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Kimberly: Good afternoon, everybody. Good morning, depending on your time zone. Welcome to today's webinar. I'm Kimberly Bradley, the Technical Advisor for Community Engagement with the Healthy Start EPIC Center. I'll be moderating today's webinar. We have a full and informative hour and a half planned this afternoon.

Joining me this afternoon are other members of the EPIC Center team, MCHB Division of Healthy Start and Perinatal Services staff, representatives from the Tamarack Institute, the CEO of the National Healthy Start Association, and five of our six Collective Impact Peer Learning Network grantee co-facilitators. As I shared a jam-packed 90 minutes lie ahead.

This webinar is being recorded. The webinar along with the transcript and slides will be posted to the EPIC Center website following the webinar. Before we dive into our agenda, I wanted to invite and encourage you to participate throughout this webinar by sharing questions, comments, reflections in the chat box located in the lower, left-hand corner of your screen. We will have time for Q&A towards the end of the webinar, but please feel free to post your questions in the chat box throughout the session.

If we happen to not have enough time to address all the questions by the end of our webinar today, we will include them in a Frequently Asked Questions document that will be posted with the webinar materials on the EPIC website. This one additional housekeeping reminder: we will be asking you to complete an evaluation survey at the end of this webinar. We greatly appreciate and value your feedback, so please take a moment to complete that.

So as for our agenda today, we're going to review the objectives for our call. We'll hear from Makiva Rodin, Project Officer with MCHB's Division of Healthy Start and Perinatal Services. I'm going to briefly review the CAN, the Community Action Network related data collected from the capacity voting assessment worksheets. Sylvia Cheuy and Liz Weaver from Tamarack Institute will share a little about the value of peer learning. And Ken Harris and Lorita[SP] [inaudible 00:02:15] will provide an overview of the collective impact, peer learning network structure and the training that co-facilitators went through to increase their own capacity in collective impact and facilitating peer learning networks.

We will hear from Deborah Frazier, the CEO of the National Healthy Start Association, who also had staff participate in the capacity-building opportunity, and each of the PLNs will be introduced. Then we'll share how you can register to participate in the peer learning networks, and then also we have some time for Q&A.

Our objectives for today are for grantees to become familiar with the concept of peer learning networks, for grantees to become aware of the goals and objectives of the Collective Impact Peer Learning Network Series that will be launched in June. And for grantees to be able to identify which of the six PLNs is most relevant to your needs.

Makiva Rodin is joining us on our webinar today. Makiva is a Project Officer in the Division of Healthy Start and Perinatal Services. She is also the Division Lead for the Healthy Start EPIC Center Training and Technical Assistance contract. Welcome, Makiva. Thank you so much for joining us today.

Makiva: Thank you, Kimberly, and good afternoon, everyone. On behalf of the Division of Healthy Start and Perinatal Services and the Maternal and Child Health Bureau, I welcome you to today's presentation on the topic of "Collective Impact and the Way Forward for the Healthy Start Community." I am pleased to represent the Division on this collective impact webinar, especially as we prepare to launch the peer learning network to promote and support this very important topic.

As has been mentioned in a previous webinar, achieve collective impact is one of the five approaches of Healthy Start 3.0. As such, it is necessary that we provide as much support as possible to assist our grantees in being successful in the implementation and practice of the five conditions associated with this process.

The Healthy Start community is no stranger to the process of community engagement. This topic has been a part of the program's process for much of its 20-plus-year history. Early on in the inception and implementation of the original Healthy Start program, or what we refer to as "Healthy Start 2.0," we were made aware of the importance of involving the community in increasing attention on the topic of infant mortality, and those factors that presented as barriers to addressing the issue.

Through the use of the consortia and the local health system action plan, the Healthy Start projects were able to not only engage consumer, but bring together partners to work as a united front to change the maternal-child health system, assess public policy, and begin the conversation on the need for environmental change. The knowledge we have gained from this previous process is used as a springboard for transitioning to the new process of collective impact.

With all that has been stated it begs the question, "Why are we moving to collective impact?" Well, as part of Healthy Start 3.0 we are promoting the use of more evidence-based approaches, and weaving this idea through everything we do under the re-invision structure of the program. While we have learned much about community engagement through the use of the consortia, there is a need to engage a strategic process and find new ways to connect partners and increase knowledge around the issue of infant mortality. Collective impact is the chosen process for Healthy Start 3.0, as it promotes the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.

As part of Healthy Start 3.0, collective impact is the process being used in each of our community action networks, or what we refer to as our "CANs." The focus of each CAN is reducing disparities in perinatal health outcomes through cross-sector information sharing, collaboration, and linkages. Since the topic of infant mortality has changed over the years, whereby it is more readily accepted as a social issue rather than just a traditional, public health issue, our hope is that the increased involvement from the nonpublic health sector will have a greater impact on improving perinatal health outcomes, and touching the larger community.

As stated in the funding opportunity announcement, each Healthy Start has basic requirements in relation to achieving collective impact. Level 1 grantees are to participate in community collaboration, information sharing, and advocacy through the community action network, which involves consumers and community leaders, to engage consumers, providers, and others in community change.

Level 2 grantees are to stimulate community collaboration to focus on working with relevant partners to develop a common agenda, shared measurement approach, and coordinate resources. And then Level 3 grantees access conveners and leaders to service the back-home organization, providing leadership and

structure for collective impact, including overall strategic direction, dedicated staff, coordination of communication outreach, data collection and analysis, and mobilization of funding and other resources.

Please note that when appropriate any Healthy Start grantee, regardless of level, can act as a backbone organization. However this is specifically the requirement of Level 3 grantees. Where there are multiple Healthy Starts working in the same community, we ask that you work with one another to determine which Healthy Start is more suited to function in this capacity.

While collective impact as a more intentional approach to engaging partners to impact the community and affect infant mortality through environmental and social change, we know that there is always room for improvement. Initial conversations with Healthy Start projects around this topic have helped us determine potential ways in which you, our Healthy Start community, can add to the collective impact movement.

Specifically, Healthy Start projects can track and record the decision-making process used for reaching the common agenda, something that has not fully been documented about collective impact initiatives in the past. Additionally, Healthy Start projects can provide more context around how to fully involve our program participants or our consumers in this process, and ensure community ownership over the issue of infant mortality.

You have in the past and continue to empower our participants to be their own health advocates. We ask that you continue this work and add to the collective impact process by providing strategies on how this is best accomplished in the communities you serve.

Finally, the Division of Healthy Start and Perinatal Services and our Healthy Start EPIC Center are here to support your collective impact efforts. The peer learning network will be our main opportunity for learning more about this topic. The Division staff, specifically our project officers, will be participating in these peer learning networks, moving forward, and answering questions that grantees may have over the course of the next several months.

