

Community Action Planning Tool Kit An Upstream Approach for Shifting Social Determinants of Health to Improve Infant Health Equity





Backstory: In August 2021, 21 Healthy Start grantees received Infant Health Equity supplement grants of up to \$80,000 to design action plans aimed at shifting social and structural determinants of health that impact infant mortality and perinatal outcome inequities. The NICHQ <u>Healthy Start Technical Assistance and Support Center (TASC)</u> is supporting grantees to design action plans by March 2022. Grants may be available to implement action plans at a future date.

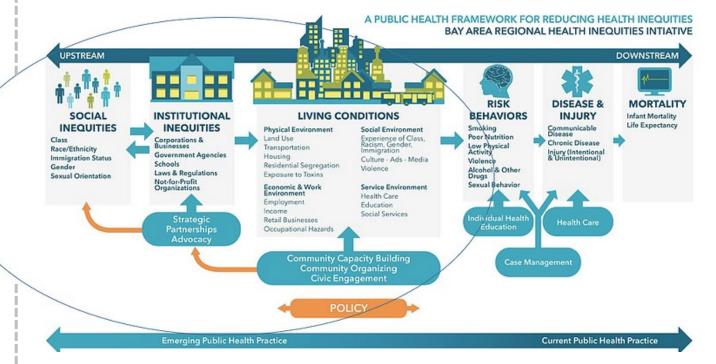


Social Determinants of Health: A person's zip code is the best predictor of their health. The places where we live, work, play, and learn shape conditions that allow us to thrive – or not. Social inequalities such as racism, classism, anti-immigrant sentiment, and gender-based oppression drive institutional inequities that shape our living conditions. "Good health" emerges from the social determinants of health, upstream factors as diverse as early childhood development experiences, employment opportunities, food availability, air and water quality, transportation access, public safety, housing, and myriad others. Uprooting long-held, inequitable conditions calls for upstream, innovative, and systems change approaches.



Purpose: We created this Toolkit to help Healthy Start grantees design *a navigational blueprint to action*.

- ✓ Make smart decisions about which social determinants of health to tackle.
- ✓ Choose upstream strategies potent enough to shift structural barries that hold inequities in place.
- ✓ Lay out concrete steps to effectively implement those strategies.
- ✓ We designed this Toolkit by lifting up the best ideas, practices, and tools designed by others who are seeking similar goals – taking action to dismantle existing community conditions that hold inequities in place.





What's Inside: The Toolkit contains the following.

- ✓ Worksheet Packet: Eight worksheets to support action planning process
- ✓ Resource Compendium: A curated list of resources and tools to support the action planning process.



