

Collaborative Leadership

Assessing the Environment

Participant's Guide

Collaborative Leadership Skills – A Critical Component

Because collaborative interaction is challenging, it takes special skills to shepherd a group through this developmental continuum. Collaborative leadership is apparent in those who inspire commitment and action, lead as a peer problem solver, build broad-based involvement, and sustain hope and participation. Based on research with noted leadership experts and the public health practice community, the Turning Point Leadership Development National Excellence Collaborative identified a number of core collaborative leadership capacities in 2001. This National Excellence Collaborative, funded by The Robert Wood Johnson Foundation and made up of public health practitioners from around the country, has worked to better define, describe, and build the skills of collaborative leadership among those who participate in public health work.

Collaborative Leadership Practices

Clearly there are a number of critical skills and capacities collaborative leaders should possess. Many of the skills are not necessarily unique to a collaborative form of leadership and have already been described in the literature and developed into training curricula. The work of the Turning Point Leadership Development National Excellence Collaborative, however, has illustrated six key practices that are unique to the practice of leading a collaborative process. They are:

- **Assessing the Environment for Collaboration:** Understanding the context for change before you act.
- **Creating Clarity – Visioning & Mobilizing:** Defining shared values and engaging people in positive action.
- **Building Trust & Creating Safety:** Creating safe places for developing shared purpose and action.
- **Sharing Power and Influence:** Developing the synergy of people, organizations, and communities to accomplish goals.
- **Developing People – Mentoring and Coaching:** Committing to bringing out the best in others and realizing people are your key asset.
- **Self-Reflection – Personal CQI (Continuous Quality Improvement):** Being aware of and understanding your values, attitudes, and behaviors as they relate to your own leadership style and its impact on others.

Each of these elements is key to the collaborative process. They are not mutually exclusive but support each other and provide a comprehensive picture of the essential skills of a collaborative leader.

Assessing the Environment: This is the capacity to recognize common interests, especially the capacity to recognize and understand other perspectives. It is a fundamental quality of collaborative leadership. Collaboration seeks goal attainment around shared visions, purposes, and values. When he or she brings different points of views to an issue or problem, a collaborative leader facilitates connections and encourages group thinking that identifies clear, beneficial change for all participants. The goal is to set priorities and then identify barriers and obstacles to the achievement of priorities.

Creating Clarity: Having clarity of values is a quality that characterizes collaborative leaders. Whether it is commitment to a cause that transcends the self, the recognition of a spiritual reality or imperative, ethical and moral standards that provide guidance—whatever the source of the inner gyroscope—collaborative leaders seem to exhibit clarity of purpose, often about creating and sustaining a process. “Visioning and mobilizing,” in relation to clarity of values, has to do with a commitment to a process or a way of doing things. Often “mobilizing” refers specifically to helping people develop the confidence to take action and sustain their energies through difficult times. Clarity leads to focus which leads to increased group energy (power). Often too little time is spent in the process of “informal exploring” to understand problems, thereby developing clarity. A shared vision can be inspiring.

Building Trust: The capacity to promote and sustain trust is often overlooked in the collaborative process. Leaders sometimes believe that, once individuals or groups are gathered together, a plan can be made easily and commitment obtained. If a collaborative leader fails to engender trust among participants, however, their involvement will wane, and the best ideas and innovative approaches will not be shared. In this context, the collaboration will have lost its capacity to draw the best ideas from those involved.

Sharing Power and Influence: The capacity to share power and influence is an uncommon trait among leaders. American society traditionally rewards individual achievement, but collaboration cannot be achieved through a solo effort. Participants in the decision-making process need to feel empowered in order to contribute fully. Too often it is only the head of an organization who receives public accolades, despite the fact that the success was only possible through the shared effort and wide range of experience of a large team of people. Rather than being concerned about losing power through collaboration, leaders need to see that sharing power actually generates power...that power is not a finite resource.

Developing People: This practice is best described as a genuine concern for bringing out the best in others, maximizing the use of other people’s talents and resources, building power through sharing power, and giving up ownership or control. These are themes that relate to realizing and promoting the potential in other people. Coaching and mentoring creates power, which increases leadership capacities and builds confidence by encouraging experimentation, goal-setting, and performance feedback.

