

Accountable Communities for Health Learning Lab

Strengthening Relationships and Arriving at a Common Agenda



Agenda and Housekeeping

- Handouts
- Resource Posting (following the session)
 - www.blueprintforhealth.com
 - Basecamp
- Name tags (color coding system)

Agenda

Topic	Time
9:00 am	Welcome and Introductions – Erin Creley, OCV
9:05 am	Opening Remarks - Michael Costa, Deputy Commissioner, Department of Vermont Health Access
9:20 am	Learning Objectives
9:30 am	Building Multi-Sectoral Partnerships – Laural Ruggles, NVRH
10:00 am	Community Participation and Trust Building – Nicole Lukas, VDH
11:00 am	BREAK
11:15 am	Common Agenda Building – Erin Just, Blueprint for Health
12:15pm	Summary and Closing – Erin Creley, OCV



DVHA Welcome

- Accountable Communities for Health is a collective strategy (supported by Vermont Department of Health, Blueprint for Health, and OneCare Vermont and enabled by your community participation) intended to address **population level health** and enhance community-wide **prevention** efforts.

Objectives – Carrying On Our Learning

Increase:

- Understanding of the nine core elements of an ACH
- Readiness to implement the nine core elements with and for communities
- Understanding of community-based prevention and population health improvement strategies
- Capacity to navigate complex challenges and co-create solutions with community members into the future
- Shared learning

Objectives – 9:20 – 10 minutes

Core Elements of an Accountable Community for Health

Mission

Multi-Sectoral
Partnership

Integrator
Organization

Governance

Data and
Indicators

Strategy and
Implementation

Community
Member
Engagement

Communications

Sustainable
Funding

Objectives – Today’s Session



Getting the “right”
people to the table



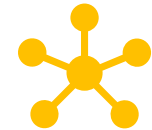
Building trust and
participation
among participants



Introducing new
partners/
addressing
changes in
membership and
leadership



Defining and
communicating the
vision for change



Coming to a shared
understanding of a
problem or current
state



Your Objectives for the Day

What do you hope to get out of the day and what will do
you as a result of your learning today?

Strengthening Relationships





Building Multi- Sectoral Partnerships

Building Partnerships – 9:30 – 30 minutes

Partnerships in a Collective Impact Environment

Sources:

The Partnering Toolkit: an essential guide to cross-sector

How Do You Build the “Right” Cross-Sector Partnership to Implement Collective Impact Approaches? Alison Gold.

Action Brief: Building a Broad Stakeholders Group. The Forum for Youth Investment.

Focused on changing a system, as its aim is to intervene and reorient the set of behaviors, interactions, projects, and programs in an existing system (or systems) in order to produce a **different, enduring, and large-scale result.**

The purpose of the partners at the table should also be to **challenge norms, and come to new understandings.**

What are you trying to accomplish?

GOALS

HEALTH

HAPPINESS

PROSPERITY

EQUITY



The strongest partnerships are those that bring together the best set of partner organizations. It is critical to:

- Identify what types of partner organizations would **add value**
- Explore the range of options available either by **building on existing and proven contacts or by seeking new ones**
- Select the most appropriate partners and **secure their active involvement** in the **most appropriate forum**

Be intentional: How will partners be involved?



- What do you want them to know?
- What do you want them to do?
- Do they need to be **informed** or just **inspired**?
- Do they need to be involved in **developing**, as well as - or just - **implementing the plans**?

Value and Roles

- People/staff resources
- Strong relationships with other partners
- Expertise
- Space
- Products
- Information dissemination
- Other

Value and Roles

Does the Organization and Individual have:



- Respect of others?
- Reliability?
- Success in managing resources?
- Sticking power when things get tough?



If the
Partnership is
Going to
Succeed...

For partners to be able to work together they need to agree on these common principles:

- **Equity** – because it leads to *Respect*, for the added value each party brings
- **Transparency** – because it leads to *Trust*, with partners more willing to innovate and take risks
- **Mutual Benefit** – because it leads to engagement, more likely to sustain and build relationships over time



Community Evaluation - Who is at the Table?

Does the “Circle of Influence” include


- Clinical Partners?
- Professional Health and Social Service Partners?
- Community Partners?
- Community Members/Lived Experience?

Participation and Trust– 10:00 – 60 minutes



ACTIVITY: Community Based Partners

- Using sticky notes, identify partners you would like to have at the table
- Where are they in the “Circle of Influence”?
- Themes?