FROM ACTION PLANNING TO IMPROVING INFANT HEALTH EQUITY















8 STEPS TO ACTION PLAN









Shift social determinants of health that are holding inequities in place



Begin with end in mind



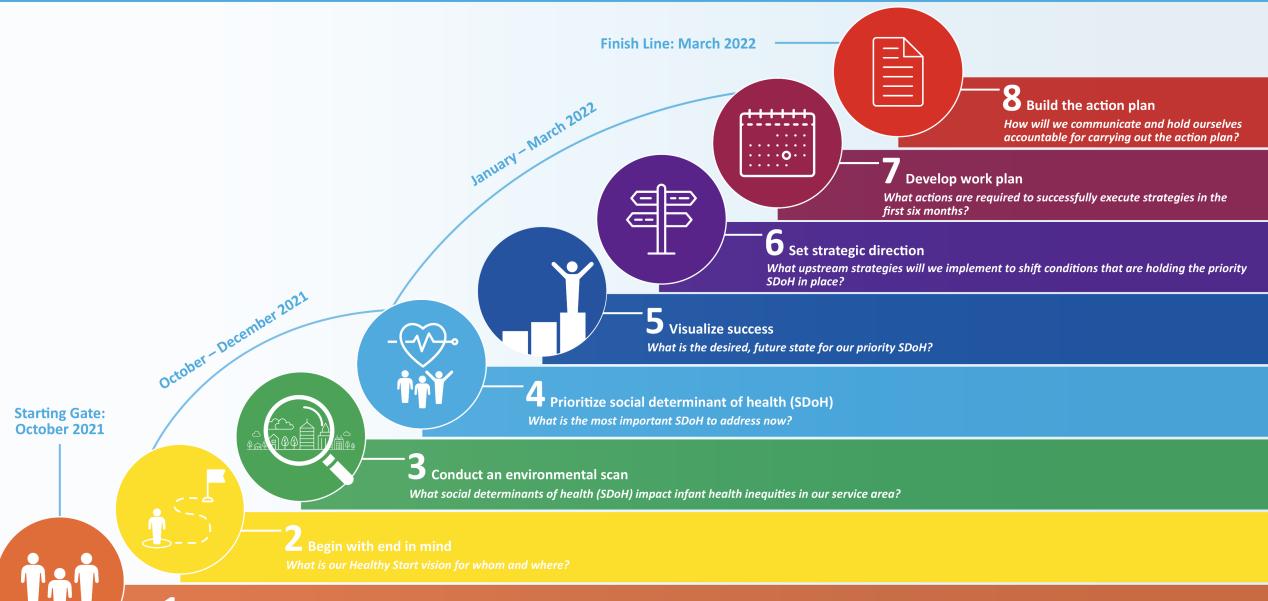






ACTION PLANNING STEPS





Who is our planning team, and what processes will guide action planning?

Get the team ready



Action Planning Questions, Worksheets, and Resources



To support action plan implementation:

Adaptive Action Cycle ToolMilestone Tracking Journal

Children's Health Quality TA & SUPPORT CENTER				
	Step	Key Question	Worksheets with suggested planning activities	Resources in Compendium
ŤŤŤ	1	Who is our planning team, and what processes will guide our action planning?	Worksheet #1 Reflect upon multiple questions to agree how the team will carry out the action planning process.	 Community Engagement Resources Understanding SDoH Resources Group Decision-Making Tool Learning Card Tool
is	2	What is our Healthy Start vision for whom and where?	Worksheet #2 Confirm the vision, long-term goal, priority population, and service area using information from grant proposal and needs assessment	Vision Statement Tool
	3	What social determinants of health (SDoH) impact infant health equity in our service area?	Worksheet #3 Identify a list of social determinants of health (SDoH) that are holding infant health inequity in place by gathering data.	TASC 10/21/21 Webinar on Environmental Scans
	4	What is the most important SDoH to address now?	Worksheet #4 Determine which SDoH to address now by identifying the root cause and assessing potential impact and community readiness.	 Community Engagement Resources Group Decision-Making Tool
	5	What is our desired, future state for the priority SDoH?	Worksheet #5 Visualize what the priority SDoH would look like when supporting infant health equity rather than holding infant health inequities in place.	Community Engagement Resources
	6	What upstream strategies will we implement to shift conditions that are holding the priority SDoH in place?	Worksheet #6 Identify a core set of strategies designed to shift the priority SDoH by conducting a force field analysis, creating a power map, and designing a strategy map (template offered).	Upstream Strategies Resources
	7	What actions are required to successfully execute upstream	Worksheet #7 For each strategy, identify who will do what by when by	

creating a six-month workplan (template offered).

Lift up key elements of the planning process into a 2-page

Worksheet #8

action plan (template offered).



8

strategies in the first six months?

ourselves accountable for

implementing the action plan?

How will we communicate and hold



Compendium of Resources

As of 11/30/2021

A plethora of resources on action planning and social determinants of health exist. This compendium offers curated lists of resources and tools to support Healthy Start grantees design and implement action plans aimed at shifting social determinants of health to improve infant equity. This compendium is designed to be a living document, where Healthy Start grantees and the Technical Assistance and Support Center (TASC) add resources and tools throughout the action planning process.

Resource/Tool	Description	Page #
Resources and tools to su	pport the action planning process	
Community Engagement	nity Engagement A short, curated list of toolkits for authentically engaging community members and those most impacted by an issue to co-design and implement action plans.	
Group Decision-Making	A tool to help a group decide which decision-making processes to use when – consensus, voting, sub-group, or one person – and how to carry out those processes.	4
Learning Cards	A tool to help a group pause and reflect upon what they have learned in the action planning process before moving to the next step.	7
Upstream Strategies to Shift Social Determinants of Health	A short, curated list of documents that identify innovative and evidence-based strategies to shift conditions that are holding social determinants of health in place.	8
Understanding Social Determinants of Health	A short, curated list of videos and easy-to-read documents to understand social determinants of health, upstream solutions, and health equity.	10
Vision Statement	A tool to help a group draft a vision statement.	12
Resources and tools to su	pport implementation of an action plan	
Adaptive Action Cycle	A tool to help group adapt action plans as conditions change.	14
Community Engagement	A short, curated list of toolkits for authentically engaging community members and those most impacted by an issue to co-design and implement action plans.	2
Milestone Tracking Journal	A tool to help groups track what conditions are shifting for the priority social determinant of health and the contribution of the Healthy Start project/CAN to those shifting conditions.	17

Community Engagement Resource List

We know authentically engaging people most affected by the issue is central to developing and implementing action plans aimed at dismantling conditions that hold health inequities in place. We struggle sometimes on how to effectively set the table for those most affected to authentically participate. This curated list offers user-friendly toolkits to successfully engage the community members and those most impacted by the issue when designing and implementing community-based strategies.

