Health Instigator Toolkit®

Catalyzing Partnerships for Community Health

Developed by Jennifer Pratt, MCP, Adagio Consulting
for the Oregon Primary Care Association

adagiopdx@gmail.com
The Health Instigator Toolkit draws significantly from insight gained through *It Takes a Neighborhood*, a three year initiative funded by Kaiser Permanente Northwest (KPNW) and sponsored by the Oregon Primary Care Association.

Contact:
Jennifer Pratt at adagiopdx@gmail.com
Table of Contents

EXECUTIVE SUMMARY 5

THE TOOLKIT – WHAT’S IN IT FOR YOU? 7

SECTION A -- THE HEALTH INSTIGATOR MODEL 8

What is a Health Instigator? 9
Roles and Activities 10
The Need for this Role 13
What Makes this Role Unique? 13

SECTION B – FRAMEWORKS AND TOOLS TO DRAW ON 14

Frameworks 15
Tools 19

SECTION C – CONSIDERATIONS FOR GETTING GOING 22

Pre-Launch 23
Launch 25
Building Momentum and Impact 27

SECTION D – THE HEALTH INSTIGATOR COACH & DEVELOPMENTAL EVALUTOR 28

A Critical Role 29
A Critical Tool 29

SECTION E -- ADDENDA 30

1. Job Description - Health Instigator 31
2. Building Smart Communities through Network Weaving 33
3. Opportunities to Influence Community Dynamics 34
4. Change as a Spiral Phenomenon® 35
5. Collective Impact 36
6. Theory of Change – Sample 37
7. Structure for Journaling 38
8. Generative Listening Exercise 39
9. Collaboration Continuum 40
10. Stakeholder Analysis 41
11. Project Selection Decision Making Matrix 42
12. Developmental Evaluation 43
Executive Summary

A Vision for Health Transformation: As health transformation has continued to unfold across the United States, the initial focus on clinical practice improvement and payment reform has broadened. We now see elevated, as equally important, delivery system integration, population health, and the role that social determinants of health play in moving measures. Efforts like the Practical Playbook and County Health Rankings and Roadmaps have helped to put a spotlight on the promise and practices of partnerships for health improvement. With such initiatives becoming more and more common, it need not be for lack of vision, strategy, or guidance that population health partnerships become hampered. So, when they do become derailed, what is the cause? Often, it is the reality of full plates and competing demands.

In 2012, anticipating this challenge for community health partnerships, Kaiser Permanente Northwest (KPNW) bet on a prototype concept for population health transformation. KPNW believed that broad community partnerships would be essential for transformation, but they also believed that community collectives would need a depth of support not generally experienced. KPNW bet that a model for partnership staffing could advance health, health care delivery, and health equity. This staffing role was called the Health Instigator (appropriately also called a Partnership Manager and Bridge-Builder), and from 2012-2015 this wager was tested.

A Unique New Role: Kaiser Permanente Northwest realized a significant return on their investment, as external evaluators confirmed that:

- A single, neutral, full-time individual - a Health Instigator (HI),
- can accelerate the achievement of a community’s population health and equity objectives,
- by supporting a cross-sector network of organizations and community members,
- who align behind objectives and work towards shared ends,
- for the health of a high-cost, high-need population (such as special-needs children).

Health Instigators accomplish their directive by supporting community leadership and other community stakeholders. They convene and facilitate collective efforts to remove barriers to health among the populations. They do this by considering the entire system, being beholden to no one single organization, employing significant communication skills and diplomacy, taking risks to speak the truth, and doing the work needed to achieve objectives.

What Health Instigators Accomplish: Across these stakeholders and on a full-time basis, HIs help to build and maintain momentum and relationships, deepen trust, and improve processes. They help establish metrics and systems for data collection and analysis. And, they ensure a flow of communication and development of shared agreements and objectives. As a result, HIs weave a strong network able to solve problems collectively and over time, bring in new money, and develop needed services. HIs make space for voices not traditionally heard at reform tables. And, they help move measures.

---

1 For greater insight into this finding, see external evaluation conducted by the Center for Outcome Research and Evaluation (pending)– “It Takes a Neighborhood,” September 2015.
Why there is a Need for Health Instigators:

Non-Traditional Partnerships are Needed to Address the Social Determinants of Health: Few other existing roles are tasked with working across a community health system, particularly with the objective of weaving a network that includes both health care and non-traditional entities advancing health and health equity. Public health would likely step into this role, but they are generally not funded to (and should they, the perception of neutrality might be compromised). Yet, the need to integrate for the sake of population health has become obvious, and it is now commonly recognized that health will not be achieved through medical interventions alone. Still, the question remains, “How do we harness this understanding and put it to work?” Health Instigators are a means to put this insight into play, because the elevation of these social implications of health are an expectation of their job.

Systems Barriers Stand in the Way of Advancement of Health: Equally central to Health Instigators’ work is the identification and removal of barriers that exist in the space between organizations. Structural, relational, and process barriers all limit a community’s ability to advance health. But, removal of such barriers has been in no one’s job description – until now.

A Neutral Convener is Critical to the Advancement of Community Health: Finally, having a neutral convener, beholden only to the cause and to the collective, can significantly and positively change the shape of community and health improvement dynamics.

What it Takes to “Instigate” Health

Community Commitment: Population health partnerships can be significantly advanced when supported by a Health Instigator, but partners must still commit real time and their good name to the effort. A Health Instigator can do a lot to facilitate, coordinate, and even inspire. But, the HI cannot, and should not, do it alone; much of the potential impact of health instigation comes from the ripple effects that occur as relationships are built, communication is enhanced, and resources are leveraged across organizations.

A Unique Mix of Skills: Health instigation takes a unique individual. A Health Instigator needs to be diplomatic, systems-savvy, flexible, communicative, optimistic, patient, organized, creative, goal-oriented, self-directed, and a good listener with excellent follow-through. S/he also needs to be comfortable with ambiguity, as there is no roadmap to follow. This is a broad a mix of skills and abilities, but there are people who possess them, and it’s important that a community collective not settle for less.

A Developmental Evaluator and Coach: Even as capable and effective as these individuals may be, it can be challenging to navigate community politics, maintain neutrality, keep collective objectives at the forefront, and retain optimism - all in a sometimes less than clear situation. As a result, health instigators benefit greatly from having the support of a coach (possessing their own unique mix of skills, including Developmental Evaluation) who is one step removed from community dynamics.

Supporting Frameworks and Tools: Although there is no clear path to follow with health instigation, there are frameworks and tools that can help support a Health Instigator’s thinking as they consider their own community context. Collective Impact, lean methodology, Adaptive Action, Change as a Spiral Phenomenon (c), and theories of change, can all be powerful sources of inspiration and guidance.

Realizing the Vision: After three years of testing, there is little doubt that the Health Instigator model is worthy of consideration. While the model deserves further experimentation and evaluation, if after only three years, significant costs can be curtailed, emergency room diversion can occur, and underrepresented voices can sway a regional collective to take up a charge they had never before considered… imagine what may be possible in five and ten years.
The Toolkit – What’s in it for You?

The Health Instigator (HI) toolkit is a resource for new and existing community health partnerships. It has three main purposes:

1. Clarify the value and role of a Health Instigator (appropriately also called a Partnership Manager and Bridge-Builder),
2. Provide frameworks to guide Health Instigators, their communities, and their coaches.
3. Offer insights for success.

The toolkit is made up of five chapters:

1. Chapter A -- Discussion of the Health Instigator model and what makes it unique among the many new health roles currently emerging.
2. Chapter B -- Frameworks and tools for success.
3. Chapter C -- Help to jump-start the process.
4. Chapter D -- Explanation of the critical role a Health Instigator coach plays.

There are additional easy-access resources embedded within the narrative as well:

1. Tips – in green squares
2. Stories – in blue rectangles
3. Reflections – in dark blue script

Tip

Scan through the entire Toolkit at the outset so you know what you have to draw on. There is too much in here to put to use effectively all at once.

Reread the table of contents weekly. If something catches your eye, it’s probably the right time to review it and dig in deeper.
Section A -- The Health Instigator Model
What is a Health Instigator?

