



An FPHS Approach to Improving Well-Being for All Missourians

FACILITATOR'S GUIDE



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INTRODUCTION

Right now we have an extraordinary opportunity to change the future for all Missourians by strengthening and building capacity in Missouri's public health system.

A strong foundation has been laid for long-term, sustainable, systems level change that will address disparities and assure health equity and well-being for all Missourians. Now it's time for all of us to take action!

#HealthierMO has developed a capacity building program, "An FPHS Approach to Improving Well-Being for All Missourians," that equips public health professionals with a shared understanding of health equity and Missouri's Foundational Public Health Services (FPHS) model, guides us as we operationalize the model in our work, and empowers us to implement practices and processes that will assure every Missourian can depend on equitable access to foundational public health services in their communities.



The capacity building program describes a multi-step process for operationalizing Missouri's FPHS model.



It begins with an online asynchronous training that provides a foundational understanding of consistent definitions related to health equity, health disparities, and social determinants of health, anchored by Missouri's FPHS model.

The capacity building program was developed by #HealthierMO with input from health equity experts at Consilience Group LLC and a Health Equity Design Team made up of public health representatives from across Missouri. You can access the full program from the HealthierMO website at HealthierMO.org.



It is followed by workshops, like the one you will be facilitating, to walk your team through a deeper self-assessment of health equity practices within your agency and your community. You'll be moving your team through a step-by-step process, using this facilitator guide and the FPHS Workbook, to develop an action plan for building individual and organizational capacity to assure foundational public health services that are grounded in health equity.



Finally, your team will begin enacting the action plan, operationalizing the FPHS model framework in order to assure health equity for everyone in your community.



HOW TO USE THIS FACILITATOR'S GUIDE

This facilitator's guide equips public health professionals to serve in the role of facilitator with internal groups such as health department employees, or with external teams such as a community coalition or regional committee.

The guide provides consistent language, background information, and resources to help you walk your team through operationalizing Missouri's FPHS model. It also includes discussion questions, group activities, and tools you can choose from.

The facilitator's guide is intended to be used in conjunction with the FPHS workbook, titled "Foundational Public Health Services: An Approach to Improving Well-being for all Missourians, A Practical Application Workbook." Fillable and downloadable versions of the FPHS workbook are available from the Capacity Building page at HealthierMO.org. #HealthierMO has also created complimentary handouts, templates, and a slide deck you may use in your work sessions. These resources are also downloadable from the Capacity Building page at HealthierMO.org.

Navigate your way through the Facilitator's Guide using the following prompts:



SCRIPT

Read this script to your team as written or paraphrase in your own words.

Within the facilitator scripts are blanks you will need to fill in with local and/or personal information, such as your name or your agency's name.

You will also see text in *italics* indicating a choice of words you can use. Select the words that best fit your team and work session environment.

In parenthesis are notes that provide extra context or background. These are for the facilitator's benefit, and are not intended to be shared with your team.



DISCUSSION QUESTION

Pose these open-ended questions to your team. Validate comments by repeating back what you heard to check for understanding, and then document responses on a white board or in notes.





LEARN MORE

Encourage your team to deepen their understanding about specific topics by exploring these links to additional resources. (Refer to Appendix)



GROUP ACTIVITY

Internal teams are generally considered to be your agency’s employees. They may also be a community coalition or collaborative where members know each other well and have a long history of working together.



External teams are generally considered to be groups outside of your own agency, such as a community coalition, a regional committee, or a new team forming for this work.



REFLECTION

Encourage your team to take time to reflect individually on information they’ve just heard. Ask them to consider and write down strengths they identify, challenges that may exist, and opportunities they can imagine. (Refer to Appendix)

STRENGTHS	CHALLENGES
OPPORTUNITIES	



When you approach a meeting as a facilitator, you are a neutral process-holder. You own guiding the collaborative process, but you aren't necessarily the key decision-maker. Instead, you invite attendees to collaborate in the decision-making process in the name of getting a more well-rounded, elevated result. Facilitators are there to bring the right parties together, engage attendees, and provide the details that encourage informed discussion. The facilitator, in essence, enables the group to do their best thinking.”

SOURCE: **LUCIDSPARK**



ACTION STEPS

Prompt your team to identify concrete, measurable action steps they can take to move forward operationalizing the FPHS model and assuring health equity.



TIME

This number indicates the recommended amount of time for this section of the workshop. These are suggestions only. Feel free to adjust the time to your team’s unique needs.

This facilitator’s guide is intended to provide you with the tools and resources helpful to leading discussion with your community’s internal and/or external audiences. We hope you will find it to be a very helpful tool.



FACILITATOR ADVANCE PREPARATION

Serving as a meeting facilitator is an important role. You are part architect, part pilot, and part guide.

