

National Collaborative on Education + Health

National Collaborative on Education and Health Meeting of the National Steering Committee April 19, 2016 – April 20, 2016 Meeting Summary

The National Collaborative on Education and Health (the Collaborative) was launched in February 2014, building from a working group of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health which supports the National Prevention Council. Under former Surgeon General Regina Benjamin's leadership, schools were recognized as a natural place for collaboration between the health and education sectors and the Collaborative was formed to identify and leverage key opportunities for transforming the conditions of health in schools across the country. The role of the Steering Committee is to provide guidance to the Collaborative and to be a catalyst for ensuring the recommendations developed by the Collaborative are adopted and implemented.

The Collaborative has been highly successful in bringing individuals and organizations together that are working in parallel but not necessarily working together. This has led to the development of creative partnerships and catalyzed efforts at the federal, state and local levels. To date, the Collaborative has convened four working groups addressing the following topics: integrating health and wellness metrics into education accountability systems, increasing access to school-based health services, addressing the health-related causes of chronic absenteeism and promoting the use of a prevention framework in addressing substance misuse in schools. The Collaborative's work has catalyzed national initiatives including the launch of the U.S. Department of Education's (ED) Every Student Every Day chronic absenteeism initiative, Healthy Students, Promising Futures (a joint initiative between ED and the U.S. Department of Health and Human Services promoting collaboration between health and education) and multiple reports and toolkits that share the strategies and lessons learned from the Collaborative's work.

Moving forward, the Collaborative will focus on ensuring that the implementation of the Every Student Succeeds Act (ESSA) promotes student health and wellness, promoting efforts to address the health-related causes of chronic absenteeism, leveraging the change in the free care policy to increase the provision of Medicaid services in schools and promoting the use of a evidence-based mental health promotion interventions that advance the conditions for learning in schools and early care and education.

A full list of the steering committee members is available at national-collaborative.org. The steering committee has been augmented by additional representation from Council for a Strong America, Learning Policy Institute, The Opportunity Institute, Children's Hospital Association, Trinity Health and National Council of La Raza.

The goals of this meeting were to:

1. Advance the Collaborative's work on ESSA, including via a Health Impact Assessment.
2. Advise on health and education recommendations for TFAH's Blueprint for a Healthier America policy report for the incoming Administration and Congress.
3. Hear updates on additional components of the Collaborative's 2016 scope of work: chronic absenteeism, mental health and increased access to school health services.

SUPPORTING STUDENT HEALTH THROUGH ESSA

On December 10, 2015, President Obama signed into law the bipartisan ESSA, a reauthorization of the Elementary and Secondary Education Act. ESSA recognizes the need for schools to support the whole child and specifically acknowledges the importance of promoting physical and mental health and wellness. The implementation of ESSA at the federal level and subsequent compliance with the new law by state education agencies and local educational agencies provides an important opportunity to more fully integrate student health into education policy and practice.

Many of the levers ESSA presents for promoting healthy schools and student health and wellness present opportunities for advancing key focus areas of the Collaborative, including creating healthy school environments, addressing chronic absenteeism, increasing access to health services delivered in schools, promoting a primary prevention approach to behavioral health and supporting the inclusion of health and wellness metrics in education accountability systems. Key levers discussed include the following:

Title I Levers

- *State Accountability Systems:* Under ESSA, each SEA is required to create a state accountability system with at least one non-academic indicator (a measure of school quality or success). Examples of non-academic indicators listed in ESSA include measures of school climate and safety, such as chronic absenteeism and incidences of violence.
- *State Report Cards:* SEAs must release an annual state report card describing how the state is meeting Title I requirements. In addition to measures such as per-pupil expenditures and student achievement, the report cards must include rates of chronic absenteeism, and incidences of violence, including bullying and harassment. LEAs are also required to prepare and disseminate report cards to the public that include same minimum requirements as the SEA report cards.
- *School improvement:* SEAs must reserve seven percent of their Title I funding for comprehensive support and improvement in the lowest performing schools. SEAs can use this funding to support student engagement and promote healthy, safe and supportive school environments. LEAs, in partnership with stakeholders, must develop and implement a school improvement plan that is informed by the indicators in the statewide accountability system; is based on a school-level needs assessment; includes evidence-based interventions; and identifies resource inequities.
- *Schoolwide Title I Programs:* LEAs can consolidate and use Title I and other federal, state and local funds for schoolwide Title I programs in schools where at least 40 percent of the students are from low-income families. An eligible school must develop a comprehensive plan with input from parents and community members and base the plan on a comprehensive needs assessment of the entire school. Allowable uses of this funding include counseling, school-based mental health programs, specialized instructional support services, implementation of a tiered model to prevent and address problem behavior and early intervention services.
- *Early childhood programs/School readiness:* LEA plans for using Title I funding must describe how Title I services will support, coordinate and integrate with early childhood education programs at the

LEA or individual school level, including plans for the transition from early childhood programs to local elementary schools.

