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Kimberly Bradley: Hello, everyone. Welcome to the Healthy Start and Collective Impact Digging Deeper into a Community Engagement and Systems Change Approach webinar.

I'm Kimberly Bradley, the Technical Advisor for Community Engagement with the Healthy Start EPIC Center. I will be moderating today's webinar along with Laurita Kaigler-Crawlle from the Boston Public Health Commission, a Healthy Start grantee.

With me are other members of the EPIC Center team as well as the MCHB division of Healthy Start and Perinatal Services staff. We have approximately 90 minutes set aside for this webinar. This webinar is being recorded and the recording along with the transcript and slides will be posted to the EPIC Center website following the webinar.

Before we dive into the content today, I wanted to invite and encourage you to participate throughout this webinar by sharing questions, comments, reflections in the chat box located in the lower left hand corner of your screen. We will be breaking for comments and reflections a few times throughout the webinar and have a Q and A session planned during the second half of our time together today. If we happen to not have enough time to address all the questions by the end of the webinar, we will include them in a frequently asked questions document that will be posted with the webinar materials on the EPIC website.

Just one additional housekeeping reminder: you will be asked to complete an evaluation survey at the end of this webinar. We greatly appreciate and value your feedback, so please take a moment to complete it.

I'm going to kick us off today with a polling question.

Did you attend the Collective Impact session at the Healthy Start Convention in November? Just trying to get a feel for who participated in that event. If you could please mark "yes" or "no" or "not sure." I'm just going to give a few more seconds here. A few more minutes. A couple more. There we go.

Okay, great. So it looks like we have about a 50/50 breakdown of who participated at this convention. This is going to serve as a review in some respects, for those of

you that participated in that session at the Healthy Start Convention, as well as an opportunity to share new concepts.

Just briefly I want to review our agenda. I'm going to go over our objectives for the call today here in a second. We will also hear a welcome from Makeva Rhoden, a Project Officer with HRSA. And Laurita is going to share some reflections on Collective Impact and help frame Sylvia's presentation.

Sylvia Cheuy from The Tamarack will present. She was the presenter at the CI portion of the Healthy Start Convention back in November. Then we're going to move into a Q and A portion of today's webinar, which is divided into three sections. The first section will focus on CI related questions directed towards the Healthy Start and Perinatal Services division that were outstanding from the Healthy Start Convention. Then we will go into the second session, which is going to focus on outstanding questions that were content related from the convention. And then we'll have an opportunity to address the questions submitted via the chat during today's webinar. Again, we encourage you to send in your questions throughout this webinar.

Finally, we will discuss the next steps for the training and TA on this very important topic.

Just to review today's webinar objectives, we're going to review the five conditions of Collective Impact that lead to meaningful results. Address that same question posed during the Healthy Start Convention, engage in Q and A regarding grantees' Collective Impact efforts, and discuss follow-up activities that Healthy Start grantees can take part in in moving forward on this topic.

Makeva Rhoden is joining us on this webinar today and will provide a brief welcome from HRSA. Makeva is a Project Director in the division of Healthy Start Perinatal Services. She is also the Division Lead for the Healthy Start EPIC Center Training and Technical Assistance Contract. Welcome, Makeva. Thank you for joining us today.

Makeva Rhoden: Thank you, Kimberly. Good afternoon to everyone.

On behalf of the division at Healthy Start and Perinatal Services I would like to welcome you to today's webinar, which focuses on one of the five Healthy Start Approaches, specifically "achieving collective impact".

As you already know, community engagement is an integral part of how you work with community members to move the needle on the topic of infant mortality. The competitive funding announcement, community engagement for Healthy Start grantees affects formal development of a cross sector Community Action Network or the CAN that focuses on reducing disparity in perinatal outcomes through cross sector information sharing, collaboration, and [inaudible 00:05:24].

In the past, you have done this work through what was known as the "consortium". Now we are asking that you continue this process with your CAN and use the method of Collective Impact as a strategy for mapping and evaluating this type of community engagement.

Collective Impact is the result of having organizations from different sectors agree to solve a specific social problem using a common agenda, align their efforts and use common measures of success. Since the outcome of Collective Impact is of the utmost importance to our division, it is necessary that we provide you the tools and resources to achieve this goal.

Our hope is that this webinar provides some additional insights on the five conditions needed for Collective Impact and addresses some questions you may have as you begin this great work in your Healthy Start community.

Again, I thank you for being here and enjoy the webinar.

Kimberly Bradley: Thank you, Makeva, for that welcome and helping to really set the stage for this important topic.

Now I'd like to welcome Laurita Kaigler-Crawle. As I shared earlier, Laurita is co-moderating this webinar with me today. Laurita is the Director of Program Development and Implementation with the Boston Public Health Commission Bureau of Child, Adolescents and Family Health, a Healthy Start grantee.

As a level three grantee, the Boston Public Health Commission via Laurita serves as a grantee peer leader and mentor for this work that we do around Collective Impact. Welcome, Laurita.

Laurita Kaigler-Crawle: Thank you so much [inaudible 00:07:02]. Thank you, members of the EPIC Center team.

For those of you who were able to attend the Collective Impact session at the convention, you may recall that I was fortunate enough, or I mentioned that I was fortunate last October to attend the Collective Impact National Training hosted by the Tamarack Institute. That experience was a really refreshing opportunity for me. It enabled me to begin to think about the work that we do within the Community Action Networks in a new manner, which is for lack of a better word, a re-framing of work that is very familiar and very similar to what we have done in the past, but with a very different lens put upon it.

So what I would like to share with you based on my experience is that Collective Impact will strengthen our capacity to create large scale community wide impact, by enabling our Community Action Networks to reach consensus across diverse stakeholders. And to address perinatal health issues using a common agenda, aligned efforts and shared measures of success.

It's important to consider when this means to the presentation that Sylvia Cheuy will provide some of the things about Collective Impact that set it apart from other approaches. It might be worthwhile to think about these questions while listening to the presentation that is forthcoming.

What are the differences between what we have been doing to engage and involve our stakeholders and community partners in this approach, the Collective Impact approach?

How can our Community Action Networks create and implement strategies that shift public health paradigms and do more than offer additional or better perinatal services and programs?

Another question to consider as we learn about and apply Collective Impact is are we really prepared to relinquish ownership and decision making power as backbone agencies and embrace a leadership structure that is designed to generate

sustainable change for community by enabling the collective to drive how the Community Action Network will address the social determinants of perinatal health inequities?

So with that said, it is my pleasure to introduce, for those who were not able to attend the CI session at the Healthy Start Convention, and re-introduce for those who were at the convention, our feature presenter for today's webinar, Ms. Sylvia Cheuy.

Ms. Cheuy is a Director with Tamarack, an institute for community engagement. She leads the Seeking Community online learning team, and provides coaching, leadership and support in the fields of collaborative leadership, Collective Impact and community engagement to Tamarack's community partners through the design and delivery of learning events.