You will be tasked with guiding conversation, drawing out quiet team members while keeping others from dominating conversation or causing mission drift. You will need to keep the meeting on time and still achieve desired outcomes. Here are a few steps that will help you prepare for the workshop. Use the Facilitator's Workshop Planning Checklist to track your progress. (Refer to Appendix)



1) Familiarize yourself with the facilitator's role and responsibilities by viewing these three videos.

[What does a facilitator do? \(3:56\)](#)

[Meeting Facilitation Tips: How to Facilitate Your First Meeting \(6:07\)](#)

[Meeting Facilitation Skills \(11:54\)](#)

2) Work with your agency leadership to identify who will be part of the workshop.

Will the work session be internal, just for your agency's employees?

Will the session include community partners you have a history of working well with?

Will you be inviting new partners or creating a new work group that may include partners, stakeholders, and members of the public?

3) Review Missouri's Foundational Public Health Services (FPHS) model and work with your agency leadership to determine whether you will pre-select a capability and area of expertise to focus on during the workshop or let the team choose during the session?

If you plan to meet with a specific pre-existing group, like your Seatbelt Safety Coalition, you may want to choose to focus on Community Partnership Development (capability) and Injury Prevention (Area of Expertise).

If you plan to meet with your local Smoke-Free Coalition, you may wish to choose Policy Development (capability) and Chronic Disease Prevention (area of expertise).

If you are starting a new group, or working internally with just your staff, you may wish to let the group choose a capability and an area of expertise to focus on.

4) Work with your agency leadership to pre-select credible data sources and assemble key data points for the team to review.

See page 4 of the FPHS Workbook for a list of credible data sources.

Review your most recent Community Health Assessment and update it prior to the work session, if time allows.

Review your 2020 FPHS Capacity Assessment produced by #HealthierMO. Request a link to the digital version by contacting #HealthierMO Project Manager, Emily Fessler, at efessler@healthiermo.org.

5) Determine how many mapping cycles your team will work through during the work session.

6) Prepare all the materials, supplies, and tools you will need to facilitate the work session.

At a minimum, consider using a large white board or writing tablet to documents comments that all team members can easily view.

A slide deck and handouts are also available on the Capacity Building page at HealthierMO.org, and may be personalized for your agency's use.

7) Send out workshop invitations 3–4 weeks in advance, clearly identifying the session's purpose. (Refer to Appendix)

8) Follow up by sending a meeting agenda and pre-work to team members at least a week in advance. (Refer to Appendix)

Consider that the work session starts when you send out invitations, not when everyone is in the room.

Send them an article to review, a short video to watch, or a simple exercise to provide context and background on what you'll be trying to accomplish during the work session.

Make this pre-work due back to you 1–2 days before the session so you can build off of it during the workshop.

By providing pre-work, you'll help team members arrive at the meeting grounded and ready to be productive.

As you complete the advance work you will also be well-prepared to facilitate the workshop.



FACILITATOR TIPS

As you consider how you will facilitate the workshop, keep in mind your job is to guide team members through discussion and activities to achieve desired outcomes.

Here are a few tips to build your facilitator skills.

1) Help each team member feel valued by greeting them personally as soon as they enter the room.

Invite them to find a seat, unless you have assigned specific seats for group discussion purposes.

Ask them to please be sure to sign the attendance log with their current contact information. (Refer to Appendix)

Recommend they introduce themselves to others at their table

2) Set the stage for an inclusive, safe meeting space by working together as a group to establish rules of engagement at the beginning of the session.

(Refer to Appendix)

Emphasize that all comments will be respected, valued, and appreciated.

Explain that you may use a “Parking Lot” to jot down comments or ideas that you want to circle back around to later in the work shop or follow up on after the session.

Ask the team for permission to call a “Time Out” to keep the meeting on track and on time.



3) Involve every team member to draw out subject matter expertise and ideas from all participants.

Keep the conversation focused and moving. You can use a round-robin approach, asking each team member to share their thoughts in turn, working your way around each table.

Include opportunities for quieter team members to participate by asking for a show of hands or a temperature check (thumbs up or down).

Remember that people learn in different ways. Engage all adult learning styles by offering opportunities to read written materials silently, listen to spoken words, watch videos or demonstrations, touch items to stimulate thought, and practice hands-on activities.

4) **Manage your own emotions** and remain neutral.

This session is about achieving a goal, not sharing your opinion. Be careful not to judge comments or ideas that are shared, but give value to every statement.

Be prepared for strong personalities. If someone is dominating conversation, compliment and document their idea, then move on by saying something like, “That is a great idea, John, and I’m going to write that on the whiteboard so we’ll make sure to remember it. Now let’s see what ideas other team members have.”

Be an active listener, and validate responses by repeating back to the speaker what you heard. (Example: “Susie, thank you for sharing that important point. I want to sum up what I heard you say to make sure I understand you clearly. I heard you say, ‘XYZ should ABC.’ Did I hear you accurately?”)

