The Power of Storytelling as a Person-Centered Data Collection Method

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Columbia Pacific CCO™

Traditional Assessments

Assuming Mobilizing for Action through Planning and Partnerships (MAPP)

Phase 1: Organizing

Phase 2: Visioning

Phase 3: The Four Assessments

1. Community Themes and Strengths Surveys/Photovoice/Interviews/Focus Groups

2. Systems Assessments

3. Community Health Status (aka Key Health Indicators)
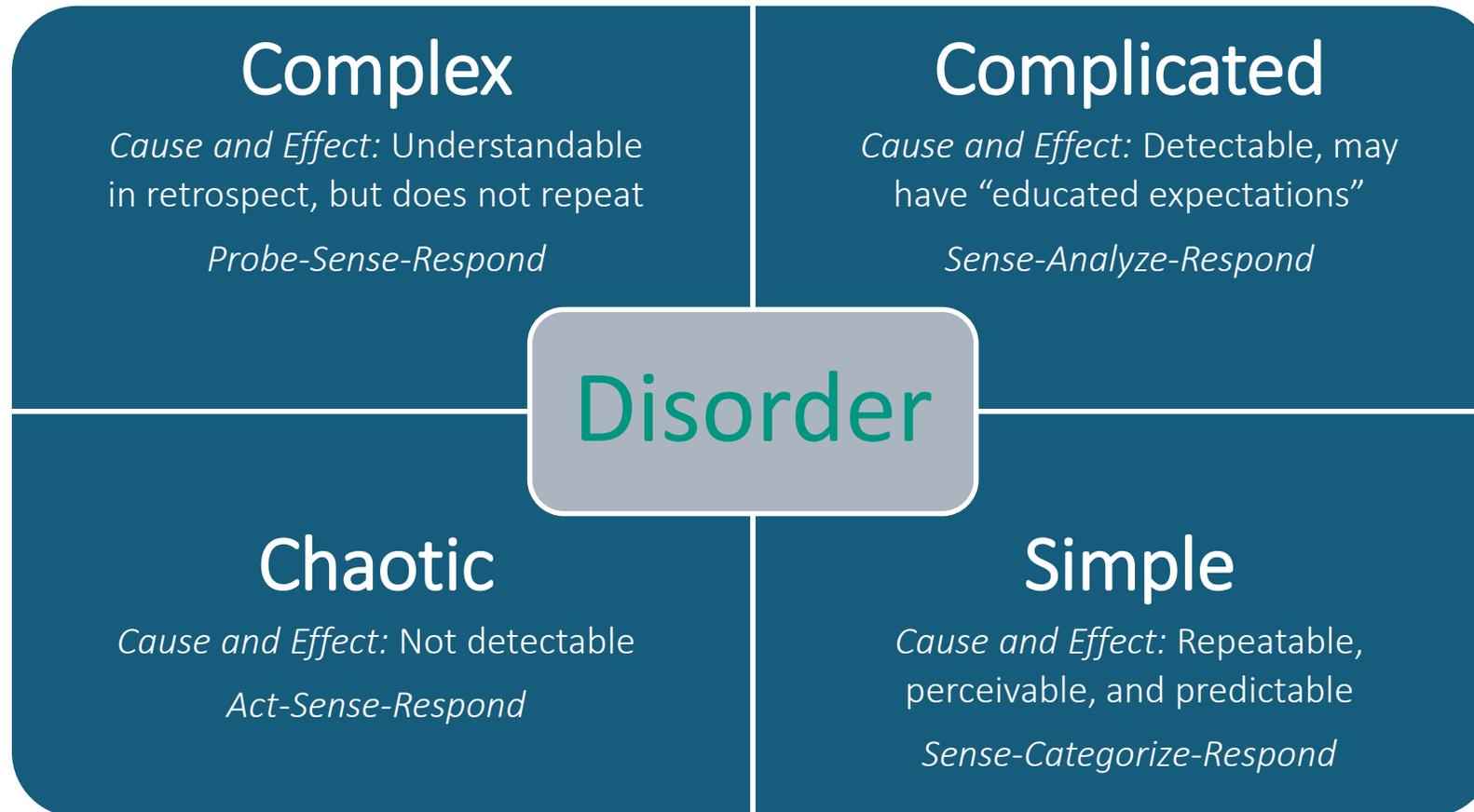
4. Forces of Change Assessment

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals & Strategies

Phase 6: Action Cycle Initiates

NACCHO, 2019

CCOs are Complex...

