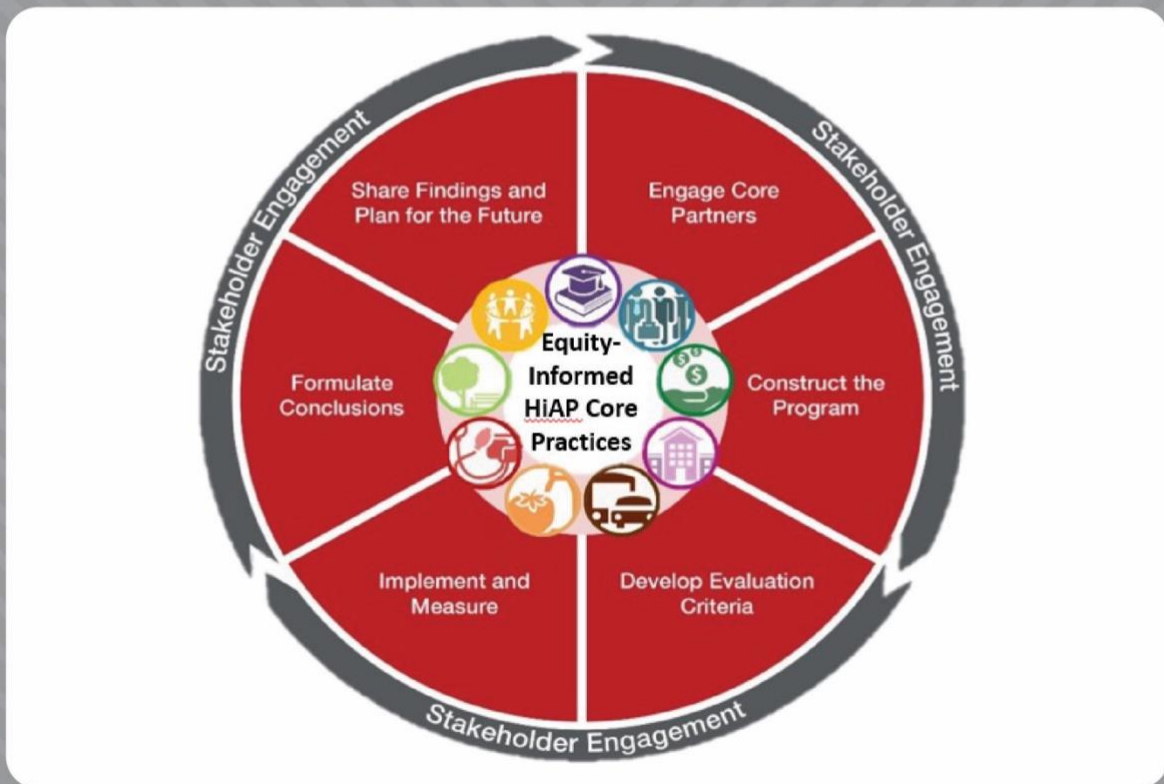


District of Columbia Calling All Sectors Initiative – A Collaborative Model For Practice Change

DC CASI FRAMEWORK REPORT

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH 2023



Acknowledgements

Government of the District of Columbia

Muriel Bowser, Mayor

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Kelly Sweeney-McShane, President and CEO

The DC Calling All Sectors Initiative is a multisector approach to operationalizing health equity in the District of Columbia. Key District government agencies, in collaboration with a community-based partner, took collective action to create equity-driven systems-level change at the intersection of homelessness and perinatal health. The project was supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

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- Appendix C: DC CASI Project Outputs (AC1 – AC4)
- Appendix D: DC CASI Project Impact – Policy Change & Sustainability
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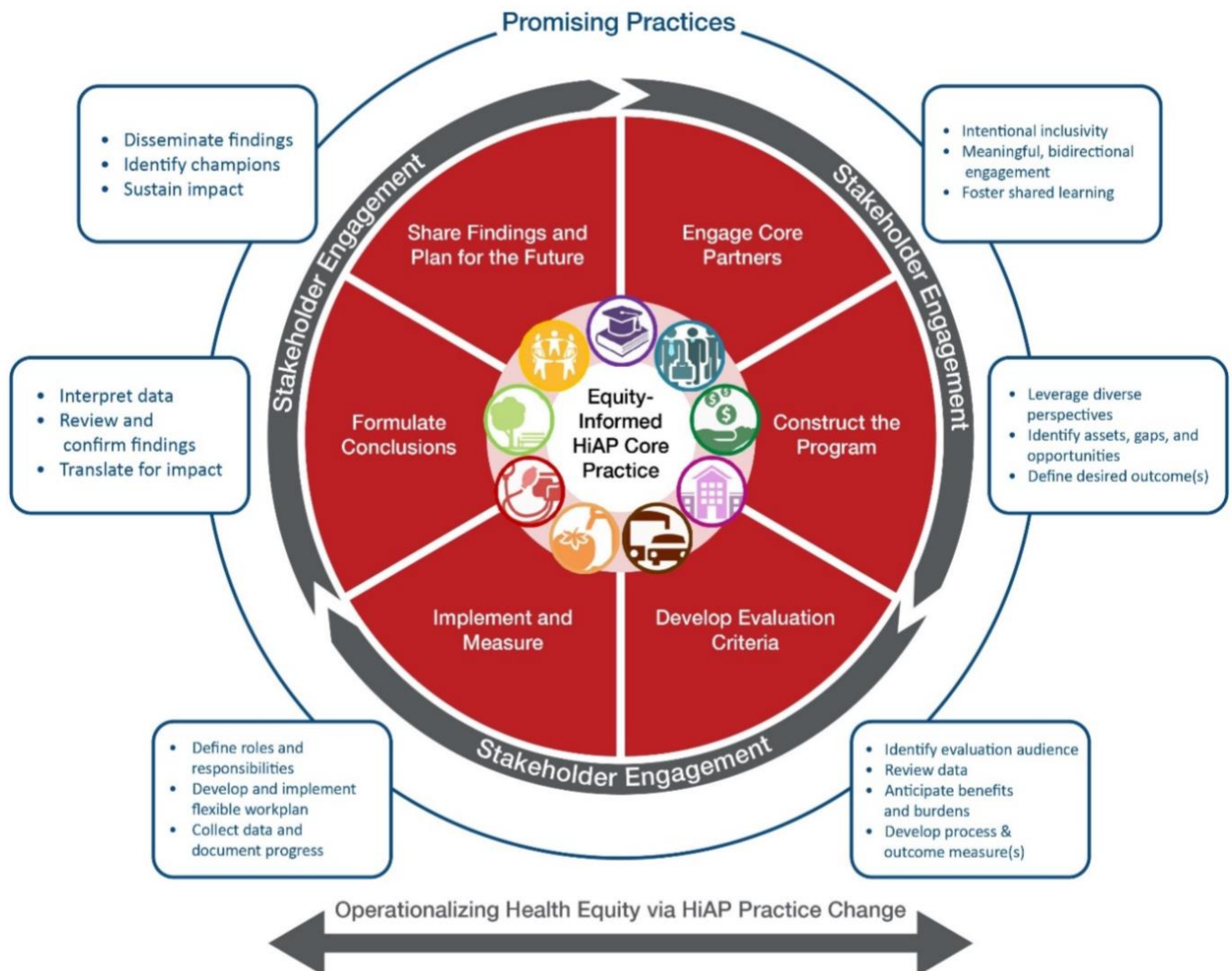
WORKING PAPERS:

[DC CASI Working Papers](#)

Executive Summary

This report on the **DC Calling All Sectors Initiative (DC CASI) – Collaborative Model FOR Practice Change**, leverages learning and insights from the processes and practices applied during implementation of the District of Columbia’s **Calling All Sectors Initiative (CASI)** process. Led by the District of Columbia Department of Health’s (DC Health) Office of Health Equity (OHE), this effort was one of ten (10) **CASI** state-level grant-funded investments across the US, supported by the **Health Impact Project (HIP)** -- a collaboration of the Robert Wood Johnson Foundation (RWJF) and Pew Charitable Trusts. While the broad parameters of the HIP national 10-state CASI initiative was focused on applying and promoting cross-sector collaboration and solutions among state governments and community organizations to improve maternal and infant health, the design of each state-specific project – including goals, objectives and proposed solutions -- were tailored and targeted to meet local contexts and needs. Within these parameters, the District of Columbia team identified **an initiative uniquely focused on addressing challenges at the intersection of pregnancy and homelessness in the District.**

DC CASI Collaborative Model FOR Practice Change



The design of the DC CASI project leveraged the **Health Equity Report: District of Columbia 2018** (DC HER 2018), including robust data, evidence base, and key insights, as well as its call to action to leverage *collaborative actions for change* and applying *multi-sector opportunity levers* across the nine-key drivers of health as critical to achieving health equity. DC CASI provided a unique opportunity to intentionally apply these broad principles, using applied collaborative learning practices to achieve results, engaging cross sector partners in the development and delivery of the project, and demonstrating what works.