Additionally, our Healthy Start EPIC Center will use information collected through this process to support the creation of a collective impact toolkit that will benefit our entire Healthy Start community. Healthy Start EPIC Center will also continue to address technical assistance requests as needed on this topic as well.

We are looking for 100% participation from our grantees for this to truly be of benefit to the entire program. Again, I am excited about the work we are doing within and among our Healthy Start projects in regards to collective impact, and look forward to our learning together on this topic. Thank you for your time. This concludes my remarks. Kimberly, you have the floor.

Kimberly: Thank you so much, Makiva, for that welcome, as well as that great, very helpful overview. All right. We thought that maybe a good place to start -- in fact this is kind of where we started in thinking about this particular series and approach to capacity building -- was to look at the information that we gathered back in November at the convention in the CBA worksheets.

So just as a way of background, and as you all know, we asked all of the grantees about their progress in implementing various activities and their interests, and receiving support on those activities at the convention. We did this through the Capacity Building Assessment worksheets, which we refer to as "CBA" worksheets.

The results of the CBA worksheets were originally shared on a webinar back in January, but today I just wanted to take a few minutes to recap the results that were turned in as it relates to the CAN activities. We use this information to help guide our decision-making when we were trying to design a way to assist grantees in enhancing their CANs and their CI initiative.

Before we dive into the detailed data, I did want to give you some general pictures of how the CAN involvement looks across grantees. For background, approximately four in five grantees are already a part of a CAN, and in many cases the CAN existed before this grant cycle. And most grantees have had a CAN for a little over two years, but a little over 10% have a CAN that is brand new. There was a pretty even split in terms of the CAN relationship to other coalitions. Half of the CANs are a part of a broader coalition, while half stand alone.

We took all the results of the CBA worksheets and sorted by which activities had the largest proportion of grantees with a high level of interest in support, and also the largest proportion of grantees who said they either had not started, or were still in the process of implementing various activities. These CAN-related activities rose to the top of the list: the identification and recruitment of members, setting priorities, documentation of progress and success, engaging participants, and strengthening relationships.

We'll now look at the more specific data related to these activities. On this slide, the light blue indicates that respondents had completed this activity, while darker blue indicates that the respondent was still in the process of starting or implementing the activity. You can see here that between 10% and 20% of you have completed the different activities related to getting the CAN up and running. Of all the activities, the highest percentage of you have completed the process of establishing relationships with partners.

On the flip side, there's still a lot of work underway, where over three-quarters of you have either not started, or are still in the process of many other activities, such as recruiting members, establishing a shared or common agenda, and implementing a data collection system.

Similarly, there's a lot of work still underway in terms of operating the CAN and documenting CAN's success. With the exception of having standard operating procedures, over three-quarters of you are still in the process of negotiating MOUs, or Memorandums of Understanding, figuring out how to measure and document the CAN's progress, and making sure that the CAN's priorities include strategies to address social determinants of health.

In terms of the opportunities for support from the EPIC Center, we saw a lot of interest in the CAN process, with approximately three-quarters of you indicating a medium or high level of interest in support on topics related to the can. Using these results, we planned and designed the Healthy Start Collective Impact Peer Learning Network Series. And we also had a couple more opportunities to get feedback from you all by way of the webinar in February that we had, as well as the workshop that we did as a part of the National Healthy Start Conference back in the very beginning of March.

The final aspects that we asked about in the CBA worksheets were CAN membership diversity and partnership strengths. Many of you highlighted in the open-ended responses that a challenge is getting community members and Healthy Start participants to participate in the CAN. This chart shows the percent of all members that were reported, and that total was 569 across all grantees.

We know that there are many more members and partners that probably weren't included on this round of the worksheets, but based on the information that was provided that are in each category of member type. You can see that 4% of all members are community members and Healthy Start participants respectively. That will definitely be a topic of conversation in the discussion groups in the series that we have moving forward.

With regard to strengths of partnerships, you were asked to identify relationships as cooperative, which is limited to information exchange, or coordinated, which means engaging in efforts to enhance each other's capacity, or integrated, which means that there is complete unification of knowledge and programming. Over half of all the relationships were indicated or reported as being cooperative.

So at the conclusion of the Collective Impact Peel Learning Network Series, and after having some time to apply some of the strategies and tools discussed within the series, we hope to see a shift in the strength of those relationships from cooperative to integrated.

To help get us there, as we've done since November, we've been considering the contents for collective impact. The EPIC Center partnered with the Tamarack Institute to design this peer leaning network series. The Tamarack Institute is helping local communities, states, provinces, and countries across the globe to enhance their understanding, skill set, and ability to apply collective impact.

I'm so excited to say today we have two representatives from Tamarack here with us. We have Liz Weaver, who is the Vice President of Tamarack Institute, and Sylvia Chuey, a director at the Institute. Many of you have seen Sylvia present at either the convention in November, on our webinar, or at the Healthy Start spring conference in March.

It goes without saying that Liz and Sylvia are incredibly knowledgeable on this topic, but what's been so exciting for me as I've worked with them throughout this planning process -- and I'm going to go out on a limb and speak for all of the co-facilitators, the grantees as well as the EPIC co-facilitators -- is the energy and dedication that they both have for us, the Healthy Start community of grantees, the co-facilitators, and the HRSA team.

They are really excited to be a part of this journey with us, to help not only enhance our learning and skills around applying collective impact, but also so that they can learn from us our successes, and help to apply that to the broader CI field. I just want to welcome Liz and Sylvia, and thank you both for joining us today. I'm going to hand it over to you all.

Sylvia: Thanks very much, Kim. Hello, everyone.

Liz: Hi, everybody.

Sylvia: What we really wanted to do was to just frame for you why the peer learning network notion. Knowing that in many ways the work and the way in which Healthy Start has evolved touches on many of the components of collective impact, what is particularly exciting is seeing that you folks are now at an opportunity or a place in your own development and learning journey that there's a real opportunity for you to align with some intention your work to this framework, and use it as a way to deepen your rigor around the way that you have been working.

One of the best ways that we've discovered to accelerate the effective implementation of new ideas is to create opportunities for peers who are doing the work in communities to learn alongside each other. Knowing that this is very much a learning journey for folks working at the community level, and also recognizing that across your grantee network, it's also a big opportunity for the network as a whole.

There's some rich opportunity by being open and creating spaces and times for you all to share your ideas, your thinking, and also your challenges. It increases the likelihood and effectiveness of your ability to make this transition and really shine

in bringing the principles that are so true to Healthy Start into the language and framework of collective impact.

