Overview & History of the CAN Model

Danette McLaurin Glass

Senior Strategist &
Managing Principal
First TEAM USA

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Region 1, 2 & 3 Regional Meeting


HEALTHY start
2023
Regional Meeting
my community
let's talk CAN
makes the
then | now | tomorrow
difference!

Healthy Start TA & Support Center

Community Engagement Learning Academy

HEALTHY start TA & SUPPORT CENTER

Danette McLaurin Glass
Strategic Partnerships and Infrastructure Development Consultants
First TEAM America, LLC

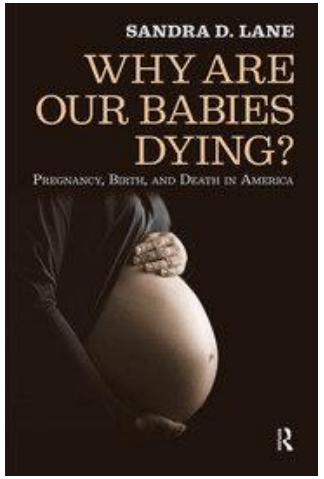

HISTORY

National Infant Mortality Crisis in the 1980s

Infants in US dying at higher rates than third world countries

White House Task Force - The task force grew out of President George H. W. Bush's campaign promise **"to invest in our children."** The Task Force calls upon the President to make infant mortality an issue of "national urgency," because "this country cannot afford its current infant mortality rate in economic or in human terms."

low birth weight, premature birth, and infant death are a part of life patterns resulting from systemic discrimination increasing risk over a lifetime and, in some cases, reaching the next generation.



America was looking for answers to infant mortality

1991

Provisional infant mortality rate was 8.9 per 1,000 live births in the United States. African American rate more than twice the white rate.

The Healthy Start Initiative was the Response to American Crisis in Infant Mortality; designed to launch **a revolutionary approach to traditional public health practice** in 1991.

since then, until now!

Healthy Start provides **a forum for the community voice** in efforts to improve the health of mothers and babies.

Healthy Start programs participate in Community action networks (CANs) that mobilize health care, social service and other providers to coordinate services, and steer local action to address social determinants of health related to poor birth outcomes.

1997

Forty sites are added to the Healthy Start Initiative with the intention that they will replicate the model of the original programs by conducting outreach, case management, and health education, **and developing community consortia.**


HEALTHY start
2023
Regional Meeting
the message remains
too many, too small, too soon
HEALTHY start
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National Institute for Children's Health Quality
Regional Meeting | History of CAN

1989
President George H. W. Bush creates the interagency White House Task Force to Reduce Infant Mortality. Healthy Start is one of 18 proposals submitted to the White House Task Force.

1991
The Secretary's Advisory Committee on Infant Mortality (SACIM, now called the Advisory Committee on Infant and Maternal Mortality or ACIMM) is formed. ACIMM advises the Secretary on Department of Health and Human Services' (HHS) programs that are directed at reducing infant and maternal mortality and improving the health status of pregnant women and infants.

1991
HHS's Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) launches the Healthy Start program as a presidential initiative. Healthy Start is located in MCHB's Division of Healthy Start and Perinatal Systems (DHSPS) and aims to reduce infant mortality by 50% in 5 years. 15 sites with infant mortality rates 1.5 to 2.5 times the national average are selected as demonstration projects. The sites are funded to be innovative, community-based, community-driven projects tasked with reducing infant mortality and improving the health and well-being of women, infants, and their families. A hallmark of Healthy Start, which continues today, is the requirement of a community consortia (now called Community Action Network) where community voices are lifted.

1994
7 sites are added to the Phase I Healthy Start Initiative as "special projects" and funded by the March of Dimes, bringing the total of demonstration projects to 22.

1997
As part of the Replication Phase of Healthy Start, additional sites are added to reproduce the model of the original 15 programs by conducting outreach, case management, and health education.

1997–2001
New Healthy Start Funding Cycle

1998
The National Healthy Start Association (NHSA) is established by several project directors from the original 15 Healthy Start sites. The membership organization focuses on advocacy and its efforts led to Healthy Start's first federal Authorization.

2000
Healthy Start is authorized by Congress as part of the Children's Health Act.

2001-2005
New Healthy Start Funding Cycle. Healthy Start expands its scope beyond providing comprehensive health services, to focus on supporting child development from conception to age 2 years, screening for maternal depression, promoting father involvement, and uplifting consumer voices.

2005-2009
New Healthy Start Funding Cycle

2008
Healthy Start Reauthorization Act is enacted.

2009-2014
New Healthy Start Funding Cycle. There are now 105 Healthy Start sites located in 39 states, Puerto Rico, and the District of Columbia.

2013
SACIM issues recommendations and a framework for a national strategy to reduce infant mortality. This reaffirms the need for continued federal investment in Healthy Start and similar programs (e.g., Title V MCH Services Block Grant; MIECHV Program; WIC, etc.).

2014-2019
New Healthy Start Funding Cycle. Healthy Start establishes five programmatic approaches: improve women's health; promote quality services; strengthen famil e; achieve Colle e; increase accour ce quality improve monitoring

2016
Healthy Start celebrates its 25th anniversary.

2019-2024
New Healthy Start Funding Cycle. The 101 funded projects represent rural, urban, tribal, and border communities in 37 states, the District of Columbia, and Puerto Rico. Healthy Start refines its programmatic approaches to focus on: improving women's health; improving family health and wellness; promoting systems change; assuring impact and effectiveness through workforce development, data collection, quality improvement, performance monitoring, and evaluation.

2020
Healthy Start Reauthorization Act is enacted.

2021
Healthy Start celebrates its 30th anniversary.

CELEBRATING 30 YEARS 1991–2021

the clearing of whole neighborhoods during urban renewal

the collapse of industry

crack epidemic & illicit drug use

racially biased arrest and sentencing underpin the epidemic of African American/Latino male incarceration.

unemployment

"101 anchor stories"

brought unintended consequences

dilapidated rental housing

abandoned houses

inadequate education

empty lots provide the conditions for lead poisoning

supermarkets fled the inner cities

corner stores sell cigarettes, malt liquor, lottery tickets, and drug paraphernalia in place of healthy food

the 80s

the 70s

the 60s

telling the story

The Healthy Start Initiative

"A Community-Driven Approach to Infant Mortality Reduction"

Dr. Thurma McCann, MD, MPH
First Director, Division of Healthy Start
Maternal and Child Health Bureau

- Problem
- Who's going to address
- How we are going to do it
- What we want to do
- Belief
- Strategy

- *1991-1996*
- *1997-2001*
- *2001-2005*
- *2005-2009*
- *2009-2014*
- *2014 – 2019*
- *2019-2024*

7 Generations of HS

Baltimore City Healthy Start | Birmingham Healthy Start | Boston Healthy Start Initiative | Chicago Healthy Start | Cleveland Healthy Family/Healthy Start | Detroit Healthy Start | District of Columbia Healthy Start Project | Great Expectations Healthy Start (New Orleans) | Healthy Start/New York City | Allegheny County/Pittsburgh Healthy Start | Northern Plains Healthy Start (North and South Dakota, Iowa, and Nebraska) | Northwest Indiana Healthy Start | Oakland Healthy Start | Pee Dee Healthy Start (South Carolina) | Philadelphia Healthy Start

what was true

The Challenge of Healthy Start's *Demonstration Phase*

From the beginning, in serving high-risk, vulnerable communities Healthy Start projects have sought **to accommodate both the challenge of working with multiple organizations and the complexity of dealing with multilevel policy and service delivery environments**.

