Strengthening Your Title V System: Systems Approaches to Advance Equity

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National **MCH** Workforce Development Center
Advancing Health Transformation

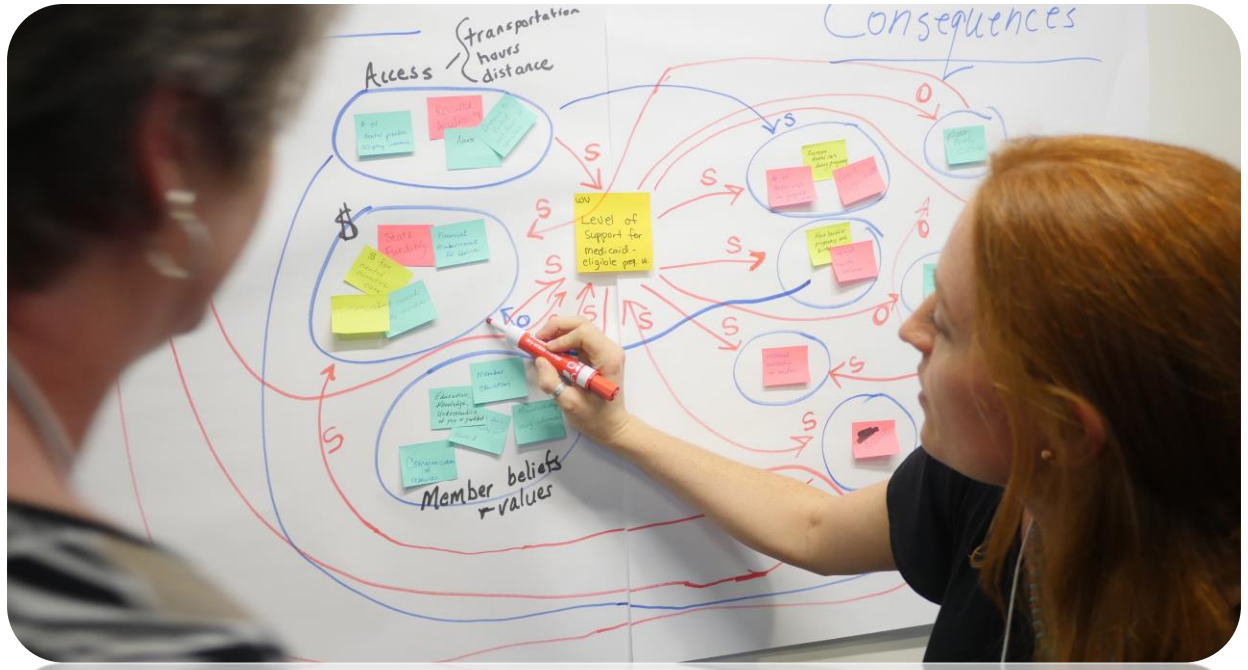
National MCH Workforce Development Center

Who are we?

Technical assistance center supported by the federal Maternal & Child Health Bureau (MCHB). The center is housed in the Gillings School of Global Public Health at UNC Chapel Hill.

What do we do?

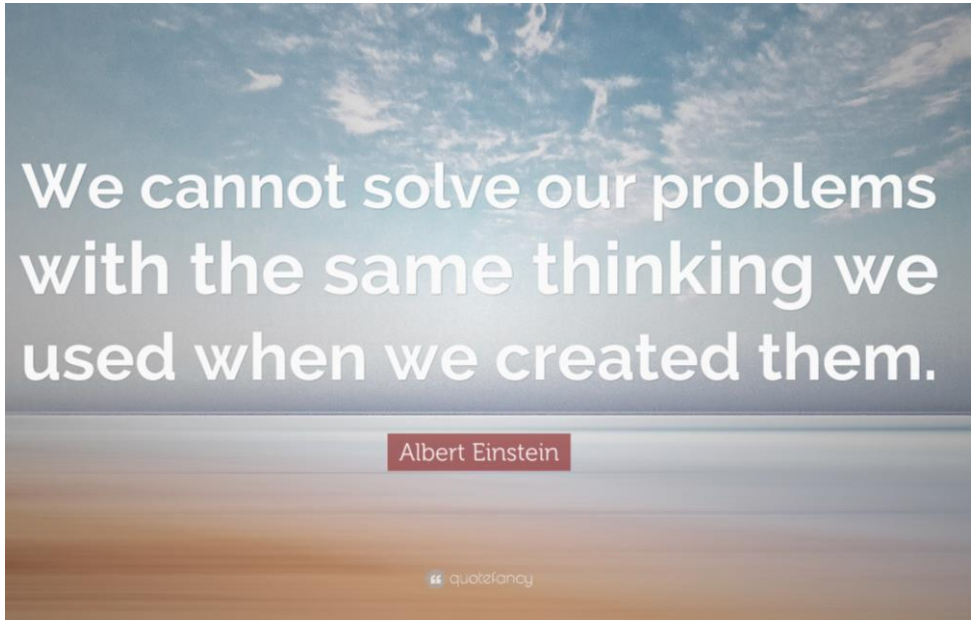
Help MCH Title V leaders tackle complex challenges through training, collaborative learning, coaching, and consultation. Nine years of experience responding to emerging needs for Title V MCH programs and their partners in the core areas of: **systems integration,** change management, equity & engagement with people with lived experience, and evidence-based decision making.



AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Session Aims

- **Experiential Aim:** Create a supportive learning environment that will challenge participants to examine their own mental models and interrogate the opportunities and challenges of a systems approach with their peers.
- **Rational Aims:**
  - Explore and embrace the value of a systems approach to strengthen Title V's impact.
  - Learn about examples of systems approaches that have been successfully utilized in MCH.
  - Reflect on opportunities for a systems approach to align and advance equity initiatives in your state or jurisdiction.



Session Agenda

1. Introduction to Systems Strengthening
    - **Activity**: Unleashing Systems Strengthening for Title V Outcomes
2. Systems Approaches for MCH
    - Examples from the field:
        - Minnesota's Children with Special Health Care Needs Program
        - The Birth Equity Action Map
3. Application & Reflection
    - **Activity**: Think-Pair-Share discussion

What is a system?

System = A collection of parts or components that interact with each other to form an interdependent whole (Kauffman 1980; Scott 2003).

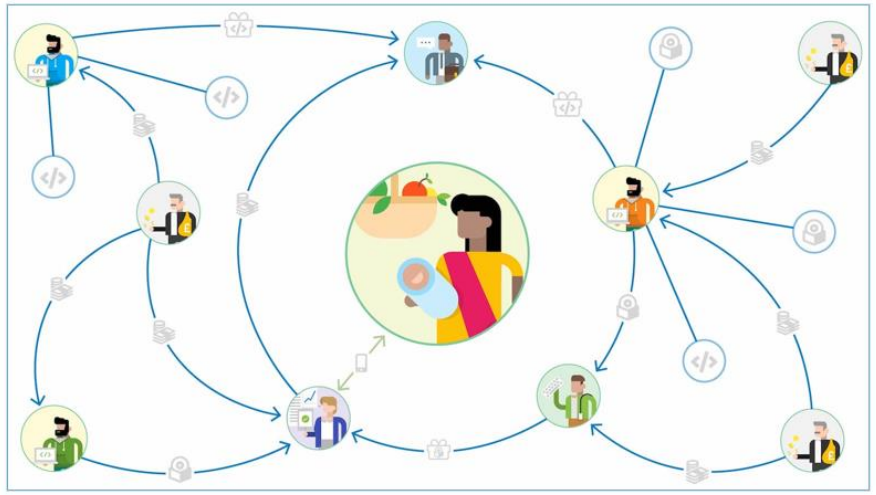


Photo source: The Othering & Belonging Institute

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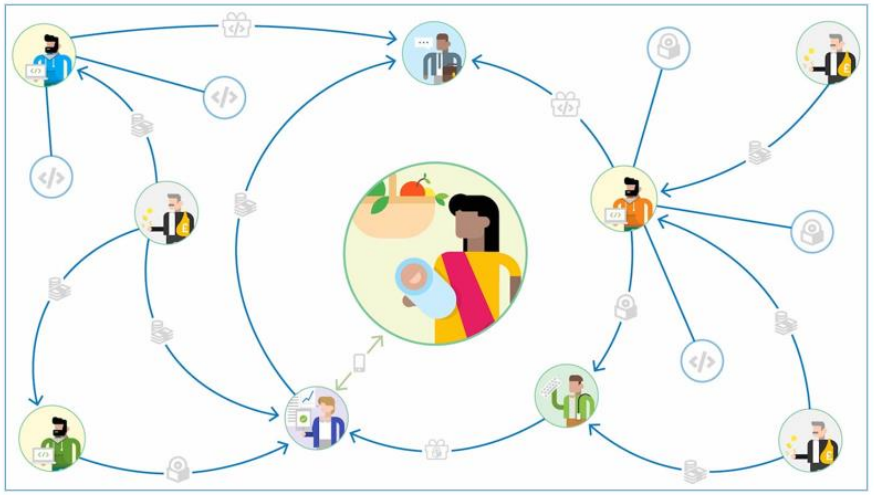
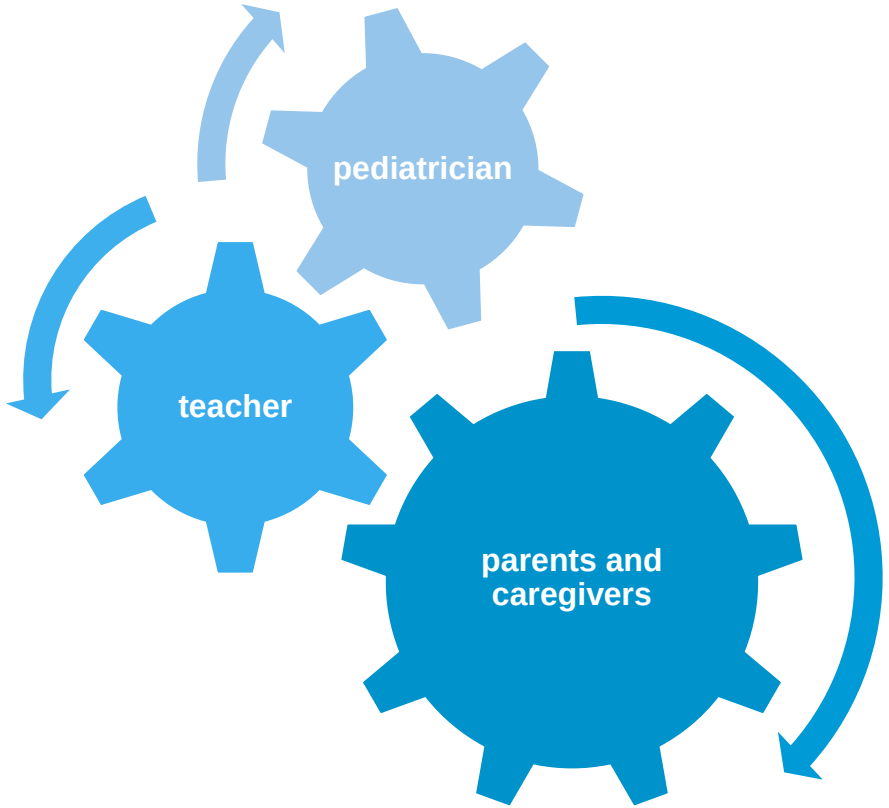


