


# Worksheet Packet: #1-8

As of 11/30/21

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## Version 3.0 (11/30/21)

Revised based on feedback from Healthy Start Infant Health Equity grantees



## Worksheet #1: Get the Team Ready



**Task at Hand:** Although it's not everybody's cup of tea, **TEAMWORK MAKES THE DREAM WORK**. This worksheet will guide you through team formation and process planning, essential first steps to set your action planning group up for success.



### Guidance Tips:

- ✓ Identify who will serve on the action planning team.
- ✓ Schedule a kickoff meeting with the planning team.
- ✓ Prior to the meeting, request participants to review this worksheet and sketch out responses to share with the larger group for Table A (Team member profile), Table B (Community engagement), and Table C (Principles to guide planning process).
- ✓ During the kickoff meeting, facilitate discussion and agreements around the following 16 questions as well as other relevant issues identified by team members. Document agreements.
- ✓ Save the document in a place where team members can access for future reference.



**Tools:** In Resource Compendium, check out these resources.

- ✓ Engaging community members most affected by the issue into the planning process – the **Community Engagement Resource List**.
- ✓ Informing the planning team members about social determinants of health, health equity, and upstream solutions –the **Social Determinants of Health Resource List**.
- ✓ Guiding the team to make decisions – the **Group Decision-Making Tool**.
- ✓ Supporting the team to reflect upon what learned during each step of the action planning process and get ready for the next step – **The Learning Card Tool**.

## Questions to Consider

This worksheet lays out questions to help the Infant Health Equity (IHE) planning team to get ready to design the action plan.

### Potential Team Members

- 1) What expertise and experience is needed to design the action plan aimed at shifting social determinants of health (SDoH) conditions that are holding infant health inequities in place?

- 2) Who are people with required expertise and experience? Where do they work and live? How will they be recruited? Be sure to identify community members most impacted by the issue and people who participate and do not participate on the Community Action Network (CAN).

**Table A: Potential Action Planning Team Members**

Person's name	Expertise & Experience	Where they work or live. Note whether CAN member.	Who will recruit

### Team Members

- 3) Who will serve on the action planning team?
- 4) Who will be responsible for key roles such as leading, facilitating, documenting, communicating?
- 5) What will members expect to “give” (i.e., talents, skills, in-kind donations) and “receive” from the action planning process?

**Table B: Team Member Profile**

Team member name	Role & responsibilities	Give <i>Talents, skills, in-kind donations</i>	Receive <i>Learning, networking, skills development</i>

- 6) How will team members be educated about social determinants of health, health equity, and upstream solutions so that team has a collective understanding of concepts and shared vocabulary? → *Check out **Social Determinants of Health Resource List** for short videos and easy-to-read documents.*
  
- 7) During the planning process, it may be necessary to recruit additional people with required expertise or experience. What will trigger outreach to new members?

**Community Engagement** → *Check out the **Community Engagement Resource List** for tools to support authentic community engagement.*

- 8) How will people most impacted by the issue be authentically included in the planning process?
- 9) How will the planning team loop back to the Healthy Start staff, Community Action Network (CAN), community members, and strategic partners/stakeholders throughout the action planning process?

**Table C: Community Engagement**

	Ways to engage and communicate during the action planning process
People most impacted by the issue	
Healthy Start program staff	
Community Action Network members	
Strategic partners & other stakeholders	

## The Planning Process

- 10) What existing plans (i.e., state or local plans on similar issues) does the Infant Health Equity (IHE) action plan need to align? What actions can be taken to align the IHE action plan with those existing plans?

**Table D: Principles to Guide Our Action Planning Process**

Existing state or local plans	Actions to align IHE action plan
1.	
2.	
3.	
4.	
5.	

11) What time period will action plan be implemented?

Start date	
End date	

12) What principles will guide the action planning process?

Guiding principles are **behaviors** that a group believes are essential for engaging in a successful collaborative process. Identify no more than 7; ideally 5. Start with an action word. Keep guiding principles in plain view such as on a flip chart when meeting in-person or insert on meeting agendas.