A Little History

Historically, Healthy Start programs have been built on the principles **rooted** in their designation as **"community-based"** and **"community-driven"** approaches to reducing infant mortality.

This *strong foundation creates an opportunity to address issues beyond infant mortality to include addressing social determinants of health, equity, maternal mortality and fatherhood.*

As a federal requirement and now **"unique" trademark of federal HS programs**, each project should have as a foundation, a CAN (*community consortium*) that is comprised of consumers, providers and a vast array of community partners who work together to **create a culture** of collaboration and involvement that ensures the success of the Healthy Start project.

Understanding federal Consortium

- Healthy Start Programs are community based and community driven.
- Each Project is required to have a community consortium that is comprised of consumers, providers and a vast array of community partners.
- Working together to create a culture of collaboration and involvement.
- Strong, well-informed and involved consumer and consortium is the hallmark of a successful project.
- Understand the role of consumers / consortia in Healthy Start.
- Identify community assets and resources.
- Work with the community and consortia to engage them in becoming full partners
- Improving birth outcomes and reducing disparities.
- **Complex community resources needed to meet all of the needs of the Healthy Start client.**
- **Important for sustainability of the Healthy Start Project.**
- **Using it as a base to build and add other resources to assist the Healthy Start client.**

Consortium Worth in Application

- 25% of funding decision score
- **HS focuses on the power of collaboration on the problem of infant mortality**
- Well-organized communities can have benefits in reducing maternal and infant mortality and morbidity rates
- Increasing public's understanding of the problem
- Strengthening public commitment to deal realistically with problem
- Using existing resources more efficiently and effectively
- Mobilizing additional resources

it’s in the HS language

H.R.4801 — 116th Congress (2019-2020)

Requirements
In making grants under subsection (a), the Secretary shall require that applicants (in addition to meeting all eligibility criteria established by the Secretary) establish, for project areas under such subsection, **community-based consortia of individuals and organizations** (including agencies responsible for administering block grant programs under title V of the Social Security Act [42 U.S.C. 701 et seq.], participants and former participants of project services, public health departments, hospitals, health centers under section 254b of this title, State substance abuse agencies, and other significant sources of health care services) that are appropriate for participation in projects under subsection (a).

"At the heart of the Initiative is the belief that the community, guided by a consortium of individuals and organizations from many sectors, can best design and implement the services needed by the women, children and families (men/fathers) in that community"

AVOID the spirit of "business as usual"

Government encourages community flexibility and ownership as codified in the HS guidance

Harris, K. – Tools from Getting Your Healthy Start Consortium Ready for the Future - NHSA Healthy Start Association Leadership Training Institute


it's like throwing
a good party!
HEALTHY start
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getting the right person!

Boston did it!

Together we can!
Community Action Network

NEW HAVEN healthy START
A program of
The Community Foundation for Greater New Haven

New Haven did it!

can't build alone!

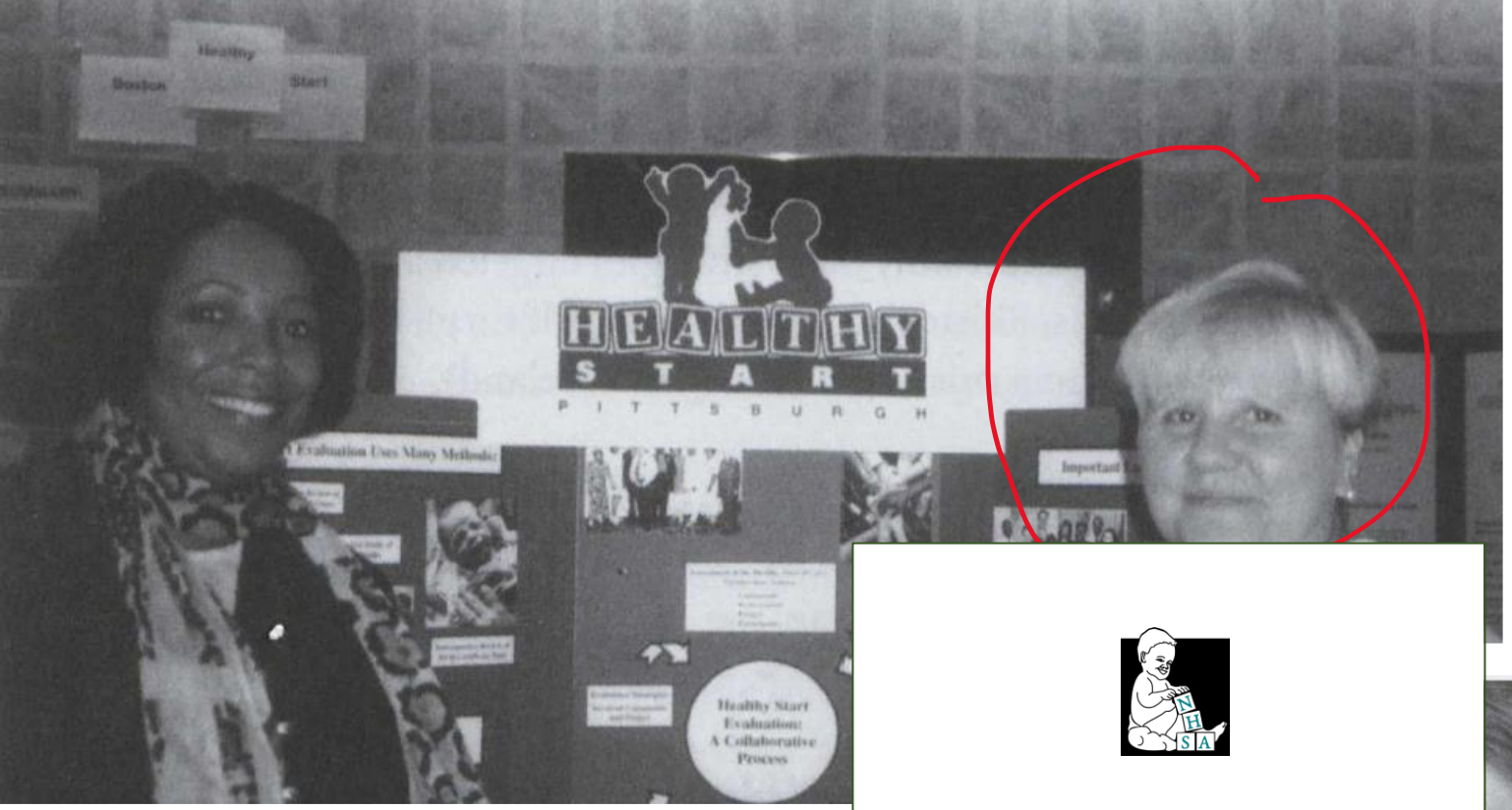
"Natasha had a special gift in building authentic relationships with consumer participants and community residents. She maintained 51% consumer membership in the CAN!"
- Kenn

"During the replication phase, many of the original 15 became mentor grantees to the new ones in 1997.I've said over and over that you have to find the right person to manage your CAN. Ms. Natasha Ray was that "right person" in New Haven!"
- Kenn

"And she stills hula-hoops!"

