TIME TO
TRANSFORM

Adaptive Approaches for Population Health

Foundations

Transitions

Applications

Reflections

Contents

Introduction

The expansion of health care coverage across the United States over the past decade coincides with a growing awareness of the impact that the social determinants of health (SDOH) play in shaping healthy communities. The Public Health 3.0 model (see **Figure 1.1**) currently recognizes the need for local health departments (LHDs) to understand and address these social determinants of health—challenges ranging from equitable education systems, food security, to housing access, and beyond—as population health challenges. As a service model, Public Health 3.0 suggests that departments step away from primary care and direct clinical services toward a concerted focus on environments, policies, and systems. Using this service model will allow departments to more effectively address the "upstream" factors affecting population health outcomes.

Figure 1.1:
Population Health Systems

Focus on: **Social Determinants of Health (SDOH)**

Improve: **Population Health Outcomes**

Examples of Community Stakeholders
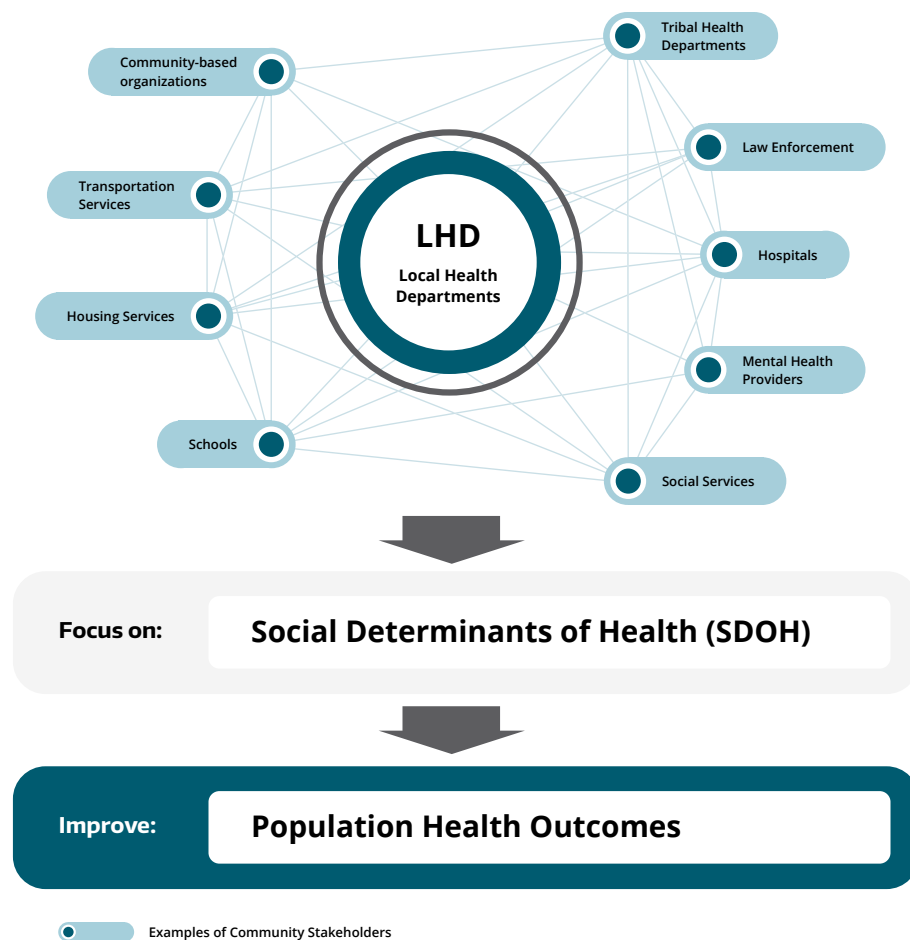
Identifying the right connections, partnerships, and resources to leverage while embarking on successful interventions in this new terrain is a difficult but essential role for today's LHD teams. The scale and complexity of this challenge requires LHDs and their partners to develop a systems-level strategy to meet the needs of an evolving service model.

It's Time to Evolve, and this toolkit will provide you with the framework, strategies, and resources needed to do so!
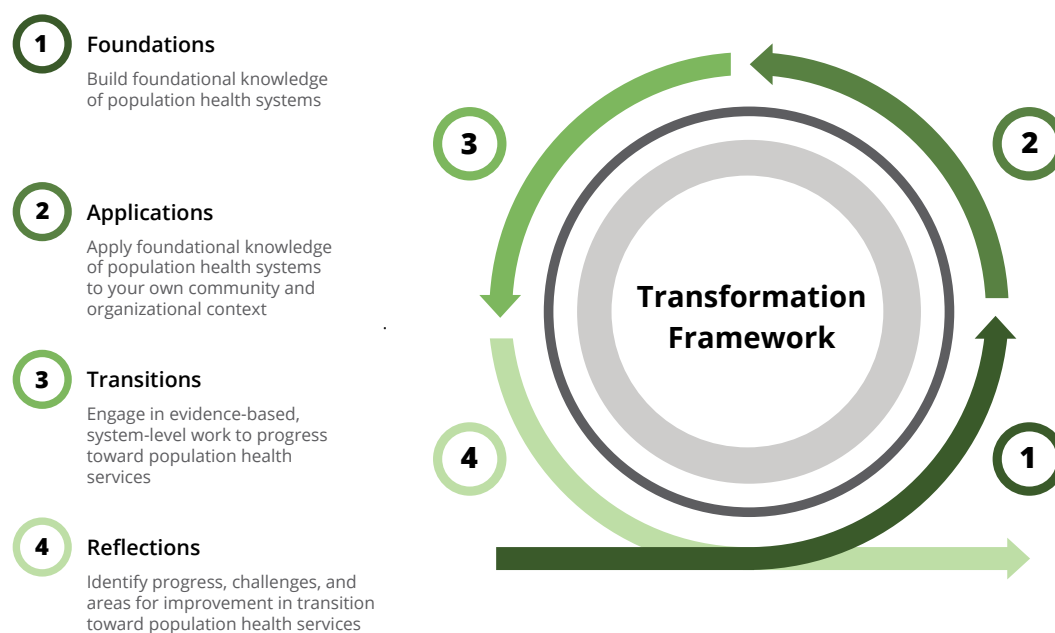
Goal & Framework

Local health departments can't expect to shift from business as usual to a new service model overnight. Developing quality prevention systems that address the social determinants of health demands a strategic, multi-stage process of evolution. So how will you and your team evolve?

This toolkit has been developed as a guide for local health department teams currently in the process of or preparing to evolve towards population health services. The content in this toolkit integrates recent research in the field of population health practice: from key informant interviews conducted with leaders from 7 LHDs, to findings collected from a Learning Laboratory community of practice comprising 5 LHDs from across the US. While we recognize that the challenges that each department faces within their communities are unique, this toolkit's contents focus on the common findings that these teams identified as crucial to a successful transition from clinical to population health services.

This toolkit uses a transformation framework (see **Figure 2.1**) that encourages reflection, collaboration, and continuous improvement. The approach to learning is activity-based, and intended primarily for teamwork within local health departments. The framework is supported by the acquisition and improvement of foundational knowledge that underscores the complexity of the social determinants of health, as well as the systems that create them. Our aim is to make you better equipped with this knowledge so that you can begin taking steps to ensure population-focused prevention in your communities.

Figure 2.1: Transformation Framework

1 Foundations
Build foundational knowledge of population health systems

2 Applications
Apply foundational knowledge of population health systems to your own community and organizational context

3 Transitions
Engage in evidence-based, system-level work to progress toward population health services

4 Reflections
Identify progress, challenges, and areas for improvement in transition toward population health services

Transformation Framework

The key learning goal of this toolkit is to crystalize knowledge and practice through an iterative process—revisiting past work and anticipating that which lies ahead, with an aim for quality improvement. Recognizing that iterative work is non-linear, we have developed this toolkit to be self-paced. You and your team are therefore encouraged to explore the toolkit sections and activities according to your particular learning needs.

Who This Toolkit Is For

This toolkit has been designed specifically in response to research, key informant interviews, and studies conducted by and for local health department (LHD) professionals. However, the frameworks and much of the content provided herein may also be useful for community partners working with LHDs on various population-level interventions.

