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Localizing Control of Health Care

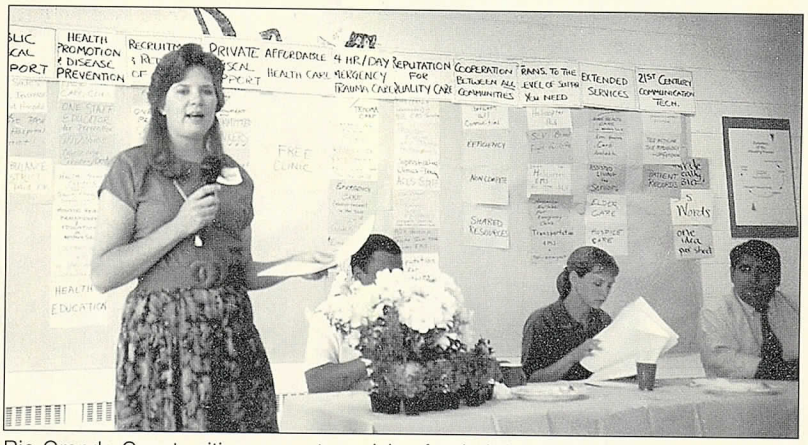
by Louise Singleton

It certainly hadn't happened before in Colorado, probably not in the country. A small rural hospital, which closed, was reopened. For 86 years, the Sisters of St. Joseph ran St. Joseph's Hospital in Del Norte in the San Luis Valley. But the hospital had been losing money and in October 1993, it became the eighth rural hospital in Colorado to close in nine years.

"There was only one doc in town and none in South Fork. For some folks there was no medical care for 75 miles," said realtor Larry Martz. "We had to do something." Martz became Chairman of the Valley Citizens' Foundation for Health Care, Inc., a group of citizens dedicated to re-opening the hospital. Three years after closing, St. Joseph's reopened as Rio Grande Hospital in January 1996.

Kit Carson County had a different situation. Kit Carson County Memorial Hospital (KCCMH) in Burlington on the eastern plains of Colorado is an excellent small hospital that is doing reasonably well. But it provides essential primary care services and is 175 miles from urban hospitals providing a higher level of care — very difficult for agricultural injuries and traffic accidents on I-70. Although many services were available, people were leaving the community because they didn't know the services were there.

East Morgan County Hospital in Brush, ten miles from a larger hospital in Fort Morgan,



LOUISE SINGLETON

Rio Grande County citizens create a vision for their health care at a town meeting.

90 miles northeast of Denver, was trying to do too much and losing large amounts of money. Perhaps two acute care hospitals so close together in the same county were not needed. But Brush citizens were adamant they did not want their hospital to close.

These communities, plus eight more in Colorado which participated in the Colorado EACH/RPCH* Program, had problems and stories similar to those found in small rural towns all over the United States. Maintaining basic health care services in rural areas of this country has always been a fragile proposition. Now, in addition, communities are feeling the pressures rolling over all health care in this country like a giant tidal wave.

In many communities, the questions are clear and immediate: Who is going to control the hospital, hire the doctors, decide what services are needed, and how they will be provided? Will decisions be made locally or miles away? Providers are used to working independently, and officials and residents are used to thinking about schools and economic development, but not about the complexities of today's health care system. To think in terms of being responsible for the control of health services is new and daunting.

Continued on page 6

Health care is another aspect of our society where the inclusive participation of both citizens and professionals can make a difference. In many places around the country, the ICA's *Technology of Participation (ToP)* has been key to making this happen. This issue of *Initiatives* highlights five such places. Newly elected ICA president, Louise Singleton, leads off with the cover story.

INSIDE

Building a Global Network

For the second time, ICA Phoenix hosted the ***International Technology of Participation Training of Trainers (IToPToT)*** *program. This five-week program brought together 16 people from Brazil, Chile, Egypt, Ghana, the Netherlands, Peru, Taiwan, Tanzania, Uganda, the UK, the USA and Zambia. IToPToT participants are trained in ToP courses, teach those courses, and design ToP implementation systems in their own countries. In addition, participants meet ToP facilitators and graduates in different US cities, join in local facilitator guilds, and visit organizations using ToP methods on an ongoing basis. Two participants share their reflections on the program.*

Martin Gilbraith

It has been wonderful to link up with so many others in the USA and from around the world who share such great enthusiasm for *ToP* methods. I have gained so many invaluable insights into the teaching and use of *ToP* that it will be a challenge to find ways to remember and apply them all back in the UK. I'm trusting that much that strikes me now as new and innovative will become familiar as simple common sense!

One of the highlights of the program was our real-life Action Planning method demonstration in which we planned our closing celebration — a multicultural festive event! An added delight for me was my visit to Seattle with Lambert Okrah from Ghana. Although I have a passion for the desert arising from the six years I spent with ICA Egypt, it was a pleasure to leave behind Arizona's heat and enjoy Seattle's more balmy climate and watery environment.

It would have taken a year or more of the ICA UK's *ToP* schedule for me to gain the kind of experience *IToPToT* offered. Our eight facilitators from our 60-strong membership network have been offering *ToP* courses in Britain since March 1996. We have been most grateful to ICA Phoenix and ICA Brussels for material and staff support.

