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# A Practice-Based Framework for Working with Communities

12 Principles to Reset the Relationship Between the Health Sector and Communities

# Introduction

I began my work on the observation that clinical science and practice fail to appreciate how people and communities define their health.

This failure stems from its inability to appreciate health as more than ‘the absence of disease’. It has fueled medicalisation, health care inflation, and the rise of non-communicable chronic conditions – all of which have contributed to making health care unsustainable.

Through my writing and research, I have explored what it takes for the health sector in high-income countries to better understand low-income communities. I have gleaned 12 practice-based principles for how to build a bridge between the health sector and communities.

## Social Context

My work has coincided with a growing recognition that a community’s social context matters more to its health than the availability and quality of health care. In response to these ‘social determinants of health’, the health sector is exploring working with community-based organizations to meet individual’s ‘social needs’. This work is often called clinical-community partnering, social prescribing, or community health.

While addressing individual’s social

needs is important, the work also has the potential for the health sector to acknowledge how removed it has become from people’s real lives. In this context, the 12 principles offer a strategic framework for how clinical-community partnering or social prescribing might be configured to go beyond the immediate challenge of meeting individual’s social needs to reconnecting the health sector and communities.

## Learning Through Doing

I gleaned the 12 principles from the struggles of almost 100 community-oriented practitioners. The principles began life as a set of recurring themes for why community-oriented work often fails. I flipped these themes into 12 things that prospective community-oriented practitioners should consider to minimize their risk of failure.

In parallel to learning from practitioners, I have sought to learn what the principles collectively represent. In 2016, I understood that they represented an inclusive and participatory process, one that had the potential to foster the ‘agency’ of individuals and communities. I understood that agency is core to having a sense of control, which, in turn, is core to health.

In 2018, in response to the growing interest in the ‘social determinants

of health’ and understanding communities’ needs, I understood that the principles collectively represented what authentic community engagement might look like.

While both remain true, I have realized that describing two sides of the same coin is not the same as describing the coin per se. The 12 principles represent a strategic framework for resetting relationship between the health sector and communities.

## The 12 Principles

1. Include in a community’s collective effort those who live there, those who work there, and those who deliver or support services provided there
2. Spend time understanding differences in context, goals and power
3. Appreciate the arc of local history as part of the story of a place
4. Elicit, value and respond to what matters to community residents
5. Facilitate and support the sharing of power, including building the capacity to use it and acknowledging existing imbalances
6. Operate at five levels at the same time: individual, family, community, institutional and policy

7. Accept that this is long-term, iterative work
8. Embrace uncertainty, tension and missteps as sources of success
9. Measure what matters, including the process and experience of the work
10. Build a vehicle buffered from the constraints of existing systems and able to respond to what happens, as it happens
11. Build a team capable of working in a collaborative, iterative way, including being able to navigate the tensions inherent in this work
12. Pursue sustainability creatively; it’s as much about narrative, process and relationships as it is about resources

## This Tool

This tool has been created to help you understand, embrace and apply the lessons from over 100 community-oriented practitioners. It exists to minimize your risk of failure while creating the opportunity to develop deeper relationships with the communities you serve.

It is not easy work but I have seen it to be both essential and possible.

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# About the Authors

## Margaret Hawthorne

Margaret Hawthorne specializes in strategy development, research and evaluation, process design, and facilitation across a range of health and health-related sectors.

Over the course of more than 15 years, Maggie's work has included helping organizations and communities to integrate multiple data sources and diverse perspectives to identify emergent strategy, translating that strategy into innovative service delivery models, and developing and implementing practical tools that enhance organizations' capacity to execute on and assess the effectiveness of their vision.

Maggie has worked as a Strategy Director for the Camden Coalition of Healthcare Providers, a Program Officer for the National Academy of Medicine, and a researcher for Johns Hopkins University. She has contributed to research and tool development, and has written articles for the above organizations as well the World Health Organization, the International Union Against Cancer, Stanford Social Innovation Review, and Population Health Management.

## Pritpal S Tamber

Pritpal S Tamber is an independent writer, researcher and consultant focussing on community health. His work examines the realities of bridging the health sector and communities. It is fuelled by the insight that health care is increasingly unsustainable because clinical science and practice fail to appreciate how people and communities define their health.

Pritpal writes a regular newsletter called Community & Health. It includes reviewing often-overlooked evidence, sharing the work of courageous community-oriented practitioners, and commenting on work described as 'community health' or the 'social determinants of health'.

