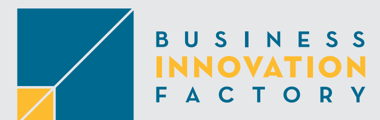
Working as a System to Optimize Family Wellness: Using A Learning By Doing Approach



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PURPOSE

Our early environments shape our chances for healthy lives. Social, emotional, cognitive, and physical aspects of health develop in childhood and affect our lives as adults. Yet we find that children's health and development is shaped by causes that are upstream of where most services and resources currently focus. There is an urgent need to complement quality health care with the services and supports from other sectors that can increase the potential for a healthy population and narrow persistent and costly disparities in health outcomes.

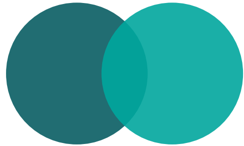
A better way is within reach. Health care has many contributions to make but is not positioned to solve social concerns that influence health behaviors, and health outcomes. Diverse sectors such as health care, social services, education, legal support, and financial services can work together, rather than in isolation. They can collaborate to help families set and achieve goals, reduce children's exposure to experiences that harm their development, and reduce the impact of family stressors when they occur. They can share accountability for these results. Each partner makes distinct, but aligned, contributions to address family needs and build family assets.

The Moving Health Care Upstream (MHCU) Learning Network (LN) launched in 2016 to support such an approach in eleven (11) communities across the country. The LN is one component of the MHCU Initiative, which is a partnership of the UCLA Center for Healthier Children, Families & Communities and the Nemours Foundation, with funding from the Kresge Foundation.

The MHCU Learning Network's goal is to design and test innovative care concepts that enable organizations from different sectors to work as a single system to improve family health and social outcomes. Local partners seek to introduce new practices such as shared goal-setting with families, making supports more inviting to families, co-managing care between partners, customizing care for different levels of need, and bundling care to improve the reliable delivery of what partners agree that families need. Along the way, community partners learn how to solve complex problems together. They discover what works by developing a shared, organized learning process across the partners. The foundation for this learning includes improvement science and co-designing with families to discover what adds value.

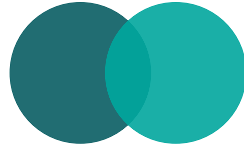
Examples of MHCU Learning Network cross-organizational partnerships that have been tested with families are included on the following page.

MHCU LEARNING NETWORK TEAMS



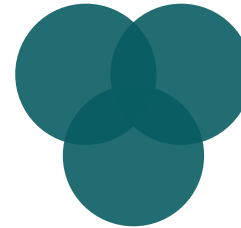
HARLEM, NY

University-affiliated health clinic
- Maternal/child health nonprofit organization



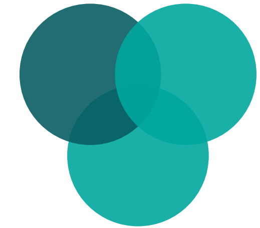
MILWAUKEE, WI

- Children's hospital / health system
- Early education center



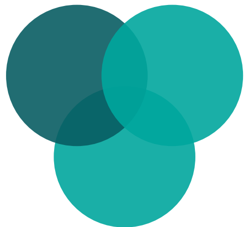
BOSTON, MA

- Children's hospital
- Community health centers (2)



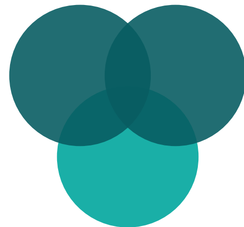
COLUMBUS, OH

- Local chapter of national after-school program organization (or community-based organization)
- School
- Children's hospital



EAST PALO ALTO, CA

- Community partnership school
- County department of health
- Health center

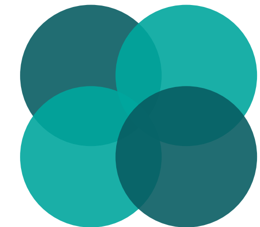


ATLANTA, GA

- Children's health system
- Primary care provider
- State agency of a federal assistance program (WIC)

LONG BEACH, CA

- Health clinic
- University nutrition program
- State agency of federal nutrition assistance program (CalFresh / SNAP)
- City health and human services department



CENTRAL COAST, CA

- Health clinic
- Behavioral health provider
- Legal assistance
- Financial assistance and coaching provider

CLINICAL PARTNER *NONCLINICAL PARTNER*

“You have to look behind the pain to really see what’s going on. You can try to fix my headache, but if my headache is from money issues you’ll never fix it with a pill.”

— NONCLINICAL PARTNER ON-THE-GROUND STAFF

A BLUEPRINT FOR OPTIMIZING FAMILY WELLNESS

Although organizations and communities have long histories of collaboration to address upstream social determinants, they still struggle to deliver on their vision. Our goal is for diverse organizations to work together to support families' lifelong health and well-being. To do this, we need a blueprint for a journey of reflective questions and design steps to help partners transform their services to better meet family needs. This guide is intended as a blueprint for communities, health centers, public health departments, government, foundations, nonprofit organizations, and other community-based organizations.

This guide is intended to be instructive, not prescriptive, with two overarching insights gleaned from the LN work.

First, there is no one ‘right’ approach; there are many ways to deliver value upstream. While we have synthesized core elements that are useful practices, they should be considered guideposts. Community sites should pick and choose those which are most relevant, and should contextualize and adapt them to fit the circumstance.

