

A Story of Change:



Improving Health and Health Equity in Northern Michigan

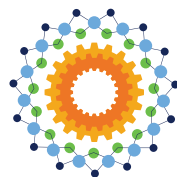
"I'm thrilled to support work taking place in our local community and across the region that's looking at the social determinants of health and health disparities from a systems perspective."

— Sarah Eichberger, Public Health Nutritionist, Michigan State University Extension

"Positioned at the local level, it can be difficult to stay on top of what's happening regionally. We tend to spend time recreating wheels, so to speak. The Northwest CHIR Learning Community offered a great opportunity to network, learn from others, and bring insights back to my collaborative. I can now connect agencies in Manistee with those from other parts of the region who might offer lessons learned from their work."

— Rose Fosdick, Coordinator, Human Services Collaborative Body, Manistee County

Jessica Conrad with



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Resources for change.

This case study originally appeared in *Stories of Change: How a Systems Change Approach is Transforming a Region*, by Jessica Conrad with *Rotary Charities of Traverse City*. *Stories of Change* includes four case studies. Three feature the evolution of multi-stakeholder systems change initiatives in Northwest Lower Michigan working to address youth/young adult homelessness, food insecurity, and barriers to health and health equity. The fourth shares the story of how Rotary Charities, a place-based funder, came to support systems change work.

Stories of Changes offers a unique look at what's possible when many individuals, organizations, and initiatives adopt a shared approach to affecting positive change and align their efforts to address the upstream sources of our toughest community challenges. Full of actionable insights, the case studies are an informative example of purpose-driven collaboration and a source of hope in an unpredictable, fast-changing world.

Acknowledgements

Stories of Change would not have been possible without the contributions of so many who are deeply committed to creating communities where all can thrive, including our storyteller, the dozens of changemakers interviewed for the project, and Rotary Charities' board and staff members, past and present.

Place-based systems change involves many people working across sectors and fields. The stories told here are collective stories of and for the communities from which they have come, and great care has been taken to tell the truest stories possible. Yet with collective stories, there is not one truth, but many. We acknowledge that the stories included here may not represent the whole truth for all involved.

We are deeply grateful for those who have contributed their memories and perspectives to support us in documenting this transformative work and for the skillful storyteller who has woven these threads together to create this narrative tapestry.

About the author

We want to thank storyteller Jessica Conrad for expertly leading this project. Jessica handled each story with care and dedication—careful with its complexity, shared language, and multiple perspectives. Her process embodied values like patience, relationship building and trust, clear communication and roles, and inclusivity, reflecting a deep grounding in systems practice.

For over a decade, Jessica has been working at the frontiers of positive change as a researcher and writer, storyteller, communications strategist, program manager, and curriculum designer. She brings extensive experience designing and delivering strategic initiatives and transformative learning opportunities—including graduate-level courses focused on systems and complexity theory and leadership—in her previous roles at the RE-AMP Network, the Blekinge Institute of Technology, Forum for the Future's School

of Systems Change, and, most recently, the Garfield Foundation. While with the Foundation, Jessica contributed to its collaborative networks portfolio and stewarded a community of practice for grantee partners leading large, multi-stakeholder projects focused on equitable climate change, cancer prevention, community development, and food solutions.

Jessica currently supports purpose-driven people and organizations in a consulting capacity with research and writing, coaching, facilitation, and custom offerings in the realms of leadership, storytelling and communications, organizational learning and development, and program design. You can reach her at hello@jessicaconrad.com.

About Rotary Charities of Traverse City

Rotary Charities of Traverse City is a 501c3 grantmaking public charity. It was founded in 1976 after oil was discovered on property owned by the Traverse City Rotary Club. The organization provides grants, impact investments, and opportunities for connection and learning across a five-county area in Northwest Lower Michigan to contribute to an adaptive and thriving region for everyone.

Learn more about Rotary Charities at:

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Introduction

Since 2016, the Northern Michigan Community Health Innovation Region (NMCHIR) has been working to improve health outcomes and health equity for residents living in Northern Lower Michigan. Today, more than 160 cross-sector partner organizations work in coordination across a 31-county service area to improve the social determinants of health—the conditions in which people live, learn, work, play, and age—to achieve their shared vision of healthy people in equitable communities.

Together, partners draw on systems change approaches not just to break out of silos, but also to build the collaborative capacity required for creating a shared understanding of the broader community system and for aligning their strategies to shift the conditions that perpetuate health inequities and disparities. Thanks to their collective efforts, residents across the region are now benefitting from more fair and just opportunities to attain their highest levels of health.

What follows is the story of how NMCHIR partners are strengthening the community system's ability to respond to residents' needs and transforming individual lives in Northern Lower Michigan. A story of systems change, it is organized into four phases of development that support multi-stakeholder initiatives in advancing transformational change.¹

About the Northern Michigan Community Health Innovation Region

The NMCHIR is one of five CHIRs established and funded by the Michigan Department of Health and Human Services (MDHHS) in 2016. Community Health Innovation Regions, or CHIRs, represent a unique, coordinated approach to improving the conditions in which people live, learn, work, play, and age. CHIRs engage a broad group of stakeholders to identify and address factors that

affect residents² health, such as transportation, housing, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to come together around a common vision and align their objectives and services to meet the needs of their community. What results is a community that purposefully responds to residents' needs, supporting them in achieving a higher quality of life.³

The NMCHIR, specifically, is a cross-sector partnership of local health departments, hospitals, community-based organizations, units of local government, insurers, businesses, academia, and residents who work together to align systems, address barriers to health and well-being, and transform individual lives in Northern Lower Michigan. Initially designated as a 10-county service area, the NMCHIR committed to scaling up over time and now serves roughly 829,860 residents across 31 counties.

Today, the Northern Michigan Community Health Innovation Region serves roughly 829,860 residents across 31 counties in Northern Lower Michigan.

"One of the most valuable aspects of the NMCHIR is its regional scope. None of our community partners' county configurations ever seem to be the same. For instance, the transportation agency serves five counties, housing serves 10, community mental health serves six, and aging serves another 10. Through the NMCHIR, we've been able to pull all the services together and grow from serving 10 to 31 counties today."

— Jenifer Murray, HUB Director, Community Connections Northern Michigan Community Health Innovation Region; Grant Coordinator, Region 2 & 3 Perinatal Quality Collaborative

¹ See the appendix, "Using a Systems Change Approach to Address Complex Community Issues," for a full description of a systems change approach.

² Here, *resident* is synonymous with community member, client, or patient.

³ Available from: <https://michirlearning.org>

Health inequities and disparities in Northern Michigan

The conditions in which people live, learn, work, play, and age strongly influence their health, well-being, and quality of life. Referred to as the social determinants of health, these community conditions “enable people to live their lives to the fullest,” says Jane Sundmacher, the NMCHIR’s executive director. Social determinants of health can be grouped into the five domains of economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. While the social determinants of health can have positive effects on people’s health and well-being, they can also contribute to health inequities and disparities at both individual and community levels.

