Community & Partnership Engagement

A Guide to Support Healthy Start Community Action Networks

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Since the inception of the Healthy Start (HS) program in 1991, grantees were required to incorporate multi-agency participation and broad community involvement into the program. The mechanism for achieving this was a community Consortium with representation from multiple sectors with the inclusion of HS consumers. The Consortia were broad partnerships with program participants, service providers, hospitals, public health departments, social service agencies, local businesses, and community leaders. The purpose of the Consortia was to serve as an advisory board to provide input on HS program strategies, policies, services, and other governance decisions.

Over the years, the Consortia evolved into the Community Action Network (CAN), defined as an “existing, formally organized partnership, advisory board, coalition or consortia of organizations and individuals representing consumers, appropriate agencies at the State, Tribal, county, city government levels, public and private providers, churches, local civic/community action groups, and local businesses which identify themselves with the project’s target area, and who unite in an effort to collectively apply their resources to the implementation of one or more common strategies for the achievement of a common goal within that project area.”

The goal of this publication is to support HS projects in their community engagement efforts to develop or expand their CAN membership. While this publication does not provide step-to-step actions on how to manage or facilitate your CAN, it does provide the basic concepts of community engagement and the importance of cross-sector partners and the inclusion of community voice.

WHAT IS INCLUDED IS THIS DOCUMENT:

- Introduction to Community Engagement
- Community Engagement Planning
- Partnership Development
- The Importance of Community Voice
- Using a Policy, Systems, and Environmental (PSE) Framework
- Strategies to Support
  - Community Health Planning
  - Asset Mapping
  - Components to Implement a PSE Framework
- Healthy Start Success Story: The Foundation for Delaware County
- Resources
In essence, what the definition is saying is that for engagement to occur, you must go to the community and establish relationships with families and community members, build trust, collaborate, work with formal and informal leadership, and seek commitment from community organizations and leaders to create a process for mobilizing the community.

For HS CANs to engage in meaningful community engagement, they must build trust in the community, enlist new resources and allies, and create open lines of communication with partners, with the goal of improving the overall health outcomes of consumers in their HS program. To do this, it is essential for HS CANs to become knowledgeable about the community they serve.

This should include the learning about the community’s culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experience with efforts by outside groups to engage them in various programs.
COMMUNITY ENGAGEMENT PLANNING

During the preplanning of any potential community outreach and engagement, CANs must be clear about their purpose or goal of the engagement effort and the population they want to engage. Therefore, developing a community engagement plan is essential for any CAN to have exposure in their respective community.

Communities are not made up; they consist of social networks. Social networks consist of community groups or organizations, individuals, and the relationships and/or linkages among them. Social networks are critical to every aspect of the community engagement process. Social networks can be both positive and negative, so it is helpful to understand the social networks that exist in your community because this can determine how a CAN should approach partnerships with organizations and consumers. Furthermore, it is vital for CANs to take the time to learn about the history of their community.

For example, historical trauma can exist in communities suffering from post-traumatic stress passed down from previous generations who experienced trauma such as genocide, enslavement, and medical experimentation. Having insight into the history of a community and learning their social networks may explain why community organizations and community members may or may not be hesitant to become involved in your CAN. Similarly, learning from previous engagement efforts will help HS projects learn what worked or did not work in the past. It is also essential to understand the community's perception of your organization as this will influence their willingness to participate.
The purpose of the CAN is to serve as an advisory board to provide input on their local HS program’s strategies, policies, services, and other governance decisions to reduce infant mortality.

CANs can play a critical role in partnering with community members and organizations to have a collective voice towards making a change in their community. CAN membership should be driven by that community’s unique characteristics by recruiting "non-typical partners” partners. Cross-sector collaboration is a process in which organizations across sectors convene to collectively bring their expertise and resources to address health issues in their community. The collaboration consists of sectors beyond public health and health care, such as economic development, housing, transportation, education, etc.

