**Facilitator’s Guide**

**Appendices**



**Sample Invitation Email**

**Subject: Invitation to a community well-being planning session**

Hello. We have an extraordinary opportunity right now to change the future for our community by strengthening and building capacity in the systems that support health and well-being for all of us.

Many of you are already working passionately to improve life in our community. We sincerely appreciate you, and we celebrate your efforts. But we also know that many members of our community still don’t have what they need for good health. We believe everyone should have a lasting foundation for well-being so that, together, we can all thrive.

We invite you to join us in a new capacity building approach to assuring that every member of our community has access to foundational services and structures we all depend on. Just like a house needs a strong foundation to withstand severe weather, our community needs a strong foundation to endure life’s challenges. This is broader than just physical health – it includes opportunities for employment, reliable transportation, quality education, healthy relationships, faith, and other community supports.

As a team, we’ll walk through a step-by-step process to review data on our community’s health, explore ways to leverage our strengths and opportunities to build capacity, and develop an action plan.

Please join us (add date) from (time) at (location and address).

I’ve attached some advance reading material that will help set the stage for our conversation. I also encourage you to go to our shared Google sheet [add hyperlink to your Google sheet] and enter the following information to help us hit the ground running:

1)

2)

3)

[Add 1 – 3 pieces of information you want to have in hand before your meeting starts. This may include the top three FPHS capabilities and/or areas of expertise your team members wish to focus on (if so, provide a list to choose from); It may include their areas of expertise or relevant local data they would have access to; Work with your agency’s leadership to determine what would be the best pre-work request to make here.]

By working together, we can make a difference in our community. Collectively, we can assure everyone has the opportunity to live their healthiest life and thrive. I hope you will join us!

[add signature]

Sample Meeting Agenda

**(Name of Meeting)**

(Location)

(Date/Time)

Welcome

Set the Stage

Team Introductions

FPHS Model Overview

BREAK

Data Review

BREAK

FPHS Workbook Walkthrough and Discussion

Action Planning

Summary and Next Steps

(optional – add times to keep yourself on schedule and team members engaged)

Attendance Log

**(Organization Name)**

Training: An FPHS Approach to Well-being for All Missourians

(date)

Attendance

|  |  |  |
| --- | --- | --- |
| **NAME** | **TITLE & ORGANIZATION** | **EMAIL** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Workshop Rules of Engagement

(Review the rules below. Choose those you feel are key to set the stage for your workshop’s success, and delete the rest. Add any rules you feel are missing.)

You are responsible for our success!

Give each person a turn to speak.

Listen actively to others.

Respect, value, and appreciate all comments.

Silence and put away your phone.

Return from breaks on time.

Think process, not personality.

Think about how it CAN be done, not how it can’t be done.

Think with flexibility – outside of the box.

Be willing to let go of the past to adapt and move forward.

Seek aspirational outcomes, not just completing tasks.

Engage patterns, not specific problems.

Unlock change, don’t impose it.

The Facilitator may call a Time Out to keep the workshop on track and on time.

The Parking Lot may be used to note important comments to be follow up on at a later time.

Describe Your Mood

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Record your response:

What is Your Superpower?



What is your name?



What is your superpower?

What is your role in the community? (Describe your job, volunteer work, role, etc.)

Additional Resources

Missouri’s Foundational Public Health Services Model

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/>

FHPS Capacity Building Tools

FPHS Workbook: <https://www.healthiermo.org/fphs-workbook>

Facilitator’s Guide, Slide Deck, and Handouts: <https://www.healthiermo.org/capacity-building>

Data Sources

Health Equity Dashboards, Missouri Hospital Association <https://web.mhanet.com/health-equity-dashboards/>

ExploreMOhealth, MHA Health Institute <https://exploremohealth.org/>

County Health Rankings and Roadmaps, Robert Wood Johnson Foundation <https://www.countyhealthrankings.org/explore-health-rankings>

Every Kid Counts Missouri, Annie E Casey Foundation <https://missourikidscountdata.org/counties.php>

MOPHIMS, DHSS Quick Facts, US Census Bureau <https://www.census.gov/quickfacts/fact/table/US/PST045221>

Additional Data Sets and Mapping Tools, Build Healthy Places Network <https://buildhealthyplaces.org/tools-resources/measure-up/mapping-tools/>

 Reflection



At different points in the Capacity Building workshop, you may be asked to reflect individually on information your team has discussed. Use the boxes below to note strengths you can identify, challenges you anticipate, and opportunities you imagine.

**Reflection:**

|  |  |
| --- | --- |
| Strengths | Challenges |
| Opportunities |

**Reflection:**

|  |  |
| --- | --- |
| Strengths | Challenges |
| Opportunities |

Personal Action Steps

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.

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

Workshop Evaluation

**Workshop Location:** **Workshop Date:**

Please circle your level of agreement with each statement below, with 1 representing “*do not at all agree*” and 5 “*agree fully*.” Provide any additional comments in the box below each statement.

1. This workshop helped me better understand how to apply Missouri’s Public Health Services model as a framework for improving community health and well-being for everyone.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Add your comments:

 felt like a valued member of the planning team during this workshop.

1. The experience and subject matter expertise I had to contribute to the workshop was respected, valued, and appreciated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Add your comments:

 felt like a valued member of the planning team during this workshop.

1. I felt like a valued member of the planning team during this workshop.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Add your comments:

 felt like a valued member of the planning team during this workshop.

1. As a result of this workshop, I feel more empowered to take specific action steps to help improve community health and well-being.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Add your comments:

 felt like a valued member of the planning team during this workshop.

|  |  |  |
| --- | --- | --- |
| **Meeting Summary** |   |   |
|  |  |
| Meeting Name/Team: | (add meeting/team name) |
| Date and Time: | (add date and time) |
| Location: | (add location) |
| In Attendance: | (add attendees and organizations represented) |
| Purpose: (add meeting purpose statement) |
| Notes: |
| (briefly describe with bullet points how the meeting progressed, based on the agenda and major meeting activities)* (Add text)
* (Add text)
* (Add text)
* (Add text)
 |
| **OUTCOMES / KEY TAKEAWAYS** |
| 1) (add outcome/key takeaway) |
| 2) (add outcome/key takeaway) |
| 3) (add outcome/key takeaway) |
|   |   |   |   |
| Action Plan |   |   |   |
| **ACTION** | **ASSIGNED TO** | **DUE DATE** |
| (add action) | (add name) | (add date) |
|  |  |  |
|  |  |  |
|   |   |   |
|   |   |   |
|   |   |   |   |
| Next Steps    |
| (add next steps, next meeting, homework, etc.) |