

WISCONSIN HEART HEALTH COMMUNITY OF PRACTICE

COMMUNITY CHARTER

Version 1.0

September 2018

VERSION HISTORY

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	Ashley Green Shelby Vadjunec Rebecca Cohen	8/28/18			Initial community charter draft
1.1	Ashley Green Shelby Vadjunec Rebecca Cohen	9/7/18 9/10/18			Revisions with DHS team
1.2	Multiple DHS Contracted Partners	9/14/18			Version to be proposed on September 19 and 27 working calls

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1 INTRODUCTION

1.1 PURPOSE OF COMMUNITY CHARTER

The Wisconsin Heart Health Community of Practice community charter documents information required by decision makers to approve and support the activities necessary for a successful launch, cultivation, and sustainability of the Community of Practice. The community charter includes the needs, scope, justification, and resource commitments.

The intended audience of the Wisconsin Heart Health Community of Practice community charter is the community sponsor (DHS), collaborative leadership, and the community members.

2 COMMUNITY OVERVIEW

A Community of Practice (CoP) represents a group of professionals, informally bound to one another through exposure to a common class of problems and common pursuit of solutions. Communities of Practice are a way of developing social capital, nurturing new knowledge, stimulating innovation, and sharing knowledge. Communities of practice knit people together with peers and their outputs can include best practice sharing and implementation, guidelines, knowledge repositories, technical problem and solution discussions, working papers, and strategies. Over the lifetime of the CoP the collective focus may shift and different initiatives may emerge as the membership of the community evolves and engages with shifting priorities. This evolution over time is natural, yet the members of the community continue throughout to recognize one another as partners committed to shared goals that unify their collective direction.

Cardiac health is a priority for individuals, partners, and organizations across the state. Every day cardiac health improvement activities are implemented. The Wisconsin Cardiac Health Community of Practice shall be the statewide forum to address cardiac health through leverage and synergy. Specifically, this CoP will exist to promote best practices, collaborative activities, organizational and professional relationships, and ideas that help to improve the cardiac health of all Wisconsin residents. The ultimate intent of this best practice advancement by the CoP is not merely knowledge sharing for its own sake, but rather to facilitate active implementation and continuous improvement of these best practices in Wisconsin healthcare organizations and communities wherever feasible. Furthermore, the CoP also commits to health equity as the highest guiding principle in all of its work as it recognizes that best practices have not truly been achieved until all disparities of care in underserved communities have been removed and the health of those communities brought into parity with more resourceful Wisconsin communities. The CoP provides its members an opportunity to network with one another regularly so as to expand the collective awareness of and expertise in best practices that advance cardiac health in Wisconsin. In addition, this network of members provides a venue in which to make offers of or requests for support and assistance to other members of the CoP. The duration or lifetime of the CoP shall initially equal that of the CDC 1815 grant which ends on June 29, 2023 but may, at the conclusion of this grant period, be renewed for longer given sufficient member interest and identification of a formal sponsor who can steward the group should DHS no longer be able to serve that role.

3 JUSTIFICATION

3.1 PUBLIC HEALTH NEED

Cardiac health related diseases continue to be a leading cause of death and disability across the nation and Wisconsin. One of every three adults in Wisconsin has hypertension – impacting approximately 1.3 million adults. Hypertension can be treated and controlled. However, more than half of adults with hypertension do not have it controlled (52%) including adults that are unaware they have it (16%) and adults seeking treatment, but it is still not in control (62%). People with

untreated or uncontrolled hypertension are more likely to die from heart disease. Heart disease is the second leading cause of death in Wisconsin and accounts for one of every five deaths. There continue to be great opportunities to deliver more effective care and reduce the disparities of care that negatively impact underserved communities – those that are affected disproportionately by cardiovascular disease and risk factors due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. A cardiac health focused community of practice that shares and disseminates evidence based best practices which address these opportunities can help advance cardiac health outcomes in the state of Wisconsin.

4 SCOPE

4.1 VISION

Wisconsinites living better with healthy hearts

4.2 MISSION

To improve cardiac health related outcomes across Wisconsin—especially a reduction in hypertension—through the advancement of best practices, establishment of strong organizational relationships, and the mutual activities of community of practice members.

4.3 GOALS

The goals of the Wisconsin Heart Health Community of Practice are intended as the larger collective aims of its members rather than the specific priorities or activities of the CoP which may change over time (and which are listed elsewhere). These continuing aims are as follows:

- Improve cardiac health outcomes across Wisconsin—with special emphasis on the reduction of hypertension
- Advance health equity in all Wisconsin communities, especially where disparities of care continue to persist
- Facilitate the active implementation and continuous improvement of best practices in healthcare organizations and communities (increasing community-clinical links) wherever feasible and within targeted areas
- Track and monitor the impact of best practices and initiatives in order to identify, develop, support, and/or disseminate those that lead to improved health outcomes
- Increase mutual assistance and collaboration among CoP members on heart health related projects, campaigns, and initiatives
- Explore collaboration points with public health partners and other stakeholders outside of cardiac health and within targeted areas
- Identify unrecognized pockets of related projects across public health and share work openly with those projects

4.4 HIGH-LEVEL REQUIREMENTS

The following table presents the requirements that the community’s activities must meet in order for the community objectives to be satisfied.