His work builds on several projects that he has founded and run since 2013, including the Creating Health Collaborative, a highly-curated meeting of community-oriented practitioners willing to share the realities of their health-related work, and Community Agency & Health, a two-day symposium in Oakland, CA, that explored how the health sector might work differently to better understand communities.

Pritpal works closely with seven advisors: Jeff Cohen, Lauren A Taylor, Leigh Carroll, Mark Wieland, Ollie Smith, S Leonard Syme and Scott Liebman. He is a former physician, medical editor and medical publisher, and also the former Physician Editor of TEDMED. He began his career at The BMJ (formerly known as the British Medical Journal).

## Richard De Angelis

Richard De Angelis is an Art Director/ Designer and Communicator. He specializes in translating complex briefs into articulate, engaging creative solutions that communicate simply and directly to their intended audience. Working with brands such as BMJ, Ciba Vision, Ford, Nokia, and PwC, he quickly earned a reputation as the go-to guy for tackling tough briefs that others couldn't get right.

Richard is founder and Creative Director of The Online Creative Agency and has spent the last two and a half decades developing brands, adverts, print and digital solutions – servicing a diverse portfolio of brands across sectors.

Having always had a personal interest in the development of human wellbeing and mental health, in recent years Richard has turned his focus to helping brands and organisations in the health and wellness sectors. Specifically those whose work is genuinely dedicated to helping improve people's lives.

# How to Use This Tool

This tool has been created to help you understand, embrace and apply the lessons from over 100 community-oriented practitioners. It exists to minimize your risk of failure while creating the opportunity to develop deeper relationships with the communities you serve.

There is a page for each of the Principles. Under each principle, there is a series of descriptions of what it would look like to be aligned with that principle. The descriptions are presented as a continuum in which alignment deepens as you go from left to right. Under the continuum there is a series of prompt questions to help you assess where you are and why, and to envision what you might do differently.

You do not have to engage with every principle, nor do you have to approach them in order. Working on one will inform how you work on another, regardless of how many you work on and in what order.

*A reminder of this 'how to' is in the box below, which is also on the pages for each of the Principles.*

- **Take stock of where you are on the continuum, and why**
- **Explore what changes might lead to deeper alignment with the Principle**
- **Plan next steps**
- **Revisit the process periodically**

Think of a current strategy or challenge and identify the principles that resonate most. For example, a health system interested in **training staff on the importance of more deeply engaging with the local community** may start on:

- Principle 11: Build a team capable of working in a collaborative, iterative way, including being able to navigate the tensions inherent in this work
- Principle 5: Facilitate and support the sharing of power, including building the capacity to use it and acknowledging existing imbalances

As the work gets going, they might add:

- Principle 6: Operate at five levels at the same time: individual, family, community, institutional and policy

A community health partnership interested in **developing more equitable interventions** might start working towards more meaningful inclusion and participation through:

- Principle 1: Include in a community's collective effort those who live there, those who work there, and those who deliver or support services provided there

And as the work continues over time, they might want to periodically consider:

- Principle 2: Spend time understanding differences in context, goals and power

- Principle 3: Appreciate the arc of local history as part of the story of a place
- Principle 4: Elicit, value and respond to what matters to community residents
- Principle 5: Facilitate and support the sharing of power, including building the capacity to use it and acknowledging existing imbalances

A health system interested in **developing a more community-focused process for innovation** might focus on:

- Principle 10: Build a vehicle buffered from the constraints of existing systems and able to respond to what happens, as it happens
- Principle 7: Accept that this is long-term, iterative work
- Principle 12: Pursue sustainability creatively; it's as much about narrative, process and relationships as it is about resources

As they consider **how to evaluate the effects of their process**, they might also consider:

- Principle 4: Elicit, value and respond to what matters to community residents
- Principle 8: Embrace uncertainty, tension and missteps as sources of success
- Principle 9: Measure what matters, including the process and experience of the work

# A Step-By-Step Illustration

A health system raises the funds for a new community health partnership to integrate chronic disease management and social needs screening.