As the marketing and administration coordinator for *ToP* in Britain, as well as working to gain experience as a *ToP* trainer, I am delighted to have had the opportunity to participate in the *IToPToT*. The major challenge for me will be to continue to make opportunities available in the UK for enthusiastic new facilitators and trainers to gain experience and expertise from one another and from this expanding global network of *ToP* practitioners.

Doris Mutashobya

One may wonder why the words "global village" are becoming more popular nowadays. The *IToPToT* program is a living example. The sixteen participants from around the world and the ICA Phoenix "family" are its witnesses. The participants' desire to promote participation in their work with disadvantaged groups, neighborhoods, or communities has enriched our shared experiences tremendously.

ToP methods have opened my mind and shown me why most people in my country, Tanzania, see themselves as passive objects of development projects rather than active agents of change. These methods have also provided me with tools which constructively challenge that deeply rooted passivity.

The task I now face is to reach other people who are leading the promotion of popular participation in Tanzania. I would like to transfer these tools to them so they can help people build their self-esteem, get into the habit of trusting their own ideas, and dig deeper for shared insights.

The most valuable lesson I gained from the program is that facilitation is an ongoing learning process. This happened while I was in San Jose on my "regional trek." I talked to a number of people who are using *ToP* methods in their daily work and attended a Group Facilitation Methods course. I discovered again the connection between active participation and high quality results.

It has been a real pleasure for me to participate in the *IToPToT* program. My greatest challenge will be to put what I have learned into practice and share it with other development pracitioners in Tanzania. As I do, I will be more able to play my part in making our "global village" a living reality.

Civil Society Book to be Published

The much-awaited book, *Beyond Prince and Merchant: Citizen Participation and the Rise of Civil Society*, is scheduled to be released in July. Edited by John Burbidge for ICA International and published by PACT Publications, the book builds on the theme of the ICA's global conference on civil society last September. It opens with a chapter by Goran Hyden on the origins and development of the concept of "civil society" and concludes with a chapter by Alan AtKisson that spells out the crucial role of citizen-based initiative in social change. In between are 16 chapters describing examples of building civil society around the world and some of the key issues involved in doing this. Brochures and order forms will be available from ICA offices in the near future. [See page 11.]

Attending to Our Organizational Health

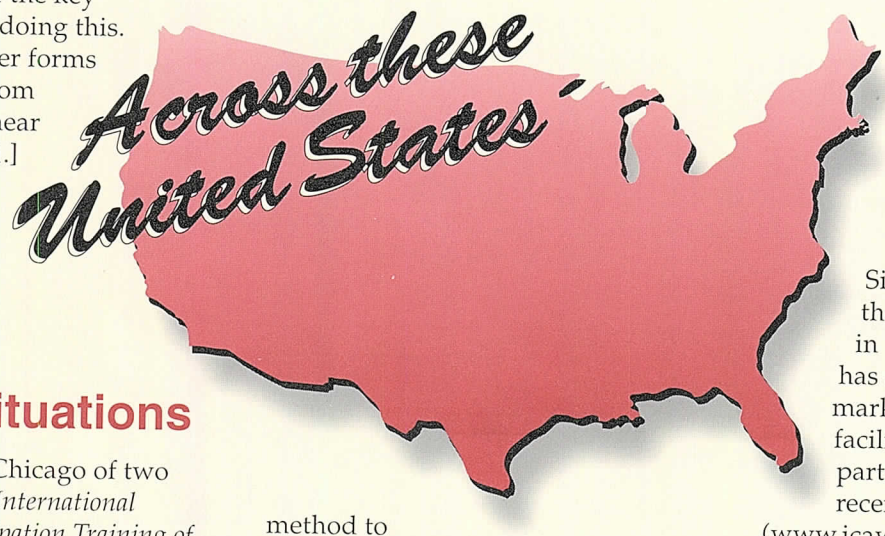
Mirroring this issue's theme of health, ICA board, staff, and associates met for a retreat last April in Techny, Illinois to work on the health and vitality of the national organization.

Forty participants from all regions of the country shared program debriefings, visioning, and priority setting for the coming year. Facilitators Dennis Cheesebrow and Antoinette Hubbard created a context of organizational "trusteeship." The metaphorical question, "What's in the ICA's storehouse?" sparked a comprehensive brainstorm of assets available to support the ICA's mission.

Board and staff members adopted a regional perspective to identify potentially high-return national initiatives. They pinpointed four:

- Community Youth Development
- Upscaled National Marketing System
- Year 2000 International Conference
- Integrated National Management System

Action teams were formed and are working on plans and directions for each of these initiatives. Call your local ICA office if you'd like to help.



ToP Methods Impact Diverse Situations

The recent visit to Chicago of two participants in the *International Technology of Participation Training of Trainers* program [see page 2] provided ICA staffer Dennis Jennings with the opportunity to interview Chicago area *ToP* grads and review what use they had made of their training. Their responses to "How are you using *ToP* methods?" revealed that *ToP* is making an impact in a diversity of settings in business, government, and non-profits.

