

Tuesday, May 12, 2015

1:30-3:00 p.m. ET

**PUBLIC HEALTH INSTITUTE**

DESIGNING THE NEW CA4HEALTH:  
HIGHLIGHTS AND NEXT STEPS FROM THE MARCH 27TH CONVENING

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>> Holly Calhoun: Hello and welcome to Designing the New CA4Health: Highlights and Next Steps from the March 27th Convening. My name is Holly Calhoun and I will be running today's Web Forum along with my colleague Star Tiffany. Closed captioning will be available throughout today's Web Forum. Home Team Captioning will be providing realtime captions. The text is available in the Media Viewer panel. The Media Viewer panel can be accessed by clicking on an icon that looks like a small circle with a film strip running through it. On a PC this can be found in the top right-hand corner of your screen and on a Mac it should be located in the bottom right-hand corner of your screen.

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Once the Web Forum ends today, a survey evaluation will open in a new window. Please take a moment to complete the evaluation as we need your feedback to improve our Web Forums. The recording and presentation slides will be posted on our website at [www.dialogue4Health.org](http://www.dialogue4Health.org). We would like to invite you to connect with us via Twitter and Facebook. We have two Twitter handles up on the slide now, both for Dialogue4Health and for CA4Health.

We are encouraging you to ask questions throughout today's presentation. To do so, simply click the question mark icon, type your question in and hit send.

Please send your question to all panelists. We will be addressing questions both throughout and at the end of the presentation.

We will also be using the polling feature to get your feedback during the event. The first -- I'm going to open up the first poll to put it on your screen right now.

And the question here is... are you attending the Web Forum individually, in a group of 2 to 5 people, in a group of 6 to 10 people or in a group of more than 10 people? So please fill out your answer and click "submit."

Once you are done answering the poll question, click on the Media Viewer icon to bring back closed captioning.

And now it is my pleasure to introduce Sue Watson, who will be moderating our Web Forum. Sue Watson serves as the director of the CA4Health Community of Practice at the Public Health Institute. Please go ahead and take it away.

>> Susan Watson: Thanks, Holly. And as Holly mentioned, I'll be both moderating and presenting, so wearing a couple of hats and hopefully I keep things moving along smoothly.

I'd like to thank The California Endowment for the support of this effort as well as the support for the Dialogue4Health platform. Now, at another point in the webinar you also will hear from Kristania De Leon, who has been with California Convergence for a number of years. She also will be part of the new CA4Health Community of Practice team and is in San Diego and likes to remind us of how beautiful the weather is down there and make us wish we were down there too.

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We were going to have Genoveva Islas join us briefly this morning. She is in transit for Latinos in Action Day in Sacramento, so unfortunately we won't have some of her wonderful insightful comments with us today.

But the objectives for the webinar today are really to give everybody an opportunity to hear some of the highlights from the kickoff meeting that we held in Oakland on March 27th to learn more about the role and intent of the new CA4Health, and have opportunities to discuss some of the next steps and provide input for the design of this Community of Practice.

So the next poll we have is just finding out for those who are on the webinar whether or not you attended the Convening in March.

And I'm not sure...

So if folks can indicate the yes or no. We will move on.

So while you're answering the poll, I thought we would start with a little overview of what the March 27th meeting was about. We were fortunate to have a visual notetaker, so some of these slides will show what she actually captured during the day. This Convening was our first opportunity to speak with a group about the CA4Health Community of Practice. We want this Community of Practice to be useful and meaningful to those who participate, so this was our opportunity to share some of our initial thinking and solicit input to help guide how it develops. The agenda included an opening keynote from Tony Iton at The California Endowment on an idea of a system of prevention. An opening panel with representatives from the current CDC initiatives and others, and an overview of the new CA4Health that you also will hear a version of during this webinar, a lunch and keynote from Eduardo Sanchez with the American heart association. We had breakouts in the afternoon based on a couple topic areas to learn more about how people would want work groups to be structured and a discussion with representatives from CPEM and California Convergence on the importance of advocacy for this work. As you can imagine, it was a jam packed day.

