AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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Future Search: A Systems and Policy Change Strategy for Creating Healthy Communities

RICHARD ARONSON: And please come as close as you can because we're all going to be doing this together. Okay. Great. Okay, you know it's totally impossible to give you everything about Future Search today. We're just doing a Future Search session conference. But we wanted to give you a taste, an experience. Great. Super. Yep that's perfect. That's great, and you can stand or sit, whatever, that's neat. Absolutely, please feel free to get up and walk or whatever you want.

Okay. So we're going to take just one task in a Future Search conference. Just one. And we're going to do it. And we're going to get a sense of what a Future Search experience is like, but remember this is not the whole thing. And the part of the Future Search that we're going to do is the part that occurs in what's called, "in the present". After we've gone through the past there's a group. We then move into the present. And what we're going to do is create a mind map. And that is the first thing that we do in a set of exercises to look at the present. And the purpose of the mind map is to create a picture of all of the trends that are happening right now in our community, in our state, in our nation, in society as a whole, in the world; that have an impact on the focus on the Future Search conference. And the way we create the mind map is that you create the

mind map. The information for the mind map that we need to have is right in the room. Now normally, you know we would have 60 to 80 people and you'll have a broader cross-section of stakeholders. And we start the mind map, first of all by putting what the theme is in the middle of the circle. And since the theme for AMCHP this year is, "Creating and Fostering Healthy Communities for Children and Families", we're going to use that. So that's going to be our theme, "Healthy Communities for Children and Families". Now, obviously, you all are from different places, you have different communities. But, you're speaking from your own experience, but that's okay, it's going to make it richer. And, this is the way that we're going to do it. It's going to be totally brainstorming. Everything that everybody says is valid and legitimate and goes up on the wall. So there's no commenting on a particular statement of a trend, although often what will happen, somebody will say a trend and that will inspire a thought of another trend to put on there. So all ideas are valid. Opposing trends are okay. So, for example, increasing medical costs and decreasing medical costs for such and such can both be up there. Okay? So opposing trends are okay. The next thing is when you say the trend; you need to say whether it has been increasing or decreasing. So when we start doing the mind map, you're going to name the trend, then you're going to say is it increased or decreased. And I may ask you to give an example of the trend, in which case you think of an example of the case of the trend in order to make it more clearer to everybody. While I'm doing this Betsy and John are right up here at the wall actually writing down what you say and turning it into this mind map of our system. What are the trends right now that are influence the creation of healthy communities for children and families?

Not quite ready. I love it. I love it. This is great. Now you need to tell Betsy or John where you want the trend to go on the map. And obviously the first trend is going to go here, because there's no other place to go from. But from there on you need to tell us where you want that trend to go. Now that trend can be a new line coming from the circle. It could be a branch coming from a previous trend, or as we get more and more up there, it can go from a branch here to a branch all the way over here. Anything goes. Welcome. I've wanted to welcome you. Great, and tell us your particular focus. Great. Thank you. Welcome. So does everybody understand? Anybody have questions about what we are going to do, and as I said the first part of this is just getting the information up on the wall and see what would happen. Yeah, question?

That's fine. We'll see, yep. We'll see. I'll ask you to clarify that. Any other questions about the process? Okay. Everybody's encouraged to speak, and I know that we all learn differently. So, and if it takes you for a while to speak that's fine. And again, let's start by our names. And you'll have to give some time to Betsy and John so that they can get these up.

BETSY ANDERSON: And also, because some of us are newer at doing this. It might be a touch of [sounds like] fear.

RICHARD ARONSON: We’re all in this together. So who would like to name a trend that’s effecting right now?

BETSY ANDERSON: Here’s the other one.

RICHARD ARONSON: Oh the second one?

BETSY ANDERSON: Yeah.

RICHARD ARONSON: Pass it yourselves, to each other.