How To Use This Toolkit

This toolkit provides a four-step approach that involves a combination of individual and team-based work. We recommend that users build conceptual knowledge on the transition to population health services by reading through the introductory sections of each chapter individually, and by applying that knowledge in the 'Applications' sections found in some chapters. Short team exercises are built into every chapter as 'Iterative Thinking' sections.

This toolkit is intended to be a tool for collaboration, consensus-building, and creative sharing. Therefore, we highly recommend that participants at a variety of seniority levels in your organization take part in these exercises.

While this toolkit has been developed with LHD teams in mind, we encourage you to use our activities to engage directly with your community partners. If you are new to community-based outreach, you may want to check out the collection of resources provided at the end of each chapter of the Foundations section, which focus on partnerships leveraging principles of systems change, culture change, and health equity.

You may go through the sections in this toolkit one-by-one or go directly to the content that is of most interest to you. Find and select the Key Terms to read definitions. If you are using the web-based version of this toolkit, internal links will send you to the content you have selected within the toolkit. External links will open in a new browser window or tab.

What This Toolkit Covers

Toolkit content is organized into four main parts:

Part I: Foundations

Comprising the first 3 sections of this toolkit, here you will explore important foundational themes for understanding the need to shift to population health services: Systems Thinking, Culture Change, and Health Equity. The concepts and frameworks introduced here will be incorporated into the next stages of the toolkit.

Part II: Applications

In these sections you will encounter scenario-based problems where you will apply the foundational knowledge gathered in previous sections. From here you will prepare for and/or refine your planning process for the transition to population health interventions.

Part III: Transitions

These sections explore the 8 key elements that LHD professionals identified as critical to their work shifting from clinical and direct services to population health services. Each stage of transition focuses on a core developmental area: Visions

& Goals, Communication, Community Engagement, Interventions & Strategies, Evaluations & Data, Workforce Training & Tools, and Funding & Sustainability. In these sections, Case Studies provide context on the specific challenges that LHDs undergoing population health transition have experienced.

Part IV: Reflections

After working through the eight elements, you will use this section to reflect on the progress that you have made in your first cycle of evolution, and examine opportunities for growth and quality improvement in the cycles ahead.

Taking It Further

In addition to background information on the identified topics, in each section you will find the following content:

Resources

You are encouraged to explore the references used in this toolkit, as well as supplemental learning content, which are compiled in Resources at the end of each section.

> **Look for Resources in boxes like this one.**

Iterative Thinking

Activities built on probing questions which give you the opportunity to synthesize the information that you have gathered in each section, and to offer reflective practice for you and your teams. Three types of Iterative Thinking activities are found in this toolkit, including:

- Brainstorm activities for individual work
- Reflect & Share for pair work and discussions, as well as
- Collaborate activities which focus on team-based learning.

While teams both large and small are welcome to use this toolkit, activities are best suited for at least 4-8 participants. Instructions with the Goal, Roles, and Time to complete for each activity can be found in each Iterative Thinking section.

> *This toolkit is not comprehensive, nor can it be. Every local health department faces its own unique set of challenges in the process of evolving toward population health services. This toolkit encourages participants to reflect intentionally and meaningfully on the work that you are now doing and that which lies ahead. Your participation here will provide a rich resource for teams developing their own organizational strategies throughout the country.*

About This Project

Learning Laboratory: History and Future

The Learning Laboratory is a project of the Public Health Institute and the Northwest Center for Public Health Practice. The intent of the Learning Lab is to become a community of practice, with a shared purpose, a common language, and common tools and resources at our disposal to work and think together, to come up with solutions to complex challenges by reframing them as opportunities. It is our goal to continue building capacity for additional Learning Laboratories and expand this community of practice so that the goals of the Public Health 3.0 model are realized.

Contributors

Project Development

The developers of this toolkit would like to first extend our thanks to the following persons: the team members of the seven local health departments who participated in key informant interviews that provided the research foundations for this toolkit, as well as the five local health department team members who comprised the original cohort of the Learning Laboratory. Without their contributions, this product would not be possible.

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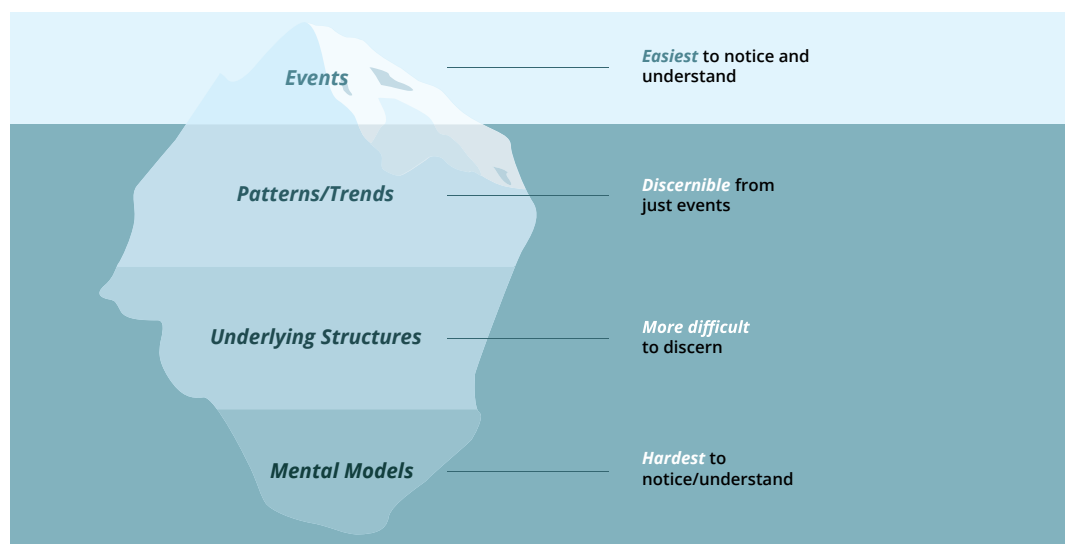
Part I
FOUNDATIONS

Systems Thinking

What Is Systems Thinking?

Think for a moment of an iceberg. You may visualize a white cap, large or small, rising out of the water. The iceberg that you see, however, represents only 10% of the whole "system" of an iceberg. The visible part is the product of a series of external and internal processes that have taken shape underwater, beyond your view. The remaining 90% of the iceberg, though hidden, has been intricately involved in shaping the visible result at a number of levels. As you begin to study each level of the iceberg, you get a better idea of its relationship to factors like ocean currents, local and global conditions, and historical patterns. To conceptualize the iceberg as a dynamic phenomenon, and to understand it more completely, you must think systemically. (See **Figure 3.1**)

Figure 3.1
The Iceberg Model:
Understanding
Underlying Causes

Events — *Easiest* to notice and understand

Patterns/Trends — *Discernible* from just events

Underlying Structures — *More difficult* to discern

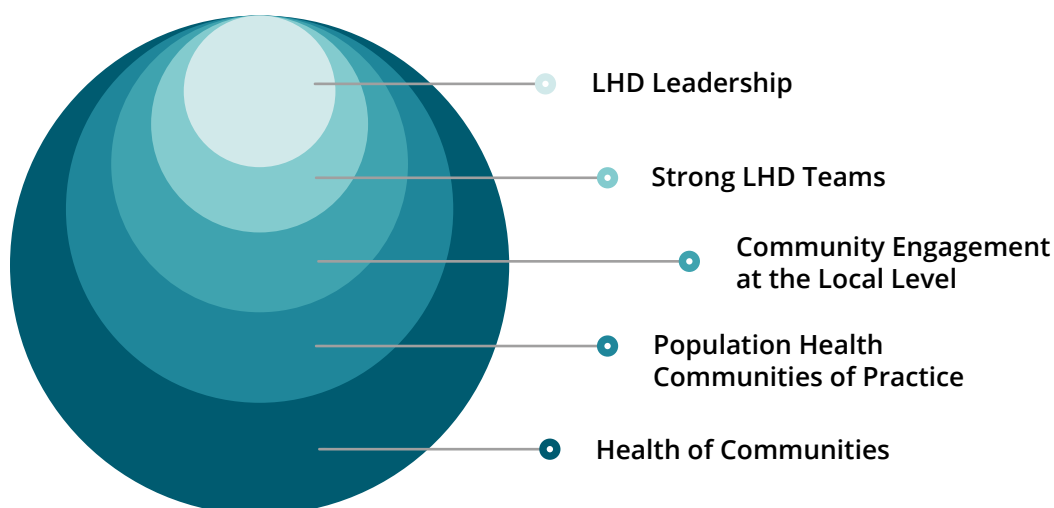*Mental Models* — *Hardest* to notice/understand

Systems thinking is the process of understanding how those things which may be regarded as systems, such as the iceberg described above -- influence one another within a complete entity, or larger system. The systems thinking framework draws on research into complex adaptive systems theory, cognitive science, anthropology, as well as evolutionary psychology. Systems thinking is used by scientific researchers as well as social scientists to interpret narrative patterns and describe problems, situations, and systems. It proposes networked approaches to communication, decision-making, policy-making, and knowledge management in complex social environments. Increasingly, organizations, including public health departments, are adopting systems thinking to understand the relationships between individual leaders, teams, communities, and the local and global environments that sustain them.