Second, because this is new territory, community sites should take a generative approach to prototyping and testing their own solutions. This should be considered a “learning journey,” on which community sites learn by doing throughout the process, making changes to their approaches in real time to improve results.

Your own learning journey with this new, challenging, and complex work will likely be – as it was for the LN – surprising, perplexing, and even uncomfortable. The LN teams were incredibly forthright and articulate about what it felt like to learn together through this process—and eager to share those experiences with the readers of this guide. Their peer insight and counsel is highlighted throughout, which should serve you well on your own learning journey.

The Blueprint is comprised of overarching Design Principles, Foundational Elements of this work, a suggested Learning Journey Framework for how to do this work, and practical Tools to consider using along the way. In the Appendix, we’ve also included a glossary with language to help you navigate this guide.

DESIGN PRINCIPLES

Design principles are the beliefs, values, and precepts that serve as the "North Stars" to help us apply the Elements and Learning Journey Framework in this guide. They shape how we design, experiment, and ultimately create an initial working version (prototype) of new practices.

- **Act collaboratively and share accountability to create collective value as measured by** on the health and well-being of children, families, and communities.

- **Understand and commit to a learning journey of continuous development and iteration** through co-design, testing, and prototyping.

- **Engage deeply and in an ongoing fashion with both families and partner organizations** to co-design and test offerings.

- **Design seamless experiences, services, and teams** to support families and address social, economic, and environmental challenges that impact health and well-being.

HOW IT FEELS TO WORK IN THIS WAY

"Over time, our working relationship is stronger. We have more honest conversations between partners… and are able to be more vulnerable across the organizations regarding our strengths and weaknesses, what we can do and what we can't."

—NONCLINICAL PARTNER LEADER

"At this stage in our partnership, I feel like I can be vulnerable enough to ask what I'd consider a stupid question, but one I need answered. And I'll get a response the same day…"

– CLINICAL PARTNER LEADER

"Now, we are interconnected—working as one with united goals, rather than separate entities with disparate goals."

– CLINICAL PARTNER LEADER

"…we used to feel like [each of our organizations was] carrying the weight of the entire healthcare system on our own. Now we recognize that everyone has a piece [of the puzzle] to support the family."

– CLINICAL PARTNER LEADER

ELEMENTS

BIF spent time with the LN teams during in-site and virtual visits to understand what they attempted and what they learned in their first 1-2 years of work. In seeking to understand this, BIF also uncovered what they would do differently if given the opportunity. Based on the synthesis of what sites did, learned, and would do differently, BIF has created a menu of Elements, which are the basic ingredients – the what – of this Blueprint.

These Elements are either 1) currently being demonstrated within the LN's preliminary approaches or 2) recognized as important to create a 'just enough' version of a new family experience. The term 'experience' is used to represent all of the relationships, interactions, and services that site partners and families encounter, have contact with, and participate in as the LN is developing their initial working version (prototype) of new practices.

How do you take these Elements and put them together to create a contextually relevant model in your community?

The Elements can be used as a "whole process" or introduced in an order that fits the needs and context of your partnership and community.

Therefore, this Blueprint is not meant to be a one-size-fits-all model, and the Elements are not meant to be rigidly followed. You can (and should!) adapt and contextualize how you use them to create your own local, contextually relevant version. You can play with, adapt, transform, and prototype these Elements, gleaned from the work of the LN.

For each Element you'll find a working definition, a snapshot of what it looks like in action, and tangible team reflections from the LN that seeks to shed light on some of the successes and challenges you'll experience as you develop your version.

> **"This is really a menu of tools and structures that you can work with to help you create something upstream."**
>
> — CLINICAL PARTNER LEADER

ELEMENTS

REFRAME HEALTH THROUGH A SHARED AGENDA

Defining health beyond the absence of sickness, and aligning partners in service of a new definition and framework for engaging service providers and families in all factors that affect and benefit health and well-being.

ENGAGE FAMILIES EARLY AND OFTEN

Engaging families in the co-creation, testing, and ongoing iteration of new models, as well as engaging them as partners to build a culture of health across communities.

MEASURE VALUE

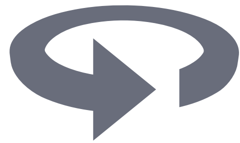
Defining ways to measure where value is being added for families and site partners within the new experience; i.e., families connect with the right partner with the right expertise, families receive support with things that worry them most, families get specific issues solved and they are happier, etc.

MAP CAPABILITIES INTO A VALUE CHAIN

Recognizing that partners have diverse motivations, and understanding how and where different types of value (financial, data, referrals, etc.) need to be exchanged, to building a sustainable value chain.

EXPLORE AND DEFINE MINIMUM CORE CAPABILITIES

Taking time to explore and define the core capabilities necessary to deliver value to families and test partnerships that can tap into and unleash new capabilities and service delivery models.



REFRAME HEALTH THROUGH A SHARED AGENDA

Building a model for working across partners as a system to optimize health and well-being requires reframing health as we know it. There is no “cookbook” for effectively defining health beyond the absence of sickness—and aligning partners across the sectors to affect and benefit health and well-being. But learning your way through the process will involve recognizing that this is more encompassing than traditional health care, defining an overarching goal that your team is working towards, articulating the responsibilities partners and staff will play, unearthing intrinsic and extrinsic motivations for participating, and articulating the reasons to get involved.

"It's about framing health in a different way…. It's more than just the absence of disease; it's a prevention lens."

