



# ACH Peer to Peer Learning

Transforming Health Across the State of Vermont

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# CURRICULUM

*"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."*  
Margaret Mead



# Vermont ACH Peer to Peer Learning CURRICULUM



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## ACKNOWLEDGEMENTS

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Thank you to the State of Vermont for the wisdom, planning, funding and guidance of the Accountable Community of Health (ACH) Peer to Peer Learning Laboratory. This experience brought together 10 ACHs from across Vermont, supporting the development, relationships and knowledge that can only occur when we come together to learn, co-create and innovate solutions for the future of a healthy Vermont.

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The guide was written by Dana Pearlman, Consultant and Facilitator and Sue Grinnell, Public Health Institute's Population Health Innovation Lab with inputs from Teresa Posakony, Sarah Kinsler, Department of Health Care Access and Heidi Klein of the Vermont Department of Health, graphic strategy and design by Ginger Daniel and utilized many open sources resources, and we are grateful for many open source creator's generosity for sharing this rich and valuable information openly, contributing to the co-creation of healthy systems into the future.



# INTRODUCTION

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## WELCOME: How to use this Curriculum

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We want to extend a warm welcome to the 10 Vermont ACHs embarking upon this Peer Learning journey!

This is your curriculum for the 8-month Learning Laboratory experience. The curriculum includes logistics, concepts, exercises and materials (in the appendix) to support you and your ACHs as we become a Community of Practice and Peer Learning.

It is recommended that you read through the curriculum, appendix and other resources at a high level to get a full sense of the resources available. During our in-person sessions, we will reference pages, so we recommend you have it with you during our sessions. The appendix offers many exercises for your use on an as needed basis, as well. Feel free to use the resources from here freely, we just ask that you reference where the materials came from.

Our intent is that this curriculum will be available for use and replication across the state and other locations where applicable. Upon completion of our Learning Laboratory, the curriculum will be updated and re-distributed to you incorporating the tools and resources we add in throughout our time together based upon learning needs.



### ACH LEARNING LABORATORY SHARED CHALLENGE:

How might we learn together, across our ACHs to build our leadership capacities, become stronger and more equipped to address Population Health with and for our communities?

Creating health and well-being in and across our communities is a complex systemic challenge *and* opportunity. Not one person, community, or organization has the answers. Through peer learning there is an opportunity to come together as learners, share our perspectives, and then broaden them through exploring shared purpose, inquiries and offering diverse viewpoints, while tapping into collective wisdom to gain a wider systemic perspective of Population Health and how to be more equipped to address the needs of our communities.

### Peer Learning for Complex Systemic Challenges

Population Health is a complex systemic challenge. It is complex because there are various issues, perspectives and interests that must be taken into account. It is a systemic issue because its roots and impact or consequences are interconnected with many other issues such as individual and collective values and behaviors, but also structural issues such as resource availability, distribution of wealth, among many other related and intimately linked issues. In order to create lasting and impactful change, it is essential that multiple perspectives and diverse stakeholders directly affected by the challenges are invited to actively take part in the process of finding holistic solutions. This process requires *moving away from business as usual*, where experts alone or individuals holding formal hierarchical positions create solutions on behalf of the whole. In complexity, not one person, nor a group of experts have all the answers. Holistic solutions can only be found when diverse stakeholders come to think and co-create together. This requires to listen with intention to each other's perspectives, being willing to have one's point of view challenged and seeing together solutions that nobody could have seen on their own.

As shown in the image below, six blind men are each touching a part of an elephant, but don't know what the whole elephant looks or feels like or even that it is an elephant! Together, if they share their ideas and sensations, they may eventually figure out that they are touching a huge animal - an elephant. Similarly, stakeholders within a complex system can only see part of the system they are working in. While their individual vantage points are essential to solving a piece of the puzzle, it takes many vantage points, learning together, to see more of the whole system. It is merely impossible for one person to see an entire complex system, so it becomes imperative to include as many diverse perspectives as possible, and to help stakeholders increase their capacity to see broadly, through each other's eyes.

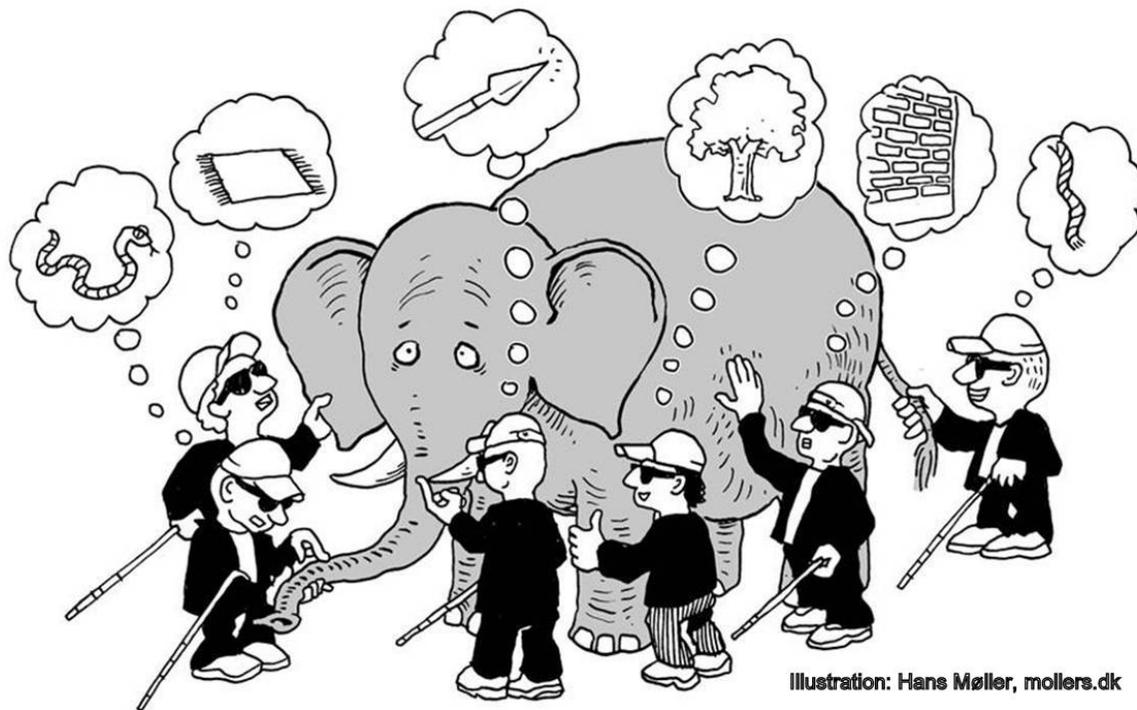


Illustration: Hans Møller, mollers.dk

The intent of this Learning Lab is to become a community of practice, where we have a shared purpose, a common language and common tools and resources at our disposal to work and think together, to come up with solutions to complex challenges by reframing them as opportunities. We know that when working in complex systems, we are stronger and more capable when we come together and learn with one another. This is an invitation to fully bring your perspective to the table, and learn together what we could never learn on our own. We are exponentially wiser when we have the right structures in place to learn what it is we do not yet know. This is a time of sharing and expanding our perspectives so that we can have greater impacts in the communities we serve and have more people in our networks that can support us when we don't have the answers. This is an opportunity to become a community of practice well into the extended future for the sake of Vermont, and the health and quality of life for all of the state's inhabitants.