If I can get you to go to the next slide, maybe, Kim. A peer learning network is really a group like yourselves that are focused on a common issue. You're working on it in different communities, different contexts, so as a result, you see things differently and you have different experiences. Sometimes, when you're able to step back from your work, or you see someone else working through an issue or an opportunity that you've worked your way through, you can help each other and accelerate the effectiveness of the network as a whole and all the grantees.

The truth about collective impact is it's less an answer than a problem-solving process. It's very much about trying new things, working in new ways, and then stepping back and reflecting about, "Has that had the kind of impact, and shift, and change that we want to have?" And so, all the more reason why creating a space and a framework for how you can accelerate and learn together becomes important.

One of the big learnings that we've certainly appreciated in this work is how important the unique dimensions of the local context are to helping you to refine an effective strategy. Again, the intention of the peer learning network is to create a set opportunity that makes it easy for grantees to talk with their peers, share advice, share insights, share examples, and help problem solve together.

The next one please, Kim. Again, just reiterating, you are dealing in the issue of infant mortality, with a complex issue, so really, this is a chance to not only work in new ways, but to reflect on and innovate around the issue, based on and drawing in the resources of partnership and knowledge that you create with other partners in the community. That's where the opportunity to have real impact in doing this work is often nested.

One of the things that I did really want to highlight is that we at Tamarack have spent quite some time, through our own experience in poverty reduction work, building a networks similar to the Healthy Start network, that ultimately, initially engaged 15 communities in using a multi-sectoral approach around poverty reduction. It's through that experience that I think we really came to value and recognize the importance of peers learning together, so I'm going to invite my

colleague, Liz, to jump in here for a sec, and share concretely some of the important learnings that we had from that journey.

Liz: Yeah, thanks, everybody. I actually think there's a real big advantage to having a peer learning network. When we started our Vibrant Communities network with the 15 cities, as Sylvia mentioned, we really had the intention of bringing the communities together, recognizing that each of the communities has their own local context. But we believed that there were things that they could do together to accelerate their collective work, and also accelerate their work at the local level. So that's why we formed this peer learning network.

Some of the things that we found, we did a pretty extensive evaluation of the peer learning network at the end of the ten years of this Vibrant Communities work. We saw that it really did help create this common language and this common approach to really diving in on a complex issue, one that we hadn't tackled together.

Now you guys have that history already of some of that common language, but where you're diving in deep now is around collective impact and how collective impact translates within the Healthy Start framework.

So that idea of really understanding what's going on in different communities, and then really thinking about, "Okay, so this worked over here. I wonder what made it successful. And then how can we translate those strategies into what may or may not work in our community? Are there lessons that they learned that we can translate and ramp up strategies in our home communities?" We saw a lot of this happen over the course of the time that we spent with our Vibrant Community partners.

We also saw a process where communities would be diving into their path and they would say, "We're going to go in this direction. Oh, but here's an idea that we hadn't even considered. Here's a connection that they've made that we can actually begin to develop in our community." So that peer-to-peer learning really was quite transformative in the work that we saw.

We also saw the focus on policy change emerge over the course of the conversations with community partners. Certain communities have a lot of strengths and good connections in terms of the policy sphere, and so they began to

move the policy agenda forward. The lessons that they learned in that actually were translated across multiple communities.

A really great example of that is an affordable transit strategy that started in one community. And we've expanded out network of Vibrant Community partners. It now is in 30 of the 50 communities, so it's quite interesting to see how we can shift the policy agenda in multiple communities when we dive deep into that issue and we learn the lessons from other folks.

The other thing I think about, particularly with collective impact, is the framework of collective impact is so broad that it actually does lead to lots of interpretation about, "How do you really move a common agenda forward?" Or, "What are some shared measures that we can consider?"

So when you're actually engaged in a peer learning network, and you're dealing with the complexity of a framework like collective impact, it really does enable you to say, "What did they do over there? What's the strategy? How do they interpret collective impact, or common agenda? What are some measures?"

At Tamarack we often talk about "R&D," and we interpret that as "ripoff and duplicate." In many ways, that's what a peer learning network does. It actually allows us to surface some of those emerging, very promising practices, and then try to think about, "Okay, in our community context, how can we apply that in the best way? That meets our community needs, meets the needs of the people that we've gathered around our peer table, and really helps us to dive deeper in this framework."

Sylvia?

Sylvia: Thank you. So, if we can leap to the final slide there. I think for us this peer learning network is absolutely an opportunity for you to support each other in developing and deepening your familiarity with applying collective impact. Absolutely. But as Liz so beautifully framed for us, it's also about opportunity for you to think as a network and begin to build a movement for change, where you see commonality begin to emerge across your multiple communities.

You can also inspire other communities, right, with the stories and successes, because sometimes this work is very hard. It's hard to be an innovator. It's hard to

try new things. And that's why that peer linking, to help remind you when the work gets tough that everybody is struggling, but that there's also lots of rewards and benefits from this.

The final piece for us is there is a creative tension at work, and that is there is a process focus. So it's very much around how do we, how do you form networks where you're authentically getting to know each other? Trusting each other enough that you can share not only your successes but the places that you're finding really difficult. And each and every participant in a learning networks helps to create that environment, so it's about that safe bubble to learn in and the predictable rhythm to making that happen that we can put into calendars and then it becomes something easy.

But at the same time, each and every grantee is accountable to producing an action plan. The Healthy Start peer learning network process has been designed very intentionally to help methodically move the grantees participating on those calls through a deeper dive and a documentation around each of the key components. With the view being, at the end of the six-month journey, you have a one-year action plan around implementation that you feel really grounded on and grounded in. Because you've worked with these tools together and you've problem-solved together.

So there, that's a quick overview. It is an opportunity to build rapport, to establish a process, and learn together, and it's also about those deliverables, those action plans. I think by working together the work becomes easier to do. That's certainly been our experience and we are so thrilled to be working with you as you begin this training.

So for the next piece, it is my absolute pleasure to introduce our next speakers. For those of you who don't know, I had the pleasure of meeting Ken Harris at the Train a Trainer workshop not too long ago. I discovered that not only has he been active in your Healthy Start network since the early '90s, but he is also an incredibly dynamic man with a deep, deep appreciation and understanding of the value of working from a place of assets, and building on the strengths of community.

I'm also thrilled and pleased to be introducing Lorita[SP] Kegler-Krall[SP], the Director of Program Development and Implementation at Boston Public Health

Commission. Lorita and I got to know each other quite well at the collective impact summit in Toronto last fall, and what I saw and what I've loved is her passionate valuing of how important this opportunity is. Not only to make real and important changes in communities, but also to challenge every one of us to think and learn in new ways.

So, it is my pleasure to introduce you both. Welcome.