— CLINICAL PARTNER LEADER

"…we used to feel like [each of our organizations was] carrying the weight of the entire healthcare system on our own. Now we recognize that everyone has a piece [of the puzzle] to support the client."

— NONCLINICAL PARTNER LEADER

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

1.1

Recognize This Requires Systems-Level Transformational Change

LN sites recognized that their ideas required more than just incremental changes to their existing operational models (including patient-facing services and internal workflows) and extended to system-level changes.

"We realized this is bigger than a service, maybe even bigger than a program...it's the way we do our care going forward"

– NONCLINICAL PARTNER ON-THE-GROUND STAFF

1.2

Consider Partners With Whom You Already Have Familiarity or Trust

Identify organizations who complement your own organizational strengths. If possible, collaborate with a partner organization with whom you already have some level of familiarity, trust, or experience working together.

1.3

Accept That This is Challenging Work with Few Easy Answers

Reframing how health is perceived, delivered, and experienced requires mindset, behavior, and culture shifts. While this guidebook is intended to help you on your journey designing and testing your prototype, there's no expedited path forward.

1.4

Learn How to Ask Different and Hard Questions About the Value of What You're Trying to Do

A significant part of this work is about learning to ask the right questions. Many of these questions will challenge how your organizations have operated in the past—and may put into question how you should move forward.

"We needed to be able to ask, 'Can a hospital really come in and facilitate already occurring community momentum? Should it?' "

– CLINICAL PARTNER LEADER

For more team reflections from the LN teams, see the Appendix

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

1.5

Acknowledge that this is a New Way of Working for Everyone Involved

This work requires having a beginner's mindset, and committing to making progress through learning by doing. You will likely experience pain points along the way, but those pains are a sign you're growing.

"This is a culture shift for providers. Physicians don't have this training, and they're not used to thinking in this holistic and long-term way...it takes some time to see the benefits...."

– CLINICAL PARTNER LEADER

1.6

Make Time for Staff to Interact Casually—So Partners Get to Know Each Other as People

Create opportunities for staff to deepen trust, which leads to better collaboration. Bring people together, in-person. If your partnership isn't co-located, offer video conferencing over phone calls.

1.7

Create a Protected Space to Innovate Without Immediate Pressures

Ensure staff has flexibility to rapidly experiment without immediate need to capture a clinical outcome. Give yourself permission to try something new, then determine how you promote the work to leadership.

"It's important that your core team has a protective bubble around what you're trying. If leadership doesn't create that space, as a core team you must create it: "We figure out what we, as a small group, can do for families and then sell that to our organizations"

– NONCLINICAL PARTNER ON-THE-GROUND STAFF

For more team reflections from the LN teams, see the Appendix

ENGAGE FAMILIES EARLY AND OFTEN

Partnering with families is crucial for translating your ideas into a real-world experience. You'll need to create opportunities for families to engage with site partners and to commit, collaborate, and prototype new experiences. This is the best way to ensure your new experience is valuable to families and incorporates their goals, meets their needs, and is usable. Strategies for building trust, inviting participation, and fostering shared responsibility central to effective collaboration are key.

"A LOT OF IT IS LISTENING [TO FAMILIES]. YOU HAVE TO REALLY HEAR WHAT THEY WANT FOR THEIR CHILD AND WHAT IS IMPORTANT FOR THEIR FAMILY."

— NONCLINICAL PARTNER LEADER

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

2.1

Engage Families from Day One

Involve families in the development of ideas and experiences from the beginning. Start with families who are already engaged – and have some level of trust – with at least one of the partners. Help families feel that their ideas about what could be different are welcomed. Look for existing interactions, like a casual check-in during school pick-up or before, during, or after a social work appointment to invite the family to share an experience or help test a change.

2.2

Foster Honest Conversation with Families

Be clear, but not overly prescriptive, about how partners communicate with families. Consider how partners can convey that they are sincere and have time to hear from a family and respond to them. The goal is to build relationships and generate trust with families so you can more effectively co-design a new way of supporting their health and well-being.

"We started with a script and a well-being plan framework for staff to use when talking with families. After hearing that it wasn't producing the results we wanted, we shifted to questions like 'What's happening in your life? What's important to you and your family?' By hearing about the context of their lives ... we're building relationships that allow families to participate in unique and impactful ways." – CLINICAL PARTNER LEADER

2.3

Create Clear Family-Facing Messaging Across Partners About What You're Trying to Do

Align partners around a general message to communicate when interacting with families. Explain how non-clinical services may help improve family or child health rather than solely referring families to external services. Iterate to make the message clearer.

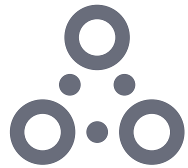
2.4

Create the Infrastructure for Families to Help Themselves and Each Other

Don't assume you know what's best for families or what their goals should be. Ensure that families are part of – and believe in – the approach by enabling them to define and act on their own health and well-being goals. Be thoughtful and selective about what issues partner organizations can and will address rather than attempting to solve every family problem. Identify small actions that families can do without partner organization involvement that enable them to work on their health and well-being goals.

