Building Trust in Public Health

Bellagio Convening Summary (Nov. 29 – Dec. 3, 2022)

Introduction and Background

While trust in public health declined significantly during the COVID-19 pandemic, the public has been losing trust in a range of institutions for decades. The causes of this crisis in trust are complex, deep-rooted, and global in nature. The challenges of building and maintaining trust in health institutions are unique and reflect the important role that science and health care play in our lives.

To explore this challenge, and to align on potential multistakeholder initiatives to overcome it, Duke University, in collaboration with Jack Leslie and with support from The Rockefeller Foundation, hosted a convening from November 28 to December 3, 2022, focused on "Building Trust in Public Health." Recognizing that there are significant regional differences in key drivers of trust, as well as potential solutions to build trust, related to sociopolitical context, culture, and history, among other factors, 20-plus cross-sectoral experts were specifically challenged to design and prepare a new initiative that builds trust in public health, with an initial focus on the US, Europe, and Africa. The convening was particularly designed to identify, build and strengthen a community of leaders and change agents committed to engagement and collaboration in this field. The full agenda can be found in Appendix A, and a list of in-person and virtual participants can be found in Appendix B.

Through group plenary sessions, breakout discussions, and informal exchange of ideas, the participants worked from a proposed set of key pillars influencing trust in public health to further refine a conceptual framework for the foundational elements, drivers, and tools that are at play in the public perception of public health, health care, and at times science. They were also asked to work from and prioritize several of these drivers in order to propose, refine, and align on two to three initiatives that could be carried forward from the convening.

What follows is a summary of these discussions, including an overview of the emerging conceptual framework for trust in public health, a full cataloguing of the potential ideas and initiatives surfaced in breakout group and plenary synthesis discussions, and finally the three cornerstone initiatives that were prioritized by the participants as worth of further exploration and action post-Bellagio. The planning team and participants thank The Rockefeller Foundation for this unique and timely opportunity to convene on such a pressing global challenge, and look forward to further work together to improve trust in public health.

A Framework for Trust in Public Health

To initiate and guide early conversation at the convening, the planning team initially put forward five potential pillars for consideration as drivers of trust in public health. These pillars as initially presented included:

- Community engagement
- Health communications
- Health equity
- Ethics, integrity, and transparency
- Institutional reforms

Through the first several plenary and breakout discussions, participants worked to further refine the underlying definition and scope of these driving forces, and also began to coalesce around a conceptual model that separates out these drivers into several different types of considerations that affect or undergird trust in different ways. For example, "community engagement" was further scoped to encompass community-driven or community-surfaced actions or priorities – not just public health-mediated

mechanisms for engaging different parts of the community. Similarly, "institutional reforms" was broadened to focus on governance and system competencies as well.

Group discussion led to evolution of the health trust framework, with the updated framework shown in Figure 1. The figure highlights the important role of trust to achieving equitable individual, population, and public health outcomes. The pillars driving trust include: empowered communities; compelling health communications; and effective governance, systems, and institutions (beyond traditional public health institutions). Underlying the model are guiding principles and values such as health equity; ethics and integrity; and transparency and accountability, with science and evidence serving as the foundation of understanding and measurement for the overall approach. Feedback loops are an essential component of the model.