*Example guiding principles*

- ✓ Base decisions on data.
- ✓ Engage stakeholders.
- ✓ Listen to those most impacted by the issue.
- ✓ Make hard choice (Strategic planning is about prioritizing and letting things go.)
- ✓ Be innovative.
- ✓ Keep it simple.

**Table E: Principles to Guide Our Action Planning Process**

Guiding principle	Why it's important
1.	
2.	
3.	
4.	
5.	

13) How will the planning team organize itself?

**Table F: Organizational Processes**

How (where) will we meet?	
How often will we meet?	
How will we communicate among ourselves between meetings?	
Where will we store documents?	

11) How will the planning team make decisions as it builds the action plan? → **Check out Group Decision Making Tool.**

12) What is out of bounds (i.e., beyond the scope of this project) as the team builds the action plan?

13) What challenges or roadblocks may emerge during the action planning process and how may they be addressed?

**Table G: Challenges and Solutions**

Challenge/roadblock	Ways to address
1.	
2.	
3.	
4.	
5.	

## Resources

14) What resources are required to build the action plan?

15) How will those resources be accessed?

**Table H: Resource Needs and Access**

Resources needed to build the action plan	Use grant dollars? If yes, how much?	Use in-kind donation? If yes, from whom/where?

## The Action Plan

16) What will a successful action plan feel, sound, or look when we are done?

17) Who needs to “sign” off on the action plan?

18) Once completed, how will the action plan be succinctly messaged and communicated?



## Worksheet #2: Begin with the End in Mind



**Task at Hand:** Yogi Berra famously said, “If you don’t know where you are going, you might wind up someplace else.” This worksheet helps to ensure the action planning process leads toward the “guiding star.” The team will gain a collective understanding of where (service area) and for whom (priority population) change is expected to occur, why the program exists (vision), and pinpoint the guiding star (long-term goal for improving infant health equity).



**Where to Find Information:** Answers to the following questions can be found in Healthy Start program documents, Infant Health Equity supplemental grant proposal, and/or needs assessment conducted for this grant initiative.



**Tool:** If your Healthy Start program does not have a vision statement, check out the **Vision Statement Tool** in the Resource Compendium.

### Four Questions to Consider

Table A: The Where, Who, Why, and What

<p><b>1 Where is the service area?</b></p> <p><i>In one sentence, describe the geographic boundary for the Healthy Start program.</i></p>	
<p><b>2 Who is the priority population?</b></p> <p><i>In one sentence, describe who bears the burden of highest infant mortality and poorest perinatal outcomes in the service area.</i></p>	
<p><b>3 What is the vision?</b></p> <p><i>In one sentence, state the vision for your Healthy Start program (i.e., why the program exists).</i></p>	
<p><b>4 What is the guiding star?</b></p> <p><i>In one sentence, state the long-term goal for improving infant health equity in the service area.</i></p>	





## Worksheet #3: Conduct an environmental scan



**Task at Hand:** Many social determinants of health (SDoH) hold infant health inequity in place within your Healthy Start community. An environmental scan aims to identify what and how SDoH are holding these inequities in place, and what groups and efforts are actively working to address them. Numerous methods exist to conduct environmental scans on SDoH.



**Guidance Tip:** Refer to the Healthy Start Technical Assistance and Support Center's (TASC) October 21, 2021 webinar on environmental scans.

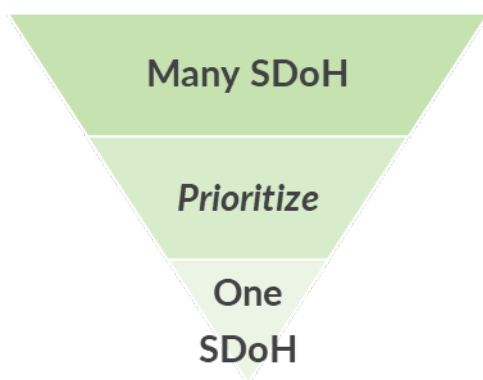


## Worksheet #4: Prioritize Social Determinants of Health – The Power of One



**Task at Hand:** The environmental scan undoubtedly identified numerous social determinants of health (SDoH) that influence infant health inequities in the Healthy Start service area. During the environmental scan, your team may (or may not) have engaged in sensemaking about identified SDoHs - assessing how they are interconnected; why they exacerbate infant health inequities; what are the strengths, weaknesses, opportunities, threats (SWOT); what conditions are holding them in place; or what efforts are underway to address them.

