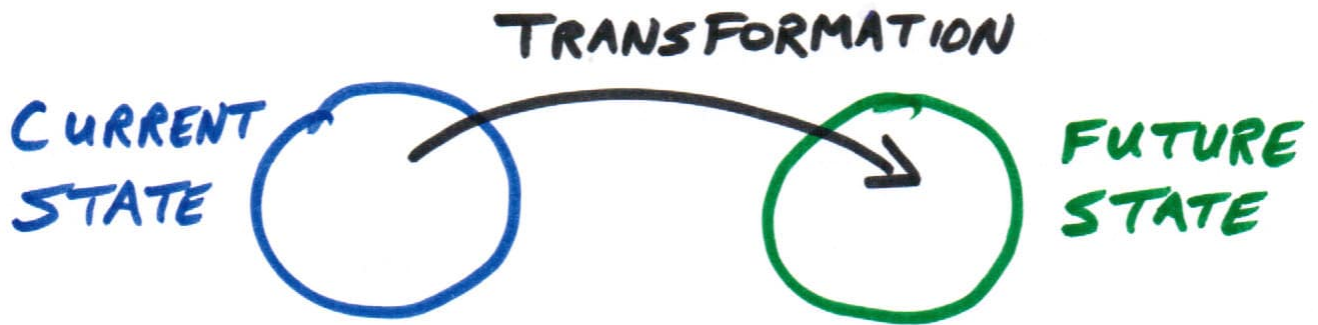


Local Health Department Learning Laboratory  
Participant Application Packet



**THIS PROJECT IS LED BY**

Population Health Innovation Lab  
*a program of the Public Health Institute*

**AND IS A COLLABORATION BETWEEN**



Northwest Center for  
Public Health Practice

UNIVERSITY of WASHINGTON

**FUNDED BY**

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## About this Program

The changing health care landscape surrounding the Affordable Care Act is challenging health departments around the country to reconsider how best to protect the public's health. For example, should you discontinue your clinical services and focus more on "upstream" activities like policy development? If so, what types of activities should these be? What if no other providers offer services in your communities, particularly in rural areas? How are all of these activities and services funded?

**During this 12-month Learning Laboratory process, you will work with others in similar situations to answer these questions. Through the Learning Lab, six teams from around the country will come together to form a community of practice, with a shared purpose, a common language, and common tools and resources, to work and think together to solve complex challenges by reframing them as opportunities.**

The goal of this project is to identify replicable solutions, practices, and methods that enable Local Health Departments (LHDs) to successfully transition to population-focused strategies for improving health outcomes in their communities.

## Project Overview

The Learning Lab is the centerpiece of a two-year project of the Public Health Institute and the Northwest Center for Public Health Practice. Components of this project include:

*Information Gathering:* Throughout 2018, the project team conducted a literature review as well as analytic case studies with LHDs that have transitioned from clinical services to population-based health services. Major themes, lessons learned, and strategies informed the adaptation of an existing curriculum and will guide the creation of tools and resources developed and curated with Learning Lab participants.

*Learning Community:* Learning Lab participants will collaborate with colleagues from around the country who are also currently transitioning from direct clinical service provision to population-based health. Opportunities for collaboration include an in-person Convening, web-based learning sessions, and an online portal for discussion and resource sharing.

*Capacity Building:* The Learning Lab curriculum focuses on building participants' capacity to address population health while ensuring access to care. Through project activities, teams explore and test solutions for their own communities, with input from public health and health care experts and technical assistance from project leaders.

*Dissemination:* The Learning Lab is a pilot project; strategies, recommendations, and best practices developed through this project will be disseminated to other LHDs to provide a roadmap for successful transition. Participating teams will help to inform the development and distribution of project results.

### What Is a Learning Lab?

**A Learning Lab is a structure designed to help teams use collaborative processes to address complex problems.** This lab offers an opportunity for diverse, community-based teams—including LHD and healthcare staff, and other stakeholders—to explore, test, and implement strategies for transitioning from clinical services to population-based approaches.

Why a Learning Lab? Population health is complex. It requires a new set of skills and mind shifts to successfully understand and address the issues that challenge a transition to population-based health strategies. It also requires organizations and systems to work together in new ways. Unlike a traditional training, the Learning Lab format allows participants to synthesize multiple perspectives, explore innovative solutions, and develop the strong, flexible partnerships that will be needed to meet ongoing challenges.

