Tools for Life

An Exploration on the Value of Personal Science for Care, Wellbeing and Community in Michigan

We All Care Initiative — Final Report
Rajiv Mehta & Susan Williams

February 2021
Authors: Rajiv Mehta, CEO, Atlas of Care
           Susan Williams, Director of Communications and Partnerships, Atlas of Care

Contact: Rajiv Mehta, rajiv@atlasofcare.com

Atlas of Caregiving is a California-based nonprofit. Atlas believes in inspiring people to see and appreciate the common humanity in our lives and in our communities so that we can all better care for ourselves and each other. Our mission is to transform how we care for ourselves and our communities through innovative research, practical solutions, and rich collaborations.


www.atlasofcare.com

This work is licensed under a Creative Commons Attribution- NonCommercial 4.0 International License
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Background: From CareMap to We All Care</td>
<td>9</td>
</tr>
<tr>
<td>The Planning Phase</td>
<td>18</td>
</tr>
<tr>
<td>The Workshops</td>
<td>21</td>
</tr>
<tr>
<td>Key Findings</td>
<td>32</td>
</tr>
<tr>
<td>Next Steps</td>
<td>42</td>
</tr>
<tr>
<td>Call to Action</td>
<td>47</td>
</tr>
<tr>
<td>Appendix</td>
<td>49</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>58</td>
</tr>
</tbody>
</table>

## List of Sidebars

- A Collaborative Effort 13
- An Overview of the Six Mapping Ourselves Tools 14
- Pivoting Through COVID-19 28
- Three Powerful Group Exercises 29
Caregiving can be a profoundly private experience, sometimes to the point of being isolating. But as much as it is an individual journey, it’s also a universal one. Rosalynn Carter said it well: “There are only four kinds of people in the world: those who have been a caregiver, those who are currently caregivers, those who will be caregivers, and those who will need caregivers." In that spirit, the Health Fund believes all people are best supported by a community that recognizes caregiving as a shared experience and a common value.

Atlas of Care's bold, novel approach to this interconnectedness inspired the Health Fund to partner with them, the Ann Arbor Community Foundation, and the Fremont Area Community Foundation to create the We All Care Initiative. The core concept was for Atlas to facilitate discussions throughout Michigan about how we all give and receive care, and how that care creates an ecosystem of connections that too often is left unseen. We hoped that the conversations would both be eye-opening for the participants and also revealing for organization and policy leaders in Michigan's diverse communities.

From December 2019 to March 2020, Atlas led these discussions through in-person workshops across Michigan. Atlas's Mapping Ourselves tools were remarkably effective in helping people visualize and learn from their relationships and daily activities, as well as those of their peers. The workshops were candid and enlightening, with conversations tailored to the unique perspectives of each group while highlighting the experiences that bring us all together. What do we all give? What do we all need?

The in-person workshops ended in March due to the COVID-19 pandemic. Like so many other organizations, We All Care had to adapt. The report discusses the ways the We All Care Initiative had to depart from its initial vision, as well as the unexpected lessons that emerged from those creative modifications.

Here are three of my takeaways:

1. Caregiving isn’t just a health issue. There are opportunities for organizations outside the realm of health to support Michigan’s caregivers. Whether it be technology, business development, policy, or elsewhere, caregivers’ wellbeing can improve from innovative, nontraditional support.

2. “It takes a village.” Caregivers are experts in their own experiences, but that doesn’t mean they should work alone. Local employers, nonprofits, and government agencies can provide tools and information that will empower caregivers and help build resilience. Conversely, every village will look different. While caregiving is universal, communities have unique strengths and needs that should shape their approaches.

3. All of us need care more than ever. The world is substantially different now compared to the outset of this project. But many of its themes—social ecosystems, empowering communities, caring for vulnerable individuals—resonate more today, not less. And in a world that's been flipped upside down too many times to count, there's never been such a need to provide care for one another and build a sense of belonging.

Tim Niyonsenga
Program Officer, Healthy Aging
Michigan Health Endowment Fund
Introduction
In February 2020, on a snowy Thursday morning, a small group of care professionals bundled into a conference room in Fremont, Michigan, for a new kind of workshop. All were providing caring services to adults 60 and over across their mid-state rural county. As care professionals, they spent their workdays connecting elders with care they both need and deserve. But while the workshop they were about to experience was, in fact, about care and wellbeing—their field of expertise—it wasn’t focused on their clients. Rather, it was focused on them.

The workshop was called “Mapping Ourselves,” and its goal was to teach the group how to use personal science—the gathering and study of everyday data in one’s daily life—to gain new perspective on their own ecosystems of care. Who do they take care of, and who takes care of them? What does giving and receiving look like in their lives? What kinds of support do they have, and what’s missing? How does day-to-day life impact their wellbeing?

For the next several hours, the group explored a series of tools for visualizing these dynamics. They literally mapped, with pen on paper, all the ways they give or receive help, support, or advice, then talked as a group about their discoveries. They charted their social networks, contemplating the impact and influence of colleagues and peers in their lives, and scrutinized their daily activities and their physical environment, noting what drained or energized them. By the end of a very full day, each had produced a set of materials that essentially reflected their world of care back to them.

At the outset, a few participants had been skeptical of the workshop and its usefulness. Would they really gain new insight into their lives? But as they explored the tools and leaned into the rich group conversation, the more open and inspired they felt. And, across the board, what they learned about themselves surprised them. “There are areas of care that I give and receive that I didn’t realize,” one participant marveled. Reflecting on their drawings, another came to an unexpected realization: “I need to be more open to accept care, to ask for care.”

As it happens, others were making these discoveries. The February event was just one of a bevy of Mapping Ourselves workshops rolling out across the state of Michigan as part of the We All Care Initiative (WACI)—a yearlong social experiment exploring the power of personal science to help individuals and communities both better understand their ecosystems of care and feel greater agency over the flow of care in their lives.

