



Going for the Gold: *Taking Actions That Bring Results!*

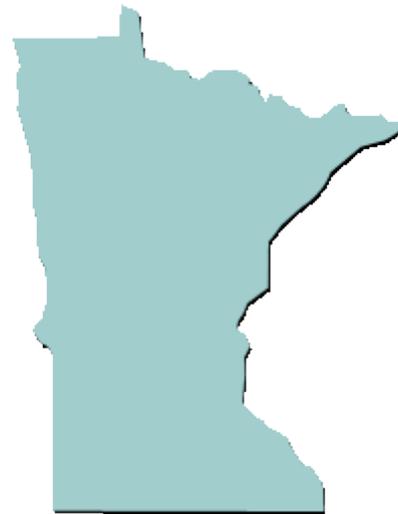
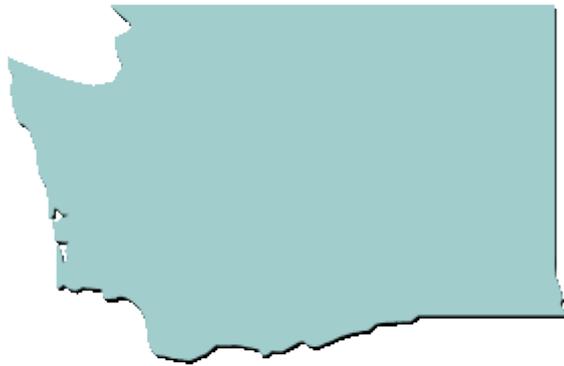
*Learning from Washington State and
Building on Local Opportunities*

Maxine Hayes MD, MPH

May 19th, 2014



Washington + Minnesota Learning Journey

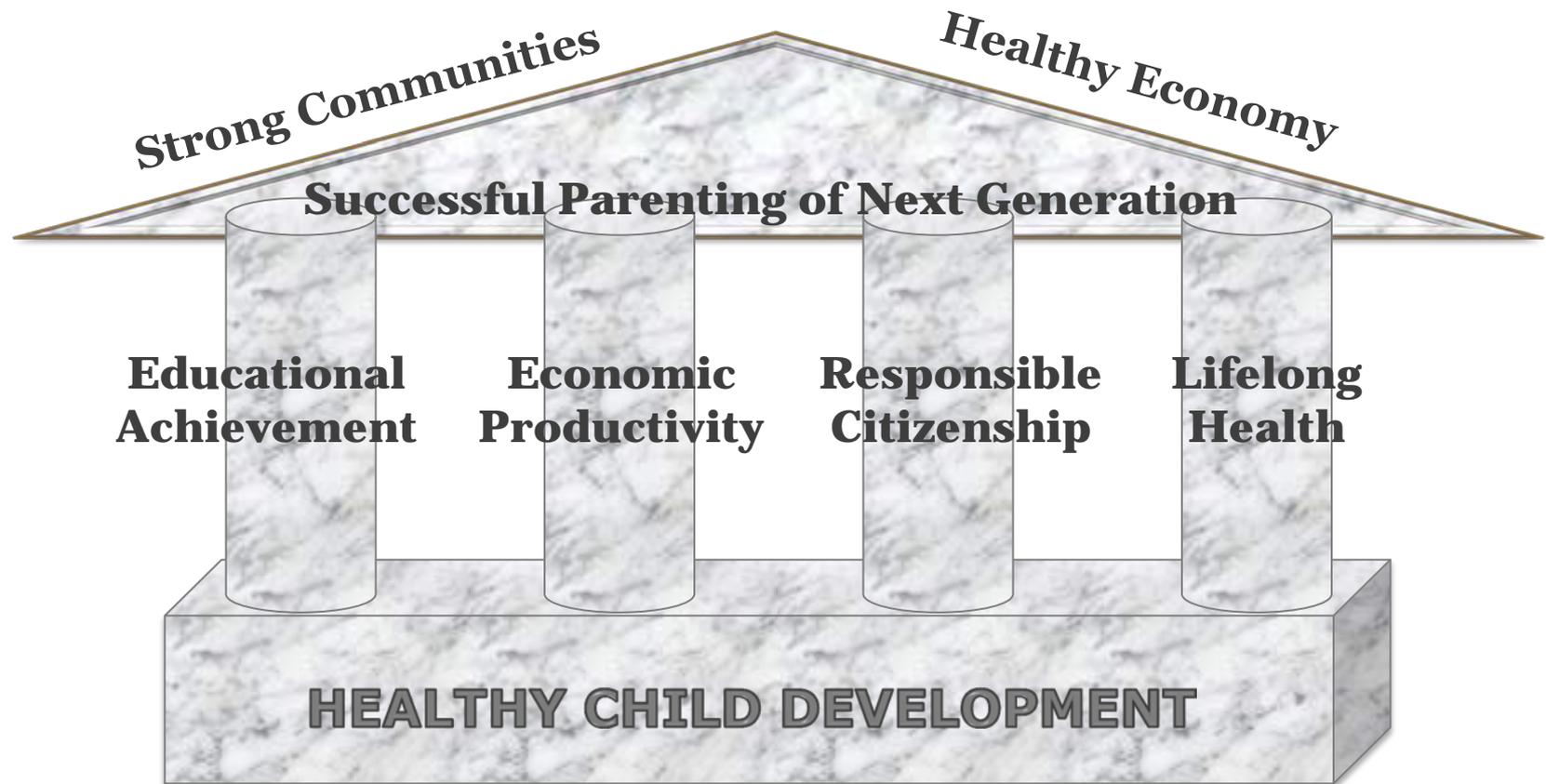




Disclosure

I Don't Have All The Answers!

The Foundation of a Successful Society is Built in Early Childhood



Source: Center on the Developing Child, Harvard University.