Lorita: Thanks, Sylvia. Thank you, Sylvia. Ken, do you want to go ahead and get started on the vision of peer learning networks?

Ken: Well, I'm going to fill in for that guy that Sylvia introduced because he sounded pretty wonderful. Thank you, Sylvia. As you see from the slide, the plan for the peer learning began in February with Stage One of planning. Just imagine if you will a kind of get ready, set, go scenario. So after getting ready in Stages Two and Three with the training of us, and the Train the Trainers for the facilitators, we really are here today and set to go with module you're learning today, the Stage Four. We'll get more into that later.

Stages Five and Six will take us into the finish line, and we'll learn more about that as the call continues. The overall vision really is to create a space for this peer learning network, where all the Healthy Start grantees can enhance their content knowledge around collective impact, and also where there's a vibrant engagement in the peer learning and support, providing the opportunity to really work towards individual action plans in the peer setting, and providing the opportunity for us to have a systematic way to capture the lessons learned as we apply this collective impact. In addition, there are lessons learned about the peer learning network process in general.

So with that, Lorita, do you want to talk to them about these?

Lorita: Sure. Thank you, Ken. As Kim referred to at the beginning of the webinar, the Healthy Start EPIC Center believes that effective application of collective impact will be accelerated by investing in peer learning. Because collective impact is still the image, and it's still very much an emerging field of practice, our shared understanding of it as a framework within Healthy Start and our approach will continue to be refined within this process, and deepened by the insights that you

bring, that are shared within the Healthy Start grantees through your experiences implementing this collective impact approach within your CAN.

Next slide, please.

Ken: Okay. As we started to say, we're building co-facilitating capacity with the team we established with the EPIC staff as well as the Healthy Start Grantees. We participated in the training by FSG as well as the Training of the Trainers with Healthy Start. And then just to keep in mind, we have ongoing support from Tamarack, and you've heard from Sylvia and Liz. So there will be coaching calls, also continuous development of this toolbox that was referred to in the beginning by Makiva. We look forward to your contributions to that as we go on this journey together.

This is what we've done together. Ready and set, now it's time to go. So what's next? between June 2015, next month, and January 2016, each of the peer learning networks will convene between six and eight times, and use the resources in the toolbox, with support from the peer learning network facilitators to develop a Year One Implementation Plan.

Our respective peer learning facilitators will utilize the Healthy Start collective impact toolbox to really support our Healthy Start grantees in effectively implementing the collective approach to realizing the mission of the Healthy Start program. And just a reminder, it is to improve the perinatal health outcomes and the [inaudible 00:35:22] from ethnic disparities by using the community-based approaches to service delivery and facility access to comprehensive health and social services for women, infants, and their families. And of course, fathers are included with that.

Lorita, do you want to say more?

Lorita: Absolutely. I think we can go on to the next slide at this point. As Ken began to speak in detail about, some of the key features in the phase we're in of being ready to go are listed here, and really broken down in terms of the initial steps. But it's also important to distinguish the peer learning networks from other workshops and trainings, in that peer learning networks are learning communities. As such, we're going to meet regularly over an extended period of time.

Our hope is that the peer learning networks will help to establish their own rituals and rhythms in order to cultivate trust, which is a very necessary prerequisite for this process. And also to cultivate ongoing, supportive relationships and understanding among participants.

As Sylvia mentioned earlier, in this process we really want to be sure that there is the appropriate space, time, and environment for reflection that will lead to innovation and ultimately impact. And so it's important to understand that the emphasis is really on dialog and learning together, that will dominate the design of the peer learning network.

Ken?

Ken: Thank you. So first of all, we really appreciate the Division's expectation of full participation with the peer learning networks, and as you're beginning to see, we're really excited to do this together. So who should participate? And who is the target audience here?

Our collective impact peer learning networks are really open to all Healthy Start grantees, so we encourage the project directors, and the project backbone staff that's involved with the Healthy Start CAN. Of course, that's our impact initiative. Or those leaders, such as your Can chairs or co-chairs, to really participate.

We recommend that you select one or two people from your project to participate. Having two participants may help if one person is unable to attend one of the calls, so there would still be coverage. This could also help with facilitating at-home learning for your program. So that's our target audience that we're looking for.

Lorita?

Lorita: Sure. I just also want to apologize for the noisy Boston traffic in the background. We're in the heart of the city, so please, if you don't hear something that was said, just send us a note and let us know that there's too much background noise involved and then we'll repeat ourselves.

So what is the time commitment? Each member of the peer learning network is critically important to the success of the learning community. Having consistent and active participation is necessary for the peer learning network to reach its

potential. We understand that scheduling conflicts can occur, but we ask that when you consider joining a collective impact peer learning network you commit to participating on a consistent basis.

Additionally, between calls participants may be asked to apply various tools and information discuss, and share their experiences during the following call. There will also be opportunities for peer sharing between calls, should peer learning network members be open to that.

So within the ideal collective impact peer learning network, there will be... Well, we will have the ideal peer learning networks. In fact, we will have six peer learning networks that will be introduced in a few minutes.

Some important things to keep in mind. If you're not sure which group is most relevant to the collective impact needs of your project, feel free to sign up and participate in more than one of the groups initially. Then, after the first couple of meetings, you should select the group that is best for you. But fully engage in those first few calls to make a good assessment of what the fit really is with what your local needs are.

If you have a conflict for our initial PLN call, just email Kimberly Bradley, and I think everyone has Kim's email address. If not, send us a note. We'll be sure to resend it. And Kim Bradley will answer any questions you have about a particular peer learning network, or put you in contact with the co-facilitators of the peer learning network you are interested in joining.

Next slide, Ken.

Ken: Okay. So [inaudible 00:40:00] are due by January 2016, as you see on the slide. Each grantee is going to share a one year collective impact implementation plan, and then also, expectations of each peer learning network to document and show highlights, insights, share resources and tools, and to identify learning needs.

In addition to that, there are a couple of key points I want to emphasize. One, the plans will reflect the stage that the grantee is at, and what they hope to achieve. No one will be judged on these plans, so, like the statement says, "low judgment zone." So you're not being judged on the plans, but rather we really want to use

these as a way to really help us determine next steps, as well as help grantees track your own progress, needs, and successes, over the coming year.

The second point to make, in addition to what you see in the slide, is that this information will be shared with the COIN Initiative at the conclusion of the initial collective impact peer learning series. And if you have any questions on any of the slides, or with my session with Lorita, again, if you just will make a note.

So at this time I would like to introduce Deborah Frazier, our CEO of the National Healthy Start Association. I've known Deborah for a long time, and her leadership in Healthy Start did not begin with her job at the National Healthy Start Association, but she's been part of this Healthy Start program, I believe prior to making the first grant in 1991. She knows this community. She understands it very well, and has a passion for this work. And so we're really happy to have her participating with us. So with that, Deborah.