Facilitated by Atlas of Care, the creator of the Mapping Ourselves tools, and supported by a collaborative of Michigan-based funders and partners, the workshops engaged diverse groups across the state—from employees at public health departments and small businesses, to teenagers at youth organizations, to members of faith-based communities. While participants’ experiences differed in many ways, the feeling they left their workshops with was nearly universal—namely, that they had just discovered a powerful process for better understanding themselves, their communities, and how essential care is to both.

Redefining The Concept Of “Care”
Care is a fundamental aspect of living. We all give and receive care. And yet, broadly as a nation, we have come to view wellness and care as the territory of experts. Each year, US businesses spend billions of dollars on wellness programs for employees. But much of it goes to waste. In part, that’s because these programs are based on the model that care and wellness are professional services to be delivered rather than an organic ecosystem of actions, relationships, choices, supports, and connections fueling each of our lives. Group yoga class, onsite counseling, or a free pass to the local gym are all generous and valuable offerings. But viewing wellness as a series of opt-in experiences belies the fullness and complexity of our everyday landscapes of care, and how many factors are in play when it comes to our wellbeing. We focus on one part, when what we really need is to first see the whole.

The We All Care Initiative aimed to flip this model on its head. Our goal was to empower people across Michigan to see all that they do to care for themselves and others and how day-to-day life impacts their wellbeing, while also recognizing their own expertise and seeing themselves as the leaders of their own care. Moreover, we hoped
that by introducing them to accessible tools for visualizing their personal care ecosystems, they would also see how deeply interconnected and dependent those ecosystems were on the people around them. They would see their friends, neighbors, coworkers, grocers, and delivery drivers as part of these systems, as enablers of their ability to feel safe, cared for, and connected.

Additionally, we believed this new perspective would offer groups across Michigan an opportunity to pause and reflect on their own participation in their communities, and perhaps view that differently as well. How do we want to show up for one another? How should we care for others? How can we deeply consider what it means to belong, to be included, and to respect one another’s unique contributions to our workplaces and communities?

A Ripe Opportunity
As a country, we are in a unique moment. The Covid-19 pandemic, the racial justice protests and rising awareness of systemic racism, and the political strain of the last several years have shaken us. We have seen all around us how our systems and institutions can become unsteady at best, and utterly collapse at worst. Meanwhile, navigating as individuals and communities through such major uncertainty continues to have consequences—from widespread anxiety and depression, to economic insecurity, to loss and heartache in so many forms.

But what we also see emerging is hope. Though exhausted by stay-at-home measures and anxious about all the unknowns, we have seen undeniable resilience and creativity rising up, and even an eagerness to explore how we might live differently than we had been before. Indeed, now more than ever, our communities and neighborhoods need to build the skills to engage in productive dialogue about what it means to care for one another, and begin the work of building stronger, more resilient communities.

The We All Care Initiative was built on the idea that the act of observing and visualizing our lives through the lens of care can create critical new perspective and improve our ability to extend care to ourselves and to others. It can also spark transformative conversations—in workshop settings, and far beyond them—about our collective capacity to change how we design communities in ways that promote physical, emotional, and social wellbeing.

As our workshops progressed, we saw this shift happening. We saw how the Mapping Ourselves tools and the vibrant group conversations were helping people to see themselves as very much situated within their communities. They were connecting the dots, seeing how their own activities and self-care impacted their capacity to engage and positively impact their surroundings. And just as importantly, what they were learning excited them.

Margaret Wheatley once said, “The real engine of change is never ‘critical mass’; dramatic and systemic change always begins with ‘critical connections.’” The Mapping Ourselves tools are a way to shine light on these connections, creating the foundation for a broader reexamining of what we mean when we say “care” and who counts as a “caregiver”—and pointing the way toward new opportunities to change our definitions and systems of care from the ground up.

About This Report
This report shares the story of the We All Care Initiative, from its early inception through its ultimate findings. It starts with a look at the initiative’s origins, and how the enthusiasm of a set of pioneering funders led to the audacious plan to conduct Mapping Ourselves workshops across Michigan. Next, it dives into the workshops themselves, explaining both the Mapping Ourselves tools at their center and the complexity of figuring out how to deliver the workshop to multiple organizations in different formats, both before and after the arrival of the Covid-19 pandemic. In the “Key Findings” section, we share important learnings that emerged from the workshops. We then offer a map for how to move this work forward, illustrating the role that various stakeholders—from funders to individual community members—can play in scaling it widely. Finally, we end with a call to action, sharing thoughts on how this work, and work like it, can pave a path toward social change.
More than anything, we hope this report and the work on which it is based inspires others to want to join in. We hope it serves as the beginning of a broader conversation about the role we all play in caring for ourselves and one another—not later but now, not once but always.
Background:
From CareMap to We All Care
Background: From CareMap to We All Care

“The means we use to achieve something need to be congruent with the ends we want to achieve.” – Ari Weinzweig, co-founder, Zingerman’s Community of Businesses

For years now, California-based Atlas of Care has been conducting research on care in day-to-day life, and designing tools and educational experiences to inspire people to see and talk about how they care for themselves and those around them. In 2015, we redesigned one of our most successful research tools, the Atlas CareMap, to be usable by anyone, and soon after led a series of CareMap Workshops throughout the country.

We couldn’t help but notice the impact. We noted how useful drawing a map of one’s care ecosystem could be in helping to frame and objectify people’s stories, how much people learned from one another, how inspired people became in thinking about how to act upon the insights they gained during the workshop, and how the experience strengthened their bonds.

We were curious how we might broaden this success. How could we help people look more widely and deeply at their care ecosystem, and how day-to-day life impacts wellbeing? How could we better tap into and expand upon the value of members of a community learning and using these methods as a group activity? These reflections resulted in two books: Seeing the Invisible: Strengthening Your Care Ecosystem with Atlas CareMaps and Sparking Transformative Conversations: Using Atlas CareMaps to Strengthen Families and Communities.