5) **Stay on time.**

Ask everyone to silence cell phones and to come back promptly from breaks.

Use the Parking Lot when someone is passionate about an idea, but time is ticking. Validate their comment by adding it to the Parking Lot and then circle back to it, speak to them about it after the meeting, or add it to a future meeting agenda.

Stick to the timeline you have set for the agenda and be sure to reserve 10–15 minutes at the end of the session to conduct a strong wrap up.

6) **Plan for a strong wrap up** to the workshop.

Review with the team the purpose and key points from the session.

Review the agreed upon action plan, including who is responsible for each task and the timeline for completion.

Ask team members to evaluate the work session using the evaluation handout or on yellow and blue post-it notes (yellow = worked well, blue = improvement needed). (Refer to Appendix)

Review next steps when team members leave the room and dismiss them feeling motivated to go do the heavy-lifting until the next meeting.

7) **Write up a summary** of the meeting within the next 2–3 hours, while things are fresh in your mind. (Refer to Appendix)

Share a workshop summary with team members via email.

Provide a report to your agency leadership.

Work with your agency leadership to identify next steps.

Whew! You may be feeling like preparing to facilitate a meeting takes a tremendous amount of work! It will get easier as you become more familiar with the process. Just remember three key points:

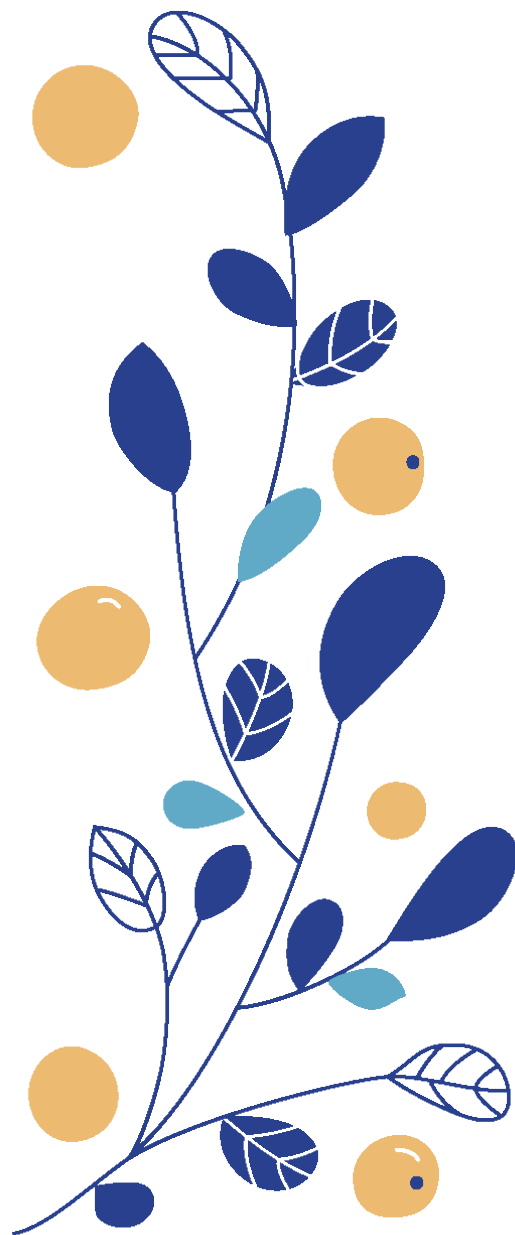
1. Make sure the right people are at the table and understand the purpose and desired outcomes of the meeting.
2. Ensure the meeting is inclusive and productive by creating a safe space and engaging every team member.
3. Conduct a strong wrap up, ensuring everyone clearly understands what was accomplished and what is next.



The first section of this Facilitator's Guide was intended to prepare you facilitate the workshop.

Use the next section as you go into the meeting. Navigate using the icons. Read the script, or feel free to paraphrase it into language that is more informal and more comfortable for you and your team. Text in brackets is background information or suggestions for your benefit and is not intended to be shared with the team. Words that are bolded and blue indicate key concepts, and phrases in bold indicate important definitions or statements you should emphasize for the team.

Good luck!






FACILITATOR'S SCRIPT



WORKSHOP WELCOME

[Despite their best intentions, people often come to meetings distracted and burdened by the weight of the day. One of your first jobs as a facilitator is to help everyone focus on the primary purpose of the meeting and the desired outcomes, to give them a clear reason to participate.]

[Use an “excite statement” to define the meeting’s purpose, desired outcomes, benefits of attending, and opportunities for engagement.]

 Welcome to the Capacity Building workshop. My name is _____ and I’ll be your facilitator for the session today.

