

Community Initiatives Technical Assistance

Themes from MN Key Informant Interviews January 7, 2015

I. Context: Barriers & Benefits

Collaborative Spirit Exists but Limited by Barriers: Many participants emphasized the genuine relationships among the healthy community stakeholders, as well as pockets of collaboration. The most common barriers to deeper collaboration were expressed as...

- We tend to do some short term coordination but not really long-term collaboration
- Government goal setting and planning is typically on a short time frame (given the political nature of government and need to justify impact) which can inhibit longer term strategies and innovation
- Starting to trip over each other at local level—duplication in investments and creating extra work for local coalitions
- Funding has been erratic and reinforces fragmented planning; often mismatch in expectations for results and the level of funding (and time allowed for results)
- Legislature and broader public need more education to see the long-term benefits of investing in healthier communities
- We talk about better collaboration but don't spend enough time to think it through; it starts to get complex and we move on
- Lack of resources for the important but softer stuff--convening, relationship building, shared planning—prohibits stronger collaboration

Have Momentum but A Long Way To Go: Those interviewed noted momentum around community health improvement, particularly efforts using policy/system/environmental change strategies. Many saw the broader awareness of health disparities as progress but acknowledged the lack of substantive action...

- Investments in place-based change (PSE), including TA and various capacity building activities, present a strong base to build upon
- MN Food Charter is a prime example of the interest and willingness to come together for shared planning/learning, as well as the need for mechanisms to take collective action (not quite there yet)
- Starting to use common language and to see chronic disease prevention/advancing health equity in a broader context (not just as public health issues)
- Awareness and real concern around health equity (including laudable steps with HD report) but not yet broader public awareness or acceptance of structural racism driving inequities

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The Benefits Are Clear: Interviewees invariably shared the sentiment that the time is right to discover new ways of working together. The common benefits being sought included....

- We could substantially increase impact and reduce duplication if we had mechanisms for clear commitments, coordinated planning/implementation and investments
- Helping all the stakeholders to see what's going on – and start to learn together, fill gaps and identify unique contributions
- Sustaining action without worrying as much about shifting political winds and waiting for the next big grant
- Provide opportunities to leverage the unique strengths of various local and statewide stakeholders—including cross-sector synergy at local and state levels
- Helping the bigger state level groups to better coordinate/cooperate around resources and roles could significantly enhance our effectiveness at both local and state levels
- We have an opportunity to inspire and to operate more like a real movement (the best of big and small) working together

II. New Ways of Working Together

Ideas On Shared Purpose & Function: Align the interests, assets and resources of local and statewide stakeholders working to create healthier and more equitable communities by...

- a) Help the **bigger statewide groups better plan and coordinate** their health improvement investments and work
 - Convene both formal joint planning processes and informal key touch-points with bigger players (e.g. MDH, larger TA providers, funders and advocacy groups)
 - Consider some sort of MN Convergence Model (like National Foundations) with those funding health improvement—joint funding, learning and evaluation
- b) Support **effective networking, relationship building and peer learning** across the broader (cross-sector) range of local and state stakeholders
 - Having semi-regular in-person gatherings for really effective peer learning and capacity building—could be topical or by sector; regular statewide gathering would help cement a common sense of purpose and strengthen relationships critical to statewide networks
 - Explore ways to build on “learning collaborative” and/or “community of practice” models that can lead to deeper learning, results and replication—for example, how to do collaborative CHNAs or implement equity boosting strategies at a community level

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- c) **Provide access to resources** that support action: TA, models/examples, relevant data/data tools
 - Provide access to meaningful local and statewide data sets/data tools and help understanding of how to use to drive change, including how to demonstrate impact
 - Create an effective web-based space to help coordinate existing assets: tools, models, calendars of webinars and other opportunities; easy for anyone to add tools and examples (need to think through b/c lots of dead space websites)
 - Map who's doing what and where: e.g. local coalitions, HEAL & Tobacco policies, and various health improvement investments (needs to be easily updated)