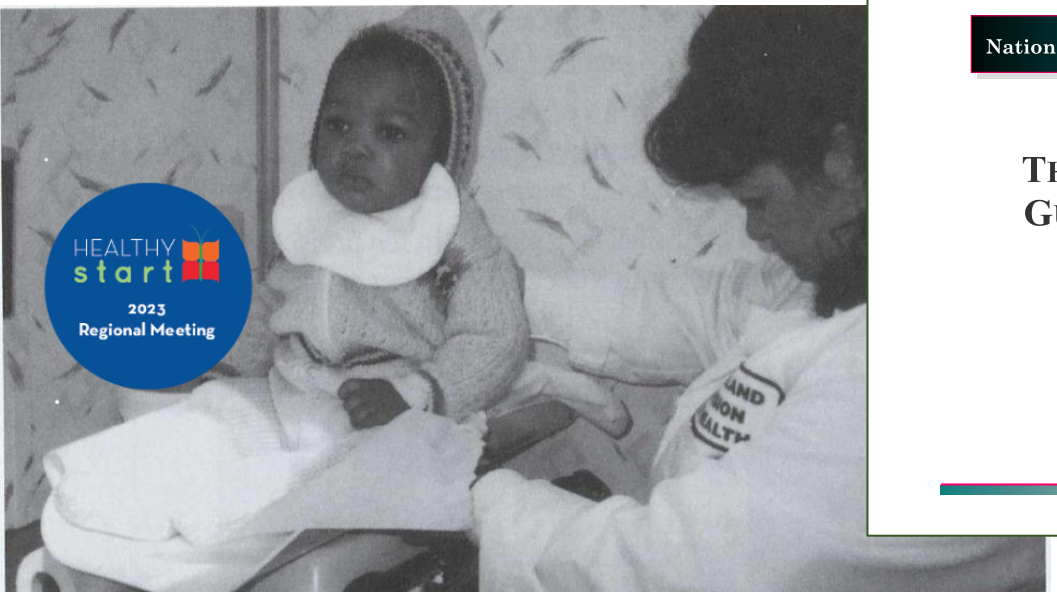
the hallmark of a successful Healthy Start project

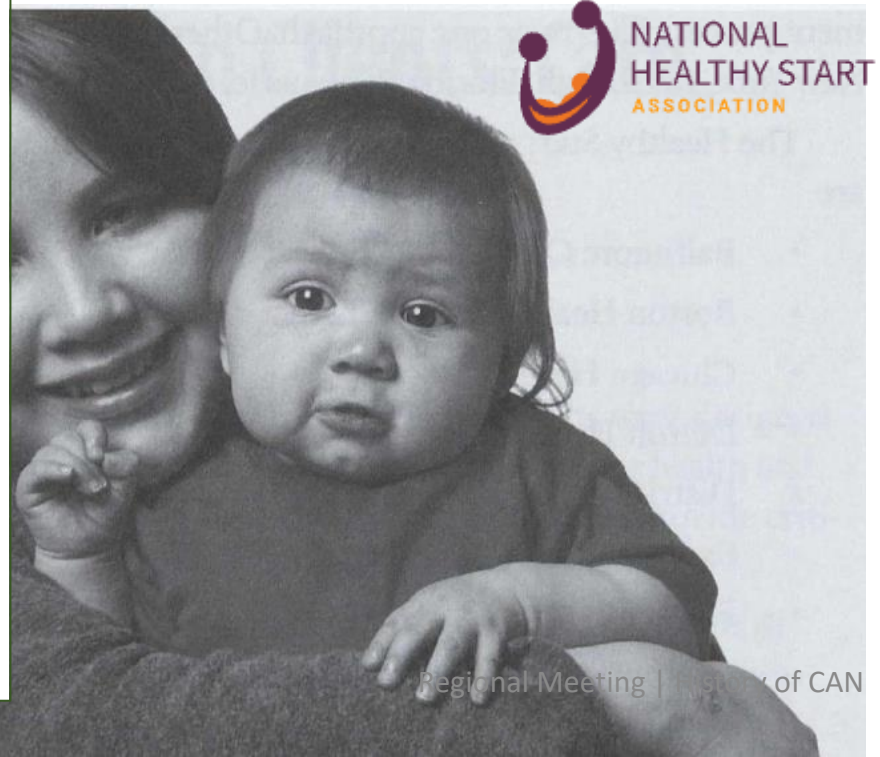
a strong, well-informed and involved CAN



National Healthy Start Association, Inc.

The Healthy Start Guide to Effective Community Involvement





Elements

CREATING A CULTURE OF COLLABORATION AND INVOLVEMENT

IDENTIFY COMMUNITY ASSETS AND RESOURCES AND THE WORK NEEDED TO ENGAGE THE COMMUNITY

IDENTIFY PARTNERS NEEDED IN THE WORK OF IMPROVING BIRTH OUTCOMES AND ELIMINATING DISPARITIES AND INEQUITIES

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Why Community Engagement?

Value	Value community voice – Democracy/Equity
Gain	Gain insights in program design and policy priority
Build	Build partnership and support
Translate	Translate information back to broader community

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Why Community Engagement is Important: Values and Benefits

- ✓ Increased sense of program ownership
- ✓ Individuals and communities are strengthened
- ✓ Addressing cultural, racial and class issues
- ✓ Reflection of community needs

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Why is Community Engagement Important?

- **Processes have historically excluded** and marginalized low-income communities and communities of color
- **Knowledge and perspective of low-income communities** and communities of color is vital to turning visions for revitalization into reality
- **Lack of engagement in the process** also sometimes resulted in opposition to results that didn't reflect community needs

Principles for Community Engagement

- Empower residents through meaningful inclusion and partnership
- Build capacity for high level engagement
- Prioritize community knowledge and concerns
- Target resources to support ongoing engagement
- Facilitate mechanisms that encourage mutual learning and feedback mechanisms

