Hello everyone. I am Jason Coates, policy analyst at the American Public Health Association. Thank you for joining today’s webinar, Leading through Health System Change II, Create, Share, Learn.

During our last webinar we learned that many of you are interested in seeing examples of how the ACA planning tool has been used and how others are incorporating the tool into their work. Today we will do just that.

Before we begin I have a few reminders. You can listen to the webinar through your computer speakers or by dialing 1-866-806-9993. Closed captioning is also available. To access it, copy and paste the link in the chat box on the side into a second browser window. The webinar is also being recorded and will be posted to APHA’s website.

If you have any questions for the Q&A portion of the event or if you experience technical difficulties please use the chat function. Thank you in advance for completing the evaluation at the conclusion of the webinar.
Now please join me in welcoming our speakers. Dr. Karen Minyard, the director of the Georgia Health Policy Center, will first provide an overview of how many people have used the ACA planning tool and describe how it is being used. Next we will hear from public health practitioners that are using the tool in their work.

Dr. Joanne Wakeham, Director of Public Health Nursing at the Virginia Department of Health, will share a state health department’s perspective on the process of using the tool. Dr. Reuben Varghese, Health Director, Arlington Health District of the Virginia Department of Health, will describe how a local health district used the tool in convening stakeholders to strategically plan for the future.

Next Craig Weber of the Weber Consulting Group will share tips on how health departments and public health practitioners can transition their thinking from a technically oriented mindset to an adaptive one. Finally Chris Parker, Associate Project Director at the Georgia Health Policy Center, will walk us through some sample plans and innovations that the planning tool has helped develop.

Following the presentation there will be a brief question and answer session. Please use the chat function in the lower left corner of your screen to send us your questions. So it looks like we have an audience of professionals from state and local health departments as well as the federal government and nonprofits so we look forward to your questions. Now let’s hear from Karen.

Karen Minyard: Good afternoon, I’m happy to be on this call today and to share a little bit more about public health planning tool. In our last webinar we focused in on understanding how the tool was developed and running through the tool and looking at the different parts of it. We looked at the basics of the tool, the
Healthcare Reform 101, adaptive leadership, and how to use the planning tool. Today we have what is a very nice opportunity to hear from and about users of the tool. And so this is a continuation of conversation from last time.

So I want to share a little bit of background about the use of the tool so far. We have had a little over 1200 registered users in all 50 states and you can see from the map where people are in the United States that have used it. And we also have information about the types of organizations. Sixty four percent have been government, 16% individual or other, 9% non-profit, 7% academic, and 4% private. So a variety of people but the majority in the government.

And you can see from this federal level are red, the state are purple, and the local are orange. And so most in the state and local and a few federal if you look at how the percentages break down.

One of the things that has been really interesting to us is we built this tool, we knew that people might want options on how to use it. And we thought probably most people would use it through the online portal but we found that 41% used the online portal, about 49% or almost half used the PDF, and then a few people preferred to print it out and use it with Word or with pen and paper.

And, I mean, I can imagine that happening if you’re in a group and you want to look at it together, each have your own copy and look at it, that might be the case that would happen.

Now you may remember from the last webinar that there are three guided practices in the tool. And we wanted to share with you how people are breaking down in their - what questions they are selecting. So the first question is about what role will public health play in the provision of clinical
services. Most of the people or the majority when you divide it up, 39% have answered that question, 24% have answered the question what role will public health play in the surveillance and monitoring of health status, and 22% chose the last question which focuses in on the role public health would play in community health planning.

Fifteen percent of the users created their own question and several selected more than one guided practice. We noticed in looking at some of them that sometimes people kind of combined things to create their own questions.

After we completed our development of the pilot we were invited to come to California and work with them over several months to help them use the tool as part of their overall strategic planning process in the state public health department about health reform.

And so we helped teams of people be prepared to complete the tool, they sent the information to us, we compiled it and shared it back to them and also worked with them on developing their adaptive leadership capabilities and for charting their next steps.

And today we are very privileged to have a video clip from Kathleen Billingsley who is the Deputy Director of Public Health in California. She has been a strong advocate of this with us and presented late last year at a conference and this is the video clip of her presentation.