The Cynefin Framework

Complex *Cause and Effect:* Understandable in retrospect, but does not repeat *Probe-Sense-Respond*	**Complicated** *Cause and Effect:* Detectable, may have "educated expectations" *Sense-Analyze-Respond*
Chaotic *Cause and Effect:* Not detectable *Act-Sense-Respond*	**Simple** *Cause and Effect:* Repeatable, perceivable, and predictable *Sense-Categorize-Respond*

Disorder

Snowden, 2015

What is Person-Centered Data?

The community whose habits, opinions, and/or experiences are collected are also informing all phases of the design, development, and implementation of information gathering. The methods of collection are built to reflect the community's interpretations of their experience rather than that of the collector.

Why Person-Centered Data Matters

- Supports translation from information to effective interventions.

- Allows for weighting or uplifting voices that may otherwise be drowned out by the majority.

- Allows respondents to also be champions, increasing trust of the results among the community.

- Shows promise for addressing multiple levels of causality, which improves resulting decisions around intervention.

- Supports the Oregon Health Authority's vision as laid out in CCO 2.0 for capturing whether CCOs are meeting our intended purposes in addition to cost containment or metrics.

Our Unique Approach

- This form of Community Health Assessment is equity-oriented and trauma-informed.

  - The communities being surveyed were represented throughout the process and the gathered voices will continue to be at the table.
  - The complexity of their experiences was collected and respected.
  - As people told their stories, *they* coded their meanings rather than having a third party interpret their meanings for them.
- The stories provided depth in the form of qualitative and quantitative data alike that will put member voice in our decision making processes.

  - Avoids reductive logic and allows nuance.
  - Uncovers many layers of experiences at the individual and community levels of analysis.

Where It Fits In...

Traditional Methods

- Gives a longer-term view of healthcare and social determinants

- Speaks to disease state and key community indicators such as readiness or current state

- Can be just as subjective but tends to be measured fairly consistently from year to year across time

- Is less work even when they're a lot of work

Person-Centered Data

- Can be simultaneously qualitative and quantitative

- Uniquely centers social determinants

- Accurately represents what would otherwise be mutually-exclusive

- Reduces interpretive bias

- Can live beyond the survey-period

- Drives the way we look at traditional data

- Gives point-in-time views into community consciousness and values

Survey Process Overview

- Columbia Pacific CCO worked with a consultant from SenseMaker on preparing for survey creation and collection.

- Story collection questions were developed **with Oregon Health Plan members** as well as community and clinical partners. The resulting survey was then piloted both in English and Spanish.

- **1,252** stories were collected by staff, members, clinicians, partners, and leadership from September 1-November 15, 2018.

- Organized results were reviewed and "themed" by a variety of stakeholders—including a few members—who had been involved previously.

- The data was foundational to our Regional Health Improvement Plan, and will continue to be used to inform both community and clinical improvement.

The Instrument

For the following questions, we define health and well-being as including: physical, mental, dental, traditional, environmental, or community. We define policy or system as rules made by governments or organizations that may affect how easily you can access health care.