# WHY ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH)?



The ACH model is one response to addressing the complex health needs in our communities. The ACH is:

*An aspirational model—accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients. Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances and environmental factors. An ACH supports the integration of high-quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness.*

The Prevention Institute’s engagement with Vermont provided a set of recommendations for an ACH structure. The recommendations include [9 Core Elements \(listed below\)](#). This peer learning opportunity is in part to support the exploration and integration of these core elements into your ACHs to give structure, form and tools for a robust ACH. Some of you may have identified these already, some of you may not have done so and some may want to enhance what has already been done as a result of new learnings.

## 9 Core Elements identified by the Prevention Institute for the ACH model:

1. **Mission** – An effective ACH mission statement provides an organizing framework for the work. A strong mission defines the work as pertaining to the entire geographic population of the ACH’s region; articulates the ACH’s role addressing the social, economic, and physical environmental factors that shape health; and makes health equity an explicit aim.
2. **Multi-Sectoral Partnership** – An ACH comprises a structured, cross-sectoral alliance of healthcare, public health, and other organizations that impact health in its region. Partners include the breadth of organizations that are able to help it fulfill its charge of implementing comprehensive efforts to improve the health of the entire population in its defined geographic area.
3. **Integrator Organization** – To maximize the effectiveness of the multi-sectoral partnership, it is essential for the ACH to have an integrator organization. The integrator helps carry the vision of the ACH; build trust among collaborative partners; convene meetings; recruit new partners; shepherd the planning, implementation, and improvement efforts of collaborative work; and build responsibility for many of these elements among collaborative members.
4. **Governance** – An ACH is managed through a governance structure that describes the process for decision making and articulates the roles and responsibilities of the integrator organization, the steering committee, and other collaborative partners.
5. **Data and Indicators** – An ACH employs health data, sociodemographic data, and data on community conditions related to health (such as affordable housing, food access, or walkability) to inform community

assessment and planning, and to measure progress over time. It encourages data sharing by partners to inform these activities. Equally important, an ACH seeks out the perspectives of residents, health and human service providers, and other partners to augment and interpret quantitative data.

6. **Strategy and Implementation** – An ACH is guided by an overarching strategic framework and implementation plan that reflects its cross-sector approach to health improvement and the commitment by its partners to support implementation. The process for developing this framework includes a prevention analysis that identifies community conditions that are shaping illnesses and injuries across the community. The implementation plan includes specific commitments from healthcare, local government, business, and nonprofit partners to carry out elements of the plan.
7. **Community Member Engagement** – Authentic community engagement is a well-recognized best practice in the field of community health that requires commitment from the highest levels, designated staff, and commensurate resources to ensure effective integration into ACH processes and systems. Authentic community engagement recognizes and harnesses residents’ own power in identifying and addressing challenges, while also creating leadership for and buy-in of the work in a manner that acknowledges and builds upon existing community assets and strengths.
8. **Communications** – An ACH employs communications platforms to build momentum, increase buy-in amongst its partners, recruit new members, and attract grant investment to support its work, and share successes and challenges with others. Communications is also a key tool for framing solutions in terms of community environments and comprehensive strategies.
9. **Sustainable Financing** - An ACH requires resources to support both its integrator function and ACH implementation work by others. An ACH makes use of existing and new funding sources and better aligns them to advance broad community goals. (Prevention Institute, July 2015)

For more information, go to:  
Accountable Communities of Health Report  
<http://www.preventioninstitute.org/component/jlibrary/article/id-366/127.html>

# OBJECTIVES OF ACH PEER TO PEER LEARNING

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Over the course of the next 8 months we hope to:

- Increase participating Accountable Community of Health sites understanding of the 9 Core Elements of an ACH;
- Increase Accountable Community of Health sites readiness to implement the 9 core elements with and for communities;
- Increase communities' understanding of community-based prevention and population health improvement strategies, and support communities in implementing these strategies;
- Increase participant's capacity to navigate complex challenges and co-create solutions with their peers into the future;
- Offer recommendations to the state on policies and guidance that could support further development of ACHs in Vermont.



# SCHEDULE + LOGISTICS

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# IMPORTANT DATES



## ACH PEER TO PEER LEARNING JOURNEY



JOURNEY MILESTONES	DATES
ACH Kick-off Webinar	June 1, 2016
<b>1. STEPPING UP: SHARED INTENT</b> Design Team Meeting (local facilitators, optional) ACH Full Group Convening Facilitators Prep Day (Local Facilitators)	June 6, 2106 June 7, 2016 June 8, 2016
<b>2. STEPPING IN: DEEP IMMERSION</b> Knowledge Camp <i>(Each Local ACH will set up their own schedules for the year with their teams and local facilitators)</i>	Dates: TBD
<b>3. STEPPING IN: MEANING MAKING</b> Design Team Meeting (local facilitators, optional) ACH Full Group Convening Facilitators Call	September 29, 2016 September 30, 2016 TBD
<b>4. STEPPING IN: CO-PROTOTYPING</b> Knowledge Camps <i>(Each Local ACH will set up their own schedules for the year with their teams and local facilitators)</i>	Dates: TBD
<b>5. STEPPING OUT: CO-EVOLVING</b> Design Team Meeting (local facilitators, optional) ACH Full Group Convening	January 12, 2017 January 13, 2017

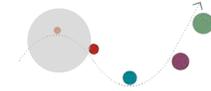
# CURRICULUM OVERVIEW: MILESTONES + OBJECTIVES



Phase 1: June 7 Convening

## STEPPING UP

*Shared Intent: Becoming a Peer Learning Community*



### Objectives

- Become a peer learning community and get to know one another
- Provide an overview of the ACH Peer Learning Lab in preparation for our year
- Learn and use tools and methodologies to support co-learning, co-creation and replication
- Incorporating a systemic perspective of what is needed in Vermont ACHs
- Understand the collective design challenge and begin to work in our teams addressing the Design Challenge (9 Core Elements)
- Set up the framework for the year for learning, leading, and change

Phase 2: Knowledge Camp Date TBD

## STEPPING IN

*Deep Immersion: Gaining a Systems Change Perspective*



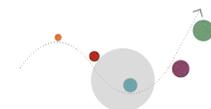
### Objectives

- Increase awareness of the current system you are operating in
- Complete stakeholder interviews with individuals directly affected by issues of concern and those that care about the matter at hand
- Increase ability to observe and listen to those whose knowledge and experience can help participants fast-track the learning process

Phase 3: September 30 Convening

## STEPPING IN

*Meaning Making: Sharing and Integrating what we are learning from the field*



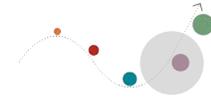
### Objectives

- Reflect on learnings from your experience
- Design Challenge: Co-explore our learning and work together to solve complex challenges and opportunities emerging in our ACHs and communities
- Learn tools, models, and frameworks for working with complex, adaptive change
- Plan for next stage of the action-learning journey - how to create learning and impact
- Identify emergent solutions to issues of shared concern/intent that are arising from the learnings and observations
- Co-Explore the 9 ACH core elements and other topics that are meaningful and relevant

Phase 4: Knowledge Camps TBD

## STEPPING IN

*Co-Prototyping: Co-creating the Future*



### Objectives

- Increase capacity to pilot test and prototype ideas generate within the ACH team
- Engage in experimentations (prototyping) of ideas and actions that may take them to the desired state of the ACH
- Crystalize ideas through an iterative (repeated movement of going forward and backward with the aim of improving something) process of coaching and support from peers and subject matter experts (including users, practitioners)
- Document learnings

Phase 5

## STEPPING OUT

*Co-Evolving: Planning Next Steps into the Future*



### Objectives

- Present and share design challenge outcome and learning to date
- Reflect upon the learning experience
- Plan next steps and implementation plan for and our ongoing work into the future - including preparing for meetings and action learning emphasis
- Offer recommendations to the state on policies and guidance that could support further development of ACHs in Vermont

# STAYING CONNECTED

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## Staying Connected

In addition to the Full Group Convenings and Knowledge Camps (noted on the schedule on page 12), we will be using a number of information sharing resources to facilitate our learning together. All of these are optional, but we encourage to explore all of them in case they can support and/or inspire you:

## Human Connections

### Local facilitators

Many of you have a facilitator within your ACH that is supporting you throughout the Peer Learning Lab. We will be providing them with support and materials. If you do not have a facilitator within your ACH, **Adrienne Gil** from the Vermont Public Health Institute will be supporting your ACH. Adrienne's email address is [wilscheka@yahoo.com](mailto:wilscheka@yahoo.com). Please contact her for support.