Self-Reflection: Collaborative leaders are personally mature. To be successful leading a collaborative process, individuals must use self-reflection to examine and understand their values and think about whether their behaviors are congruent with their values. At critical junctures in the collaborative process, through reflection, successful leaders make time to consider verbal and nonverbal communication within the group. They think critically about the impact their actions and words have on the group’s progress toward achieving its goals. Great collaborative leaders have the ability to recognize the impact of their behavior and adjust accordingly.

The following pages provide background material for learning activities in which you will be engaged during this workshop.

Module Purpose and Objectives

Purpose

Provide tools and techniques for assessing the community and organizational environment for collaboration readiness and capacity.

Learning Objectives

1. Increase the conceptual understanding of Assessing the Environment and its interrelationship among the other five collaborative leadership practices.
2. Identify the skills and qualities associated with the collaborative leadership practice of Assessing the Environment.
3. Examine the concept of Assessing the Environment and its relationship to collaborative leadership.
4. Increase conceptual understanding of systems thinking and its relationship to environmental assessment for collaboration.
5. Increase awareness of cultural perspectives and how they affect the collaborative process.
6. Compare and contrast a variety of environmental assessment tools.
7. Create a Personal Learning Plan to increase competency in Assessing the Environment using outcomes of self-assessment and awareness of resources for extended learning.

Collaborative Leadership Assessing the Environment Self-Assessment Exercise

For each item, circle one rating under the "Behavior Frequency" column indicating your view of how often you exhibit that behavior. Your responses to this questionnaire are for your own use. You will not be asked to share your scores after you have answered. You will be asked to use your score and your responses to help you develop a personal learning plan.

Behaviors		BEHAVIOR FREQUENCY						
		Seldom		Sometimes		Often		Almost Always
1	I use assessment tools in order to systematically learn the needs of the community.	1	2	3	4	5	6	7
2	I ensure that an assessment tool is a good fit for the information that needs to be collected.	1	2	3	4	5	6	7
3	I undertake an appropriate analysis of the data.	1	2	3	4	5	6	7
4	I ensure responsible interpretation of the data.	1	2	3	4	5	6	7
5	I gather information before taking action.	1	2	3	4	5	6	7
6	I encourage people to act on information rather than assumptions.	1	2	3	4	5	6	7
7	I clarify the problem before planning solutions.	1	2	3	4	5	6	7
8	I seek culturally different views of the problem.	1	2	3	4	5	6	7
9	I use a systems perspective to understand the community.	1	2	3	4	5	6	7
10	I look at the perceived problem from different angles before proceeding.	1	2	3	4	5	6	7

Your Score: Add all the circled behavior frequencies. Write the number in the box.

70 – 61 Excellent Score 40 - 21 Opportunities for Growth
60 – 41 Stronger Score 20 - 1 Important to Change Behavior

Written Comments:

What do you think are your strengths in assessing the environment as a collaborative leader?

What do you think are your most important areas for improvement in assessing the environment?

Understanding the Context of Collaboration

Assessing the environment is about understanding the context of collaboration. Leaders must carefully analyze and understand the context for leadership before acting. As a preliminary step, it is necessary to understand this context in order to identify the appropriate people, design constructive processes, and provide accurate information.

There are several aspects to these first steps:

1. **Identify the problem type.** Is it a Type I, II, or III*? Collaboration is not an appropriate approach for Type I problems.
2. **Understand leadership challenges.** Sometimes there are challenges that must be resolved before collaboration can occur. They often have to do with: power and trust issues, lack of leadership initiative or capacity, hidden agendas, lack of vision, not enough resources to solve the problem, apathetic citizens, poor understanding of the facts, and so on. These issues have little to do with the nature of the problem, but with how people work together. The primary focus of collaborative leadership needs to be on the *process* of how people work together, not on the *content* of the problem itself.
3. **Identify stakeholders.** A stakeholder is one who is affected by or affects a particular problem or issue. The stakeholders in collaborative initiatives need to define the problems and solutions, because it is their work that will lead to action. If they were to reach agreement, their strength as a group working together could achieve real results. Several questions need to be answered in the stakeholder identification process:
 - What are the perspectives necessary to credibly and effectively define problems/issues and create solutions?
 - Who are the people who can speak for these perspectives?
 - What are the interests that must be represented in order to reach agreements that can be implemented?
 - Who are the people who can speak for these interests?
 - Who are the people, interest groups, or organizations necessary to implement solutions, block action, and control resources?
 - Who are the people who cause or are affected by the problems/issues, and who will be affected by the solutions?
 - Who are the people who, if they could reach agreement about problems and solutions, could generate the political and institutional will to create significant change?