Share your Experience

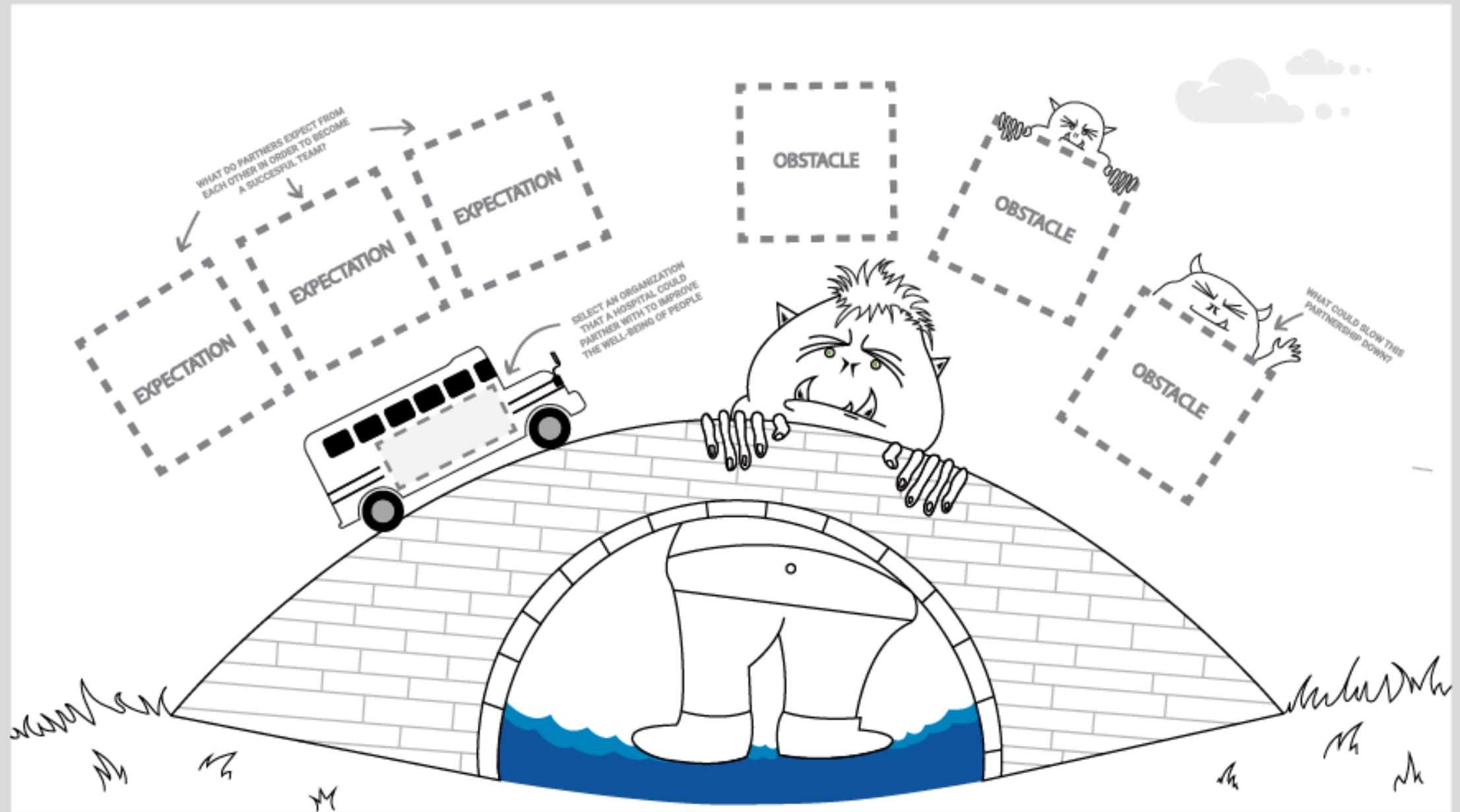
- C-suites
- Community partners (non-healthcare)
- Individuals with lived experience
- Other themes?



Share your experiences: Overcoming Obstacles

- What potential obstacles and risks need to be imagined and mitigated?
- How could this go wrong or end up a big waste of time and resources?

COMMUNITY-BASED PARTNERSHIP CANVAS





Communicating about your ACH - Brainstorming

1. Brainstorm reasons and values
2. Connect to your audience
3. Define your organizations role



Communicating about your ACH

1. **Start with a hook** - know your audience (why might this grab their attention?)
2. **Provide context** - Define the problem (population health and prevention, from the perspective of the stakeholder), share who's on your team, *Show milestones/achievements*
3. **Offer a solution** (ACH!)
4. **Finish the puzzle**/address obstacles



Introducing New Partners Members/ Group Turnover

- Iterative process
- Educate – what is an ACH and why does it matter
- Assess and build trust all over again...and again....and again



Trust



Reflection & Discussion (Table)

- What do you need in order to trust someone?
- What would you need to see or experience to have trust in a group?
- What do I have to do so that people trust me?



How do you measure trust?

Consider:

- Can others describe who is at the table?
 - Who's talking?
 - Are there meetings after the meeting?
 - Is there diversity of opinions and ideas?
-
- <http://www.teamtrustsurvey.com/documents/TeamTrustSurvey.pdf>
 - Trust/collaboration resources to share?