Elevator Pitch

Health Instigators are full-time community resources working across organizations, at a systems level (rather than serving individuals). They support partnerships to improve population health, the health experience, and health equity among specific groups of people (such as African-American older women). By diplomatically working across agendas, the Health Instigator is a neutral party able to convene and facilitate collective action among organizations that serve this subpopulation. Results are achieved by:

1. Weaving a tighter network of working relationships (particularly across non-traditional partners),
2. Fostering and moving shared measures,
3. Removing barriers to advancing health,
4. Elevating the social determinants of health and health equity.

Important Note: Health Instigators drive towards the Collective Impact framework but likely do not start there. This is because Collective Impact can be a challenging lift for groups newly committed to a shared agenda.
For a full description of the Health Instigator role, see Addendum 1. Primary roles and activities include the following:

1. Network Weaver

   Health instigation is community development focused on the advancement of population health. At the heart of community development are the people who bring neighborhoods, businesses, and institutions to life. Because people are the lifeblood of a locality, connectivity between and among them is the pulse of thriving communities, thriving health, and health instigation.

   Knowing the network and knitting it together are two of the most critical activities Health Instigators engage in. HIs deepen existing connections and broaden the network, bringing to conversations non-traditional partners, particularly the “lived experience” (or voices from among the population being served).

   Health Instigators must have or be able to build credibility with both leaders of large community organizations and members of the sub-population being served.

   (See Addendum 2 for additional description of the network weaving role in an article by Krebs and Holley.)

2. Systems Thinker

   The focus on systems that Health Instigators hold is one of the characteristics that most distinguishes this role from others emerging in the transforming health care landscape. Health Instigators do not work with individual patients, they work with the system that supports those individuals. As such, thinking about the system, seeing system dynamics at work, thinking on multiple levels at once, and being responsible for keeping the whole in the forefront, are core to a Health Instigators’ role.

Story of Network Weaving

When two community programs closed, Salem area Latino families with special needs kids were left to their own devices. A Health Instigator noticed this gap in the system and reached out to bring together non-traditional partners. She also found resources that could support a united response and played an initial leadership role to jump start a new community initiative. A collaboration of parents, social service organizations and medical providers launched two family support groups within a few months and planned for three more. These partners continue to meet monthly now (no longer with HI support), considering additional programs, problem-solving, and celebrating their joint efforts.
3. Diplomat

Diplomats are systems thinkers. The most effective ones are also gracious, trustworthy, humble, emotionally intelligent, articulate, and patient. They know that it can take time and a lot of work to engage some people and bring stakeholders together. Health Instigators have a sense of when the time is right and engage in “shuttle diplomacy” until then (patiently meeting one-on-one with individuals across the network, as needed, before convening a collective). Through this process, HIs build trust and gently nudge entities of influence in a direction that will advance population health.

4. Barrier-Buster

One of the most impactful activities of an HI is identifying and breaking down barriers to the advancement of health. Barriers are often quite apparent to people working in a system. It is rare, however, to have “actively pursue cross-sector barriers” in anyone’s job description; most positions are funded to focus on a single organization and mission. As a result, breaking down barriers can be a much-needed and under-resourced role in communities. Sometimes these barriers create costly work-arounds, so a little energy on the part of the HI can lead to significant results. Generally, barriers exist in four realms (See “Four-Corner Framework,” p.17 for more details):

a. Relationships – e.g., people don’t know each other or a past experience hangs between groups.
b. Processes – e.g., communication doesn’t flow among groups.
c. Structures – e.g., no formal agreement exists between organizations around a certain activity.
d. Service gaps – e.g., a needed service doesn’t exist.

While service gaps tend to be the barrier most often addressed, removal of the other three can be faster to implement, less costly, and lead to broader impact.

5. Neutral Convener and Facilitator

Being perceived as neutral is critical to HIs’ effectiveness. Building trust as a neutral broker allows HIs to facilitate discussions and establish shared agreements (charters) that others may not be able to – at least early on. Sometimes, this role is undertaken formally (e.g., convening a meeting and developing the agenda), but it is just as likely to be played out informally and spontaneously at a neighborhood coffee shop. The role of convening, facilitating, and writing up notes may seem insignificant, but it can be powerful and is, sometimes, just what is needed for positive movement.
6. Coach and Technical Advisor

Supporting community members to fully participate (particularly those with the lived experience – patients/clients) can significantly change the dynamic in a community. This may not always make the HI’s job easier, but it will create better results for the population whose health the collective is working to advance.

7. Innovator

Health Instigators see possibilities that others may not because three aspects of their work come together to foster new potential:

a. HIs owe allegiance exclusively to the cause and the collective and not to any one group,
b. HIs attend to the entire system,
c. HIs develop insights and empathy for each individual part of the system.

As a result, Health Instigators are positioned well to propose innovation.

8. Truth-Sayer

Sometimes change requires someone to name an uncomfortable truth. Particularly in smaller communities or for those without power, this can feel like too great a risk. Strategically giving voice to unnamed truths is an important role of HIs.

9. Worker Bee

Perhaps the least glamorous yet essential role for a Health Instigator is the “worker bee.” As part of their job, Health Instigators need to push up their sleeves and write grants, collect data and develop analytical frameworks, transcribe minutes – do what it takes to move the community’s agenda forward. There is no ownership by the partnership if HIs are the only one working to advance the collective effort, but HIs will likely, at times, be the lead worker bee.

Story of Coaching and Advancing the Voice of “Lived Experience”

Sometimes program development efforts forget to include those who live the issue being addressed. In 2013, a Health Instigator in Portland brought a homeless youth to reform tables, and a new community focus emerged. The committee found it extraordinarily powerful to hear from a young person who actually was without housing. They would not have gained such perspective without the youth’s participation. It is also unlikely that the youth would have pulled up to such a table without the coaching and encouragement of a Health Instigator.

Story of Getting Down to Work

Sometimes it just takes a worker bee to move an initiative to the next level. In 2014, a Health Instigator working with the Salem community serving special-needs kids saw this need and stepped in to write and shepherd a grant. The community knew this grant was what was needed, but with everyone’s plate so full, it took the additional hands of a Health Instigator to deliver the final submission on time.
The Need for this Role

Moving Upstream to Advance Health

The role that the social determinants of health play in advancing overall wellness is now generally understood. A question remains, however – “How do we harness this understanding and put it to work?”

Health Instigators put this expanded understanding into play as soon as they hit the ground because there is a built-in bias to the role; HIs are expected to elevate the social determinants of health and issues of health equity as central to health transformation and their job.

Broadening the Focus to Population Health

HIs are an effective mechanism to move health care from a purely medical model to one that also leverages community-based opportunities to advance population health; HIs weave these two frameworks together.

Health Instigators can see, name, and pull on all strands of opportunity that impact community health by:

1. Looking through the eyes of a systems-thinker,
2. Being beholden to no one single organization,
3. Working across the community with both traditional and non-traditional partners.

What Makes this Role Unique?

Different but Complementary to Many New Roles

Many health roles have emerged or expanded through health care transformation. Among these roles are Community Health Workers, Care Coordinators, Resiliency Specialists, and System Navigators. These service providers offer direct support to individuals. Some of them, most notably Community Health Workers, also sometimes organize individuals within a subpopulation (such as migrant workers) and support advocacy initiatives. These two roles - Community Health Workers and Health Instigators – could be seen as part of a continuum and, certainly, complimentary. Powerful partnerships can be forged between these roles when objectives align.

A Focus on Community Systems

What makes a Health Instigator particularly unique among these service providers is three-fold:

1. Their focus on community systems and systems improvement exclusively -- and not on individuals.
2. Their ability to work with and convene community leaders.
3. Their role as a resource to a collective interested in advancing the health of a population.
Section B – Frameworks and Tools to Draw On
A Complex Job

Health Instigation is complex. Through the study of complexity science, we know that when an effort is complicated, planning and project management are useful. But, when the task is unclear, the solutions still emerging, and the actual destination unknowable -- a whole other set of frameworks and tools are needed:

When a task is complicated, project management can simplify the job.

When an assignment is unclear and the destination unknowable, it’s a whole other story.

Frameworks

There are many powerful frameworks Health Instigators and their coaches can draw on to inform and support their work. Several, but certainly not all, particularly helpful ones include:

1. Community Development

As noted, health instigation is, at its core, community development work focused on advancing health. Community development is a field of activity that brings community members together to create shared solutions to problems they hold in common and to act as a collective. Community development seeks to build stronger and more resilient communities. It looks at the entire community system and supports those who have lived the issue at hand to have a voice and to be heard.

