# Welcome!

We are so glad you are here!

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

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

CAN Learning Academy — Session 3
**Understanding and Using Data to Address Health Inequities and Advance Equity**
Thursday, July 22, 2021 || 2:00pm to 4:00pm ET

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

Community Action Network (CAN) Learning Academy

*Understanding and Using Data to Address Health Inequities and Advance Equity*

July 22, 2021

# Agenda

| | |
|---|---|
| Housekeeping | Lisa Hong, NICHQ |
| Introduction to CAN LA Session #3 | Olivia Giordano, NICHQ |
| Welcome Back & Review | Angela Ellison, MSEd |
| Importance of Community Engagement Part 2 | Kenn Harris, NICHQ |
| Understanding and Using Data to Address Health Inequities and Advance Equity | Angela Ellison, MSEd |
| Wrap-up & Next Steps | Angela Ellison, MSEd |

# 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.
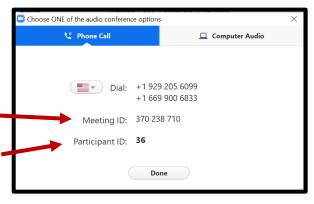
# Connecting to the Audio Conference

- 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**
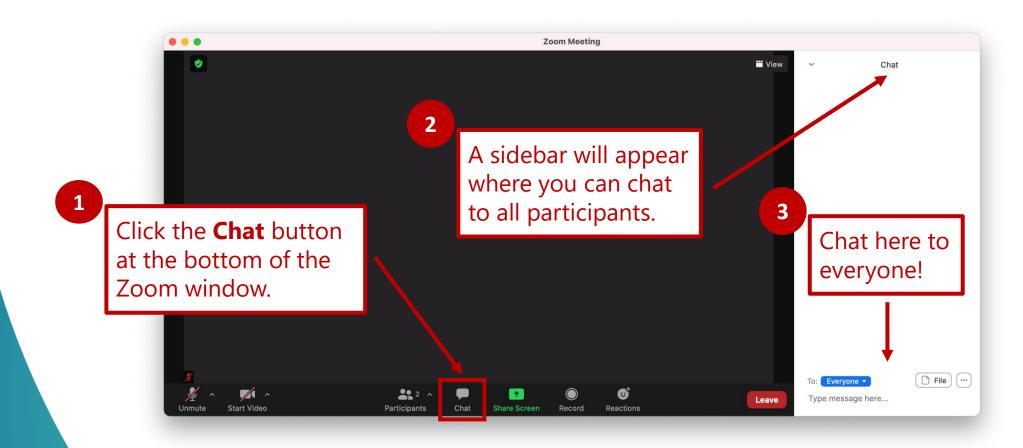    - Then you will be prompted to enter the **Participant ID**

# How to Chat



**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!

# Introduction to the Healthy Start CAN Learning Academy Session #3

Olivia Giordano
Healthy Start TA & Support Center

# Welcome back to the Healthy Start CAN Learning Academy!

# CAN Learning Academy

**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.

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# 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 |

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# Poll

# Pre-Session Readiness Assessment

Angela Ellison, MSEd
CAN Learning Academy Dean
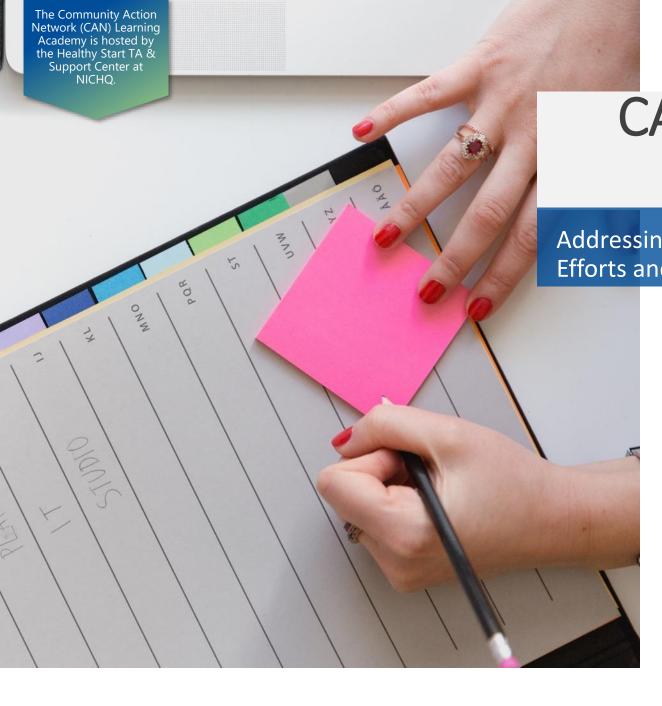
# Welcome Back!

