Making Community Health Transformation Concrete: Developing and Using the Community Transformation Map

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Community change is a process requiring foundational capacity building on many skills, including multilevel stakeholder engagement, addressing health-related inequities & implementing improvement skills. It can be useful for communities to be able to self-assess and track their progress on their capacity building process. One such quality improvement tool is a *maturity model*. These have been used in different fields, and have promise in community improvement as well. We used a maturity model called the Community Transformation Map (CTM) in the Spreading Community Accelerators for Leading and Evaluation (SCALE). Funded by the Robert Wood Johnson Foundation and convened by the Institute for Healthcare Improvement, SCALE addressed improvement, relational, and health-equity capacities of community coalitions to implement tangible improvements in their coalitions and communities.

The *Community Transformation Map* is a hybrid tool/assessment that is used by the SCALE communities to assess current progress on *Community of Solution* skills and to make decisions about how to proceed with continued capacity development. The CTM built off previous research and community-level experiences with capacity-building: the SCALE theory of change and the $R=MC^2$ model of readiness, which says that readiness is a function of motivation, innovation-specific capacity, and general capacity.

Development. Items in the CTM are designed to measure capacities and motivations that are needed to engage in a community transformation process. We started with a list of skills we crosswalked with the Community of Solutions model, with a specific focus on equity.

We specified each item with a qualitative description of different levels of an innovation ranging from having *no skill* to *being able to spread knowledge and teach others*. This framing helps to anchor the scale in specific descriptions and illustrates what implementation of particular skill looks like in practice.

Below are example items in the domains *Community Vision* and *Distributing Power and Leadership:*

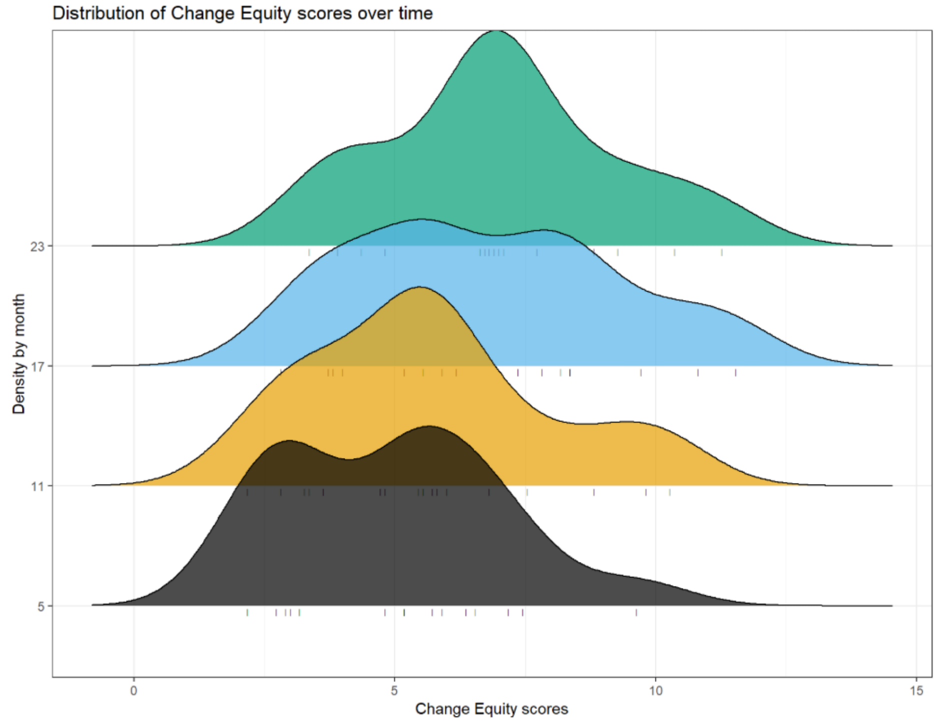
	Not yet started	Starting – "We're in the early stages and are still figuring things out"	Gaining skill - "We're getting the hang of this!"	Sustaining - "This is who we are and how we do our work"	Spreading and Scaling -- "We are actively scaling change across our region"	Now	Goal
1. We believe change is possible.	We want our community to be better, but change currently feels difficult or hard to believe in.	Several of us are motivated to improve our community and believe change is possible.	More than half of the people involved in our collaboration think change is possible in our community. We are motivated to create that change.	We know we can create significant change in our community.	Many communities across our region believe change is possible and are motivated to create change.		
	0	1 2 3	4 5 6	7 8 9	10 11 12		
2. We have a common vision for our community that everyone is working toward.	We have not begun to develop a vision for our community.	A number of different groups have visions for their work, but we have not come together yet to create a common vision.	Our community has begun to develop a common vision. We are doing this in partnership with multiple groups and residents of our community.	Our community shares a clear, overarching vision that feels concrete and motivating. We develop and implement programs and policies to achieve our common vision.	Many communities in our region have a clear, motivating vision and have demonstrated success in achieving the vision on their own. We are working together to develop a common vision for our region.		
	0	1 2 3	4 5 6	7 8 9	10 11 12		

