

Health Collaborative |Notes

Meeting date | time 11/17/2015 12:00 PM | Meeting location Gateway Health

Attendees

Ann, Anna, Annie, Alexis, Alani, Leslie C., Leslie S., Marcy, Monica, Marsha, Mark, Traci, Taylor, Tammy, Tim, Ciji, Stephanie, Stacey, Debra, Donna, Karen, Carolyn, Charlotte, Jason, Freddie, Brett, Karen, Emily, Ina, Elyse

AGENDA TOPICS

12:00pm | Agenda topic Welcome, Introductions and Announcements |

Discussion

Welcome—Meeting for little over a year to create a regional effort focused on improving health outcomes in the Dan River Region

September	Health Summit—introduced and gathered feedback for 4 goal areas
October	Focused on drafting the work plan
November	Structure—collaborative models
December	Finalize work plans; Action Plan branding, marketing and distribution

Report Outs

- Healthy Eating Action Team
 - Looking towards the 2016 Farmers’ Market season
 - April Kick off with [StoryCorps](#) event (collaboration with History United)
 - Toying around the showing the documentary [Farmland](#)
 - Possible location: Carrington Pavilion
 - Inviting cast member—Leighton Cooley?
 - Panel discussion?
 - Finish the season with a farm to table dinner
 - Maybe blend in the health summit
 - Possible feasibility study around food systems in the Dan River Region
- [History United](#)— 2016 Find Your Roots History Harvest
 - Saturday, April 23rd
 - [StoryCorps](#) will bring their airstream trailer to record 21 interviews exploring food and family in the Dan River Region. [StoryCorps](#) interviews will co-inside with the History Harvest—Find your Roots event, which is a celebration of food, family and history. This free event will give the community the opportunity to discuss their history with professional and local genealogists, share their stories of memorable family foods and find out more about how they can “find their roots” by eating local, healthy meals.

Presentation—will be emailed out to the health collaborative members (Note—Tim is not advocating for or against any one model)

Structure and Impact

- Previous structure discussion (December 17th 2014)

Structure	Impact
Participation guidelines	Improve health and wellness indicators for the region
Open door policy	Increase capacity to address complex health issues in the region (i.e., improved social networks among organizations and agencies)
Non-profit to access grants	Establish guideposts and connect our community to serve as a catalyst for healthy living
Not excited about bylaws, but need some sort of structure	Working towards a common goal to increase education to influence healthy outcomes
Who is the “keeper” of this group	Access to healthcare, health education, fresh food and recreational spaces/ activities

- Displayed a reluctance to overdevelop the health collaborative. Do not want to form its own nonprofit at this time
- Not in a time crunch, a final decision does not have to be made today
 - DRF is committed to serving in the convening role through 2016

Collaborative Models

- The types of strategies that the collaborative wants to put in place are larger than any one organization
- Things to think about when analyzing collaborative models (there is no one size fits all approach) [Slide 10]
 - Leaders in the region, funding sources, existing partnerships, political borders
 - Have a critical eye, not to rip models apart, but to select the aspects that you like
- *Collective Impact Model*—Common agenda; shared measurement; mutually reinforcing activities; continuous communication; backbone organization/support [Slide 12]
- *Convener/Community Quarterback*— lead collective efforts encourage innovation, and identify best practices and key learnings from the field. Lead the drive that connects people, places and proven strategies. [Slide 15]
- *Membership based*—public and private donations (funds) that usually give one a seat at the table. Theoretically, everyone is to have an equal voice, no matter what level of funding. Examples—[Live Well Omaha](#) & [LiveWell Greenville](#) [slide 18]
- *Benton County/ Corvallis, OR (Home of Oregon State)*—low income Hispanic population was not connected to the community. Found that there were low participation rates in parks and recreation programs as well as food stamps and WIC. Shared staff –each put in the resources for ½ FTE. Created a shared enrollment process, which increased utilization and participation rates to a point where programs received additional funding from the state and federal governments [slide 20]

Comments, Questions or Concerns

- Slightly overwhelming to think about the myriad of options
- For the membership model examples, how hard was it to get their big contributions?
 - List of who you are working with—Influential donors, frenemy organizations, and getting their names out there --“free” publicity
- Did any of the Live Well Omaha Angels (those who committed \$10,000 every year for 3 years) want a governance role?
- Did any of the example organizations define what success looked like?
- What are we measuring?
- With all the big picture thinking, have we forgotten about the people working on the ground—the ones getting the work done?
- One of the themes from Louisville, KY was its focus on partnerships over a highly formal organizational structure

Insights from the [Smart Beginnings](#) Process

- Not quite a true collective impact model, but headed in that direction
 - Multiple different partners who have varying missions, focuses and success indicators
 - Selected three main areas in which to focus on outcomes (PALS K; 3rd grade reading level; high school dropout)
- Do not underestimate the importance of having reliable data—especially in order to make “the sell”

1:00pm | **Agenda topic** *Small Group Discussions and Report Out* |

Discussion—Implementation strategy discussion

Small group activity— discuss the following questions

- How do you see your role in implementing the Collaborative’s strategic planning goals and strategies? How will it dovetail/ conflict with your day-to-day work?
- How have you shared what the Collaborative has accomplished so far with your co-workers and colleagues? What roles, if any, do you see your organization playing in the implementation phase?
- What are some topics/ issue areas that you’d like to learn more about through the collaborative?
- In your opinion, what should the Collaborative look like in 2016? How do you envision this group being successful? A basic structure has been established, but there are still many decisions to be made.
- In order for implementation to be successful, elected officials and community residents will need to be on board. How do you envision continuing to engage or engaging elected officials, community residents and other stakeholders in this work?
- What concerns do you have? What is still unknown for you?

Small group report outs

- Our organizations can provide a population to work with and help with connecting to the community
- Data collection, insuring quality of care, reducing redundancy, marketing effort and not to spin off into another nonprofit
- Be active, vocal and visual— clearly articulate the who, what and why
 - Bring together new city council members and board of supervisors for introductions
- Pick a handful of action times
 - be a collaborative that does somethings well and not all things so-so
- 2016 goals— have equity and community health assessment report, check off work on goals, monitoring and evaluating progress, how to collect information and data
- How do you loop new people into the work that has already been done/ being done?
- Spotlight organizations that are part of the collaborative and the resources that they offer

Closing

Next Meeting: December 15, 12pm

Major Topics: Finalizing work plans; Action Plan branding, marketing and distribution