Community development is an art not a science; there is no template for how to do it. Therefore, hiring an individual with the right internal mindsets is essential. Some important mindsets include:

- Appreciating the fluid nature of community development; an ability to stay focused on the ultimate objectives while holding the process lightly.
- Taking oneself lightly, as well, with humility and humor.
- Approaching the work as a diplomat, with strong listening and communication skills, a sense of timing, and political sensitivity.

The success of an intervention depends on the interior condition of the intervenor.

*Bill O’Brien, CEO, The Hanover*
2. Network Weaving (See Addendum 2)

Also noted, to significantly advance community wellness requires aligned efforts among many interests. To create alignment, takes the development of relationships, establishment of shared agendas and vocabularies, and sometimes redirection of funding. The concept of network weaving is powerful for understanding how HIs build this alignment.

3. Complexity Theory

Health instigation, community development, and Collective Impact (See p. 16, number 8) efforts all bring together many agendas, personalities, power dynamics and external funding requirements. Complexity science can help to clarify the journey and offer relief from the sense of chaos that sometimes emerges when all these forces are at work and not much is yet clear. It explains how systems organize themselves, in spite of how much we try to control them. So… stop trying!

**Complexity Teachings to Build From:**

- Communities are, what is called “complex adaptive systems.” Say it slowly and think about each word.
- Complex adaptive systems organize *themselves*. That’s why it’s no good to try to control them.
- The most effective role we can play, therefore, is a supportive one, working with the natural process.
- But… we can influence the natural process – See Addendum 3 for opportunities to influence.
- Possibilities and outcomes should be allowed to emerge rather than be planned out in detail.
- A diversity of ideas and information is critical to adaptation and evolution.
- While every participant is an independent player, success of the system relies upon our recognition of the interdependent nature of our work.
- Systems learn, adapt, thrive, and survive only when there is a dense web of connections and effective feedback loops among the players (“effective” being the operative word!).
- Control must be distributed not centralized.
- Relationships are at the crux of learning and adaptation/change. And, “generative” relationships are the most critical ones. A relationship is “generative” if it produces new sources of value that cannot be foreseen in advance, such as new synergies and new understanding, etc.)

- A key process in creating generative relationships is to make sense of what is happening inside and outside the system – **together**:
  - This is best done through conversations, so -- establish mechanisms and processes for dialogue.
  - Jointly examine what’s happening.
  - Interpret it from many perspectives (from all levels of the group, from stakeholders, etc).
  - The process must unearth and challenge basic assumptions.

**Tip**

Hold the work and your place in it lightly.
4. Change as a Spiral Phenomenon®

Sometimes, over the processes of health instigation and partnering, in general, people can feel like they are making no progress; they believe they are back in the same place they were a few months ago.

“Change as a Spiral Phenomenon®” (See Addendum 4) is a framework that can help Health Instigators and their community recognize that, actually, they have progressed. Although they may be addressing issues similar to those they have in the past, their ability to impact change is at a higher level now. Because of the relationships built, understandings gained, and skills developed, the community is more resilient and capable now.

5. Finite and Infinite Games

Every undertaking can be seen as a game. Some games have clear beginnings and an end. They are predictable, like soccer, poker, or Monopoly. These are sometimes called finite games, and they are played to WIN.

Other endeavors, like a business or a relationship, have no boundaries. These are sometimes called infinite games, and we play them to KEEP PLAYING.

There are many models and methodologies that train us to play finite games. To become a strong Health Instigator, however, one needs to thrive in a world of infinite uncertainty. This Toolkit is meant to help support such “play.” Some additional learnings about infinite and finite games may also help:

- Communities are more likely to play infinite games than organizations.
- Infinite games rely on trust, courage, and adaptability, while finite ones depend on strength, skill, and control.
- Neither one is better nor worse. The only risk is playing one and expecting results of the other.
- Successful leaders play infinite games.

(For more on Finite and Infinite Games, see James P. Carse’s 1987 book by the same name.)

6. Four-Corner Framework to Breaking Down Barriers

Mitigating system barriers is one of the primary roles of a Health Instigator. Sometimes, barriers are almost invisible, and it takes new eyes or a neutral convener to see and name them. At other times, community members are well aware of road-blocks in their system, but it is no one’s job to address them. Ignoring barriers can be costly, yet breaking through them isn’t necessarily always difficult. Barriers can be a key lever for a Health Instigator because roadblocks create friction that sap energy from the system.

Tip

Remove the friction in a system and watch things flow!

---

2 Drawn from Adaptive Action, by Glenda Eoyang (adaptiveaction.org)
Four primary forms of barriers exist:

a) **Relationships** – Lack of relationship between organizations/individuals or unhealthy dynamics within a relationship.

b) **Processes** - Lack of processes to ensure efficiency within an organization or between organizations, like timely communication of a policy change.

c) **Structures** - Lack of structures such as agreements between organizations.

d) **Services** – Gaps in service is probably the most common assessment of system problems. While there may be insufficient services to meet needs, expanding them is likely to be the highest cost response. As well, programs sometimes exist within a community that others simply don’t know about. Often a simpler, less expensive way to improve the situation can be found in leveraging one or more of the other three forms of barriers.

7. **Mental Models**

Mental models are deeply held internal images of how the world works - images that keep us thinking and acting in habitual ways. Very often, we are not consciously aware of our mental models or the effects and limitations they have on our behavior. Understanding the role mental models play can be powerful when supporting a community on an effort. Observing dynamics through this lens can help a facilitator understand better what is unfolding.

8. **Collective Impact**

“Collective Impact” (CI) is a framework for social change. It is currently an international phenomenon, and some foundations are requiring communities to use it in order to receive grants. **Addendum 5** offers greater explanation of this framework, but in brief:

**Definition**: Collective Impact is a process and a group of leaders from different sectors committed to a common agenda for solving a specific social problem. **The belief behind Collective Impact is that fixing one point on a continuum of services—such as more access to health care—won’t make enough difference unless all parts of the continuum improve at the same time. CI focuses the entire community of service providers on a single set of goals, measured in the same way.**

It is important for Health Instigators to understand that the Collective Impact framework can be deceptively simple, and many groups are diluting CI rather than actually undertaking the work required. While simple in structure (to its credit), Collective Impact is actually quite challenging to implement with fidelity (and full effect takes significant investment and commitment on the part of participants).

---

4 See Section E, Addendum 5 and also [https://www.collectiveimpactforum.org/resources](https://www.collectiveimpactforum.org/resources) for a wide array of thinking on Collective Impact.
Collective Impact or Impacting Collectively?

Initially, Health Instigators support their communities to advance health – collectively. Over time, the community may decide to go deeper and align organizational objectives and measures – to undertake Collective Impact.

Critical Dimensions to Collective Impact

- Centralized structure with a dedicated staff (called a “backbone organization”)
- Structured process that leads to a common, aligned agenda and objectives across organizations
- Shared measures across organizations
- Mutually reinforcing activities within all participating organizations
- Continuous communication
- A culture of learning

There is important insight for Health Instigators to draw from in the Collective Impact framework, and it is worth aspiring to. However, CI requires far greater depth and breadth of commitment than will generally exist when Health Instigators initially launch.

Tools

1. Virtual Teams

Health Instigators work with a whole community of people, yet can sometimes feel out there on their own. This is natural given they “belong” to no organization and must retain their position as a neutral convener. So, it is both professionally helpful and personally rejuvenating to have a peer support network that meets face-to-face regularly. In these spaces, Health Instigators have the opportunity to lift their heads up and reflect on the bigger picture. They are also offered the chance to let their hair down, get support and perspective, and bounce ideas off of people who understand what they are experiencing. As one HI said, “I draw strength in our numbers and am helped this way to hold on to our systems change vision and objectives.”

2. Theory of Change (See Addendum 6 for a sample)

The Theory of Change tool, like a Logic Model, helps initiatives to clarify what they are trying to accomplish and how they will do it. However, Theories of Change can be more helpful than Logic Models for social change processes like those Health Instigators manage. This is because Theories of Change are the more effective tool when starting with a broad goal (rather than a ready-to-launch

Tip

These frameworks and tools will be made more meaningful through group reflection and continuous reconsideration in light of experiences on the ground.
program). As well, Theories of Change explain why an activity should lead to the expected outcomes; they help clarify hypotheses from which people are working, even unconsciously. This tool can help Health Instigators think through their expected pathway for change. They can offer clear thinking to use when building trust and buy-in among individual stakeholders. Why are we undertaking X? What do we expect to accomplish? What is it going to cost me? When the journey goes in an unexpected direction (which it will!), the Theory can also offer a concrete, written piece to reflect against. From there, a new Theory of Change can emerge to guide a Health Instigator and his/her community.

