

Chapter Eight — We Used The Six-Step Alignment Pyramid To Organize Groups In Uganda And Jamaica

The basic alignment approaches and alignment triggers have been field tested in a number of settings — both in our country and abroad.

I used those six alignment triggers that were described in the prior chapter of this book in several other countries as well as using them in our own country and for the organizations that I personally served as CEO, Chair, or equivalent leadership roles and assignments. Those six alignment triggers have worked very consistently everywhere that I have used them.

One of my great pleasures and joys of my career has been to have the chance to actually help start and implement health plans in half a dozen countries. I worked very closely for several years with a couple of those plans and learned a lot about group and intergroup behaviors in each of those settings.

The local health plans that we started in Jamaica and in Uganda were particularly useful learning opportunities for me on multiple levels.

I used the six-trigger alignment pyramid explicitly and extensively in both settings to get the plans started and to structure them for success.

Uganda Involved Creating Village Co-ops

In Uganda, we set up very local co-ops for health care. We worked in small rural villages.

In each setting in that lovely country, we very intentionally invoked each of the alignment trigger. We were able to get the villagers aligned around a common mission and we were able to get villagers in each setting aligned around a collectively shared objective of caring for their children and caring for their families.

We talked in each village about the dangers of not having care for their children.

We created some very powerful and effectively bonding team experiences in each setting by having teams of people in each Ugandan village help with the enrollment process and then help again with the local public health campaigns and with the renewal of enrollment that we had to do each year in each setting.

We built self-sufficient and self-governing economic and operational models in each village and we set them up to function as teams with team goals and team identities.

Economic realities are very relevant in those health plan care delivery settings.

Those plans in those tiny villages will fail financially if they don't get enough people enrolled so that the premiums that are paid by the healthy people who enroll in each village are sufficient to pay for the care needed by the people who enroll in each plan who were not healthy.

We needed people to function as a team in each village to get the clear majority of people in each village enrolled in those very local health plans, so that the plans could survive financially.

We formed enrollment committees in each village that functioned as enrollment teams — and those committees in each setting created the kinds of collective energy and the internal alignment that well done teams instinctively generate in all settings.

We identified the benefits to each villager of having people join the plan.

We carefully explained to the people in each village that in order to succeed and to survive financially, the health plan we built in each village had to have enough healthy members enrolled to create the cash flow needed to help the sick members enrolled in each village who used that money for their care.

We taught each village that we needed broad enrollment levels in order for each local plan to survive economically.

We worked with the village leaders in each setting to enroll a sufficient percentage of local people before we could and would activate each local plan. We explained those economic realities to the people in every village and the people in every village understood those issues.

Those truly are common sense issues. We couldn't begin operations for each plan as a stand-alone insurer in each village until the plan in that village had enough people enrolled to make it economically viable as a functional insurer.

The Target Enrollment Level Was 75 Percent

The actual target enrollment percentage number that was set for every village was 75 percent.

We knew that if 75 percent of all eligible local people were enrolled in the plan and if those enrolled people were all paying their monthly premium, then the cash flow that was generated from all of those people would allow each local co-op to have enough healthy people paying their monthly premium so their money could be used to buy care for the sick people who needed care in each setting.

We used voluntary teams of people in each village to do that enrollment work.

Those teams each created their own team instinct activation in very good ways.

We explained the team nature of health insurance to the people in each village. We helped people in those villages understand that insurance premium is a team sport because premium from team members is the only source of cash that we could use to pay for people's needed care in an insurance system.

I love being in the health insurance business in all of the settings and places where I am in the health insurance business because I personally always want people to have care and I know that the only way can pay for care in any of those settings is to use health insurance approaches that allow people who need care to be able to use other people's money to pay for their care.

Use Other People's Money To Pay For Care

Health insurance — at its essence — is simply a functional way of using other people's money to pay for your care.