So I think it was while we were on one of our trips to California that we got an email from Joanne Wakeham inquiring about the possibility of using the tool in Virginia.
And she had a different approach from California. She had an interest in creating an opportunity for the folks in - the district health directors in Virginia to each be able to have access and use the tool in their individual districts. And she is going to tell you a little bit about that and you’ll also hear from Reuben.

Joanne Wakeham: Thanks Karen. Excuse me, it’s good to be with you all today. So in Virginia, you know, we too were kind of struggling with the uncertainty of the full impact of healthcare reform and we wanted our senior leaders and managers to be actively engaged in planning strategically for the future of public health in Virginia.

So we felt after Karen talked with me about the tool and kind of shared with me the important aspects of the tool, we felt that utilization of this planning process tool would really help us in laying the groundwork for ways that our agency might adapt to the changing healthcare environment and also provide us with an opportunity to collectively focus on the direction that we wanted the Virginia Department of Health to take.

So the first thing we did, Karen suggested we host a webinar and she and (Glen Landers) presented the planning tool to our district leaders, our health directors. We have 35 health districts and 119 different offices altogether here in the Commonwealth.

So she presented the webinar, talked about how to use the planning tool. The majority I would say did the PDF interactive process, over half of those folks did that method. Most of them did look at what role Virginia or public health would play in the provision of clinical services. That was probably the most frequently answered question, what role will public health play and the
community was - health planning was the second one. And then what role will public health play in the surveillance and monitoring was the third one.

So we sent that out to their - to the health directors, invited them to participate. They did that and completed that tool. The Georgia Health Policy Center collected all the responses and then Karen and (Glen) shared the results at a statewide leadership meeting and we had probably close to 200 folks in attendance. So that is kind of how we got started on the process.

Since that time we’ve been working on some of the cross cutting themes that have been identified at the leadership meeting such as expanding our efforts in a great interdisciplinary leadership team within local communities.

We have expanded our effort to use population health data to inform health systems delivery reform in our states. We’ve been working with the Virginia Hospital Healthcare Association, the Virginia Health Information, and the Center for Innovative Technology in that effort. We’re also exploring various social marketing opportunities. That was another one of those cross cutting themes that was identified.

And we’re trying to really target our risk groups, those that aren’t for instance taking full advantage of the flu vaccine. We know that a lot of our younger adolescents and teens aren’t really engaged in that. And then we’re in the process of revising our agency’s strategic plan. So those were some of the things that we were doing at the state level to engage our district in this process of planning for healthcare reform.

So now I can turn it over to Reuben. Dr. Varghese is as Karen mentioned the Health Director for Arlington Health District up in the northern part of
Virginia. And so Reuben is going to take over here in terms of how he and his local department use the tool in strategic planning.

Reuben Varghese: Thank you Joanne. Hello, I am Reuben Varghese, I’m the Health Director for Arlington County Health District, one of the 35 health districts in Virginia as Joanne informed you. I am pleased to tell you about how we used this to really think about strategically planning for the future here in Arlington as a public health department and also then how it has been part of our strategic planning overall.

I first want to make sure you understand how we used it locally. The opportunity was - functionally was a very good exercise to participate in a statewide effort to think about our state’s future with ACA coming on board.

What I did locally we have - I had a leadership team in public health and it’s large enough that I decided with my assistant division chief that we would actually divide it into two teams and have some non-public health staff members join us.

Something you need to know about the Arlington Health District, we’re part of a Department of Human Services, an integrated department so we have social services and behavioral healthcare as part of our team all across the department.

And so we felt that if we were going to do something like this we needed to incorporate the advantages we have in our district to bring those players to the table and some of their mid-level managers to help with this process so that it would be both inspirational for them and would start leaning towards a shared vision.
And so what we did was tried to make sure there were different skill sets on each team and then said, you know, let’s go ahead and work - each of you work on this for about a week.

We as an organization chose to focus on what role will public health play in community planning and we used the tool as is and said if they wanted to evaluate all three options that had been listed in the tools that they were welcome to or they could choose one. They chose to focus on all three as well.

What they did was it was almost like a competition. They would come and then they would present their findings to the senior leadership in public health as well as the department and it was interesting to see what they overlapped on and where there were differences. There was quite a lot of overlap, there was a lot of interest.

It was a lot of fun getting to work in this way because they don’t usually think about the future nearly as much as getting through the day-to-day. So it was very exciting for people to participate and be able to understand the beginnings of systems thinking.