Conclusions & Recommendations:

Broadly defined, a Health in All Policies (HiAP) approach speaks to collaborative integration of health considerations into public policymaking across all sectors to improve the health of populations and communities. The DC CASI model and case study, anchored by a HiAP approach, as documented in this **DC CASI Framework Report**, provides a flexible blueprint for government-led collaborative action to promote equity and address community health challenges. This model focused on catalyzing practice-change, represents a thoughtful **creative mashup** constructed by the combination of elements from multiple evidence-based models and theories to create a blueprint that is sensitive to the requirements of cross-sector collaboration, while emphasizing health equity through a HiAP approach. Elements from the *Government Alliance on Racial Equity (GARE) Toolkit*,³ *Glaser's Collaborative Problem Solving Model*,⁴ and the *CDC Framework for Program Evaluation*,⁵ for example, were combined with concepts from other sources to inform the work throughout the DC CASI process. At the heart of the graphic representation of the model above are Equity-Informed HiAP Core Practices, reflective of the projects guiding principles. The guiding principles provided focus and intentionality to the work, and informed choices throughout implementation, including the resultant model elements and supporting promising practices, together with a summary description of the model each summarized below:

1. The **DC CASI Implementation Strategy** applied six (6) Equity-Informed Guiding Principles, that intentionally valued and promoted high levels of stakeholder engagement throughout the process, and across sectors. The **Recommended Equity-Informed Guiding Principles** are:
 - Proactively Engage Stakeholders
 - Cocreate Shared Purpose
 - Leverage Collaborative Learning
 - Seek Data Alignment Opportunities
 - Collaborate on Policy and Practice Change Strategy
 - Practice Cultural and Professional Humility
2. The **DC CASI Model Elements**: As illustrated above – the model incorporates and applies six (6) elements and supporting promising practices (not shown below), to effectively operationalize health equity through collaborative practice change. The **Recommended Model Elements** are:
 - Engage Core Partners
 - Construct Program Design
 - Develop Evaluation Criteria
 - Implement & Measure
 - Formulate Conclusions
 - Share Findings
3. In sum, the **DC CASI Collaborative Model FOR Practice Change** can be described as follows:
The **Recommended Framework Description** is:
 - An Equity-Informed Framework for Multi-Sector Collaborative Action, to address the social and structural determinants of health – key to advancing health equity. By the intentional distillation of problem root-causes, to infuse and guide the design and application of system-level solutions, it is informed by shared learning to drive transformational practice change.

Introduction and Background

Health is more than the provision of healthcare or the sum of individual health-related behaviors.¹ The World Health Organization (WHO), within their constitution, for example, defines health in part as “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.² Thus, health and population health outcomes—whether good or bad and whether for individuals or communities—are created and driven by complex interactions of factors not traditionally connected with concepts of health, such as transportation, housing, neighborhood, and community environment. A true collaborative approach to practice change that addresses complex health-related problems is an important model for public health moving forward. Indeed, multi-sector collaborative action is a powerful catalyst for advancing health equity through transformational systems change.

The **Health Equity Report for the District** (DC HER 2018), published in February 2019 by the District of Columbia Department of Health (DC Health) Office of Health Equity (OHE), considers opportunities for health by looking at nine key drivers of health across multiple sectors, disaggregated by geographic and demographic perspectives. Despite wide improvements in health outcomes over the prior decade for District residents, many health outcomes have not improved for everyone at the same rate due to persistent health inequities and disparities. As measured by almost any indicator, these disparities are generated by structural inequities by income, race, and geography. DC HER 2018 aimed to reframe the discussion of how to improve health and wellbeing for all Washingtonians beyond the limits of the traditional healthcare ecosystem.

Following the development and publication of the DC HER 2018, the OHE sought to move beyond changing the narrative, to demonstrating proactively changing practice, by addressing the root causes of health inequities, and measuring the impact of efforts to improve opportunities for health in the District. A timely chance to operationalize this work came with funding from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts (Pew), named the Calling All Sectors initiative (CASI). The Calling All Sectors initiative set out to engage cross-sector solutions to improve maternal and infant health in ten states across the country, by engaging state governments and community organizations working together on innovative solutions to public health problems.

Leveraging DC HER 2018 key insights and a robust evidence base, OHE set out to explore areas of opportunity for policy and practice change within and across the systems that serve District residents at the intersection of housing insecurity and pregnancy. In addition to funding, the Health Impact Project supported all states, including the DC CASI Core Team, by providing a broad range of technical assistance, and training on selection and use of these resources that could be employed to develop a uniquely relevant framework that would meet the initiative’s local implementation needs and specified goals.

The DC Calling All Sectors Initiative (DC CASI) – **Collaborative Model FOR Practice Change** emerged from this effort. The collaborative model for practice change utilized by the DC CASI Core Team was a thoughtful **creative mashup**, combining elements of other evidence-based models and theories to **construct a blueprint for change** that is sensitive to the requirements of cross-sector collaboration while emphasizing health equity through a Health in All Policies (HiAP) approach. Elements from the *Government Alliance on Racial Equity (GARE) Toolkit*,³ *Glaser’s Collaborative Problem Solving Model*,⁴ and the *CDC Framework for Program Evaluation*,⁵ for example, were combined with concepts from other sources to inform the work throughout the process.

Using DC CASI as a model and case study, this **DC CASI Framework Report** provides a flexible blueprint for government-led collective action to promote equity and address health challenges for all communities striving for change. Through its work, DC CASI brought together key District agencies and a thoughtfully selected,

representative community-based partner (i.e., Community of Hope) to create sustainable systems-level change.

DC CASI is a true multi-sector collaborative effort anchored by an HiAP approach, which is defined as “a collaborative approach that integrates and articulates health considerations into public policymaking across all sectors to improve the health of all communities and people.”⁶ This approach promotes successful engagement across agencies and departments to address the social and structural determinants of health.

The mission of DC Health’s OHE, is to *address the root causes of health disparities, beyond, healthcare and health behaviors, by supporting projects, policies and research that will enable every resident to achieve their optimal level of health -- regardless of where they live, learn, work, play or age. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health.*

The Health Equity Report: District of Columbia 2018 developed a nine-key driver framework of opportunities for health as the integrative data driven lens around the social and structural determinants of health for the District. The nine drivers are education, employment, income, housing, transportation, food environment, medical care, outdoor environment, and community safety, and are incorporated in Figure 1: **Collaborative Actions for Change/Multi-Sector Opportunity Levers**, from the report. This graphic makes explicit our commitment to promoting collaborative actions for change by leveraging multi-sector opportunities across all the key drivers, to create equitable opportunities for health.

