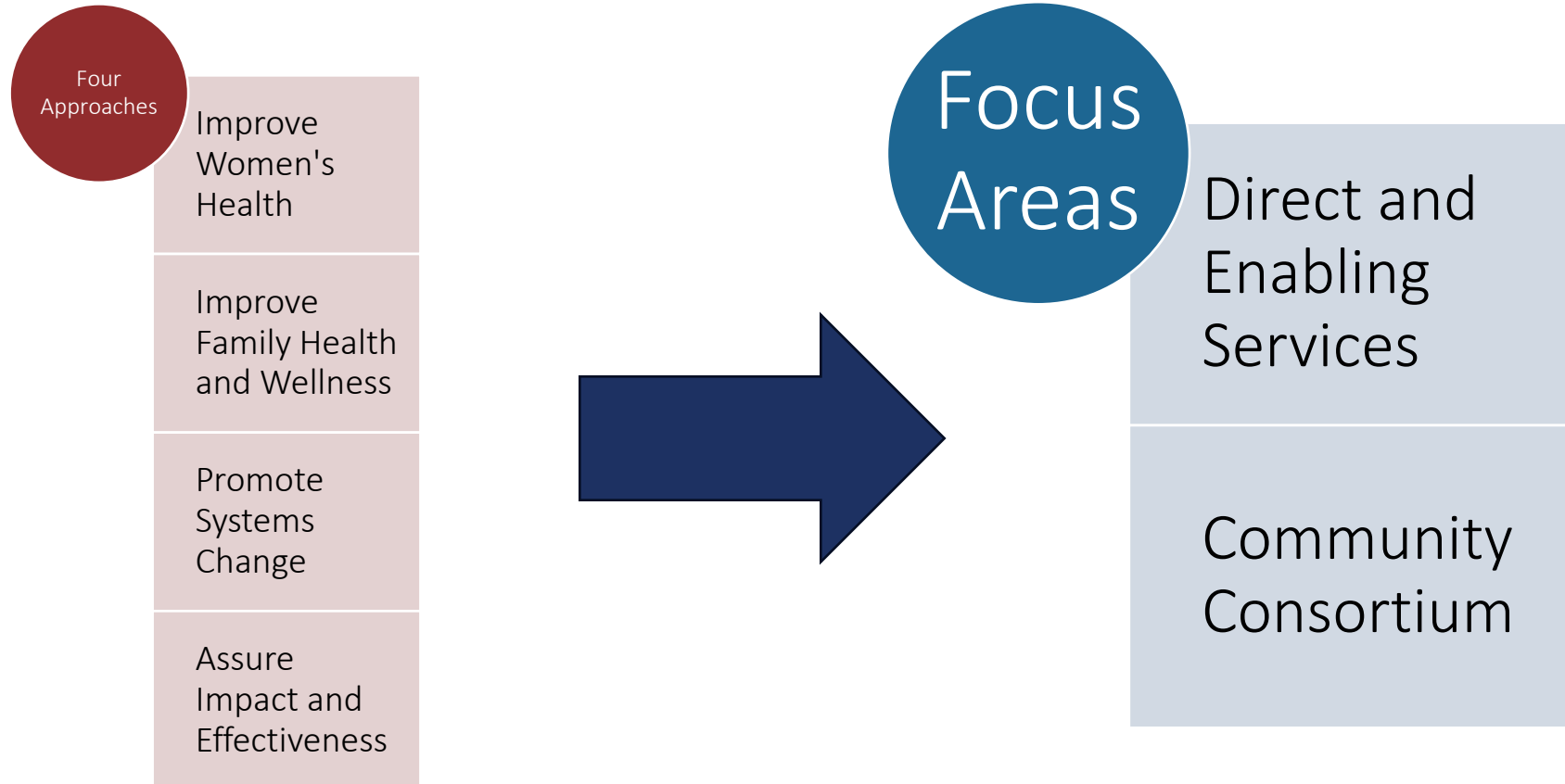
HEALTH INSURANCE

DISTANCE TO SERVICES

Learn more at <https://mchb.hrsa.gov>

1
3

Healthy Start to Healthy Start Enhanced and Beyond





IHE/Catalyst/ HSE Timeline & Context

India Hunter & Melodye Watson

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IHE Supplement → Catalyst → HSE