Community Engagement Toolkit. Developed by Leading Inside Out and hosted by the Collective Impact Forum.

https://www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Too lkit.pdf

This Toolkit contains 12 user-friendly tools on ways to engage community to design an action plan and implement strategies.

- Tool 1: Clarify why community engagement is important and goals for engagement.
- Tool 2: Identify where on the community engagement spectrum to include community on decision-making and implementation.
- Tool 3: Identify what assets community brings to the table
- Tool 4: Apply an equity lens to assess who current sits at the "table" and who is missing
- Tool 5: Test assumptions and biases
- Tool 6: Assess types of people most affected by the issue
- Tool 7: Prioritize types of community members to invite
- Tool 8: Identify tactics for orienting and supporting successful community engagement
- Tool 9: Identify organizations to partner with around inviting and supporting community engagement
- Tool 10: Assess current culture and what may need to shift as community members are invited to be an active role
- Tools 11 & 12: Identify ways to shift organizational culture to better accommodate community engagement

Community Planning Toolkit: Community Engagement. Developed by Community Places.

https://www.communityplanningtoolkit.org/sites/default/files/Engagement.pdf

This document describes 15 tools for engaging community when designing an action plan.

- Arts & creativity
- Community mapping
- Planning for REAL
- Public meetings
- Focus groups/workshops
- Working group or forum
- Web-based consultation
- Future search
- Open space technology

- Citizens' juries
- Roundtable consensus building
- Citizens' panels
- Street staff
- Questionnaire
- Local community meetings

Let's Talk People: A No-Nonsense, Human-Centered Checklist for Community Engagement. Developed by Public Matters.

https://publicmattersgroup.com/

This brief checklist offers actions to consider:

- BEFORE engaging the community: 24 questions/actions about doing your homework, mapping the terrain, and understanding the context of people and places – Past, present, and planned.
- WHEN engaging with community: 25 questions/actions around the basics of practicing humility and showing proper respect.
- SUSTAINAING community engagement: 11 questions/actions around developing and cultivating a healthy, resilient community engagement ecosystem.

The Spectrum of Community Engagement to Ownership. Developed by Facilitating Power. https://d3n8a8pro7vhmx.cloudfront.net/facilitatingpower/pages/53/attachments/original/1596 https://d3n8a8pro7vhmx.cloudfront.net/facilitatingpower/pages/53/attachments/original/1596 https://d3n8a8pro7vhmx.cloudfront.net/facilitatingpower/pages/53/attachments/original/1596 https://d3n8a8pro7vhmx.cloudfront.net/facilitatingpower/pages/53/attachments/original/1596 https://d3n8a8pro7vhmx.cloudfront.net/facilitatingpower/pages/53/attachments/original/1596 https://daspee.com/pages/facilitatingpower/pages/facil

This document offers a developmental spectrum of community engagement to ownership and three tools for using the spectrum.

- Tool 1: Planning and goal setting
- Tool 2: Policy development
- Tool 3: Community development campaign
- Tool 4: Assessment of projects, programs & campaigns

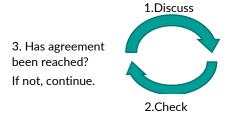
Group Decision-Making Tool¹

At its core, action planning is about making hard choices about what to focus on and what not to. Making hard choices requires a group to agree upon how decisions will be made. This tool lays out four typical decision-making processes – what they are, when to consider using them, and how to use them. Review this table and decide which decision-making process works best for which decisions during the action planning process.

	When to use	How to use
1 Consensus Everyone understands the decision, can explain why it's best, and can live with the decision.	 Decisions are important. Groups are small (10 or fewer). When time allows for rich exchange of ideas. Group members are equally informed and invested. If consensus can't be achieved, have a backup method. 	Consensus requires:
2 Voting Majority wins	 When consensus is highly unlikely given the time allowed. Group members are equally informed on the issue and understand one another's view. Have plan on how to handle the reactions of the minority - who didn't vote the option selected by the majority. 	 Dot Democracy: Write list of options (via flip chart or Google Jamboard). Give everyone a few "dots" for which they place by the option(s) they want. Polls: For virtual meetings, use Zoom or Mentimeter or other electronic polling features. For in-person, consider hand raising or secret ballot, where people write option on piece of paper.
3 Subgroup The larger group delegates decision making to a smaller group.	 A subgroup has the necessary information or expertise to make the decision. A subgroup of people are most affected by the decision and can. implement it without the active involvement of the full group The whole group is comfortable delegating the authority to representatives. 	 Agree upon conditions when a subgroup is most appropriate to make decision. Identify people to form sub-group. Sub-group determines how they will make decision.
4 One person The larger group gives authority to one person.	 It's an emergency. One person has needed information and is trusted by the group. 	 Agree upon conditions when one person may need to decision. Appoint person with authority to make decision.