2. Distributing power and leadership

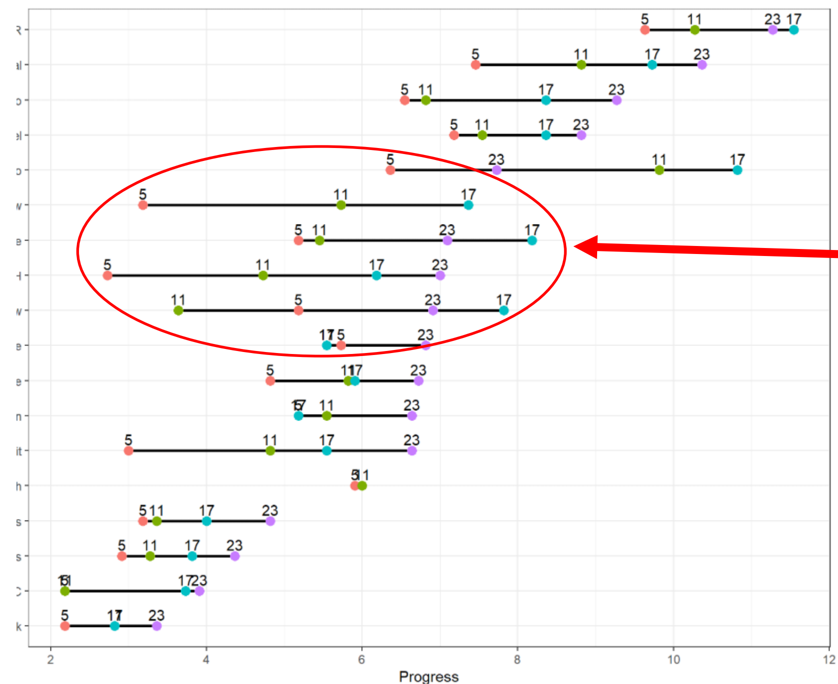
	Not yet started	Starting – "We're in the early stages and are still figuring things out"	Gaining skill - "We're getting the hang of this!"	Sustaining - "This is who we are and how we do our work"	Spreading and Scaling - "We are actively scaling change across our region"	Now	Goal
33. We have a diverse collaboration with leadership representative of the community.	We want a diverse group of organizations and community residents in our collaboration. We have not begun actively recruiting new organizations or individuals.	We are recruiting community members from different backgrounds into our work. This includes people who have formal power. It also includes community members who speak for the community.	We have both formal leaders and people from populations that are not thriving in our collaboration.	Our collaboration is diverse and reflective of our community in most initiatives (>75%). There are many ways someone can be a leader in our work. We see this diversity as a source of strength. We have influential leaders from relevant sectors. We also have influential leaders from populations who aren't thriving who are able to reach many others.	We have been helping other communities in our region to develop more diverse leadership. Our regional team reflects the diversity of our region.		
	0	1 2 3	4 5 6	7 8 9	10 11 12		
34. We partner with people with lived experience of inequity to create change.	We understand community needs by engaging community members through surveys. We have not yet involved them as partners in creating change.	We have involved community members to design change on at least one prior occasion. We use focus groups and community meetings to develop solutions in a few initiatives.	We are partnering with people with lived experience of inequity to design change and create solutions in at least half of our initiatives.	People with lived experience of inequity are involved in every step of the process. This includes design, implementation and evaluation of our community efforts. Many people with lived experience are leaders in our work.	We share our experience of partnering with people with lived experience of inequity with other communities in our region.		
	0	1 2 3	4 5 6	7 8 9	10 11 12		

Data Collection. We collected data from 18 communities at four time points between September 2017 and March 2019. We coded these timepoints as *months since SCALE 2 began*: September 2017 (Month 5), May 2018 (Month 11), September 2018 (Month 17), and March 2019 (Month 23)

Selected Results. This figure shows that, on the whole, capacity to address equity on a community-level increased over time.