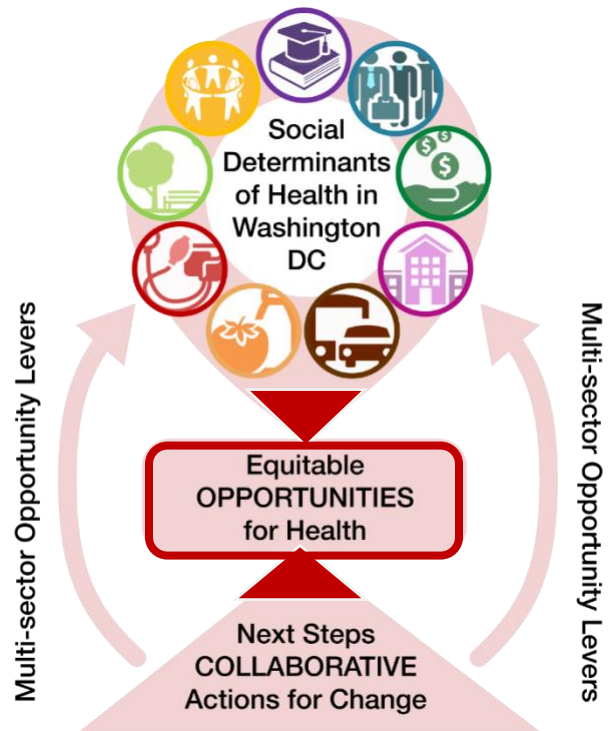


Figure 1. Collaborative Actions for Change/ Multi-Sector Opportunity Levers

This approach is informed by the evidence base that an overwhelming majority of what drives a community's health occurs outside of the medical care system¹, making it necessary to shift our collective foci in order to address persistent health inequities. This requires a broader frame of reference—beyond the traditional clinical healthcare sector—to include the other eight key drivers. In this approach, the principles of a Health-in-All-Policies (HiAP) framework are applied, and efforts focus on engaging and partnering with non-health sectors, identifying solution-building opportunities, and implementing collaborative actions for change.

Proactive engagement with District partners across the key drivers enables ongoing identification and exploration of practical opportunities, some of which may not have been previously pursued, to cause the integration of a health equity lens into policies, programs, practices, and decision making.

Operationalizing Health Equity Practice

In operationalizing health equity practice in the District, OHE seeks to apply HiAP concepts in policy development and implementation, starting with the engagement of multi-sector partners to address the root cause of health disparities. As such, the DC CASI project utilized HiAP implementation strategies as a starting point and included the following concepts:

HiAP Implementation Concepts

1. Employing collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors.
2. Supporting successful partnerships and building community capacity to implement equity informed HiAP strategies.
3. Understanding, assessing, and influencing the policy context, including how policy and practice within systems and institutions can impact health outcomes.
4. Strengthening leadership and effectiveness in creating change within and across agencies, organizations, and communities.
5. Developing and applying innovative and evidence-informed strategies to address inequities in health outcomes in partnership with collaborative, cross-sector partners.

The DC CASI used these concepts, connecting them to the issue of housing insecurity and its impact on pregnancy and birth outcomes. The project was designed around **equity-informed multi-sector collaboration with a HiAP lens**, connecting two of the drivers of opportunities for health (medical care and housing), within the District’s nine key drivers framework. The integration of these concepts is illustrated below in the **DC CASI Equity Informed Initiative - Conceptual Framework**, Figure 2.

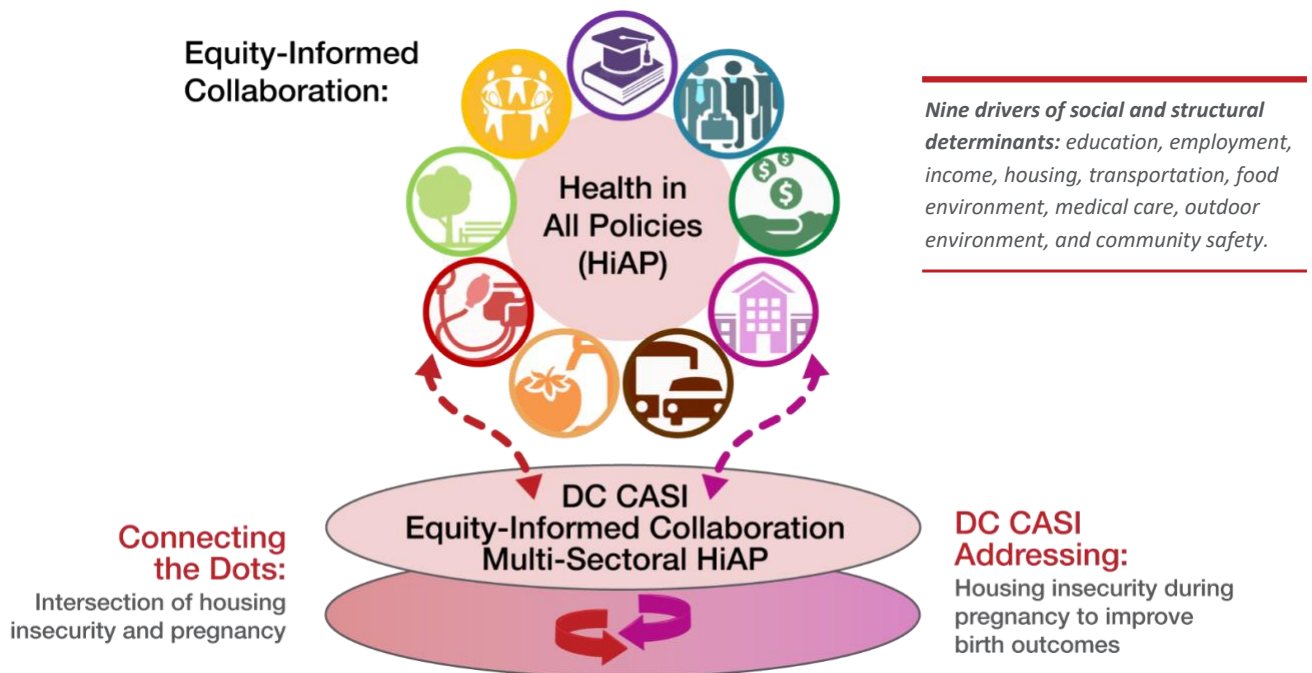
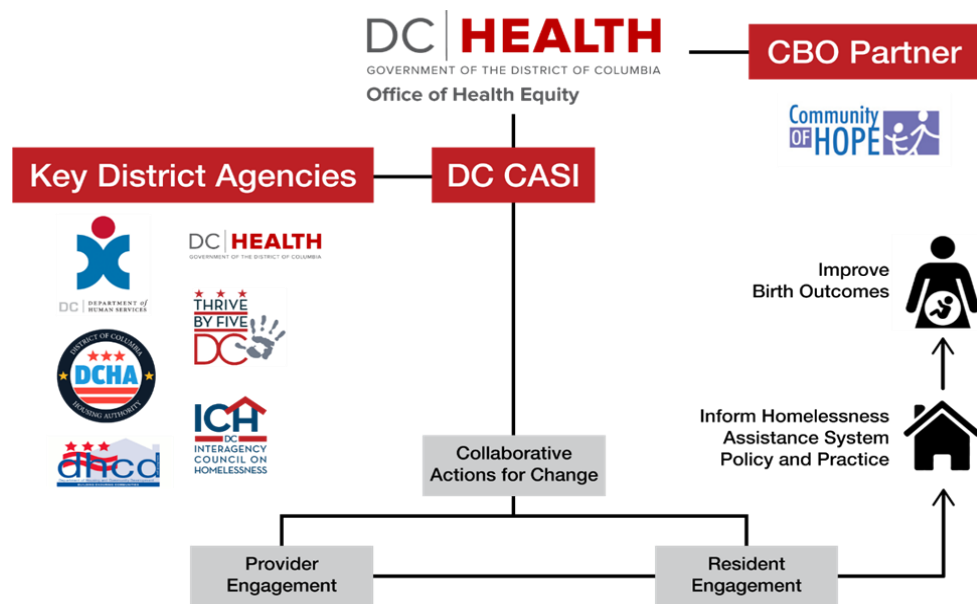