Just as health inequities and disparities exist in many regions across the U.S., they are evident in Northern Lower Michigan. The NMCHIR’s community health assessment and improvement initiative called MiThrive suggests that residents—especially those enrolled in Medicaid—experience barriers to active living, healthy food access, affordable and safe housing, transportation options, and behavioral health care. These kinds of barriers have serious consequences for health equity, with residents of low-income areas having lower life expectancy than their more affluent neighbors. Negative impacts extend to the community level as well.

Public health and health care efforts traditionally prioritize approaches such as individual health education or case management to address the downstream consequences of health inequities and disparities, such as behavior that increases the risk of injury or disease. While these strategies can be effective at the individual level, they often leave out the upstream sources of the problem, including the community conditions that influence people’s lives. What’s more, health departments, hospitals,

and community partners seeking to improve health outcomes at the community level typically work in silos to collect data, identify priorities, and implement interventions. The process is inefficient given the complex nature of the problems and the number of providers potentially duplicating their efforts in the absence of collaboration.

*The social determinants of health are the community conditions in which people live, learn, work, play, and age that lead to a wide range of health and quality-of-life risks and benefits. They can be grouped into the five domains of economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.*⁴

*Health inequities are systemic and unjust differences in opportunities to achieve good health and well-being, such as access to health care services or affordable and safe transportation options.*⁵

*Health disparities are preventable differences in health status or outcome linked to economic, social, or environmental disadvantage, such as the relationship between zip code and life expectancy.*⁵

*Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.*⁶

A decade of informal collaboration to strengthen health outcomes

In contrast, the NMCHIR builds on more than 10 years of informal collaboration between hospitals, health departments, and community-based organizations to address health outcomes at both individual and community levels. In 2014,

⁴ Available from: <https://health.gov/healthypeople/priority-areas/social-determinants-health>

⁵ Braveman, Paula. “What Are Health Disparities and Health Equity? We Need to Be Clear.” *Public Health Reports*, vol. 129, no. 1_suppl2, 2014, pp. 5–7. <https://doi.org/10.1177/003335491412915203>.

⁶ Available from: <https://www.cdc.gov/chronicdisease/healthequity>

seven local health departments came together to formalize their relationships by establishing the Northern Michigan Public Health Alliance (NMPHA) with the purpose of further strengthening public health across the region.

The NMPHA embraces Public Health 3.0, a model that recognizes public health as “what we all do together as a society to ensure the conditions in which everyone can be healthy.”⁷ The role of local health departments in Public Health 3.0 is to partner across multiple sectors and leverage data and resources to improve the community conditions that affect health and health equity. With this Public Health 3.0 mindset, the Alliance was thrilled when MDHHS designated it in 2016 as the backbone organization to support the NMCHIR as part of its federal State Innovation Model.

Phase 1 - Convene Stakeholders and Commit to a Shared Purpose



Convene diverse stakeholders to explore how they might work together to address the source of a complex problem and define a shared purpose for their collaboration.

Coming together to form the NMCHIR

In their first phase of development, most systems change initiatives face the critical task of co-creating a shared purpose to foster coherence across the group of participants. In the case of the NMCHIR, however, its mission to “improve population health, increase health equity, and reduce unnecessary medical expenses through partnerships and systems change”⁸ was defined by the MDHHS as part of its State Innovation Model.

The emphasis on partnership and focus on addressing barriers to both health and health equity seemed to speak directly to many health

care agencies and providers across the region. “Our mission attracted a variety of stakeholders. It’s more concrete than simply saying we’re trying to make our community healthier,” recalls Emily Llore, who serves as the NMCHIR’s director of community health assessment and improvement planning. “We intentionally look upstream to focus on the social determinants of health.” Participants also seemed attracted by the numerous benefits that come with cross-sector collaboration at the regional level, including the ability to strengthen partnerships, align priorities and strategies, maximize resources, produce and compare high-quality county-level data, see and understand both local and regional patterns in population health, and leverage the group’s collective wisdom.

Over time, the NMCHIR has grown to include roughly 164 diverse partner organizations that are united behind the vision of healthy people in equitable communities, where everyone feels safe and empowered to live a healthy and fulfilling life.

“We’re not just talking about the social determinants of health—we’re actually addressing them through cross-sector collaboration. NMCHIR partners include emergency providers, police, government entities, and nonprofit entities. We focus on housing, transportation, mental health, physical health. It’s not just lip service.”

— Paula Martin, *Community Nutrition Specialist, Groundwork Center for Resilient Communities*

“My agency collects a lot of data about how community members use local services and where the gaps exist. We want to be part of conversations in the NMCHIR about the social determinants of health to uncover why the gaps exist, or why some people’s needs aren’t being met.”

— Sara Johnson, *Resource Database Manager, Community Access Line of the Lakeshore*

⁷ DeSalvo, Karen B., et al. “Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century.” *Preventing Chronic Disease*, vol. 14, 2017, <https://doi.org/10.5888/pcd14.170017>.

⁸ Available from: <https://northernmichiganchir.org>

Phase 2 - Explore the Problem and Find Opportunities for Leverage



Explore the upstream causes of the complex problem to develop a shared understanding of the system and to identify promising opportunities for targeted intervention.

Exploring community conditions through the ABLe Change Framework

A commitment to the CHIR State Innovation Model and the NMCHIR's mission signaled participants' recognition that addressing the community conditions that affect residents' health and health equity requires an intentional focus on the issue's upstream sources, the social determinants of health. The questions then became, how might these cross-sector partners work together, and where within the community system might they focus their efforts to achieve greater health and health equity?

To investigate these questions, in 2017 more than 90 NMCHIR partners joined an in-depth training in the ABLe Change Framework⁹ developed by Drs. Pennie Foster-Fishman and Erin Watson of Michigan State University to help communities more effectively address complex social problems and achieve transformational change. The training took place during three separate two-day sessions over the course of six months. The training's purpose was to give participants the chance to learn the fundamental concepts of systems change; to explore new ways of working together; to explore health and health equity through the lens of the ABLe Change Framework; and to identify opportunities for targeted intervention that might shift the community system conditions that perpetuate health inequities and disparities.

To kick off the first two-day session, participants were first invited to assess their own work. "We

looked closely at our stakeholders and the impact of our work at different levels," recounts Llore. The session started with individual reflection where people organized their thoughts on colorful sticky notes. Next, people shared their reflections in small groups, and eventually everyone displayed their work on huge sticky walls for plenary review. The visual gave participants the chance to acknowledge the vast amount of work underway to improve health outcomes and the social determinants of health. With so many individuals advancing so much good work, they wondered why hadn't they already succeeded in eliminating barriers to health and health equity.