"There's an opportunity to help families realize what they can do on their own rather than send them to another appointment or service, which might not work for them, for their schedules." – CLINICAL PARTNER ON-THE-GROUND STAFF

For more team reflections from the LN teams, see the Appendix



EXPLORE AND DEFINE MINIMUM CORE CAPABILITIES

To translate your ideas into a real-world experience for families, dedicate time to exploring and defining the minimum core capabilities needed to deliver your new family experience. Your prototype will need capabilities as a system (rather than discrete organizations). Testing and learning what works for families and partners is essential as you begin to define your minimum core capabilities and will mitigate help you from jumping to conclusions and making assumptions about what you need too early.

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

3.1

Test Your Ideas to Inform What Capabilities Will Need to Be Created

Developing new capabilities means introducing new processes and changing workflows. Test ideas with line staff and families early and often; do a small test of the new idea with only one or two people to help you quickly learn what works. This helps with achieving the intended value and sustaining the changes once introduced at scale. You can formalize processes when they're ready for full implementation.

"Test with a few families before you launch something big."

– CLINICAL PARTNER LEADER

3.3

Determine Ways to Remove Barriers for Sharing Family Information and Data

Industry regulations on privacy sharing represent a significant challenge. Ensure that you understand each partner's privacy policies early on and – if and when appropriate – develop shared contracts for data-sharing.

3.2

Be Realistic About the Boundaries of Your Shared Organizational Capacities

Recognize that each partner organization is already functioning and creating value through an existing business model. Unlocking – and recalibrating – those capabilities in service of something new is the challenge. Take time to articulate each partner's capabilities so you can understand how easy or difficult it will be to achieve your shared ideas.

For more team reflections from the LN teams, see the Appendix

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

3.4

Define Roles at the Start—and Iterate on Them as Your Prototype Evolves

Discuss the roles staff will play in your prototype. Make note of them, but adjust roles and responsibilities as needed based on testing and shifts in goals and processes.

3.5

Develop Tools that Support the Way Your Partnership Operates

After you have the initial working version of the new experience(s), formalize it so that it is ready to offer consistently across the partners. Flowcharts that show the steps and contributions of each partner across the experience can ensure that the formal version will achieve what is intended. Visuals as well as written roles in job descriptions can help formalize the steps of a new process.

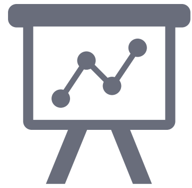
> "Creating tangible things like a cross-organizational work plan allowed us to have a sense of urgency.... The topic is very meaty – there's lots to do – so it's helpful to have clear deliverables to force [the partnership] forward."
>
> **– NONCLINICAL PARTNER LEADER**

3.6

Identify Local Community-Based Resources That May Add Value to Your Prototype

In order to determine how to reframe health and improve family well-being, take stock of the resources in your community—and find ways to leverage them.

For more team reflections from the LN teams, see the Appendix



MAP CAPABILITIES INTO A VALUE CHAIN

Your value chain is the way that you and your partners collaborate to create and deliver a new experience with families; it includes all new services, interactions, or relationships required for your new experience that works as a system. Once you define all new services, interactions and relationships, identify where there is efficiency or inefficiency in your value chain that is adding or detracting to value for families and partners. Be thoughtful and definitive about how your value chain currently is and how it could be better to address diverse motivations-this is critical for long-term sustainability of your new experience.

"WHAT WE'RE DOING ADDS REAL VALUE. WE NEED TO START THINKING CREATIVELY ABOUT WHO BENEFITS FROM — AND CAN FINANCIALLY SUPPORT — WHAT WE DO."

— NONCLINICAL PARTNER LEADER

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

4.1

Recognize That in the Long-Term Your Prototype is Transforming Systems

Your contextually relevant prototype will move beyond making incremental changes to services and programs and ultimately create transformational change.

"Before, what we provided was more of a referral service: a piece of paper with information for a service the family could call. Now it's a team that helps the family. We realized this is bigger than a service, bigger than a program...it's the way we do our care going forward"

– NONCLINICAL PARTNER ON-THE-GROUND STAFF

4.2

Map Your Value Chain and Tie it to Motivations of Partners in the System

Define the steps you and your organizational partner organizations must take to deliver new family experiences. Identify ways to increase the efficiency of this value chain while maintaining maximum value by mapping to motivations of partners in the system.

4.3

Consider How Your Value Chain Will Be Supported by New Revenue Streams

Traditional payment and reimbursement are just two of the ways that your prototype can be supported. Document the value chains you're creating and identify new opportunities for dollars to flow. The LN sites perceived that 'stop-start' funding presents significant barriers to sustaining new services and experiences, and iterating on the prototype.

4.4

Identify Potential Beneficiaries Beyond Traditional Grant Funding

Think expansively about local and national beneficiaries that may be well positioned to financially/economically support your minimal viable prototype.

"There are beneficiaries in our area that should start to pay for this model of providing the community these services.... For one, employers benefit from the health of the people in our community, because the health of employees means they have a consistent workforce."

– NONCLINICAL PARTNER LEADER

For more team reflections from the LN teams, see the Appendix

MEASURE VALUE

Optimizing family wellness is a long-term commitment— so it's critical to show where value is being added early on for your partner organizations and families; i.e., families connect with the right partner with the right expertise, families receive support with things that worry them most, families get specific issues solved and they are happier, etc. Defining where value-adds are enables you to measure the value being added and informs the way you test and iterate on your ideas—and are critical to documenting progress, motivating staff, and generating buy-in from Partner Organizations, families, and leadership. Although the LN did not define and track where and how value is being added as part of their early work, they all acknowledge that it is an important part of the 'Learning Journey' to integrate going forward.

