

A photograph of a woman with dark hair, wearing a white lace top, kissing a baby on the cheek. The baby is wearing a white headband with a flower and a white shirt. The background is a bright, slightly blurred indoor setting.

Community Action Network (CAN) Learning Academy May 27, 2021

HEALTHY
start
TA & SUPPORT CENTER

NICHO
National Institute for
Children's Health Quality

Agenda

Housekeeping	Lisa Hong, NICHQ
Welcome & Introduction to the Healthy Start CAN Learning Academy	Kenn Harris, NICHQ
Your CAN Can Change the World	Angela Ellison, MEd
Homework & Next Steps	Olivia Giordano, NICHQ

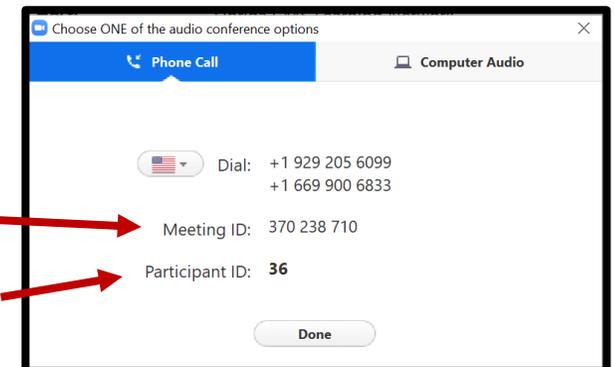
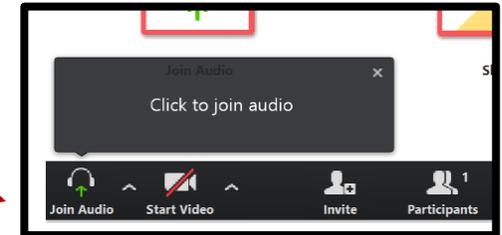
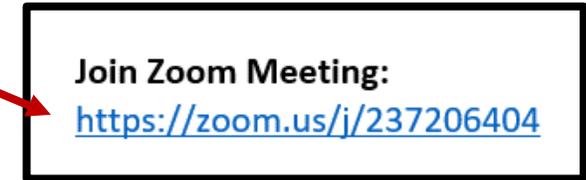
Meeting Logistics



- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

Connecting to the Audio Conference

- Join the Zoom Meeting by **clicking the Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If using the 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**



How to Chat

The image shows a screenshot of a Zoom Meeting window. The window title is "Zoom Meeting". The interface includes a top bar with "View" and "Chat" options. The bottom toolbar contains buttons for "Unmute", "Start Video", "Participants", "Chat", "Share Screen", "Record", "Reactions", and "Leave". A sidebar on the right is open to the "Chat" window, showing "To: Everyone" and a "Type message here..." input field. Three numbered callouts are overlaid on the image:

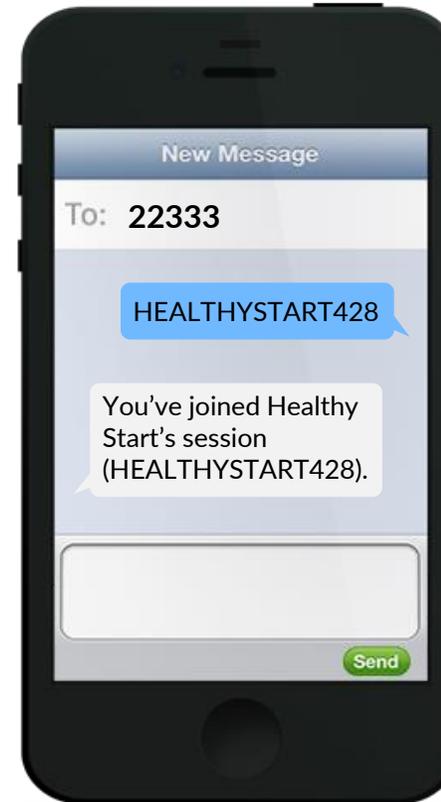
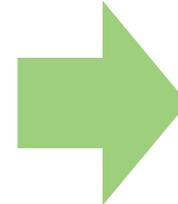
- 1** Click the **Chat** button at the bottom of the Zoom window.
- 2** A sidebar will appear where you can chat to all participants.
- 3** Chat here to everyone!

Participating with Poll Everywhere via text messaging

Send all messages to
the five-digit number
22333

To join, include in body
of text the word
HEALTHYSTART428

*You only need to do this
once*



After you have
successfully joined, you
will receive a
confirmation message.

Additional Tips for Poll Everywhere

- Capitalization does not matter; spelling and spaces do.
- You only have to text '**HEALTHYSTART428**' the first time. After that, send normal text messages to respond to polls.
- If texting **22333** does not work, visit pollev.com/HEALTHYSTART428 to respond to the current poll.
- There will be NO charges to your cellphone beyond what your phone carrier typically charges for a text message.



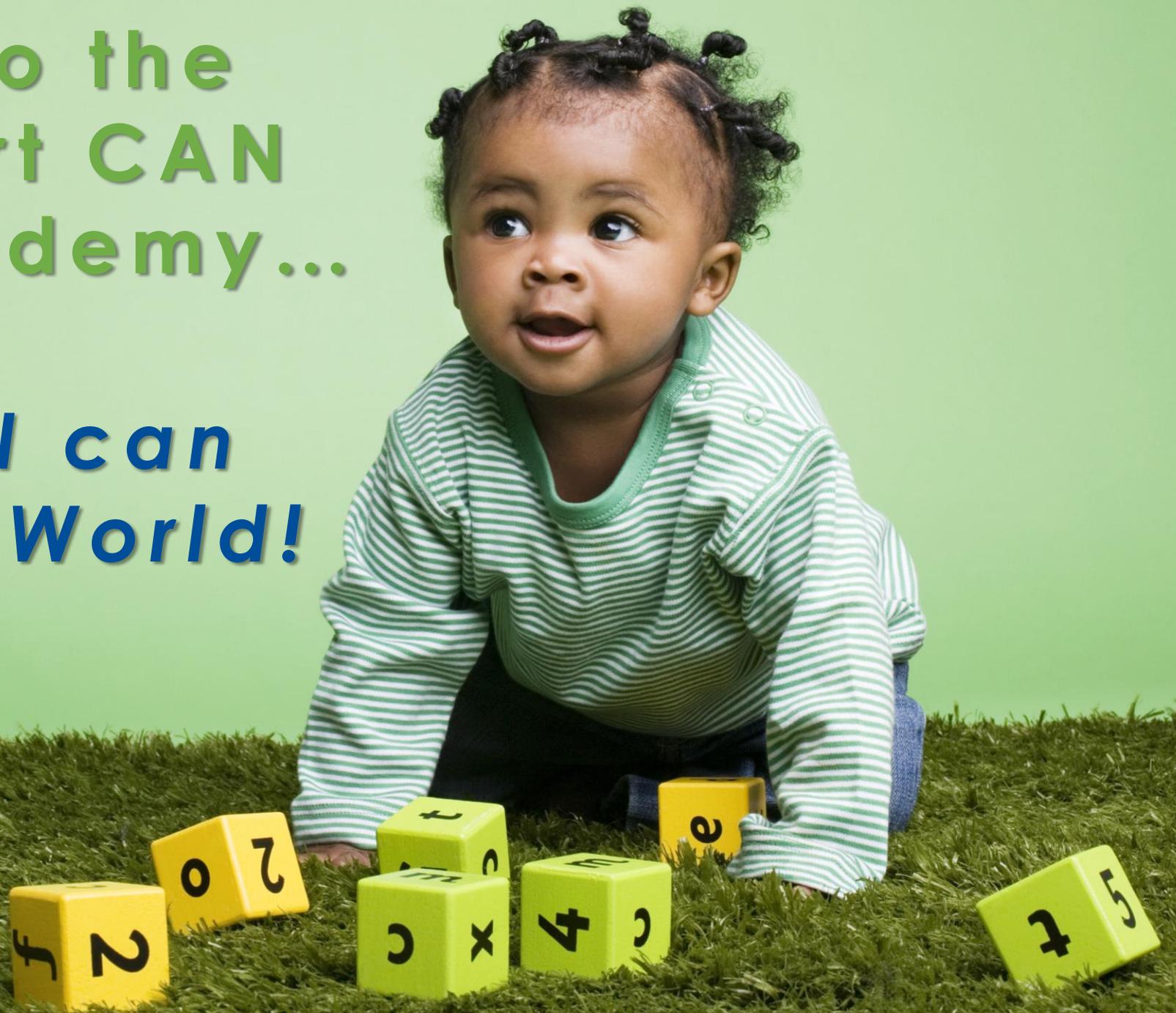
Welcome & Introduction to the Healthy Start CAN Learning Academy