## Technological Connections

### LinkedIn

<https://www.linkedin.com/groups/7050279>

LinkedIn will be a shared platform for the entire ACH Peer Learning community to connect, share and continue learning, particularly when we are not together. Please post resources, questions, requests and offers here. If you go to link, please ask to be invited.

### The Blueprint of We

[www.blueprintofwe.com](http://www.blueprintofwe.com)

The Blueprint of We is an online collaboration tool that may be useful in building a foundation of knowledge and understanding about your team mates. The tool enables teams to custom design relationships to really fit who you are and what you want to build together. It wires your brain for more connection and compassion and acts as a third party mediator when the need arises.

## State and National Connections

### Dialogue4Health (D4H)

<http://www.phi.org/dialogue4health/>

This is the platform we will be using for Knowledge Camps.

D4H is a project of PHI, is a community that conceives, builds and shares strategies to improve the public's health. D4H partners with local, national and global organizations to host Web Forums and share critical resources. For more information on this platform, please contact Maricsa Monterey [mgutierrez@s-r-g.org](mailto:mgutierrez@s-r-g.org)

### Vermont State Health Care Innovation Project

<http://healthcareinnovation.vermont.gov/>

This is the sponsoring agency of ACH.



# OUR APPROACH:

Co-Learning and Co-Creating

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# OVERVIEW OF RESEARCH-BASED APPROACHES AND LANGUAGE GUIDE

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To support our peer learning together, we will utilize many methodologies, practices, tools and frame- works to support adult learning through action learning. Included in our approach, but not limited to:

## Theory of U

[www.presencing.com/overview](http://www.presencing.com/overview)

Theory U proposes that the quality of the results that we create in any kind of social system is a function of the quality of awareness, attention, or consciousness that the participants in the system operate from. Since it emerged around 2006, Theory U has come to be understood in three primary ways: first as a framework; second, as a method for leading profound change; and third, as a way of being - connecting to the more authentic of higher aspects of our self. The theory was developed by Otto Scharmer is a senior lecturer at MIT, Boston, a visiting professor at Tsinghua University, Beijing, and co-founder of the Presencing Institute. A global action researcher, Otto works with leaders in government, global companies, and NGOs to achieve profound innovation across sectors and cultures. He chairs the MIT IDEAS program for cross-sector leadership capacity building in China and Indonesia.

## Art of Hosting Conversations that Matter

<http://www.artofhosting.org/what-is-aoh/case-stories/>

is a global community of practice that uses many methodologies, frameworks, practices and tools that support co-learning and co-creation. The Art of Hosting is an approach to leadership that scales up from the personal to the systemic using personal practice, dialogue, facilitation and the co-creation of innovation to address complex challenges and opportunities with emergent solutions.

## Living Systems

are open self-organizing living things that interact with their environment. These systems are maintained by flows of information, energy and matter. Through our work, we look to patterns found in nature to support self-organization through concepts such as including diversity, decentralized leadership, innovation happening at the edges of an eco-system, utilizing collective resources and other concepts and metaphors to glean wisdom from nature to inform our operating principles.

## Systems thinking

is the process of understanding how those things which may be regarded as **systems** influence one another within a complete entity, or larger **system**. Within a system, the interrelated and big picture thinking helps us create holistic solutions by including diverse perspectives and moving away from siloed approaches. We create solutions that address root causes, informed by many perspectives rather than quick fixes or expert driven when a challenge is complex and not one perspective has the answer.

## Cynefin Framework

<http://cognitive-edge.com/resources/case-studies/>

provides a typology of contexts that guides what sort of explanations or solutions might apply. It draws on research into complex adaptive systems theory, cognitive science, anthropology, and narrative patterns, as well

as evolutionary psychology, to describe problems, situations, and systems and proposes new approaches to communication, decision-making, policy-making, and knowledge management in complex social environments.

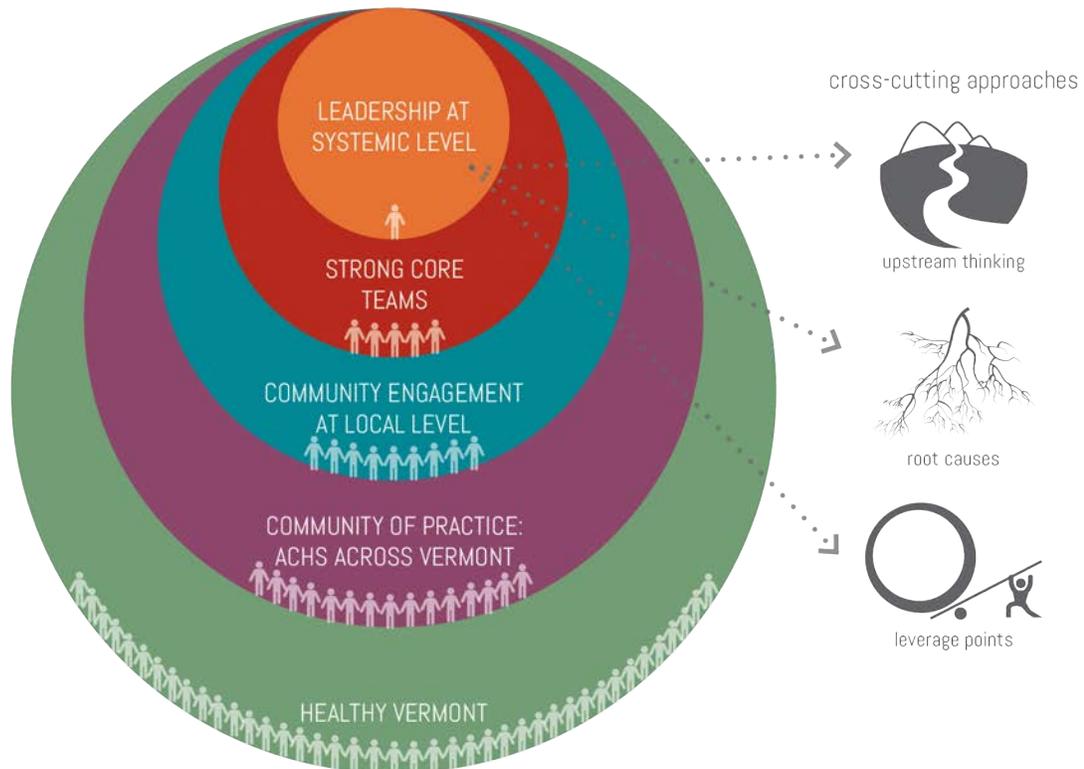
### **Human Centered Design**

Design Thinking focuses on the end-users at the center of its approach. A key element of the approach is to observe and interview the end users to increase understanding of their perspectives and needs. For example, if you want to see how a child selects their lunch food, observe them going through the cafeteria line. Then try to see what it is like to be in their shoes, also known as empathy. By engaging in both empathy and observation, co-creators become more equipped to design systems that support the end users, or in our case, communities we are serving.



