# Community Priority Action Planning Workshop Logistics Checklist

**Please use the checklist to coordinate and plan for the workshop.**

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| **Pre-planning** | | | | |
| **Tasks** | **Timeline** | **Virtual** | **Onsite** | **Complete** |
| Identify location | Upon date confirmation with DRCHSD and health care organization | **If virtual, DRCHSD staff will provide Zoom link.** | **If onsite, ensure room setup can be accomplished to safely accommodate your expected participants.** |  |
| Room setup | Upon date confirmation with DRCHSD staff and health care organization | Zoom (DRCHSD will setup the room) | Community Champion to ensure large flat wall for DRCHSD staff’s sticky wall. Table arrangements conducive for conversation (See Room setup example.) |  |
| Community Champion to connect with partners and their health care organization leadership staff to ensure access to Zoom platform (i.e., desktop computer, tablet, laptop). Community Champions to ensure bandwidth capability to connect as well. Community Champions strongly recommend health care organization participants join from individual workstations. | Community Champion to secure screen projectors, plug-ins, appropriate cords, internet access. |  |
| Determine if refreshments/lunch is provided | 4 weeks prior to scheduled event. Include in your invite. | Encourage participants to bring a snack and beverage. | If refreshments/lunch is provided during the onsite session, include that information in your invitation and notify DRCHSD staff.  If it will not be provided, advise participants to bring lunch or allow time to grab a break. |  |
| Identify and Invite Community Partners (REQUIRED) |  | Use the letter template provided to you by DRCHSD staff to invite key community partners. Refer to your Circle of Involvement worksheet.  Recommended no more than four to five health care organization (CEO, CFO, Director of Nursing, Quality Improvement Director, Marketing/Outreach Coordinator, etc.) participants. DRCHSD Program requires health care organization leadership to attend community care coordination activities. | |  |
| Track Community Partners, & Health care organization RSVPs | Continuously track. | Track a list of participants using the RSVP form provided to you by DRCHSD staff. | |  |
| Send calendar invite to confirmed participants (Community Partners and Health care organizations staff). | Complete this step as soon as confirmation is provided. | Send calendar invite (created by the DRCHSD) to confirmed community partners and health care organization leadership and management. **Invite should include Zoom link.**  Send the final RSVP tracking list one week prior to workshop to DRCHSD staff. | Send calendar invite (created by the DRCHSD) to confirmed community partners and health care organization leadership and management. **Invite should include meeting location and other key details.**  Send the final RSVP tracking list one week prior to workshop to DRCHSD staff. |  |
| Coordinate with Health care organization Teams to Prepare Materials | Complete this step two-weeks prior to workshop. | * CEO Welcome and Introduction * Health care organization presentation - refer to presentation template (provided by DRCHSD staff), assessment results, and community health status report. * Send final presentation(s) two-weeks prior to workshop DRCHSD staff | |  |
| Send the Strengths Prep Work email to confirmed participants. | Complete this step two- weeks prior to workshop date. | Use the email template provided by DRCHSD staff.  What community strengths help to improve the health of your community? List 5 to 10 community resources, services, or assets. If applicable, please share the strengths your organization brings to the community. | |  |
| Submit the Strengths Prep Work Table | Complete this step one-week prior to workshop. | Using the table provided by DRCHSD staff, compile responses from community partners and submit to DRCHSD staff. | |  |
| Coordinate Technical Logistics with Participants and Tech Support | Complete this step 1 week prior to workshop. | Follow up with participants (health care organization and community partners) to ensure they have downloaded the Zoom application. | Connect with your location’s tech support team to confirm logistic needs (extension cords, screen projectors, projectors, plug-ins, internet access). Ensure proper number of tables are provided. |  |
| Reminder Email to Confirmed Community Partners and Health care organization | Complete this step three days prior to workshop. | Send reminder email (refer to template provided by DRCHSD staff) to confirmed community partners and health care organization leadership and management. Highlight the location (in-person physical address or Zoom link). | |  |
| Reminder phone call to CJPs that have not confirmed their attendance. | Complete this step three days prior to workshop. | Call community partners that have not confirmed their attendance. Share the location (in-person physical address or Zoom link). | |  |
| Participate in DRCHSD logistics call | One to two weeks prior to the workshop | Community Champion is responsible for participating in logistics call with DRCHSD staff to confirm workshop details and preparation. | |  |
| Review and practice facilitation role | Upon receipt of facilitation script | DRCHSD staff will provide a script to prepare Community Champion for facilitation role. | |  |

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| **Day of Workshop** | | |
| **Tasks** | **Virtual** | **Onsite** |
| Meet DRCHSD staff | Join Zoom meeting 30 minutes prior to workshop. | Meet DRCHSD staff 60 minutes prior to workshop at the designated location. |
| Presentation Setup | Community Champion to practice sharing screen for presentation. | Community Champion to setup equipment to project presentation onto a screen or blank wall. |
| Prepare Refreshments (if applicable) | N/A | Setup refreshment tables. |
| Welcome participants | Greet participants upon entrance into the Zoom meeting room. Ensure participants can use video and audio. | Greet participants upon entrance and have them sign-in and create a name tag |