Chapter 22: Community Involvement

Introduction

The primary responsibility of Healthy Start is to develop comprehensive systems of care for pregnant women and infants within their local communities. To ensure that these systems of care are relevant in addressing adverse pregnancy and birth outcomes, communities must be involved in all aspects of Healthy Start service planning, provision, and evaluation activities.

Communities can be comprised of many levels. Healthy Start Coalition communities (catchment areas) consist of persons that share similar geographic locations, social ties, interests, or demographic characteristics. For the purposes of these guidelines, the term community refers to people, neighborhoods, and cultures that personally experience infant mortality and related health, cultural, and social issues. Each community's system of care and health outcomes is impacted by the unique interaction of social, psychosocial, environmental, and economic components. The impact of these components must be considered throughout Healthy Start program service planning, provision, and evaluation. Inclusive planning and service delivery approaches that reach deep into the community guarantee that the perspectives, strengths, structures, needs, and assets of persons directly affected are incorporated when striving for optimal community health. These guidelines view the community as a partner in, rather than an object of, maternal and child health planning and service delivery; its members are seen as citizens with skills and capacities rather than as clients with needs and deficits.

Studies have found that sustained community involvement is extremely beneficial to local communities and effective MCH programs and results in:

- Community understanding of the trends in infant mortality
- More effective interactions with at-risk families
- Positive behavioral change
- Assistance with identification of key issues impacting infant mortality and other MCH issues
- Development of innovative programs that are more acceptable to program participants and the community
- Partnerships that remain viable and continue to address poor perinatal outcomes

This chapter provides guidance for the development and support of community involvement activities, analysis, linkage, and training as a necessary component for the success of Healthy Start.

Standards and Criteria

Standard 22.1 Healthy Start Coalition membership shall represent the racial, ethnic, and gender composition of the catchment population.

Criteria:
22.1. a The Coalition shall, in accordance with 383.216 (5), F. S. and 64F-2, F.A.C., recruit population representation in collaboration with local community organizations and

other resources.

22.1.b The Coalition shall provide evidence of Coalition membership and staff representation and evidence of outreach and activities to recruit representative membership and staff.

22.1.c The Coalition shall assure that all members have been trained in their roles, responsibilities, and limitations.

Standard 22.2 The Healthy Start Coalition shall make every attempt to hire subcontractors and Coalition staff that represent the racial, ethnic, and gender composition of the catchment population.

Criteria
22.2.a In the recruitment and hiring of Coalition subcontractors and staff, there should be consideration of the balance between the demographics of the areas in need and the demographics of the Coalition catchment area.

22.2.b The Coalition shall provide evidence of staff and subcontractor representation and evidence of outreach and activities to recruit representative staff and subcontractors.

Standard 22.3 Healthy Start Coalitions shall establish relationships with community leaders and organizations to develop processes and support for community involvement, mobilization, and advocacy.

Criteria:
22.3.a The Coalition shall provide evidence of their relationships with community leaders and organizations and involvement in the Healthy Start program and services.

22.3.b The Coalition, through the funding allocation process, shall assure that community-based and grassroots organizations have the opportunity to participate in the provision of Healthy Start services.

Standard 22.4 Community-based and grassroots organizations shall be involved in the needs assessment, strategic planning, funding allocation, implementation, and evaluation processes that define perinatal health issues/problems, potential solutions, and strategies.

Criterion:
22.4.a The Coalition shall provide evidence of community representation in all areas of program development, implementation and evaluation.

Standard 22.5 The Coalition shall consider current social, psychosocial, economic, and environmental issues in the community that impact perinatal health outcomes in their planning process. The Coalition shall create or take advantage of opportunities that address these community issues.

Criteria:
22.5.a The Coalition shall assure and provide evidence that there is community participation, engagement, and involvement in Coalition activities, projects, and

committees that address perinatal health outcomes.

22.5 b The Coalition shall be actively involved in community-based activities, projects, and committees and provide evidence of this involvement.

Standard 22.6 The Coalition shall regularly report to the community on services, education, and health outcomes through the utilization of various communication methods that are appropriate for diverse segments of the population.

Criteria:
22.6.a The Coalition shall tailor the approach, content, and delivery of communications in a manner that is appropriate for diverse segments of the population.

22.6.b The Coalition shall develop and utilize specific communications for the population most affected by poor perinatal outcomes.

Standard 22.7 The Coalition shall provide orientation, on-going information, training, and assistance to the community-at-large, Coalition membership, and community/faith-based organizations on perinatal issues and trends.

Criteria:
22.7.a The Coalition shall assure that all Coalition members receive orientation and training on the service delivery planning process.

22.7.b The Coalition shall take the responsibility for assuring that the community has a knowledge base regarding perinatal issues and trends.

Standard 22.8 The Coalition shall provide cultural competency training for all Healthy Start Coalition staff and board members.