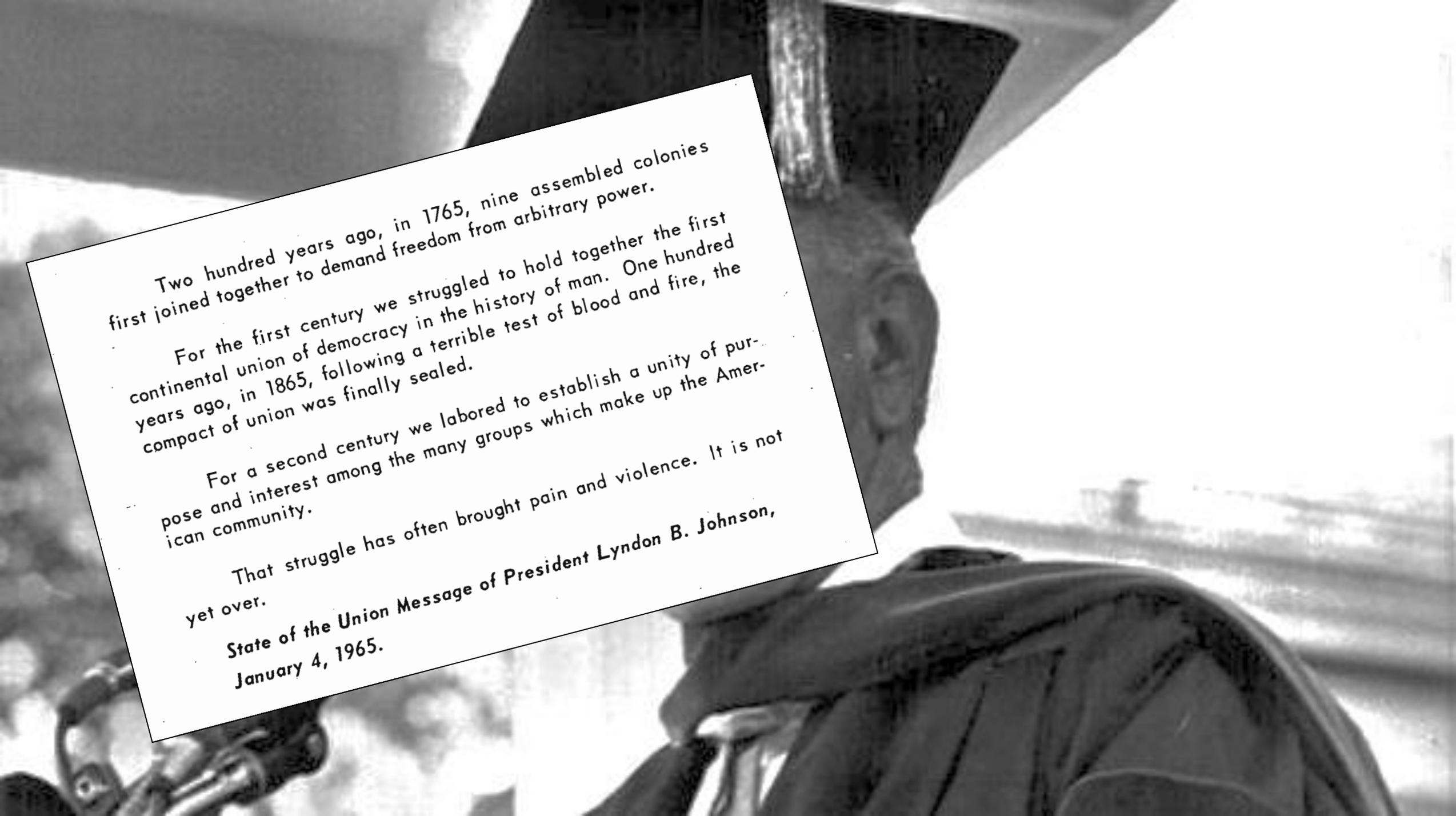
Kenn Harris
Healthy Start TA & Support Center



Welcome to the
Healthy Start CAN
Learning Academy...

*...Your CAN can
Change the World!*





Two hundred years ago, in 1765, nine assembled colonies first joined together to demand freedom from arbitrary power.

For the first century we struggled to hold together the first continental union of democracy in the history of man. One hundred years ago, in 1865, following a terrible test of blood and fire, the compact of union was finally sealed.

For a second century we labored to establish a unity of purpose and interest among the many groups which make up the American community.

That struggle has often brought pain and violence. It is not yet over.

State of the Union Message of President Lyndon B. Johnson,
January 4, 1965.

3 important points

- But freedom is not enough. You do not wipe away the scars of centuries by saying: Now you are free to go where you want, and do as you desire, and choose the leaders you please.
- You do not take a person who, for years, has been hobbled by chains and liberate him, bring him up to the starting line of a race and then say, “you are free to compete with all the others,” and still justly believe that you have been completely fair.
- Thus it is not enough just to open the gates of opportunity. All our citizens must have the ability to walk through those gates.



The Causes of Inequality

We do know the two broad basic reasons. And we do know that we have to act.

First, Negroes are trapped—in inherited, gateless poverty.

