Building a Healthier Community through Conversation: *The Oxford County Wellness Collaborative*

Susan Foster and Polly Arnoff

S.E. Foster Associates

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1. Introduction

*I*n 2013, the Maine Health Access Foundation (MeHAF) launched the Healthy Community initiative, which provided funding to 20 Maine communities to support long-term, multi-phase, community-led efforts to improve health. In the first, or "pre-planning" phase, grantees engaged in inquiry and engagement processes that facilitated conversations among diverse stakeholders (including people from low-income and underserved communities) in order to identify a priority health issue for their community. In the current, or "planning" phase, grantees are required to coordinate community assessment specific to the community-defined health issue through local partnerships and continued engagement of people who have not traditionally been involved in community planning efforts and often the most marginalized members of their communities. These efforts are expected to produce a comprehensive implementation plan that integrates health resources (including but not limited to health care, community-based services, and public health) and specifies roles and responsibilities of each partner. Sixteen (16) communities were awarded planning grants. In 2016, the planning grantees will be offered the opportunity to apply for funding to implement their plans.

This case study describes the pre-planning and early planning experience of the Oxford County Wellness Collaborative (OCWC). It is not intended to be representative of the Healthy Community grantee experience; in fact, MeHAF gave grantees the freedom to design a process that best suited their community context, assets, and needs, so this study tells the story of how one county employed a community conversation approach to gather information from a broad array of stakeholders to reach consensus on its priority health issue: social isolation and disconnection.

To learn about Oxford County's experience, two site visitors conducted in-depth interviews with project staff, OCWC team members, organizational representatives, and people from the community who became involved in the process. They also reviewed OCWC documentation, including their grant proposal, progress reports, training materials, and other relevant documents.

The case study begins with background on Oxford County and the history of the Oxford County Wellness Collaborative; it then describes the origins and characteristics of the community conversation approach, progress to date, challenges, and strategies participants are employing to overcome those challenges. It concludes with a discussion of how this process helped OCWC reach its early goals and considerations for taking this initiative to the implementation phase.

2. History

Oxford County, Maine, is located in the Western part of the state and covers a land area of 2,078 square miles. It shares a western border with New Hampshire that extends from York County to the south to the Province of Quebec, Canada, to the north. It is a primarily rural county of 54,755 residents that shares its eastern borders with more densely populated Androscoggin and Cumberland Counties[1]. With high unemployment and poverty rates, many people experience barriers to accessing health services and community activities. Oxford County shares characteristics of other areas in Maine such as a large geographic area and socioeconomic and health status disparities. Each population center has its own unique history and culture that makes the county rich in diversity yet challenging to engage as a whole.

> **OCWC Vision:**
> *Oxford County is one of the healthiest and most desirable counties in Maine in which to live, work, and raise a family.*

The Oxford County Wellness Collaborative (OCWC), a countywide voluntary network of people and organizations, was formed in 2012 after the county received the lowest health rankings in Maine[2] and in response to community priorities expressed through Community Health Needs Assessment forums held in the Oxford Hills and Bethel areas. Its key strategy is *"To build connections among people across the county. From this place of connection, caring, and respect, people will feel more invested in taking actions together that lead to a healthier county. Building community is the means and the end.[3]"*

The Collaborative members formed four initial workgroups around active living, behavioral health, community safety, and healthy eating. As participants considered new ways of functioning in the community to support health, they began to coalesce around the idea

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1   http://maine.gov/local/county.php?c=oxford

2   County Health Rankings and Roadmaps. (http://countyhealthrankings.org)

3   OCWC documents

of a collective framework approach that prioritized building social capital[4] across all OCWC levels and functions. OCWC applied for and received a MeHAF Healthy Community grant in the fall of 2013, which gave them the support to explore this idea. This funding supports a project coordinator who organizes the work of the grant via a fifth OCWC workgroup, Community Engagement. Comprised of project staff and community volunteers, the Community Engagement Workgroup meets biweekly to design and refine outreach and community conversations across Oxford County. The team works closely with the other workgroups to better align work across sectors to create collective impact. They report to the OCWC Steering Committee, which meets once a month to guide the overall vision and strategy of the entire collaborative. Its team members recruit and train local community members in the Art of Hosting[5]. Training is intended to disseminate skills and values that support meaningful community conversations and to grow a cadre of community-based facilitators.