Photo source: The Othering & Belonging Institute

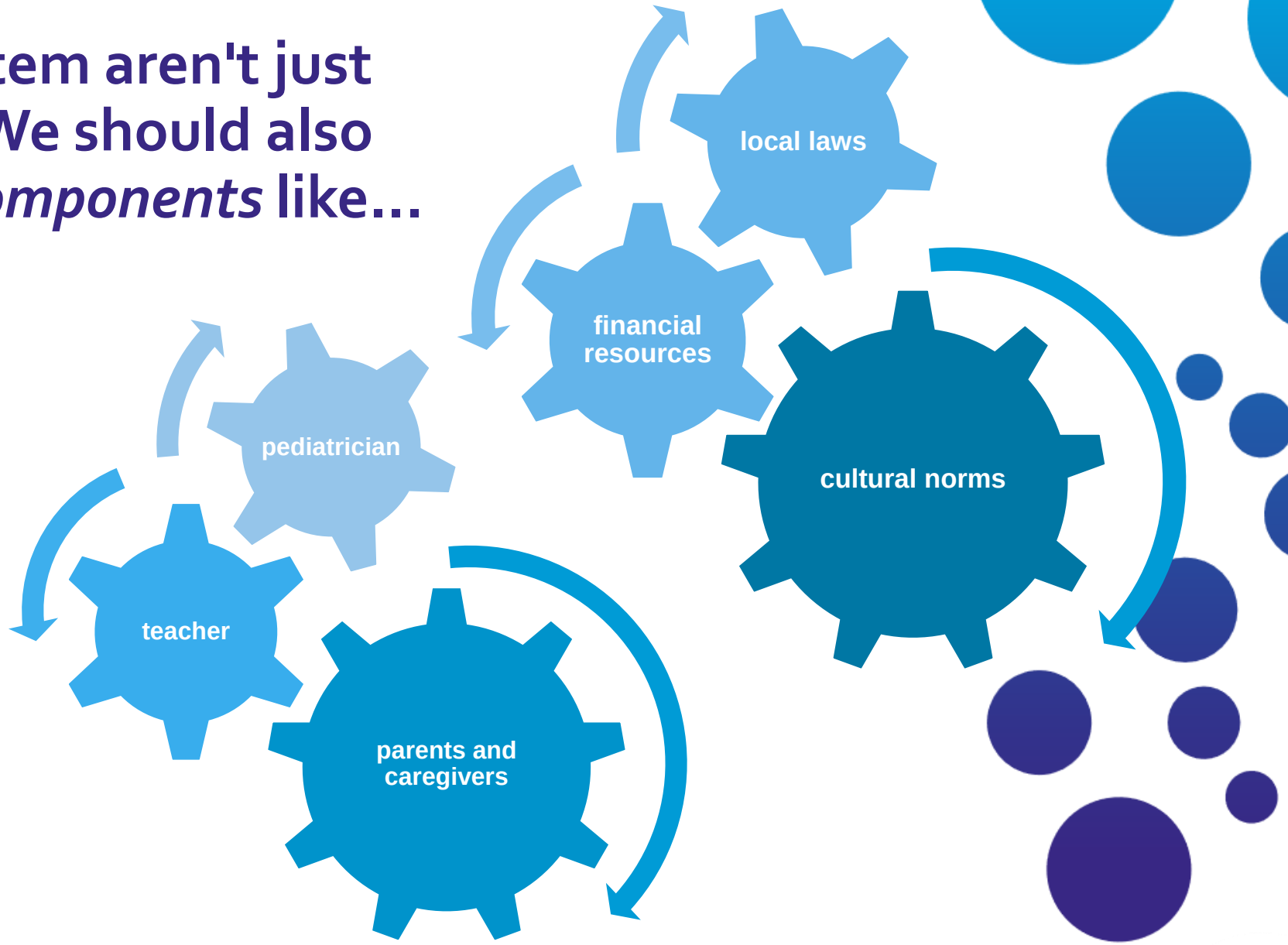
- The parts of a system can be **tangible** (like the parts of a watch) or **intangible** (like the goals set for the system).
- The interdependent whole system can be **formal** (like the CDC) or **informal** (like a black market).
- Systems also include the **complex web of factors** contributing to an outcome we care about (like birth equity, reducing bullying, etc.)

What does the system look like that supports children with special health care needs?

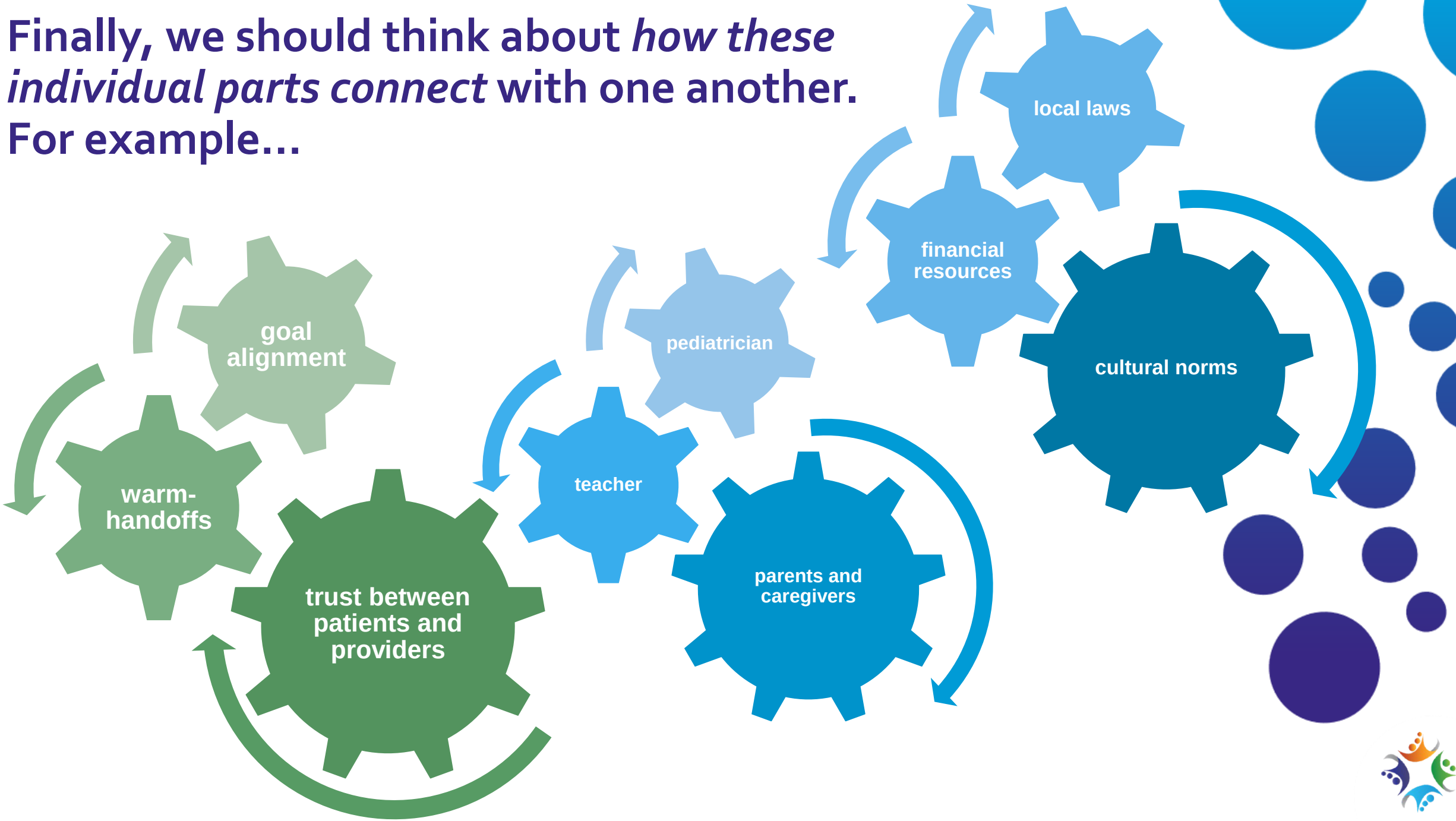
The components or parts of this system might include *people* like…



The parts of this system aren't just made up of people. We should also consider *the other components* like…



Finally, we should think about *how these individual parts connect* with one another. For example…



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See the 'big picture' MCH ecosystem

Understand where we are, where we want to go, & barriers (i.e., systems structure flaws & problematic mental models)

Develop shared mental models

To prioritize action and sustain change

Facilitate learning systems

Recognize changes and interconnectedness of system parts; act, test, learn, & adapt

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Strategize across programs/systems

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Support individuals in the system

Explore how individuals think about their role in the system & what they need to be successful

Champion shared decision-making

Be a part of and/or lead collaborative decision-making efforts

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Strengthen relationships & connections

Across parts of the system

Build & support coalitions

Ensure you have the right partners/perspectives for a needed initiative

Authentically engage communities

Build trust and shift power to communities & people with lived experiences

Systems Strengthening & Title V

Revised MCH Leadership Competencies (Version 4.5, 2023)

SELF
1. MCH Knowledge Base/Context
2. Self-Reflection
3. Ethics
4. Critical Thinking
OTHERS
5. Communication
6. Negotiation and Conflict Resolution
7. Diversity, Equity, Inclusion, and Accessibility
8. Honoring Lived Experience
9. Teaching, Coaching, and Mentoring
10. Interdisciplinary/Interprofessional Team Building
WIDER COMMUNITY
11. Systems Approach
12. Policy

Systems Strengthening & Title V

Revised MCH Leadership Competencies (Version 4.5, 2023)

- *Interpret situations using a systems perspective (i.e., identify both the whole system and the dynamic interplay among its parts).*
- *Assess the environment, with community, family, and individual input, to determine goals… list factors that facilitate or impede implementation… develop priorities and establish a timeline for implementation.*
- *Acknowledge the impact of historical oppression that has led to disparities in MCH populations to maintain and grow strong external partnerships based on openness, inclusion, and trust.*
- *Build effective and sustainable coalitions to achieve equitable, population outcomes*

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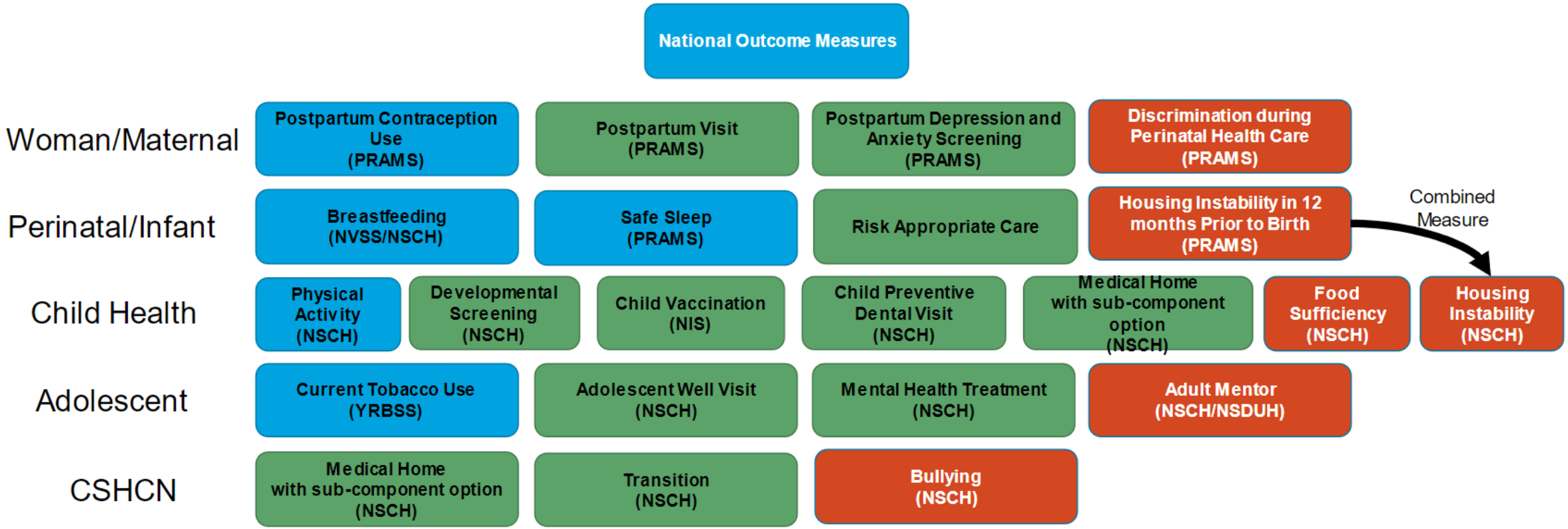
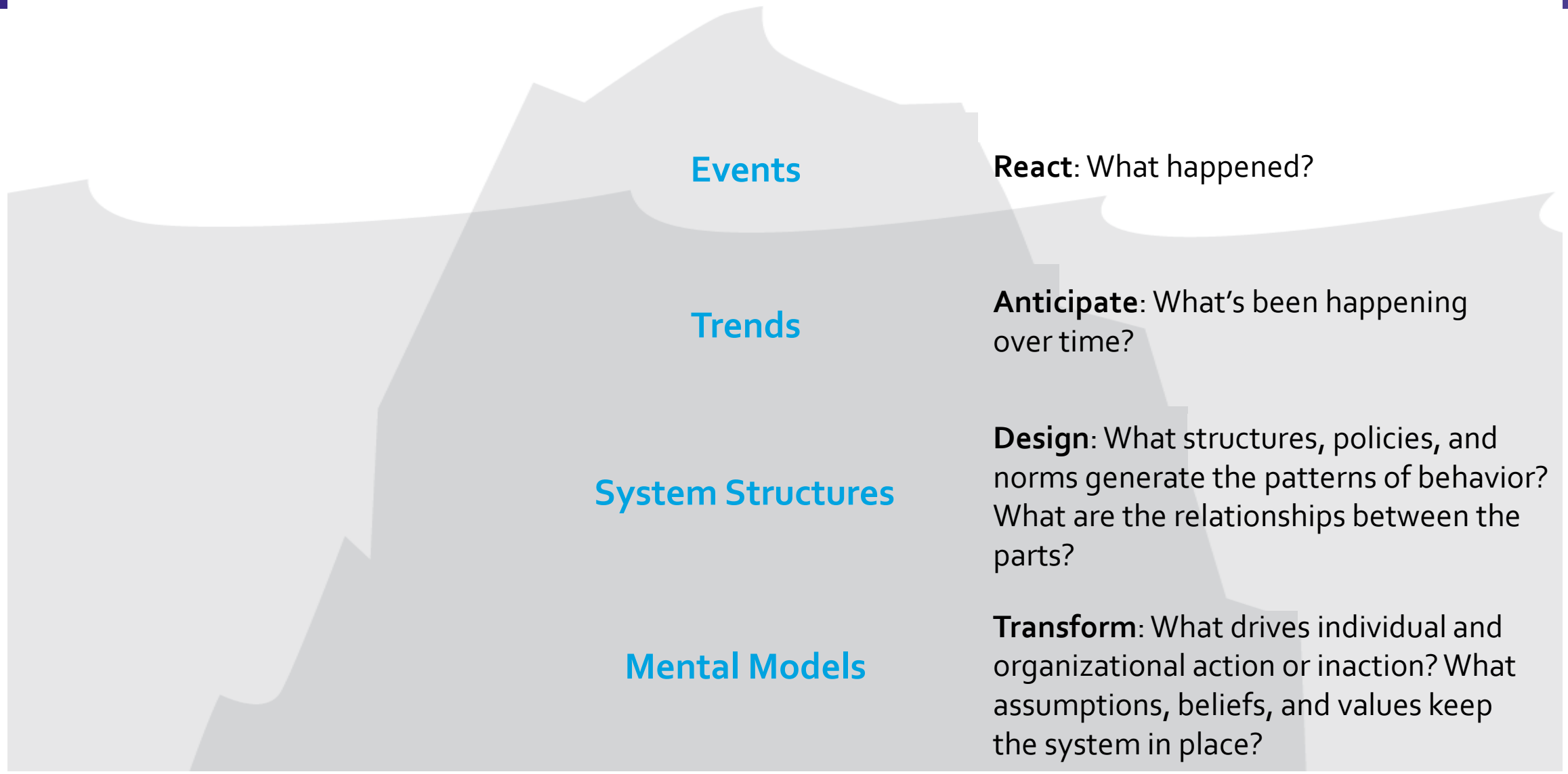
Systems Strengthening & Title V