Action Plans for Infant Health Equity Supplement

- 2021
- Reduce disparities in infant mortality (IM) within HS service area counties that have the highest numbers of excess annual non-Hispanic Black or non-Hispanic American Indian/Alaska Native (AI/AN) infant deaths
- Develop action plans that include innovative data-driven policy and systems level strategies to address the social and structural determinants of health that impact infant mortality (IM) disparities in HS communities

21 recipients from the 2019 HS Cohort

Catalyst for Infant Health Equity

- 2022
- Reduce overall infant mortality (IM) rates in the United States
- Decrease and ultimately eliminate disparities in IM across racial/ethnic groups by achieving steeper declines for groups with the highest rates
- Implement existing action plans that address social and structural determinants of health; apply data-driven policy and innovative systems strategies to reduce IM disparities and prevent excess infant deaths
- 9 recipients (5 HS recipients)

Healthy Start Enhanced

- 2023
- Improve health outcomes before, during, and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes.
- Provide direct and enabling services to enrolled HSE participants
- Convene Community Consortia comprised of diverse-multi-sector partners that advise and inform HSE activities
- Develop and implement action plans to improve perinatal outcomes within the project area
- 10 recipients (6 HS recipients)



Downstream, Midstream and Upstream Interventions

Downstream Interventions

- Increase equitable access, at an individual or family level, to health and social services.
- Changes generally occur at the service or access to service level
- More about changing the effects of the causes

Midstream Interventions

- Reduce exposure to poor perinatal outcomes by improving material working and living conditions, or to reduce risk by promoting healthy behaviors
- Changes occur at the micro policy level: regional or local community or organizational
- About changing the community or individual causes

Upstream Interventions

- Reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making
- Changes happen at the macro policy level: State and Federal; within large systems
- About diminishing the structural causes-of-the-causes

A photograph of children playing with colorful interlocking toys on a wooden floor. The toys include gears, numbers, and letters in various colors like blue, yellow, orange, and green. One child is visible in the foreground, wearing a blue long-sleeved shirt, reaching for a toy. Another child in a red and white striped shirt is visible in the background. The scene is brightly lit and captures a moment of active play.

Key Components of a Community Consortium Plan

Piia Brown

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Key Components of a Community Consortium Plan

1. Narrative

- BACKGROUND – COMMUNITY & CONTEXT
- BACKGROUND – PLANNING PROCESS & COMMUNITY ENGAGEMENT
- COMMUNITY ACTION PLAN – SDOH
- COMMUNITY CONSORTIUM PLAN – STRATEGIC PARTNERSHIPS & STRATEGIES
- CLOSING

Key Components of a Community Consortium Plan

2. Workplan

Attachment A: Community Consortium Workplan Template

Priority SDoH:						
Strategy Statement:						
Strategy Lead:						
Six-month Time Period:						
Performance Measure	Action Step	Who is Responsible	Resources Required	Target Completion Date	Barriers/Resistance	Status Update <i>Check one</i>
						<input type="radio"/> Not Started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
						<input type="radio"/> Not Started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
						<input type="radio"/> Not Started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
						<input type="radio"/> Not Started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
						<input type="radio"/> Not Started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued

Key Components of a Community Consortium Plan

3. Supplemental Attachments

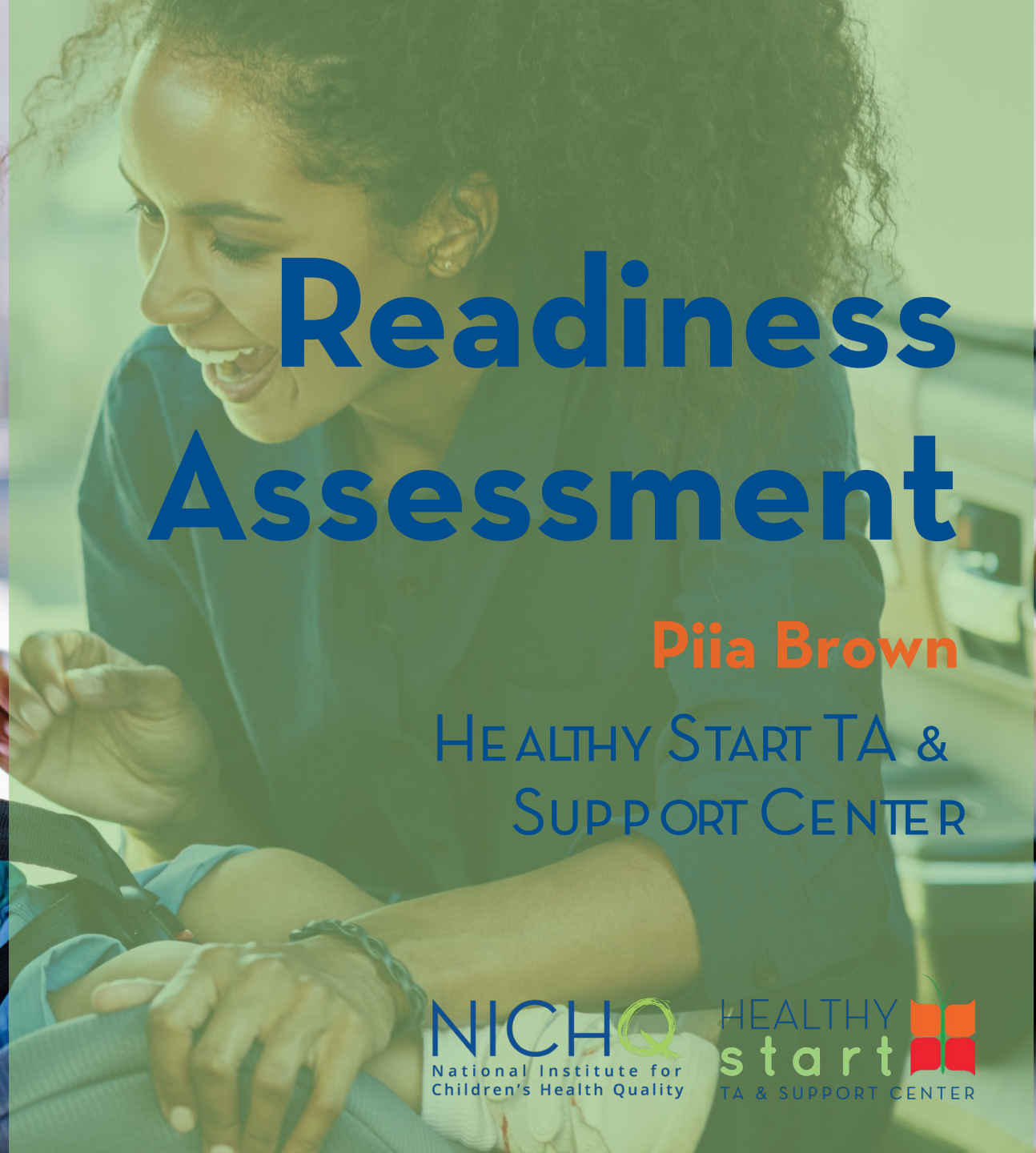
- SUPPLEMENTAL PLANNING MATERIALS OR REPORTS
 - E.G., ENVIRONMENTAL SCAN, ASSET MAP, ARTIFACTS FROM PLANNING PROCESS SUCH AS RESULTS OF VOTING ON SDOH BRAINSTORMING SESSIONS)
- “SNAPSHOT” TOOL THAT CAN BE USED WITH MANY DIFFERENT AUDIENCES TO SHARE THE ESSENCE AND HIGH-LEVEL OVERVIEW OF YOUR COMMUNITY CONSORTIUM PLAN.
 - E.G., PAMPHLET, SLIDE SHOW, INFOGRAPHIC, ETC.
 - MAY INCLUDE COMPONENTS SUCH AS AN ELEVATOR PITCH, PRIORITY SDOH SELECTED AND ANY RELEVANT STATS/THE ‘WHY’, CONSORTIUM ACTIVITIES, LIST OF KEY PARTNERS ENGAGED IN PLANNING AND FUTURE IMPLEMENTATION, INFOGRAPHS OR DIAGRAMS THAT DEPICT THE PLAN



Readiness Assessment

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Grantee Spotlight: Fort Lauderdale

Keisha Williams

BROWARD HEALTHY
START COALITION

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**Broward
Black Babies
Matter**



We are a community project dedicated to eliminating healthcare disparities for Black women, babies, and families.