Thinking about our relationships in interrelated and big picture terms gives us many benefits. In the context of Public Health 3.0, addressing the social determinants of health demands that we include diverse perspectives and move away from approaches typical of information silos. To address root causes, we must think big and create holistic solutions. For these reasons, this toolkit employs and encourages the use of a systems thinking framework.

Systems-Level Leadership Model

Organizations like public health departments and the team members within them play a vital role in the communities they serve. Consider the visual depiction of systems thinking at the leadership level, conveyed through the figure below (**Figure 3.2**). The concentric circles in the figure provide a visual representation of the systems approach to creating health across a given population—in this example, health systems in the United States. Each circle is distinct and yet interconnected to the whole framework.

Figure 3.2
Concentric Circle Model of Leadership

LHD Leadership

Strong LHD Teams

Community Engagement at the Local Level

Population Health Communities of Practice

Health of Communities

At the center of the concentric circle model is leadership. The leader in this case is an individual within the system. An individual working to affect change does not work in isolation, and the work they do within their local environment has the capacity to influence the other layers in the concentric circles model significantly.

Given this level of interconnection, we encourage you to think differently about what the term "leader" might mean to your local health department. In a connected environment, each actor makes a meaningful contribution to one another and leadership may be distributed. Thinking of your own organizational and community context, we encourage you to reflect on a systems level model of leadership.

Resources

Learn more about this topic by exploring the following resources:

- Hot Topics in Practice: Systems Thinking in Public Health – Northwest Center for Public Health Practice
- Systems Thinking – Iterative Exercise Worksheet

Iterative Thinking: Brainstorm

Goal: Consider how you shape your organizational culture, citing specific examples.

Roles: Complete this activity individually.

Time to Complete: 5 – 10 minutes.

As a leader, your work will reverberate at the systems level. Applying a systems framework to your leadership approach is important to consider how you influence the systems around you.

In particular, how do you and your team members shape the culture of your organization and surrounding community?

Use the table below to brainstorm ideas. Select all applicable items and add additional information in the "Other" box:

| |
|---|
| **Providing supervision for my team(s)** |
| **Communicating with external stakeholders** |
| **Developing intervention strategies for my community** |
| **Planning for funding and sustainability of my program(s)** |
| **Other** |

Culture Change

Worldviews Create Culture

The top-down management model of business assumes that organizational wisdom comes independently from high-level leadership. The role of employees and the service community is transactional in this traditional model. Received wisdom is rarely thought of as an artifact of existing power structures, ideologies, and ways of operating a culture, but simply as a way—in many cases, the only way—of doing business.

The systems level approach to leadership, on the other hand, encourages us to think more critically as actors in a complex environment. First, as a leader, it is important to acknowledge that you are not an isolated actor—your worldview informs how you make sense of the world around you. Generally, we can think of our worldviews as mental models which comprise our values, beliefs, assumptions, attitudes, and ideas. These worldviews ultimately influence how we respond to the environment around us.

Each person's worldview decides their goals and desires, consciously and unconsciously shaping perceptions, motivations, and values. The convergence of our individual characteristics and our unique history, including our family, life experiences, region, religion, socioeconomic status, and our wider culture are expressed through our worldview.

How might you define "leader" using the systems thinking model, as opposed to a traditional top-down business leadership model? (See **Figure 3.3**)

Figure 3.3: Comparing Leadership Models

Traditional Leadership Model

Collective Leadership Model
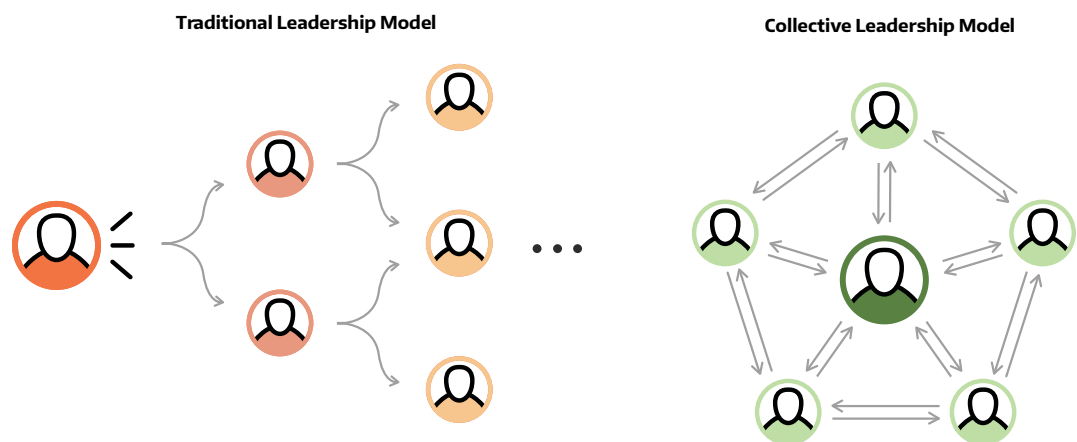
Contrary to traditional top-down models, a systems approach to leadership acknowledges that there are many worldviews, and therefore more than one "right" way or perspective. Each of us has our own unique worldview, which we will use to act in our private and public lives—including our workplaces. Some worldviews are, however, more inclusive than others. Generally speaking, worldviews that are truly mindful of systems influences nurture more inclusive organizational cultures.

Changing Your Culture

To operationalize systems thinking means to let go of outdated models and approaches to leadership. An important part of realizing culture change within an organization is viewing the systems around you critically. When you begin to uncover the unconscious aspects of the system (including habits and norms influenced by phobias, power and privilege, racism, sexism, and so on), you start to see the blind spots that exist in system change work.

In complex systems, it is impossible, as a human being, to fully see all of the blind spots that exist. Leaders, however, have a responsibility to attempt to see and address them. The work is to become more and more aware of the complexity involved, so that we might ultimately create systems, structures and processes that benefit the people most affected by the pressures of the larger system. Changing our attitudes might allow us to discover new ways of serving our communities, and to achieve new results.

Sustaining Culture Change

Engaging in systems work as teams brings us into relationships where co-creation is possible. Here we can help each other build new and powerful ways of working together, alleviating the fear and anxiety of the unknown. That is also why multiple perspectives are essential to unearthing greater understanding. The system you are working to create culture change in requires an iterative mindset, where you test assumptions and solutions on an ongoing basis to see how your actions impact the system, and make needed adjustments that benefit the whole.

Resources

Learn more about this topic by exploring the following resources:

- **How art gives shape to culture change** – TED Talk by Thelma Golden
- **Implicit Bias Tests** – Harvard University
- **Culture Change** – Iterative Exercise Worksheet

Iterative Thinking: Brainstorm

Goal: Consider how cultural blindspots can affect hiring decisions in LHD contexts.

Roles: Complete this activity individually.

Time to Complete: 5 – 10 minutes.

Consider the following population health scenario:

> *An LHD team in a rural area is hiring a new project manager, and their new rural engagement project involves reaching out to community stakeholders, including a key partnership with a tribal health department.*

As team administrators plan for the hiring process, how might they acknowledge the following cultural blindspots in preparation for this project?

Using the following list and the notes section provided:

- Power and Privilege
- Implicit Bias
- Racism

Notes

Defining Equity in Health

One of the primary aims of the Public Health 3.0 model is to give local health departments the tools and resources needed to improve the social determinants of health, in order to achieve health equity for their communities. Broadly defined, health equity means that all individuals can achieve their full health potential, irrespective of the socially-determined circumstances that they experience in life.

Examining community health at the systems level, we can easily imagine how health equity benefits all citizens in a community: a healthy individual acting equitably with the resources in their community is able to share those resources with others, multiplying positive effects downstream.