Figure 2: DC CASI Equity-Informed Initiative –Conceptual Framework

DC Health’s OHE launched the DC CASI project by engaging both internal partners at DC Health, together with a total of five (5) external District government agency partners, each of which brought a unique lens, set of interests, and insights to the work. Additionally, a lead community-based organization (CBO) was collaboratively identified and selected as a thought leader and collaborative learning partner. They were engaged for their depth of knowledge and scope of practice in relevant community-based service delivery activities, that includes maternal health and housing. Representatives from all seven participating organizations regularly convened as the DC CASI Core Team partners, as shown in the diagram below, including:

1. DC Health
 - Office of Health Equity (OHE)
 - Perinatal & Infant Health Division, Community Health Administration (CHA)
2. DC Department of Human Services (DHS)
3. DC Interagency Council on Homelessness (ICH)
4. DC Thrive by Five, Executive Office of the Mayor (EOM)
5. DC Department of Housing & Community Development (DCHCD)
6. DC Housing Authority (DCHA)
7. Community Of Hope – CBO Partner



Equity-Informed Collaboration

Within the DC CASI Conceptual Framework, (Figure 2), **Equity-Informed Collaboration** is expressly called out, because of the necessity to incorporate equity-informed practice principles to the implementation of HiAP concepts as detailed above. These have since been distilled as six guiding principles, that were successful applied within the DC CASI project in promoting high levels of collaborative engagement, and shared learning and decision making, that included multiple stakeholders. The integration of these guiding principles for

equity-informed collaboration within HiAP practice being proposed are critical, and lie at the heart of the DC CASI Collaborative Model *FOR* Practice Change described in this Framework Report. The importance of equity informed collaboration is integrated at the center of the model, where it is referred to as “**Equity-Informed HiAP Core Practice**” (*Figure 3*). It incorporates the following six **Equity-Informed Guiding Principles**:

- Proactively Engage Stakeholders
- Cocreate Shared Purpose.
- Leverage Collaborative Learning
- Seek Data Alignment Opportunities.
- Collaborate on Policy and Practice Change Strategy.
- Practice Cultural and Professional Humility

Use of these guiding principles speak to the importance and necessity of a commitment to practicing **professional humility** across all forms of engagement – including collaborations with other sectors and professions, as well as community. It is likely the only way that public health professionals can effectively lead, engage, develop, and implement meaningful and ethical projects and partnerships to better address health inequities and disparities to achieve health equity – across differing settings, contexts, and cultures. As with cultural humility, professional humility necessitates active engagement in an ongoing process of self-reflection. In sum, these guiding principles emphasizes collaborative, mutually beneficial, and peer-to-peer approaches for solving shared challenges together.

Model Elements

When addressing complex health problems through collaborative action, a systematic approach can help teams focus, set expectations, and be successful in achieving their defined goals. Through a foundation of cultural and professional humility and shared learning fostered early in the initiative, the DC CASI Core Team understood the complexity of its goal and the role that would be played by multiple sectors—including those that have not usually engaged in health-related work. While navigating emergent challenges and opportunities, the team employed various elements of evidence-based tools and methods, developing a flexible and responsive framework that would support efforts to enhance systems for pregnant residents experiencing housing insecurity or homelessness.

The DC CASI Collaborative Model *FOR* Practice Change, shown in Figure 3, is centered around the concept of Equity-Informed HiAP Core Practices, together with six model elements including built-in flexibility within a framework that highlights engagement with and across interconnected social and structural determinants—or drivers—of health opportunity. While the HiAP approach provided a foundation, it was further infused with evidence-based concepts and applied practices to intentionally expand opportunities for *health and equity within all implementation policies, programs, practices, and decision making*. Equity specific interrogation was intentionally applied, providing a critical lens for unpacking and understanding the intersection of homeless services, homelessness prevention and perinatal health for District agencies involved in DC CASI’s collaborative action efforts. As such, this overview of the model’s six elements includes promising practices distilled from the application of what might better be described as a **Health-Equity in All Policies (HEiAP)** approach, and highlights the insights and lessons learned from implementation of each component.

Figure 3: DC CASI Collaborative Model *FOR* Practice Change

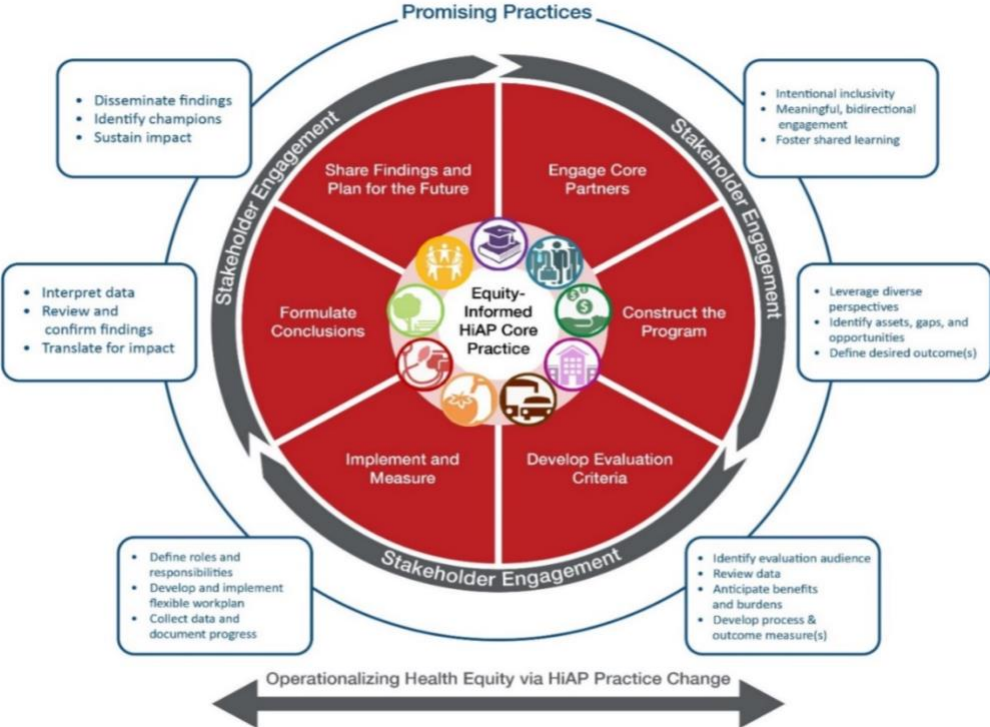


Figure 3. DC CASI Collaborative Model FOR Practice Change

Engage Core Partners

Collaborative practice change involves identifying and engaging core partners that will contribute to these efforts—partners that share the goals of the initiative. Early engagement of this core group ensures that efforts are responsive to extant needs and will make an impact. Important considerations and promising practices during this phase included the following:

Identify essential partnerships: Collaborative practice change must be informed by partners and stakeholders who contribute to the solution and benefit from the change. Ongoing engagement of key partners will ensure that the initiative stays focused and will meet the needs of the identified community and population. The DC CASI Core Team was anchored by agencies across the District, as well as community based organizational partner Community of Hope, collectively informing and driving the work.

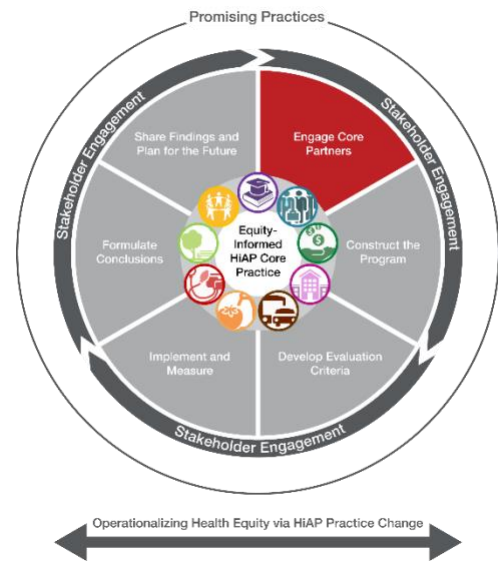
Foster shared learning: Identification and engagement of partners and collaborators benefits from an approach that emphasizes active listening and learning. Early in the process, the DC CASI Core Team built shared understanding and learning into the work through in-person site visits with all initiating agencies. During these visits, the team learned about each agency’s priorities, challenges, and processes, gaining critical context for the role each partner plays in impacting the population health issue/systems of focus. These learnings fostered shared understanding and facilitated effective planning and implementation of initiative objectives, strategies, and activities.