In April 2019, we began developing more pencil-and-paper tools to help people gather, visualize, and analyze data about who they interact with, what they do, the environments they live in, and the impact of all of these on wellbeing. We tapped the expertise of our networks, winnowing a nearly infinite list of possibilities of what a person could explore about their own lives. Like the Atlas CareMap, the five additional tools we ultimately developed drew upon a decade of experience with the Quantified Self movement and personal science. (See sidebar “What Is Personal Science?”)

1 The books, in PDF format, can be downloaded here: https://atlasofcaregiving.com/caremap/.
2 The workbook, in PDF format, can be downloaded here: https://atlasofcaregiving.com/mappingourselves/.

Momentum In Michigan

Meanwhile, even as the new tools and workshop were being developed, interest in them was already building—especially in Michigan. Over the prior year, several key leaders of Michigan-based foundations and businesses had attended CareMap Workshops, and they were eager to start using not just the Atlas CareMap but also the additional tools in their organizations and their communities. Their continued interest turned into a group conversation, and then snowballed into a vision. What if we rolled out the new Mapping Ourselves workshop to a diverse set of organizations across Michigan, so that communities and groups across the state developed the same language about wellbeing and care? Would teaching people tools for self-reflection and the concept of personal science, in workshops with extensive interaction with community peers, lead to significant impact on participants’ understanding of and actions for care in their lives? And if so, what would be the consequences: what might they and their organizations do differently?

A key goal of Atlas’s workshops is to deepen participants’ appreciation of the benefits of working collaboratively, learning from one another, and co-envisioning a better future. Congruent with that goal, the process leading to the We All Care Initiative was also deeply collaborative, involving a diverse, ever-growing collection of leaders and organizations over the course of 18 months. (See the sidebar “A Collaboration Timeline” for more on the formation of this unusual collective.) Ultimately, the initiative was developed by Atlas of Care, Michigan Health Endowment Fund (Health Fund), Ann Arbor Area Community Foundation (AAACF), and Fremont Area Community Foundation (FACF), with input from roughly 50 people from local government agencies, social services agencies, community organizations, businesses, and academics.
The initiative was designed to generate a transformational shift in two different ways: by empowering project participants to more fully leverage their individual and collective capacities to care for themselves and others; and by sparking interest and involvement in the wider Michigan community to participate in significantly expanding the We All Care initiative. The hope was that, over time, this work would lead to improved health and wellbeing for the people of Michigan (family and professional caregivers, and care recipients of all ages), and more effective services from community and older adult service organizations.

While our underlying approach had been validated with over 100 community leaders in Michigan over the previous year, the specifics of the project—creating a personal science-based workshop for a diverse cohort of organizations—had never been done before. Therefore, the initiative was designed as an exploration, with the expectation that we would adjust project activities, especially how to teach the Mapping Ourselves content, as we went along.

As we cover in the next section, the adjustments turned out to be far more numerous and substantive than we imagined, initially driven by a larger number of organizations wanting to be involved and their varying logistical preferences, and then by the Covid-19 pandemic, which forced a move from in-person to online training. While these changes made it impossible to follow our initial, disciplined evaluation plan, they did provide us with much more variation to observe and added breadth to our findings. They also opened up a new set of possibilities for how we might continue to share and scale this work in the future.
What Is Personal Science? And What Is Quantified Self?

Fundamentally, “personal science” means a person using the disciplined approach of science to study their own life. It is the positive, hopeful idea that people can better understand and manage many aspects of their own lives by carefully observing their world (gathering data), then analyzing their findings (by reflecting on the data, often supported by first visualizing the collected data), and then continuing cycles of data gathering and analysis as needed, often with deliberate changes in actions to effect change (experiments).

The term has gained traction over the past decade through the activities of the Quantified Self (“QS”) community. This is a loose knit, global community of people who meet, in local meetings and international conferences, to talk about their personal science experiments and discoveries, and about the methods and tools they have developed. The main community website is http://quantifiedself.com. Several members of the extended Atlas of Care team, especially Gary Wolf, Rajiv Mehta, and Dawn Nafus, are leaders in the QS community, and their QS-based knowledge and experience has been integral to the work of Atlas of Care, including WACI and Mapping Ourselves.

Personal science is distinct from “citizen science.” In citizen science regular people help experts, in expert-led projects, for purposes defined by those experts. The public is invited to volunteer their time and resources to assist in collecting, providing, or analyzing data for the experts. By contrast, in personal science regular people collect and analyze data for their own purposes, in self-directed projects. The role of experts, if invited, is to offer advice on and access to tools and methods.

A fundamental objective of the Mapping Ourselves workshop is to teach participants how to do personal science. We believe that almost everyone has the capacity to practice personal science, and that this is something they can learn to do. The six Mapping Ourselves tools are a starting set of good tools for understanding care and wellbeing in one’s life. In the workshop we expose participants to a wider range of possibilities. We also share a few stories of innovative personal science projects from the Quantified Self community.

An important skill of scientists is not simply accepting tools “as is” but tailoring and improving tools to better fit specific circumstances. In the workshop we encourage people to modify the Mapping Ourselves tools as they see fit (sometimes the modifications will prove valuable, sometimes they won’t). We share examples of such modifications that we ourselves have learned from previous workshop participants, and encourage current participants to speak up about their ideas. Similarly, we share examples of combining ideas from the six different tools.

At a casual glance, the Mapping Ourselves workshop appears to be about learning the six different Mapping Ourselves tools. At a deeper level, however, the workshop is about sparking an interest and building some confidence in the practice of personal science, so that over time participants can better examine and manage any aspect of their lives that strikes them as important.
A Collaborative Effort

Below is the timeline of the genesis of the We All Care Initiative. We share it here not just to demonstrate how deeply collaborative this initiative has been from the outset, but also to show how this work tends to produce ripple effects, with one effort leading to more and bigger ambitions.