Figure 3.3: Reaching Health Equity

Reaching health equity requires a collaborative, intentional effort to address the disparate effects of the social determinants of health.
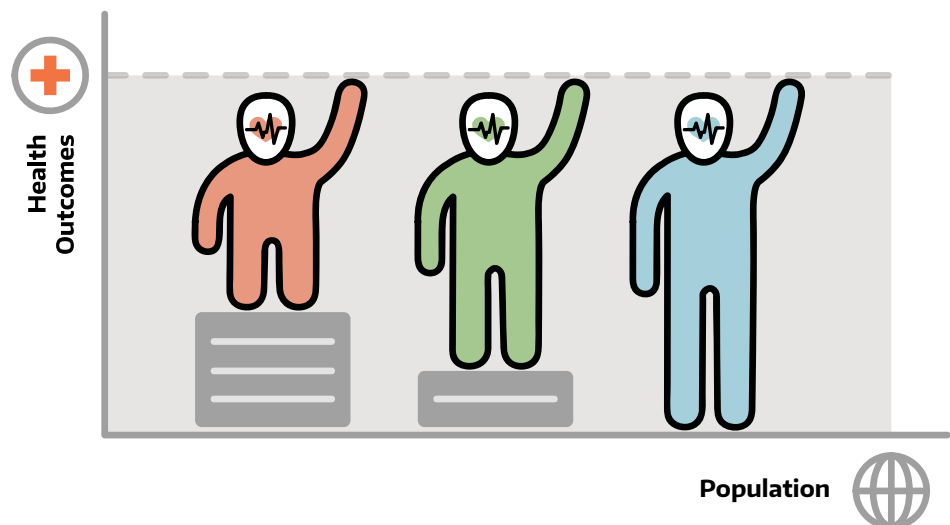
However, health departments should recognize that certain groups are at higher risk of chronic conditions, such as tobacco use, poor nutrition, or lack of physical activity. Inequities in health outcomes, including these types of chronic conditions, can be seen in the following groups:

- People of color
- People with disabilities
- People living in rural communities
- Older adults
- People with mental or substance use disorders
- People with less than high school education
- People with low-income and those experiencing poverty
- People who identify as LGBTQ+

Health Equity In My Community

As a health strategist, you should plan mindfully and purposefully to address how health inequities affect your community.

Consider the list below as you examine how your team is currently addressing health disparities in your work:

✓ **Visioning:** Equity, Diversity, and Inclusion are named in my team's vision and goals statement.

✓ **Leading & Partnering:** Individuals from groups most affected by health disparities are represented in my team's leadership and their voices are reflected in our partnerships.

✓ **Communicating:** My team understands our community context, and our messaging shows an awareness and support for their needs.

✓ **Engaging:** Underrepresented leaders of the community are included and empowered by our efforts to improve our communities.

✓ **Intervening:** Specific interventions focus on reducing health disparities among the groups most affected.

✓ **Evaluating:** Assessments and evaluations are designed to address whether health inequities have decreased, increased, or remained the same.

✓ **Training:** Team members of diverse backgrounds are supported with thoughtful learning and development opportunities that include health equity perspectives.

✓ **Sustaining:** Our team's value proposition celebrates diversity and acknowledges both the financial and non-financial benefits of providing health equity services.

Resources

Learn more about this topic by exploring the following resources:

- **Designing Community Health Efforts with Health Equity in Mind** – CDC
- **Health Equity** – **Iterative Exercise Worksheet**

Iterative Thinking: Brainstorm

Goal: Describe how health systems interact with communities experiencing health disparities.

Roles: Complete this activity individually.

Time to Complete: 5 – 10 minutes.

As you structure your work around population-level interventions, consider the following questions for group discussion:

1. How are health disparities affected by complex systems?

2. How does culture change intersect with health equity?

3. How equitable are the health systems of my community? What role do I play as either a steward of, or gatekeeper to equitable health systems? Use the checklist above and the Resources provided below as a reference for your discussion.

DISCUSSION NOTES:

1.

2.

3.

Part II

APPLICATIONS

Build Your Team

Team Values

Building a strong team is the foundation for doing good work and navigating complex systems. Creating the conditions that enable trust, listening, sharing, being present and co-creating in an environment where learning takes root is essential to this work. When working in complex systems, we never know what the outcomes will be, and oftentimes we need to adapt our approach and come about our work in a new way.

Having an adaptive team that is able to iterate, adjust, let go of what isn't working and celebrate successes and dedication is essential to successful work. Having a team with open minds, curiosity, and a willingness to find emergent solutions together makes all the difference between team success and breakdown -- which in turn impacts our overall success in supporting healthy communities.

Team-Building Process

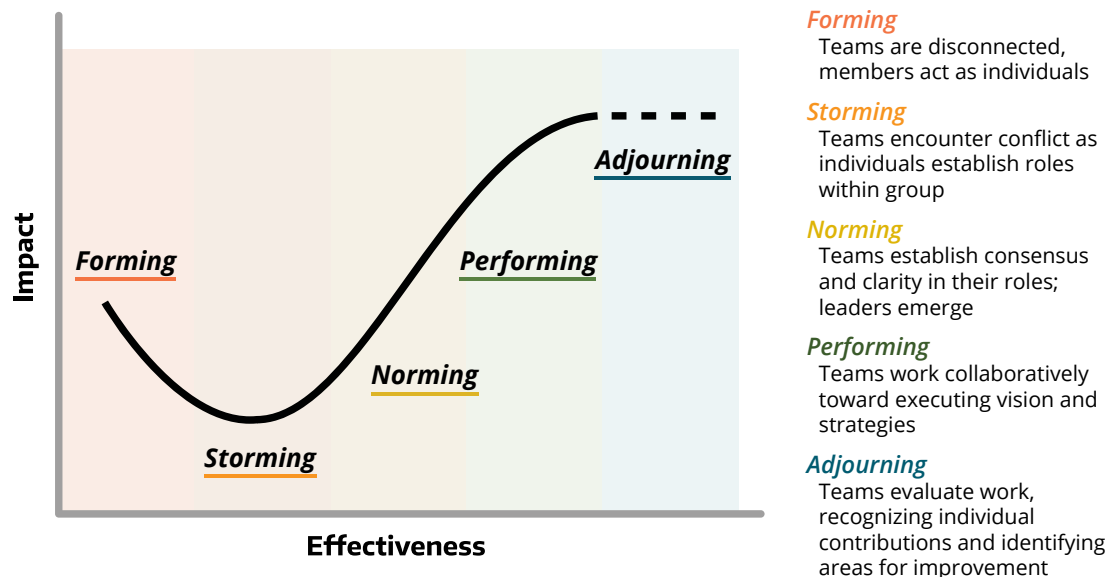As a team member, it can be helpful to ask probing questions:

- Where are we as a team?
- Where do we want to be?

These are helpful questions to ask not only at the beginning of your time on a team, but throughout the duration of your work. Name your tensions and celebrate successes, for these are all part of being human, and a helpful step in making iterative changes. Oftentimes, naming tension or recognizing where you are as a group and where you hope to be shifts people's focus and awareness.

Consider the 5-step team-building process in the figure provided (**Figure 4.1**). Keep in mind that your progression throughout this process is not necessarily linear, nor may it resemble the process that you follow in your own team-building protocol. However, building from a position of norming and concluding with a plan for continual improvement, as the process shows, is a framework that you might find responsive to the complex systems work that you engage in.

Figure 4.1:
Stages of Team Development

Adapted from Tuckman's (1965) Team Development Cycle and Scharmer's (2007) Theory U concept.

Forming
Teams are disconnected, members act as individuals

Storming
Teams encounter conflict as individuals establish roles within group

Norming
Teams establish consensus and clarity in their roles; leaders emerge

Performing
Teams work collaboratively toward executing vision and strategies

Adjourning
Teams evaluate work, recognizing individual contributions and identifying areas for improvement

Resources

Learn more about this topic by exploring the following resources:

- **Co-Creating Operating Principles** – Learning Laboratory Worksheet
- **Build Your Team** – Iterative Exercise Worksheet

Apply Your Knowledge

Building a team through conscious and transparent visioning processes that focus on systems-level teamwork is a big departure from business as usual approaches to getting work done.

Which of the following traditional hierarchical approaches to team-building are at odds with this systems-model of teamwork?

