Mobilizing for Action through Planning and Partnerships (MAPP)

Forces of Change Assessment

Final Report

Retreat Date: October 31, 2013

“A healthy Nashville has a culture of well-being, where all people have the opportunity and support to thrive and prosper.”

MAPP Vision Statement
2013
Acknowledgements

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  C. MAPP Background and HNLC Executive Order
  D. Agenda
Forces of Change Assessment Process and Results

Nashville is using the Mobilizing for Action through Planning and Partnerships (MAPP) community health assessment process as the framework for convening a large variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. MAPP utilizes four assessments, which serve as the foundation for achieving improved community health. They are:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment, and
- Local Public Health System Assessment

Seventeen diverse stakeholders, representing the Nashville Chamber of Commerce, Nashville Planning Department, Metro Transit Authority, Metro Nashville Public Schools, Metro Board of Health, Metro Public Health Department, Metro IT, non-profit organizations and others, convened on October 31, 2013 to help answer the assessment questions: “What is occurring or might occur that affects the health of our community or local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

The purpose of the FOCA is to identify forces – such as trends, factors, or events – that have the potential to impact the health and quality of life of the community and the work of the local public health system. The following are examples of trends, forces and events:

- Trends – Patterns over time, such as migration in and out of the community or growing disillusionment with government
- Factors – Discrete elements, such as a community’s large ethnic population, an urban setting, or proximity to a major waterway
- Events – One time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

The FOCA took place on October 31, 2013 at Shelby Bottoms Nature Center in Nashville. A facilitated consensus building process was used to generate answers to the following question: “What is occurring or might occur that affects the health of our community or local public health system?” Participants brainstormed trends, factors, and events, organizing them into common themes and then providing an overarching ‘force’ for each of the category columns.

The nine identified forces are as follows:

- Changing Technology
- Changing Food Environment
- Climate Change and Environmental Stewardship
- Economic Opportunity Gap
- Stress Epidemic
- Shifting Populations
- Impact of Changing Health Policy
- Shifts in Mobility Demands
- Increased Need for Relevant and Accessible Educational Opportunities

See Appendix A for the full results of the brainstorming process.
After the consensus workshop, participants were charged with answering the second assessment question: “What specific threats or opportunities are generated by these occurrences?” Participants generated threats and opportunities for all of the ideas within each force of change category.

Following the FOCA, participants were sent an evaluation survey, which included a question asking them to rank order (1-9) all of the forces. The results are provided in the chart below. The forces will be presented based on those results – from highest priority force to lowest. See Appendix B for the chart representing the results from the evaluation survey.

### Stress Epidemic

<table>
<thead>
<tr>
<th>Force</th>
<th>Threats Posed</th>
<th>Opportunities Created</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Stress on Children</td>
<td>Bullying; reduced educational outcomes; suicide; lack of self-worth; lack of family support; lifelong impact; reduced economic prosperity; overburdening kids.</td>
<td>Provide educational material to children; parents and educators; reduce burden of school/home-work by reviewing start/end time of the school day as well as extracurricular activities; increase opportunities for physical activity.</td>
</tr>
<tr>
<td>Increased Mental Health Issues</td>
<td>Suicide; morbidity &amp; mortality; stigma; lack of access to quality mental health services; limited funding for mental health.</td>
<td>Increased awareness and reduced stigma; Increased access to mental health services; more education to help others identify mental health issues; connect individuals to community resources.</td>
</tr>
<tr>
<td>Cultural Violence / Safety</td>
<td>Increased morbidity &amp; mortality; decreased opportunities to engage in outdoor physical activity; stigma; people stay in abusive relationships.</td>
<td>Increase police presence; political will to address violence; ability to expose underlying and contributing factors.</td>
</tr>
<tr>
<td>Polarization: Political &amp; Individual vs. Community</td>
<td>Lack of tolerance of other - creates divide and isolation using skewed information (political, racial, religious, etc.).</td>
<td>The opportunity to hold more conversations to bridge the gap and build a stronger community.</td>
</tr>
</tbody>
</table>