April 2018: Atlas of Care connects with Health Fund. Santa Barbara Foundation’s Phylene Wiggins invited Atlas’s Rajiv Mehta to speak at a teleconference organized by Grantmakers in Aging. Wiggins wanted her peers to know about the work done by Atlas in her community, sponsored by her foundation. Tim Niyonsenga, of the Michigan Health Endowment Fund, also spoke at the conference. Intrigued by what each other had said, Mehta and Niyonsenga reconnected a month later to explore their mutual interests.

Summer 2018: Ann Arbor Area Community Foundation gets involved. Three other foundation leaders joined the conversation, including Chris Lemon of the Ann Arbor Area Community Foundation (AAACF). Together, they envisioned an ambitious, multi-state, multi-community project involving numerous local organizations; this vision was the seed that eventually led to the We All Care Initiative.

October 2018: More Michigan leaders learn about Atlas’s approach. AAACF hosted a Michigan Funders Caregiver convening, featuring roughly 20 representatives from a range of organizations interested in family caregiving. These included Maria Gonzalez, of the Fremont Area Community Foundation; Brian Barrie, of the Michigan Department of Health and Human Services; and several people from the Health Fund and AAACF. Atlas presented an overview of their organization’s research on family caregiving, and led the group through exercises to reflect on their own experiences with care.

April 2019: Zingerman’s gets involved. While in Ann Arbor, Rajiv Mehta spoke with Ari Weinzweig, founding partner of Zingerman’s Community of Businesses and a noted entrepreneur and writer. After discovering many common interests and mutual friends, Weinzweig invited them to speak about Atlas’s work and “the practice of personal science” at the ZingTrain Speaker Series. A very positive response was further impetus for AAACF and the Health Fund to move forward.

June 2019: The We All Care Initiative exploration begins. Atlas led a half-day workshop in three locations (Ann Arbor, Detroit, and Fremont), with more than 50 participants. A strong consensus on expanding the workshop—exploring more tools and involving more people—led directly to the design and launch of the We All Care Initiative.
An Overview Of The Six Mapping Ourselves Tools

At the heart of the Mapping Ourselves workshops are six pencil-and-paper tools for observing, visualizing, and analyzing aspects of our day-to-day lives. While not every tool is practiced in each workshop, the tools that participants do practice together offer a rich introduction to personal science and the power of turning everyday data into fuel for awareness and change. Together, the Mapping Ourselves tools offer a visual language that connects disparate experiences around one fundamental and universal activity: care.

Atlas CareMap

Who do you care for—and who cares for you?

A diagram of relationships, connections and interactions, an Atlas CareMap illustrates the often invisible threads that bind us to others: both those who we’re closest to, and those who we may have only a passing relationship with.

The Atlas CareMap shows relationships of care: any sort of relationship you have with another person where you give or receive help, support, or advice. These relationships can be with family, friends, coworkers, neighbors, and even pets. Creating your own Atlas CareMap will help you take notice of these relationships.

Many have found that an Atlas CareMap helps them better understand their current situation, plan for potential difficulties, manage the many people involved, identify missing people and services, and communicate with everyone. In addition, visualizing the care ecosystem with the Atlas CareMap often helps people appreciate what is working well, and take note of what isn’t.
Social Network

Who do you work or socialize with, and what roles do they fill in your life?

Humans are fundamentally social creatures, thriving because of each other. In addition to close family and friends, who else inhabits your life? Map out your “social networks”—such as the people you work or go to school with, others in your faith group or social club or sports team, or your neighbors—to become more aware of your relationships with them.

Reflecting on these relationships can give you a better understanding of the nature of your social connections, illustrating who are most impactful in your life and why.

Conversations

Who do you talk with, and how does it impact you?

Conversations with others can have a powerful impact on us. They fundamentally define our organizations and shape how we think about our communities.

What sort of conversations do you have over the course of a day or week? With whom are you speaking, when, where, and why?

Observing your conversations over time helps you to see the impact different conversations have on your life. Becoming more aware of the conversations that leave you energized or drained lets you consider how to change your interactions and those situations. Are you better in groups? Do you prefer impromptu conversations? When do you contribute more? Listen more?
Daily Activities

What do you spend your time doing?

Modern life seems busier than ever; many feel that they’re doing more but getting less done, and finding less time for leisure or play. Often, we’re moving so fast that it’s hard to get a handle on where we spend our time. With this tool, you can track your activities throughout a day or multiple days and visualize how you spend your day.

Being able to see where you devote time and how that impacts your mood and sense of satisfaction is critical for breaking the cycle of busyness that is overrunning so many of our lives.

Environment

How do the spaces you inhabit affect your mood and performance?

The spaces we occupy have a huge impact on our wellbeing. From the ancient practices of Chinese Feng Shui and Indian Vastu Shastra, to modern standards for office and home design, many work to create positive spaces. Corporations spend billions on designing spaces meant to optimize productivity and employee satisfaction.

But each of us is different in how we experience an environment. To create or occupy a space that feels the best for us, we first must be aware of what that space is.

Over the course of one or several days, observe the different physical environments you inhabit to better understand how the sound, light, clutter impacts your sense of wellbeing.
Body Connection

What is your body telling you?

The health and wellbeing of our bodies and minds are vital to a happy and productive life. But too often, we are so focused on our doings that we fail to pay attention to how our body or mind feels, and to the fact that our psychological and physical states are intimately connected.

With this tool, become more attuned to how your body and mind feels throughout the day. Visualizing how your mood is connected to hunger, or how your thirst is connected to pain can help you to consider changes in your day.

While the instructions for using each tool are highly specific to that tool, each follows a similar three-step process.

• First, observe and collect data about your behavior, interactions, and the world around you, using worksheets in the *Mapping Ourselves Workbook*.

