

CREATING A HEALTHY HILLTOP

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Background

Franciscan Health System (FHS) is a system of hospitals, primary care clinics, and long term care facilities with operations in the South Puget Sound area of Washington State. It is part of the national health system, Catholic Health Initiatives. In 1996, the governing board of FHS recognized the need to more effectively achieve its Vision of “being a healing influence in the communities we serve and improving health status”. They authorized the formation of Community Health Councils in discrete geographic areas served by the Health System to act as catalysts for long-term, systemic change and to build capacity for improved health. Each Council brings together individuals with extensive community experience and professional expertise in such areas as public health, medicine, education, public and private sectors, religious, public safety, and community activism.

After completing a preliminary community health assessment using data from sources including the Health Department, schools, city and United Way, members of the St. Joseph Community Health Council in Tacoma decided to pursue a process of direct assessment with residents of the Hilltop area. The Hilltop community has a wide range of ethnicities, including blacks, Hispanics and many Asian immigrants for whom English is not an easy language. The area is often characterized as poor and crime ridden. St. Joseph Medical Center has been located in the Hilltop area of Tacoma for over 100 years, yet has had little direct interaction to improve the health of the neighborhood's residents.

Appreciative Inquiry was chosen as the means to do direct assessment because of the experience of a Council member. She had participated in an inquiry at Group Health Cooperative of Puget Sound. The impact she described to the Council got their attention.

What We Did

Creating a Healthier Hilltop spanned seven months of planning and action. It began with the kernel of an idea -- that those in the community were best equipped to set the priorities for a healthy community. While the final project activity took place on a set day, the impact of the effort continues to ripple through community.

What follows is the story of what we did.

Early December, 1996

A call came from a colleague at work, who also happened to be the chair of the St. Joseph Community Health Council. He was looking for someone who knew something about Appreciative Inquiry to participate in this volunteer project.

Creating a Healthy Hilltop Community

When we gathered later that month, there were four consultants who received such a call to work with the Council to accomplish our task. We began by looking at desired outcomes. The discussions reflected the diversity of perspectives among the Council. Some were focused on the people in the community. Others were focused on creating more synergy among the service providers that served the community. What we ultimately concluded was that these goals were quite compatible and that we could accomplish them both in our design. The goals the Council set were:

1. To develop relationships and improve connections between a broad variety of constituencies around the values and agenda of being a healing influence in the communities where we serve;
2. To enhance individual and organizational visibility and capacities by training a significant group of stakeholders in appreciative inquiry;
3. To learn how the health care organizations might more effectively collaborate, align and support existing organizations' healthy community initiatives; and
4. To create a pattern of communication that can be replicated

So, what were the dimensions of this work? About 85 people were invited to training in Appreciative Inquiry with the expectation that they would do two interviews each. Nearly 70 people from 60 agencies actually participated as "Listeners" in doing over 100 interviews with "Talkers."

January, 1997

With some feel for the goals of the effort, we began to put a process in place to make it happen. With four consultants, each with their own views of how best to do this, one of our challenges was to learn to separate our needs to be experts from our conversations with the Community Health Council we were there to serve! The early sessions were very challenging -- the agendas of the Council members and the agendas of the consultants made for a messy mix during the formation of the project. With a lot of deep listening to each other, a design emerged that we all felt good about:

We would invite all of the social service providers serving the Hilltop community to a morning of Listener Training.

Each Listener would conduct at least 2 interviews over the next six weeks.

A Listener gathering would be held to review what they heard.

Finally, we would invite all of the Talkers and the Listeners to participate in a one day conference to review the interviews, formulate possibility statements and discuss next steps.

January - February

The work began. A letter inviting potential Listeners went to 100 health and social service providers from the Hilltop area on February 21. The Council grappled with the

Creating a Healthy Hilltop Community

appreciative interview questions -- with much angst over how best to word them. And they struggled with one other challenge: how would we identify the Talkers?

The challenge of identifying Talkers requires some perspective: the members of the Council, while reflecting some racial diversity, were college educated and lived outside the Hilltop area. Given the cultural divide between service providers and the low-income, ethnically diverse residents, how could they link Listeners and Talkers?

The challenge was resolved when, ironically, a group called the Hilltop Action Coalition approached the Council about sponsoring publication of a Block Handbook. The Coalition organizes block groups and provided the perfect access point into the community. They were quickly engaged and supplied Talkers for the initiative.

Interview questions were also finalized during this time:

1. Tell me a little bit about what it is like to live in this area.
2. Tell me about the best experience you've had living in this community.
 - What happened?
 - What did you do?
 - What were your thoughts and feelings?
 - What made it a good experience?
 - What made it possible?
3. What are the best things about the Hilltop that you think the community should build on to make this a better place to live?
4. What is your picture of the Hilltop community you want to live in?
5. What are three things you and others need to do to make this neighborhood a healthier place to live?

These questions started by grounding the Talker, then focused on the best of what is, began to shift focus to what might be, allowed the Talker to dream about what was possible and finally, how they might act to create the future they wanted.