An assistant vice-president of a major credit card company told how she used the ICA's Focused Discussion method with their Vice President's Council to digest a presentation by the company chairman. A substance abuse prevention community organizer told how he used the same method to bring rival gang members into mediation to resolve potentially violent disputes. The executive director of an agency that consults with government organizations in the Chicago area and who sends his staff to *ToP* training, shared how dialogue is becoming an increasingly critical tool with the organizations they serve.

Tell Me A Story!

Lyn Mathews Edwards, a founding member of the ICA, celebrated her 80th birthday in Chicago on June 19th by listening to dozens of stories sent in by friends and colleagues. Rumor has it another book might be in the making.

LifeStyle Simplification Lab Attracts Worldwide Response

Since beginning the design of the *LifeStyle Simplification Lab* in 1992, the ICA at Greensboro has adopted a variety of marketing venues for the lab facilitation guide and participant guide books. The recently established web page (www.icaworld.org/usaeast/greensboro/index.html) has provided worldwide exposure. Several inquiries have been received, including orders from Belgium, Guam, South Africa, and the Yukon. In Greensboro, participants from previous labs have begun meeting monthly in an Action Research project to explore the practical implications for families, communities, and societies when individuals decide to embody a simplified lifestyle based on personal integrity, environmental responsibility, and social sustainability. Others interested in contributing to this action research or learning more about the LifeStyle Simplification programs should contact the ICA at Greensboro (ICAGboro@igc.apc.org).

The Way We Do Things Here

by Nancy Hall and Joby Winans

The Tacoma-Pierce County Health Department in Washington State is not known for leading the nation in health-related indices. But it differs from many other government health agencies around the country in one respect. Participatory planning and group decision making have become its *modus operandi*, thanks largely to a relationship with the ICA and its *Technology of Participation (ToP)* begun three years ago.

Six staff members have been through the Group Facilitation Methods training and three have completed the other two *ToP* courses. Those who have been trained have taught and mentored others. We have used the methods for staff and community planning, community capacity building, and to develop community-based organizations. The techniques have become familiar methods for brainstorming and problem solving.

When we first started using the methods, there was a great deal of resistance because of varying levels of trust in the facilitator, the purpose for using the method, or how the process was implemented. Many people had never been asked to participate in the department's planning before and so distrusted even the invitation; few involved in early planning events had ever participated in any structured method. Some grew impatient with the length of the process while others had little expectation it would result in change.

In three years, trust has been built, responses are more agency-specific, and there is a deeper level of understanding.

Since we have now used the process in a variety of settings and for many purposes, when we begin to apply the methods, people say, "Oh, it's ICA!" Immediately, they look for marking pens. In three years, the results obtained from planning processes have changed: trust has been built, responses are more agency-specific and show greater nuance, and there is a deeper level of understanding.

The common use of *ToP* methods has strengthened staff confidence in participating in the process, as well as using it, albeit with mixed results. At first, only staff who had been trained by the ICA used *ToP* methods. Over time, after participating once or twice in the process, participants started using the methods with their own for staff, community, and personal activities. This created several adaptations and changes in the process.

One major change is that people sometimes use only parts of the process. Brainstorming methods are most popular because they incorporate everyone's ideas and generate a great deal of information in a short time. Often the Focused Discussion and Action Planning methods are omitted. This results in semi-finished plans that lack commitment from participants and sit in file drawers.

SHELLY FITTEN

Members of the Tacoma-Pierce County Health Department in a staff planning meeting.

On the other hand, a vast number of workshop charts and action plans have been generated using *ToP* methods, which allows us to compare outcomes from year to year and program to program. In the process, we have learned a number of things. Three stand out:

- Participation must start at the top of the organization.
- There must be a commitment to involve everyone.
- It is critical to use the entire method.

We are just entering a phase where the commitment to involve everyone is beginning to happen throughout the whole department. We must maintain the momentum established and recapture lost participants. We also need to remind people that for action planning to have an impact, there must be a commitment to follow through and implement the indicated changes.

These points aside, Tacoma-Pierce County Health Department is quite a different place today than it was three years ago. Piece by piece, we have begun creating a "culture of participation" within the organization. The main reason for this is simple: for us, *ToP* methods work. They have become "the way we do things around here."

Joby Winans (left) and *Nancy Hall* are health professionals with Tacoma-Pierce County Health Department, (206) 591-6482.

Facilitating Public Health Practitioners

by Agnes Hinton

Among many who have used the ICA's Technology of Participation *in public health and community development, Robert and Teresa Lingafelter have made an especially important contribution. Their work has left its mark in many places, from the Blue Mountains of Jamaica to northwestern Australia. When Robert died in 1996, we lost a valued colleague and a skilled community practitioner. We dedicate this article to him.*

Where has this been all my life?" was my reaction when I first encountered the ICA's *Technology of Participation (ToP)* methods over ten years ago. Since then, the Focused Discussion and Workshop methods have not only become part of my vocabulary, they have become integrated into much of my personal and professional life as well. I've used these and other ICA methods to conduct national workshops, to facilitate mission statements and help formulate goals and objectives for a university unit, and to solve problems at work and home.

