

3-2019

## Building a Culture of Learning: Teaching a Complex Organization How to Fish

Tiffany Clarke

FSG

Hallie Preskill

FSG

Abigail Stevenson

FSG

Pamela Schwartz

Kaiser Permanente

Follow this and additional works at: <https://scholarworks.gvsu.edu/tfr>

Part of the [Nonprofit Administration and Management Commons](#), [Public Administration Commons](#), [Public Affairs Commons](#), and the [Public Policy Commons](#)

---

### Recommended Citation

Clarke, Tiffany; Preskill, Hallie; Stevenson, Abigail; and Schwartz, Pamela (2019) "Building a Culture of Learning: Teaching a Complex Organization How to Fish," *The Foundation Review*: Vol. 11: Iss. 1, Article 6.

<https://doi.org/10.9707/1944-5660.1458>

Available at: <https://scholarworks.gvsu.edu/tfr/vol11/iss1/6>

This Open Access is brought to you for free and open access by ScholarWorks@GVSU. It has been accepted for inclusion in The Foundation Review by an authorized editor of ScholarWorks@GVSU. For more information, please contact [scholarworks@gvsu.edu](mailto:scholarworks@gvsu.edu).

# Building a Culture of Learning: Teaching a Complex Organization How to Fish

Tiffany Clarke, M.P.P., M.P.H., Hallie Preskill, Ph.D., and Abigail Stevenson, M.B.A., M.P.H., FSG; and Pamela Schwartz, M.P.H., Kaiser Permanente

**Keywords:** Strategic learning, organizational learning, learning culture, learning activities

## Introduction

In our communities, we are faced with seismic shifts in our national and local political contexts, economies, technological landscape, demographics, and health outcomes and needs. Many social-sector organizations are looking to balance carefully considered strategic plans with an ability to quickly see how change is unfolding, correct course, and be increasingly responsive to our communities.

This has increased many foundations' interest in individual, group, and organizational learning as a means for building capacity and resiliency to navigate the complexities of social change in uncertain environments.<sup>1</sup> Learning in this context means using data and experiences to test assumptions and understandings, to co-construct meaning among stakeholders, and to generate possibilities and future actions. Learning requires space and time for reflection and dialogue, and, ultimately, learning processes and activities need to be embedded in the normal course of doing one's work.

Kaiser Permanente Community Health has been no stranger to these dynamics. (See Table 1.) Growing for many years — but gaining particular urgency in 2015 — was a need to strengthen Community Health's ability to more rigorously and comprehensively understand the progress and impact of a growing and more complex

## Key Points

- Many social sector organizations are looking to balance their strategic plans with an ability to respond more quickly to change as it unfolds in their communities. For many years — but gaining particular urgency in 2015 — Kaiser Permanente Community Health saw a need to better understand the progress and impact of its portfolio and use its data to adapt strategy in response to its changing context.
- To increase its capacity for strategic learning, Community Health worked with FSG to develop and implement a system called Measurement and Evaluation for Learning and Outcomes. While this process was tailored to Community Health, its underlying thinking, approach, and lessons learned can be informative to many others who are thinking about how to position their organizations and communities to thrive in times of change.
- This article shares the key approaches used to equip Community Health to operationalize learning and reflect on the results so far, as well as some of the ingredients for success that allowed it to make tremendous progress in a relatively short period of time.

<sup>1</sup> Many foundations are making a greater commitment to evaluation and learning. A study by the Center for Effective Philanthropy (CEP) and the Center for Evaluation Innovation (CEI) found that of foundations with a dedicated evaluation unit (34 percent), 19 percent were newly created during the past two years; and 50 percent perceived that funding levels for evaluation work had increased over the last two years (CEP & CEI, 2016). Other indications of this trend include organizations adapting the title of their evaluation unit to include the word "learning," stated commitments to evaluation and learning (e.g., William and Flora Hewlett Foundation, n.d., Bush Foundation, n.d., and Ford Foundation, n.d.), and the creation of practical resources for the field (see Grantmakers for Effective Organizations, 2015).

**TABLE 1** About Kaiser Permanente Community Health and FSG**About Kaiser Permanente Community Health**

Kaiser Permanente was founded in 1945 and is recognized as one of leading health care providers and nonprofit health plans in the country, with over 200,000 staff serving over 12 million members across nine states and Washington, D.C. The Community Health program works in each of its eight regions and nationally to improve the health of the communities Kaiser Permanente serves.

Kaiser Permanente believes that better health outcomes begin where health starts — in communities. The Community Health strategy focuses on three areas:

1. ensuring health access by providing individuals served at Kaiser Permanente or by safety net partners with integrated clinical and social services;
2. improving conditions for health and equity by engaging members, communities, and Kaiser Permanente’s workforce and assets; and
3. advancing the future of community health by innovating with technology and social solutions.