Developing cross-sector partnerships through the CAN can also create opportunities to bring more effective and efficient delivery of programs, eliminate unnecessary duplication, produce shared resources, increase communication and trust, and create long-term, permanent social change. Focusing on engaging cross-sector stakeholders to achieve collective impact can improve the social determinants of health by creating healthy, equitable, and resilient communities.
THE IMPORTANCE OF CONSUMER VOICE

A unique characteristic of a HS CAN is the inclusion of community voice. A well-structured CAN can be a venue for consumers to engage in meaningful community change and help to address systemic issues in their community. Including community members and HS consumers in the CAN provides them with an opportunity to voice their lived experiences and provide insight into issues in the community such as lack of resources, housing, or bias that certain groups may have experienced. Furthermore, community organizations and other partners may not have the same lived experience as community members and HS consumers, so it may be hard for partners to understand the barriers or circumstances that affect the community’s ability to achieve optimal health outcomes.

CONSUMER INVOLVEMENT

Community members and HS consumers will engage and invest in the CAN if they are equal decision-makers and have a sense of joint ownership. There are long-standing benefits for cultivating an atmosphere of joint ownership:

- Community members and HS consumers are experts in knowing their community and can provide valuable insight that cannot be obtained otherwise.
- Community members act as buffers and champions for the program when there may be external threats.
- Trusting that the community knows how to solve its problems but lack resources, access, and advocacy skills.
- Having and maintaining a strong community presence can leverage broad private and public resources. These efforts can assist in program sustainability.
- Community members can become public spokespersons for the program, contributing to increased community participation and strengthening community capacity, thus creating a "win-win" for both program and the community.

Having a CAN with goals focused on increasing communication and coordination across cross-sector stakeholders, community members, and HS consumers can lead to collective impact, which can improve services and systems across a community.
Engaging in cross-sector partnerships can lead to intentional policy and systems change. The use of policy, systems, and environmental (PSE) change strategies are a way to improve the health of communities by making modifications to the specific policies, systems, and environments in a community. PSE changes may include creating laws or changing organizational or environmental landscapes. HS CANs can use PSE strategies, primarily focused on policy and systems, to create effective and sustainable change that can impact birth outcomes in their community.

**Policy**

Policies at the legislative or organizational level. At the organizational level, policies can be established by leadership, such as a board of directors or managers, and are the easiest to characterize because they are written.

**Systems**

Change made to the rules within an organization by improving the process or capacity of a system. Systemic change is not on the individual level and does not focus on a single solution. Therefore, successful system change is fully integrated into an established system.

**Environmental**

Change made to the physical environment and focus on social and structural determinants of health.

### Components to Implement a PSE Framework

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<thead>
<tr>
<th>Build partners</th>
<th>Successful partnerships are critical to the success of any PSE change program.</th>
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<tbody>
<tr>
<td>Perform environmental scans</td>
<td>Programs may use environmental scans to identify priority health issues and related activities.</td>
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<tr>
<td>Address priority areas</td>
<td>Programs may assess and review options for addressing priority areas.</td>
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<tr>
<td>Assess feasibility of interventions</td>
<td>Programs may use feasibility studies to assess interventions, keeping in mind the political, programmatic, and social landscape.</td>
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<td>Promote awareness</td>
<td>It is important to promote and support PSE approaches.</td>
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<td>Engage community</td>
<td>Community engagement and community buy-in help to identify champions of program initiatives.</td>
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<tr>
<td>Communicate/educate</td>
<td>Media can be an effective way to communicate with stakeholders and educate them about issues related to policy.</td>
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<tr>
<td>Measure your success</td>
<td>Programs should have an established plan to measure the difference that PSE change has made in the community.</td>
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Adapted from the American Cancer Society: PSE Resource Guide

Strategies to Support
1. ASSET MAPPING

Asset mapping is a tool used to learn the strengths and resources in a community. A community asset or resource is anything that improves the quality of community life. Assets include:

- The lived experience of community members and their knowledge of the community.
- A physical structure or place. For example, a school, hospital, or religious institution.
- A business that provides employment, housing, and other resources that support the local economy.
- Associations of citizens. For example, a Neighborhood Watch or Parent Teacher Association.
- Local private, public, and nonprofit institutions or community-based organizations.

CANs can engage in asset mapping from a participatory/community standpoint. Community members are experts in their community; therefore, it is crucial for them to be part of the asset mapping process. The inclusion of community members will likely reveal strengths in the community that an organization or even partners were unaware of.