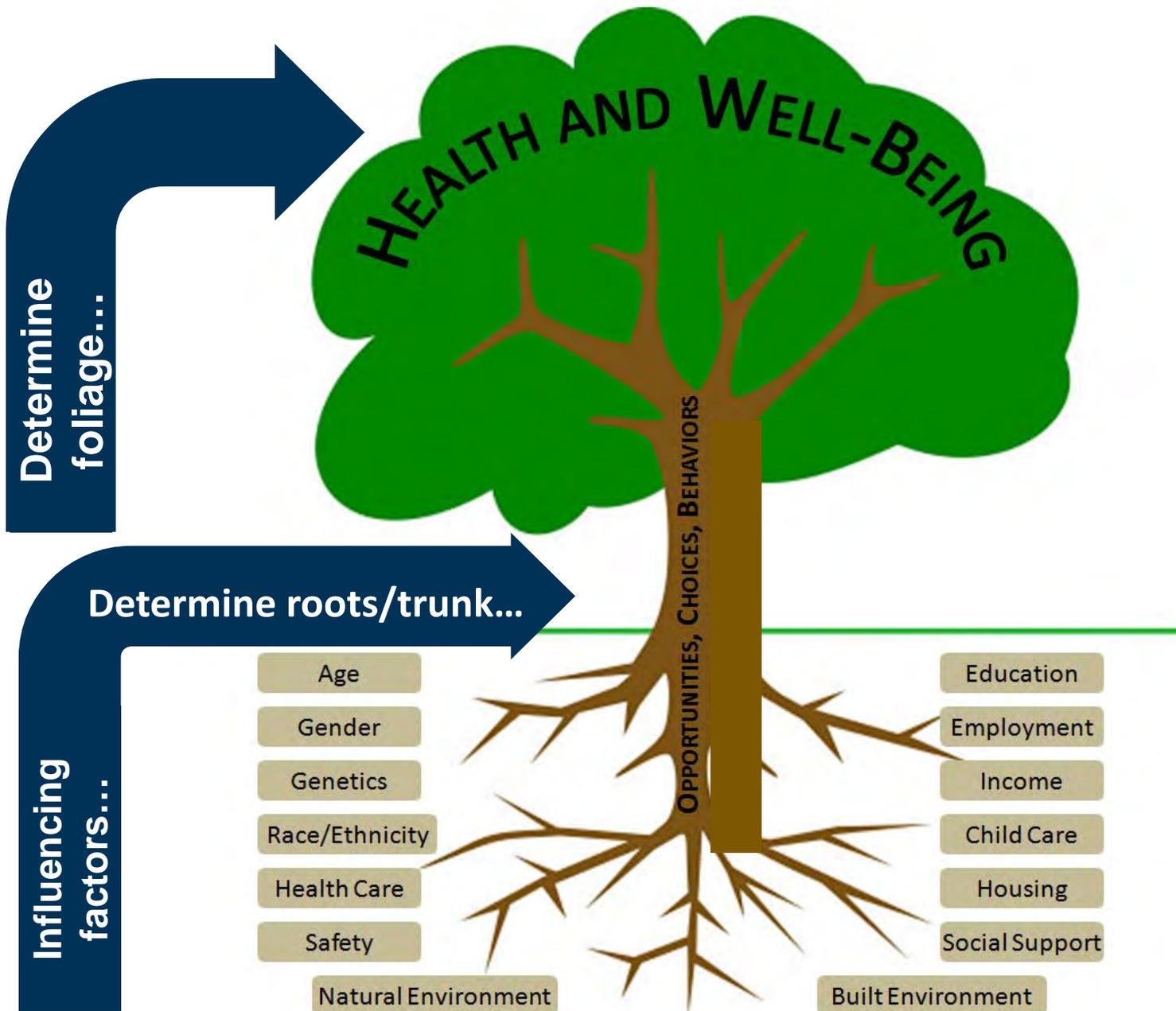


“It is Easier to Build Strong Children Than to Repair Broken Men.”

- Frederick Douglas

“Getting it Right in the Beginning is Getting it Right!”

- Maxine Hayes



Our Challenge is to Apply all we Know across sectors ,across disciplines, across programs to change policies, systems and environments to achieve our goals (and we Know A Lot !)

Risk Factors

Racism

Social Determinants of Health

Male Involvement

Life Course Theory

ACEs

Early Brain and Childhood Development

Sexism

Social and Emotional Health

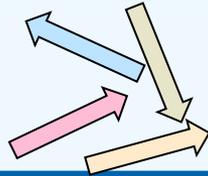
Resiliency

Protective Factors

Toxic Stress

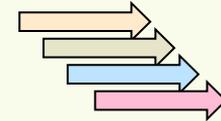
There Is a Fundamental Mismatch Between the Complexity Of Social Problems and the Traditional Focus on Disconnected Solutions

Isolated Impact



- Funders select **individual grantees** that offer the most promising solutions
- Nonprofits **work separately** and **compete** to produce the greatest independent impact
- **Evaluation** attempts to **isolate** a particular organization's impact
- Large scale change is assumed to depend on **scaling a single organization**
- Corporate and government sectors are often **disconnected** from the efforts of foundations and non-profits

Collective Impact



- Funders and implementers understand that social problems – and their solutions – arise from the **interaction of many organizations** within a larger **system**
- Progress depends on working toward the **same goal** and **measuring same things**
- Large scale impact depends on **increasing cross-sector alignment and learning** among many organizations
- **Government** and **corporate** sectors are essential **partners**
- **Organizations** actively **coordinate** their action and share lessons learned

Collective Impact initiatives provide a structure for cross-sector leaders to forge a common agenda for solving a specific social problem

Project Overview

The Washington Department of Health was recently **awarded a competitive five-year grant, Essentials for Childhood**, from the Centers for Disease Control and Prevention (CDC). The grant funds the Department of Health in collaboration with the Department of Early Learning, to support a **collective impact approach to build upon and coordinate current efforts among many partners that promote safe, stable nurturing relationships and environments for children and families**. This project will help Washington State **build on our pioneering work** educating about, and working to prevent the impacts of Adverse Childhood Experiences and toxic stress on children and families.

Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

Common Agenda

- **Common understanding** of the problem
- **Shared vision** for change

Shared Measurement

- **Collecting data** and **measuring results**
- Focus on **performance management**
- **Shared accountability**

Mutually Reinforcing Activities

- **Differentiated approaches**
- Willingness to **adapt individual activities**
- **Coordination** through joint plan of action

Continuous Communication

- **Consistent** and **open communication**
- Focus on **building trust**

Backbone Support

- Separate organization(s) with **staff**
- Resources and skills to **convene** and **coordinate** participating organizations

Effectively Addressing Child Well-Being Must Take into Account the Complexity and Systemic Nature of the Work

A **Collective Impact** approach to addressing child well-being would consider:

Systematic Thinking

- Taking into account **multiple levels** of the problem (e.g., child, family, community, county, state)
- Understanding the importance of the issue **beyond the individual**:
 - Inter-generational risk
 - Academic success
 - Workforce development

Holistic Framing

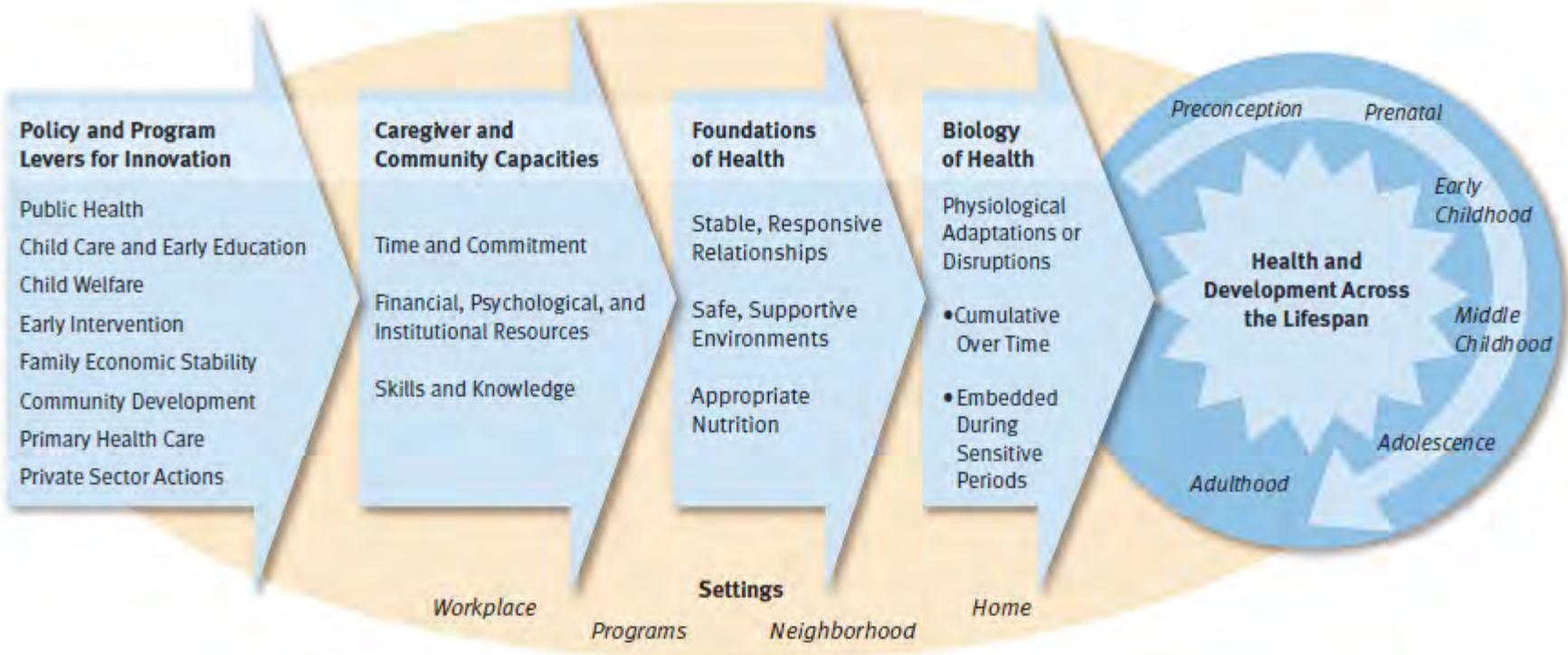
- Considering **both protective** and **risk** factors
- Recognizing the need for **both preventative** and **responsive** interventions
- Differentiating between **both short** and **long** term efforts and outcomes

Effective Stakeholder Alignment

- Recognizing that this is not an issue of a **single discipline or agency**
- Finding areas of **alignment, tension,** and **gaps** between organizations
- Making the case for **multiple stakeholders** (i.e., education, health, business) to invest

While this initiative should be nuanced and complex, it must also be sufficiently specific to achieve measurable goals and move the work forward

Framework



Source: Adapted from Center on the Developing Child, Harvard University, *the Foundations of Lifelong Health Are Built in Early Childhood*.