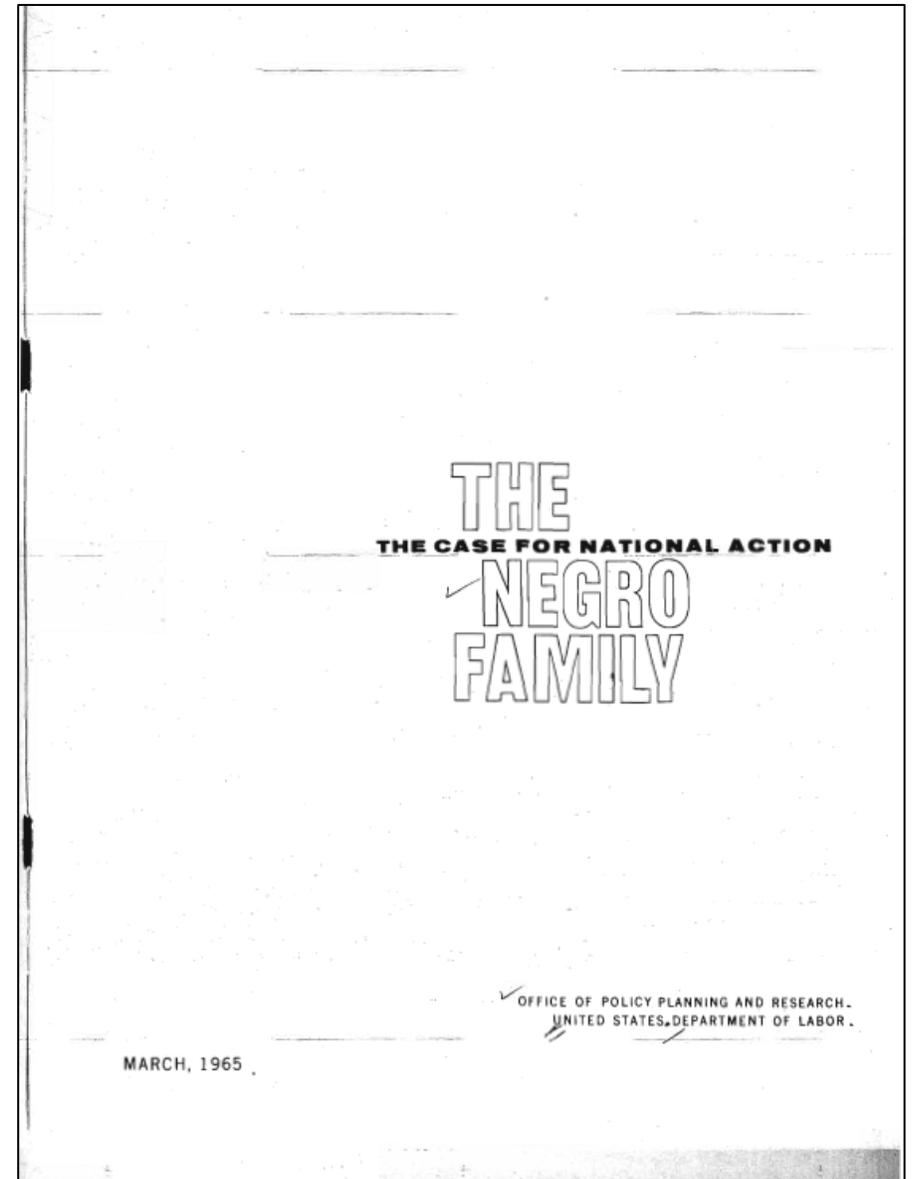
But there is a second cause—much more difficult to explain, more deeply grounded, more desperate in its force. It is the devastating heritage of long years of slavery; and a century of oppression, hatred, and injustice.



MOYNIHAN REPORT, 1965

"In essence, the Negro community has been forced into a matriarchal structure which ... imposes a crushing burden on the Negro male and, in consequence, on a great many Negro women as well. The impact of unemployment on the Negro family, and particularly on the Negro male, is the least understood of all the developments that have contributed to the present crisis. There is little analysis because there has been almost no inquiry."

In order to impact poverty in the Black Community, policy changes should focus on **STRENGTHENING FAMILIES.**

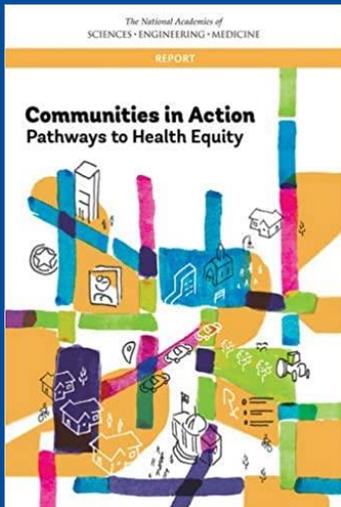


...the racist virus in the American blood stream still affects us

...3 centuries (today, 402 years) of sometimes unimaginable mistreatment have taken their toll on the Negro people



Our nation’s founders wrote that all people are created equal with the right to “life, liberty, and the pursuit of happiness.” Therefore, the principles of equality and equal opportunity are deeply rooted in our national values, and in the notion that everyone has a fair shot to succeed with hard work. However, our nation’s social and economic well-being depends in part on the well-being of its communities, and many are facing great and evolving challenges. Across the country there are communities with insufficient access to jobs, adequate transit, safe and affordable housing, parks and open space, healthy food options, or quality education—the necessary conditions and opportunities to fully thrive. This lack of opportunity is particularly evident in the disparities that exist in health status and health outcomes between different zip codes or census tracts.



Healthy Start Learning Academies



Healthy Start Learning Academies provide an opportunity for HS grantees to participate in curriculum-based courses on specific topics associated with the four HS approaches and 19 HS benchmarks. Learning Academies build HS staff knowledge and prepare them to apply their learnings to their HS program's day-to-day activities.

Learning Academy Structure

- Monthly virtual sessions
- Required readings
- Homework assignments
- In the future, all sessions will be posted on EPIC in an e-learning format for those who cannot attend the live sessions



Goal:

Empower grantees to elevate their CAN to address maternal and child health disparities and other disparities by implementing CAN activities that are developed using a racial equity lens.

CAN Learning Academy Schedule



Session #1	May 27, 2-4 p.m. ET
Session #2	June 24, 2-4 p.m. ET
Session #3	July 22, 2-4 p.m. ET
Session #4	August 26, 2-4 p.m. ET
Session #5	September 23, 2-4 p.m. ET
Session #6	October 28, 2-4 p.m. ET

Pre-Test



Angela Ellison, MSEd
CAN Learning Academy Dean



HS CAN Learning
Academy Session 1

Your CAN *can* Change the World!

Angela Ellison, MEd



What state is your Healthy Start in?

When you were a child, what did you want to be when you grew up?



Yes!! Now for the Real Ice breaker

We are all in this together

What do we have in common?