The question offered the facilitators an ideal segue to present fundamental concepts of systems change, including the defining characteristics of complex social problems and why they require cross-sector collaboration. "We learned that, despite our best intentions, we wouldn't move the needle unless we started working together in new ways," says Llore. Erin Barrett, the NMCHIR's regional community coordinator adds, "What's required is adopting different collaborative practices not just within our individual organizations, but at the systems level as well." Next, participants brainstormed the challenges they saw for cross-sector collaboration and for working more effectively at the systems level, including:

- Limited resources (both human and financial) for coordination
- Competition, turf wars, and "sector-specific" lenses that exacerbate siloing
- Tensions between individual, organizational, and community/systems-level needs
- Existing processes that don't give equal weight to all voices
- Difficulty in measuring the success of changemaking efforts

⁹ ABLe Change Process: Tools and Resources for Community Systems Change, Michigan State University, http://systemexchange.org/application/files/4515/9111/1141/ABLe_Change_Process_for_Community_Systems_Change_Tools_and_Resources.pdf.

When participants reconvened for the second two-day session, the facilitation team organized discussion groups by sector. Some people joined groups aligned with their experience, while others joined out of curiosity to learn something new. Discussions supported the groups in exploring possible policy or environmental changes that could be made across sectors to improve different social determinants of health. "Together we brainstormed strategies with a priority on off-the-wall ideas. It was exciting to see all these new possibilities for our work," says Llore.

Finally, the training's third session focused on the cultural changes that would be necessary for NMCHIR partners to embrace shared leadership and collaborative action. The session raised questions, such as: What principles might be adopted for creating actionable meetings that foster accountability? How will partners value the different roles people inevitably play (like devil's advocate or disruptor) in collaborative settings? Valuing these roles differently, how might partners navigate challenging conversations with greater ease? And how might partners share successes and credit?

Opportunities for leverage

In addition to the ABLe Change Framework, NMCHIR partners also gained exposure to collective impact¹⁰ and the Six Conditions of Systems Change framework,¹¹ all three of which undergird their work today. Using these tools during the training, NMCHIR partners identified multiple opportunities for leverage at two levels of the community system: structural and relational.¹²

Structural change (policies, practices, resource flows) – Leverage opportunities included:

- Promoting equity through system policies and practices to create fair and just opportunities for health for all
- Co-creating strategies that target the root causes of top-ranked barriers to health confirmed through extensive primary research and the NMCHIR's MiThrive assessment, which is designed to gather input from residents, especially those enrolled in Medicaid

Relational change (relationships & connections, power dynamics) – Leverage opportunities included:

- Greater coordination and alignment among diverse, cross-sector partners, with a focus on building trusting relationships and organizing for action and shared learning
- Being more responsive to resident voice¹³ to close the gap between traditional decision-makers and those with first-hand experience of community problems

Through the ABLe Change Framework training, NMCHIR partners learned that the community system is highly complex. Yet the NMCHIR is also, itself, a complex interconnected system of conditions and organizations with individual and shared priorities, structures, practices, and relationships. Given this, partners acknowledge that any collaborative action designed to target the leverage opportunities may result in negative unintended consequences. NMCHIR partners therefore share a commitment to continually consider how their own efforts might unintentionally contribute to the conditions that create the need for their work in the first place.

¹⁰ Kania, John, and Mark Kramer. "Collective Impact." *Stanford Social Innovation Review*, 2011. https://ssir.org/articles/entry/collective_impact.

¹¹ Kania, John, et al. FSG, 2018, *The Water of Systems Change*, https://www.fsg.org/resource/water_of_systems_change.

¹² Kania, John, et al. FSG, 2018, *The Water of Systems Change*, https://www.fsg.org/resource/water_of_systems_change.

¹³ The NMCHIR uses the term *resident voice* broadly to acknowledge all individuals who belong to the community system.

"We target leverage points through all of our work, no matter whether we're doing a MiThrive assessment, running a committee meeting, hosting a learning community session, or evaluating our work. Even when we're framing problem statements, we focus on the upstream sources of the issue, rather than its downstream symptoms or unintended consequences."

— Erin Barrett, Regional Community Coordinator, Northern Michigan Community Health Innovation Region; Public Health Planning Coordinator, District Health Department #10

"Applying a systemic lens represents a different way of working, and a different way of thinking. It's given us some great tools and greater awareness of our blind spots. We know our work affects the work of others. We really are all in this together, and there will always be enough work for all of us to do. We need to work together to maximize the limited resources available."

— Rose Fosdick, Coordinator, Human Services Collaborative Body, Manistee County

Phase 3 - Design and Carry Out a Constellation of Actions



Design and carry out a systems-change strategy sequencing the actions necessary for creating out-sized impacts throughout the whole system.

By 2019, the NMCHIR had successfully built a strong foundation from which to advance meaningful change. The NMPHA was providing backbone support to a broad base of cross-sector partners, many of whom were by then trained in systems change concepts. These partners had cohered around a shared mission and vision of healthy people in equitable communities, and they had identified leverage opportunities for targeted intervention within the community system. With additional funding support from Rotary Charities, the NMCHIR was poised for collaborative action.

A constellation of mutually-reinforcing actions

Among the NMCHIR's responsibilities is building a resilient network of cross-sector partners who support local residents, along with collaborative community health assessments and health improvement plans. Through these and other targeted interventions, the NMCHIR addresses all of the leverage opportunities identified through the ABLe Change Framework training at once, working at the levels of both population health and individual health. Murray suggests that NMCHIR partners constantly share what they're learning across levels of the community system through their activities.

What follows is an overview in broad strokes of the NMCHIR's Community Connections and MiThrive Programs, along with a more in-depth description of the Northwest CHIR Learning Community, a new intervention as of 2021—just three of the actions the NMCHIR supports to shift the system conditions that perpetuate health inequities and disparities.

Building a network of health professionals through Community Connections:¹⁴

"Community Connections addresses the individual health of people in our communities with a focus on the social determinants of health," describes Murray, who oversees its implementation across the 31-county service area. To develop the program, the NMCHIR convened a meeting in 2017 where partners explored how to better screen residents' needs and discuss how they wanted the community to respond. Participants co-created a process on a large sticky wall. "When I look back, we're pretty much doing what we originally said we would do," reflects Murray enthusiastically.