Together we have the opportunity to improve health and well-being for our community residents by applying health equity to everything we do, through the framework of Missouri’s Foundational Public Health Services, or FPHS model. Today we are going to navigate through *one section/sections* of the FPHS workbook. It offers us a **step-by-step approach to operationalizing Missouri’s FPHS model in order to assure health and well-being for everyone in our community.**


At the end of the session, we are going to have an **action plan** that moves us forward in assuring health equity. We’ll work together as a group to develop the action plan, and your input and subject matter expertise will be very important. I’ll facilitate the session and document all of the ideas that are generated. I may ask for some volunteers to help take notes along the way, as well.





SET THE STAGE

[Establish groundrules. Refer to Appendix]


 In order to make sure everyone feels comfortable sharing your ideas and comments today, let's agree to make this a safe space. Would everyone agree that all comments should be respected, valued, and appreciated? Can you give me a thumbs up or down on that?

If I need to keep the meeting on task or on time, I'd like to be able to call a time out and redirect us. Would you all agree to give me permission to do that? Thumbs up or down.

Also, I hope the conversation today will generate a lot of ideas. We may not have time to fully explore every idea, so I may use the "Parking Lot" to jot down your important comments or ideas that we may have to circle back around to later in the workshop or follow up on at a later date. Does everyone agree to this use of the Parking Lot?

All right, thank you!

[Share workshop process]

 We'll start the workshop today with an **icebreaker/check-in**.

Then we'll open the FPHS workbook and walk through it step-by-step, mapping one of the **Capabilities** in the FPHS model to one of the public health areas of expertise. We'll draw on the experience and subject matter expertise from everyone on the team as we talk through discussion questions. Finally, we'll identify **action steps** we can take as a team to put the FPHS model into action to assure health equity in our community thorough the framework of the FPHS model. Let's get started!







GETTING STARTED

[Choose one of the optional group activities below, based on your audience, to help everyone relax and begin to interact.]


Internal teams are generally considered to be your agency's employees. It may also be a community coalition or collaborative where members know each other well and have a long history of working together. External teams are generally considered to be groups outside of your own agency, such as a community coalition, a regional committee, or a new team forming for this work.]

 **Internal team** – What one word best describes your mood at this moment and why? (Refer to Appendix)

 **External team** – Please share your name, the agency or group you represent today, and your personal superpower. (Refer to Appendix)


[If you have a large group, consider breaking them into smaller groups to discuss and then report out to the whole group.]

[Summarize the activity with an affirming transition comment]

 Wow! It sounds like we have some amazing superpowers in the room today. Are you ready to apply them to this work? Great!



[Provide background]

 Let's review a little bit of background that will be helpful for our discussion today.

You should have received some advance materials with your meeting invitation. I hope you took the time to read through those materials. I'll summarize them briefly.

[List the items you sent and summarize the comments that were sent back to you via the Google sheet.]



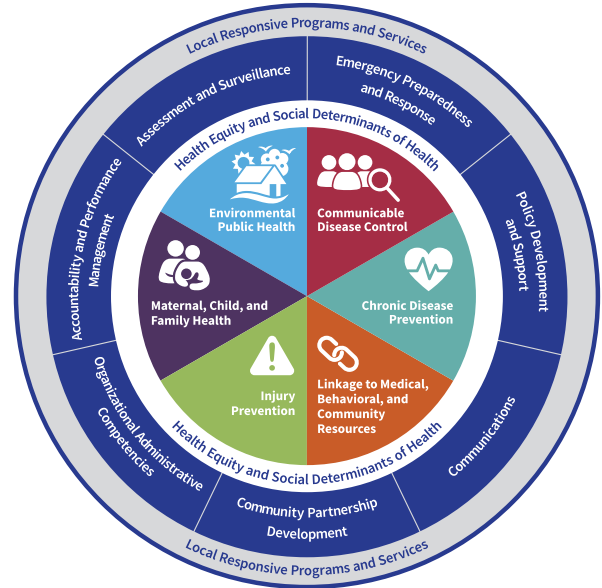


OVERVIEW OF THE FPHS MODEL

In Missouri health departments can be very different in structure, the services they provide, and the way they are funded. Missouri's Foundational Public Health Services, or FPHS model offers a **consistent framework upon which we can align public health practice across the state.**

As public health agencies apply the FPHS model consistently across all programs, Missouri's public health system will begin to function like smoothly operating gears in a complex machine — collectively building power and momentum that will transform and strengthen Missouri's public health system and assure better health and well-being for every Missourian.

[Ask everyone to turn to page 3 of their FPHS workbook / or put up the slide of the FPHS model / or pass out the 2-page FPHS model overview handout available for download with this Facilitator's Guide on the Capacity Building page at HealthierMO.org]



Foundational Capabilities




Foundational Areas

Missouri's **Foundational Public Health Services (FPHS) model** describes a **minimum set of fundamental services and capabilities that must be available in every community in order to ensure Missouri's public health system delivers equitable opportunities for good health and well-being to all Missourians.** The FPHS model provides a critical and consistent framework for practicing public health.