You will have 10 minutes

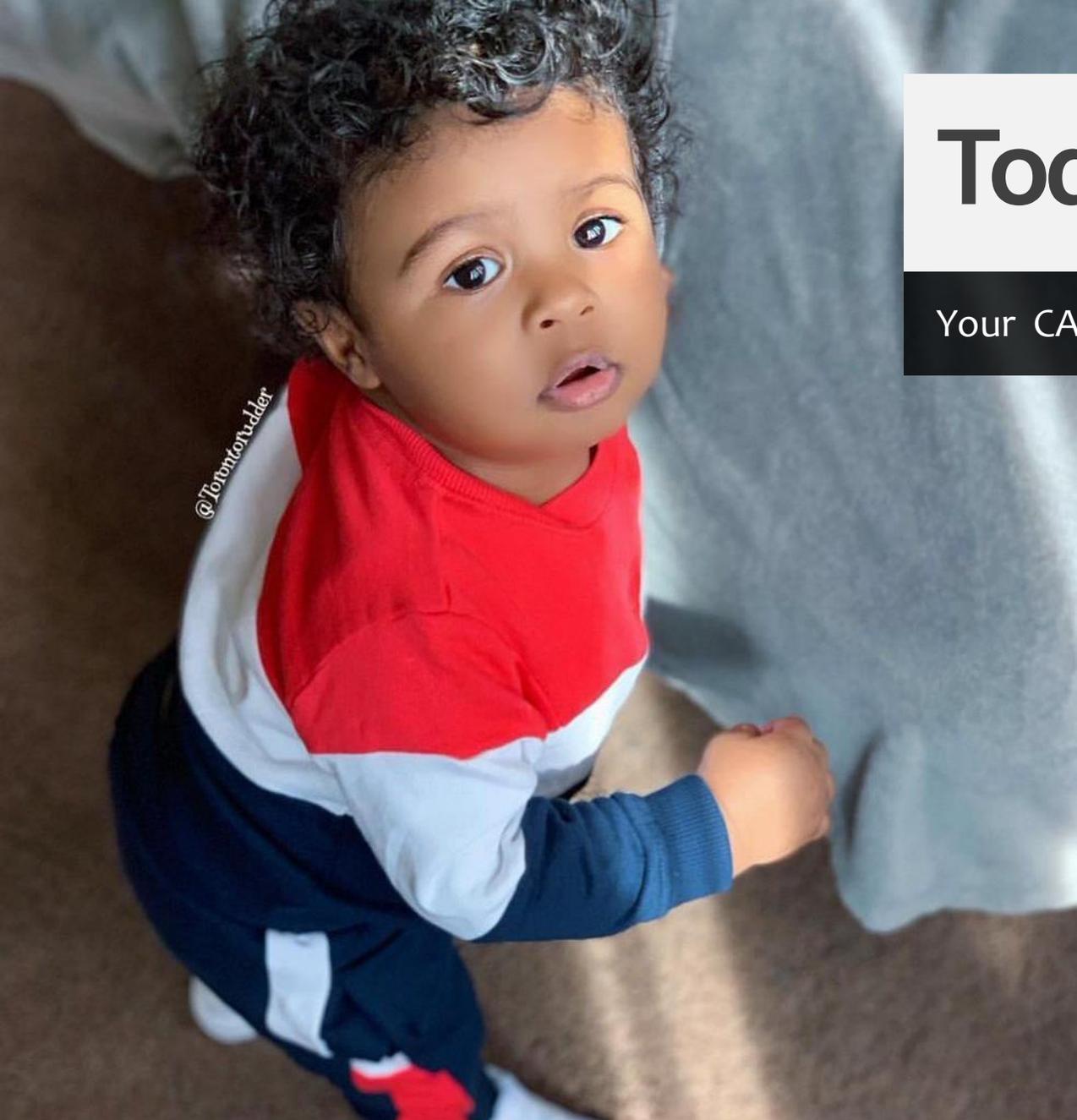
1. Introduce Yourself
2. Find as many things in common as you can

The team with the most “alikes” will have bragging rights for the whole academy!!

CAN Learning Academy Objectives

Addressing Racial & Health Equity through Collective Impact Efforts and Facilitating System Change

1. Participants will develop a deeper understanding of systemic policies and practices that impact maternal and child health inequities.
2. Participants will be able to develop activities and/or projects that are designed to address health equity at the system level.
3. Participants will develop a deeper understanding of how to deepen the focus of their current CAN in order to impact equity at multiple levels (i.e., policy, political will, health system, community empowerment, etc.)
4. Participants will recognize the power of the CAN to effect changes in outcomes in the Healthy Start communities



Today's Objectives

Your CAN *can* Change the World

- Participants will develop an understanding of the goals of the CAN Learning Academy
- Participants will gain a deeper understanding of health equity and racial equity
- Participants will begin to review the key elements needed to address health equity in their CAN
- Participants will examine the current capacity of their CAN to effect system change in their community/state

1. Making the Journey – Assessing Readiness
2. Making New Friends & Identifying Champions - Community Engagement /Partnership
3. DATA!!! Understanding it and Using it to Address Health Inequity in order to Advance Equity!
4. On the Journey Now - Strategic Planning - Part 1
5. Seeing the Light at the End of the Tunnel - Strategic Planning Part 2 and Moving to Implementation
6. Summary/Review and Project Presentation



CAN Learning Academy

Session Themes

Resources

We will be utilizing these books and manuals to guide our work
(Please note this is a preliminary list and more resources will be added)

1. Community in Action - Pathways to Health Equity (James N. Weinstein, Amy Geller, Yamrot Negussie, and Alina Baciou, Editors- The National Academies of Sciences, Engineering and Medicine, 2017)
2. REJI Organizational Race Equity Toolkit, 2020 JustLead Washington



The Journey Begins

Your CAN *can* Change the World!!
Let's pack our bags!!



Where We've Been

The Evolution of the CAN



Evolution of a Community Action Network

Healthy Start Consortium

- Consumer focused
- Advisory to Healthy Start (Guided its program design)
- Provided education (Purpose – Consumer centered)
- Stakeholders generally had an interest in MCH issues
- Inconsistent data on its effectiveness (evaluation varied)

Community Action Networks

- Community focused
- Moving in parallel to Healthy Start
- Provides education (Purpose - Impacting Systems)
- Stakeholders are varied and guided to create a mutual agenda
- Data collection is integral in the process to measure impact
- Use a Collective Impact framework

Collective Impact— What Does it Mean?



Common Agenda



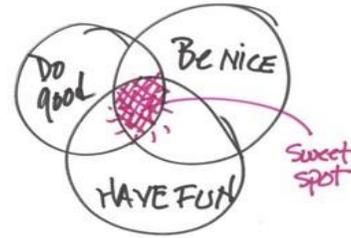
- Improve Perinatal outcomes
- Reduce racial and ethnic disparities
- Use community-based approaches to service delivery
- Facilitate access to comprehensive health and social services for women, infants and their families

Shared Measurement



- Achieve Healthy Start Benchmarks
- Measurement Process and Approach

Mutually Reinforcing Activities



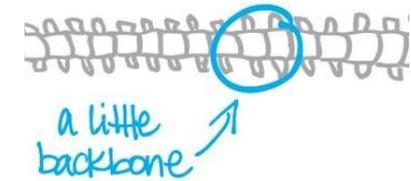
- Improve Women's Health
- Promote Quality Services
- Strengthen Family Resilience
- Achieve Collective Impact
- Increase Accountability

Continuous Communication



- CAN
- Partnership Circles
- Audiences
- Media

Backbone Organism



- Coordination
- Facilitation
- Administrative Support

Healthy Start Community Action Networks Today Per 2018 NOFO

(Shared vision – Common Agenda)

iii. Describe how your program will collaboratively engage partners to develop a common goal and objectives with shared outcomes and facilitate community collaboration, information sharing, and advocacy among this network.

(Data Collection – Shared Measurement)

iv. Provide details on how your program will revise, update, and monitor activities, and develop/implement/evaluate the 5-year CAN action plan to address barriers to care and improve the local system of care and/or address SDOH. 14

<https://datawarehouse.hrsa.gov/> HRSA-19-049 19 v. Describe how your program will convene and facilitate collaborative partnerships to fulfill the approaches of HS. Describe how your program will engage a diverse group of partners who can contribute to shared outcomes that address the environmental and social needs that promote service utilization, and promotes overall health of the target population and/or service area.

Healthy Start Community Action Networks Today Per 2018 NOFO

(Mutually Reinforcing Agendas and Continuous Communication)

vi. Describe your role in other community coalitions, collaboratives, and activities intended **to affect systems change with identified priority areas and yearly goals that should be based on a needs assessment.** Reporting on progress will occur annually, along with any revisions to the approved proposal.

(Backbone organization)

vii. Describe how you will **provide leadership for the CAN.** Provide details on past performance that demonstrate your capacity to lead collaborative community initiatives.

CAN – Healthy Start Benchmarks

Getting From Here to There.....

What HRSA Wants

- *Benchmark:* Increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.
- *Benchmark:* 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%
- **Approach: promote systems change**

What are we doing?

- Conveying Community Stakeholders
- Convening Participants and Other Interested Parties

Why are we doing It?

