Christine Bianchi, MSW, LCSW, Chief Development Officer
StayWell Health Center

The Power of Collaboration: Collective Impact
• Federally Qualified Health Center since 1972
• Provided 24,240 dental visits to 8,229 unduplicated patients-2011
• 18.22 dental staff members
Collective Impact brings diverse organizations together with a common goal of solving a social problem. All actors involved collaborate in a highly-structured manner to make a true impact on a complex issue. (FSG)


Collective Impact:
The term was first used in 2011 when FSG published an article in SSIR (Stanford Social Innovation Review).
StayWell Health Center, a federally qualified health center, opened the South End dental center in September, 2001.

The Waterbury Oral Health Collaborative was founded in January 2002.

Funded by the CT Health Foundation to encourage a coordinated delivery system to address the most common chronic disease among children in the United States.

Goal: Large Scale Change

i.e. Double the number of Medicaid children who receive preventive services in our community within 5 years
The Oral Health Collaboratives: Rational

• Broad input required to solve challenging problem

• Multiple and varied resources needed

• Cooperation between multiple parties necessary for system integration
1. Common Agenda
2. Shared Measurement
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone organization

5 Conditions for Collective Impact

These conditions also are important conditions that will increase the success of a Collaborative.

A coordinated, structured collaborative will build the community’s capacity to reach the goal.
Common Agenda

• Specific:
  o Improve Oral Health Status of children in the community

• Consider something more global:
  o Ensuring children succeed in work, school and life
Long term goals:

Increase utilization of preventive and treatment visits to the levels achieved by children insured in the private sector.

Vs. Intermediate and Short-term Objectives
For example:

- Number of Preventive visits
  - (process outcome-measures access)

- Number of unduplicated patients
  - (process outcome-measures access)

- Rate of caries at initial visit and rate of caries at return visit
  - (Quality outcome-measures impact)

*Consider learning more about Results Based Accountability*
Mutually Reinforcing Activities
Dependent on the partners within your collaborative.

- School System
- Head Start
- Improved Children’s Health and Wellness
- WIC
- Hospital Emergency Room
- Private Providers
- Dental Society
Continuous Communication

- Delivering and receiving
- Don’t forget about the community
- Look for broader public opportunities
- Each partner is interested in different information and has a different communication style
Opportunities for Local and Statewide Advocacy

Power of having non-dental providers advocate on behalf of oral health goals

Inclusion of oral health goals in other system’s work

Community Leadership
Backbone Organization

Expected to:
- Mobilize
- Coordinate
- Facilitate

Also:
- Recruit
- Engage and
- Sustain Partners

Collaborative leaders demonstrate high levels of trust, achieve team work, and are willing to give something up for the greater good.
Who to Recruit?

- Partners who will be committed to the results.
- Provider champions
- Doers vs. Leaders
- Balance between knowledge, commitment and resources
- Partners who have a stake in the decisions
- Don’t forget the data junkies!
- How does your community work? Faith vs. Neighborhood association
Engaging Partners

- What’s in it for me?
- Welcoming & orienting new members
- Buddy System
- Clarifying the role of each member
- Valuing the contributions of each member

Partner: A person associated with others in some activity of common interest. Each has equal status and certain independence but also have obligations to each other.

American Dictionary
Sustaining Partners

• Be prepared and run a good meeting!
• Make certain everybody has a voice
• Address the needs of all partners as it relates to the common goal, i.e. capacity building or other need
• Acknowledge contributions for all partners
• Consensus decision making
• Frequently report on progress
• Regularly review function of the team
• Shift in leadership
Sample Ground Rules

• Begin and end on time
• Cell phones off or on vibrate
• Confidentiality
  • Meeting notes will be distributed to everyone and can be shared. The meeting notes will contain agreements, outcomes, assignments, future meeting dates, and future meeting agendas.
  • Any meeting participant may share in a discussion the fact that the group wrestled with other aspects of an issue before coming to agreement.
  • There will be no sharing of “he said…; she said…”
• Differing views are welcome
• Listen to understand
• Suspend judgment (positive or negative)
• Everyone has an opportunity to speak
• One person speaks at a time
• Make the statement behind the question
Decision-making Issues

• Once a decision is made we continue moving forward. The intent is not to revisit decisions because someone misses and wants to repeat the previous meeting’s discussion.
• Assignments will be completed before the next meeting.
• If an important decision maker is not in the room and a decision cannot be made:
  • That fact will be stated in the meeting notes.
  • That individual, as a last resort, may call in to a future meeting where that decision is on the agenda, but must be prepared with the background information and ready to state his/her views and help the group come to consensus.
• A representative who was present at the meeting will commit to taking the discussion to the absent decision maker for resolution.
Establishing procedures
Criteria for membership

<table>
<thead>
<tr>
<th>Selection Criteria - Membership</th>
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</thead>
<tbody>
<tr>
<td>Candidate’s Name: ___________________________</td>
</tr>
<tr>
<td>Name of Agency/Organization: ___________________________</td>
</tr>
</tbody>
</table>

1. Does the Candidate live in Waterbury or Naugatuck?  
   - Yes (3 points)  
   - No (0 points)

2. Does the Candidate work in Waterbury or Naugatuck?  
   - Yes (3 points)  
   - No (0 points)

3. Was the Candidate referred to join the Collaborative by a Member? Member name: ___________________________
   - Yes (1 point)  
   - No (0 points)

<table>
<thead>
<tr>
<th>Points:</th>
<th>Low 0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>High 5</th>
</tr>
</thead>
</table>

4. The Candidate’s role in the community demonstrates a likelihood that she will use a community lens through which she will consider and respond to Collaborative’s work and mission.
   - ☐ ☐ ☐ ☐ ☐ ☐

5. The Candidate has experience working with children, youth, and/or families.
   - ☐ ☐ ☐ ☐ ☐

6. The Candidate is or has been involved in community-level activities or initiatives.
   - ☐ ☐ ☐ ☐ ☐

7. The Candidate has access to resources that would support the direct work of the Collaborative.
   - ☐ ☐ ☐ ☐ ☐

8. The Candidate has expressed interest in, and is willing to serve as a Member of the Collaborative.
   - ☐ ☐ ☐ ☐ ☐

Minimum score necessary to be considered eligible for Community Council Membership: 21

Total Points: [ ]
cbianchi@staywellhealth.org

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