Title II Levers

- *Professional development:* Title II provides funding to SEAs and LEAs to support professional development for principals, teachers, early childhood educators and other school personnel, including professional development to support school staff in addressing student behavioral and mental health needs and chronic absenteeism.

Title IV Levers

- *Student Support and Academic Enrichment Grants:* ESSA consolidates 49 grant programs, some of which focused on student health, into a new grant program, Student Support and Academic Enrichment Grants. SEAs and LEAs can use this to promote student health, increase access to well-rounded education and improve the use of technology. Any school district that receives more than \$30,000 through this grant program must conduct a needs assessment and use the funding to address the needs identified.
- *Community support for school success:* Title IV establishes funding for full-service Community Schools and Promise Neighborhoods. Funding for both programs supports ‘pipeline services’ defined as a continuum of coordinated supports, services and opportunities for children from birth through entry into and success in postsecondary education and career attainment.

Representatives from ED thanked organizations for their involvement in developing ESSA. Representatives from ED highlighted that ESSA promotes innovation and flexibility. They shared that accountability to intervene in low-performing schools is now at the state, district and school levels and that the new law empowers those at the local level to implement programs that will be impactful. New elements of ESSA include rigorous standards for college and career ready students and support for pre-school. Continued elements include a focus on teacher effectiveness and assessment (testing). Teacher and principal evaluation systems are no longer required. They shared that ESSA offers more transparency regarding factors such as the numbers of students who are homeless, in the foster system, or in military families, as well as more information on per-pupil spending. They emphasized that while there is much work to be done to implement the new law, time is built in for the transition and changes are expected to be implemented during the 2017-2018 school year. They emphasized that collaboration is built into the law and that it is important for implementation work to begin now, in collaboration with key stakeholders. Rulemaking will focus on 3 areas: accountability systems, data and state plans. Guidance on foster care, homeless and ESL will be issued in the fall.

Secretary of Education John King has charged his staff with developing a strong awareness on health and education over the next 9 months. They asked for help in advancing implementing ESSA to advance the conditions for learning and promote safe and healthy students. They specifically noted the recent release of a new [toolkit on data-sharing](#) that can address a significant barrier to collaboration between health and education. Chronic absenteeism is included twice in the law -- as a requirement in Title I state report cards and in Title II.

Following this presentation, steering committee members shared how their organizations plan to support implementation of ESSA.

Coalition for Community Schools emphasized the importance of stakeholder engagement and the need to get organized at the local and state levels. Coalition for Community Schools is thinking of ESSA as an opportunity to rethink student success. There is an opportunity to frame health as a condition for learning, as opposed to an outcome. Title IV offers many opportunities to fund programming that will advance the conditions for learning. Funds could be used to train educators and other specialized instructional support personnel on how to use early warning systems to identify and track students that are chronically absent and refer them to support services. They identified stakeholder engagement as a priority policy for engagement of the Collaborative. For example, in Title I planning engagement of community stakeholders is not required, however the steering committee members all agreed with the Coalition for Community School's stance that schools should work with community partners and local coalitions who can contribute their resources and expertise to promote academic success. The need for modeling at the federal level is critical and it is important to think about how to amplify the vision of the law. They will encourage stakeholders to look at the data to inform their Title I programming, listen to parents and families, include cross-sector stakeholders and advocacy groups in planning and have a process for engagement.