¹From Scholtes PS, Joiner BL, Streibel BJ (2003) The Team Handbook, Third Edition. Waunakee, WI: Suttle Straus.

1. **Use Discuss and Check Cycle**. First, **discuss** the issue by taking all sides into consideration. Try to find ways to address concerns. Second, **check** for agreement by using a negative poll (i.e., Is there anyone opposed?) or a fist poll (see below.) Third, if agreement has not been reached, go back to #1 Discuss.



2. **Use the Fist Poll to check for agreement and make decisions.** The fist poll can be used during in-person or virtual meetings, where group members are asked to weigh in on an option by showing their fists with 0 (show closed fist) to five numbers of fingers with corresponding opinions as laid out below.



Gaining ConsensusWorking together to make decisions

- 3. **Listen carefully**. Ask for reasons and seek out assumptions behind statement. Be open to reactions to ideas and consider them carefully.
- 4. **Encourage all members to participate fully**. Don't assume that silence means agreement. Periodically circle the group and have each member state their view.
- 5. **Seek out differences of opinion**. Probe for alternative viewpoints. Disagreements are natural and helpful because they increase the range of information and opinions that the group can use in its decision-making process.
- 6. **Search for alternatives that meet the goals for all members.** Don't assume someone must win and someone must lose. When there's a stalemate, look for the next most acceptable alternative for all members.
- 7. Avoid changing you mind only to avoid conflict.

- 8. **Don't just argue for your point of view**. Seek ways of combining your ideas with others' views. Try to incorporate criticism of your ideas into your proposals.
- 9. **Balance power**. If one or two team members have more power or authority than the others, the members with more authority should not state their views until all other views have been heard.
- 10. Make sure there is enough time. The "reaching consensus" part of consensus take a lot of time. Meetings should be long enough to allow for full discussion, and there should be ample time for a decision to emerge.
- 11. **Check understanding**. Make sure everyone understands the decision and can explain why it was best.

¹From Scholtes PS, Joiner BL, Streibel BJ (2003) *The Team Handbook, Third Edition.* Waunakee, WI: Suttle Straus.

Learning Card Tool

When teams engage in action planning, the focus is on moving forward -- on to the next step. Yet, taking a moment to reflect upon what the team has learned can help clarify the next step. Frog Design created a quick check in process during a planning process called Learning Cards.

After your action planning team has completed a step in the action planning process, take a 15-minute reflection break before moving onto the next step. Invite team members to sketch out responses to these three learning cards, discuss as a group, and then refine next steps.

	What we did: List names of activities in the order we completed them	
,	What we learned: Key ahas! From the activities we did	
\	What we are doing to do next: What are we doing next – to revisit our approach	

Upstream Strategies to Shift Social Determinants of Health Resource List

Sometimes it's unclear what strategies can shift conditions that are holding social determinants (SDoH) in place. This curated list provides a mix of innovative and evidence strategies for shifting social determinants of health (SDoH) at the community level, which may support brainstorming of potential strategies in Step 6 (Set Strategic Direction) in the action planning process.

All-In Cities. Prepared by PolicyLink

https://allincities.org/toolkit

This interactive website provides a curated list of solutions to advance racial equity at the community level around:

- good jobs
- economic security
- homegrown talent
- healthy neighborhoods
- housing/anti-displacement
- democracy & justice
- apprenticeships
- paid sick & family leave

Communities in Action: Pathways to Health Equity. Prepared by National Academy of Medicine.

https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity

Chapter 6 provides numerous evidenced-based policies to support community solutions around:

- taxation and income inequality
- housing and urban planning policies
- education policies
- civil rights law and policy
- criminal justice policy

County Health Rankings and Roadmaps. Prepared by University of Wisconsin

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

This interactive website provides a curated list of evidence-based strategies around:

- air and water quality
- community safety
- education
- family and social support
- income
- housing and transit

Countering the Production of Health Inequities: Ensuring the Opportunity for Health for All Prevention Institute

https://www.preventioninstitute.org/node/2354

This document lays out the case for determinants of health and 10 multi-sector systems to achieve health equity: 1) Community-driven solutions for health equity in thriving communities; 2) Health equity by design: Healthy Land Use and Planning; 3) Active transportation for health and safety; 4) Housing choice to build opportunity; 5) Sustainable food system; 6) Safe communities through preventing violence; 7) Cradle to community; 8) Developing a workforce for the 21st century; 9) Creating economic engines in service to community; and 10) Community-centered health system.