So I'm just looking back at the poll, and it appears that we're almost split, for those who answered, on the webinar, 50/50 in terms of who was there in March and who wasn't.

So glad to know there are some people here that wanted to continue to listen in and hear more and that we've also reached out and found some new participants.

So we had space limitations at the Convening. We could not make it a come-one-come-all open Convening, but we were packed to capacity with 68 participants and a big reason why we're conducting this webinar is because we knew we couldn't include and invite everybody who might have been interested. At the Convening, the majority of the attendees were from the new CDC awardee sites, but it also included key stakeholders across the state. Those that filled out the post-convening evaluation noted that they serve in almost equal mix of urban and rural communities and there was a really good distribution along the range of populations sizes that they work with. So all in all, we think it was -- for the limitations we had, it was a good representation.

So now we have another poll. You fill a similar question out when you registered for the webinar. But it's really important to us to have a sense of who we're connecting with, where we may need to find new ways to connect and outreach, and good for you-all to see in the course of this webinar sort of who is listening in, who is participating?

So if you can check all of the boxes that apply in this poll in terms of your current or former funding project affiliations, that would be helpful for us to get a sense.

And I will come back to the findings on that.

This was a slide added by Dialogue4Health that I don't have the text for. Holly, could you say something about the closed captions?

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>> Holly Calhoun: This is just a reminder for folks that sometimes when the polls come up, it will close that Media Viewer. So just click on the film strip -- circle with a film strip through it icon on the top corner or bottom left-hand corner of your panel and it will pull that back up if it's collapsed.

>> Susan Watson: Thanks, Holly.

So as I mentioned, the Convening started off with a presentation by Dr. Iton. On this larger notion of a system of prevention, that The California Endowment and others have been discussing. Some of the highlights from that presentation were expressing the importance of understanding what it means to impact a system and how the inter-related parts interact. And that what you call this is less important, whether it's a system of prevention or something else, but what is more important is what it does, which includes engaging around community priorities, aligning in senses and outcomes, working toward multi-sector leveraging and focusing more energy upstream. And the CA4Health Community of Practice is an important element for helping to inform and actualize a system of prevention in California.

I just want to refer back to the poll, because it has ended, and it looks like of those who responded we still have a majority of folks who are currently part of the new CDC funding initiative, but a sprinkling of others through here.

Now, we moved from during the Convening we moved from Dr. Iton to a panel of representatives, from the various CDC initiatives, as well as other key stakeholders. They shared their thoughts on what having a Community of Practice could do for their local efforts, the priorities they see for capacity building, and where and how we can be aligning for collective impact. Some of the highlights and comments included finding ways to support existing regional collaboratives and build bridges where parallel work is occurring, opportunities for strategic collaboration on specific activities, like communication and messaging, data issues and policy activities. Sharing and learning new language for intersectoral approaches and sharing resources, building capacity for new leaders an new topic areas, including community residence in the movement, and improving communications feedback loops between a variety of stakeholders in California.

Now, between the panelists and some of the comments from those in the audience, it provided us a lot to think about and to consider for how CA4Health operates and what it ultimately prioritizes.

So some of you know of CA4Health from the community transformation grants, and some of you may have been one of our 12 counties that we were funding, and others may have attended one of our action institutes over the years. But if you have not heard of CA4Health before, just to give you a brief background, Public Health Institute's Community Transformation Grant, we were funded to work with counties populations under 500,000.

The brand was created for that grant as a way to describe and unify this group of counties that were spread across the state.

But we all know that CTG ended sooner than expected. Now, at the same time during CTG, The California Endowment was working with Veva to head up a Partnership for a Healthy California project that set out to formally find connections and opportunities to coordinate all 14CTG grantees in California. Before CTG ended, Veva was able to have an assessment conducted to capture both lessons learned from CTG and her efforts to bring grantees together. Two key findings from this report were that there was interest in continuing to bring stakeholders together to maximize the impact and scale of their efforts and to build capacity.

Now, thirdly, there's California Convergence, and I'm going to pass this over to Kristania to tell you more about that program.