Throughout 2014, Sylvia has facilitated several dynamic and interactive presentations for grantees funded through HRSA's Maternal Child Health Bureau. Sylvia's experience working with MCHB funded grantees has provided her the opportunity to work with MCH leaders that are applying Collective Impact within the context of maternal child health and early childhood systems.

Welcome, Sylvia. Thank you for joining us today.

Sylvia Cheuy: Thank you so much, Laurita. It's nice to hear your voice again.

Laurita Kaigler-Crawlle: Likewise.

Sylvia Cheuy: Hello, everyone. For those of you who were able to join us in November, if some of this feels like you're hearing it all over again, I'd really encourage you to think about how you might talk about Collective Impact to folks that you meet up with in your community who aren't living and breathing this every day. That's one way to keep it fresh - imagining how you might make it real and authentic from your own experience.

For those of you who have not yet had a chance to check out the Tamarack community resources, I really want to just emphasize for you that we host three interrelated learning communities. But the one that will be particularly relevant for you is the one referenced by the yellow circle, called "Leading Collaboratively".

It's our Tamarack CCI learning site. Those of you who go there will find lots and lots and lots of resources, tools and case studies about different groups working to implement Collective Impact. The big takeaway is you don't have to start from square one. You can build on the shoulders of other groups' experiences and that's part of what Tamarack sees as its role and contribution to this work.

Again, in terms of my presentation specifically, I just want to do a quick recap for you all on Collective Impact. Really on into doing something that is new from the presentation that I made in November, which is really helping you to know and understand the cyclical nature of how this work typically unfolds. And then really reground and reemphasize that it isn't just working differently. It's thinking differently about the work that we do that is very much embedded in the work of Collective Impact.

Here's a good grounding in the definition. It's really about working across sectors, exactly as Makeva said in her opening, to effect positive change and consistent change on a complex community issue. I think the big takeaway and the big lesson learned from those who are out in the field doing this is that the devil's in the details, just like the picture shows, right? You've got your plan. One of the things that's beautiful about Collective Impact is it's elegant and simple overview of a very comprehensive approach to addressing complex community issues. The reality is that the devil is very much in details around bringing this to life.

One of the key questions that we at Tamarack are often asked, and others as well, is what's the difference between collaboration and Collective Impact? Because many of us have been working collaboratively across organizations for quite some time.

I think for me, two things I would like to highlight. For this here, the visual in front of you is a spectrum from, on the one end, competition all the way through to a full integration between organizations or programs. As the visual also depicts, the assumption being that as you move along that continuum, this collaboration continuum, a sense of individual turf declines and there's an assumption that in order to move along this continuum effectively there needs to be growing levels of trust.

Where the red box is depicted here are the realms of collaboration that are embraced by a Collective Impact approach. I will say, however, a couple of other things.

One, that while Collective Impact is a form of collaboration, not all forms of collaboration are Collective Impact. Some of the key differences are that A, Collective Impact really emphasizes working not just within one sector, but intentionally building bridges across multiple sectors on a common issue.

A second distinguishing characteristic of Collective Impact relative to other forms of collaboration is a real and deliberate focus on shared measurement and monitoring progress over time.

The third component, I would say, that distinguishes Collective Impact from collaboration is a real intentional focus on ongoing learning and reflection amongst the key players who are advancing the work.

Another key framing piece that I want to offer out before jumping into the meat of Collective Impact is the importance of distinguishing simple, complicated and complex problems. We talked about this at a bit more length in November. I can certainly share more, but simply put, not all kinds of problems are the same. Simple problems are problems that are predictable and known and we know what the solution is. An excellent analogy for simple problems is making soup. I have a recipe. You have a recipe. If we both do the same thing with the same ingredients, odds are our soups going to come out the same. That's simple.

Complicated is . . . the analogy often used is sending a rocket to the moon. This is a much more involved effort than making soup. There are multiple systems that all have to align and work together - the navigational system, the cooling system, the engineering system, whatever. However, each one of those is knowable. If we put together these systems appropriately and snap them all together, we have a very strong likelihood of building a rocket that can fly.

Unlike the other two types of problems, complex problems are much more dynamic. The analogy often used is being in a relationship or raising a child, because each child is unique and different, the parenting strategies that one would use that work very effectively with your first child, who happens to be a girl, will

look completely different or may need to be completely different from the strategies you need to implement as a parent of a boisterous young boy who likes to climb trees and needing different kinds of stimulation.

The complex problems, what distinguishes them are that it's not just the problem itself that is the focus. It's also the reality that the different component pieces engaged and involved or impacted by the problem are constantly evolving and changing as well. It is the recognition that many of the complex issues facing us in community are very much like that. They're not static. And how they play out in one community could look very different from how they play out in another. As a result, Collective Impact has proven to be an effective approach for addressing these kinds of problems, precisely because it is very rooted in an appreciation of how you have to work fundamentally differently when you're trying to make a difference on a complex issue or challenge.

So, let's now go into a framing of Collective Impact. Anyone who has read the original papers published by John Kania and Mark Kramer in the Stanford Social Innovation Review in the Winter of 2011, will know that they are credited with really creating this simple framework to illustrate a series of patterns that they had documented of initiatives that were showing incredible success in advancing positive change on a range of complex issues.

Their simple overarching definition is that, "Collective Impact is a disciplined cross sector approach to solving complex social and environmental issues on a large scale." And each one of these component pieces is an essential part of Collective Impact.

A Common Agenda really reminds us, it's not just across multiple sectors and partners having a common vision, but also a shared understanding of what we think the nature of the problem is we're trying to address and some agreement around how we might solve it.

The Shared Measures really, as I said at the outset, is one of the distinguishing features that separates Collective Impact from other forms of collaboration. It is a recognition that as a collective group, you are going to be monitoring and tracking data, and using that to help inform and continue to refine your approach to addressing your issue.

Mutually Reinforcing Activities acknowledges that across the different partnerships it isn't necessarily about integrating programs and services, but more that what you're trying to do is make sure that you line up the various programs and services that you each offer, so that they are seamless and offer a comprehensive array of initiatives around addressing a particular issue or situation.

Continuous Communication has three dimensions to it. One is reminding the folks who are in leadership roles in a Collective Impact effort of the importance of trust building and good and effective communication between and amongst themselves. A second layer of communication that needs to be attended to in Collective Impact efforts speaks to the need for each of the leaders of a Collective Impact effort to pay attention to communicating and sharing back what they are learning through this work with other leaders within their own organization. And then thirdly, it's a reminder and acknowledgment that the work of the Collective Impact effort needs to be communicated out and needs to engage the broader citizens that you are hoping to serve.

Then the final Collective Impact condition recognizes the need for some kind of Backbone coordination or support. That basically what they're saying is we cannot work in this way without creating some kind of a coordinating structure to facilitate this happening. Trying to do this off the side of one's desk while you're doing your same old, same old work at the same time is not realistic or effective.

So let me pause here now and invite you to join me in a poll. The first question I'm interested in to help direct my comments moving forward is which of the five conditions of Collective Impact would you say you are most familiar with? You can choose more than one. So please go ahead.

[pause]

Just need a couple more responses plugging in, so I'll wait a second or two more.