Shifting SDoH conditions takes valuable resources and committed time. When groups wholeheartedly commit to tackling one priority determinant, they are better able to secure resources, engage partners, and dedicate the necessary staff time to achieve success. This worksheet – The Power of One - will help your team prioritize the single most important SDoH to address in your action plan NOW.



**Tools:** In the Resource Compendium, check out these tools if your team is unsure how to...

- ✓ Agree upon on which SDoH to prioritize now – the **Group Decision-Making Tool**.
- ✓ Engage community members or those most affected by the issue into the prioritizing process – the **Community Engagement Tool**.

## Four Questions to Consider

**1** What SDoH were identified in the environmental scan, and why do they exacerbate infant health inequities in the Healthy Start service area?

**Table A: Why SDoH Matter**

SDoH name	Why it exacerbates infant health inequities
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**2** What are the root causes of SDoHs identified in the environmental scan?

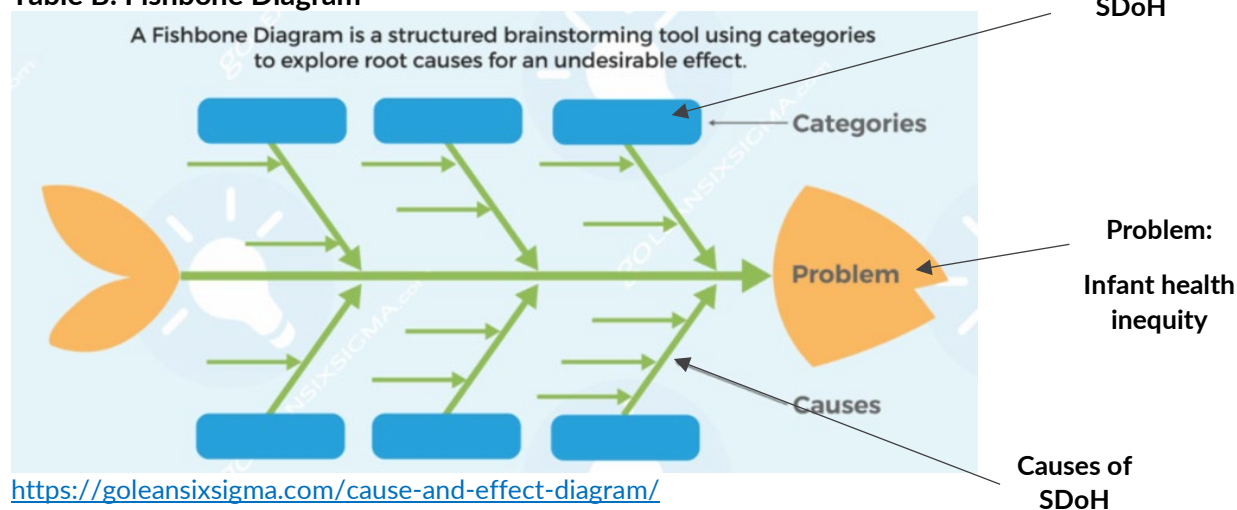
Most likely, the SDoH identified in the environmental scan drive infant health inequities. Each is influenced or caused by multiple factors. Understanding the “root causes” of SDoH helps clarify “upstream” solutions to shift them and in turn improve conditions for infant health equity. The Fishbone Diagram is a well-known, easy-to-use root cause analysis tool.



### Guidance Tips for Using the Fishbone Diagram:

Check out Seeding Change’s description of a [Fishbone Diagram](#) Fishbone Diagram and GoLeanSixSigma’s [template](#) like the one in Table B.

**Table B: Fishbone Diagram**



- ✓ On right hand side, write the problem: Infant Health Inequity
- ✓ In the category (blue) boxes, write each of the SDoH identified in the environmental scan.
- ✓ For each SDoH, brainstorm what may be causing that SDoH. Keep asking Why does this happen? Write causes on the green arrows. Check out Seeding Change’s [Root Cause - 5 Whys tool](#).
- ✓ You’re done when people run out of ideas!

