

**Leaders' Collaborative Cohort III
Executive Summary
Lincoln & Gaston Counties - Michael Linker**

INTRODUCTION

Participants in the Smart Start Leaders' Collaborative, funded by Race to the Top--Early Learning Challenge, were engaged in focused reflection, strategic thinking and leadership development to address RTT-ELC goals which are to:

1. Improve program quality and outcomes for children.
2. Increase the number of children with high needs participating in high-quality learning and development programs.
3. Help to close the achievement gap between children with high needs and their peers by supporting efforts to increase kindergarten readiness.

Leaders concentrated on building their own and the Smart Start System's capacity to:

- Drive results-based accountability--the ability to use data to align partners and resources to improve results for young children and families, with a particular focus on children with high needs.
- Build collaborative leadership--the ability to listen, ask effective questions, make proposals, reach agreement, and commit to specific aligned actions with local community agencies.

Each of the annual cohorts were comprised of twelve Local Partnership executive directors, along with four NCPC staff, who participated in facilitated retreats that blended visioning, action planning, community collaboration and learning. Being an intensive program, leaders met in session eight times for three days per session (refer to Attachment I). Five leaders each year were also selected to host *Leading for Equity* retreats in their local communities.

COMMUNITY CHALLENGE

In reviewing our Partnership's *Performance-Based Incentive System (PBIS) Reports* for the past five years (2007--2011), one key challenge facing our respective communities (Lincoln and Gaston counties) is the health disparity in infant mortality among non-white children. Although the overall infant mortality rate has improved over the past several years, the past 2-year (2010 & 2011) average rate for non-white children for Lincoln and Gaston counties is 17.9 and 10.5 per 1000 live births and compares to an average rate for white children of 6.2 and 4.8, respectively. The average infant mortality rate for non-white to white children in North Carolina is 9.3 and 5.4, respectively. As this information reveals, the rate among non-white children is more than double that among white children in our communities and is 72% higher for the state as well.

Our Partnership was privileged to have been selected to host one of the *Leading for Equity* retreats. In discussing this opportunity with the Partnership's Board of Directors, a decision was made to host the retreat prior to assembling community leaders in Lincoln and Gaston counties to discuss the disparity in infant mortality.

COMMUNITY IMPACT

The *Leading for Equity* retreat, led by Marisol Jimenez McGee and Tami Forte Logan with OpenSource Leadership Strategies, provided participants with an understanding of racial equity and structural racism via a historical context and application of a racial equity lens. The retreat also initiated the community's discussion regarding the disparity in infant mortality. Participants included representatives from local county and city governments, health and human services, school systems, public library system, city police department, United Way, Gaston Community Action and our Partnership.

With the assistance and leadership from Gaston County's Health and Human Services, a *Disparity in Infant Mortality Task Force (Task Force)* was established to address this issue in Lincoln and Gaston counties. Some of the participants in the *Task Force* are the same as those who participated in the retreat and include representatives from local health and human services, school systems, United Way, Gaston Community Action, Gaston College, Cooperative Extension, Community Health Partners, Nurse-Family Partnership and our Partnership. *Task Force* members committed via a *Shared Agreement* to working with community partners in a collaborative effort to pursue:

- Increasing the awareness of the health disparity in infant mortality among minority children in Lincoln and Gaston counties.
- Identifying contributing factors for this health disparity.
- Strategizing on ways to reduce/eliminate this health disparity while reducing the overall infant mortality rate.
- Encouraging community engagement and commitment in the strategic/action steps to be taken.
- Improving the quality of life in our communities.

The *Task Force* has met the past three (3) consecutive months (October through December) and plans to continue to meet monthly in the future, recognizing that this is a community challenge with historical, cultural, institutional and relational implications that will need to be addressed over the long term. The focus of the meetings to date has been to learn and understand as much as possible about the disparity in infant mortality and what has been learned by others in the process of addressing this challenge previously. Each monthly agenda has included research shared by a different member each time who has also led the discussion on same. To borrow a term used by another community, the *Task Force* has adopted a “bench” (i.e., those in research/professional practice) and “trench” (i.e., those working/living in the field) strategy, relying heavily on research, data and personal experiences/observations/reflections.

PERSONAL/PROFESSIONAL DEVELOPMENT

Having the privilege and opportunity to participate in a number of leadership development activities throughout my career, I have to admit that I entered the Leaders’ Collaborative with somewhat of a “been there done that” perspective. However, it did not take very long to realize that, once again, “I don’t know what I don’t know” thanks in large part to the excellent leadership of McGlynn Associates and the other facilitators of the sessions. The reality is that I learned something very important at each session about myself, my fellow cohort members, how to be a more effective leader and, most importantly, how to be a better person. This new leadership knowledge was very important in preparing for and hosting the *Task Force* meetings held to date and will continue to be useful for future meetings.

The greatest personal development has been the learning experience itself and the leadership knowledge shared by the sixteen (16) outstanding cohort members in the Leaders’ Collaborative. Being new to the Smart Start family, this has been a wonderful experience in getting to know each of them on both a personal and professional basis. I have developed a greater understanding and deeper respect for each one and consider them new life time friends. I perceive this beginning to develop in our *Task Force* as well as we employ many of the techniques learned in the collaborative sessions.

From a professional development perspective, learning the appreciative inquiry change management approach and appreciative leadership techniques/skills has been one of the greatest outcomes from the Leaders’ Collaborative experience. Transitioning from problem solving to appreciative inquiry has been a journey that, with practice, I am finding that I am more comfortable with as well as successful. As noted in the book Appreciative Inquiry by David L. Cooperrider and Diana Whitney, “...appreciating and valuing the best of what is, envisioning what might be, and dialoging what should be...” has elevated the *Task Force’s* discussion. What began as an overwhelming social challenge with many “social determinants” has evolved to “how is it possible” to make a positive change in this complex issue.

Additional personal and professional development techniques learned during the collaborative sessions that have been incorporated into the *Task Force’s* agenda include but are not limited to:

- Acknowledging the facilitator’s role as “host” versus “fixer”
- Practicing positivity
- Practicing radical self-responsibility
- Practicing listening skills
- Practicing aligned contribution theory
- Building leadership capacity

STATEWIDE IMPACT

This Leaders’ Collaborative was the third cohort and a fourth cohort is scheduled to begin in early 2014. Although each cohort’s focus has been somewhat different, the participants’ leadership development that has occurred is only as good as it is practiced and shared. In my opinion, this is the greatest valued outcome that should be expected. The Executive Director Forums have already utilized many of the learned appreciative inquiry and leadership skills in the development of their agendas and as well as their approaches towards achieving desired outcomes. With greater accountability expected by our state policymakers, collaboration will become more important along with strategic planning and communicating/messaging. Sharing our story of hope for children and our future by appreciating/valuing the best of what is, envisioning what might be, and dialoging what should be has never been more important. I continue to be optimistic.