

Community Consortium Planning Overview & Support Materials

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Timeline

Webinar: Community Consortium Plan Kick-off	September 18, 2024
Networking Cafe: Community Consortium Planning and SDoH Level-Setting	October 2024 (Date TBD)
Submit draft plan to TASC for review	November 27, 2024
Receive feedback from TASC review team	December 20, 2024
Submit finalized plan to DHSPS	February 2, 2025
Webinar: Operationalizing your Community Consortium Plan	March/April 2025 (Date TBD)
HS Hub Group	Ongoing

NOFO Requirements

(page 18-19 of NOFO)

Finalize your Community Consortium plan to address SDOH by obtaining community buy-in/approval by October 30, 2024.

Plans should:

- Be based upon results of a community needs assessment and environmental scan that identifies and prioritizes SDOH causes of disparities in perinatal outcomes in the project area.
- Be community-driven and address the factors and conditions beyond clinical care 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 group prenatal care* offerings within less than a X minute walk from public transportation; and, increase access to employment opportunities for participants by increasing the completion rate of job training programs in the project area by X percent.

*Group prenatal care is an approach to care that is designed to bring together groups of perinatal patients for routine prenatal care, learning, and social support while maintaining the risk screening and physical assessment of individual prenatal visits.

- HS projects are expected to collaborate with their Community Consortium members, HRSA, and the Supporting Healthy Start Performance Project to revise and finalize their plans within 7 months of the project start date.
- The Community Consortium should regularly report out/disseminate information to community members and partners on the implementation of the HS project overall, the plan and progress made towards achieving goals/objectives of the plan.

NOTE: No appropriated funds may be expended by the recipient of a federal contract, award, loan, or cooperative agreement to support activities intended to influence, or to pay any person for influencing or attempting to influence, an officer or employee of any federal, state, or local agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress. This includes influencing or attempting to influence any federal, state, or local agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract, the making of any federal award, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, award, loan, or cooperative agreement.

Community Consortium Planning Tool

The purpose of this tool is to support HS grantees in creating your Community Consortium plan to address SDOH(s) that cause disparities in perinatal outcomes in your project area. The planning tool below contains prompts and templates to support you in this process of drafting your community consortium plan. Plans will ideally consist of the following components: 1. Narrative; 2. Community Consortium Work plan; and 3. Supplemental attachments.

1. Narrative

Background – Community & Context

- Share a little about your Healthy Start program and your community consortium (e.g., what is your HS vision for success? What is your long-term goal for addressing disparities in perinatal outcomes? What is the history of your consortium?)
- Share information about the community and priority population this community consortium plan was designed for and with?
- Please highlight the following:
 - What did you learn from your community needs assessment? From your environmental scan?
 - What data did you gather through your community needs assessment? From your environmental scan?
 - What other community context might be important to include? (e.g., infant mortality rates and demographic trends, policy landscape in the community, other stakeholders and key players)

Background – Planning Process & Community Engagement

- Who was engaged in the community action planning process?
 - How were Community Consortium members engaged?
 - If helpful, break this down by any key characteristics such as level of influence (local/county/national), area of experience, assets they bring to the collaboration.
- In what ways was this planning process community-driven?
- How were the SDOHs selected and who were engaged in the decision-making process?
- Do you have any graphics or pictures from the planning process that you would like to include? (e.g., results of voting, fishbone diagram, and Impact & Community Energy Matrix. See pages 33 and 34 of the [Community Action Planning Toolkit](#) for the fishbone diagram and the Impact & Community Energy Matrix.

Community Action Plan - SDOH

- Which SDOH(s) have you decided to focus on? Why?
 - How does this SDOH impact disparities in perinatal outcomes?
 - How does this SDOH impact your community?
 - Why have you selected this SDOH to focus on NOW?
- What is your desired future state for each priority SDOH you will focus on?

Community Consortium Plan – Strategic Partnerships & Strategies

- Which initial strategies will you use to shift the priority SDoH to your desired state?
 - How do these strategies address the “upstream factors” and unique SDOH contributing to disparities in perinatal outcomes within the project area?
 - How are these strategies connected with the bottom two levels of the [Health Impact Pyramid](#)?
 - How might these strategies build on and leverage other activities and policy discussions already underway?
 - In what ways are these new/innovative strategies
- Who else is working on this SDoH in your community? How have you attempted to engage these partners in your process?
- How will you evaluate your chosen performance measures to assess the shifts being made?