* Type I: Clear problem/Clear Solution; Type II: Clear problem/Unclear Solution; Type III: Unclear problem/Unclear Solution. Source: Heifetz and Sinder, 1988.

4. **Assess the level of stakeholder agreement.** A “war of solutions” is usually a starting point for groups who agree to work together. However, this leads nowhere. The following questions help to assess the level of stakeholder agreement:
 - Have stakeholders agreed that there is a problem that needs attention?
 - Have stakeholders agreed to work together on the problem/issue?
 - Have stakeholders agreed on how to work together on the problem/issue?
 - Have stakeholders agreed on the definition of the problem/issue?
 - Have stakeholders agreed on the solution(s) to the problem/issue?
 - Have stakeholders agreed on an implementation plan and action steps?
5. **Evaluate a community's capacity for change.** There are a number of community and organizational capacity and readiness tools that can be used to systematically address this step. (See *Assessing the Environment: Tools in Readings and Resources*, p. 20.)
6. **Identify where the problem/issue can be most effectively addressed.** If the issues are complex and the responsibility and accountability are murky, it is important to determine whether the problem can be most effectively addressed at the neighborhood, community, city, regional, or state level.

Evidence of effectiveness. There is empirical evidence that being in touch with community needs is linked to project success. The Colorado Trust Healthy Communities Initiative funded communities around the state of Colorado to assist them in “defining their own vision of a healthy community and in working to achieve that vision.” In a report to the Colorado Trust, Larson, et. al. (2002) found that the most powerful reason for success was being “in touch with community needs.” Over two-thirds of the 26 communities evaluated reported that an important program element was the emphasis on assessment. Most of the projects focused on ‘real’ or clearly felt needs of the community. When a project was not in touch with community needs, low success usually resulted.

Sources: Chrislip, D. and Larson, C. *Collaborative Leadership*. San Francisco: Jossey-Bass, 1994; and Larson, C. et al. *Colorado Healthy Communities Initiative: Ten Years Later*, Colorado Trust, September, 2002. (www.coloradotrust.org/pdf/publications/CHCIreport02.pdf)

The Five Whys: Systems Thinking

It's mid-afternoon, an hour before the shift changes at a manufacturing plant, and I'm the foreman. I'm walking through the plant, giving a tour to a friend who happens to be a system thinker. Suddenly, I see a pool of oil on the floor. So I grab the nearest member of the assembly line crew: "Hey! There's oil on the floor! For Pete's sake, somebody could slip in that! Clean it up!"

When I'm finished, my systems thinking friend breaks in with a quiet question, "Why is there oil on the floor?"

"Yeah," I repeat to the crew member. "How'd oil get on the floor?"

The crew member replies, "Well, the gabungie's leaking." All of us automatically look up. Sure enough, there's a visible leak up there in the gabungie.

"Oh, okay," I sigh. "Well, clean up the oil and get the gabungie fixed right away."

My friend pulls me aside and murmurs, "But, why is the gabungie broken?"

I say, "Yeah, well the ga—" and turn to the crew member. "Why is the gabungie broken?"

"The gaskets are defective," is the reply.

"Oh well, then, look," I say. "Here. Clean the oil up, fix the gabungie, and, uh, do something about the gaskets!"

My friend adds: "And why are the gaskets defective?"

"Yeah," I say. "Just out of curiosity, how come we got defective gaskets in the gabungie?"

The shop floor crew member says, "Well, we were told that purchasing got a great deal on those gaskets."

I can see my friend start to open his mouth, but this time I get there first. "Why did purchasing get such a great deal?"

"How should I know?" says the crew member, wandering off to find a mop and bucket.

My friend and I go back to my office and make some phone calls. It turns out that we have a two-year-old policy in the company that encourages purchasing at the lowest price. Hence the defective gaskets—of which there is a five-year supply—along with the leaking gabungie and the pool of oil. In addition, this policy is probably causing other problems throughout the organization, not closely related in time or space to the root "cause."

Source: *The Fifth Discipline Fieldbook*. p. 108-109.

Find Someone Who...

Are you someone who...