### Who Should Participate?

A total of 6 teams will be selected to participate in the Learning Lab through a competitive application process. Teams will include:

A **champion** who will serve as the leader and project manager for the team.

A **core team** of 1-3 people, including the champion, who will participate in the monthly Learning Lab calls and attend the in-person convening in February 2019.

A **local team** of project participants who will work on developing and testing community-specific strategies. Local team members may be senior public health or healthcare leaders or other stakeholders with an interest in a successful transition, such as project managers, community clinic staff, and community members. The champion and core cohort will convene activities of the local team as needed.

### Financial Information

All in-person and virtual meetings, technical assistance, and toolkit modifications will be paid for by the Public Health Institute. The only programmatic cost expected of Learning Lab participants is staff time. Learning Lab participants are encouraged to leverage resources to best utilize the opportunities provided in this application.

Financial support will be available for all travel expenditures to the two-day Convening in Seattle, Washington for up to three team members. Travel reimbursement will include hotel, airfare, transportation from SEA-TAC airport to the training location/hotel, and per diem.

## Learning Lab Components

The Learning Lab will take place from October 2018 through October 2019. The year-long program is divided into multiple phases, which create a structured process for exploring, testing, and adopting solutions to a difficult local challenge.



Components include:

*Design challenge:* The Learning Lab is structured around the concept of a “design challenge.” A design challenge is an open-ended question that invites participants to explore a variety of possible solutions, typically beginning with the phrase *How might we . . . ?* Each team will develop their own design challenge question, and then explore solutions to, a design challenge that reflects the needs of the local community.

*Monthly group calls:* The core cohort will take part in monthly web-based discussion sessions with project leaders to help facilitate peer exchange, inspire ideas for innovation, share lessons and failures, and seed possibilities for deeper collaboration.

*Web Discussions:* Web discussions will address topics relevant to each project phase, such as communication, systems thinking, conflict resolution, stakeholder engagement, and implementation planning. All project participants, including local teams, are invited to attend webinars.

*Coaching and technical assistance:* One-on-one technical assistance calls, virtual meetings, connection to resources and mentors.

*Convening:* A team of participants will travel to Seattle, Washington, on February 6<sup>th</sup> and 7<sup>th</sup>, 2019 to participate in a two-day in-person Convening. Travel reimbursement will be provided for up to three participants from each of the six participating communities. This two-day training will review tools, practices, frameworks, and processes to support your team in developing a successful transition.

*Tools and resources:* The Learning Lab will help participants build and expand their “toolkit” for responding to complex challenges. Throughout the Learning Lab, participants will be introduced to new tools and processes and will also have the opportunity to help create and refine tools as needed. These tools and resources include:

- Design methodologies for creating successful new processes and systems
- Agendas and other resources for leading effective teams and collaborations
- Worksheets and tools to guide process and facilitate sharing of progress
- A library of online training materials on population health, management, communication, and other relevant topics

## Learning Lab Goals and Outcomes

### Learning Lab Goals

Through this Learning Lab, we intend to facilitate collaborative problem-solving, foster experimentation and implementation of innovative ideas, and support the development of solutions that address LHD transitions from clinical services to population-based health services

Specific goals of the Learning Lab are to:

1. Increase capacity to address complexity and understand the systematic nature of health
2. Navigate unfamiliar and complex systems through emergent practices
3. Improve and broaden understanding of surrounding systems to fast track learning
4. Increase capacity to experiment through the creation of prototypes and pilot tests to determine pathways for the future
5. Increase capacity of Learning Lab participants to improve population health through cross-sector collaboration and alignment of levers, such as shared data and policies, across state agencies
6. Increase capacity for effective LHD transition from clinical service provision to population-based strategies
7. Increase knowledge from experts whose knowledge and experience can assist participants in facilitating a learning process for transition