### 3 What SDoH are the community already or poised to address?

To shift SDoH conditions that hold infant health inequities in place, multi-sectors and efforts are essential. For the SDoH that were identified in the environmental scan (and listed in Table A), what groups/people are actively working to address them? What efforts are underway? What SDoH do community members most impacted by the issue want to address?

**Table C: Community Energy Around SDOH**

SDoH name	Groups/people working to address SDoH (including those most impacted by the issue)	Efforts underway
1.		
2.		
3.		
4.		
5.		
6.		
7.		

### 4 What is the most important SDoH to address *right now*?



#### **Guidance Tips for Determining the Most Important SDoH**

- ✓ Review learnings documented in Table A (Why SDoH exacerbate infant health inequity), Table B (Fishbone Diagram), and Table C (Community Energy around SDoH).
- ✓ Facilitate a reflective discussion. Some prompts to consider:
  - What patterns are we noticing?
  - What is most surprising?
  - What stands out in our hearts... in our brains?
  - What are we still curious about?
- ✓ Based on the reflective discussion, use Table D to apply two criteria (impact and feasibility) on the identified SDoHs (from the environmental scan) to determine which SDoH to focus on now.

**Table D: Impact + Community Energy**

*Assessment: High, Moderate, Low, or No Chance*

Name of SDoH	Impact How likely is it that addressing this SDoH will improve infant health	Community Energy How likely is that our Healthy Start group can align and catalyze existing community efforts on this SDoH?
1.		
2.		
3.		
4.		
5.		
6.		
7.		

- ✓ Based assessments in Table D (Impact + Community Energy), arrange SDoH into four quadrants in Table E (SDoH Sweet Spot)

**Quadrant A:** SDoH rated as higher impact and higher community energy.

**Quadrant B:** SDoH rated as higher impact and lower community energy.

**Quadrant C:** SDoH rated as lower impact and higher community energy.

**Quadrant D:** SDoH rated as lower impact and lower community energy.

- ✓ Consider selecting a SDoH in Quadrant A – the sweet spot of a high impact SDoH for which the community is already working to address and our Healthy Start program can align with and catalyze these existing efforts.

**Table E: Sweet Spot for Selecting SDoH to address now**

Impact	High		
		B	A – the Sweet Spot
Low		D	C

Feasibility



## Worksheet #5: Visualize Success



**Task at Hand:** Your team has prioritized the most important social determinant of health (SDoH) to tackle for improving infant health equity – the Power of One. This worksheet will help your team visualize success: What it would look like if the current, undesirable SDoH were transformed into a future, desired state that promotes infant health.



**Tool:** In the Resource Compendium, check out the [Community Engagement Resource List](#) for ideas to engage community members or the people most affected by the issue in the visualizing process.

### Four Questions to Consider:

- 1 **The Status Quo:** For your Healthy Start priority population (as identified in Worksheet #1), what does the prioritized SDoH look, feel, or sound like in your service area NOW?
- 2 **The Future State:** What are your hopes, dreams, or wishes for the SDoH to be transformed into a positive force for promoting your priority population's infant health? What would that transformation look, feel, or sound like?
- 3 **Transformational Changes to the Future State:** What observable changes might we see in the SDoH as it transforms from the status quo to the desired future state?
  - Expect to see: Earlier on, easier, minimal changes
  - Like to see: Mid-stream, moderate changes
  - Love to see: Later on, harder, transformational changes
- 4 **Synthesis:** What is our collective desired future state for the prioritized SDoH?



### **Guidance Tips for Visualizing Success:**

The process of visualizing success can occur through a session with planning team members only or by hosting group gatherings with community members and stakeholders. Regardless of the group(s) size or structure, here are suggestions for generating answers to the questions below.

