

Jefferson Regional Health Alliance as a Learning Community

What is a learning community anyway?

1. Learning Communities are:

- A group of people having common interests.
- Groups of people engaged in intellectual interaction for the purpose of learning.
- One way to build the commonalities & connections essential to our education and our society.
- **The integration of work and learning creating the capacity to think BIG.**

2. Components of Learning Communities:

- Purpose with goals and objectives
- Issues & topics to address
- Affiliated participants
- Meetings and activities
- Scholarly process for learning
- Community connections, partnerships and engagement
- Assessment/evaluation of activities & projects

3. Why Learning Communities?

- Philosophical: They fit into a changing philosophy of knowledge.
- Research based: Fit with research that tells us about learning.
- Pragmatic: Learning Communities work. They allow you to continue a collective learning process across many organizations.

4. New Thinking and Learning Communities:

- Focus on community changes
- Imagine the difference if the starting point for health care organizations was not what they do best or like best, but what the community needs most.
- Learning communities provide people the time and opportunity for interaction and talk about ideas, one's work, and the larger community.

5. The Jefferson Regional Health Alliance as a learning community offers the opportunity to notice and learn that

- Each organization will see how universal their deepest problems are.
- Inevitable setbacks and crisis occur for everyone and you can help the community from derailing.

- When facing challenges of profound change, there is no substitute for collaboration: people coming together out of common purpose, willing to support one another so an entire community benefits.
- 6. The Learning Community Approach offers a New Opportunity for the Health Care System and the organizations within the system: To Move From “Fix It” Approach to “Create It” Approach**
- **Fix It Approach**
 - a. Focus on correction & analysis of problems
 - b. Little margin of error
 - c. Focus on what’s wrong
 - d. Problems stronger than vision of collaboration
 - **Create It Approach**
 - a. Create something new that we want
 - b. Expect error, tolerance for chaos
 - c. Focus on what we want to accomplish
 - d. Vision stronger than problems
- 7. A Potential New Paradigm for health organizations and providers Now:**
- Moving from fragmentation to integration
 - Creating community networks
 - Understanding that all members are tied together in some fashion
 - Facilitating decisions by the network in concert with the community
 - Creating a seamless health care and wellness oriented community that will bring economies of scale, greater efficiency, and reduced duplication.
- 8. Fixing Financial Incentives:**
- When financial incentives change, behavior changes
 - A shift in incentives translates into concrete decisions & actions.
- 9. Who’s in charge?**
- Community accountability is most elusive, but is an important characteristic of a learning community.
 - If it’s best to close some services/agencies, merge others, or reduce certain ones, then the members must do that.
 - A learning community is accountable to the broader geographic community.
 - Consumer satisfaction is one criteria by which you will be judged

Excerpted and recreated for the Jefferson Regional Health Alliance in 2006 from materials shared at a 2004 meeting between private and community foundation trustees by invited guest speaker, Dr. Mary Ellen Fleeger, who was asked to speak about Learning Communities as a methodology or practice.