Robert Lingafelter facilitating

Being introduced to *ToP* methods was one of many rewards of my association with long-time ICA colleagues Robert and Teresa Lingafelter at Partners for Improved Nutrition and Health (PINAH) in Mississippi. Through PINAH, the Community Health Advisor Network (CHAN) later developed. CHAN provides information, training, technical assistance, and linkage to community health advisor program sponsors and is a leader in community-driven health promotion. Community health advisor programs were developed by Freedom From Hunger working with the Mississippi Department of Health and the Mississippi Cooperative Extension Services in 1986. Robert was PINAH's first director and Teresa its first administrator.

One of PINAH's first initiatives was the Community Health Advisor program in Belzoni, Humphreys County. This program identifies, trains, and supports "natural helpers" who offer advice, information, and assistance on health-related matters to their neighbors. After a three-year pilot, the program expanded into other counties and to a second public health district. It culminated in the Mississippi State Department of Health assuming administrative responsibility for all existing programs in the fall of 1993. Earlier that year, Freedom from Hunger had established CHAN in Jackson and I was appointed its director.

Dr Eugenia Eng of the University of North Carolina School of Public Health at Chapel Hill carried out an evaluation of the Humphreys County program over five years. Initial results of the evaluation showed advisors had a significant impact on individuals, agencies, and the community. Each advisor was helping an average of seven people a week, up from three at the beginning of the program, meaning they were reaching half the low-income population of the county every six months. Community residents mentioned that advisors showed concern and encouragement, as well as provided practical help in matters ranging from teen pregnancy and drug abuse to housing and adult education. Agencies reported a significant increase in referrals to and from the community and among agencies.

From 1993 onwards, CHAN staff worked with state and county health departments, as well as the University of Southern Mississippi (USM) and the University of Alabama at Birmingham to establish Community Health Advisor programs in south Mississippi, Arkansas, Alabama, Georgia, and Florida. CHAN is now based at the USM Center for Community Health and has begun working with county and state health department staff in Houston, Texas.

A great pleasure of working with the Community Health Advisor program has been observing the personal growth of both advisors and program staff. Much of that growth has been enhanced by the successes that have resulted from using *ToP* methods with groups and individuals. These methods are incorporated into the program's training curriculum, the Community Facilitator Implementation Manual, and all CHAN training. They are fun, they work, and they can be used anywhere. As several returned Peace Corps volunteers said about *ToP* methods, "This is the training we should have had before taking our assignments."

Agnes Hinton is the Director of the Community Health Advisor Network in Hattiesburg, Mississippi, (601) 266-5437.

Localizing Control of Health Care . . . *continued from page 1*

Cooperation, not competition, is required of all providers in an area to create an efficient delivery system. But how to assemble the knowledge, courage, and cooperation to effectively redesign a system in this rapidly changing environment?

Learning to Manage Change

In Colorado, eleven communities have been confronting these issues as part of a pilot program. Colorado is one of seven states participating in the EACH/RPCH Program authorized by Congress in 1989. A Rural Primary Care Hospital (RPCH)* is a new hospital licensure category that provides primary care and links with a regional or urban hospital (Essential Access Community Hospital, EACH) to provide secondary and/or tertiary care. The result is a Rural Health Network. Over a five-year period, the State has received $1.4 million and hospitals in Colorado have received $3 million in grants.

But a hospital is not a health care system. A lot more is required. In Colorado, we have built on these hospital networks to involve all providers, agencies, and citizens in planning a health care system that works for their community. We call this "expanded network development."

The overarching question for a community is: What health delivery system will most effectively meet the needs of the entire community? Related questions are:

- How do we link up with services not available in the community?
- How do we link up services and providers within the community?
- Who decides?

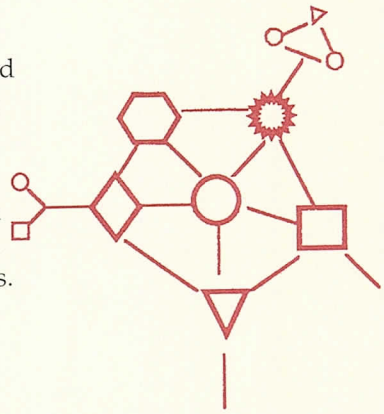
LOUISE SINGLETON

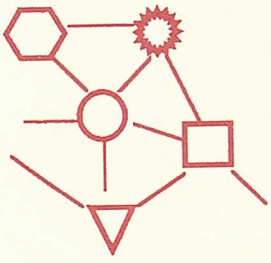
Rio Grande Hospital opens its doors.

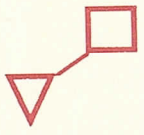
With the guidance of a 60-member statewide EACH/RPCH Task Force, a design team comprised of a private health care consultant, a facilitator skilled in the ICA's *Technology of Participation (ToP)* methods, and I developed a one-year community planning process to assist communities wishing to participate in this ambitious undertaking. Over 500 people from eight communities were involved.

