Council Meeting Agenda

1. **PROJECT GOAL:**

***Identify and address state district needs, foster communication and synergy, and, ultimately, evaluate and demonstrate the effectiveness and impact of statewide efforts as it relates to COVID-19 health disparities through the Indiana Health Equity Council CHW Model.***

1. **COMMON Mission & Vision**

Statewide Mission - The purpose of the membership is to identify Community Based Organizations that have the interest in improving health care and social service delivery to vulnerable community members through the services provided by community health workers.

Statewide Vision - Through membership, the Community Based Organizations begin a journey of sharing knowledge, data, and resources to host a committed network of partners who, through their trusted CHW, build a resilient community.

1. **District Mission & Vision**

**Insert Mission**

**Insert Vision**

1. **Attendance**

| **Name** | **Organization**  | **Signature**  |
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1. **AGENDA**
	1. The sharing of Project goal, mission, and vision
	2. New Member Introduction – Name of representative, Organization name, Organization Mission & Vision, and Key initiatives
	3. Today’s Meeting Topics

|  |  |  |
| --- | --- | --- |
| Topic | Presenter | Time |
| DAP Items: |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| Other Items |  |  |
|  |  |  |
|  |  |  |

* 1. Progress on District Action Plan
1. Action items for next meeting:

|  |  |  |
| --- | --- | --- |
| Item | Assigned to: | Due by: |
|  |  |  |
|  |  |  |

1. **Next Meeting**Date:
Time:
Location:
2. **Adjourn [Insert Time]**