Angela Ellison, MSEd

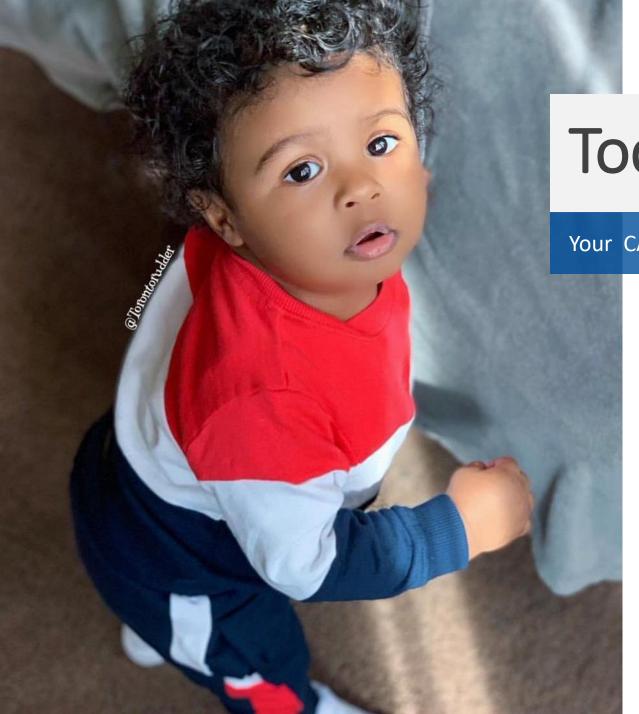# Welcome Back Icebreaker

# CAN Learning Academy Objectives

## Addressing Racial & Health Equity though 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.)
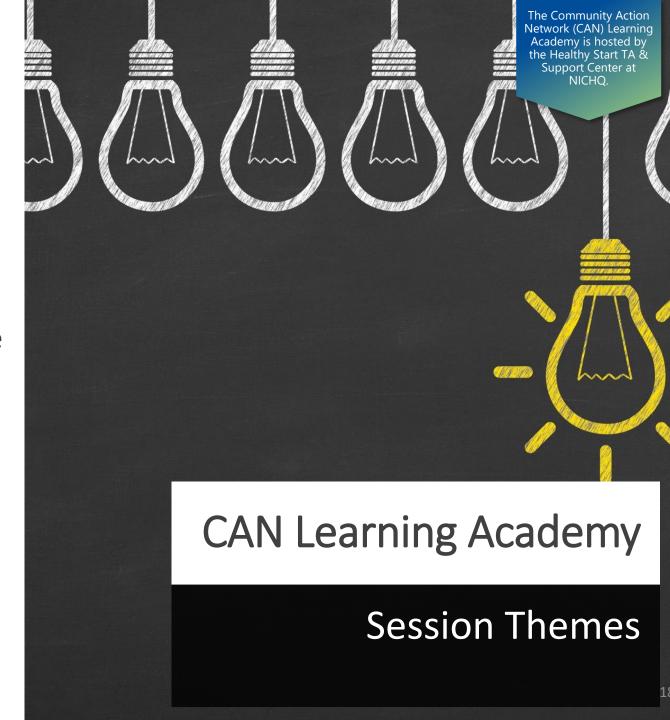4. Participants will recognize the power of the CAN to effect changes in outcomes in the Healthy Start communities

# Today's Objectives

## Your CAN *Can* Change the World

1. Participants will learn about the power of authentic community engagement and how to use it to build the CAN as a community powerbase to move community transformation.

2. Participants will gain a deeper understanding of why a variety of cross-sector data is necessary for driving community solutions.

3. Participants will increase knowledge and understanding of how to make data a shared vision and value

4. Participants will increase knowledge and understanding of how to utilize various tools for data collection for the CAN.

5. To increase participants capacity to apply learning that helps them utilize data to advance health equity in their CANs

1. Making the Journey – Assessing Readiness

2. Making New Friends & Identifying Champions – Community Engagement and Partnership

3. Understanding Data and Using It to Address Health Inequities and 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 Presentations

# CAN Learning Academy

## Session Themes

# Importance of Community Engagement Part 2

Kenn Harris
Healthy Start TA & Support Center

constellation alignment

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

Create a vision with community as partners
for *Now and Beyond*
2021    2025    2030

What does the community want?

What do we want for the community?

How do we create alignment with the community?

The Community Action Network (CAN) Learning Academy is hosted by the Healthy Start TA & Support Center at NICHQ.

## Constellation Alignment
### WORK-SHEET

If you are at the of the mountain…imagine coming down the mountain in your mind and we'd like you to chart what you see as you come down. Have fun!