For many years, Kaiser Permanente has worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence.

**About FSG**

FSG is a mission-driven consulting firm that supports organizations and individuals in achieving large-scale, lasting social change through evaluation, strategy, research, and hosting learning communities.

portfolio. Community Health also saw a need to create structures and capacity for more quickly and meaningfully using its data to adapt strategy in response to shifting political and community challenges, opportunities, heightened complexity, and changing demands.

Community Health worked with FSG in an 18-month process to develop and implement a system called Measurement and Evaluation for Learning and Outcomes (MELO), aimed at increasing Community Health’s capacity for strategic learning.<sup>2</sup> In embarking on this journey, we knew it would be important to build capacity among leaders, program and evaluation staff,

and evaluation consultants, and we designed a process that would engage all of those groups in a variety of ways. While our process was tailored to Community Health, we believe the underlying thinking, key elements of the approach, and lessons learned about success can be informative to many others who are thinking about how to position their organizations and communities to thrive in times of change.

The project unfolded in two phases. (See Table 2.) In Phase 1, we developed a set of “products” — theories of change, learning questions, outcomes, indicators, and an aligned dashboard — that were intended to clarify strategy and focus

<sup>2</sup>Strategic learning is “the use of data and insights from a variety of information-gathering approaches — including evaluation — to inform decision-making about strategy” (Coffman & Beer, 2011, p. 1). In 2013, FSG released *Building a Strategic Learning and Evaluation System for Your Organization* (Preskill & Mack, 2013), which provided a framework and guidance for deepening the use of evaluation as a tool for strategic learning through developing an evaluation vision, gaining clarity about strategy and strategic questions, identifying relevant monitoring and evaluation activities, and creating a supportive environment (e.g., leadership and culture, human and financial resources, knowledge management). This framework inspired the work with Community Health.

**TABLE 2** Measurement and Evaluation for Learning for Outcomes Process

PHASE 1 Clarify Strategy and Focus Data Collection	PHASE 2 Operationalize Learning
<ul style="list-style-type: none"> <li>• Vision for measurement, evaluation, and learning</li> <li>• Theories of change</li> <li>• Strategic- learning questions</li> <li>• Outcomes and indicators</li> <li>• Updated dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• Practice designing learning through the development of learning plans</li> <li>• Direct experience engaging in intentional learning</li> <li>• Training for staff – and consultants – in facilitating learning</li> <li>• Adapted roles, responsibilities, culture, and structures to support learning</li> <li>• Leadership that champions learning</li> </ul>

data collection. In Phase 2, we focused on operationalizing learning within Community Health. With the understanding that many of the products we created in Phase 1 will be well-known to many readers, this article focuses on the activities we undertook in Phase 2.

For Community Health, the principles, practices, and structures needed to operationalize learning in daily work required dedicated efforts to put them in place. We have encountered several other foundations that are asking questions about how to operationalize learning in their work, and believe others might benefit from an opportunity to hear in-depth about one organization’s journey. First, we will share the activities we undertook in Phase 2, and why. Then, we will reflect on the results so far — how learning mindsets and practices are being infused throughout Community Health and how they have impacted the organization’s work. Finally, we will share some of the ingredients for success that allowed us to make tremendous progress in a relatively short period of time.

Community Health leaders knew that even more than the development of specific products to guide strategic learning, it would be essential to ensure that Community Health could operationalize learning by building confidence, skill, and plans for learning and by shifting culture and infrastructure. To do so, we

- developed learning plans so staff could practice designing group learning;

- provided as many staff and leaders as possible with direct experiences engaging in intentional learning;
- trained staff and consultants in facilitating intentional group learning;
- adapted roles, responsibilities, and infrastructure to support learning; and
- engaged key organizational leaders who were championing learning.

### Practice Designing Learning Through the Development of Learning Plans

To build Community Health staff’s fluency, experience, and confidence in using data to address strategic questions, we worked together to develop learning plans for the organization as a whole, and, additionally, for several program teams. These learning plans served primarily as a capacity-building exercise for staff to engage in structured thinking about how to identify the types of learning activities that were appropriate for specific strategic questions, and how to customize learning activities to meet their needs. We worked with a variety of teams on developing learning plans in order to build a broad base of capacity to deliver and catalyze learning across the organization.