Okay. Let's take a look. Wow! So many of you feel very, very familiar with the coordinating role of Backbone support, which is fabulous. I would say what I'm seeing very clearly are the areas. I mean, there's curiosity, certainly, around the other four conditions, but Shared Measurement being the most significant. Yeah, okay. That's actually really helpful to me.

This next slide, this next second poll will help me further refine and tailor my comments for the balance of my presentation, which is which of the five conditions of Collective Impact are you therefore most eager to learn more about?

[pause]

Good. Thank you.

And the winner is Shared Measurement. Good. Not a surprise, given what you had identified as the area that you feel least or most comfortable with, but a nice array of curiosity across the four. But I'll certainly do my best to emphasize going forward some of the stuff around Shared Measurement.

Okay. We've talked about the five conditions of Collective Impact, shown those to you. Now, the other thing that's important to acknowledge, though this is just starting to be explored in a bit more deliberate depth, is that there were also three important preconditions that need to be in place for an effective Collective Impact effort.

Those are the three: the influential champions, urgency of the issue, and adequate resources.

So influential champions. Just to clarify and expand on that a little bit. These are folks who are in leadership roles, or command credibility or respect around a particular issue, who are well-recognized as someone who can be trusted by key constituency groups you hope to engage. What you want from these folks is A, an awareness of the work you're trying to do. And B, more importantly, is a commitment to be a champion of that work, whether that's by opening doors for you and helping you connect in with people who you wouldn't normally reach. And it could also be bringing their own resources and knowledge and commitment and passion to this work.

Urgency of the issue is a reminder that just because we are living and breathing this issue of reducing infant mortality as a primary driving force for our work, that isn't necessarily how everyone in the community would view that issue. So it's critically important as we design a Collective Impact effort to go out and test what are people's knowledge and awareness of our issue? How do we need to shift that

perception, or what education is needed to enhance the profile of our issue as we begin to move forward?

The third precondition, adequate resources. I think the important thing to really stress here is it is about money, absolutely, and making sure that there are funds available for Collective Impact work, but it's also way more than just money, right? It's also commitments of time, commitments of knowledge and learning how to find and track down and engage those resources to support your effort over time.

These five framing questions are developed by the White House Council on Community Solutions. Specifically their collaborative toolkit. It is these five questions that are often used as a guide to say not every issue necessarily requires a Collective Impact approach. But if we find ourselves answering "yes" to at least three of these five questions, then we're actually, as a group, more likely to find Collective Impact a viable and worthwhile approach for advancing the work we are trying to do.

What we have here reminds us that Collective Impact isn't a linear model. And it doesn't just unfold in lock step. There are actual real distinct phases to this work. That there are elements of governance and infrastructure that are constantly at play throughout the phases of an effort, but what the nature of that work is would vary and change over time. Similarly, for our planning efforts, for our efforts to involve community and our work around evaluation, improvement and learning.

Certainly in the experience that we at Tamarack have had we over the course of a decade starting in 2002, running through 2012, we did our first iteration of what we called our Vibrant Communities Initiative, which over time, it started with 5 and grew to be 15 national multi-sector Roundtables in every urban center across Canada, from coast to coast, all with a shared commitment to finding ways to reduce poverty.

While the principles that guided each one of these 15 efforts was the same, the programs and services and how that work unfolded looked distinct and different across each one of the 15.

But certainly one of the things that we learned in stepping back at the end of the first decade, where we were able to demonstrate true meaningful progress to well

over 200,000 households across Canada in terms of a reduction in the experience of poverty for those folks, is that with that kind of a multi-year focus, it becomes critically important for those who are leading the effort to really think in terms of three to five year cycles. Because beyond the three to five year cycle, the world has changed so much, you're really just speculating. And that as you move through each one of these phases or cycles, you need different kinds of leadership to be put in place. So passionate startup leaders, entrepreneurial leaders are often what's really important at the get go, but then as your initiative matures, you might need someone with much more stable, management-type leadership to help stabilize a maturing collective effort.

Similarly, just as leadership needs evolve and change over the three to five year time span of an initiative when you're thinking and planning, so too does the learning and reflection piece. While the focus will evolve, it is critically important that learning and reflection be an essential element in the design for how you make this work unfold for yourself.

The good news for you all is that there's been some beautiful work done to say as you're moving from phase to phase, there are some predictable tracks that others have begun to diagnose and identify, and some important ground rules for how one navigates through those traps, which I want to share with you in a bit more depth as we move ahead.

I think the other big takeaway is that this is a long term effort, fixing an issue like infant mortality. Making sure you have opportunities for your leadership and membership to renew is critical for long term sustainability.

Let's unpack this. What does the cycle look like?

What I'm walking you through now is often called the ecocycle. It's taken from biological science and the science of living systems and what it reminds us is that all living initiatives, like a collaborative initiative in a community, is forever changing and dynamic, but it goes through some predictable patterns of growth.

The first startup from birth to maturity is called the "performance loop". Then there's something called the "renewal loop", which really then focuses through what we call "creative destruction" and ultimately renewal.

Let me just walk you through this in a bit more depth.

What you'll see is when you start up one of your efforts you start up here in a phase of exploration. This is a time of new ideas. This is when there's lots of possibility around what we could do to address our issue. Lots of multiple and unusual perspectives are being gathered. This is a time when we're constantly refining our definition of what it is we're trying to work on. But then as we take some experiments, take some action, over time what starts to happen is we move into the developmental phase. We may have piloted five, six, seven different initiatives of which over time, we discover three of them have real traction in our community. This is the time of effectiveness. This is when we put our developmental energy very deliberately into those three that seem to have traction in our community, and we acknowledge that the other two really aren't. Not that they're wrong, but the timing isn't right for them right now or they don't really jive with where your community's at in its own passions.

Then you move from the developmental phase up this curve to sustainability and growth to a phase of maturity. This is the time of productivity. This is where we start seeing a real effort to standardize, put in policies and procedures, really focus on efficiency, certainty and stability. Then over time, left unattended as the world continues to evolve, we may begin to discover that our proven programs are less and less effective. That doesn't mean that they are wrong. It just means that they need to evolve to fit with the changing times.

Often this is a time of crisis. At the time, it's where leadership needs to make some decisions about what we call "creative destruction". What is it of what you are currently doing or have historically done that you need to let go of in order to create some space to come around the loop again, and begin to put in place something new?

One other important thing about this lens or rhythm at looking at this kind of work is that over time what starts to happen is that different programs within your overarching effort might be at different phases at different times. Ultimately, that's a good thing for you as an organization.

As I said before, there are some predictable traps, patterns that have been identified as you move through the different phases. Here I won't go over them in depth, but

you will have them, are the traps that show up as people try to move from one phase to another. Some of the typical challenges that show up as well as some of the strategies around how one might navigate those.

Then finally, I want to just transition us from thinking about how these kinds of projects have historically typically unfolded to moving us now to going more internally to say that not only is this about working differently, it's about thinking very differently about the kind of work that we do. More recently John Kania, who is credited with authoring this notion of Collective Impact, was saying to a number of us that in fact, he's now come to realize that the five conditions and three pre-conditions of Collective Impact are essential but not sufficient to get to the kind of work that Collective Impact is really calling us to. And that in fact it is the shifts in thinking that are what's at the heart of a successful Collective Impact effort.