**What are resources in your orbit that are working?**

**Who's supporting this work?**

**What does the community want?**

**What do we want for the community?**

**How do we create alignment with the community?**

**NEXT STEP when you gather the community together:**

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

| 2021 | 2025 | 2030 |
|------|------|------|
| BIG Goal: | BIG Goal: | BIG Goal: |

HISTORY

INTERNAL

EXTERNAL

Bias

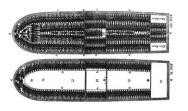Privilege

Internalized Racism

POWER
AND
ECONOMICS

Interpersonal

Institutional

Structural

CULTURE

IDENTITY

WorldTrust

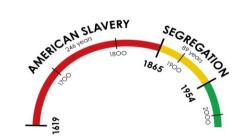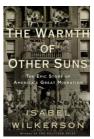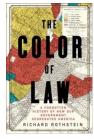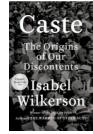# history eradicated | strengths distorted | culture demonized
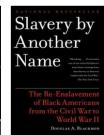
"What we committed in the Indies stands out among the most unpardonable offenses ever committed against God and mankind and this trade [in Indian slaves] as one of the most unjust, evil, and cruel among them."
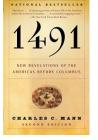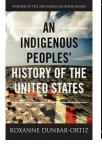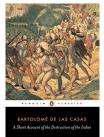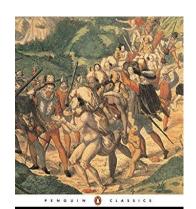—Bartolome De Las Casas



BARTOLOMÉ DE LAS CASAS

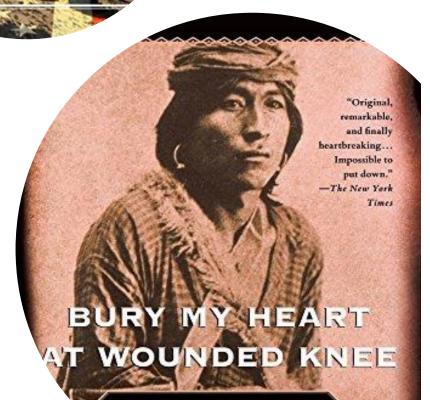*A Short Account of the Destruction of the Indies*

"US history, as well as inherited Indigenous trauma, cannot be understood without dealing with the genocide that the United States committed against Indigenous peoples..... The absence of even the slightest note of regret or tragedy in the annual celebration of the US independence betrays a deep disconnect in the consciousness of US Americans."
— Roxanne Dunbar-Ortiz
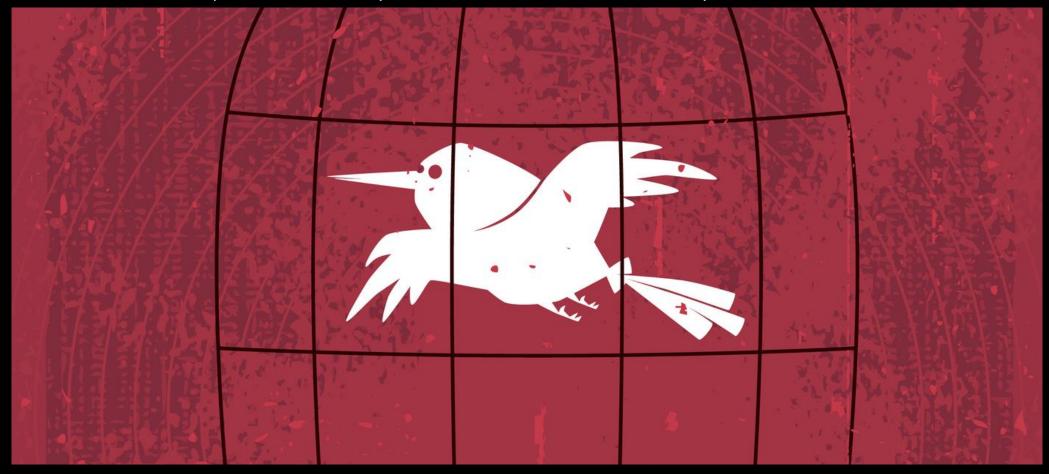
INDIGENOUS PEOPLES' HISTORY OF THE UNITED STATES

"I was born upon the prairie, where the wind blew free and there was nothing to break the light of the sun. I was born where there are no enclosures and where everything drew a free breath. I want to die there and not within walls. I know every stream and every wood between the Rio Grande and the Arkansas. I have hunted and lived over that country. I lived like my fathers before me, and, like them, I lived happily."

— Para-Wa-Samen (Ten Bears)

"Original, remarkable, and finally heartbreaking... Impossible to put down."
—The New York Times

BURY MY HEART AT WOUNDED KNEE

please use your Zoom reactions: yes or no

do you know why the caged bird sings?

why does the caged bird sing?