## Thinking and Acting Systemically: Concentric Circle Framework

### SYSTEMS APPROACH FOR ACH PEER TO PEER LEARNING



## What does it mean to have a systemic approach?

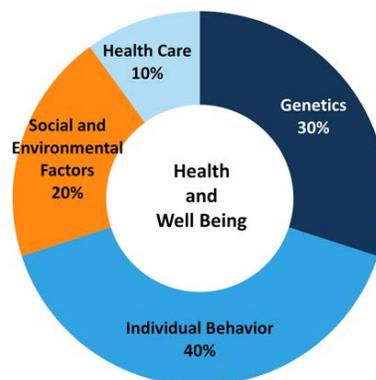
### Think Upstream and Address Root Causes

As a systems thinker, it is an important to look for upstream solutions -- solutions that address the **source** of the problem rather than downstream solutions-which often work only on **symptoms** of the problem, only for it to reemerge as another challenge. An analogy for downstream solutions is *whack-a-mole*! You keep trying to hit the mole that pops up and then it comes up in another location - it is never really dealt with.

*“Efforts to improve health in the United States have traditionally looked to the health care system as the key driver of health and health outcomes. The Affordable Care Act (ACA) increased opportunities to improve health by expanding access to health coverage and supporting reforms to the health care delivery system. While increasing access to health care and transforming the health care delivery system are important, research demonstrates that improving population health and achieving health equity also will require broader approaches that address social, economic, and environmental factors that influence health(reference.)”*

Figure 1

### Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.



<http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

**Social determinants of Health** are referred to as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. <http://www.cdc.gov/socialdeterminants/faqs/index.htm>

Social Determinants of Health play a large factor in one’s health and wellness. If we only address illness upon its occurrence and or recurrence and we don’t take a systems approach to prevent illness from the start, we are constantly going to be reacting to illness rather than preventing it in the first place.

As an ACH it will be necessary to collectively employ systems thinking to address the root causes of a problem. When you begin to look at challenges in your communities, you need to go directly to the source, to ask powerful questions and to begin to see the root causes and working to address those root causes rather than symptoms that show up as illness or lack of wellness.

### Leverage Points

Leverage Points are places in a complex system where small shifts in one thing create BIG impacts and shifts on a large scale. (D. Meadows, Systems Thinking). Identify leverage points that will enable change and identify these priority areas within the system.

## Concentric Circles: Leverage Points for Impact

### LEADERSHIP AT THE SYSTEMIC LEVEL

At the center of the concentric circle model, is leadership. This is an individual within the system working to affect change. There is a need, as a leader to identify how you influence the systems around you. What impacts do you hope to make and where? How do you show up as a team member and enable strong core teams to emerge? How do you initiate engaging the community you are working to support?

#### Higher Purpose

Connecting to your higher purpose, your unique gifts and skills and what your community is asking of you is an important aspect of leadership. Explore why you are embarking on this peer learning journey and the impacts you hope to make.

#### Worldview or Mental Models

As a leader you have a worldview, which informs how you make sense of the world around you. Our worldviews or mental models are made up of our values, beliefs, assumptions, attitudes, and ideas. These impact everything from how we understand the nature of reality to how we respond to the environment around us. Each person's worldview influences their goals and desires, consciously and unconsciously shaping perceptions, motivations, and values.

The convergence of our individual characteristics and our unique history, including our life experiences, region, culture, religion, socioeconomic status, and family are expressed through our worldview. Our worldviews inform and affect our individual realities and the actions we take in the world. There is an infinite multiplicity of worldviews and more than one "right" way or perspective. Each of us has our own unique worldview.

We are each part of a complex, ever-changing, interconnected living universe. What we do influences the world around us, and the world around us influences us, even when we are not aware of exactly how. Greater understanding of the interdependence of all life leads to a more complete view of reality. (AoH Workbook Journal)

#### Limiting beliefs

So much of what we do when we organize ourselves is based on unquestioned models of behavior. These patterns can be helpful but they can also limit us in fulfilling our true potential. We cannot create innovation in the world using old models and approaches. It pays to examine ways in which we assume work gets done in order to discover the new ways that might serve work with new results. Engaging in this work together brings us into a co-creative working relationship, where we can help each other into new and powerful ways of working together, alleviating the fear and anxiety of the unknown:

What makes us tremble, and what do we fear about new ways of working together?

Who would we be without our stories of old ways of working?

What will it take for us to fully enter into working in new and unfamiliar ways?

What is our own learning edge in working together?

What do you need from our core team to feel supported in the places that make you anxious?

- *Chris Corrigan, Chaordic Stepping Stones*

## STRONG ACH CORE TEAMS

Strong Core Teams are the foundation for doing good work and navigating complex adaptive systems. Creating the conditions that enable trust, listening, sharing, being present and co-creating in an environment where learning takes root is essential to this work. When working in complex systems, we never know what the outcomes will be and oftentimes we need to adapt our approach and come about our work in a new way. Having a team with open minds, curious and willing to find emergent solutions together makes all the difference between team success and breakdown--which in turn impacts our overall success in supporting healthy communities.

### An Effective Team

Take the time to better understand your team. An essential part of forming an alliance is the ability to collaborate and work well with your teammates.

See the Staying Connected section for information on an on line collaboration tool and process called **The Blueprint of We** ([www.blueprintofwe.com](http://www.blueprintofwe.com)). The aim of this collaboration document is to build a foundation of knowledge and understanding about each other, so that the team can dive in and activate their creativity and collective intelligence to bring good things to life.

## COMMUNITY ENGAGEMENT AT THE LOCAL LEVEL

It is not unusual to assume we have the answers to complex challenges, when we do not yet have a sense of the system. It takes curiosity, an open heart and an open mind to take the time to deepen your understanding of the communities you aim to serve and listen to the many perspectives that have a piece of the puzzle for the complex challenge you are working to solve.

There are many resources for you to use to engage communities and design experiences to deepen your understanding of the systems you working to create impact in.

See Art of Hosting Journal, Collective Action Toolkit, Design Thinking Workbooks and think together with your core team and stakeholders in the system to formulate a relevant, meaningful and productive community engagement.

## COMMUNITY OF PRACTICE

In order to become a system of influence, it is important to have shared language, practices, methods and frameworks to use together. This enables you to come together more quickly and to dive into what needs your attention and work together adaptively and effectively together.

As a Peer Learning Community, you are stronger together than you are on your own. Our hope is that you will continue this work long into the future, beyond these 8 months. During our work together. our hope is to leave you as a Community of Practice with tools, frameworks, methods that you continue to use together, across the State, in service to creating health in and for your communities.

## HEALTHY VERMONT AND BEYOND

All of this is in service to creating a Healthy Vermont. Supporting the entire state in moving towards wellbeing takes a lot of dedication, commitment, shared understanding and complex adaptive problem solving. Use this book in service to honing on what is your individual, team, community and state work to do in realizing this future, together.

Once you create health across the state, see if you can widen the boundaries of the system and begin supporting others outside your state in creating health and well-being in their communities.



# OUR FRAMEWORK + JOURNEY

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# OVERVIEW: Our Co-Creation Framework



## ACH PEER TO PEER LEARNING JOURNEY



## Theory U + Systems Change

Our framework is a version of co-creation methodology for systems change known as Theory U, which was originally created by Otto C Scharmer of the Massachusetts Institute of Technology (MIT). It is based on a vast body of research of the practice of some of the most innovative leaders, teams and organizations around the world. It has proven capacity to deliver quality results by tapping into the thinking and experiences of diverse stakeholders from across sectors. Why do our attempts to bring about sustainable large-scale system change or innovation often fail? The answer often lies in two issues. First, our inability to work beyond silos of departments, organizations, or sectors. Second the failure to tap into the knowledge, wisdom and experiences of multiple stakeholders. This methodology aims to actively increase levels of awareness to prevent systemic failure, and actively counter these two issues through systems thinking and tapping into collective wisdom of diverse stakeholders.