The National Education Association (NEA) shared that the organization has two key priorities for ESSA: supporting the whole child and promoting equity. Regarding the whole-child focus, NEA shared that many school employees have only ever worked under No Child Left Behind so there is an opportunity to educate them about the need to support the whole child. In addition, within the next five years, there will be over three million new educators so there is an important need for professional development. Regarding equity, NEA shared that racial justice is a top priority for the organization. It was emphasized that this work should be done with people that know the students' name and once again, the importance of stakeholder engagement in ESSA implementation was underscored. NEA shared the idea of using an opportunity dashboard to focus accountability around the possibility to succeed rather than solely on compliance. NEA believes that Title IV offers great promise for promoting health through funding for mental health and counseling services by highly qualified providers, drug abuse and crisis counseling, social-emotional learning (SEL), community schools and restorative justice practices. NEA is opposed to testing on social-emotional learning as they fear it will narrow the curriculum. While they believe curriculum development and assessment of SEL are needed, they do not want SEL assessment to be used for accountability. NEA also supports increased community engagement. They plan to advocate for resources for quality pre-K and wraparound supports.

The American Federation of Teachers (AFT) shared that their agenda is similar to NEA's and that the major message of AFT is around the importance of seizing the opportunities presented by ESSA to promote equity and make up for the effects of poverty. AFT shared that the biggest changes they see with ESSA include easing the obsession on testing which hampered educators from doing their work; a return of authority to the states (providing an opportunity for educators' voices to be heard); and, establishing a climate of value. It was emphasized that the most important words in the new law are "well-rounded education." AFT strongly supports community schools, a focus on measuring and addressing chronic absenteeism, discipline reform and spread of trauma-informed practices. In addition, AFT shared that a fear is that states will take the easy way out and not change the way they have been implementing their education programs which is why advocacy is so important. It was shared that a focus group of 2,000 teachers was conducted and when asked what their greatest fear was around ESSA, the majority stated their fear was that nothing will change.

The discussion that followed this overview and presentation focused on the importance of stakeholder engagement within the new law. Members of the steering committee felt it is critical to make stakeholder engagement provisions very strong, map out the process for stakeholder engagement and the key decision points to ensure strong stakeholder engagement and develop technical assistance and supports for states,

LEAs and schools. For example, this could include highlighting examples of effective community engagement to use as a model for others and developing definitions of stakeholders. The group discussed the value of ED developing guidance on stakeholder engagement to support states and school districts in effectively engaging key individuals. It was noted that the health sector can be instrumental in modeling and advocating for strong stakeholder engagement.

The steering committee also discussed the important opportunity that inclusion of the non-academic indicator presents for health and the need for more discussion of the possible measures. Chronic absenteeism was noted as important potential measure that can impact health, discipline and school climate and is required to be reported by all schools. There is a need for guidance on how to address chronic absenteeism.

Overall, the steering committee felt ESSA offers a new frame for education:

- Learning vs. achievement
- Adequacy vs. equity
- Student-centered vs. school-centered
- Measuring for punishment vs. measurement for improvement

While this new frame is exciting, it can also be overwhelming to educators who feel they cannot be responsible for everything that relates to the child. The Collaborative can play a role in “unpacking” the whole child language.

HEALTH IMPACT ASSESSMENT OF ESSA

The Collaborative has an opportunity to work with the Health Impact Project to inform a Health Impact Assessment (HIA) of ESSA. Conducting an HIA of ESSA is an important opportunity to better understand the potential impact of ESSA on student health and support the inclusion of the provisions of ESSA that can impact health within the regulatory process.

The value of an HIA in any decision-making process is that it is a method for robust engagement and will bring new evidence to the discussion. Information about health outcomes is powerful and unifying.

The Health Impact Project shared that there have been 16 HIAs in the education sector, which is about 4% of all HIAs. Examples of HIAs in the education sector include expanding access to full-day kindergarten, school discipline policies, providing free or reduced-fare bus passes, shared bus policies and school construction and siting guidelines.

The goals for an HIA of ESSA are to:

- Inform the development of regulations and guidance for ESSA implementation;
- Identify and analyze potential health implications related to ESSA implementation and the distribution of those effects;
- Provide decision-makers with evidence-informed recommendations to protect and promote health and academic success; and
- Test a rapid federal HIA model.

The primary role the Collaborative would play would be convening an advisory group of diverse stakeholders to provide feedback to inform the HIA. The Health Impact Project will be leading all aspects of the HIA, including conducting the assessment. The goal will be to have the HIA completed by the end of 2016. It was emphasized that the goal of HIAs is to take into account a full range of potential benefits and

unintended consequences and to promote things that are positive and mitigate those that are negative. The goal is not to say yes or no but to bring new information to the table to make the best decision possible.