# free birds & caged birds

A story not about ONE bird but TWO birds



I KNOW WHY THE CAGED BIRD SINGS

The free bird leaps on the back of the wind and floats downstream till the current ends and dips his wings in the orange sun rays and dares to claim the sky. But a bird that stalks down his narrow c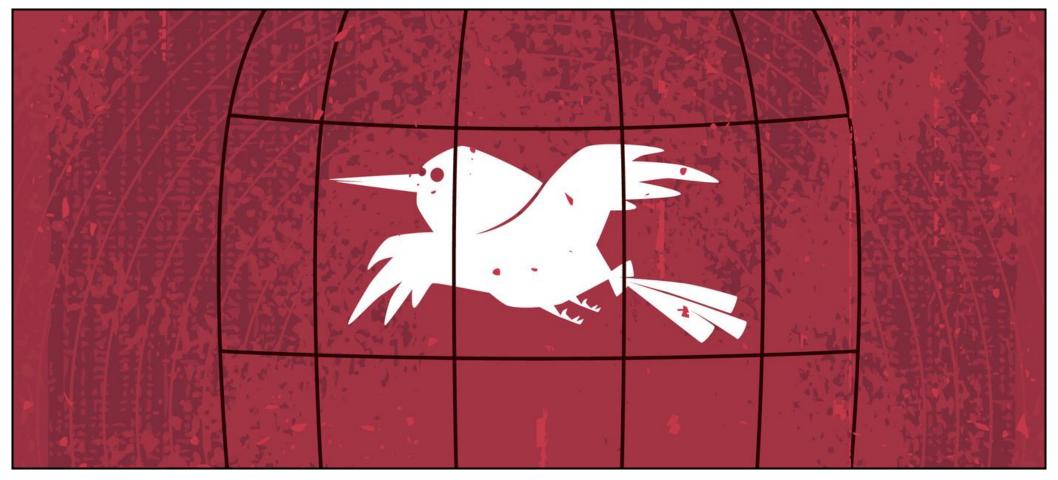age can seldom see through his bars of rage his wings are clipped and his feet are tied so he opens his throat to sing. The caged bird sings with fearful trill of the things unknown but longed for still and is tune is heard on the distant hillfor the caged bird sings of free- dom. The free bird thinks of another breeze an the trade winds soft through the sighing trees and the fat worms eaiting on a dawn-bright lawn and he names the sky his own. But a caged bird stands on the grave of dreams his shadow shouts on a nightmare scream his wings are clipped and his feet are tied so he opens his throat to sing. The caged bird sings with a fearful trill of things unknown but longed for still and his tune his heard on the distant hill for the caged bird sings of freedom.

MAYA ANGELOU

*aligning for action*

freeing the caged birds

so that ALL birds can fly together!!

The free bird leaps
on the back of the
wind
and floats
downstream
till the current ends
and dips his wings
in the orange sun rays
and dares to claim the
sky.
[choice, mobility,
ease, luxury,
entitlement]

But a bird that stalks
down his narrow cage
can seldom see
through
his bars of rage
his wings are clipped
and
his feet are tied
so he opens his throat
to sing.
[contrast, limitation,
compromised mental
health, vision
impacted, no flight,
bound to condition,
BUT still has VOICE!]

The caged bird sings
with fearful trill
of the things unknown
but longed for still
and his tune is heard
on the distant hill for
the caged bird
sings of freedom
[weak but longing,
resilient, VOICE is
heard]

The free bird thinks
of another breeze
and the trade winds
soft through the
sighing trees
and the fat worms
waiting on a dawn-
bright lawn
and he names the
sky his own.
[luxury of free
thinking, power to
move, ownership]

But a caged bird
stands on the grave of
dreams
his shadow shouts on
a nightmare scream
his wings are clipped
and his feet are tied
so he opens his throat
to sing
[mortality
overshadows,
restricted movement,
resilience and
strength]

A free bird can fly around, float with the wind current and enjoy unrestricted movement of the sky

A caged bird can't see beyond the bars of anger and frustration. He opens up his throat to sing

The caged bird sings of something that he hasn't fully experienced but nevertheless, hopes for (capacity to vision): Freedom!

The freedom of the free bird enables him to think of another breeze, *the trade winds, the singing tress and fat worms*