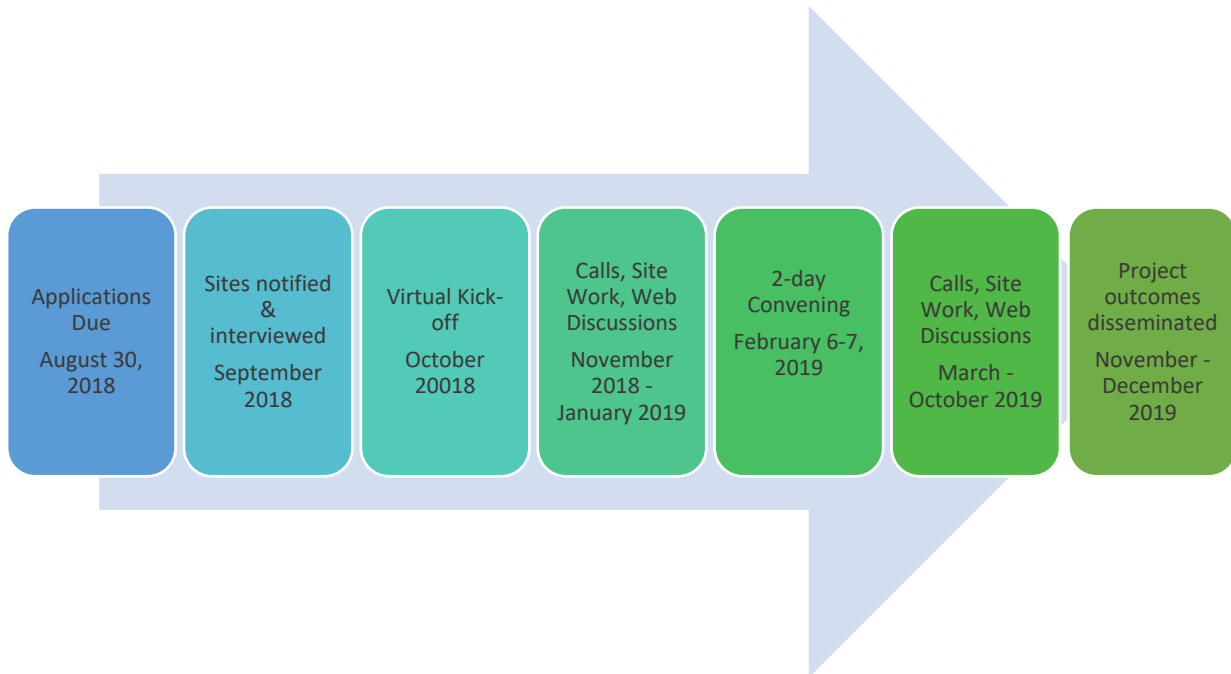
### Learning Lab Outcomes

By the end of this 12-month program, each site is expected to accomplish the following:

1. Identified a design challenge for transitioning your community from clinical services to a more population-based approach
2. Built a team to find a solution to the challenge
3. Identified possible solutions to the challenge
4. Identified a workable solution after testing several possibilities
5. Become part of a learning community with other Learning Lab participants



## Timeline



### Application Submission and Due Dates

There are no page limits to the application. Incomplete applications will not be reviewed. Applications should be submitted in Word or PDF format.

**Applications are due on August 30, 2018, by 5:00 PM PST.** Please submit your application and any additional questions regarding the application process to:

Rebecca Garrow, MPH  
Program Manager | Public Health Institute  
[Rebecca.Garrow@phi.org](mailto:Rebecca.Garrow@phi.org)  
PH: 916-779-0323

**More information, background documents, and this application packet can be found at [www.s-r-g.org/LearningLab](http://www.s-r-g.org/LearningLab)**

## Participant Application

### Applicant Information

Name	
Title	
Email	
Telephone	
Address	

### Local Health Department (LHD) Information

Name	
Address	
State	
County	
County Population	
Service Area(s) (if different than County)	
Service Area(s) Populations (if different than County)	
Total Employees at the LHD	

1. Are employees of this LHD in a Union/Collective Bargaining Unit?

- Yes
- No
- Mixed

2. Please indicate your LHD county's urban/rural status. Counties with less than 50 percent of the population living in rural areas are classified as mostly urban; 50 to 99.9 percent are classified as mostly rural; 100 percent rural are classified as completely rural.

You may look up your rural/urban status at

<https://www.census.gov/geo/reference/urban-rural.html>

Mark only one.

- Mostly urban
- Mostly rural
- Completely rural

3. Please indicate your LHD county's Medically Underserved Area/Population status.

You may look up your MUA status at

<https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>

Mark all that apply.

- Primary Care
- Dental Health
- Mental Health
- None (no MUA designation)

4. Please indicate your LHD county's Health Professional Shortage Area status.

You may look up your HPSA status at

<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Mark all that apply.