Figure 1. Model for Improving Trust in Public Health
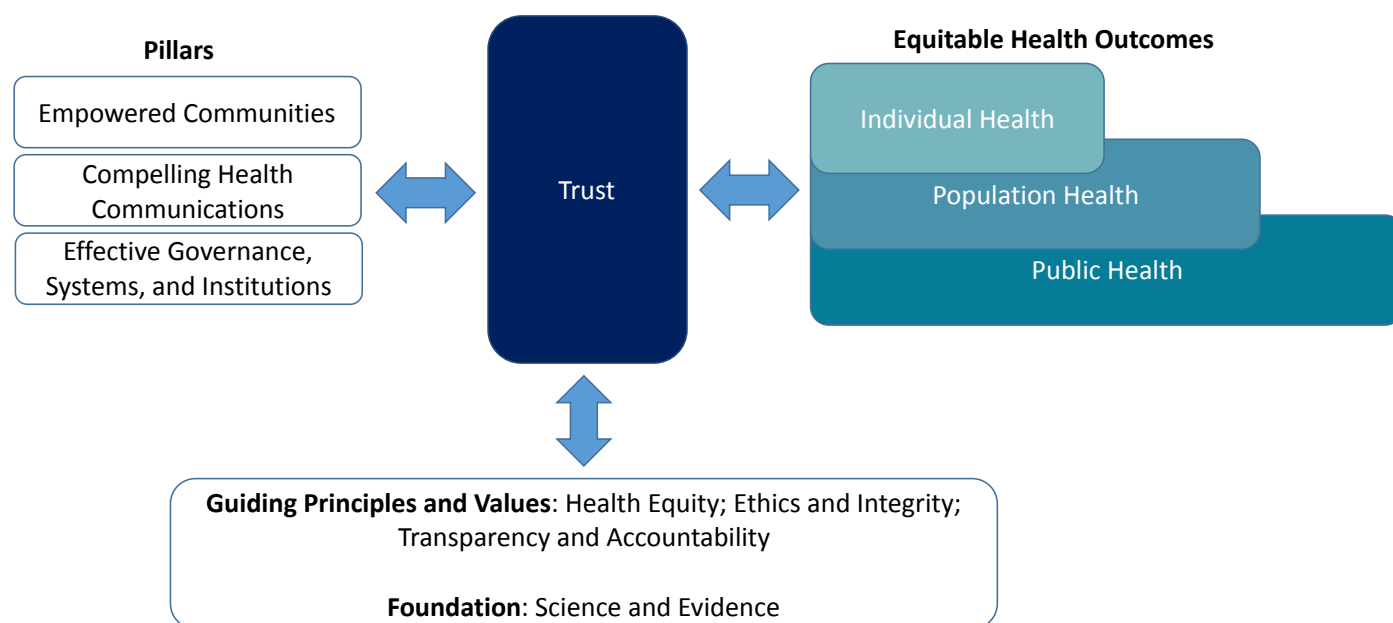
Potential Initiatives for Improving Trust

Building from the discussion around drivers of trust in public health, participants dedicated a significant portion of the convening to deep dive conversations on three topics – with the goal of outlining as many "Big Actionable Ideas" in each as possible. Through presentation of small group discussion during plenary synthesis sessions, the groups outlined 13 potential initiatives for further consideration and refinement across these topic areas focused on Communities; Health Communications; and Governance, Systems, and Institutional Reform. What follows is a high-level description of the initiatives presented to the entire convening group for further consideration.

Communities

For the focus session on leveraging communities to build trust, the breakout session outlined four major potential initiatives for tackling with a multi-sector collaboration of interested parties.

1. **EARNing Trust: Engagement, Accountability and community Relations Networks –** Establishing networks of community leaders dedicated to building trust in public health

2. **Health Champions Corps –** Enlisting and training trusted local surrogates for mobilization in health emergencies

3. **SPPA: Science, Public health, and Policy Alignment –** Strengthening demand-driven evidence for real-time health policy- and decision-making

4. **Frontline Feedback –** Leveraging digital tools to better connect frontline providers and community stakeholders with public health hubs/infrastructure for bidirectional engagement and feedback

Health Communications

In the breakout session dedicated to outlining initiatives in the health communications space, participants collectively proposed three potential options.

5. **HC3: Health Communications Command Center –** Coalescing a global network of public health communications stakeholders at local, national, regional, and global levels and strengthening communications through responsive tools and resources

6. **Campaign for Public Health Action –** Mounting a timely, tailored marketing campaign to build awareness and trust to support public health action

7. **The Health Studio –** Launching a creative design studio dedicated to health communications

Governance, Systems, and Institutional Reform

While the focus areas of Communities and Health Communications are both in and of themselves large and diverse topics for a breakout group to consider, the focus area of Governance, Systems, and Institutional Reform encompasses a suite of multifactorial challenges. As such, the plenary discussion yielded six potential priority initiatives.