And what was also important was to explore what ideas they had come up that were different from each other and what our real goal was then to figure out a way to combine that effort so we could submit it as part of our effort to help the state process which Joanne has already described.

And so in many ways for me there were two strategic opportunities here. Obviously to help develop a state strategic plan to be able to be part of that and attend that meeting with other staff to contribute. However, it was also the ability to strategically plan in our district and to introduce this as a tool for systems thinking.
One of the things that I realized in my experience that we often become very focused on mission, the day-to-day mission and we may forget what the system diagnostics are, are we doing what we really should be doing?

And so one of the questions we’re routinely now asking is here is our as is state, what is currently happening, and where would we like to be. And the questions and the format of the tool from Georgia are actually quite valuable because they help to stimulate thinking for the staff to ask those questions.

The question are easy to ask. What is creative and the hard part has been how do you get the answers. And you need to talk to people and think and spend time. And that is one of the directions we’re trying to move towards, having building more time for staff to start thinking about long range planning to assess our current systems. Are they where they are supposed to be, and if not what are the strategic forces that are preventing that.

As I have tried to relay to staff, the systems that are currently operating, you see their purpose by the very behaviors that you see being exhibited. And they have to ask the question was that the behavior you wanted. Just like thinking of the forces of gravity. You can’t fight the forces of gravity unless you put enough resources to shift the behavior in another direction.

And so if we want to be someplace else, what do we need to do to get there. And tools like this one here helped to start asking that question to drive people in that direction.

And people are starting to see and ask the questions about not only what is the ideal state to be in my experience here, they’re starting to ask what is the environment, who are the stakeholders, and even the strategies, are they
appropriate for the environment and stakeholders we have to be able to move
towards what we should be.

And in many ways this tool and this activity has helped us to start moving
towards talking about that, creating a common frame or sense that I think it’s
the only way organizations are going to move towards creating the systems.

And you have to keep expanding the group of system stakeholders. It’s not
just the local health department in the end. If those of you who are familiar
with the (unintelligible) what we call the jellybean slide or the egg slide,
there’s a lot of participants in the local public health system.

We recognize we have to be the catalyst for some of that and that’s a role we
welcome. And that’s why we chose that last question about what role the
public health play in planning.

Because we have a vibrant community and for all of you who know this
already, it’s part of our life’s work, health policy, most of public health is
actually achieved through other partners. We just have to remind them of the
health context and the consequences of any decision pro and con. So with that
I was going to leave it there and turn it to Karen if that is correct.

Karen Minyard: Okay, thanks Reuben and Joanne so much for being with us. I guess you could
imagine Joanne suggested that I call Reuben. And when I called him to see if
he would be willing to participate in this webinar, he told me about his quest
for having a group of people that he works with that think about systems, that
are skilled at systems thinking.

And when he said this tool really helped me do what I was trying to do to get
my staff thinking in a systems way, it was really music to my ears. Because at
the core and purpose of this tool is this concept that being able to think adaptively in a time when things are changing so much is very important.

And to help folks get from focused on a whole lot of detail particularly related to the health reform law or to help people get unstuck when they’re stuck was one of the major requests that CDC had of us when we began to develop this tool.

And we were hoping that we’d get to the place where people would not be just focused on the tip of the iceberg but they’d be thinking more about the system patterns and structures and mindsets that lie behind or beneath that tip of the iceberg.

And so this adaptive thinking is very much what we were trying to build in this tool and I’m glad that it was able to provide support in Northern Virginia. And so today we have a very strong systems thinker, Craig Weber, who is going to tell us a little bit about adaptive leadership. Craig?

Craig Weber: Thank you Karen. It’s a genuine pleasure to be here. And I like hearing this conversation about the distinction between technical problems and adaptive challenges because I think the problem solving approach is so different for each. And we often make the mistake of treating an adaptive challenge like it’s a technical problem and then as Karen said we feel stuck. We wonder why we’re not making progress and often the frustration goes up dramatically.

And so you can imagine it’s not a binary thing, it’s a continuum. And at one extreme end of the spectrum is a technical problem and at the other extreme end of the spectrum is a purely adaptive challenge.
And for real quick definitions, a technical challenge means that we have a routine for dealing with it. It may not happen a lot, it might be highly problematic but the upside when we’re dealing with a technical problem is we know what to do about it. There is a protocol, there’s a process, there’s an expert we can call to help us address the issue.