RICHARD ARONSON: You need to express access to what? Access to healthcare, and is that in your community is that increasing or decreasing? Okay. You are, you’re doing great. Increased access. Decreasing access. Okay. The example would be lack of providers. The trend is reduced access. Ok. Up here we put decreased. We put decreased right here. And over there, yeah. We put decreased there. And the example – we’re all learning okay? - Would go right under this rather than a branch, because it’s not a branch yet.

JOHN HURLEY: You want an example of the providers?

RICHARD ARONSON: No. That’s just an example of reduced access. Okay. Well let’s keep on. Let’s go on with another trend. Okay, let’s go one at a time. Transportation.

Wait just a second. Transportation, is it increased or decreased? Decreased transportation, where do you want that to go? Okay, if you want it to be a new line, that would mean you're creating a new trend that is in and of itself, you want it to be new. If you see it as being connected then you ask for it to be a branch. Wait. You don't comment, okay. This is all brainstorming. All ideas are valid. You'll have a chance.

BETSY ANDERSON: Not correctly.

RICHARD ARONSON: Let's do the deli system. Raise your hand so far if you have a thought so far. Okay. You're number 1, you're number 2, you're number 3, and you're number 4. And we'll go in that order okay? Let's get back to Terri. So you've told us. You've named the transportation issue. You've said that it's decreased, and you want it to be a branch. And could you give us an example for Carol, of the reduced transportation. Write that down. Great. Yeah. Let's go with it, okay? Let's go with the point about the transportation. Great. And we want to have decrease, John, in front of the transportation. Good. Okay. Who is number one? Say your name again? Lorinda. You're all doing fine. Yes. Be sure to put that access down, access to health. Do you have a trend you'd like to name? Or you just had a question if a trend you'd like to add to the group too? And you can have both by the way. You can have a separate line, and you can have a branch. But we do one at a time, so just name one right now. And where does it go? Where do you want it to go? Yeah. You want it to go as a new branch, or you want it to go off what's been said so far. Okay.

BETSY ANDERSON: Healthcare policy?

RICHARD ARONSON: Again, it's a trend, so first of all, is it increase and decrease, and what kind of policy is it? Increase or decrease? Usually, we do one at a time, in the deli system we come around to everybody. So do one now. Everybody gets back.

BETSY ANDERSON: So, it's health insurance, and it's one line off?

RICHARD ARONSON: No that's fine. And you put it an increase sign here. No over here. Yep. Okay, actually, that's the underneath here you give the example that Becky just mentioned. The example increased. Not as a line, but just put it underneath here. So say your example again. Okay. Is everybody clear on how that's an example of the trend? Okay? Okay that's fine. Okay, again we're not putting up here solutions. We're doing trends only. Ok, Don. Whatever you believe contributes to healthy communities. The facilitator. That's my job to make sure that everybody has a voice. And we don't talk more than a minute, so ok. Who's next to name a trend? And for clarification, decreased funding, decreased reimbursement, or decreased funding for training? So less reimbursement for providers is a branch off of this reduced, what's this? Lack of providers. Okay. Right. Okay, next trend. Okay, let's do a deli again; you're 1, John 2, 3 Laura, Betsy 4. Go ahead. Name a trend and increase or decrease. And where would you like that to go? And could you give an example of that in your own experience?

Thank you. Who's next? And Lauren did you want to give an example of increase? Who's next?

BETSY ANDERSON: Was there someone else before me?

RICHARD ARONSON: I want to make sure, go ahead. Can you say your name first; I'd like to get to know all of you here. Leslie. Increased understanding of child brain development. And where would you like that to go as a trend? Where do you want it to go? New, did you say? Okay new. Increased in knowledge of brain development. Thank you. Who's next? I got lost here. Okay. Okay, so express that as an increase or decrease. Increased restrictions? In? Go ahead. Yes. Oh, sure, absolutely. It's fine; we can just go right off it. And especially for illegal not legal documents. Hi Linda. So it's an increase or decrease? Decrease? And where do you want it to go? A new branch? Okay. So it's a decrease of services in schools. And the example would be physical therapy. Okay, thank you. Who's next? Sure. That's okay. We live with that. Let me show you. Let's keep on going. Who's next? Let's do the deli again. Let's start out with Betsy 1,2, who else? 3, and anybody else, 4? Ok 1, number 1.