Theories of Change are very helpful when there is a need to:
- Design and make a case for a complex initiative,
- Evaluate appropriate outcomes at the right time and in the right sequence,
- Explain why an initiative worked or did not work, and what exactly went wrong.5

3. Reflection

Reflection, as an actual tool, is rarely taken out and consciously used. Yet, pausing to deeply consider dynamics, progress, and their own role in these can be a profound Health Instigator resource.

Powerful reflection is a discipline and is most effective when undertaken with other practices of dialogue such as inquiry, questioning beliefs and assumptions, and awareness of how one’s own actions create challenges. It is essential for Health Instigators to carve out time to reflect, even if it feels like a luxury.

4. Journaling (See Addendum 7 for a sample)

Journaling is a tool to facilitate reflection – but also to facilitate continuous improvement. Few of us reflect on our work lives in this manner, but putting thoughts on paper in a somewhat structured manner helps both Health Instigators and their coaches to better understand dynamics at work.

5. Strategy

Particularly at the beginning of a community initiative, a Health Instigator can be easily pulled off focus without a thoughtful strategy to assess against and reinforce decision-making. Competing interests and dynamics will likely win. Having goals and keeping them front and center is essential. So too is understanding relationships and power structures. Who are the formal and informal influencers and how can they be harnessed? Is it strategic to attend a meeting or write a blog at this time? And so on…

One of the most challenging questions for an HI regarding strategy is what to participate in/join/take on. HIs need the latitude to participate opportunistically when it looks likely that invested effort will lead to a return. But, participation should always be gauged against goals and should be reevaluated periodically; HIs need to discern when to quit and possess the diplomacy to know how.

We move so quickly these days. It’s rare to stop and reflect. To be expected to take the time was a gift. What a difference it made to thoughtfully consider the dynamics at work.

I’ve learned the value of pausing.

Marybeth Beall, Health Instigator
Greater Salem Special Needs Kids

Tip
Keep your eyes on the prize; the objective is to network weave, not to simply network.

6. Group Agreements or Charters

Developing partnership agreements early on can foster clarity, build buy-in, reduce misunderstandings and establish guideposts for what the work of the group is to be and how it will be accomplished. These agreements are often formalized in charters or MOUs. Because charters and MOUs can be quite complex to develop (and can, therefore, be energy-depleting to a young partnership), it can be helpful to offer a strawman proposal for group consideration. It can also be effective to establish a working group, composed of a cross-section of partners who are drawn to this kind of effort. They can take the proposal to the next level. It is unnecessary to have all partners engaged in the initial development of a charter, and it creates greater buy-in and sense of momentum if partners are engaged in ways that energizes them. (Grace L. Duffy and John W. Moran offer a more robust discussion about team charters that can be found on the Public Health Foundation’s website: http://www.phf.org/resourcetools/Documents/The_Team_Charter.pdf)

7. Generative Listening

There are various depths of listening we can engage in. Generative listening is a level at which you silence the voice that responds internally while a speaker is talking. It is a level at which one’s own thought-journey takes a rest. Instead, the listener leans in to hear what is trying to be said. Through generative listening, a Health Instigator can hear future possibilities as they are only beginning to emerge (See Addendum 8.)
Section C – Considerations for Getting Going
Pre-Launch

Suggestions for the Partnership

1. Reflect on Who is Engaged

Is there Broad Ownership? Ideally, “the community” initiating this effort is a collective of organizations and individuals from a broad cross-section of traditional and not so typical partners (such as police or clergy) who share a commitment to the population whose health is to be addressed.

If this is not what the community initiating the effort looks like, it is OK. The community engaged in the effort can grow over time. However, the full potential of health instigation cannot be realized without a collective, and, in order to launch, it is essential to have at least a core that understands the potential and are willing to commit resources. So, if an individual decides that health instigation would positively impact their community, they will need to reach out and build a core group.

Is Community Leadership Involved? It will help the initiative greatly if community powerbrokers are engaged and willing to speak on the partnership’s behalf. At the very least, individuals with clout should not speak against it.

Has a Stakeholder Analysis been Conducted? Analyzing who might have a stake in this initiative and who could negatively impact it can be a powerful exercise as a core group is built (see Addendum 10 for guidance).

2. Consider Whether Expectations are Aligned and Realistic

Is there a Shared Understanding of the Health Instigator Role?

Is there General and Shared Understanding of Participants’ Role? A more formal partnership agreement or “charter” will be developed but in this phase, there must still be the following:

- Commitment to actively develop and deliver on a joint strategy (contributing time, connections, personnel, money).
- Commitment to build bridges and address barriers that may exist between and within organizations.
- Recognition that the HI belongs to no one organization and is a neutral convener, committed to the cause and the collective.
- Interest in moving along the Partnership Continuum (See Addendum 9) from cooperating and coordinating to collaborating.

3. Set the Effort Up for Success

In addition to the above, there are operational considerations important for success:

- Is the HI position sustainably funded for at least a few years (salary, benefits, mileage)?
- Is the Health Instigator set up for neutrality – Have they been hired by the collective? Are structures in place to collectively support and evaluate them? Will the place they sit be perceived by the collective as neutral?
- Has necessary infrastructure been provided – computer (ideally laptop), printer, office supplies, smart phone, meeting space, flip chart and travel easel, etc.
4. If Any of the Above is not in Place – Don’t Despair!

The above considerations are ideal, and it may not be realistic in some communities to have all of these elements primed prior to hiring a Health Instigator. It may take the HI, to put some in place.

Suggestions for the Health Instigator

1. Get to Know the Context

Getting to know the context will give an HI information about interpersonal and power dynamics, agendas, initial alignment behind the overall goal, and who to turn to for support.

The Ideal

Ideally, as noted above, the partnership that hired the Health Instigator is a broad cross-section of traditional and non-traditional stakeholders (including those with “lived experience”). This community group will already be committed to building bridges across agendas, cultures, timelines, and histories. The group will also be clear that the HI belongs to no one organization and that his/her role is to support the collective to build and implement strategy and identify and break down barriers to achieving the collective vision for this population. Also, the position will be sustainably funded for at least a few years.

If this is the case, a Health Instigator will be launched into a highly effective context and can put more energy into identifying and meeting tangible objectives and less into developing relationships and organizational structure (although some of this will always be needed).

The Reality

More likely, however, a Health Instigator will have been hired by one or a few visionary leaders or a handful of hard-working, committed individuals with more passion than power. These community members will have an idea of what they need and may have written a grant to support this position. The grant will sustain the role for 1-3 years. The group will likely have spoken with other members of the community about their vision and have even developed enough interest to receive letters of support. But, the breadth and depth of alignment may not be sufficient to have a significant impact – yet! If this is the case, more focused attention will need to go into developing shared agreements, objectives, and, likely, community relationships.

Clarifying What is – Questions to Consider:

- Is there a broadly held sense of urgency around this issue? Without it, things will be much harder.
- Who hired the HI? What is their agenda? What is their power base?
- Is everyone clear that the HI is to be a neutral convener and is beholden to no one group?
- Who else is in support of this role and vision for it? Are power brokers engaged and supportive?
- Are the social determinants of health and health equity central to this vision?
- Where does alignment of objectives already exist (regarding this issue and others)?
- What is the history among those at the table (particularly collaboration?6)
- What isn’t going on between players?
- How is “the community” being defined? Who isn’t at the table; are non-traditional partners there?
- Are the people (not just one) who live the issue at the table in a manner that will allow their voices to be heard?

---

6 See Addendum 9 for a tool to help assess the level of collaboration that exists.
2. Get to Know the Partners

- Even if an HI is familiar with the primary partners, they don’t know them in this new context.
- It helps to know each stakeholder as individuals, as well. What’s important to each partner, not just in regards to this issue?
- Credibility needs to be built with all partners, not just the powerbrokers.
- Conducting a stakeholder analysis with the core group could be enlightening (see Addendum 10).