8. **Data and Evidence for Action and Equity –** Unlocking, aggregating, and analyzing data and evidence in order to inform, target, and assess health programs and trust in public health

9. **Strengthening Public Health Fitness, Competence, and Effectiveness –** Refining priority public health capabilities and capacity, and deploying targeted resources to address needs and gaps, including through a) early warning systems; b) collaborations with universities; c) modeling and scenario planning exercises; and other interventions

10. **Partnerships for Health –** Assessing and documenting best practices for multi-sector partnerships to address public health challenges; and developing tools and resources to support successful partnerships, focusing on local and national levels

11. **Community-led Accountability –** Empowering communities to establish and strengthen external, independent mechanisms for ensuring transparency and measuring performance of health institutions in achieving equitable health outcomes

12. **Trust-worthy Public Health Leaders –** Supporting leaders and emerging leaders of health organizations at all levels to build competencies for translating science to practice; managing and leading operations and implementation of health programs; and communications and stakeholder engagement

13. **Actionable Lessons from COVID-19 –** Assessing lessons learned from COVID-19 response iteratively to inform priorities for public health systems and to improve fitness/competence for addressing current and future public health crises

Aligning on Core Collaborative Initiative Proposals

Following breakout group presentations, participants were asked to complete a survey scoring these thirteen potential initiatives using a Likert scale (1=least; 5=most) across two criteria: how transformational or scalable the initiative could be, and how actionable or feasible it would be to implement. Results were compiled and presented back to participants for their review and further discussion on the final morning of the convening.

The topic identified by the group as most transformational/scalable and actionable focused on coalescing a global network of public health communications stakeholders at local, national, regional, and global levels and strengthening communications through responsive tools and resources. Following this were initiatives focused on establishing networks of community leaders dedicated to building trust in public health; leveraging digital tools to better connect frontline providers and community stakeholders with public health hubs / infrastructure for bidirectional engagement and feedback; and, supporting leaders and emerging leaders of health organizations at all levels to build competencies for translating science to practice, including managing and leading operations and implementation of health programs, and communications and stakeholder engagement.

After discussion, the group agreed on three following initiatives centered on **Communities, Communications, and Competence.**

1. **#1: EARNing Trust: Engagement, Accountability and community Relations Networks –** Establishing networks of community leaders dedicated to building trust in public health

2. **#5: HC3: Health Communications Coordination Coalition –** Coalescing a global network of public health communications stakeholders at local, national, regional, and global levels and strengthening communications through responsive tools and resources

3. **#12: Trust-worthy Public Health Leaders and Institutions –** Supporting leaders and emerging leaders of health organizations at all levels to build competencies for translating science to practice; managing and leading operations and implementation of health programs; and communications and stakeholder engagement

As a final exercise, participants self-selected into three working groups on these topics based on expertise and interest. They were asked to utilize the following discussion prompts to outline the proposed initiative in their area:

- Envision the end state - what is different if this action takes hold?

- Describe the scope of the action(s) in more detail – what are the main activities, and over what time period?

- Who are the target population(s)? (be as specific as possible)

- Who needs to be influenced to effect change? Who, specifically, would be important voices in this transformational effort?

- What would the 1-2 biggest challenges be to progress? How would we address those challenges?

- What kind of funding might be needed; are there natural funders?

- Which organizations should participate, and in what roles? What is the pathway to bringing them in?

- What are the metrics of success?

- What evidence is available to inform this idea, and how does the action plan reflect that known evidence?

- What additional research is needed to inform gaps in this area?

- How does the idea reflect principles/values of health equity; ethics and integrity; and transparency and accountability?

Across all three potential initiatives the group recognized the need for additional research and evidence into the state of trust and gap analyses to understand what resources may be needed and how to better inform each potential initiative. The group also reflected that the end of the causal pathway of this work on trust is to improve equitable health outcomes, with these interventions generating greater trust leading to stronger outcomes. The following is a summary put forth by the working groups that explored each potential initiative:

COMMUNITIES: Engagement, Accountability, and community relations Networks ("EARNing Trust")

The **intent** of this initiative focused on building trust at the community level is to curate and prioritize community interests and concerns around public health, with the engagement of community leaders, and to strengthen networks of public health leaders and community stakeholders. These networks could serve as a trusted source for information (a clearinghouse of credible information) to share with the community and collect feedback through vibrant, diverse digital and in-person platforms. The thesis for this effort is that concerns or interests raised to community leaders will be heard and solutions will be found, and if not, feedback loops will enable understanding why the solutions cannot be prioritized.

The **primary activities** of each network would be to regularly collate the concerns of the community and convey those concerns to community leaders; conduct regular convenings in communities on these topics; and build a platform to house community public health information. The **target populations** include communities and their leaders and influencers (business, government, union leaders, civil society and NGOs, faith leaders, etc.) and decision makers.