Objectives

- Identify community needs through focus groups, surveys, and data analysis.
- Direct engagement to understand desires, challenges, and existing strengths within the community.
- Provide *Community Doula Support Services* at the Urban League of Broward County.
- Provide *Centering Pregnancy* group prenatal care services at Cora E. Braynon Family Health Center.
- Expand the *Black Maternal Health Consortium*, comprised of community members, people with lived experience, and local leaders.
- Remain focused on authentic relationships and meeting the concrete needs of families.
- Create activities to foster connection, such as *Mom Mingle* and *Community Conversations*.

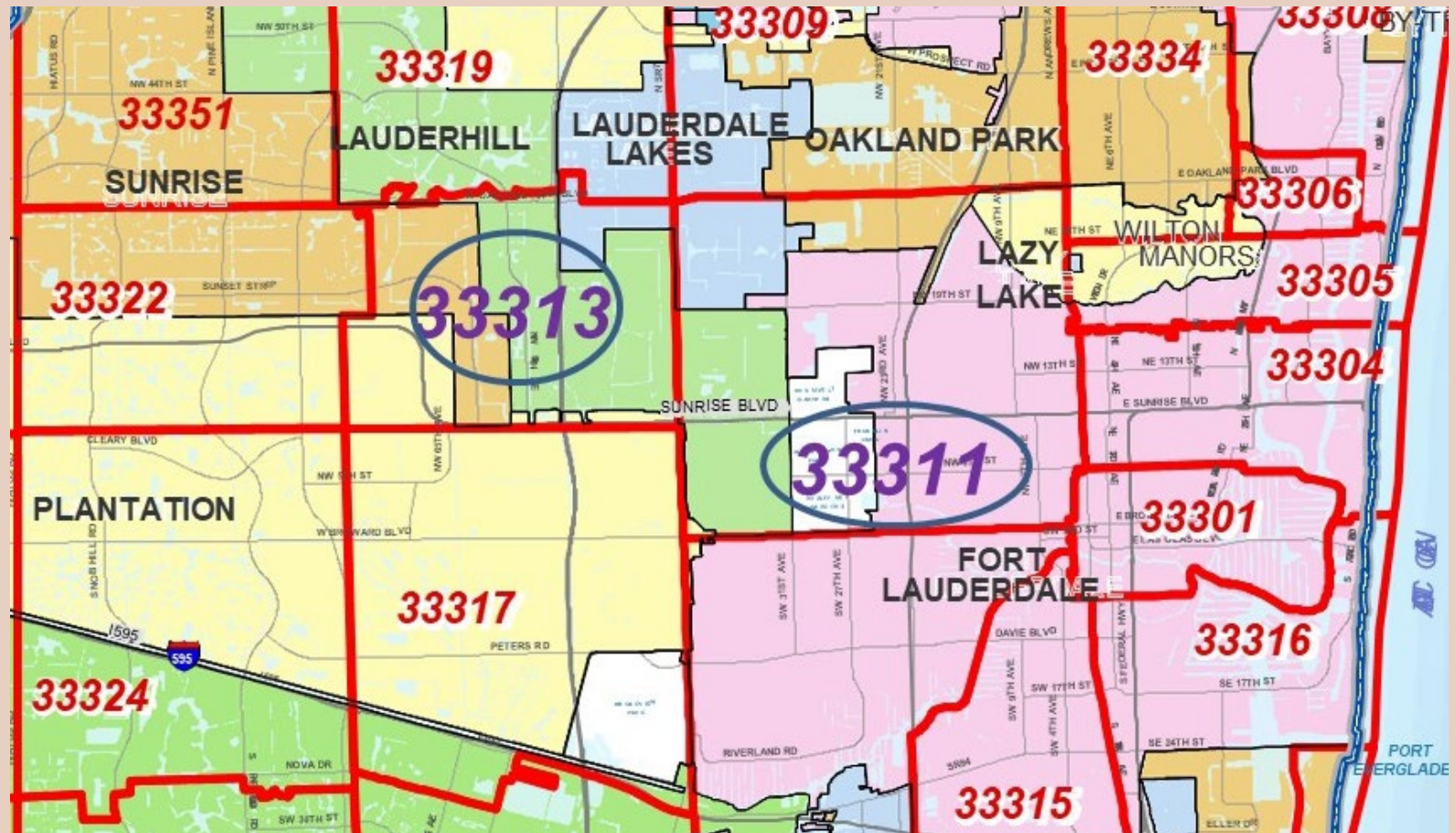
- Identify community needs through focus groups, surveys, and data analysis.
- Direct engagement to understand desires, challenges, and existing strengths within the community.