And we face a lot of these. If my computer breaks down, it can be extremely frustrating depending on what I’m doing but I know what to do about a computer problem. There are experts out there I can call, organizations I can appeal to for help.

At the other end of the spectrum in adaptive challenge, it’s fundamentally different than a technical problem because there is no protocol, there is no process, there is no expert we can call to help us address the issue. We’re in uncharted territory, we’re in unfamiliar terrain.

And it’s much more difficult to navigate these kinds of problems. And if a computer breaking down at work is an example of a fairly technical issue, at the other end of the spectrum might be culture change.

If I realize that, you know, the strategy we have in place is being crippled by our culture, that’s a tough problem. There is no expert you can call, no cultural Jiffy Lube you can reach out to to kind of suck out the old culture and pump in a new one before you move forward.

You’ve got to kind of pull people together and start asking those hard questions as Reuben said. What is it that drives the culture as it stands today? What needs to change in terms of thinking and behavior and policy to help move the culture to a healthier direction? That’s much harder work.
And so understanding when you’re dealing with a problem what are the more technical aspects of the issue we’re up against and also what are the more adaptive aspects is really, really important because again the problem solving process for each is quite different.

And fundamentally if we’re dealing with a technical problem where it’s fairly routine, a bias for action is appropriate. We’ve got a protocol, we’ve got a procedure, we’ve got an expert. Just as Nike says, just do it. And so that bias for action is appropriate and very effective in a routine problem or technical issue.

When we’re dealing with an adaptive challenge, that doesn’t work. There is no action we can really reach out to because we're in unfamiliar territory. So when we’re doing adaptive work or trying to orchestrate adaptive change, a bias for learning is always more important.

We need to get different people coming together and asking those hard questions both to make sense of the challenge we’re up against but also to help us figure out how to deal with it. And so if we’re trying to change the culture that’s a big deal.

And Dr. Atul Gawande of course, the man of Checklist Manifesto does a great job of describing the difference, right, where he was first thinking, hey, checklists are a great idea. We can borrow a playbook from aviation and a checklist in surgical themes has a dramatic impact on performance, fantastic.

Publishes the research, makes a few suggestions, and really expects a lot of change. Not much happens. And as he talked the reason not much happened is he (mis-underappreciated) the cultural aspects of what he was asking people to adopt.
Now there are, you know, a lot of surgical teams and surgeons are cowboys. It’s a cowboy culture. And so even though technically it made sense, socially there was a lot of resistance because there was a more adaptive challenge in place.

And understanding this is really important because it’s about leverage. If we’re spending a lot of time trying to treat an adaptive challenge with a bunch of routine fixes we can frustrate a lot of people, waste a lot of time and energy, and not make a lot of progress. As Karen said, again we’re stuck.

You know, and even when we finally do figure out the problem is different than what we were framing it and it may be too late. The opportunity may be gone, the system is already frustrated beyond all recognition, you know, the train has left the station.

And so on the other side if we’ve got a problem for which there is a technical fix, we’ve got a technical solution, pulling a bunch of people in a room and engaging them in lengthy meetings and discussions to explore the issue can also be a high - a very low leverage intervention. We’ve got a solution, no need for a bunch of meetings. Let’s kind of just get in there and do it.

And so I like the idea when you’re wrestling with these changes and you’re trying to make improvements, really start asking where do these issues sit on that adaptive/technical spectrum and then sort of adjusting your problem solving process to fit.

And I think a key as (Ron Hyfits) once said that someone exercising leadership is orchestrating a process of getting people with competing definitions of the problem to start learning from one another.
And that’s a great way to think about what adaptive leadership looks like. It’s getting different stakeholders, different people in the system to start learning from each other to make sense of the adaptive predicament you’re facing and to start coming up with some high leverage solutions for dealing with it.

So, you know, how do you get your people thinking smarter, faster, and together in an adaptive challenge? How do you make sure you’re getting more traction than you might otherwise? And how do you orchestrate more learning and more progress? Make sure that there is alignment between the nature of the challenge you’re facing and the problem solving process you’re employing.

And that’s a really key way of thinking and I think the tool is a useful way to get people making that assessment so there’s more alignment between what they’re trying to accomplish and how they’re trying to accomplish it.