- To address a common interest (i.e., housing, violence, family planning , health literacy)

How are we doing it?

- We meet and discuss and network but do we...
 - Challenge the systems that are contributing to the issue?,
 - Examine the barriers to the issues from multiple vantage points?
 - Assess organizations and our goals through a racial equity lens?

Can Your CAN *Can* Right Now?

CAN Readiness Checklist



- Active CAN
- Active CAN Leadership
- Organizational culture supports this work (How is your work supported by your grantee organization? And how is this support reflected?)
- CAN Champions (Huh, what's a CAN Champion?)
- CAN Leadership has the skills for developing partnership
- Vehicle/process to hear the community voice/input into the process
- Process to track and monitor progress
- Methodology to facilitate ongoing communication with partners and community

When poll is active, respond at pollev.com/healthystart428

Text **HEALTHYSTART428** to **22333** once to join

Would you say your CAN currently consists of all these elements?

Yes, 50%

Yes, over 75%

Nope, but getting ready
- that's why I am here!

Taking a Pause for Questions Here...

Based on what we have shared about the CAN.....
Thoughts? Concerns? Questions?



Let's Share

Please unmute or put in the chat

“What is the current focus/vision/collective impact goal for your CAN?”



When poll is active, respond at pollev.com/healthystart428

Text **HEALTHYSTART428** to **22333** once to join

Does your CAN currently have a "systems change" focus?