Intentional and iterative inclusivity: Engagement of contributors to, and anticipated beneficiaries of, change efforts plays an important role throughout the initiative development, implementation, evaluation, and dissemination phases. Modelling intentional inclusivity, the DC CASI Core Team engaged partners and collaborators across all phases of the work and relied on regular feedback to inform action and pivot when necessary. This included intentional engagement with homeless service system providers and residents with lived experience of homelessness and pregnancy.

Focus on meaningful, bidirectional, and continuous engagement: Collaborative partners are often working in an uncompensated/voluntary capacity and may not have the time and resources needed for frequent participation and broad engagement. Thus, engagement should be focused on meaningful interactions that clearly contribute to the success of the initiative. In the case of DC CASI, the team employed a stratified approach that leveraged a smaller working group of deeply engaged partners to drive progress. In addition, the team cultivated a wider circle of potential collaborators across networks of public, private, and community-based non-profit partners.

Insights and Lessons Learned:

- Ongoing engagement anchored by a consistent core team helps to ensure that an initiative stays focused and will meet the needs of the community and population of focus.
- Identifying and engaging partners and collaborators requires active listening and learning.
- Engagement on the part of change contributors and beneficiaries is essential throughout the process and plays an important role in initiative development, implementation, evaluation, and dissemination.
- Partners’ competing priorities, staff turnover, and limited resources can be challenges to their broad engagement. A more focused approach that leverages a smaller group of deeply engaged



partners, strategies for sustained engagement, and dedicated staff, supported by a proactive backbone organization can help overcome contextual challenges.

Construct the Program

Initiatives that address complex, multi-sector health problems will benefit from thoughtfully developed processes for engagement, implementation, and assessment that are endorsed by key partners and collaborators. There are many tools available to support process development efforts for both health and non-health related initiatives, many of which are detailed in the DC CASI Evaluation Report that is a complement to this document. Promising practices used in this process included the following:

Leverage diverse perspectives: A multi-sector collaboration benefits from an approach that acknowledges the unique viewpoint that each contributor brings to the work. The DC CASI Core Team engaged partners through a collaborative learning model that supported a systematic yet flexible approach to achieving the initiative’s goal.

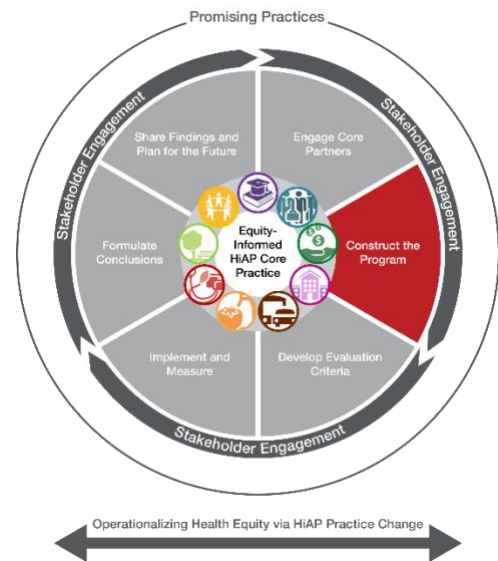
Identify assets, gaps, and opportunities for collaborative action for change:

Collaborators involved in multi-sector efforts bring an array of complementary strengths, as well as challenging limitations, which are a rich source of information. Willingness and capacity to freely share knowledge and ‘blind spots’ builds critical groundwork for the development of collective impact activities. Representatives of DC CASI’s backbone organization met periodically with each Core Team partner to assess existing and emerging system assets and opportunities to leverage resources and advance shared goals. Emphasis was also placed on identifying gaps that, if addressed, could promote positive outcomes.

Define desired outcomes: Identifying desired outcomes early in the process allows the team to remain focused and to pivot when necessary. Through consensus building strategies, DC CASI developed a shared vision and action plan that considered anticipated results, then proceeded to iterate, revise, and monitor progress regularly. Indicators measured both collaborative process development and system-level milestones. Gaining consensus around a desired future state was essential in informing the development of initiative activities that would lead to positive change.

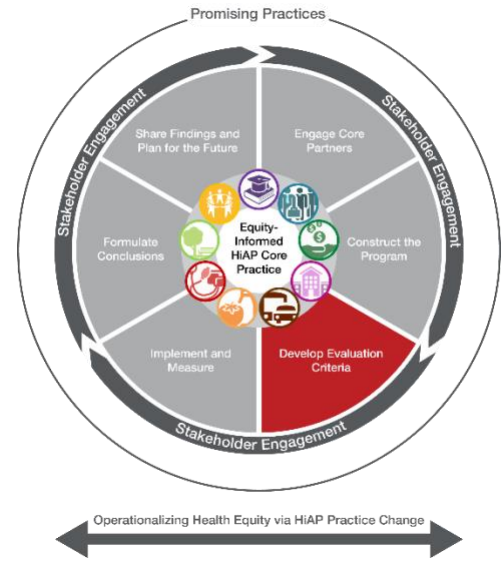
Insights and Lessons Learned:

- Know your context and consider how the environment -- including changes within it -- could impact the initiative. For example, the COVID-19 pandemic resulted in short- and long-term operational changes to the work of the DC CASI Core Team.
- Prioritize a continuous, collaborative learning approach to ensure available assets and information that could contribute to the success of the initiative are identified and shared.
- Acknowledge the value of all stakeholder perspectives and dedicate time to build and gain consensus on key decisions. In addition to enriching initiative activities, this generates intangible benefits such as trust and increased commitment to shared success. For DC CASI, the homelessness services provider voice was particularly important in shaping system improvement strategies.



Develop Evaluation Criteria

The evaluation of any effort should include identifying what works well and where there is opportunity for improvement. A systematic process for evaluation prioritizes the essential elements of planned work, supports team accountability, and offers a method for assessing impact. The DC CASI Core Team applied several evidence-based methods to develop an evaluation framework that reflected shared goals and the initiative’s unique features. The team utilized both the *GARE Racial Equity Toolkit* and the *CDC Framework for Program Evaluation* to inform its evaluation model. All initiatives benefit from use of evidence-based approaches and should consider adapting evaluation methods according to the initiative’s specific context. The process for defining and refining the DC CASI evaluation framework included the following:



Construct a Theory of Change/Logic Model: A Theory of Change or Logic Model illustrates how program inputs impact program outcomes. The model includes the processes and steps necessary to evaluate an initiative and guide activities.

Anticipate benefits and burdens: Identifying intended and unintended potential impacts of the initiative’s efforts will inform the evaluation process and support prevention and monitoring of any unintended and/or negative outcomes.

Develop processes and measures: Understanding the intended impact will help the team identify the processes and measures needed to evaluate all aspects of the initiative.

Identify relevant stakeholders and the audience for key findings: To inform a comprehensive initiative evaluation that will be useful to those responsible for advancing or sustaining related work, the intended audience should be involved in the development and interpretation of evaluation outcomes as much as possible.

Insights and Lessons Learned:

- Consider the timeline and budget in developing the evaluation plan and prioritize key evaluation questions in the case of limitations on available resources.
- Identify additional resources and partnerships, such as academic partners, to support the development and implementation of the evaluation plan.
- Develop the evaluation plan in parallel to the implementation plan. Early evaluation planning reduces the likelihood of missed opportunities for data collection and allows for valuable input from stakeholders and partners, who will help to ensure that findings will be as useful as possible and disseminated appropriately.