### Economic Opportunity Gap

<table>
<thead>
<tr>
<th>Force</th>
<th>Threats Posed</th>
<th>Opportunities Created</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing Workforce Opportunities/Skills Mismatch</td>
<td>Health outcomes of lack of education/jobs; County lacks tax-based resources (e.g. schools) to be competitive in the region (other counties have advantage).</td>
<td>Hire locally when there are opportunities.</td>
</tr>
<tr>
<td>Living Wage Jobs</td>
<td>Government subsidizing corporations that underpay employees; Students dropping out of school; Gaps in training skills for jobs; Robots; Can economy support this?</td>
<td>Improving skills-based education; Economic development activities; Green job development</td>
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<tr>
<td>Income Inequality</td>
<td>Leads to educational inequality; Transgenerational poverty; Priorities of those in power/wealthy (e.g. corporations) - boards driven by money (self-serving); Crime increases; Social disorder/chaos; Anger/Overturning governments; Stress for families (parents &amp; kids); Limited opportunities for those without income equality; Languishing of the suburb.</td>
<td>Organizing for social change; New Nashville (thriving neighborhoods); Resilience; Bringing good jobs to the city; Education and job creation; Love of Nashville; Linked to better jobs/transit.</td>
</tr>
<tr>
<td>Youth Not in School or Work (17-25)</td>
<td>Recession hits this group the hardest; Crime; Increased drug use; Early parenthood; Absentee fathers/single motherhood; Failure to develop good work habits; Increased public welfare requirements; Jeopardizing personal security (finding other ways to make money).</td>
<td>School - get an education; Innovation of this age group; Recognizing importance of investing in the system (HS academies/community colleges).</td>
</tr>
<tr>
<td>Rising Income Gap &amp; Poverty</td>
<td>See ‘Income Inequality’</td>
<td></td>
</tr>
<tr>
<td>Shrinking Middle Class</td>
<td>Cost of living increasing without wage increases; Everyone thinks they're middle class (aren't aware of growing inequality); Middle class sets the tone of values in our culture (does high/low meet the needs?); Divorce rate/single families</td>
<td>Public investment to bolster economy.</td>
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</table>

### Impact of Changing Health Policy

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Increase in the Number of Individuals With Insurance Due to the Affordable Care Act (ACA)</td>
<td>The illusion of better health just because of insurance; Shortage of providers.</td>
<td>Increase in primary &amp; preventive care; lower financial impacts (fewer bankruptcies); decrease in chronic health issues; better health generally.</td>
</tr>
<tr>
<td><strong>Those Left out of the ACA</strong></td>
<td>Increased inequity; uninsured and undocumented population; increased disease rates; increased alienation from society.</td>
<td>Redesign and refocus of the safety net under the new paradigm.</td>
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</tr>
<tr>
<td><strong>Accountable Healthcare Increases</strong></td>
<td>Resistance to change.</td>
<td>Reduced cost and improved health outcomes from accountability and redesign of health care delivery system.</td>
</tr>
<tr>
<td><strong>Political Leadership Favorable Toward Community Health</strong></td>
<td>Sustainability within a term-limited political system; leads to polarization; anti-government feeling in general</td>
<td>Bully pulpit and influence to spur change and policy; raises profile and increases likelihood of change.</td>
</tr>
<tr>
<td><strong>Focus on Primary Prevention (ACA and other)</strong></td>
<td>Diversion of resources; Prevention eventually disappears before the results are noticeable.</td>
<td>Healthier population; costs decrease over time; exponential impact of prevention.</td>
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### Shifting Populations

<table>
<thead>
<tr>
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<th><strong>Opportunities Created</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>More Immigrants + Ethnic Diversity</strong></td>
<td>Loss of cultural identity and support system; Assimilation/acculturation; clash of cultures; pressure on already limited resources.</td>
<td>Educational opportunities created to learn from different cultures; New skills and trades can provide economic boost.</td>
</tr>
<tr>
<td><strong>Population Increase, Including Density and Sprawl</strong></td>
<td>Loss of existing green space; more traffic; overcrowding; increased crime; pollution; tension between generations living amongst each other; stress on government resources (with sprawl).</td>
<td>Additional multiunit / mixed use housing; improvement to public transportation; intergenerational harmony to work together.</td>
</tr>
<tr>
<td><strong>Changes in Aging</strong></td>
<td>Inability to &quot;age in place&quot;; public transportation for the aging population is not convenient; increasing cost of services to those living on a fixed income; sometimes 3 and 4 generations working at the same time.</td>
<td>Job creation for aging population; review current public transportation services; affordable housing and services.</td>
</tr>
<tr>
<td><strong>Displacement of Populations Through Gentrification</strong></td>
<td>Lack of secure housing; disruption of neighborhood identity; increase in crime; class warfare.</td>
<td>Mixed income housing; reduced crime in certain areas; potential for policy change.</td>
</tr>
<tr>
<td><strong>Population Shifts</strong></td>
<td>Limited choices of where to live; displacement; limited transportation options; impact on educational system/schools; pressure of financial resources; culture clash.</td>
<td>Cross-cultural exchange; additional economic opportunities; better housing; access to healthy foods; better educational opportunities.</td>
</tr>
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</table>
## Shifts in Mobility Demands