Yes

No

N/A

In process of developing

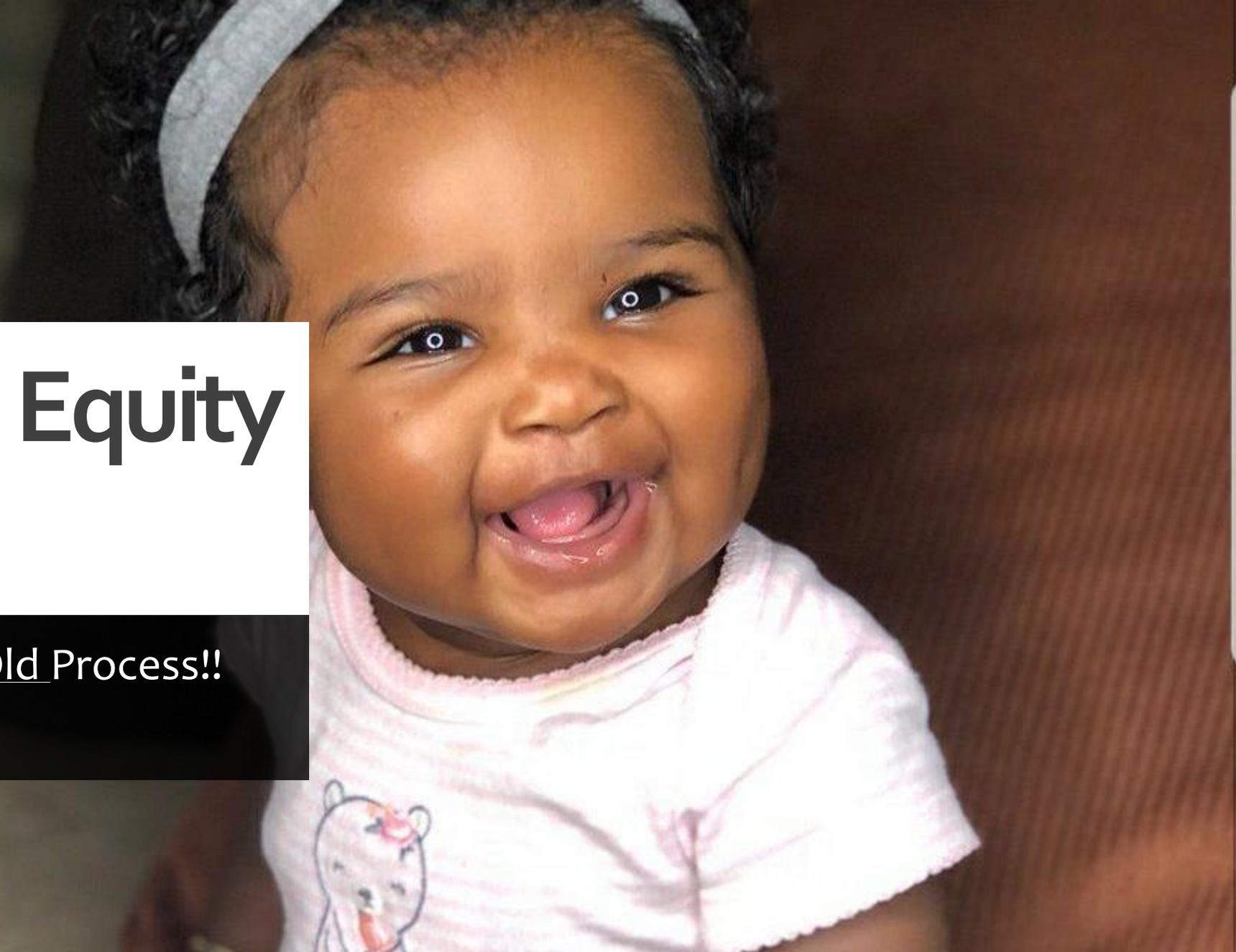
Elevating Our CAN's focus

A New Attitude



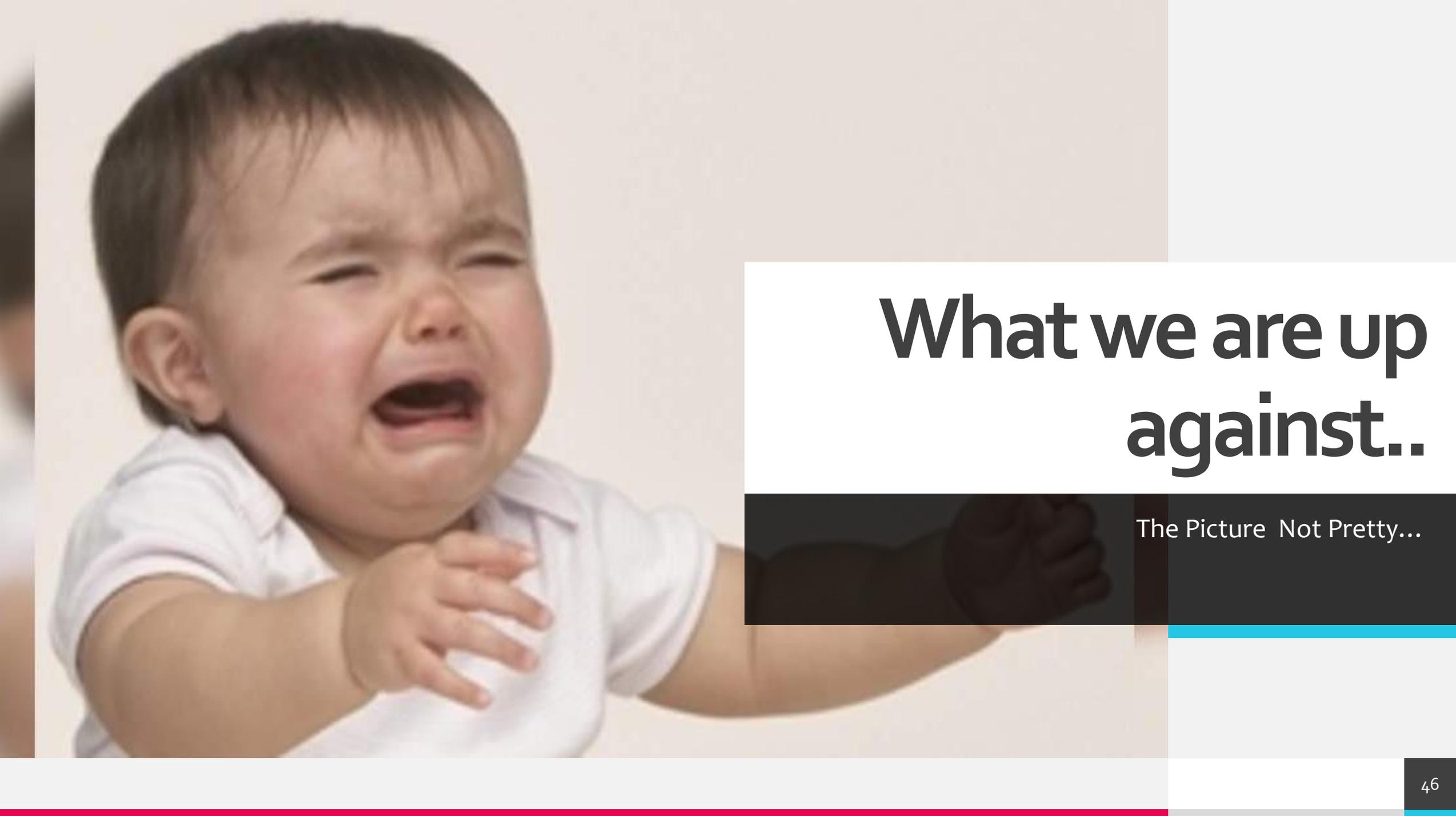
Health/Racial Equity & Our CAN

A New Way to Look at Our Old Process!!



Why are we looking at our CAN in this new way??

1. In the USA we have witnessed firsthand the impact of race, racism and health on the well-being of many Americans. (i.e. murder of George Floyd, rise in hate crimes toward Asian Americans, ongoing denial of access to care for undocumented individuals, COVID -19 highlighting the health inequities that have affected black and brown communities for years)
2. Health equity is still a dream for most communities of color and the time for change is now!
3. Our CANs are positioned to impact these systems and facilitate positive change in our communities.
4. Healthy Start, as a national initiative, provides funding to organizations and systems that have a direct impact on the health and wellness of the families who live in high risk/marginalized communities.



What we are up against..

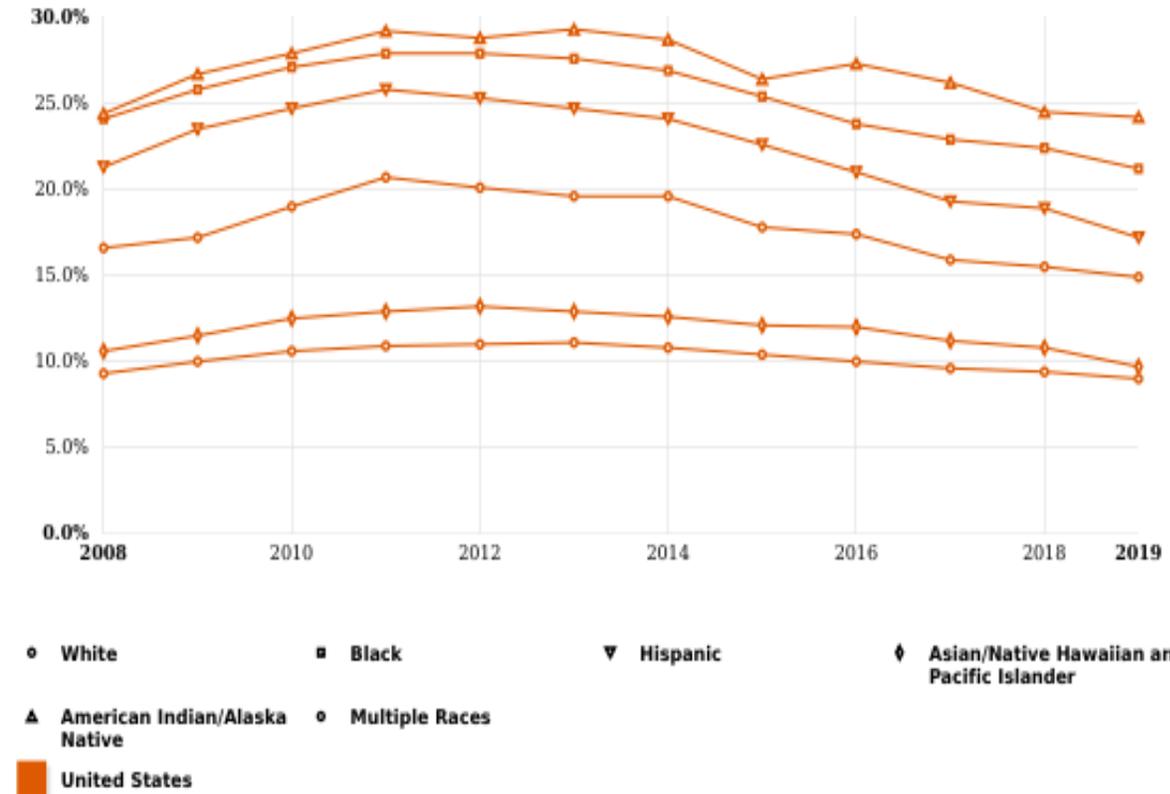
The Picture Not Pretty...

Poverty Data Across the USA

Dr. Arthur James says “In Region Five the IMR gap between black and white babies is not shrinking but is growing”

Historically, African Americans and American Indians/Alaska Natives remain consistently on the top statistical charts for highest poverty rates, infant mortality rates, unemployment, unequal pay and many chronic illnesses

Poverty Rate by Race/Ethnicity: White & Black & Hispanic & Asian/Native Hawaiian and Pacific Islander & American Indian/Alaska Native



SOURCE: Kaiser Family Foundation's State Health Facts.



Setting the Stage

Defining Terms

Racial Equity Defined

1. Racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or that fail to eliminate them.
2. A mindset and method for solving problems that have endured for generations, seem intractable, harm people and communities of color most acutely, and ultimately affect people of all races. This will require seeing differently, thinking differently, and doing the work differently. Racial equity is about results that make a difference and last.

SOURCE: Racial Equity Tools (Glossary, Internet)

[Center for Assessment and Policy Development.](#)

[OpenSource Leadership Strategies.](#)

Healthy Equity Defined

.....the Robert Wood Johnson Foundation (RWJF) provides the following definition:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Source – Robert Wood Johnson, Internet, May 2017

Health Equity Defined

.....the World Health Organization provides the following definition:

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.

Health Equity Defined

.....the CDC provides the following definition:

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.