	Initials
1. was born in a hospital?	
2. grew up in a home with resident members of your extended family?	
3. has ever attended a religious service other than a wedding?	
4. has more than one academic degree?	
5. attends a very racially mixed church?	
6. has attended a "Gay Pride" parade?	
7. has attended Cinco de Mayo or Juneteenth celebrations?	
8. has ever played on a rugby team?	
9. usually refuses to give money to panhandlers on street corners?	
10. has parents who were immigrants to the U.S.?	
11. has ever purchased a new car?	
12. has lived in another country for a year or more?	
13. has eaten collard greens?	
14. attends an annual family reunion?	
15. fluently speaks a language other than English?	
16. exercises regularly?	
17. has supervised a group of workers?	
18. is a parent?	

The Four MAPP Assessments*

What are the four MAPP Assessments?

The four MAPP Assessments—the third phase of MAPP—and the issues they address are described below:

- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”
- The **Local Public Health System Assessment (LPHSA)** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”
- The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered here include, “How healthy are our residents?” and “What does the health status of our community look like?”
- The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions, “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

Why are the four MAPP Assessments important?

Although each of the assessments alone will yield important information for improving community health, the value of the four MAPP Assessments is multiplied by considering the findings of each individual assessment together. Disregarding any of the four assessments will leave participants with an incomplete understanding of the factors that affect the local public health system and, ultimately, the health of the community.

Collectively, the four MAPP Assessments have several purposes, including:

- Providing insight on the gaps between current circumstances and a community's vision (as determined in the Visioning phase of MAPP);
- Providing information to use in identifying the strategic issues that must be addressed to achieve the vision; and
- Serving as the source of information from which the strategic issues, strategies, and goals are built.

* Source for all MAPP assessment tools and materials: Mobilizing for Action through Planning and Partnerships (MAPP), NACCHO, <http://www.naccho.org/project77.cfm>. **Note:** To access materials, you will be asked to complete a brief, one-time, online registration.

How to implement the four MAPP assessments

Guidance for implementing the four MAPP Assessments is included in each of the sections. Below are some tips for implementing them in a coordinated and effective fashion.

- Plan how the assessments will be implemented — There is no prescribed order in which to carry out the four assessments. When designing the planning process, the MAPP Committee should recognize that some assessments may be conducted concurrently or may overlap. In determining the order, however, the MAPP Committee should consider how the findings of one assessment — Community Themes and Strengths, for example — might be used to inform another assessment. It may be beneficial to conduct certain activities of one assessment before beginning another. In addition, the findings of one assessment may suggest that further work is needed on another. The example timeline/workplan included in the Organize for Success / Partnership Development section illustrates how the pieces of the four assessments can be done concurrently.
- Establish subcommittees for each assessment — The MAPP Committee should determine who will be responsible for each assessment. The guidance for each assessment — with the exception of Forces of Change — recommends that a subcommittee oversee each process. This ensures that the assessments move forward efficiently. Membership on the subcommittees should reflect the skills and capacities most needed for each assessment. Overlapping membership, where possible, may also facilitate the sharing of information and coordination of activities.
- Promote linkages among assessments — Although each assessment is conducted for a specific purpose, there are many connections that should be made to promote broader involvement and facilitate linkages. For example, the Community Themes and Strengths Assessment discussions may be very useful in identifying additional data indicators for collection in the Community Health Status Assessment, as well as helping to identify potential threats and opportunities for the Forces of Change Assessment.
- Celebrate successes — As each assessment is being conducted, identify and recognize achievements. The assessments can be very challenging, and recognition of the hard work of the entire community will go a long way toward strengthening morale and creating excitement for the process. Public recognition can also help to bolster interest among the wider community.

The four MAPP Assessments form the core of the MAPP process. Only intense community attention to these activities can assure appropriate community ownership of the entire MAPP effort. Results of the assessments will drive the identification of strategic issues and activities of the local public health system and the community for years to come. Therefore, although they may appear to be time-consuming, it is important to take great care in implementing the assessments and ensuring that they are done effectively and with broad participation.

The Four MAPP Assessments

Community Themes and Strengths Assessment

Introduction

The Community Themes and Strengths Assessment answers the following questions: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

The Community Themes and Strengths Assessment is a vital part of a community health improvement process. During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents.

By including Community Themes and Strengths in the MAPP process, several benefits are gained.

