**Public Health Modernization Learning Collaborative Planning Meeting minutes**

November 6, 2019, 1:00-2:00 pm

**Attendees:** Muriel DeLaVergne-Brown, Kirsten Aird, Heather Kaisner, Cara Biddlecom, Nicole Fields, Sara Beaudrault, Mike Paul, Joe Fiumara, Kristty Polanco, Jennifer Little, Tricia Mortell, Kristty Polanco.

| **Agenda Item, Objective, and Background** |
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| 1. **Welcome and introductions – 1:00-1:10 pm (Cara)** |
| **Objective:** To get to know one another by sharing your name, title, organization, preferred pronouns and the question “if I weren’t working in public health, I would…”  **Attachments:** Planning committee roster |
| **Discussion & action steps:** None |

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| 1. **What would success look like? – 1:10-1:25 pm (Sara)** |
| **Objective**: To begin building a frame around the learning collaboratives by discussing the following:  Reflecting on a time when you walked away from a learning opportunity and it was time well spent…   * 1. At the end of the end of this biennium, where do you want the public health system to be?   2. How should we use the learning collaborative to get the public health system to where you want it to be?   3. What would success look like for you? |
| **Discussion & action steps:**   * Want to see state, local and non-governmental partners together. * Learning collaboratives can strengthen state/local relationship to build from in many ways. * Want system to be more connected local-state and local-local; shared understanding of public health across the board. * Would like to know what our end goal is and taking steps back from there. Want concrete goals to move ahead and rally around. * Want steps towards the outcomes we are trying to reach vs. the system – where we will see impacts. * Concrete goals like strategic planning – set goals and objectives we want to achieve * Public health modernization woven into the fabric of public health vs. its own program * Lose silos we continue to have * How does public health modernization work across the state. Avoid a one size fits all approach. * Need to come up with a plan for how we work together collaboratively * Want to make sure there is a system in place to succeed existing staff * Greater trust and relationships to speak with one voice with community members * Rally together towards health outcomes * Learning collaborative is the space to be brave and try new things/fail forward and get to a better product * Buy-in from other county departments and others; understanding in other agencies about public health modernization * Relationship-building, trust and respect for each other’s expertise and differences and understand how the system moves forward in different ways. * Clear picture of gaps and strengths. Focus on developing a plan to move forward and modernize. * Better coordination, decreasing silos, disseminating public health modernization outside of public health. * Development of the public health workforce * Common themes across responses:   + Learning collaboratives should be designed to have tangible, actionable outcomes or products, with concrete steps to reach the end goal.   + It’s important to stay grounded in the health outcomes we’re trying to achieve.   + Learning collaboratives can build stronger, mission-driven local-local and state-local relationships, and shared understanding and ownership.   + System improvements made through the 2019-21 learning collaboratives can be built upon for future public health system changes and improvements.   The planning group can refer back to these common themes and visions for success throughout the planning process. |
| 1. **Removing barriers to participation in learning collaboratives – 1:25-1:35 pm (Sara)** |
| **Objective**: Review survey tool to identify barriers to participation among LPHA administrators.  **Attachments:** Draft survey |
| **Discussion & action steps:**   * **Suggestion made to clarify who is required to attend the learning collaboratives.** For some counties, local health administrator attendance may not be necessary. But the staff who participate should have an ability to lead and make decisions and have strong local-local and state-local connections. Giving LPHAs the flexibility to decide which staff/roles are required to attend is a way to reduce barriers. Many planning group members voiced support for this change. OHA will make this change. * **Is there other information that would be useful to collect?** Examples may include whether the LPHA has an organizational strategic plan that includes the public health modernization framework, or what goals do you have for the learning collaborative for your LPHA and for the state as a whole? Many planning group members voiced support for keeping this survey short and focused on removing barriers to participation. * **Are there common themes in work plans** for things that local public health authorities would like to work on? OHA will bring this information to a future planning group meeting. * **Need to make sure the learning collaboratives are not scheduled at the same time as other conferences or meetings.** It will be helpful to have more specific dates and times. OHA will look into the timing of when other events are being scheduled. * **Question 1 should be broken into two questions** as follows: “What are the barriers that would prevent the LPHA administrator from attending?” and “What are the barriers that would prevent other staff from attending?” OHA will make this change. * **Suggestions for December meeting:** review themes from work plans under Leadership and Governance; keep survey short and sweet with options to select from and include as much information as known to date. * **Before next meeting:** Planning group will review updated draft survey over email. |
| 1. **Contracting options – 1:35-1:55 pm (Kirsten)** |
| **Objective:** Review and discuss enterprise contractor list; discuss contracting timelines; review scope of work for learning collaborative contractor.  **Attachments:** OHA Enterprise Contractor list; draft Scope of Work |
| **Discussion & action steps:**   * Option #2 preferred. Planning group members voiced support for contracting with an organization or individual who has been vetted and is a known entity, and who has some level of knowledge of public health modernization. * Less concerned about who is doing the facilitation than what the process will be for facilitation – would like them to spell out what type of facilitation is needed. * **Homework:** Review updated scope of work and provide feedback. |
| 1. **Next steps and closing – 1:55-2:00 pm (Cara)** |
| **Objective**: Complete a +/∆ meeting evaluation; discuss homework - how to divide the state up into four regions for meetings and a discussion at the November CLHO meeting; solicit agenda items for our next meeting; discuss alternating facilitation roles.  **Attachments:** 2019-21 Regional Public Health Modernization Partnership map |
| **Discussion & action steps:**   * Can we have a day-long meeting to hash everything out? Can be more productive in person; depends on timing. * Meeting was cut before other items could be completed. |

**Potential future Public Health Modernization Learning Collaborative Planning meeting agenda items:**

* A fun name for this team and the learning collaboratives generally