In Uganda, roughly the first 10 percent of the people in each of the villages who agreed to enroll in each new plan were the people in the village who had HIV or heart disease or the women who were already pregnant. Those particular people clearly all needed and wanted someone else's money to pay for their care.

If those first enrollees had been the only people who joined the co-ops in each village, then the premium needed in that village to pay for their care would have been a premium based on the actual care costs that were created by just those sick people.

Premiums, Everywhere, Are Simply The Average Cost Of **Care**

Premiums, everywhere, are simply the average cost of care. That premium level that would have been needed from paying only for the care needs of just those very sick people would have been unaffordable to each village. Those village insurance plans that only enrolled the very sick people in each village would have immediately failed.

People in each village understood that reality and they understand the process. There is a lot of common sense in those villages.

Some of the best actuarial discussions I have heard in my entire life were in windowless huts with no electricity where the local people who were building the local plans debated about how to best create a sufficient risk pool for their own village.

Common sense and basic cash flow practicality issues made it clear to everyone in each setting that we needed healthy people in each village to enroll as well as having the new plans enrolling the sick people.

I have testified in front of several Congressional and Legislative Committees on a wide range of health care issues. I have tried to explain some of those same key and basic health care related actuarial issues to policy wonks in a number of Washington settings.

My experience has been that the basic understanding of those key issues at a practical level tended to be better in those Ugandan villages than it was in most of the policy settings that have addressed those same basic issues in our nation's capital. A couple of my health care policy books have tried to address that issue at fairly specific levels — and those books have had only partial success in helping people understand those key issues.

The Ugandan villages that needed self-sustaining risk pools to have their health insurance approach survive understand them very clearly.

Local Leaders Took Lead Roles

The key point to make in this book is that we used all of the steps on the persuasion pyramid to get people in those Ugandan villages to enroll in their local plans. We identified the danger of not having a health plan. We created team enrollment processes. We created team governance processes.

We identified the common benefits of all people having care.

And we shared the vision of having good health for all people in the plan.

It wasn't easy to persuade very poor people in small rural villages in that equatorial African country to put their hard earned money into the pot for a brand new approach for the purchase of care that had no local precedents, but we did it and it worked.

It usually took the direct personal persuasion efforts of respected village leaders in each village to persuade enough local people to enroll.

People in many Ugandan villages had already had sad and painful experiences with people from outside their village cheating them in various ways. I heard horror stories in the villages about deception and theft.

We needed local leaders who were willing to put their own credibility on the line to assure people that enrollment in the plan was safe and that the

process wasn't just a fraud designed to steal their money. We turned each health plan into its own local "us." That created both the internal value systems and the higher ethical standards that people tend to follow in the context of being an "us."

We needed the local leaders who were already "us" for each village help us do that work of enrolling local people, because we needed trust to be part of the process.

We needed people in each setting to trust each other part of the process. Each health plan created its own local "us" based on membership in the plan.

Our lead staff in Uganda was made up entirely of Ugandans who we had trained to do that work. They also put their credibility on the line to do that work.

Local leaders and local staff made those efforts locally very linked.

The Culture Needs To Be Linked To The Strategy

To build a health plan in Jamaica, several years earlier, I had used a very different model.

The first leaders we put in the key positions to run that Jamaican plan were from the United States. We flew managers from the U.S. down to that

country and we installed those executives in lead jobs. That created a number of problems.

Our American management team imports were very good people, but they tended not to be in full synchronization with the local culture.

There were some direct functional issues about our implanted team leaders linking well with the local people who we needed to both lead the plans and enroll in the plans.

The truth was — we were not an “us” in Jamaica. I learned that we needed to get the culture right for our team in that country in order to get the strategy there to work.

I also learned about the need to be an “us” in Jamaica with our targeted buyers and with our prospective members in order to get the trust levels where they needed to be for us to be successful as a plan.

My own experience in Jamaica in learning the importance of being in sync with the local culture and to be an “us” with the local culture was invaluable to me later in Uganda. I made mistakes in Jamaica. The Jamaicans were forgiving and they were willing to teach.