The grant also supports research, outreach, community conversations, countywide gatherings, and technology to support planning. The conversations, referred to as Healthy Community Gatherings (HCGs), are designed to "create a future for communities that is healthy, vibrant, and connected for all community members[6]". These conversations have specific goals: to create connection among organizations and community members; to gather information on which health issues are most important to people across the county; to examine differences and similarities in themes across towns; and to identify a priority health issue. In the planning phase, HCGs are also identifying what commitments to action people are willing to make going forward. HCGs take place in towns around the county and last for six sessions, and the project convenes full gatherings of all of its partners twice a year. The project has also invested in InsightVision[7], a software platform that enables community health planners to organize, track, and share strategies, objectives, and activities. It is currently being used to design and record OCWC's strategic plan, and OCWC is exploring its potential for use in learning and evaluation.

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4   Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of society's social interactions. Increasing evidence shows that social cohesion is critical for societies to prosper (http://worldbank.org)

5   Art of Hosting is an approach to leadership that harnesses the collective wisdom and self-organizing capacity of groups to address complex issues. It blends a suite of powerful conversational processes to invite people to step in and take charge of the challenges facing them (http://artofhosting.org)

6   OCWC documents

7   InsightVision performance management software enables organizations to articulate, communicate, and monitor progress by translating strategy into specific and measurable objectives and outcomes (http://InsightFormation.com)

A member of the team described the grant as "pivotal," in that it has enabled them to build community connections and to promote the idea that working together across systems and social divides is more effective in improving the health of the community than operating in isolation.

Origins of the Community Conversation Approach

OCWC was committed to developing an approach to community engagement around the county that meaningfully engaged those citizens whose voices were rarely heard in public conversation. Collaborative members researched various theoretical frameworks and conversational models, but two resources became the basis for their design: Peter Block's book *Community: The Structure of Belonging*[8], which suggests that communities can build connection via intentional conversation; and *The Art of Hosting Conversations that Matter*[9]. The third theory that influenced the committee's work was the restorative justice movement, which suggests that communities can together work through their problems together rather than taking punitive approaches. At Healthy Community Gatherings, facilitators place a poster on the wall that illustrates the differences between restorative communities, which emphasize inclusion, self-determination, and assets, and a stuck community, which is deficit-oriented, blaming, and looks to others to take charge (Exhibit 1). HCGs in a given community take place over six sessions.

Exhibit 1: Stuck vs. Restorative Community

Old Way: Stuck Community	New Way: Restorative Community
"Call in the experts"	Inviting everyone concerned and affected
"It's not working."	"What excites and inspires me is…."
"It's their fault."	"We are all in this together." "What have I done to contribute to the current situation?"
"They should fix it."	"I am committed to fixing it."
"There's not enough (money, time)."	"We have what we need to get started."

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8   Block, Peter (2008). *Community: The Structure of Belonging.* Berrett-Koehler Publishers.

9   http://artofhosting.org

The Healthy Community process is envisioned as a tree, in which the focus is on root causes to address multiple issues. It is supported by the power of engagement, the earth and its beauty (the roots), and by hosts and community members (the branches) who build relationships and feed the tree with their ideas.

How Healthy Community Gatherings Work

To create an inviting atmosphere and to encourage turnout, childcare, transportation, and food are always provided. Posters serve as visual reminders of the HCG's purpose and of "agreements" (see insert) that help participants to be more respectful of each other.

Facilitators ask a series of pre-planned, structured questions that are carefully phrased so that they make sense to participants from all walks of life. The most powerful questions (see insert page 5) are ones that are personal and that require people to dig below the surface. This approach can be uncomfortable at first, but facilitators continually remind participants that there is no right or wrong answer. Decisions are made only after everyone has been heard.

