READY, CRISIS, RAPID ACTION: A RESILIENT AND TRANSFORMATIVE PARTNERSHIP RESPONSE TO COVID-19

2022 Michigan Premier Public Health Conference

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LEARNING OBJECTIVES

1. Learn about effective frameworks to support cross-sector partnerships that support resiliency and transformation.
2. Learn how the NWCHIR refined its network design, process, and purpose to create rapid responses to urgent needs while preserving core community elements and transforming system operations.
3. Learn about the successes and challenges experienced by the NWCHIR.
4. Learn about lessons along the way and how we are weaving these insights into current NWCHIR efforts.
CORE CONSTRUCTS

Cross-Sector Collaboration  Systems Change
Braided Funding  Health Equity
SYSTEMS CHANGES

What do complex problems look like?

Foster-Fishman, Nowell, & Yang, 2007

Program Focus
- Isolated, uncoordinated efforts
- "My Client" mindset
- Emphasis on addressing immediate needs, not solving entrenched problems
- Program improvement and expansion
- Isolated learning

Systems Focus
- Interdependent and interconnected
- "Our clients" and "our partner" mindset
- Emphasis on solving entrenched problems by targeting root causes
- System transformation
- Shared feedback and learning

ABLE Pocket Guide 2020, Watson & Foster-Fishman
BOLSTERING CROSS-SECTOR NETWORKS

- Collective Impact
- ABLe Change Framework
- FSG’s Targets of Systems Change
- Transform Change Resources
- BARHII Framework
- IDEO’s Design Prompt
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE FRAMEWORK

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

LIVING CONDITIONS
- Physical Environment
- Land Use
- Transportation
- Housing
- Residential Segregation
- Exposure to Toxins
- Economic & Work Environment
- Employment
- Income
- Retail Businesses
- Occupational Hazards

Risk Behaviors
- Social Environment
- Experience of Class, Racism, Gender, Immigration
- Culture - Ads - Media Violence

DISEASE & INJURY
- Smoking
- Poor Nutrition
- Low Physical Activity
- Violence
- Alcohol & Other Drugs
- Sexual Behavior

MORTALITY
- Infant Mortality
- Life Expectancy

DOWNSTREAM

Emerging Public Health Practice
- Community Capacity Building
- Community Organizing
- Civic Engagement

POLLICY
- Strategic Partnerships Advocacy

Current Public Health Practice
- Individual Health Education
- Health Care
- Case Management
FSG’S TARGETS OF SYSTEMS CHANGE

Six Conditions of Systems Change

- Policies
- Practices
- Resource Flows
- Relationships & Connections
- Power Dynamics
- Mental Models

Structural Change (explicit)

(semi-explicit)

Transformative Change (implicit)
COLLECTIVE IMPACT

1. COMMON AGENDA
   - Common understanding of the problem
   - Shared vision for change

2. SHARED MEASUREMENT
   - Collecting data and measuring results
   - Focus on performance management
   - Shared accountability

3. MUTUALLY REINFORCING ACTIVITIES
   - Differentiated approaches
   - Coordination through joint plan of action

5. BACKBONE SUPPORT
   - Separate organization(s) with staff
   - Resources and skills to convene and coordinate participating organizations

4. CONTINUOUS COMMUNICATION
   - Consistent and open communication
   - Focus on building trust
DESIGN & PROCESS (pre-pandemic)

SDOH-Based Action Teams & Regional Workgroup

Affordable housing team, transportation team, healthy food team, and active living team

Place-Based Action Teams

Northern action team, central action team, and southern action team
Action Learning, ABLe Change

Define

Understand the Problem

Learn

Assess Impact & Respond Quickly to Feedback

Design

Design Strategies to Solve the Problem

Do

Implement Actions Effectively
Opportunity to Create Feedback Loops

CCL Data Identifies Transportation as a Need

Data Shared with Action Team

Transportation Action Team asks HUB to provide more details

HUB provides detailed client feedback to Action Team

Action Team adjusts strategies to respond to client needs
CONSTELLATION OF ACTIONS