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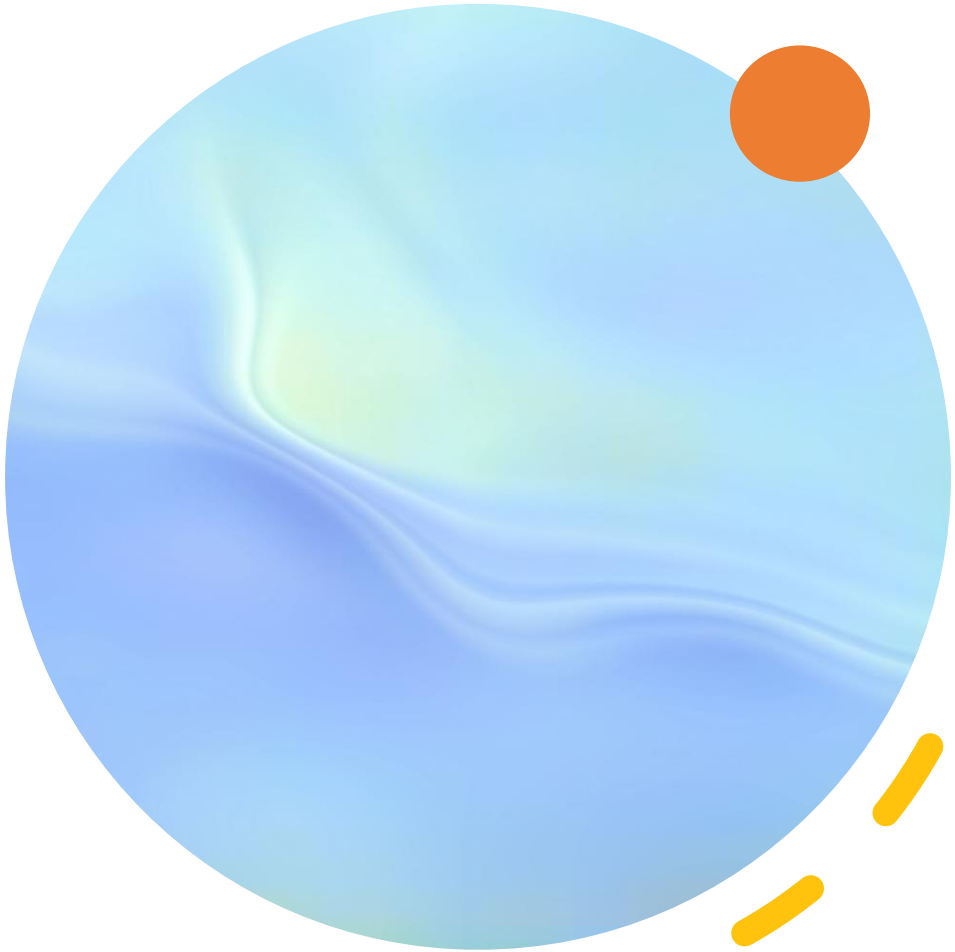
Community Engagement Principles

Build	Build trusting and accountable relationships with community leadership and residents
Develop	Develop a shared vision for community change
Build	Build partnerships with diverse sectors
Develop and sustain	Develop and sustain community capacity
Translate	Translate community vision into policy and environmental change



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Community Engagement Strategies

Empowering participants

Tapping into networks

Partnering with community leaders

Nurturing new partnerships

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Towards More Equitable Public Engagement Processes

- Inclusive: What communities and interests need to be represented and in what capacity?
- Accessible: Will people and organizations from a diversity of backgrounds feel comfortable and engaged?
- Transparent: How does public engagement interact and influence decision-making?

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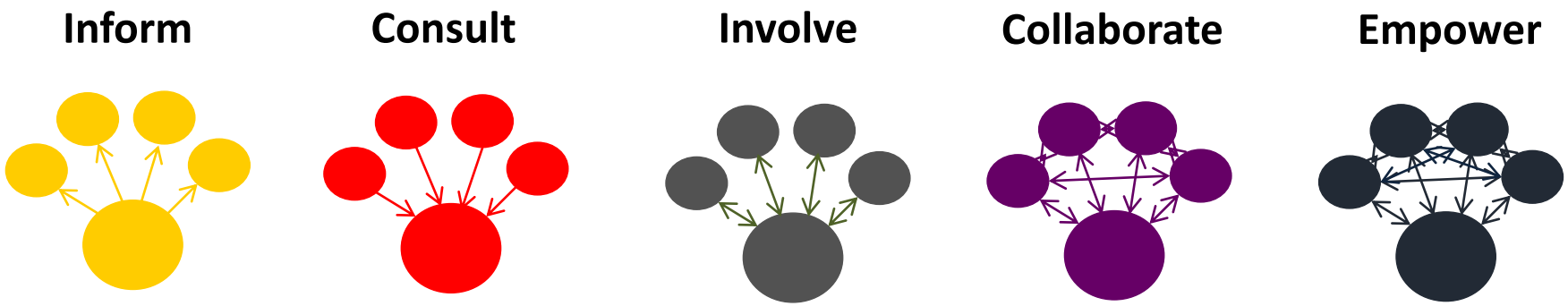
Adapted from IAP2's Public Participation Spectrum, Toronto



Adapted with Permission from Tapestry, Community Engagement (CE), Kenn L. Harris

Multi-sectorial Engagement

SAMPLE: Program participants, Local / State Title V, Federally funded (330) & other clinics, Local health care providers, hospitals, medical & nursing schools Social Service Agencies Medicaid, Local schools, Civic & community based organizations, Local businesses / Chamber of Commerce, Church / Religious organizations, Job Training Programs, Head Start , Early Intervention Services

then | now | tomorrow

A Consortium/ CAN is an advisory body that is expected to:

- ❑ Recommend policy for and contribute to the development of the application;
- ❑ Contribute to, review, and recommend approval of the organizational approach for assuring local determination and integration;
- ❑ Provide advice regarding program direction;
- ❑ Participate in discussions related to allocation and management of project resources;
- ❑ Be aware of program management and activities such as data collection, monitoring and evaluation, public education, and assuring continuity of care; and
- ❑ Share responsibility for the identification and maximization of resources and community ownership to sustain project services beyond the project period.

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IMR
1 ½ x
national rate

101 HS Communities

urban, rural, tribal, border

CAN
Community
Action Network

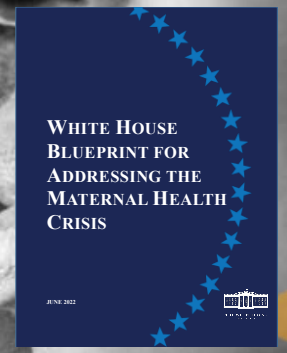
PARTNERSHIPS

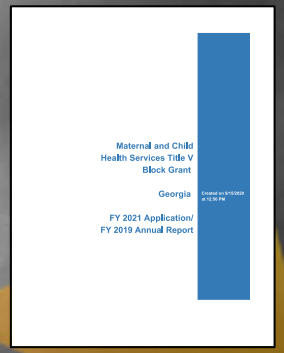
30+ years
1991-2024

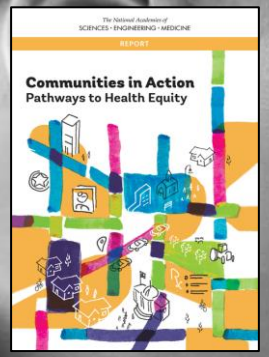
"Eliminating Racial & Ethnic Disparities in Birth Outcomes"

"A Community-based, Community-Driven Approach to Infant Mortality Reduction"

Collective Impact







Social Determinants of Health

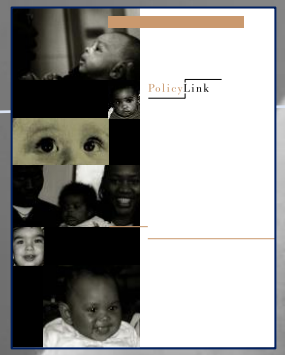
Are a Result of Policy Decisions

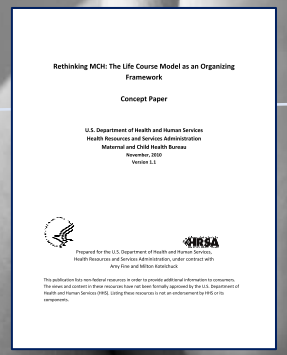
Health Disparities Arise from Structural Racism

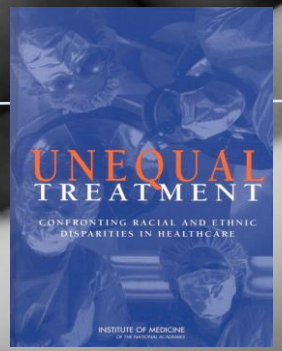
Health Inequities Persist Because of Structural Racism

thanks, dr. monica!