- d) Serve as a catalyst for **collective action on a couple of big goals** that require local-state and cross-sector collaboration
 - Provide process support to one or more (depending on resources and capacity at the time) initiatives aimed at a bold goal
 - Choose focus based on criteria such as: a lead champion, capacity, timeliness, energy/interest, offers opportunities for wide range of stakeholders, etc.
 - Examples: helping implement various pieces of the MN Food Charter or a some sort of campaign leading to state policy change

- e) Build **awareness, educate and advocate** (make the case) for ongoing investments in healthier communities
 - May naturally happen through some or all of the above; could include common messaging and shared advocacy on a broad set of healthy community/equity boosting investments

III. Structure

Ideas on Structure: All agreed that it would be a mistake to create a new organization or a super elaborate/bureaucratic structure. Finding just enough structure to provide support to more intentional collaboration (such as 'e' & 'd' above) and nimble process support for more organic face-to-face and virtual networking and learning is seen as key. Several expressed the aspiration to create structures and processes that leverage existing assets/capacities and "bright spots." This new structure would allow an array of organizations or networks to lead at different times or to lead different initiatives or functions. Creating something that is owned by a wide-range of local and statewide stakeholders—something akin to an organized movement—vs. a program or government driven effort was a common sentiment.

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Backbone Support: Building on the collective impact approach, several commented on how critical it will be to have effective backbone support, including:

- Dedicated staff (at least 1) to help coordinate overall communication, and support follow-on agreements, etc.; plus perhaps in-kind staff support from different organizations to support specific initiatives or functions
- MDH was identified as an obvious backbone organization (building on the SHIP infrastructure), although some suggested it would be ideal to have a couple of different organizations providing complimentary and differentiated backbone support
- Potential supports include: internal and external communication, data/evaluation/research, convening support, advocacy support, project management (form to follow function regarding what supports are most necessary)

Steering Committee/Leadership Team: A smaller but diverse steering committee or leadership team that has influence and credibility across sectors and among social justice advocates is seen as imperative. More specifically...

- Provide vision; ensure resources and appropriate backbone support is in place; operate as servant leaders (share decision making with those not on SC); proactively use credibility with respective networks or constituency; actively engaged
- See power in the network and what the network accomplishes, not in the decision making of this smaller group
- Key attributes: geographic diversity, racial and ethnic diversity, sector diversity and mix of local/state
- Common Organizational Perspectives Identified:
 - Public Health: State & Local
 - CBOs: Local collaborative, experience with health equity
 - Private Sector: Chamber, Alliance for Healthy MN, large corps
 - Faith Community: Active in healthier communities
 - University: Extension, Community engagement, CBPR
 - Foundations: Those investing in place-based health improvement
 - Advocacy: Local and groups such as Heart, Lung, Cancer etc.
 - Healthcare: Hospitals and/or Associations, Health Plans
 - TA Providers: Center for Prevention, for example

Note: Several imagined that short term workgroups or initiative specific groups would naturally emerge. In other words, participating on the SC is not the only place (and maybe not the primary place) to play a substantive role.

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IV. Keys to Success

- Clear Scope—even if it's broad—defining what's in and what's out? Clear focus areas?
- Ensuring that the voice of community (and community voices that are often left out) are substantively involved in all aspects of the emerging structure
- Not having too much structure at the beginning; picking a couple of things to start working on (learning our way into it)
- Committed leadership to get over the hump of pulling it together—moving beyond the clumsy start up phase
- An authentic partnership with private sector—so this isn't health or public health in the narrowest sense
- A balance between relationship building/networking and results
- Having some measurable success
- Having a broad frame to include different facets, co-benefits or goals of different sectors and finding handful of focus areas

Note: Q: Is this SHIP 2.0 or better to come up with broader brand with SHIP as a key piece? Name?