Agreements

- *Listen attentively*
- *Speak mindfully*
- *Be curious*
- *Refrain from giving advice*
- *Minimize distractions (e.g., turn off cell phones)*
- *It's OK to disagree*
- *Don't take things personally*
- *It's ok to pass (i.e. not speak at any point)*

The first conversations encourage attendees to dream and to express themselves without judgment. Poster paper is placed on each table to enable participants to jot down ideas as they emerge. From there, the facilitators ("hosts") look for recurring themes and help move the conversation through reflection and response. Attendees are encouraged to report out to the larger group to lift up priority issues. The host guides the community to take ownership of the issue while building connections in the room. As participants become more comfortable with one another, the conversations move toward envisioning a better place (social readiness) and action. New participants may join the HCG series at any time during the six conversations, and attendees are encouraged to spread the word and invite people they know to the next conversation.

The role of the host

The "host" is the linchpin for the Healthy Community Gatherings process. The host prepares the room to ensure a welcoming atmosphere, explains the purpose of the Gathering, facilitates the conversation, debriefs with the team to assess what went well and what could be improved, and documents the learning for future use in planning. Hosts are community members with sufficient time, commitment, and buy-in to the approach to dedicate themselves to at least six HCGs. Their other critical contribution is making personal invitations to people. The hosts can come from any walk of life.

Conversations are action

Collaborative staff stress that the conversations themselves are **action**. Sharing and listening to new people, building new relationships, and declaring a possibility that is meaningful to the participant are examples of such action. The staff and hosts believe and trust that the collective framework leaves participants with the belief and the inspiration to make a difference in their communities. It is also the hope that participants at one gathering will invite new people to the next gathering. Finally, HCGs are intended to plant seeds for community-driven projects that enhance connection and community health. The Wellness Collaborative does not control or lead action catalyzed by the HCGs—instead, the team provides coaching and support as needed.

> *Powerful Questions*
>
> *"What is the possibility that excites and inspires you and has the potential to transform the county?"*
>
> *"What is the story you most often hear yourself telling about the way the community is now?"*
>
> *"What promises or commitments am I willing to make?*

3. Progress to Date

To date, The Collaborative has trained 83 hosts and has held 60 Healthy Community Gatherings for a total of 665 attendees (252 unique attendees attending a total of 665 times). When people attend, many return for a second and third session. Almost half of the participants (47%) come back for a second meeting, one third (34%) come back for a third meeting, and 17 percent attend five or more sessions. Participants have included community members, clergy and members of faith communities, organizational representatives, and civic leaders. During the pre-planning stage, Gatherings were held in population hubs across the county: Rumford, Bethel, Norway, and Fryeburg. As of the end of 2014, the majority of those who had participated were over 55 years of age. One-third (30%) had incomes of less than $10,000, 15 percent reported incomes between $10,000 and $20,000, and another 15 percent reported incomes between $20,000 and $30,000. The majority of participants had educational attainment below county averages. With the consensus issue of social isolation and disconnection in mind, the Collaborative is continuing to hold HCGs in Norway, Rumford, Oxford, Paris, and Fryeburg.

Personal growth and formation of relationships

Healthy Community Gatherings have been occurring for less than two years, but participants and Collaborative members report that with increasing participation, they are beginning to see changes in the individuals who participate. By attending or hosting gatherings, people report that they are learning about people's lives in a way that never would have happened in casual conversation. People are learning about how others with fewer resources live and why they have not previously been engaged. Participants are also learning about resources and supports that are available in their communities. People who attend HCGs describe them as a place where people who have felt isolated become connected. Some have made personal connections with each other that have resulted in housing, jobs,

> *"Even when there is conflict, which this model invites and accommodates for, people have better manners approaching difficult topics without making people feel badly."*
>
> —*HCG participant*

and new friendships. Hosts report that when they share leadership during an HCG, they feel energized rather than drained. One host described her experience as so self-affirming that she has gone back to finish her high school degree and is becoming more deeply involved in community organizing and grant writing: *"The community wellness group is empowering. It gave me confidence, and I am paying it forward."* The conversations raise many issues, some of which are difficult to discuss, but participants say that the meetings are a safe place to express dissent. The "talking piece," an object held by the person who is speaking, is a concrete reminder to the group that this individual, no matter who they are, has a voice.