Washington Is a National Leader in Child Health and Well Being

- Washington **compares favorably** on important metrics. It has:
 - The nation's **2nd lowest** percentage of babies born at a low birth weight¹
 - The nation's **5th lowest** infant mortality rate²
 - The nation's **9th highest** percent of children who had all the characteristics of a positive home environment³
- Washington also has many **strengths** to build upon,⁴ including:
 - Strong **data** systems and a long history of work **tackling ACEs**
 - Several **multi-disciplinary initiatives** focused on child well-being
 - Robust **community-level** and **parental engagement** on child health
- The **EFC grant** validates Washington's progress so far, and allows us to build on our strengths going forward

Sources: ¹Centers for Disease Control and Prevention, National Center for Health Statistics (2011). ²Centers for Disease Control and Prevention, National Center for Health Statistics (2010). ³National Survey of Children's Health (2011/2012). 37% of children met all indicators, with a 95% C.I of $\pm 3\%$. *For the definition of positive home environment, see "Notes and Definitions" slide in the appendix.* ⁴FSG Interviews (2014).

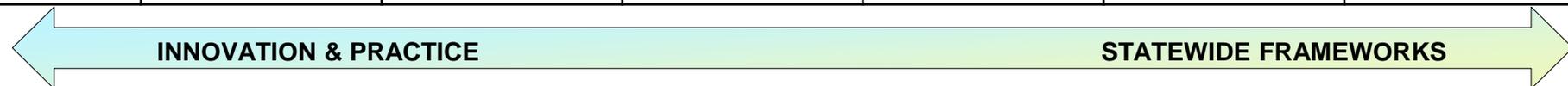
The Essential for Childhood Initiative Will Build On the Excellent Work of Many Past and Ongoing Efforts Across Our State



The value of collective impact is not to create new work, but to better knit existing efforts together

EfC Can Draw On a Rich Set of Existing Statewide Collaborative Efforts

Related Efforts			strengthening families		Washington Early Learning Plan	Racial Equity Theory of Change
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Overview	Partnership to design and test new strategies to prevent and mitigate the impacts of toxic stress	Public-private collaborative to prevent and mitigate ACEs in WA	Cross sector collaborative to promote protective factors in families with young children	Statewide, 5-year to improve whole-person healthcare and build healthier communities in WA	A ten-year roadmap to build an early learning system to support a strong foundation of success for children	Roadmap to close the “opportunity gap” for children of color in WA’s Early Learning System
Frame	Toxic stress in early childhood can lead to disruptions in brain and biological development	The cumulative impact and implications of ACEs, along with ways to avoid them	Building protective factors improves outcomes for children and families	Improving coordination between stakeholders can improve the effectiveness of WA health systems	Comprehensive early learning system supports “ready” children, families, professionals, school and communities	Strategic decisions in the Early Learning system should be well-informed by, and prioritized in response to the needs of people of color
Key Assets EFC Can Leverage	<ul style="list-style-type: none"> Rich source of community-level innovations Common language of a “one-science” approach 	<ul style="list-style-type: none"> Emergence of ACEs learning community Evaluation data in 5 communities (2015) Promising practice emerging from implementation 	<ul style="list-style-type: none"> Strong network of implementers across non-profits and government Includes parents and families 	<ul style="list-style-type: none"> Overall framework for health system reform Identifies common metrics that EfC might draw upon 	<ul style="list-style-type: none"> Framework for early learning in WA State-wide credibility and resonance 	<ul style="list-style-type: none"> Framework for addressing racial opportunity gaps in WA’s Early Learning system Outcomes strategies and landscape related to racial equity

EfC presents an opportunity to align and stitch existing work together

Interview Strengths Part 1: Growing Collaboration and Improvements Across Child-Facing Systems

Momentum & Potential for Collaboration

- “Through **FOI**, there’s been a lot of work being done inside agencies to **develop a one-science approach** to youth and families.”
- “We don’t think of things in siloes, but of **how we can get together and create systems** to represent things well so people on the ground can **see it holistically**.”
- We’ve seen more **integrated early learning work** – particularly with DEL’s creation there’s been a blending of health, education, and other fields”

Improved Quality & Access to Health Services

- “In the past decade, we have definitely been a leader in **promoting access to clinical service** for kids... We are one of few states with universal access to **immunization**... we’ve also made progress on **poisons and injury prevention**.”
- “We’ve been getting more **home visitors** in the homes. We are seeing greater **commitment and capacity** for these programs.”

Improvements in Other Child-Facing Systems

- “**Juvenile court reform** has been stunningly progressive... there is more recognition that juvenile crime is directly tied to not only what courts do, but **also to interventions in community**.”
- “Our **child welfare system** is more tuned into **neglect and child safety** than it was 15 years ago. We made good decisions about the **balance of safety and keeping families together**.”
- There’s also been greater **involvement of students** – for instance, joining their own parent-teacher conferences.”

Strong momentum exists across major child-facing organizations in Washington.

Interview Strengths Part 2: The Evolving Role of Child Health and Greater Engagement of Parents and Families

Growing Attention To Child Health & Well-Being

- “We’ve started talking about child well-being as being important – it’s **coming to the fore of conversations**, and there’re openings now which weren’t here 5 years ago.”
- “The **Family Policy Council** educated many people at the local level, state, and legislative levels about ACEs and **their implications for our own practice and policies.**”

More Holistic Understanding of Child Health

- “There’s been an increasing awareness of the **importance of the social determinants of health** in determining child health outcomes.”
- “In Washington, there’s been a big embracing of **the importance of the life course perspective** in understanding maternal and child health.”
- “There’s been a movement toward **trauma-sensitive** care, strategies, and programs across different areas.”

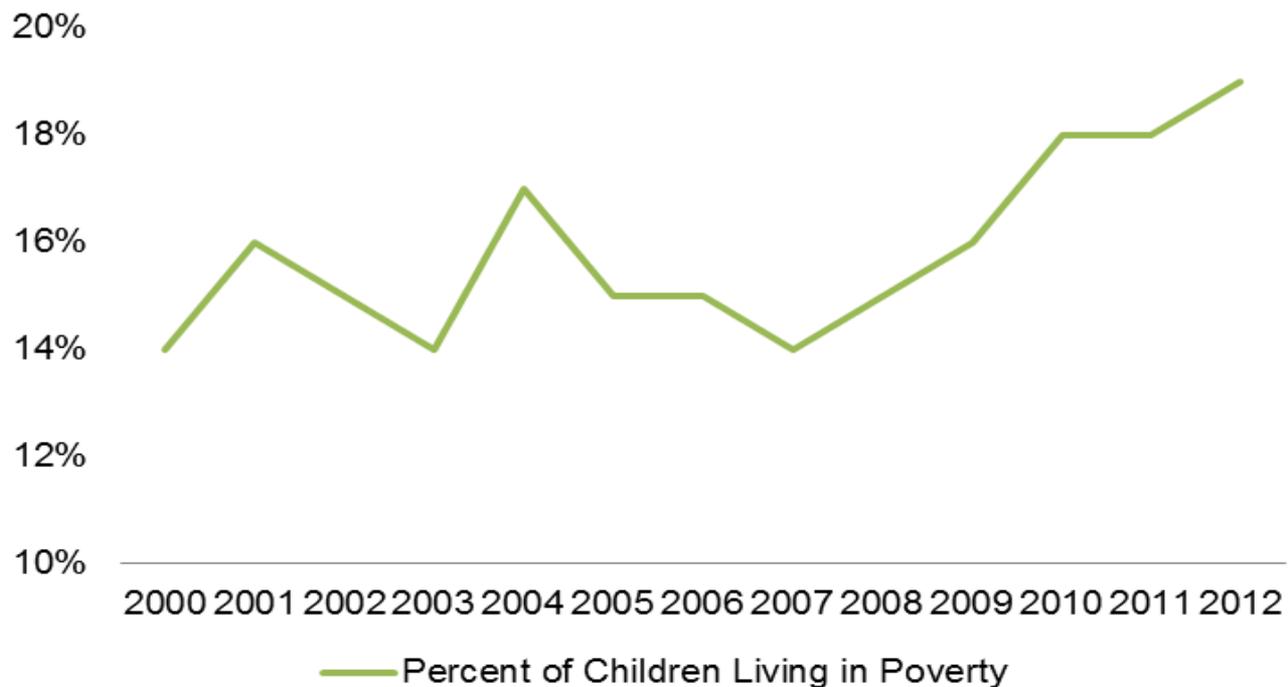
Greater Involvement of Parents & Families

- “There’s greater awareness of the **importance of community partnership and partnering with families.**”
- “**Early Childhood and Mental Health** actors have included parents at the **policy and decision making levels.** This enriches our decisions and how we think about strategy.”