Social Determinants of Health (SDOH) Defined

[World Health Organization](#) – Social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. They state social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

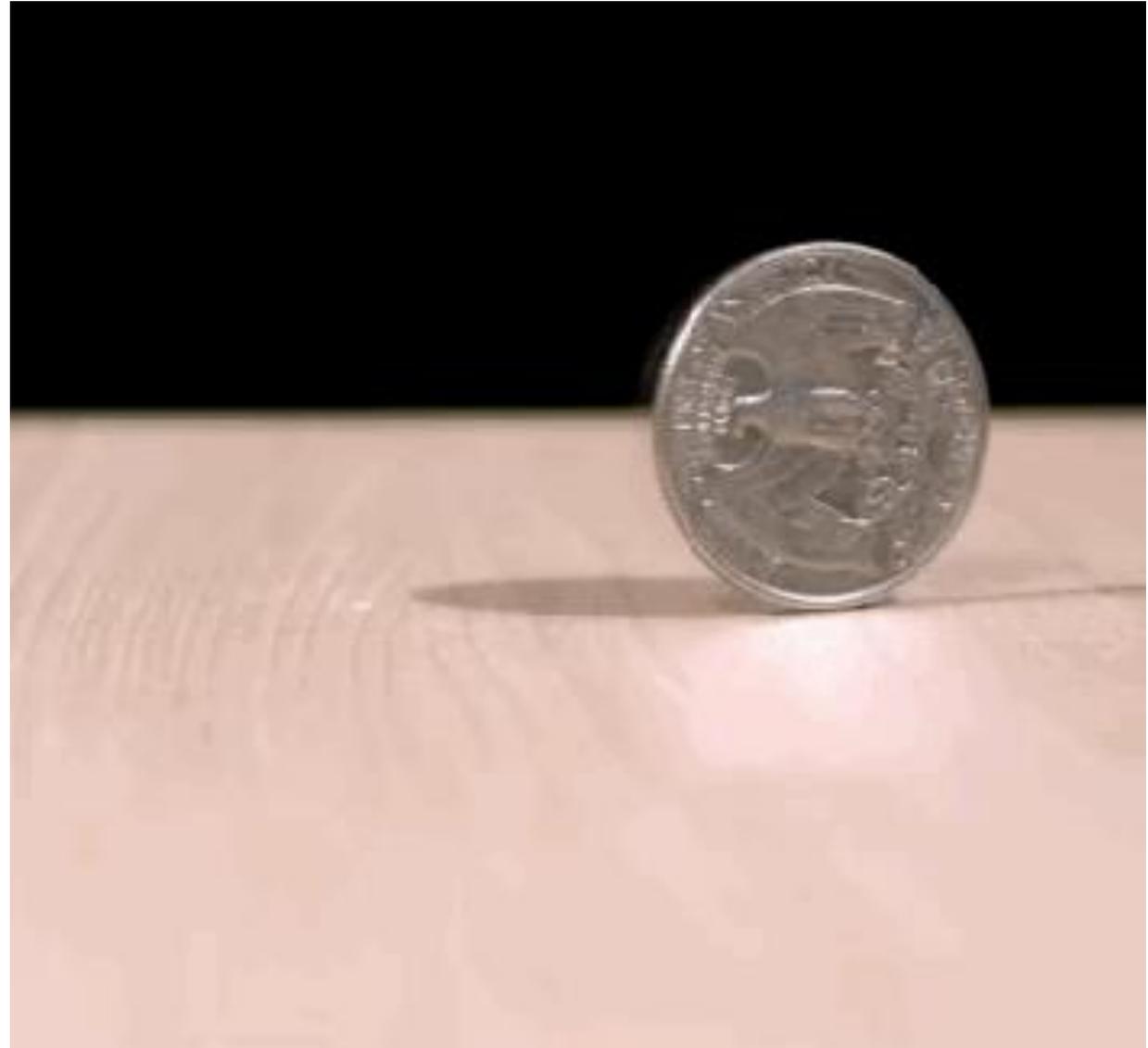
[CDC](#) - Social determinants of health are the conditions in which people are born, grow, live, work and age¹ as well as the complex, interrelated social structures and economic systems that shape these conditions.² Social determinants of health include aspects of the social environment (e.g., discrimination, income, education level, marital status), the physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status).²

[“Communities in Action – Pathways to Health Equity”](#) - The conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For the purposes of this report, the social determinants of health are education; employment; health systems and services; housing; income and wealth; the physical environment; public safety; the social environment; and transportation.

Health Equity vs Racial Equity – Are they the same coin but different sides?

“Health equity is fundamental to the idea of living a good life and building a vibrant society because of its practical, economic, and civic implications. Shifts in economic mobility, income inequality, and persisting legacies of social problems such as structural racism are hampering the attainment of health equity, causing economic loss, and, most overwhelmingly, the loss of human lives and potential.”

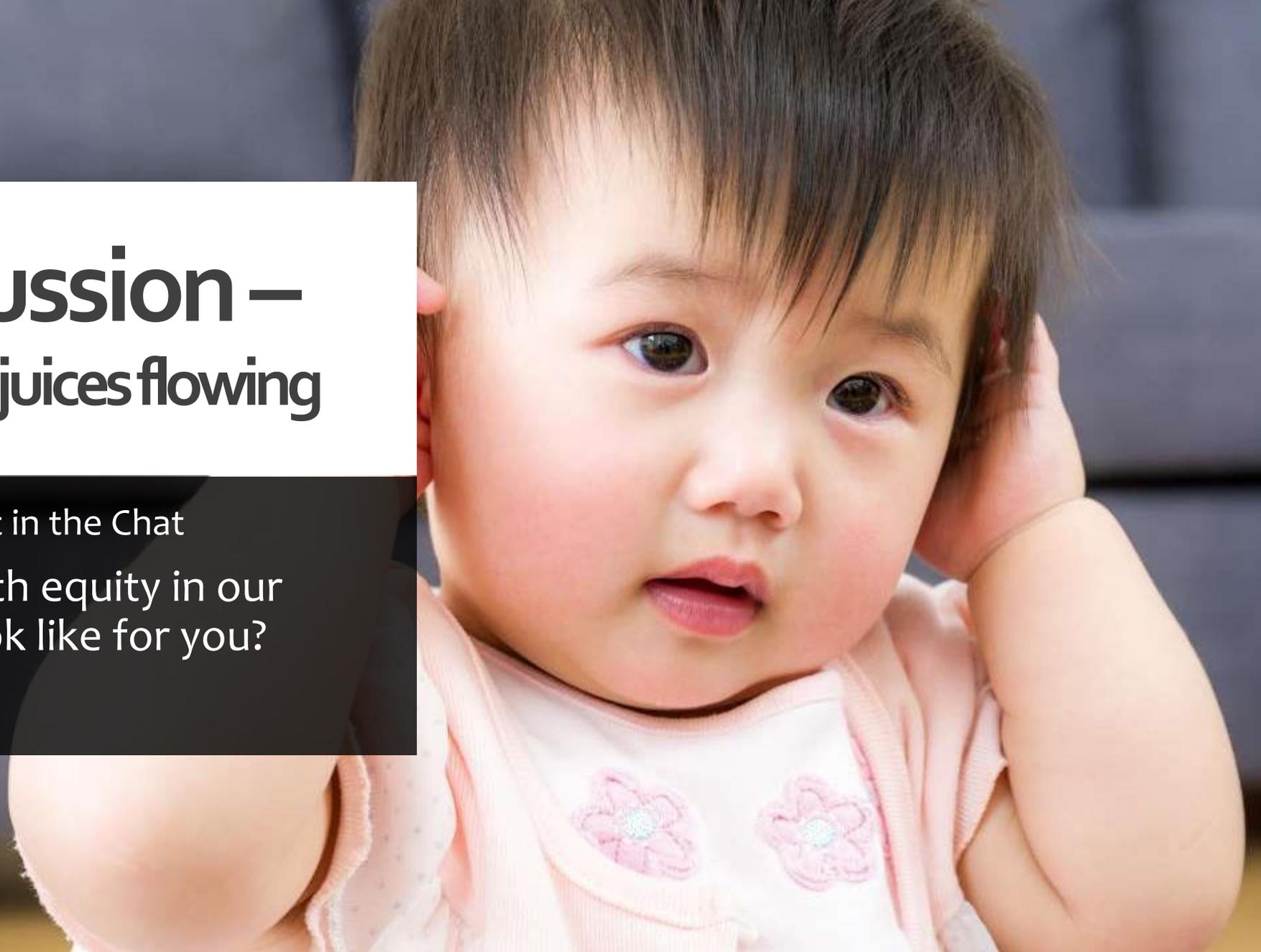
(Pathways to Health Equity, 2019)



Open Discussion – Let's get the brain juices flowing

Unmute or Put in the Chat

“What does health equity in our communities look like for you?”