The learning plans included five features that were intended to support staff in building understanding and confidence in thinking through

the elements of an effective group-learning experience:

1. *Priority learning questions that would be meaningful for shaping strategy.* These questions were chosen because they seemed urgent, and because the time seemed ripe to answer them.
2. *Identified data that would be useful for addressing the learning questions.* We took an expansive view of data to include research, monitoring and evaluation findings, and experiences, which encouraged staff and leadership to make deeper use of a wide variety of data sources and move forward with learning in situations where only partial or little data are available.
3. *Specific situations where group learning would be helpful for informing strategy.* These were forums where people were already gathering and there was an opportunity to engage in reflection and dialogue and to apply learnings to strategy (e.g., team retreats, grantee convenings).
4. *Goals and activities to facilitate intentional group learning.*<sup>3</sup> One of the bigger insights for staff was the value of having clear goals for engaging a group around data (e.g., building understanding, generating ideas, making a decision), and customizing the facilitation of a meeting to reach those goals.
5. *Responsibility for who would organize and facilitate the learning activity.* By tying learning to the rest of the teams' objectives and workflow, staff could envision doing in-depth planning, making time and space, and channeling the results of learning activities into shifts in teams' work.

We knew that “just in time” learning opportunities would be identified in response to the emerging needs of the team. Setting aside

*We knew that “just in time” learning opportunities would be identified in response to the emerging needs of the team. Setting aside a dedicated time to think through the arc of designing relevant learning built the capacity for staff to undergo this same planning process in the future.*

a dedicated time to think through the arc of designing relevant learning built the capacity for staff to undergo this same planning process in the future.

### **Direct Experience Engaging in Intentional Learning**

Through all of our work together, we embedded opportunities for staff and leadership to directly engage in intentional learning as a core part of the project, with a few objectives:

- Demonstrate the value of engaging in learning as a means of using data to more deeply inform strategy. Planning, facilitating, and using the results of intentional learning requires shifts in teams' time and effort. By giving Community Health leaders and staff firsthand experience of gaining deeper insights through intentional learning, we sought to build buy-in for doing more.
- Build staff and leaders' familiarity with interacting with data in ways beyond the status quo. Previously, many conversations involved a presentation of the data, followed

<sup>3</sup> After hearing from the field a strong interest in practical guidance for facilitating learning, FSG developed Facilitating Intentional Group Learning: A Practical Guide to 21 Learning Activities (Preskill, Gutiérrez, & Mack, 2017). This guide curates and explains a number of group facilitation approaches (with gratitude to the many people who developed these activities), and contains in-depth notes on how and when to use them to accomplish a variety of potential learning goals.

*By engaging groups in a variety of practices for generating reflections and dialogue, we hoped to bring a new level of enjoyment and insight to these discussions, and to make shifts in group norms more accessible to a broad base of staff.*

by a discussion. By engaging groups in a variety of practices for generating reflections and dialogue, we hoped to bring a new level of enjoyment and insight to these discussions, and to make shifts in group norms more accessible to a broad base of staff.

- Grow staff’s capacity for selecting, customizing, and facilitating intentional learning activities. We worked closely with program and evaluation staff who had lead roles in designing team retreats and other events. By helping them design activities, curate real data, and facilitate activities in settings that were relevant to their work, we built capacity to tailor learning for their teams.

We created new opportunities — and leveraged existing ones — to engage in learning among groups of various sizes and roles, including leadership team meetings, program team meetings, and retreat sessions that brought staff and leadership together in one group. (See Table 3.)

Each time we implemented a learning activity, we took time to reflect on how it was received. We found that the more staff and leadership were engaged in learning activities, the greater their appetite was for more of these experiences. And, the more we coached staff and leaders in how to conduct these activities on their own — or at least in why and how to build out their agendas with learning in mind — the more they wanted to carry learning into their own work. During

the course of the project, several staff members sought FSG’s advice on how to facilitate learning with teams and partners to make discussions deeper and more generative.

### **Training for Staff – and Consultants – in Facilitating Learning**

We also provided deeper training to a group of program and evaluation staff and consultants who were positioned to have a central role in facilitating learning with staff and grantees. In the few years preceding this project, several Community Health regions had been building out their evaluation staff, and these individuals were providing important support to measurement, evaluation, and strategy refinement efforts. Additionally, the program had been working for several years with a group of consultants who were playing instrumental roles in designing, collecting, and sharing data about the on-the-ground work of grantees and partners, and in supporting staff and grantees in deriving implications from evaluation findings for their work. Directly involving consultants was a key emphasis of the trainings we provided (and might have been overlooked in other situations).

To deepen the capacity of Community Health evaluators and consultants to facilitate learning, we hosted a daylong training to share an overview of key concepts in intentional group learning, provide hands-on experiences with a wide variety of learning activities, and “deconstruct” the activities so this group could replicate them.

### **Adapted Roles, Responsibilities, and Infrastructure to Support Learning**

The Community Health senior director of impact and learning and FSG partnered closely to consider how evaluation staff’s roles and responsibilities could be adapted to provide ongoing capacity to support organizational learning and to signal the importance learning for the organization.