- Community members become more vested in the process when they have a sense of ownership in and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process.
- The impressions and thoughts of community residents help to pinpoint important issues and highlight possible solutions.
- The themes and issues identified here offer additional insight into the findings uncovered in the other assessments.

Listening to and communicating with the community are essential to any community-wide initiative. Mobilizing and engaging the community may be a daunting task. However, when successful, it ensures greater sustainability and enthusiasm for the process.

How to Conduct the Community Themes and Strengths Assessment

Step 1 - Prepare for the Community Themes and Strengths Assessment

Establish a subcommittee to oversee the Community Themes and Strengths Assessment. This subcommittee should determine the most effective approaches for gathering community perspectives. Possible approaches include:

- community meetings
- community dialogue sessions
- focus groups
- walking or windshield surveys
- individual discussions / interviews
- surveys

The subcommittee should carefully select a variety of approaches that will best reach broad segments of the population. Then, identify the skills and resources needed to conduct the activities.

Step 2 - Implement information-gathering activities

When implementing selected activities, the broadest participation possible should be included. The subcommittee should identify groups or individuals whose voices are not being heard. Also, the subcommittee should ensure that the logistics - how, when, and where the meetings are held - promote good participation.

Three levels of information gathering occur during the Community Themes and Strengths Assessment:

- **Open discussion to elicit community concerns, opinions, and comments in an unstructured way** - Asking open-ended questions ensures that issues of concern and interest to the community are raised. If concerns are properly addressed, this activity can raise the credibility of the process and underscore its community-driven nature.
- **Perceptions regarding community quality of life** - Questions about quality of life in the community help pinpoint specific concerns. This may highlight aspects of neighborhoods and/or communities that either enhance or diminish residents' quality of life.
- **A map of community assets** - Asset mapping is an important tool for mobilizing community resources. Through this process, the capacities of individuals, civic associations, and local institutions are inventoried.

Step 3 - Compile the results of the Community Themes and Strengths Assessment

The subcommittee should keep a running list of ideas, comments, quotes, and themes while the activities are being implemented. Subcommittee members should also note possible solutions to identified problems or innovative ideas for providing public health services. The results of this phase are compiled into one central list.

Step 4 - Ensure that community involvement and empowerment is sustained

While the specific activities conducted (i.e., focus groups, windshield surveys) occur on a finite timeline, the dialogue that has opened up within the community should be never-ending. Participants involved in the Community Themes and Strengths activities should continue to be involved throughout the remaining phases of the MAPP process.

Expanded pdf version: <http://mapp.naccho.org/ctsa/documents/ctsa.pdf>

Guide Questions:

- 1. What kind of information does this tool provide?**
- 2. Is the implementation process feasible in your community?**
- 3. How important is this tool to your understanding of the collaborative leadership practice of Assessing the Environment?**

Four MAPP Assessments

Local Public Health System Assessment

Introduction

The Local Public Health System Assessment (LPHSA) answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”

The LPHSA focuses on the local public health system—all organizations and entities within the community that contribute to the public's health. The LPHSA uses the Essential Public Health Services as the fundamental framework for assessing the local public health system. The Essential Services list the ten public health activities that should be undertaken in all communities.

The Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

How to Conduct the Local Public Health System Assessment

Step 1 - Prepare for the Local Public Health System Assessment

A subcommittee should be established to oversee the LPHSA process. Subcommittee members should represent diverse segments of the local public health system. Once the subcommittee is convened, members review LPHSA steps and tools and plan how each step will be implemented.

Step 2 - Discuss the Essential Services and identify where each organization/entity is active

The first LPHSA meeting should focus on orienting participants to the Essential Services. After a brief overview of the Essential Services framework, each participant shares information about where his/her organization is active. Posting the information on flip charts can be a fun and easy way to do this. The last part of the meeting should be devoted to a dialogue about the Essential Services and how each organization contributes to them. This discussion will help identify opportunities for collaboration, gaps in service provision, and overlapping activities.

Step 3 - Discuss and complete the performance measurement instrument

During the next step the MAPP Committee discusses and completes the performance measures instrument. The instrument provides two to four indicators (or activities) under each Essential Service.

Note: The LPHSA uses the local-level standards found in the Local Performance Standards Instrument Program. This instrument was developed collaboratively by CDC and NACCHO. (See www.phppo.cdc.gov/dphs/nphsp.)