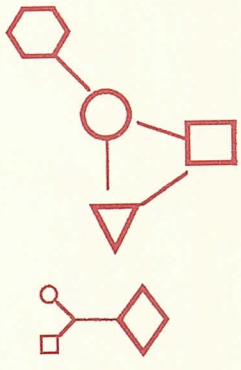
In order to facilitate the planning process, we developed the following training and resources:

- A two-day planning workshop that trained committee members and assisted them to adapt and plan the process for the needs and style of their community.
- A Network Planning Resource Handbook that provided instructions, work sheets, and resources for all phases of the process.
- County data profiles prepared by the EACH/RPCH Office that provided essential information for each county compared to the state and the nation.
- Easel, flip charts, and markers for each team, items not always available locally.
- A workshop for project coordinators and other leaders which taught the *ToP* conversation and workshop methods.
- A presentation packet on changes in health care and the need for planning that provided leaders with easy tools to prepare to talk to community groups.
- Small grants that assisted communities to pay for a planning coordinator, facilitation, and meeting and materials costs.





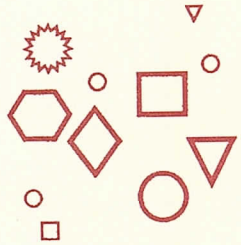




What happened?

Although it is too soon to discern any major changes in health care in the communities, there have been significant developments as the communities mentioned earlier show.

In Western San Luis Valley, after a community survey indicated overwhelmingly that citizens wanted a hospital to reopen, 75 people articulated a vision for health care in the area at a Town Meeting in July 1995. *Rio Grande Hospital* in Del Norte opened as a Primary Care Hospital in January 1996 and a clinic opened in South Fork in September 1996,



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staffed by a physician. Del Norte now has inpatient, outpatient, and emergency services, long-term care, mental health services, and a health center for indigent care. "It is unbelievable how busy it is," said Larry Martz. "That hospital was really needed." A community health needs assessment has been completed and the Western San Luis Valley Health Care Task Force is seeking community support for a health services district to provide essential supplemental tax funds if the new health services are to survive.

Major Shifts in America's Health Care Environment

Massive changes are occurring in both the industry and the culture of American health care. They include shifts toward:

- Health care becoming a corporate, for-profit business
- Increased mergers and consolidation
- More managed care in which reimbursement is driven by capitation, not fee-for-service
- Greater pressure on providers to reduce costs
- Increased competition between health plans for patients for their client base
- Greater pressure on providers to align with particular health plans
- Rural areas continuing to be more underserved and under-insured, with older, poorer, and sicker residents than urban areas
- Increased likelihood that decisions about health care will be made outside the community

The leaders of *Kit Carson County Memorial Hospital* discovered their power. In the past, small hospitals had viewed themselves and been regarded by large urban hospitals as poor country cousins at the mercy of their rich city relatives. KCCMH issued a request for proposals from urban hospitals to suggest how they would meet the needs outlined by KKCMH and the community. After the urban hospitals presented their proposals to the board and physician staff, the board decided which hospital they would partner with. There is now a dedicated telephone between the two emergency rooms and a helicopter is available to transport cases.

After a rigorous health assessment and planning process, the core planning committee named six health issues to address and began assessing the capability of community resources to meet the needs. The primary problem was lack of information about what was available. A telephone hotline now provides information about services. A tax to support health services is on the ballot in November, and the community is seeking grants to organize its own managed care health plan.

East Morgan County Hospital in Brush assembled a committee of 45 agency and community leaders and carried out an extensive survey to determine people's needs and wants. The committee then stated their vision: A community dedicated to ensuring convenient, affordable, integrated health care — and it all begins in Brush! The board decided the hospital should become a rural primary care hospital. Capitalizing on existing facilities, it provides extensive cardiac, pulmonary, and physical rehabilitation services to an elderly population, including a 300-bed long-term care facility. Babies are now delivered at the hospital in Fort Morgan and inpatient surgery is referred to the EACH partner hospital in Greeley.

The committee has begun doing speaking engagements to tell the community about changes and new services. It has worked with the community, reconciling desires for services with what is achievable. It has learned to use the expertise available as part of a larger network and to make the most of its own opportunities.

These three cases illustrate the kind of community-based health care initiatives taking root in Colorado and across the United States. A recently published report details what has been accomplished by all eleven communities. Over and over, the challenges and accomplishments of working for local control of health care are recounted and valued. Finding ways to network, plan, and act together have been key. Dee Cure, Administrator of KCCMH speaks for many when she says, "The partnerships and collaborations established during EACH/RPCH planning have stayed connected and continue to move us forward." ⊕

Louise Singleton is director of the EACH/RPCH Program in the Colorado Department of Public Health and Environment and president of the board of the ICA:USA. Office: (303) 692-2475.

Community Health Partners

by Linda Simpson

I first heard about the "partnership approach" to public health when I was in graduate school. Peace Corps volunteers returning from developing countries reported that "imposing" new technologies on communities didn't work. Creating partnerships with local people did. "Great idea!" I thought.

More than ten years later, I was able to put this "great idea" into practice at the Arizona Department of Health Services (ADHS) Office of Women's and Children's Health. Fortunately, I had the ICA Phoenix staff and their *Technology of Participation (ToP)* methods to help.