Sustaining Engagement



Relationships and Trust - Why It Matters

- Broad inclusion enables population level health perspectives and prevention efforts
- Includes those who have impact and are impacted
- Fosters a participatory and collaborative environment for dialogue
- Overcomes barriers to participation
- Gets and keeps partners engaged



BREAK

15 Minutes

Common Agenda Building

Common Agenda Building– 11:15 – 60 minutes

Mission

- What do we do?
- How do we do it?
- Whom do we do it for?
- What value are we bringing?

To bring together diverse organizations under a common vision and agenda to address the complex economic, social, and environmental issues that impact the health of Our Vermont County residents to achieve improved health and wellbeing for all

Sample Mission



Vision

- **Future Focused.** Provides the “big picture” and clearly describes what your community will be like in several years.
- **Directional.** Serves as guide to organizational plans and strategies.
- **Specific.** Clear and focused enough to shape decision-making.
- **Relevant and Purpose-Driven.** Reflects the ACH’s response to the challenges of the day.
- **Values-Based.** Implies the set of values that are required to support the ACH.
- **Challenging.** Inspires members of the ACH to do great things and achieve a higher level of standards.
- **Unique and Memorable.** Highlights what makes the ACH different and why it matters.
- **Inspiring.** Appealing and engages people to commit to a cause.

Our Vermont County is a safe, healthy, and resilient
community where everyone thrives

Sample Vision 1

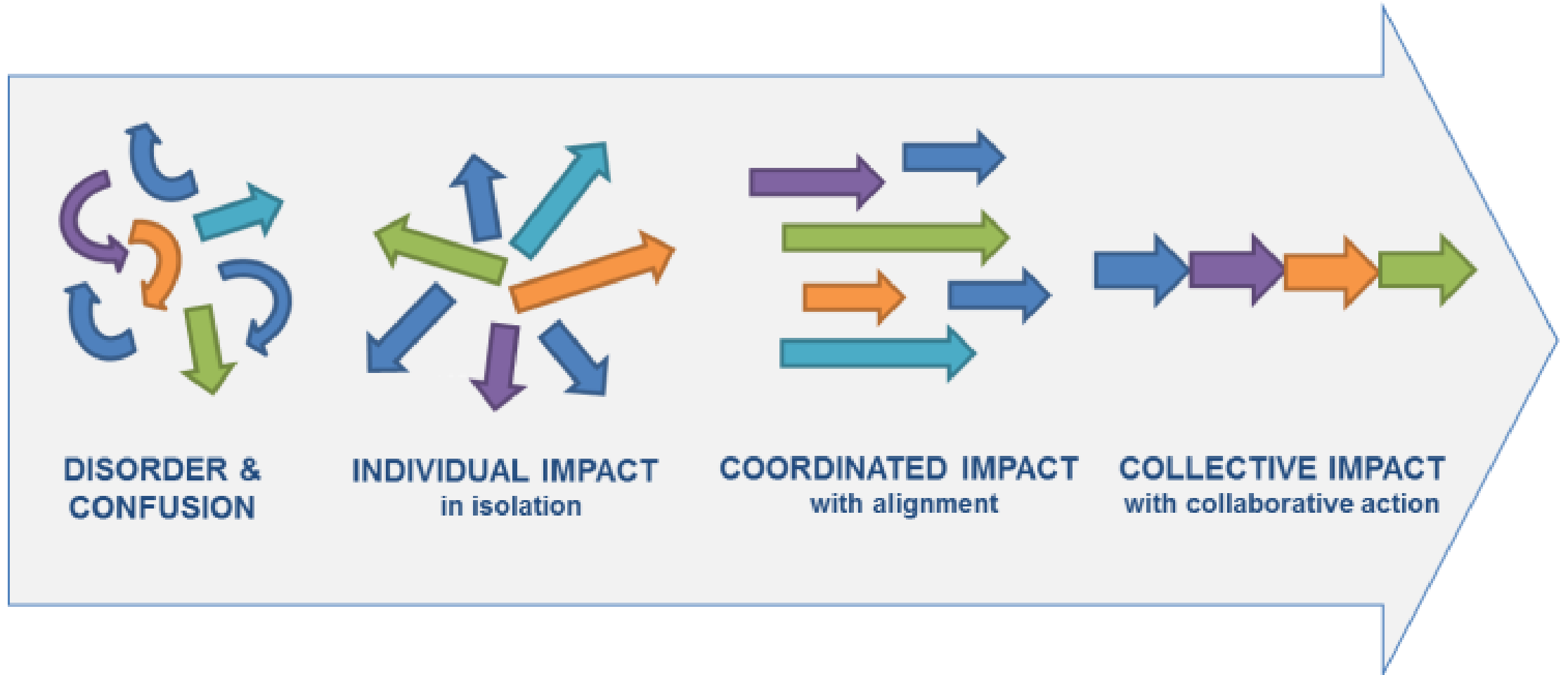
Our Vermont County has the solutions to the problems we face, and the conditions our ACH enables fully reflects the needs and values of the community. Our County is one where the basic physiological, safety, belonging, and esteem needs of every resident is met. Our community is one where health of the whole person - mental, physical, social, and spiritual - is inseparable. Our community is one where our environments - our landscapes, homes, neighborhoods, places of work, study, and worship – promote human health and thriving.