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>> Kristania De Leon: Thank you, Sue, and good morning, everyone. For those who don't know, California Convergence is a network of community organizations, local and state government entities, policy support groups and resident leaders, working together to promote, lead and advocate for healthier communities across the state. Our objective is really a support community driven policies and activate our mass network and resources to fight for and win lasting change. And so from a California Convergence perspective, this is incredibly exciting. We've seen across our ten-year history we are stronger together, sharing expertise, resources and successes, collaborative efforts are those that deepen our ability to advance this movement. And we're also very excited at the opportunity to bring in equity lens into our collaboration. We believe strongly through California Convergence and with our partners and network leaders, we talk about health equity, we don't only want to consider how we address this area and the things we strive to change externally but also how we as a movement are equitably engaging community leaders in this work. So being able to integrate efforts with CA4Health at the onset of this next phase is a great opportunity for us to ensure that a community lens and global expertise are incorporated into joint efforts to maximize our ability to create the change that we seek, the change that we talk about all the time, you know, members of a community and as a network, that we already have that exists, you know, that changes the way we leverage and really maximize, when we're engaging a broader range of stakeholders and leadership.

The California Convergence will be an integrated component of this Community of Practice. And will support deepening engagement of a range of leaders across California. We are regionally organized, so we will be lending our regional assets to this effort. We will continue to lessons learn and tools for effective engagement of local leaders and supporting the Community of Practice to maintain connection to local needs. We hope to deepen the objective for CA4Health for the mobilization of our advocacy network to advance change together and alongside our other stakeholders really ensure we're able to demonstrate the ways nontraditional partners are drivers for change across the state and in that vein I think it's important to mention there's a need we are demonstrating the importance of prevention funding and really highlight successes and build a case for sustaining investment in the work. Something we also hope to engage stakeholders around to show the impact we're having across the state and importance of our work.

So we are very excited about this opportunity. If there are questions about California Convergence or want additional information, feel free to visit our website. And we're very excited and look forward to working with all of you.

>> Thanks, Kristania.

So when you bring those three, the CA4Health, CTG, project for healthy California and California Convergence together, we were having conversations with The California Endowment and recognized there is a wealth and breadth of experience and continued investment and interest in California's efforts on prevention and equities, both funded and unfunded. And therefore we have an opportunity now to continue trying to bring the stakeholders together and provide mechanisms for collaboration and maximizing impact. By taking pieces of the old CA4Health and obviously the most obvious pieces are the name and the branding, what was learned from the Partnership for a Healthy California, and combining the local and regional reach that California Convergence brings, we think we have the ingredients for linking leveraging, learning and movement building through the framework of a Community of Practice.

So what is a Community of Practice? There are a lot of definitions out there but it was a term coined in the mid-'90s, and even though how people use this term and apply it vary, it still seems to be the right fit for what we've been talking about creating. Now, for a Community of

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Practice, people talk about there are three key elements. There's the community that creates the social structure that facilitates learning through interactions and relationships. There's the domain that creates the common ground and defines the area of interest that brings people together, and then there's the practice that is a set of shared resources that include -- that can include documents, ideas, experiences, information and ways of addressing recurring problems, a sense of knowledge shared, developed and maintained.

Now, Community of Practice are used to solve problems, to transfer best practices, develop skills and capacity, to drive strategy and foster innovation. What holds them together is a passion, commitment and identification with the group's expertise and focus, along with good facilitation and support.

So with support from The California Endowment, a team at Public Health Institute is gearing up to provide the infrastructure for the CA4Health Community of Practice. The core tenets and areas we've been talking about, the work revolving around our Convening by facilitating coordination between California stakeholders, working on prevention strategies and inequities in the state, organizing by supporting active engagement and opportunities for change and to demonstrate our collective impact. Promoting by keeping decision makers and the public informed about the need, value, and impact of this work. And advocating by identifying and advancing changes in state, local, federal policies to help sustain and institutionalize prevention and equity work.

We are also exploring ways to build an opportunity for leadership development by providing a pipeline for leadership for stakeholders within the Community of Practice for capacity building, readiness, and transformative change.