3. Begin to Clarify Goals

- The goals of each partner needs to be clarified, as well as their reasoning behind each need. Organizational goals and those of individuals who work in an organization may be different. This needs to be distinguished.
- Developing an initial Theory of Change can help HIs clarify goals (See Addendum 6). But, consideration should be given as to how much of it is shared at this point. With some folk, it may be better to share only parts of the tool or the thinking behind it. Those who are not analytical or structured thinkers can become confused or frustrated by the framework and may, unintentionally, take the process in a different direction or, at least, slow things down.

4. Establish Credibility

- Introducing the HI role with a clear elevator pitch is critical (See Section A, page 9).
- Listening more than talking is always effective, but particularly for developing credibility.
- Introducing the role as a resource to add to what the community is already doing is important; humility helps.
- If needed, borrowing credibility from key players through an introduction can open doors.
- An HI can establish his/herself as a valuable resource immediately by offering a new piece of information or help. It doesn’t have to be big. An introduction to a person of interest or breaking down a small barrier can go far. (Caution: Don’t go too far and risk being seen as a know-it-all).
- Sending thank you notes can add to an HI’s reputation.

Launch

5. Think Strategically about Convening the Community (now or later?)

Considerations:

- What would be the objectives in convening a community group at this point? An HI should be clear about objectives before taking people’s time to convene (even if it is the right time).
- Who would be included and who would be left out? Why?
- What would be the implications of that decision?
- Would it be better to first build momentum through shuttle diplomacy and the creation of a small, shared win as a result of mostly HI efforts?
- Would this set up a bad precedence that the HI is the only worker bee?
6. Create a Joint Vision and Objectives

- Developing a joint vision statement can create a foundation for the future – more as a result of the process than of the statement itself. The process will be one of the first that the group undertakes together, and, as a result, it will start to establish roles and dynamics among the collective. The conversation that takes place will also create shared meaning and buy-in.

- Goals will evolve over time, but establishing initial, shared objectives is important to build joint understanding and buy-in. Creating goals and alignment may require shuttle diplomacy.

- Keep the focus on systems change objectives – not project objectives. There will be a natural drive to take on concrete projects, which can be helpful at this point, but don’t lose the intention to develop systems change goals, objectives, and measures of success.

- Even if it is only possible to measure outputs and/or conduct qualitative assessments at this point, be rigorous in doing so. This effort will help to build credibility.

7. Instigating Health – Building Momentum. Doing the Work

- As noted, it can be very helpful at this point to undertake a low-hanging opportunity to build trust, momentum, and a sense of group accomplishment. Look for a few quick early wins – such as breaking through easy but troublesome barriers.

- The number and type of efforts a collective takes on will depend on many factors: costs and resources, buy-in, external pressures, etc. Be strategic in deciding.

- Principles for project selection should be established and ranked in importance by the group to ensure strategic progress. See Addendum 11 for a tool to help in the selection process.

- Projects do not have to be large or time-consuming. Some of the most impactful efforts can be fairly quick and relatively low-cost.

8. Typical Challenges

- The Role of Money: Leave money out of the equation at start-up. Money can bring people to the table for the wrong reasons. Except for hiring a Health Instigator, money should not be part of the launch, neither for projects nor to incent others to participate (except reimbursement for travel or child care for those who live the issues being addressed). Money can be sought later as needed.
• **Undertaking Collective Impact**: Collective Impact (CI) can be a powerful framework, as noted, and it has excited many people. Some may advocate for it. Clarify whether they, in fact, understand the depth of CI’s aspiration. Collective Impact, that truly lives up to the framework, is a big lift. It is important to consider whether a community is ready to take on such an effort. CI may not be the best place to start a health instigation initiative, although aspiring to Collective Impact is a worthy objective. See Section B of this Toolkit, p. 18 for more discussion.

• **Newcomer Status**: A Health Instigator will be a new role (and maybe even a new individual) in the community; the HI is moving into a flow of existing momentum. Therefore:
  - Start with where the community is at the moment. Build from there. Consider starting from existing community needs assessments.
  - Build trust by delivering on commitments and allowing the community development process to take the time it takes.
  - Be humble.

---

**Growing Momentum and Impact**

9. **Keep Revisiting the Collective Strategy and Theory of Change**

- Revisiting strategy supports continuous improvement and also keeps participants focused on the collective goals and objectives.

10. **Measure Impact**

- Grow the collectives capacity to measure for impact. Using placeholder measures and outputs at early stages of an initiative to assess progress is understandable. But, the objective over time should be to measure outcomes and impact.

11. **Tend the Garden**

- Celebrate!
- Give away credit.
- Create public recognition for the collective effort and for participating organizations, individuals and funders.
- Keep the communication flowing between the HI and stakeholders, as well as across stakeholders; err on the side of over-communication, particularly if the issue is an urgent one.
- Check in regularly with key players.
Section D – The Health Instigator Coach & Developmental Evaluator
A Critical Role

Health instigation takes place in complex contexts full of power dynamics and politics. It takes a unique mix of abilities to navigate community partnership dynamics. Initial testing also found the support of a skilled coach and Developmental Evaluator to be uniquely critical. Having a coach, who is one step removed from dynamics, was a linchpin to Health Instigators’ success. Until there is deep collective traction in a community, a neutral third-party can be enormously helpful in assessing what is at work, acting as a thought-partner, and playing the role of the outsider when it is useful.

Health Instigator coaches must possess their own unique set of knowledge, skills, and experience:

**Knowledge**
1. Developmental Evaluation
2. Community development
3. Systems dynamics
4. Adaptive action
5. Continuous improvement methodologies
6. Short and long-term strategy development, planning, and project management
7. Personality and interpersonal dynamics

**Skill/Aptitude**
1. Good listener
2. Can posit questions that lead others to new insights
3. Can effectively offer constructive criticism
4. Is an enthusiastic supporter of both the effort at hand and the leader making it happen
5. Celebrates
6. Training and experience in mediation

**Previous Experience**
1. Coaching
2. Has learned that facilitating process, supporting people, and delivering outcomes are equally important

A Critical Tool

A tool of singular importance for the HI coach is Developmental Evaluation (DE). DE is an approach and toolset that combines evaluation methodology and continuous improvement. It draws on traditional evaluation techniques but recognizes that these tools are insufficient for social change initiatives. By employing DE, an HI and their coach can generate “right-timed” data that encourages reflection, learning, and improvement. In this way, DE informs the unfolding process to ensure objectives are met in spite of unexpected twists and turns.

For further guidance on Developmental Evaluation, see Addendum 12.

Social change is a fluid, non-linear process that rarely ends up where initially expected.
Section E -- Addenda
Addendum 1
Job Description - Health Instigator

Position Summary

The Health Instigator (HI) is an individual passionate about working with a “health neighborhood” serving a sub-population of high need/high cost individuals. Together, the HI and the neighborhood work to advance the health and health experience of that sub-population, as well as to reduce costs. The HI’s primary role is to break down systems barriers that impede these objectives and knit together a more effective system of care, while elevating equity and the social determinants of health.

Barriers may be found in a variety of forms -- the lack of (or less than optimal) processes, ineffective structures, lack of trusting relationships and/or communication, gaps in services. Convening and facilitating collective efforts of the health neighborhood, the HI identifies, elevates, and mitigates barriers to health experienced by both groups of individuals and by organizations. Having established trust and strong working relationships with both traditional and non-traditional health-advancing community organizations and individuals, being a systems thinker, possessing humility and strong diplomatic and problem-solving skills, and being a planful, organized, creative individual, the HI convenes tables of stakeholders to jointly establish goals and strategies to advance the health of the target population, facilitating community efforts to identify and mitigate barriers, and helping the system to move towards health equity and Collective Impact.

Responsibilities

Leadership

1. Having likely been recruited by a sub-set of leaders to address a costly community health issue impacting a vulnerable sub-population, supports identification and convening of an optimal cross-discipline group of leaders to become an on-going steering committee.
2. Facilitates collective in establishment of shared agreements regarding short and long-term strategies, including goals, aligned objectives, and shared measures.
3. Supports collective to continuously assess and improve processes, evaluate progress, and most importantly, ensure impact.
4. Identifies and convenes the right working coalition of decision-makers, front-line staff and individuals with lived experience (likely to evolve over time).
5. Advises from a position of understanding community dynamics.
6. Represents, in the broader community, the issue and initiative on behalf of the collective.
7. Gains trust and respect by leading “from behind” — that is, leads as a steward of ideas and information, organizes work to ensure good use of partners’ time, draws on an understanding of the dynamics at work in the system, is enthusiastic, has vision, is humble, and gives credit away.
8. Ensures the establishment and success of ad-hoc work groups.