- ✓ **Individual or pairs reflection time:** First, allow individuals or pairs to reflect upon on Questions #1 and #2 by drawing pictures, making collages, writing a paragraph story, or selecting words or phrases to express their feelings about the status quo and future desired state. Be as creative as possible.
- ✓ **Report out to the larger group:** Next, encourage individuals or pairs to share their artifacts or stories about Questions #1 and #2 with the larger group, along with time for questions and whole group dialogue. Document the themes that arise from this story telling – either with photos, recordings, or the written word.
- ✓ **Group brainstorming on changes:** For Question #3, consider placing a continuum on the wall with three labels: Expect to See, Like to See, and Love to See. Invite participants to individually brainstorm changes they might observe as the prioritized SDoH transforms from the status quo to the desired future state by writing each change on a Post-It Note and then placing those Post-It Notes on the continuum. After everyone has placed their Post-It Notes on the continuum, ask the group to observe what patterns they are seeing.
- ✓ **Draft a paragraph about the future state:** To answer Question #4, review and look for themes among the artifacts, stories, and continuum of changes generated by participants during the session(s) and then draft a paragraph that captures a collective sense of the future desired state.



## Worksheet #6: Set Strategic Pathway



**Task at Hand:** Your team prioritized one social determinant of health (SDoH) to tackle and visualized what success would look like if it was transformed from the status quo to a desired future state. Now, let's focus on how to make change happen! This worksheet aims to help your team identify upstream strategies to shift conditions that hold the social determinant of health (SDoH) in place and improve infant health equity.



### Backstory about Upstream Strategy

SDoHs – like structural racism, poverty, and lack of affordable housing – exist in complex environments that are dynamic, emerging, and uncertain. Upstream strategies catalyze ripple effects that shift the conditions that hold SDoH in place. By designing and implementing your action plan, your Healthy Start CAN will play the role of catalyzer for upstream strategies.

Considerations for designing and implementing upstream strategies in complex environments.

- ✓ **View strategies as experimental.** Unlike evidence-based programs, the change pathway of upstream strategies is typically unclear. Select a few strategies at the start, implement them for a short duration (i.e., six months), and observe attentively to learn what's gaining traction.
- ✓ **Adapt strategies often.** Informed by learning and changes in the environment, decide quickly whether to halt, adapt, or begin implementing new strategies, rather than waiting for long periods of time to make significant adjustments.
- ✓ **Just say “no” to SMARTIE goals.** Although they may serve programs well, [SMARTIE](#) goals are incompatible with upstream strategies because of the unknowable pathway for change – especially at the beginning.



**Tools:** In the Resource Compendium, check out the *Upstream Strategies Resource List* that provides URL links to evidence-based and innovative strategies designed to target SDoH.



## Three Questions to Consider

### ❶ What conditions are holding the priority SDoH in place?

Conditions - policies, resource flows, and power dynamics – hold SDoH in place that keep the status quo of infant health inequity. **Force field analysis** is a tool to identify forces that are restraining change (i.e., maintaining the status quo) or driving positive change (i.e., shifting conditions to a desired state). Once we understand these forces, we can become more strategic about accelerating driving forces and minimizing restraining forces to achieve infant health equity.

### ❷ Who are the people and organizations that hold power for maintaining the status quo or driving positive change for the priority SDoH?

To shift the status quo, people and organizations who hold power over the SDoH must be persuaded to act differently. **Power mapping** is a tool to identify who holds the authority or power to shift the SDoH, and who can influence those with power.

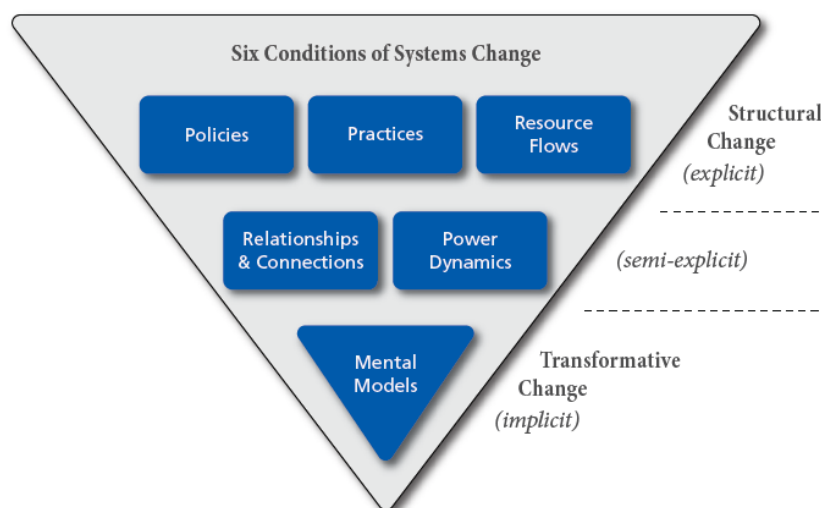
### ❸ What upstream strategies may influence shifts in the SDoH?