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Transportation Options</strong></td>
<td>Lack of affordable, environmentally friendly options; Fewer gentrification options in county corners (outside of urban core); Congestion; Decreased activity; Increased stress; Anti-public transportation groups (e.g. 'Stop Amp'); Lack of understanding of the issues/need Longer commutes; Decreased air quality.</td>
<td>Rethinking school siting; Ridesharing; Bike paths; Infrastructure; Demographic/generational shift; Improved healthy activity; Rebuilding where we live; Less sprawl; Decreased inequality; Business opportunities (green)</td>
</tr>
<tr>
<td><strong>Inadequate Transportation Infrastructure</strong></td>
<td>Decreasing federal dollars for transportation; No dedicated public transportation funding; Reliance on gas tax.</td>
<td>Decreased sprawl; Restructuring built environment; Complete Streets; Opportunities to change transportation culture.</td>
</tr>
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</table>

## Climate Change and Environmental Stewardship

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<tr>
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<tbody>
<tr>
<td><strong>More Green Space</strong></td>
<td>With increasing population; we are running out of land for housing.</td>
<td>Smart growth; interconnectivity of green space; opportunities to increase outdoor physical activity.</td>
</tr>
<tr>
<td><strong>Stewardship of Natural Resources</strong></td>
<td>Overcoming apathy; poverty; lack of convenient infrastructure for stewardship; political climate; diminished air, water and land.</td>
<td>Wiser use of resources; Cleaner air, water, and land.</td>
</tr>
<tr>
<td><strong>Climate Change: Increased Heat, Flood, Extreme Events</strong></td>
<td>Increase in cardiovascular disease; emotional/mental stress; asthma; violence; increased mortality and morbidity; infectious disease; displacement; disproportionate impact on vulnerable populations.</td>
<td>Increased community support; disaster preparedness trainings/drills; infrastructure and policy improvements; individual actions to mitigate problems; increased awareness.</td>
</tr>
</tbody>
</table>
### Changing Food Environment

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</thead>
<tbody>
<tr>
<td><strong>Access to Fresh Food</strong></td>
<td>Lack of local food system assets; Climate change; Droughts; Cost; Decreasing local farmers in Middle Tennessee/Davidson County; Loss of farmland to development; Crowding out by junk food</td>
<td>Increased awareness of food issues; Local food economy; Local high-end chefs in schools; Improved local food system; Increasing health; Incorporating fresh foods into school lunch; Green jobs; Reprising food taxes</td>
</tr>
<tr>
<td><strong>Fast Food Culture</strong></td>
<td>Poor health; Cheap, convenient and policies (Farm Bill) that support that; Federal Policy (Farm Bill) Palette changes; Food addiction; Loss of food/cooking knowledge; Economic awareness of food cost (i.e. fast food is not always cheaper).</td>
<td>Changing options in fast food; Awareness around food; Conversation is changing; Change school/hospital food policy.</td>
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### Increased Need for Relevant and Accessible Learning Opportunities