In the last few moments that I have I'm just going to quickly recap some of these. So what does this mean?

The first mindset shift that he really emphasized for us is we really have to, as folks that are used to leading these kinds of initiatives in communities, shift our emphasis from creating buy-in to really, truly creating ownership or co-ownership. For us, often, buy-in you would distinguish as, "I have this really great idea. And it's now my job to try and sell you to come on board and do what I want us to do, because I really have all the answers." To ownership being together we are trying to better understand the problem before we dive in and figure out together what our options are around how to fix it. One of the things I loved was someone saying, "When I find myself not listening and moving into sales mode, that's usually a good indicator for me that I'm moving out of ownership or wanting to create shared ownership and really too strongly embedded in the buy-in camp."

The second mindset shift that's critical and important to emphasize is one of thinking about some programs, two systems. The key here is not saying that programs aren't going to be part of the work. Absolutely they are. Having strong programs is necessary to have an effective Collective Impact effort. However, the mistake is for many of us, we've fallen into an assumption of thinking, "If I just deliver the right kinds of program, suddenly, magically the system is going to shift and change." But in fact, it's a reminder to us that we actually have to develop high

quality programming, but also divert some very deliberate and strategic attention to thinking about what are some of the system changes that we want to see happen? What are some of the strategies we need to put in place deliberately to allow those kinds of strategies to evolve?

The third important mindset shift which I really love and which, to me, excites me when I hear you folks talking about your CANs in particular, is that there's a real shift from recognizing content expertise and best or promising practice as "the king" to really acknowledging that the relevant importance and critical need to have context experts at the table. If you'll remember at the start I was talking about how one of the defining features of a complex issue or challenge is that it's dynamic and ever changing. In the same way, each community is a dynamic in and of itself. So strategies and proven practices that have worked well in one jurisdiction are a pretty good road map and useful to look at for us if we're thinking about addressing a similar issue in our constituency or in our jurisdiction, but remembering how context is important, we go in knowing that we're going to have to tweak or adapt a proven practice from somewhere else to fit the unique context of where we live, if we hope for it to be effective.

Then finally, the last mindset shift that I really wanted to highlight for folks is at the core, this is about moving us all away from positional leadership and thinking that there is a leader or an expert whose job it is to come forward with "the solution" for us that we all have to have then follow. More to a recognition that we need to move to a shared and adaptive type of leadership, where we're thinking and learning together, because there are no textbook and proven answers that we can just take off a shelf and implement to get where we want to go. Our work now is about learning from one another so that we can together co-own and co-lead the kinds of changes that we want to see in our community.

There you go. That's a quick snapshot of Collective Impact and some of what it's calling us all to, if we embrace this as a pathway to getting to where we want to go.

What I'd like to do now is just open up and remind you to go ahead and use the chat box. And post any "ahas" or takeaways or reflections or questions that are bubbling up for you.

[pause]

I know that these questions will be vetted shortly. Then I'm just going to I think I just end with giving you a bit of a grounding in where you can go again to find some more resources to learn more. Okay.

So do I turn it back over to you, then, Kimberly or to you, Laurita?

Kimberly: You turn it over to me, Sylvia. Thank you so much. This is Kim. Thank you for that very dynamic presentation. Very much appreciative of the review of the content, but also introducing some new concepts in there as well.

I see that folks are submitting questions, which is great. We're going to tackle those here in a second. I do just want to remind folks that the slides are going to be available along with a recording on the EPIC website. We will post that at the end of the meeting.

I just want to ask Laurita actually if you, from a grantee perspective, Laurita, have any comments or reflections based on what Sylvia just presented?

Laurita Kaigler-Crawlle: Sure, sure. Just listening to Sylvia speak reminded me, and I've also fortunately had the benefit of having a few months to spend some time reading over a lot of the resource material that Tamarack has provided.

One of the articles I read from John Kania in the CI forum really emphasized what they consider to be the prerequisite for Collective Impact, and it really speaks to Sylvia's point about paradigm shift. It's just really understanding how important it is to pay attention to the adaptive work and not just the technical solutions. For me, I have become, in my practice, very accustomed to thinking that I have the solutions, and not being mindful about the adaptive process required for really authentic collaboration and Collective Impact in this case. I think I had to let go.

I'm sorry. I apologize for the sirens in the background. That's the sound of aggressive snow removal in Boston. It's very necessary for us.

But it's important to just not have a knee-jerk reaction and apply the technical solutions that we're so accustomed to using, having formulated logic models and thought about our process before, we so often think we have the solution. But Collective Impact forces us to pause and understanding adaptive work that is a part of the process of Collective Impact. That's just what I would offer as someone who

continues to reflect on this process and in beginning to dream in this language. They say when you learn a language, you dream in it. Well, I think I'm getting to the dreaming point now.

Sylvia Cheuy: That's quite an achievement there, Laurita.

Kimberly Bradley: I'm going to move us. I see some additional comments coming in. We're definitely going to have a chance to share those with everybody. I'm going to move us right now. Please keep sending them in, your reflections, your thoughts and as well as your questions. I'm going to move us to our first part of our Q and A, which is focusing on questions that came up during the Healthy Start Convention around Collective Impact that were probably most appropriate for the division staff to respond to. I'm going to welcome Makeva back into our discussion here. We're going to go ahead and just dive right in.

The first question that I have here, Makeva, is when a particular area - a county, a ZIP code - has multiple Healthy Start projects funded, what are the expectations as it relates to each project's CAN? Can they or should they have one large CAN, kind of like a combined effort? Perhaps have sub-groups that focus on individual service areas? If so, how would that work in terms of data collection and reporting on the CAN? For example, could a level two or level three grantee take the lead, given their elevated responsibilities in this area?

Makeva Rhoden: Hi, Kimberly. Hopefully everyone can hear me now. Thank you for your question.

The answer in short is "yes". When there are multiple Healthy Start projects in one ZIP code, Healthy Starts are allowed to have one large CAN. Responsibilities must be clearly identified via an MOU or other agreement. Each grantee will be held responsible for their own community, so whatever area that you're over in terms of those ZIP codes and counties, you will be held responsible for your own community, so that if the overall effort is unsuccessful, each grantee's activity will still continue.

We don't want to shift responsibilities totally over to just one organization so it looks like you're not assisting with that larger CAN effort at all, but you're just piggy-backing on something that someone else has done. We really want our

grantees to play a leadership role and even in some cases co-lead such efforts. So we understand that level twos and level threes have those elevated responsibilities and they are welcome to lead those efforts, but again, that will require some joint discussion between those groups.

Kimberly Bradley: Great. Thank you, Makeva.

Another question that came up during the convention was around the responsibility level of level two projects. Are level two grantees responsible for serving as the backbone agency for their CI initiative?

Makeva Rhoden: Where appropriate, level twos can serve as the backbone agency for their Collective Impact initiative. Again, as stated in the previous question, we know that level twos and level threes have this elevated responsibility. But again, when appropriate, the level twos can take on that responsibility.