The caged bird's dreams have become a grave where the nightmare scream of his shadow can be heard. His wings and feet tied (restricted) and he opens his throat to sing
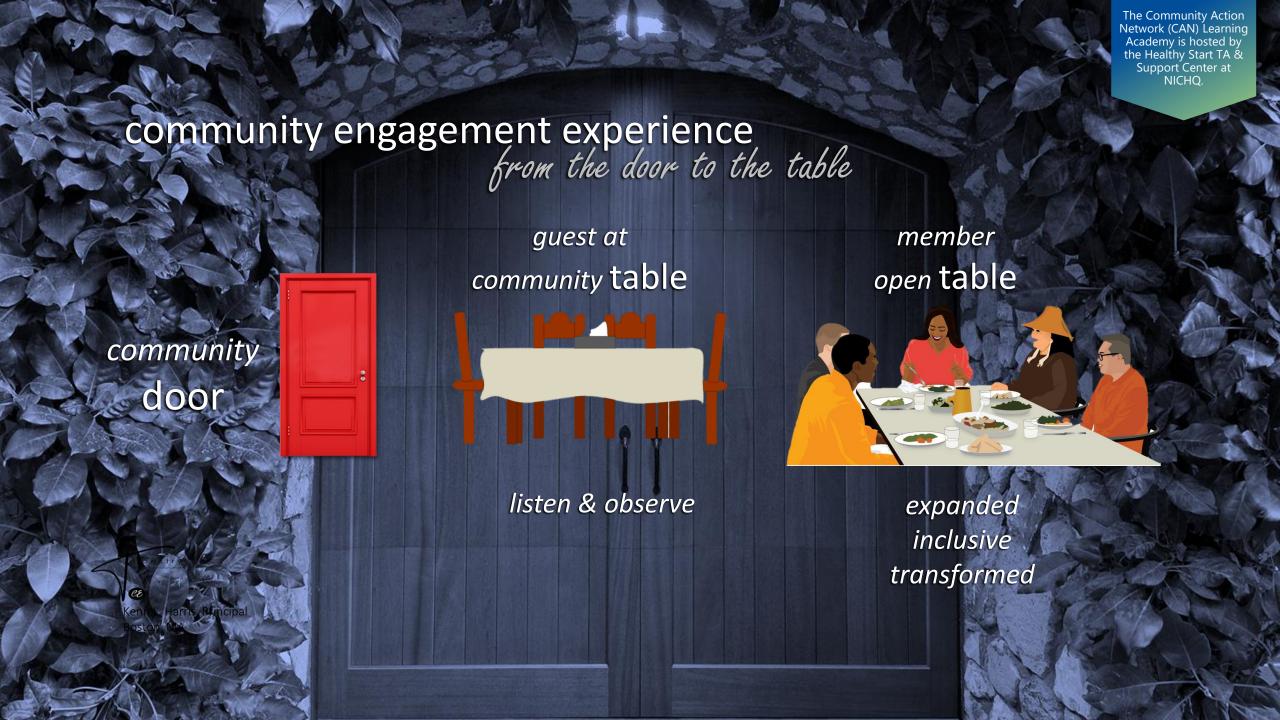
The fearful trill of the caged bird can be heard in the distant hill because he sings for freedom

Caged Bird Echoes
## WORK-SHEET

Use this sheet to capture information that can help you when you begin your community engagement efforts.

| QUESTION #1: What might be the "sounds of injustices" coming from my community? |
|---|
| |

| QUESTION #2: What groups in my community might be seeking freedom? |
|---|
| |

| QUESTION #3: What systems do I see impacting the lives of women, children, families and communities? |
|---|
| |

| QUESTION #4: What are the strengths I see in my community that I look forward to lifting up? |
|---|
| |

# Tobe Nwigwe

community engagement experience
*from the door to the table*

*guest at*
*community* table

*member*
*open* table

*community*
door

listen & observe

expanded
inclusive
transformed

Kenn L. Harris, Principal
Boston, MA

# CE MAPPING

**doors**

1) pause, think about and list the benefits of your work to community so that when you're invited in, you can share
2) pause, think about and list the resources you can provide, so that when you're invited in, you're prepared share
3) pause, think, and imagine the possibilities you see for advancing the community and creating brighter future together so that when you're invited in, you can share

**windows**

1) look out your own window of your life, what do you see yourself doing to make things better?
2) look out the window of your organization, what do you your organization doing to make things better?

**gates**

1) think about communication and engagement: how will you keep the information and reciprocal relationship flowing?

# Community Engagement MAPPING Worksheet

Use the following worksheet to begin to document a "roadmap" to help you achieve an authentic community engagement destination of engaging your local community in the work that you are trying to accomplish in partnership with them.

Under each section you will have space to answer questions and list activities that you can place timelines on and assign members to take responsibility for them.

### Door

| Questions to Ask/Steps to Take | Response to begin planning |
|---|---|
| 1) Pause, think about, and list the benefits of your work to community so that when you are invited in, you can share. <br> 2) Pause, think about, and list the resources you can provide, so that when you are invited in, you are prepared share. <br> 3) Pause, think, and imagine the possibilities you see for advancing the community and creating brighter future together so that when you are invited in, you can share. | |

### Window

| Questions to Ask/Steps to Take | Response to begin planning |
|---|---|
| 1) Look out your own window of your life: what do you see yourself doing to make things better? <br> 2) Look out the window of your organization: what do you your organization doing to make things better? | |

### Gates

| Questions to Ask/Steps to Take | Response to begin planning |
|---|---|
| 1) Think about communication and engagement: how will you keep the information and reciprocal relationship flowing? | |

### Table

| Questions to Consider | Response to begin planning |
|---|---|
| 1) Who is at the table? <br> 2) What is on the table (issues being address)? <br> 3) Who is missing from the table? <br> 4) History of the table? <br> 5) Effectiveness of the table? <br> 6) Need a "new" table? | |

CE Mapping Worksheet developed by Tapestry, CE
12/2020

# Thank you!

## kharris@nichq.org

NICHQ | Kenn L. Harris, Executive Project Director & Engagement Lead, National Institute for Children's Health Quality (NICHQ)

Since last time – What has been your community engagement experience??

The Community Action Network (CAN) Learning Academy is hosted by the Healthy Start TA & Support Center at NICHQ.

Have you identified new partner(s)?

Have you refined your approach?

Have you identified a champion or two?