## The Key Stages of the Co-creation Framework

The following stages are sequential, but non-linear. As one stage starts it can continue or repeatedly appear throughout the whole process. However, as a whole we will frame our learning year as:

- Phase 1 will be the first part of our Peer Learning Journey: Stepping UP
- Phase 2, 3 and 4 will be the second part of our Peer Learning Journey: Stepping IN
- Phase 5 will be the third and last part of our Peer Learning Journey: Stepping Out

## Stepping Up

### Phase 1: Shared Intent

This phase requires participants to start by listening to one another, sharing the deepest intent through engaging in conversations and seeking solutions to creating health across the State of Vermont (VT). As many of us are gathering from various backgrounds, it is important to hear what is the intent for our shared work and how can we best support one another in creating health with and for our communities? Likewise, begin to listen to your own communities, how they believe health is created, the barriers they confront to accessing health and the many many avenues that can lead one towards living a healthy life and well-being. These individual stories and intentions evolve into one common intent – the desire and commitment to ensuring health across the VT. It is this common intent that is generating the commitment and energy needed to work together across our communities to achieve the tasks at hand.

## Stepping IN

### Phase 2: Deep Immersion

After generating shared and common intent, participants will embark upon sensing journeys to deepen their learning about the task. Co-sensing is about learning fast through observing and listening to those whose depth of knowledge and experience can assist participants fast-track the learning process.

Divide into ACH groups and immerse yourselves in a learning process. Participants suspend the knowledge they had on health in their communities so that they could learn with **fresh eyes**.

Go to different institutions and people (experts, practitioners and users) to learn fast about the challenges. For instance, plan a day in town and ask community members on the streets how they define health, what makes them healthy and what barriers do they confront to being healthy. Go out and speak to community members, academics, policy makers, other ACHs in and outside Vermont and find out their perspective.

## Stepping IN

### Phase 3: Meaning Making

After immersing yourselves into fast and deep learning experiences, participants gather together to reflect on the meaning of what they have learnt. Various techniques, at this stage are used to deepen the learning and picture the vision of the future they wanted to work towards.

Sometimes it is essential to embark upon a “Solo-Walk”. A solo-walk is a practice where one observes reflective silence for a period of time, taking advantage of the natural beauty found in nature to reflect upon what they are learning, and perhaps their role in supporting the change needed. After the solo-walk, participants come back together to share the insights they had gained during reflective moment.

This can also be a participatory process for multi-stakeholder dialogue that allows participants to create shared vision of the future, identify key gaps and barriers and develop initiatives for closing the gaps.

## Stepping IN

### Phase 4: Co-Prototyping

After making meaning from deep immersion, begin co-creating the desirable future that is wanting to happen. This is a time for experimentations (prototyping) of ideas, services, products and potential actions that will bring us to our desired state.

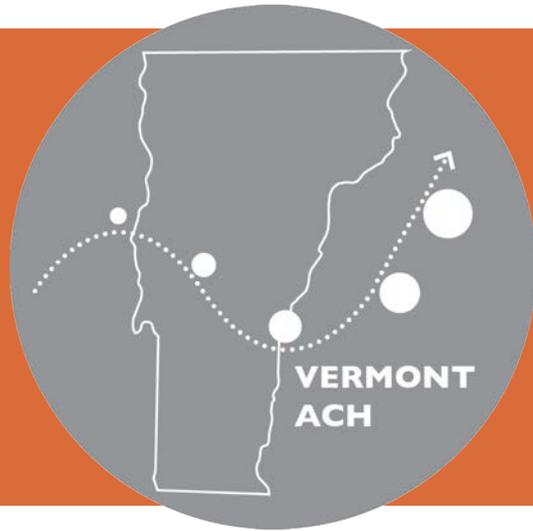
In this phase we experiment and play with potential ideas and solutions. The goal here is to crystalize ideas through an iterative (repeated movement of going forward and backward with the aim of improving something) process of coaching and support from peers and subject matter experts (including end users, practitioners, community members and those directly affected by the challenge).

The process supports continuous learning and iteration so that all work is improved upon to provide rigor and include multiple perspectives.

## Stepping Out

### Phase 5: Co-evolving

Ideas that have been tested and improved in the prototyping phase can be translated into a detailed implementation plan with clear indication of the resources required to bring about desired change. Issues that could ‘power’ initiatives or responses are moved forward. It is important to harvest and make known the learning and how it leads to this plan.



PHASE 1:

# STEPPING UP

## *Shared Intent: Becoming a Peer Learning Community*

This phase requires participants to start by listening to one another, sharing the deepest intent through engaging in conversations and seeking solutions to creating health across the State of Vermont (VT). As many of us are gathering from various backgrounds, it is important to hear what is the intent for our shared work and how can we best support one another in creating health with and for our communities? Likewise, begin to listen to your own communities, how they believe health is created, the barriers they confront to accessing health and the many many avenues that can lead one towards living a healthy life and well-being. These individual stories and intentions evolve into one common intent – the desire and commitment to ensuring health across the VT. It is this common intent that is generating the commitment and energy needed to work together across our communities to achieve the tasks at hand.

### CONVENING 1: AGENDA

June 7, 2016

#### Objectives

- Become a peer learning community and get to know one another
- Provide an overview of the ACH Peer learning Lab in preparation for our year
- Learn and use tools and methodologies to support co-learning, co-creation and replication
- Incorporating a systemic perspective of what is needed in Vermont ACHs
- Understand the collective design challenge and begin to work in our teams addressing the Design Challenge (9 Core Elements)
- Set up the framework for the year for learning, leading, and change

Agenda Item	Time
Welcome	9:30 am
Morning Session Weaving our Learning Community Two Loops of Systems Change World Cafe	9:30 am – 12:45 pm
12:45 pm to 1: 45 pm Lunch Break	
Afternoon Session ACHs Working Groups Requests and Offers	1:45 pm 4:30 pm
Closing and Complete	4:30 pm

## Activities and Tools to support you in this Phase (see Appendix)

- ⇒ Four Levels of Listening + Talking
- ⇒ Co-Creating Operating Principles
- ⇒ Vermont Learning Lab Baseline Assessment: 9 Core Elements
- ⇒ Design Challenge
- ⇒ Backcasting exercise
- ⇒ Sculpting Current Reality
- ⇒ Identifying Shared Intent
- ⇒ How Might We....
- ⇒ Nine Why's
- ⇒ Crowdsourcing
- ⇒ Affinity Mapping
- ⇒ Chaordic Stepping Stones
- ⇒ Building a strong core team
- ⇒ Hosting an effective conference call or meeting
- ⇒ Check-in Circles
- ⇒ Setting Goals for the Year
- ⇒ Harvesting: See [Art of Hosting Workbook](#) about documenting, disseminating information and producing materials after you convene to ensure the outputs are shared and used moving forward.



## Peer to Peer ACH Learning Lab Design CHALLENGE:

# How might we create an award winning ACH?

Starting June 7, 2016, we are issuing the Vermont ACH Challenge!

The Accountable Community of Health (ACH) model has emerged as one strategy for several states and local/regional communities to come together to improve health.