Traditional program planning tools, like logic models and SMARTIE goals, become obsolete when designing upstream strategies within complex environments. **Strategy mapping** is a tool guide selection of initial strategies informed by the force field analysis and power mapping.

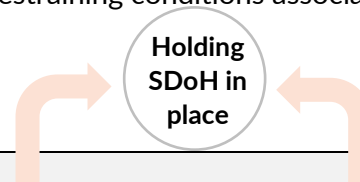
### Force Field Analysis for Conditions that Hold SDoH in Place

Force field analysis is a tool to identify forces that are restraining change (i.e., maintaining the status quo) or driving positive change (i.e., shifting conditions to a desired state).

- ✓ Check out Mind Tool's description of [Force Field Analysis](#).
- ✓ Check out [FSG's Water of Systems Change](#) description of six conditions that typically play significant roles in holding a SDoH in place. The top three conditions – policies, practices, and resource flows – are typically easier to identify and change, while the bottom condition (mental models) is more difficult.



- ✓ Use Table A to brainstorm which forces may be driving or restraining conditions associated with the priority SDoH.



**Table A: Force Field Analysis**

Name of Priority SDoH:			
Six Conditions	Definitions	Driving Forces Forces driving or supporting desired changes	Restraining Forces Forces restraining or preventing desired changes
Policies	Government, institutional, and organizational rules, regulations, and priorities that guide the entity's own and others' actions.		
Practices	Activities, procedures, guidelines, and informal shared habits that inform how institutions, coalitions, and other entities operate.		
Resource Flows	How money, people, knowledge, information, and other assts are allocated and distributed.		
Relationships & Connections	The quality of connections and communication occurring between people and organizations.		
Power Dynamics	The distribution of decision-making power, authority, and influence among individuals and organizations.		
Mental Models	Habits of thought – deeply held beliefs, assumptions, and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.		

- ✓ After brainstorming ends, **select and circle the three most potent forces**. Consider impact of force and amount of force for selecting the most potent forces.
  - *Impact of force:* If pressure were applied to either accelerate the driving force or minimize the restraining force, how much would the condition change in the desired direction? (a lot, some, a little, not at all)
  - *Amount of force required:* How much pressure is needed to accelerate the driving force or minimize the restraining force? (a lot, some, a little, not at all)

## Power Mapping

Power mapping is a tool to identify who holds the authority or power to shift the SDoH, and who can influence those with power.

- ✓ Check out Eric Lui's 7-minute video on [How to Understand Power](#) and/or read Just Associate's [Making Change Happen: Power](#).
- ✓ Read the Union of Concerned Scientists' [Power Map Your Way to Success](#) – a 3-page overview that explains why conduct a power map, what is a power map and types of power maps.
- ✓ Conduct a power map for the priority SDoH. Select one of the following two easy-to-use power mapping tools.
  1. **The Change Agency's** [Power Mapping Process](#) – 9-step process that takes between 1 to 2 hours where you can [download](#) a Word template.
  2. **Center for Nonprofit Management's** [Introduction to Power Mapping](#) – a 5-step process that also includes a downloadable Word template.

## Strategy Mapping

Strategy mapping is a tool to guide selection of an initial set of strategies- informed by the force field analysis and power mapping – to shift conditions holding the priority SDoH in place.