**Norte:** Active transit in Suttons Bay and Kalkaska

**City of Manistee:** Non-Motorized Transit Planning

**ShareCare:** Increase ride availability to Leelanau seniors

**Networks Northwest:** Housing Advocacy

**Networks Northwest:** Transit Provider Coordination

**NW Michigan Eviction Diversion**

**Intersection of Health and Homelessness**

**MSU Extension:** Healthy Eating in schools

**Health in All Policies:** Exploration

**GrowBenzie:** local experimentation for resident voice, equity assessment
SUCCESSES & CHALLENGES
DESIGN & PROCESS (pandemic response)

Meeting Virtually  Increased Frequency

Regional Action Teams move from in-person to teams/zoom. Went from bi-monthly to weekly, to bi-weekly, to every three weeks, then monthly

BASECAMP: opportunities to connect and share resources

Adapted meeting norms, culture, and charter

High-level of adaptability, new members, new areas of focus to meet immediate needs, crisis response
CONSTELLATION OF ACTIONS

**Handmade Masks:** Pattern Sharing, Sewing, Distribution

**Baby Pantry:** formula & diapers

**211:** Coordinating, Communicating

**Basecamp & Virtual Tools Onboarding**

**CCL/Community Connections Data Sharing:** PowerBI

**Mental Health Provider Coordination:** Area Agency on Aging, Disability Network of NW Michigan
Northern Michigan Community Health Innovation Region

Manistee, Wexford, Missaukee, Kalkaska Action Team
Meeting Minutes
April 2nd, 2020 | GoToMeeting | 1:00-2:00 pm

Meeting Participants:

SYSTEMS CHANGE GOALS: improve access, connection, and alignment.
Meeting Purpose: Leverage localized, cross-sector action teams to identify gaps in resources and support the coordination of efforts in response to COVID-19.

<table>
<thead>
<tr>
<th>Summary of Discussion</th>
<th>Action Items</th>
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<tbody>
<tr>
<td>What have we accomplished so far?</td>
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<tr>
<td>What issues or unmet needs are you seeing, in response to COVID-19, that are negatively affecting clients you serve, residents, or your organization?</td>
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<tr>
<td>Are you seeing any positive or negative unintended consequences in response to new processes or procedures in place due to COVID-19?</td>
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<tr>
<td>Was this meeting helpful? How often should we convene these meetings?</td>
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Action Teams

Health starts where we live, learn, work, play, and age. The Northern Michigan Community Health Innovation Region is a collaboration of cross-sector partners and residents who work toward a shared community vision of healthy communities.

The NMCHR facilitates three localized action teams:
1. Charlevoix, Ascent, Emmet Action Team
2. Benzie, Leelanau, Grand Traverse Action Team
3. Kalkaska, Manistee, Missaukee, Wexford Action Team

What is an Action Team?
Action Teams are localized cross-sector groups that collaboratively problem-solve to improve the conditions in which we live, learn, work, play, and age. We focus on strengthening system elements that shape the health of our communities, including resident access to basic supports, connection within our communities, and alignment of community efforts.

Action Team Philosophy:
- We understand that problems facing our communities are complex and require a systems approach. We are focused on fixing systems – not people.
- We are rooted in health equity and ensuring our actions benefit those most vulnerable.
- We prioritize taking action informed by resident voices, lived experiences, and relevant data.
- We honor that everyone brings a different set of skills, experiences, and expertise to the table.
- We are committed to addressing the root cause of problems, and we welcome uncomfortable and sometimes difficult conversations to effectively identify the root of a problem.
- We encourage connection, networking, and alignment with other groups in the region.

How do Action Teams get work done?
- Action Teams are adaptive to local circumstances. We problem-solve through a flexible combination of virtual and in-person meetings, and Basecamp engagement for rapid communication.
- Basecamp is our virtual communication platform where we problem-solve, share news, and provide updates (see “Basecamp Quick Guide” for more information).
- Action Teams are supported by NMCHR staff who assist teams in problem-solving and taking action around shared community goals (see below contacts).
- Action Teams collaboratively problem-solve using the Action Learning Cycle

Learn more: www.northernmichiganchr.org

nov. 6/2/2020
CONSTELLATION OF ARTIFACTS

Poll Everywhere

Basecamp

Mentimeter
SUCCESSES & CHALLENGES
DESIGN & PROCESS (*present day*)

- Attend meetings
- Stay up to date on the work
- Share information with your agency and community
- Attend events
- Invite others

Lots of ways to engage – come as you are!