I think there a couple of other things, in an adaptive context getting people to learn together is key and that really requires sort of a positive or affirmative mindset. A colleague of mine (Frank Barrett) wrote a book called Yes to the Mess where he talked about jazz music. No matter how messy things get, jazz musicians always say yes, this is a mess, that was a big mistake, we can do something with this. And I think that’s really important in adaptive context to maintain that more positive focus.

The other key thing is if you look at leadership as orchestrating adaptive learning, it liberates leadership, the exercise of leadership from the hierarchy. Anybody in an organization no matter their position or anybody in a community can exercise leadership if they’re asking the right questions,
pulling people together to engage the issue. It doesn’t have to come from the top.

And I like that notion that we can get people all over the place that care about these tough problems we’re facing, rolling up their sleeves and trying to orchestrate some of that adaptive learning. If I can pass the baton on to Chris, I think he has some ideas around how do you do that.

Chris Parker: Thank you Craig. Good afternoon again everyone. And so following on from Craig’s presentation, I want to focus our attention briefly on some of my real world examples of adaptive actions being contemplated by public health practitioners across the country.

As you are probably already aware if you have used the tool kit, there are broadly six types of adaptive actions that the user is encouraged to contemplate as it relates to opportunities and challenges impacting the health system and more specifically here the Affordable Care Act.

These actions, and you should be seeing them displayed on your screen, are influencing decisions which is really all about where are the leverage points for influencing decisions that will affect what you do and how you do what you do. Who can you engage to influence those decisions and how can you get involved in shaping those decisions?

Educating others, that’s about who needs to know about your situation as it relates to health reform. What are the known facts and how will you communicate them?

Planning on uncertainty, this includes kind of one of the most unlikely scenarios related to questions that you have and how you might use them as a
foundation for planning. And what are the information systems that you might need to access or build?

Staying abreast of new information as it relates to the ACA, how will you learn of change as you go and what partnerships might you leverage in order to do this. And creating new partnerships, thinking about who do you need to connect with in order to advance your strategy or strategies and who can serve as neutral convenience for these partnerships.

And then building capacities around which can be broken down into maybe three other elements, I mean, specifically it’s about building workforce information technology and care coordination capacity.

And so you’re looking at the types of workers that you might need and how can you ensure that you have sufficient capacity, what sort of IT capacity you’ll need in order to achieve your goals. And then once again thinking about the partnerships that will allow for that to happen.

So we spent some time looking at how state and local health departments as well as specific sections and/or divisions within those departments use the tool to help them think through opportunities for adaptive actions going forward.

And I will highlight a few of those here. And I want to remind us all that while they’re represented as separate elements, they’re invariably connected actions. And I think I have already indicated that when we talked about thinking about partners and how you might actually partner to influence others or educate others. So there’s going to be kind of a recurring theme here.

So with regards to the examples for adaptive actions around influencing decisions, some of the stuff that we saw included folks thinking about
strengthening and reinventing existing partnerships in light of the Affordable Care Act.

I think when I surveyed a few of those documents it was clear that for many public health practitioners the issue of partnership was one that was already in play but thinking about new and different ways of partnering and new and different partners would be important to the process.

For those specifically who answered questions related to the role in clinical services, thinking about how to influence decisions around payment and reimbursement structures or models would be important and how to have a seat at the table when those conversations were happening in order to be able to give voice.

The issue of data and having increased access to data and what are the decisions that would need to be made for public health in the private sector to be able to share information. And this it would be once again another place at which the ability to influence decisions would be displayed.

Educating others, looking through some of the work that was done, there was a lot of energy around not just educating the public but also educating other healthcare practitioners and training public health and non-public health practitioners including clinicians and folks who are not traditional public health partners. And being seen as a resource for best practice and almost the kind of repository of data for the public’s sake.

With respect to strategically planning on uncertainty and as some of you on the call depending where you are might already be aware, there are some states that might be expanding Medicaid, others that will be. And so to think
about what services you’ll be offering and how you’ll have to be engaging
with the rest of the healthcare system at this point in time is not exactly clear.

But being able to think about so what does that mean for what you do and
what are the things that you can actually do even when times are uncertain. So
in some instances some folks indicated specific strategies to advance the use
of information technology and around community benefit.