Implement and Measure

As an initiative progresses, data and information from various sources are necessary to measure and communicate how successful efforts have been, as well as areas in need of improvement. The DC CASI Core Team sought to fill gaps in knowledge as they were identified and new data were collected via surveys, interviews, focus groups, and data mining methods. These emergent data provided new insights into the systems and population of focus and also enriched process development, implementation, and evaluation. Promising practices for this phase include:

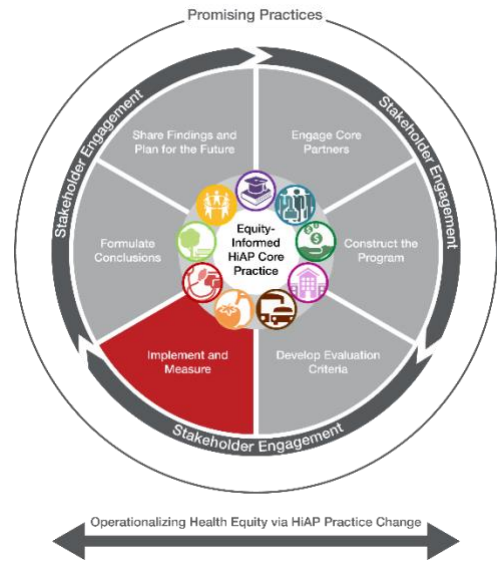
Define roles and responsibilities: Clear expectations are essential to ensuring that adequate staff time and other resources are allocated as needed to advance the work. Initiative partners should be clear about how much bandwidth each member has available to contribute and consider intrinsic strengths to determine what kind of contribution to make to the overall effort.

Develop a detailed and flexible workplan: A detailed and flexible workplan can guide program efforts, set team expectations, and outline timelines and key milestones. Workplan adherence and adaptation is supported by results-oriented meeting agendas and open, consistent communication.

Collect data, measure progress, and adjust when needed: Ongoing efforts to collect and measure progress ensures accurate and timely findings. DC CASI leveraged engaged stakeholders to drive robust data collection efforts and utilized both quantitative and qualitative data to inform actions, findings, and policy and practice change recommendations.

Insights and Lessons Learned:

- Alignment of data definitions, collection methods, and timelines across sources may yield new and richer insights, facilitate inclusive program evaluation, and reduce duplication of analysis and effort.
- Engage stakeholders in identification and development of credible and reliable data sources and tools.



Formulate Conclusions

Once activities have been implemented and data have been collected and analyzed, developing findings and assessing the impact of the work can begin. Ideally, preliminary findings are shared and reviewed by all contributors to ensure accuracy of the interpretation of outcomes. The DC CASI Core Team shared initial findings and draft recommendations with its partners and collaborators, then worked together to finalize system improvement recommendations and a dissemination plan. Promising practices for this process included the following:

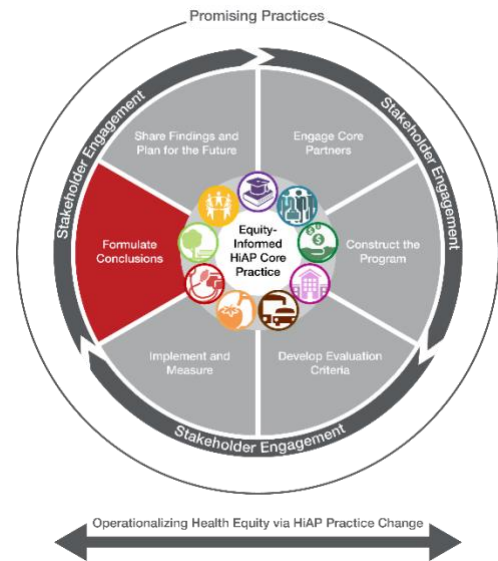
Interpret data: Interpretations of evaluation findings should be informed by a wide breadth of initiative learnings, insights, challenges, and experiences. This important context should be included as supporting information when communicating results.

Review and confirm findings: Final conclusions produced as a result of cross-sector collaboration should reflect input from contributors, partners, and key stakeholders, who can confirm or refine initial interpretations and help ensure that the findings will be accepted, shared, and utilized.

Generate meaningful, actionable results: Results should be translated into plain language appropriate to the target audience(s) and framed in a way that promotes action for positive change.

Insights and Lessons Learned:

- Ensure that sufficient time is set aside to interpret and confirm findings, including obtaining affirmative ‘buy-in’ from a broad range of stakeholders, key initiative partners, and decision-makers.
- When possible, request agenda time on existing meetings to share and obtain feedback related to the initial findings from engaged stakeholders.
- Set a timeline, with some flexibility, for sharing results.



Share Findings and Plan for the Future

Partners and collaborators are important in every phase of an initiative but are particularly valuable in helping to determine how the findings of an initiative can most effectively be disseminated and utilized. Transparency about initiative successes and lessons learned substantiates results and provides helpful information for other efforts. DC CASI relied on its partners and collaborators to offer feedback on the development of a dissemination plan and communication materials tailored to both the contributors and the beneficiaries of the work. Promising practices from these efforts included the following:

Develop a communication and dissemination plan:

A thoughtful and detailed communication plan will promote the success of efforts to disseminate findings.

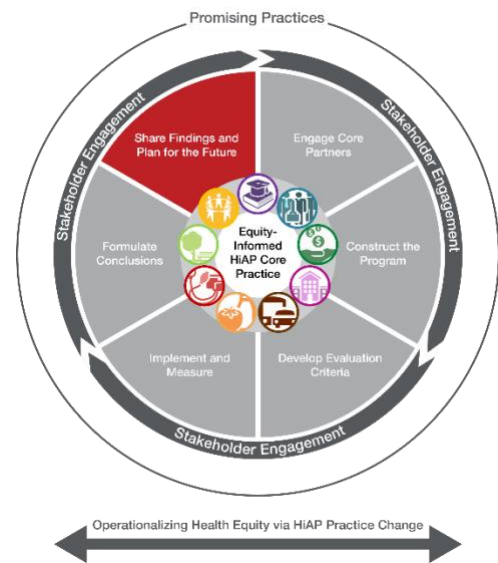
Create a sustainability strategy: Policy and strategy are levers that can help sustain an initiative’s broad reach for years to come.

Engaging agency partners in efforts to address homelessness for pregnant individuals in the District led to long-term policy changes, ensuring that the work will have enduring impact (see Appendix C: The Virginia Williams Family Resource Center [VWFRC]: Policy Update, Spring 2022).

Identify Champions for sustained efforts: In addition to broad support from partners who will play a role in sustaining momentum and findings, stated commitment from activated key players - which in this case included leadership across District agencies and system providers - is key to sustainability.

Insights and Lessons Learned:

- Intentional outreach and feedback-seeking is key to ensuring the usability and ‘buy-in’ of information shared among partners and stakeholders.
- Develop a well-constructed and detailed communication plan and tailor various types of materials and resources for the intended audience(s).
- Explore a range of dissemination venues, including community settings, online materials, and academic presentations or publications, to maximize the reach of initiative outcomes and lessons learned.



Conclusion

Multi-sector collaborative action is a powerful catalytic approach for advancing health equity through seeding transformational change. Using DC CASI as a model and case study, this **DC CASI Framework Report** provides a flexible blueprint for collaborative action led by government to promote equity and address community health challenges. The **DC CASI Model Elements** listed below incorporates **six (6) components and promising practices** to operationalize health equity through collaborative practice change.