In some cases we do expect even our level ones to be sort of the backbone organization as well. Again, given that our level threes and twos were already given that elevated responsibility, but where level ones think that is appropriate, they can be the backbone as well.

Kimberly Bradley: Okay. Thank you.

The third question here is if there are existing non-Healthy Start funded Collective Impact initiatives that include issues related to infant mortality, perinatal health, etc., can a Healthy Start site fold into that initiative even if they aren't leading those Collective Impact efforts?

Makeva Rhoden: Thanks for that question as well. Again, the short answer is "yes", but be mindful. As stated in the first question, the Healthy Start project will be held accountable for delivering outcomes in their area of responsibility and maintain their effort if the overall effort stagnates or is unsuccessful.

Kimberly Bradley: Okay, great.

And the last one here, Makeva, from the convention. Collective Impact promotes having 50% content experts, for example like legislators, professional staff, etc., and 50% context experts, for example consumers, community leaders, etc. For benchmark reporting purposes, who does the Healthy Start participant membership

pertain to? That language is from the CAN related benchmark indicator that [inaudible 00:48:07] membership language. Is this limited to a woman or a mom being served individually by the program? Or can this include fathers, grandparents who are actively involved in the program, program participants that have successfully completed services, but those that continue to be engaged in the CAN, etc.? Who does that count as?

Makeva Rhoden: Okay. I really like this question. In terms of the 50% context experts, and again, that's consumers and community leaders, etc., this can go beyond the woman or the women or program participants served by the program. And include other community members. This could include individuals who had completed the program or as was stated, past participants, and who have openly expressed an interest to continue to connect with the program. We oftentimes have participants who have completed the Healthy Start Program, but they are very interested in this topic, so they want to stay connected. This would be a great way for them to stay connected to the topic of infant mortality.

Additionally, selection of a context expert must make sense for the program. It cannot be randomly selected just to fulfill this requirement. Again, people should have a genuine interest in the topic of infant mortality and the solutions proposed to address infant mortality. They have to show, again, a genuine interest in achieving the goals of the CAN, and want to make a true contribution in order to achieve Collective Impact.

Kimberly Bradley: Thank you, Makeva. This is very helpful information. I see some follow up questions being submitted, so we will have a chance after Laurita asks some questions of Sylvia, content related questions of Sylvia, here in a second. We'll come back and do another Q and A session.

So Laurita, I'm going to turn it over to you.

Laurita Kaigler-Crawlle: Okay. Great.

Sylvia, we have a few outstanding questions from the Healthy Start Convention. One of the questions to come in was from a governance perspective. How is Collective Impact different from collaboration and consortium?

Sylvia Cheuy: That's a great question. I think for me, one of the ways in which Collective Impact is different from other forms of collaboration, as I said at the outset, one is that usually you're trying to intentionally pull in multiple diverse perspectives into a Collective Impact effort, which then understandably creates issues and challenges with respect, obviously, to governance, because different sectors come with different pre-sets of assumptions about what governance ought to look like.

Overall, what I would say about governance from a Collective Impact perspective is that oftentimes there is a real desire quickly, particularly when there's large sums of money involved, to quickly create a huge governance structure around a Collective Impact effort.

One of the tensions with taking on that approach is we're sort of layering on an organizational lens to work that is much more organic. One of the challenges is, as we've seen when the Collective Impact work unfolds, is that we may go through two or three iterations of what we think the "it" is that we are working on together before that gets crystallized. And the tension is that if we put too much of our energy too soon into trying to dot every "I" and cross every "T", there's a lot of resistance that's unnecessarily created when we have to just keep listening, because we haven't quite nailed it yet.

I think the other important piece around that, though, is to recognize that there is an important role for a fiscal sponsor, so you do need an established organization to be the fiscal host of a new beginning Collective Impact effort, for sure. A great example from New Hampshire was a New Hampshire children's behavioral health Collective Impact effort that emerged. Initially, the conveners of it were two foundations. They actually agreed to hold the fiscal sponsorship role to get this initiative going for a full year, but were really transparent that at the end, when it had matured, when the group had built consensus across the state around a collaborative strategy to address issues of children's behavioral health, they fully intended to issue an RFP, where that role and the governance function would be allowed to evolve to authentically engage the key leaders and stakeholders who had come on board to help with the [inaudible 00:53:23] effort.

Kimberly Bradley: Does that answer the question, Laurita?

Laurita Kaigler-Crawle: It does for me. I think those are important distinctions to understand. But it's just the beginning of understanding that we need.

I have another question for you, Sylvia.

Sylvia Cheuy: Okay. I do want to say one last thing quickly, though, before we leave that, which is the visual below is a really interesting model for Collective Impact governance. It's created out of the Center for Social Innovation in Toronto. It's a collaborative governance framework and model. I'm happy to share some more detailed information about some of its key features. I think the key is that they pull together and convene working groups on issue areas that emerge, but they don't give them so much structure that after the work is finished, those can't deplete down. And that the Center for Social Innovation's collaborative governance model has been now used by a number of different Collective Impact efforts. There's lots of frameworks and samples that we can share. Minimal governance is, I think, the key word.

Laurita Kaigler-Crawle: Thanks, Sylvia. Next question for you.

Sylvia Cheuy: Okay.

Laurita Kaigler-Crawle: Given the unique circumstances that many Healthy Start grantees are facing as they apply Collective Impact for what may be the first time, how do we as Healthy Start grantees retrofit Collective Impact to Healthy Start Community Action Networks that are already working together?

Sylvia Cheuy: Beautiful. I love this question. Here's what I would say. Just a couple of thoughts and ideas.

First, I would say really adopt an asset-based approach. I'm a big believer in you've done stuff in the past that's worked well. So before you launch out and start with a clean slate, take some time to reflect back and say what are the strengths of the approach that we've used up until now? What are the important lessons about how we work together that has served us well, and that we want to be very intentional about bringing forward as we embark on this Collective Impact approach? That would be first and foremost.

Secondly, I think I'm also a big believer in . . . a lot of this work is about thinking together. The importance of visuals and shared anchors to help us make our individual thinking more visible and transparent to each other are really key to helping us think together better and build trust. That collaboration spectrum slide that I showed you at the beginning, oftentimes what we've done is worked with groups to say, "Okay. For the folks who are part of a CAN, pre a Collective Impact effort, why don't we all go and put a red dot on where we think we are in terms of this spectrum of collaboration right now?" That gives us an opportunity where there's some gaps in perception to explore why or how different people have assessed where we are. Then sometimes we say, "And now take a different color dot. Let's call it blue, and let's all put a blue dot on where we think we would like to be or where we need to be to really get done the kind of work that we know we need to do together to make a difference around reducing infant mortality where we live?"

Then again, allow people to individually put things where they are, where they think they would like to be, or where they think an initiative like yours needs to move towards. Then again, you can have some conversations about why people think that the levels of collaboration need to increase or thoughts and ideas about what are some of the practices or programs or what are some of the things we can do to help move us along this continuum? And build the kind of trust that we need with each other? So that would be one thing.