By responding to the questions related to each indicator, participants get a good idea of the activities, capacities, and performance of the local public health system. To respond to the instrument, the MAPP Committee should discuss the information in the tool until a consensus emerges. This discussion should include perspectives from the organizations conducting public health activities as well as community resident input.

Step 4 - Review the results and determine challenges and opportunities

During this step, participants discuss the results and identify challenges and opportunities. The results of the previous steps should highlight activity levels and coordination among partners. Through discussion, participants should be able to categorize the indicators (from the performance measures instrument) into a list of challenges and opportunities. The list should be comprehensive enough to include the issues identified in the assessment, but short enough (i.e., 10-15 items) for the local public health system to address many of them.

Expanded pdf version: <http://mapp.naccho.org/lphsa/documents/lphsa.pdf>

Guide Questions:

- 1. What kind of information does this tool provide?**
- 2. Is the implementation process feasible in your community?**
- 3. How important is this tool to your understanding of the collaborative leadership practice of Assessing the Environment?**

Four MAPP Assessments

Community Health Status Assessment

Introduction

The Community Health Status Assessment (CHSA) answers the questions, “How healthy are our residents?” and “What does the health status of our community look like?” The results of the CHSA provide the MAPP Committee with an understanding of the community's health status and ensure that the community's priorities consider specific health status issues, such as high lung cancer rates or low immunization rates.

The CHSA provides a list of core indicators (data elements) for 11 broad-based categories. Communities may also select additional indicators. By gathering data for each of the categories and assessing changes over time or differences among population subgroups or with peer, state, or national data, health issues are identified.

Categories of Data Collected in the CHSA

Who are we and what do we bring to the table?

1. Demographic Characteristics
2. Socioeconomic Characteristics
3. Health Resource Availability

What are the strengths and risks in our community that contribute to health?

4. Quality of Life
5. Behavioral Risk Factors
6. Environmental Health Indicators

What is our health status?

7. Social and Mental Health
8. Maternal and Child Health
9. Death, Illness, and Injury
10. Infectious Disease
11. Sentinel Events

How to Conduct the Community Health Status Assessment

Step 1. Prepare for the Community Health Status Assessment

A subcommittee should be designated to oversee the CHSA. Members should include individuals that can assist with access to data as well as data collection, analysis, and interpretation. Community representatives also provide an important perspective. Once the subcommittee is assembled, members should review the CHSA steps and identify the skills and resources needed to conduct the activities.

Step 2. Collect data for the core indicators on the CHSA indicator list

During this step, data related to the MAPP “core indicators” (see MAPP website) should be collected, including trend and comparison data. Trend data will help to identify changes in data over time, while comparison data will measure a community's health status against other jurisdictions. Data collection may require considerable time and effort. Therefore, it is important to begin this activity early in the MAPP process.

Step 3. Identify locally-appropriate indicators and collect the data

The selection of locally-appropriate indicators helps the MAPP Committee better describe the community's health status and quality of life in terms that are of particular interest to the community. Additional indicators might be selected related to community interest in a specific topic, demographics in the area (e.g., an aging population), or information found in the core indicators (e.g., the need to look closer at cancer rates). To keep data collection efforts reasonable in terms of time and resources, select indicators of high priority and relevance only.

Note: NACCHO's Protocol for Assessing Community Excellence in Environmental Health (PACE EH) is a useful resource for identifying environmental health indicators.

Step 4. Organize and analyze the data; develop a compilation of the findings; and disseminate the information.

Individuals with statistical expertise should analyze data. Disparities among age, gender, racial, and other population subgroups are especially important. Once the data are analyzed, a compilation of the findings or a “community health profile” should be developed. The community health profile should include visual aids, such as charts and graphs, that display the data in an understandable and meaningful way. The community health profile should be disseminated and shared with the community.

Step 5. Establish a system to monitor the indicators over time

During this step, the subcommittee establishes a system for monitoring selected indicators. This helps to ensure that continuous health status monitoring occurs and establishes baseline data upon which future trends can be identified. This system will also be instrumental in evaluating the success of MAPP activities.

Step 6. Identify challenges and opportunities related to health status

The CHSA should result in a list of challenges and opportunities related to the community's health status. Data findings should be reviewed to identify challenges, such as major health problems or high-risk behaviors, and opportunities, such as improving health trends. Ideally, the final list will include 10-15 community health status issues that will be more closely examined in the Identify Strategic Issues phase of MAPP.