Revised Title V Block Grant Guidance



Green = Clinical Health Systems
Blue = Health Behavior
Red = Social Determinant of Health

The Iceberg Model for Systems Thinking[1]



React: What happened?

Anticipate: What's been happening over time?

Design: What structures, policies, and norms generate the patterns of behavior? What are the relationships between the parts?

Transform: What drives individual and organizational action or inaction? What assumptions, beliefs, and values keep the system in place?

Systems Strengthening & Title V

What does it look like? (Examples from MCH WDC SenseMaker Survey Responses)

- Creating a county-wide initiative to address infant mortality, including building trust with key community partners
  - *"This created opportunities to optimize existing funding sources and align them with a single plan, instead of our individual agency plans." – MCH WDC SenseMaker Survey Response*
- Working to understand and improve the systems impacting pregnant people experiencing homelessness through co-design with people with lived experience and multi-sector partners
  - *"[This is an] example of how this work can be done through centering community voice and those with lived experience who are defining the problems and solutions. It got the wheels turning to encourage government staff how to rethink the way they are approaching projects, and how we can do better." – MCH WDC SenseMaker Survey Response*

Activity: Unleashing Systems Strengthening for Title V Outcomes

1. Pick a SDOH NPM to focus on for this activity.
2. Apply the Iceberg model to identify systems structure flaws and problematic mental models that limit progress for your NPM.
3. Use the Systems Strengthening Activities list to discuss current activities and future opportunities to advance your NPM given the barriers identified.

Systems Strengthening Toolkit

National MCH Workforce Development Center
Advancing Health Transformation

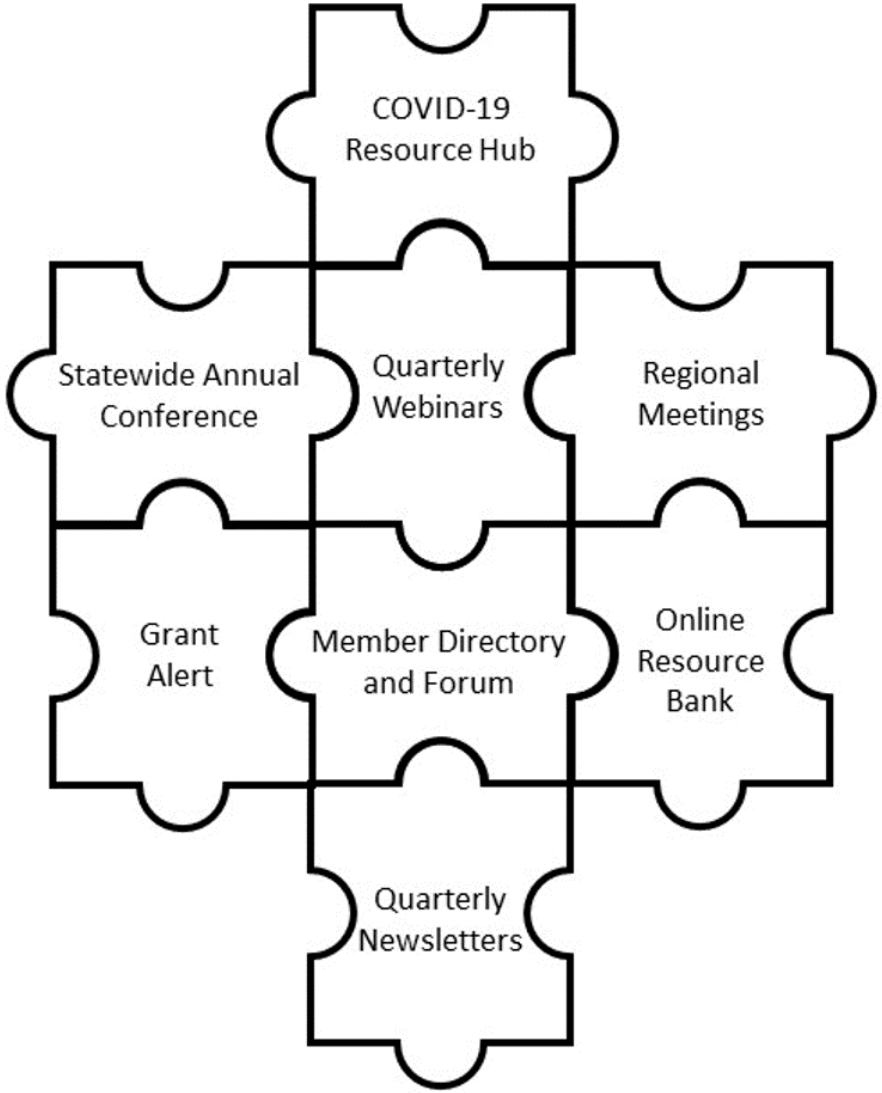
These systems thinking and mapping tools provide opportunities to see your work in the context of the 'big picture' and strengthen collaboration with key partners.

IF YOU WANT TO...	CONSIDER...	TO HELP YOU...
Develop a **shared understanding** and decide on **priorities for action**	Iceberg Model for Systems Thinking	Develop a shared understanding of the origin of a problem by collectively identifying key events and underlying trends, structures, and mental models. Guide focus toward high leverage aspects of the system that can be prioritized for action.
	Causal Loop Diagramming	Have a facilitated conversation to share "mental models" and hypothesize as a group what's driving trends over time. Identify leverage points that help shift the entire system and not simply treat the "symptom" of the problem.
	Concept Mapping	Elicit stakeholders' opinions about a focal question, and to process this information to identify themes and priorities.
See **the 'big picture' system** you are trying to change	5 R's	See the system in which you are working by using this conversation guide to prompt for what success looks like (results), roles, resources to support change, and rules and relationships that must be understood or changed to improve outcomes.
	Process Flow Diagramming	Create a map of a current process and use it to help redesign and improve the process, to create a new process, or to document the role of people/organizations to clarify who does what in the process.
	Behavior Over Time Graphs	Share perspectives about what is causing trends over time and move closer to developing a shared understanding of the challenge.
Understand the **partners/ perspectives** needed for an initiative	Network Mapping	Visually display connections between individuals or organizations in a system.
	Balance of Petals	Visualize the stakeholders needed for an initiative, what they need to contribute, and what value they receive in return. Through this exercise, teams discover which stakeholders are imbalanced in terms of what they give/get from a project.
Assess the **services or resources available** to meet a common goal	Whole System Mapping	Inventory programs, services, or resources within the system you want to strengthen.
	Asset Mapping	Map and analyze information about assets in a community or state to meet a common health goal.
Explore **how individuals think about their role in a system** and what they need to be successful	System Support Mapping	A deep dive mapping exercise to depict an individual's responsibilities, needs, resources, and wishes. It can be used to support meeting MCH consumers' needs, setting your team up for success, or defining and strengthening a system of individuals.

Systems Approach Example: **Minnesota's Children with Special Health Care Needs Program**

Strengthening the Minnesota Care Coordination System

Minnesota's Children with Special Health Care Needs Program's systems approach helped to transform their care coordination system. This work evolved from a care coordination systems map to a full-scale interdisciplinary Community of Practice with over 440 cross-sector care coordinating professionals.



Slides adapted from AMCHP 2016 presentation by Sarah Cox, MSW, Minnesota Department of Health and Kristen Hassmiller Lich, PhD, University of North Carolina at Chapel Hill and National MCH Workforce Development Center

Lack of Coordination: A Parent's Perspective

"We're all in the same boat together, all have our own oars, but are all rowing in different directions. We're not going to be successful in moving the boat forward unless we all row the boat in the same direction together. Everyone is working really hard and we all have our sight on the same island – but since we're not rowing together, it's not efficient."

- Quote from a parent of child with special health needs

Define Your Scope: What's the system you're strengthening?

Defining Care Coordination: "Care coordination for children and youth with special health needs (CYSHN) is a family-centered, relationship-based, assessment-driven, team-based, and interdisciplinary activity designed to meet the needs of CYSHN, while enhancing the caregiving capabilities of families. Care coordination takes into consideration a continuum of child/family needs – including: health, medical, education, social, early intervention, nutrition, mental/behavioral/emotional health, community partnerships, and financial – to achieve optimal health and wellness."

- Based on the care coordination definitions of Antonelli et al. (2009), Turchi and Mann (2013), and the National Center for Medical Home Implementation.

Care Coordination Is…	Care Coordination Is Not…
• Care coordination as a family-centered, assessment-driven, team-based, interdisciplinary activity • Entire continuum of needs of child/family (system of care) • Function of care coordination	• Care coordination as solely occurring within a medical home

Clarify Your Objectives

- Care Coordination Systems Mapping Assessment Regional Meetings
- Main purposes:
  - To assess what is occurring regionally across the state around the provision and receipt of care coordination services
  - To bring together coordinators and parents as a means of fostering connections and networks

Systems Strengthening Approach

1. Discuss greatest **opportunities and challenges** in coordinating care for CYSHN.
2. Gain an **understanding of the complexity** of care coordination from the family and care coordinator perspectives.
3. Complete individual **systems support maps** to identify roles, responsibilities, needs, resources, and wishes involved in coordinating care for CYSHN.
4. Share regional experiences in coordinating care and develop a **regional systems framework** in provision of care coordination.
5. **Brainstorm ideas** on ways each participant can improve how they practice care coordination.
6. **Discuss and plan** for ways that care coordination can be improved in the region.

Who Should We Engage?

WHO PARTICIPATED?

- Parents/Family Members
- Family Organizations
- Mental Health
- Primary Care Clinics (including health care homes/medical home)
- Specialty Care
- Hospitals
- Home Care
- Local Public Health
- Health Plans
- Education
- Head Start/Early Head Start
- Early Intervention
- School Nurses
- County Human Services

HOW WERE THEY REACHED?

- Using direct, personal connections when possible
- Importance of parent support navigators in helping to spread the word
- Supplemented with broader outreach through listservs, flyers, etc.

