

Community Policy Leadership Institute (CPLI)

Frequently Asked Questions (FAQ) (updated 02.20.20)

1. What is the CPLI?

- Beginning in Summer 2019, HPCDP worked with representatives from 5 Regional Health Equity Coalitions to develop Community Policy Leadership Institutes, a model for centering equity in local, regional and state policy and decision-making processes.
- The purpose of the Community Policy Leadership Institutes is to bring together community leaders, local public health authorities and decision makers through a facilitated process to co-lead local policy initiatives primarily focused on reducing and preventing tobacco and alcohol use to address health disparities and achieve better health outcomes.

2. Is this a training?

- The CPLI is titled an institute because it is envisioned as a series of co-learning, co-teaching workshops. The intention of the process is not to impart knowledge, rather to draw out existing knowledge. The institute is largely structured for working time to create a grounding in health equity that is applied as teams dig into an equity-driven policy effort.

3. How does the CPLI aim to support equity-driven collaborative change?

- Some desired CPLI outcomes include:
 - Strengthened capacity among nontraditional partners and culturally specific grantees to co-create policy alongside government (state, local and tribal)
 - Reciprocal policy alignment among diverse partners to address risk factors for chronic disease in alignment with other community and statewide strategies
 - Sustainable structure to address health disparities in communities
 - Forum to learn, collaborate and plan for long term change
 - Shared power structure for policy change between Regional Health Equity Coalitions, Local Public Health Authorities (LPHAs), Oregon Health Authority (OHA), and Community Based Organizations (CBOs) partners
 - Strengthened community capacity for chronic disease prevention policy work

4. What is the timeline for this process?

- HPCDP plans to host 2 – 3 cohorts of regional teams over 18 months. Specific locations will be determined based on the locations of applicants.
 - Tentative date ranges (subject to change):
 - Cohort 1: May 2020 – July 2020
 - Institute 1 – May 19-20, location TBD; Institute 2 - TBD
 - Cohort 2: September 2020 – November 2020
 - Cohort 3: February 2021 – April 2021

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5. Who may participate in the CPLI?

- Participation is voluntary and encouraged as a learning process and team-building effort to align health equity goals and local policy work
- Prior to attending, teams will:
 - Recruit community partners, internal organizational leadership, local decision makers, and anyone else with a stake in the work to join the Institutes. Ensure that decision makers from each key organization/agency are able to participate for at least part of the day.

6. Can multiple staff from an agency participate in CPLI?

- Absolutely. It is up to each local equity policy team to build the group that attends the institute.
- We have learned through planning processes that having a single person from an agency to attend consistently is crucial. This allows for the group to build strong relationships and to keep building on the work from one session to the next, knowing that the individuals at the table are aware of what has been discussed and decided previously. Every effort you make to ensure at least one staffer is consistently at all 3 work sessions is appreciated and lays the groundwork for an effective project.

7. How large is a local team and who will it include?

- Teams will consist of approximately 6 - 8 participants, but will vary by team
 - Examples for Regional team participants include:
 - RHEC representation or other engaged health equity partners
 - Local Board of County Commissioner or staff
 - Policy partner (such as CCO representative)
 - LPHA Administrator/ ADPEP nonprofit Director
 - TPEP Coordinator, and/ or ADPEP Coordinator
 - Tribal TPEP or ADPEP (if county is in a Tribal Service area)
 - Community partner (i.e. culturally specific community-based organizations or advocacy organization)

8. What is the time commitment for CPLI participants?

- Teams will convene in-person for 3 full days. Days 1 and 2 will be consecutive days early on. The teams will also reconvene for day 3 several months after.
 - CPLI Cohort 1 – Spring/Summer 2020
 - CPLI Cohort 2 – Fall/Winter 2020
 - CPLI Cohort 3 – Winter/Spring 2020

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9. What will be discussed at the CPLI sessions?

- Sample content for Days 1 & 2 includes:
 - Grounding in social determinants of health and equity, and the interplay of tobacco and alcohol industry influences on health
 - Building a strong foundation with partners
 - Establishing team values, vision, and goals that connects to community priorities
 - Developing a plan for meaningful community engagement throughout policy process
 - Developing shared understanding of language and concepts
 - Overview of the equity-centered policy change tool
 - Mapping existing policy and systems levers
 - Learning about internal government decision making processes, funding and budgets
 - Assessing policy impacts on health and equity
 - Creating a plan and scoping the project
 - Identifying group member roles and accountability
 - Identifying data sources and collecting information from communities
 - Drafting policy
 - Developing strategic communications and making information accessible to the community
- Day 3 will take place approximately 2 months after days 1 and 2, allowing teams time to collaborate on chosen policy. Day 3 will focus on addressing barriers and challenges.

10. How do I express interest in participating in the CPLI?

- Teams will be asked to submit a brief interest survey and participate in planning calls with HPCDP staff prior to first Institute. Number and length of calls may vary based on technical assistance needs. The interest survey will be released in mid-February.
- Interested parties will select a focus area from a menu of strategies that aligns with current their local work plan.

11. Is there a cost associated with the CPLI?

- No. HPCDP will cover the cost of travel, lodging and meals for all participants.