Participatory or community asset mapping combines the concepts of participatory mapping and asset mapping. Participatory asset mapping is a process where community members collectively create asset maps by identifying and providing information about their own community’s assets on a map. Asset mapping driven by community members and HS consumers can truly bring a community perspective of strengths and resources that exist in the community. Benefits of a CAN engaged in participatory asset mapping includes identification of the:

- Negative impacts on a community, such as poor quality of housing, lack of green spaces, etc.
- Distribution of illness and death in a community, such as infant mortality, chronic conditions, etc.
- Strengths and health resources, such as faith-based institutions, community leaders, and other community resources that have positively impacted the community.
A community health assessment (CHA) is a well-thought-out and impartial systematic effort to collect objective data or information that brings to light or enhances understanding of the need for services or programs. CHAs identify key health needs and issues through systematic, comprehensive data collection and analysis. CHAs are often conducted by a local health department, hospital, community-based organization, or community groups.

Community Health Assessments:

- Are multisector collaborations that support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation
- Are proactive, broad, and diverse community engagement to improve results
- Are a definition of community that encompasses both a significant enough area to allow for population-wide interventions and measurable results and includes a targeted focus to address disparities among subpopulations
- Have maximum transparency to improve community engagement and accountability
- Use evidence-based interventions and encourage innovative practices with thorough evaluation
- Are an evaluation to inform a continuous improvement process
- Use the highest quality data pooled from and shared among diverse public and private sources

CHAs are traditionally conducted in public health to collect data and determine interventions. However, most CHAs are completed on behalf of the community and not inclusive of the community. In addition, most CHAs focus only on risk, problems, and lack of resources and do not include the community strengths such as shared experience, culture, non-traditional partnerships, and past accomplishments. In addition, there can be a focus on surface-level issues and not the root causes, which can result in a superficial understanding of the problem.

While there are some barriers, overall, CHAs are beneficial to CANs. Understanding where to obtain and how to use local, community data is essential for CANs. For example, local health departments collect and analyze a vast amount of data pertaining to the community. Partnering with local health departments allows CANs to obtain descriptive information on demographic and socioeconomic characteristics of their community and monitor trends to determine if their actions are having an effect on the community.
Another approach that CANs can use, inclusive of community members and HS consumers, is community-based participatory research (CBPR). Through CBPR, community members and researchers can work together to define problems, and design, implement and evaluate interventions.

CBPR is a collaborative approach to research that equitably involves community members, community-based organizations, and researchers in all aspects of the research process. Each partner brings a unique strength and engages equally in shared responsibility of the research. CBPR begins with a research topic of importance to the community to combine knowledge and action for social change to improve community health and eliminate health disparities.

**Key principles of CBPR:**
1. Recognizes community as a unity of identity
2. Builds on strengths and resources within a community
3. Facilitates collaborative, equitable partnership in all research phases and involves an empowering and power-sharing process that attends to social inequalities.
4. Promotes co-learning and capacity building among all partners
5. Integrates and achieves a balance between research and action for the mutual benefit of all partners
6. Emphasizes public health problems of local relevance and also an ecological perspective that recognizes and attends to the mutual determinants of health and disease
7. Involves systems development through a cyclical and iterative process
8. Disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process
9. Requires a long process and commitment to sustainability

CBPR in public health is a partnership approach that:
- Is participatory
- Is cooperative, engaging community members and researchers in a joint process in with both contributing equally
- Is a co-learning process
- Involves systems development and local capacity building
- Is an empowering process through which participants can increase control over their lives
- Achieves a balance between research and action
The Foundation for Delaware County’s Healthy Start project in Chester, PA is a longtime grantee with deep connections in the community and strong partnerships with stakeholders. In addition to well-established case management services for expectant mothers and new families, services through Healthy Start include behavioral health support, Medical-Legal Partnership services to address housing and benefits access, integrated services for women with high-risk pregnancies with Nurse-Family Partnership, and resource/referral coordination. Our CAN, referred to as Baby’s 1st Project (B1stP), engages about 45-60 stakeholders across multiple work-groups and includes Healthy Start program participants in both leadership roles and through an initiative called Family Dinner Club. The B1stP 5-year strategic plan developed in 2017 includes six primary domains: strengthening Baby’s 1st Project, improving social service and healthcare access and delivery (integration and stream-lining of services), building provider capacity (especially around trauma informed care, implicit bias and the impacts of systemic racism on health), bolstering community-based support (addressing food access and engagement of faith-based communities), developing programs for targeted populations (including fathers and women with poor prior birth outcomes), and increasing access to quality housing.