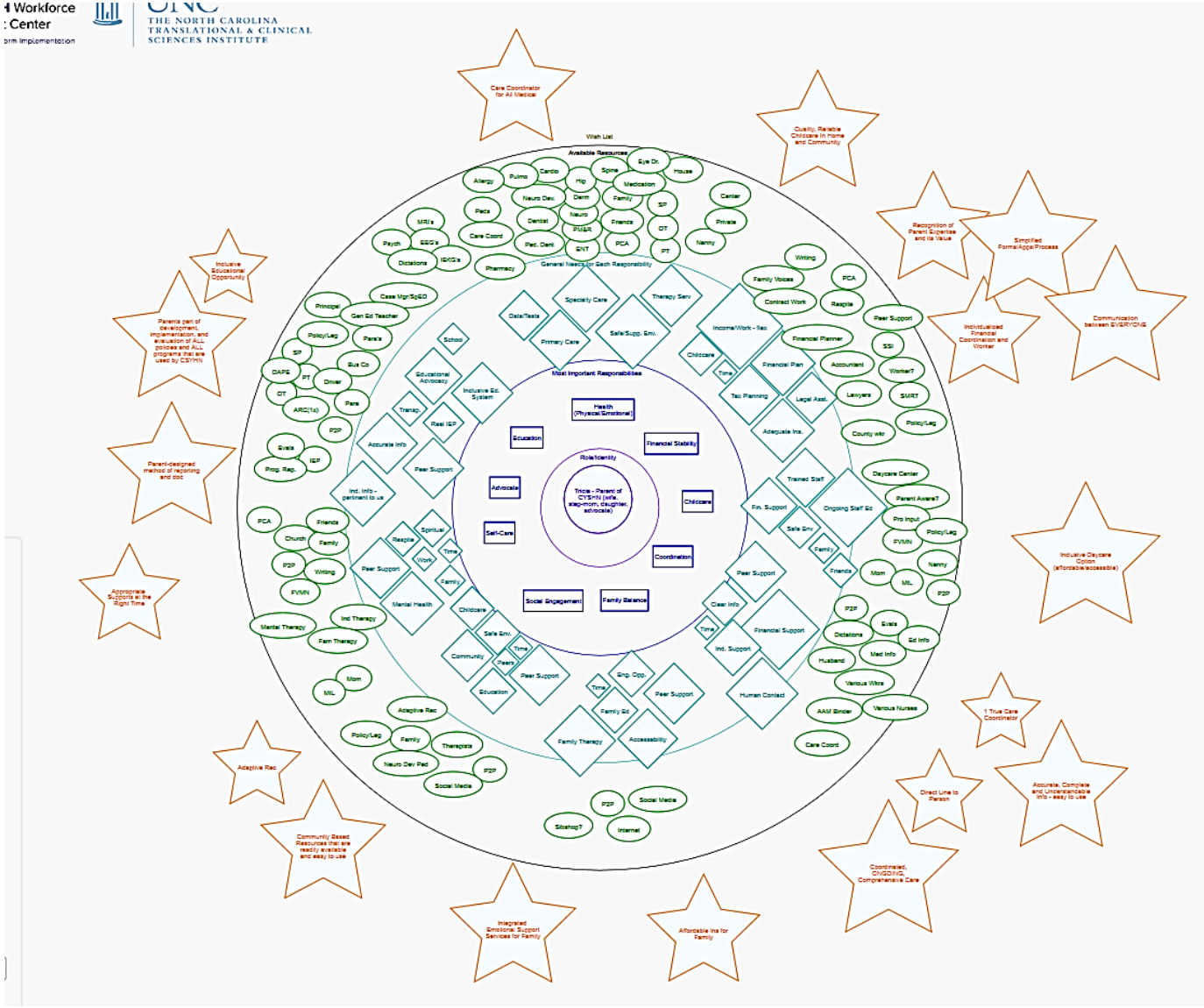
Seeing the 'big picture' care coordination ecosystem

Step 1: Discuss greatest opportunities and challenges in coordinating care for CYSHN.

Care Coordination of CYSHN in Minnesota Currently Works Because…	Care Coordination of CYSHN in Minnesota Would be Better if…
• Care coordinators are passionate and dedicated to helping families • A lot of focus has been placed on early childhood • There is strong networking and collaboration between care coordinators • More care coordinators are being employed by primary care and specialty care • Certified health care homes have care coordinators • There is a focus on developing relationships and a sense of community • Care coordinators are knowledgeable of the needs of families • Care coordinators do a good job linking families with resources • There are a lot of resources available (more applicable to Metro)	• Parents would not have to coordinate all the care coordinators • Coordinators would communicate more with each other and not rely on the family to do the back and forth • There were more sustainable funding for care coordination (and the funding better met the needs of children and families) • A universal Release of Information was available • Data sharing laws and practices didn't get in the way • Electronic health records would communicate between each other • There was more collaboration between schools and health care • There were more resources available (more applicable to out-state regions)

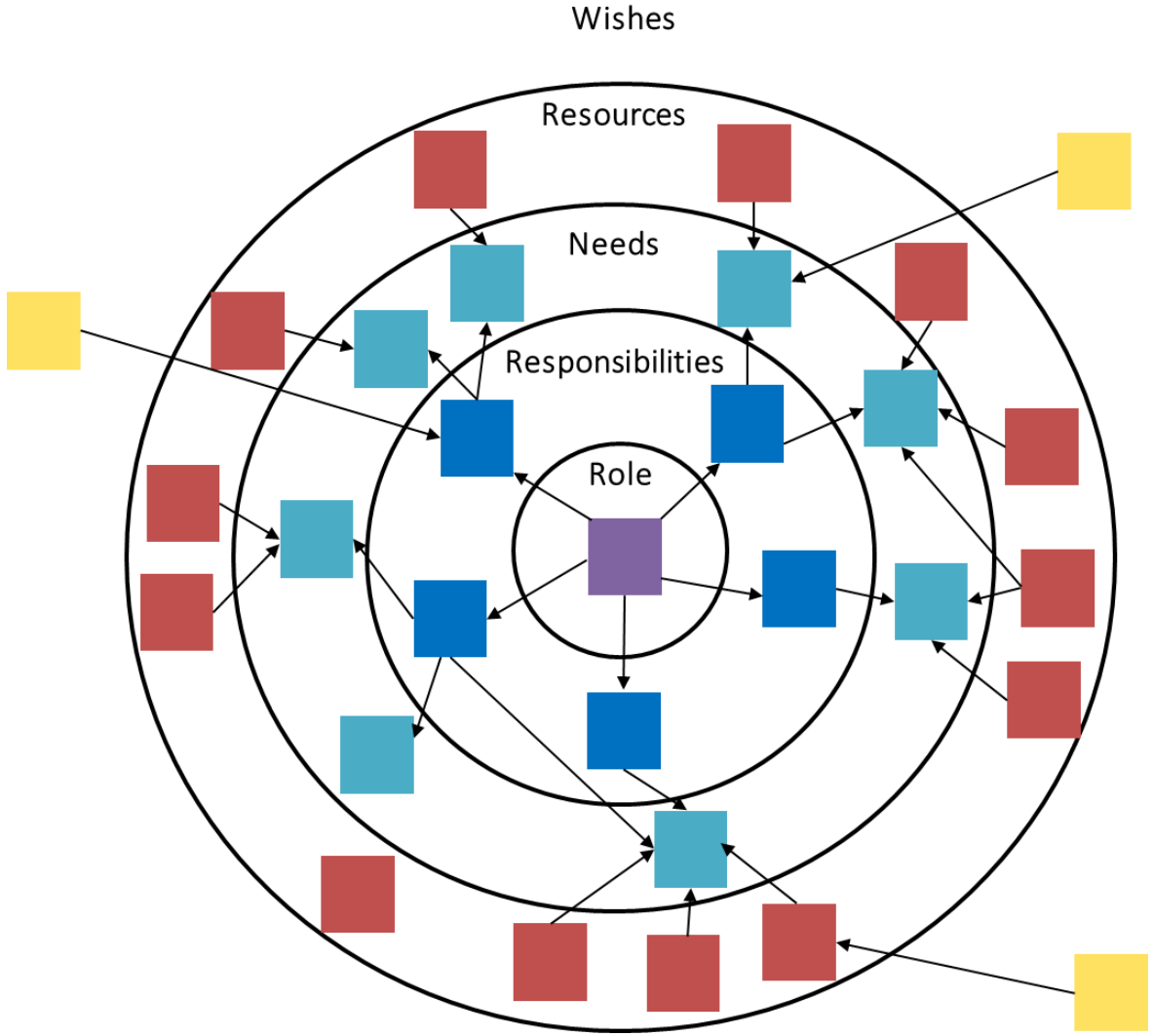
Authentically engaging and shifting power to people with lived experience

Step 2: Gain an understanding of the complexity of care coordination from the family and care coordinator perspectives.



Supporting individuals in the system

Step 3: Complete individual systems support maps to identify roles, responsibilities, needs, resources, and wishes involved in coordinating care for CYSHN.



System Support Map

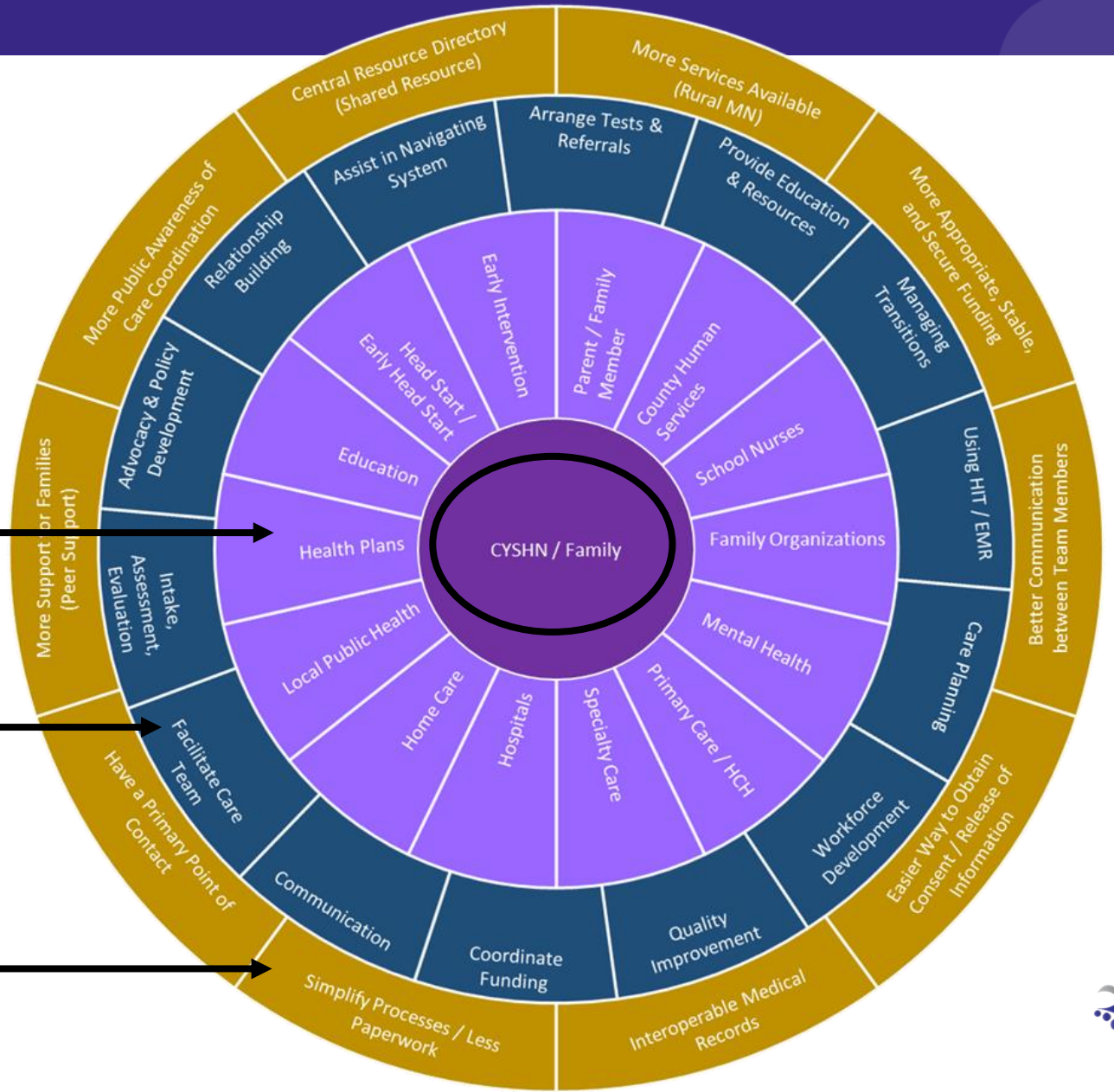
Developing shared mental models to prioritize action

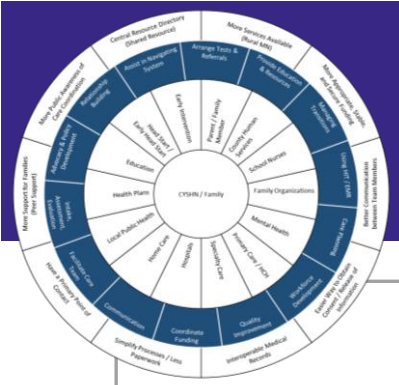
Step 4: Share regional experiences in coordinating care and develop a regional systems framework in provision of care coordination.