"IT WOULD BE REALLY POWERFUL TO TRACK OUR WORK WITH PARTNERS OVER TIME AND SHOW OUR QUALITATIVE WINS. THEN WE CAN... SHOW PROGRESS OVER TIME AND BETTER ARTICULATE OUR SUCCESS."

— CLINICAL PARTNER LEADER

WHAT DOES THIS LOOK LIKE IN ACTION?

TEAM REFLECTIONS FROM THE LN

5.1

Capture Qualitative Stories that Illustrate Your Wins Starting Day One

Create time to have brief conversations with families and providers to ask about changes to what is being delivered and where value is added through the prototype.

> **"We know that the families appreciated this, but we didn't document or measure that."**
>
> **– CLINICAL PARTNER ON-THE-GROUND STAFF**

5.2

Chart the Family Journey to See if the Experience Improves After Making Changes

Chart a family's journey before the prototype (e.g., Step 1: Family enters the clinic, checks in with receptionist and waits for approximately 1 hour.... Step 4: Family calls referral service and waits for 2 weeks for a return phone call). Add data (e.g. how often are particular steps actually happening) to this charted journey as you develop the prototype so partners can see where value is being added for families across the steps of the journey.

5.3

Keep Partners and Families Engaged

Show staff and families that their input matters. Involve them in coming up with new ideas, testing the ideas, and sharing the results with others. Close the loop wherever possible so that families and providers know what their feedback led to, even when it was a small test of change.

5.4

Consider the Longer-Term Clinical or Nonclinical Outcomes You Want to Measure

While your focus should be on near-term value indicators during your initial prototype, consider incorporating longer-term clinical or nonclinical metrics over time. The metrics should be a reflection of the outputs articulated in the Theory of Change you'll develop (explained in next section), and should include metrics that both signal and confirm that change is happening.

> "Moving forward, we need communal measures on the one hand, like stats on diabetes, obesity, credit scores – and then individual indicators about where clients are coming into the program and where there are changes."
>
> **– CLINICAL PARTNER LEADER**

For more team reflections from the LN teams, see the Appendix

LEARNING JOURNEY FRAMEWORK

The Elements describe the *what* of this work; the Learning Journey Framework provides a suggested path for how to begin doing this work. The Framework consists of three tiers of learning—moving through them, you'll build upon what you test and learn through iteration and reflection. Each tier includes goals, questions to consider, and recommended activities and tools to help you take a learning-by-doing approach on your journey.

Remember that there is no 'right answer' or single model for how to do this. Instead, the Learning Journey Framework is intended as a suggested path to help you adapt, contextualize, and implement as you get your own contextually relevant model off the ground.

Each of the tiers reflects the Learning Network's experiences, successes, challenges, and amount of time spent on developing and prototyping during the last 1-2 years. While the estimated timeframes are based on the LN's firsthand experiences, they are not absolute and should be tailored to what works for your site and community's journey.

Refine + Continue to Test a Minimum Viable Prototype

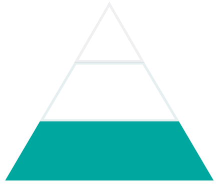
TIER 3
(3-4 months)

Designing A New Experience

TIER 2
(3-4 months)

Creating a Shared Agenda

TIER 1
(3-4 months)



TIER 1:

Creating a Shared Agenda

Tier 1 of your Learning Journey is largely exploratory. You've identified a cohort, or team, across organizations who are interested in trying new things. The biggest hurdle will be shifting your lens, and reframing how you think about health. You will want to create space for your team to capture what you know, identify what you don't know, and articulate what you want to learn and understand. From here, you'll start exploring this in partnership with families and other stakeholders, defining goals and ideas to deliver family wellness and a learning agenda. You will continue to explore and test to your goals and ideas in Tiers Two and Three.

> *"Set the expectation of potentially not knowing what to do next—and this being the first part of a process."*
>
> -NONCLINICAL PARTNER LEADER

GOALS

- Build shared learning agenda, knowledge, and testable theory of change.
- Create collective base of information and data.
- Explore health through the experiences of families.
- Identify other stakeholders and partners to engage in the process.
- Practice a "Learning by Doing' approach.

QUESTIONS TO ANSWER

- How do families think about health and well-being?
- What information do you currently have and what information do you need to gather?
- Whose perspectives do you want to have in the room to understand our own blind spots?
- How do you think change will happen? What are your assumptions about how that change will happen?

Convene to discuss understanding of the problem, and create a platform for action

Get to know one another.

Where do they come from?
What is their organizational purpose?
What are they passionate about?
What would make participation worthwhile?
Who else should be in the room?
What is their motivation?

- *Tool: Stakeholder Map*

Create ground rules.

How do we want to work together?
What is our commitment to being open about what is working well, and what isn't, both at the outset and as we do the work?
How will we share information for learning, while respecting privacy?

- *Tool: Define Limitations & Ethical Concerns*

Create a learning agenda and timeline.

Ask the question, "What would it look like if we could...."
What do we want to learn?
What are the gaps in our knowledge, and how might we fill those gaps?
How can we use information from families, and from our organizations, to prioritize what we work on?
What time-specific goals will we set?
Can we set a design challenge to inspire creativity, change, and achieving a goal in a defined timeframe?

- *Tools: Reframe Problems as Design Challenges // Exploration Methods // Card Sort*

Explore your ideas with families and stakeholders

Learn what families want – what are common family goals that the partners should learn how to support them to achieve?