**Broward
Black Babies
Matter**



We are a community project dedicated to eliminating healthcare disparities for Black women, babies, and families.

Data analysis revealed two zip codes in Broward County had the highest rates and numbers of Black and Haitian infant mortality in the county, as well as other pregnancy and birth-related outcome disparities. Ten percent of all Broward County births are from these two zip codes and at the time the project began, there was ONE OBGYN practice located in the zip codes.



**Broward
Black Babies
Matter**



We are a community project dedicated to eliminating healthcare disparities for Black women, babies, and families.

Pillars

**Community
Doula Support
Services**

**Group
Prenatal Care**

- **Provide *Community Doula Support Services* at the Urban League of Broward County.**
- **Provide *Centering Pregnancy* group prenatal care services at Cora E. Braynon Family Health Center.**

Expand the *Black Maternal Health Consortium*, comprised of community members, people with lived experience, and local leaders. Remain focused on authentic relationships and meeting the concrete needs of families. Create activities to foster connection, such as *Mom Mingle* and *Community Conversations*.

Black Maternal Health Consortium:
Mission One Year Strong

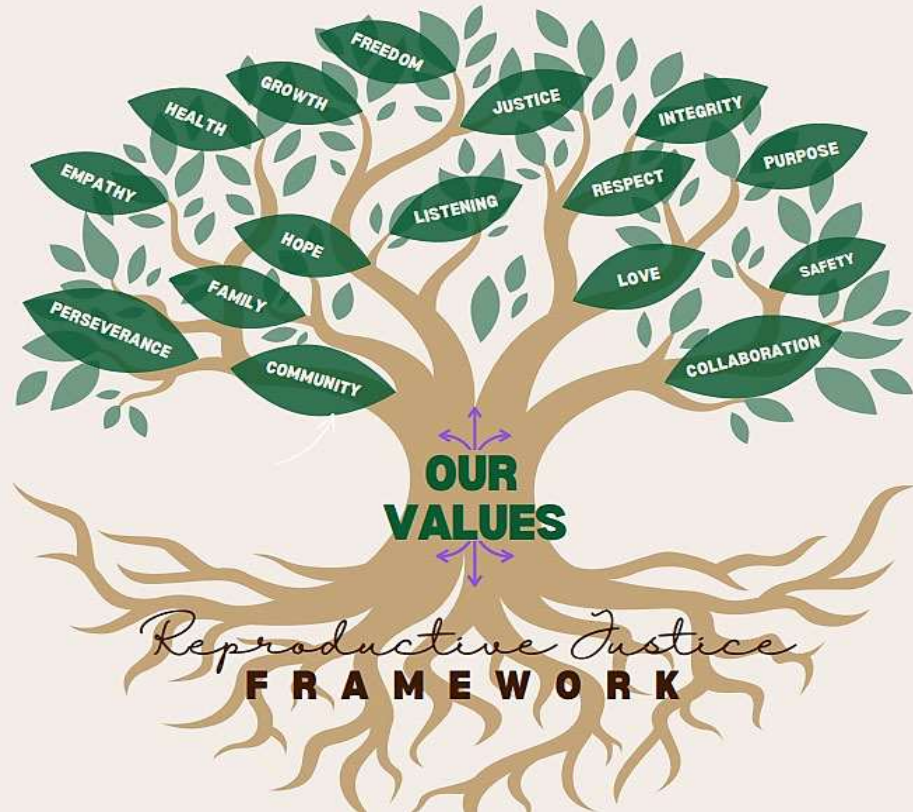
Community Engagement/
Relationships



Broward
Black Babies
Matter



Black Maternal Health Consortium: MISSION ONE YEAR STRONG



Our work is built on the foundation of reproductive justice, which include the right to have a child, the right to not have a child, and the right to parent a child or children in safe and healthy environments.

We understand that reproductive justice extends beyond legal debates to address economic, social, and health factors affecting reproductive choices, focusing on the intersectional systems of oppression that disproportionately impact marginalized communities. To lead effectively, we have established this set of core values that reflect our framework and will guide our ongoing actions.



Grantee Spotlight: Center for Health Equity

Sharon Donaldson

CENTER FOR HEALTH
EQUITY, INC.

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Grantee Spotlight: Center for Health Equity, Inc.

- Gadsden Woman to Woman
- Federal Healthy Start grant recipient since 1997
- Project Director: Sharon Ross-Donaldson
- Based in Gadsden County, FL – a rural community
- IHE Supplement recipient in 2021