Providers of Components of Coordination

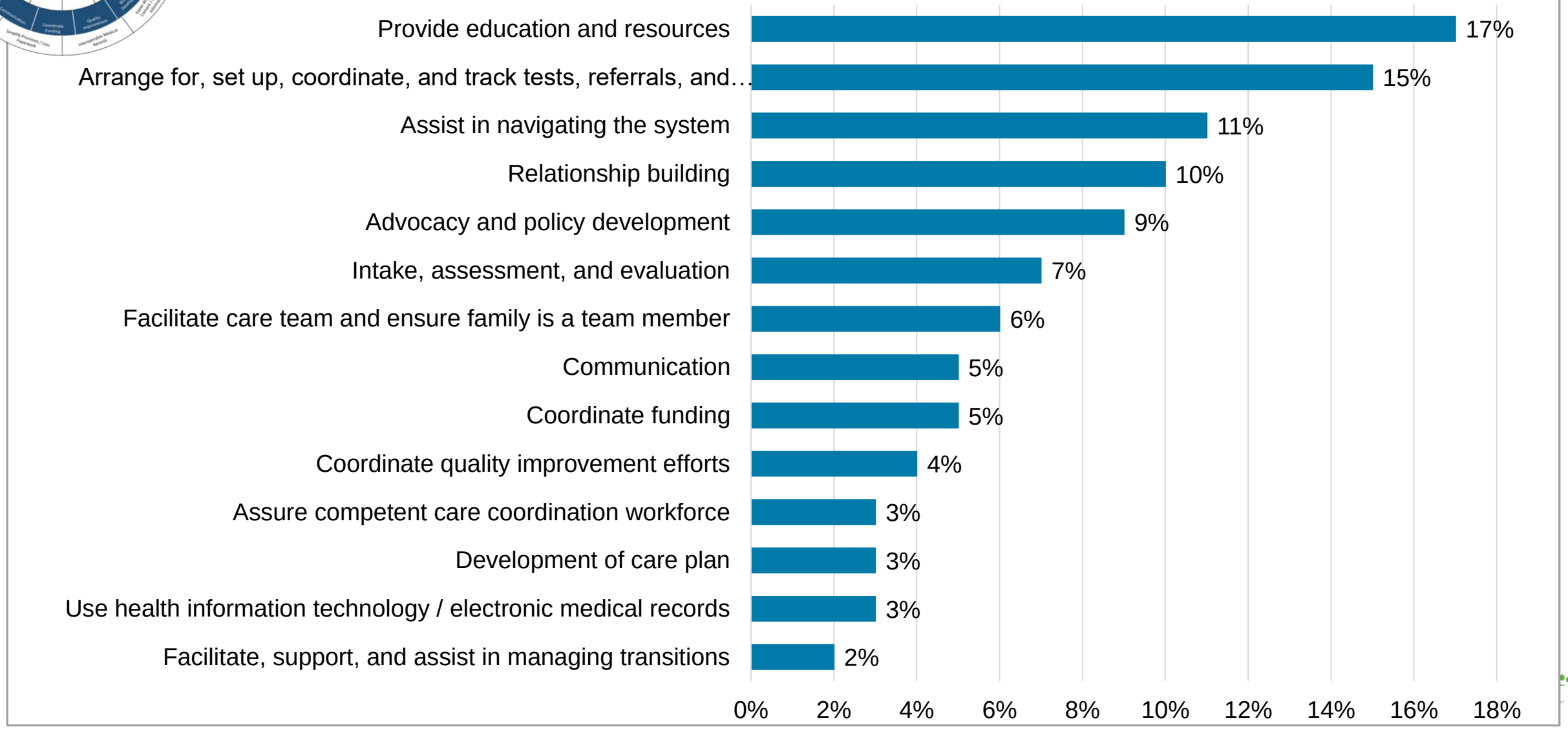
Primary Responsibilities

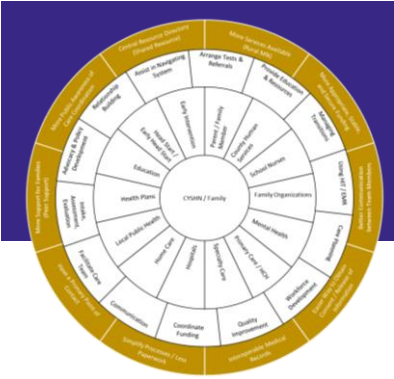
Systems-Level Improvements (“*Wishes*”)





Primary Responsibilities of Partners with a Role in Care Coordination





What System-Level Actions are Most Important? (“*Wishes*”)

- More services available for families (especially in rural MN)
- More appropriate, stable, and secure funding for services and care coordination
- Better communication/collaboration between care team members (including family)
- Easier way to obtain consent / Release of Information
- Medical records that span multi-systems and are family-friendly
- Simplify processes for obtaining financial assistance / services – less paperwork, less duplication
- Having a primary point of contact – “coordinator for the coordinators”
- More support for families / family-centered care
- More public awareness of care coordination – to build the “political will”
- Central resource directory / shared resource

Strategizing across programs & systems

Getting to Action: What Can be Done to Improve Care Coordination?

Step 5: Brainstorm ideas on ways each participant can improve how they practice care coordination.

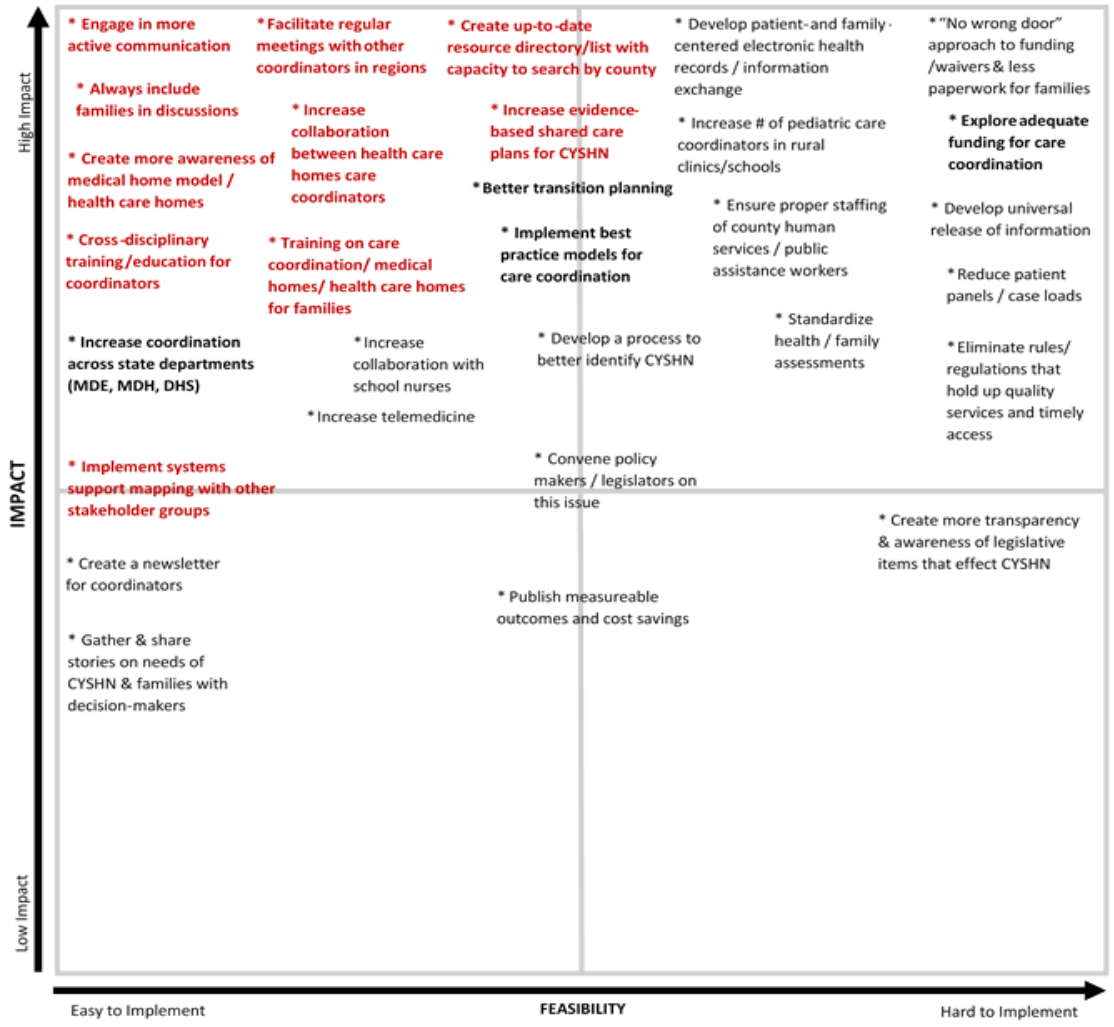
- What **I can do right away**, on my own, in the next week to month?
- What I can **take back to my organization/team** to work on over the next 3 to 12 months?
- What **I can collaborate** with someone else in the region on over the next 6 to 12 months?
- What should be **worked on at the broader state level** over the next 1 to 2 years?

Championing shared decision-making

Action Planning & Prioritization

Step 6: Discuss and plan for ways that care coordination can be improved in the region.

Figure 15: Systems Mapping Action Priority Matrix



Facilitating learning systems

Changes in Opinions of Care Coordination

Gaps in care coordination for parents and caregivers of children with special health needs in our community are substantial	↑ 10.4%
Other organizations, agencies, and stakeholders appreciate the challenges I face in supporting care coordination.	↑ 21.3%
Parents/caregivers lack awareness about how to navigate the system	↑ 5.7%
Needed services are not available to families	↑ 6.7%
Consistent and ongoing training is needed to equip care coordinators to support families	↑ 12.5%
Care coordinators and other providers lack resources to meet families' needs	↑ 8.4%
There is a lack of communication between organizations serving families	↑ 11.2%
Parents/caregivers need a coordinator to coordinate their care coordinators	↑ 23.8%
State or governmental policies/reimbursement create barriers to coordinating care	↑ 21.2%

Strengthening relationships & connections

"At the meeting, I met a pediatric care coordinator from a primary care clinic. About a week later, one of her colleagues contacted me because we had a shared patient who was on our [specialty care] rehabilitation unit. I was able to connect the colleague with the staff from our unit who were working with the family, and they were able to hold a care conference over the telephone. **If it hadn't been for that connection made at the meeting, I don't think that the shared planning would have occurred, and the family wouldn't have had such a smooth transition back home."**

– Quote from a Care Coordinator for a Specialty Care Provider

Impact of Systems Strengthening Regional Meetings

At a systems level, we have a better understanding of:

- Strengths and challenges in providing care coordination
- Primary responsibilities of care coordinator stakeholders
- Aspects of system that can be strengthened to improve care coordination

Changes in the way stakeholders perceive the bigger system – who does what, how the system should function, what is needed to improve care coordination

Increased connections and collaboration between care coordinators

Long-Term Impact of Systems Strengthening Efforts

- Nearly a decade later, the systems strengthening initiative has now evolved into a **full-scale interdisciplinary Community of Practice (CoP)** with over 440 care coordinating professionals
- The CoP regularly offers professional development trainings, where participants have reported **changed perceptions of the complexity of the system**, as well as a better understanding of the challenges families face in managing their system of care.
- Regional meetings continue to be held to **connect professionals across the state.**

How to apply this approach…

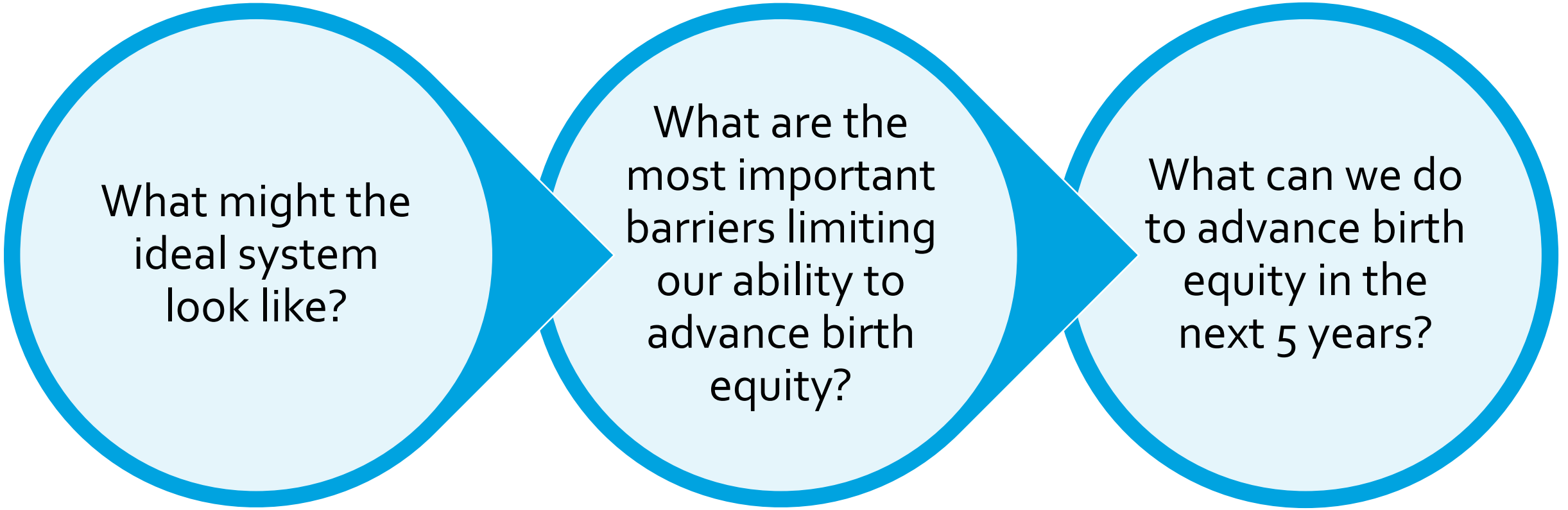
1. Decide on your scope.
2. Discuss greatest **opportunities and challenges**.
3. **Appreciate the complexity** of the system from the perspective of people with lived experience.
4. Use **system support mapping** to clarify individual roles, responsibilities, needs, resources, and wishes.
5. **Share, discuss, and synthesize** system support maps to envision the broader system.
6. **Brainstorm ideas** on how to strengthen the system within your current spheres of influence.
7. **Identify priorities** for broader systems change.