# Making Health Equity a Reality

# Shared Vision

# Visualizing a Better Place - Home
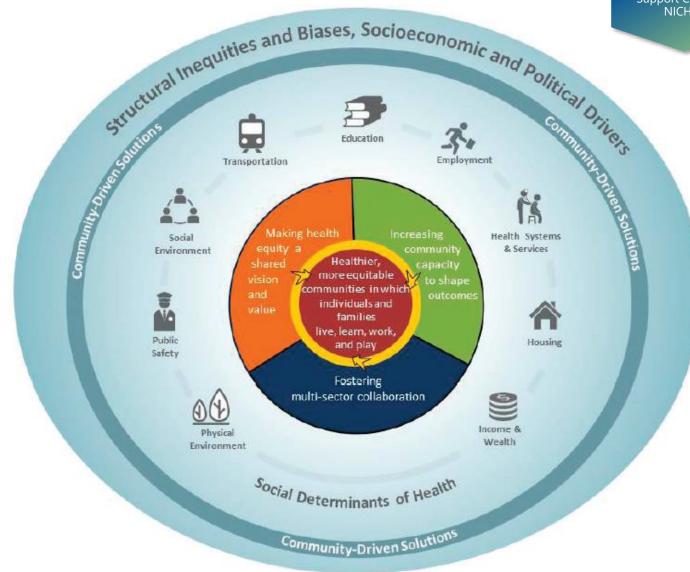
# Making Health Equity a Shared Vision
## What would <u>home</u> look like if your CAN is successful?

## Activity

1. Close your eyes for few minutes….

2. Think of Home… no,  not where you live now, but where you would want to live….

Please respond to the following questions and put your answers in the chat.

A. *What does it look like?*

B. *What elements are there, and which ones are missing?*

C. *What would it look like for the people we serve?*

## ?? What did you think about this model?

Conceptual model for community solutions to promote health equity.
(Communities in Action, 2017)

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# Understanding and Using Data to Address Health Inequities and Advance Equity

Angela Ellison, MSEd

NICHQ
National Institute for
Children's Health Quality

# Data, Data, Data – What kind? What For? Let's Talk...

1. What kind of data do you currently collect?

2. What data do you need?

3. What data do you currently have access to? (i.e., through partners)

# What are you measuring? ( the 3 P's)
# What do you need to know?
# Use data to tell your story

---

## External

1. Policy

   Data Source – National, local

## Internal

2. Programs

   Data Source: local, national, partners (i.e., CDC)

3. Practices

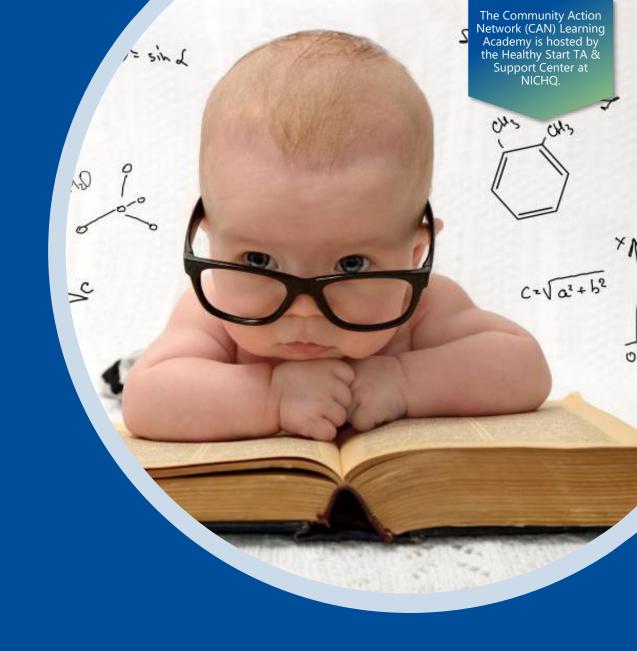   Data Source: local, personal  (Participants, partners)

# Why?

**Beginning**

- It informs you as to where the gaps /challenges are

- It informs us of why health equity matters – necessary to motivate the unmotivated

**Middle**

- It informs the process, so you know when to pivot or move forward

**End**

- It inform the people if you succeeded

- It changes the world ( this takes time)

# What Do You Need?

1. A variety of data sources to address health equity in your community:

- Local Data
- National Data
- Personal Story Data

2. A system to collect the data

3. A person (i.e., organization for tracking and entering data)

4. Use data to not just show the "why" but also the "what if"! What could happen if we did not have these disparities?

# Developing a Shared Vision – Chicago 2021

Once upon a time in a land far far away was a place called Chicago.....