Because that’s as much as there is uncertainty in the air there is a piece of that
which I think was very important. And I think you heard Reuben speak to it,
that was kind of where he counseled that there is a place for public health to
think about what that might look like and their role in it.

Staying abreast of new information that emerges, and this has to do with just
being kind of clear on what’s happening with the Affordable Care Act as it
becomes implemented over time. There is one strategy of thinking about
incorporating specialists within the department or local or state departments to
be able to have access to that knowledge pretty quickly.

And also for the state health departments to serve as a source of that
information for others. And some of the work that we did we recognized that
there was always a little bit of a gap between the knowledge of what was
happening at a level of local and state health departments and sometimes all
those local folks including community based organizations.

So seeing public health in that role as information disseminators is going to be
important. And to be able to disseminate that information, knowing what was
happening would be doubly important.
This piece around creating new partnerships I alluded to that there was a lot of energy there in many of the plans specifically focusing around the non-traditional partners, folks indicated the business sector with health insurance exchanges, private foundations. And also leveraging academic partnerships especially in terms of helping the health department to convene, to be seen as neutral conveners. That was a key element.

And then around building capacity as I indicated with three areas, workforce, IT, and care coordination. There was some energy around supporting the mechanisms for the exchange of information and partnering with health plans. That was a relatively common one for the folks who actually completed the plan. Getting together with health plans and other kind of critical stakeholders.

So all told I think there was a lot of energy. If you think about the question with regards to the role in clinical services, there was a lot of energy around an adaptive way thinking about what health departments would need to do to bill and to be able to assure access and in some instances ensure quality.

In terms of surveillance and monitoring, there was adaptive thinking in terms of seeing public health in a slightly different light with regards to being the kind of sentinels or national guardsmen of population health around some of these issues related to quality and equity.

And then with respect to community health planning, being proactive in not just providing data and information but being a part of the assessment and ensuring that plans as they were developed were in the best interests of the communities that were being served.

I think at a high level there were a couple of in my mind overarching themes that I want to just leave with folks on the call. I mentioned that strong
partnerships in many ways already exist but there is this opportunity as health departments think adaptively to build and maximize on some of those relationships as they currently are.

There are opportunities to perhaps build on patient navigation efforts which would include training and marketing, opportunities to reinvent the relationship and the engagement with the community. That came across in many of the plans that were developed. People are thinking about new and different ways to not just safeguard the interest of the community but to get information to the community.

Creating comprehensive community based medical homes or at least being in that conversation of influencing decisions about how that occurs was also something that I think we saw through a couple of the plans.

The whole issue of the role in terms of holding data and sharing data and using new and different information technology means including social media to be a part of that was another way of thinking about what the health departments would be doing which would be new and different.

And then looking at retooling staff in an effort to ensure that the workforce that was needed was kind of mapped back to the opportunities that currently existed. And so with that I will turn it over to Jason who will take us through the next couple of slides.

Jason Coates: Thanks Chris. Now it’s time to start our Q&A session. So if you have a question for the panelists please feel free to use the chat function in the lower left hand corner of your screen to send us some questions. And we have our first question and it’s a question about working through adaptive challenges.
Someone asked adaptive leadership involves strategies informed by value proposition and developing strategies informed by the loss and what else that might come in conflict with the value proposition. Have you taken into account loss and loyalties in forming your adaptive action?

Karen Minyard: If I understand that correctly, I think what you’re saying is that maybe as you get into sorting through how things are going to be in a changed world, sometimes things are different from the way that they were before, maybe there will be - some people will have losses and some people will have gains.

And so it requires a different level of partnership to be able to handle those. And I think that one of the tools that comes into play when you have these challenging situations is conversational capacity.

And I’m wondering Craig if you might want to just say a little word about conversational capacity and how it might be helpful when you get to situations where you need to be able to do more than you were able to do in the past in a partnership.

Craig Weber: Sure, yes I really like the question that was thrown out and it’s a tough problem. When you’re making some sort of meaningful change there is often a sense of loss or a sense of frustration. And so having the ability to communicate in a non-defensive, learning focused way under pressure is really important.

And that’s sort of the working definition of conversational capacity when everything is topsy-turvy to be able to stay focused on your objectives and have open, balanced, rigorous discussions.
And I think when there is loss or there is some negative reaction to the change, acknowledging that loss is really important. So don’t avoid it, lean into it. Say hey I know this is a painful thing, there is a lot of difficult emotions right now.