The other thing I would say is really, really taking the time to acknowledge that we are building a shared language, always. Shared language for me is always just an indicator of our own thinking. So being as transparent as we all can be about this new language of Collective Impact, demystifying it for folks that haven't had a chance to read the papers or aren't written by Kania and Kramer or aren't, that's not their learning style. How do we make this kind of thinking available and accessible to each and every person around the table, so that they can help to see how we're moving and can feel like a full participant in challenging and holding each other accountable to thinking and working together in this new way?

Build on strengths. Really take the time to build consensus, build trust, build shared language, and work towards.

I think that the other big piece is while you are being holistic and you are taking a comprehensive approach, paradoxically, you can't do everything all at once, either, right? A big learning in this work is when choosing the kinds of programs that you might want to start on, you go where the energy is. You go where the passion is within your community and you use those programmatic opportunities as little learning labs to help test new ways of working together, to celebrate success together, which build trust. To challenge us to think differently about how we view the problem up until now. I like to call those "safe fail experiments". What are the safe fail experiments that we want to try at a programmatic level, because whatever the result, we know that we'll learn something that will shed deeper light on our understanding of what the issue and how to affect it positively.

So there you go. That's some quick thoughts on that.

Laurita Kaigler-Crawle: Very, very helpful. I love the idea of a "safe fail" or "failing forward". It's a great takeaway.

I have another great question from you that is outstanding from the Healthy Start Convention. How do we ensure participation of representatives as champions with accountability and experience in our Community Action Network?

Sylvia Cheuy: Very good question. For me, the question really reminds of an important learning that the Hamilton Roundtable on Poverty Reduction had. One of the things that they felt very strongly about because they were working on issues related to poverty reduction, is that they absolutely wanted to have people with experience of poverty sitting at the table with them, right? This was particularly important, because it helped remind all of us for whom this kind of work was part of a job. That there was an urgency around addressing this issue that those of us who weren't living it and breathing it every day didn't have to always have front and center. So it was kind of an accountability created by having those folks at that table. But one of the challenges that they ran into, which is common of many of these kinds of initiatives, is the sense of tokenism. So great effort would be put into finding folks with lived experience and removing a lot of the obvious barriers to their participation in the leadership role on this initiative. Making sure that they had child care or that they had honorariums, so that their transportation was covered or whatever. But regardless of those efforts, they still were not being

tremendously successful in their ability to either attract or retain folks with lived experience at their leadership table.

Then suddenly at some point they had a revelation, which was the rest of the folks sitting around this table were representatives of organizations or of sectors. And so when they spoke, they were speaking from a place of knowledge on behalf of a broad sector. Whereas when all we do is invite an individual who has a lived experience of poverty to the table. Poverty is such a diverse issue, right? I may be an immigrant senior who's facing poverty. Well, my reality of poverty is fundamentally different from a single teen mom with two kids. Her reality of poverty is fundamentally different. How dare I presume to speak on behalf of her? I don't know her reality.

What they did at the leadership level was recognize that what they needed to do was create for their folks with lived experience almost like a dialog circle, where the leaders that emerged in that dialog circle could then speak on behalf of their constituency in the same way that organizational representatives could speak from their own perspective.

Once they did that and recognized the need to have folks with lived experience meeting and dialoging together, so that they were creating a shared experience that was representative of all of them, and that leaders from that table were then invited to the leadership Roundtable. They had much greater success.

Does that help?

Laurita Kaigler-Crawle: That's tremendously helpful, Sylvia. Thanks so much. It's great to have the benefit of your learned experience and sharing the lessons learned from past will save us from having to relearn those lessons.

My next question is also outstanding from the convention. I think you may have touched on this before. How do we create a common language that engages CAN members from a range of experiences and expertise?

Sylvia Cheuy: I think I have talked about it a little bit. For me, sometimes it's about visuals. Sometimes it's about, ironically, slowing down our conversations at meetings to make sure that we are talking about the same thing, even when we're using the same words. I think I used . . . I've shared with some of you, anyway,

doing some work locally with folks that are all concerned, because I live in a rural area, about the opportunity of local food as an economic driver, but also as a source of good health.

The tension when we tried to organize our first meet up of all folks interested in the issue of local food in our area. And discovered to my shock that though I was very clear that to me local food was anywhere within a 100 mile radius of where I lived, my colleague, who was the VP of strategy for Maple Leaf Foods, a big food producer, for him, his definition of local food was anywhere in Canada. We were using the same words, but we meant something totally different. So the big learning is when you're doing this work, you ironically have to sometimes go slowly in order to go fast. Go slowly to create safety, shared understanding, and a clear shared plan forward, so that you can actually go fast in terms of addressing the issue that brings you all together.

Laurita Kaigler-Crawle: So we need to hit the ground listening.

Sylvia Cheuy: I love it. Exactly that. Exactly that.

Laurita Kaigler-Crawle: I have another question for you, Sylvia. I think this one will be of interest to many folks on the webinar with so many having interest and experience in being a backbone agency.

What does it mean to be the backbone agency, if you don't have the authority to mandate change?

Sylvia Cheuy: Oh, what a great question!

I think, for me, it's useful to think about the different roles. There's been some lovely, more in depth work done by the folks at FSG and others around unpacking the unique role of the backbone. They've identified six core themes around that. But I think, you know that mindset shift that we spoke about from positional leadership to situational and shared leadership? I think that's really the mindset shift one has to hold when you are playing the role of the backbone. Because ironically, though you can be named the backbone, the community and the agencies that you're needing to partner with where you live won't necessarily engage with you or work with you as the backbone without you building trust. And part of how you do that, I think, is being really transparent both about what the

parameters are that you can and cannot work within, and being really transparent about what you can give, but also what you need to get from this initiative. And what you're being held accountable for.

There's a really important learning, which is oftentimes, lots of different efforts, either within an organization or within a community get sabotaged because of what we call people's hidden agendas. While you'll never get rid of those 100%, I think often what we forget is to make space and/or to give permission that we can all bring our own very personal agendas to this work. If we have an opportunity to put those forward, then we have to ask ourselves collectively in what ways can we work so that all the personal agendas as best we can, being clear about what are the organizational agendas that we're going to try and help address together. And being also really clear about when we are concerned that we may not be able to touch on one or another. So it's always about being transparent, I think.

It reminds me of that expression, that people never resist change. They resist being changed. So my challenge back would be how do you engage people to understanding the issue and to understanding from their perspective, so that they can be part of the change? While at the same time recognizing you're not going to get everybody, and nor do you need to.

Laurita Kaigler-Crawlle: That's important to remember. Thanks so much, Sylvia.

I have to apologize for my Freudian slip everyone. I have referred to the program as "Head Start" when of course it's "Healthy Start." I do apologize.

This will be the last outstanding question from the Healthy Start Convention. To what extent is the policy change expected to be included in the application of Collective Impact for the CAN?