Deborah: Thank you, Ken.

Ken: You're welcome.

Deborah: Kim asked that the Association participate in this webinar today, and we're delighted to participate and welcome all of our members to this collective impact experience. I know that all of you have been busy with your Healthy Start 3.0 activities, and I guess the word "inundated" would be appropriate, with webinars, and trainings, and trying to be the best that you can be for your Healthy Start 3.0.

Ken is right; I've been around a long time, and I know you all well enough that I think I heard a collective, when Ken is presenting, "How many webinars? How long? How often?" But you know, Makiva was right, collective impact is nothing new to Healthy Start. Consortium was a piece of Healthy Start from the very beginning, and we've done true community engagement.

Healthy Start was built on the foundation of community engagement and collaboration. The first Healthy Start programs knew how to leverage community relationships and make them work to get results for their programs, and that's exactly what collective impact is. Communities are the heart and soul of Healthy

Start, and that's what collective impact is all about. We're just building on what we already know how to do, and we're making it better.

This collective impact that you guys are asked to be involved in is going to strengthen what we already know how to do. It's going to bring us back to the basics of Healthy Start. It's going to help us to build and leverage our community partnerships in a way that's going to help us to get measurable results, that you can report and you can publish for your Healthy Start. We can do that individually at our project level, and then at a national level.

Although the term might be new, the process and the experience of collective impact is going to help us to bring clarity and strength to your role as a backbone organization. And some of you who have been doing this for a long time may already have some of those skills. This is an opportunity to strengthen those skills.

For those of you who are new to Healthy Start, or new to community engagement, and you're jumping in this for the first time, well this is your community engagement lifeline, and you've got a good one. You're in good hands. You have trained professionals and colleagues who can help you, who are going to work with you, and you're learning from the best.

So think of this not so much as another training, but an experience. That's what I'm calling it. It's constructed to build camaraderie and support. It's called a "peer learning network." One of the things I saw with the first Healthy Starts is they learned from each other as support group, and that's exactly the way this is designed to be.

It's an opportunity to learn and to share best practices within and across the peer learning network, and you're going to learn from each other. And I want to say this last. This is a win-win situation. Your Healthy Start community is going to reap the benefit of everything that you learn through this collective impact experience.

As your community matures and grows through this, then you become a stronger backbone organization. As a result, your Healthy Start program becomes better, and your evaluation starts to look better. When your individual Healthy Start evaluations and communities look better, that means at a national level, the

Healthy Start initiative looks better. It looks like the national Healthy Start program has transformed communities, and that's exactly what we're here all about.

I see this as a great opportunity and I'm excited about it. I'm looking forward to seeing some of your work mature and come to fruition, even as you're going through this collective impact process. I'm looking forward to it. And as Kim said, Rachel and our staff have also been through the training, and we're going to be watching closely as all of this unfolds to see if there's anything the association can do to support and facilitate this effort.

Thank you, Kim, and the collective impact team for your work and the invitation for the Association to participate. Let us know if we can do anything to help you.

Kimberly: Thank you so much, Deborah. I think everything you said is wonderful. Some of the things that highlighted for me, that I just want to reemphasize is Deborah's point, and Makiva, and Ken, about the long history of Healthy Start doing this work within the communities. For everyone, even new projects, I don't think this is going to be a brand new concept.

It really will be a strengthening and enhancing the skills, and doing it together. With everybody that's all here rooting everybody on, from the EPIC Center, the National Healthy Start Association, obviously HRSA, and all of the grantees. So we're very excited about the process and this format of joint learning.

Let's move to the next step, which is hearing how we've -- because there was many ways to do it, and we got lots of feedback from many of you, so thank you -- but what we've ultimately resulted in terms of how we split up the six focus areas of the groups.

What we're going to do is we're going to have each of the groups introduce themselves, so one of the co-facilitators of the co-facilitation team for each group is going to introduce the two co-facilitators assigned to a particular group, discuss the focus area of that group, and also talk about the reoccurring schedule.

I do want to make a note that, at this point in time, we had to come up with a reoccurring schedule without the input of the participants in the group because as of right now there are no participants in the group, other than the co-facilitating

team. So once the groups get started, you're going to see the reoccurring schedules as they're proposed.

Certainly the first call in June will be on this date, but each group will have the opportunity to look to see what schedule works best for the majority. I just want to put that out there, so please don't get too, too wrapped up into the reoccurring schedules that you see on the slides moving forward.

So let's move forward. I'm going to introduce my co-facilitation partner here again. Ken, do you mind sharing a little bit about the group we're going to be co-facilitating?

Ken: Yeah. This group is working with new Healthy Start projects, and projects that are just establishing their CANs, and are new to collective impact. So the grantees are in your initial stages of identifying and engaging potential [inaudible 00:48:52] and consumers. Again, I'll be one of the co-facilitators, and my partner, Kimberly, whom you heard it from.

But I'll just add that she's energetic. She's fun. She's inclusive. She's open to ideas. And what I've seen in all the years I've known her, she's quite committed. She's also enjoys cherry blossoms. When she sees them she goes berserk, and I learned that when she did a pop visit to my office yesterday.

Both of us are really committed and excited of working with the new sites. I'm looking forward to showing learning to new sites. I believe in transformational leadership and conventional leadership, so it will be nice to work with new sites to get them going, to help them with some of the learning. So again, we're very committed and excited to work with new sites at those beginning stages, to help you get going.

Kimberly: Thank you, Ken. Yes, I was on vacation yesterday and I just happened to be in Connecticut, and there happened to be Ken's office and a cherry blossom tree next door, so it was a win-win. All right. Lorita, can you introduce your group?

Lorita: Sure. Again, my name is Lorita Krall[SP], and I will be partnering and co-facilitating with Naima Cozier of JSI EPIC Center. We will be leading the peer learning network for community action networks that are joining an existing

collective effort. So this peer learning network is ideal for Healthy Start projects that are participating in collective impact efforts that are convened by another entity, or for those grantees that have multiple Healthy Start projects being implemented within the same community or region.

Naima and I had the opportunity to really, really gain an intimate understanding of collective impact at the collective impact summit that Sylvia mentioned earlier, that took place last October. I can certainly speak for Naima, and hopefully for myself, that we are very enthusiastic about not only sharing the knowledge that we've gained, but learning more about this process and how it is best implemented within the framework of Healthy Start.