And then two other things I think are important for managing those kinds of problems, those aspects of the adaptive challenge and that is explain why the pain is necessary. What’s the price we pay for if we maintain the status quo and what are the advantages we accrue if we make these difficult and somewhat painful adjustments?

And if you can help people understand why they’re experiencing the pain and why even through it’s, you know, not completely pleasant, the change is necessary, people will often kind of roll up their sleeves and work with you or at least not cause you as much trouble as they would have otherwise.

Karen Minyard: Thank you.

Jason Coates: Thanks. So we have another audience member ask how is - have you heard anything from how the tool has been used differently in urban versus rural communities.

Karen Minyard: We designed the tool with both urban and rural in mind. The Georgia Health Policy Center has a long history of working with rural communities across the United States and understands a lot about those situations.

I think it’s true for this tool as it is with anything that typically in the rural areas the folks are older, poorer, sicker. Sometimes there are - usually there are less ready resources and when there are fewer people sometimes there is a
history of collaboration and an ability to collaborate and a get it done in our home situation sort of attitude.

And so I think that sometimes it can be simpler to get people together and talk about the tool but maybe sometimes it might be hard to bring in the resources that are needed.

I don’t know Joanne if I’m putting you on the spot and you might not have information about this but I know in Virginia all of the district health directors worked on the tool. And if you have insights about what you might think the challenges would be in a rural community versus an urban community.

Joanne Wakeham: Karen I would agree that in some of our districts that are more towards the southwest part of Virginia, obviously more rural, you’re absolutely right. I think that people tend to come together probably better if you could use that word. They’re more connected with one another simply because of the nature of how they work to resolve problems of a variety of different natures.

But the resources I think is where you hit the nail on the head. It’s the aspect of resources needed to fill those gaps that may not be as available to folks in the rural areas. So it does require a little more ingenuity, entrepreneurial ingenuity, whatever collaboration than perhaps in some of the urban areas where you have lots of resources available to you.

And I don’t know that they use the tool any differently or applied it any differently. I didn’t get the sense that was the case. I don’t think they found that there were any pitfalls to using the tool in an urban versus a rural community. We didn’t identify anything during that conference Karen when we all met together.
Karen Minyard: Right, right. Reuben I think you might have something to add about this given some of your previous work.

Dr. Varghese: Sure, thanks Karen. I was - I had the pleasure of first being health director in the largest health district in Virginia which is a ten county rural district. And from my experience I think it goes back to some of the things that Craig was talking about earlier.

We need to make sure people don’t confuse technical with adaptive challenges. Obviously if there is a technical solution there may be a resource limitation in the rural areas. But most of the things in my experience is the adaptive challenges and we need to get more comfortable using the resources that are present around us and looking at it in a different way.

Because having been in the urban area I have also noticed how non-resilient on certain things people have been here compared to the rural area because they were able to adapt to the lack of resources by using the things that they had available to them.

And so I think sometimes the concern as we listen to best practice and say it must be done that way and I’d rather use the term that (Eugene Bardeck) introduced at UC Berkley Public Policy, smart practice. Can we adapt it to the resources we have present.

We have to think of it in a different way to achieve the same goal. If the goal is to just replicate well then obviously that is going to be a challenge. But I think we have the creative energy and the people, and I think adaptive challenges are really the people who are involved at the table thinking about how can you do it differently as a way to deal with that challenge.
Jason Coates: So thanks Dr. Varghese. That sort of raises another question. So this - the ACA planning tool is sort of a new approach to public health rather than suggesting a set of best practices as you said. It sort of refers to taking a new mindset and approaching a question. And so someone asked so how can I get involved in making strategic aids like this. I really love the idea of changing the way we approach public health and find this tool to be a really interesting idea.

Chris Parker: Hi this is Chris. So I think I’d reference perhaps the way in which we went about the development of this tool. Given that the environment was changing, we are a health policy center kind of getting ahead of the curve and ensuring that we would be useful to not just health department here in the state of Georgia but throughout the country as we talked about what was happening need a couple of different heads to come together to think about what might be important.