Sample Vision 2

Mission, Vision, and Common Agenda –What’s the Difference?

Accountable Communities for Health Framework	Collective Impact Framework
Mission	Common Agenda
Multi Sectoral Partnership	
Integrator Organization	Backbone Organization
Governance	
Data and Indicators	Common Progress Measures
Strategy and Implementation	Mutually Reinforcing Activities
Community Member Engagement	
Communications	Communications
Sustainable Financing	


Value of Incorporating Collective Impact





Common Agenda

- A common agenda requires all participants to have a **shared vision for change**, one that includes a **common understanding of the problem** and a **joint approach to solving it** through agreed upon actions.



Why is it so hard
to consistently
define the
problem?

- Unrealized values or needs
- Problem complexity or variability
- The same information can be interpreted differently
- Mental models/problem solving culture



Meetings Matter

- How well does the format and execution of your meetings reflect the mission and vision of your ACH?
- How diverse is the group?
- Are your meetings more of a monologue, discussion, debate, or dialogue?
- Do members have an understanding of the perspectives held by all those around the table and a common understanding of what is being addressed?



The Meeting Facilitator

- The way you design a meeting shapes the behavior of the participants
- Core skills
 - Hosting
 - Communication
 - Active listening
 - Process focus
 - Neutrality



Facilitator's Role

- Get the “whole system” in the room
- Move participants through the process
- Have participants self-manage their work
- Engage participants in building a common database together
- Help participants find common ground through dialogue, not problem-solving



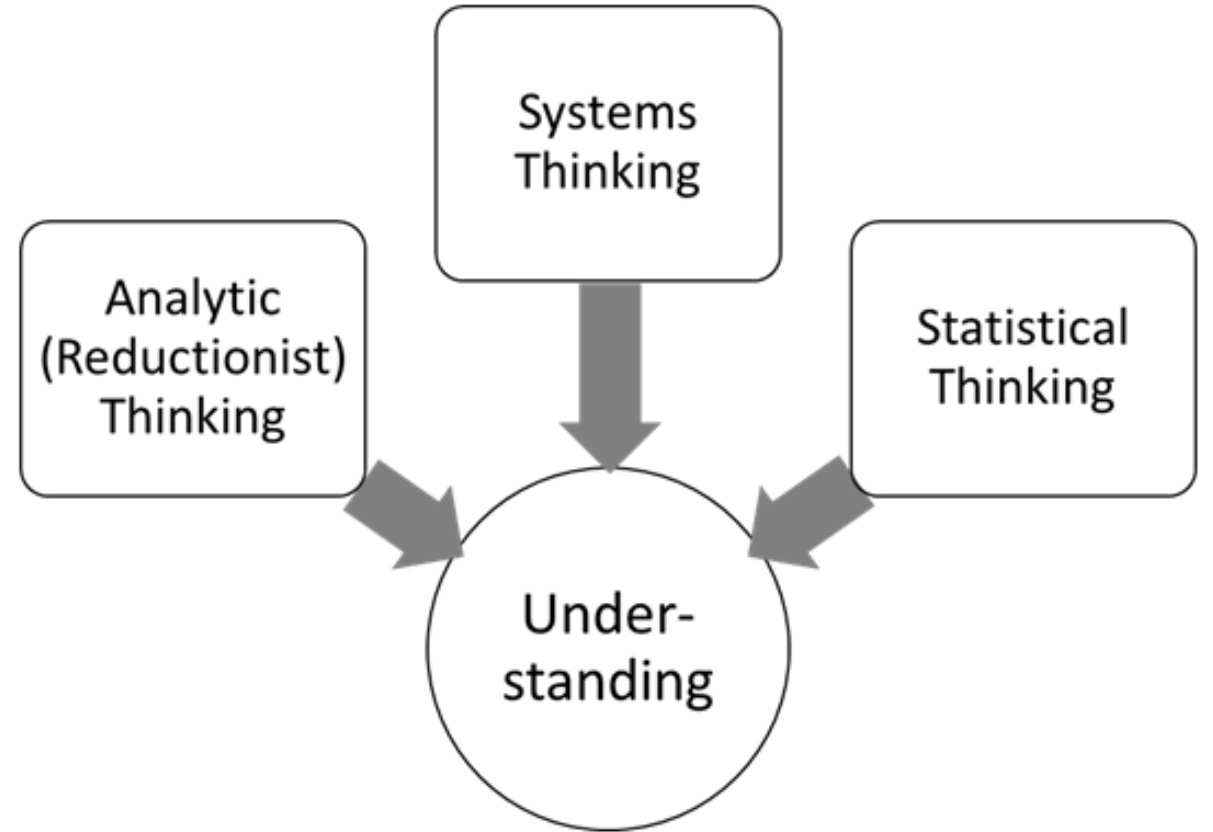
Meeting Participants' Role

- Honoring and leaving personal agendas behind (wearing multiple hats)
- Participate in dialogue – communication and listening
- Bring their experience and best thinking
- Be open to the process (social learning)
- Think “stream”