Community Connections is certified by the Pathways Community HUB Institute. It provides a framework for both identifying under-resourced residents at risk of poor health and social outcomes, and connecting them to resources to improve their health and well-being. "We partner with 36 different patient-centered medical homes¹⁵ to start asking

¹⁴ Available from: <https://northernmichiganchir.org/community-connections>

¹⁵ A *medical home* is a health care delivery model where a team, led by a health care provider, provides comprehensive and continuous medical care to patients with the goal of obtaining positive health outcomes.

their patients 10 questions about the basic needs of food, housing, mental health, physical health, utilities, transportation," says Murray. If a patient is interested in assistance, Community Connections will contact the individual within three to five days. From there, a trained community health worker engages the resident, develops a custom care plan based on identified needs, and connects the individual to resources for improved health outcomes.

On average, 250 referrals are made to Community Connections each month. These referrals have become a valuable source of data and learning for the NMCHIR.

"We want people to be healthy, but there are often a variety of reasons why people aren't healthy. The purpose of Community Connections is to surround people with the support they need to achieve the outcomes everyone wants."

— Jenifer Murray, HUB Director, Community Connections Northern Michigan Community Health Innovation Region; Grant Coordinator, Region 2 & 3 Perinatal Quality Collaborative

Conducting a collaborative MiThrive Community Health Assessment: Many organizations, from health departments to hospitals to nonprofit health care agencies to community-based organizations, are required to conduct health assessments for a variety of reasons, such as maintaining accreditation or meeting Internal Revenue Service requirements. More often than not, these groups conduct their assessments independently. In a departure from the status quo, the MiThrive Community Health Assessment builds connections between organizations to conduct a collaborative community health assessment every three years. The process involves collecting primary and secondary data to better understand what's happening from a population health perspective, involving residents in establishing priorities, and using the data to

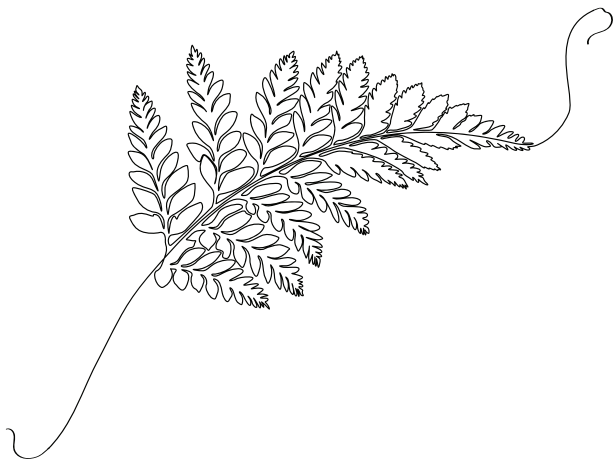
inform a regional community health improvement plan. "Through MiThrive, we leverage the perspective of hundreds of participating organizations and residents, pool our resources, and produce high-quality, open-source data that everyone can use, reducing duplication," says Barrett.

What's more, the intentionality NMCHIR partners bring to gathering information for the assessment represents one way they are being more responsive to resident voice. "In the past, residents were tapped so frequently for different assessments that they developed survey fatigue," says Llore. "For us, prioritizing residents and their experiences means changing how we work to meet their needs and ours." Take, for example, the assessment's demographic questions. Barrett convened community partners to reflect on their implicit biases and update the standard set of demographic questions for greater inclusivity. "Giving residents the chance to check more than one box for race and gender was a critical adjustment," she reflects. "It's been encouraging to see how small changes can have huge impacts for the people we're trying to engage."

With changes like this in place, the 2021-2023 MiThrive Cycle collected the perspective of 991 Northwest Michigan residents who prioritized the following areas for improvement in the belief that changes could be made to positively impact their overall health and well-being: access to safe affordable housing; access to quality behavioral health services; reducing chronic disease rates; and access to health care. Regional-level data from the assessment is available in MiThrive Data Briefs.¹⁶

Launching the Northwest CHIR Learning Community: In 2019, many partners of the Northwest CHIR (NWCHIR), which is focused on 10 counties in the northwest region of the NMCHIR, were participating in place-based action teams focused on local system issues and opportunities. When the COVID-19 pandemic hit

¹⁶Available from: <https://northernmichiganchir.org/mithrive>



The Northwest CHIR Learning Community: A fractal of the Northern Michigan CHIR

Systems change initiatives undertake a variety of mutually-reinforcing actions to advance transformative change. The opportunity of these actions is the chance to influence the system at a much larger scale than the scope of any individual action itself. Fractals, or patterns that repeat over and over at different scales, help us understand how this is possible, and the natural world offers examples of fractals everywhere. Fern leaves grow in a fractal pattern, and trees repeat their branching pattern from the trunk out to the newest branches. "Fractals teach us to start small, moving from the micro to the macro levels, creating patterns that get larger and larger as they grow," writes David Erlichman.¹⁷

The Northwest CHIR Learning Community—a facilitated space for peer learning and collaboration—is a small-scale version, or a fractal, of the NMCHIR as a whole. As the story shows, the Learning Community not only evolved through similar phases of development as the NMCHIR, but also gives participants the chance to practice the collaboration and targeted interventions that the NMCHIR seeks to support at the largest scale for improving health and health equity.

in early 2020, the action teams became the perfect setting for troubleshooting issues brought on by the public health crisis. "Our focus became addressing critical needs. Getting masks and hand sanitizer into the hands of farm workers and that kind of thing," recalls Paula Martin, who is the community nutrition specialist at Groundwork Center for Resilient Communities. Llore adds, "COVID-19 seemed to create this unique time when people became open to changing almost everything about the way they worked. There was a sentiment that people just wanted to help their communities." The NWCHIR launched a variety of rapid responses through the action teams, yet after a year or so, Barrett noticed participants' energy shifting as urgent needs began to subside: "It didn't seem like there was as strong of a need for these spaces, so we posed the question, are the action teams still serving us?"

Coming together for a common purpose: Raising the question led to an organic evolution of the action teams into the Learning Community, a new space for partners focused on the 10 counties served by the NWCHIR. "The transformation of the action teams into the Learning Community speaks to our adaptability as a system. Partners are encouraged to speak up when a space no longer serves them, and we adapt our structures based on our partners' current needs," reflects Llore. Consolidating what people valued most about the action teams into a single space, the Learning Community became a safe, neutral setting for partners to come together for relationship-building, shared learning around topics of interest, and co-creation.

Barrett celebrates the "more organic, less structured" nature of the Learning Community, though she does provide overall leadership and facilitation at its bi-monthly meetings. Barrett's intention is to strengthen the group's collective capacity and foster a culture where all participants feel a sense of inclusion and belonging. Many partners who were previously engaged with the action teams have joined the Learning Community, in addition to others from

¹⁷ Ehrlichman, David. *Impact Networks: Creating Connection, Sparking Collaboration, and Catalyzing Systemic Change*, Berrett-Koehler Publishers, 2021, p. 178.

different parts of the NWCHIR and even some people who are brand new to the NMCHIR as a whole. “Anyone can join the Learning Community, though participation is weighted toward people from the nonprofit health care and public health space,” she describes. Roughly 70 people belong to the Learning Community’s listserv and about 10 to 20 participate in bi-monthly meetings.