Being that we talk about as a team, as we're planning and designing CA4Health around innovation, communication, framing narrative, learning, sharing, and leading, we want to provide the space for practitioners to explore new, bold, and innovative ideas and discussions that may go beyond what is seen as traditional public health. We'll be looking at the best ways to bring people together, whether that's over topics or by location, geographically, or some combination of that or some idea we haven't thought of yet.

And I really want to emphasize that the work of CA4Health is not meant to replace or dictate individual or organizational efforts, but rather to create an opportunity for your work to be leveraged. It's meant to be a value add to the good work that is already occurring and allow stakeholders to work together in different ways to strengthen the impact of your efforts.

Now, as part of our design process, we started by doing some assessments. And before the March Convening, I did some phone surveys of as many of the new CDC grantees as I could get before the March 27th meeting. I was able to complete 19 surveys. None of them with REACH, three with the 422 awardees in the state, one from the health and wellness, one previous CTG, and the Department of Public Health's 1305 award. And I want to emphasize that we're exploring a variety of ways to collect input and for us the cleanest starting point was with the null CDC awardees, but they are not the only stakeholders that we want to hear from or that we want to be part of CA4Health. I want to share some of what I heard, and the first thing is, all the people I spoke to express interest in participating in CA4Health, some cautiously and others very enthusiastically. And when asked what would help them advance or accelerate their efforts around chronic disease prevention and/or equity, this list shows some of those responses. When you register for this webinar, you also had a similar question, and we will continue to collect that information, and this is just a sampling of what I heard, but what people thought would be helpful for their efforts were around connecting with others doing similar work, having a robust policy agenda that people could work on collectively, linking activities on a

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regional basis, sharing across topic areas, not just tobacco folks speaking to tobacco folks, but opportunities to hear from other strategies that might be adaptable to what they were doing. Having more unified and impactful messaging. Increasing the variety and models of culturally appropriate campaigns and messages. Information around data and measurement and impact and evaluation, and racial and cultural humility and appropriateness training.

I also shared at the Convening, with the Convening participants what interviewees said they could offer their peers and what they said they would like support on from their peers. Again, this list is not exhaustive, but highlights some of what I heard in that. And what it really brings home is that there's a lot of expertise here in California across a number of issues, but there are also groups and people who are new to this work or now working in a new topic area or they may be geographically isolated, but in any case, there are things that they would like peer support on. And one role that CA4Health can play is helping to facilitate peer networking and support by collecting and sharing this type of information and helping to make those connections and provide learning opportunities for issues where there is expressed need.

Now, we will -- there will be an evaluation of this initiative, the work around building a Community of Practice. Harder and company has been brought on to spearhead this and we'll be looking at and want to know how things are working, both from a quality improvement standpoint and also having this infrastructure impact the work that is being done locally.

And as materials get developed, it's also an opportunity for products to be shared. Now, of course, to effectively evaluate, we'll need the cooperation of those who participate in CA4Health and we will be seeking that along the way in a variety of ways. Now, there's an evaluation as was mentioned at the top of the webinar by Holly. There's an evaluation that will go out when the webinar is over, and we really hope that you take a few minutes to fill it out because we need your input to continue designing CA4Health to best meet the needs of those who are interested in participating.

Now, there was an evaluation conducted at the Convening, at the end of the Convening, and overall the ratings were high around the event from the majority of participants, and they valued the opportunity to come together to discuss prevention strategies and learn more about the new CA4Health. Some of the other information was around the desire for tech assistance and training on chronic disease prevention and equity, and essential elements of future gatherings.

So you probably have heard enough from me at this point. We want to have an opportunity for you to hear from some of your peers who were at the Convening. The first thing I'll mention is the word there actually came out of the evaluation and they were words that participants used to describe the Convening. So that also gives you a sense of what people felt of that day. But first I'd like to have us unmute Barb Alberson, who is with San Joaquin County Public Health Services, and she'll share with you some of her take-aways from the Convening, as well as ways that she thinks that the CA4Health Community of Practice can help the work that is going on in San Joaquin. So Barb, the floor is yours.