By listening and engaging with communities they will be empowered to have a voice and influence with decision makers. The transparency of the information and feedback loops contributes to integrity, trust, and accountability. Sharing information also creates the ability to identify inequities and creates pressure to address these issues and empowers communities with facts they can use to advocate for change. One example of this type of network is the UK Community Champions Program.

COMMUNICATIONS:
Public Health Communicators Global Network

The group envisioned that consistently competent and trustworthy public health communications will support the creation of a more robust, sustained environment of trusting audiences that need to be informed and take action. The **intent** is to develop the skills of public health communicators and their ability to influence and support public health and political leadership in making better decisions through trusted information and in increasing trustworthiness.

The **primary activities** of this initiative may include: *Discovery,* or conducting a needs assessment to learn from and with frontline public health communication professionals on trust, misinformation, strengths, and weaknesses; Development, skill-strengthening in public health communications and providing tools and resources; and, Data and Evidence Sharing, including aggregating, curating, and sharing evidence to support communicators. The initiative would reflect the principles of equity, ethics and integrity, and transparency and accountability by guiding communicators on how to develop and deliver inclusive and culturally aware and informed communications; co-design curricula and materials with a diverse group of participants; undertake purposeful effort to include health equity themes; and set and communicate a standard for vetting what trusted information is, by using models such as peer-review from academia or a content board of prominent public health communicators.

The **primary target population** are public health communicators or professionals communicating about public health across the globe who operate with little resources. The initiative would deliberately engage with and recruit marginalized self-identifying communications professionals and/or communities for participation. Secondary target populations may include public and policy leaders who use public health information to communicate efforts in times of war and peace; community gatekeepers who are trusted - community health workers, community based organizations, faith leaders; and a broader audience of those who consider evidence as a public good including researchers.

Key organizations or stakeholders that may influence this initiative include philanthropic foundations, such as the Bill & Melinda Gates Foundation; academic institutions; technology companies like Google; the National Governors Association (U.S.); National Mayors Association (U.S.); news and media outlets such as The Guardian and National Public Radio (NPR); creative advertising agencies; and evaluation partners. Examples of communications networks include the Global Strategic Communications Council and the Healthcare Communications Association.

COMPETENCY:
Enhancing Competence for Public Health Leaders, Infrastructure and Systems

The **intent** of this proposed initiative is three-fold: 1) to strengthen the capacity and competencies among current and emerging health leaders to execute public health functions, such as knowledge of and translation of science, stakeholder engagement and coordination, resource prioritization and utilization, and supply chain management, routinely and during emergencies; 2) to unlock data for action and equity to inform early detection in emergencies, evaluation, and data interpretation for community engagement; and, 3) to support a robust, equitable system with transparent resource management, and coordination with a clear chain of command and governance.

The **primary activities** for developing competent leaders include creating and/or enhancing existing training programs, individual mentoring and coaching of leaders and experience-sharing with cohorts, deploying twinning models for strengthening research and translation, and performance evaluation activities, such as 360 assessments. For unlocking data and building systems, the primary activities could involve providing reports to individuals and communities on overall public health performance, including a disaggregation across population groups for equity; and enhancing data systems for collecting, warehousing, and analysis in settings where this does not exist.

The **target population** for this initiative includes cohorts of national and subnational leaders in select countries. **Key stakeholders** to engage with in this initiative include Ministries of Health and other sectors, private sector or health consumer organizations, political leaders at national and subnational levels, employers, and health leaders and communication networks to position health as a critical apolitical investment crucial for economic development.

Next Steps for Action

Participants in the convening committed to continued dialogue beyond the Bellagio setting, and have already fed the ideas from the convening forward into several international conferences, regional dialogues, and small panel discussions in various settings. Throughout these opportunities for multiplying a collective call to action, the theme areas of *Communities, Communications, and Competency* have resonated with other stakeholders, and have underlined the idea that, while efforts to improve trust must be specific to their contexts, there are also underlying challenges that are shared across these settings.

The convening planning team at Duke University, in partnership with The Rockefeller Foundation, continue to identify opportunities to move these proposed initiatives into action. This has included the appointment of Jack Leslie, whose initial efforts led to this Bellagio meeting, as Senior Visiting Fellow at the Duke Global Health Institute and Visiting Fellow at the Robert J. Margolis Center for Health Policy. Together, the Duke team has a renewed commitment to continued dialogue and, soon, collective progress on this critical public health challenge.