In 2018/19, the foundation’s Healthy Start team had a chance to participate in the Cultivating Leaders Initiative with the Healthy Start EPIC Center. As part of this 6-month program focused on systems thinking, racial equity and adaptive leadership, staff had to identify a capstone project, develop a plan for fostering a partnership and address a given barrier to healthy birth outcomes in our community. Staff identified housing; knowing that unsafe, inadequate and a shortage of available housing, is likely one of the most health-harming unmet needs for families in our service area. We elected to grow our partnership with the Chester Housing Authority (CHA), already a member of our CAN and a solid stakeholder in the community.

I was able to achieve my life goals and with the help of them I was able to secure safe housing through their program and now today me and my children are situated and safe. I will forever cherish and recommend this program to new and expectant mothers. If you are stuck, alone with no help or feel the need to start a new and better life for you and your family, please make your way to this program or better yet your new home. You will be welcomed and loved for who you are no matter what you may think. No judgement will be passed.
Project staff were pleasantly surprised when CHA came to the table with a proposal that was bigger than anything we had anticipated. Early on in our collaborative meetings, CHA offered a partnership in which Healthy Start would identify 20 families per year for priority application with the housing authority while providing those families with wrap-around supportive services and assistance navigating their housing search. In a community where the waitlists for public housing were either closed for years on end or were decades long, the prospects of this program was a huge opportunity for young, expectant, or parenting families to access subsidized housing. On the housing authority’s side – they had seen young families struggle with the requirements of public housing or the Housing Choice Voucher Program and ultimately a high rate of families not being able to navigate the housing system or losing housing due to eviction. The beauty of cross-sector partnerships is in the win-win for both sides as reflected in this quote from Steve Fischer, Executive Director of the Chester Housing Authority: “The Housing Stability Program is a classic example of nonprofits combining resources to deliver enhanced service. In operation for a year now, it has proven to be effective in housing younger families. By bringing together a multi-disciplinary team, we can better assist and educate consumers on the housing search itself, and on becoming good tenants in their community which ultimately reduces eviction rates. In 2020 as we experience the pandemic and staying home has been the mantra, it has proven to be that much more valuable.”

In the last 18 months, we have successfully launched the Healthy Start Housing Stability Program. The Housing Team includes the social services director, case managers, a social worker, a supervisor from Nurse-Family Partnership, the education specialist, and the housing attorney from the foundation’s Medical-Legal Partnership. Staff have developed promotional materials, processes and procedures and have navigated relationships and systems within a very different sector. The project has been able to help 18 Healthy Start families to date secure Housing Choice Vouchers and find housing all while participating in the program and receiving supportive services. The foundation has recently secured some external funding to support the initiative and we are now able to provide financial support and material support to families as they establish their new home. In addition to case management, participants have access to financial counseling through a partnering agency as well as a variety of education services available through Healthy Start and other CAN partners. The program has garnered recognition for its innovation and there are new plans underway to scale up this model to address broader housing instability in our community.

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<td>for the Implementation of a Community Health Needs Assessment Process</td>
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<td>for Action through Planning and Partnerships</td>
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<td>The Advancement Project, Participatory Asset Mapping Toolkit</td>
<td><a href="https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/Participatory_Asnset_Mapping.pdf">https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/Participatory_Asnset_Mapping.pdf</a></td>
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<td>George Washington University, Building Community Resilience Tools</td>
<td><a href="https://publichealth.gwu.edu/departments/redstone-center/resilient-communities">https://publichealth.gwu.edu/departments/redstone-center/resilient-communities</a></td>
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<td>DePaul University, Asset-Based Community Development Tools</td>
<td><a href="https://resources.depaul.edu/abcd-institute/resources/Pages/default.aspx">https://resources.depaul.edu/abcd-institute/resources/Pages/default.aspx</a></td>
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REFERENCES


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