The Essentials for Childhood effort can build upon these strengths in its work

However, Washington State Still Faces Significant Challenges in Improving Child Well-Being

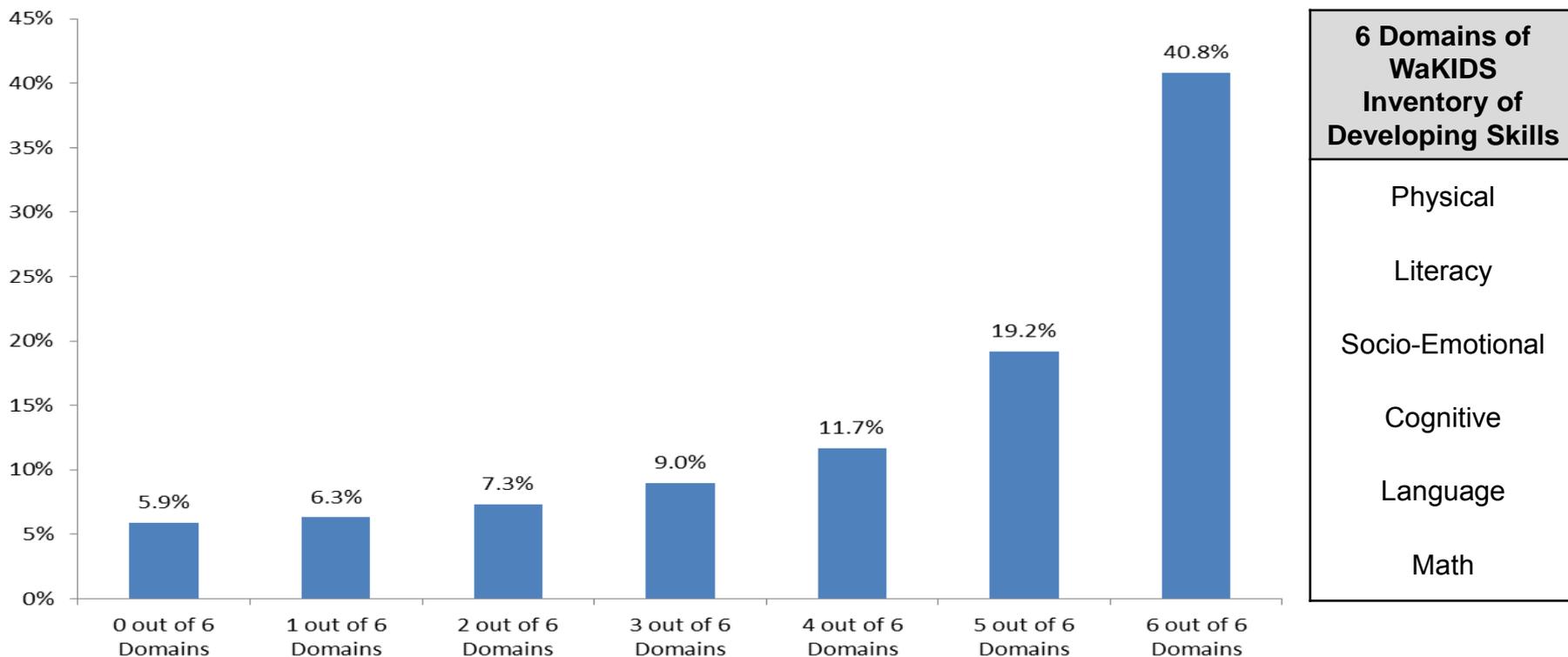
Percentage of Washington's Children Living in Poverty



An estimated **288,000 children (19%) in Washington live in poverty. This number has increased in recent years.**

Only 41% of WA Kindergarteners Demonstrate Characteristics Across All of WaKIDS' Inventory of Developing Skills

Percentage of Entering Kindergarteners Demonstrating Characteristics in WaKIDS Domains



A significant number of children enter kindergarten lacking essential skills required for success.

Source: Office of Superintendent of Public Instruction: Washington State Report Card – Washington Kindergarten Inventory of Developing Skills (2013 – 2014).

These Challenges to Child Well-Being Occur Across Multiple Stages and Systems

Across the life course, children in WA still face a number of challenges that touch on multiple issues and sectors



12 of every 1,000, or 1.2 percent, of Washington's 15 – 17 year olds gave birth in 2011.¹

By kindergarten, **25%** of entering children do not demonstrate characteristics of **socio-emotional competence** (2013-14)²

The percentage of students who met state requirements is generally **lower for higher grade levels** (2012-13):³

Grade	Reading	Math
4 th Grade	72.5%	62.5%
8 th Grade	66.4%	53.3%

31% of 10th graders reported **depressive** feelings and **19%** reported considering **suicide** in the past year (2012)⁴

In addition...

- an estimated **80,000 (4.9%)** children did not have health insurance in 2012⁵
- **48,250** children were accepted referrals to Child Protective Services in 2013⁶
- **14,777** children were placed in in foster care in 2013⁷

Sources: ¹WA DOH (2011). ²WA OSPI, WaKIDS (2013-2014). ³WA OSPI (2012-2013). ⁴WA State Healthy Youth Survey (2012), with a 95% C.I. ±1%. ⁵U.S. Census Bureau, Current Population Survey (2012). ⁶WA DSHS (2013). ⁷WA DSHS (2013).

Interview Challenges Part 1: Fragmented Efforts, Lack of Clear Definitions, and Resource Constraints

Difficulty of Integrating & Aligning Multiple Efforts

- “Different agencies have different missions. It is not a bad thing for them to have a sense of ownership, but **it can get in the way of seeing the bigger picture**... sometimes, we get attached to our own agency’s definitions and that **gets in the way of getting to a common understanding**. We’re all addressing the same thing, but sometimes just give it different names.”

Lack of Clarity and Focus

- “Sometimes **people think they are on the same page when they really aren’t**.”
- “It’s clear **we need to do a better job of bringing these different perspectives together** and describing it well to our partners so we can **leverage strategic collaborations**.”

Lack of, and Competition For Resources

- “A challenge is that **funding comes in streams**, and all funding has its own requirements and does reporting in silos...we need **to break down siloes and look at determinants of health from an integrated, systems perspective**.”
- “**Alignment is about resources; it’s a zero sum game**. Budget problems mean there’s no revenue – people fight over scraps.”

The EfC effort will have to create greater clarity and alignment of stakeholders’ efforts amidst a resource-constrained environment.

Interview Challenges Part 2: Persistent Inequities, and Need for More Preventive and Population-Level Investments

Racial Inequity and Lack of Diversity

- “There are a lot of **social constructs** within a communities (like **racism**) are not addressed by systems improvement efforts”.
- “I’d like us to **work more in diversity**. We need to seek out diverse practice and help different populations come together.”
- “I am very concerned with **social and economic inequity** of opportunities. Children of color start way behind.”