Learn more about MN's work:

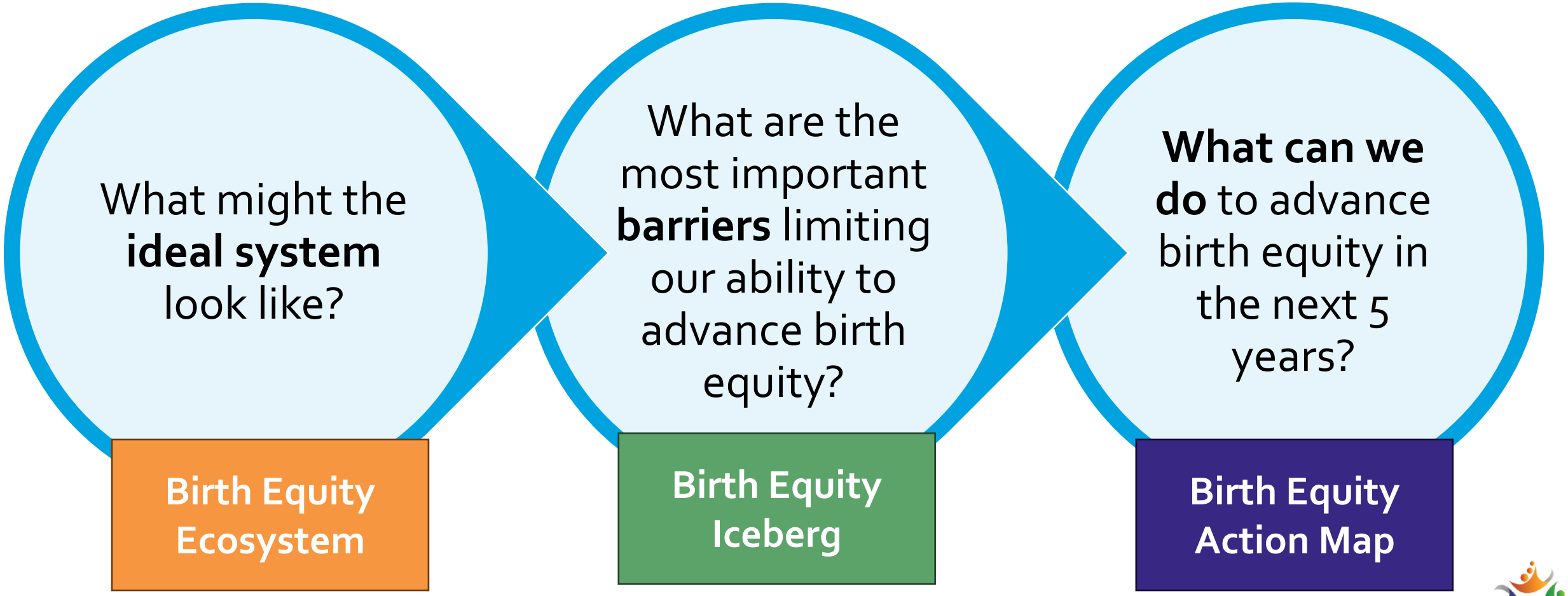
- AMCHP's Innovation Hub Emerging Practice: Minnesota Care Coordination Systems Assessment & Action Planning
- WDC Case Study: Systems Thinking Transforms Care Coordination for Children and Youth with Special Healthcare Needs and their Families in Minnesota

Systems Approach Example: **The Birth Equity Action Map**

Systems Mapping to Advance Birth Equity



Systems Mapping to Advance Birth Equity



Systems Mapping to Advance Birth Equity

Process Overview

Systematic literature review of existing place-based, organizational, and academic birth equity report and frameworks

Two-part national systems mapping workshop with 48 diverse actors representing federal, state, local, and community-based birth equity partners

Review of recommended recent sources that have called for specific actions to advance birth equity

11 Birth Equity Action Map feedback sessions with 22 partners

Birth Equity Iceberg: Barriers to Change

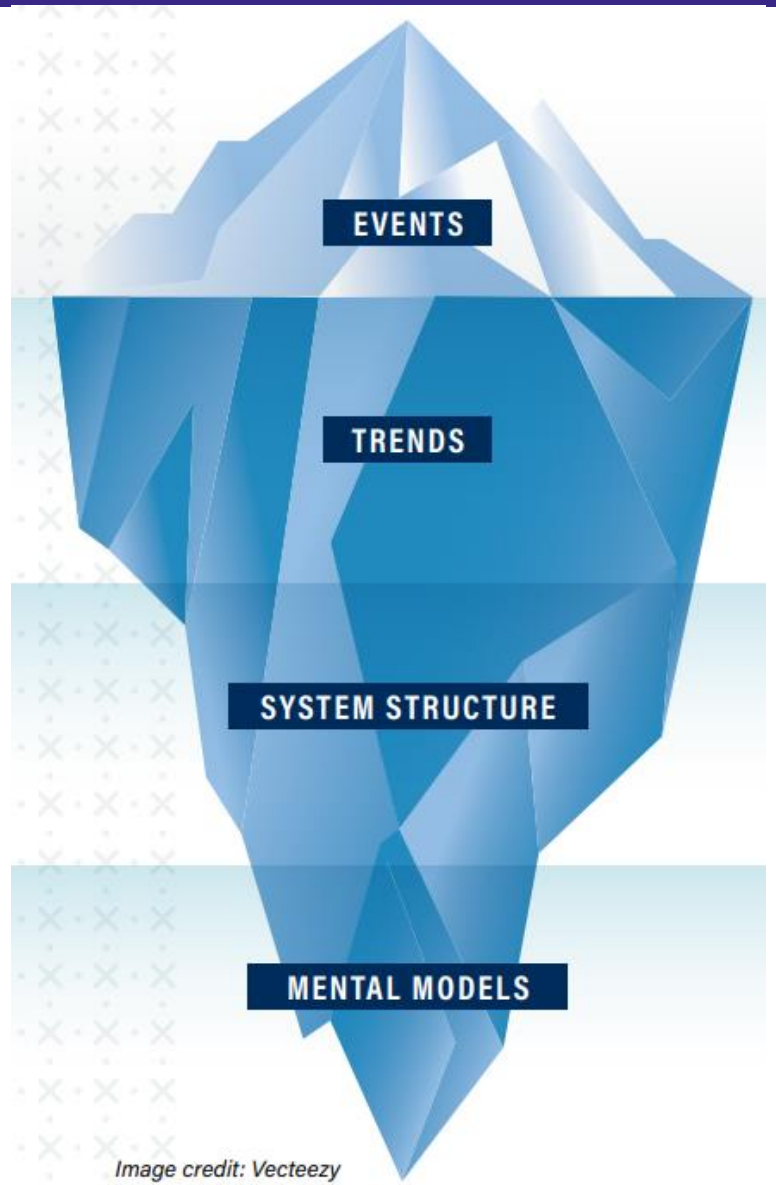


Image credit: Vecteezy

Key Question: What are the most important barriers limiting our ability to advance birth equity?

- Prompt for underlying system structures and mental models maintaining birth inequity
- Capture insights on the barriers that perpetuate inequitable outcomes and limit our efforts
- Define and understand the problem from a systems perspective, which is the first step towards collectively strategizing to shift structures and transform mental models

Birth Equity Iceberg: Barriers to Change

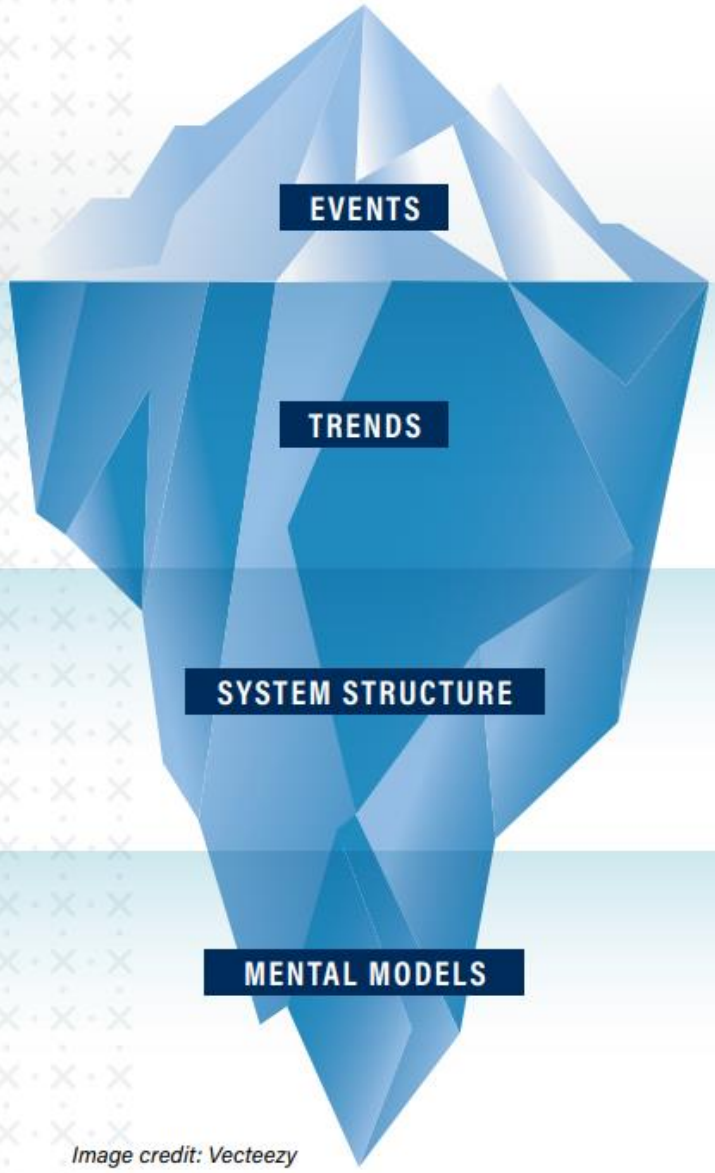


Image credit: Vecteezy

Barriers to Change Summary

- Lived experience not respected and uplifted
- Negative harmful birthing experiences
- Disconnected, limited, unaffordable health care lacking cultural humility
- Lack of transparency and accountability in health systems

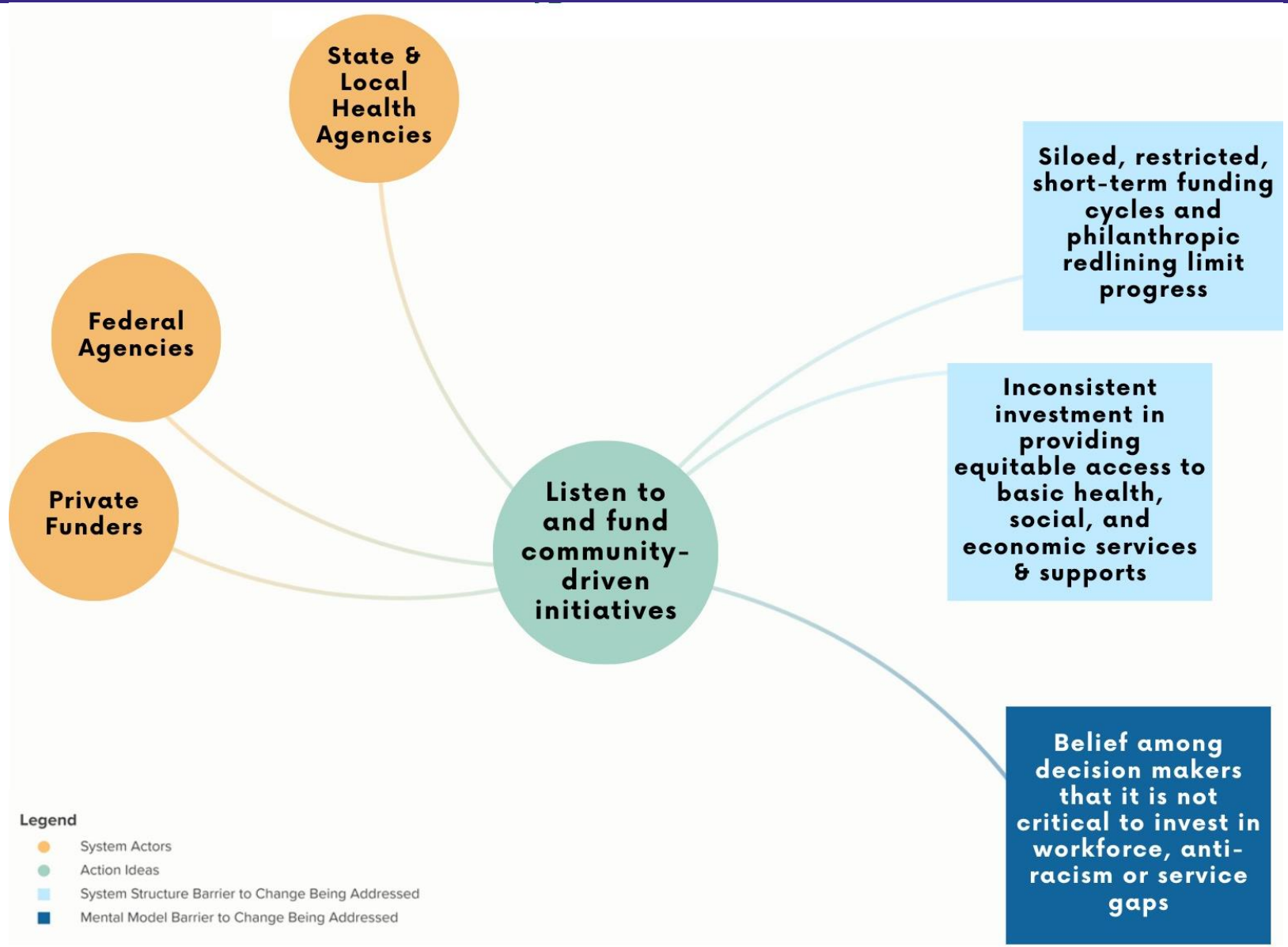
- Persistent, worsening disparities in infant and maternal mortality
- Increasing and disparate over-medicalization of birth
- Disparities in patient reported outcomes/ satisfaction with care
- Decreasing workforce and health care facilities, especially in rural areas
- Decreasing support for social services and social and economic supports