OCWC is building leadership in unexpected places. Most of the hosts were initially participants in the HCGs, where they realized that their voice mattered and where they became inspired to step forward. For them, the HCG concept had resonance with them. After being trained, they performed tasks they never believed they could do. As one host reflected: *"This was a whole new journey for me. I had no organizing background, I had never written an e-mail, I didn't know what outreach was, and had never in my life been in a position of power."*

Lorilynn[10] is a host from Rumford. She has a history of mental health issues and trauma, but she is now married with a son, is active in her church, is involved with the food pantry, and works at a peer recovery center. When OCWC held gatherings in her church, she recruited four friends to go through Host Training. As a host and an activist, she has gained the confidence to talk to people from all walks of life, from grassroots organizers to business executives: *"I have learned that I am just as much a part of my neighborhood as the president of the local bank. Everyone has value and we all have a gift to offer."*

People who work in the community are benefiting from the HCGs as well. Once they are oriented to this kind of conversation, they may carry that practice to other situations. Jeff is a police officer who says that after attending HCGs, his interactions in the community are more effective: *"I usually meet with people on their worst days. That has had an impact on how I view the community. Coming to the HCGs reminded me there are a lot of good people out there who care, and I can make a difference in the kinds of relationships I form in the community by simply smiling at people and saying hello, holding a door, or even buying someone a cup of coffee."* Shannon is a General Assistance administrator and Salvation Army representative: *"The process of interacting together in the HCGs encourages us to think outside the box, to break down barriers and old ways of thinking, and to be brave enough to dream big!"*

One unanticipated result is that organizations are expressing an interest in bringing a new way of relating to their staff. Thus far, the OCWC team has trained administrators and staff at a health center, and an administrator from a multi-service agency has changed her approach to meetings by leaving more time for check-ins and encouraging equally distributed participation. Other organizations are asking for training in Conversations that Matter.

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10 OCWC has begun collecting individual stories from HCG participants and hosts; the individuals sharing their experiences have given permission to use their real names.

Achieving Consensus on a Health Issue

The Oxford Hills Wellness Collaborative, along with all of its partners and community participants, reached consensus on addressing social isolation and disconnection as their priority health issue in the next phase of the work. This decision was reached in a countywide Gathering in March 2015, to which every HCG attendee was invited. Using HCG conversational structure, the facilitators presented a synthesis of the information that emerged during previous conversations. Using that information and carefully planned exercises to help people consider root causes for the health problems in their communities, the group ultimately agreed that social isolation and disconnection encompassed many of the individual concerns of community members across the county. People who were part of this gathering described the excitement and pride they felt as they sat among 80 people with different agendas who nonetheless could reach consensus. The team observed that because so many participants had experienced the HCGs, they applied the skills they had learned to the larger gathering and were better able to listen to each other and make a group decision.

HCGs are Generating Community Action

As they progress through their HCG cycles, communities decide which projects they would like to launch. Norway held a Healthy Community Festival to kick off activities intended to address the need for connection and increase awareness of healthy living strategies. The event was held at a community garden and was timed to make it convenient for youth to attend. While parents had lunch, youth went on a tour of "edible Main Street" which was lined with potted herbs and vegetables. Participants observed that the key to the event's success was that the idea came from the community, and they organized it. Bethel is organizing a storytelling event, and Rumford has proposed creating a resource center to connect people to each other and to a variety of community resources, from social services to hiking trails and handyman services.

Greater input into community health planning

The Affordable Care Act requires not for profit hospitals to carry out a Community Health Needs Assessment every three years. The local hospital completed a community survey, but is now working with OCWC to use the HCG format to share survey results with HCG participants and obtain feedback from them on what program investments the hospital should make. In turn, OCWC will use the hospital's county-level data to support its own planning efforts around social isolation and disconnection. This arrangement saves time and resources for both entities and enables the hospital to obtain input from people who are the most marginalized members of their community.

4. Success Factors

Hosts, staff, and participants shared a variety of factors that are contributing to the success of the HCGs:

» Meeting multiple times enables the most introverted participants to become comfortable speaking

» Incentives such as food, child care, and transportation help to overcome barriers to attendance and create a welcoming atmosphere

» Community leaders who donate space

» Businesses that donate food

» The positive orientation of the HCGs reveals the strengths of people who are less powerful in the community

5. Challenges

Carrying out such a labor-intensive, inclusive process for coming to a priority health issue and charting a collective strategy has been difficult at times. Staff reported challenges associated with outreach and attendance, training and support of hosts, the conversations themselves, the labor and costs associated with the process, and synthesizing and interpreting voluminous information.