• Second, translate your data into a custom drawing, using the legend provided for each tool as a guide.

• Third, reflect on the data collection and drawing, using the included questions and discussing your discoveries with those around you.
The Planning Phase
At the outset, the plan was for Atlas of Care to develop the Mapping Ourselves workshop that would serve as the centerpiece of the We All Care Initiative, beta test that workshop, finalize the format and content, and begin rolling out workshops to Michigan organizations identified by the foundations supporting the initiative. Looking at the We All Care Initiative as a whole, we saw the work unfolding in three phases:

**Phase 1: PLAN** (Sept. 2019–Feb. 2020) — Recruit the cohort of organizations that would participate in the project. Develop a schedule for the workshops as well as an evaluation and measurement plan. Conduct beta workshops.


In September 2019, development of the Mapping Ourselves workshop commenced. There were also four key practices, carried over from our many years of leading CareMap workshops, that we wanted to weave into the design and facilitation of the Mapping Ourselves workshop. (See the Appendix for more details on the development and thinking behind the workshop and its content.)

Soon after, in November and December 2019, we held three beta workshops. We took feedback and plowed it back into our planning. At the end of which we had a final workshop design for a one-day (8-hour) workshop:

- Introductions and improv warm-up exercises
- Introduction to WACI and Mapping Ourselves
- What Is Care? exercise
- Learn, draw, and discuss Atlas CareMap
- Learn, draw, and discuss Social Network
- Reenergize exercises (improv)
- Introduction to personal science and discussion
- Introduction to four other Mapping Ourselves tools (Body Connection, Conversations, Daily Activities, and Environment)
- Ripple Effect Mapping exercise
- Care Adcepts exercise
- Close

**Workshop Variation**

Our initial project plan was straightforward—we would hold the full-day Mapping Ourselves workshop for groups of participants from five to six diverse organizations across Michigan over the course of three or four months. However, our actual experience proved quite different.

The We All Care Initiative was spearheaded not just by Atlas but in partnership with a core set of “group leaders” who were instrumental in recruiting workshop participants. These group leaders were a mix of funders, managers, and executives from a range of Michigan organizations, all of whom had previous interaction with Atlas of Care and some familiarity with the Mapping Ourselves tools:

- Ari Weinzweig, Zingerman’s Community of Businesses
- Brian Barrie and Candi Bush, Michigan Department of Health and Human Services (MDHHS)
- Kristie King, Southeast Michigan Senior Regional Collaborative (SRC)
- Maria Gonzales, FACF, and Jim Rynberg, Mayor of Fremont, MI, for Newaygo Aging Well and Newaygo County Community Collaborative (NC3)
- Patrick Miller, Hospice of Michigan
- Patti Wheater, FACF Youth Advisory Council (YAC)
- Rabbi Josh Whinston, Temple Beth Emeth
- Tim Niyonsenga, Health Fund

With interest in this work growing, these group leaders soon found themselves recruiting not just participants within their own organizations but from other organizations as well. The Health Fund, for example, planned to invite to their workshop colleagues from other Michigan foundations with an interest in caregiving and health. Meanwhile, eight other organizations—FACF Youth Advisory Council, Hospice of Michigan, Michigan Dept. of Health and Human Services, Newaygo Aging Well, Newaygo County Community Collaborative, Southeast Michigan Senior Regional Collaborative, Temple Beth Emeth, and Zingerman’s Community of Businesses—would each host separate workshops.
It’s worth noting that many of these organizations invited outside participants to their workshops as well, creating an even more diverse participant base. In this way, the potential to begin scaling the initiative was built in from the outset.

However, many of these organizations could not accommodate a full-day workshop. For their own scheduling and logistical reasons, some needed to break the workshop into multiple, smaller chunks. This realization prompted the need to design multiple workshop formats that could fit everyone’s needs. This resulted in three variations on the original plan:

**Full-day workshops:** Newaygo Aging Well, Newaygo NC3, and the Health Fund all scheduled the original full-day workshop that we’d planned to roll out to each organization. Meanwhile, SRC, Hospice of Michigan, and MDHSS would each hold three full-day workshops in different locations throughout Michigan for their members. This would enable them to recruit more of their leaders and staff to the workshops.

**Series of shorter sessions:** The remaining three organizations needed the Mapping Ourselves workshop to be broken into a series of shorter sessions:

- For the Newaygo YAC high school students, it made sense to incorporate the Mapping Ourselves program into their existing schedules rather than negotiate with their various schools for a full day off. Ultimately, we scheduled three sessions of two to three hours each in January, February, and April.

- Zingerman’s also needed more flexibility, particularly for their restaurant workers. We decided to schedule two parallel series—one on Mondays, and one on Wednesdays. Each group would meet for four monthly two-hour sessions on those days. While encouraged to consistently attend one series (either Mondays or Wednesdays), participants would have the flexibility to attend the other if necessary.

- Rabbi Whinston also felt that members of Temple Beth Emeth would prefer a series of four, two-hour sessions over a full-day workshop. We scheduled two parallel series—one on Sundays, and one on Tuesdays.

As we would learn, the consequences of the introduction of the new “series” format were both positive and negative. The adjustment made it possible for these organizations to participate in the project, and their diversity would contribute more richness to our findings. There was also the learning that would come from attempting to deliver the workshop in a different format. Nonetheless, a significant redesign of the workshop required more time and effort. It also meant much more travel and logistics for Atlas staff. The variation also made evaluation more complicated; different participants would have very different experiences, which would require different evaluation instruments.