The DC CASI Framework: Model Elements & Promising Practices

Model Element 1: Engage Core Partners

- Intentional inclusivity
- Meaningful, bidirectional engagement
- Foster shared learning

Model Element 2: Construct Program Design

- Leverage diverse perspectives
- Identify Assets, gaps, and opportunities
- Define desired outcomes

Model Element 3: Develop Evaluation Criteria

- Intentionally evaluate audience
- Review data
- Anticipate benefits and burdens
- Develop process & outcome measure(s)

Model Element 4: Implement & Measure

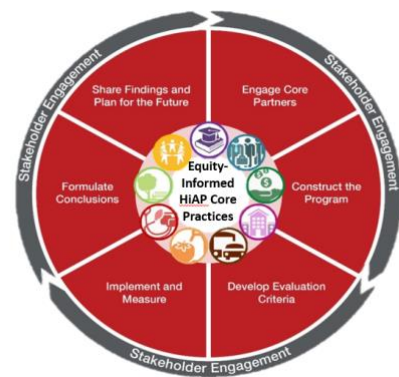
- Define roles and responsibilities
- Develop and implement flexible workplan
- Collect data and document progress

Model Element 5: Formulate Conclusions

- Interpret Data
- Review & Confirm Findings
- Translate for Impact

Model Element 6: Share Findings & Plan for Future

- Disseminate findings
- Identify champions
- Sustain impact



In addition to the model elements, the following summary of tangible policy and practice change successes generated by the initiative to date underscore its advantages as a tool for operationalizing health equity.

The work supported by DC CASI has demonstrated the practical utility and effectiveness of Equity-Informed HiAP-driven collaborations among District agencies. In particular, DC CASI has informed and generated significant policy and practice changes in the homelessness assistance system for the District. These changes have reduced barriers to homeless services for pregnant individuals during all gestational stages. Prior to Spring 2022, for example, the DC Department of Human Services (DHS) required pregnant individuals without other dependent children be in the third trimester of pregnancy in order to qualify for access to their homelessness prevention program (HPP) services or short-term family housing (STFH) supports. DHS has credited DC CASI with informing and promoting needed changes to these practices, including the provision of

HPP services to all pregnant individuals at risk of homelessness and access to STFH programs for **all** individuals with high-risk pregnancies.

The guiding principles that informed this effort, especially with respect to our equity-informed commitment to collaborative learning, and proactive engagement of all stakeholders, ensured that District residents with lived experience of concurrent homelessness and pregnancy were prioritized and empowered to share their stories, thereby contributing to change across the homelessness assistance Continuum of Care and District government. As part of this initiative, DC CASI partnered with researchers from Georgetown University’s School of Nursing to engage residents with pertinent lived experience, including collection and documentation of their stories. The inclusion of residents’ voices and experiences were critical to informing the development of the initiative’s policy and practice recommendations for systems-level change. As a group, all the DC CASI guiding principles were critical to our success, although cultural and professional humility merits underscoring.

The collaborative practice approach that DC CASI chartered has increased and enhanced a shared understanding of the social and structural determinants of health among collaborating partners and project audiences. In addition, DC CASI has taken significant strides in disseminating information pertaining to the impact of housing on perinatal health outcomes in the District. This has included presenting at local and national public health conferences and bringing together local stakeholders to discuss the intersection of the housing and health systems.

RECOMMENDATIONS:

1. Based on the District’s experience with implementation of the **DC CASI Collaborative Model FOR Practice Change**, it is shared as a useful tool, described as follows:
 - *An Equity-Informed Framework for Multi-Sector Collaborative Action, to address the social and structural deterrents of health – key to advancing health equity. By the intentional distillation of problem root-causes, to infuse and guide the design and application of system-level solutions, it is informed by shared learning to drive transformational practice change.*
2. The multi-sectoral collaborative framework outlined in this report can inform and guide future efforts to operationalize health equity through a **Health-Equity in All Policies (HEiAP)** approach. This model is based on practical collaborative actions for change as implemented by DC CASI Core Team partners over the course of the grant period and can serve as a roadmap for other local and statewide initiatives.

“The Calling All Sectors initiative aims to foster cross-sectoral approaches to implement evidence-based practices and strategies that have the potential to improve maternal and infant health, with the hope that cross-sectoral work becomes part of the lasting working culture”.

Robert Wood Johnson Foundation⁷

On behalf of the entire DC CASI project team, DC Health’s OHE is pleased to share this **DC CASI Framework Report** as a contribution to the operationalizing health equity practice toolkit. We are committed to the vision expressed in the quote above and share this report in the hope that it supports increased engagement in equity-informed collaborative practice change efforts, that it enhances operational capabilities and learning in the field and promotes success and sustainability of this work more generally, by increasing capacity for actionable cross sector alignment⁸.

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DC CASI Collaborating Partners

Government of the District of Columbia

DC Health, Office of Health Equity

Dr. C. Anneta Arno, PhD, MPH
Office of Health Equity Director

Makeda Vanderpuije, MPH, CPH
Program Manager

Andrew Lozano, MPH
Housing and Health Equity Fellow

Fara Clarke
Program Support Specialist

DC Health, Community Health Administration

Dr. Jasmine Bihm, Ph.D.
Perinatal and Infant Health Division Chief

Dr. Erica McClaskey, MD
Former Family Health Bureau Chief

Dr. Anita Thurakal, MD, MPH
Former Perinatal and Infant Health Division Chief

Department of Human Services (DHS)

India Hardy
Program Analyst

Danna Wimbush
Supervisory Homeless Coordinator

Rori Durham
Former DHS Supervisory Case Manager

Noah Abraham
Deputy Administrator, FSA-Families Division

Nancy Blackwell
Former Special Assistant, Family Services

Interagency Council on Homelessness (ICH)

Theresa Silla
Executive Director

Kimberly Waller
Former Policy Advisor

Executive Office of the Mayor (EOM)

Tiffany Wilson
Program Advisor (DMHHS)

Dr. Faith Gibson-Hubbard
Former Thrive by Five Executive Director

Department of Housing and Community Development (DHCD)

Ana VanBalen
Former Housing Preservation Officer

External Partners

Community of Hope

Kelly Sweeney-McShane
President and CEO

Emily Droder
Housing Data and Evaluation Manager

Brittney Hannah
Former Vice President of Community Impact and Evaluation

David Sternberg
Vice President of Community Impact and Evaluation

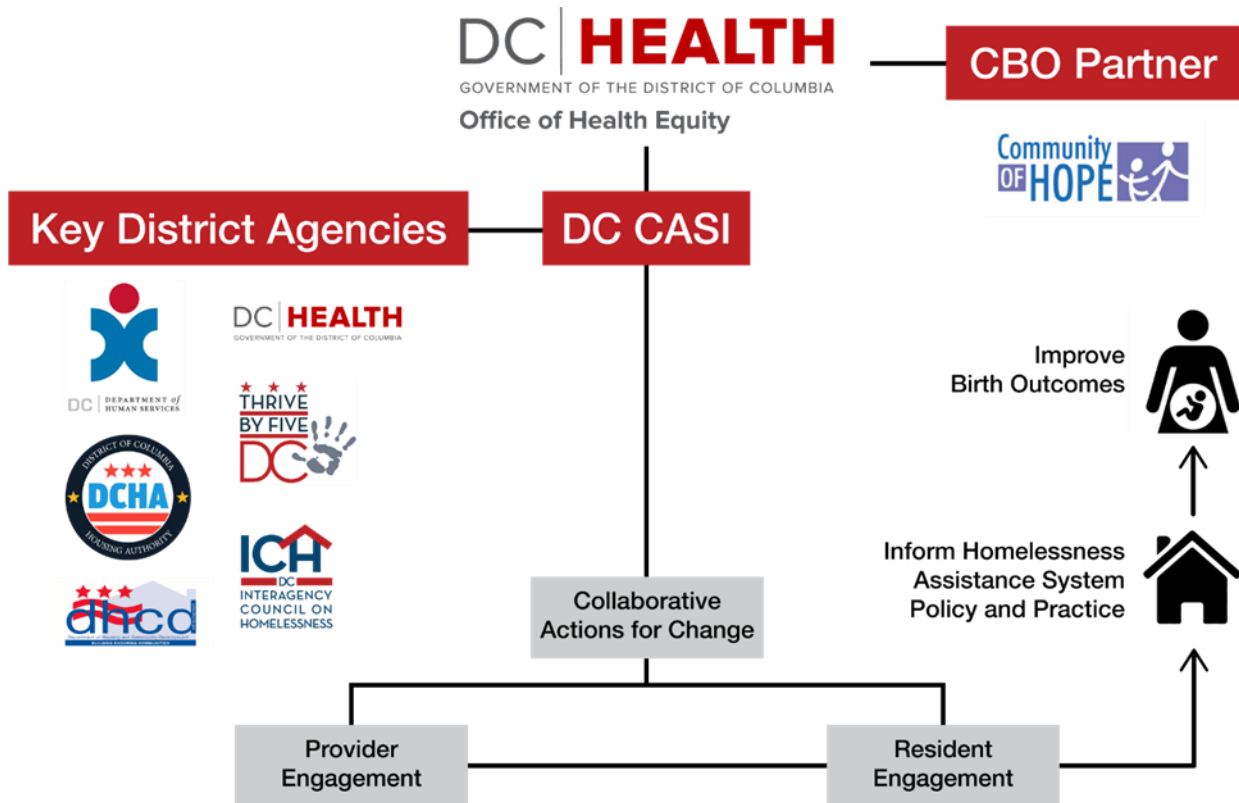
DC Housing Authority (DCHA)