The result is an increased ability to provide person- and community-centered care and resourcing that helps people break through barriers to reach their best state of health.






 When we have functioning systems, we have more room to operate in a way that **honors the dignity and value of every person**.

[Indicate the blue ring in the model if using the slide deck]

 The Missouri model defines **seven cross-cutting skills** required to assure the delivery of foundational public health services and achieve equitable health outcomes. These **foundational capabilities** are found in the **blue ring** and include:

- Assessment and Surveillance,
- Emergency Preparedness and Response,
- Policy Development and Support,
- Communications,
- Community Partnership Development,
- Organizational Administrative Competencies, and
- Accountability and Performance Management.

[Indicate the colorful pie pieces in the model if using the slide deck]

 The model also identifies **six interconnected** public health **areas of expertise** best provided by governmental public health agencies. These are indicated by the **colorful pie pieces** and include:

- Communicable Disease Control,
- Chronic Disease Prevention,
- Environmental Public Health,
- Maternal, Child and Family Health,
- Injury Prevention, and
- Linkage to Medical, Behavioral, and Community Resources.

Strength in the FPHS model areas of expertise **depends** on strength in the capabilities.

Rather than focusing on individual programs defined by limited funding streams, Missouri's FPHS model describes a **minimum set of measurable capabilities under each area that are truly essential in every Missouri community**. These capabilities have been further defined in a **Capacity Assessment** and now need to be attached to a measurable cost for delivery.





Each health department will determine the best strategy to assure the capabilities in their own jurisdiction — in other words, **we will decide how to build capacity so that we can assure the model is operationalized within our community.** Our health department isn't expected to accomplish all of this work alone. We'll continue to rely on partnerships and community members to collectively accomplish the work.

[Indicate the white ring in the model if using the slide deck]

The model highlights **Health Equity and Social Determinants of Health** as a lens through which all public health programs and services should be provided. We know we have a network of organizations in our community working to make sure residents have equitable access to the expertise and resources necessary to address many of the underlying causes of poor health, like transportation, housing, access to healthy food, health literacy, employment, and health insurance. We just need to make sure every foundational public health capability and area of expertise is being addressed in our community, and then find out what we can do to support that work, or fill in any gaps.


[Indicate the outer grey ring in the model if using the slide deck]

The model also gives us space to add our own **Local Responsive Programs and Services** that may not be foundational statewide, but are **vital to meet identified needs in our community.**





REFLECTION

 Based on what you know about the FPHS model and the work we are getting ready to do today, what do you see as strengths, challenges, and opportunities? You can use your S-C-O handout to jot down your thoughts as you reflect. (Refer to Appendix)

[Ask who wants to share their answers and document them on the whiteboard or workshop notes.]


[Affirm responses by saying something like “That is a very insightful question.” Or “Thank you for sharing your thoughts and raising that important point.”]

[If questions arise that you cannot answer, you may refer them to other resources for answers or note them on the Parking Lot until the end of the meeting, especially if you think they may be covered during the course of the workshop.]





LEARN MORE

 There are several ways you can learn more about Missouri's Foundational Public Health Services model to better **apply it to your own work and to our efforts as an agency and as a community team.** (Refer to Appendix)

Missouri's FPHS Model Summary (pdf):

<https://bit.ly/MO-FPHS-summary>

Missouri's FPHS Model Full Overview (pdf):

<https://bit.ly/MO-FPHS-full>

Missouri's FPHS Model Overview Video

(YouTube): <https://bit.ly/MO-FPHS-Overview>

Missouri's Interactive FPHS Model:

<https://www.healthiermo.org/>

This online interactive version of the model can be explored using a mouse or touchpad to **click on model components or drag any of the capabilities to align with any of the areas of expertise** to reveal additional information, case studies, data, and resources.

[If you have time, consider pausing the workshop here to navigate to the Interactive model at HealthierMO.org. Spend a few minutes demonstrating to your team how it works by clicking on one capability first to get a pop up box with more information. Then drag one capability to align with one of the areas of expertise to get another pop up box with information on the interconnectivity of the two components.]



[Take a 5-minute stretch break at this point.


Be available for any questions or comments regarding the FPHS model during the break.]






DATA REVIEW

[Transition as you return from the break.]

 Now that we've familiarized ourselves with the FPHS model, let's take some time to **review our local data** before we jump into our work operationalizing the model.