BETSY ANDERSON: Ok, increased awareness of health and wellness in children with special health care needs.

RICHARD ARONSON: And where do you want that to go Betsy?

BETSY ANDERSON: I think it's a new trend.

JOHN HURLEY: Off the circle?

BETSY ANDERSON: Yeah, I think off the circle.

RICHARD ARONSON: Make it down here so we get more steaks. I'll get down with you. We've got two pediatricians.

BETSY ANDERSON: So, increased awareness of health and wellness in children with special healthcares.

JOHN HURLEY: Could you go with increased health promotion for children with special needs? Is that different?

RICHARD ARONSON: That's not what she said.

BETSY ANDERSON: That's different. I think that's a good related thing. But I think that's a little different, because we'd like to se more health and wellness indicators for children with special health care needs.

JOHN HURLEY: Ok.

RICHARD ARONSON: Thank you. Who's number two?

BETSY ANDERSON: Oh.

RICHARD ARONSON: Would you like to have Betsy draw a line? Would you like her to draw a line connecting something? What line to what line please?

BETSY ANDERSON: Oh here.

RICHARD ARONSON: So just take the pen and go all the way around.

BETSY ANDERSON: Whew.

RICHARD ARONSON: Ok. Very good. Who's number three on the deli?

BETSY ANDERSON: Number two.

RICHARD ARONSON: Ok. Number two, sorry. The Deli system is in New York City bagels, on Sunday when you and get bagels – this is good, because this is a cultural thing – and you go into the deli there, and they have a counter and you get a ticket. There are ten people waiting and you draw a number. This is a method to make sure that everybody gets a chance; remember one of the principles here is every voice

matters. And that's a technique to make sure that everybody has a chance to talk. Okay. We usually use arrows, but that depends on the person. Okay. Increase in birth to young teens. Okay, and again, if you see a connection with any of the other ones, say so. Who's number four, I think? Okay, so it's up here, and you'd like it to be a branch. Decrease in providers, now which is the one with providers?

JOHN HURLEY: That's it. Yeah. So it's increased difficulty in getting claims paid by government insurance entities. There's an increase in the difficulty of government insurance plans paying their claims.

BETSY ANDERSON: Is there someone else? Is there somebody else who's next?

RICHARD ARONSON: Number 5. Are you joining our workshop? Welcome. Could you introduce yourself? And what do you do there? Great. Welcome. Good to have you. Thank you. Go ahead. Increased stressors on families, and feeling overwhelmed. And where would you like that to go? By the way, this is great, because Future Searches is a learning laboratory, and part of the magic of all of it is just this experience. We're all learning. Okay. Anything else on that increase? Go ahead give an example of increased stressors on families and feeling overwhelmed. Great. Thank you. I think you're already getting a sense of the usual amount of time for this part of the Future Search is about anywhere between 30 and 60 minutes. The facilitator let's it go, doesn't pressure people, in terms of; it doesn't have to be 30 minutes. If people want to keep on going

around, let that happen, because every time someone says something to me, it may, you know, lead to some other thought. Usual time of 30 to 60 minutes. Because of our time today, this morning, we're going to do one more round of this and then we'll move on to the next part of this activity. So, raise your hands for the deli system for the last round. Okay, That's Linda right? I'm sorry, what's your first name. Terri. Number 2, Number 3, 4, 5. Okay. We'll do 5 now. Go ahead, Terri. Increased what? So you have two trends, actually. One is increased violence, and where would you like the increased violence to go? Okay.

JOHN HURLEY: We can make it a separate one with a connection to the stressors.