# Englewood in Chicago

Non-Hispanic white - .6%

Non-Hispanic AA - 95.4%

Asian/island pacific -  .3%

Latino – 3.7%

- Poverty Rate –  40.1%

- Uninsured – 12.3%

- Prenatal care 1st Trimester –  60%

- Diabetes rate  12.4 %

- Diabetes mortality Rate – 31.1%

- Hypertension-  37%

- Overall Health status ( excellent, good) – 73.5%

- Life Expectancy – 70.8

# Streeterville in Chicago

- Non-Hispanic white - 72%
- Non-Hispanic African American – 9%
- Asian/island pacific – 13%
- Latino - 6%
- Poverty Rate – 9.3%
- Uninsured 2%
- Prenatal care 1st Trimester – 82.6%
- Diabetes 4.1%
- Diabetes mortality Rate – 4.7%
- Hypertension- 29%
- Overall Health status ( excellent, good) 89.2%
- Life Expectancy Gap – 82.4

# Making the Case

**Englewood**

- Non-Hispanic AA - 95.4%

- Poverty Rate – 40.1%

- Diabetes rate 12.4 %

- Diabetes mortality Rate – 31.1%

- Overall Health status ( excellent, good) – 73.5%

- Life Expectancy – 70.8

**Streeterville (Magnificent Mile)**

- Non-Hispanic white - 72%

- Poverty Rate – 9.3%

- Diabetes 4.1%

- Diabetes mortality Rate – 4.7%

- Overall Health status ( excellent, good) 89.2%

- Life Expectancy Gap – 82.4

# Creating an Equitable World
## Gives Hope to the Hopeless
## Brighter Futures at the End of This Journey!

# Making Health Equity a Shared Vision

Let's not just ask why?...
Ask what if?

Envisioning a New Future

## What if We Had ......

- ✓ **Healthier People** = Lower Health care cost, vital contributing members to society, healthier babies & mamas

- ✓ **Equitable Education Systems** = Increased number of students ready for college/qualified for better jobs; sustainable workforce

- ✓ **Less Incarceration** = More men and women to contribute to society; more children being raised by mothers and fathers

- ✓ **Green Space and Safe Neighborhoods** = Less stress; less need to engage in behaviors that contribute to poor health outcomes; opportunity for increased physical fitness.

- ✓ **Safe and Affordable Housing** = Vital neighborhoods contributing to the economy; less violence; better health outcomes; reduced homelessness; children's wellbeing

- ✓ **Smaller Wealth Gaps/Lower Unemployment Rates\*** = More diversity in key jobs that impact the health and wellness of this nation; more diversity in health care workforce; more vibrant and healthier communities

  \*It is a striking fact that the 400 richest American billionaires have more total wealth than all 10 million Black American households combined

# Activity

Addressing Health Inequity

Let's Practice Together

# A Health Equity Assessment Tool

**Instructions:**

Brainstorm (through the review of the data and discussion) the answers to questions 1-3 in the template below. The template can be adapted to include the types of inequality that are specific to the issue you are examining. It may also be worthwhile to include any instances where particular inequalities do not exist for your issue.

| Type of Inequality | 1. What inequalities exist? | 2. Who is most advantaged and how? | 3. How did the inequality occur? |
|---|---|---|---|
| *Consider the range of inequalities* | *What do you know about inequalities in relation to this health issue?* | *Who is advantaged in relation to the health issue being considered and how?* | *What causal chain(s) leads to this inequality?* |
| Ethnic | | | |
| Gender | | | |
| Socioeconomic | | | |
| Geographical | | | |
| Disability | | | |

https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf

# The Most Significant Change Tool

## Exercise Description:

The Most Significant Change technique is a form of participatory evaluation. It is participatory because many project stakeholders are involved both in deciding the sorts of change to be recorded and in analyzing the data. It is a form of monitoring because it occurs throughout the program cycle and provides information to help people manage the program. It contributes to evaluation because it provides data on impact and outcomes that can be used to help assess the performance of the Initiative as a whole. Essentially, the process involves the collection of significant change (SC) stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by 'searching' for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussion about the value of these reported changes. When the technique is implemented successfully, whole teams of people begin to focus their attention on program impact.

Source: http://mande.co.uk/docs/MSCGuide.pdf

---

**EXERCISE HOW-TO:**

| Steps | Questions |
|---|---|
| 1. Raise interest amongst key stakeholders and get their commitment to participate | |
| 2. Define the domains of change | What has broadly changed in people's lives? |
| 3. Determine the reporting period – over the past year, six months, 3 months etc. | |
| 4. Collective the significant change stories from participants. | During the last 6 months, in your opinion, what was the most significant change that took place for participants in this program? |
| 5. Select the most significant stories. Every time stories are selected, record criteria used to select them. | From among the stories selected, what do you think was the most significant change of all? |
| 6. Feedback the results of the selection process. Include stakeholders to review the process, stories selected and assess the domains of stories | From among the stories selected what do you think was the most significant change of all? |
| 7. Verify the stories. | Who told the story? Who captured the results? When and where did the story take place? |
| 8. Quantify the results | |
| 9. Conduct a secondary or meta-monitoring analysis | |
| 10. Revise the system based upon lessons learned | |