Expanded pdf version: <http://mapp.naccho.org/chsa/documents/chsa.pdf>

Guide Questions:

- 1. What kind of information does this tool provide?**
- 2. Is the implementation process feasible in your community?**
- 3. How important is this tool to your understanding of the collaborative leadership practice of Assessing the Environment?**

The Four MAPP Assessments

Forces of Change Assessment

Introduction

During the Forces of Change Assessment, participants answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” The Forces of Change Assessment should result in a comprehensive, but focused, list that identifies key forces and describes their impacts.

While it may not seem obvious at first, the broader environment is constantly affecting communities and local public health systems. State and federal legislation, rapid technological advances, changes in the organization of health care services, shifts in economic forces, and changing family structures and gender roles are all examples of Forces of Change. These forces are important because they affect - either directly or indirectly - the health and quality of life in the community and the effectiveness of the local public health system.

During this phase, participants engage in brainstorming sessions aimed at identifying forces. Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

How to Conduct the Forces of Change Assessment

Step 1. Prepare for the Forces of Change Assessment

During this step, a small group responsible for overseeing the Forces of Change Assessment should prepare for the brainstorming sessions. This group determines who will facilitate the process and how the sessions will be run. Additionally, each member of the MAPP Committee should begin thinking about the major forces that affect public health or the community. This helps to ensure that everyone comes to the meeting prepared.

Step 2. Convene a brainstorming session to identify forces of change

Next, the MAPP Committee should hold a brainstorming session to identify forces of change. Through facilitated and structured brainstorming discussions, committee members share ideas, identify new forces, and develop a comprehensive list. Once a comprehensive list of forces has been developed, the MAPP Committee (or a small group of designated individuals) reviews and fully discusses each item on the list. An organized list is developed by combining forces that are similar or linked. Other items on the list may need to be deleted, added, or further refined.

Step 3 . Identify potential threats and opportunities for each force of change

Committee members evaluate each force, and for each, identify associated threats and opportunities for the community and the local public health system. In some cases, a force might only be identified with a threat, while in other instances, it may be perceived as both a threat and an opportunity.

The final list is tabled until it is time to conduct the Identify Strategic Issues phase of the MAPP process. Participants then review each of the issues identified in the other MAPP assessments in light of the forces of change, and discuss the associated threats and opportunities. This activity ensures that strategic issues are relevant to the changing environment.

Expanded pdf version:

http://mapp.naccho.org/forces_of_change/documents/Forces_of_Change.pdf

Guide Questions:

- 1. What kind of information does this tool provide?**
- 2. Is the implementation process feasible in your community?**
- 3. How important is this tool to your understanding of the collaborative leadership practice of Assessing the Environment?**

Fundamental Concepts

Collaborative Leadership and Health: A Review of the Literature. Turning Point National Office, University of Washington, January 2002.

http://www.turningpointprogram.org/Pages/devlead_lit_review.pdf.

Collaboration and the Turning Point Initiative: Proceedings of a Conference on Leadership Development Held at the University of Denver, April 6, 2001.

http://www.turningpointprogram.org/Pages/devlead_expert_panel_full.pdf.

Turning Point. www.turningpointprogram.org. Collaborative leadership readings, Web links, products, case studies, and more.

Bolman, L. and Deal, T. *Reframing Organizations: Artistry, Choice and Leadership*. San Francisco: Jossey-Bass, 1997.

Chrislip, D. *The Collaborative Leadership Fieldbook*. San Francisco: Jossey-Bass, 2002.

Chrislip, D. and Larson, C. *Collaborative Leadership*. San Francisco: Jossey-Bass, 1994.

Chrislip, D.D. and Flowers, J. (2001) The Change Project: David Chrislip. Collaboration: The New Leadership. A conversation between David Chrislip and Joe Flowers.

www.well.com/user/bbear/chrislip

Heifetz, R. and Linsky, M. *Leadership on the Line*. Harvard Business School Press, 2002.

Kouzes, J. and Posner, B. *The Leadership Challenge*. San Francisco: Jossey-Bass. 1995

Kouzes, J. and Posner, B. *The Leadership Challenge Planner*. San Francisco: Jossey-Bass. 2000.