Assuming that those in leadership positions have a monopoly on the best ideas.

Ignoring critical feedback as counterproductive or a threat to the existing hierarchy.

Excluding the perspectives of marginalized persons through normed cultural blind spots.

Avoiding opportunities for creative team-building exploration.

All of the above

Iterative Thinking: Reflect & Share

Goal: Develop a set of team values based on three rounds of information sharing.

Roles: 6 – 8 people, including a facilitator, recorder, and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group work.

While formal processes like a team charter and vision & goals statement are helpful tools for managing projects and fulfilling team deliverables, informal "team-forming" discussions also have an essential role to play. The first step to building a positive co-creative work environment involves making your workspace one where honesty, respect, and transparency matter.

With your team members, take a moment to engage in the following three-step norming activity:

Each person shares elements about themselves that will help the group better understand what they care about, how they show up on their best days, and how they show up when life is challenging.

FIRST ROUND ELEMENTS TO SHARE
- Personal Values: What's important to you?

SECOND ROUND ELEMENTS TO SHARE
- Awesome: What you look like on your best day when you're feeling awesome.
- Stressed: What you look like when you're feeling stressed, under slept or overwhelmed.

THIRD ROUND ELEMENTS TO SHARE
- Individuality: What strengths and talents do you bring to the team?

GROUP DISCUSSION
Based on this group sharing activity, identify a set of no more than 4-5 core values that you see as critical to your team's culture. Note: You may wish to return to the activities in the Founations section for reference.

Define the Problem

How Might We…?

After you have built your team, it won't be long before you begin to identify problem areas that pose challenges to the community. A design challenge is a way to turn those insights and challenges into opportunities. A design challenge is a reframing of the insights as How Might We questions to turn those challenges into opportunities for design. The How Might We format suggests that a solution is possible, and offers you the chance to answer them in a variety of ways. A properly framed How Might We question doesn't suggest a particular solution, but gives you the perfect frame for innovative thinking.

Framing the Problem: The Design Challenge

Getting the right frame on your design challenge will get you off on the right foot, organize how you think about your solution and at moments of ambiguity, and help clarify where you should push your design. Framing your design challenge is more art than science, but there are a few key things to keep in mind.

First, ask yourself and your team:

- ✓ Does my challenge drive toward systems-level impact?
- ✓ Does it allow for a variety of solutions?
- ✓ Is it mindful of context?

The questions provided in the Example section below will help you identify a general framework for answering these questions.

Resources

Learn more about this topic by exploring the following resources:
- **Design Challenge** – **Learning Laboratory Worksheet**
- Design Challenge Brief – **Learning Laboratory Worksheet (PDF)(Word)**
- **Framing a Design Challenge** – **Learning Laboratory Worksheet**
- **Define the Problem** - **Iterative Exercise Worksheet**

Example Design Challenge Questions

What is the problem you're trying to solve?

Step	Example
1 Define the problem.	Improving the lives of children
2 Try framing it as a design question. (See "Design Challenge/How Might We?")	How might we improve the lives of children?
3 Now state the ultimate impact you're trying to have.	We want very young children in low income communities to thrive.
4 What are some possible solutions to your problem? Think broadly. It's fine to start a project with a hunch or two, but make sure you allow for surprising outcomes.	Better nutrition, parents engaging with young kids to spur brain development, better education around parenting, early childhood education centers, better access to neonatal care and vaccines.
5 Finally, write down some of the context and constraints that you're facing. They could be geographic, technological, time-based, or have to do with the population you're trying to reach.	Because children aren't in control of their circumstances, we wanted to address our solution to their parents. We want a solution that could work across different regions
6 Does your original question need a tweak? If so, try it again.	How might parents in low-income communities ensure children thrive in their first five years?

Apply Your Knowledge

Compare the original designed question with the revised version.

Original:

How might we improve the lives of children?

Revised:

How might parents in low-income communities ensure children thrive in their first five years?

In the revised question, how was a health equity lens used to strengthen the question's impact?

The team provided an example from a specific community.

The team explored background on the length of time.

The team used a health equity focus on the problem to address communities most affected.

All of the above.

Iterative Thinking: Collaborate

Goal: Create a project design for your team based on your organization's population health work.

Roles: 4 – 6 people, including a facilitator and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group discussion.

What is the problem YOU are trying to solve?

- With your team members, begin your design challenge by starting with the first question.
- Use the subsequent questions to refine your design challenge.
- Finally, compare your initial question with your revised version to apply quality improvements to your design.
- You may refer to the previous section for examples.

	STEP	NOTES
1	Define the problem.	
2	Try framing it as a design question. (See "Design Challenge/How Might We?")	
3	Now state the ultimate impact you're trying to have.	
4	What are some possible solutions to your problem? Think broadly. It's fine to start a project with a hunch or two, but make sure you allow for surprising outcomes.	
5	Finally, write down some of the context and constraints that you're facing. They could be geographic, technological, time -based, or have to do with the population you're trying to reach.	
6	Does your original question need a tweak? If so, try it again.	

Part III

TRANSITIONS

The Eight Elements

After establishing team-building and internal problem-solving processes, your team is better positioned to take a deeper dive into the transitions stage of transformation. As you refine and revisit these processes, and continue to leverage your foundational knowledge in systems thinking, culture, change, and health equity, it can be helpful to start the transition process in increments.

   LHD leaders have identified a set of common recommendations for other departments entering the transformation process. Participants described recommendations in the context of their self-reported success or effectiveness. Their recommendations focused on 8 general elements there were useful for planning, implementing, and sustaining a transition:

Element 1: Vision and Goals

Element 2: Leading and Partnering

Element 3: Communication

Element 4: Community Engagement

Element 5: Interventions and Strategies

Element 6: Evaluation and Data

Element 7: Workforce Training and Tools

Element 8: Funding and Sustainability

Learning from the experience of those who have undergone or are currently undergoing the transformation process will allow you to put your own process in perspective, and to focus on the work that is of most urgency to your team. Please note that the transition elements do not occur in a linear order. It is therefore suggested that you visit and refine them according to the needs of your particular team and community.

To begin the transition process, use the self-assessment checklist in the Iterative Thinking section below to determine which transitional elements your team would prefer to work on first.

Resources

Learn more about this topic by exploring the following resources:

- **Time to Modernize** – **Journal of Public Health Management & Practice**
- **Transition Map: The Eight Key Elements** – **Learning Laboratory Worksheet**
- **The Eight Elements** – **Iterative Exercise Worksheet**

Iterative Thinking: Reflection

Goal: Assess your preparedness for the transition to population health services.

Roles: Complete this activity individually.

Time to Complete: 5 – 10 minutes.

SELF ASSESSMENT:

A. How might your team refine your transition to population health services?

Use the following self-assessment to rate the effectiveness of your team's effectiveness in the following transition areas:

	NEEDS IMPROVEMENT	SATISFACTORY	EXCEPTIONAL
Visioning (see Element 1)			
Partnering (see Element 2)			
Communicating (see Element 3)			
Engaging (see Element 4)			
Intervening (see Element 5)			
Evaluating (see Element 6)			
Training (see Element 7)			
Sustaining (see Element 8)			

B. Review your assessment.

Do any of your transition areas need improvement? Is your work satisfactory, but not quite exceptional? Share your findings with other members of your team. We recommend that you continue to refine your transition process by visiting elements in the order or priority that you have rated them in your self-assessment.

Element 1: Vision & Goals

Teams that plan together, stick together. A vision and goals statement is one tool you can use for planning, implementing, and sustaining a transition to population health services. This information can then be used to develop a team charter to concretize your team's core values—for instance, committing your intervention work to health equity or systems-level approaches.

To gather information for the team charter, an LHD can do such things as: conduct community assessments, identify community gaps, and serve population-specific needs. The more detail that is included in a charter, the better! A charter that is strategy-based and informed by authentic community data can be a very effective tool for your interventions.

To start, a clear vision and goals statement can provide an excellent basis for your team charter.

Case Study: Team Formation

So how do you begin drafting your statement? One LHD team provided the following breakdown of their Vision and Goals transition process:

1. Our Core team is fully dedicated to the task, working steadily and meeting outside of the video calls to develop our design challenge strategy. Although we have a deep-seated respect for each other, we share an acute awareness of team building protocols and have discussed and verbally agree on the parameters of our meetings. We have drafted a more formal team charter for when we bring in our community members and will fine tune that with their input. We are taking a two-prong approach to the Learning Lab: the first track is the public health transition and the second track is our design challenge strategy.