RICHARD ARONSON: Increased violence. And Betsy why don't you get the second one, which is increase environmental hazards. Do you want that as a new trend, or would you like it to be connected to something else? So it would be a decreased attention to environmental factors? Okay. So decreased attention. Thank you. Thank you very much. Number 2. I'm sorry, could you explain that just as a trend, increase or decrease? But again, is this a trend or an example that you're giving? We're still doing a mind map. You started to get into an important part of Future Search, which is, "What do we need to do to change this?" but this is not for the mind map, unless you have another trend or an example of a trend. It's fine. While you're waiting, who's number 3? Yep. Number 3 is right here. Okay. Good. Thank you. Thank you.

JOHN HURLEY: This one?

BETSY ANDERSON: Right there, right there. Straight ahead.

JOHN HURLEY: I got it.

BETSY ANDERSON: This is going to be another handoff, though.

JOHN HURLEY: That’s all I’m saying.

BETSY ANDERSON: I got it. I got it.

RICHARD ARONSON: Anybody else? It’s your trend, so you name it.

JOHN HURLEY: I said an increase on the emphasis on accountability.

RICHARD ARONSON: Are you okay with that? We’re just going to do a couple more now. Ok Leslie. Leslie. An increase in family, professional partnerships. And where do you want that to go Leslie?

BETSY ANDERSON: Over here?

RICHARD ARONSON: Okay, let's have one more. Yeah. Don. And can you give an example of an increase in drug abuse? Okay. Crystal Meth. Okay. Thank you for the example. Okay. Did you have something Betsy?

BETSY ANDERSON: Well, I was going to say increase in the diversity.

RICHARD ARONSON: Increase in what? Diversity?

BETSY ANDERSON: Yeah.

RICHARD ARONSON: Great. Put that down. Okay. I'd love to go on and we could go on. But I'm going to have to say to stop so we can get the other stuff done this morning that we want to do. Thank you so much. Yeah? Yeah. Yep. One of the challenges of future search conferences is time. In order to get all of the agenda through and to get to action, which is the most important part, you do have to set time limits. So this one is 60 minutes, no, and not the TV. Program. Question? Yeah. That's a very good idea. That's fine; in fact, there are other times in Future Search, where we actually have people doing the stuff on the wall, itself. They found for efficiency, I guess, that this works best. But it does take some time. And I think that's a good idea, it depends on your planning.

BETSY ANDERSON: I also thought it was kind of nice to hear; sometimes people had a partial thought, and then other people helped to clarify, and that person decided if they agreed, or if they meant something else. I thought that was kind of interesting.

RICHARD ARONSON: Other observations on what we just went through? You had something more to say? We usually do the mind map until everybody has spoken who wants to speak; that's usually the way we do it. It just happens that usually, it doesn't run over an hour. But we do not cut off a conversation like I just did. Correct. Thank you, thank you.

JOHN HURLEY: Two observations. I use this a lot in our staff meetings, and it does two things for me as the manager. One, it gets people past that first major obstacle, that I call the "bodacious no we can't do anything about it", because we're the healthy partner. We're not Medicaid, or education. What we're saying is, you know, you've got to think of it from a system's perspective. And for example, in medical home. We can't do anything about it, because we can't get human services to reimburse for care coordination. Well, the purpose isn't to find the answer toward it. It's to get it up there, and create a problem solver. And it really is a fascinating technique.

RICHARD ARONSON: But John, who would be the stakeholder at your Future Search that would be present based, on what you just said?

JOHN HURLEY: Well, at a Future Search meeting it would be those.

RICHARD ARONSON: Who would you have?

JOHN HURLEY: For medical home, I'd have pediatricians, medical practitioners, human services.

RICHARD ARONSON: No, specifically on Medicaid. Who would you have on Medicaid?

JOHN HURLEY: You want the name?

RICHARD ARONSON: No.

JOHN HURLEY: I would want the key people within the Department of Human Services, who have the position and power to make policy changes on reimbursement.