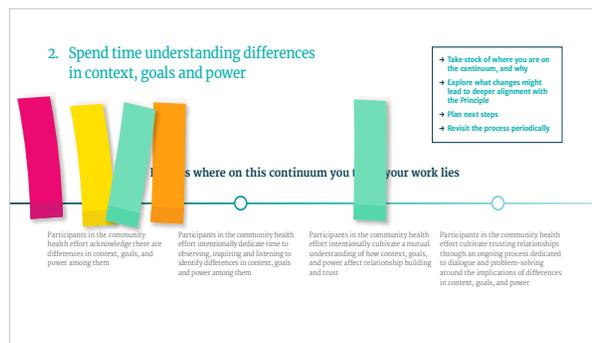
The project team from the community health and clinical services departments recognize that the agenda of the partnership is being set through the health system's lens, which may not resonate with other stakeholders, such as community-based organizations and residents. Acknowledging that the underlying issue is that the health system is driving the goals by virtue of being the conduit for the funding, they decide to focus on:

- Principle 2: Spend time understanding differences in context, goals, and power.

## Taking Stock

They each place a sticker on the continuum to illustrate where they think they are. See illustration below.

One team member finds a description that seems to fit readily (yellow), one feels they are between two (orange), and another marks two because elements of both apply (green). One team member concludes that they are entirely to the left of the continuum (red).



Then, using some of the prompt questions, they discuss what underlies the differences in their perspectives, and dive deeper into understanding where they are on the continuum and why.

## Exploring Possible Changes

The group then shifts to generating ideas for how they might change their work to be more aligned with the principle. The prompt questions help them structure this discussion.

As the ideas surface, they ask themselves additional questions:

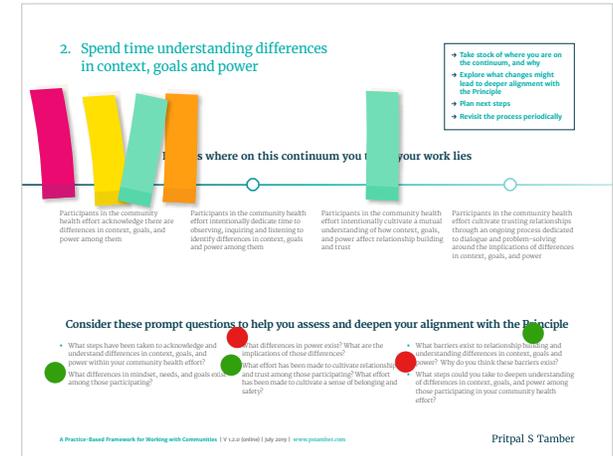
- What benefit might the change bring, and to whom?
- How feasible is the change?
- What can be done in the short term, and what will take longer?
- How much effort would the change require?
- To what extent are the skills and resources to do it already available?
- Is there readiness for the change or would it cause anxiety, and, if so, for whom?
- Who would we need to convince?

## Planning Next Steps

The team realize that to act on any of the ideas, they need to get buy-in from partners and stakeholders in the partnership. They review the prompt questions to decide which they think would be easiest to raise with them.

The easier ones they mark green, the harder ones, red. See illustration above (right).

They commit to proposing to the partnership that they underwrite the time needed for its members to



participate in a mini-retreat focused on building an understanding of each other's contexts and cultivating a sense of belonging within the partnership. They pair this with a longer-term goal: if they intentionally work on building relationships first, it will be easier to candidly discuss differences in goals, and from there it will be easier to start a conversation about differences in power.

## Revisiting

After their retreat, they return to the tool to assess where they are on the continuum of Principle 2. They take stock of whether there has been sufficient movement and explore why or why not. On the basis of this, they re-plan their next steps and also consider which further Principle to work on next.

## Feedback on the Tool

We welcome your feedback. If you are using the tool and want to share your experience, please [get in touch](#).

# 1. Include in a community's collective effort those who live there, those who work there, and those who deliver or support services provided there

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

## Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge and accept an inclusive view of community as those who live, work and deliver services there

The community health effort welcomes participation by a broad range of community members including those who live, work and deliver services there

The community health effort proactively seeks to understand the breadth of the community, and to engage with and invite those who are underrepresented into the process

The community health effort includes representation from participants who live, work, and deliver services in the community, in proportions sufficient to carry weight and influence in decision-making

## Consider these prompt questions to help you assess and deepen your alignment with the Principle

- How is community defined in your community health effort?
- Who initiated the effort? To what extent was its formation driven by those in the community who live there, work there, and/or deliver services there?
- Which groups—those who live there, those who work there, and those who deliver services there—are part of your community health effort? In what proportions? In what level of participation/engagement?
- What effort has been made to engage and invite underrepresented groups to participate?
- What barriers exist to including a broader range of representation? Why do you think these barriers exist?
- What steps could you take to include a broader range of representation?