Taking into consideration the fact that the participating organizations needed time to recruit participants and to slot the workshops into their busy calendars, we created an ambitious workshop delivery schedule that would have us delivering workshops from January until May. What we didn’t know, yet, was that a third of the way into our carefully planned workshop schedule, COVID-19 would hit. The pandemic forced the cancellation of all remaining in-person workshops, prompting us to quickly create and deliver an online version of the workshop, which we will cover more fully in the next section.
The Workshops
The Workshops

The Mapping Ourselves workshops were the heart of the We All Care Initiative— but they were far more than a string of gatherings where people could learn a helpful set of tools. In creating the template for the workshops, we were, in effect, designing an experience for participants. In addition to the learning and practice they would gain in the Mapping Ourselves tools, they would also work together as a group, learning deeply about their communities and themselves, out loud, with one another.

It was important, then, to layer in activities like improv that could energize participants and invite them to step into a receptive and generous frame of mind; also important was socializing a set of meeting agreements designed to make people feel more comfortable, including a reminder to be gentle with themselves and to respect one another’s privacy. While the workshops were fun, participants would be doing deep work; we would be asking them to look at their lives in new ways, and through new lenses, then learn how to record their observations in ways that were also new. Their comfort with their facilitators, the group, and the overall process was paramount to them getting the most that they could out of the experience.

As mentioned in the last section, the workshop didn’t have just one format. We held full-day in-person workshops spanning eight hours for some groups; other groups experienced the in-person workshop in two-hour chunks spread out monthly; and after March 2020, many attended the online workshops that the COVID-19 pandemic compelled us to roll out. (See sidebar “Pivoting Through COVID-19” for more on that timeline.) Because each “type” of workshop—full-day, series, and online—was a somewhat different experience, in this section we look at each of them on its own, sharing a bit about those workshops as well as our survey results, organized by workshop type.

In-Person Workshops (Full Day)
The full-day workshops launched in February 2020. We’d planned to hold 12 of them, but the arrival of COVID-19 scuttled that plan. Ultimately, we held three full-day workshops, with a combined total of 25 participants.

Across the workshops, we saw a range of initial reactions from participants, the vast majority of whom were new to the material. Some were slow to warm, while others jumped right in, gamely playing along with unfamiliar concepts and staying actively engaged throughout the day. We also noticed in these sessions that group dynamics mattered. This didn’t mean that everyone had to know one another already, though that often helped. But groups that showed a collective openness to the experience, and a willingness to learn from one another and bounce around ideas, seemed to have more fun, take in the experience more deeply, and really feel the impact that doing this kind of work can have not just on themselves but on people beyond them.

As it happened, the full-day workshop was the only one at which we had opportunity to try out two of the group exercises we’d added as a result of our beta workshop experience: Ripple Effect Mapping, which helped participants see how individual acts of care often have cascading impact, and Adcepts, which helped participants crystalize what they had learned. (See sidebar “Three Powerful Group Exercises.”) The Ripple Effect Mapping exercise stirred considerable participant excitement. “I loved the map,” one participant said, adding that they planned to share the exercise with their full extended family. “It reminds me that my small steps can make a much larger effect.” At the SRC workshop in particular, the exercise seemed to move many participants toward a deeper commitment to their organizations and the impact they could have on their community by working together.
While we’ll share more on participants’ reaction to the various Mapping Ourselves tools in the next section, it’s worth noting here that the number of meaningful discoveries that participants experienced during these workshops was considerable. “I realized how many people support and care for me both personally and professionally,” one participant said. “I was unaware of many aspects of caregiving,” noted another. Many saw how the experience might improve their ability to serve others. Said one participant: “The work today, I believe will help me focus on those I serve in a greater way.”

Indeed, many participants expressed an eagerness to pass on what they’d learned at the workshop to others. One loved “the idea of bringing some of these activities to caregivers I work with.” Similarly, another participant planned to take the tools back to their employee wellness committee “and hopefully implement pieces.” Some participants hoped to share the approach and the tools even more widely. “We are so much more intertwined than I ever thought,” one said. “[I will] talk about this in the several groups I belong to.”

SURVEY RESULTS
At the end of the full-day workshops, we asked participants to rate various aspects of their experience. We collected 24 surveys in total. Our first two questions measured overall satisfaction (questions 1 and 2). Participants overwhelmingly agreed that the workshop was worth their time, and that others would also benefit from the experience.

We also asked a set of questions about the extent to which participants’ perceptions of their own personal care ecosystems had changed as a result of the workshop (questions 3, 4 and 5). All reported gaining a clearer understanding of these ecosystems, with most discovering that they cared for more people—and were cared for by more people—than they previously thought.

<table>
<thead>
<tr>
<th>How much do you agree with the following statements?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th># of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am glad I attended today’s session</td>
<td>3</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>I would recommend Mapping Ourselves workshops to others</td>
<td>4</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>I have a clearer understanding of my care ecosystem</td>
<td>6</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>I realize I provide care to more people than I had thought</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>I realize I receive care from more people than I had thought</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>The group conversations helped me learn more about myself and my situation</td>
<td>2</td>
<td>7</td>
<td>15</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more connected to other participants</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>11</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>I better understand the lives of other participants</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>I view care in my community differently now (than before this workshop)</td>
<td>9</td>
<td>7</td>
<td>8</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My perspective on what [my organization] can do to support care in our community has changed</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Atlas CareMap</th>
<th>Social Network</th>
<th>Environment</th>
<th>Conversations</th>
<th>Daily Activities</th>
<th>Body Connection</th>
<th># of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>14</td>
<td>10</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>23</td>
</tr>
</tbody>
</table>
Additionally, all participants felt that the group conversations helped them better understand dynamics in their own lives, and most felt that the experience of the workshop increased their sense of connection and empathy toward others (questions 6, 7, and 8).

Notably, all participants experienced a shift in their perceptions of their communities and how care can and should flow within them—a shift that we attribute, in part, to the Ripple Effect Mapping exercise (questions 9 and 10).

Finally, we asked participants which Mapping Ourselves tools they expected to use or try in the future, giving them the option of checking as many as they wanted. Of the 23 who responded to this question, nearly all expected to use the Atlas CareMap again, matching our expectations from years of leading smaller workshops focused only on CareMaps. On average, participants said they expected to use 3.65 of the tools (median = 3), and eight respondents expected to use all six.