- ✓ Use the Strategy Map Template to help your team identify upstream strategies to experiment with in the first six months of implementation. Start the template on the right-hand side and follow the numbers in order.
  - ❶ **Vision of success** is your team's desired future state for the prioritized SDoH, which is captured in a sentence in [Worksheet #5 \(Visualize Success\)](#).
  - ❷ **Leverage points** are forces driving or restraining SDoH conditions where small amounts of pressure may shift conditions in the desired direction. Refer to the [Force Field Analysis](#) above (Table A) and insert the top three forces.
  - ❸ **Levers of change** are people or organizations who hold power or authority to influence leverage points (driving or restraining forces). Refer to the [Power Map](#) your team constructed to identify those in power.
  - ❹ **Powerbrokers** are people or organizations who hold sway over the levers of change. Refer to the [Power Map](#) your team constructed to identify these powerbrokers.
  - ❺ **Upstream strategies** catalyze ripple effects for shifting SDoH. Refer to the [Upstream Strategy Resource list](#) for evidence-based or innovative strategies. Brainstorm a list of plausible strategies.
  - ❻ **Catalyzer** is your Healthy Start CAN – the group spearheading the upstream strategies.


- ✓ After your team has drafted the strategy map, step back, assess potential strategies, and then decide upon no more than three strategies to begin implementing with an experimental mindset within the first six months. Remember, your team can always decide later to implement additional strategies or adapt the ones selected. This is not a set-in stone decision. Here are some questions to guide the selection of these initial strategies.
  - **Capacity:** Healthy Start program has resources & bandwidth to execute the strategy.
  - **Community:** Community members and those most impacted by the issue are ready and committed to help implement the strategy.
  - **Partners:** Powerbrokers or ally organizations most likely will rally around the strategy and lend support.
  - **Alignment:** Assigns with other strategies undertaken by Healthy Start program or other entities operating in the community.
  - **Opportunistic:** Timing is right for strategy – a window is open or will open soon.
- ✓ In Table B, draft a one sentence statement for each strategy that succinctly captures the approach at a high level. A strategy statement typically includes the “*how*” (what effort will be implemented) and the “*what*” (the intended outcome or impact). Refrain from writing a list of tactics or actions such as hold a rally, offer a training, meet with a city councilor.

**Table B: Strategy Statements**

	Strategy Statement
<i>Example</i>	Execute an advocacy campaign ( <i>the how – effort</i> ) aimed at increasing the county’s budget for affordable housing ( <i>the what – desired outcome</i> ).
1	
2	
3	

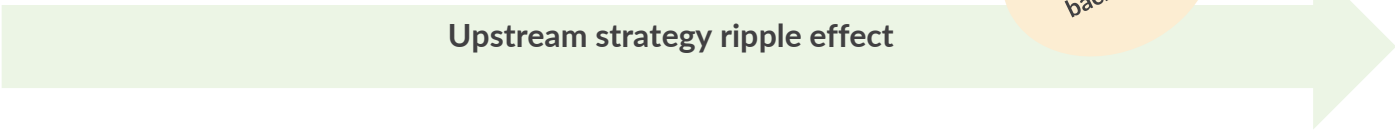
**6 Catalyzer:**  
Healthy Start  
CAN

## Strategy Map Template

Upstream Strategies Efforts to catalyze ripple effect for shifting SDoH conditions		Powerbrokers People who hold sway over levers of change	Levers of change People or organizations who hold power to influence leverage points	Leverage Points Potent forces for driving or restraining SDoH conditions	Vision of Success
<Other>	<Other>			1.	
<Other>	<Other>			2.	
Community development	Advocacy campaign			3.	
Consciousness raising	Community organizing	<p><b>4</b> Refer to Power Map. List people who hold sway over levers of change.</p>	<p><b>3</b> Refer to Power Map. List people or organization who can influence forces.</p>	<p><b>2</b> Refer to Table A – Force field analysis. Insert top 3 driving or restraining forces.</p>	<p><b>1</b> Refer to worksheet #5. Insert desired future state sentence.</p>
Relationship building	Partnership building				

**5** Determine which strategies your Healthy Start CAN may implement to catalyze the ripple effect. Refer to the *Upstream Strategy Resource List* for ideas. Insert other strategies into table.

**Upstream strategy ripple effect**



Start here  
& work  
backwards



## Worksheet #7: Develop a Work Plan



**Backstory:** This worksheet provides a template to guide the development of a work plan for implementing upstream strategies in Worksheet #6 (Set Strategic Direction) by identifying what actions will be undertaken by who and when.