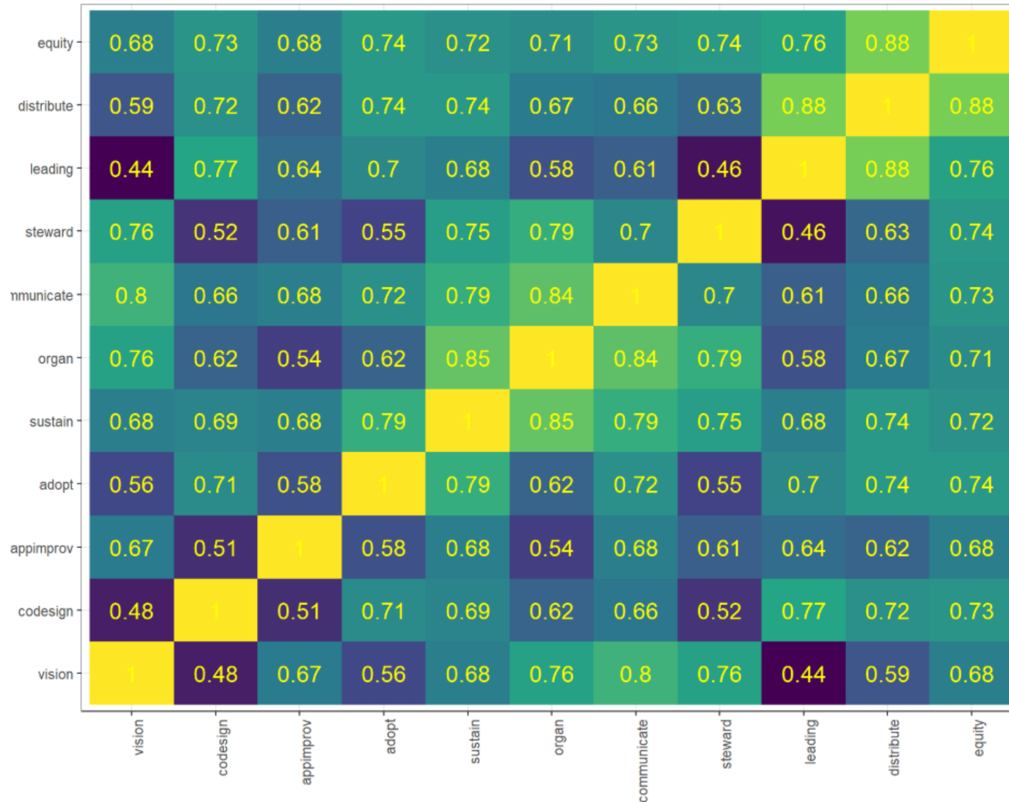


However, when breaking progress down community by community, we saw that progress was non-linear. This visual highlighted the need to have ongoing support to help to sustain growth when there was turnover or shifts in priorities.



Note the non-linear progression of several communities. This corresponds to changes in capacity within their workgroups (e.g. turnover). In some cases, this meant having to "start over" by introducing the model of change and the tools used to support change.

Interrelations between domains. We also saw correlations between different elements of the Community of Solution model. While this is not desirable from a measurement perspective, it suggested that progress in one area is likely to lead to changes in another.



Lessons Learned. This tool is designed to be a process, so it needs to be completed in conjunction with a planning group of diverse stakeholders. If a group wants to meaningfully engage community members as a means of generating momentum for health improvement efforts, then it makes the most sense to discuss the CTM ideas with as many core members as possible.

Since there is no single formula for community improvement, measuring community-specific progress is valuable for planning at the community level. Precisely describing each item and level allows each community to develop its own roadmap for further growth is needed while leveraging their strengths. In addition, it allows comparison across communities to help determine where capacity building and support is needed.

We have begun to apply a similar structure for assessing readiness for transformation across 100 Million Healthier Lives. To date, we have developed transformation maps for States of Solution and SCALE Health and Care's *Pathways to Population Health*. We are currently developing a tool focused exclusively on addressing racial equity. We plan to launch online versions of these tools in the first quarter of 2020.

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