In-Person Workshops (SERIES)
As with the full-day workshops, our full rollout of the “series” workshops was also interrupted by the arrival of COVID-19. But whereas the full-day workshops we were able to hold were complete experiences—in other words, we covered the entire planned agenda at each event—the series workshops was a different story. Each series was meant to comprise four sessions, with different information and activities allotted for each session. Because of COVID-19, none of the groups got further than the second session, meaning that half the workshop material was never covered or presented.

We conducted five of these series, with a total of 84 participants attending.

While this was unfortunate, the majority of participants who attended these workshops found the overall experience both energizing and useful; they also found great value in the portions of the material to which they were exposed. Indeed, their insights were numerous. “I realize care is central to community, that family is also community,” said one participant. Another realized: “I’m more of a caregiver than receiver. Always have been.” Still another shared this discovery: “Caring for people doesn’t have to be big events. It’s everyday life.” Many participants expressed gratitude for the group conversation. “I appreciate this space and time to discuss these topics,” one participant said. “We don’t have enough of that in our day-to-day.”

As it turned out, the series approach also had a benefit unique to the format. With a month between their sessions, participants were able to work on their CareMaps and experiment with other tools in that in-between time. For many, the pause between sessions enabled their interest in the tools and in personal science to build. One participant commented that they had initially been skeptical of the value of the workshop, but following the first session noticed that they kept thinking about their CareMap a lot, had been telling others about it, and had rekindled connections that had been “weak” or missing on their map. Seeing this real impact, they were back to learn more.

<table>
<thead>
<tr>
<th>Newaygo YAC</th>
<th>Temple Beth Emeth</th>
<th>Zingerman’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Session 1</td>
<td>Session 1</td>
</tr>
<tr>
<td>19 participants</td>
<td>Ann Arbor, MI</td>
<td>Ann Arbor, MI</td>
</tr>
<tr>
<td>Session 2</td>
<td>Tuesday series;</td>
<td>Monday series;</td>
</tr>
<tr>
<td>Feb. 14, 2020</td>
<td>Session 1</td>
<td>Session 2</td>
</tr>
<tr>
<td>12 participants</td>
<td>Feb. 4, 2020</td>
<td>Mar. 2, 2020</td>
</tr>
<tr>
<td></td>
<td>Ann Arbor, MI</td>
<td>Ann Arbor, MI</td>
</tr>
<tr>
<td></td>
<td>9 participants</td>
<td>12 participants</td>
</tr>
<tr>
<td></td>
<td>Tuesday series;</td>
<td>Wednesday series;</td>
</tr>
<tr>
<td></td>
<td>Session 2</td>
<td>Sessions 1 and 2 combined</td>
</tr>
<tr>
<td></td>
<td>Mar. 3, 2020</td>
<td>Mar. 4, 2020</td>
</tr>
<tr>
<td></td>
<td>Ann Arbor, MI</td>
<td>Ann Arbor, MI</td>
</tr>
<tr>
<td></td>
<td>3 participants</td>
<td>5 participants</td>
</tr>
</tbody>
</table>

3 Participants in the full-day workshop only drew and reflected on the Atlas CareMap and Social Network tools during the workshop; they received overviews of the other four tools.
Several participants spoke about sharing their CareMaps with others, and learning something from doing so. Even thinking about sharing their maps with family made them consider how others’ perspectives might be different. One person spoke about how surprised her siblings were about the fact that she had drawn them with thick arrows even though they lived far away, and how that conversation helped them appreciate the sorts of care that they were in fact providing long distance.

Also among the “series” sessions were workshops that we conducted with youth. While teenagers often get accused of being intolerant of public self-reflection, they were in fact very engaged. “I plan to make some bonds stronger, and to try to appreciate some people more,” one teen participant said. Moreover, the students seem to have also benefited from the opportunity to use the tools during the between-workshop break. Several students commented on how their perspectives about their families and CareMaps changed over the course of that month.

“I noticed how my parents are really trying to be there for my brother when he’s struggling so hard with school,” one student said. Another said: “I learned that our CareMaps can change over time.” That student wasn’t the only one to note this dynamism: “Relationships can grow strong and more distant really fast,” one student said.

Several students used their initial observations to strengthen core relationships. “I plan to make one of my friendships stronger because I realized how it should be vs. how it is,” one said. Noted another: “I added a thicker line to my grandma because last time I saw I didn’t give her much care. But now I do and I also included her house and family because now I’m more involved in her life.” The student advisors who attended the teens’ sessions learned something not just about themselves but about their advisees, with one surprised to see “how much care youth are providing and in different ways than I may have guessed.”

---

SURVEY RESULTS
Participants in the series workshops filled-out surveys at the ends of both the first and second sessions. It’s worth calling out that in these surveys, participants were responding to the session they had just attended and not to the entire series. Because only half the workshop sessions were completed, with remaining sessions cancelled due to COVID-19, a direct comparison with survey results from the full-day workshops proved challenging, which is why we call them out separately here. We collected 80 surveys in total. Overall, and overwhelmingly, participants were satisfied with the workshop and felt it was worth their time (question 1).

All series participants felt (questions 2, 3 and 4) that the experience had shifted or expanded their understanding of their own care ecosystems and the dynamics within them. Once again, most discovered that they cared for more people, and were cared for by more people, than they had previously realized.

In probing their perspectives on group interactions at the sessions (questions 5, 6 and 7), we found that most participants felt that the group conversations helped enhance their self-understanding as well as their perspective on their own landscapes of care. Additionally, most left the sessions feeling that they better understood, and felt more connected to, other participants.

We also were eager to learn whether participants’ views about their community had changed as a result of their session. In fact, their perceptions had changed significantly (question 8).