As part of this work, Community Health adapted staff roles, performance management, and relationships with partners in several ways:

**TABLE 3** Intentional Learning Activities Implemented With Community Health

<p><b>Appreciative Inquiry</b></p>	<p>Appreciative Inquiry (AI) is a storytelling and collective analysis technique based on the assumption that questions and dialogue about strengths, successes, values, hopes, and dreams are transformational. AI is not about being overly positive. Instead, it focuses on how the future can be built on the best parts of the past, believing that we have all experienced what success looks like, even if fleeting, and have the capacity to create the world we want. AI is particularly useful for forming shared visions and principles, identifying outcomes, and setting intentions for future collective efforts (Hammond, 2013; Preskill &amp; Catsambas, 2006; Whitney &amp; Trosten-Bloom, 2010).</p>
<p><b>Data Gallery</b></p>	<p>This activity provides participants with an opportunity to interactively and collaboratively review data. In so doing, participants may develop a shared understanding of what the data mean and the resulting implications pertaining to improved policies, programs, or other organization and community change factors. It has the potential to spur both individual and collective action among participants (Francek, 2006; Murray, Falkenburg, &amp; Saxena, 2015).</p>
<p><b>What, So What, Now What?</b></p>	<p>This activity provides participants with an opportunity to share understandings and new insights, and to plan for next steps. It is particularly useful for generating ideas and solutions, engaging multiple perspectives, addressing complex challenges, and potentially making decisions. We often paired this activity with the Data Gallery to help participants identify key insights from evaluation findings and other data, identify specific implications for their work, and channel those insights into recommendations for action (Lipmanowicz &amp; McCandless, 2013).</p>
<p><b>I Like, I Wish, I Wonder</b></p>	<p>I Like, I Wish, I Wonder provides a simple framework for eliciting and processing feedback. It asks participants to first celebrate the good, and then to provide recommendations and express reservations in a productive way. This activity encourages openness, engages multiple perspectives, and supports groups in identifying solutions to pressing concerns. It can be used in groups of varying sizes, in-person or virtually, and with the participants identified or anonymous. Responses can be quickly aggregated, analyzed, and used to build collective buy-in and inform the work moving forward (Doorley, Holcomb, Klebahn, Segovia, &amp; Utley, 2018).</p>
<p><b>Ecocycle Mapping</b></p>	<p>The Ecocycle model suggests that the long-term sustainability of adaptive organizations requires that elements of those organizations undergo periodic, natural processes of destruction and renewal. Ecocycle mapping engages participants in building a visual depiction of where on the Ecocycle different initiatives, programs, or parts of an organization are currently operating, and in identifying risks, challenges, and areas to free space and resources to invest in new work (Hurst &amp; Zimmerman, 1994).</p>

- making updates to responsibilities, job descriptions, and titles. For some staff, this led to new responsibility for rethinking the design and facilitation of many critical meetings and retreats to more strategically bring in data to drive decision-making;
- recommending individual performance goals around learning for evaluators to incorporate in their annual plans — so they would obtain managerial support and coaching for their role in facilitating learning;
- expanding the role of evaluation consultants in facilitating learning among staff and grantees when updating contracts;
- identifying ways for the head of evaluation to support evaluators (who are spread



*We knew that building skills and designating roles would not be enough to shift Community Health toward strategic learning. There also needed to be changes in Community's Health's broader culture and structures to allow both evaluation and program staff to engage in individual and team learning.*

across teams and geographies) as a community of practice to share strategies, participate in professional development, and be active in the evaluation field on behalf of Community Health; and

- setting clear expectations with grantees about the role of learning in their work with Community Health.

We knew that building skills and designating roles would not be enough to shift Community Health toward strategic learning. There also needed to be changes in Community's Health's broader culture and structures to allow both evaluation and program staff to engage in individual and team learning. We adapted and implemented an internal assessment, the Readiness for Organizational Learning and Evaluation (ROLE) survey,<sup>4</sup> to highlight areas to change and elicit ideas for making desired shifts. The survey assessed seven elements of Community Health's ability to support effective learning: culture; leadership; systems and structures; communication of information; measurement, evaluation,

and learning; program office support; and community-of-practice functioning.

Using intentional learning activities such as Data Gallery (Francek, 2006; Murray, Falkenburger, & Saxena, 2015), What? So What? Now What? (Lipmanowicz & McCandless, 2013), Appreciative Inquiry (Hammond, 2013; Preskill & Catsambas, 2006; Whitney & Trosten-Bloom, 2010), and the World Café (2019), we engaged staff in interpreting the results and providing recommendations for change. Staff highlighted key areas to improve, including doing more to support informed risk-taking; addressing time constraints that make it hard to find time for reflection; and improving systems for making information accessible when needed to inform specific work.