Setting up shared infrastructure: In terms of operating logistics, Barrett circulates agendas in advance for input. Meetings always begin with a question to bring everyone’s voice into the virtual space, along with a level-set to orient participants new and old to the Learning Community and the topic at hand. Barrett frequently uses tools from the ABL Change Framework and facilitation techniques from the global design company IDEO to stimulate systems thinking. The Learning Community uses a Google Drive Folder to organize resources as open-source artifacts of their work and a shared calendar to keep everyone in the know about upcoming events.



The Northwest CHIR Learning Community uses the following community agreements to create a safe, neutral setting for partners:

- *Come as you are, and contribute what you can*
- *Experiment, fail fast, and learn along the way*
- *Value contribution over attribution*

Establishing shared priorities: Along with establishing these practices and supports, one of Barrett’s first priorities was to identify areas of focus for the Learning Community. Reflecting on the process for doing so, Martin recalls, “We assessed network needs and talked about what we wanted to learn and where we needed support.” The priorities that rose to the top aligned strongly with the leverage opportunities identified for the

NMCHIR as a whole and included amplifying resident voice and power, promoting health equity, and strengthening cross-sector coordination and alignment.

“I appreciate the level of intention that the Learning Community brings to creating a shared understanding of the current landscape of our community—our common issues and priorities, as well as areas of shared interest and shared values. It gives us a foundation to explore how we can collectively contribute to our goals.”

— Sarah Eichberger, *Public Health Nutritionist, Michigan State University Extension*

Taking action: Building on the practices the NMCHIR had already adopted around being more responsive to resident voice—including adapting demographic questions on the MiThrive assessment—in late 2021, the Learning Community began reflecting on the question, how might we *empower* residents to advance the vision of healthy people in equitable communities? A strong desire to shift power and resources directly into residents’ hands led to the Community Empowerment Project, designed to award mini-grants of up to \$5,000 to community-based projects led by residents. Learning Community participants worked on criteria for the grants, developed an application, disseminated it, and reviewed applications. In total, five projects were awarded funding in the spring of 2022, one of which provided peer-to-peer support for first responders. “What I appreciated most about the project is that it was people-centered, as opposed to data-centered. I learned so much about what community members need and want,” says Martin. “It was humbling,” adds Llore. “We thought residents would need and want so much more support from us, but they said, ‘No, we know what we’re doing here.’” Awarding resources in this way represented a step forward for the NWCHIR in shifting power to residents and closing the gap between traditional decision-makers and those with first-hand experience with community problems.

In June 2022, Learning Community participants focused their attention on creating a shared understanding of health equity and on learning how to embed its principles not just within the Northwest CHIR's decision-making, data collection, storytelling, problem-solving, and evaluation practices, but also within the partner organizations' operations. Challenging to grasp, yet essential to the systems change the NMCHIR seeks to advance, health equity "cuts across all six conditions of systems change,"¹⁸ says Barrett, "from our practices and policies all the way down to the mental models shaping decisions." Barrett organized opportunities for Learning Community participants to explore deeply entrenched obstacles to health equity—ranging from people's living conditions to social and institutional inequities—and to co-create strategies to overcome them. "We have conversations in the Learning Community that wouldn't happen anywhere else, like our recent conversations about health equity," says Sarah Eichberger, a public health nutritionist with Michigan State University Extension. "Some people think our region is homogenous, lacking different cultures and perspectives. Our conversations have helped create shared understanding around the level of diversity that does exist here and how to center it within our community health systems."

Spreading the learning: Acknowledging how learning spreads across the Northwest CHIR and beyond, Barrett says, "It's incredible to have a space for engaging in deep learning that participants can then cross-pollinate within their own organizations." Rose Fosdick, who serves as coordinator of the Human Services Collaborative Body for Manistee County, agrees: "We've collaborated on activities through the Learning Community, but for me, the real value has been taking information and resources back to my local community." Murray also emphasized the value she found in sharing the curated health equity resources with her Community Connections Work Group members, who later went on to share them with participating health and human service agencies across all 31 counties served by the NMCHIR. This is just one

way NMCHIR partners intentionally spread learning and good practices to shift the community system toward greater health equity.

Looking ahead: Not unlike many peer learning spaces inside systems change initiatives, looking ahead, the Learning Community faces the challenge of sustainability. Today everyone celebrates Barrett's leadership, yet Fosdick raises the question, "What happens when funding for the Learning Community dries up? If no one takes the lead like Erin has, peer learning opportunities become everybody and nobody's job at the same time, and it doesn't get done." Thankfully, with existing supports in place, partners will continue to benefit individually and collectively from the NWCHIR Learning Community's programming, and plans are now in the works to establish a second Learning Community for partners focused on the 10 counties served by the North Central CHIR.

"The Learning Community gave my agency the chance to develop stronger relationships with people working in other health and human services areas. Through these relationships, we've been able to improve the accuracy of the information we provide when people call the 211 line, and other agencies seem more likely to notify us of any changes in their programming."

— Sara Johnson, Resource Database Manager, Community Access Line of the Lakeshore

"There are so many groups doing so many wonderful things to address health inequities, but resources are scarce. When we're going after the same funding, it makes sense to build relationships and collaborate so we can get more done with less. One benefit of the NMCHIR is having a more transparent line of communication between everyone, especially around resource allocation. We want to be in the same boat rowing together versus competing with each other."

— Paula Martin, Community Nutrition Specialist, Groundwork Center for Resilient Communities

¹⁸ Kania, John, et al. FSG, 2018, *The Water of Systems Change*, https://www.fsg.org/resource/water_of_systems_change.

Phase 4 - Learn and Adapt for Continuous Improvement



Foster a culture of learning to support ongoing adaptation and improvement, and adopt practices to regularly take stock of progress toward short- and long-term goals.

Fostering a culture of learning

Since its beginnings, the NMCHIR has prioritized building a culture of learning out of recognition that advancing meaningful systems change requires challenging the status quo. To be successful, what's needed is a culture where partners listen to understand, feel safe to respectfully challenge one another's ideas, innovate together, make course corrections as needed, and share accountability—all elements of collaborative learning. Murray

Shared Infrastructure

Applying the principles of collective impact,¹⁹ the Northern Michigan Community Health Innovation Region (NMCHIR) established different forms of shared infrastructure to create stronger alignment across the initiative toward its shared goals.

Backbone support – The Northern Michigan Public Health Alliance provides invaluable backbone support, given the Alliance's skill and experience in designing and facilitating multi-stakeholder meetings and creating effective community health improvement plans focused on needs of populations made vulnerable, including Medicaid beneficiaries.