Culture of Health Action Framework. Prepared by Robert Wood Johnson Foundation https://www.rwjf.org/en/cultureofhealth/taking-action.html

This website describes the RWJF 4 action areas of its Culture of Health Framework. Action Area #3 - Creating Healthier, More Equitable Communities lists numerous evidence-based strategies around:

- The Built Environment
- Social and Economic Environment
- Policy and Governance

Getting Equity Advocacy Results (GEAR). Prepared by PolicyLink

https://gear.policylink.org/gear

This website lays out a framework and tactics for designing and executing an equity-focused policy advocacy campaign around the following:

- Build the base
- Name and frame the equity solution
- Move the equity proposal
- Build, advance, and defend the equity proposal

Promoting Health Equity. Prepared by US Centers for Disease Control and Prevention https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/sdohworkbook.pdf

Chapter 3, Section 4 provides descriptions and examples of five strategies:

- Conscious raising
- Community development
- Social action
- Media advocacy
- Policy advocacy

Understanding Social Determinants of Health Resource List

Although many of us have heard about "social determinants of health," "health equity," or "upstream solutions," we struggle sometimes—as groups—to gain a collective understanding of what they mean and how these approaches differ from more traditional program and service delivery models. This curated list offers easy-to-understand resources that can be shared with your action planning team to increase understanding and develop a shared vocabulary about these concepts. Scan through list of resources and identify whether any are a good fit to share with your action planning team.

Short Videos Available on YouTube

<u>Upstream Public Health</u> - Produced by Equiate 2-minute animated video on upstream vs downstream solutions

<u>Determinants of Health: A Practical Approach</u> - Produced by Let's Learn Public Health 4-minute animated video explaining the social determinants of health using the World Health Organizations Determinants of Health framework

<u>Social Determinants of Health Video</u> - Produced by Psych Hub Under 4-minute video explaining the social determinants of health

<u>Dr. Camara Jones Explains the Cliff of Good Health</u> - Produced by Urban Institute 5-minute video that explains upstream vs downstream interventions, social determinants of health, health inequities, and structural racism

Frameworks for Social Determinants of Health and Health Inequities

<u>Framework for Reducing Health Inequities</u> – Created by Bay Area Regional Health Inequities Initiative (BARHII). BARHII developed this conceptual framework to illustrate the connection between social inequalities and health. This framework has been used widely to guide to health departments undertaking work to address health inequities and has been formally adopted by the California Department of Public Health as part of their decision-making framework.

<u>Promoting Health Equity</u>: A Resource to Help Communities Address Social Determinants of Health – Created by US Centers for Disease Control and Prevention

This document explains and gives examples of health equity and social determinants of health. Pages 10 and 11 offer conceptual models of social determinants of health.

<u>Healthy People 2030 Social Determinants of Health</u> – Created by the US Department of Health and Human Services

This website defines five categories of SDoH with examples, research snapshot, and indicators – 1) economic stability, 2) education access and quality, 3) health care access and quality, 4) neighborhood and built environment, and 5) social and community context.

Easy-to-read documents

Advancing Health Equity: A Guide to Language, Narrative and Concepts – Created by the American Medical Association and AAMC Center for Health Justice

Part I recommends language for promoting health equity – what to avoid and equity focused alternatives. Part 3 provides a glossary of terms and concepts frequently used in health equity discussions.

<u>A System of Prevention: Achieving Health, Safety, and Wellbeing for All</u> – Created by the Prevention Institute

This graphically designed, short e-book explains why systems matter to health and equity and how apply an upstream, systems approach to shifting social determinants of health.

<u>The Ground Water Approach: Building a Practical Understanding of Structural Racism</u> – Created by the Racial Equity Institute

This document uses a metaphor about the fish, the lake, and the groundwater to explain the concept of structural racism and how it relates to health inequities.

Vision Statement Tool¹

A vision statement is a short description of what a group of people want to achieve in the future. It communicates:

- who will be better off (e.g., mothers how have been historically marginalized);
- what will be changed/improved for those individuals if the effort is successful (e.g., improved infant health equity); and
- where the change/improvement will occur (e.g., New Haven, Connecticut).

A vision statement is:

- aspirational it will take a long time to achieve);
- positive what is desired, rather what is avoided); and
- concise no longer than one sentence.

Here are examples of collective impact vision statements initiatives around the country:

- "Staten Island Youth Make Healthy Choices and Decrease Their Use of Alcohol and Prescription Drugs"
- "Across New York State, the juvenile justice system promotes youth success and ensures public safety"
- "All Rio Grande Valley students will achieve a degree or credential that leads to a meaningful career"

Guidance Tips to Develop a Vision Statement

1 Identify who will be involved in drafting or refining a vision statement, and what role people will play. For example, a few people may draft a vision statement and then share with a larger group for feedback, while a one group may draft and refine it.