Sylvia Cheuy: Well, in answering this question, I think I would need to frame it first by saying I'm certainly not a content expert in Healthy Start and the unique structure of the CANs and their mandate. But having said that, what I can say from my perspective is one of the reasons why policy change is identified as an important function of the work or an important part of the work to consider in advancing a Collective Impact effort brings us back to that mindset shift that I shared around program strategies versus systems strategies.

For me, when I'm thinking about this notion of policy change, it's more from the lens of while we're working hard to address change at a programmatic level, are we also making sure that on our leadership agenda, we are thinking about what some of the system change strategies might need to be to have the work that we are doing to coin an expression from a mentor of mine, "part of our water supply". Not this unusual anomaly, but just part of the normal, everyday way in which things now start to happen where they live.

Does that help?

Laurita Kaigler-Crawle: Very helpful. And thanks so much, Sylvia. The insights that you provide around Collective Impact is tremendously valuable to the work that many of us are focused on, so thanks again.

Kimberly Bradley: Great. Well, thank you both. I think we're going to head on to our general Q and A. There's tons of questions coming in. Lots of comments and reflections. Laurita, I'm just going to ask you, be mindful of time, if there are a couple comments or reflections that people have shared that you can share with everybody?

Laurita Kaigler-Crawle: Sure. I've got a comment that the idea of dialog circles is enormously helpful. And there's a big thank you for that insight.

We've got another comment. Well, this is more of a question actually, that I'm sure you'll cover. But someone commented that based on the response, a CAN participant is only currently a woman participant. And past participant, but not the dad or grandmom or grandfather. That often helps in raising a baby of the program participant. And the listener wants to understand if she is hearing our responses correctly as we refer to the subject of Healthy Start Program.

Kimberly Bradley: Yeah, I did see that come through. Makeva, I'm wondering, I think that's in reference to the last question you spoke about. Could you provide us some additional clarity around that? What Healthy Start membership for the CAN can look like, participant membership?

Makeva Rhoden: Right, okay. The response is in reference to the question that talks about 50% context experts, which includes consumers and community leaders. What my statement was, it wasn't that you cannot use anyone besides your

program participants. What I used was an example of a past program participant, which of course, I used female, because I'm a female. I said that some past participants may want to be a part of your CAN and you are welcome to have them as part of your CAN. That does not mean that grandparents who assist in raising a child or even the dad, who is interested in the issue of infant mortality or any issue that relates to infant mortality. It is not to say that they cannot be a part of the CAN as well. They definitely can.

My main point was that the selection of those who join the CAN, as it relates to the context experts, has to make sense. You can't just randomly pick someone to be a part of the CAN just because you're trying to meet this requirement. So it has to make sense. Yes, having a dad on the CAN. That makes sense, because they are ultimately connected to the child that's entering your program or the infant that's a part of your program. Having a grandparent, if they are one of the primary individuals who is helping raise that child, it definitely makes sense for them to be a part of the CAN. So that context expert doesn't necessarily have to just be program participants. It can be past program participants, it can be other individuals in the community, but it has to make sense and they have to relate some way to the program.

Is that clear?

Kimberly Bradley: Yes, I think that's very helpful. And also just as a reminder to everybody we will have an FAQ document that will come out a week or so following the webinar that will help to capture some of these questions and responses as well. I encourage you to revisit that if you want to review for additional clarity. But thank you very much, Makeva.

Makeva Rhoden: You're welcome.

Kimberly Bradley: We have a ton of questions that have come in. I know we're not going to get to them all, so again, that just is the value of the FAQ document. Both Sylvia and Makeva will respond to the questions that we can't get to. But I am going to just dive right in here and ask a couple of questions. Let's see.

One question that came in - Sylvia, I'm going to direct this one to you - refers to tools that are available or techniques to help assess and evaluate Collective Impact initiatives. Can you speak to that?

Sylvia Cheuy: I absolutely can. I'm not sure if you can tell from the way it was phrased. Is it assessing readiness? Is it assessing performance? I don't know if there's any more clarifying details around that.

In the absence of knowing, I'm going to go broad to start.

Kimberly Bradley: Yeah, I think broad is good.

Sylvia Cheuy: Folks at FSG, the Collective Impact forum, have recently published a three-part guide on evaluating Collective Impact, which is really useful.

The first is [inaudible 01:14:42] theoretical framing about the nature of how best to do that and some of the key insights.

The third guide is actually a whole list of sample indicators that one can draw from, and that might be informative for you around that.

In terms of assessing readiness, specifically to embrace a Collective Impact approach or what you need to develop further to embark on the Collective Impact pathway, the five framing questions that I shared in one of the slides that came from the White House Council. Are we sure that a collective, cross sectoral effort is what's needed? Are we prepared to invest three to five years in an effort like this [inaudible 00:01:15]? Those are one set of questions that I think are particularly useful in engaging one's leadership in a community around. Do we know what we're getting into? Are we clear about what we're saying "yes" to when we're saying we want to embrace a Collective Impact approach?

That would be another evaluation and assessment tool. There're also lots of very simple tools that have been created, like an outcome mapping tool that my colleague Liz Weaver worked with quite a bit when she was at the Hamilton Roundtable, where she would send out a weekly email to the leads that she was working at in her community, asking them to report on any changes or positive momentum with respect to the project that they had seen. Number of meetings attended, or number of media clippings, or whatever. Then in the final column, ask

folks to share what role they felt that the Roundtable had played in seeing this result happen. It was all about consistency. She sent that out once a week, and she got back whatever responses she got back. She plugged them all into an Excel spreadsheet and at the end of the year, she tallied it all up, and had and could consolidate on one or two pages the impact in one year around this issue.

Kimberly Bradley: That sounds like not only a good way to capture information on an ongoing basis from an evaluation standpoint, but also really helps I would imagine, with that continuous communication which is so critical to successful CI initiatives.

Sylvia Cheuy: Absolutely.

We've also seen the beauty and power of story. There's lots of stuff on digital story telling as a really important method of evaluation that also has tremendous impact on the community or continuous communication [inaudible 01:17:30] as well.

Kimberly Bradley: Makeva, I'm going to direct this next question to you. Again, looking at those five conditions and seeing that the group on the call today have particular interest in the shared data pieces, it potentially could impact that particular condition. This really talks about what is or what could be the involvement and use of FMEA and/or PTOR process that communities sometimes engage in for data related to decision making or developing a common agenda, etc.?

Makeva Rhoden: All right. Thank you, Kim.

To me, both the FMEA and the PTOR processes use data as a tool for quality improvement in relation to understanding the systems that impact the well-being of women and improve infant mortality in your community. Where grantees find it helpful, the data from these two processes can be used as a base line or starting point for discussions around developing a common agenda or better yet, setting a stage for Collective Impact.

I have worked with grantees in the past who have been APTOR or they've done the PTOR process. And again, before when we were using the process of consortium, they actually presented the results of their PTOR with the consortium. And from there, the consortium worked together to identify, "Well, what is the area of most

need in terms of the topic that we need to address that will connect back to reducing infant mortality in our community?" So I find that both processes are very helpful. Again, where a grantee finds it necessary or needed, that they can use the data from either of those, the FMEA or PTOR to be the fine point for those discussions for the common agenda.