Shared resources – The NMCHIR has explored opportunities for collaborative financing. For example, Rotary Charities funded the exploration of a Pooled Community Wellness Fund. NMCHIR partners also share staffing, training opportunities, data, assets such as a community calendar, and knowledge and expertise, among other resources.

Participation – Participation in the NMCHIR is open to any resident or community partner who shares the NMCHIR's goals and seeks an opportunity for alignment, coordination, networking, shared learning, and/or expertise. The NMCHIR staff connects new participants to a formal hour-long orientation and the appropriate working group, committee, or learning

opportunity. Additional ad hoc orientation practices help the staff develop mutual relationships with new participants, strengthen the NMCHIR's culture, and remind everyone that they are free to come and go based on their needs, time, and energy.

Committees and work groups – To complement the backbone support, amplify resident voice, and facilitate information flow, the NMCHIR formed a variety of committees, working groups, and teams. These include action teams, the Clinical Community Linkages Work Group, the Community Health Assessment and Improvement Work Group, and a Steering Committee that reserves 51% of its seats for non-health care community representation. Residents, cross-sector community partners, and representatives from community power-building organizations or initiatives are all eligible to fill these seats.

Decision-making – The NMCHIR uses a consensus model for decision-making, intentionally gathering resident input.

These supports not only help the NMCHIR comply with the State Innovation Model requirements set by the MDHHS, but also provide just enough stability for the initiative to remain innovative and adaptable to shifting external contexts and the changing needs of residents and partners alike.

¹⁹ Kania, John, and Mark Kramer. "Collective Impact." *Stanford Social Innovation Review*, 2011, https://ssir.org/articles/entry/collective_impact.

reflects that on a day-to-day basis this looks like “constant learning, constant connection, constant checking in.”

One way the NMCHIR puts learning into practice is through action learning, an approach to problem solving included in the ABLe Change Framework. Action learning is a continuous cycle of defining problems, designing strategies for addressing them, implementing actions, and learning by assessing impact and responding quickly to feedback. The NMCHIR’s commitment to action learning has facilitated more effective responses to new data and emerging issues within the community system.

NMCHIR partners have also participated in numerous training opportunities to cultivate a learning mindset and build their collective capacity for working toward shared goals. Llore, for example, participates in Rotary Charities’ Systems Change Community of Practice, a facilitated space where practitioners engage in peer learning around common systems change challenges, such as measuring progress, communications and storytelling, and network health and well-being. Fosdick participated in Rotary Charities’ Leadership Learning Lab, which exposed her to different leadership and communication styles and inspired her to help organize a three-day communications skills training for leaders in Manistee County in partnership with a nonprofit called Our Community Listens. Others participated in a two-day training hosted by Rotary Charities with author David Peter Stroh on lessons from his book *Systems Thinking for Social Change*,²⁰ as well as instruction in Liberating Structures,²¹ easy-to-learn “micro structures” used to create more inclusive and engaging meetings.

“The concepts of systems thinking aren’t new to me, but the trainings I’ve attended offered a shared language for communicating about them, which has made it easier to convey complex, challenging, and even sensitive ideas.”

— Rose Fosdick, *Coordinator, Human Services Collaborative Body, Manistee County*

Ongoing evaluation

The NMCHIR embraces a quality improvement approach to evaluation that involves creating multiple feedback loops to gather input from diverse stakeholders on NMCHIR programs and adapting in response to feedback.

In the case of Community Connections, for example, HUB coordinators who oversee the clinical community linkages network meet monthly to discuss what’s working well, what challenges have arisen, and any new policies and procedures in an effort to create consistency across their 31-county program. Murray describes a new evaluation tactic of “texting clients an evaluation link at the end of our services” to ask for input as a complement to existing practices. Maintaining these feedback loops through close connection with community health workers supports Murray and her colleagues to constantly keep on the lookout for improvement opportunities.

Similarly, Barrett describes how evaluating the NWCHIR Learning Community involves checking in regularly with participants and asking two questions: How are we collectively supporting the conditions that facilitate change? And how will we know change is occurring based on our collective actions? Barrett plans to experiment with Outcome Harvesting,²² a relatively new evaluation methodology for systems change that involves

²⁰ Stroh, David Peter. *Systems Thinking for Social Change: A Practical Guide to Solving Complex Problems, Avoiding Unintended Consequences, and Achieving Lasting Results*. Chelsea Green Publishing, 2015.

²¹ Available from: <https://www.liberatingstructures.com>

²² Cabaj, Mark. Review of *Outcome Harvesting: Principles, Steps, and Evaluation Applications*, by Ricardo Wilson-Grau. <https://www.tamarackcommunity.ca/library/outcome-harvesting-principles-steps-evaluation-applications>.

collecting the outcomes (good and bad) from a diverse set of actors that add up to desired impacts. In the meantime, Barrett collects feedback from Learning Community participants to support quality improvement and ensure that the Learning Community's structure and priorities remain aligned with participants' capacity and interests.

The NMCHIR is also experimenting with ripple effect mapping,²³ an evaluation technique to uncover the intended and unintended consequences of the collaborative work.

Signals of change

The NMCHIR's tagline reads "Aligning systems. Transforming lives," capturing the essence of its approach for working toward its vision of supporting healthy people in equitable communities. The question becomes, how is the NMCHIR progressing toward its vision? Drawing on its learning and evaluation practices, NMCHIR partners have identified patterns (or trends) that signal positive change as a result of their collective efforts.

NMCHIR partners demonstrate the ability to adapt their practices at different scales—from building connections between organizations to conduct a collaborative community health assessment at the macro level, to adopting new assessment questions at the micro level—to better meet the needs of the residents they serve. NMCHIR partners also fluidly reorganize their structures to support cross-sector collaboration, as in the case of the action teams. "Being open to shifting our structures if they no longer serve our collective feels like a powerful signal of change," reflects Llore. "I'm part of other groups that won't change because they think it would suggest that what they've been doing all along isn't great. We try to model adaptive behavior in everything we do in service of our overall goals."

In creating space for cross-sector relationship building, the NMCHIR strengthens the community system overall and its ability to respond to residents' needs. Sara Johnson, the resource database manager for the Community Access Line of the Lakeshore, shares, "My agency plays a connecting role between residents who have needs and all of the service providers who help them. Thanks to the NWCHIR Learning Community, the service providers feel like my colleagues in a way that they didn't before. Now it feels like I'm working with them as opposed to alongside them. Our work feels more integrated." Johnson's example is just one among many others from NMCHIR partners who celebrate their deepened connection to other health professionals across the region.