Closing

- How will you continue to assure that this plan is community-driven?
 - How will you share this information back to your community?
 - In what ways will you share updates and learnings with the community?
 - Who will be involved when you make decisions about future strategies or revising current strategies?
- How will your project collaborate with their Community Consortium members, HRSA, and the HS TASC/Supporting Healthy Start Performance Project to revise and finalize your plan?

2. Workplan

- We would recommend attaching a workplan that covers at least the first six months of implementation of the community action plan activities. See Attachment A on the next page for an example format. The keys here are to list the action steps, timelines, necessary resources, and the responsible parties.
- We would recommend that you create one workplan per SDOH that you have decided to focus on.

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* – This is a tool or material that you can use with many different audiences to share the essence and high-level overview of your community consortium plan. This could be a pamphlet, slide show, infographic, etc. and may include the following components:
 - Elevator pitch: Communicate the plan in one to two sentences. Three elements to include are: 1. Vision for priority population in service area; 2. Desired future state of priority SDoH; and 3. Strategies for shifting priority SDoH.
 - Priority SDoH selected and any relevant statistics/the ‘why’
 - Consortium Activities
 - List of key partners engaged in planning and future implementation (# of consortium members, # of sectors represented, # of HS participants)
 - Any infographics or diagrams that depict the plan

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

Attachment B: Resources

Community Consortium Plan Kick-off Webinar

On behalf of the Division of Healthy Start & Perinatal Services (DHSPS), the Healthy Start TA & Support Center (TASC) hosted the [Community Consortium Plan Kick-off Webinar](#). As part of the 2024-2029 grant cycle, Healthy Start grantees must collaborate with their Community Consortium to create a community-driven action plan to address the factors and conditions beyond clinical care that contribute to disparities in perinatal outcomes. These plans should be based upon results of a community needs assessment and environmental scan that identifies and prioritizes SDOH causes of disparities in perinatal outcomes in the project area, and should describe strategic partnerships and strategies to address the “upstream factors” and unique social and structural determinants of health (SDOH) contributing to disparities in perinatal outcomes within the project area. During this webinar, TASC and DHSPS staff discussed the NOFO requirements for the Community Consortium plan and shared available resources and support to help your program in the planning process.

Community Action Planning Training

In February 2024, the Healthy Start TA & Support Center (TASC) hosted a [Community Action Planning Training](#). This training was designed to assist the Healthy Start Enhanced (HSE) grantees as they solidify their consortia to begin creating an action plan and preparing for implementation. During the training, Ronda Zakocs PhD, Founder and Principal of Insight for Action, shared the [Community Action Planning Toolkit](#), which was developed by the TASC in partnership with Dr. Zakocs.

Community Action Planning Toolkit

The TASC partnered with Ronda Zakocs of Insight for Action to develop a customized [Community Action Planning Toolkit](#) to help Healthy Start grantees design a navigational blueprint to action. The toolkit focused on supporting grantees to make smart decisions about which social determinants of health to tackle, choose upstream strategies potent enough to shift structural barriers that hold inequities in place, lay out concrete steps to effectively implement those strategies. The toolkit was designed by lifting up the best ideas, practices, and tools designed by others who are seeking similar goals – taking action to dismantle existing community conditions that hold inequities in place.

Infant Health Equity Action Planning Webinars

To support the Infant Health Equity (IHE) Supplement grantees, the TASC hosted five webinars that addressed various elements of the process, including: supplement kick off, where Division staff laid out the goals of the supplement; systems level overview, to emphasize the impact level that these action plans should aim to address; environmental scan or needs assessment, to identify and prioritize underlying root causes of disparities in IM in your HS community to inform your action plan; and working with the CAN and community members to create a shared vision. Through these webinars, the TASC shared various pieces of the Community Action Planning Toolkit that were relevant to each of these areas. The webinars also provided time for grantees to address successes and challenges they were facing through each phase of the planning process. To view the webinar recordings, [please click here](#).

Infant Health Equity Action Plan Showcase

At the conclusion of the IHE Supplement grant period, the TASC organized a two-part webinar series to showcase the grantees' action plans. Each grantee had time to reflect on their planning process through a five-slide presentation. Elements of these presentations included reflections on the environmental



scanning process, community engagement, and root causes and social determinants of health, challenges and pearls during the process, and what they might change if they were to start the process over again. These showcase webinars provided grantees an opportunity to share the work they had done and hear from their peers. To view the showcase recordings, please click the following links: [Session 1](#), [Session 2](#)