### Leadership That Champions Learning

We knew that we would need strong leadership support for the shifts we were encouraging to be embraced by the organization. Two vice presidents were deeply involved throughout the process. They acted as co-champions of this work by visibly dedicating time and resources to learning as part of the strategic work of the organization, and collaborated with FSG in reflecting on the findings of the ROLE survey and developing recommendations for facilitating learning in the organization. Their deep engagement helped to bring along other organizational leaders who were more reticent or uncertain, and ensured that all of the work we did was reflective of the core strategic considerations of the organization. Meanwhile, the Community Health senior director of impact and learning played a key role — both visibly and behind the scenes — in building support for the work and making sure it was meaningful to each team and implementable.

### Results at the Organization and Team Levels

By the end of the project to develop MELO, the Community Health team had spent over 18 months finalizing the “products,” building

<sup>4</sup>The ROLE survey was developed by Hallie Preskill and Rosalie Torres, based on their book *Evaluative Inquiry for Learning in Organizations* (Preskill & Torres, 1999). The survey can be found at <https://www.fsg.org/tools-and-resources/readiness-organizational-learning-and-evaluation-instrument-role>.



momentum internally for using them, and deepening their capacity for continuous learning.

This emphasis on operationalizing learning came in handy immediately. Before the ink was dry on the products, dramatic changes occurred in late in 2016 and early 2017 that prompted substantial adjustments to the Community Health strategy. The presidential election and shift in the national political environment, particularly around health care and conditions for vulnerable populations, created significant uncertainty for Community Health. At the same time, Kaiser Permanente elevated Community Health to greater prominence within the organization and new leadership was hired, marking Community Health's first leadership change in over 15 years. With this new leader came a new, more ambitious and organizationwide vision as well as refreshed goals, with scale and impact driving the work more than ever. This all had implications for strategy, measurement, partnerships, and team structures.

Fortunately, Community Health had built an appetite for using data and experiences systematically and creatively to consider the implications of the current context and vision for the new strategy. Next, we explore some of the results of Community Health's multifaceted efforts to build a culture of learning by discussing outcomes for the organization as a whole and for specific teams.

## Organizational Outcomes

As Community Health launched into a process of rethinking its strategy (and complementary measurement strategy and organizational structures) across all levels and all regions of the organization, an emphasis on learning has equipped it to be resilient and adaptive during this time of enormous change. Two examples describe this capacity.

### Example 1

Community Health's new senior leader brought a bigger vision for positively impacting the lives of the 65 million people who live in Kaiser Permanente's footprint. For the past year,

Community Health has been involved in an endeavor to redesign its strategy and reorient the organization to carry it out.

Amid this process, Community Health was supported by I Like, I Wish, I Wonder (Doorley, Holcomb, Klebahn, Segovia, & Utley, 2018), a learning activity that allows participants to first celebrate the good, and then to provide recommendations and express concerns in a productive way. Community Health used this activity multiple times — with groups large and small, in person and online — to provide a framework for reflection and conversation as they solicited input and solidified the strategy. Using this activity to facilitate reflection offered a number of benefits:

- The resulting dialogues provided coherent, nuanced qualitative data in the form of endorsements, recommendations, and concerns that staff recorded, analyzed, and used to directly inform the strategy.
- The interactive nature of the activity allowed those leading the development of the strategy to engage over 200 of their colleagues. The strategy benefitted from the direct contribution of many more perspectives than would have been permitted by the input-gathering approaches Community Health had customarily used.
- The real-time process of sharing input, hearing and building off of others' reactions, and seeing these ideas shape the strategy left participants feeling heard and energized about the new direction. This high degree of engagement built significant collective momentum behind adopting and implementing the strategy.

While a strategy development process of this magnitude can be challenging, this exercise allowed for expressions of support as well as space for candor and feedback that has resulted in a stronger, more comprehensive strategy and a higher degree of buy-in among the wide array of staff that are responsible for implementing the new strategic framework.

*Example 2*

To accompany the new strategic framework, Community Health strategy and evaluation leaders from the national office developed a new, program-wide measurement strategy aimed at aligning data collection — across eight regions for 20 new initiatives — to meaningfully inform program strategy while also meeting complicated reporting requirements. The measurement strategy had important stakes for Community Health — for the first time, it was being held publicly accountable to improving health in the communities that Kaiser Permanente serves. This heightened accountability had significant implications for regional leaders and staff, who would be at the front lines of implementing the strategy and whose progress would be reflected in the data collected through the new measurement strategy. Additionally, in the measurement strategy, Community Health was articulating its role in addressing social determinants of health and its definition of “community.”

National leaders needed to socialize the measurement strategy with leadership, program staff, and operational staff in each region, and knew that the content could be challenging — both in terms of supporting a layperson audience to absorb complex data concepts and in terms of regions’ reception to the new strategic directions and regional accountabilities for outcomes. In a three-hour workshop, national leaders used learning activities, including Data Gallery; I Like, I Wish, I Wonder; and role-play, to help regional staff gain comfort with the plan and gather feedback. Through this experience, regional staff gained a deeper understanding of Community Health’s new strategy and how it would be reflected in measurement efforts, and gained greater comfort discussing the measurement strategy and its implications for their work (in preparation for continuing to have these discussions with other stakeholders at the regional level), which laid the groundwork for more effective and aligned efforts.