- Primary Care
- Dental Health
- Mental Health
- None (no HSPA designations)

## Clinical Services

1. What types of clinical services is your LHD is currently providing within your jurisdiction.

- Immunizations
- STD
- Family Planning
- TB
- Primary Care Clinic
- Other?

2. How many LHD employees are involved in providing direct clinical services?

# Employees	
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3. How many of the following LHD employees are involved in providing direct clinical services?

Registered Nurses (RNs)	
Nurse Practitioners (NPs)	
Physician Assistants (PAs)	
Community Health Workers	
Pharmacists	
Other (please describe and quantify each type)	

## Transition from Clinical Services to Population Based Health Services

1. Please think about where your Local Health Department is in terms of their transition from clinical-based services to population-based health services. How would you describe your current transition status? Would you say your LHD is:
  - Pre-contemplating a transition:** no intention to act within the next six months towards a transition (but is interested in a transition).
  - Contemplating transition:** intending to act within the next 6 months towards transition.
  - Preparing for transition:** Intending to act within the next 30 days and has taken some steps towards transition
  - Active transition:** Has taken concrete, measurable steps towards transitioning for less than six months.
  - Maintaining transition:** has transitioned to population-based health services for at least 6 months.
2. Please provide additional information that may help describe your current LHD transition status from clinical services to population-based health services.

3. What is driving your LHD to consider transitioning from clinical services to population-based health services? Choose all that apply.

- Not needed in community
- Not getting reimbursed
- Budget related issues
- Staffing issues
- Political pressure
- Change in direction from management or elected officials
- Need for public health to work in population health
- Not sure
- Other issues not mentioned above (please describe):

4. What are the priority population health challenges you hope to address by transitioning from clinical services to population health strategies? Choose all that apply.

- Data (assessment and surveillance)
- Convening and collaboration
- Root causes (social determinants)
- Foundational or core public health capacity
- Food security
- Housing
- Not sure
- Other issues not mentioned above (please describe):

5. What challenges is your department currently experiencing, or that you anticipate, regarding a transition from clinical services to population-based health services? (For example, sensitive topics, community or patient concerns, political implications, a collective willingness to transition, feasibility of transitioning, etc.). Please describe.

6. Briefly describe the level of support your transition efforts are receiving from county leadership, key stakeholders, and other elected officials.

7. What do you hope to achieve as a result of participating in the Learning Lab?

Please list all individuals who will be serving on each team/in each role. Please indicate the name, title, and organizational affiliation(s) for each individual.

Definitions

A **champion** will serve as the leader and project manager for the team.

A **core team** of 1-3 people, including the champion, will participate in the monthly Learning Lab calls and attend the in-person convening February 6<sup>th</sup> and 7<sup>th</sup> 2019 in Seattle, Washington.

A **local team** of project participants will work on developing and testing community-specific strategies. Local team members may be senior public health or healthcare leaders or other stakeholders with an interest in a successful transition, such as project managers, community clinic staff, and community members. The champion and core cohort will convene activities of the local team as needed.

Role	Name, Title, Organizational Affiliation(s)
Champion (Manager/ Coordinator)	
Core Team	
Local Team	



## Capacity to Participate

This process is intended to build a body of knowledge that can be distributed to other LHDs who are thinking about transitioning and your participation will support the development of these resources that are as relevant and useful as possible. It is expected that all members of the Learning Lab will contribute to the process through providing and receiving feedback, contributing to the curriculum, co-creating content, and revising as necessary, and collaborating with other participants. **Please check the following boxes to confirm that your Learning Lab will be able to fulfill the following responsibilities:**

- Audio/video meeting capabilities at local offices and ability to participate in Zoom Video Conference calls
- Virtual attendance on monthly calls and web discussions
- In-person attendance at the 2-day convening in Seattle, WA
- Ability to work on and complete activities and deliverables (as directed in the curriculum and guided by calls and web discussions), utilizing staff/Learning lab time, that work towards LHD transition capacity building
- Willingness to contribute to development of curriculum/toolkit and provide feedback throughout the process

Thank you for your interest in participating in the Learning Lab opportunity!

**Applications are due on August 30, 2018, by 5:00 PM PST.** Please submit your application and any additional questions regarding the application process to:

Rebecca Garrow, MPH  
Program Manager | Public Health Institute  
[Rebecca.Garrow@phi.org](mailto:Rebecca.Garrow@phi.org)  
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