Need for Preventive Interventions

- “There’s **a high priority set on dealing with issues that are costly and right in our faces** – there’s a sense that we need to deal with these first, that we can only think about making upfront investment in children after we deal with these urgent problems. I don’t know how, but we need to make a shift because **the faucet’s not going to turn off unless we go upstream.**”

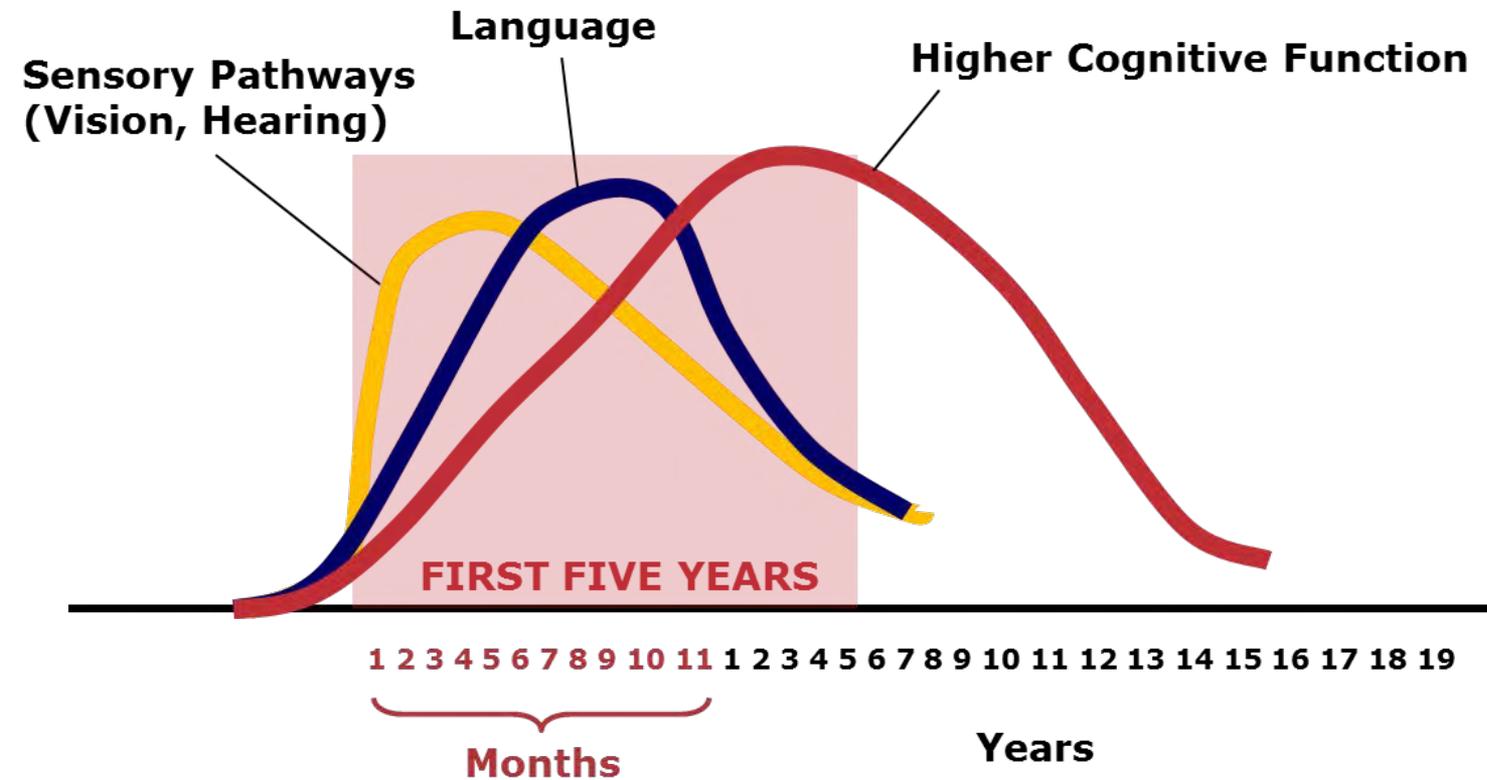
Individual vs. Population-Level Work

- “We’ve done good work on positive parenting – for example, using home visiting as a model to strengthen parenting skills. However, that’s **more of an individual approach**, and we really struggled to influence **state-wide norms** and create **a population effect on parenting.**”

There is a need for a paradigm shift in terms of how Washington addresses issues related to child well-being.

Many of these Systemic Challenges Trace Back to How Children Develop During Their Critical, Formative Early Years of Life

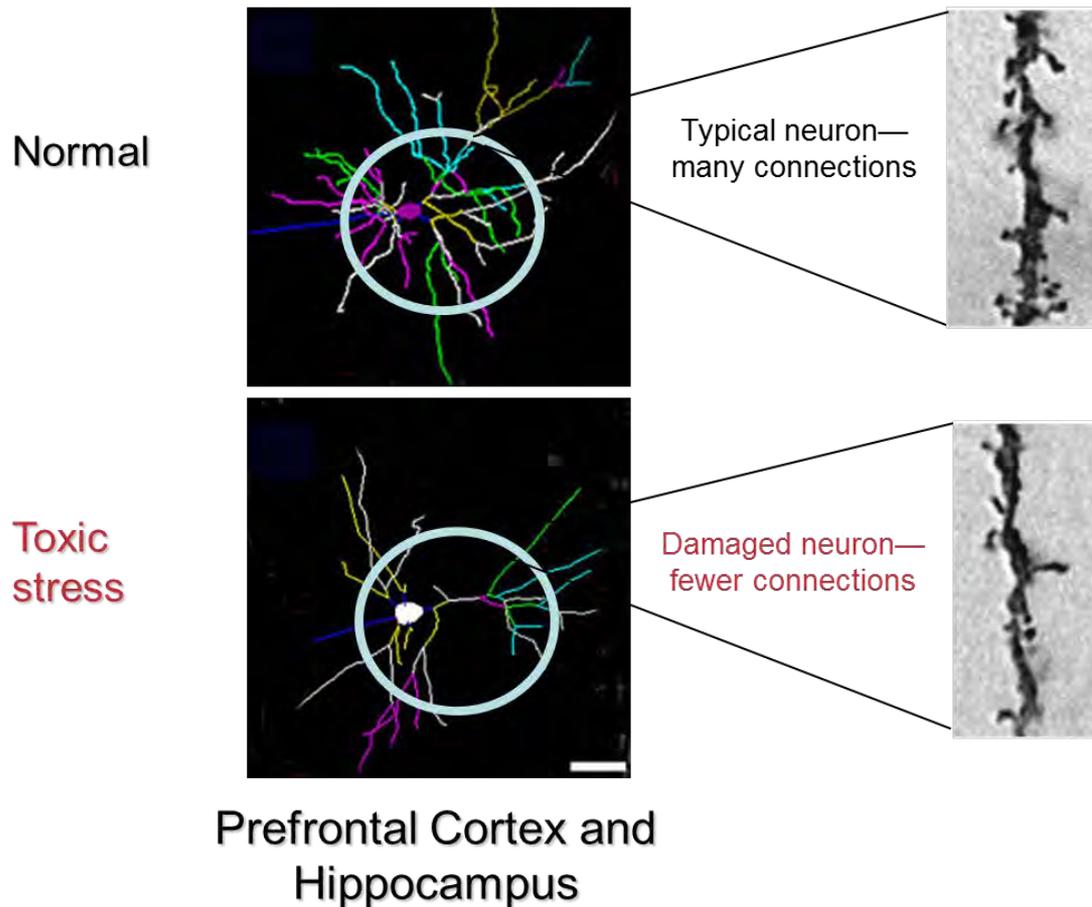
EARLY BRAIN DEVELOPMENT



- **Early childhood years** are critical for the formation of children's **emotional competence** and **cognitive development**
- A range of abilities **continue to develop through adolescence**, but the foundation is laid in the first few years
- **Safe, stable, nurturing relationships** set children up for success in life

Toxic Stress Influences Brain Development Throughout Life, But Makes a Particular Impact on the Development of Young Children

Toxic Stress Changes Brain Architecture



In Particular, Adverse Childhood Experiences Can Create Toxic Stress and Can Have Lifelong Implications

What are ACEs?