**Team Outcomes**

For several teams, this mindset and way of doing work has taken off. From cross-regional strategic-initiative discussions and region-specific planning meetings to sharing evaluation results with grantees, teams are engaging around evaluation, data, and learning in very different ways than they had before. Now, there are deeper, more interactive conversations about data, leading seamlessly to generative discussions about what to do next that allow teams to move to decisions faster. Since a wide swath of evaluation staff and consultants were all trained in facilitating learning,<sup>5</sup> many of them are better able to play an active role in helping their teams make these shifts.

Three examples illustrate ways that organizational learning mindsets and practices are being infused through — and bringing value to — Community Health’s teams.

*Example 1*

In both the national office and Community Health’s Northwest Region, teams have adopted a regular practice of using Ecocycle mapping (Hurst & Zimmerman, 1994). The activity provides teams with a visual depiction of the different stages of the adaptive cycle — birth, maturity, creative destruction, and renewal — in which different programs have been operating. These teams use Ecocycle mapping to assess how they have been expending time and energy, with an eye toward finding ways to reallocate resources to invest in new efforts.

Staff have adapted the activity to meet their needs by categorizing items in “creative destruction” into additional categories — end, spin off, divest, and reinvent — and developing action plans with timelines and roles. Staff leave these Ecocycle mapping sessions in agreement about how intend to shift their efforts and are equipped to take concrete steps to make room for new work.

<sup>5</sup>The consulting group that participated in the training was formally acquired by Kaiser Permanente after the project. The former consultants are now officially staff, though they engage with grantees and other Kaiser Permanente departments in a similar capacity as they did before.

For example, the national office staff used Ecocycle mapping to discuss new directions for its place-based obesity prevention efforts. Community Health Initiatives (CHI) is a 10-year-plus effort focused primarily on obesity prevention in communities. Starting from a hypothesis that the place-based strategies had achieved important results but were ultimately too broad and needed to go through creative destruction, use of the Ecocycle mapping exercise to map and discuss components of the work provided clarity and agreement about focusing the future CHI strategy in schools and specific cities — places where Community Health could achieve substantial results.

### Example 2

Building on the outcomes of the Ecocycle mapping session, CHI leaders recently hosted an all-day retreat with over 25 program officers and evaluators working in communities across the nation to review 10 years of evaluation data reflecting work in 60 communities, capture lessons learned, and identify implications for future efforts. This was one of the earliest learning retreats that Community Health implemented independent of FSG's involvement, and was an opportunity to test whether staff had “learned to fish” on their own.

Starting with the understanding (from the Ecocycle mapping and other discussions) that the strategy would evolve to focus squarely on schools and cities, the group identified key findings from the evaluations about which strategies in these settings had been most and least effective, and why. This discussion highlighted the need to focus on physical activity in schools and expand policy work at the city level. While the national and regional staff involved in this effort might have reached these conclusions through other means, the focus on learning allowed them to make sense of complex data much more quickly and come to conclusions collaboratively. As a result, the conclusions were absorbed more deeply, with a higher level of agreement about their implications. And, more people had an opportunity to weigh in on next steps and hear others' perspectives, leading to a greater degree

of buy-in and effectiveness in working together to implement the refocused strategy.

### Example 3

The evaluation staff in Southern California has a history of working with their region's program team on strategic planning. Evaluation staff has built on this foundation of collaboration with program staff in order to incorporate more learning modules into the strategy process.

For example, for the region's Community Health Needs Assessments (CHNAs), for the first time they are creating learning questions to guide the process. The learning questions are intended to clarify and broaden what the region hopes to learn through the CHNAs, so they can more comprehensively reflect community priorities in the assessment and in their resulting plans to respond to community needs. Additionally, the region collects this information across 15 hospitals and, by clearly articulating their learning questions, they hope to bring a new level of consistency to the data they collect across hospitals and thus a greater level of coherence to the learnings that will inform their work.

### Ingredients for Success

The experience of developing MELO and infusing learning throughout Community Health has marked a true transformation for the organization. Each element of the work contributed to the results Community Health is seeing today. However, they were only part of the story. This work could have only been accomplished through intention, dedication of time and resources, broad engagement, stewardship of the process, and willingness to take risks. For those who see reflections of themselves and their aspirations in this article, and are considering undertaking similar work, we offer the following reflections about ingredients for success.