There are multiple data sources available to us, but for this workshop we are going to focus on *one/two/three/etc.*

[Refer to your health department's individual 2020 **Capacity Assessment Report** produced by #HealthierMO. If you do not have a copy, request the Google Drive link in advance of the workshop by emailing Emily Fessler at efessler@HealthierMO.org. Keep in mind the Capacity Assessment simply points out gaps and opportunities. It is self-reported, and is therefore subjective. You will need to use it in conjunction with other data sources to provide a clear picture of the health inequities and gaps in your community. Refer your team to the **Data Sources** section on **page 4 of the FPHS Workbook** or use local data you collected prior to the meeting, such as your most recent Community Health Assessment.]

 We're going to take a few minutes to look over the data, highlighting key pieces that will be relevant to the work we'll do in the workshop today.

[Take time to highlight data you have already compiled if you pre-selected a capability and area of expertise to focus on in the workshop. If you are going to let the team choose a capability and area of expertise to focus on, let them review the data to help narrow their selection.]






TEMPERATURE CHECK

[Transition to today's work]


 Let's take a quick temperature check.

Considering the grounding you've received in health equity, the FPHS model, and our community's data, to what degree are you feeling ready to move forward with operationalizing the FPHS model today? Give me a thumbs up if you are ready to move forward, a thumbs down if you are not ready, or a flat palm if you are unsure or have a question or comment.


[If anyone expresses hesitancy, ask the following question.]

 Let's check in first with those who have a flat palm.


[Go around the room and ask each person with a flat palm to share their hesitancy or comment.]

 If you gave a flat palm, what would you like to share with the team?

[Then go back around the room and ask each person with a thumbs down to share their hesitancy.]

 If you gave a thumbs down, what would you like to share with the team?

[Be sensitive to individual personalities and group dynamics. If you sense someone feels uncomfortable sharing with the group, you can suggest a 5-minute break and encourage anyone with a hesitancy to write it on a post-it note during the break and stick it up on the white board or hand it to you. Based on the post-it comments, determine if you should continue the agenda after the break or stop and backtrack to address hesitancies.]

 So we've discussed some hesitancies, and now I want to do one more temperature check.

Are we ready to move forward as a team, or do we need to pause, back up, or review a concept? Give me a thumbs up if you are ready to move forward, a thumbs down if you are not ready, or a flat palm if you are still unsure.

[When the team is ready to move forward, transition into the Workbook.]





WORKBOOK WALK-THROUGH

 Let's open our **FPHS Workbooks**.

Page 2 lists all the contributors to the development of the Workbook, many of them from public health agencies like ours.

Page 3 describes how the Workbook should be used. Look at the bottom half of the page. We'll be using steps 1– ____ today.

In just a few moments we're going to begin focusing on one of the FPHS capabilities and aligning it to one of the areas of expertise.


We'll work through the discussion prompts in the Workbook, and then we'll create an action plan to build capacity in that area and capability. There are many different places we could start in this process, and over time we plan to map all of the capabilities to each of the areas of expertise, but we'll just take one bite out of the elephant today.

Let's review the key terms that will be used in the workbook, listed on the top of page 4. **[Ask team members to take turns reading the words and definitions aloud to the group.]**



 The process of mapping the capabilities to the areas of expertise is new to us and to most health departments in Missouri, but has been used successfully by the Jefferson County Health Department. Their administrator, Kelley Vollmar, explains.

[Read Kelley's quote in the blue box on the bottom of page 4 in the FPHS Workbook.]

 So that is the process we are going to follow today. Let's get started.