---

7 A “health neighborhood” is considered that group of organizations and services that collectively advance the health of a community — both traditional medical entities and non-traditional partners such as grocery stores and planning departments.
Community Organizing
1. Understands the community politics surrounding the issue and engages in diplomacy across organizations involved, helping to foster trust and working relationships among them.
2. Supports non-traditional partners to ensure their voice and wisdom is heard.
3. Works to identify partner agendas to ensure responsiveness to their needs.
4. Actively serves on appropriate community coalitions, advisory groups, and task forces where a direct or strong indirect line of positive impact can be identified.

Data Collection, Reporting, and Evaluation
1. Facilitates the development of metrics to guide the effort.
2. Establishes systems for timely data collection and analysis to assess progress on metrics.
3. Develops user-friendly reports on progress towards metrics and establishes a process to share these findings with the collective, as well as appropriate elements in the broader community.
4. Actively engages in and fosters on-going quality improvement processes.
5. Annually evaluates the initiative in conjunction with the collective.
6. Conducts research.

Knowledge, Skills, Abilities
1. Nimble, flexible, optimistic, and patient.
2. Systems thinking.
3. Diplomacy and confidence.
4. Significant knowledge of the community and community resources.
5. Wide array of established relationships across the community.
6. Self-directed and able to work independently, yet highly skilled at team work.
7. Goal-oriented with internal drive to deliver.
8. Proven track record with “the dance” of establishing multi-stakeholder collaborative partnerships.
9. Enthusiastic yet professional in personal presentation and oral communication.
10. Highly effective communication skills (oral and written) and sensitivity to timing of communication.
11. Strong convening and facilitation skills.
12. Strong ability to organize thoughts and develop plans (goals and strategies).
13. Effective follow-through.
14. Strong listener with keen political sensitivity.
15. Creative and visionary able to deliver and measure concretely.
16. Proven leadership abilities.
17. Responsive and customer-oriented.
18. Experienced in community organizing.
19. Ability to quickly establish rapport and trust with a wide array of personality types and among individuals from varying backgrounds and levels of experience.
20. Experience designing and leading advocacy efforts.

Education/Experience
TBD by the community.
Addendum 2

Addendum 2 connects to an article on network weaving, a concept central to the Health Instigator model. Following is a link to a full-length, on-line article exploring this concept fully:

**Building Smart Communities through Network Weaving**
By Vladis Krebs and June Holley
Addendum 3

Opportunities to Influence Community Dynamics

Drawn from Adaptive Action, by Glenda Eoyang (adaptiveaction.org)

Three conditions influence the speed, direction, and outcomes of our community efforts: Container, Differences, Exchanges. If we understand these conditions, we can influence the systems we work in.

Container

When something is trying to emerge/be born, it requires boundaries or a container. Containers draw the elements of a system together or hold it together over time. They influence how things happen, and there may be more than one container existing at any one time.

- Containers may be physical (e.g., offices, houses, city limits);
- Psychological (e.g., powerful ideas or charismatic leaders); or
- Connections based on affinities (e.g., gender, race, culture).

What this Means for an HI: Change the meeting site and influence the process. Change the leadership, change the way people engage. Bring in a new idea, change the course of the discussion.

Differences

Within any container, differences can explain dynamics and influence behaviors in the system.

- Examples of differences in an initiative—power, age, gender, experience, role...

Differences create an imbalance that can build up energy for change. For example, a difference in financial status not only gives information about a society, it also has the potential to move the market toward productive activity or to move the society toward reform.

What this Means for an HI: Analyze the differences in your group. This will help you to understand what you are seeing and experiencing. Consider heightening differences if it could help you shift a current dynamic.

Exchanges

Exchanges are how people connect among themselves and how they connect to the greater environment. Exchanges happen through typical human interaction -- they can be the rules and regulations that inform decisions, money exchange, or what happens during times we are together, such as negotiations or play.

What this Means for an HI: Shift exchanges and you will bring about change in your system.

Note: Because these three conditions are massively entangled with each other, it is only necessary to shift one to bring about change in the other two. But, while you can anticipate the change you might trigger, you can neither be completely sure nor control what will change. The unexpected can arise, and then...?!
Addendum 4

Change as a Spiral Phenomenon©

New Understanding that it’s a Journey -- “Well, look at that! I recognize this place. I see now that this is a journey, and that we are progressing. This is how social evolution occurs.

It may feel like we are going back to where we’ve been, but we are at a much higher level of understanding, relationship, and even some structure now.”

And Still Trying... -- “Not this AGAIN?!

Really, I guess, it’s not again, because look how much has changed since the last time we attempted this.

The context is very different now because of our work.”

Still Trying to Make Things Better -- “Argh! This is feeling very familiar – and discouraging. Been there, done that!

But, actually… Now we have stronger partnerships. So, it is kind of a new situation. Kind of.”

Change Initiated -- “Hey, let’s try it this way instead!”

Jennifer Pratt. AdagioPDX@gmail.com. 2007.
Addendum 5

Collective Impact

Addendum 5 connects to an article that provides an overview of the collective impact model. As discussed in the toolkit, collective impact is an important framework for cross-sector collaboration and reinforced Health Instigators’ efforts during the pilot project. Following is a link to the full-length article where it is available online:

**Collective Impact**

By John Kania and Mark Kramer

http://ssir.org/articles(entry/collective_impact)
## Theory of Change - Sample

### It Takes a Neighborhood - As of April 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>1. HI facilitates processes to elevate strategic barriers to health, cost containment, and patient and provider satisfaction (e.g., lack of communication between providers and educators, lack of cultural competency, lack of summer camps, lack of after-school programs)</td>
<td>2. Outreach and community building efforts (e.g., hosting awareness events)</td>
<td>3. Grassroots movement (e.g., trust building)</td>
<td>4. New table conversations and joint planning (e.g., to identify specific barriers to achieving the Triple Aim)</td>
<td>5. Education on the role of social determinants of health, collective impact, and intervention at a systems level</td>
<td>6. CORC evaluation team</td>
</tr>
<tr>
<td>Participation</td>
<td>1. Both traditional and non-traditional partners begin partnering across the health neighborhood in new ways, building greater breadth and depth of relationship</td>
<td>1. Invitations to participate in CCO’s CAC and to take on leadership roles in the neighborhood</td>
<td>1. All appropriate partners participate in the development of grants and/or sign on</td>
<td>1. Leaders among communities of color invited to tables and come</td>
<td>1. At least one change to the PCP is made in regards to closer working relationship with the health neighborhood</td>
<td>6. CORC evaluation team</td>
</tr>
</tbody>
</table>

### Short-Term Outcomes

<table>
<thead>
<tr>
<th>Medium-Term Outcomes</th>
<th>Long-Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Systemic barriers that are &quot;too big&quot; are identified and jointly mitigated (e.g., &quot;fixed system&quot; now engaged in group development, shared agreements across partners established, system-wide nurse triage team established)</td>
<td>1. Additional barriers to health are mitigated (e.g., EMS system to be trained in cultural competency, barriers to care broken down between non-traditional partners and the rest of the system - warm handoff from primary care to inpatient beds to the homeless youth system)</td>
</tr>
</tbody>
</table>

2. Alignment - Public health, hospitals, other key community entities, and CHIs have a shared working partnership focused on leveraging each other to measure, track, and respond to systemic barriers to health among the project subpopulations |

3. Collaborative relationships have moved them being based on personal connections to being based on institutional relationships to achieve long-term outcomes |

4. Collaborative relationships have moved from personal connections to being based on institutional relationships to achieve long-term outcomes |

5. Health outcomes are refined by CCOs and states through an intersectoral, development process and social determinants of health are meaningfully present |

6. Health outcomes are refined by CCOs and states through an intersectoral, development process and social determinants of health are meaningfully present |

7. City and county partners and planning personnel have health creation expectations written into their job descriptions (among others) |

8. Health creation is understood as a primary function of care for creating and maintaining healthy populations |
<table>
<thead>
<tr>
<th>Date</th>
<th>Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Something new I tried in order to weave a stronger network and how it worked</td>
</tr>
<tr>
<td></td>
<td>Stuck mental model/thinking within the system I’m noticing...</td>
</tr>
<tr>
<td></td>
<td>New thinking I noticed, made possible by...</td>
</tr>
<tr>
<td></td>
<td>Other shifts that have happened in my system and my role in them, if any.</td>
</tr>
<tr>
<td></td>
<td>How I used developmental evaluation to create a positive change</td>
</tr>
<tr>
<td></td>
<td>Small steps we’ve made and the likely outcome of them</td>
</tr>
<tr>
<td></td>
<td>I am pondering...</td>
</tr>
</tbody>
</table>
**Addendum 8**

**Generative Listening Exercise**

**Purpose of Exercise:** To improve communication. When we become more aware of our communication “errors,” we are better able to listen and really hear what our partners are wanting to share. This is particularly important when working across cultures, including organizational cultures.