**Guidance Tips:** Create **ONE** work plan for each strategy as identified in Worksheet #6 (Set Strategic Direction). Use the following template to identify action steps to begin executing the strategy for the first six months.

- ✓ In the top four **grey** shaded rows, type in the following:
  - Name of the priority SDoH
  - Strategy statement drafted in Worksheet #6 (Set Strategic Direction)
  - Name of person responsible for leading/directing strategy implementation
  - Start and end date of six-month implementation time frame
- ✓ In the **blue** shaded columns, type in the following:
  - A specific action step (i.e., task, action) to implement the strategy
  - Who is responsible for completing the action step
  - Resources required to complete the action step (i.e., money, equipment, expertise)
  - Date when action step is targeted to be completed
  - Barriers or resistance experienced while action step is being taken
  - For status update: Check the box, bold, or delete the other responses to denote status of action step: Not started, in process, completed, not pursued



### Tools:

- ✓ **Milestone Tracking Tool** for tips on how to document progress on implementing the strategies.
- ✓ **Adaptive Action Cycles Tool** for tips on learning and refining the work plan as strategies are implemented

## Work Plan Template

<b>Priority SDoH:</b>					
<b>Strategy Statement:</b>					
<b>Strategy Lead:</b>					
<b>Six-month Time Period:</b>					
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
					<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

## Work Plan Template

<b>Priority SDoH:</b>					
<b>Strategy Statement:</b>					
<b>Strategy Lead:</b>					
<b>Six-month Time Period:</b>					
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
					<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





## Worksheet #8: Build the Action Plan



**Backstory:** This worksheet offers a template to create a concise action plan to:

- ✓ Guide the Healthy Start staff and community action network (CAN) as they implement the strategies and hold them accountable for doing so.
- ✓ Communicate with the CAN, community members, and other stakeholders about the prioritized social determinant of health (SDoH) and strategies.
- ✓ Submit as a deliverable to HRSA as part of the Infant Equity Supplement Grant.



### Guidance Tips:

- ✓ Review and lift up agreements documented in Worksheets #1 - #6.
- ✓ Insert Work Plan matrices as laid out in Worksheet #7 (Develop Action Plan).



**Tools:** To support implementation of the action plan, check out these tools in the Resource Compendium.

- ✓ **Milestone Tracking Tool** for tips on how to document progress on implementing the strategies.
- ✓ **Adaptive Action Cycles Tool** for tips on learning and refining the work plan as strategies are implemented.

## Action Plan for Infant Health Equity



Background	
Name of Healthy Start Program	
Date Action Plan Created [MM/DD/YY]	
Time Period Action Plan Covers [Insert first six month time period]	
Team Members Who Created Action Plan [List names]	
How Community Informed the Plan [Insert one or two sentences of how team solicited input from community members]	
The Plan in a Nutshell [Draft “elevator” speech in 1 or 2 sentences to communicate the plan. 3 elements to include: Vision for priority population in service area + Desired Future State of priority SDoH + Strategies for shifting priority SDoH]	



Begin with the End in Mind	
Healthy Start Vision Statement [Insert one sentence from Worksheet #2]	
Healthy Start Long-Term Goal Statement for Infant Mortality [Insert one sentence from Worksheet #2]	
Healthy Start Geographic Service Area [Insert one sentence from Worksheet #2]	
Priority Population [Insert one sentence from Worksheet #2]	



Social Determinants of Health (SDoH) that Impact Infant Health Equity	
<b>SDoHs that impact infant health equity in our service area</b> <i>[List up to 7 SDoH as noted in Worksheet #3- Priority SDoH]</i>	1) 2) 3) 4) 5) 6) 7)
<b>Priority SDoH addressing NOW</b> <i>[Insert Name of SDoH and a Sentence on the why as described in Worksheet #3 – Priority SDOH]</i>	



Strategic Approaches	
<b>Desired, future state of priority SDoH</b> <i>[Draft one sentence as described in Worksheet #4-Visualize Success]</i>	
<b>Initial strategies to shift the priority SDoH to our desired, future state</b> <i>[Draft one statement per strategy as written in Worksheet #5 – Set Strategic Direction]</i>	1) 2) 3)