What's more, the NMCHIR is more responsive to resident voice not just through efforts like the Community Empowerment Project, but also through what Barrett calls "micro practices"—small practices that lead to outsized impacts throughout the community system. "We're changing how we do community health improvement planning," Llore offers as another example. "We ask ourselves, will our plans impact the community? Have we talked to anyone who has experienced the problem? How many people have we talked to? How many different groups? Before we jump to implement any solutions, we check ourselves with questions like this—and we don't move forward until we do that outreach."

Finally, thanks to the collective effort of NMCHIR partners, two profound mindset shifts seem to be underway. NMCHIR partners are placing significantly greater value on residents' perspectives. "We still look at evidence-based strategies, but we view anything we learn locally from people with lived experience as equal to, if not more important, than any other source of

²³ Available from: <https://extension.umn.edu/community-development/ripple-effect-mapping>

information," offers Llore. Additionally, evidence collected by the Michigan State University's System ExChange in 2019, along with similar findings from the MDHHS in 2021, indicate that NMCHIR partners are spreading a new, more complex understanding of health and the social determinants of health throughout the community system, creating an opportunity to expand their base of support on their journey toward healthy people in equitable communities.

Taken together, all of these signals of change suggest that NMCHIR partners are strengthening the alignment among cross-sector partners and creating the conditions not only for improved health outcomes, but also for more fair and just opportunities for residents to attain their highest level of health.

Looking Ahead

Addressing a complex community challenge is a feat no single organization can achieve on its own. Instead, it requires the coordination and alignment of diverse stakeholders to amplify what enables the desired change and stop what inhibits it. Given the inherent complexity of challenges like advancing health and health equity, what can be especially difficult for multi-stakeholder groups like the NMCHIR is the truth that, as Barrett puts it, "We won't ever fully know the extent of our own individual role in creating change."

Even so, the NMCHIR has successfully garnered the commitment of over 160 cross-sector partner organizations, and even more individual participants, in creating a new reality for residents in Northern Lower Michigan. NMCHIR partners share a vision of the future where everyone feels a sense of belonging, inclusion, and connectedness with their community. Where everyone feels seen

and supported. And where everyone has access to resources that meet their unique needs. Together, NMCHIR partners are working toward a future of healthy people in equitable communities—a vision that will impact generations to come.

For more information on this story, please contact Emily Llore at E.Llore@nwhealth.org.

Contributors

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Jenifer Murray – *HUB Director, Community Connections Northern Michigan Community Health Innovation Region; Grant Coordinator, Region 2 & 3 Perinatal Quality Collaborative*

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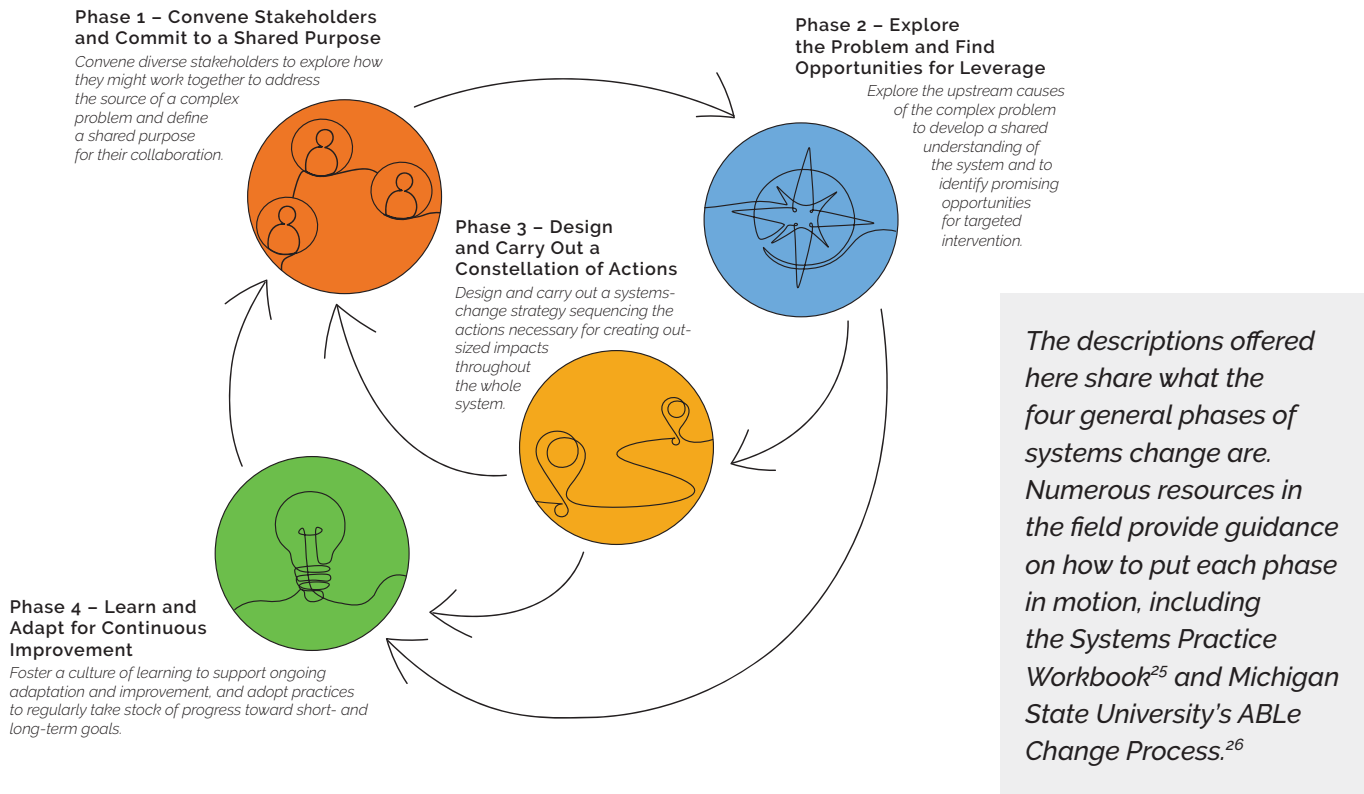
Appendix: Using a Systems Change Approach to Address Complex Community Issues

The work of solving problems like barriers to health and health equity, youth/young adult homelessness, and food insecurity is, inherently, a long game, and given the complexity of these challenges, no single organization will be capable of moving the needle on its own. It is essential to harness the collective power of a diverse group of individuals and organizations willing to commit themselves to *working together differently* and to *working on different things* to address the upstream sources of these challenges.

interdependent conditions that hold complex social and environmental problems²⁴ in place. Taken together, the phases offer one (but certainly not the only) process that supports changemakers in making sense of the issues they seek to address and aligning their efforts to advance long-lasting change. Although they are presented as distinct and sequential, the phases of systems change weave together in practice to support an initiative's continuous improvement and adaptation in response to changing contexts.