1991







2022

NICHQ
National Institute for Children's Health Quality

HEALTHY start
TA & SUPPORT CENTER

community

Community exists when people who are interdependent struggle with the traditions that bind them and the interests that separate them so that they can realize a future that is an improvement on the present.

C.M. Moore. A Working Paper on Community. The National Conference on Peacemaking and Conflict Resolution. Fairfax, VA: George Mason University, 1991.

Community-Driven Development

Rooted in community

Information sharing

Participatory planning

Community Participation

Guiding Principles

Empowerment

Strategic

Mobilizing Assets

ABCD-Sustaining Community

Target: Community-driven – leadership, direction

Target: Community-based organizations

value of engagement

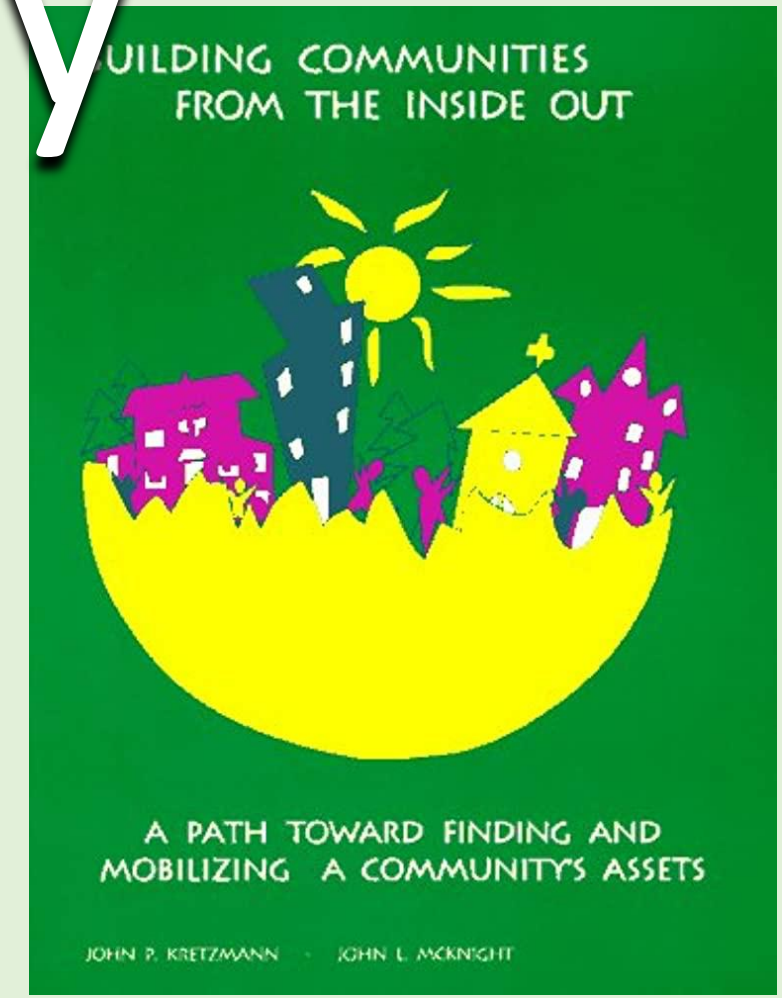
"The children and families who participate in our education and human services systems are essential for its reinvention. They are indispensable partners with educators, human service professionals, business leaders, civic and religious leaders, leaders of community-based organizations, and other citizens in creating the pro-family system"

Melaville Blank, and Asayesh in Together We Can: A Guide for Crafting a Profamily System of Education and Human Services

community

Asset-Based Community Development

1. It focuses on community assets and strengths rather than problems and needs
2. It identifies and mobilizes individual and community assets, skills and passions
3. It is **community driven** – 'building communities from the inside out'
4. It is **relationship driven**. and focuses on community assets and strengths



Kretzmann, J. P., & McKnight, J. L. (1993). Building communities from the inside out: a path toward finding and mobilizing a community's assets. Evanston, Ill.: Center for Urban Affairs and Policy Research, Northwestern University. Introduction available from http://www.abcdinstitute.org/publications/basicmanual/

What do you think your challenges are when engaging consumers, participants, and community members?

Harris, K. – Tools from Getting Your Healthy Start Consortium Ready for the Future - NHSA Healthy Start Association Leadership Training Institute

Before starting…

- **Be clear about the purposes and goals** of engagement for the population
- **Be knowledgeable** about the community's economic conditions, political structures, norms and values, demographic trends, history, experience with engagement efforts; learn about community's perceptions

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for engagement to happen, it is necessary to…

- Go into community, establish relationships, build trust, work with formal and informal leadership, seek commitment from organizations and leaders to create processes for mobilization
- Accept and respect community's self determination as a responsibility and right of all within community

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for engagement to succeed…

- **Partnering with the community** is necessary to create transformation and improvements
- **Respect community diversity**. Awareness of cultures and other factors of diversity should be part of design and implementation
- Engagement can only be sustained by **identifying and mobilizing assets** and developing capacities and resources
- Organizations have to **be prepared to release control** of actions, interventions and be flexible
- **Community collaboration requires long-term commitment**


collective
impact
community
change
approach
engagement
kania
kramer
backbone
conditions
stanford
agenda
common
leadership
leaders
initiative
collaborative
focus
activities
different
management
measurement
social
weaver
work
approaches
understanding
based
involved
existing
practice
start
commitment
significant
group
build
five
innovation
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movement
review
building
organisations
participants
need
mutually
argue
including
action
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smart
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provides
also
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interventions
support
emphasis
members
issue
deep
blog
get
rather
strengths-based
strengths
sectors
large
data
processes
changes
staff
problem
might
suggests
australia
affected
policy
wolf

2014-2019

Achieve Collective Impact:

- **Two areas of collective impact-related activity are**
  1. *develop a CAN and*
  2. *contribute to collective impact*
- Increase the proportion of HS grantees with a fully implemented CAN to 100% **(BM17).**
- Increase the proportion of HS grantees with at least 25% HS participant membership on their CAN membership to 100% **(BM18).**

The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may help to achieve collective impact, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

1. The extent to which the proposed plan describes sustainable and/or replicable activities in the areas of: improving women's health, promoting quality services, and strengthening family resilience.
2. The extent to which the community action plan proposes to work with other programs and activities serving the MCH population to drive community change and collective impact, as appropriate to the proposed level.
3. The extent to which the applicant demonstrates understanding of the concept of collective impact and describes roles in achieving collective impact, including carrying out or supporting the functions of a backbone organizations.
4. The extent to which the applicant proposes to sustain the project through new or existing sources and/or to acquire additional resources.