>> Thank you, Sue. Welcome, everybody. First my take-away message from March 27th. I want to share an a-ha moment actually when I entered that conference room that morning, I noticed there were a lot more colleagues attending than I anticipated, from public and private sectors, greeting both new and familiar faces, I realized just how many chronic disease efforts were being conducted at the state, regional and local levels, different projects with alphabet soup titles, different funding sources and some without funding at all, just a standing commitment to chronic disease prevention. As we spent the day sharing ideas and how best to work on issues in common, it really began to feel like we were part of a movement. The term

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"Community of Practice" fit nicely into that feeling.

Now, I thought about participating in the Community of Practice from here on out. I really look forward to working with everyone statewide, but I would like the suggestion that Community of Practice would also strengthen existing regional approaches to resource sharing and joint problem solving, as well as PA. One example that was brought up that lent itself very well to the regional structure was messaging and understanding new language. For us that would be perhaps with the business sector or other new audiences. That resonated with me. In our conservative county we struggle with framing messages for those who have difficulty in acknowledging the connection between root causes and health. Being able to draw on the experience and expertise of my neighbors, who have similar challenges using this group think could help us to make the connection stronger and more visceral or at least more palatable. That could be game-changing for us. I look forward to working on this kind of thorny issue and others with my friends and my colleagues.

That's enough from me. Back to you, Sue.

>> Susan Watson: Thanks, Barb. It's always nice hearing from you.

And next up we have Trisha -- I hope I don't butcher your last name -- Chakrabarti -- with Mandela Marketplace in Oakland.

>> Thanks, Sue. And I think both you and Barb pretty well summed up my thoughts about the day of the Convening itself. It was great to be in the same room as public health officials, advocates, funders and other folks from the CBOs like my own. I was especially excited to hear so many conversations about bringing health equity into our work, and about the need to bridge the divide, much like Barb mentioned and the language between community economic development, housing, law enforcement, and our work in health outcomes, a lot of this is social determinants that we work on in our own work and would like to see being worked on in other sectors as well.

For an organization like ours, primarily works locally at the city and county level, the opportunity to connect with statewide efforts is huge. As we think about leveraging the impact of the Mandela Marketplace's work, the CA4Health Community will be instrumental to that. Specifically I envision us learning from the experiences of other organizations that are implementing projects in a domain similar to ours and connecting us to big-picture folks who can help us pool our data, our resources and policy experience under a statewide banner. Having a strong facilitator in this process will help make sure the community is most useful to everyone involved and that we can grow in our work and share best practices, which is something that is really exciting to all of us here. I also look forward to continuing to be a part of CA4Health and thank you for doing this webinar.

>> Susan Watson: Thanks, Trisha, and I want to thank both Barb and Trisha. It was kind of last-minute that they agreed to provide some extra voices so that you can hear the experience of some folks who were there. So thank you for sharing your thoughts.

So we are at the point that we're starting to establish goals for CA4Health, and overall, it's important to know that we don't see this Community of Practice as a staff-driven PHI project, but rather as something that would bring together an engaged statewide community of practitioners who are leading efforts to prevent chronic disease and improve equity. Ultimately this will only work if those who participate join us in shared responsibility, action and governance towards reaching these goals around collective impact, sharing information, pushing the boundaries, maximizing impact, scaling up, building collaboration, building capacity around chronic disease prevention and equity in California.

Now, like most things that you build, this too will go through stages of development, like

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the design, launch, growth and sustainability phases. We see ourselves as still being the design phase rapidly moving towards an official launch. We've been busy since March, between hosting the Convening, conducting the phone interviews and using information we've been gathering from those we've spoken to to start a directory, initially with the CDC awardees, along with the matrix that shows the areas that their grants are addressing, and I want to mention this is something we would like to expand beyond just the CDC awardees and plan to over time, but again, we had to have a place to start. And at the Convening, we had some great discussions about advocacy and particularly around the proposed federal budget changes and their impact on the current CDC initiatives, so about two weeks ago we were able to host a call with representatives from PHI's policy office, Trust for America's Health, National REACH Coalition and California Convergence to discuss the status of that funding and the range of actions that can be taken. And, of course, there's this webinar.