Who	Role or responsibility

2 For those charged with drafting or refining a vision statement, invite each person to draft a vision statement – either as a homework assignment or during a meeting. Ask them to consider incorporating criteria listed on page 3 - Step 5.

Our vision is that		

3 Invite each person to share their draft vision statement – either by reading it a loud or writing on flip chart paper. First, invite group members to identify what words or phrases need more clarity by circling words, if written on flip charts, and encourage the author to provide more details. Second, identify what is the same and different about these vison statements.

Same	Different

4 Invite people to make proposals for selecting or combining different elements of the vision statements. Draft out a couple of versions, if needed. If experience challenges coming to agreement, ask individuals, "What would it take to make this statement work for you?"

Agreed upon vision statement:		

5 After reaching consensus on a vision statement, check it for:

Content		Format	
	Is the "who" clear?		Is it aspirational?
	Is the "what" clear?		Is it positive?
	Is the "where" clear?		Is it concise?

¹=The vision statement definition and examples are excerpted from the Steering Committee Vision Statement Tool that was developed by FSG and available on the Collective Impact Forum at: http://collectiveimpactforum.org/resources/steering-committee-members-visioning-exercise

Adaptive Action Cycle¹ Tool

As your team begins to implement the infant health equity action plan, undoubtedly unforeseen challenges will emerge: A key stakeholder will depart, a city council election will elect candidates who do not support your team's vision, or a tragic event happens (i.e., devastating weather condition, a mass shooting). The only way to navigate through these emergent and uncertain conditions is to strategically adapt the action plan.

An adaptive action cycle is an iterative, deceptively simple, dialogue process that enables a group to identify the next wise action in uncertain and complex situations by engaging in three lines of inquiry. The frequency and duration of these dialogues are dependent upon a group and situational needs.



- 1 What? Understand the current situation (i.e., status quo)
- 2 So What? Make interpretations about the situation
- 3 Now What? Identify next wise action

Guidance Tips:

When to hold adaptive action session: As your team begins to implement the action plan, set aside regular time to engage in adaptive action cycles throughout the implementation timeline. Good times to engage in an adaptive action cycle may be after data have been collected to assess impact (i.e., survey), after a significant event (i.e., local city council elections), or after your team executed a strategy or tactics (i.e., get out the vote).

Who should participate: Invite people who have direct experience on the issue and who have exerted effort to implement the strategy.

How to facilitate the adaptive action session:

- Schedule at least one and ½ hour for the adaptive action discussion.
- Identify a facilitator and a note taker. (Refer to note taking template below).
- Synthesize key information to share with the group and distribute either before or during the meeting (i.e., results from a survey, election results by precinct).
- Bring the most updated action plan and milestone journal (See Milestone Journal Tool) to the meeting.
- Consider inviting team members to "Stand in Inquiry" as they engage in the adaptive action.
 - ✓ Turn Judgment into curiosity
 - ✓ Turn conflict into shared exploration
 - ✓ Turn defensiveness into self-reflection
 - ✓ Turn assumptions into questions

¹ Adapted from Human Systems Dynamics Institute http://www.hsdinstitute.org/

What questions should be asked: Organize the meeting on the three lines of inquiry: What, So What, Now What. Choose a set of questions within each of those lines of inquiry that are relevant to your group and issue. The following table offers some example questions to consider.

	Potential questions to a guide adaptive action cycle
What? Understand reality	What are the data telling us? patterns are we observing? is taking shape? is surprising? concerns/worries us? stories are we hearing? is known and unknown at this point in time?
So What? Make interpretations	So what impact does this condition have on our action plan? assumptions need to be tested? matters the most and why? are the gaps in our understanding? is another way to look at this situation? is the gap between where we are now and where we want to be? is gaining traction – with whom and where? would progress look like? options may move us forward? people or groups do we need to engage? may derail/constrain/hold us back? challenges may come our way as we move forward?
Now What? Identify next wise action	Now what strategies or tactics do we need to stop or modify in our current action plan? are the most worthwhile actions to take now? timing is required for which actions? resources are required for us to move forward? who will commit to do what?

After the adaptive action session: Update the action plan to reflect adaptations agreed upon during the session.

Adaptive Action Cycle Note Template

Date	
Invited participants	
Facilitator	
Recorder	
Impetus or context for adaptive action dialogue	

1 What is the state of our current reality - the situation or system?

2 So what are the implications of this situation to our efforts/project?

3 So what will we do now?

Milestone Tracking Journal¹

To assess how well the action plan is working, your team needs credible evidence to discern whether the strategies and tactics are gaining traction – shifting conditions of the priority social determinant of health (SDoH) in the desired direction – or not. The Milestone Tracking Journal is a simple way to track what conditions are changing (or not) and how your team's strategy may (or not) be contributing to those changing conditions.