## 2. Spend time understanding differences in context, goals and power

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge there are differences in context, goals, and power among them

Participants in the community health effort intentionally dedicate time to observing, inquiring and listening to identify differences in context, goals and power among them

Participants in the community health effort intentionally cultivate a mutual understanding of how context, goals, and power affect relationship building and trust

Participants in the community health effort cultivate trusting relationships through an ongoing process dedicated to dialogue and problem-solving around the implications of differences in context, goals, and power

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What steps have been taken to acknowledge and understand differences in context, goals, and power within your community health effort?
- What differences in mindset, needs, and goals exist among those participating?
- What differences in power exist? What are the implications of those differences?
- What effort has been made to cultivate relationships and trust among those participating? What effort has been made to cultivate a sense of belonging and safety?
- What barriers exist to relationship building and understanding differences in context, goals and power? Why do you think these barriers exist?
- What steps could you take to deepen understanding of differences in context, goals, and power among those participating in your community health effort?

### 3. Appreciate the arc of local history as part of the story of a place

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

#### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge and appreciate that local history has shaped the long-term trajectory of the community

Participants in the community health effort intentionally dedicate time to observing, inquiring and listening to understand how local history has shaped and influenced the community, including assets the community already has in place and views in the community about health and health systems

Participants in the community health effort reflect on and examine how they may be carrying, contributing to, and perpetuating historical lenses, biases, and prejudices that affect community interactions

Participants in the community health effort develop processes that directly challenge and try to mitigate the perpetuation of historical biases and prejudices

The community health effort uses its understanding of a community's history and its examination of its relationship to that history to inform the design and implementation of its efforts, including guarding against perpetuating historical biases and building on systems and assets the community already has in place

#### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What steps has your community health effort taken to understand the history of the community?
- What have you learned about how that history has influenced or shaped the community?
- How does this history influence your community health effort, including what motivates those participating in it?
- How might your community health effort be carrying, contributing to, or perpetuating historical lenses, biases or prejudices that affect community interactions?
- How has the community been caring for itself?
- How does your community health effort build on systems and assets the community already has in place?
- What barriers exist to deepening appreciation and integration of the community's history? Why do you think these barriers exist?
- What steps could you take to deepen appreciation and integration of the community's history, including building on community assets and guarding against or mitigating the perpetuation of historical biases?

## 4. Elicit, value and respond to what matters to community residents

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Community residents are informed about the agenda of the community health effort

Community residents provide input to inform the agenda of the community health effort (for example, through surveys, interviews, focus groups, or community meetings)

Community residents periodically provide advice or consultation to guide the agenda of the community health effort (for example, through a committee or advisory group)

Community residents have a direct role and equal voice in developing and implementing solutions and approaches grounded in the needs and goals of the community

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What is the common need behind the formation of your community health effort and how was that need identified?
- Who or what influences the selection of priorities and projects?
- What has been learned about what matters to community residents? How has this been incorporated?
- What steps have been taken to involve community residents in shaping the priorities and activities of your community health effort?
- To what extent do the ultimate decisions made track back to the input and expressed preferences/values of different types of participants or others affected by your community health effort, including residents?
- What barriers exist to shaping your community health effort's agenda in response to what matters to community residents? Why do you think these barriers exist?
- What steps could you take to further shape the agenda in response to what matters to community residents?

## 5. Facilitate and support the sharing of power, including building the capacity to use it and acknowledging existing imbalances

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge that power imbalances exist

Participants in the community health effort intentionally engage in reflection and open dialogue, even in the face of discomfort, around influence, power, and imbalances that exist

Participants in the community health effort engage in collective decision making, develop capacity to redistribute power, and practice utilizing current power structures to achieve common goals

Participants in the community health effort achieve sharing and distribution of power towards equal decision making in design, implementation, and evaluation processes

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What different kinds of power do different participants in your community health effort have, both internally and in relation to external systems?
- How is power distributed among and used by those participating in your community health effort?
- How does this relate to the distribution of power in the systems you engage with and/or hope to influence?
- Who benefits from the current distribution of power? What is the impact on community residents?
- What effort has been made to address differences in power within your community health effort?
- What steps have been taken to practice understanding, sharing, and using power?
- How has your community health effort used the power its partners hold to influence or take action to achieve collective goals?
- What barriers exist to facilitating and supporting power sharing to address imbalances? Why do you think these barriers exist?
- What steps could you take to further facilitate and support the sharing of power?