Criterion:
22.8a The Coalition shall provide evidence of cultural competency training to Healthy Start Coalition staff and board members.

Standard 22.9 The Coalition shall facilitate cultural competency training for Healthy Start subcontracted providers and membership.

Criteria:
22.9.a The Coalition shall either directly provide or assure the provision of cultural competency training to Healthy Start subcontracted providers and membership.

22.9.b The Coalition shall provide evidence of cultural competency training provisions to Healthy Start subcontracted providers, Coalition staff and membership.

Standard 22.10 The Coalition shall provide a mechanism for feedback from the community and Healthy Start subcontracted providers regarding Coalition member representation, Coalition activities, community inclusion efforts, and communication processes.

Criteria:
22.10.a The Coalition shall provide evidence of feedback mechanisms through the service delivery planning process.

22.10.b The Coalition shall provide evidence of feedback received through the service delivery planning process.

Standard 22.11 The Coalition shall establish a mechanism for feedback from the Healthy Start service consumers regarding Healthy Start subcontractors.

Criteria:
22.11.a The Coalition shall provide evidence of the established feedback mechanisms and feedback received from Healthy Start service consumers regarding Healthy Start subcontracted providers and staff on an annual basis, at minimum.

22.11.b The Coalition shall provide evidence of analysis and appropriate follow-up actions performed in response to feedback received on an annual basis, at minimum.

Guidelines

Community involvement is an important component to the success of a Healthy Start Coalition. Involvement is a two-way street and requires Coalition leadership to be involved in understanding the communities they serve as well as allowing input and interaction by community members in the work of the Coalition to achieve their vision and mission.

Chapters 383.216, F.S., mandates that the membership of local Healthy Start Coalitions include consumers of family planning, primary care or prenatal care services, and that at least two consumers be low-income or Medicaid eligible. The statute further stipulates that the membership of each prenatal and infant health care Coalition shall represent "the recipient community, and the community at large; and shall represent the racial, ethnic and gender composition of the community." Coalition membership should be reviewed annually to ensure that community diversity is reflected.

Healthy Start Coalitions cannot work in isolation and expect to make significant reductions in infant mortality and morbidity and to improve pregnancy outcomes without input from existing community leaders and organizations. Only through established relationships with community leaders and organizations can desired outcomes be affected. The service delivery planning process helps Coalitions identify target areas and populations in need of interventions. Successful implementation of such strategies requires insight and contributions of the people closest to the problem. It is imperative that grassroots organizations serving the target areas and populations be involved throughout the service delivery planning process from the planning of interventions through the analysis of outcomes. The Coalition, through their allocation process, should also consider subcontracting with community-based grassroots organizations to affect change in the target areas and population.

In order to recruit members of the service recipient community, Healthy Start Coalitions should engage the help of Healthy Start service providers, community leaders, neighborhood associations, faith communities, migrant worker associations and

other grassroots organizations serving the target population, health and human services provider agencies, federally funded programs, and other groups. Outreach efforts to recruit service recipient members should be reported on regularly to the Coalition's Board, and to the Department of Health through the quarterly progress report for Category B activities. Coalition resources may be allocated to the provision of transportation and/or child care to permit service recipients to attend regularly scheduled Coalition meetings as members.

It is also the responsibility of the Board to assure that all newly recruited members receive orientation and training on their roles and responsibilities as Coalition members and to ensure that all members have the support needed to actively participate in the Coalition activities. This may include customized training and orientation, access to a mentor, assistance with transportation to and from meetings, provision of a stipend, assistance with childcare services, and help with other individual needs. The Coalition should provide a formal orientation for new members at least annually. When new members join the Coalition more than 90 days in advance of the next scheduled orientation, an informal process for their orientation should be provided by staff and/or Board members.

Research has shown that a web of biological, environmental, economic, social, and psychosocial factors have influence on perinatal health outcomes. In order to effectively understand, address, and affect these potential casual factors, Healthy Start Coalitions should continuously identify and assess the varied factors within the catchment areas that impact systems of perinatal care and perinatal health outcomes. While Healthy Start Coalitions will not be able to resolve all issues that influence perinatal health, particularly factors that are outside of the scope of healthcare, the acknowledgement and analytical assessment of the impact of these risk or protective factors can lead to effective strategic actions in partnership with local government entities and community organizations that have an influence in these subject areas.

Healthy Start Coalitions should have a method for reporting to the community at large and the Coalition membership the progress achieved and planned activities as specified in the Coalition’s Service Delivery Plan to improve perinatal health outcomes. Information may be communicated orally at regularly scheduled Coalition meetings (including the annual meeting), at community health fairs and exhibits, through press releases, purchased media, and the networks of Coalition members. Communication methods should be continually assessed for effectiveness and appropriateness in local communities.