Naima and I are very approachable, and very interested in not only being available to you, but really deepening our relationships with you, so that we can be considered a resource. We're excited. We will be scheduled to meet on the second Wednesday of each month, from 3:00 to 4:30, Eastern Time. But as Ken mentioned, this is just kind of a placeholder that we thought might be appropriate for folks, and again, once we have a better sense of who will be participating in the group, we will be better able to, if necessary, change the scheduling.

Again, this is just a place-holder to get started, because as Ken, and Kim, and all who have spoken before have said, we are ready to get started!

Kimberly: Thank you, Lorita. Ken Scarborough?

Kenneth: Yes. Good afternoon. This is Kenneth Scarborough, representing REACHUP Incorporated in Tampa, Florida, with my great partner, Aisha Moore, who is part of the JSI EPIC Center. We will be hosting the "Chat," as we call it, in partnership with you working towards those who have locations in our eastern urban communities. Those projects who are located on the Eastern Time Zone, and possibly Central as well, we invite you to participate in our discussion together. Again, we will be learning together in partnership.

Aisha comes with a wealth of experience in community work, advocacy, and partnership, and she hails from California, but presently she resides in the Washington DC area. I've spent several years, as some of you may know, working on Fatherhood Initiative, not only in urban areas, but also suburban areas as well.

And so, I'm excited to be part of this, and you guys will have a blast to come and join our group. I know that many of you will probably be jumping over different groups to come and join with us. We are scheduled for the third Thursday, during your lunch chat time. Third Thursdays at 11:30 to 1 p.m. Eastern Time. Thank you and we look forward to having you.

Kimberly: And Ken's not competitive at all! All right, thank you, Ken.

Kenneth: Not at all.

Kimberly: All right. And Peggy?

Peggy: Hi. Yes, this is Peggy. I am Peggy [inaudible 00:53:48] in Grand Rapids, Michigan, and Megan and I will be co-facilitating the urban west group. Let me tell you, I got a chance to meet Megan in Washington during the training and she is absolutely delightful. She is a total joy to work with, so I know you will enjoy meeting her as well through these peer learning networks.

Our group wanted to provide a time that is conducive for urban areas located in Mountain And Pacific Time. We also know that urban areas bring their own unique set of challenges and opportunities, so that's our target group.

I did want to add a plug for peer learning networks too. We were blessed a while ago, along with the five other Healthy Start projects in Michigan, and another four Healthy Start projects around the country, including Ken Harris', to participate in an 18-month, national level, peer learning network around racial equity.

I know from experience how incredibly powerful this shared learning approach can be. So I want to say that we here in Michigan have some experience working with CANs, and working towards collective impact. We are by no means experts, so I am really eager and looking forward to learning from you as well, and just to moving this work forward, and hoping that you will join us on this adventure.

Kimberly: Thank you so much, Peggy. All right, Adon[SP].

Adon: Yes. Good afternoon, everyone. My name is Adon Bolander[SP], and I am speaking to you from Washington DC. I have the pleasure of co-facilitating the established community action networks in rural areas, and I have the privilege of doing this with Coleen Air-Griffin[SP], who's coming to us from Oklahoma. She is

not able to be with us today because she's on a fabulous vacation, but she said she's just getting rested up so that she can participate very enthusiastically once we start.

My background just a little bit, I'm a social worker, and a writer and trainer at Zero to Three in Washington DC. And although in a city right now, I have to tell you, I am a rural girl at heart, having grown up in rural, Upstate New York. Coleen and I hope to bring some of our experiences, having been in rural areas, to the work that we're going to do in our peer learning network.

We know that this group is ideal for those areas are somewhat rural or largely rural, and we're going to be trying to address some of the unique strengths and challenges of engaging folks in a rural community in CI efforts. We also wanted to tell you that we're looking forward to getting to know each of you, and learning from your experiences, and sharing information that we have about collective impact that we have for you, and then as well, how you're able to apply that.

We plan to meet, and again, flexible as other folks have said, based on your feedback, but we plan to meet on the second Tuesday of each month, from 1:00 to 2:30 Eastern Standard Time. Thank you.

Kimberly: Thank you, Adon. All right, Katherine[SP].

Katherine: Thank you, everybody. I'm going to be co-facilitating along with Caruna[SP] Chivver the peer learning network, applying collective impact to a CAN in a border community. So this peer learning network was envisioned for grantees who fall into the border funding category, so those are project areas and target populations within 62 miles or 100 kilometers of the US-Mexico border.

I have to share a little bit about that group. If it were to be made the 51st state in the US, the border region would rank last in per capita income and last in the percentage of people covered by health insurance. The majority of border grantees are rural and they have established, stand-alone CANs that are tackling issues like immigration, health insurance, and job skills.

The operate in extremely limited-resource settings of populations that are highly mobile and extremely isolated, and who can be really challenging to engage in CAN initiatives. So our peer learning network calls are going to provide a forum for learning and discussion about both individual CANs that the border grantees

are managing, as well as a regional, collective impact approach that the border grantees are starting to launch. So they've spent time identifying a set of regional priorities that they'll aim to address through the collective impact approach.

I'll be co-facilitating with Caruna Chivver, who is a senior consultant and evaluator based in San Francisco. Unfortunately she is unable to join the call today as well, but we are both excited to work with this group to document and share our learnings. Thank you so much.

Kimberly: Thank you, Katherine, and that is really exciting to hear that the border communities are going to take a regional approach. Really looking forward to hearing how that goes and more, as we progress through this series.

All right, so registration and next steps. Hopefully we've provided through this webinar so far information about why we went this route, the value of peer learning, and the value of the route, so to speak, that we've taken. And also, now shared with you what we've done to prepare for this journey, and some of our intentions behind it. And then also explained and shared the way in which we've divided the six peer learning networks.

Now it's, "What happens next?" We know that the calls launch in June. The next really, really important step is to get registered. You will be receiving an email, if you haven't already, that are probably going to be coming in the next few minutes, with a link to the registration information.

The registration email will provide a little bit of Q&A, some of which we've covered already today, and then also, the descriptions that we just went through. It also will provide a link to a registration link, where you will be able to select the group that you want to participate in.

One of the things, just to recap. You can pick more than one group to participate in if you're torn between a couple, if you want to participate in the beginning in more than one, just to kind of get a feel for what may make the most sense. I would imagine many of you, a majority of you, will probably know off the bat which one makes the most sense for your grant project, but if some of you are on the fence, please feel free to sign up for more than one group, and then you can make a decision after a couple of calls, which one makes the most sense.

We do have a registration deadline of June 5th, so we ask that everybody please complete your registration by June 5th at 5 p.m. Eastern Time. If you happen to have a staff transition, or new staff that come on board, or a new chair that comes on board, or another key stakeholder that you would like to have involved, just email me. My email address is in the chat box, but it's also going to be within this email that comes out to everybody. We can get you connected with the right PLN group, and you can talk with the facilitators about joining after it gets started.

