

Making Meaning Together: ♦ Trust, Tools, and the Practice of Integration

How systems change begins by investing in trust, relationship,
and shared leadership

August 6, 2025



Meet SDL



We facilitate transition and accelerate collective action in the social sector. Our sweet spot: co-creating the conditions for meaningful collaboration.

OUR VALUES

- HUMAN-CENTERED
- INTENTIONAL
- CREATIVE COURAGE
- EXPLORATION
- HONESTY
- BELONGING



Think of a time when
you felt part of
something bigger than
your organization.

**What made that
possible?**



a mycelium network, lots of small interconnected pathways that
lead to and sustain something much larger in an ecosystem.



Today's goal:

Help public health leaders in the Greater Upper Valley **envision** an integrated services approach, grounded in trust and stories of real-world, cross-organization collaboration.

Why Integrate Now?

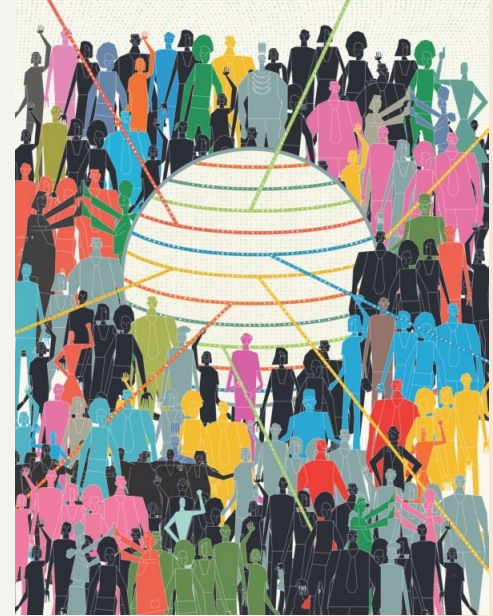


“Collective approaches are not new. In fact, collective action is arguably humanity’s greatest superpower.

...

Addressing societal challenges is growing more demanding as political transitions, economic uncertainty, and the breakdown of social cohesion reveal deep divisions among us. These chasms are costly, since **the ingredients for innovation—creativity, expertise, and resources—are most often found at the crossroads of diverse stakeholders.**

Collective social innovation is a necessary response to this threat, countering such divides by innovating with the very process of collaboration itself.”



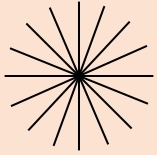
[The Future of Innovation Is Collective \(2025\) SSIR](#)



Pick an issue your organization thinks about all the time. Ideally, choose one where you're stuck in 'talking' with other orgs, but not yet collaborating.

Now reflect...

- 1. What conversations have you had about this issue in the region?**
Name the recurring themes or narratives
- 2. Who talks about this issue...but separately?**
List orgs, agencies, or community voices
- 3. What might it take to move from talk to collaboration/integration test?**
Imagine a joint prototype or small shared step
- 4. How could we learn together?**
Reflect on shared measures or reflection cycles



Jackson County Public Health: A Story of Trust and Emergence

2019–2021

COMMUNITY HEALTH IMPROVEMENT PLAN

EASTERN JACKSON COUNTY



Why are we here?

We want a collaborative and inclusive approach to empowering people to live their healthiest lives possible in our community.

Our last Community Health Improvement Plan ended in the pandemic, and we're here to update our improvement priorities together using the most up to date community data from this spring.

In search of a different way.

Existing structures weren't producing equitable results.

Collaboration often meant "talking," not testing.

Trust in public health was fraying post-pandemic.

"We want to go deeper... with people we know are important to the community, but don't currently have meaningful relationships with."