So everyone wants to know what the next steps are. And there are many, as we transition into getting our infrastructure pieces together and start planning how to roll this out. We envision there will be many components to CA4Health that will include webinars in person and virtual meeting opportunities, materials, resources, social media, and the list goes on. There's a chance, as we figure out what's the best way to do this, that we won't be able to roll out state wide all at once but rather stagger how and where the in-person pieces get set up. A lot of this will be guided by your feedback, but these are the areas on the slide that we'll be working on. One of the things we will be looking to do is piggyback on existing conferences and meetings where we think a number of participants will already be and hold meetings there to eliminate additional travel. And to that end we'll be trying to find a place in time to do just that in connection with the upcoming Childhood Obesity Conference in San Diego at the end of June. We'll send out a notice once the details are known.

If anyone is located in San Diego and would like to help us getting that together, please contact us. We welcome the assistance.

So with the ongoing interest in coming together, the expertise we have in California among practitioners and some commitments to participate, it feels like we're primed to start actively start networking and aligning to elevate and innovate around the how of this work and move toward the tipping point where we can really see, feel and measure the broad impact of all of these efforts.

Now, the rest of this webinar is really designed for questions. We have a few additional polls, and as a reminder, there are two ways that you can ask questions through the Q&A box or by clicking on the hand icon to raise your hand, and we'll do our best to unmute you to ask the question.

And in the registration, we did have a question there of what questions did you have about CA4Health, and so I pulled a couple of those to get us started.

So one of the questions that came up in registration was: How will this affect other programs already in place?

And, you know, we want to be strategic and impactful but not supplant existing efforts. And for a local individual programs, we want CA4Health to be additive, to be a resource. It is not our intention to replace or direct existing programs, but we also have to recognize that CA4Health cannot be everything to everyone but will definitely be working to bridge and leverage existing collaboratives to deepen and strengthen connections.

And I am going to try to look through the Q&A.

So if you're a person that asks that question and my answer did not address it, feel free to write back in with a follow-up.

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The next thing we have is a poll. As we've talked about, a big part of this is connecting you all with each other, and we need to hear from you about the best ways to do that. We have some information, some insight, but we're going to keep gathering this to help us. So the poll is: What is your preferred communication method for receiving updates and connecting with other participants in the Community of Practice? And you can select all that apply.

There are options like in-person meetings, which are larger and statewide, or in-person meetings that are smaller and regionally-based.

Web Forums. Email distribution lists. Which I would think is also like a listserv.

E-newsletters. Online forum or collaboration space. Social media. And if there's some other idea you have, feel free to type that in the Q&A box.

And as you all are filling that out, it actually fits in well with -- there were a couple of questions during registration about how we will communicate, what pathways or mechanisms will be available. And some of what we heard from the Convening evaluation and also in the interviews that were conducted is that people are overwhelmingly telling us they prefer in-person meetings. So I'm curious to see how the poll shapes out. And we've heard there's interest in some type of listserv or multiple listservs that we will -- we were talking about having regular newsletters. There will be more webinars or Web Forums. We're open to exploring other methods for connecting with your input. We have set up a share drive to house resources and once our website is up and running we'll determine if there is a better way or a different approach for that piece. But inevitably there will be formal and informal meetings of communicating with us and with each other. It's our goal to facilitate this happening and provide specific opportunities for convening, but a lot of that will be guided by those who participate.

So in looking at the poll, it seems that the in-person smaller regional meetings evened out the larger statewide -- etched out the larger statewide, but that just about every mechanism here has some votes and then a number of folks who didn't respond.

And then we have this -- it's another poll. Working with Dialogue4Health and the Center for Health Leadership and Practice, they're planning their upcoming Web Forum series and want to prioritize topics that are relevant to CA4Health participants, so to help guide that planning, please select up to four of the following topics that are of most interest to you. They range from data, telling your story through qualitative data or photovoice, using mapping tools through Community Commons, communication strategies, innovative policies for place based health. Policy 101, why it matters, what it looks like. Tools for effective collaboration around building the partners that you work with, and that's something that they would do with Prevention Institute and also tools for effective collaboration and that managing turf issues which we know can always come up, and then sustainability planning with the Center for Civic Partnerships.

So by filling this poll out, it will really help guide the planning that they do for their Web Forum series, so that it's what they provide is useful to those who are engaged in CA4Health.