## 6. Operate at five levels at the same time: individual, family, community, institutional and policy

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

The community health effort invests resources in and operates at two levels concurrently

The community health effort invests resources in and operates at three levels concurrently

The community health effort invests resources in and operates at all four levels concurrently

The community health effort invests resources in, transmits learning across, and influences change at all four levels concurrently

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- At which levels does your community health effort currently operate (individual, family, community, institutional, policy)?
- What is your community health effort doing at each of the levels in which you operate?
- Which level would be the next logical level to expand work in?
- What barriers exist to expand work into additional levels? Why do you think these barriers exist?
- What step could you take to begin operating at another level?
- What existing relationships and assets could you leverage to operate at another level?
- How could you deepen engagement in the other principles at each of the five levels?

## 7. Accept that this is long-term, iterative work

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge that they do not have all the knowledge or answers and that this is long term work

Participants in the community health effort develop and communicate a shared vision that signals its long-term (10-20 year) commitment to the community while also allowing for flexibility

Participants in the community health effort practice using flexible approaches and prototypes in at least one major area of work to allow strategy and solutions to evolve in response to emergent needs, changing reality, and new insight

The community health effort operates in an overall environment of 'emergent learning,' with a process for continuous adaptation and evolution of strategy and solutions in response to ever-changing needs, reality, and insight

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What is the time horizon for the goals of your community health effort?
- How often are you assessing progress, context, and direction?
- How do you use information to influence strategies, activities, and direction? How responsive is your community health effort to new insight?
- What has been the effect when responding to emergent needs and insight?
- What barriers exist to being more flexible and responsive to emergent needs and insight? Why do you think these barriers exist?
- What steps could you take to become more flexible, iterative, and responsive?
- What barriers exist to working on a longer time horizon? Why do you think these barriers exist?
- What steps could you take to integrate working on a longer time horizon?

## 8. Embrace uncertainty, tension and missteps as sources of success

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge that the work is collaborative, explorative, implicitly uncertain, and that parts will not go as planned

Participants in the community health effort engage in reflection and open dialogue around uncertainties and instances when the work does not go as planned, surfacing important discussions even in the face of discomfort

Participants in the community health effort engage in ongoing assessment and reflection on uncertainties, things that do not go as planned, and what is working and not working to document key learnings and make timely decisions about how to adjust in response

Participants in the community health effort operate in an environment of ongoing assessment and reflection that embraces as crucial and informative the instances when parts of the work do not go as planned or do not produce the desired results

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- How do participants in your community health effort view failure?
- How are uncertainty and failure discussed and assessed?
- What has your community health effort learned from previous failures? How were learnings captured? What was changed as a result?
- How does your community health effort facilitate an environment of continuously assessing, reflecting, learning and adapting?
- What barriers exist to creating this environment? Why do you think these barriers exist?
- What steps could you take to further embrace uncertainty, tension, and missteps as sources of success?

## 9. Measure what matters, including the process and experience of the work

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge that ‘what matters’ is complicated, dynamic and context specific and will not always fit into measures that are simple, linear, and easy to measure

Participants in the community health effort practice the use of multiple methods and diverse sources of information and knowledge to understand and assess progress in at least one major area of work

Participants in the community health effort create opportunities for multiple perspectives, including those of community residents, to define success and develop a portfolio of measurement approaches in response

Participants in the community health effort operate in a learning system that utilizes multiple methods, different types of measures, and diverse sources of information and knowledge to assess progress toward co-created goals, including process goals and changes in context, perceptions, beliefs, and experience

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- How were the outcomes of your community health effort selected and prioritized?
- What was the role of different participants and perspectives, including community residents, in defining and shaping these outcomes?
- How are different information sources and methods used to assess progress?
- How is process measured and captured?
- How are changes in perceptions, beliefs, context, and experience captured and assessed?
- How has insight gained through the current measurement system influenced changes and shifts in your community health effort?
- What barriers exist to creating more meaningful measurement systems? Why do you think these barriers exist?
- What steps could you take to create a more meaningful measurement system?
- How could you enhance your measurement system to track a deepening of practice in the other principles?