- Involve the right people — at all levels of the organization — to achieve buy-in. We worked with everyone who had a significant role to play in facilitating strategic learning. For us, that meant engaging a wide range of actors: senior leaders, program

*Be cautious at first, if needed; then, experiment shamelessly. We knew it would be important to demonstrate the value of new activities and approaches we were suggesting, and were meticulous about planning our first sets of learning activities. As we've cultivated excitement for this work — and learned more about what best fits Community Health's work and culture — staff have become more comfortable adjusting on the fly and running with a focus on learning in every venue possible.*

directors and managers, evaluators, relevant operations staff, and grantees. We tailored engagement of each group in ways that set shared expectations, built excitement, sought their input, and resonated with what each group valued.

- Build learning capacity among evaluation and program staff. Often, evaluation staff are most closely identified with fostering learning in organizations. Here, program staff were deeply involved in developing the “products,” designing learning, and participating in learning activities. We also saw and built an enhanced role for evaluation staff in contributing to strategic planning. Thus, we leveraged and linked both roles and skill sets to enhance Community Health's learning capacity.
- Train as many people as possible — even consultants. We recognized that external consultants have an important role to play in enabling learning, and that if we did not include them with intention, we would be missing an opportunity to shift how Community Health's teams used data to gain strategic insights. We trained and engaged staff and consultants together to build a cadre of folks who were equipped to spread strategic learning throughout Community Health.
- Immediately operationalize your plans — with roles and responsibilities — as part of the work. As soon as we finished the products, we pivoted to developing concrete plans and skills for infusing them into our work. Thus, when Community Health soon had a significant change in strategy that made the products almost immediately out of date, the organization could replicate key ways of engaging with data and staff to inform ongoing work and refresh the Community Health strategy.
- Be cautious at first, if needed; then, experiment shamelessly. We knew it would be important to demonstrate the value of new activities and approaches we were suggesting, and were meticulous about planning our first sets of learning activities. As we've cultivated excitement for this work — and learned more about what best fits Community Health's work and culture — staff have become more comfortable adjusting on the fly and running with a focus on learning in every venue possible.
- Take advantage of early adopters and easy wins. For many Community Health teams, this work represented a marked shift and came easier to some than others. To continue building buy-in and momentum, it was important to support those who were particularly excited to experiment with new ways of doing things. Over the course of the project, several people raised their hands to pilot a new learning activity. We provided as much support as we could, while keeping

them in the lead so they could build their ownership and capacity.

- See times of change as an opportunity to strengthen learning muscles. Particularly since undergoing this process, Community Health has leaned into times of change as an opportunity to use intentional learning to engage more people, build more experience engaging in interactive dialogue around data and experience, and gather more feedback about how staff and partners are experiencing learning efforts. As a result, Community Health has built stronger muscles for this way of working, and has become more resilient in the face of change.
- Connect accountability and learning. As we embarked on this work, we were careful to illustrate that there is no choice needed between accountability and learning. Rather, a commitment to learning holds organizations accountable to their intended impact as contexts shift. Learning also supports organizations in focusing attention and resources on data that is most informative (and discontinuing data collection that does not contribute to meaningful learning). These messages resonated with Community Health leaders and facilitated their buy-in. In order to strengthen their buy-in, it was also important to demonstrate quickly how engaging in reflection could lead to stronger strategies and therefore healthier communities.
- Meet short-term needs while keeping sight of longer-term learning goals. While Community Health has successfully kept learning at the forefront of its approach to change, it has focused on addressing “just in time” questions and has put less emphasis on refreshing its longer-term strategic questions. This has made sense during recent times of truly seismic changes, but now that Community Health has developed a new strategic framework and measurement strategy, there is more space for leaders to pay more attention to higher-level

questions about progress, implementation, and impact.

## Conclusion

Building Community Health’s learning culture and capacity has been a journey that has ushered in an organizational transformation. Reaching this point wasn’t easy — it required a commitment to change, and to engaging a broad base of individuals and teams in building new muscles and habits. However, Community Health’s efforts have been reinforced by the immediate value this work has provided. When circumstances quickly changed, staff were prepared to collectively reflect and make needed shifts to strategies and day-to-day plans.

We understand that this isn’t a timebound project one completes. Like a muscle that has been strengthened, the capabilities Community Health has built can atrophy if not exercised. It will continue to take intention and effort to maintain — and continue to deepen — the organization’s capacity for strategic learning. And, as much as we were able to anticipate opportunities to equip staff and leaders with skills, experiences, and inspiration to engage in this work, there is more that could be done. Community Health plans to continue experimenting with new approaches to learning, engaging even more people in designing and participating in learning, and seeking new avenues for making sure learning continues to be deeply engrained in how Community Health does business.

We hope that by exchanging stories and insights from each other’s journeys to become stronger learning organizations, we can build a more resilient and nimble social sector, better prepared to create positive change in our communities and for the people we serve.