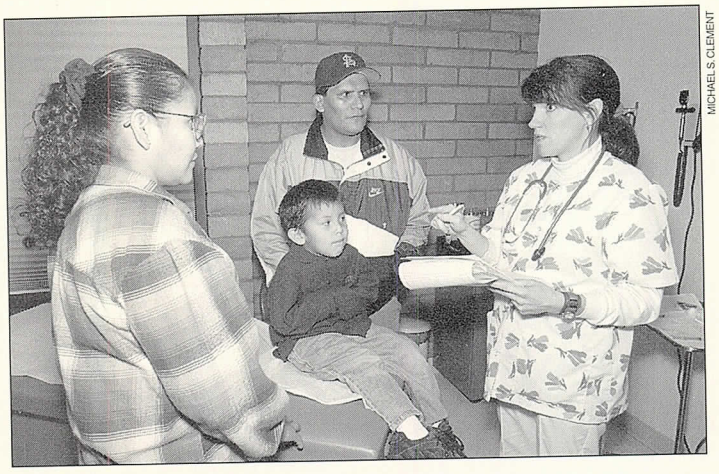
In July 1994, ADHS collaborated with the ICA as part of a Primary Care Initiatives grant given by the Robert Wood Johnson Foundation. The grant was designed to increase services in underserved areas and to help communities identify and solve their primary health care needs. A major strategy was to support a pool of local experts who could act as peer consultants and foster grassroots action for state-level policy changes. To help do this, ICA staff trained 15 people from three communities in *ToP* Strategic Planning methods which they then used in community health planning days.

The first Community Planning Day in 1994 was well attended and everyone participated. Residents learned a great deal about health needs in their area and designed actions to better meet these. Since then, new people have joined the local medical association and the nearest hospital 60 miles way has made a second physician available to residents.

Reflecting on their experience of leading that day, facilitators noted a number of things:

- Writing responses on cards makes sure everyone is "heard"
- The methods help us be mindful of others' ideas and put our own thoughts aside
- There is a difference between a person saying he or she will do something and committing to doing it
- Handling resistance and helping "followers" find satisfying roles can be equally challenging

A major benefit since the 1994 Community Planning Day has been the use of *ToP* methods in broader community-based action. This may have as great an impact on health as attention to medical services. In 1995, a local person trained as a *ToP* facilitator was asked to help focus the reorganization of the Family and Community Education Association (FCEA) project, formerly known as University Extension. The methods were used locally and then with 40 FCEA leaders at the 1996 state convention. Follow-up in all parts of Arizona is helping groups refine and carry out their plans and exposing people to the power of participation.



MICHAEL S. CLEMENT

Community health care in action.

Clearly, our health system today is changing. Community members are becoming more actively involved, alongside professionals. Both need new thinking and skills. Effective working partnerships take much more time than ordering, marketing, and providing specific health services. Once a service is provided, we tend to think the work is done; not so with ongoing, collaborative relationships with people who have a variety of views.

What once seemed a "great idea" now comes to me as enlightened common sense. It's becoming increasingly clear that logic and science are necessary but not sufficient for improving people's health. As one person said, "Local people often agree with what they think an outside agency wants to hear from them at the expense of their own ideas." It's important that state and other funding agencies heed this message. If they do not, no one's vision can be realized.

Linda Simpson is Executive Consultant with the Arizona Department of Health Services, (602) 542-7576.