- SSDOH: Health Care Access and Quality; Social and Community Context
 - Racism & Bias (implicit and overt) in healthcare and other industries serving mothers, babies and families

The Center for Health Equity, Inc.

Project Updates

SDOH(s) of Focus: Health Care Access and Quality (improve healthcare/social policies, practices, and systems)

Action Plan: Key activities: 1) Collect Data (context); 2) Identification and collaboration with partners; 3) Implement advocacy and awareness-raising actions; 4) Plan meetings with Medicaid/insurance providers. Key Successes: (1) Meetings with stakeholders held; (2) Issue adopted as priority and partners/stakeholders became Champions of cause; (3) Medicaid met with us

Evaluation Plan: Key activities: 1) Maintain partner list; 2) Track HS women who received pump and when; 3) Track breastfeeding & breast-milk feeding rates; 4) Summarize data. Key Successes: (1) Medicaid Policy Changed; (2) Breastfeeding/Breast-milk feeding rates increased

One area of Technical Assistance that our team is planning to request: Continue to produce useful tools and/or toolkits that enhance the work of Community Consortiums





Resources, Timeline & TA Support

Tess Pierson

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Community Consortium Plan Resources

**Community Action
Planning Training**



**Community Action
Planning Toolkit**



**Infant Health
Equity Planning
Webinars**



**Infant Health
Equity Action
Plan Showcase:
Session 1**



**Infant Health
Equity Action
Plan Showcase:
Session 2**



Community Consortium Planning Overview & Support Materials

Contents:

- TIME LINE
- NOFO REQUIREMENTS
- COMMUNITY CONSORTIUM PLANNING TOOL
- ATTACHMENT A: COMMUNITY CONSORTIUM
WORKPLAN TEMPLATE
- ATTACHMENT B: RESOURCES



Timeline

Webinar: Community Consortium Kick-off Webinar
SEPT 18

Submit draft plan to TASC for review
NOV 27

Submit finalized plan to DHSPS
FEB 2

Networking Café: Community Consortium Planning & SDoH Level-Setting
OCT, DATE TBD

Receive feedback from TASC review team
DEC 20

Webinar: Operationalizing your Community Consortium Plan
MAR/APR, DATE TBD

SEPTEMBER
2024

OCTOBER

NOVEMBER

DECEMBER

JANUARY
2025

FEBRUARY

MARCH

APRIL

Healthy Start Hub


A 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-TASC.ORG](https://hub.healthystart-tasc.org)



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**Seeking additional support
around your community
consortium plan?**

PLEASE SUBMIT A TA REQUEST!