RICHARD ARONSON: So, John has made a really important point here, of who needs to be at the table. People with authority, and with the potential to make change happen need to be at the Future Search conference. No. She absolutely needs to be important. Everybody's equal. But, unless you have a buy-in from the top, for a Future Search, you can't be sure that what everybody does in three days is going to result in action. That's why you need to have buy-in from the executive of an organization. Because there needs to be an assurance that you're not going to be just wasting your time, and that's what I meant. Is that clear? Other observation? I think you had. So who would you invite? See, you've just identified another stakeholder group, which is government at all levels; federal, state, and local. Remember that the planning committee is identifying; what you're doing right now is great. Is identifying stakeholders. Thank you. No. We do

an hour for getting the stuff up on the wall, alright? Yes. It goes really quickly, and by the way, how are you feeling at the end of doing this? What do you feel like? Tired? Exhausted? Energized? Actions? You were going to say something, informed? Brain-racing? Others? Right. You need all the people there, this is very good. And everybody ultimately is a change agent. And all I meant was, in order for a Future Search to go forth, in order to make the decision to go forth, you need to have buy-in from at least one organization that's going to say, "Hey, I'm going to really take charge of this." But, you'll see this on the tape; planning so that you have a diverse cross-section in the room is extremely key. So, John, where's John? Name some stakeholders that get to where your question is. Just give examples on providers and the whole array of stakeholders that you're talking about.

JOHN HURLEY: Well again, we do a lot of work on alcohol. So who are the stakeholders? I'm going to start with the parent, because from my perspective in terms of problem solving, decision-making; what we're really trying to do is make a best practice a standard practice. And to do that, we need to change the equilibrium of the patient physician, or patient family relationship. So we start with the families, we get the doctors, physicians, unfortunately, mostly pediatricians. We still are working on family practitioners. We need the care coordinators from the doc's office. Because, that's where the nitty-gritty day-to-day detail begins. We need the middle management of the health system in which the physician either practices, or is forced to practice. Because, you can get the buy-in from the top, but all of a sudden the middle manager who doesn't get the message becomes the roadblock. We need policy makers. We need the people

from the Medicaid Agency who have the ability to change policy, with respect to reimbursement issues. I'm trying to get education people involved, because a medical home doesn't end with a medical clinic. A kid, and a kid's family live in the community. And so we're doing all these wonderful things within the medical setting for medical home, but we're not doing them simultaneously within the community in which the family lives. And it's sort of like getting the answer here, and then going over here, and the answer doesn't exist anymore. Our own health department people are stakeholders. There's a lot of – this is being recorded – lip service, a lot of challenges for people, for professionals to become invested in the concept of parents as equal partners of decision-making.

RICHARD ARONSON: Thank you. And this is really at the essence of maternal and child health. What we are all about is fostering conditions to promote the health and well being of all children and families. And that means making this world a more just place. So that those who have been marginalized who have not had a voice in the past, in shaping the decisions that affect them, so that they are at the table, and really at the table from start to finish. This is about justice, ultimately. And that's why Future Search is so powerful, because as you said Don, this is an equalizer. We're all here as equal partners. We're all here together as human beings. We're not relating to each other necessarily because of the title of our position, although there are times during the conference where we sit in stakeholder groups. Because having a view from your own stakeholder group is important. But we get rid of our titles, our degrees, and the

expertise is right here in this room. And just the richness that you guys have created. Now, the feelings that people have in a Future Search, after this, are usually, number 1, overwhelmed. Did you feel that way? Okay. Number 2, tired. Who felt tired? That's why having two nights of sleep is good. Okay. Interconnections. Who saw that? Okay. Chaos, confusion? Some of the trends, you might have a disagreement with some of the trends. You might be confused. What else do you observe in terms of what's missing from the map? What are some stakeholders, if they would have been in the room would have gone up on the map, that's not yet? Right. Exactly. Now if you had a funder here. You had somebody from the health insurance, not just Medicaid, but a health maintenance organization, you're going to start to get other things here, which is going to help you better understand where they're coming from, which in turn starts to break down stereotypes. And the whole purpose of Future Search is to break down stereotypes that we have of each other, because the person's in a certain position. Other observations?