- **Adverse Childhood Experiences (ACEs)** refer to a complex set of highly interrelated experiences that have been shown to have **significant adverse health and/or social implications**.¹
- **Examples of ACEs** include:
 - **Childhood abuse:** emotional, physical, or sexual
 - **Neglect:** emotional or physical neglect,
 - **Growing up in a seriously dysfunctional household,** as evidenced by: witnessing domestic violence, alcohol or other substance abuse in the home, mentally ill or suicidal household members, parental marital discord, mental illness, household member incarceration

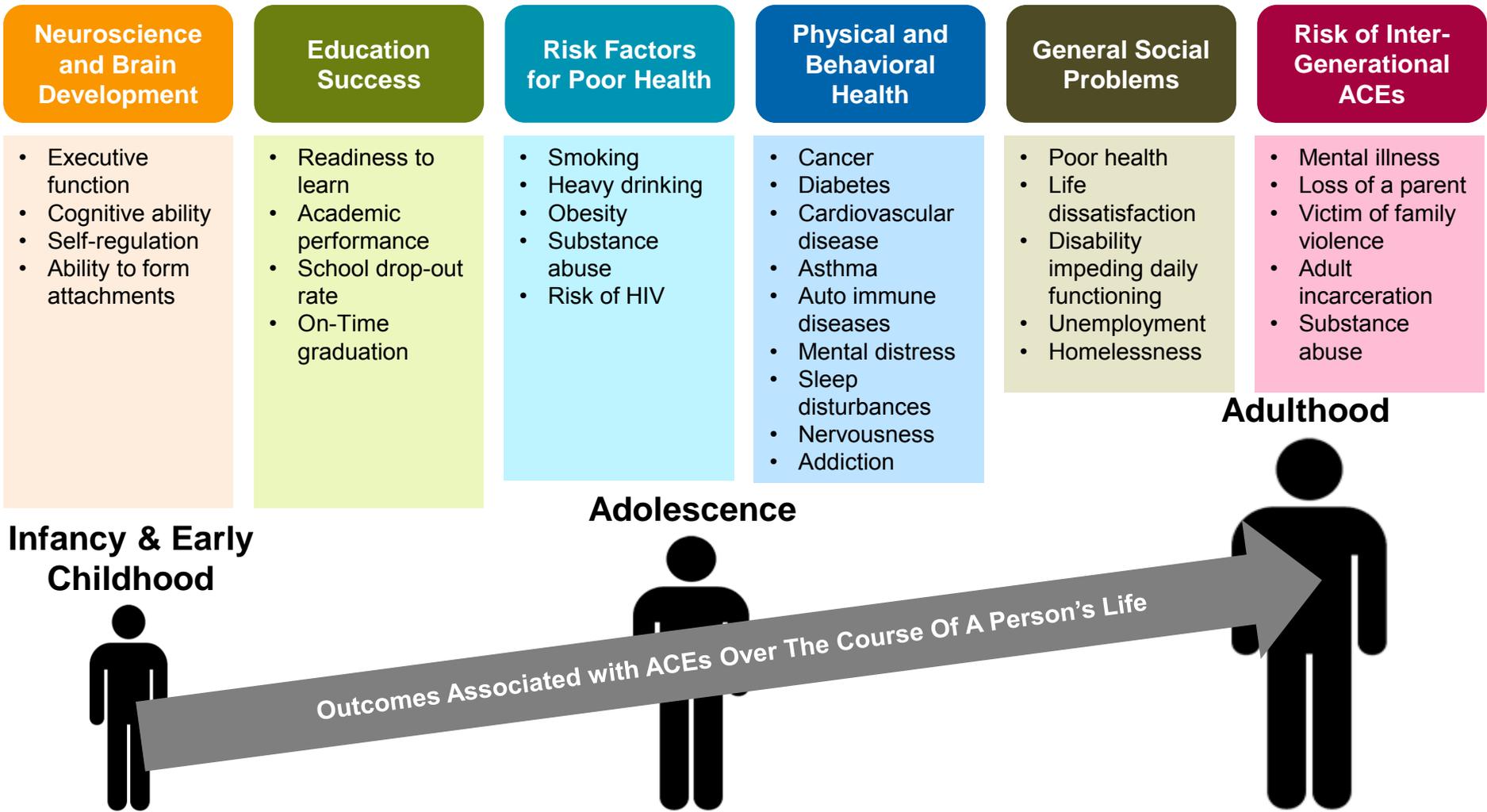
ACEs are a significant contributor to toxic stress, which negatively impacts social, emotional, and cognitive development¹

Why do they matter?



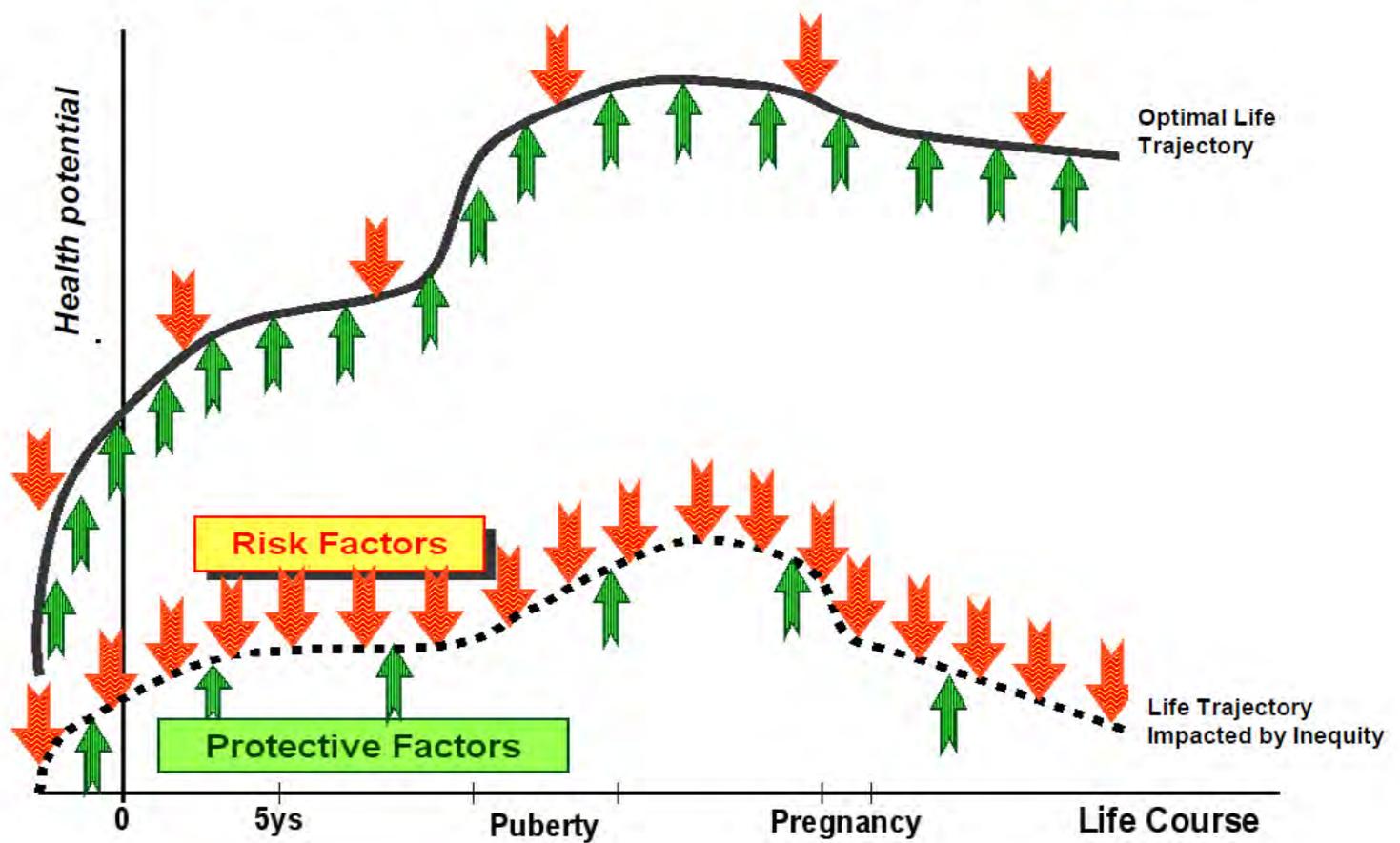
Adverse Childhood Experiences Are Associated With a Range of Important Outcomes Over a Person's Life

Types of Outcomes Associated With ACEs



Protective and Risk Factors Can Have a Tremendous Impact on a Child's Life Trajectory

The Life Course Perspective



Source: Linked by Life: Building MCH Life Course Organizations within Health Departments to Improve Women's Health, HRSA Webinar, Kiko Malin (2013).