- Milestones are signs that denote movement along a change process; they capture what changes are occurring in conditions related to the priority SDoH and who is responsible for those changes.
- Contribution is how the Heathy Start program or CAN influenced the milestone (or not).
- Credible evidence is verifiable information that allows a reasonable person to make a judgment.

Data generated from the Milestone Tracking Tool can be used in three ways.

- Adaptive Action: Use data to reflect upon the change process and make informed decisions about adaptions to the action plan. Refer to Adaptive Action Cycle Tool.
- Communication: Transform data into timelines and other visuals to communicate with funders, board members, or partners progress made towards shifting the priority SDoH.
- **Historical record:** Use data to orient new staff members or partners about what has been accomplished.

Guidance Tips:

- Modify the following template (or download Excel spreadsheet from Google Drive).
- Appoint someone who will be responsible for updating and saving the journal.
- Use one journal per targeted SDoH.
- Agree upon a schedule (i.e., every one to three months) when journal will be updated.
- Schedule or set time aside in regularly scheduled meetings to collectively update journal so that team members can contribute to the documentation.
- Consider updating the journal when engaging in adaptive action cycles. Refer to the Adaptive Action Cycle Tool.

¹The Milestone Tracking Journal was adapted from the Outcome Journal as described in Outcome Mapping.



Milestone Tracking Journal Template

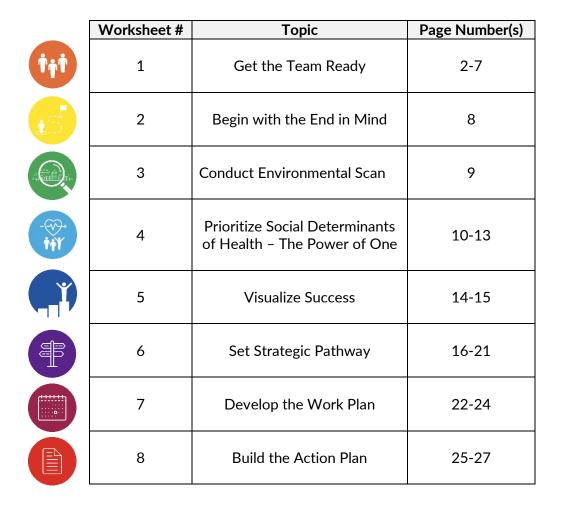
Priority SDoH	
Person responsible for updating journal	
Electronic location of journal	
Dates when journal updated	

Insert actual or approximate date (Month/ Year) that milestone occurred.	Write one sentence about something that has changed in a condition related to the priority SDoH and who was responsible for it. Tip: Do not include an activity taken by the Healthy Start program or the CAN. Ex: City Council increased budget for affordable housing by \$10 million.	Write one sentence about how the Healthy Start program or CAN contributed to that milestone (i.e., strategy or tactics used) or N/A if not involved in the change. Ex: We led an advocacy campaign - met with city councils one-on-one & prepped people to testify.	Questions & observations What questions does this milestone raise for us?	 S Adaptation needed? Does this milestone warrant us to reconsider changes to our action plan? □ Yes □ No □ Unsure; wait and see





As of 11/30/21



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 in 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 Talents, skills, in-kind donations	Receive Learning, networking, skills development

- 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 authentical 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?

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 inperson 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: Org	anizationa	Processes
--------------	--------	------------	-----------

Table F. Organizational Frocesses	
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	Use grant dollars? If yes,	Use in-kind donation? If yes,
action plan	how much?	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

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



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

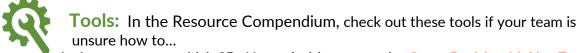
Task at Hand: The environmental scan undoubtedly identified numerous social determinants of health (SDoH) that influence infant health inequities in the Healthy Start service area. During the environmental scan, your team may (or may not) have engaged in sensemaking about identified SDoHs - assessing 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.

Many SDoH

Prioritize

One
SDoH



- ✓ 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.	

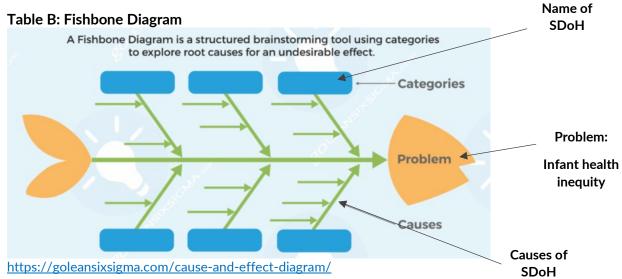
2 What are the root causes of SDoHs identified in the environmental scan?

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 <u>Fishbone Diagram</u> Fishbone Diagram and GoLeanSixSigma's <u>template</u> like the one in Table B.