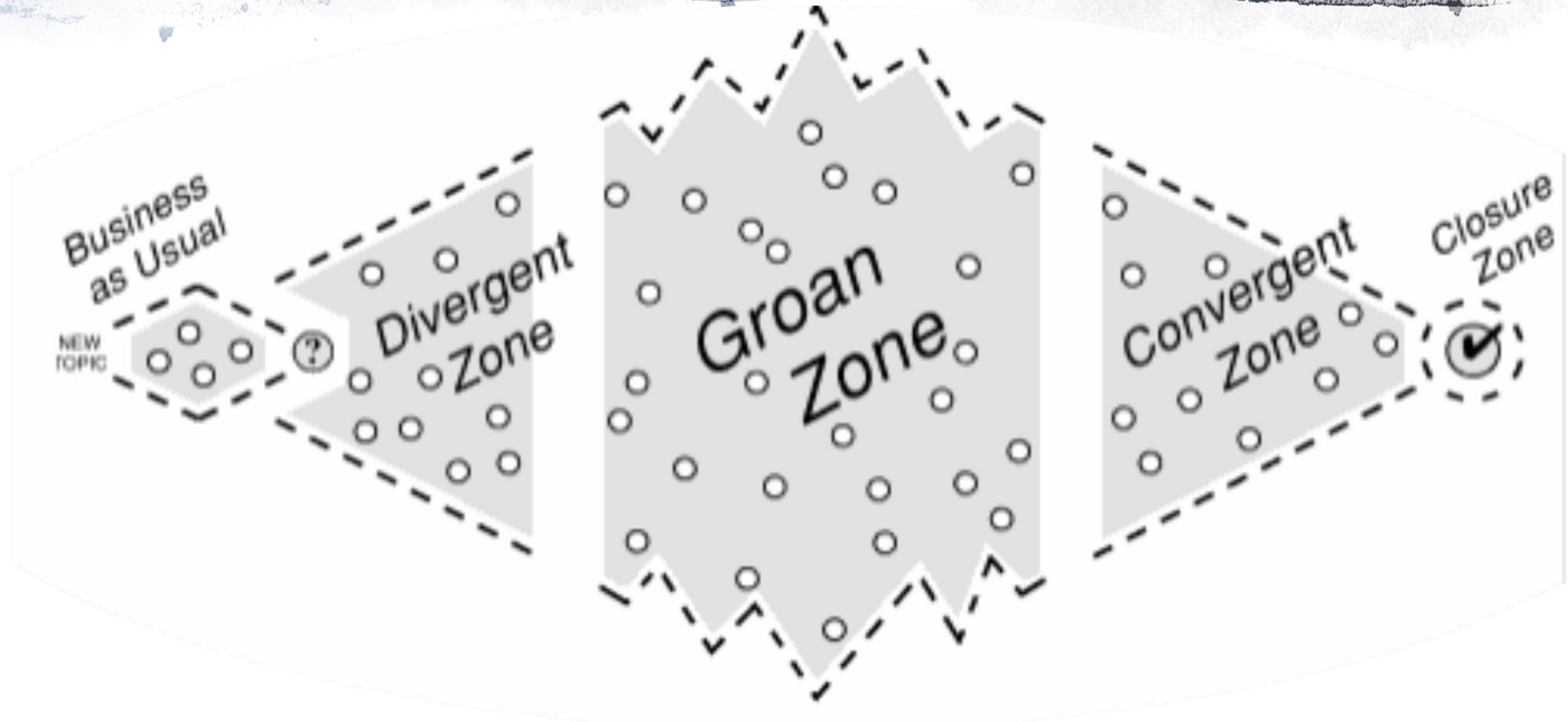
Dialogue

Dialogue is a **two-way communication** between persons who hold **significantly differing views on a subject**, with the purpose of **learning more truth about the subject from the others.**

Different Forms of Thinking



Social Learning



Think “Stream” - Determinants

Upstream	Midstream	Downstream
Structural determinants such as social status, income, racism, and exclusion	Intermediary determinants, or material circumstances such as housing conditions, employment and food security	Immediate health needs of populations that are marginalized