Kimberly Bradley: I am speaking from experience with Healthy Start Project down here in Florida, we did something very similar, where we used both the FMEA and the PTOR data and the recommendations that come out of PTOR to help really guide and set the stage for what we were going to focus on. So I think that's a great suggestion, Makeva. Thank you.

The next question I'm going to direct to Sylvia. The person writes, "I'm wondering how Collective Impact efforts can continue to receive input from community providers who simply do not have the time to attend meetings and work groups, such as health care providers who tend to have very busy schedules and have the wish to be engaged, but are often prevented from actively attending meetings due to patient care schedules and urgent patient needs?"

Sylvia Cheuy: Wow. I love that question.

Kimberly Bradley: Me, too.

Sylvia Cheuy: Often, one of the things that we've learned is as much as we'd love to, and create these big events and have everyone come to us, sometimes it really is about going to those individuals. Recognizing those time constraints and being respectful of those, how can we just get a commitment that we will check in twice a year or three times a year unless there's an urgent need. And just bring them up to speed around what's happening. And be really focused and intentional around saying, "Here are questions that we have around how best to engage your institution around this, that or the other." Or, "In what ways could you begin to do some work with us around that?"

The other thing I've seen work well is to have almost like an advisory council. That you get permission two or three times a year around a particular issue, and say to them, "Can you just meet with us and be sounding boards for us when we share where we are and where we're moving toward?" It's really an opportunity to

continue to keep them informed and engaged about your work. And laying it out for them in ways in which they can begin to tell you concretely how they can contribute.

Kimberly Bradley: Great. Thank you.

Thank you for that. I'm actually going to ask the next question of both of you. And this will probably be our last question, because we have got some other additional information to share for the last five minutes. But the questions that we don't get to, again, will be on the FAQ. If you both could just briefly comment on the following question, which is in communities like ours, where there are multiple CAN-like activities ongoing, what suggestion do you have to pursue integration of effort and not duplication of effort?

Makeva, if you want to take a stab at this first, and then we'll hand it over to Sylvia.

Makeva Rhoden: All right. Thank you.

I actually believe that this particular question is related to the CAN ensuring that they have mutually reinforcing activities rather than duplicative activities. This helps clarify for everyone that's a part of the CAN what portion of the common agenda that the Healthy Start grantee directs and the components of the common agenda that the other partner may direct.

I think that's the area that we're moving into when I'm looking at this question, especially when you're talking about duplication of effort. It really is making sure, again, that you're not doing the same thing. That you're doing these mutually reinforcing activities that really build upon one another. And again still helps with that common agenda.

Kimberly Bradley: Thanks, Makeva. Sylvia, anything to add?

Sylvia Cheuy: Just one thing, which is, this question certainly emphasizes for me how important it is to do your homework, right? None of us in doing this kind of work are walking into a community that has not done this kind of stuff to one degree or another before. So part of it is about being able to show and honor that you are aware of that. So no need to convene yet another opportunity to engage . . .

Like it's about leveraging on those events that are already happening, and seeing how can you bring forward or learn from those and incorporate that into your own work and thinking.

We did a lovely workshop in one community that has been affected by a flood, where there were a multitude of activities happening in a relatively small community. What we did at a community event was just had different people list and name all the different projects that they were aware of around a whole host of themes and tack them up on the wall. People were astounded. Sometimes it is around snatching 15 minutes on an agenda to get people to help you map out what is already happening, which is a great logic check for you in terms of who have you already plugged into and who haven't you? How might you incorporate and engage planned events to help you further your own thinking and agenda?

Kimberly Bradley: What a great, very useful technique. I love that idea about the 15 minute check in around the community table. That's awesome.

I'm going to move really quickly, because obviously we have a lot of energy and interest in this topic, which at the EPIC Center we're very excited about. In an effort to respond to that and provide as much training and PA as we can around this topic to the Healthy Start grantees, we have designed a training series that focuses on Collective Impact learning and implementation through peer sharing and exchange.

This webinar served as a review of some of that material and exposed us to new concepts. And then provided, obviously, the opportunity to address some questions.

Our next CI focused event is going to be at the National Healthy Start Association Spring Conference. We're very happy to partner with them to get on their agenda. On March 1st, from 2:30 to 4:30, Sylvia will be conducting a Collective Impact workshop that will explore the ecocycle a bit further. We started that today. Talk about some tools and really want to use that as an opportunity for exchange. In this platform, we're so grateful for your comments and questions, but this will be a face to face opportunity to start the dialog.

Space is very limited for this session, so we just request that those that are staffing the CAN and/or if you happen to have members of your CAN attending the spring conference, we want to give priority to those individuals, just given the limitation in space that we have.

Another activity that we have, the big activity that we have is beginning in late April, early May. We will start our Collective Impact discussion group series. We will kick off six theme discussion groups, and each group will be co-facilitated by a Healthy Start grantee and an EPIC Center team member. The co-facilitation team will be going through special training sponsored by the EPIC Center and provided by Tamarack, so that they can provide expert support on CI to grantees and help plan and facilitate very relevant and helpful monthly discussions taking place within those group calls.

We anticipate that these groups will meet monthly for about six to eight months. These calls will provide dedicated space for you as grantees to share with and learn from your peers that are working through similar things around Collective Impact. There will be opportunities to discuss and share tools that can help address each of the five conditions as well as the evaluation piece that was brought up today. Then there also will be opportunity . . . this will provide the foundation to focus on the development of action plan development for your CAN. And finally, aside of the series, we will also have additional webinars and workshops as needed.

In an effort to help us figure out what the six theme discussion groups could be, I have a polling question here that I want to ask you guys to respond to quickly. When considering possible topics or themes for each of those six groups, and the vision would be a grantee would join one group that's most relevant to them, can you please share if on the list below what would be most appealing, one that would seem to make most sense to you to join based on the situation?

If you have other suggestions as to another grouping, or another theme for a group, please drop them in the chat box, because we're going to gather that information, too.

This is just kind of helping us design those six discussion groups.

[pause]

Just a couple more seconds here.

[pause]

All right. It looks like definitely the urban areas of interest. Okay, great. This information is going to be incredibly helpful. If you have additional ideas, please don't hesitate to email us.

Just finally, just a few reminders before we end. Please mark your calendar for the upcoming webinars. On February 24, we have one from 3:00 to 4:00. That's going to be an "ask the expert" webinar on stress, depression and resilience. Also please note that the February 26 webinar on care coordination is being rescheduled due to a scheduling conflict. So please stay tuned for more information on that.

Then on March 10 from 3:00 to 4:00, there will be another "ask the expert" webinar on preconception. You can get the registration information for webinars through the latest EPIC Center alert, or visit the grantee forum on the EPIC Center website. Speaking of the website, it contains all recorded webinar information, transcripts, slides from all the webinars that have taken place.

Finally, just a quick reminder. Please complete the evaluation survey that you'll receive following this webinar. I want to thank our speakers and Laurita for co-moderating with me. This concludes our webinar today. And thank you for your participation. Have a great day.