In-Person Participants

Isaac F. Adewole
Professor of Obstetrics & Gynecology,
College of Medicine, University of Ibadan
Ibadan, Nigeria

Thomas J. Bollyky
Director of the Global Health Program and
Senior Fellow for Global Health, Economics,
and Development, Council on Foreign Relations

Gargee Ghosh
President Global Policy & Advocacy,
Bill & Melinda Gates Foundation

Mahlet Kifle Habtemariam
Senior Advisor, Office of the Director,
Africa CDC

Anna Harvey
President, Social Science Research Council;
Professor of Politics, Affiliated Professor
of Data Science & Law; Director of the Public
Safety Lab at New York University

Mariell Jessup
Emeritus Professor of Medicine, University
of Pennsylvania; Chief Science and Medical Officer,
American Heart Association

Rebecca Katz
Professor and Director, Center for Global Health
Science and Security, Georgetown University

Jack Leslie
Former Chairman, Weber Shandwick

Ryan Merkley
Managing Director, Aspen Digital

Michael Merson
Wolfgang Joklik Professor Emeritus of Medicine
and Professor of Global Health, Duke University

Philippa Michael
Associate Director, Corporate Affairs
Wellcome

Joseph Peralta
Director of Design & Digital,
The Rockefeller Foundation

Greg Poulsen
Senior Vice President, Intermountain Healthcare

Morgan Romine
Chief of Staff, Robert J. Margolis, MD, Center
for Health Policy at Duke University

Laura Schoen
Chief Healthcare Officer, DXTRA Health President,
Weber Shandwick Global Healthcare

Gabby Stern
Director of Communications, World Health
Organization

Krishna Udayakumar
Founding Director, Duke Global Health Innovation
Center; Assoc. Professor of Global Health and Medicine,
Duke University; Assoc. Director for Innovation,
Duke Global Health Institute

Elina Urli Hodges
Assistant Director of Programs, Duke Global Health
Innovation Center and Innovations in Healthcare

Rispah Walumbe
Senior Health Policy Advisor, Amref Health Africa

Rhoda Wanyenze
Professor and Dean, Makerere University School
of Public Health

Michelle A. Williams
Dean of the Faculty, Harvard T.H. Chan School
of Public Health

Meeting Agenda

Agenda

Tuesday, November 29, 2022

TIME	AGENDA
12:00pm	**Arrivals Begin**
1:00pm – 2:00pm	**Lunch**
5:30pm – 7:00pm	**Welcome and Opening Sessions** Jack Leslie, Weber Shandwick Krishna Udayakumar, Duke University *"Fire-starter" remarks from a few in-person and virtual participants, followed by participant plenary discussion, will set the stage for the week's dialogue. This opening session will help to set the tone and focus for deep dive conversations and action planning to follow.*
7:00pm – 7:30pm	**Cocktails**
7:30pm – 8:30pm	**Dinner** *The group will be joined by Ms. Pilar Palacia, the Bellagio Center's Vice President, for a welcome and additional opening remarks.* *Participants will be invited to further share their lived experiences at the intersection of trust and public health or health care.*

Meeting Agenda

Agenda

Wednesday, November 30, 2022

TIME	AGENDA
8:00am – 9:00am	**Breakfast**
9:00am – 9:20am	**Welcome and Tone Setting: Today's Purpose and Agenda** Remarks: Krishna Udayakumar *Opening remarks and a review of the agenda will further contextualize the planned discussion sessions.*
9:20am – 10:00am	**Framework: Pillars for Increasing Trust** Remarks: Jack Leslie Moderator: Krishna Udayakumar *Remarks and group discussion will outline and begin to refine several pillars for building trust in public health. These pillars will be prioritized then explored at length in following sessions. Proposed pillars include community engagement; health communications; ethics, integrity, and transparency; equity; and institutional reforms.*
10:00am – 11:00am	**Prioritization Discussion in Breakout Groups** *Four breakout groups will describe and further define shared goals for the convening and pillars for prioritization.*
11:00am – 12:00pm	**Read Out and Convergence** Moderator: Morgan Romine, Duke University *Breakout groups will share key takeaways from their discussion and align on topics for further exploration.*
12:00pm – 1:00pm	**Walk & Talk** *Weather permitting, participants will explore the grounds in pairs. Participants will be invited to share their insights on the importance and potential outcomes of the convening, as well as their personal experiences in their fields.*