- Health insurance and payment systems limit choices and access to care
- Siloed, restricted, short-term funding cycles limit progress
- No coordinated referral and feedback structures
- Lack of support for diverse birthing workforce and models of care
- Lack of disaggregated data and commitment/ accountability to equity
- Limited investment in basic health, social, and economic supports

- Resistance to public health, anti-racism, women's rights, and disability justice efforts
- Persistent implicit bias among providers and lack of empathy
- Failure to appreciate interconnected nature of outcomes and value of cross-boundary collaboration
- Practice and research resist change and focus on the problem (not the solution)
- The belief that pregnancy is an illness, rather than a celebration or ceremony

Birth Equity Action Map

Explore the map at
www.bit.ly/BirthEquityActionMap



Key Question: What can we do to advance birth equity?

The Birth Equity Action Map synthesizes:

- System Actors
- Action Ideas
- Barriers to Change

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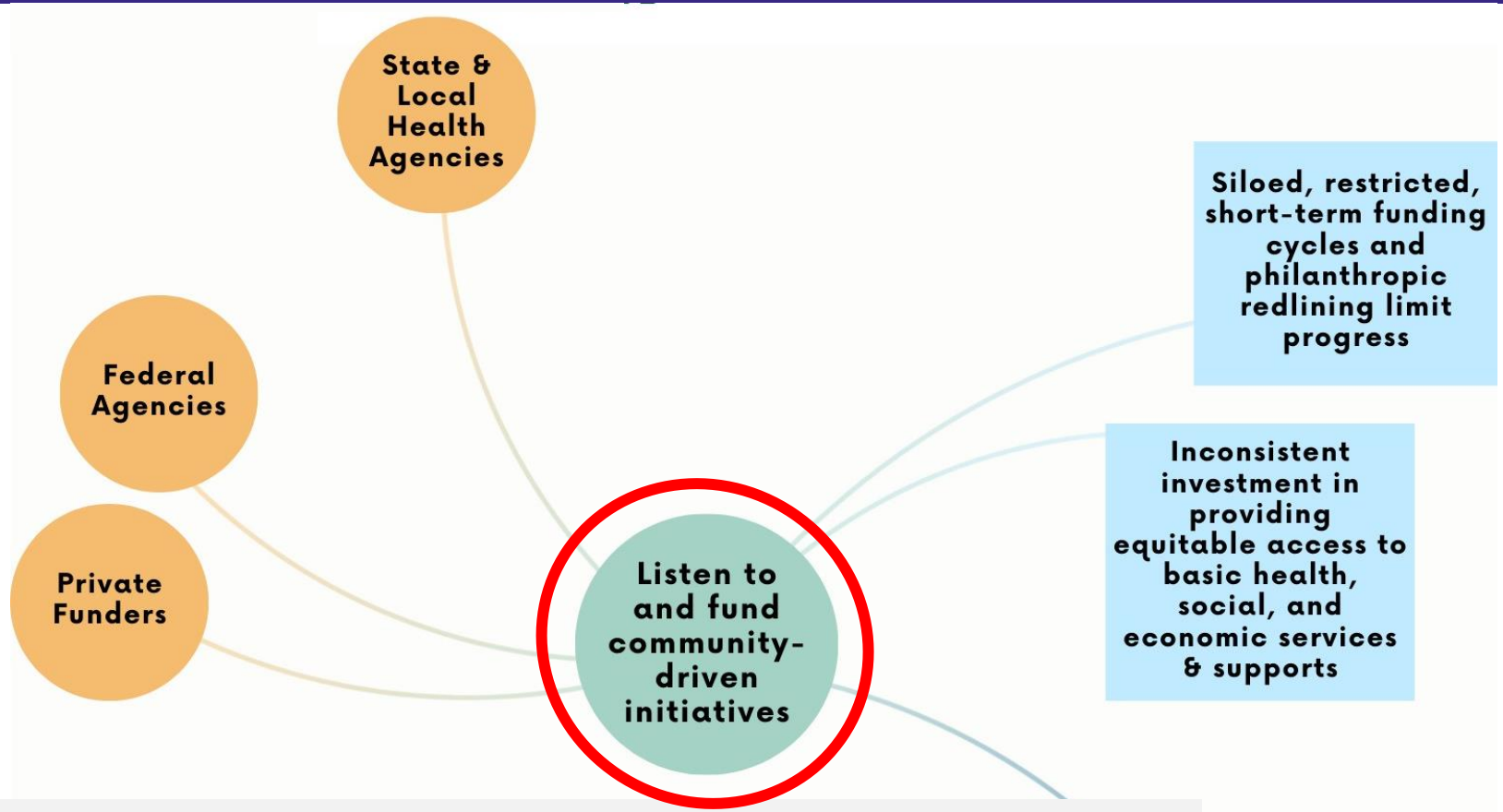

***Action Description**: Listen to the community and fund community-defined needs and initiatives (e.g., through authentic, community-driven needs assessments, participatory grantmaking mechanisms, etc.). Specifically, this might look like:*

- *Ensuring policies and incentives that support the centering of diverse community-led partners*
- *Expanding possible grantees through networking & inviting community-led organizations that may have been historically overlooked or underrepresented to the table.*

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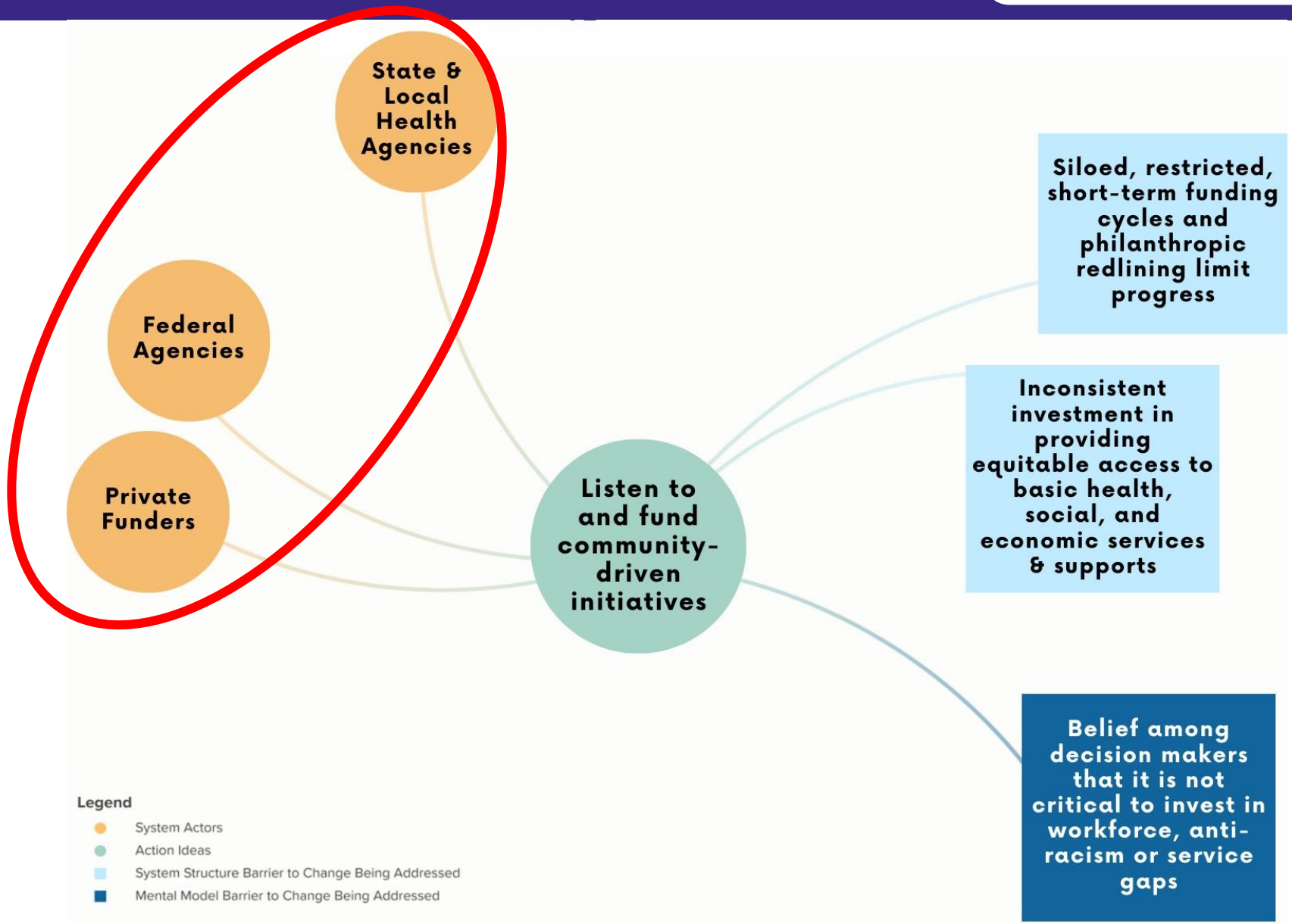

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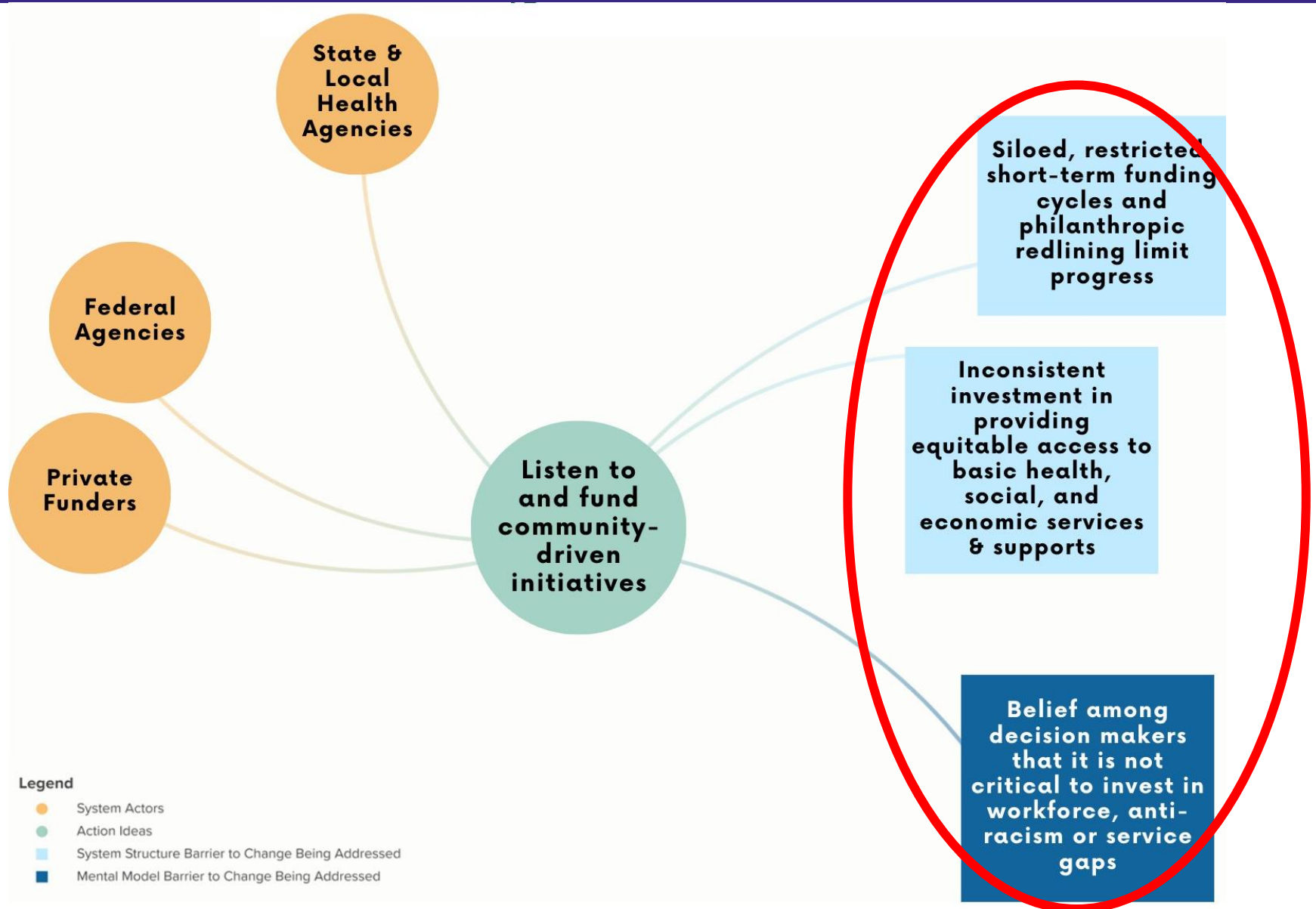

