

**HEALTH PROMOTION AND CHRONIC DISEASES PREVENTION SECTION
GRANTEE AND CONTRACTOR CAPACITY ADVISORY GROUP (GCAG)
PROPOSAL, PURPOSE AND RECRUITMENT PROCESS
UPDATED AUGUST 20, 2013**

1. WHO?

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What decisions does the Advisory Group make?

The GCAG exists to make recommendations to HPCDP regarding capacity needs, learning objectives, and staff development requirements.

What decisions does HPCDP reserve?

HPCDP reserves final decisions on learning objectives and staff development requirements to assure that budgets support requirements and that both learning objectives and staff development requirements reflect strategic priorities in implementing The Framework.

How is communication handled between Advisory Group and rest of section?

Minutes from GCAG meetings will be disseminated within 3 days of GCAG meeting. Advisory Group recommendations and resulting documentation (e.g., learning objectives) will be discussed in appropriate HPCDP meetings (likely HP/CD and CPI) with feedback provided to the GCAG by the convening staff member.

How is communication handled between Advisory Group and rest of grantees?

GCAG members are responsible for communicating with other grantees through email, phone, RSN calls, and Quarterly TA calls to share Advisory Group discussion, solicit feedback, and equip each AG member to represent the views and priorities of the grantee cohort. GCAG members are welcome to use the TPEP and Healthy Communities listservs to communicate with grantees as well.

The GCAG will identify the best mechanisms for communication with other grantees during its early meetings. For example, this might include surveys, phone calls, recommending standing agenda items on training/TA/RSN calls, etc.

What are the expectations for being on the Advisory Group?

GCAG members agree to coordinate with other grantees to gather information (including completion of a skills inventory) formulate recommendations and provide updates on GCAG work. GCAG members are expected to represent the thoughts, opinions and priorities of grantees as a group, and are responsible to undertake communications to assure this.

GCAG members commit to a 1 year term of service. For this year, that 1 year will end *June 30, 2014*. In April 2014, the GCAG will talk about their participation in the group, members will have the option to “re-up,” and membership will be made available to others who might want to join.

2. WHY?

The Health Promotion and Chronic Disease Prevention section is committed to providing its grantees with appropriate, timely, and beneficial technical assistance and learning opportunities. To meet this goal, grantee participation is essential to identify capacity needs, resources, and structure ongoing capacity building between HPCDP and grantees. Defining needs, learning objectives, and the system for staff development requires dialogue between grantees and HPCDP.

3. NOW WHAT?

Increased relevance of learning opportunities to HPCDP grantees

Increased understanding of shared expectations for HPCDP and grantees around staff development requirements.

4. WHEN?

Starting in July 2013, the GCAG will convene quarterly for an hour and a half.

Quarterly meetings will ideally be held after required staff development learning opportunities to allow for conversation and review of these activities and to develop recommendations for future required learning opportunities.

5. WHERE?

Meetings will be held by teleconference, with in-person options in the PSOB.