Meeting Agenda

Agenda

Wednesday, November 30, 2022

TIME	AGENDA
1:00pm – 2:00pm	**Lunch**

2:00pm – 4:30pm	**Deep Dive #1: Community Engagement**
	Moderator: Krishna Udayakumar
	
	Each of the three deep dive sessions will follow a similar format – plenary discussion of pillar, including definition and scope; followed by break-out small group discussions of specific gaps and proposed actions to address them. The session will conclude with a plenary read-out and discussion of the priorities identified by each breakout group.
	
	Lead Discussants and Plenary Discussion – 70 mins
	
	   Lead Discussants:
	   - *Mandy Cohen, formerly North Carolina Department of Health and Human Services*
	   - *Greg Poulsen, Intermountain Healthcare*
	   - *Rispah Walumbe, Amref Health Africa*
	   - *Mariell Jessup, American Heart Association*
	
	   Discussion Prompts:
	   - *What are the key community-based organizations that most influence trust in public health?*
	   - *What sources and types of data might be helpful to inform and improve population segmentation and community engagement?*
	   - *How might we adapt and scale-up best practices for community engagement? What are those evidence-based best practices?*
	   - *What are the critical barriers and enablers for successful community engagement to improve individual and population health? How might we best address barriers and support enablers?*
	
	Break – 10 mins

Meeting Agenda

Agenda

Wednesday, November 30, 2022

TIME	AGENDA
2:00pm – 4:30pm	**Deep Dive #1: Community Engagement - continued** Moderator: Krishna Udayakumar *Small Group Discussion – 45 mins* *Rapporteurs:* - *Philippa Michael, Wellcome* - *Gargee Ghosh, Gates Foundation* - *Mahlet Kifle Habtemariam, Africa CDC* - *Anna Harvey, New York University* *Discussion Prompts:* - *The goal is to generate many ideas and then land on 1-2 Big Actionable Ideas that the small group is excited about.* - *What are the gaps or opportunities that stand out in this area?* - *What would benefit from a catalytic start vs. acceleration?* - *What's one actionable idea that this group sees potential for this cross-sector group to start / accelerate / unblock?* *Read Out – 25 mins*
4:30pm – 4:45pm	**Wrap Up** *Includes synthesis of the day and reflection from Mike Merson.*
4:45pm – 7:00pm	**Participant Free Time**
7:00pm – 7:30pm	**Cocktails**
7:30pm – 8:30pm	**Dinner**

Meeting Agenda

Agenda

Thursday, December 1, 2022

TIME	AGENDA
8:00am – 9:00am	**Breakfast**
9:00am – 11:00am	**Deep Dive #2: Health Communications** Moderator: Jack Leslie *Lead Discussants and Plenary Discussion – 60 mins* *Lead Discussants:* - *Laura Schoen, Weber Shandwick* - *Gabby Stern, WHO* - *Ryan Merkley, Aspen Institute* - *Isaac Adewole, University of Ibadan* *Discussion Prompts:* - *What are best practices for countering misinformation and disinformation, especially in social media? How might we adapt these best practices to enhance trust in public health?* - *Which institutions and individuals are (or should be) best positioned to inform communities regarding health, especially during crises? How might we best support those institutions and individuals?* - *What are the critical barriers and enablers for successful health communications to improve individual and population health? How might we best address barriers and support enablers?* *Small Group Discussion – 45 mins* **Note that we are encouraging a break during discussion* *Rapporteurs:* - *Joseph Peralta, Rockefeller Foundation* - *Rhoda Wanyenze, Makerere University* - *Michelle Williams, Harvard University* - *Rebecca Katz, Georgetown University*