2. Our Core team is more focused on the design challenge strategy; and, the public health members of the Core team will also work toward the public health transition. We view them as two separate initiatives requiring two separate visions. We believe that the development of a strategy that will impact the root cause of a problem within our community, will lead to and reinforce certain components of a public health transition to a population-based design.

VISION
Our vision for our design challenge, named Health Children for Life, is that "The Healthy Children for Life initiative will inspire generations of healthy adults that will raise healthy children."

GOAL
Our goal is to "Develop a strategy for a sustainable initiative that prompts minimum exercise standards of 60 minutes daily for children ages 5-10 while instilling lifelong healthy eating habits."

Resources

Learn more about this topic by exploring the following resources:

- **Backcasting Exercise** – Learning Laboratory Worksheet
- **Team Charter** – Learning Laboratory Worksheet (**PDF**)(**Word**)
- **Element 1: Vision & Goals** – Iterative Exercise Worksheet

Iterative Thinking: Collaborate

Goal: Develop a team charter using an LHD case study as a reference.

Roles: 6 – 8 people, including a facilitator, recorder, and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group work.

A. Consider the goal statement provided in the case study:

> *Our goal is to "Develop a strategy for a sustainable initiative that prompts minimum exercise standards of 60 minutes daily for children ages 5-10 while instilling lifelong healthy eating habits."*

Working backwards from the results of their case study, rephrase their goal as a probing question:

How might we _____?

B. Following the processes described in the case study, draft your own goal statement. It may be helpful to use the activities in the Applications: Define the Problem section for reference:

_____.

Exercise continues on next page.

C. Congratulations—You've finished your goals statement! You're now on your way to completing a team charter. No formal charter is the same, but there are some general categories you may want to cover in your draft. Discuss the following with your team members before finalizing a draft of your charter:

Team Vision & Goals:
Team Purpose:
Team Roles:
Team Practices:
Team Measures:
Team Decision-Making:

As you work together to refine your draft, return to the activities in the Foundations and Applications sections for inspiration!

Element 2: Leading & Partnering

How might LHDs define leaders and partners under Public Health 3.0? Partnership and leadership were noted as connected attributes of the second element of the transition process. To successfully lead their LHDs through the transition process, LHD teams sought out partnership at three levels:

Individual mentors: LHD leaders who have undergone a transition to population health services share best practices with others currently shifting from clinical services.

Political leaders: Partners with authority over funding decisions (such as Boards of Health or County Commissioners)

Community-based partners: Community members who will be impacted by LHD transitions at one or more levels of a population health intervention, accessible through in-person meetings or surveys.

Using this three-tiered partnership model, teams identified the role of population health agencies as the Chief Health Strategists of their communities.

Case Study

So what does a Chief Health Strategist do? One LHD team based their Leading & Partnering strategy on the following three pillars:

PILLAR I	PILLAR II	PILLAR III
To truly offer foundational public health services on a population-based scale, an agency must take a new look at its role. Rather than being the purveyor of certain services to certain populations, the agency must redefine its roles in its community. These roles can collectively be described as the community's Chief Health Strategist.	Under this structure, Public Health is defined in two ways: 1) The county agency charged with promoting and protecting population health; and 2) The overarching term that encompasses all public and private entities engaged in population health services.	As the Chief Health Strategist, the Public Health agency must know when to act on its own, when to lead a collaborative effort with other community partners, and when to participate while promoting another community partner to lead the collaborative effort.

Resources

Learn more about this topic by exploring the following resources:

- **Building Strong Teams** – Learning Laboratory Worksheet
- **Map Stakeholders Exercise** – Learning Laboratory Worksheet
- **Element 2: Leading & Partnering** – Iterative Exercise Worksheet

Iterative Thinking: Collaborate

Goal: Define a series of leadership and partnership actions to take in a given population health scenario.

Roles: 6– 8 people, including a facilitator, recorder, and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group work.

A. Consider the following population health scenario:

> *A team is leading a population-level food safety intervention in a medium-sized health department in a semi-urban area. This particular team has decided to begin by focusing on their communications strategy.*

Using the information from the introduction as well as the case example, how might an LHD structure leadership & partnership actions in the following intervention? Use the table provided below to brainstorm some ideas.

ACTION ITEM	LEADING	PARTNERING
Team(s) responsible		
Area of Specialization/ Expertise		
Roles and Responsibilities		
Health Outcomes		

Exercise continues on next page.

B. Identify an intervention specific to your own community's particular partnership and leadership challenges. Now, use the table provided to brainstorm ideas for leading and partnering actions.

- Intervention area: _____

- Strategy: _____

ACTION ITEM	LEADING	PARTNERING
Team(s) responsible		
Area of Specialization/ Expertise		
Roles and Responsibilities		
Health Outcomes		

C. After you have made notes, share out with your team members.

Element 3: Communication

How does your team talk to its internal and external stakeholders? One approach that LHD teams have identified as helpful in defining this question is by formalizing their communications policies. Networked communication plans were thus identified as critical for successful transitions by LHDs undergoing the transition process. Teams stated that a transition plan should include strategies for communicating changes in LHD clinical services to community members and key stakeholders, including political leaders.

A communication plan should include information about how LHD staff will be informed of changes in LHD activities, as well as a general strategy for communication channels with external stakeholders. At the internal level, this might include how a transition may impact current employment and future opportunities for new LHD positions (i.e. becoming cross-trained to conduct population-level interventions), or providing clinical services at a new organization (i.e., securing employment with a federally-qualified health center (FHQ) the LHD has contracted with). For external partners, including the general public, media, and partnering agencies, some general guidelines can be established and applied to a wider community engagement plan.

Case Study

As one LHD completed their transition map, they shared out their experience with developing a communications plan. The following table describes their conclusions:

TRANSITION ELEMENT	• Communication
DEFINITION OF ELEMENT	• Audience-based • Multi-modal (i.e., personal, digital, conscious and unconscious) • Multi-directional (requires iterative feedback) • Refined for clarity and consistency over time
CHALLENGES	• People communicate differently • Message may be misunderstood or ignored
SOLUTIONS	• Tailor your communication to your audience • Test the message and provide opportunity for feedback.
LESSON LEARNED	• The way that you get involvement beyond core team • Over communication is better than under communication Engage staff/community early on
CONNECTION TO OTHER ELEMENTS	• Communication is intrinsic to other elements, such as and partnering & leading. • Example: a vision or goals statement means nothing if it is not clearly communicated to partners and leaders.

Resources

Learn more about this topic by exploring the following resources:

- Communications Plan Template – Learning Laboratory Worksheet (**PDF**)(**Word**)
- **Four Levels of Listening & Talking** – Learning Laboratory Worksheet
- **Element 3: Communication** – Iterative Exercise Worksheet

Iterative Thinking: Reflection

Goal: Develop a draft communications plan with your team members.

Roles: 4 – 6 people, including a facilitator and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group work.

1. Refer to the information provided in the table above, and answer the following probing questions:

How might effective communication relate directly to Element 1 (Vision & Goals)?
How might effective communication relate directly to Element 2 (Leading & Partnering)?

Exercise continues on next page.

2. Now you're ready to start drafting a communications plan! An effective communications plan should contain an exploration of the following questions:

Why? Objectives:

Who? Audience and stakeholders:

What? Messaging:

When? Timing:

How? Methods and Strategies:

How well? Iteration:

Element 4: Community Engagement

Your team's engagement with your most important stakeholders—the general public that you serve—is a core aspect of your role as stewards of community population health. LHD participants recognized this heavy responsibility, acknowledging that teams should fully engage the community to understand its needs and the local perceptions of the role of the LHD. As part of this engagement, interviewees mentioned that it was critical to know the community, maintain transparency, and provide consistent communication. Using this understanding, an LHD can partner with community members to design population-level interventions that address needs and priorities that they identify as important for delivering upstream prevention.

Participants described community engagement as a thoughtful process of working with specific groups of people who have been, are, and would be most impacted by LHD activities in terms of the services that are transitioned. Participants stated that LHD leaders may be ready to transition to population-level interventions to improve health, but if the community does not understand why the transition is under consideration, it is challenging to ensure community uptake. For these reasons, a community engagement plan was a key takeaway for many teams.