**Instructions:** Consider each listening error below and reflect on your own style of listening. Make a check in each box that speaks to an error you notice you make. Pick the two you do most frequently. Pair up with someone and explain to them the listening errors you make. Try to help them really understand what you do because you are then going to ask your partner to embody them as you share a story. Now identify a challenge you faced sometime during the last week. Share it with them for 4 minutes while they embody (without exaggeration) the two listening errors you told them you do. Reflect together on how it felt to experience this behavior and how it felt to “listen” while doing them. Reverse roles. Over the next weeks, watch yourself and try to catch yourself when you slip into these listening behaviors.

<table>
<thead>
<tr>
<th>Listening Error</th>
<th>Check</th>
<th>Listening Error</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think about what I am going to say while the speaker is talking</td>
<td></td>
<td>I give the appearance of listening even when I am not</td>
<td></td>
</tr>
<tr>
<td>I listen to agree or disagree with what the speaker is saying</td>
<td></td>
<td>I give advice before I am asked</td>
<td></td>
</tr>
<tr>
<td>I don’t keep good eye contact with the speaker</td>
<td></td>
<td>I assume what the speaker is going to say and finish their sentence</td>
<td></td>
</tr>
<tr>
<td>I am often self-conscious in one-on-one conversations</td>
<td></td>
<td>I am in my head and judging what the speaker is saying and getting ready with my rebuttal</td>
<td></td>
</tr>
<tr>
<td>I often interrupt the speaker with my ideas</td>
<td></td>
<td>I often get stuck in my own head and trapped in my own thoughts</td>
<td></td>
</tr>
<tr>
<td>I often interrupt the speaker with my ideas</td>
<td></td>
<td>I stop listening and react when strong emotions are present</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from work by Otto Scharmer, an internationally recognized researcher and thought-leader, who has developed the framework known as “Theory U.” Theory U includes the concept of “generative listening.”
# Addendum 9

## Collaboration Continuum

### Partnering “May Mean...”

**Cooperating**
- **Using resources to assist other agencies**

**Coordinating**
- **Organizing or combining resources to more effectively reach a mutual goal**

**Collaborating**
- **Collectively applying resources toward problems which lack clear ownership**

#### Contributing Resources
- Agencies contribute resources to another agency’s project or effort; contribution is clearly defined and usually material.
- **Primary goal:** to help a worthy endeavor

**Examples:**
- The National Guard volunteers equipment for a weekend campout involving hundreds of Boy Scouts.
- Multiple funders establish an endowed teaching position at a local hospital.

#### Reconciling Activities
- Agencies adjust or combine existing programs in order to deliver services more effectively; usually entails on-going relationships among partners.
- **Primary goal:** to improve programs

**Examples:**
- A program provides grants to efforts which coordinate housing and human services.
- Eight state agencies create a common application and streamline the funding process for similar grant programs.

#### Sharing Program Responsibilities
- Agencies come together as a new entity to provide services or to manage a resource.
- **Primary goal:** to meet a need that can only be addressed by working together

**Examples:**
- Partners form a joint powers board to manage the resources of an island.
- Outreach workers from different agencies work through a new entity to provide support to homeless youth.

#### Promoting Others
- Agencies willingly share information about the work or services of others.
- **Primary goal:** to meet the needs of a shared constituency

**Examples:**
- 123 agencies distribute information about programs providing income support for low-income families.
- A transitional housing program routinely refers clients to the services of other agencies.

#### Sharing Resources
- Agencies which use the same good or service agree to share in its cost; often defined by contract.
- **Primary goal:** to save money

**Examples:**
- Four metro suburbs share the expenses and services of the same prosecutor.
- A travel information center on the border distributes information about Minnesota and North Dakota.

#### Creating New Systems or Programs
- Agencies work to create and implement a new model to deliver services or address a public problem.
- **Primary goal:** to develop a new means of responding to public problems

**Examples:**
- An alliance of metro suburbs creates programs to improve housing, job opportunities and race relations.
- A state agency works with non-profits to provide vocational services to people with HIV.

#### Sharing Information
- Agencies share information on a formal or informal basis.
- **Primary goal:** to improve performance through keeping informed

**Examples:**
- A group of mental health professionals gather informally each month to exchange information.
- Individuals involved in rural development use an electronic bulletin board to keep in touch.

#### Producing Joint Projects
- Agencies depend upon each other for producing a specific product or event; generally involves short-term commitments.
- **Primary goal:** to produce an outcome which no single agency could achieve on its own

**Examples:**
- A high school, Parks and Recreation Department, parents’ organization and others design and construct a new baseball diamond.
- Three partners join together to restore degraded, vacant land to natural prairie.

#### Collective Planning
- Agencies develop a collective vision (and/or study) for the management of a resource or the alleviation of a social problem.
- **Primary goal:** to promote a collective vision and coordinated actions

**Examples:**
- Federal, state and non-profit agencies work together to improve their stewardship of a river.
- A citizens’ group works with federal, state and local agencies to develop a watershed management plan.

---

© Elizabeth Hubbard, June 1995
Addendum 10

Stakeholder Analysis

A Stakeholder Analysis is a simple yet eye-opening exercise that can help clarify who may be an ally in an effort, who could derail it, and at whom a group should target its energies.

Instructions: Scan your issue and your community. Write the name of each relevant stakeholder in each quadrant, as appropriate, and then consider the below guidelines. Tip: Identifying a specific individual is more effective than naming a whole organization.

- Quadrant A – (high influence, low interest) – Inform them of the initiative and update them once in awhile. They may be helpful at some point. Consider if they could be moved into B with a little effort.
- Quadrant B – (high influence, high interest) – These are key players! Whether their interest is supportive or in opposition, they should be actively cultivated or co-opted and/or neutralized, if possible.
- Quadrant C – (low influence, low interest) – Least important to invest energy in.
- Quadrant D – (low influence, high interest) – Show consideration. They could become an important volunteer or political force.
### Which is the Right Project to Take on at this Point?

**Current Objectives:** (Should be based on where you are in your efforts. The below assumes at launch.)

1. Build Momentum.
2. Demonstrate the value of having a neutral convener.
3. Get the right people to the conversation.
4. Demonstrate to the community the impact of working in alignment towards the same goal.
5. Demonstrate the significance of adding new voices to the conversation (particularly the “lived experience”) but also nontraditional/unusual partners.

<table>
<thead>
<tr>
<th>Project (Title and brief description)</th>
<th>Feasibility and Impact on Objectives</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this low-hanging fruit?</td>
<td>Describe how it would be achieved quickly</td>
<td>Describe how it would build trust among key partners</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Project 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed through It Takes a Neighborhood. Oregon Primary Care Association. 2014.
Addendum 12

Developmental Evaluation

A Powerful Approach for Social Change Initiatives

Ronda Zacoks and Jennifer Pratt, 2014

1. What is developmental evaluation?

Developmental evaluation is a tool and approach that helps support the design and execution of social change initiatives being implemented within complex environments.