Attendance

Attendance at HCGs has varied, depending on the community in which they have been held. Team members attribute some of this variability to differing community cultures. Rumford has been one of the most successful locations, but they started slowly, with three people at the initial meeting. Participation increased over time, in part due to attendees' belief that in spite of economic struggles, Rumford has the capacity to make the town a better place to live. Meetings have had diverse participants, including members of the faith community, business owners, transportation staff, people with physical and behavioral health issues, and other interested community members. Bethel is starting its third series of Gatherings, with attendance ranging from six to 15, but they have not been able to achieve as much diversity among participants as Rumford. Despite efforts to reach out to young mothers, younger men, and beneficiaries of the local food pantry, attendees have primarily been older middle- and higher-income residents. Norway's participation has been steady, with a deeply devoted core group of a half dozen individuals and sometimes as many as 40 people at a Gathering. At the largest gathering, held at the Alan Day Community Garden, 10 youth leaders from the Garden participated and were very inspired by the process. They have been so popular that they are in their fifth series.

Fryeburg has been slower to embrace the concept of HCGs than other communities. It was observed that possible reasons for this may include its close proximity to New Hampshire, which makes residents feel less connected to Oxford County, and the town's lack of experience in bringing people of very different economic and social circumstances together. Following an initial conversation in Fryeburg, participants reported that they enjoyed the structure and the skills they learned but decided to start a new healthy food project immediately rather than continue the series of six planned conversations.

Supporting hosts

The team's original assumptions about hosts proved somewhat flawed. The first assumption was that the hosts would be professionals who were already skilled in facilitating groups. In fact, highly effective and committed hosts were often people with lower incomes and came to the role with no professional training. This meant that hosts have needed more ongoing support and coaching than was originally anticipated. The second assumption was that following the initial training, hosts would independently plan and coordinate the meetings. Instead, they have found that a team of up to three people is needed to plan and put on the meetings.

The process

As appealing and effective as the HCG process can be, the questions themselves can make people uncomfortable. These conversations, by design, do not generate instant results, which can be frustrating, especially for people who are very task or action oriented. In response, the facilitators remind participants of the importance of trusting the process, that conversation *is* action, especially when one can declare possibility to others. *"You don't want to just fix the pothole—you want to fix the whole road."* (Katey Branch, facilitator) Hosts stress that because the conversations can be difficult, it is essential to create a physical and emotional environment that is conducive to meaningful dialogue.

Labor and cost

Implementing HCGs in multiple communities around Oxford County has been more expensive and labor-intensive than anticipated. To encourage attendance, host trainings and HCGs are free, and food, transportation, and childcare are provided. The cost for Gatherings ranges from very little (with all services donated), to $390.00 (high attendance, and longest distance to travel. Coordinating a gathering entails inviting participants, organizing transportation, finding and negotiating an appropriate space, seeking food donations (or purchasing food), and managing administrative tasks associated with transportation and childcare reimbursement. Up to three host/facilitators travel to the conversations, debrief, and synthesize key themes.

Incentives

Reimbursement for transportation and host stipends are intended to limit financial barriers to participation and to honor the time people are contributing to the Gatherings. But for people receiving public assistance, even a few hundred dollars can affect one's benefits. This concern has led to a valuable conversation about how to best engage people who are economically vulnerable in these endeavors.

Synthesizing high volume data

Community conversations like these generate a multitude of opinions and ideas, all of which must be captured, categorized and synthesized to make it accessible and meaningful for decision-making purposes. For example, for the countywide gathering in March, the team reviewed emerging themes and created a Wordle[11] that depicted the most common themes ("community", "trust" and "walking paths") in larger font and least common themes ("disease prevention"). Facilitators used the Wordle to generate discussion about the themes and how they fit together. Categorizing and synthesizing themes across conversations and communities, and crafting mechanisms for sharing that information in visually appealing ways that preserve its richness has been exciting but very complex and time consuming.