Case Study

As one LHD in a small rural health department planned their community engagement approaches, they provided the following review of their work:

Q: How are you engaging with your community?

A: Individuals, associations, institutions, physical locations, exchanges, and cultural assets have been identified. One individual was contacted that is involved with youth groups and had a conversation around our design challenge. There is willingness there to partner with the Health Department and encourage children and parents to provide important feedback on childhood obesity. An upcoming meeting of community partners will give us an opportunity to share with a large number of service providers about the learning lab, and how public health may be shifting in the future.

Q: What are the current obstacles to success?

A: Our core team has had many obstacles, both personal and professional, that have hindered progress. The weather has played a major part in even being able to get to work, thus meetings and partner interactions have been slow to happen. There is a lack of primary data on our challenge, so finding statistics to rationalize our choice has been difficult. Knowing who to ask and what to ask in order to determine root causes has been difficult as well.

Q: Which methods of engagement have been most effective?

A: One-on-one conversations are highly productive and not as overwhelming as with large groups of stakeholders, where each individual in a crowd comes with their own agendas and questions.

Q: What has surprised you in your community engagement efforts?

A: The amount of resources already within the community has been a bit of a surprise. A local school was awarded a grant through the "No Kid Hungry" campaign in our state. The students presented a plan, "Grab and Go," that provided health snacks for purchase at the end of the day in the high school.

Resources

Learn more about this topic by exploring the following resources:

- **Community Engagement Plan Template – Learning Laboratory Worksheet (PDF)(Word)**
- **Stakeholder Interviews – Learning Laboratory Worksheet**
- **Element 4: Community Engagement – Iterative Exercise Worksheet**

Iterative Thinking: Collaborate

Goal: Describe your current community engagement strategy with team members and partners.

Roles: 4 – 6 people, including a facilitator, recorder and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group discussion.

A. Reflect on the following questions, using the case study referenced above as a guide. After you have taken notes, share out with members of your team.

1. How are you engaging with your community?
2. What are the current obstacles to success?
3. Which methods of engagement have been most effective?
4. What has surprised you in your community engagement efforts?

B. After your discussion, return to your communications plan. Imagine applying it specifically to the public-facing context. How might you design a community engagement plan?

Element 5: Interventions & Strategies

Approaching health interventions at the systems-level may look quite different for LHD teams operating under a Public Health 2.0 model. During the transition process, changes in the types of interventions that an LHD delivers require staff training, engagement, and communication to connect with stakeholders, and discover what population-focused interventions should be delivered to inform the public of the changes. Teams will find that population-focused interventions require different staff skills and different funding sources. In addition, Leading & Partnering, Communicating, and Workforce Training were closely related transition elements that teams found themselves returning to as they prepared for new types of intervention strategies.

Case Study

The following information was collected from all teams during the mid-way period of the Learning Laboratory. Teams began to think critically about their shift to new, population-level interventions:

Transition element	• Interventions (population-level)

Element Definition / Intervention Area	• Looking at the public health pyramid, what interventions will provide the most impact to the greatest number of people?
	• Key concepts:
	  • Health equity-centered interventions
	  • Systems-level interventions
	  • Community-level services

Challenges	• Priorities between decision-makers and community not aligned • **Example:** Community input, especially from underserved populations, is not heard or utilized. • Loss of staff or staff not comfortable doing population- level interventions
Lessons Learned	• Let the community drive the work: departments should not come in and make all the decisions • Create internal champions for carrying-out population health interventions • Try innovative programs that fit our community • Engage new partners and deepen relationships with existing partners • Improve community partner understanding of public health, getting away from the idea that public health is based in clinical services • Partner more closely with the healthcare system
Connection to other Elements	• Leading & Partnering • Communication • Community Engagement • Workforce Training

Resources

Learn more about this topic by exploring the following resources:

- [Health Impact Pyramid](#) – New England Journal of Medicine
- [Pilot Testing](#) – Learning Laboratory Worksheet
- [Rapid Protoyping Exercise](#) – Learning Laboratory Worksheet
- [Element 5: Interventions & Strategies](#) – Iterative Exercise Worksheet

Iterative Thinking: Collaborate

Goal: Determine the challenges and successes of a given population health intervention, and make connections to other related intervention work.

Roles: 2 – 4 people, including a facilitator and discussantsy. Complete individual work and then share responses as a pair or group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes pair or group discussion.

A. Use the following table to survey a specific population-level intervention area in your community that you are working on.

Using the connections to other elements identified in the case study, as well as the element definition, reflect on some challenges and lessons you have learned about this intervention. You may want to reference the Foundations section of the toolkit or the resources provided below, including the Population Health Pyramid.

TRANSITION ELEMENT: INTERVENTIONS & STRATEGIES
Element Definition / Intervention Area:
Challenges:
Lessons Learned:
Connection to Other Elements:

B. After you have made notes, share out with your team members.

Element 6: Evaluation & Data

As any LHD team knows, numbers tell a story. Perhaps more than any other element, the success of population health services depend on the interpretation and communication of evaluation data. But how do you use it to improve something as vast and networked as population health services?

For LHD teams, evaluations and data were used as the impetus to begin the transition from direct clinical services to population-level interventions. For example, LHDs noticed that costs per patient to provide clinical services were increasing, so providing clinical services no longer seemed like a financially efficient option for them. Data was also used to evaluate if, for instance, the transition from direct clinical services to population-level services reduced access to care, and had negative trickle-down effects on the health outcomes of their service community. One LHD, for example, measured patient satisfaction with the new clinical service providers, as well as population health outcomes related to the new providers.

Teams described evaluation and data collection as particularly important to ensure that challenges with service delivery or negative impacts on health equity were identified and addressed. Understanding and presenting data visualization effectively was one key area that many teams decided to work on intentionally.

Case Study

Providing evaluation-based data in your design challenge allows you to craft profound planning throughout your transition process. One LHD team used the following scheme to show how evaluation and data can positively influence other transition elements:

Strengthen your Vision and Goals statement by asking how it has been evaluated.

Use data to convince Leaders and Partners of an effective strategy or proposal for an intervention.

Visual data can provide an alternative and attractive form of Communication.

Data reflects what matters to a community, and can enlighten Community Engagement

Data can help us prioritize specific Interventions for population health.

Program evaluation can inform what kinds of Workforce Training are needed to improve processes.

Rich data can improve the likelihood of Funding and Sustainability in your grant applications.

Resources

Learn more about this topic by exploring the following resources:

- **Hot Topics in Practice – Visually Communicating Public Health Data**
- **Lessons Learned from a Dozen Years of Engaging Communities with Data** (Workbook) – Hillcrest Advisory
- **Element 6: Evaluation & Data** – Iterative Exercise Worksheet

Iterative Thinking: Collaborate

Goal: Define a data strategy using examples from other transition elements. Or from work your team has done.

Roles: 2 – 4 people, including a facilitator and discussants. Complete individual work and then share responses as a pair or group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes pair or group discussion.

In collaboration with the LHD teams through the Learning Laboratory, the following Lessons Learned were established.

A. Use the table below to draw connections between each Lesson Learned and what you view to be the key Transition Element that makes it successful. While you may see multiple elements interacting with this particular lesson, limit your response to one element to focus your strategy. Make Intervention Notes to begin brainstorming a strategy, and describe where you see applications between this particular Lesson and Transition Element.

LESSON	TRANSITION ELEMENT
Create data stories, not just data visualizations.	
NOTES:	
Enlist writers, designers, and community members to help you craft your data story.	
NOTES:	
Always talk to your users.	
NOTES:	
We all need coaches when digesting data that is about us.	
NOTES:	

B. After you have made notes, share out with your team members.

Element 7: Workforce Training & Tools

A willingness to innovate and try new things is a key characteristic for a successful transition to the Public Health 3.0 service model. Learning such skills as: how to secure funding, how to update one's skillset in the field of population health, and how to maintain flexibility in a rapidly changing field are key to ensuring a team's stability in the transition process.

Workforce training and development may put certain stresses on your strategic planning as you shift to population health services. Teams may find that they can maintain the capacity to carry out direct and population-level services during the initial stages of the transition process. It may also be the case that certain staff wish to continue providing clinical services in a capacity outside of their LHD. For example, some LHDs shared that they were able to request funding to outsource existing clinical services to a preferred vendor so that their clinical staff could secure work while the LHD team underwent significant workforce training changes. In other cases, you may find that specific training needs should be met—for instance, equity, diversity, and inclusion training for systems level interventions.