I think it takes a second for the results to come up.

You know, just another reminder for questions. You can type into the Q&A box. You can also raise your hand if you want us to unmute your line, and then after you're done, if you can put your hand down, then it takes you out of the queue, the way it shows up. And so it looks like we have a pretty even spread around the topics for potential Web Forums, but we'll look at that more closely at the end of the webinar.

So this is just a space for Q&A. Please write in questions or raise your hand if you have a question that you would like to ask of us.

No questions?

Are there things people are still curious about CA4Health, what it is planning to do, how

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you could work with it?

What intentions you might have for help? You would want to be involved?

So we have one question: What is your time frame for moving forward with the Community of Practice and will it set up some goals?

So I did have the slide that had some of the goals that we have. Our time line is that we're moving deliberately forward as quickly as we can, and so we don't have a hard time line that we're going to have this done by X date. But we are -- we're continuing to move and we're also trying to make sure that as we're designing and getting things ready to roll out, that we're still doing things, like having a policy advocacy call, try to set up a place and time for people to gather at the Childhood Obesity Conference, so that even if we don't have all of our details figured out, we're still working on keeping you all engaged. We don't want to lose your engagement while we're setting things up.

Is CA4Health open to recruitment of other members?

And, yes, we want CA4Health to have a very diverse, large table. We know that there are many stakeholders and actors that are important in moving this work, and we definitely will be -- we cannot be the sole source of identifying and locating all those parties around the state and we will definitely be looking to you all to help us identify and invite people that you think this will be -- that they would benefit from and would provide benefit to CA4Health. And it is not should we be encouraging our non-public health partners to join this forum or is it better left at the public health programmatic level? And we're open. It does not need to be left at the public health programmatic level.

And then we have: What can CA4Health do to help local programs get new resources to support their work?

So one of the things that, you know, we actually have another poll after this, but we want to be able to be a bit of a repository of good tools and resources that folks may have already created and are implementing, and so, one, we'll have some of those resources that people can find what make the most sense. We will also identify and reach out to other folks who may have created tools, even if they're outside of California, if they've created the cutting-edge tool for something here in the state, we'll bring that into CA4Health. We will share those to some degree as it works out through things like a Web Forum or at some of the gatherings that we'll have. It could also be something that goes out through a newsletter. If we have listservs that are realtime and more passive in how it comes to you, I know that folks have mentioned a -- I think a sugary beverage listserv that they really feel useful and valuable. So we're trying to take lessons from that and resources may be shared that way as well.

And Kristania, I may bring you in for this question. CA Convergence has stakeholders already engaged in advocacy and organized regionally. How will CA4Health complement these efforts? Which network should communities look to?

Kristania.

>> Kristania De Leon: That's a great question. And so, you know, moving forward, you know, California Convergence as a network, as you know has a coordinating office already which will be formally integrated with CA4Health, and what we're thinking to do, in bringing together a range of stakeholders who, you know, maybe already currently CA4Health, funding or non-funded and wanted to integrate efforts and concerns and the legacy of work that has been built upon through California Convergence. And so I know we're working on the exact mechanisms, how they will interface, the network itself will, you know, integrate with this Community of Practice, but we are seeking to make sure that both efforts are logistic that, you know, we look at the Community of Practice as being together a broad range of stakeholders

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that really do complement those who are already engaged in California Convergence, and so we're really wanting to honor the work underway with the convergence network particularly around advocacy work and things that have been active and around this last year. But also to make sure that as we talk about communities, this Community of Practice, and the role that our local initiatives will have in being full stakeholders in this Community of Practice and equally our joint efforts we absolutely want to ensure that those who have been working with California Convergence, members of the network, have, you know, clear and sort of -- a clear line of access to the work being done with the Community of Practice, to inform it, to thoroughly engage in it and vice versa. So I think that we've got some of the details to work out, you know, within the network, but we are really seeking for opportunities to dive deep and leverage as well, which is really engaging and mobilizing folks on the ground in support of policy work and, you know, it's our absolute intention to ensure that, you know, both the convergence network and stakeholders and CA4Health and Community of Practice are informing each other. If there are people who are interested in, you know, getting involved, you really want to engage in CA4Health, I think the California Convergence have assets to connect them to and we will do everything we can do integrate them -- those regional and local leaders into the information that we can collaborate around as part of CA4Health. So feel free to emphasize any points or add to that, but that's actually how we see this operating together.