Forest Hayes
Senior Advisor

Hammere Gebreyes
Director of Strategic Planning

Appendix A

DC Calling All Sectors Initiative (DC CASI) Partners & Structure: Operationalizing Health Equity Practice in DC



Appendix B

DC CASI Community of Hope Partnership Workplan: Community & Resident Engagement Plan

Proposed Work Plan

Goal 1: To engage at least 15 identified service providers across the District of Columbia, who offer supports tailored for pregnant individuals experiencing homelessness and/or housing insecurity, to identify system needs, gaps, and technical assistance by January 1st, 2022.

Measurable Objectives/Activities:

- Objective #1.1: Collect quantitative information regarding the capacity and volume of services provided to pregnant individuals experiencing homelessness or housing insecurity.
- Objective #1.2: Collect data on population served, disaggregated by race/ethnicity and other social determinant variables.
- Objective #1.3: Assess the technical assistance needs of system service providers serving pregnant individuals experiencing homelessness or housing insecurity.

Key Activities Needed to Meet Objectives	Start & Completion Dates		Activity Lead
			Support
1 Identify service providers that will be engaged through this effort. See initial list below.	7/1/21	7/31/21	COH -CASI
2 Develop communications plan for service provider outreach.	7/1/21	8/1/21	COH -OHE
3 Develop assessment process and tool(s) for service providers. COH to provide feedback on the process and tool during development.	7/1/21	9/1/21	DOH -CASI
4 Engage service providers; provide project information; obtain buy in with specific ask; complete MOU	8/1/21	8/31/21	COH -OHE
5 Service providers complete 'assessment,' including quantitative and qualitative measures	9/1/21	10/15/21	COH
6 Analyze data from service provider assessments	10/15/21	11/15/21	OHE
7 Report out on results of surveys	11/15/21	12/15/21	CASI
8 Develop service provider resources in response to identified needs	9/15/21	6/1/22	COH -CASI

Goal 2: To engage at least 30 residents of the District of Columbia with lived experience of pregnancy and housing insecurity or homelessness in system enhancement activities by February 1st, 2022.

Measurable Objectives/Activities:

- Objective #2.1: Identify residents with lived experience of subsequent pregnancy and housing insecurity or homelessness.
- Objective #2.2: Learn about the experiences of individuals who have interacted with the medical and/or housing support systems/Continuum of Care while pregnant.
- Objective #2.3: Collect resident feedback on gaps and needed enhancements/supports to improve systems and outcomes.

Key Activities Needed to Meet This Objective	Start & Completion Dates		Activity Lead
			Support
1 Develop data collection tool – focus group facilitation scripts (2) for those currently pregnant and those with prior experience	7/1/21	10/31/21	DOH/CASI
2 Develop timeline for data collection	7/1/21	9/30/21	COH
3 Identify and recruit COH clients within target population	10/1/21	12/31/21	COH
4 Identify and recruit system service provider clients within target population	10/1/21	12/31/21	COH DHS
5 Conduct at least 5 focus groups/ disburse incentives	10/1/21	12/31/21	COH/consultant
6 Analyze findings	1/1/22	2/1/22	COH/consultant
7 Share findings with stakeholders and DC CASI Core Team	2/1/22	3/30/22	COH/DC CASI

Appendix C

DC CASI Project Outputs

The following is a list of key project outputs from the DC CASI implementation process:

AC 1: “DC CASI RBA Framework” - DC Calling All Sectors Initiative (DC CASI) (2022), (see Working Paper #6).

AC 2: “Housing Provider Perspectives on Accessing Homeless Services During Pregnancy in the District of Columbia Housing” - DC Calling All Sectors Initiative (DC CASI) Academic Consultants Report (2022), (see Working Paper # 7).

AC 3: “DC Government Homeless Services and Perinatal Health Systems Overview” - DC Calling All Sectors Initiative (DC CASI) (2022), (see Working Paper # 5).

AC 4: “Virginia Williams Family Resource Center Policy Update” - DC Calling All Sectors Initiative (DC CASI) (2022). Unpublished (see Appendix D).

Appendix D

DC CASI Policy Impact & Sustainability

DC Department of Human Services (DHS): Virginia Williams Family Resource Center (VWFRC): **Policy Update Spring 2022**

The Department of Human Services (DHS), *Virginia Williams Family Resource Center (VWFRC)* is the District’s central intake office for all families seeking assistance with housing needs. In collaboration with the DC CASI Core Team, standard practices at the VWFRC were revised to provide 24-hour continuous access to a low barrier shelter with a connection to a Homeless Prevention Program, and case management for pregnant individuals in their first or second trimester. This access previously had been available only to individuals in their third trimester. The process also provides placement in short-term family housing sites for individuals with a high-risk pregnancy. The revised policy reads as follows:

The Virginia Williams Family Resource Center (VWFRC) launched an updated policy to serve pregnant individuals in (the) first and second trimester who are experiencing homelessness or at risk of homelessness. These services include a guaranteed 24/7 placement at low barrier shelter, without having to exit during the day and getting them connected to Homelessness Prevention Program (HPP) or family shelter, when needed.

In announcing the policy and practice change by DHS, the DC CASI project was cited as an essential catalyst for this spring 2022 changes. Of note was the effectiveness of DC CASI core partners’ engagement in a collaborative learning process to explore how pregnant individuals interact with the homeless services system and their identification of barriers to accessing services for individuals in the first and second trimester of pregnancy. As key part of the collaborative learning process, included exploring the needs pertaining to this population, collaborating partners at DHS began a new data collection effort to determine how many pregnant individuals sought services at VWFRC and their trimester of pregnancy. Data collected across two years shows that on average, 1,270 pregnant individuals seek homeless services at VWFRC annually. Of these individuals, approximately 11 were in the first trimester of pregnancy and 48 were in the second trimester. These data provided insight into the need for homeless services among pregnant individuals, particularly those in the first or second trimester of pregnancy, that enable DHS policymakers to assess the feasibility of policy and practice changes that increase access to family homeless services.

Sustainability:

The DC CASI vision for sustainability includes continuing efforts to meet and learn, and to share findings and recommendations. Project information and results dissemination, as well as policy and practice changes are important levers that should ensure that the work would continue. Strategies for dissemination and ongoing engagement will also be a priority for the DC CASI team. In addition to the VWFRC policy change, findings from resident and provider engagement efforts will inform strategic policy and practice recommendations for the DC government and related stakeholder groups.

Appendix E

DC CASI Project Timeline

DC CASI Timeline

DC CASI's initial timeline shifted due to the onset of the COVID-19 pandemic. The Core Team leveraged an extended funding period to engage in deeper exploration of the intersection of homeless and perinatal health systems.