Tools: Card Sort // Exploration Methods

Create a Shared Theory of What Matters

Create a shared understanding of the problem.

- *Tool: Metaphor*

List the concepts (big idea) and specific changes that you predict will lead to the results that you want to see.

- *Tools: Card Sort // Exploration Methods*

Define people and contexts for scope.

Map organizational and family values and motivations.

Define the scope (who contributes).

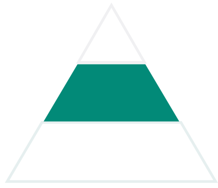
Explore the roles and responsibilities needed for action.

Update the theory for testing in Tier 2.

- *Tool: What's Your Theory?*

Reflect on what you've learned through the activities associated with exploring your Theory of Change.

Tools and worksheets can be found in the Appendix



TIER 2

Designing A New Experience

In Tier Two, your team will use learnings from partner organizations and families to design a new experience- not just for families but also for your site partners who will be working and operating together in new ways. You will map out the new experience to include all interactions, services and relationships in a continuous experience for site partners' roles and families. You'll use organized, iterative tests to quickly learn what works well (where the new experience is adding value) and what doesn't (where there is opportunity to add value in a different way).
You'll identify where value is being added to gauge impact and meaning of this new experience. By iteratively testing in this organized way, you will be able to define a minimum viable prototype in Tier 3—a 'just enough' version of the experience that can continue to be tested to generate feedback with site partners and additional families.

"We're learning from families by trying things and being comfortable with what we try not being perfect. I wish we'd asked families for input earlier."
-CLINICAL PARTNER ON-THE-GROUND STAFF

GOALS

- *Combine learnings from Tier 1 into a preliminary seamless experience that integrates all aspects of health as defined by families*
- *Define how organizations can contribute to making the experience tangible in a real world environment*
- *Design small scale, rapid experiments to test component parts of the new experience - capture and integrate learnings*
- *Identify the outcomes you hope to accomplish through your experience and define the indicators that will signal or confirm progress towards those outcomes.*

QUESTIONS TO ANSWER

- How might you integrate all the aspects of health into a seamless experience?
- What capabilities are required to deliver this experience and how might you borrow them from your partners?
- How might you test components of the experience with families?
- What changes do you want to see? What would signal those changes? What would confirm those changes?
- How can you create visibility into this work such that others can see the potential and learn with you?

Work Together to Create a Desired, Specific Experience

Brainstorm and define the elements of the experience you want to create.

Outline the steps for the experience.

Consider how people come into the experience, who they are interacting with, and how they leave the experience; families and partners.

- *Tools: Concept Summary // Experience Map // Storyboard // Articulating the User Experience*

Test Components of the New Experience

Identify the steps of the experience that need testing.

Decide how to experiment – where, and with whom.

Determine how to capture and share the learnings from the experiments.

Test (experiment) in iterative cycles that build on one another.

Repeat the testing with other families, in other venues, under different conditions, and in putting the steps together into the complete experience.

- *Tool: Rapid Experimentation*

Select Measures

Reflecting your theory of change, define outputs and outcomes you wish to see from the experiences you'll design.

Select measures that will signal and/or confirm valuable changes in these outputs and outcomes.

Identify what measures of value will help you move forward in the short-term test (experiment).

- *Tools: Metrics Worksheet*

Describe the Prototype

Use the learnings to describe what the prototype will do.

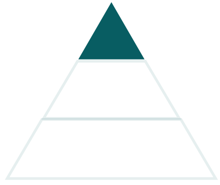
Determine which capabilities are needed to deliver the newly designed experiences, including which partners will offer these capabilities.

- *Tool: Capability Design*

Reflect on the stakeholder map, and identify motivations of stakeholders for contributing these capabilities.

- *Tools: Concept Summary // Storyboard // Experience Map*

Tools and worksheets can be found in the Appendix



TIER 3

Refine + Continue to Test a Minimum Viable Prototype

In Tier 3, you will move from designing a new experience to defining a minimum viable prototype to continue testing with a larger group of families across partner organizations. You'll continue to iterate on the experience to determine where adjustments can be made and reinforce what is working well. You'll devote time to document and share what you're trying and learning—by tracking and refining how you are measuring value, and develop storytelling vehicles to share your learnings. You'll also explore options for formalizing and sustaining your minimum viable prototype to inform how to scale this with more families across your partner organizations.

> *"I wasn't sure this was going to work, but now I see families are getting healthier because they're getting the help they need, and are coming back and giving positive feedback."*
> -CLINICAL PARTNER ON-THE-GROUND STAFF

GOALS

- *Recruit a larger number of families to test your prototype*
- *Develop a measurement strategy—including refining indicator measures, developing tools, and creating a workplan*
- *Develop internal storytelling assets to generate institutional awareness and buy-in*
- *Develop external storytelling assets to raise awareness*
- *Define your value chain—and ways to increase its efficiency*
- *Explore revenue options for sustaining your prototype*
- *Consider how to formalize the informal workflows and processes that are working well in order to scale at the next level*

QUESTIONS TO ANSWER

- How might you recruit additional families to partiipate in the minimum viable prototype?
- What changes did you see in Tier 2? Which indicators and metrics signalled and confirmed those changes? Are there other indicators and metrics that might better signal or confirm?
- How might you leverage the compelling stories you've heard from families and providers to generate internal buy-in and external awareness?
- How might you capture new revenue streams?
- How might you streamline the protoype and set yourself up to scale at the next level?