The Health Impact Project's presentation slides are available [here](#).

During the group discussion, key comments included the following:

- One possibility would be to look at the stakeholder engagement concept and look at the impact on health from engaging different stakeholders within that work (e.g. community groups, health groups, civil rights groups, etc.)
- Concerns were raised around having the HIA focus on accountability given there are many bad habits in that space and that it is a controversial issue. It was stated that indicators need to be unwound from accountability.
- ESSA does not address corporal punishment but 19 states have policies that allow it. Should the federal government allow this?
- It was highlighted that there would be great value in creating a document that gives the rationale behind different non-academic indicators and demonstrates their link to learning.
- It was shared that there is an important opportunity to think about needs assessments and evidence-based interventions given that this is something schools do not necessarily know how to do. If left untouched, states are likely to not do anything around these issues because they do not know how. There is a need to push states to do this. Since Title I planning does not require the inclusion of community or health groups, there is an opportunity for the HIA to analyze the impact of their inclusion. In addition, the HIA process could be used at the state or local level to inform needed assessment.
- The HIA could analyze the potential impact of early warning systems (for chronic absenteeism).
- Given the transfer of power to the states, the HIA could be directed toward states to maximize its impact.

Following the discussion of the HIA, the group discussed key opportunities for the Collaborative to ensure ESSA is implemented in a way that promotes healthy schools and student health and wellness. Key discussion points raised include the following:

- The Collaborative can play a key role in engaging agencies and advocates outside of education in this work. Health and human services agencies in each state need to advocate for health to be supported through this law and the Collaborative can think about which other state agencies can make a difference and develop strategies for engaging those agencies.
- The Collaborative can play a key role in articulating the vision, values and principles to impact state-level agendas. States are in the early stages of developing their state ESSA plans and thus there is an opportunity to drive those agendas.
- Given the upcoming change in the Administration, the Collaborative can play an important role in impacting the conversations around ESSA that take place with the transition teams and ensuring that the vision of ESSA is not lost.
- The Collaborative can lead as an example and show how to bridge health and education and thereby set the tone for the type of collaboration we would like to see at the federal, state and local levels. It is also important to identify useful tools that will support states and schools, for example a list of different non-academic indicators and their link to learning, and tools related to needs assessments and evidence-based interventions.

BLUEPRINT FOR A HEALTHIER AMERICA

TFAH's Blueprint for a Healthier America serves a policy guide for the incoming Administration and will include a section on education and health. The steering committee has frequently discussed how to summarize, articulate and promote key strategies and ideas identified through the Collaborative's work. The Blueprint's section on education and health will incorporate many of the findings and recommendations from the Collaborative's past work and serves as an important opportunity for the Collaborative to speak collectively.

The audience for the Blueprint is policymakers and the purpose is to summarize and translate policy recommendations using tested messaging strategies. The final report will be released in October 2016 and will have two big picture visions: rethinking community prevention and modernizing foundational governmental public health. Key recommendations related to education and health will relate to prioritizing a healthy, positive school climate, scaling social-emotional learning, supporting a trauma-informed approach including implementing early identification and support for concerns such as early warning systems around chronic absenteeism, understanding student health needs, preventing and reducing health risks, promoting physical activity and nutrition, and increasing access to school health services. TFAH's slides are available [here](#).

The steering committee was asked what the top one to three things they would like to see addressed in the Blueprint. The following suggestions were offered:

- Addressing student mental health needs
- Ensuring access to health care
- Providing food security
- Supporting the health of teachers and staff in schools
- Providing access to oral health services
- Mitigating adverse childhood experiences

In addition, the group discussed the importance of recognizing the role that parents can play in supporting healthier school environments and making sure a strength-based approach is used.

UPDATE ON MENTAL HEALTH WORKING GROUP

In 2015 the Collaborative convened a Working Group on *Substance Misuse Prevention and Early Intervention in Schools*, funded by the Conrad N. Hilton Foundation. This Working Group met twice and concluded that there is a huge opportunity to scale up evidence-based programs in schools, particularly programs that engage the school in collaboration with the community and help schools meet their core goals, such as classroom management programs like the Good Behavior Game. Through the Working group, over 30 years of evidence were reviewed and it was concluded that the field knows what works, but these programs are not being implemented broadly in schools. The Working Group developed recommendations to reduce the barriers to implementation, spread and sustainability.