Wherever your team currently stands in this stage of the transition process, planning and strategizing will be a crucial step in maintaining effective population-level services.

Case Study

The transition process can be a disruptive experience for teams and the stakeholders carrying out population-level interventions. LHD teams identified the following five obstacles to successful workforce development interventions:

- Staff turnover
- Staff reluctance to accept systems change
- Lack of tools to convey need for organizational change
- Lack of internal infrastructure to support staff through change process
- External political infrastructure not supportive of transition process
- External stakeholders preferring traditional services

From these obstacles, teams suggested proposing a workforce development goal that would identify specific skills, resources, and types of training to prepare them for population health interventions.

Resources

Learn more about this topic by exploring the following resources:

- **Brainstorm Solutions** – **Learning Laboratory Worksheet**
- **Hot Topics in Practice: Change Management Principles for Public Health Modernization**
- **Workforce Plan Template** – **United States Office of Personnel Management**
- **Element 7: Workforce Training & Tools** – **Iterative Exercise Worksheet**

Iterative Thinking: Brainstorm

Goal: Develop a workforce development goal using an internal assessment tool.

Roles: 2 – 4 people, including a facilitator and discussants. Complete individual work and then share responses as a pair or group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes pair or group discussion.

Internal assessments can be a helpful data-informed tool for recognizing workforce development goals. Using the following checklist, develop an instrument to assess your team's readiness for transitioning to population-level intervention work.

A. First, evaluate your team's current level of readiness on a scale of 1 (low capacity) to 5 (high capacity). A Notes section is provided for additional commentary:

READINESS SCALE:

	1	2	3	4	5
Community Engagement					
Notes:					
Organizational Leadership					
Notes:					
Communications					
Notes:					
Systems Change					
Notes:					
Health Equity Knowledge					
Notes:					
Fiscal Sustainability					
Notes:					

Exercise continues on next page.

B. Now that you have your data, choose areas where higher capacity for readiness is an especially pressing priority. Using this data, reflect on the following probing question to formulate a workforce training goal:

How might we improve workforce readiness for population heath-level interventions?

C. After you have made notes, share out with your team members.

Element 8: Funding & Sustainability

It may come as no surprise that the transition to Public Health 3.0 services takes time, as well as money. In some cases, full cycle interventions may not take place due to a lack of planning and resources. In response, LHD participants have identified sustainability planning as essential to a successful transition.

At the strategy-setting level, these participants emphasized a focus on population-level interventions to their strategic planning so that strategies become institutionalized. Strategic planning, they argued, helps facilitate buy-in from local government and strengthens the ability to maintain the LHDs' focus on population-level interventions over time.

Beyond strategy-setting, participants found that developing plans for implementation and reinvestment have helped insure that their intervention efforts can maintain capacity and funding over the course of a potentially disruptive transition processes.

Case Study

LHD teams identified a set of common funding and sustainability challenges related to population-level health services—many focused on staffing and long-term strategic planning. One team member provided the following analysis of these challenges:

> " In many ways, a grant-based model of funding and staffing can be the antithesis of—and an impediment to—the development of a population-based public health model. Traditionally, when grant-funded staff arrive and start their work, an agency now has a new capability to offer a subset of its population. That new capability is often viewed as an addition to, rather than a part of the agency's foundational public health services. Likewise, when the funding runs out, the program ends and the staff member is laid off. The agency then removes that capability from its list of additional services."

To move away from this service gap model, LHD participants experimented with different funding and sustainability tools. They agreed that the following tools allowed them to plan for financial security, and to define their team's value proposition: a benefits worksheet, sustainability plan, and a portfolio of investments. To explore more from these documents, see the Iterative Thinking and Resources sections below.

Resources

Learn more about this topic by exploring the following resources:

- **Feasibility Planning for Business Plans** – **Northwest Center for Public Health Practice**
- **Nurturing Sustainability – Questions to Focus on as You Grow Your Collaborative** (Workbook)
- **Element 8: Funding & Sustainability** – **Iterative Exercise Worksheet**

Iterative Thinking: Brainstorm

Goal: Develop a consensus value proposition for your team using a benefits worksheet.

Roles: 2 – 4 people, including a facilitator, recorder, and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group discussion.

A. Add responses to the questions in each column below. The prompts are intended to stimulate thinking; you don't have to include responses to each one. The goal is to come up with a consensus value proposition: 3–4 answers for each question that best reflect and communicate your team's shared perspective.

Benefits Worksheet

FINANCIAL PROMPTS	NON-FINANCIAL PROMPTS
What benefits from your activities are likely to have a positive financial impact on specific health sector entities?	Are there changes in health/safety status?
What are the potential financial benefits for other sectors?	Are there changes in upstream determinants of health or health equity?
Are there financial benefits that may result from infrastructure and partnership building?	Are there "soft ROI" benefits that may accrue to specific entities (such as improved reputation or political influence)?
	Are there non-financial benefits that may result from infrastructure and partnership building?

B. After you have made notes, share out with your team members.

Part IV

REFLECTIONS

Synthesis and Change

Your team has begun the long and challenging process of realizing Public Health 3.0 by transforming prevention systems in your community. As an iterative process, this is both an ending and a beginning for you—an ending to business as usual, and a beginning of the next round of quality improvements and success measuring. This stage of the transformation process should be one of celebration and reflection for you and your team. Celebrate the successes you have made in each of the eight areas of transition, and acknowledge and accept challenge areas that you will address in the future.

It is time to start using your progress in the transition process to refine your foundational knowledge, apply your knowledge, and focus in on specific elements of transition:

1. First, we recommend that you return to the self-assessment that you completed at the beginning of the Applications section. Take a moment to reassess your team's work as individuals, and share out your results as a group.

2. Identify one Transition Element that you would like to focus on moving forward. You will return to this element in the activities to follow.

Case Study: Synthesis and Change— Transition Updates from the Field

There is no one-size-fits-all approach for transforming from one service model to the next, especially for something as comprehensive and complicated as population health services. After a 1 year period, LHD teams reported that they found themselves at various iterations in their transformation journey. Some felt they were revisiting certain elements of transition more than others, but reported confidence in their progress as they identified key areas of improvement and concrete goals such as: new workforce training and hiring, targeted engagement of stakeholders, internal buy-in campaigns, and more.

Some LHD teams reported that they were able to synthesize progress in a number of key transition element areas. Consider the following update from one provider on their team's progress:

" Our three new Public Health Nurses are doing great and "get" the big picture. We still have two more nurses to hire, but we hope the next year will bring us good applicants. We are also in the process of hiring two Nurse Supervisors…In fact, one applicant was an assistant Dean at a local college, and during the interview asked us to tell him more about the PH 3.0/Modernization "stuff." His nursing faculty are telling him they do not like what they are seeing in the field. Once we explained Public Health 3.0 to him, he said it made perfect sense! One of his faculty just informed us that she is taking her students to a different county for half of the semester, so her students can get public health nursing experience.

Our new Health Education Coordinator is doing great as well -- she has helped decrease a little of the administrative workload. We continue to move forward in several ways: Due to insurance changes here at the county (we are no longer self-funded for insurance and are contracting as most employers do instead), we will no longer be providing influenza vaccines to all Rock County staff. They will be going to their providers. We are planning to once again scale back our IM clinics now that insured clients are going to their providers. We recently had our audit by our state health department and they acknowledged we are helping to lead other health departments across the state in this direction."

Reflection

1. Based on the case update provided, which elements do you see that this LHD team has intentionally focused on and applied iterative improvements to?

2. Which elements do you think the team could focus on to strengthen their next round of iterative improvements?

Resources

Learn more about this topic by exploring the following resources:
- **Synthesis and Change** – Iterative Exercise Worksheet

Iterative Thinking: Reflect and Share

Goal: Determine the successes and challenges of your team's first iteration in the transformation process.

Roles: 4-6 people, including a facilitator, recorder, and discussants. Complete individual work and then share responses as a group.

Time to Complete: 5 – 10 minutes individual work, followed by 15 – 20 minutes group discussion.

Use the following table to reflect on your successes and challenges, using the Case Study above as an example. Use the transition element that you chose in the Overview to focus on:

Transition Element
Successes
Challenges
Lessons Learned
Solutions