- ✓ 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.			

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:
 - O What patterns are we noticing?
 - O What is most surprising?
 - O What stands out in our hearts... in our brains?
 - O 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.

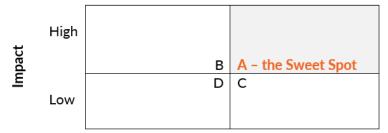
Table D: Impact + Community Energy

Assessment: High, Moderate, Low, or No Chance

Name of SDoH	Impact	Community Energy
	How likely is it that addressing this	How likely is that our Healthy Start group can align and
	SDoH will improve infant health	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



Feasibility



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 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, <u>SMARTIE</u> 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

1 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.

2 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.

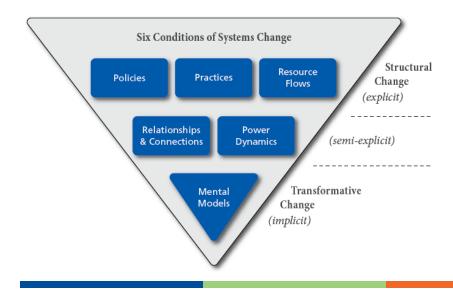
3 What upstream strategies may influence shifts in the SDoH?

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.
Holding

Table A: Force Field Analysis

Name of Priority	•			
Six Conditions	Definitions	Driving For Forces driving or s desired char	supporting	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.	uesired chai	iges	preventing desired changes
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)

SDoH in place

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 <u>How to Understand Power</u> and/or read Just Associate's Making Change Happen: Power.
- ✓ Read the Union of Concerned Scientists' <u>Power Map Your Way to Success</u> 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** <u>Introduction to Power Mapping</u> 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 identity 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.
 - **1** 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).
 - **2** 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.
 - **3** 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.
 - **4 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.
 - **3 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.
 - **6** 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.
 - o 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 in 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		
Example	Execute an advocacy campaign (the how - effort) aimed at increasing the county's budget for affordable housing (the what - desired outcome).		
0			
2			
3			





Strategy Map Template

Upstream Strategies

Efforts to catalyze ripple effect for shifting SDoH conditions

<other></other>	<other></other>
<other></other>	<other></other>
Community	Advocacy
development	campaign
Consciousness	Community
raising	organizing
Relationship	Partnership
building	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.

Powerbrokers

People who hold sway over levers of change

4 Refer to Power Map.

List 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

1.

2.

3.

3 Refer to Power Map. List people or organization who can influence forces.

2 Refer to Table A -Force field analysis. Insert top 3 driving or restraining forces. Start here

Vision of Success

worksheet #5. Insert desired future state sentence. backwards

& work

1 Refer to

Upstream strategy ripple effect

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healthystart@nichq.org info@nichq.org



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
 - o Strategy statement drafted in Worksheet #6 (Set Strategic Direction)
 - o 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:
 - o 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 implemente



Work Plan Template

Priority SDoH:					
Strategy Statement:					
Strategy Lead:					
Six-month Time Period:					
Action Step	Who Is Responsible	Resources Required	Target Completion Date	Barriers/Resistance	Status Update Check One
					o Not started
					o In Process
					o Completed
					o Not Pursued
					o Not started
					o In Process
					o Completed
					o Not Pursued
					o Not started
					o In Process
					 Completed
					o Not Pursued
					 Not started
					o In Process
					o Completed
					o Not Pursued
					 Not started
					o In Process
					o Completed
					o Not Pursued
					 Not started
					o In Process
					o Completed
					o Not Pursued
					 Not started
					o In Process
					o Completed
					o Not Pursued



Work Plan Template

Priority SDoH:					
Strategy Statement:					
Strategy Lead:					
Six-month Time Period:					
Action Step	Who Is Responsible	Resources Required	Target Completion Date	Barriers/Resistance	Status Update
					Check One
					o Not started
					o In Process
					o Completed
					o Not Pursued
					0 Not started
					o In Process
					o Completed
					o Not Pursued
					o Not started
					o In Process
					o Completed
					o Not Pursued
					0 Not started
					o In Process
					o Completed
					o Not Pursued
					0 Not started
					o In Process
					o Completed
					o Not Pursued
					0 Not started
					o In Process
					o Completed
					o Not Pursued
					o Not started
					o In Process
					o Completed
					o 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 Determinan	ts of Health (SDoH) that Impact Infant Health Equity
SDoHs that impact infant health equity in our service	1)
area	2)
[List up to 7 SDoH as noted in Worksheet #3- Priority SDoH]	3)
	4)
	5)
	6)
	7)
Priority SDoH addressing NOW	
[Insert Name of SDoH and a	
Sentence on the why as described in Worksheet #3 – Priority SDOH]	



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