Lasker, R. and Weiss, E. Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support Collaborative Practice and Research. *J. of Urban Health: Bulletin of the New York Academy*, vol. 80, No. 1, March 2003.

(<http://www.cacsh.org/pdf/modelpaper.pdf>)

Northouse, P.G. *Leadership: Theory and Practice*. Sage Publications. Thousand Oaks, Ca. 1997.

Senge, P. *The Fifth Discipline*. New York: Doubleday. 1990

Senge, P. *The Fifth Discipline Fieldbook*. New York: Doubleday, 1994.

Sorenson, T. and Epps, R. Leadership and Local Development: Dimensions of Leadership in Four Central Queensland Towns. *Journal of Rural Studies*. 1996. 12(2) 113-125.

Winer, M. and Ray, K. *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey*. Amerst H. Wilder Foundation. 1994.

Web Resources

eric.web.tc.columbia.edu/families/TWC

www.ncrel.org/cscd/pubs/lead21

www.collaborativeleadership.org

www.pew-partnership.org

www.kettering.org

Community Toolbox. <http://ctb.ku.edu/>. The Community Toolbox's goal is to support your work in promoting community health and development. It provides over 6,000 pages of practical skill-building information on over 250 different topics. Topic sections include step-by-step instruction, examples, checklists, and related resources.

Working Together for Healthier Communities: A Framework for Collaboration Among Community Partnerships, Support Organizations, and Funders. Community Toolbox. http://ctb.ku.edu/tools/en/section_1381.htm.

Center for the Advancement of Collaborative Leadership Strategies in Health. www.cacsh.org. The Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine helps partnerships, funders, and policy makers realize the full potential of collaboration to solve complex problems related to health or any other area.

Free Management Library. Management Assistance for Nonprofits. <http://www.managementhelp.org>. Complete, highly integrated library for nonprofits and for-profits.

Assessing the Environment

Background Reading

Larson, C., Christian, A., Olson, L., Hicks, D., and Sweeney, C. *Colorado Healthy Communities Initiative: Ten Years Later.* Colorado Trust, September, 2002. www.coloradotrust.org/pdf/publications/CHCIreport02.pdf.

Senge, P. (ed.), Kleiner, A. (ed.), Roberts, C., Ross, R., and Smith, S. *The Fifth Discipline Fieldbook.* (Chapter 2, Systems Thinking). Doubleday, 1994.

Systems Thinking. Management Assistance Program for Nonprofits, Minneapolis, Minnesota. <http://www.mapnp.org/library/systems/systems.htm>.

Tools

Assessing Community Needs and Resources, Community Toolbox. http://ctb.ku.edu/tools/en/chapter_1003.htm.

Ayre, D., Clough, G., and Norris, T. *Facilitating Community Change.* Grove Consultants International, 2000. <http://www.grove.com>, or 800-561-2500.

Indicators to Help with Capacity Building in Health Promotion. Australian Centre for Health Promotion. <http://www.health.nsw.gov.au/public-health/health-promotion/pdf/indicators/capbuild.pdf>.

Kretzmann, J. and McKnight, J. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. ACTA Publications, 1993. Ordering information: 800-397-2282.

MAPP – Mobilizing for Action through Planning and Partnerships. The National Association of County and City Health Officials (NACCHO)
http://mapp.naccho.org/MAPP_Home.asp.

Norris, T, and Atkisson, A. *The Community Indicators Handbook*. Redefining Progress, 1997. Ordering information: info@rprogress.org or (510) 444-3041.

Oakley, E. *Enlightened Leadership*. (Chapter 6), Fireside Books, 1994.

Understanding Your Community, Communitybuilders.nsw,
http://www.communitybuilders.nsw.gov.au/getting_started/.

The Wilder Collaboration Factors Inventory, Amherst H. Wilder Foundation,
<http://www.wilder.org/pubs/inventory/collaboration.html>.

Personal Learning Plan

Refer to your *Assessing the Environment: Self-Assessment Exercise*. Look at your *Behavior Frequency* ratings for each item. List the three to five items with the lowest scores.

- 1.
- 2.
- 3.
- 4.
- 5.

These are the areas you may want to focus on in your learning goals.

My learning goal(s) for the next 6 months:

Resources I will use (fill in specifics, if possible):

Reading

Peer Support

Journaling

Coaching

Training

Other