Source: HRSA/MCHB new and competing continuation Funding Opportunity Announcements (FOAs) for the Healthy Start Initiative: Eliminating Disparities in Perinatal Health, HRSA-14-121, HRSA-14-120 and HRSA-14-122 (2014-2019)

What is Collective Impact?

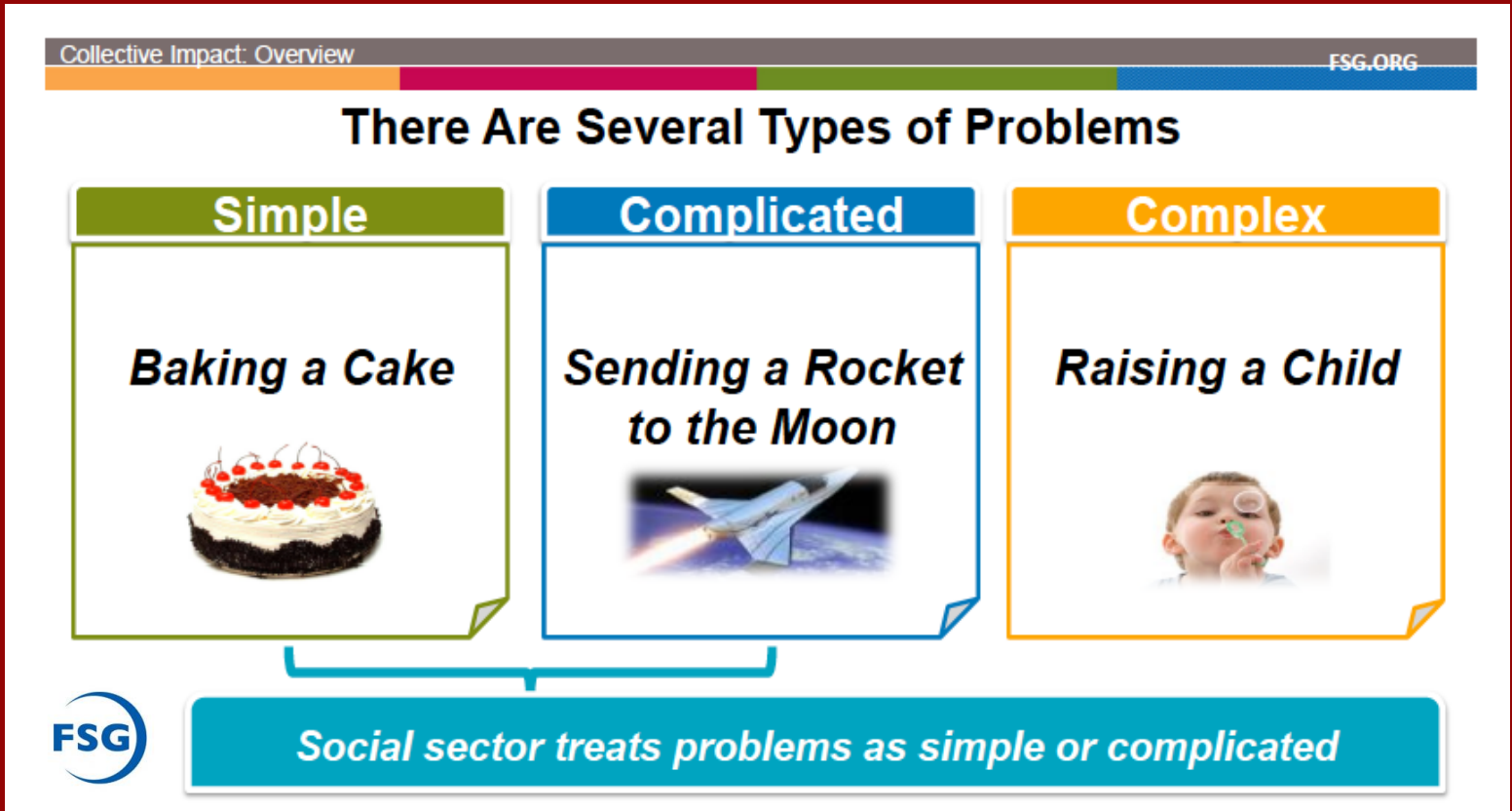
"A disciplined, cross-sector approach to solving complex social and environmental issues on a large scale."

- FSG: Social Impact Consultants

Stanford SOCIAL INNOVATION Review
Informing and inspiring leaders of social change

infant mortality is complex

what type of problem are you addressing?



The Five Conditions of Collective Impact

Common Agenda	All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions
Shared Measurement	**Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable
Mutually Reinforcing Activities	Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action
Continuous Communication	**Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation
Backbone Support	Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