*We call on the Vermont ACHs to accept the challenge to build meaningful partnerships with community members, hospitals, health systems, providers, community-based organizations and local health departments, to create an Accountable Community of Health recognized by the community for its innovative and collaborative approaches to improve population health.*

The Vermont Department of Health Care Access and the Vermont Department of Health have joined in partnership to support local communities across the state of Vermont to create an ACH that generates a positive health impact. During the Vermont ACH Peer Learning Lab, communities will learn and work together to identify, accelerate, and spotlight what works best for them in their ACH structure.

In 2015, the Department of Vermont Health Access secured the Prevention Institute (PI) to research the emerging ACH model. The PI report identified nine recommended elements of an ACH (see below for list of elements). The ACH model is in the developmental stage and most communities do not have all the envisioned elements in place.

Nominations from each ACH community make it possible for award-winning strategies to gain the recognition and support they deserve. This award provides an opportunity for the community to recognize exceptional contributions the ACH made to improve health and quality of life. On January 13, 2017, each ACH site will share their work that the community recognized as valuable. Possible examples:

- Community recognizes and values the strong alliances the ACH has with business, government and others needed to support community health
- Demonstrated return on investment that sustains and supports upstream prevention
- Disparities are decreased through a comprehensive systems approach that created increased access to health promoting services for all
- Community members understand and use their benefits demonstrated through improved patterns of utilization (preventive services, unnecessary care) and patient experience
- Progress on ACH elements and leadership identified supports important to your community

## The Vermont Population Health Work Group's working definition of an ACH is:

*"An aspirational model—accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients. Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances, and environmental factors. An ACH supports the integration of high-quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness."*

## 9 Elements of an Accountable Community of Health

1. **Mission** – An effective ACH mission statement provides an organizing framework for the work. A strong mission defines the work as pertaining to the entire geographic population of the ACH's region; articulates the ACH's role addressing the social, economic, and physical environmental factors that shape health; and makes health equity an explicit aim.
2. **Multi-Sectoral Partnership** – An ACH comprises a structured, cross-sectoral alliance of healthcare, public health, and other organizations that impact health in its region. Partners include the breadth of organizations that are able to help it fulfill its charge of implementing comprehensive efforts to improve the health of the entire population in its defined geographic area.
3. **Integrator Organization** – To maximize the effectiveness of the multi-sectoral partnership, it is essential for the ACH to have an integrator organization. The integrator helps carry the vision of the ACH; build trust among collaborative partners; convene meetings; recruit new partners; shepherd the planning, implementation, and improvement efforts of collaborative work; and build responsibility for many of these elements among collaborative members.
4. **Governance** – An ACH is managed through a governance structure that describes the process for decision making and articulates the roles and responsibilities of the integrator organization, the steering committee, and other collaborative partners.
5. **Data and Indicators** – An ACH employs health data, sociodemographic data, and data on community conditions related to health (such as affordable housing, food access, or walkability) to inform community assessment and planning, and to measure progress over time. It encourages data sharing by partners to inform these activities. Equally important, an ACH seeks out the perspectives of residents, health and human service providers, and other partners to augment and interpret quantitative data.
6. **Strategy and Implementation** – An ACH is guided by an overarching strategic framework and implementation plan that reflects its cross-sector approach to health improvement and the commitment by its partners to support implementation. The process for developing this framework includes a prevention analysis that identifies community conditions that are shaping illnesses and injuries across the community. The implementation plan includes specific commitments from healthcare, local government, business, and nonprofit partners to carry out elements of the plan.

7. **Community Member Engagement** – Authentic community engagement is a well-recognized best practice in the field of community health that requires commitment from the highest levels, designated staff, and commensurate resources to ensure effective integration into ACH processes and systems. Authentic community engagement recognizes and harnesses residents’ own power in identifying and addressing challenges, while also creating leadership for and buy-in of the work in a manner that acknowledges and builds upon existing community assets and strengths.
8. **Communications** – An ACH employs communications platforms to build momentum, increase buy-in amongst its partners, recruit new members, and attract grant investment to support its work, and share successes and challenges with others. Communications is also a key tool for framing solutions in terms of community environments and comprehensive strategies.
9. **Sustainable Financing** - An ACH requires resources to support both its integrator function and ACH implementation work by others. An ACH makes use of existing and new funding sources and better aligns them to advance broad community goals. (Prevention Institute, July 2015)

[http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/Pop Health/VT%20ACH%20Opportunities%20and%20Recommendations.pdf](http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/Pop_Health/VT%20ACH%20Opportunities%20and%20Recommendations.pdf)

## ACH Planning Session Template 2-3:30pm

### Roles for each ACH Working Group:

**Facilitator:** Support the team with the process

**Scribes:** Take notes for the group when necessary, share the notes with the team and local facilitator. Ensure that the results of the afternoon are documented or photographed for future reference

**Time Keeper:** Keep track of time and keep the group moving forward with the facilitator

**Note:** for large groups (over 6), divide up into 2 groups, each group having these roles listed above.

### Read through all 5 steps before beginning:

#### 1. ACH Leadership Reflection Share (20 min total)

With your team, share leadership reflections: what is **your** purpose/**our** purpose for being here?

#### 2. Review Design Challenge--see above (5 min total)

We have issued a design Challenge. It is up to you to accept it. Perhaps your ACH wants to create your own Design Challenge for your ACH, you are welcome to change it. Come up with it now or use the one we have offered.

#### 3. Focus Areas (10 min total)

Based upon the **Design Challenge**, *where does your ACH want to create an impact and focus attention in the next 8 months?* Each person identify their priority, write it down on a piece of paper-share with the group **for a quick round --30 seconds each person!** We will work on these ideas this afternoon and *share them again at the end of our work to prioritize our focus areas.*

**4. 15 % Solutions triads (30 min) Get** into groups of 3 (or pairs if the numbers don't permit)  
**This will be Peer to Peer Coaching and Consulting rounds** see <http://LiberatingStructures.com> for future reference

**Roles:**

- 1 person shares their Idea (Idea Sharer)
  - 2 people act as Peer Coaches or Consultants.
- (You will rotate 3 times. All three people will be Idea Sharers and Consultants two times by the end of the 30 minutes)

**Steps:**

1. Form groups of 3 and have 7-9 minutes total per rotation (3 rotations total)
2. Idea Sharers spend 2 minutes sharing the idea
3. Spend 5 minutes receiving feedback from the two Consultants
4. Idea Sharer spend 1-2 minutes reflecting back new learning and thanking consultants
5. Rotate to next Idea Sharer

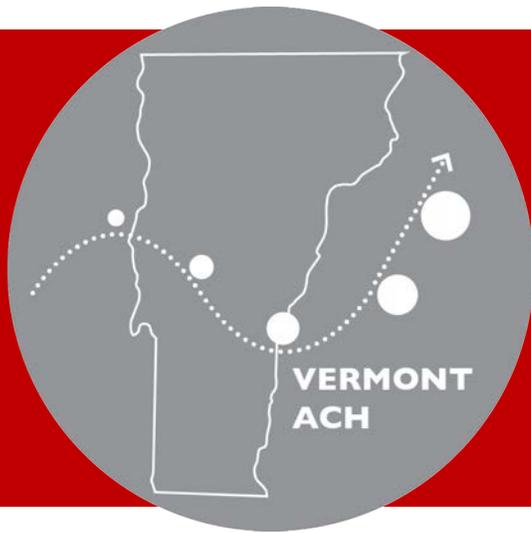
**5. Prioritize Focus Areas (10 minutes)**

Return to your local ACH group (if you divided up into smaller groups, go back to the other group) and share your ideas again with new insights, post the IDEA on the wall after you present. After everyone presents, everyone votes (put a star on page) on top 3 ideas. The Ideas with the most stars becomes the team's priority areas. **SCRIBES:** please take note of these priority areas for later.