Test the Prototype with Families

Create or refine the message to families about what you're doing.

Involve additional families in testing, reached directly or through families who've already participated.

Identify characteristics of families who can help with testing (language, age, gender, intensity of need, physical distance from partners, etc.).

Understand and plan for any regulatory or compliance issues; ensure that you have proper releases and permissions from families.

Select Measures for Assessing the Prototype

Reflecting on the theory of change, define the outputs and outcomes you've seen based on the new experiences.

Use measures that will signal and/or confirm changes in these outputs and outcomes.

- *Tool: Metrics Worksheet*

Refine or create new measures of value.

Develop a Storytelling Strategy

Identify compelling stories from families and staff/providers that convey the value of what you designed/are designing.

Define one story or a set of stories to share internally to raise awareness and generate buy-in; do the same for a story or set of stories to share externally to raise awareness and demand.

Create storyboards that illustrate the changes.

- *Tools: Storyboard*

Consider what form of media the story will take (e.g., multimedia presentation, 2-minute video or animation, poster, etc.).

Determine who can and will develop the storytelling assets.

continued...

Tools and worksheets can be found in the Appendix

Map the Value Chain – and Ways to Increase Its Efficiency

Define the steps that partners must take to deliver the new experiences.

Map the steps to the intrinsic (personal) and extrinsic (external) motivations of the partners to identify ways to optimize and increase the efficiency of the value chain.

- *Tool: Stakeholder Value Mapping*

Explore Revenue Streams

Consider the beneficiaries, local and national, of the new experiences that the partners are providing.

Identify relevance to each partner's existing revenue streams.

Brainstorm revenue streams that could support the experiences/ prototype.

Formalize the Informal

Describe how new processes/experiences will work at scale, for all who need them.

Define the workflows for the new processes/experiences.

Identify how the partners will monitor the functions of the prototype.

Tools and worksheets can be found in the Appendix

SUPPORT FOR YOUR JOURNEY

We're excited for you to begin your learning journey to develop your own contextually relevant prototype to move family and child wellness upstream. To help support you along your journey, in addition to this guide, we encourage you to reach out to the groups below with questions.

For more information about the MHCU initiative, visit movinghealthcareupstream.org.

For inquiries into the work of the LN sites and updates on the initiative, contact MHCU Project Director Leila Espinosa (LEspinosa@mednet.ucla.edu).

For deeper understanding about how to design, test, and measure a minimal viable prototype through co-design, value indicators and metrics, and value chains, contact the Business Innovation Factory (info@businessinnovationfactory.com).

APPENDIX

GLOSSARY

EXPERIENCE

All of the interactions, services and relationships that partner organizations and families encounter, have contact with and participate in as the LN is developing their initial working version (prototype) of new practices.

MINIMUM VIABLE PROTOTYPE

A 'just enough' version of a full family-facing experience that can be tested for feedback and improved upon.

RAPID EXPERIMENTS

Structured, small tests that teams can conduct with site partners and families in minutes or hours to make informed decisions for continuous development of their prototype.

TEAM REFLECTIONS

Insights, learnings, and recommendations that the Learning Network teams expressed during in-person and virtual site visits.

TEAM REFLECTIONS

1.1 “We realized this is bigger than a service, maybe even bigger than a program…it’s the way we do our care going forward”

— NONCLINICAL PARTNER ON-THE-GROUND STAFF

1.2 “We’re part of a unique, small community where service providers have proved to each other over a long period of time that they’re committed.”

— CLINICAL PARTNER LEADER

1.3 “This type of approach doesn’t come with a cookbook.”

— NONCLINICAL PARTNER ON-THE-GROUND STAFF

1.4 “We needed to be able to ask, ‘Can a hospital really come in and facilitate already occurring community momentum? Should it?’ ”

— CLINICAL PARTNER LEADER

1.5 “This is a culture shift for providers. Physicians don’t have this training, and they’re not used to thinking in this holistic and long-term way…it takes some time to see the benefits….”

— CLINICAL PARTNER LEADER

1.6 “We hosted a coffee meet-and-greet for all our partners so that people can start to know who is who.”

—NONCLINICAL PARTNER LEADER

1.7 “It’s important that your core team has a protective bubble around what you’re trying. If leadership doesn’t create that space, as a core team you must create it: “We figure out what we, as a small group, can do for families and then sell that to our organizations”

— NONCLINICAL PARTNER ON-THE-GROUND STAFF

2.1 "It would've been extremely helpful to work with families from the very beginning of conceiving the approach. We spent all our time focused on how the organizations would work together. And everything was so based in theory, without real time dedicated to families."

— NONCLINICAL PARTNER LEADER

2.2 "We started with a script and a well-being plan framework for staff to use when talking with families. After trying it and hearing from providers that it wasn't producing the results we wanted, we shifted to open-ended questions like 'What's happening in your life? What's important to you and your family?' By hearing about the context of their lives and talking about the ways we can support them, we're building relationships that allow families to participate in unique and impactful ways."

— CLINICAL PARTNER LEADER

2.3 "We've needed to align around message or mantra for why the three partners are coming together."

— NONCLINICAL PARTNER LEADER

2.4 "There's an opportunity to help families realize what they can do on their own rather than send them to another appointment or service, which might not work for them, for their schedules."