Educating for Health:
The Nairobi — Chicago Connection

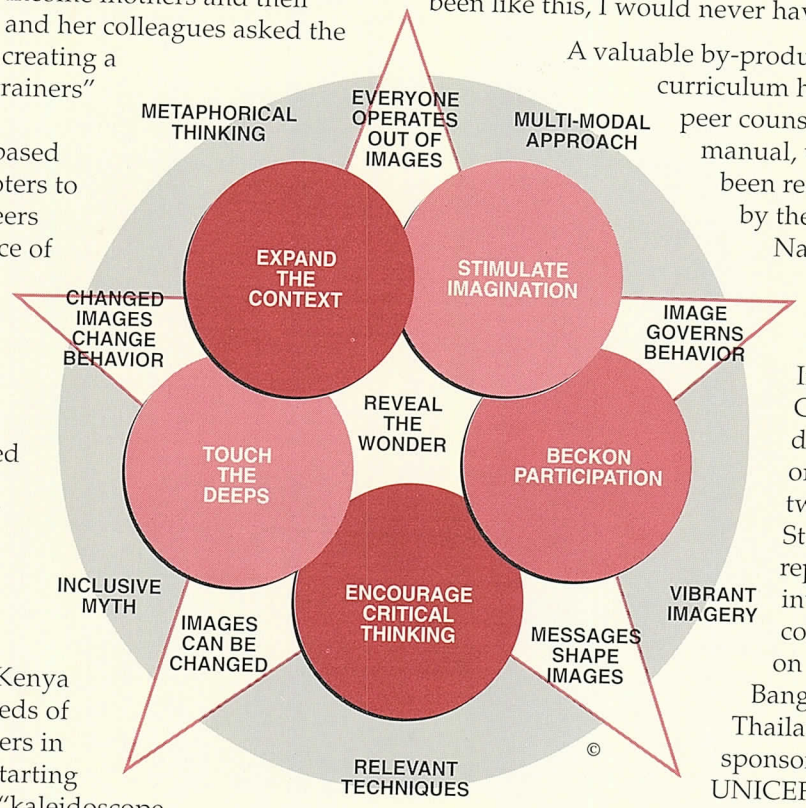
by Keith Packard

It was the autumn of 1992 when I first met Rachel Abramson. I had recently returned from Kenya where I spent four years developing a health promoter training course with the staff of a community clinic on the outskirts of Nairobi. Rachel is the executive director of the Chicago Health Connection (CHC), a community-based not-for-profit organization promoting the health and well-being of low-income mothers and their families. She and her colleagues asked the ICA for help creating a "training of trainers" course for community-based health promoters to teach their peers the importance of breastfeeding and other preventive health measures.

The most powerful voices for better health exist within communities

I was delighted to share an application of the ICA's *Imaginal Education* methods developed in Kenya to meet the needs of health promoters in Chicago. My starting point was the "kaleidoscope approach" to curriculum development based on the insights of Brazilian researcher and activist, Paulo Freire, and image theory. This approach enabled the team to create a framework of curriculum from which they developed lesson plans that incorporated multiple learning styles and maximized student participation. [See the cover story in the Summer 1996 issue of *Initiatives* for more details of this approach].

The team developed a curriculum manual that has now been used to train over 600 low-income mothers and thousands of professional and lay health workers to promote breastfeeding, infant immunizations, and other health strategies across the nation. Unlike many health training programs, this focuses heavily on the learning needs and experience of the participants. One mother who took the training commented, "It was fun. We were laughing, but we were learning. That's the way learning is supposed to be. If school had been like this, I would never have quit."



A valuable by-product of the curriculum has been a peer counselor training manual, which has been recommended by the United Nations Children's Fund (UNICEF). In 1996, the CHC training director was one of only two United States representatives invited to a colloquium on training in Bangkok, Thailand, sponsored by UNICEF, the World Health Organization, and the World Alliance for Breastfeeding Action.

The staff of CHC has continued to use *Imaginal Education* in all their training. According to Rachel Abramson, "The influence of Freirian theory and *Imaginal Education* has put a name and a structure to an approach we could sense but not describe. Now we use the ICA curriculum format for every presentation and are constantly amazed how well the process works." She went on to add, "We've realized the most powerful voices for better health exist within communities."

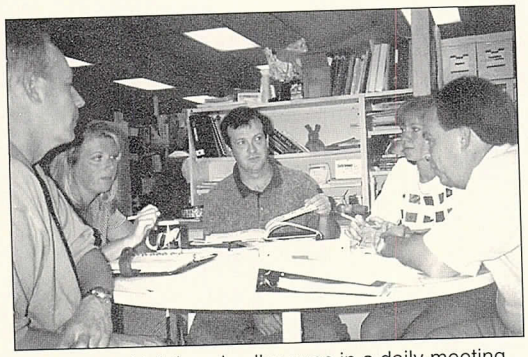
Keith Packard is Co-Director of the ICA's Center of Imaginal Education in Chicago, (773) 769-6363.

Caring for Kids: Tim Dove

When students enter Tim Dove's classroom at McCord Middle School in Worthington, Ohio, they encounter an expanded world. Flags of more than 50 nations hang from the ceiling; one wall is plastered with covers of National Geographic magazine; and there are posters with quotes — from Albert Einstein to Robert Frost — that awaken minds of all ages.

Tim touches the lives of his students, teachers, and family members as he puts into practice the ICA's *Imaginal Education*. "I want kids to have the best possible opportunities," said Tim. This guiding value has helped him develop a team-based approach to teaching, which included teachers working together to design the school architecture — in the form of a racetrack — to complement their teaching approach.

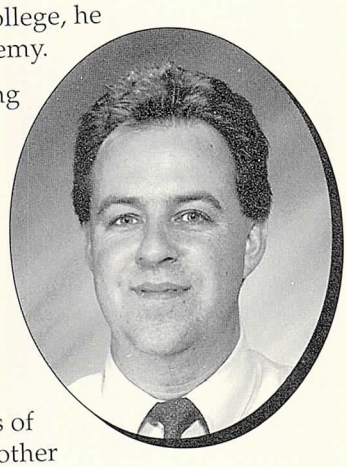
Tim's team keeps pace with the energy and imagination of their students by meeting for 90 minutes each morning to decide how they will teach the following day, review the week's plan, and put final details on plans for that day. They decide how long to spend on each of the four disciplines they weave together. Tim created "The Five Kid Grid" that helps teachers look at the strengths and weaknesses of each student and to decide together how to support each one's learning needs.



Tim Dove (right) and colleagues in a daily meeting.

"The kids have a great deal to teach us about how they learn best," said Tim. "We mesh content areas when we see the natural points of overlap. For instance, it's possible to use a cartoon to make a point in social studies, while carrying out an art project that requires the use of math." He added, "This kind of teaching requires respect for others' needs, a willingness to lead and to follow, and to operate out of team-based decisions. It's both exciting and messy."