**NOTE:** when you return to your larger teams, present to them how you got these priority areas and see if they have feedback and additions to consider.

Return to full group by 3:30 pm

*“If you have come here to help me, you are  
wasting your time. But if you have  
come because your liberation is  
bound up with mine, then let us  
work together.”*  
-- Lilla Watson



PHASE 2:

# STEPPING IN

## *Deep Immersion: Gaining a Systems Change Perspective*

After generating shared and common intent, participants will embark upon sensing journeys to deepen their learning about the task. Co-sensing is about learning fast through observing and listening to those whose depth of knowledge and experience can assist participants fast-track the learning process.

Divide into ACH groups and immerse yourselves in a learning process. Participants suspend the knowledge they had on health in their communities so that they could learn with **fresh eyes**.

Go to different institutions and people (experts, practitioners and users) to learn fast about the challenges. For instance, plan a day in town and ask community members on the streets how they define health, what makes them healthy and what barriers do they confront to being healthy. Go out and speak to community members, academics, policy makers, other ACHs in and outside Vermont and find out their perspective.

### KNOWLEDGE CAMP

*Lessons Learned from ACHs in other States*

#### Objectives

- Increase awareness of the current system you are operating in
- Complete stakeholder interviews with individuals directly affected by issues of concern and those that care about the matter at hand
- Increase ability to observe and listen to those whose knowledge and experience can help participants fast-track the learning process

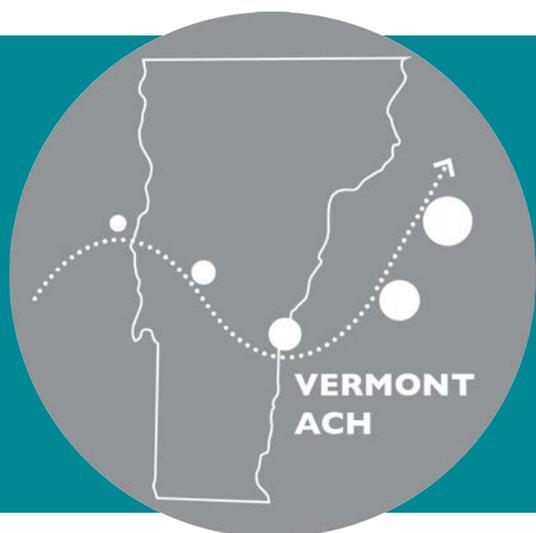
## Activities and Tools to support you in this phase (see Appendix)

- ⇒ Map the current system
- ⇒ Co-create Sculptures of Current Reality
- ⇒ Identify Stakeholders
- ⇒ Analogous Inspiration
- ⇒ Mapping Stakeholders
- ⇒ Stakeholder Interviews
- ⇒ Talking to those working with this challenge in other context and exploring their lessons learned from the field
- ⇒ Host dialogues

*"...it is proposed that a form of free dialogue may well be one of the most effective ways of investigating the crisis which faces society, and indeed the whole of human nature and consciousness today. Moreover, it may turn out that such a form of free exchange of ideas and information is of fundamental relevance for transforming culture and freeing it of destructive misinformation, so that creativity can be liberated."  
--David Bohm*

# STEPPING IN

## *Meaning Making: Sharing and Integrating what we are learning from the field*



After immersing yourselves into fast and deep learning experiences, participants gather together to reflect on the meaning of what they have learnt. Various techniques, at this stage are used to deepen the learning and picture the vision of the future they wanted to work towards.

Sometimes it is essential to embark upon a “Solo-Walk”. A solo-walk is a practice where one observes reflective silence for a period of time, taking advantage of the natural beauty found in nature to reflect upon what they are learning, and perhaps their role in supporting the change needed. After the solo-walk, participants come back together to share the insights they had gained during reflective moment.

This can also be a participatory process for multi-stakeholder dialogue that allows participants to create shared vision of the future, identify key gaps and barriers and develop initiatives for closing the gaps.

## CONVENING 2

### Objectives

- Reflect on learnings from your experience
- Design Challenge: Co-explore our learning and work together to solve complex challenges and opportunities emerging in our ACHes and communities
- Learn tools, models, and frameworks for working with complex, adaptive change
- Plan for next stage of the action-learning journey - how to create learning and impact
- Identify emergent solutions to issues of shared concern/intent that are arising from the learnings and observations
- Co-Explore the 9 ACH core elements and other topics that are meaningful and relevant

## Activities and Tools to support you in this phase (see Appendix)

After greatly increasing your perspective of the larger system through interviews, scanning materials, mapping the bigger picture, talking to impactful ACHs and community engagement, begin to make sense both individually and collectively with your team regarding what you are learning. What *patterns* are emerging from all the complexity?

Both alone and together with your team, focus on making sense of the patterns, system needs, and higher purpose from the many perspectives, together as a group-let your collective wisdom broaden your perspective and inform the way forward.

- ⇒ Reflect Quietly and Together + What, So What, Now What--Transformative Learning Cycle
- ⇒ Solo Reflection and Pair Share (similar to Reflect Quietly above, please see which makes more sense for your group)
- ⇒ Divergence Convergence Framework
- ⇒ Dialogue

*“If I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions.”*

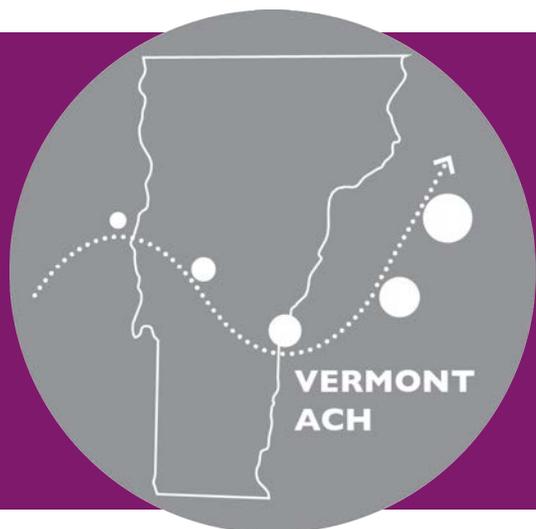
-- Albert Einstein

*“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”*

-- R. Buckminster Fuller

# STEPPING IN

## *Co-Prototyping: Co-creating the Future*



After making meaning from deep immersion, begin co-creating the desirable future that is wanting to happen. This is a time for experimentations (prototyping) of ideas, services, products and potential actions that will bring us to our desired state.

In this phase we experiment and play with potential ideas and solutions. The goal here is to crystalize ideas through an iterative (repeated movement of going forward and backward with the aim of improving something) process of coaching and support from peers and subject matter experts (including end users, practitioners, community members and those directly affected by the challenge).

The process supports continuous learning and iteration so that all work is improved upon to provide rigor and include multiple perspectives.