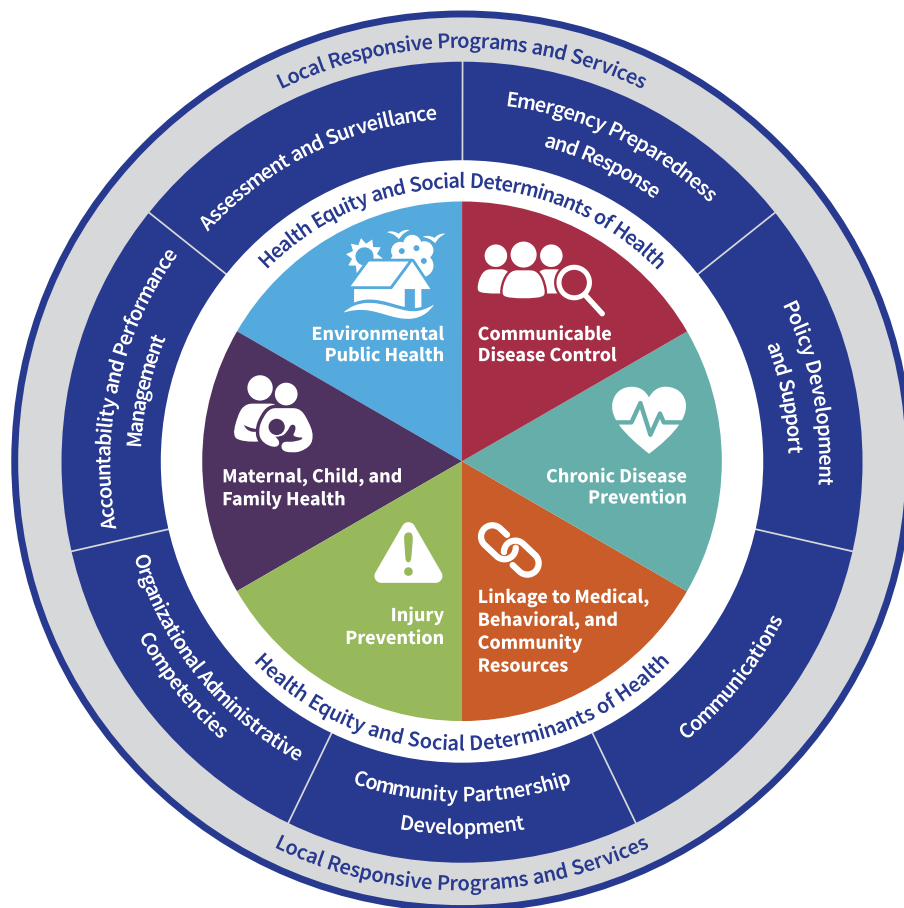




Today we'll be focusing on the Capability _____ [add the capability you selected prior to the workshop, or the one the team selected after reviewing data.]

We've chosen to align that capability with the Area of Expertise _____ [add the area of expertise you selected prior to the workshop, or the one the team selected after reviewing data.]

Remember, once we've completed mapping these two components, we can always come back and map another set and another set. But let's start small. So flip over to page _____ in your Workbook to that Capability.




Foundational Capabilities



Foundational Areas






 At the top of that page, we have a blank in the Workbook in which to enter the area of expertise we're going to be mapping to this capability. We'll be using _____ **[same as the area you identified two paragraphs above.]** So you can enter that information in your workbook now.


We've already reviewed the data, and we discovered that

1. _____
2. _____
3. _____

[Briefly review the top 3 data findings you identified earlier in the workshop that are related to this capability and area of expertise.]

 Let's read through the description of this Capability together.

[Ask the group to read it silently to themselves, or ask team members to take turns reading a paragraph each aloud.]
Reading aloud allows people who learn best by hearing to engage, as well as those who learn best by reading written words.]

 Now let's consider how health equity should be infused into this capability.


FPHS - A PRACTICAL APPLICATION WORKBOOK

19

COMMUNICATIONS

1

AREA OF EXPERTISE FOCUS:

2

Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

Communication is vital to assuring all community members can access, understand, and act on important health information to protect themselves and their families.


Communication involves sharing, receiving, and interpreting messages through a number of different techniques and pathways. Messages, materials, and dissemination channels should be tailored to specific audiences in order to meet people where they are. Public health agencies must be able to write and implement an effective communication plan, execute risk communication strategies, and engage in two-way communication with all audiences, including media.



Successful public health outcomes depend on an agency's ability to clearly communicate health information. #HealthierMO recommends four key steps for increasing capacity in communication.

Analyze: Effective communication must be grounded in an understanding of the audience you want to

[Ask someone to read aloud the Infusing Health Equity paragraph.]

 The first step to increase capacity in this capability and area of expertise is to _____.

[Fill in the blank referencing the description of the Capacity you are currently focusing on. Example: for Accountability and Performance Management, the first step defined is "Self-assess" and leads directly into the discussion questions on page 8.]






[Choose one of these options to facilitate discussion as you dive into the workbook.

Your choice may depend on the amount of time you have available for the session, the level of engagement of your audience, the level of expertise among your audience, and other factors.

1. Work through each question together as a large group, summarizing along the way,
2. Break into small groups to discuss one or more questions assigned by the facilitator and then report out to the larger group, or
3. Break into small groups to discuss all the questions under one of the identified capacity building steps in the section overview and then report out to the larger group]

[Lead the team through discussing responses to each question in this section. Document their responses.]

[Summarize key points the group discussed in this section, then move on to the second step within this capability.]

 We've been working very hard. Let's take a 5-minute break to stretch and re-energize, because when we come back we're going to jump into action planning.



[Take a 5-minute stretch break at this point.

Be available for any questions or comments regarding the FPHS model during the break.]


[Again, summarize key points the group discussed in this section, then move on to the last step within this capability.]

[Summarize key points the group discussed from all three steps in this section. Then describe the Training Resources and/or Next Steps sections in the last page(s) of the Workbook section on capability.]





ACTION PLANNING

 So as a group we've discussed three steps to building capacity within this capability and area of expertise. We've identified a few key points: **[list them briefly]**.

Now, we're ready to build an action plan. Let's take a quick look at the template provided in the Workbook. Go to page _____ (last page of the Capability section you are working in).