Continuing the journey toward a new way forward

FROM	TO
Health department creates the Community Health Improvement Plan with advisory from community members and organizations	Improvement Plan is co-created with the community
Health department is independently responsible for achieving outcomes in the Improvement Plan	Accountability for Improvement Plan outcomes is collectively held – because the aspirations are greater than any one organization can achieve alone
Health department as a doer of focused projects to advance incremental improvement in health equity	Health department as a convener of key community members and stakeholders to work together on complex issues of equity in our community

Data Collection + Discovery



LAUNCH INNOVATORS NETWORK:

Team of cross-sector leaders to guide this effort



SUMMIT:

Convene community to review data



COMMUNITY HEALTH ASSESSMENT:

Gather data from community members



LAUNCH:

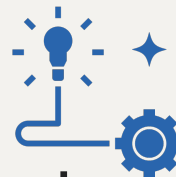
Identify topics to focus on in Priority Labs + begin formation

Systems Practice in Priority Labs



GAIN CLARITY:

Investigate the system that produces current outcomes



FIND LEVERAGE:

Identify potential high-impact opportunities to build on



ACT STRATEGICALLY, THEN LEARN + ADAPT:

Develop, enact, and iterate on a strategic plan including a theory of change, measures, and responsibilities

We Didn't Start with a Plan. We Started with People.




- Formed the Innovators Network: cross-sector community stewards or “early adopters”
- Built shared relational infrastructure and a space for learning by doing

Simple Tools for Big Shifts

 Community Agreements + Reflection Routines

 “Good Enough Vision”

 Empathy Interviews and “Analogical Scavenging”

 Appreciative Inquiry

Community Agreements

Be wildly visionary.

- Ignore the constraints.
- Laughter makes space for creativity.
- Embrace change and receptivity.

Lean into your curiosity.

- Approach moments of disagreements as opportunities for growth.
- Ask questions, seek clarity, offer and be open to alternative perspectives.

Show up for & with each other.

- Respect voices, perspectives, expertise and experiences.
- Allow each person to show up as their whole selves without judgment. Assume positive intent.
- What's said here stays here, what's learned here leaves here.

Community health improvement is not a spectator sport.

- Be engaged, not an observer.
- Make the most of our time together – invest in your energy, come prepared, focus on outcomes.
- Pause to consider equity and admit when we need to hear other voices, experiences, and expertise.

We Didn't Start with a Plan. We Started with People.




- Formed the Innovators Network: cross-sector community stewards or “early adopters”
- Built shared relational infrastructure and a space for learning by doing
- **Let structure and vision emerge through practice, and allowed for it to be ‘good enough’**

Simple Tools for Big Shifts

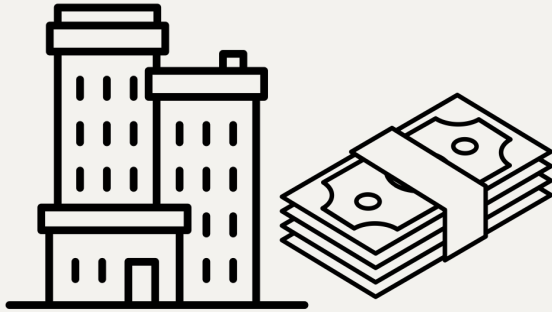
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Priority Areas



Economic Stability &
Affordable Housing



Mental & Behavioral
Health

The work spoke for
itself and trust became
contagious.

Integration didn't start
with a master plan.
It started with **the right
container.**

One year in:



“Funders started coming to us.”



“We had people coming out of
the woodwork to join.”



“It helped to know how to lead
without knowing all the answers.”

This Isn't Just a Case Study. It's an Invitation.



Trust-first integrated services approach works in public health systems

Real integration begins with shared understanding and relationships (not rigid structure), and that leads to a common agenda

The Upper Valley is ready (and it sounds like GUVIST is here to help!).



Sensemaking



Go-Around: What have you tried from this learning series and/or the integration guide (or collective impact in general)? How'd it go?

Group Discussion: If we all want more integrated services and joint initiatives, what's getting in the way of getting it going?



Winding Down



In the chat:

What's one small step you could take?

Some ideas + resources



Ideas:

- Reach out to GUVIST to co-create integration pilots or follow up on any of these ideas (if not you, who!)
- Download and use the Integration Guide with your teams
- Invite SDL to help with storytelling, mapping, or reflection sessions

Resources:

- [SDL Substack post: Trust the People](#)
- [JCPH Summit recap blog](#)
- [GUVIST Integration Guide](#)
- [GUVIST proposal form](#)