### KNOWLEDGE CAMPS

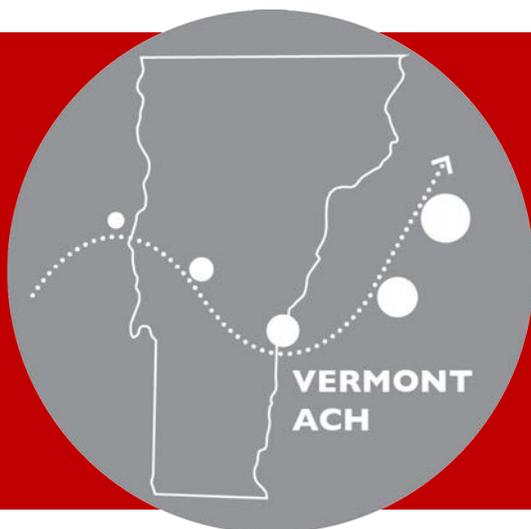
#### Objectives

- Increase capacity to pilot test and prototype ideas generate within the ACH team
- Engage in experimentations (prototyping) of ideas and actions that may take them to the desired state of the ACH
- Crystalize ideas through an iterative (repeated movement of going forward and backward with the aim of improving something) process of coaching and support from peers and subject matter experts (including users, practitioners)
- Document learnings

## Activities and Tools to support you in this phase (see Appendix)

- ⇒ Create an atmosphere of trust + fun + brainstorming through *IMPROV exercises*\*\*
- ⇒ Co Create and Sculpt Visions of the Future\*\*
- ⇒ 15 % Solutions and Troika Consulting\*\*
- ⇒ Feedback and Iteration\*\*\*
- ⇒ Prioritize Ideas\*\*\*
- ⇒ Host a Proaction Cafe (see your Art of Hosting Workbook) and collaboratively workshop projects and questions on the team (you can workshop up to 25% of the team's projects in this process)
- ⇒ Narrow the Set -- See [Collective Action ToolKit](#) By Frog Design

# STEPPING OUT: *Co-evolving*



Ideas that have been tested and improved in the prototyping phase can be translated into a detailed implementation plan with clear indication of the resources required to bring about desired change. Issues that could ‘power’ initiatives or responses are moved forward.

It is important to harvest and document and make known the learning and how it leads to this plan.

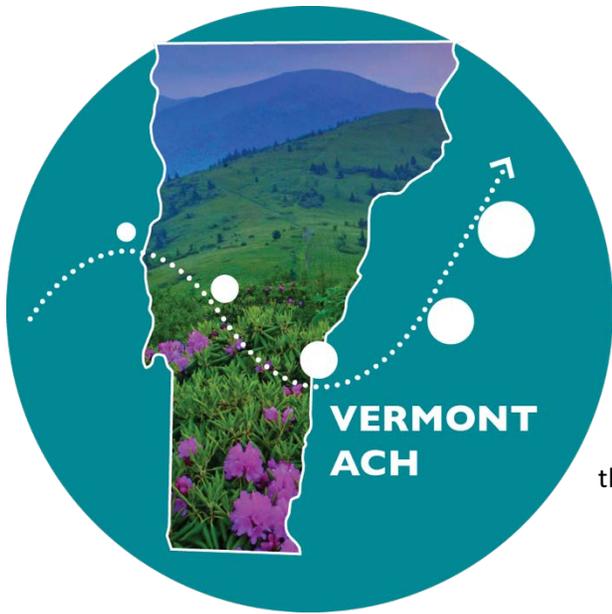
## CONVENING 3

### Objectives

- Present and share design challenge outcome and learning to date
- Reflect upon the learning experience
- Plan next steps and implementation plan for and our ongoing work into the future - including preparing for meetings and action learning emphasis
- Offer recommendations to the state on policies and guidance that could support further development of ACHs in Vermont

### Activities and Tools to support you in this phase (see Appendix)

- ⇒ Identify who will champion an initiative
- ⇒ Host a *ProAction Cafe*: See Art of Hosting resources for this 2.5 hour methodology to workshop your projects
- ⇒ Host an Open Space Technology: See Art of Hosting resources for this methodology to workshop your projects
- ⇒ See *Collective Action Toolkit: Making Something Real* exercises
- ⇒ See Art of Hosting Workbook for ideas on Harvesting and Documenting
- ⇒ Create an implementation plan
- ⇒ Business Canvas Model



# CELEBRATE!

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As change agents, it is essential to celebrate. Take the time to do something that is celebratory for yourself, with your team and enjoy all of the experiences you have had along the way. Hopefully you can do this more frequently than in the end, in fact, why not celebrate in some way each time your team gathers?



# OVERARCHING REFERENCES

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## OVERARCHING REFERENCES

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These references support the overall framing of the Peer to Peer Learning Journey. The Appendix provides specific tools to support each phase. Please review and refer to both:

Art of Hosting Workbook

<https://drive.google.com/file/d/0B2BJr-U5ttgLVVMVUkxRm44OWJocnRRUFY0ajhRNEhON2Vz/view>

Cynefin Framework video with David Snowden

<https://www.youtube.com/watch?v=N7oz366X0-8>

Engaging Emergence

<http://peggyholman.com/papers/engaging-emergence/>

Liberating Structures

<http://www.liberatingstructures.com/bookstore/>

### On asking powerful questions

The Art of Powerful Questions: Catalyzing Insight, Innovation and Action, by Vogt, Brown and Isaacs

[https://www.principals.ca/Documents/powerful\\_questions\\_article\\_\(World\\_Cafe\\_Website\).pdf](https://www.principals.ca/Documents/powerful_questions_article_(World_Cafe_Website).pdf)

Shaping powerful questions, by Kathy Jourdain

<https://shapeshiftstrategies.com/2011/11/15/shaping-powerful-questions/>

### Webinars

Accountable Health Communities Deep Dive: Current Models and Lessons Learned, Dialogue4Health.org February 25, 2016 Video

<http://www.dialogue4health.org/web-forums/detail/ahc-models-and-lessons-learned>

### Recommended Readings

Community Development Needs a Quarterback, by Andrews and Mchale

[http://www.liifund.org/wp-content/uploads/2014/11/SSIR\\_Community-Development-Needs-a-Quarterback-2014.pdf](http://www.liifund.org/wp-content/uploads/2014/11/SSIR_Community-Development-Needs-a-Quarterback-2014.pdf)

Prevention Institutes ACH - An Emerging Model for Health System Transformation.pdf

<http://www.blueshieldcafoundation.org/sites/default/files/covers/ACH%20-%20An%20Emerging%20Model%20for%20Health%20System%20Transformation.pdf>

Accountable Communities of Health Report from the Prevention Institute  
<http://www.preventioninstitute.org/component/jlibrary/article/id-366/127.html>

Theory U: Leading from the Future as it Emerges, by C. Otto Scharmer, 2007

Theory U Executive Summary  
[https://www.presencing.com/sites/default/files/page-files/Theory\\_U\\_Exec\\_Summary.pdf](https://www.presencing.com/sites/default/files/page-files/Theory_U_Exec_Summary.pdf)

Charodic Stepping Stones, by Chris Corrigan  
<http://chriscorrigan.com/Chaordic%20stepping%20stones.pdf>

Art of Hosting Workbook, by many practitioners  
<https://drive.google.com/file/d/0B2BJr-U5ttgLVVMVUkxRm44OWJocnRRUFY0ajhRNEhON2Vz/view>

Collective Action ToolKit, by Frog Design  
<https://drive.google.com/file/d/0B2BJr-U5ttgWC1tak5RQzdrU01FaW83bnFYVHpJYXlZZjdJ/view?usp=sharing>

Theory U: Addressing the Blindspot of our Times, Executive Summary, by Otto Scharmer  
[https://www.presencing.com/sites/default/files/page-files/Theory\\_U\\_Exec\\_Summary.pdf](https://www.presencing.com/sites/default/files/page-files/Theory_U_Exec_Summary.pdf)

Designer's Workbook: Design Thinking for Educators  
<https://drive.google.com/file/d/0B2BJr-U5ttgWS1YRjNKbTgyb1IFVky5VUF5ajdKcEVDmKmw/view>

Field Guide to Human Centered Design, by IDEO  
<https://drive.google.com/file/d/0ByOQvJHM3mr4TEkzZ3A2NIRMN28/view>