- Evaluation is about critical thinking. Development is about creative thinking. Developmental evaluation is about holding them in balance. Developmental evaluation combines the rigor of evaluation (being evidence-based and objective) with the role of organizational development coaching (which is change-oriented and relational). (Gamble, 2008)

- Developmental evaluation informs and supports innovative and adaptive development in complex, dynamic environments. It brings to innovation and adaptation the process of asking evaluative questions, applying evaluation logic, and gathering real-time data to inform ongoing decision making and adaptations. (Patton, 2011)

- Developmental evaluation is designed to nurture a developmental, emergent, innovative, and transformative process. The approach encourages the integration of various components of good program development - planning, action, and reflection. (Langois, et al, 2011)

- Developmental evaluation supports real-time, adaptive learning in complex and emergent initiatives. It combines the rigor of evaluation with the flexibility and imagination required for development. (Dozois, et al 2010)

2. How can traditional evaluation sometimes work against social change initiatives?

Traditional evaluation approaches may work against social change initiatives by unintentionally squashing innovation, diverting scarce resources, and reporting results that are misinterpreted.

Historically, two approaches have been used to evaluate social change initiatives: formative and summative evaluations. These traditional approaches typically include development of logic models, clearly identified outcomes, and use of performance metrics to measure progress against desired outcomes.

But, social change initiatives seek innovative and adaptive solutions to problems rooted in complex environments. Various actors with multiple agendas working in an interconnected manner are hallmarks of social change initiatives. Uncertainty, emergence, nonlinearity, adaptation, and dynamical define conditions of complex environments.
A comparison of two traditional evaluation approaches: Formative and Summative

<table>
<thead>
<tr>
<th>Elements</th>
<th>Formative</th>
<th>Summative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Refine &amp; standardize core elements of a program model</td>
<td>Render definitive judgments of program success or failure</td>
</tr>
<tr>
<td>Program lifecycle</td>
<td>Forming, evolving</td>
<td>Mature, stabilized</td>
</tr>
<tr>
<td>Key Question</td>
<td>What are strengths and weaknesses of model?  What works for whom under what conditions?  How can implementation be improved?</td>
<td>Does the program work?  To what extent can outcomes be attributed to the program?  How do outcomes and costs compare to other options?</td>
</tr>
<tr>
<td>Key conditions</td>
<td>✓ Initial theory of change developed</td>
<td>✓ Well-defined intervention model supported by an explicit theory of change</td>
</tr>
<tr>
<td></td>
<td>✓ Establish criteria for quality implementation</td>
<td>✓ Implemented in consistent and standardized way</td>
</tr>
<tr>
<td></td>
<td>✓ Clear, specific, and measurable outcomes</td>
<td>✓ Clear, specific, and measurable outcomes</td>
</tr>
<tr>
<td>Use of results</td>
<td>Finalize program model; identify best practices</td>
<td>Make decisions about whether and how to continue the program</td>
</tr>
</tbody>
</table>

Table informed by Patton 2011; Preskill & Beer 2012

**Squash innovation:** "When a formative or summative evaluation approach is applied to innovation that still is unfolding, it can squelch the adaptation and creativity that is integral to success. Innovators who are evaluated on how well a set of planned activities is implemented - or whether those planned activities produce the predicted outcomes - have a strong incentive to stick to those plans no matter how the environment around them change. Social change strategies become calcified ... as innovators become beholden to plans and metrics that don't evolve in response to the dynamic context. This can have the unintended consequence of acting as a drag on, if not completing snuffing out, innovation." (Preskill & Beer, 2012).

**Divert scarce resources:** Traditional evaluation approaches are often expensive, requested by funders, and require time and effort by social change agents. Yet, information generated from the evaluation yield marginal utility for social change agents. Limited resources are available for solving social problems (relative to the magnitude). Allocating resources to traditional evaluation approaches may dilute or divert the efforts that could be used for the social change initiative.

**Misinterpret results:** "Misinterpretation of evaluation findings as conclusive judgments of an initiatives' impact when that initiative is still in a stage of development and exploration can cause funders (or others) to prematurely abandon complex efforts that may have the most promise for transformational change over the long haul." (Preskill & Beer, 2012)
Why is developmental evaluation a powerful approach for social change initiatives?

Developmental evaluation generates "right-timed," actionable data, and fosters strategic learning that encourages exploration.

Generates "right-timed," actionable data: Developmental evaluation continuously generates information to better understand how a complex system is responding to initiatives.

Fosters strategic learning: Developmental evaluation links strategic learning and evaluation into one seamless process encouraging reflection and based on actionable data.

"Without it (strategic learning), (social change agents) lack crucial information about what patterns and pathways are emerging that require adaption. Because innovation happens amidst uncertainty, (social change agents) often feel their way forward, testing an approach, reflecting on what seems to be happening, abandoning what doesn't seem to work, and focusing in on what seems to be taking bold." (Preskill & Beer, 2012)

Encourages exploration: Armed with right-time, actionable data and linked with a strategic learning orientation, change agents are better able to experiment with their strategies.

"While the long-term goals of a social innovation might be well-defined, the path to achieving them is less clear - little is known about what will work, where, under what conditions, and how and with whom. Instead, decision-makers need to explore what activities will trigger change." (Preskill & Beer, 2012).

A Comparison of Traditional Evaluation and Developmental Evaluation

<table>
<thead>
<tr>
<th>Component</th>
<th>Traditional Evaluation (Formative &amp; Summative)</th>
<th>Developmental Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Refine a program (formative) or render definitive judgment of success or failure (summative)</td>
<td>Assist in development &amp; implementation</td>
</tr>
<tr>
<td>Models</td>
<td>Testing a model with a clearly hypothesized chain of cause and effect</td>
<td>Developing a new model without linear cause and effect</td>
</tr>
<tr>
<td>Mindset</td>
<td>Effectiveness, accountability, compliance</td>
<td>Innovation, learning</td>
</tr>
<tr>
<td>Unexpected consequences</td>
<td>Paid token attention</td>
<td>Paid serious attention</td>
</tr>
<tr>
<td>Methods</td>
<td>Evaluation follows a fixed plan based on social science criteria</td>
<td>Flexible, adaptive, and selected based on utility</td>
</tr>
<tr>
<td>Measurement</td>
<td>Based on pre-determined indicators &amp; success measured against pre-determined outcomes</td>
<td>Based on emergent indicators</td>
</tr>
<tr>
<td>Results</td>
<td>Best practices</td>
<td>Best principles</td>
</tr>
<tr>
<td>Evaluator role</td>
<td>External, independent, objective observer</td>
<td>Integrated member of initiative team</td>
</tr>
</tbody>
</table>

Table informed by Fagen, et al, 2011; Preskill & Beer, 2012
Who is a developmental evaluator?

A developmental evaluator is a member of a social change initiative team who "actively intervenes to shape the course of development, helping to inform decision-making and facilitate learning." (Dozois, et al., 2010).

In order to play this role well, a developmental evaluator must possess certain aptitudes and a knowledge base about a wide range of issues.

Requisite Aptitudes and Knowledgebase for a Developmental Evaluator

<table>
<thead>
<tr>
<th>Aptitudes for...</th>
<th>Knowledge about...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tolerance for ambiguity</td>
<td>• Subject matter associated with system change</td>
</tr>
<tr>
<td>• Curiosity</td>
<td>• Social innovators and innovations</td>
</tr>
<tr>
<td>• Diplomacy</td>
<td>• Complexity theory</td>
</tr>
<tr>
<td>• Creativity</td>
<td>• Systems thinking</td>
</tr>
<tr>
<td>• &quot;OK to fail&quot; mindset</td>
<td>• Adaptive action</td>
</tr>
<tr>
<td>• Ability to suspend linearity thinking</td>
<td>• Process improvement</td>
</tr>
<tr>
<td>• Self-reflection and personal growth</td>
<td>• Group dynamics</td>
</tr>
<tr>
<td>• Strategic thinking</td>
<td>• Organizational development</td>
</tr>
<tr>
<td>• Relationship building</td>
<td>• Organizational learning &amp; reflective practices</td>
</tr>
</tbody>
</table>

What roles do developmental evaluators play in designing and executing social change initiatives?

Developmental evaluators play a variety of roles including scout; idea generator, facilitator; jester; and reflector.

<table>
<thead>
<tr>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scout</td>
</tr>
<tr>
<td>Idea Generator</td>
</tr>
<tr>
<td>Facilitator</td>
</tr>
<tr>
<td>Jester</td>
</tr>
<tr>
<td>Reflector</td>
</tr>
</tbody>
</table>
Developmental evaluation resources


Spark Policy Institute. The Developmental Evaluation Toolkit
http://sparkpolicy.com/tools/?post_type=toolkit&p=474