Improving Child Well-Being Requires Addressing Both Protective and Risk Factors Operating Across Multiple Levels and Time Horizons

Sample Protective Factors

Sample Risk Factors

Individual	<ul style="list-style-type: none"> • Personal resilience • Social and emotional competence of children 	<ul style="list-style-type: none"> • Child abuse and neglect • Poor nutrition • Substance abuse • Sexual violence
Family	<ul style="list-style-type: none"> • Parental resilience • Knowledge of parenting and child development • Positive attachment bonds with caregivers 	<ul style="list-style-type: none"> • Family member incarceration, domestic violence, and substance abuse • Poor birth outcomes • Homelessness
Schools	<ul style="list-style-type: none"> • Effective school engagement with child well-being • Access to trauma-related services at schools 	<ul style="list-style-type: none"> • Peer attitudes towards, and abuse of substances • Anti-social behavior / bullying • Weapons incidents
Community	<ul style="list-style-type: none"> • Positive social connections • Concrete supports in times of need • Communities with positive health and social services and supports for families 	<ul style="list-style-type: none"> • Social norms and attitudes (racism, discrimination, etc.) • Personal and property crime rates
Socio-political	<ul style="list-style-type: none"> • Family friendly work policies • Positive and trauma-informed service delivery and policies across agencies (e.g., education, health, etc.) 	<ul style="list-style-type: none"> • Discrimination and racism • Historical trauma

Sources: Ordinary Magic, Lessons Learned From Research on Resilience in Human Development, Ann Masten (2009), Adverse Childhood Experiences and Population Health in Washington, Robert Anda and David Brown (2010), Strengthening Families Protective Factors, Center for the Study of Social Policy.

Collective Impact Creates Multiple Structure to Engage a Large and Diverse Coalition of Individuals

STEERING COMMITTEE

- Provides vision and strategic oversight of the initiative
- Meets bi-monthly, moving to quarterly schedule over time
- Comprised of high-level decision makers from across sectors

BACKBONE TEAM

- Serves as neutral convener, facilitator, and coordinator of the initiative
- Responsible for overall success rather than advancing a specific viewpoint
- Liaison among different groups of the effort and to the broader community

DATA COMMITTEE

- Advises on selection and collection of shared metrics for the initiative
- Comprised of experts in data gathering, analysis, and communication
- Technical advisor but also a political navigator to secure the necessary data

ADVISORY GROUP

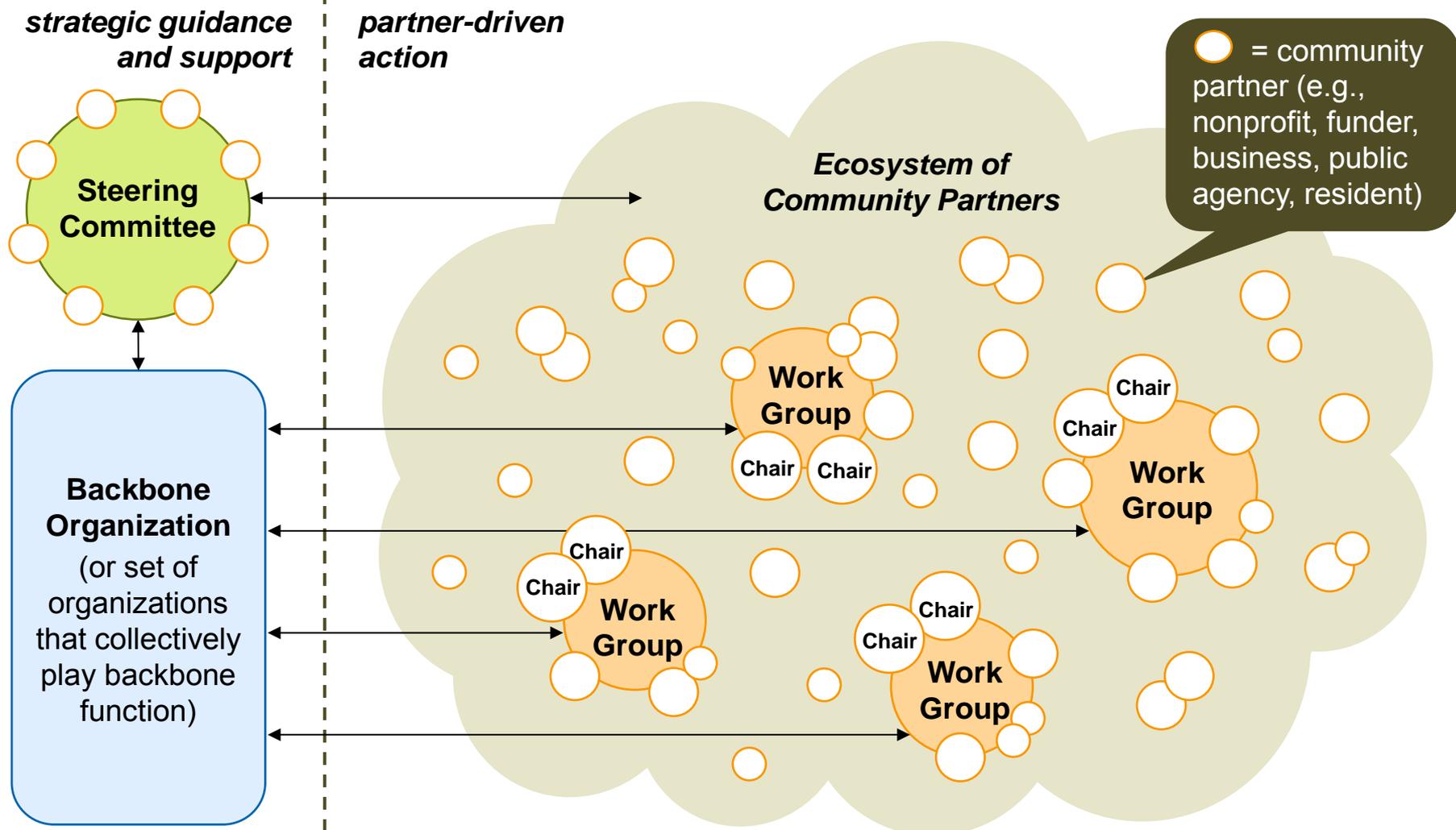
- Provides expertise and strategic guidance on launching the initiative
- Members serve as ambassadors around the EfC effort
- May continue beyond early stages of the initiative

WORK GROUPS (TBD)

- Lead implementation of vision and goals set by Steering Committee
- Comprised of direct reports to SC members who can execute
- Typically 4-6 work groups, but structure and focus to be determined

Collective Impact Structure: A Broad Set of Partners Work to Achieve the Common Vision, Supported by a Backbone and Steering Committee

Common Agenda and Shared Metrics



* Adapted from *Listening to the Stars: The Constellation Model of Collaborative Social Change*, by Tonya Surman and Mark Surman, (2008).