## References

- BUSH FOUNDATION. (n.d.). *What We're Learning*. Saint Paul, MN: Author. Retrieved from <https://www.bushfoundation.org/learning/>
- CENTER FOR EFFECTIVE PHILANTHROPY & CENTER FOR EVALUATION INNOVATION. (2016). *Benchmarking foundation evaluation practices*. Cambridge, MA: Author. Retrieved from <http://research.cep.org/benchmarking-foundation-evaluation-practices>
- COFFMAN, J., & BEER, T. (2011). *Evaluation to support strategic learning: Principles and practices*. Washington, DC: Center for Evaluation Innovation. Retrieved from <https://www.evaluationinnovation.org/wp-content/uploads/2011/07/Strategic-Learning-Coffan-and-Beer.pdf>
- DOORLEY, S., HOLCOMB, S., KLEBAHN, P., SEGOVIA, K., & UTLEY, J. (2018). *Design thinking bootleg*. Stanford, CA: Stanford University. Retrieved from [https://static1.squarespace.com/static/57c6b79629687fde090a0fdd/t/5b19b2f2aa4a99e99b26b6bb/1528410876119/dschool\\_bootleg\\_deck\\_2018\\_final\\_sm+%28%29.pdf](https://static1.squarespace.com/static/57c6b79629687fde090a0fdd/t/5b19b2f2aa4a99e99b26b6bb/1528410876119/dschool_bootleg_deck_2018_final_sm+%28%29.pdf)
- FORD FOUNDATION. (n.d.). *Learning and Impact*. New York, NY: Author. Retrieved from <https://www.fordfoundation.org/work/learning-and-impact/>
- FRANCEK, M. (2006). Promoting discussion in the science classroom using gallery walks. *Journal of College Science Teaching*, 36(1), 27–31. Available online at <https://www.jstor.org/stable/42993895>
- GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS. (2015). *Learning together: Actionable approaches for grantmakers*. Washington, DC: Author. Retrieved from <https://www.geofunders.org/resources/learning-together-actionable-approaches-for-grantmakers-682>
- HAMMOND, S. A. (2013). *The thin book of appreciative inquiry* (3rd ed.). Bend, OR: Thin Book.
- HURST, D. K., & ZIMMERMAN, B. J. (1994). From life cycle to Ecocycle: A new perspective on the growth, maturity, destruction, and renewal of complex systems. *Journal of Management Inquiry*, 3(4), 339–354. <https://doi.org/10.1177/105649269434008>
- LIPMANOWICZ, H., & MCCANDLESS, K. (2013). *The surprising power of liberating structures*. Seattle, WA: Liberating Structures Press.
- MURRAY, B., FALKENBURGER, E., & SAXENA, P. (2015). *Data walks: An innovative way to share data with communities*. Washington, DC: Urban Institute. Retrieved from <http://www.urban.org/research/publication/data-walks-innovative-way-share-data-communities>
- PRESKILL, H., & CATSAMBAS, T. (2006). *Reframing evaluation through Appreciative Inquiry*. Thousand Oaks, CA: Sage.
- PRESKILL, H., GUTIÉRREZ, E., & MACK, K. (2017). *Facilitating intentional group learning: A practical guide to 12 learning activities*. Washington, DC: FSG. Retrieved from <https://www.fsg.org/tools-and-resources/facilitating-intentional-group-learning>
- PRESKILL, H., & MACK, K. (2013). *Building a strategic learning and evaluation system for your organization*. Washington, DC: FSG. Retrieved from <https://www.fsg.org/publications/building-strategic-learning-and-evaluation-system-your-organization>
- PRESKILL, H., & TORRES, R. T. (1999). *Evaluative inquiry for learning in organizations*. Thousand Oaks, CA: Sage.
- WHITNEY, D., & TROSTEN-BLOOM, A. (2010). *The power of Appreciative Inquiry* (2nd ed.). San Francisco, CA: Berrett-Koehler.
- WILLIAM AND FLORA HEWLETT FOUNDATION. (n.d.). *Openness, transparency, and learning*. Menlo Park, CA: Author. Retrieved from <https://hewlett.org/openness-transparency-learning/>
- WORLD CAFE COMMUNITY FOUNDATION. (2019). *The World Cafe: Shaping our futures through conversations that matter*. Greenbrae, CA: Author. Available online at <http://www.theworldcafe.com>

**Tiffany Clarke, M.P.P., M.P.H.**, is an associate director of FSG. Correspondence concerning this article should be addressed to Tiffany Clarke, FSG, 1020 19th Street NW, Suite 420, Washington, DC 20036 (email: [tiffany.clarke@fsg.org](mailto:tiffany.clarke@fsg.org)).

**Hallie Preskill, Ph.D.**, is a managing director of FSG and leads the Strategic Learning and Evaluation practice.

**Abigail Stevenson, M.B.A., M.P.H.**, is a director of FSG.

**Pamela Schwartz, M.P.H.**, is senior director for impact and learning at Kaiser Permanente Community Health.