FSG

Shared Measurement Is a Critical Piece of Pursuing a Collective Impact Approach

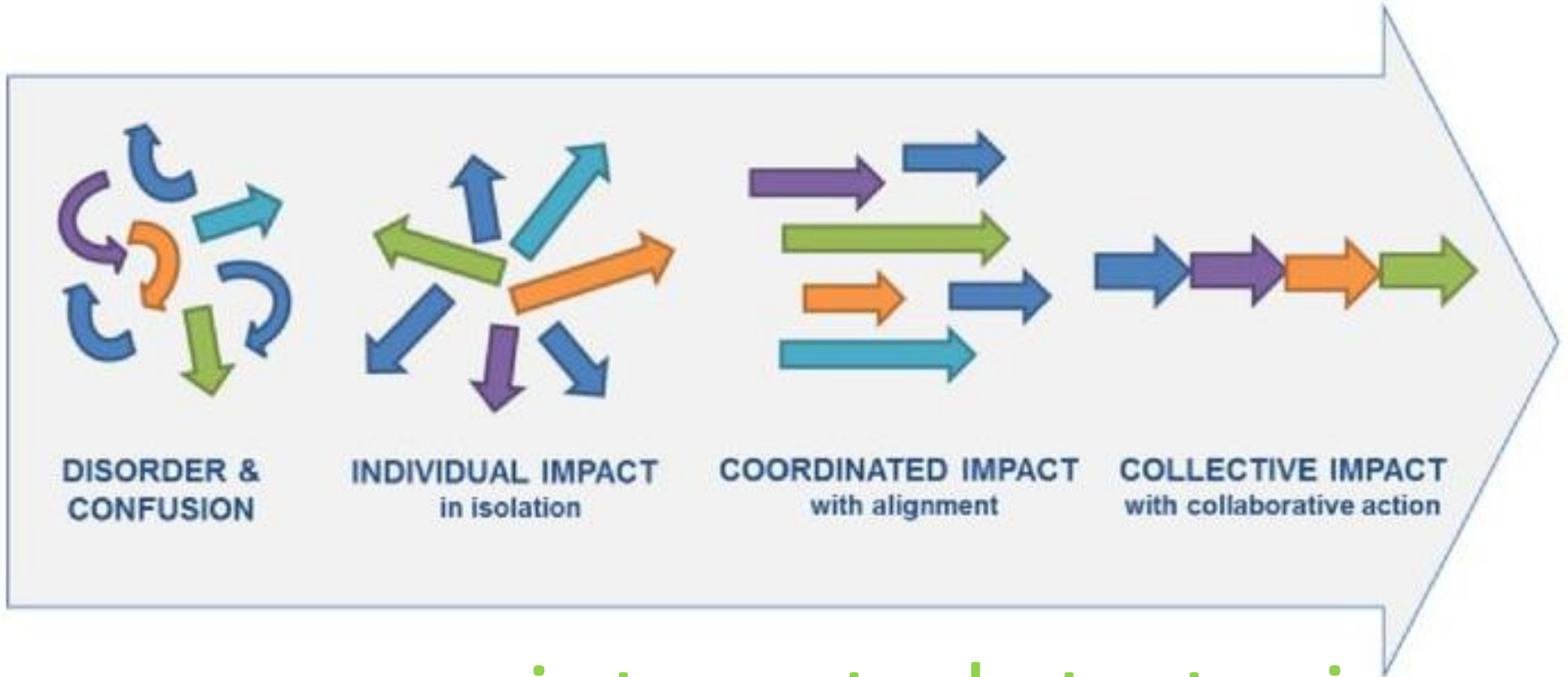
Definition

Identifying common metrics for tracking progress toward a common agenda across organizations, and providing scalable platforms to share data, discuss learnings, and improve strategy and action

Benefits of Using Shared Measurement

- Improved Data Quality
- Tracking Progress Toward a Shared Goal
- Enabling Coordination and Collaboration
- Learning and Course Correction
- Catalyzing Action

Collective Impact



integrated strategies and approaches

The five conditions of collective impact, implemented without attention to equity, are not enough to create lasting change.
[John Kania & Mark Kramer Oct. 6, 2015]

CI - set it up so that you don't mess it up!

Equity:
The Soul of Collective Impact

PolicyLink

Michael McAfee, Angela Glover Blackwell, and Judith Bell

PolicyLink is a national research and action institute advancing economic and social equity by **Lifting Up What Works®**.

The long, rich history of community-building work in low-income communities and communities of color provides a foundation of theory and practice on which today's collective impact framework[1] must build to achieve results commensurate with society's biggest challenges. That foundation is equity—just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Equity, both racial and economic, must be infused through all aspects of collective impact processes,[2] from the deep engagement of communities to the collection and analysis of data; the design and scale of solutions; and the capacities, point of view, and roles of backbone organizations.

Advancing economic and social equity through the idea of *"Lifting Up What Works!"*

Michael McAfee, Angela Glover Blackwell, and Judith Bell

"just and fair inclusion into a society in which all can participate, prosper, and reach their full potential."

The Equity Imperative
[Angela Glover, Policy Link]

the model

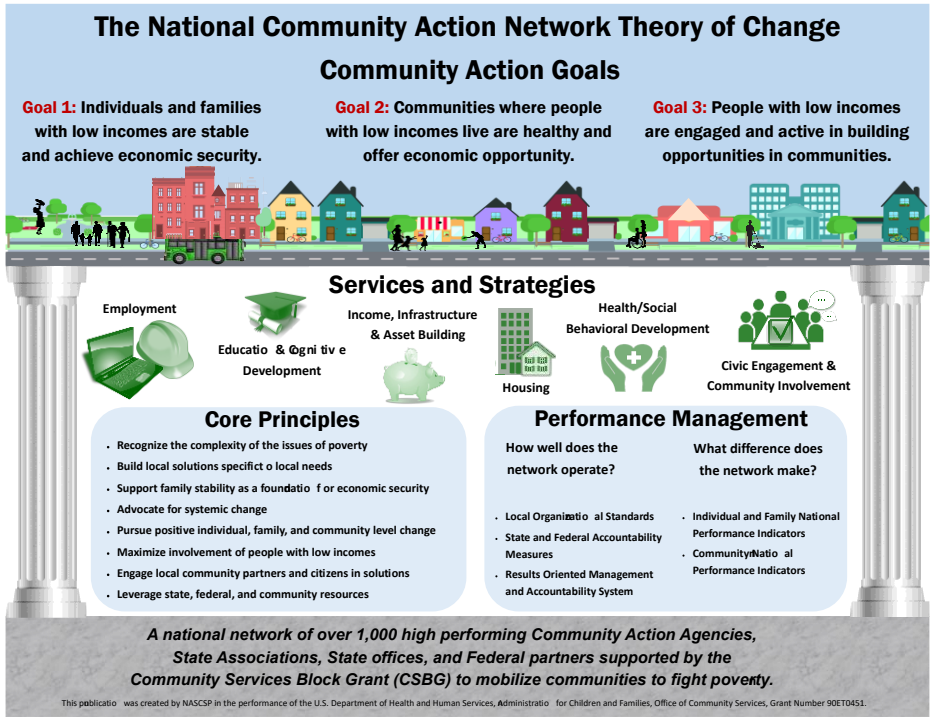
1964

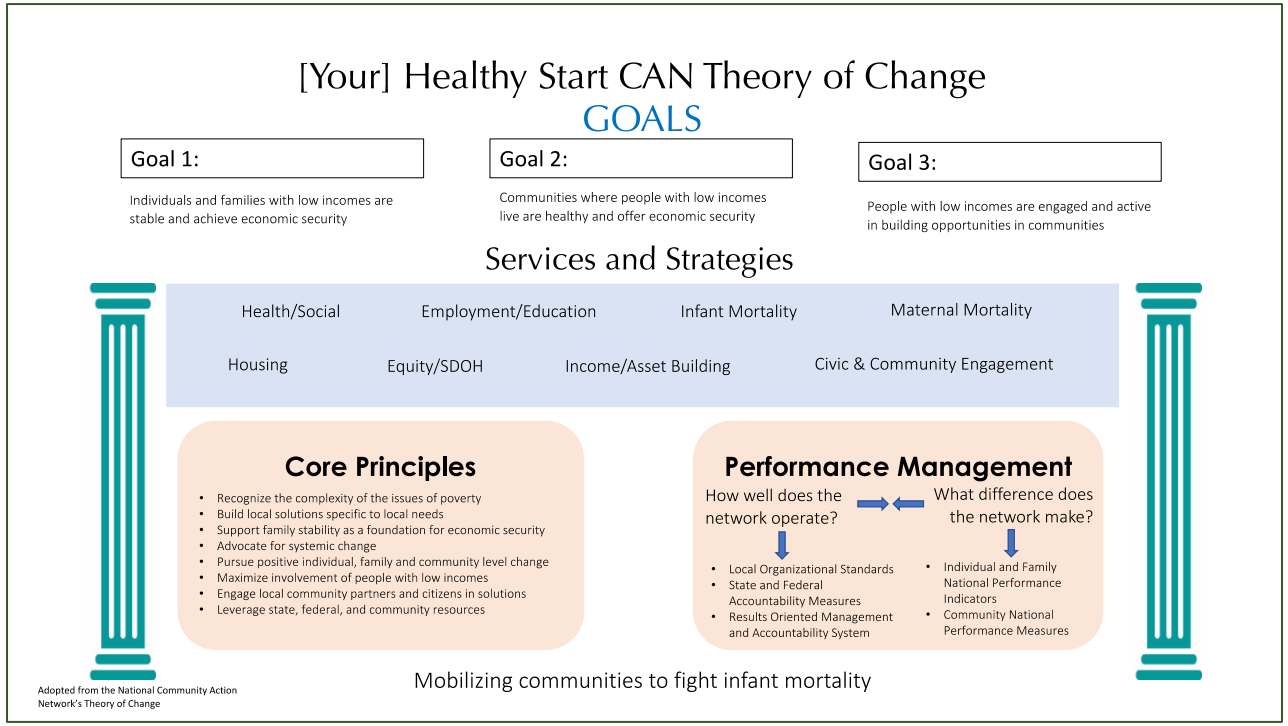
In the United States and its territories, Community Action Agencies are local private and public non-profit organizations that carry out the **Community Action Program (CAPs)**, which was founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor as part of the War on Poverty