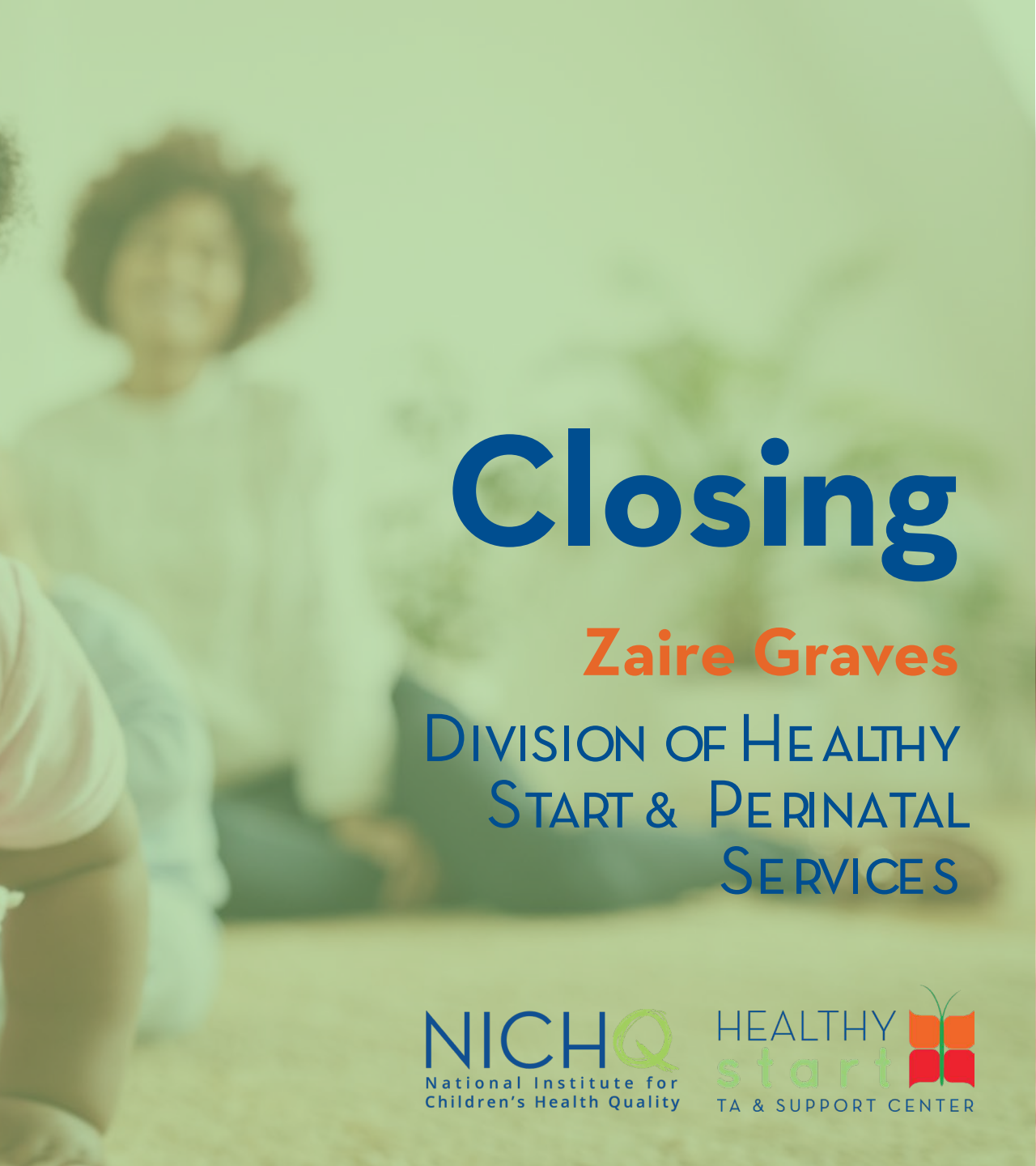
*TO SUBMIT A TA REQUEST, SCAN THE QR CODE
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[HEALTHYSTART-TA.SC.ORG/REQUEST-TECHNICAL-
ASSISTANCE/](https://HEALTHYSTART-TA.SC.ORG/REQUEST-TECHNICAL-ASSISTANCE/)*





Q&A

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Closing

Zaire Graves

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Satisfaction Survey

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Thank you!

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