When poll is active, respond at pollev.com/healthystart428

Text **HEALTHYSTART428** to **22333** once to join

Is your organization/agency currently involved in racial and/or health equity work?

Yes

No

Some (early stages)

Lessons from Field – Angela's Story from Chicago



Addressing Maternal Mortality

Lessons from the Field



You must be willing to be in places you have never been & ready to learn new skills

You must remain steadfast in your commitment for change

You must be willing to challenge the status quo (and you don't always have to yell, just be persistent and don't mind being repetitious)

You must use your connections to gain entry to the big table

Find you champions

Shamelessly plug your work

Tap into the brains of the young

Know your gifts and limitations

Recognize changing the world isn't easy and this is going to take a while. Celebrate the small wins

Where the rubber hits the road on this journey..... What we will be doing over the next 6 months...?

1. Closely examine our CAN work through a health equity lens using the SDOH as our framework to begin the process.
2. Explore our organization's/agency's/program's role and capacity to address those systems that impact the health and well-being of our families
3. Develop a comprehensive plan – in partnership with our communities and other stakeholders – to examine and ultimately influence those systems that negatively impact the health and well-being of our families



Questions /Thoughts ??????

Open Sharing



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Small Group Activity

CAN Success and Challenges Using a Health Equity Lens

Small Group Activity

As CAN Coordinators or Program Leaders, we are asking you to walk the walk as you will need to do when you get back to work later today or tomorrow

- 1) Please select a Facilitator and a Recorder (the recorder will report out when we reconvene)
- 2) Introduce yourselves, your position, and the agency and state you represent
- 3) Each agency will have 10 minutes each to present their responses to these questions:
 - a) Share 3 to 5 strengths of your organization and/or CAN that will facilitate system change through your CAN
 - b) Share 3 to 5 challenges within your agency/organization and/or CAN that may hinder system change within your community/state
 - c) As a group, choose one challenge from each agency and jointly strategize 2 solutions to address the challenge. (This is what will be reported out).

NOTE- Get to know each other. This will be your “CAN Do” cohort for the remainder of the CAN Learning Academy. You can call on each other for support or guidance, hold each other accountable, and become new peer-to-peer BFFs.



Report Out

Inquiring minds want to know.....

Post-Test

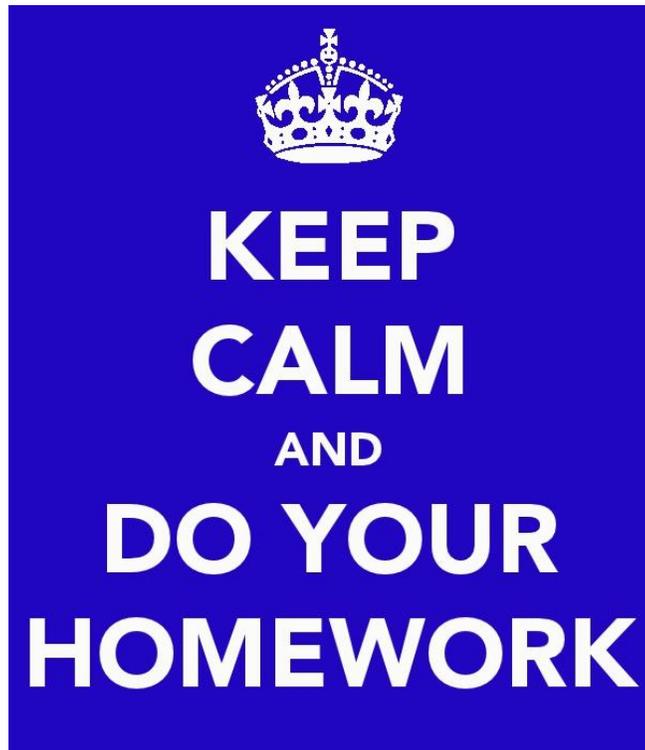


Homework & Next Steps

Olivia Giordano
Healthy Start TA & Support Center



Homework



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“Community in Action - Pathways to Health Equity”

Read Chapters, 3, 5, 7 & 8 and prepare to explore these questions at the next meeting

1. What did you find most impactful from the readings towards your future CAN work?
2. How will you use what you have read to elevate your CAN’s focus?
3. What information do you need to move to the next step in the process?

Each Healthy Start Project is eligible to receive a hard copy of this book. Please have your Project Director fill out this [survey](#) to request a copy.

Review - CAN Assessment for Taking our Primary Issue to the Next Level

Are We Ready for the Journey?

When you get home start here.....

Examine the following with your team, organization and CAN:

1. What is your CAN and organization's history in addressing health equity (SDOH)?
2. What is your CAN's leadership and members' experience in addressing health equity on a system level?
3. Who are your CAN members and who is missing?
4. What is your CAN's current focus and how will you begin to move toward a shared vision/collective impact approach?
5. What data collection system do you have in place to track this work and measure its impact?
6. **What is our “readiness” to take the journey? What do we have and what do we need to move our CAN to this next level of evolution?**

We are the Change!!

. “Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we’ve been waiting for. We are the change that we seek.”

– *Barack Obama*

“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.”

– *Margaret Mead*

“Remember the revolution will not be televised”

– *Gill Scott Herron*



Survey

- Please scan the QR code or visit <https://link.nichq.org/CANLASession1> to complete the survey
- Your responses will help shape the future Learning Academy sessions!



Healthy Start CoLab



- Connect with your fellow Learning Academy participants on the Healthy Start CoLab!
- If you do not have a CoLab account, please email healthystart@nichq.org



Next Healthy Start CAN Learning Academy Session

Thursday, June 24
from 2-4 p.m. ET

Can be found on the EPIC website or
bit.ly/hs-deadlines-and-events

June 2021

Deadlines:

- Jun 4 [NPCL International Fatherhood Conference Survey Due](#)
- Jun 15 HSMED-II Report (CSV or XML) Due
- Jun 30 Aggregate Report (Excel) Due
- Jun 30 Grantee Performance Report Due

Events:

- Jun 1 [Webinar: Legacy of Slavery & Impact of Racism on Breastfeeding](#)
- Jun 2 HS Breastfeeding Cohort Meeting #4 — *Cohort members only*
- Jun 7 [Networking Café](#)
- Jun 8 [Fatherhood Talk Tuesday](#)
- Jun 9 NPCL International Fatherhood Conference – *Registrants only*
- Jun 10 NPCL International Fatherhood Conference – *Registrants only*
- Jun 16 Healthy Start COIN Meeting #7 — *COIN members only*
- Jun 16 HS Evaluation Cohort Meeting #3 — *Cohort members only*
- Jun 18 [Quality Improvement Learning Academy Meeting #5](#)
- Jun 21 TIROE CoP Learning Session #2 – *COP members only*
- Jun 24 [CAN Learning Academy Meeting #2](#)



**Thank
You!**