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<tr>
<td><strong>Loss of Practical Life Skills</strong></td>
<td>Loss of functionality; inability to navigate life - people can't cook, communicate or balance a checkbook; disempowerment of individuals.</td>
<td>Resources exist to engage on these issues; involve the community in a larger learning system; change paradigm from &quot;schools teach&quot; to &quot;community fosters learning.&quot;</td>
</tr>
<tr>
<td><strong>Neighborhood Schools</strong></td>
<td>Segregated neighborhoods may have segregated schools, leading to uneven access to educational opportunities; loss of diversity.</td>
<td>Increased cohesion of a community; a neighborhood anchor for opportunities other than schooling; increased convenience; economic advantage (no transportation costs, less time picking up and dropping off).</td>
</tr>
<tr>
<td><strong>Affordable Child Care and Pre-K</strong></td>
<td>Economic opportunity; school attendance improves; lack of readiness; child safety.</td>
<td>Increased economic opportunities; increased education; increased community; increase of positive adult influences.</td>
</tr>
<tr>
<td>Force</td>
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<tr>
<td><strong>Technological Dependence Increases Risks (social, function, etc.).</strong></td>
<td>Decreased physical activity; decreased interpersonal interaction and communication; we can't live without it and the infrastructure is expensive and subject to failure; workforce displacement</td>
<td>Increased efficiencies; increased knowledge sharing; increased opportunity for continuous improvement.</td>
</tr>
<tr>
<td><strong>Digital Divide</strong></td>
<td>Increased isolation of lower-income families; increased opportunity gap in a tech-centric world; further disenfranchisement.</td>
<td>The technology exists to address these problems, needing political will, funding and partners; Innovation of use of the technology.</td>
</tr>
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# Appendix A

## Forces of Change Brainstorm Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Increased Need for Relevant and Accessible Learning Opportunities</td>
<td>Loss of practical life skills – education doesn’t cover neighborhood schools</td>
</tr>
<tr>
<td>Shifts in Mobility Demands</td>
<td>Inadequate transportation infrastructure</td>
</tr>
<tr>
<td>Impact of Changing Health Policy</td>
<td>Increase in number of uninsured due to ACA</td>
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<td>Shifting Populations</td>
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<td>Stress Epidemic</td>
<td>Population increase, including density and sprawl</td>
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<td>Climate Change &amp; Environmental Stewardship</td>
<td>Cultural violence/ safety</td>
</tr>
<tr>
<td>Changing Food Environment</td>
<td>Fast food culture</td>
</tr>
<tr>
<td>Changing Technology</td>
<td>Technological dependency, functional, etc.</td>
</tr>
</tbody>
</table>

**Forces of Change Report** | **10**
Identifying Nashville’s public health issues and improving the community’s health and quality of life requires the knowledge and experiences of all of those who live and work in Nashville. Nashville is using the Mobilizing for Action through Planning and Partnerships (MAPP) community health assessment process as the framework for convening a large variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. As a community-based and inclusive process, MAPP provides an opportunity to build and maintain relationships with community partners and Nashville residents. Community involvement throughout the process creates community ownership of public health concerns and solutions.
From 1997 through 2001, the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC), developed MAPP. Prior to MAPP’s inception, public health practitioners did not have structured guidance on creating and implementing community-based strategic plans. In response, NACCHO and CDC created a process based on substantive input from public health practitioners and public health research and theory. As a result, MAPP is a process that is both theoretically sound and relevant to public health practice. (National Association of County and City Health Officials, 2008).

Nashville has used many public health assessment tools in the past and was one of the first communities to use the MAPP process for community health assessment and planning. Nashville was selected by NACCHO as a MAPP demo site from 2001 until 2003, during which time the Healthy Nashville Leadership Council (HNLC) was created as an overseeing body to help guide the MAPP process and prioritize strategic issues.

The HNLC is a mayoral appointed council, comprised of strategic thinkers and community leaders that is convened by the Metro Public Health Department (MPHD) to serve as the steering committee for the MAPP process. MPHD serves as the lead agency for conducting the MAPP assessments and has established a core support team, comprised of 11 members, diversely representative of the health department and its initiatives, who will serve as leadership for the MAPP assessment teams. See page 12 for the Executive Order establishing the Healthy Nashville Leadership Council.
MAPP utilizes four assessments, which serve as the foundation for achieving improved community health. As reflected in the organizational structure above, for this iteration of MAPP, Nashville has partnered with the Nashville Food Policy Council to utilize information from their Food System Assessment to inform the strategic issues in addition to the traditional four MAPP assessments. These four assessments are:

- **Community Themes and Strengths Assessment**: Provides community perceptions of their health and quality of life, as well as their knowledge of community resources and assets.
- **Local Public Health System Assessment**: Measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards. The Local Public Health System Assessment is completed using the local instrument of the National Public Health Performance Standards Program.
- **Community Health Status Assessment**: Measures the health status using a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.
- **Forces of Change Assessment**: Provides an analysis of the positive and negative external forces that impact the promotion and protection of the public’s health.
Once strategic issues are identified, the HNLC will formulate goals, strategies and an action plan for implementing the strategies.