The plan in Jamaica did not flourish, however, until we trained Jamaican leaders to do the key jobs and then had our new Jamaican staff actually run the plan.

Culturally linked and culturally embedded leaders who could be seen as “us” ultimately made that Jamaican plan a success.

We Used Only Ugandan Staff From Day One

In Uganda, with that experience from Jamaica in mind, we started with only Ugandan local staff from day one. That approach was much more successful.

We also had local people serving as the chairs of each local plan and we had local people as the board of each local co-op in Uganda. Those people were well linked to their village and they were very directly in touch with the needs of each community.

They helped structure each local plan and they made key decisions about each plan. They created a local “us” for each plan

It was very impressive to watch those leaders put their own credibility on the line to enroll the people who joined each plan and to keep the people who enrolled renewing as members into the future.

I learned a lot about personal credibility and direct mission driven leadership from watching those local leaders lead the people in their villages.

Mergers And Trade Associations Can Use Alignment Triggers

I actually have used that same basic alignment pyramid in a wide range of other organizational settings, as well.

In the U.S., in one setting, I helped a trade association that was losing membership and momentum rethink its mission and its strategy in the explicit context of the six pyramid alignment triggers.

The leader of that particular Association understood the tools very quickly, trusted the process, and used all six triggers in very targeted and intentional ways with his board and his membership to realign and revive his trade association.

That group is still doing well two decades later.

Trade associations have their own fascinating sets of issues. They tend to be comprised of organizations who ordinarily compete with one another — sometimes in very fierce ways — but who are aligned in a trade association for certain political and policy issues that affect an entire industry.

Trade associates tend to be lobbying organizations — so they work together to either create or oppose various kinds of laws and regulations. I have chaired four different trade associations and I have enjoyed the experience every time.

Chairing a trade association made up largely of competitors and helping them get to strategic alignment inside the association on key policy issues has been a fascinating learning effort — one that is described in more detail in both the *Primal Pathways* book and *The Art of Intergroup Peace* book.

The Art of Intergroup Peace book identifies nine ways that groups can enter into Peaceful interactions with one another. Creating an Association or its functional equivalent is one of the nine intergroup interaction tools.

Some or all of the six triggers can be used to help create an openness to alignment in a setting and then the local groups of people need to figure out which alignment category is needed to most successfully meet the newly aligned group's functional needs.

I have also used that pyramid internally and very explicitly in my places of work after doing corporate mergers or acquisitions to help bring

the new employees in each setting into comfortable functioning alignment with the new management approach.

I have done half a dozen mergers in various settings and the basic steps in the pyramid have worked well to create very smooth mergers for all of the merger situations.

In each of those settings, the various alignment triggers were all useful to the task of bringing diverse sets of interests together to achieve common goals.

We Need To Use All Six Triggers As A Country

The alignment pyramid works in a wide range of settings. It was very useful to me to learn those tools and those techniques.

The triggers are all effective in settings when they are real in those settings. They can help create very productive alignment inside of organizations and communities.

The books *Primal Pathways* and *Art of Intergroup Peace* both explain how we can use that basic pyramid to help bring us all together as a country. I believe that those sets of alignment triggers can actually help us to do that work.

I believe that to be true because I have seen the triggers work in so many settings. I have seen other people use each and all of those triggers in various settings with great success and I have used them myself multiple times — with very useful results.

The learning process has been fascinating and very useful.

A related learning that has also been fascinating and useful relates to the use of cultures to create success in settings once we have used the alignment triggers to get people in a setting to function as a group.

Every group needs a culture. If we get people in any setting to think of themselves as a group, it is also necessary to do the right sets of things to give that set of people a culture that identifies how members of the group will interact with one another and explains in basic terms what form the interactions will take.

Cultures are key to that process — and cultures are, therefore, the focus for the next chapter of this book.