

## Kick-Off Meeting Minutes June 5, 2007

### **In Attendance:**

Dimitri Christakis  
Ann Melvin  
Ann VanderStoep  
Brenda Majercin  
Brian Saelens  
Bryan King  
Cari McCarty  
Cate Pihoker  
Craig Jackson  
Heidi Blume  
Howard Jeffries

John Neff  
Kelly Schloredt  
Kristie Bjornson  
Laura Richardson  
Margaret Rosenfeld  
Paula Lozano  
Rita Mangione-Smith  
Susan Heath  
Tom Brogan  
Heather Lindemann  
Delila Katzka

### **Introduction:**

After brief introductions, Dimitri gave a short synopsis of the process the team will follow for strategic planning. This meeting was the first in a series of three meetings at which the team will develop a vision and priorities. He indicated that he would like to work with two guiding principles:

1. A “no idea left behind” policy. There will be a lot of ideas that are thrown out at these sessions and he assured everyone that these ideas will be captured and will be addressed even if they do not necessarily become a part of this stage of planning.
2. Everyone will be given an opportunity to participate. Though it is impossible for everyone to be present at these meetings, with Heather’s help in setting up a collaboration process, all are encouraged to take part. The team discussed options for collaboration and decided to utilize a Yahoo group. Delila took the action to set this up and you will be notified how to join in shortly.

### **Purpose, process and timeline:**

It is important that we move quickly in order to support planning for our next fiscal year which begins in October. The hospital’s mission will be the mission for each center. Every center is doing strategic planning in order to develop their focus going forward. You may view it as a mechanism to communicate our public face and also as a means to map out action plans. It was mentioned too that the vision can be used to judge progress if it is worded in measurable terms. One of our center’s challenges is to include our broad group of specialties and find commonality.

At the next meeting we will focus on research priorities. We may start by listing research areas that we think are important for the future and what we are doing today. Dimitri said he would like to establish a matrix giving visibility to the research priorities that cross many disciplines. This could be used as a way to take full advantage of all disciplines and look for ways to collaborate.

The principal task for today is to craft a vision statement. In discussing how to best reach out to potential donors and the public at large, Brenda stressed that we keep it simple, short (possibly two to three sentences), that it not be too wordy and that we avoid jargon.

### **Vision discussion:**

The group reviewed an early draft, other vision examples and then brainstormed to develop some initial thoughts (see brainstorm items below). They felt that the first draft from the ideas document was a good start and preceded to wordsmith it. After reaching what they felt was about 99% complete they decided to table the discussion and refine the two underlined areas outside of the meeting.

### **DRAFT VISION:**

**We will improve children’s (physical, social and emotional) health and the quality of children’s day to day lives by conducting innovative interdisciplinary research and partnering with families, communities, schools, providers and health care organizations. Our research will focus on new ways to promote healthy behaviors and provide care for all children that is equitable, efficient, safe, timely, family-centered and effective.**

Craig Jackson later proposed a tag line: “Promoting healthy behaviors and better health services for children”.

### **Vision Brainstorm:**

- Immediacy – our work translates quickly
- Affecting the day to day.
- Focus on partnerships (populations that we interact with)
- Innovative
- Community
- Common problems
- Prevalent
- Frontline
- Systems change
- Delivery of care
- Quality of care
- Health strategies/parenting
- Healthy development
- Disparities
- Effectiveness
- Partnering with families
- Vulnerable populations
- Healthcare system change
- Include these dimensions of care: Effective, equity, safe, timely, family centered, equitable, efficient

### **Priorities brainstorm:**

After the vision was drafted, the team began developing priorities and brainstormed a number of ideas that can be used for the next session.

These can be priorities for the center structurally and also research priorities.

- High level
- Bio-statistical core
- Individual energy Balance (includes more than just obesity)
- Educating fellows
- Training programs (time, \$, grants, private resources)
- Administrative grant development support (pre and post award)
- Money to supplement training grants
- Develop private resources for funding fellows
- Center Website both for internal and external communication
- Inclusiveness
- Structures to promote collaboration (internal, external)
- Collaboration with caregivers/clinicians
- Fund finding assistance. Someone who can search donors, foundations, and

- other sources based on ideas and interests
- Coordinate with division structure
- Conferences for internal and external audiences
- Computer programmer, analyst support and information technology
- Integrate with CTSA
- Database of planned projects
- Small Intramural grants
- System/ methods for mentoring Jr. faculty (coordinate with Division chiefs)
- Opportunities and mechanism (using a fee for service model possibly) for partnering/collaborating with clinicians and clinician educators
- Find and utilize a broad range of funding supports, including smaller local foundations, private donors, to capitalize on various funding sources.
- Look for opportunities to develop Program Project proposals (P grants at NIH)
- Research clinic
- Develop infrastructure to support PI's that we want to recruit
- Create a database to catalogue resources/existing collaborations within center (e.g. family networks, schools etc)
- Sharing resources such as connections with clinical partners
- Formalize partnerships with health plans (for instance)
- Expertise in social marketing (how do name our interventions, pitch them, recruit people) (Core for communications and social marketing)
- Translating research into practice/policy
- Putting things into business terms -- Sustaining completed funding, find business model for this when we are done. Don't just stop when paper is published, but take it to the community, health care organization.
- Evaluate CHRMC lean process initiatives
- Coordinated pool of Nurses/Coordinators to be shared across investigators
- Partner with the hospital to create a "cross-walk between CHRMC and HSBRC. How can we better integrate with what they are doing?
- Ways to bring things to market that we develop and find ways to bring those dollars back into the center.

**Action:** Review and refine vision statement (**Committee members**)

**Action:** Set up Yahoo group for collaboration (**Katzka**)

Submitted by:

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