Collective Impact- Framing Questions

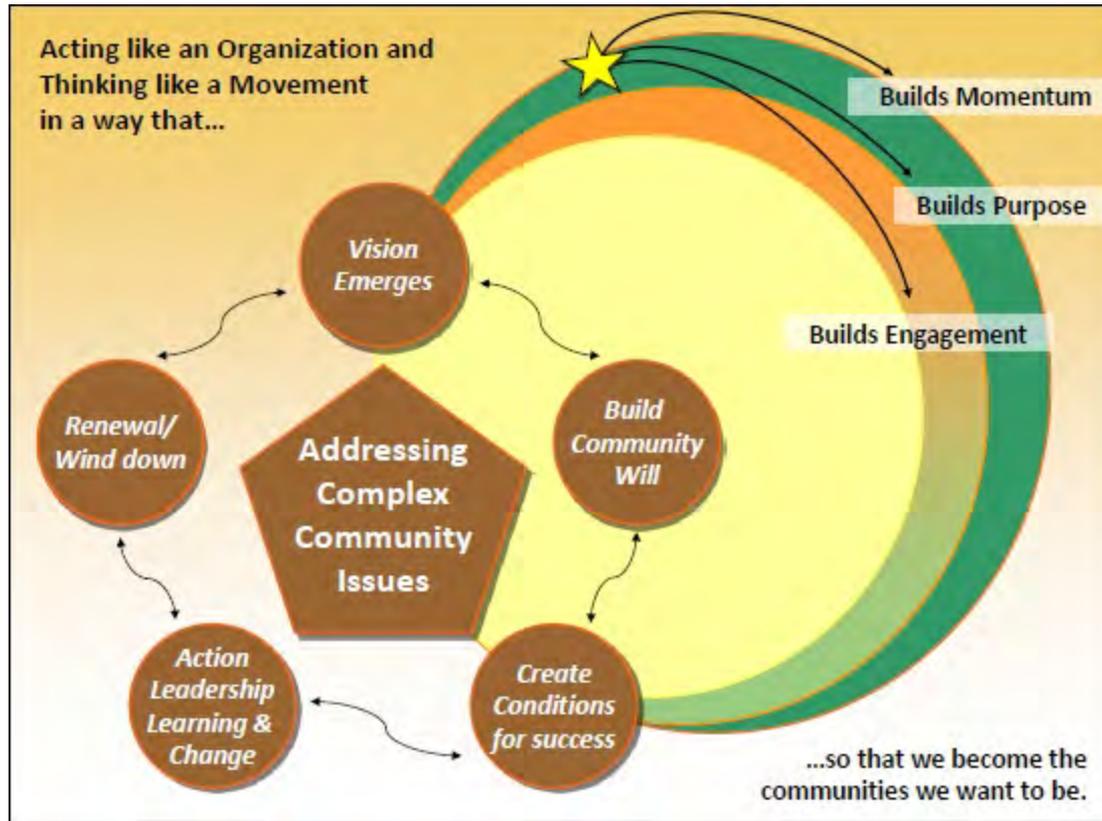
- Do we aim to effect —**needle-** change (i.e., 10% or more) on a community-wide metric?
- Do we believe that **a long-term investment** (i.e., three to five-plus years) by stakeholders is necessary to achieve success?
- Do we believe that **cross-sector engagement** is essential for community-wide change?
- Are we committed to **using measurable data** to set the agenda and improve over time?
- Are we committed to **having community members as partners and producers** of impact?

– White House Council for Community Solutions

The Phases of Collective Impact

<i>Components for Success</i>	<i>Phase I Generate Ideas and Dialogue</i>	<i>Phase II Initiate Action</i>	<i>Phase III Organize for Impact</i>	<i>Phase IV Sustain Action and Impact</i>
<i>Governance and Infrastructure</i>	Convene community stakeholders	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
<i>Strategic Planning</i>	Hold dialogue about issue, community context, and available resources	Map the landscape and use data to make case	Create common agenda (common goals and strategy)	Support implementation (alignment to goal and strategies)
<i>Community Involvement</i>	Facilitate community outreach specific to goal	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
<i>Evaluation And Improvement</i>	Determine if there is consensus/urgency to move forward	Analyze baseline data to ID key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Community engagement involves mobilizing people in collaborative efforts to achieve shared aspirations.



Collective Impact and Community Engagement

Common Agenda

- Opportunity to engage key strategic and community partners in development of a common agenda

Shared Measurement

- Opportunity to reach out to the community to get agreement on indicators and share data
- Opportunity to engage through sense-making

Mutually Reinforcing Activities

- Opportunity to link already existing strategies for leverage
- Opportunity to build new partnerships and strategies

Continuous Communications

- Need to understand the multiple layers of accountability
- Opportunity to influence community conversations

Backbone

- Opportunity to strategically communicate with key partners
- Opportunity to use engagement to advance roles

The Steering Committee Will Provide Strategic Guidance and Oversight for this Long-Term Collective Impact Effort



We are currently laying the foundation for what will be a multi-year effort

Washington State Progress to Date

- From October 2013 through April 2014
 - Established the backbone team.
 - Hired FSG consultants.
 - Stakeholder interviews.
 - Convened expert data committee to synthesize data.
 - Stakeholder map of major individuals and initiatives.
 - Out reach to potential steering committee members.
 - Convened advisory committee.
 - Convened the first steering committee meeting.
- From February 2014 through December 2014
 - Convened steering, advisory body and several work groups.
 - Shared vision and common agenda.
 - Identify common strategies and shared metrics.
 - Begin to align existing work across Washington State.
 - Champion the work to the public and decision making.



“Impossible is just a big word thrown around by small men who find it easier to live in the world they’ve been given than to explore the power they have to change it.”

”
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- Muhammad Ali



“We must all have the audacity to believe we can transform the current system.”

- Maxine Hayes, MD, MPH



Wrap-Up:

Going For The Gold!

Maxine Hayes MD, MPH

May 19th, 2014



Going for the Gold



1. Reach for it
2. Go with who you got
3. Hold the centre
4. Keep the circle open
5. Avoid the blame game
6. Choose measurable outcomes
7. Develop a sense of urgency and keep going

Source: Jay Connor, Working Differently

The Elements of Collective Impact

Conditions	Simple rules for complex interventions
Mindset	Adaptive problem which requires learning and change to get to the answer – work differently
Structure	Be intentional and predetermined
Process	Go deep, see problems differently
Leadership	Systems leaders with a commitment to the health of the whole

Preconditions for Collective Impact



- Influential Champion(s)
- Urgency of issue
- Adequate Resources

First Steps in Community Engagement

- Get close to the people - understand their needs
- Build trust and empathy.
- Let what needs to be done emerge.
- Involve everyone: Embrace diversity
- Build a collaborative culture

State Conversations

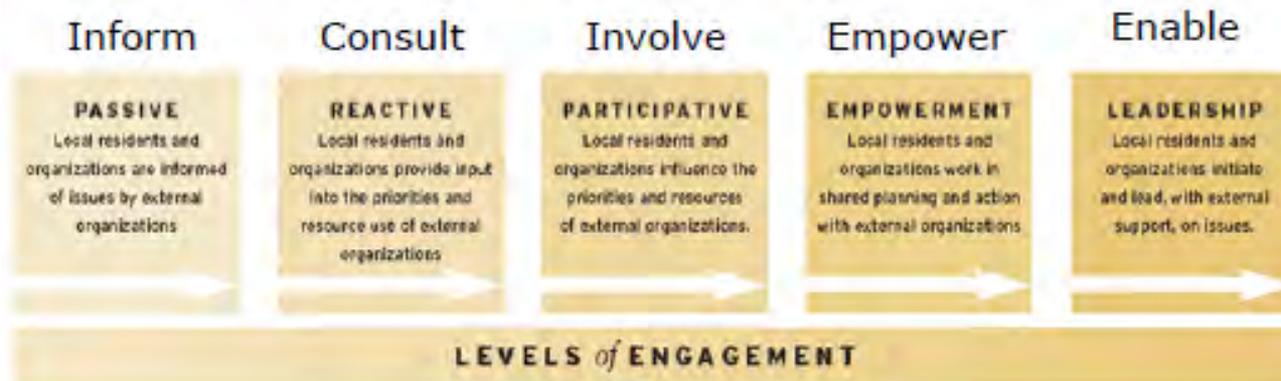
- *What have we done to effectively build our community engagement strategy?*
- *What opportunities or barriers do we have in our local efforts?*

- Get close to the people - understand their needs
- Build trust and empathy.
- Let what needs to be done emerge.
- Involve everyone: Embrace diversity
- Build a collaborative culture

Multi-Sector Engagement

Multi Sector Groups are prone to:	Single sector groups are more prone to:
<ul style="list-style-type: none">•Tell stories•Define and isolate the issues that make up the problem•Seek to understand the other sectors point of view•See conversation as an opportunity to learn•Suspend their expertise. Members of the group may ask, "Am I qualified to be in this conversation."•Suspend Assumptions. Group members are brought out of their comfort zone and asked to enter into conversations with people they normally do not engage with in dialogue.	<ul style="list-style-type: none">•Define the problem•Seek Solutions to problems•Seek to convince and to show that their solution to a problem is the most effective.•Assume that their purpose and core service values are the same

Community Engagement



Adapted from Hashagan 2002 and Sydney Dep't of Planning 2003

Community Engagement Tips

1. Remove the barriers to participation: child care, transportation, time, location, language
2. “Do your gardening in your front yard”
3. Focus on shared aspirations
4. Recognize that relationship building takes time – don’t rush the process
5. Maintain a focus on results – nurture the tension between process and outcomes
6. Be sure there is appropriate infrastructure to support the work (information, facilitation, funding – time!)
7. Celebrate successes and recognize contributions.