So if there is an interest in making it happen, and I’m also involved in working to improve the way in which we approach public health in the practice herein the state and hopefully throughout the country. If there is really an interest I think it starts out with if you’re local, I’m not quite sure of the context with which your question is being asked because it’s a recent MPH grad.

But it’s kind of getting clear on where things are with your health department and the needs that perhaps currently exist at least to begin the conversation about what types of tools might be helpful in ensuring that the folks who are there are thinking about the problem in a way that makes sense. And then have the ability to find strategies and solutions that will be appropriate for the community within which the health department functions.
Then I would just say that I would be happy to kind of connect with whoever asked the question to kind of talk some more about what that might mean and how we might actually if possible be helpful with making this happen.

Jason Coates: So thanks. I think we have time for one more question before we discuss more feedback about the tool. Someone asked are there any plans to collect or aggregate user outputs from using the tool to create a picture of public health adaptive priorities.

Karen Minyard: Jason I think it’s genius that you chose that question as the one to ask right at the end because that question is the perfect segue into the interactive feedback. And so I think we could address that question by moving into the interactive feedback if that would be okay with you.

Jason Coates: Sure, that would be great.

Karen Minyard: So now it’s our turn to hear from you, our turn to ask you a question. And I am hoping that we are going to see that chat box just fill totally up and overflow with your responses because we want to have information from you about what would be helpful as we think toward the possibilities of building this tool more.

And I’d like you to kind of think about three areas. One is about creating new modules. Now the whole purpose of the tool is not necessarily the question or the module, it’s really more to learn the adaptive technique and adaptive ability and build those skills and then be able to apply them to your own questions.

So we’ve never envisioned that every possible question would be in the tool but that people would be able to use the questions in the tool to build their
skills and then be able to answer their own questions and make their own plans in this way.

But on the other hand, we want to be able to meet people where they are and so we’re wondering if there are modules that would be of appeal to a broad audience that we might want to think about adding to the tool.

And we’ve had people recommending some things to us but we’d like to have your feedback about should we develop or think about developing new modules. And if we were able to do that, what would be the topic that you think we ought to include. So that’s part one.

The second is one of the things that we heard when we were doing the pilot testing and use of the tool was that people were interested in being in a learning community and in sharing their plans with each other and seeing some overview of the plans. This question that you were asking was just about this, about aggregating the information and sharing the overall story a little bit of what we’ve done today.

But what ideas do you have or recommendations do you have about the concept of creating a learning community, allowing for the sharing of plans from peer to peer creating opportunities for this to happen. So that would be the next part.

And then the other is do you have any suggestions for us related to the continued dissemination. We want to make sure that this tool is accessible and used by as many people as possible and would like to be proactive in how we do that.
And we would welcome any other recommendations that you have in addition to those three. But if you could just take a moment and give us your feedback about new modules and topics, about a learning community, and about continued dissemination it would be really helpful to us.

Jason Coates: Using the chat feature, please feel free to provide any feedback about the tool or next steps that we could take in as we’re improving the tool and further refining it. And we would appreciate it.

Karen Minyard: Jason there was one other question while we’re waiting that I thought I might address and that was related to thinking about an example of when people might be using a technical solution when it’s adaptive challenge.

And I guess in the biggest level I would say that we have run into a lot of people who feel like before they can figure out what to do they have to understand everything, all of the detail about their health reform law before they can go into action. They’re really focused on the technical detail of what’s in the law and what’s in the regulations that are coming out.

As opposed to kind of giving the big overview of that and then recognizing that they’re never going to have all the information and to be able to say okay, given what we know and where we are, how might we think about the things that we need to do.

And what we’ve seen in that is that there are some things that no matter what the detail of the law, and even if we didn’t have health reform, there are some things that are changing in public health. And this adaptive kind of thinking, given as much as I know, what are the partnerships, the information, the workforce capacity, others of those adaptive questions, what do I need to do.
And what we’re finding is that even before and after having information, more information about the law, people are able to and recognize that there are some generic adaptive actions that they could be doing.

Jason Coates: Well thanks for that. It looks like we don’t have any feedback yet but there’s a - if you would like to contact us there is some information for the - to access the planning tool and to access the Georgia Health Policy Center.

And at the conclusion of the webinar there will be a short survey for all audience members and we would appreciate you filling it out and providing your feedback. And you will now be directed to the survey to complete it. Thanks for joining us and that concludes today’s webinar.

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