Getting to Root Causes

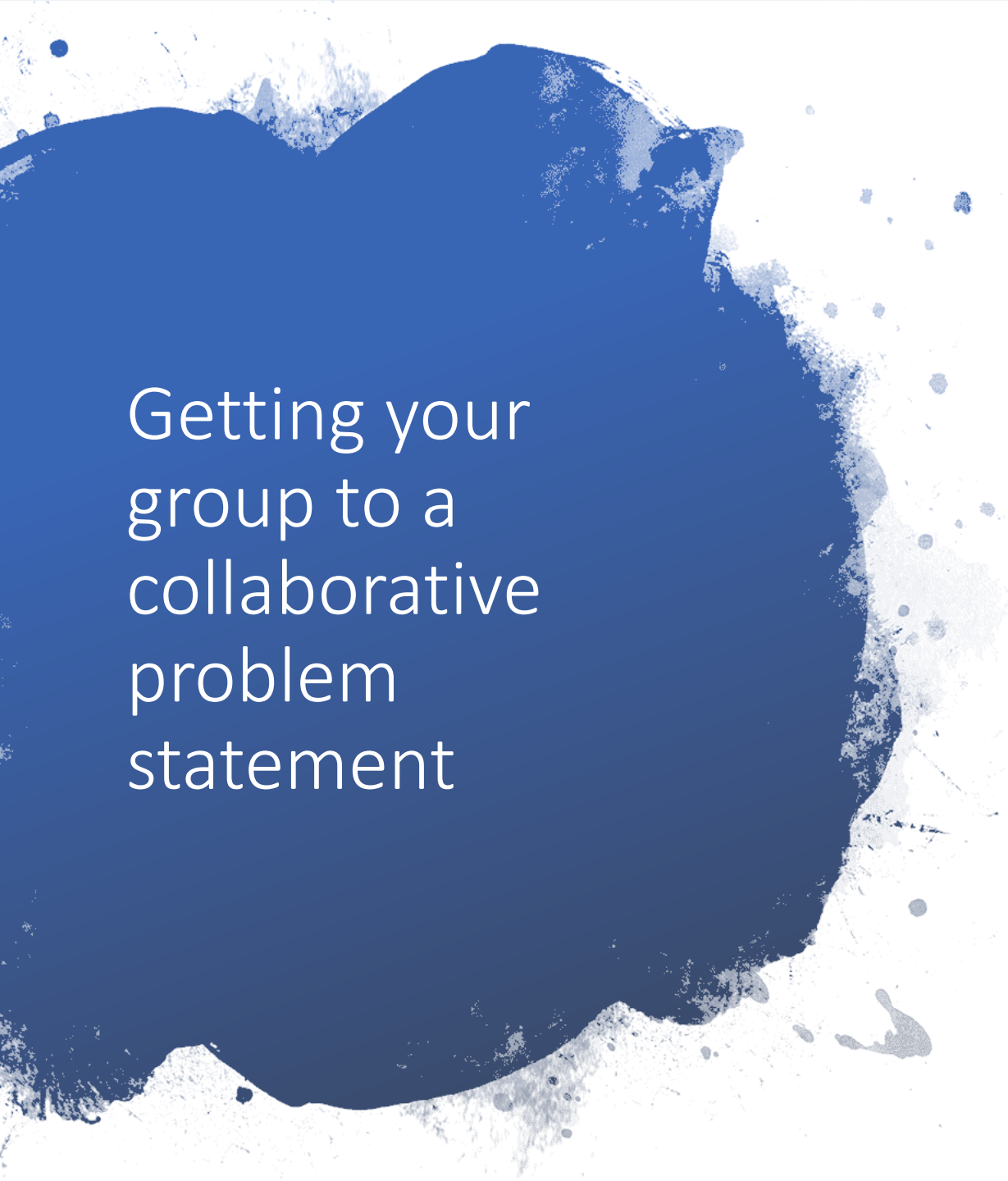
- Root Cause Analysis Tools
 - 5 Whys
 - Fishbone (Ishikawa) Diagrams
 - Pareto Principle
 - Scatter Plots





Problem Identification

- What is the problem?
- Why is it a problem?
 - Upstream, Midstream, and Downstream
- How is it impacting community members' health and wellbeing?



Getting your group to a collaborative problem statement

1. Framing
2. Presenting data (quantitative and qualitative – yes, this includes experience!)
3. Soliciting stakeholder experience (including people with lived experience)
4. Structuring the problem (who, what, where, why, how)