Please read the story prompts and select <u>one</u> that interests you the most. Circle the number of your selection. Please do not include any names of people in your story.
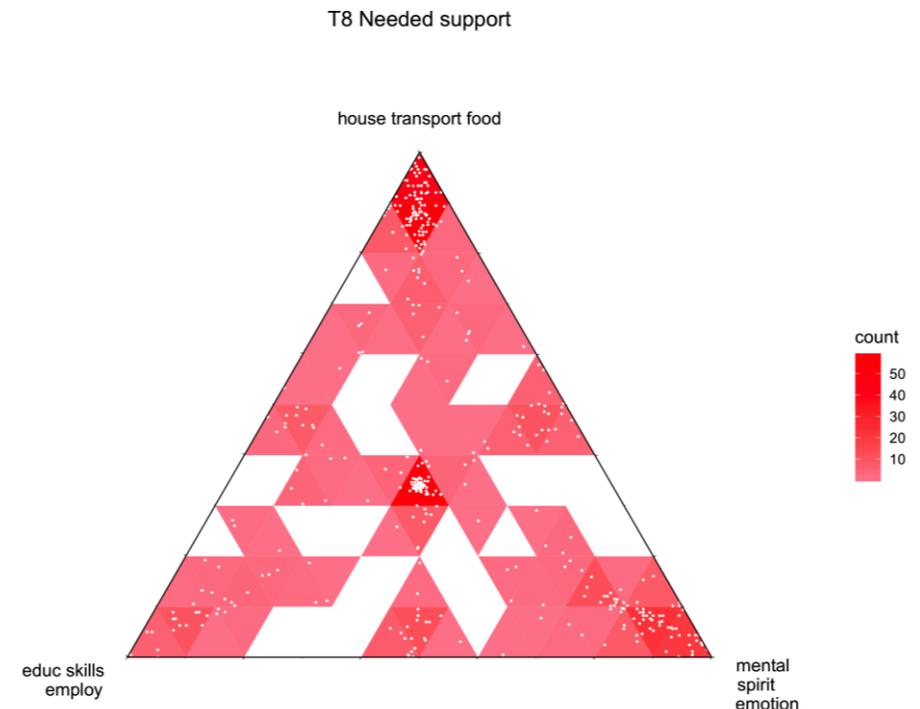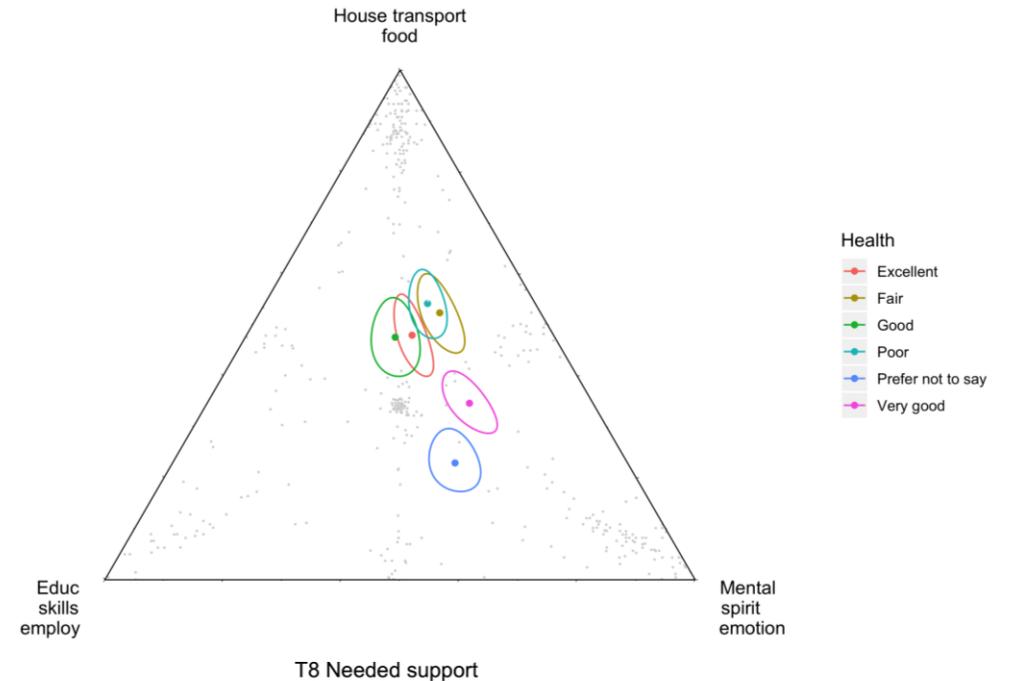
1. What helps or stops you or your family to stay healthy or improve their health? Describe a specific experience.

2. What keeps people in your community healthy or doesn't keep them healthy? Give a specific example.

3. Outside of the doctor's office, where do you learn how to improve your health? What has helped or not worked?

4. What places, services, and/or rules help promote or stop you or your family's health or well-being? Share your specific experiences or observations. What happened?

1. Thinking about your story, what was important?

Programs that meet my needs

Not applicable ☐

Access to health education

Support from groups or friends

The Instrument

The questions on this page refer to your story. Place a "X" on the bar where you think the experience you wrote fits. If a question does not relate to your story, then check the box 'Not applicable'.

9. In the story, when talking with people who could help, they...

Surprised me by listening closely ▢▢▢▢▢▢▢▢▢▢▢ Wanted to help but couldn't

Not applicable ☐

13. What type of experience was this for you? (Select one choice)

☐ Strongly negative
☐ Negative
☐ Neutral
☐ Positive
☐ Strongly positive
☐ Not sure

Share your vision! Related to the experience you helped us to understand, what is your vision of the future?
Do you have ideas to make it better or ideas about things that are not here that you would like to see?
(optional question)

Analysis

- Statistical significance
- Geographic means
- Heat maps
- Theming
- Swim Lane Analysis

Big Takeaways

- It can be hard to get needs met
- People helping and community impact health
- People want to be treated as equals, and it affects health when they aren't
- Difficulties getting around was the most cited barrier, but health insurance and rules as barriers were also experienced

- Housing, transportation, and food are needed but so are mental, spiritual, and emotional supports
- People need to be heard
- Flexibility *and* predictability are needed—this is Trauma-Informed Care
- People were united around strengths and barriers rather than divided by insurance or demographics, though experiences were nuanced

Now to Peek at the Data!