

ADVANCING HEALTH EQUITY:

LEADING CARE, PAYMENT, AND SYSTEMS TRANSFORMATION

Team Building

Definitions, Concepts, and Guidance for Creating a Team Charter

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TEAM BUILDING

Purpose

As part of the foundation for AHE, each state-based team will create a Team Charter.

Team Charter

A team charter is a written agreement documenting the purpose of the team (including the mission and goals as described below), an overview of its charge, and how the team will work. A charter is established at the beginning of teamwork through a process of generating agreement; a charter may be signed by team members. It often contains norms, which are guidelines designed to promote team effectiveness. Norms can be operational (e.g., how often a team meets; when agendas are sent) and/or behavioral (e.g., do not interrupt each other). A charter contains clear content, but it is not overly detailed because the purpose is to establish agreements that last throughout the team's work together; this is in contrast to team activities which may change frequently in response to the dynamic factors and ongoing evaluation of their impact in achieving team goals.

Why is this important?

Development of a team charter represents a written record of team discussions and agreements on how to work together towards their goals. Agreeing to a charter creates a sense of ownership among team members and serves as a guide and reference as teamwork develops. Team charters also serve as an accountability measure. They encourage members of the team to reference back to their agreed norms and behaviors and are particularly helpful when conflict or disagreement arises. Finally, developing the team charter is an ideal opportunity to make specific and concrete decisions about how the team can function in ways that promote equity and inclusion among its members.

How do you create a team charter?

In this Learning Collaborative team building session, you will be initiating the creation of a team charter using the provided template and activity instruction sheet. Your team's work on a charter may continue beyond this session, but it is important to complete and agree to a standing charter early in the team's work. The team can re-form and revise its charter if the team, its work, or contextual factors significantly change. However, at any given time, the charter in place is regarded as the standing agreement.

Teams may have experience with charters for projects, which governs the scope and resources used to complete a specific, timebound initiative with a start and end, or charters for governing boards, committees or taskforces, which have defined purposes within the context of an organization. Each charter has its own purpose. While a team charter may have some content that overlap with other types of charters, it is meant to establish the agreements around the general purpose of a team and its formation and operation.



NOTE

The different components of a team charter, and the instructions in this guide about them, often reference each other. Please read all of this resource document before you begin creating your team charter. This will help you understand how the different components of the charter work together

TEAM BUILDING

Alignment—Mission & Goals

Teams are aligned when members share the same understanding of the team’s mission and goals. A team’s mission is its primary purpose—the reason it exists. A goal is an idea of the future or a desired result that a team envisions, plans, and commits to achieve.

Why is this important?

Creating alignment by discussing how team members understand the team’s mission and goals helps to create a shared vision of how the team can create positive change. If a team is not aligned around the change they are trying to create, they might find themselves missing out on opportunities to coordinate their individual actions. Further, they may default to the status quo and lose sight of the ongoing work needed to advance health equity and go far off course.

How can you move with attention to alignment?

From development of the mission and goals through later phases of work, teams can benefit from incorporating a variety of techniques to create with input from all team members such as open discussion, Zoom chat feedback, or Jamboard/Mural online whiteboards. If in-person, index cards or other post-it/whiteboard activities can provide space for team members to share (anonymously if desired) their contributions to the team’s mission and goals. The meeting facilitator can use these to compare team member understanding and encourage alignment for the purposes of shared vision and shared work.

Don’t discount the importance of interpersonal communication in creating team alignment. More than simply “getting along,” effective team communication allows for discomfort in the decision-making process. It creates space for all team members to contribute ideas using anonymous and asynchronous modes of feedback as well as in-person discussion. Finally, it requires team members to be accountable not just to one another in completing tasks and moving the project forward, but also being accountable in what they say and how they interact with one another. For more on creating accountable spaces in team interactions, please see AHE’s Accountable Space framework below. You can use it as a jumping off point to create an accountable space agreement specifically tailored to your team.

Mission is the team's statement of purpose and commitment to overarching goals and, stated in general terms, what the team does. Advancing Health Equity's mission includes utilizing antiracist approaches to improve health equity and is informed by theoretical foundations explored in the foundational sessions of the learning collaborative. AHE's mission is...

...to help teams foster accountability to measure and make progress on their journey to advance health equity. AHE intentionally and explicitly utilizes a race-forward, intersectional approach to advance health equity, to help others have a fair and just opportunity to be as healthy as possible. AHE's Learning Collaborative facilitates activities with teams so they can identify racism at the individual, institutional, and structural levels driving health inequities and take action to eliminate it. We support teams in creating care delivery interventions and payment solutions that are designed to address underlying factors related to racism and intersecting forms of oppression that value and incorporate patient and community voice.