>> Susan Watson: Thanks for that, Kristania. And I'm just going to bring up this last poll and then go back to the Q&A, but this last poll is just trying to get, from those of you who are participating on this webinar, what do you feel like you could contribute to the Community of Practice? And feel free to select all that apply. It could be examples of best practices or successes, communications materials, examples of or resources on how to evaluate your work, providing technical assistance or mentorship or some other that you can type into the Q&A.

So I wanted to -- while you all are doing that poll, I wanted to go back to -- there was another question/comment provided that there are so many resources available to us right now, how will CA4Health add value versus clutter?

And I think that's a great question, and a really important way for us to be looking at doing this, not reinventing the wheel and our intent is not to make this space more cluttered. And the comment is, how about a materials review committee to vet stuff? And I think that's something that is oftentimes is lacking, we take a lot of things and dump them into a place but nobody has necessarily vetted them. And so to the extent that the participants in CA4Health would want to play that type of role and want that to be the way resources are provided, that they know what CA4Health is sharing, somebody has looked at and found it worthwhile and we would be totally open to creating a process like that. So those are the kinds of ideas that are really helpful for us to have. We don't want to define that and create it in a vacuum ourselves and it's not something that winds up being useful for those of you out in the field.

And so the poll is closed and it seems like a lot of people can provide tech assistance and mentorship and provide some examples of best practices. Those seem to be the two highest on that poll. And we'll continue to collect this kind of information in different ways. I think we have another question.

Can CA4Health serve as a collective voice to California Department of Public Health, to policy makers, or to the CDC for certain matters of shared interest?

And I think that that is another benefit to what CA4Health can provide. We have started some communications with folks at California Department of Public Health, and I think they will see CA4Health as a resource for some of the work that they are trying to plan around. We believe that if we identify priority areas or policy agendas through CA4Health that collectively we

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can speak to policymakers. I think we can speak to CDC. I don't know how much they'll listen, but I think to the extent that we're able to feel like we have good representation in who is participating in CA4Health, we can be delivering messages that are unified and help facilitate those messages getting to stakeholders, one that may want these voices, and this is the vehicle for them to get them, or that it's important for them to hear from the voices that are going to be part of CA4Health.

I think that's the last question I have coming in. We really appreciate everybody taking the time to listen in, to learn more about CA4Health. I think you will continue to hear more about it. We hope that there is a little buzz out there about what is this, how is this going to help, what will this do? I feel like there might have been one question.

No, maybe not.

And that CA4Health becomes a model for other states, that it becomes a vehicle to really elevate the work that you all are already doing to promote it, to find ways to expand it and to tell the story of all the good work that is happening in California and if there are new ways to measure it, helping to come up with those. And really trying to bring your experiences and your voices together and as some mentioned at the Convening, one comment was that we can all be rowing in the same direction, that we have too many people setting separate agendas, policy agendas or messaging, messages, and would we have more impact if we are all behind certain areas of our work that we can push forward with, we prioritize as being places that collectively we can agree upon and that we would push together.

And that's what we really want to strive for. And so we want to keep putting information out to you, so that you know what the next steps are. We will be getting together some materials that will explain more about CA4Health and start planning some local gatherings and ways to bring you together.

If you have additional questions after the webinar, feel free to email us at CA4Health@phi.org. We are really excited about embarking on this adventure and we look forward to growing this with you in the future.

The near future.

So if there aren't any other questions, I think we will end the webinar early, and as another reminder, there will be an evaluation going out after the webinar, and we really would appreciate you taking a few minutes to fill it out. I want to thank Kristania for presenting and sharing on this webinar, and Veva for all her support as we put these together. I also want to thank the folks behind the scenes that really make this happen, Star, Holly, and Christina. And I again want to thank The California Endowment for their support of this work.

So thank you all and feel free to reach out to us if you have more questions.

Have a wonderful day.