April 1 - Listener Training

We had three and one-half hours to help Listeners understand what an appreciative interview was and to cover the logistics of doing interviews.

It was a day full of anticipation. The members of the Council were there to express their excitement and support for this collaboration among service providers. The consultants were all primed to do our part to equip the Listeners with the information and the spirit of the project.

We started by giving them an overview. We then covered the very basics of Appreciative Inquiry. Most of the time was used to practice interviewing each other. We then discussed their interview experience, enabling them to assimilate the concepts of Appreciative Inquiry through their own discussion. We ended the session by covering

Creating a Healthy Hilltop Community

the logistics of contacting Talkers and collecting interviews. And we sent them off to listen.

The morning did its job. The Listeners left excited by their role and the potential value for the community.

April 25 - Interim Review

The desire for this meeting grew out of the Community Health Council's need to know what people were saying before there was a large gathering of Talkers and Listeners. Ironically, once they had done some interviewing, their need for this interim review disappeared. Nonetheless, the date had been set, so an optional gathering of about 25 Listeners came together for a half-day to check-in on the experience to date.

The structure of the session was very simple. We had copies of interviews at each table. People took some time to read them and discuss their impressions of what people said. We then identified common themes among the interviews for use during the Talker-Listener conference in June.

People came with stories to tell. The positive voices and experiences the Talkers described stunned professionals who had served this community for years and had never really ventured into it. This neighborhood was characterized by the media as one of the west coast's most poverty-ridden, dangerous places. Yet, it was full of people who cared about the same things that the professionals did -- a nice place to live, a good place to raise their kids, a community that drew strength from its diversity.

One challenge crept into our process design about this time. The County Public Health Department had volunteered their Office of Community Assessment to analyze the interviews. These highly skilled professionals were trained to look at data for its problem-solving opportunities. The clash between our now tight-knit band of consultants who focused on the appreciative qualities of the interviews and these newly-arrived community assessment experts provided a background drama through the remainder of the project.

June 7 - Talker-Listener Conference

By this time the goal of the initiative had been much simplified:
To build and sustain a healthier Hilltop community.

When the 50 Talkers and Listeners gathered on a Saturday morning, the anticipation in the room was palpable. These were the people who had been most profoundly affected by the stories they had heard or told. They came together to discuss how they could make a difference.

We began the day using the themes that had come from the April 25 session coupled with the further analysis done by the County Health Department. These themes coupled with

Creating a Healthy Hilltop Community

participant's experiences became the basis to develop possibility statements about the Hilltop Community they really wanted to live in. Among the possibilities:

1. In this community -- every child grows up in a nurturing home with neighbors and community members valuing and supporting the nurturing home.
2. A model of cultural ethnic engagement where our streets are more like day camps than armed camps and neighborhood mentors emerge.
3. The Hilltop is a peaceful, respectful and connected community that shares, cares and involves everyone.
4. The community thrives because of diversity.

We then put the participants in a circle and used Open Space Technology to focus the dreams expressed through the possibility statements into activities to create what they said they wanted. What we asked them to do was to declare any idea to discuss that they personally felt would move them towards the possibilities they had identified. Because there was no sponsoring agency who would follow up on recommendations, we made it clear that "If it's to be, it's up to me." This refrain was heard frequently through the day as people gathered to discuss project ideas and schedule time to pursue them following the conference.

Among the projects that emerged:

1. Develop a Police Athletic League for sports activities targeting Hilltop youth;
2. Create a quarterly Hilltop news bulletin delivered to residences and businesses describing opportunities for linking people to community activities and resources; and
3. Enhance resources available through the Hilltop Family Support Center to bring isolated residents of the Hilltop together.

As part of the physical layout, we had posted a mural sized sheet of butcher paper with the title "Picture of a Healthy Hilltop Community." Throughout the day people added to the drawing. By the end of the session, an inspiring mural had been created that gave form to the possibilities stated by these committed people.

We consultants had an interesting learning from this day. The interview summary document compiled by the County Health Department contained some less than appreciative observations. These observations did not in any way shift the focus from creating a healthy Hilltop community. Participants successfully made the leap from problem-solving into the realm of possibilities.

The final role of the St. Joseph's Community Health Council was to send out a summary of what took place to all participants and key community leaders.

Outcomes: What's Happened Since

Creating a Healthy Hilltop Community

Six months after the June conference, we interviewed a number of members of the Community Health Council and the Council staff person from the Franciscan Health System. Among the Council members we interviewed were two who are CEO's of social service organizations based in the Hilltop area.

We asked each what outcomes they had expected. Three desires were consistently identified: 1.) To listen to the people of the Hilltop talk about what they see as the community's assets and what constitutes a healthy community; 2.) To find collaborative ways that the health system could help advance the community's health agenda; and 3.) To create a more positive reputation for the Franciscan Health System. As one Council member put it, "We want to meet the community where they are, and be a catalyst to help the community help themselves."