Feedback Loops

- Regional Workgroup
- Learning Community
- Events
CONSTELLATION OF ACTIONS

Mobilizing Action Through Planning and Partnerships + Supplements: Disability Inclusion & Health Equity

DATA: Scaffolded Approach, Easily Accessible and Approachable

Community Empowerment Projects

Behavioral Health Initiative

Learning Community: Shared Learning & Co-Creation

Pooled Community Wellness Funds Exploration
**STEP #1: Forces of Change Team Brainstorming Session**

**Detailed Instructions:**

**Team Introductions: [10 minutes]**
- Meet your team lead. This person will take notes, keep the conversation moving and report to the larger group.
- Get to know your team! Introduce yourself.
- Review Worksheet, your Team Category Area, and Roles

**Introduction Inclusion Tips:**

- **Learn how to pronounce people’s names:** It is helpful to phonetically spell names in the chat box [Why is this important?]
- **Share pronouns:** One best practice is to include preferred pronouns with one’s name [Why is this important?]
- **Put Names with Faces:** Show your face with your preferred name if you can, also realize that not everyone can see you. Introductions that include descriptors of what people would see are helpful to those who can’t see you.
  - **For Example:** Hi, I am Emily Llore. I am in my late 30s with blonde hair. I am in my backyard with large pine and oak trees behind me.

**Questions to think about when brainstorming forces:**

- What has occurred recently that may affect our community?
- What may occur in the future?
- Are there any trends occurring that will have an impact? Describe the trends.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What characteristics of the North Central MITHrive region pose an opportunity or threat?
- What may occur or has occurred that can pose a barrier to achieving improved community health?
- What patterns of decisions, policies, investments, rules, and laws affect the health of our community?
  - Who benefits from these decisions, policies, investments, rules, and laws?
  - Whom do these decisions, policies, investments, rules, and laws harm?
  - Who or what institutions have the power to create, enforce, implement, and change these decisions, policies, investments, rules, and laws?
- What forces now and, in the future, can reinforce *Health inequity in our community? How can we mitigate or prevent these forces?*

*Health inequity = Health inequalities are unjust, systematic differences in opportunities to achieve good health and well-being across groups of people (National Academies of Sciences, Engineering, and Medicine, 2017).*

**MAKING YOUR VIRTUAL MEETINGS MORE ACCESSIBLE & INCLUSIVE**

- Ask about accessibility needs
- Check-in periodically and be flexible, adaptable patient
- Have a designated facilitator/note-taker
- Read text comments out loud
- Follow up with meeting notes and allow additional time for participants to add insights
- Enable Closed Captioning
- Mute all participants that are not talking
CONSTELLATION OF ARTIFACTS

CRAWFORD COUNTY

If you would like assistance with analyzing the data, our team is here to help! Please submit an email request by visiting the MiHivie website or contacting us at schoolhealthcenter@gmail.org. We will attempt to respond within 3 business days, but may need up to 4 weeks to process your request.

Assessments: 
How do these data look? 
Description of Statistics

The Community Health Status Assessment (CHSA) assesses the following questions: Does the health of the community match the health of the state? What does the health status of the community tell us? What does the health status of the community look like? The assessment measures health outcomes for key areas: Economic Stability, Education, Healthcare Services, and Community Resources. The assessment is divided into two parts: qualitative and quantitative. Qualitative data are collected through focus groups, interviews, and other methods. Quantitative data are collected through surveys and interviews. The assessment data are used to identify areas of improvement and to develop strategies to address these issues. The assessment includes the following indicators: CHSA Children’s Survey, CHSA Disability Survey, and CHSA Economic Survey.

