Lori (has to leave for a board meeting and won't be available for activity 2), Bonnie, Sarah, Tameka

Communication – overall agreement with priorities

L – hit with a strong reaction to priority 1, but it seems to be missing the interactions between counties and the state together

- S – Counties like us have often requested more assistance with communications from the state but know that capacity is a key issue
- B – Feels like it's a priority that's so all encompassing that it needs its own workgroup and focus

T – what is the asterix for - agree with the priorities overall

T- Noting that number 3 brings up concerns around assessment and survey fatigue

L – how does the system better inform with information that already exists

T- how can the system/workforce be better aligned with the surveys and things that already exist rather than creating new things

B – feedback loop to community on what is learned and known – successes, gaps, realities, etc.

Policy & Planning – Agree with priorities

L – the system itself feels very closed and difficult to integrate at baseline so the inclusion of the entire ecosystem feels overwhelming – higher education coordination commission – more integration is needed

B – Hard to see how more than one priority could be addressed with realistic resource allocation*

- Number 3 – barriers to recruitment and hiring – this is a broader statement to all areas – we struggle to get people hired at all

T- Major issues with hiring and huge barriers within systemic agility and barriers to gettings any type of staff hired to do work that is in policy, funded, etc.

*clarified that we will talk about approaches, resourcing, recommendations etc. in the fall and that we are looking at a phased approach

Health Equity & Cultural Responsiveness – Agree with priorities

Community Partnership Development – Some agreement

 B – Strategic alignment and coordination within funders that work with community

T – Sharing from Fentayl coordination meetings – needing to incentivize the coordination of CBOs to work together and power share (larger working with small, population coordination, etc)

B – 3 doesn't sit right, the reason its often loose because of the vague nature or general things

S – CBOs in small communities are often – not present or don't have public health work in their scope

S – 3 isn't necessary and 2 needs to have language that include building and investment in small community partners and relationships

Emergency Preparedness & Response – Agreement

B – There is a need to center community driven response either as a response to or in addition to FEMA work – not just things that are government based

T – Straightforward and clear

Assessment & Epidemiology – agreement with priorities

General group notes - rework language to be more action oriented