Meeting Agenda

Agenda

Thursday, December 1, 2022

TIME	AGENDA
9:00am – 11:00am	**Deep Dive #2: Health Communications - continued** Moderator: Jack Leslie *Discussion Prompts:* - *The goal is to generate many ideas and then land on 1-2 Big Actionable Ideas that the small group is excited about.* - *What are the gaps or opportunities that stand out in this area?* - *What would benefit from a catalytic start vs. acceleration?* - *What's one actionable idea that this group sees potential for this cross-sector group to start / accelerate / unblock?* *Read Out – 15 mins*
11:00 am – 1:00 pm	**Deep Dive #3: Health Equity; Ethics, Integrity, and Transparency** Moderator: Krishna Udayakumar *Lead Discussants and Plenary Discussion – 60 mins* *Lead Discussants:* - *Gargee Ghosh, Gates Foundation* - *Philippa Michael, Wellcome Trust* - *Michelle Williams, Harvard University* - *Mahlet Kifle Habtemariam, Africa CDC* *Discussion Prompts:* - *How might we adapt and scale-up best practices that address health equity to enhance trust? What are those evidence-based best practices?* - *How might we adapt and scale-up best practices for improving ethics, integrity, and transparency to enhance trust? What are those evidence-based*

Meeting Agenda

Agenda

Thursday, December 1, 2022

TIME	AGENDA
11:00am – 1:00pm	**Deep Dive #3: Health Equity – continued** Moderator: Krishna Udayakumar

- *What are the critical barriers and enablers for efforts in a) health equity; and b) ethics, integrity, and transparency to improve individual and population health? How might we best address barriers and support enablers?*

Small Group Discussion – 45 mins
*Note that we are encouraging a break during discussion

Rapporteurs:
- *Tom Bollyky, CSIS*
- *Mandy Cohen, formerly North Carolina Department of Health and Human Services*
- *Isaac Adewole, University of Ibadan*
- *Anna Harvey, New York University*

Discussion Prompts:
- *The goal is to generate many ideas and then land on 1-2 Big Actionable Ideas that the small group is excited about.*
- *What are the gaps or opportunities that stand out in this area?*
- *What would benefit from a catalytic start vs. acceleration?*
- *What's one actionable idea that this group sees potential for this cross-sector group to start / accelerate / unblock?*

Read Out – 15 mins

Meeting Agenda

Agenda

Thursday, December 1, 2022

TIME	AGENDA
1:00pm – 2:00pm	**Lunch**
2:00pm – 3:00pm	**Break and Participant Free Time**
3:00pm – 3:45pm	**Reviewing and Prioritizing Big Actionable Ideas (hybrid session)** Moderator: Krishna Udayakumar Facilitator: Morgan Romine *Participants will review and discuss the Big Actionable Ideas emerging from deep dive and breakout sessions. Participants are encouraged to actively debate ideas and their relative prioritization based on potential for transformative impact and feasibility of implementation.*
3:45pm – 4:30pm	**Delphi Voting Session (hybrid session)** Facilitator: Morgan Romine *In-person and virtual participants will utilize the Delphi method to further refine and prioritize Big Actionable Ideas from deep dive discussions. These prioritized ideas will be fed forward into a recommended plan for improving trust in public health.*
4:30pm – 7:00pm	**Participant Free Time**
7:00pm – 7:30pm	**Cocktails**
7:30pm – 8:30pm	**Dinner**

Meeting Agenda

Agenda

Friday, December 2, 2022

TIME	AGENDA
8:00am – 9:00am	**Breakfast**
9:00am – 9:15am	**Framing for the Day** Krishna Udayakumar
9:15am – 10:15am	**Plenary Discussion** Moderator: Krishna Udayakumar *Participants will review top priorities to ensure alignment and outline questions that breakout groups should address when developing actionable big ideas to carry forward out of Bellagio.*
10:15am – 12:15pm	**Breakout Groups on Big Actionable Ideas** *Participants will sort into self-selected breakout groups based on interest to outline one of three strategic actions in a way that it might be considered by a Board of Directors / Funder or implemented by team; in other words, "brought to life."*
12:15pm – 1:00pm	**Presentation of First Actionable Big Ideas** Facilitator: Morgan Romine
1:00pm – 2:00pm	**Lunch**
2:00pm – 3:30pm	**Presentation of Second and Third Actionable Big Ideas** Facilitator: Morgan Romine
3:30pm – 4:30pm	**Group Discussion on Next Steps** Moderator: Krishna Udayakumar *Discussion will be framed by the question, How do we spark a movement?* 　- *How might we best communicate the urgency and value of this initiative?*

Meeting Agenda

Agenda

Saturday, December 3, 2022

TIME	AGENDA
8:00am – 9:00am	Breakfast
By 8:30am	Room Check Out
By 10:00am	Departure from the Bellagio Center