There are a couple of others, so there's via email, but we also have the website where you can register if you happen to not receive the email for whatever reason. I'm going to turn it over to Aisha now, who is Ken's partner, co-facilitation partner. She also leads the EPIC Center website piece, so I'm going to turn it over to her. She's going to share some information about how to register via the website, but also a real important piece of signing up for the forums that we will use as our electric means of the groups communicating throughout the month.

Aisha?

Aisha: Thank you, Kim. So if you visit the HealthyStart.org website, you will see in the main slider that there is now a little, mini-advertisement for joining the collective impact peer learning network. If you click there, it will take you straight to our new collective impact peer learning page that has that Q&A that Kim just mentioned. It also a button to register, so ti will take you straight there to the registration page.

Once you do that, one of the things that you can do to get a jump start on the peer learning network is to make sure that you register for the forums in the Grantee Corner. So when you're on the main page, if you go all the way to the right, and you go to the Grantee Corner tab, and you select "Connect," that will take you to the page for the forums where you can register.

What we're going to be doing there is in between calls we may want to have discussions, or people may have questions, or people may want to share documents. We'll be able to do that in that space. All you will have to do is go there and sign up for the forums, and we will add you to the private group for your PLN.

So you just sign up and we'll take care of the rest. Back to you, Kim.

Kimberly: Thanks, Aisha. The next step then is just to launch the calls. Once we get everybody registered, we're ready to go, as Ken mentioned in the beginning. So please, please register. Please keep in mind that June 5th deadline for registering.

And then also, I just want to share a high level picture of where, as of right now, the reoccurring schedules fall. Please keep in mind, even though we recognize grantees are across all time zones, just for standardization we are reporting all these times in Eastern Time Zone. So all the calls that you see here are in Eastern times.

I think let's just move on to questions. I can go back to this slide if need be. Are there any questions about any of the information that was presented?

Megan: Kim, this is Megan. There are no questions in the chat box at this point. Oh, wait. Hold on. Hold on. Late-breaking question. This person is clarifying. "Would you like two persons per group from a grantee?"

Kimberly: It was just suggested. Really it's up to each individual grantee. We had a lot of conversation about this during the Training of Trainers, back at the end of March. We thought that it could be helpful, especially just given people's schedules, to have coverage. But we do also ask that people keep in mind, whoever signs up, whether that's one staff person or CAN member from a grantee, or whether it's more than one, we ask for regular and consistent participation. Because that helps with establishing the trust within the group and the comfort level within that community that you're creating within your groups.

But again, we do recognize that schedules can be a little bit tricky, so if you have multiple people, you've got the coverage there. Also it provides additional partners, kind of like thought partners, on site, that you're going through the same information together, and you can help strategize. Whether that be with various tools that are shared, or strategies that are shared during the PLN calls, you all can brainstorm and just work. You have a partner basically built in to your process.

We're not saying you have to have more than one. We're just saying consider it and see if that works with your project.

Megan: Okay. Another question, Kim. This is for you. "Will the groups provide templates on how to structure the collective impact process?"

Kimberly: Yes. In terms of going through the various five conditions, we do have a toolkit that's being built, and we do have a great foundation for it, taking into account general collective impact approaches, but also through the lens of Healthy Start. So each of the calls have a target focus as of right now. Again, the value of peer learning is what surfaces through these conversations.

If something comes up within your group that requires a little bit of a different focus than the initial road map that we have, there's total flexibility. I don't want it to sound like it's overly structured, because really the structure is what the group makes of it, each individual group makes of it.

But out the gate, we have a toolkit that looks at each of the five conditions, as well as looking at the pre-conditions and evaluation component, that offers tools that will be discussed during the peer learning networks and shared on the forums. So those are some types of templates where folks can use those approaches to achieve the various conditions.

In addition, we talked about this implementation plan, which also could be seen as a template. We do have an implementation action plan template that we will be sharing, for the participants to populate as the series goes on. If you feel that you want to tweak it a bit, again, flexibility is at the foundation of these communities as well.

So we have a starting place essentially, and if it works for you all, that's perfect. If there's opportunities that you see to enhance it or tweak it, we're open to that as well.

Megan: Great. So here's a question, and Kim, I will ask this of you and possible Makiva, if you want to chime in as well. "Do you have an idea where rural, multi-site tribal community would fit in? Which PLN?"

Makiva; Oh, hi. This is Makiva, and I think we have given a little bit of thought to this. I think we initially want the tribal groups to sit in on the initial calls with the rural grantees. However, if you find that that is not meeting or fitting your needs, then we may potentially may have to break off and do a separate group for you.

We have thought about that a little bit, but we wanted to see if the rural piece would fit you.

I think our tribal grantees are going to face some similar issues as our border grantees, and so we are very open to the possibility of just doing a separate group for you. Kim, do you have some additional comments?

Kimberly: I also just want to add that we did have a consultant -- actually she works with Zero to Three, which is where I am housed as well -- who focuses on providing technical assistance to tribal grantees. She participated in the Training of Trainers and will be built in as a consultant to help with the specific needs, as needed, for tribal grantees.

So again, to Makiva's point, our initial thoughts are being a part of the rural group, and then just having some additional support in place as needed from a tribal lens.

Makiva: Thank you.

Megan: Great. So another question. Both I feel like for you, Makiva, and Kim. "When we report in January, will this information be disseminated via a webinar or at a conference?"

Makiva; This is Makiva again. Of course, since you're going to be reporting out those final CI implementation plans, you wouldn't be able to report at a conference. Well, not the convention, because we're hosting the convention in November. So we're trying to look at the potential of getting a small update during the convention, but the final report, I do believe we will anticipate doing it during webinar.

Kimberly: And one of the really exciting supports that we've built into this series is actually getting Liz and Sylvia to come back in. There will be coaching calls with the co-facilitation teams built in throughout the series, but then having Sylvia and Liz come back in and helping to facilitate each of the final PLN calls, so the final calls in January, when the teams, each participant, will be reporting out on their action plans.

Sylvia and Liz will be helping to facilitate that, and we will be taking all of that information, looking at themes, looking at things that have risen to the surface, and creating a summary document that looks at the trends, and looks at the goals across

the whole grantee community. This information can be shared with the broader Healthy Start community of course, but it also will be shared with the COIN members as well, as they consider what the next steps are as it relates to achieving collective impact.

Megan: Okay, Kim, thank you. And thank you, Makiva. Another question. The first part of the question, I'll read it, but you just answered. The first part is, "How long will the PLN be in effect?" And that was January of 2016. And the second part of the question is, "If calls are missed, will there be notes provided?" I know that may be specific to the different PLN groups, but Kim, is there some overarching guidance that you would like to give for that?