This approach leads to the following:

- Measurable improvements in the community’s health and quality of life;
- Increased visibility of public health within the community;
- Community advocates for public health and the local public health system;
- Ability to anticipate and manage change effectively; and
- Stronger public health infrastructure, partnerships, and leadership.

**Healthy Nashville Leadership Council Executive Order**

**Article I. EXECUTIVE ORDER NO. 025**

*Section 1.01 THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY*

*Section 1.02 KARL F. DEAN, MAYOR*

**SUBJECT: Healthy Nashville Leadership Council**

I, Karl Dean, Mayor of the Metropolitan Government of Nashville and Davidson County, by virtue of the power and authority vested in me, do hereby amend former Mayor Purcell Executive Order No. 019 and find, direct and order the following:

I. The Metropolitan Government desires to improve the health of its citizens by assessing citizen’s health status, the current health systems available to provide essential services, and potential forces of change affecting citizen health and establishing strategic priorities for health improvement; and

II. Much of the chronic disease burden is preventable and the underlying contributors to chronic diseases include unhealthy diet, lack of physical activity, and tobacco use; and

III. Community-wide action is necessary to improve health, including action by individuals, families, schools, employers and businesses, community groups, religious communities, and government; and
IV. The Healthy Nashville Leadership Council has been successful in drawing community-wide attention to and encouraging ownership of important public health problems and their solutions.

1. Healthy Nashville Leadership Council: There is a Davidson County citizens’ council called the Healthy Nashville Leadership Council (hereinafter Council).

2. Council’s duties: The Council shall be charged with:
   a. Assessing the health status and quality of life of Davidson County residents, assessing health systems for essential services, and assessing potential forces of change, and
   b. Establishing strategic priorities and mobilizing community initiatives to achieve improvements in health.

3. Council members: The Council shall be composed of eighteen (18) members appointed by the Mayor.
   a. One of the members shall be a member of the Metropolitan Board of Health; and
   b. One of the members shall be the Director of Health or her/his designee.
   c. Other appointees to the Council shall include, but not be limited to, representatives of health care organizations, community organizations, and other interested community members.
   d. Members of the Council shall be appointed with a conscious intention of reflecting a diverse mixture with respect to race, ethnicity, gender, and age.

4. Terms for Council members:
   a. With the exception of the Director of Health, the regular term of a member of the council shall be three (3) years.
   b. However, of the initial membership of the Council, five (5) members will serve one (1) year, six (6) members will serve two (2) years, and six (6) members will serve three (3) years so that the terms are staggered as to replace no more than one third (1/3) of the members each year. [Note: The Mayor will designate the term length for each initial Council member at the time of appointment.]
   c. Members of the Council shall continue in office until the expiration of the terms for which they were respectively appointed and until such time as their successors are appointed, unless a member is administratively removed from the Council pursuant to section 10 below.

5. Vacancies: A vacancy shall be filled in the same manner as a regular appointment.


7. Chair: The Mayor shall appoint a chair from among the members.

8. Officers: The Council shall elect other officers as the Council finds necessary and appropriate.

9. Quorum: A quorum for approving decisions by the Council shall consist of a majority of the currently filled positions on the Council.

10. Removal of Members: A member who fails to attend three (3) or more meetings in a calendar year will cease to be a member absent a vote of retention by the Council.

11. Staff: The Metropolitan Public Health Department shall provide staff support for the Council.

Ordered, Effective and Issued:

Karl F. Dean
Mayor

Date: March 17, 2008
FOCA Agenda

FORCES OF CHANGE ASSESSMENT

Shelby Bottoms Nature Center

October 31, 2013

AGENDA

8:00 AM  Registration & Welcome

8:30 AM  Mobilizing for Action through Planning & Partnerships

8:40 AM  Consensus Workshop

10:15 AM  Break

10:30 AM  Breakout Groups

• Threats Posed and Opportunities Created for All Forces Identified
• Prioritize Forces
• Recommendations and Partnerships
• Closeout