## 10. Build a vehicle buffered from the constraints of existing systems and able to respond to what happens, as it happens

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge and understand the effects of constraints in the mindsets, processes, incentives, and demands of existing systems

Participants in the community health effort explore, identify and enact steps to help them do one or more of the following: apply a different frame, embrace uncertainty, be responsive, and/or operate with a different business model and value system

Participants in the community health effort dedicate time to prototype elements of a microcosm within or alongside the current system that would enable them to apply a different frame, embrace uncertainty, be responsive, and operate with a different business model and value system

The community health effort operates in a buffered microcosm that enables it to apply a different frame, embrace uncertainty, be responsive, and operate with a different business model and value system

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What constraints in current systems keep your community health effort from responding to what community residents value?
- What constraints keep you from responding to emergent needs, changing reality and new insight?
- What constraints keep you from developing a feasible value system and business model?
- What steps have you taken to build a vehicle that can operate in a new way buffered from these constraints? What insight has been gained from these steps?
- What examples have you looked to for how a vehicle has been created in similar contexts or systems?
- Who in existing systems could help you explore ways to buffer your work from the constraints of those systems?
- What barriers exist to building a vehicle that is less affected by the constraints in existing systems? Why do you think these barriers exist?
- What steps could you take to create a vehicle to operate in that is buffered from constraints of existing systems?

# 11. Build a team capable of working in a collaborative, iterative way, to include navigating the tensions inherent in this work

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

## Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge and embrace the value of an interdependent collaborative team

Participants in the community health effort accept that the explorative, implicitly uncertain, and iterative nature of the work will surface tensions and insecurities, and that it is important to have support in building the capacity to navigate this

Participants in the community health effort intentionally dedicate time to ongoing self-reflection on their purpose, motivations, assumptions, and insecurities in order to practice authenticity with their team

Participants in the community health effort intentionally dedicate time to team building and co-reflection to make sense of situations they face together including sharing motivations, assumptions, tensions and insecurities that arise

The community health effort operates in an environment where motivations, assumptions, tensions and insecurities are routinely unearthed and understood through self and collective reflection, and the resulting cohesion of the team draws out insights and results not individually attainable

## Consider these prompt questions to help you assess and deepen your alignment with the Principle

- How do participants in your community health effort view the role of the team and of the individual?
- How do you build, monitor, and maintain the functioning and cohesion of your team?
- How are tensions acknowledged, discussed, and addressed?
- How are self-reflection and assessment of motivations, judgments, and assumptions incorporated into your work?
- How is self-care encouraged and supported?
- In what areas is the team excelling? In what areas is the team struggling?
- How is working as a collaborative team deepening engagement in the other principles?
- What barriers exist to developing a team capable of working in a collaborative and iterative manner? Why do you think these barriers exist?
- What steps could you take to create a more collaborative, iterative, and high-functioning team?

## 12. Pursue sustainability creatively; it's as much about narrative, process and relationships as it is about resources

- Take stock of where you are on the continuum, and why
- Explore what changes might lead to deeper alignment with the Principle
- Plan next steps
- Revisit the process periodically

### Discuss where on this continuum you think your work lies

Participants in the community health effort acknowledge and embrace a broad view of sustainability, tied to a long-term commitment to the community, that includes building individuals, teams, processes, policies, and funding streams

Participants in the community health effort dedicate time to understanding and developing narratives to describe the ways it creates value, including not only its activities and services but also the integrity of its process and the strength of relationships

Participants in the community health effort dedicate time to exploring and prototyping a portfolio of strategies to sustain its people, processes, policies, funding and other resources

The community health effort sustains robust teams, individuals, processes, policies, sources of funding and other resources while communicating a strong narrative to describe how it creates value over time

### Consider these prompt questions to help you assess and deepen your alignment with the Principle

- What does sustainability mean to your community health effort?
- What steps have you taken to embrace and pursue a broader view of sustainability? What has been learned through this process?
- How are you thinking about and fostering sustainability in each of the other principles?
- How do you share what you are learning with others who may benefit from your experience?
- What is the narrative of your work? How is your narrative tailored to different audiences to articulate the value you bring for that particular audience?
- How are funding streams identified and pursued?
- How are fixed agendas and priorities tied to funding managed in the context of your collective priorities?
- What barriers do you face in sustaining your ability to work in ways that align with these Twelve Principles? Why do you think these barriers exist?
- What steps could you take to embrace and foster a broader view and approach to sustainability?

## To Cite This Tool

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## Version History

Version 1.0.0 of this tool was published May 2017 with the title, 'Fostering Agency to Improve Health: A tool to apply 12 principles key to health in your community.'

Version 1.1.0 of this tool was published March 2018 with the title, 'Bringing Purpose to Community Engagement: A Tool for Reconciling Health Care's Relationship with Communities.'

This version (1.2.0) includes a new title, subtitle, and introduction, as well as an update to principle six to include 'family'.

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