Goals can use the SMARTIE format: Specific, Measurable, Achievable, Relevant, Time-Delimited, Inclusive and Equitable. Additional information on how to develop SMARTIE goals is provided in the Team Charter template. Healthcare organizations and systems are beginning to explore alternative ways of measuring health and healthcare quality. Your team might also consider using some alternative goal setting frameworks, such as FAST (frequently discussed, ambitious, specific, and transparent) or PACT (purposeful, actionable, continuous, and trackable), in addition to quantitative methods of measurement encouraged by the SMARTIE format.

The team will develop more specific goals and objectives throughout the learning collaborative, but the charter includes two initial goals. The first is the team's goal for continual learning. Advancing health equity is a complex endeavor that requires all participants to gain new knowledge and skills. We encourage each team to honor this need for learning about the complexities of advancing health equity as a distinct goal and outcome of their work together.

The second is a goal for what the team hopes to do as part of the collaborative to achieve health equity through care transformation and payment innovation. If the team formed with specific health equity goals in mind, this is where to document them. If the team formed to develop specific goals together, the initial goals can define the development process.

Strength, Opportunities, Aspirations, and Results (SOAR) Analysis. The team is encouraged to complete a SOAR analysis as part of the foundational sessions. Teams will find that drawing on the outcomes of this activity will help them develop their mission and initial goals.

TEAM BUILDING

Members

Teams are composed of individuals that have the necessary perspectives, interests, knowledge, skills, and positions of responsibility to achieve the team's mission and goals. Team members should include people who directly experience and live with the inequities being addressed (e.g., patients, Medicaid members) because they hold critical perspectives, knowledge, and skills essential to advance health and healthcare equity.

Team members can provide these contributions directly from their own perspective or can be equipped and charged to seek input and contributions from others not on the team, channeling additional perspectives back to the team through the course of the work.

Why is this important?

The AHE learning collaborative identifies several health care perspectives that together can make significant progress through the AHE Roadmap and learning collaborative process. It is up to the team to determine the specific team composition, including community representatives, with the goal of achieving a diverse and inclusive team. When people who are affected by decisions are excluded from being part of decision-making processes, inequities can sustain or deepen. Teams must center and prioritize these perspectives to reverse inequities.

How can teams ensure adequate membership?

The team should identify key perspectives within the community and the health care organizations involved in achieving the goals, and invite members who are knowledgeable and experienced with those key perspectives. At formation and periodically throughout the work, the team should ask questions such as: what perspectives will ensure that equity drives the team's work? Whose voices are not present but important to achieving our mission and goals? Individual members can be added or changed throughout as teams learn more about the perspectives that are necessary for their work. At times, teams may find it appropriate to pause other activities in order to ensure the relevant parties are included in decision-making.

TEAM BUILDING

Allocation of Roles

Allocating roles means identifying team members who will perform specific activities on an ongoing basis. In a learning collaborative, it is recommended to identify an alternate for each key role who can assume those activities if the primary person cannot fulfill her or his role.

Why is this important?

Advancing health equity, like many complex endeavors, requires collaborative work that is most effective if shared through clear and realistic individual responsibilities. Establishing roles for team members develops necessary structure to complete team work equitably and ensure team members are supported to contribute to the team's success. Consider inclusion and equity when allocating roles on the team. Who has been invited to the team to participate? Who has been given clear roles for participation? Who has not?

How can roles and responsibilities be allocated?

Team leaders/liaisons have been identified with the primary roles of convening the team, liaising with the AHE technical assistance team and keeping the team's mission and goal in close view of ongoing work. AHE recommends a co-leadership model with one leader representative from each participating organization or entity. Other roles that teams can allocate may relate to:

- Conducting meetings - such as facilitator, scribe, agenda-creator, timekeeper, thoughtful question generator, and "parking lot attendant" (someone who will record off-topic discussion themes to be revisited at another time).
- Overall roles for the duration of the learning collaborative - such as leads for specific topics like payment model design, ensuring authentic community partnership, or taking responsibility for work between meetings such as scheduling, communicating ongoing learning within partner organizations, etc.

TEAM BUILDING

Timeline

The charter should document the date when the team forms, the projected date for completion of the AHE learning collaborative, projected phases of the team's work, both during and after the end of the learning collaborative, if applicable, and target milestones if known.

It is important to remember that equity work is long-term and should continue long after the AHE Learning Collaborative ends—until health and healthcare inequities are eliminated. While the work of this specific team may end, AHE strongly encourages that it also lay the foundation of establishing other systems, teams, and processes that will carry equity work forward.

TEAM BUILDING

Accountability & Operating Norms

Accountability means being responsible for and answering for the work taken on as a team and individuals within the team, as well as its impact. It also requires the recognition that the team's work, in aggregate, is accountable to its overall commitment to health equity.

