



**TASK FORCE ON EARLY CHILDHOOD OBESITY PREVENTION**  
**Friday, September 28, 2012**  
**North Carolina Institute of Medicine, Morrisville**  
**10am-3pm**  
**Meeting Summary**

**Attendees**

*Members:* Ron Bradford, David Gardner, Jennie Owen, Andrea Phillips, Janet Singerman, Willona Stallings, Dianne Ward, Henrietta Zalkind

*Steering Committee and NCIOM Staff:* Kimberly Alexander-Bratcher, Krutika Amin, Pat Hansen, Jennifer MacDougall, Susan Perry-Manning, Pam Silberman, Anne Williams, Adam Zolotor

*Other Interested People and Guests:* Emily Allison, Ariel Ashe, Emily Bell, , Pennie Foster-Fishman, Rachelle Hardison, Brittany Martin, Kelley Maxwell, Capri McDonald, Pauline McKee, Deborah Nelson, Candy Scott, Cynthia Turner, Melissa VanDyke, Ann Ward, Donna White, Gayle Wilson,

**WELCOME**

*Kimberly Alexander-Bratcher, MPH*  
*Project Director*  
*North Carolina Institute of Medicine*

*Jennifer MacDougall, MS*  
*Program Manager*  
*Healthy Active Communities*  
*Blue Cross and Blue Shield of North Carolina*  
*Foundation*

*Pam Silberman, JD, DrPH*  
*President & CEO*  
*North Carolina Institute of Medicine*

Ms. MacDougall welcomed everyone to the meeting. Dr. Silberman welcomed the guests to the NCIOM. Ms. Alexander-Bratcher gave a brief explanation of the work of the Task Force and an overview of the day's agenda before introducing Dr. Foster-Fishman.

**THE VALUE OF SYSTEMS THINKING IN COMPLEX COMMUNITY CHANGE**

*Pennie Foster-Fishman, PhD*  
*Professor, Department of Psychology*  
*Senior Outreach Fellow, University Outreach and Engagement*

Dr. Foster-Fishman led the group in an introductory exercise in which everyone introduced themselves and their role in their organization or on their project, and gave the title of their book on systems change, should they write one. Common themes among the responses included collaboration, results-oriented, hope, future, and the challenge faced.

Dr. Foster-Fishman presented to the Task Force and facilitated both full group and small group discussions on how systems thinking tools can help us increase the value and impact of our community and state wide change initiatives. She emphasized the complexity of the social problems the Task Force and guests are working on and proposed treating community change efforts as systems change. Dr. Foster-Fishman defines systems change as an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system. Dr. Foster-Fishman walked the group through the six steps of a systems change approach, providing time at intervals for small groups to discuss their own projects and how they could incorporate systems thinking. The six steps of a systems change include:

1. Clarifying the purpose of the systems change

- a. Determining the boundaries of the system

The boundaries of the system include the voices/perspectives that need to be considered, who may benefit or suffer from systems interventions, and what resources are available for system change efforts.

Inclusion criteria for perspectives to consider include: access to or control of the resources, constituents/users, providers, span of levels such as neighborhoods and communities, and readiness to listen

In Small Group discussions, parents were among the most commonly excluded perspectives, in part because it can be difficult to effectively engage them in this type of process. Dr. Foster-Fishman shared an infrastructure model that uses multiple tables to group voices such as a leaders table, doers table, constituents (parents or youth), not-for-profit, public sector, depending on the issue. Each group is co-lead and the co-leaders make up the executive committee which defines the same agenda for all the tables to keep the groups coordinated.

- b. Defining the targeted problem

Defining the problem is done after the included perspectives have been determined, because changing the perspectives at the table can affect the definition of the problem. The group walked through a root cause analysis of the case study together. The question “why?” must be asked 3-7 times to understand the underlying reasons a problem exists in a community.

2. Defining the system to change

This step requires determining the state of the current system based on the problem—whether one exists or needs to be created. The system is defined

around an identified problem—it is a group of actors with a shared purpose that are interconnected in pursuit of the common goal. System members can be identified using categories such as service providers, institutions, neighborhoods, constituent consumers, etc.

### 3. Understanding critical system characteristics

This step follows defining the system to target by identifying the pieces that need to be changed or built into the system. Dr. Foster-Fishman shared her method of considering what aspects of a system need to be kept, changed, chunked, and/or created. This helps define the strategies for change and drives the future agenda. In addition to the shared purpose, the system characteristics presented by Dr. Foster-Fishman include:

- **Mindsets.** Arguably the most important and most difficult characteristic to alter are the mindsets that guide the work and decisions, which include underlying values, assumptions and attitudes that individuals hold about the work, the problem, each other, and the people they serve.
- **Service Components.** Service components are the array of programs, supports, and resources, both formal and informal. It is important to consider their quality, reach, and whether they are aligned with the identified problem.
- **Connections.** The relationships and connections across different system components and actors are an important part of the system characteristics.
- **Policies.** Both formal and informal policies that regulate individuals' behavior are significant.
- **Resources.** Includes human resources, the flow of resources, and current access and utilization of resources.
- **Power.** Control dynamics and power define how decisions are made and who participates in the decision-making process.
- **Interdependencies.** It is important to recognize the interconnectedness of these characteristics. The potential for negative impacts on other parts of the system must be considered. System change is most powerful with simultaneous coordinated changes made to multiple pieces.

### 4. Identifying levers to change the system

Dr. Foster-Fishman noted that sometimes the system purposes changes. She also emphasized the need to identify and target immediate, feasible “small wins” to motivate the work. The small groups brainstormed small wins that could be achieved in the timeframe of the first 6 months. This helps develop the commitment to target the bigger problem.

5. Embed systems change into agendas and plans
6. Create effective implementation conditions  
Effective implementation requires consideration of readiness, capacity, diffusion, and sustainability at a number of levels—the community/state, service delivery system, organizations, and individuals.

Dr. Foster-Fishman's presentation can be found here: [The Value of Systems Thinking in Complex Community Change](#). The ABLe Change Case Study and Worksheet used throughout the day can be found here: [ABLe Change Case Study](#), [ABLe Change Framework Worksheet](#).

*Selected Questions and Comments:*

- Q: How do you balance stretching the boundaries of the system and keeping the targeted system/problem manageable?  
A: Dr. Foster-Fishman always includes certain groups of perspectives (constituents, funders, the public and private sectors) but doesn't always start with all the groups present. Community distrust, for example, can silence the conversation if too many people are present. She uses an inquiry process to allow the client to define the boundaries, and balances readiness and capacity needs with the ideal.

The next task force meeting is November 16 and will focus on public policy.