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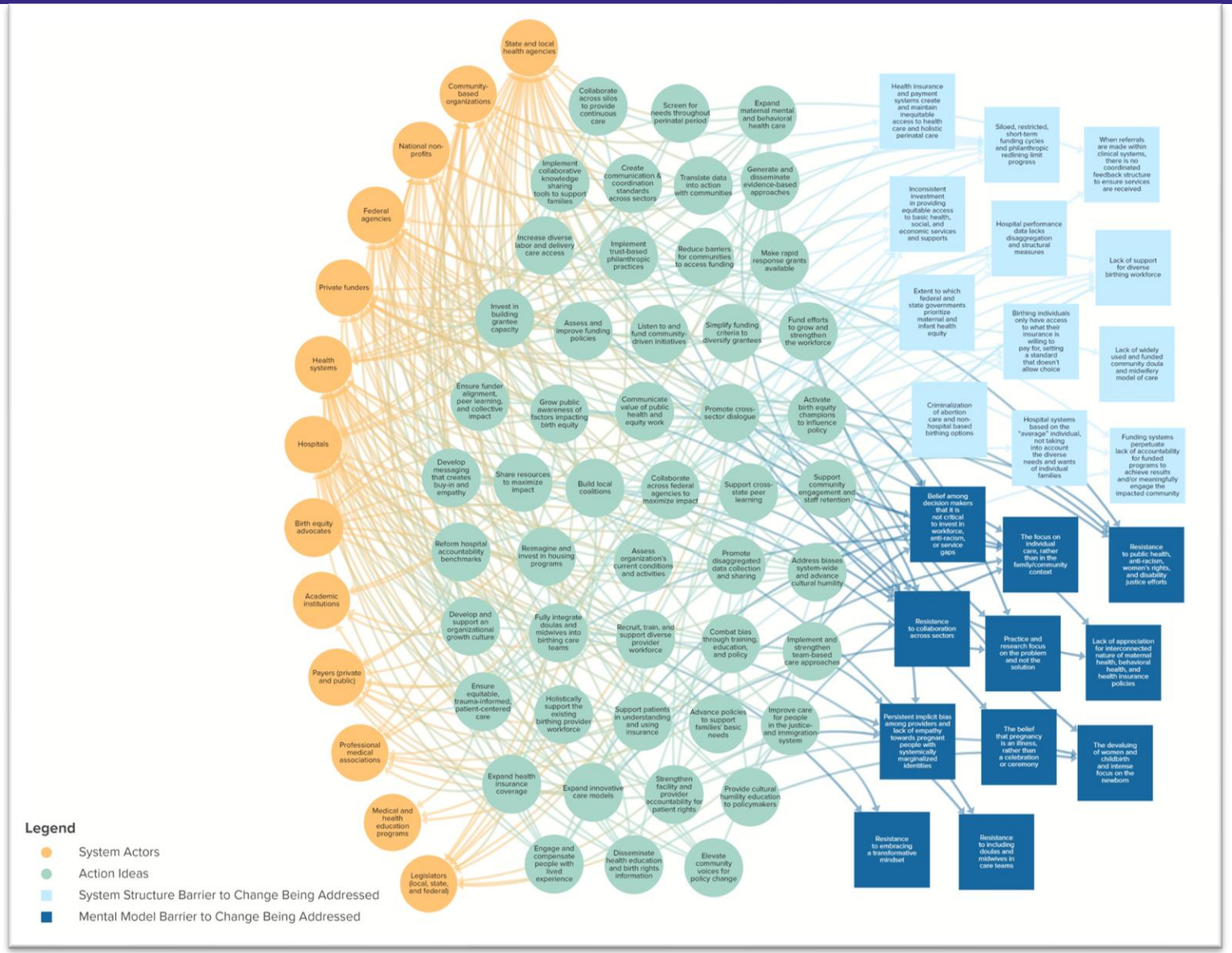


Overarching Action Themes

- Champion Policy Change
- Co-Design with the Community
- Expand Workforce Capacity
- Improve Continuous Care
- Leverage Collaboration
- Restructure Institutions
- Shift Funding Structures
- Transform Mental Models through Communication Initiatives

How to apply this approach…

1. **Consider using the Birth Equity Action Map** with your team, your agency, or your partners to:
    - Strategically assess your current efforts,
    - Identify future opportunities, and
    - Commit to specific actions to strengthen the birth equity ecosystem.

2. **Apply a similar approach to any complex MCH challenge by:**
    - Bringing together diverse system actors to share perspectives and define the ideal system conditions
    - Collectively identify barriers to change using the iceberg framework
    - Brainstorm and prioritize urgent actions to shift the barriers to change and identify responsible system actors

Additional MCH Systems Strengthening Examples

Supporting reproductive health among birthing persons with chronic conditions in the United States: A qualitative multilevel study using systems thinking to inform action

- *This study used systems thinking with diverse system actors to (a) characterize current problems at the intersection of chronic conditions and reproductive health care and their determinants, (b) determine necessary system actors for change, and (c) document cross-system actions that can improve identified problems in the United States.*

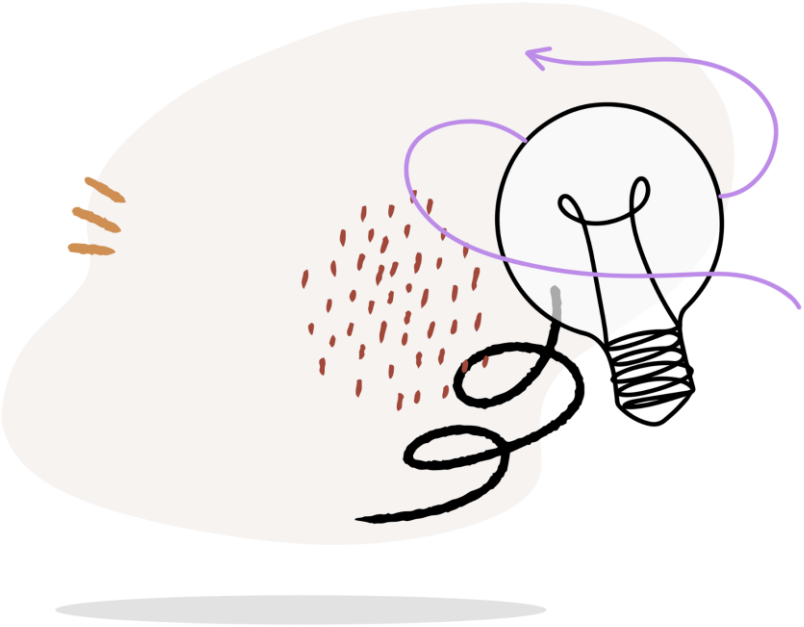
Strengthening the System Supporting Perinatal People with Substance Use Disorder in the Midwest Using Group Model Building

- *The Maternal and Child Health Workforce Development Center facilitated a system-strengthening process with the Midwest substance use in pregnancy (SUPper) club, a regional collaborative of health care providers, state public health agencies, and community-rooted organizations. The process was shown to strengthen collaboration and advance strategic planning.*

Key Takeaways

Systems strengthening can be used to advance equity in Title V systems by:

- Uncovering **diverse perspectives** and building consensus on priorities
- Equalizing **power dynamics** and decision-making authority among partners when sharing experiences, brainstorming action ideas, and establishing priorities
- Shifting mental models towards **collaboration** (rather than competition) and connecting people on a common goal



"When a flower doesn't bloom you fix the environment in which it grows, not the flower"

– Alexander Den Heijer

Reflection & Discussion

Self-Reflection:

- In what ways do you already do systems strengthening in your Title V work?
- What are the challenges and opportunities you face? What trainings, or other support would be most helpful to you to grow your systems strengthening competency and capability?

Organizational Reflection:

- Where is systems strengthening happening in your department/division?
- Who is leading this work? What do you think these individuals need to be more successful in systems strengthening work?

System-Wide Reflection:

- Where is systems strengthening happening across your state or jurisdiction?
- What would make these coalitions or initiatives more impactful in their work?

Questions?

If you want to receive today's slides, please let us know at: www.bit.ly/SystemsSession

SCAN ME

National MCH Workforce Development Center
Advancing Health Transformation

Feel free to reach out at jsimon@amchp.org to discuss how the WDC can support you!

Resources: Websites

- **MCH Workforce Development Center:** https://mchwdc.unc.edu/
- **MCH Navigator Systems Integration Trainings:** https://www.mchnavigator.org/transformation/systems-integration.php
- **The Systems Thinker:** https://thesystemsthinker.com
- **Influencing Complex Systems Change:** https://changeelemental.org/influencing-complex-systems-change/

Resources: Journal Articles

- Using Behavior Over Time Graphs to Spur Systems Thinking Among Public Health Practitioners
- Tools for Supporting the MCH Workforce in Addressing Complex Challenges: A Scoping Review of System Dynamics Modeling in Maternal and Child Health
- Strengthening the System Supporting Perinatal People with Substance Use Disorder in the Midwest Using Group Model Building
- Supporting reproductive health among birthing persons with chronic conditions in the United States: A qualitative multilevel study using systems thinking to inform action

Systems Strengthening Toolkit

National MCH Workforce Development Center
Advancing Health Transformation

These systems thinking and mapping tools provide opportunities to see your work in the context of the 'big picture' and strengthen collaboration with key partners.

IF YOU WANT TO...	CONSIDER...	TO HELP YOU...
Develop a **shared understanding** and decide on **priorities for action**	Iceberg Model for Systems Thinking	Develop a shared understanding of the origin of a problem by collectively identifying key events and underlying trends, structures, and mental models. Guide focus toward high leverage aspects of the system that can be prioritized for action.
	Causal Loop Diagramming	Have a facilitated conversation to share "mental models" and hypothesize as a group what's driving trends over time. Identify leverage points that help shift the entire system and not simply treat the "symptom" of the problem.
	Concept Mapping	Elicit stakeholders' opinions about a focal question, and to process this information to identify themes and priorities.
See **the 'big picture' system** you are trying to change	5 R's	See the system in which you are working by using this conversation guide to prompt for what success looks like (results), roles, resources to support change, and rules and relationships that must be understood or changed to improve outcomes.
	Process Flow Diagramming	Create a map of a current process and use it to help redesign and improve the process, to create a new process, or to document the role of people/organizations to clarify who does what in the process.
	Behavior Over Time Graphs	Share perspectives about what is causing trends over time and move closer to developing a shared understanding of the challenge.
Understand the **partners/ perspectives** needed for an initiative	Network Mapping	Visually display connections between individuals or organizations in a system.
	Balance of Petals	Visualize the stakeholders needed for an initiative, what they need to contribute, and what value they receive in return. Through this exercise, teams discover which stakeholders are imbalanced in terms of what they give/get from a project.
Assess the **services or resources available** to meet a common goal	Whole System Mapping	Inventory programs, services, or resources within the system you want to strengthen.
	Asset Mapping	Map and analyze information about assets in a community or state to meet a common health goal.
Explore **how individuals think about their role in a system** and what they need to be successful	System Support Mapping	A deep dive mapping exercise to depict an individual's responsibilities, needs, resources, and wishes. It can be used to support meeting MCH consumers' needs, setting your team up for success, or defining and strengthening a system of individuals.

https://mchwdc.unc.edu/resources/systems-strengthening-toolkit/

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Advancing Health Transformation

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