Source: http://mande.co.uk/docs/MSCGuide.pdf

# Health Inequalities Impact Assessment: Screening Tool

| Title of Project |
| --- |
| Whose needs will the project address? (e.g., whole administrative area, a named prioritized group) |
| Will people whom the project could potentially benefit be subject to access problems? |
| What is the project designed to achieve? |

http://hiaconnect.edu.au/old/files/HIIA%20_Bro_Taf_all.pdf

# Datassist Data Biography Template

| | Dataset name | Link to data saource | Where will this data be stored (e.g., centralized database) | Who collected the data | Who owns the data | How was the data collected | Sample size | Who was included and/or excluded from the sample | When was the data collected | When was the data last updated | Why was the data collected | Notes on data quality | Notes on how data is authorized to be used |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **EXAMPLES** | *UN Violence Against Women* | *https://unstats.un.org/unsd/gender/chapter6/chapter6.html* | | *Varies by country and year* | *UN curates - can be publicly used* | *Varies by country and year* | *Varies by country and year* | *Varies by country and year* | *Varies by country and year* | *2014-2015* | *Varies by country and year* | | |
| | *UN Violence Against Women - Malawi* | | | *National Statistical Office (NSO) [Malawi], and ORC Macro. 2005. Malawi Demographic and Health Survey 2004. Calverton, Maryland: NSO and ORC Macro* | *UN curates - can be publicly used* | *Paper surveys in local languages* | *13664 households* | *Age 15-49, All women. Intimate Partner Violence refers to ever married women. For all perpetrators and Intimate Partner physical violence in the past 12 months excludes women who experienced physical violence during pregnancy.* | *2004* | *2005* | *Measure VAW as part of USAID funded project* | | |
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# Shared Measure Mapping

## Our intended impact:

| Process: # of people/orgs at table, # of community presentations, articles, etc. | Programs: # of people served, # of new initiatives, funding leveraged, etc. |
|---|---|
| **Shared Measurement** | |
| Policy: policy changes in own or other organizations, new investments, government policy changes | Population (ultimate outcomes): # of people whose lives have changed, for example: # of high school graduates, # jobs created |

## Exercise Description:

The White House Roundtable on Community Change evaluated 12 collective impact initiatives. Through this research, they determined a set of questions, which community partners need to consider.

- Do we aim to effect needle-change (i.e., 10% or more) on a community-wide metric?

---

his questionnaire or poll individuals. This can even be done

lts of the responses.
ing point for more in-depth discussion and understanding.

ay yes to three or more of these five questions, it suggests that you
ark on a full Collective Impact approach.

| s | Program Measures |
|---|---|
| **Shared Measurement** | |
| ures | Population Indicators |

*ctive Impact Implementation Tool Box developed by Healthy Start TA & Support Center*

www.healthystartepic.org    healthystart@nichq.org
www.nichq.org             info@nichq.org

# Breakout Groups

1. Select one project's CAN in to focus on
2. As a group, begin to answer questions in the tool
3. Report out: Will this tool help inform your CAN work?

# Post-Session Readiness Assessment

# Wrap-up & Next Steps

Angela Ellison, MSEd

# Homework

1. Start Making the Plan
   a) Develop the problem statement.
   b) Identify the key partners and their roles.
   c) What are your data needs?
   d) What are your key goals?

2. Complete the tool and document the process
   a) Data Biography
   b) Strategic Thinking

# Resources

**Tools and Reports**

- https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf

- https://www.uvic.ca/research/projects/elph/assets/docs/Health%20Equity%20Tools%20Inventory%202.0.pdf

- Closing the racial wealth gap requires heavy, progressive taxation of wealth (brookings.edu)

- About the Racial Wealth Gap - The Chicago Community Trust (cct.org)

- The Sentencing Project

- About — National Equity Project

- 40 Ways to Make America More Equitable | TIME

**Videos on Addressing Health Equity**

- https://www.youtube.com/watch?v=BfpD03BDAsQ

- https://www.youtube.com/watch?v=0H6yte4RXx0

- https://www.youtube.com/watch?v=-3BXF2aY3Ys

- https://www.youtube.com/watch?v=ywQJGnzQKGs

- https://www.youtube.com/watch?v=56ZKfSNkcJc

"Never forget that justice is what love looks like in public."
**– Cornel West**

Our world provides an incredibly diverse environment with equally diverse people to match. From our personalities to characteristics there are things that make each person unique. When we embrace that diversity equally is when we truly experience the best that this world has to offer us.

# Next Healthy Start CAN Learning Academy Session

# Thursday, August 26 from 2-4 p.m. ET

# Survey

Please scan the QR code or visit
https://link.nichq.org/CANLASession3 to
complete the survey

Your responses will help shape the future
Learning Academy sessions!

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# 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

# Healthy Start
## Deadlines & Events

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

## August 2021

**Deadlines:**
Aug 15   HSMED-II Report (CSV or XML) Due
Aug 31   Aggregate Report (Excel) Due

**Events:**
Aug 2    Networking Café: Father/Male Recruitment and Retention
Aug 2    Healthy Start & WIC Webinar
Aug 16   TIROE CoP Learning Session #4 – *COP members only*
Aug 17   4th Trimester Webinar Series Session #3
Aug 18   Healthy Start COIN Meeting #9 — *COIN members only*
Aug 24   Fatherhood Learning Academy Session #2
Aug 26   CAN Learning Academy Session #4

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Thank You!