A Coalition’s service delivery plan is updated once every three years and the inclusion of the recipient community as well as grassroots organizations in creating the update will be paramount to achieving a comprehensive plan for implementation and success. There is a better chance of success when all players are collaborating from the beginning. Regular updates on the status of a Coalition’s progress, such as the Coalition’s annual action update, need to be planned and reported throughout the Coalition’s community. Examples of communicating status updates are reports given at regularly scheduled Coalition meetings, other community meetings press releases, purchased media, at community health fairs and exhibits, through the networks of Coalition members, and in other ways known to be effective in the locality.

Coalitions should work at being recognized as one of the leading authorities in the perinatal health field within their catchment area and should utilize all opportunities available to share this knowledge base with community members, grassroots organizations, faith-based organizations, and elected officials. Trainings should be tailored to the groups requesting information and all effort should be made to assure that the recipients are receiving information in a clear and concise way. Evaluations should be used whenever possible to determine effectiveness of presentations.

Coalitions should adopt as a quality standard the achievement of cultural competence in the operations of the Coalition and in the delivery of Healthy Start services. Florida's communities continue to grow and thrive due to partnerships between diverse age, gender, sexual orientation, ethnic, and racial groups. Accomplishing the work of the Coalition can only occur when organizations and their individuals accept the inherent differences of their members and the community they serve.. The National Center for Cultural Competence at Georgetown University states that, "Cultural competency requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.

- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.

- Incorporate the above in all aspects of policy making, community events, administration, media releases, practice, fund-raising, and service delivery and involve systematically consumers, key stakeholders and communities. "

Healthy Start Coalitions must assure that Coalition members, board, and staff have basic cultural competency and diversity training. Cultural competency is a lifelong process, which includes the examination of personal attitudes (desire), the acquisition of relevant knowledge, and the development of skills, which facilitate working effectively with individuals and groups from diverse cultures. The Coalition must also assure that the subcontracted providers, coalition board, and staff receive cultural competency training within the first six months of contract execution, appointment, or hire. The coalition shall assure the provision of cultural competency training to each board, coalition, and staff member at a minimum of every three years. The community at large should be invited to trainings that are being held for staff, board, Coalition members, and subcontracted providers.

Healthy Start Coalitions must provide feedback mechanisms for the community and subcontracted providers to provide constructive comments and suggestions on Coalition functions, membership, and staff representation. To cover the community's entire spectrum, the feedback mechanisms chosen should be accessible to the community and subcontracted providers. In the same respect, a feedback mechanism should be established for consumers of services provided by Healthy Start subcontracted providers that allows easy, friendly access. The process for this feedback and response system should be specified in the Coalition's service delivery plan, as part of its Quality Management/Performance Improvement (QM/PI) process.

Quality Management/Performance Improvement

Coalitions are required by contract to, "establish a written internal quality management/program improvement (QM/PI)) plan that complies with Chapter 64F-2., F.A.C., and section 383.216, F.S." This plan must include:

- Assurance that each required group is represented by the Coalition membership
- Assurance that the recipient community is represented on the Coalition membership
- Assurance that the community at large is represented on the membership of the Coalition and that the membership represents the geographic, racial, ethnic, and gender composition of the community
- Assurance that the membership includes consumers of family planning, primary care, or prenatal care with at least two of whom are low-income or Medicaid eligible
- Assurance that the Coalition includes community involvement in the analysis, creation, and implementation of their service delivery planning process that occurs every three years
- Assurance that the Coalition can demonstrate broad-based community support for its goals, objectives, and activities.
- Assurance that the Coalition makes concerted efforts to be involved in community programs and initiatives
- Assurance that the Coalition community involvement efforts and activities are reported to the Department of Health through quarterly deliverables under Category B activities

> The American city should be a collection of communities where every member has a right to belong. It should be a place where every man feels safe on his streets and in the house of his friends. It should be a place where each individual's dignity and self-respect is strengthened by the respect and affection of his neighbors. It should be a place where each of us can find the satisfaction and warmth which comes from being a member of the community of man. This is what man sought at the dawn of civilization. It is what we seek today.
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> – ***Lyndon B. Johnson***

References

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NOTES:

Self Study Questions: (Answers to these questions may be found in Appendix H)

1. What are some key benefits of sustained community involvement in developing effective MCH programs?

2. According to Chapters 383.216, F.S., what are the requirements for consumer membership on local Healthy Start Coalitions?

3. How can the Coalition allocation process be used to increase community involvement in improving perinatal outcomes?

4. How often should the Coalition provide a formal orientation to new members?

5. What is cultural competency?

6. What are the Coalition's responsibilities in terms of cultural competency training?

7. In addition to issues related to maternal and infant health and access to healthcare, what other considerations must be made when attempting to positively impact perinatal health outcomes?

8. What elements should be included in a coalition's plan for obtaining community and consumer feedback?