#	REQUIREMENT
1	Develop Strategic Context and receive management support / approval
2	Launch Community; invite participation
3	Educate stakeholders and members
4	Encourage participation and collaboration of all members
5	Evaluate community effectiveness

4.5 MAJOR DELIVERABLES

#	DELIVERABLE LIST	START	FINISH
1.1	Kickoff Message		
1.2	Community of Practice Charter		
1.3	Communication Management Plan		
1.4	Online Collaboration Tool: Calendar, discussion groups, presentations archives, etc.		
1.5	Facilitated meetings and calls		
1.6	Presentations (or publications)		
1.7	Regular evaluations of CoP effectiveness		

5 COMMUNITY PARTICIPATION

5.1 INDIVIDUAL AND ORGANIZATIONAL BENEFITS

Through the sharing, creation and management of knowledge around heart health issues, the community enables individuals to:

- Continue learning and developing professionally
- Access expertise
- Ask for or offer assistance
- Improve communication with peers
- Increase productivity and quality of work
- Network to keep current in the field
- Strengthening professional relationships
- Enhance professional reputation

The community benefits the organization by:

- Reducing time/cost to retrieve information
- Reducing learning curves
- Improving knowledge sharing and distribution
- Enhancing coordination, standardization, and synergies across organizational initiatives
- Reducing rework and reinvention
- Enabling innovation
- Building alliances
- Strengthening organizational relationships

5.2 COMMUNITY NORMS

- Operate around the following governance principles: participation, transparency, responsiveness, consensus orientation, equity and inclusiveness, effectiveness and efficiency, accountability, and rules of engagement
- Be open to all with an interest and who abide by community norms
- Encourage the ongoing education of members and the deepening of expertise among members

5.3 GROUND RULES FOR BEING A MEMBER

- Members are willing to share challenges, and lessons learned as well as successes

- Members strive to create an environment of trust and to foster insightful, non-threatening discussion of ideas and experiences
- Members distribute leadership responsibilities and collectively share in the management of the community
- Membership and topics reflect heart health focused issues and organizations
- Members advance their personal and professional goals through participation in the community
- Members are practitioners and stakeholders, contributing to the community through their experiences, skills, and time
- Members agree to be respectful and use appropriate language in group discussions and to listen and respond to each other with open and constructive minds
- Members will not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks -- focus on ideas
- Members will participate to the fullest extent possible -- community growth depends on the inclusion of every individual voice
- Members commit to search for opportunities for consensus or compromise and for creative solutions
- Members will contribute to an atmosphere of problem solving rather than stating positions
- Members agree to speak from their own experiences instead of generalizing ("I" instead of "they," "we," and "you")
- Members will attempt to build on each member's strengths, and help each other improve areas in need of further development

6 ASSUMPTIONS, CONSTRAINTS, AND RISKS

6.1 ASSUMPTIONS

The following assumptions were taken into consideration in the development of this community. If any of these assumptions prove to be invalid then the community could face a possible risk.

1. There is an interest among heart health stakeholders and providers in forming informal and formal connections.
2. There will be CoP members who take increasing responsibility for stewarding the success of the community.
3. Sponsors will support the time investment for their staff to participate in the community.

6.2 CONSTRAINTS

The following constraints were taken into consideration in the development of this community.

1. The availability of members to participate collectively at a single unique time may limit the number of participants.
2. The priorities or obligations of a given organization or member may at times limit participation in or leadership of the CoP

6.3 RISKS

The table below lists the risks for this community, along with a proposed mitigation strategy.

Risk	Mitigation
Community does not draw or sustain interest	[mitigation TBD]
Community leaders do not emerge	[mitigation TBD]
Community loses relevance	[mitigation TBD]

7 COMMUNITY ORGANIZATION

7.1 ROLES AND RESPONSIBILITIES

This section describes the key roles supporting the community.

Name & Organization	Community Role	Community Responsibilities
Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP)	Community Sponsor	Responsible for acting as the community's champion: providing direction and support to the team.
Wisconsin Heart Disease and Stroke Alliance (HDSA)	Community Leader	Oversight to the day-to-day management of the community with specific accountability for managing the community within the approved constraints of scope, quality, time, and cost, to deliver the specified requirements, deliverables and customer satisfaction.

7.2 STAKEHOLDERS (INTERNAL AND EXTERNAL)

A stakeholder is a person or organization – such as sponsors and the public – that is actively involved in the community, and/or that could positively or negatively impact the achievement of the community's objectives, and/or whose interests may be positively or negatively affected by the execution or completion of the community. The table below shows the stakeholders currently identified.

STAKEHOLDER	REPRESENTATIVE(S)
MetaStar	Ashley Green
Wisconsin Nurses Association	Gina Dennik-Champion Pam Sanberg
Wisconsin Community Health Fund	Rebecca Thompson
UW Population Health	Sara Busarow
American Heart Association	Tim Nikolai

STAKEHOLDER	REPRESENTATIVE(s)

8 COMMUNITY CHARTER APPROVAL

The undersigned acknowledge they have reviewed the community charter and agree to launch the Wisconsin Heart Health Community of Practice. Changes to this community charter will be coordinated with and approved by the undersigned or their designated representatives.

Signature:		Date:	
Print Name:			
Title:			
Role:			

Signature:		Date:	
Print Name:			
Title:			
Role:			

Signature:		Date:	
Print Name:			
Title:			
Role:			