Why is this important?

If team members do not hold themselves accountable for their work and its impact, the work may not be thoughtfully completed in support of the team's shared vision. Lack of accountability is the choice to default to the status quo. It can feel uncomfortable to hold oneself or others accountable, but it is necessary for the team to achieve its mission and goals.

How can you address accountability?

At the beginning of your work, create shared understanding around the meaning of accountability that is grounded in equity. Teams can create operating norms around task ownership and timeframe setting, what to do if work cannot be completed by certain deadlines, how to address situations when task ownership is unclear, and how to re-establish accountability in the face of changes in the work or circumstances surrounding it.

Operating Norms

Additionally, teams can explore and acknowledge the role of accountability in countering dominant culture norms that generate and maintain inequities and they can create specific agreements around accountability as part of building their culture of equity. As the team works towards its goals, the process of learning and doing requires communication both during and outside of team meetings.

Communication is always complex, but it can be especially challenging in the AHE learning collaborative as individuals come together to learn about inequity, including its root causes, and ways to address these issues and innovate for change. AHE has operating norms that are described in their Accountable Space Framework for the collaborative itself, and the charter allows the team to commit to these and/or other operating norms for their own work. One place to start is by reviewing AHE's Accountable Space Framework in the Resources section of this document.

Managing Meetings and Teamwork

Agreements on the methods for managing time, topic prioritization, and between meeting work allow teams to be productive. These agreements may include the style of agendas the team uses, how team assist each other to stay on track, and how discussion generally should flow to ensure all have the opportunity to contribute while staying within the time agreements for meetings and agenda items.

TEAM BUILDING

Decision Making Methods

A formal decision-making method is an articulated way to make a decision. Decisions can be made by a designated team member with or without consultation, by voting, by consensus, or by other methods developed by the team.

A team can use a variety of decision-making methods, but the method should be named each time it is used. The most common methods are a) consensus, in which, through discussion, the team agrees to move forward with the decision although team members do not need to have the same degree of enthusiasm for the decision made and b) vote, in which the decision with the majority of votes or highest number of votes rules; voting can be anonymous if desired. Some find the **Fist to Five** method a helpful way to assess the general level of agreement for a particular decision and to encourage conversation about specific reservations or concerns.

Why is this important?

Decision-making is a domain of power. Transparency about decision-making can aid teams to be intentional about how to share power and influence equitably. It is important that everyone on a team knows how decisions are made.

How can you adopt a decision-making method?

At the beginning of a team's work, have a team conversation about the types of decisions anticipated and the opportunities to share power in decision-making. Before making a decision, name the decision-making method in place and check to see that each team member agrees to use that method; if not take time before decision-making to adjust the method for the current circumstances. Your AHE technical assistance contact can provide a set of decision-making methods and recommendations for which methods might work best for your team.

Accountable Space Framework Example

Advancing Health Equity Program Accountable Spaces Framework

At AHE, we believe accountability is directly tied to care for others both in the work we do and the conversations we have. Becoming -- and remaining -- accountable requires embracing uncertainty, asking for clarification rather than resting on our own assumptions, and, importantly, remaining cognizant of how our words and actions impact those around us. In this space, being accountable means taking proactive measures to lessen harm by asking our peers and colleagues what actions they can take to keep discussions from creating or exacerbating trauma. Accountability includes practicing good stewardship and ceding power to make space for others to shine. We center this framework today to help us keep the tenets of accountability at the forefront of our conversations.

Accountable Space Framework

1. Do not interrupt others.
2. Listen actively, instead of waiting to speak.
3. Be mindful of your total talk time and resist the urge to add “sprinkles” to a perfectly good conversation sundae.
4. Give everyone a chance to speak, without unnecessary pressure.
5. Words and tone matter. Be mindful of the impact of your words, not just your intent.
6. We are all learning and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words -- not for someone feeling insulted by them.
7. Recognize and embrace friction. Constructive conflict can often lead to substantive change.
8. Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgment. If you notice others aren't receiving the credit they are due, speak up and highlight their work.
9. Speak for yourself using “I” statements. Do not take ownership of others' lived experiences.
10. Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.
11. Address racial inequities head on and call out racism when it happens.

Adapted from Elise Ahenkorah, Accountable Spaces was first conceptualized by UCLA. The framework above is a modified version specifically tailored for the AHE community.

To Cite: [Principles and Values \(ucla.edu\)](#)

[“Safe and Brave Spaces Don't Work \(and What You Can Do Instead\)” | by Elise Ahenkorah \(she/her\) | Medium](#)



Leading care, payment, and systems transformation

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ABOUT AHE

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare inequities.

The views expressed here do not necessarily reflect the views of the Foundation.