 FPHS - A PRACTICAL APPLICATION WORKBOOK 32				
 COMMUNITY PARTNERSHIP DEVELOPMENT: OUTCOMES AND ACTION STEPS				
<p>Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency's most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.</p>				
Potential Outcome	Action Steps	Timeline	Resources	Assigned To
We create and maintain strategic, non-program-specific relationships with key community partners				
We provide leadership in coordinating governmental public health efforts at the local level through dialogue, periodic meetings, and leadership				
We mobilize key community partners to support development of public health policies				
We maintain trust with and engage community residents at the grassroots level				
We clearly articulate governmental public health roles in programmatic and policy activities to key community partners				
We convene a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect community residents				

The **Potential Outcomes** you see in the first column were drawn from the capacity line items in the 2020 **FPHS Capacity Assessment**. If you helped fill out that self-assessment for our agency in May/June of 2020, some of these outcomes may look familiar to you. These are the **essential items public health agencies must have capacity in, in order to assure Missouri's Foundational Public Health Services model**. Remember, our health department isn't expected to deliver all of these. Other agencies may be doing work that aligns with these outcomes, so **the Health Department just needs to assure they are being done and provide support to those efforts, as needed**.


Also, the FPHS model is foundational, meaning it identifies a "minimum set of fundamental capabilities." Some public health agencies may be doing far more than is listed here.

As we reflect back on the data we looked at, the key points we identified during our discussion today, and the strengths, challenges and opportunities we know exist in our community, let's talk about the actions we want to take to build capacity in the Capability and Area of Expertise we've been focusing on today (e.g. Policy Development and Support in Injury Prevention).





DISCUSSION

 Let's discuss together as a group what to focus on and then develop an action plan.

Which of these lines items should we focus on?

Which are most important and achievable?

Which are low-hanging fruit we can make a difference toward more quickly?

What actions should we take, and when?

Who will be responsible to take the lead on this action?

What resources will be needed to accomplish this action?

[Ask the following three questions in a loop until the team no longer has additional action steps to add. Document group consensus on the action steps, timeline, resources needed, and who the lead person will be for each potential outcome the team commits to working on.]

 What other actions steps should we take, and when?

Who will be responsible to take the lead on this action?

What resources will be needed to accomplish this action?

[If the team prefers to use a logic model, a link is provided just below the Action Plan table in the Workbook. Work with the team to build the Logic Model based on the information you all have discussed and agreed upon.]

[If and when time allows, the team, or members of the team, can test the sustainability of your proposed action plan using the Sustainability Tool link provided under the Action Plan table in the Workbook.]





SUMMARY

Great work today, team!

We walked through mapping the _____ (area of expertise) to the _____ (capability).

We reviewed local data and found: **[add your top 3–5 data findings]**

1. _____
2. _____
3. _____

We worked through several discussion questions and identified that _____
[add a brief summary of the key findings from your discussion].

Finally, we built an action plan that identifies what each of us will do individually and what we will do collectively to increase capacity in this capability and area of expertise.

We made assignments, identified needed resources, and set a timeline, so that each of us know what is expected of us next.

Let's take a few minutes for personal reflection. Pull out your Reflection handouts again.



Reflection: Based on everything we've discussed today, what strengths did you hear, what challenges may exist, and what opportunities can you identify.


Part of the work in the Action Plan we developed will be agency-level work, but there may also be steps we can each take individually to support our action plan.

Reflection: Note 1–3 action steps you will personally take over the next 30/60/90 days to begin operationalizing the FPHS model and assuring health equity for everyone in our community.


[If you will be mapping additional areas of expertise to this capability, or mapping the area of expertise to a different capability within this same work session, find the appropriate page in the workbook and begin the process again at page 23 in this Facilitator's Guide.]






 Before we conclude for the day, please take two minutes to complete a quick evaluation of the session, to help us plan for the next workshop. (Refer to Appendix)


[Explain which of these two methods you will use:

 Ask them to write their thoughts on the evaluation handout and collect them at the door. Or, ask them to write what worked well on yellow post-it notes and what could be improved on blue post-it notes, and place them up on the white board as they leave.]

[If you are finished for the day, thank everyone for coming. Offer your agency's support as the action plan work begins, and let them know when the team will be meeting again, or what a different "next step" is for the team.]

 Thank you so much for attending today, and for working collaboratively to map the _____ (area of expertise) to the _____ (capability).

We have a solid action plan for building capacity, and the Health Department will continue to support the team's work in this area.

 I'll send out a summary of today's call by email. (Refer to Appendix)

We'll plan to meet again _____ [add date].
I will send out a meeting invitation with more details.

We understand that none of us can do this important work alone, and are so appreciative of your engagement and commitment to building a healthier community for all of our residents.

Have a wonderful day!





NOTES





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