Review of the evidence for school-based primary prevention interventions that address substance misuse naturally leads to thinking about mental health promotion, since the evidence-based interventions for substance misuse and mental health are often the same. When the steering committee met in October and heard the report of the Working Group on Substance Misuse, the group supported the idea of exploring how to promote student's mental health and academic success by intervening in the school setting. As a result,

the Collaborative is partnering with Mental Health America to convene a Mental Health Promotion Working Group that will bring together approximately 30 leaders on this issue. The idea of establishing a Mental Health Promotion Working Group was shared with the steering committee during the January 2016 conference call and the steering committee was in agreement that this should be a key priority for the Collaborative.

The goals of this Working Group will be to:

1. Learn about the bidirectional relationship between mental health promotion and the conditions for learning and the evidence-based interventions that can promote the conditions for learning, for example, social-emotional learning programs.
2. Learn how schools and early care and education are currently utilizing mental health promotion strategies to improve the conditions for learning, and:
3. Identify the challenges and gaps so we can think about how the gaps can be filled. What policies, practices and resources are needed to spread and scale the school-based interventions that promote mental health and the conditions for learning?
4. Identify other changes essential to create a supportive environment for child mental health promotion.

The group's first meeting will take place in May 2016.

UPDATE ON OPPORTUNITY TO INCREASE HEALTH SERVICES IN SCHOOLS BY LEVERAGE THE CHANGE IN THE FREE CARE POLICY

Historically, CMS' guidance on the so-called "free care policy" was that Medicaid could not be billed for services that are provided without charge to everyone in a community (in this case, the school). This effectively prevented schools from billing Medicaid (other than for services included in a special education plan), since schools typically provide services universally to all students, or to all who are eligible, regardless of the type of insurance they have.

After years of advocacy to change this policy, in December 2014 the Centers for Medicare and Medicaid Services (CMS) issued a State Medicaid Director letter changing its prior guidance on the free care policy and allowing schools to bill Medicaid for services for all students, even if those services are provided free of charge to some students.

In June 2015 Trust for America's Health and Healthy Schools Campaign hosted a meeting on the free care policy to convene advocates committed to identifying strategies to support implementation of this change. TFAH and HSC have continued to convene interested stakeholders to promote the implementation of this opportunity in states which will ultimately increase access to Medicaid health services in schools. In addition, identifying opportunities to increase access to school health services has emerged as a key theme through each working group of the Collaborative. Leveraging opportunities, such as the change in the free care policy, to support states and school districts in increasing access to health services is an important strategy for advancing the work of the Collaborative.

Through conversations with stakeholders, a number of needs have been identified that, if addressed, can help advance work around this issue:

- Understanding the lay of the land. Local advocates are still working to better understand what needs to change within their states and schools to support increased access to school health services. This includes how school health services are addressed within state Medicaid plans, managed care contracts

and state legislation. At the school level, this includes determining the unmet health needs of students, developing relationships with providers to deliver services in the school and figuring out all of the implementation logistics, including billing.

- Identifying early adopters. Advocates are eager to learn from states that are working towards implementing the change in the free care policy or using other levers, such as managed care contracts for school health services, to increase access to school health services. There is need to identify and share best practices learned from states that are moving forward on this issue.
- Providing opportunity for shared learning. There continues to be a need to convene state and local officials and advocates that are working to support state and local implementation for the change in the free care policy.

In order to address these needs, it is suggested that the Collaborative pursue the following activities:

- Conduct a state of the state analysis. The National Health Law Program is in the process of conducting a state of the states to better understand what each state's Medicaid plan and managed care contracts say about school health services. This data is needed to determine the next steps each state will need to take, for example some states may need to amend their state's Medicaid plan via application to CMS and/or pass state legislation.
- Convene early adopters. A group of up to five states that are committed to identifying and implementing strategies for increasing access to school health services, including the change in the free care policy and managed care contracts, will be convened to provide the opportunity for shared learning. The learning group will meet periodically in person and via conference call to share updates, discuss barriers and receive ongoing support for their efforts to expand access to school-based health services.
- Convene free care stakeholder group. Continue to convene advocates via periodic conference calls to provide a space for shared learning.
- Disseminate best practices and lessons learned.

The steering committee can play a key role in mobilizing local stakeholders that are in individual members' networks to explore possibilities for advancing this work in their own states. In addition, the steering committee can play a key role in disseminating best practices and any guidance developed through this work.