ACTIVITY - Group Roles



FACILITATOR – NEUTRAL,
PROCESS FOCUSED, ENABLE
GROUP UNDERSTANDING



RECORDER - CAPTURE



REPORTER - SHARE



TIME KEEPER – PACE

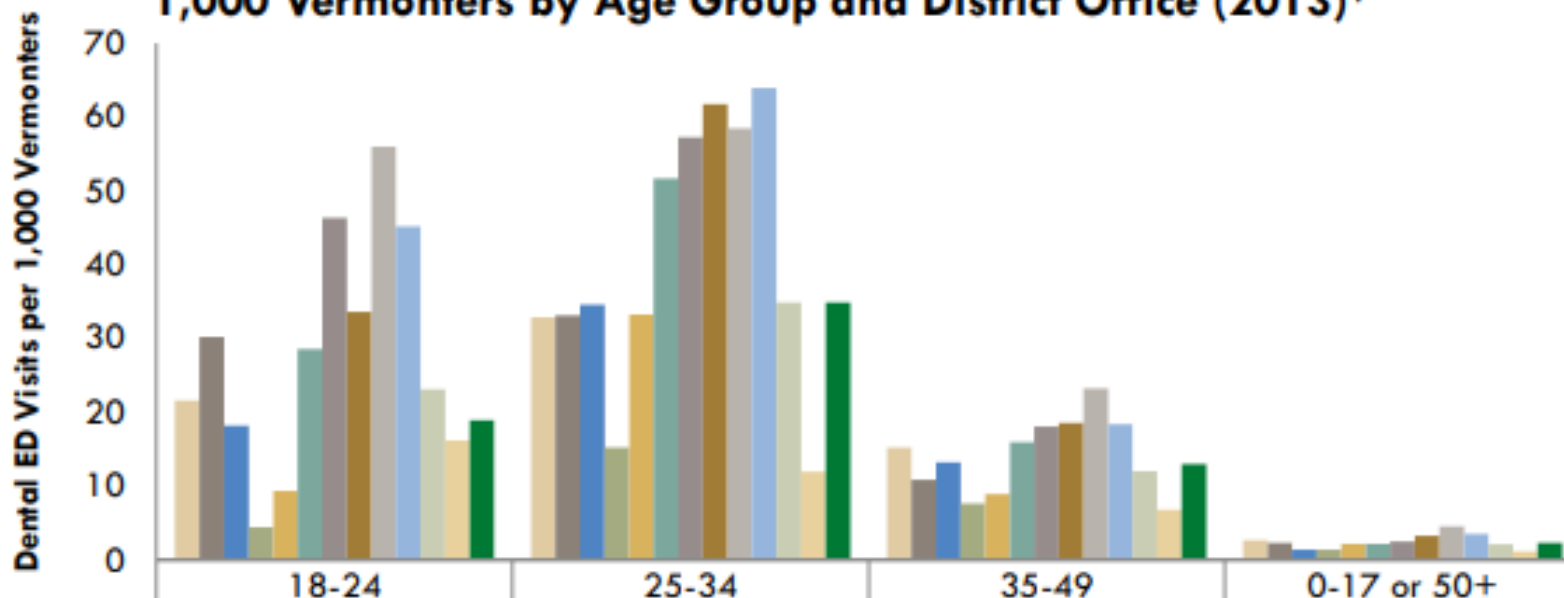


Remember

- Both honor and leave personal agendas behind
- Participate in dialogue – communication and listening
- Bring your experience and best thinking
- Be open to the process
- Think about the stream



Emergency Department Visits for Disorders of Teeth and Jaw per 1,000 Vermonters by Age Group and District Office (2013)*



	18-24	25-34	35-49	0-17 or 50+
Barre	22	33	15	3
Bennington	30	33	11	2
Brattleboro	18	35	13	1
Burlington	4	15	8	1
Middlebury	9	33	9	2
Morrisville	29	52	16	2
Newport	46	57	18	3
Rutland	34	62	19	3
Springfield	56	58	23	5
St. Albans	45	64	18	4
St. Johnsbury	23	35	12	2
White River Jct.	16	12	7	1
Vermont	19	35	13	2

Age Group	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct.	Vermont
0-17 or 50+	3	2	1	1	2	2	3	3	5	4	2	1	2

ACTIVITY – Divergence – 15 minutes



TAKE A MOMENT TO REFLECT ON THE DATA.
WHAT IS YOUR EXPERIENCE OF THE ISSUE AT
HAND (UPSTREAM, MIDSTREAM, AND
DOWNSTREAM) IN YOUR COMMUNITY?




SHARE YOUR EXPERIENCE



DISCUSS ANY PERSPECTIVES THAT MIGHT NOT
BE REPRESENTED BUT MIGHT IMPACT
UNDERSTANDING OF THIS ISSUE

DISCUSSION: Observations About Your Group Process

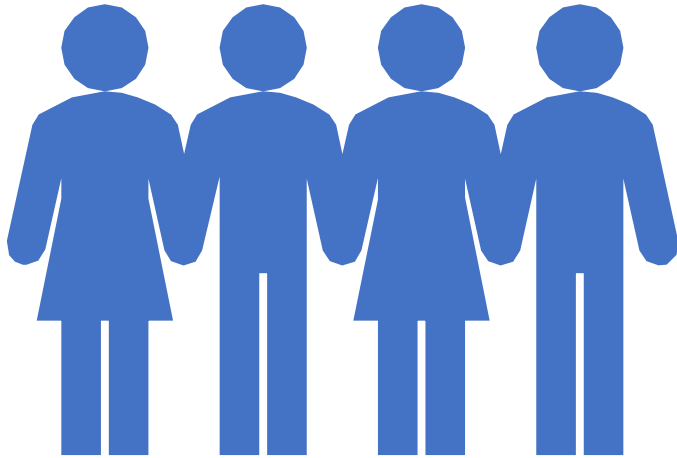
- What did you notice about that experience?
- How did it differ/compare to your experience in your ACH meetings?