The Community Themes and Strengths Assessment (CTSA) aims to answer the following questions: What are the key themes and strengths in the community? What strengths contribute to the community’s overall well-being? How do these themes and strengths impact the community? The assessment measures community themes and strengths for key areas: Children’s Survey, Disability Survey, and Economic Survey.

Provider Survey: This survey was conducted through an online format and targeted providers delivering care and services. The assessment data are used to identify areas of improvement and to develop strategies to address these issues. The assessment data include data from the CHSA Community Assessment, Children’s Survey, Disability Survey, and Economic Survey.

The Focus of Change Assessment (FOCA) was designed to identify areas of change and opportunities to support the health and well-being of community members. What should we do to improve the health and well-being of community members? What should we do differently to support the health and well-being of community members?

Data collected in the 6 different ways. Each circle represents a different data collection method.

Data Brief Navigation Guide

Importance Statement: Data collected in the Forces of Change Assessment is shown in purple. The dot illustration represents how often the strategic issue was identified in one of the 8 topic areas (left) and a top priority within a topic area (right).

This graphic illustrates where a topic or theme emerged in the different data collection methods. Data collected in the Community Themes and Strengths Assessment is shown in blue. Data was collected through a community survey, provider survey, and pulsed surveys as reflected by the 3 blue circles.

3D model showing the MiHivie process.

Data collected in the Community Health Status Assessment is shown in green. Indicators in bold had a state value available to compare with. If the state value was worse than the state value (meaning the worse value depends on what the indicator is measuring) an asterisk is placed next to the indicator title. This remains true for all strategic issues besides COVID-19 where the asterisk represents a regional value higher than the state value.

Color coded key illustrating the 4 MiHivie assessments.
CONSTELLATION OF ARTIFACTS

Community Framework Calendar

In response to the feedback we've received from our 10-county communications infrastructure design process, we'd like your feedback on the following form design. One idea that's come up frequently is the need for a shared, public community calendar, one where conveners could have quick visibility into what other organizations are planning to resolve scheduling conflicts across the 10-county region.

The concept is that any community member could add their meeting/event to a shared Google calendar that would reside online. We're not yet sure how this would be shared or promoted; for now, we're working to 'block out' the information that might be required to fully describe meetings/events that others can reference.

This form has two sections: one for your review and the second section for feedback. We'd like you to share your thoughts and ideas for making this form as complete and flexible as possible. Thank you for your help!

Sign in to Google to save your progress. Learn more

* Required

NMCHIR Comms Map V.2

10-County Communication System Concept

COMMUNITY EMPOWERMENT PROJECT
Money, resources, and support for community-based projects led by residents

Do you have a idea or project to support change?
- Funding ($8 to $50,000)
- Help with problem asking
- Project assistance
- Networking support
- Access to data
- Advocacy support

Do you live in one of these counties?
Antrim | Benzie | Charlevoix | Emmet | Grand Traverse | Kalkaska | Leelanau | Manistee | Missaukee | Wexford

If so, apply for the COMMUNITY EMPOWERMENT PROJECT

Get started today!
Scan the QR code or go to: https://bit.ly/3b0hK75

Project ideas:
- Neighborhood improvements
- Social connection
- Advocacy
- Social justice
- Art & storytelling

Questions? Email us:

We need your support!
CONSTANCE OF ACTIONS AND ARTIFACTS

Decision-makers

?  

How do we close this gap?

Those experiencing the problem/barrier/inequity
SUCCESSES & CHALLENGES
CHIR Transformative Change Process

The Collective Impact Survey is designed to measure aspects of this Transformation Change Process.
REAL-TIME EVALUATION

Evaluation Questions:
1. How are we collectively supporting the conditions that facilitate change?
2. How will we know change is occurring based on our collective actions?

Hybrid Evaluation Approach:
• Traditional Approach – Process & Outcome
• Developmental Approach
WHAT ARE YOU LEAVING BEHIND?
WHAT’S NEXT?
Lessons Learned

- Show Up
- Listen More
- Humility
- Adapt
QUESTIONS?
THANK YOU!