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11 A Wordle™ is a word cloud graphic. The cloud gives greater prominence to words that appear more frequently in the source text (http://wordle.net)

6. Lessons Learned

OCWC has gleaned a number of lessons from its experience in holding community conversations:

» Child care and food are essential to HCG success, and transportation assistance should be provided up front

» Meetings should be held in as neutral a location as possible

» Use visual aids to explain HCG goals, structure, and purpose

» Handing off leadership takes time and support

» When a member of the community personally invites a neighbor, friend, or acquaintance to the HCG, they are more likely to attend and remain engaged.

7. Next Steps

Over the coming year, MeHAF-funded communities are required to develop a plan with a common agenda that aligns the programs and services of multiple partners and sectors to comprehensively address the health issue they have selected. Oxford County devoted the first phase of its work to creating relationships and determining collectively which health issue they want to pursue as a county. Next, they are convening ongoing HCGs with new questions to further explore the meaning of social isolation and disconnection and their connection to the health issues that most affect their county, which will be identified through the Community Health Needs Assessment process. They will also leverage their current partnerships to do some survey work and *asset mapping.* Asset mapping helps to understand where transactional moments happen, where connection occurs, and where connections could grow. Partners will visit Laundromats, cafes, libraries, visitor centers, and restaurants to see where people connect with each other, or where interventions to increase connection could occur. They will look to the research literature and population-level data to target their efforts (they do know that Census data show a lack of access to motor vehicles but widespread internet access—some solutions, then, may be dependent on the Internet). A key to their philosophy of planning is to determine what they want to achieve, what they already have in place, what system barriers exist that they can collectively address without creating new programs or services, and what they need to create "de novo." The goal is to seed multiple strategies and encourage stakeholders to tap into their area of passion.

The Community Engagement Workgroup is working on strategies for expanding its reach beyond its five hub communities, to more economically diverse people, and to more sectors. The team may begin by reviewing attendance lists to map the number and location of towns represented in the gatherings, and then targeting areas they have not yet reached.

Finally, they will further explore ways to measure their impact at the individual, organizational, and community levels. The team has witnessed personal transformation resulting from the conversational model, but they are also interested in trying to better understand how organizations change as a result of exposure to this approach and what type and intensity of training is required for organizations to change. The team is also investigating the capabilities of InsightVision for planning and evaluation purposes. Thus far, project staff has created an Oxford County Strategy Map with specific strategies for each

committee. They plan to reach consensus on outcomes and measures next. In the upcoming phase of the work, staff believes community participants would benefit from orientation to Community Based Participatory Research[12] to maximize their ability to interpret and use community data for planning.

12 Community-Based Participatory Research (CBPR) aims to produce research that is relevant to the circumstances of communities and the people who live in them. Community members are partners in the design, data collection, analysis, and use of data for action. Resource: Hacker, K. (2013) *Community-Based Participatory Research.* Sage Publications, Inc.: Thousand Oaks, CA.

8. Summary

The Oxford County Wellness Collaborative was born out of a belief that its citizens deserved better health and that working together, they could transform their communities. Thus far, there is ample evidence to suggest that the Healthy Community Gathering process is deeply impacting the lives of the individuals who actively participate, and there are indications that this new way of working is appealing to organizations. Individual communities are beginning to take action to address the county's priority health issue, social isolation and disconnection. Determining whether to continue to employ such a labor-intensive process and how to adapt it to the implementation phase will be one of the primary challenges for Oxford County going forward. They must also determine if HCGs are one of the mechanisms they will use for addressing social isolation and disconnectedness.

As the work keeps growing, new challenges are surfacing. The desire to expand geographically, to maintain the same level of community engagement activities, and the need for more investment and expertise in research, evaluation, and technology support will require additional human and financial resources. Several questions arise as well: How will the model of the HCG have to adapt for the planning and implementation phases? When activists in individual towns initiate action, how will local activity be supported by the OCWC? How will the OCWC use its limited resources to support innovation across the county? With a growing, strong network of committed citizens, OCWC is well positioned to face these challenges and collectively plan for a better future for all of its citizens.