— CLINICAL PARTNER ON-THE-GROUND STAFF

3.1 "Test with a few families before you launch something big."

– CLINICAL PARTNER LEADER

3.2 "We weren't openly talking about our roles as partners or our main goals at the start.... By narrowing our scope to one shared metric, we've all been able to align on a shared goal that everyone's comfortable and excited about."

—NONCLINICAL PARTNER LEADER

3.3 "We hit a lot of big road blocks because we didn't understand...the different privacy policies across the service providers early on."

—NONCLINICAL PARTNER LEADER

3.4 "Get everyone around the same table at the start to define roles."

– NONCLINICAL PARTNER ON-THE-GROUND STAFF

3.5 "Creating tangible things like a cross-org work plan allowed us to have a sense of urgency.... The topic is very meaty – there's lots to do, so it's helpful to have clear deliverables to force [the partnership] forward."

– NONCLINICAL PARTNER LEADER

3.6 "We were trying to leverage the social capital and social networks of people that already existed in the community"

– NONCLINICAL PARTNER LEADER

4.1 "Before, what we provided was more of a referral service: a piece of paper with information for a service the family could call. Now it's a team that helps the family. We realized this is bigger than a service, bigger than a program...it's the way we do our care going forward"

— NONCLINICAL PARTNER ON-THE-GROUND STAFF

4.2 "More and more of our payment stream is based on incentives, and for the first time ever, social metrics from various sectors are being asked to garner incentives"

— CLINICAL HEALTH LEADER

4.3 "There are beneficiaries in our area that should start to pay for this model of providing the community these services.... For one, employers benefit from the health of the people in our community, because the health of employees means they have a consistent workforce."

— NONCLINICAL PARTNER LEADER

4.3 "A resource-strapped staff is even more challenged to see and commit to the long-term goals."

— NONCLINICAL PARTNER LEADER

4.4 "The vast majority of MHCU sites are grant funded, and when the grant stops, the work stops..."

— CLINICAL HEALTH LEADER

5.1 "It would be really powerful to track our work with partners over time and show our qualitative wins. Then we can...show progress over time and better articulate our success"

— CLINICAL PARTNER LEADER

5.2 "We want to move forward by defining the places along a family journey where we add value, and illustrat[e]ing that."

— CLINICAL PARTNER LEADER

5.3 "We should be documenting things like level of engagement of partners and families to show how it supports our endgame of better coordination for families"

— CLINICAL PARTNER LEADER

5.4 "Moving forward, we need communal measures on the one hand – like stats on diabetes, obesity, credit scores – and then individual measures – indicators about where clients are coming into the program and where there are changes."

— CLINICAL PARTNER LEADER

ACTIVITIES

ACTIVITIES CONDUCTED BY THE LN SITES TO CREATE A SHARED AGENDA

- Developed a shared understanding of how to improve and redesign a service, and create a new product or generate an enhanced user experience
- Learned how to test changes (posing questions, making predictions, testing, analyzing, deciding what to try next based on what was learned)
- Knowledge exchange around partner organization privacy policies
- Created script to engage families in the approach
- Fostered open-ended conversations with families about what matters most in their lives and to their health (understanding family mental models)
- Met families where they were (afterschool program pick-up, waiting room, etc.) to build trust/open up conversation about what matters most to them
- Employed card sort to open up conversation about what matters most to families in their own definitions of health
- Employed a photo voice exercise to uncover and capture aspects of the family experience
    - 3 parents documented experiences with education, health, and social services in the community
    - As follow up, parents were asked about their needs, strengths, and what gives them satisfaction in their parenting
- Developed a parent advisory board

continued...

ACTIVITIES CONDUCTED BY THE LN SITES TO DESIGN NEW EXPERIENCES

- Introduced a tool to discuss social needs and goals with families
- Tested workflow for families entering from different non-health partners, in addition to health settings
- Shifted from a formal script to open-ended conversations to engage families when they first enter the experience
- Developed clear family-facing messaging to align all partners on what to say about the approach when speaking with families
- Developed preliminary cross-partner organization plans that define what partner organizations are responsible for owning as specific parts of the experience.
- Tested a new cross-organizational intake form to streamline the experience
- Tested ways in which partner organizations could share information about families

ACTIVITIES CONDUCTED BY THE LN SITES TO TEST A MINIMUM VIABLE PROTOTYPE

- Refined family-facing messaging
- Brainstormed a storytelling strategy to increase internal buy-in from leadership
- Refined measurement strategy by iterating on metrics
- Refined measurement strategy by creating a new single metric to align all partners on the overarching goal
- Identified local and national beneficiaries of the new experience
- Brainstormed new revenue streams that could support the experience

TOOLS

- Define Limitations & Ethical Concerns
- Reframe Problems as Design Challenges
- Exploration Methods
- Card Sort
- What's Your Theory?
- Stakeholder Map
- Metaphor
- Concept Summary
- Experience Map
- Storyboard
- Articulating the User Experience
- Rapid Experimentation
- Metrics Worksheet (for more information, visit ssir.org/articles/entry/signaling_and_confirming)
- Capability Design
- Stakeholder Value Mapping

All of the Tools above are hyperlinked to their corresponding assets.

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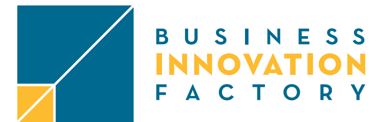
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