All of those we interviewed reported that their expectations have been met, along with surprises about what they heard from the community. Several specific initiatives are moving forward, and the Community Council itself has a new sense of energy and purpose, as well as an influx of new members from the community. At the same time, some Council members pointed to opportunities to extend the learnings of the inquiry through the community by more provocative sharing of the data.

There have been several tangible initiatives growing out of groups that first convened during the Open Space. One group focused broadly on communication and identified needs for better exchange of information between both the residents and the service agencies in the Hilltop. As a result of that session, a large group of social service providers and funders have met to focus on the objective of building an electronic information network that would facilitate information referral and provide easy access to health information and education. Another initiative is attempting to further identify and showcase the community's assets through developing a "100 year project." The project will identify both buildings and institutions that have existed in the community for 100 years, supporting both the sense of pride and desire for multi-culturalism that was expressed in the appreciative inquiry interviews.

It is less clear what happened to a number of other ideas that surfaced in the Open Space sessions. As one person pointed out, "We did not create another movement, but gave more focus to others' on-going efforts." However, some Council members believe it would be good to have more follow-up to see what else is happening, and perhaps an occasional newsletter to highlight, encourage and recognize people's efforts.

In late fall, the Council itself presented its efforts to the System's Board of Trustees. In making the presentation, the Council Chair tried to convey his significant learnings from the process: discovering and collaboratively supporting a community agenda is far different from the usual modus operandi of the business world. "What we typically do," he said "is find a problem and solve it, making every effort to control the outcome with goals, timetables, etc. You just can't approach a community in this way."

Creating a Healthy Hilltop Community

Most of those we talked with about results spoke enthusiastically about the interview process itself. They described their experience as "exciting," "enlightening," "wonderful." The positive focus of the interviews helped both the listeners and the talkers recognize and affirm the most positive aspects of the community, and this in itself contributed to the feeling of pride that emerged in the interviews.

All of the Council members felt that the process helped them to understand the community better, and was successful in creating a more positive perception of the Health System's role in the community. Too often, they noted, a person's only contact with a hospital is during an experience of illness, pain and sadness. People don't normally think of what positive influences a health system can bring to the community's well-being.

One specific change has been in the membership of the Council. Through natural rotation, the Council has recruited seven new members in the past few months. Every person asked to join the Council accepted the invitation, and the new members as a group are more closely connected to the Hilltop community. Their willingness to commit their time, in the face of a multitude of opportunities and demands, is viewed as a significant endorsement of the Council's relevance and sensitivity to the Hilltop.

Another positive result has been the establishment of stronger relationships between the Health System and several important community organizations such as the County Public Health Department and the City of Tacoma Police Department. The Health Department has been represented on the Council, and took on responsibility for processing the interview data. In the course of the project, the hospital and the health department learned much more about how each works and approaches their role in the community. As a result, they have opened a dialogue on new ways they can work together and be resources to each other's efforts. As for the police, a wide spectrum of views of community safety and the role of law enforcement in the Hilltop was expressed in the interviews. Both the fact and the perception of safety were important components of the picture of community health that emerged. Recently, a member of the Police Department has joined the Council to support and continued focus on the connection between community health and safety.

Opportunities remain. While most of the data generated from the interviews and workshops was sent in written form to many social agencies in the broader community, there is still an opportunity to bring the learnings from the inquiry to other community organizations in an interactive fashion, asking them what they might want to do to facilitate the community health agenda. Some Council members noted that the turn to action after the Open Space, also seemed to end the generative aspects of the inquiry, and the possibility of engaging and empowering others who had as yet not been involved. As both the outgoing and new Council Chairpersons noted, there is a tension between the need to problem solve and show results and the desire to generate greater levels of involvement and initiative throughout the community. This will provide the challenge as the Council continues its work.

Creating a Healthy Hilltop Community

SIDE BAR

What is Appreciative Inquiry?

Appreciative Inquiry is an exciting philosophy for change. The major assumption of Appreciative Inquiry is that in every organization something works and change can be managed through the identification of what works, and the analysis of how to do more of what works.

WHAT PROBLEMS ARE YOU HAVING?

WHAT IS WORKING AROUND HERE?

These two questions underline the difference between traditional Change Management theory and Appreciative Inquiry. The traditional approach to change is to look for the problem, do a diagnosis, and find a solution. The primary focus is on what is wrong or broken; since we look for problems, we find them. By paying attention to problems, we emphasize and amplify them...

In the mid-seventies, David Cooperrider and his associates at Case Western reserve University, challenged this approach and introduced the term *Appreciative Inquiry*. David's artist wife Nancy brought the "appreciative eye" perspective to David's attention. The idea of the appreciative eye assumes that in every piece of art there is beauty. Art is a beautiful idea translated into a concrete form. Cooperrider applied the notion to business: to the appreciative eye, organizations are expressions of beauty and spirit...

Appreciative Inquiry suggests that we look for what works in an organization. The tangible result of the inquiry process is a series of statements that describe where the organization wants to be, based on the high moments of where they have been. Because the statements are grounded in real experience and history, people know how to repeat their success.

From The Thin Book of Appreciative Inquiry, Sue Annis Hammond