The bad habits you will need to break in groups

- Have all the answers
- Jump to solutions
- Focus on things outside of their control
- Blame people
- Be decisive
- Get things done

Getting to shared understanding of the problem



- What assumptions were challenged?
- What beliefs were shared?
- What differences exist?
- How can you integrate all of the ideas into a problem statement?

Framing Problems



Time shift

How would this look from the past or future?



People shift

How would others frame this problem?



Resource shift

How would we see this if we were/were not willing to take a risk?



Perspective shift

Trees, forest, or ecosystem?

Addressing Data Grief

- Establishing a “data dialogue”
 - What assumptions are we entering with?
 - What are some predictions we are making?
 - What are some questions we are asking?
 - What are some possibilities for learning that this experience presents?

Avoiding Jumping to Solutions

- Analyze the process
 - Did we thoroughly consider or rush to consensus?
 - Did anyone unduly influence the decision?
 - Were alternative points of view encouraged?
 - Do we have real data to support our decision?
 - Is there more than one “right” answer?
 - What have we overlooked in our discussion?

Distilling the problem to its “essence”

- Description of the problem (and how its impact relates to health and wellbeing)
- Where the problem is occurring/who it is occurring to
- The timeframe over which it has been occurring
- The size or the magnitude of the problem
- The upstream, midstream, and downstream factors contributing to the problem



Convergence/Problem
Statement

Description of impact – who and how

Timeframe

Magnitude

Upstream, midstream, and downstream
contributors

Since *THIS TIME*, oral health is of growing concern in our Vermont County because *THESE TYPES OF RESIDENTS* tend to have these *UPSTREAM DETERMINANTS, MIDSTREAM DETERMINANTS, and DOWNSTREAM DETERMINANTS* resulting in *THIS BURDEN OF DISEASE* which has these impacts on their *HEALTH AND WELLBEING*.

Sample Problem Statement



A note on A3s

- Process improvement methodology
- Not just a report template
- Works best with process based problems

Getting to Goals/Common Agenda

1

Translating a problem (if you are starting from a problem) into a goal encourages you to question the problem.

2

Formulating **goal statements** from problems makes you think about the problem and what aspect of it you actually wish to solve.

3

Working with goals instead of problems also makes it easier to **divide big goals into smaller sub-goals** which may become a part of the final solution.

Goal Statements

S

Specific

- State what you'll do
- Use action words

M

Measurable

- Provide a way to evaluate
- Use metrics or data targets

A

Achievable

- Within your scope
- Possible to accomplish, attainable

R

Relevant

- Makes sense within your job function
- Improves the business in some way

T

Time-bound

- State when you'll get it done
- Be specific on date or timeframe

Our ACH will work to decrease the number of individuals presenting in the ER with non traumatic oral/dental issues over the next 2 years.

Increase transportation to or access to traveling dental services in these locations for these populations over the next timeframe.

Increase access to fluoride toothpaste in x setting for x population over the next timeframe.

Increase affordability of regular preventative oral care for 18-24 year olds within this timeframe.

Sample Goal Statements



Common Agenda Building - Why It Matters

- Broad inclusion enables population level health perspectives and prevention efforts
- Includes those who have impact and are impacted
- Fosters a participatory and collaborative environment for dialogue
- Overcomes barriers to participation
- Gets and keeps partners engaged



Your Objectives for the Day

What did you get out of the day and what will do you as
a result of your learning today?

Data Driven Decision Making – October 8

12:30-3:00 – In person and web-based

CORE ELEMENTS: Data and Indicators, Community Member Engagement

This session will focus on tools and skills for:

- Using quantitative and qualitative data to understand what is happening in your community
- Using data to identify problems or opportunities
- Creating and utilizing community dashboards
- Monitoring progress and change

Strategic Planning and Implementation – November 5

12:30-3:00 – In person and web-based

CORE ELEMENTS: Strategy and Implementation

This session will focus on tools and skills for:

- Creating a theory of change
- Selecting interventions
- Quality improvement cycles

Governance and Complex Group Facilitation – December 10

9:00 - 12:30 – In person

CORE ELEMENTS: Governance, Integrator Organization

This session will focus on tools and skills for:

- Participatory decision-making
- Creating effective and engaging ACH agendas
- Facilitating complexity, difficult group dynamics, and conflict

Stewardship and Sustaining Partnerships – January 7, 2019

12:30-3:00 – In person and web-based

- CORE ELEMENTS: Sustainable Financing
- This session will focus on tools and skills for:
 - Understanding the collective resources being directed at a problem
 - Envisioning different applications of resources
 - Discussing ROI strategies
- This session will also feature models being employed across the state and country to address sustainable financing for Accountable Communities for Health

Evaluation and Resources

www.blueprintforhealth.com

Basecamp



Thank you!