Four phases of development commonly support multi-stakeholder initiatives in transforming the

Four Phases of Systems Change



²⁴ *Complex problems* are defined by adaptive, interconnected, emergent, and non-linear qualities, which bring important implications for decision-making and strategy.

²⁵ *Systems Practice Workbook*, 2017, <https://oecd-opsi.org/toolkits/systems-practice-workbook>

²⁶ *ABL e Change Process: Tools and Resources for Community Systems Change*, Michigan State University,

[http://systemexchange.org/application/files/4515/9111/1141/ABL e_Change_Process_for_Community_Systems_Change_Tools_and_Resources.pdf](http://systemexchange.org/application/files/4515/9111/1141/ABL_e_Change_Process_for_Community_Systems_Change_Tools_and_Resources.pdf).

Phase 1 - Convene Stakeholders and Commit to a Shared Purpose



Building a foundation for systems change starts by connecting a diverse group of stakeholders to explore how they might work together to address the source of a complex problem. At their best, these groups include people with lived experience of the problem's consequences and people who bring institutional expertise with different approaches for addressing those consequences in different areas of the system at stake. Participants strengthen the foundation of their change effort when they tend to, and ultimately transform, the relationships between and among them to harness the group's collective power.

Defining a clear purpose is crucial for creating coherence across the group as the initiative takes shape; however it is held lightly and adapted with input from new participants in an ongoing process of co-creation, or "collective discovery."²⁷ Equally important is the task of revisiting and revising the purpose over time as the context surrounding the issue changes.

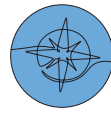
"Transforming a system is really about transforming the relationships between people who make up the system."

— David Ehrlichman, *Impact Networks*

"All of the activities that go into creating a 'we' ultimately build an 'action system' which becomes the foundation for broader social change."

— Cynthia Rayner and François Bonnici, *The Systems Work of Social Change*

Phase 2 - Explore the Problem and Find Opportunities for Leverage



Addressing complex problems requires moving beyond band-aid solutions to explore the upstream sources of the problem that are creating downstream consequences. To locate the sources, the group must first set boundaries for exploring the system at stake. Then they must collect two sets of data, drawing from various sources. The first set focuses on how the problem currently presents itself in their community, exploring questions like: How many people experience it? Who experiences it most severely? What trends might have contributed to it over time? The second set focuses on how the system produces the problem: What policies, practices, and resources are at play? What mindsets are influencing the problem? How are they all connected? The group prioritizes collecting perspectives from individuals with lived experience of the problem while engaging and honoring multiple ways of knowing.²⁸

This process helps the group create a shared understanding of the terrain in which they're working, including how they may unintentionally contribute to the conditions that create the need for the proposed initiative. It also helps them identify leverage points or opportunities for targeted intervention that can produce outsized impacts throughout the whole system. Leverage opportunities are typically found within the six conditions of systems change and the interactions between them: policies, practices, resource flows, relationships and connections, power dynamics, and mental models.²⁹ This phase also sets the stage for the group to agree on visionary goals for the future state they want to create that will drive their collaboration.

²⁷ Ehrlichman, David. *Impact Networks: Creating Connection, Sparking Collaboration, and Catalyzing Systemic Change*. Berrett-Koehler Publishers, 2021, p. 105-110.

²⁸ Perry, Elissa Sloane, and Aja Couchois. "Multiple Ways of Knowing: Expanding How We Know." *Nonprofit Quarterly*, 27 April, 2017. <https://nonprofitquarterly.org/multiple-ways-knowing-expanding-know>.

²⁹ Kania, John, et al. FSG, 2018, *The Water of Systems Change*, https://www.fsg.org/resource/water_of_systems_change.

Phase 3 - Design and Carry Out a Constellation of Actions



At this point, the challenge's breadth and depth become clearer. What's needed is a strategy sequencing the actions required to act on the leverage opportunities and advance the transformative change the group seeks to make. The group undertakes a collaborative planning process to design aligned and mutually reinforcing actions that facilitate learning and adaptation and that are, in some cases, carried out simultaneously.

In a more centralized initiative, actions are usually documented and carried out by smaller teams accountable to the group. In a more decentralized initiative, participants carry out actions in a more emergent way without a written plan or timeline. Initiatives often rely on other forms of shared infrastructure as needed—such as governance and participation agreements, communications platforms, and other resources—to support relationship building, enable information flow, unlock creativity, and strengthen alignment across the initiative toward shared goals.

“Meaningful collaboration both relies on and deepens relationship—the stronger the bond between the people or groups in collaboration, the more possibility you can hold.”

— adrienne maree brown, *Emergent Strategy*

Phase 4 - Learn and Adapt for Continuous Improvement



Fostering a culture of learning within a systems change initiative is crucial. Through ritualized activities, participants learn from each other's practices, amplifying what enables the desired change while stopping what inhibits it.

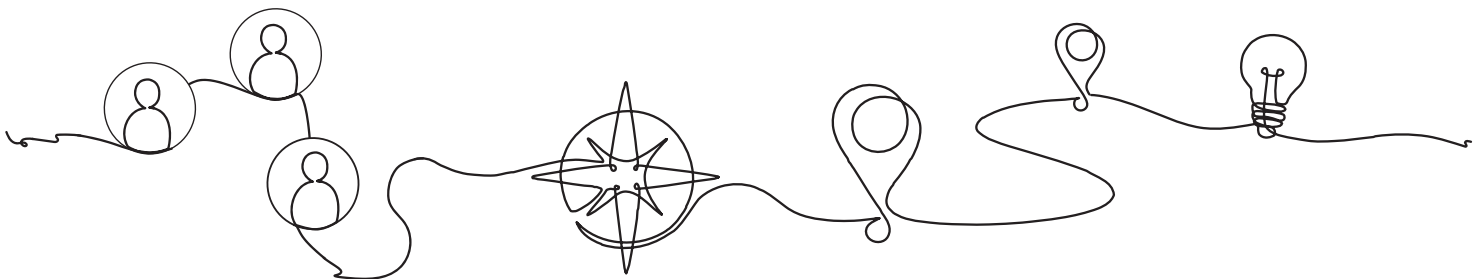
Many initiatives rely on a combination of practices to regularly take stock of progress toward their short- and long-term goals: using inquiry questions for ongoing sensemaking, embedding hypotheses within planned actions to create indicators of change at multiple levels, and capturing signals of change through the use of more traditional evaluation techniques and/or newer principles-based approaches designed to accommodate the characteristics of complex challenges.

“Strategic learning is even more important once you realize that it is possibly the only outcome in systems change we can control.”

— Mark Cabaj, *Tamarack Institute*

“The key lever in a complex system is learning; the key methods are conversation, discovery, and experimentation.”

— Jennifer Garvey Berger and Keith Johnston, *Simple Habits for Complex Times*





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