CAPS (Community Action Programs) - CAPS turned out to be the most controversial part of the package, as it proposed the "maximum feasible participation" by poor people themselves to determine what would help them the most. CAPS were a radical departure from how government had run most social reform programs in the past.

HEAD START

the can's theory of change





camara jones

5.16

https://www.youtube.com/watch?v=to7Yrl50iHI

Sessions	Topics
Session One- February 2023	**Overview of Community Engagement** Part 1: The Defining Moment Part 2: The Landscape Part 3: Opportunities for Impact Part 4: Connecting the Dots
Session Two- April 2023 (March 2023 / NHSA Annual Conference)	**Tools and Strategies for Community Engagement** Part 1: Session One Review Part 2: Various Methods of Community Engagement Part 3: Your Agency's Goal for Community Engagement Part 4: Developing a Community Engagement Plan
Session Three- April 2023	**Community Engagement Best Practices In Action** Part 1: Session Two Review Part 2: Best Practices Information Exchange Part 3: Healthy Start Best Practices
Session Four – May 2023	**Implementing and Managing a Community Engagement Plan** Part 1: Session Three Review Part 2: Modifying the Plan Part 3: Implementing and Managing the Plan
Session Five – June 2023	**Community Engagement Plan Presentations and Closing Celebration!**

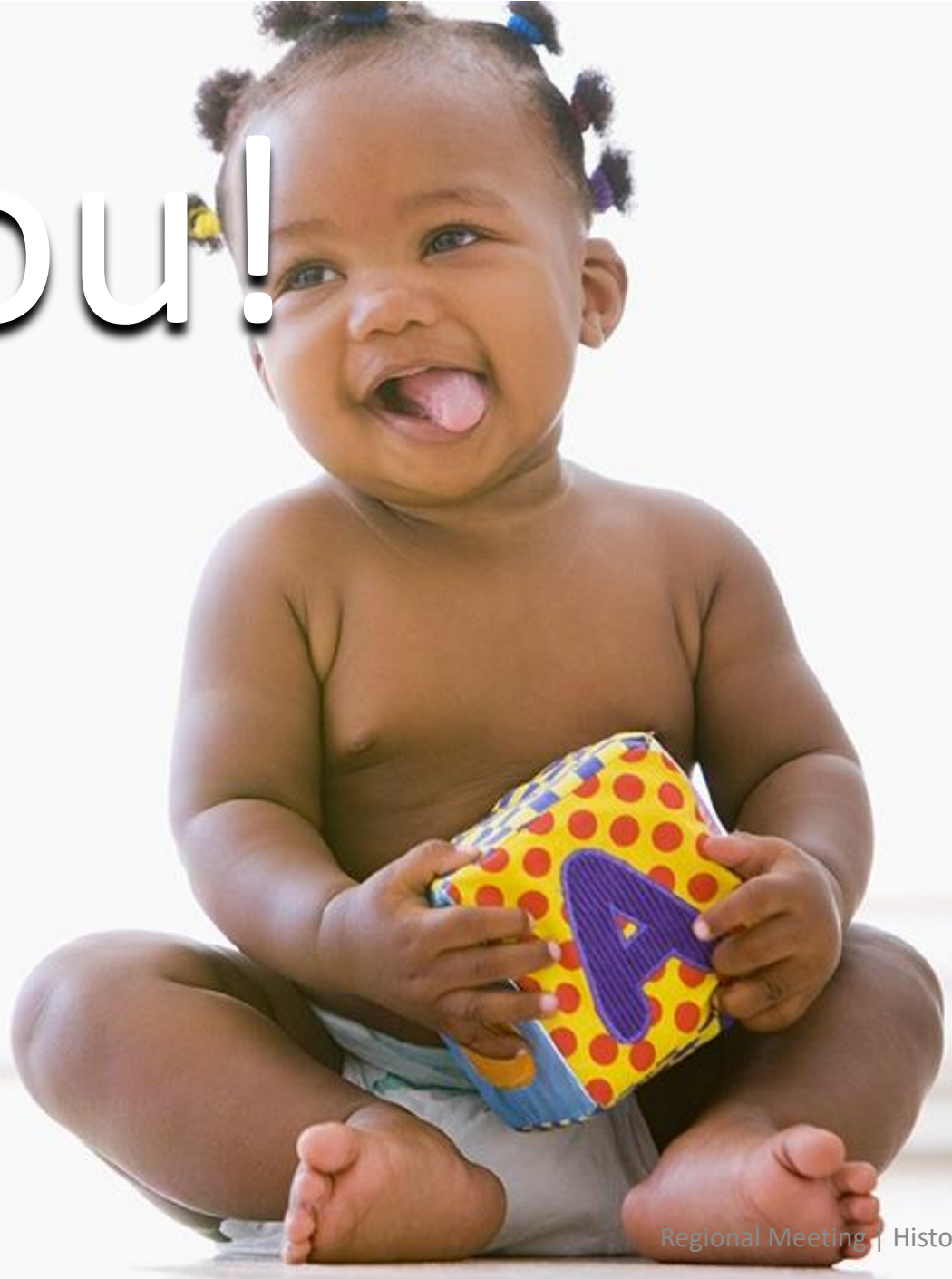
COURSE OUTLINE AND SYLLABUS

Session Three April 26th

- Part One
  - Session Two Review
- Part Two
  - Information Exchange: Community Engagement Best Practices
- Part Three
  - Healthy Start CANs Best Practices to Promote Systems Change
- Part Four
  - Plan Development: Clarify Goals, Simplify Process, Modify Plan

sessions one and two are available at www.healthystartepic.com

thank you!



HEALTHY start
2023
Regional Meeting