Many roads led to Tim's decision to become a teacher. Early experiences with the ICA's affiliate organization, the Ecumenical Institute, and writing curriculum with his parents introduced him to *Imaginal Education*. As a high school student, he participated in several of the ICA's summer research assemblies. At 17, he attended school in Paraguay and when he finished college, he enrolled in the ICA's Global Academy.



Tim is part of an American teaching team helping create a democratic and civic education curriculum for Poland's secondary schools. In 1996, he was chosen as Jennings Scholar Master Teacher of the Year in Social Studies for Ohio and in 1997, was selected Teacher of the Year for his school district.

Tim loves to seek original sources of information and learning. Every other year, he guides a group of students on a study tour to help them become informed global citizens. His wife and two elementary-age children join 21 students exploring a region outside the United States. Two years ago they went to Italy, Greece, and Turkey to study the beginnings of Western civilization. This year they are traveling through the Yucatan Peninsula to study the Mayan Civilization.

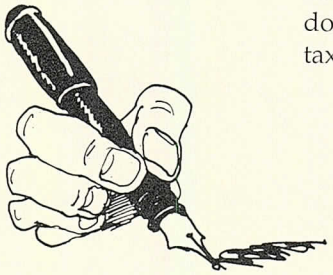
Tim is also excited about using technology for communication and learning to link students to expanded sources of information. His school has Internet access for student research and after school, he teaches students HTML and is creating a school web site. He uses electronic mail to communicate with his teaching team and to give and receive student assignments. A Homework Hotline and a recorded audio-tape make it possible to communicate with parents.

But technology does not get in the way of direct communication with students. They chat with him during his preparation period, ask for Band-Aids®, book covers, and letters. In his rush to get to class, he pauses to help a student clean up a spilled drink. His sticky fingers are a reminder of his care for his students, their real needs, and their unfolding potential.

Strategic Charitable Giving

Including the ICA in your will can help underwrite and insure the future of the organization. We are very grateful to colleagues who have already taken this step.

In addition to bequests in a will, there are many other options for planned giving that not only help the ICA, but also benefit the donor by avoiding capital gains and estate taxes while receiving a tax deduction, such as:



- Charitable Remainder Trusts
- Charitable Lead Trusts
- Charitable Annuities
- Pooled Income Funds
- Family Foundations
- Community foundations

For example, in a charitable remainder trust, the donor sets aside an asset such as appreciated stock for ultimate distribution to the ICA. Before the asset goes to the ICA, you or your beneficiary receive income from the property during your lifetime. Charitable remainder trusts make sense if you own appreciated assets and want to avoid capital gains and if you own an estate of more than the $600,000 estate tax exemption.

For example, Mrs. T., aged 66, has common stock that has appreciated to a market value of $25,000. Selling the stock would result in a 28% capital gains tax on the gain. Instead of selling, Mrs. T. puts the stock in a trust that names the ICA as beneficiary and which provides her with $1,250 per year instead of the $750 she was getting from dividends. Her charitable deduction for income tax purposes is $13,706. Mrs. T's spendable income over the first six years is about $5,400 more with the trust than without it. Further, the fair market value of the assets remaining in the trust at Mrs. T's death is sent to the ICA and is excluded from her gross estate taxes.

Your legal counsel or professional advisor can help you if you are interested in this kind of strategic giving to the ICA. One such person, John F. Goodson, made a presentation to our board and staff and would be glad to help you.

John F. Goodson
Brookstone Building, Suite 200
2025 N. Third Street
Phoenix AZ 85004-1488
Phone (602) 252-5110

ICA The Institute of Cultural Affairs in the U.S.A.

The Institute of Cultural Affairs (ICA) is a global social change organization working in community and organization development. Its worldwide network spans 28 countries, with an international secretariat in Brussels, Belgium. The mission of the ICA is to promote social innovation through participation and community builidng.

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Comments and contributions welcome. Send them to the editor at the ICA:Seattle address opposite.

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ICA has representative offices in many cities across the United States. Please contact the staff office nearest you for details of these locations.

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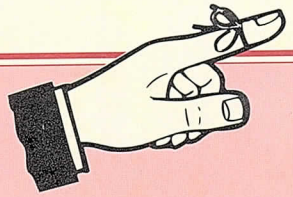

Announcements

The Power of Image

A training series on the diverse applications of Imaginal Education in the community, family, and the workplace.

Call Keith Packard
at ICA Chicago
(773) 769-6363

Technology of Participation Courses

A regular schedule of ToP courses is offered across the United States. Contact one of the ICA offices above for details or call ...

1-800-742-4032

Eastern States Fall Gathering

October 10-12, 1997
Sharpsburg, MD
Call Abe Ulangca
(607) 797-4595

Creating Bridges to the Future

IAF Conference
January 16-19, 1998
San Francisco, CA
(612) 891-3541

Due to the demands of editing the book, *Beyond Prince and Merchant,* we have cut back from four to three issues of *Initiatives* this year. The next issue will appear in the fall. Thanks. Editor.