The steering committee agreed that this should continue to be a priority for the Collaborative and that there was value in pursuing the proposed activities.

CHRONIC ABSENTEEISM UPDATE

In October 2015, ED launched the Every Student, Every Day initiative which is working to galvanize multi-sector support to catalyze federal, state and local efforts to address the causes of chronic absenteeism. The launch of this initiative was catalyzed by the work of the Collaborative, specifically the Chronic Absenteeism Working Group. This initiative will include the following components:

- Every Student, Every Day National Conference: The conference will take place on June 9 and 10, 2016 and will bring together state teams from across the country that will include state education officials, cross-sector system leaders, local school district leaders, early learning providers and other partners. The conference will provide participating teams with the opportunity to learn about best practices from across the country that can help inform effective chronic absenteeism policy and practice to support all student in attending school daily.

- **Success Mentors:** As part of the President's My Brother's Keeper (MBK) Initiative, ED and the MBK Task Force launched MBK Success Mentors which is the nation's first-ever effort to scale an evidence-based mentor model to reach and support our highest-risk students, using existing trained adults already, or easily, linked to our schools to reduce chronic absenteeism and drive student success. Initially, the model will target the key transition years, sixth and ninth grades, across 30 high-needs school districts, with the goal of eliminating chronic absenteeism in these grades. The model aims to reach 1 million students over the next 3-5 years. June 8th is the White House MBK Success Mentor & Student Supports Summit — where communities from around the nation will convene to mobilize an army of success mentors to drive school success.
- **Ad Council's Parent Engagement Campaign – Absences Add Up:** In March, the Ad Council, in partnership with ED and the Mott Foundation, launched a parent engagement campaign to elevate the conversation about the devastating impact of chronic absenteeism, specifically targeting parents of K-8th grade students. The effort includes billboards and bus shelter outdoor Public Service Announcements (PSAs) and community posters for barbershops, doctor's offices and schools. A key component of the effort includes [a new campaign website](#) offering resources for parents in the key areas that contribute to student absences, including an online tool kit offering downloadable resources such as customizable posters, blog posts, infographics and absence trackers. The website also includes resources for educators, community leaders and afterschool providers.

Finally, this summer, ED's Office for Civil Rights will release its Civil Rights Data Collection which will include rates of chronic absenteeism at the federal, state and local levels. This will represent the first national chronic absenteeism data set. While not officially part of the Every Student, Every Day initiative, this data release will play a key role in informing the work of state teams participating in the Every Student, Every Day conference and the work of advocates across the country.

SUPPORTING THE COLLABORATIVE'S WORK THROUGH YOUR ORGANIZATIONS

The Collaborative has been very effective in leveraging the thought leadership of the steering committee. Staff want to determine how to support steering committee members in taking back what they are learning to their own organizations and applying it to their own work.

For example, Southern Education Foundation is establishing a Leadership Development Institute to build a pipeline of high-performing talented leaders working in school districts and state education agencies to address racial disparities in educational outcomes. A key focus of the Institute will be educating leaders about the connection between health and learning and ensuring they are equipped with the knowledge and skills necessary to support this connection.

The goals of the Institute will be to:

- Establish a network of state and local policymakers equipped to implement evidence-based reforms that reduce disparities and improve outcomes for culturally diverse communities
- Foster improved educational and health outcomes in school systems serving high proportions of students of color in the South;
- Create an innovative and sustainable model for improving district and state level education leadership nationally.

Through this work, the Southern Education Foundation will establish a network of over 100 system and community leaders.

In addition, Kaiser Permanente shared that one in five of their members spends his/her day in school and that a key part of their strategy is thinking about how to better integrate schools and health. There is interest

from Kaiser Permanent in determining how the work of the Collaborative can inform Kaiser Permanente's work on the ground.

It was determined that there is interest in developing resources to support steering committee members in taking the work of the Collaborative back to their own organizations and Collaborative staff will pursue this work.

NEXT STEPS

Feedback collected throughout the meeting will be used to inform the Collaborative's work moving forward. There will be opportunities to provide input on the HIA as it develops. In addition, it was emphasized that individual organizations are welcome to use the recommendations from the Blueprint as they develop their own recommendations for the next Administration.

The next meeting of the steering committee will take place in late summer/early fall 2016.