Kimberly: In terms of the second question about the calls being recorded, is that what it was, Megan?

Megan: Yeah, "If calls are missed, will there be notes provided?"

Kimberly: Okay. We have a template that's built in for capturing summary information. And again, it's just kind of, "What were the main takeaways?" It's also an opportunity if there's questions that really should be moved towards Makiva and HRSA's zone to help respond to, so we can get information back to the group.

This is a standard document that all of the PLN groups, the co-facilitators, will be using, so that I'm sure can be shared as a way of keeping track as to what happened during each of those calls. We had a lot of discussion about recording, not recording, because as you know, our formal webinars are recorded.

I think most of us are really leaning towards not recorded, because we know that -- but again, it can be up to the individual groups -- but our concerns with recording is just, you know, really just creating this safe space, almost like Vegas. You know, "What is said in Vegas stays in Vegas," so that not only your successes can be shared, but some of your challenges that you're trying to work through. But again, some of that can be decided, based on the group that you're in.

Megan: And a couple more questions I believe about the template that you're speaking about, Kim. One is, the person is referencing it. "Is the action plan the same as the implementation plan?"

Kimberly: Yes, and I have to just get better at picking one way of saying it. I apologize.

Megan: That's okay. Another question is, "When will that template be available?"

Kimberly: It will be a part of the intro calls, the June calls. I don't want to speak, because again, there's customization here across the PLNs, so I would say within the first or second call, the template will be shared. And it's not something that I don't think any of us, any of the 12 co-facilitators are thinking, "Here it is, and you're going to complete it."

We really are looking at this as a process, and knowing that things will change and evolve. And also knowing that there is not this check box. "What are you going to be doing for shared measurement? What are you going to be doing for common agenda?" It really is looking very intently at where you are, and being able to assess where your project is as it relates to collective impact, and being very thoughtful and realistic about what it is you're hoping to achieve and where you're hoping to be a year from that point.

Again, this isn't a document for judgment. It's not a document for compliance. It's really a tool. We're seeing it as a tool, and as common vehicle to move all of the grantees across the six PLNs towards a common goal, as just moving forward a bit more with achieving collective impact.

Megan: Great. Here's a question for you, Katherine. This person was hoping to get, "What was the mileage mentioned for the border area?"

Katherine: Hi, thanks, yeah. The border grant's definition, going back to the RSA, was 100 kilometers from the border, or about 62 miles, so any grants operating within that range, within that distance from the US-Mexico border would qualify for the border grant category.

Megan: Great. Thank you, Katherine.

Makiva: Hi, this is Makiva. I want to just also add that, for those who are participating in the border group, you should already know whether or not you are a border grantee. If there is some questions around whether or not you have been

identified as a border grantee, I would ask that you speak with your project officer, so that you can get clarification on that.

Megan: Thanks, Makiva. Thanks, Katherine. A question for, I believe for Ken Harris and for Kim. "Will the toolkit include instruments that new CANs can use to measure their progress?"

Kimberly: I'll just jump in real quick, Ken. Absolutely, and it actually will be for new CANs, old CANs, every CAN.

Ken: Yeah, ever CAN can.

Kimberly: Yeah, there you go. I think that's probably one of the things that was most highlighted in the various venues, that we've used to get feedback around this process. Like I said, the webinar in February that we did, even at the convention, the breakout conversations that we had following Sylvia and Lorita's presentation back in November, and most certainly at the National Healthy Start spring conference presentation.

People are very eager to learn the best ways to evaluate, so we've -- especially in going through the FSG training back in March -- many of us looked at that very seriously, helping to provide some feedback. because it is, it's different. It's a different type of evaluation and documenting your progress, so that's most certainly going to be a part of these PLN conversions and the toolkit.

Megan: Great. And I am seeing that, if folks would check your in boxes for PLN registration information, the email was distributed via the EPIC Center Listserv. Not that I'm encouraging you to turn your attention away from the webinar, but it is in your in box.

Kimberly: I also want to share that we will be using -- kind of like we do with our webinars -- but it's going to be even more interactive, the platform that the various PLNs use. It will be even more interactive than the one that we use for our webinars. We'll be able to share examples, share tools, use Web cams, just various items to keep it as engaged as possible. We are living in the reality of these being virtually-based, so just trying to be very mindful of how we can continue to keep it engaged and relevant for everybody, all the members that join the PLN.

Megan: Okay. We do have a few moments left, folks, so if you do have questions, feel free to chat them in. But Kim, at the moment there are no more questions.

Kimberly: Okay. I also just want to highlight one other thing here. When considering who from a project participates, we talked about our rationale for maybe thinking about more than one person. But also, please keep in mind, because we understand -- and I think Deborah highlighted this very accurately -- that you're pulled in many different directions.

So as a project director, if you want to participate in this, this is great. Awesome. We totally welcome it. But if you have other staff that are your backbone staff, or your convening staff, your CAN staff, and/or the leadership within your CAN committees, then we really understand the need for you to ask others to participate. I don't want this to feel like an added burden or pressure for folks that we know are being pulled in multiple, multiple directions, so just keep that in mind.

Also, if you have consumers that are particularly engaged, and a part of your executive committee or leadership team of your CANs, that you think would, we welcome them too. That would be awesome to have them included in these groups.

We really are hopeful that every grantee finds this an opportunity for them to engage in the peer sharing and advancement and strengthening of their CANs and collective impact initiatives. So we are hopeful and eager to work with everybody.

Great. Is there any final things, Megan?

Megan: No, I'll just keep monitoring, and in case while you're doing some closing remarks, if something comes up, I will check in with you.

Kimberly: Okay. All right. As we do with all of our webinars, we have some upcoming training opportunities that we would like you to keep in mind. The Fatherhood Programs and Initiatives, Assessing Readiness and Sustainability will be tomorrow, from 3:00 to 4:30 Eastern Time. And then we also have a Domestic Violence Screening and Follow Up webinar that will take place on May 19th, from 3:00 to 4:00.

Again, the EPIC website is www.HealthyStartEpic.org, and this includes all recorded webinars, transcripts, and slide presentations, and also will provide a link

to the registration page. So I'm just going to ask one more time, Megan, of there's any additional questions, and if not, we'll wrap up.

Megan: Not directly related to the PLN.

Kimberly: Okay, perfect. All right. Thank you so much, everybody. If you have any questions about any of the things mentioned today, please email me. My email address is located in that lovely email hopefully most of you just received. If you didn't receive the email, please go on the website and you'll find the link there to register.

Thank you and have a great afternoon, everybody.