After the second session, we asked participants which Mapping Ourselves tools they expected to try or use in the future, checking all that applied. Roughly two-thirds expected to use the Atlas CareMap and Social Network again, both of which they drew during the workshop. Interest in the other tools, which they had not yet had a chance to try, varied. On average, respondents said they expected to use 3.4 of the tools (median = 3.5); five respondents expected to use all six.
<table>
<thead>
<tr>
<th>How much do you agree with the following statements?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th># of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am glad I attended today’s session</td>
<td>4</td>
<td>19</td>
<td>54</td>
<td>77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a clearer understanding of my care ecosystem</td>
<td>12</td>
<td>18</td>
<td>47</td>
<td>77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I realize I provide care to more people than I had thought</td>
<td>7</td>
<td>3</td>
<td>20</td>
<td>16</td>
<td>17</td>
<td>63</td>
</tr>
<tr>
<td>I realize I receive care from more people than I had thought</td>
<td>4</td>
<td>3</td>
<td>14</td>
<td>16</td>
<td>24</td>
<td>61</td>
</tr>
<tr>
<td>The group conversations helped me learn more about myself and my situation</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>31</td>
<td>29</td>
<td>76</td>
</tr>
<tr>
<td>I feel more connected to other participants</td>
<td>4</td>
<td>16</td>
<td>29</td>
<td>28</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>I better understand the lives of other participants</td>
<td>2</td>
<td>14</td>
<td>27</td>
<td>34</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>I view care in my community differently now (than before this workshop)</td>
<td>4</td>
<td>1</td>
<td>14</td>
<td>22</td>
<td>22</td>
<td>63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Atlas</th>
<th>CareMap</th>
<th>Social Network</th>
<th>Environment</th>
<th>Conversation</th>
<th>Daily Activities</th>
<th>Body Connection</th>
<th># of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>19</td>
<td>11</td>
<td>13</td>
<td>17</td>
<td>11</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

**Online Workshops**

The arrival of COVID-19 marked the halt of our in-person workshops. Eager to continue building on the momentum we were seeing—as well as to experiment with a new way of delivering the workshop—we redesigned the in-person experience into an online program. (See Appendix for more details.) We then asked each of the project leads from the organizations involved in the initiative (many of whom were instrumental in the redesign) to let their staff/members know about the online Mapping Ourselves workshops. Not surprisingly, the organizations most interested in joining these online events were those whose scheduled full-day workshops had been cancelled. These included Hospice of Michigan, MDHHS, and SRC.

We scheduled two online workshop series:

**Series 1:** Five Tuesday afternoons, 75-minute sessions, May 12–June 9
**Series 2:** Five Wednesday afternoons, 75-minute sessions, May 20–June 17

Overall, 128 people registered for Series 1, with 88 participating in at least one of the five sessions; average session attendance was 50 participants. For Series 2, there were 32 registrants, with 17 people participating in at least one session; average attendance was 10 participants. In total, 105 people participated in at least one session, with 43 participating in four or five sessions. The participation figures represent slight undercounts, because the Zoom sessions were recorded and some people watched the videos of the sessions they had missed.

The organizations formally involved in WACI extended invitations to the online workshops to those in other organizations they worked closely with. Interestingly, participants hailed from more than 30 separate organizations. Moreover, many participants said that attending the sessions with people from a range of organizations enhanced their experience.
It is difficult to draw firm conclusions about the non-attendance of the 62 participants who attended only one, two, or three sessions. Some presumably found the material not to their liking. But there were other challenges. Many were experiencing personal and family challenges because of COVID-19/shelter-in-place—especially caring for children and other family members. Many in the health/care professions were extra busy because of the pandemic. Other shared that the social tumult, especially police violence toward people of color and the resulting protests and counter-protests, weighed heavily on their minds and made it difficult to focus on anything else. Others lacked the technology (no printer to print the activities, no or poor internet connection) to fully join in.

On the other hand, those who did participate enjoyed and valued the experience as much as those in the in-person workshops. More surprising, though, was the fact that several participants who had previously participated in an in-person workshop told us they learned even more from the online program. It is difficult to say whether this increased learning was due to the online program being better or if it was simply due to participants having more time to spend with the material. Also, with people from so many different organizations, it was unclear if there were any “groups” of people—co-workers and/or friends—who discussed the workshop outside of the sessions. The only such group we are aware of included several people from Hospice of Michigan, who discussed their experiences at the end of the workshop series.

**SURVEY RESULTS**

While we had strong survey participation at the in-person workshops, we received only eight responses to the online survey we posted at the end of the online workshop. (This represents only about 8 percent of the total participants, versus nearly 100 percent from in-person workshop participants.) With so few responses, numerical analysis was not meaningful. However, some of the personal insights and impacts they shared in response to the open-ended questions are included in the participant quotes in the next section.

<table>
<thead>
<tr>
<th>Registrants</th>
<th>Number of registrants who attended this many of the sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Series 1</td>
<td>128</td>
</tr>
<tr>
<td>Series 2</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
</tr>
</tbody>
</table>
Pivoting through Covid 19

The arrival of the COVID-19 pandemic threw a wrench in our workshop schedule, cancelling events and causing us to regroup—and, very quickly, to develop an online version.

• On March 8, 2020, amid increasing concern about the COVID-19 pandemic sweeping across the country, we contacted participating organizations to discuss how we should adjust our workshop plans. A few days later, Michigan’s governor issued a statewide “shelter in place” order. It became clear that our upcoming in-person workshops would need to be postponed indefinitely.

• Working quickly, we interviewed multiple participants from the workshops we had already completed to better understand the perceived value of the workshops and whether they believed an online program would be of interest, especially given the new pandemic circumstances. Their strong message was that the workshops had been very valuable, and that especially given the circumstances we should attempt to develop an equivalent online program.

• We started exploring what an online workshop could look like and began the process of designing an experience that we would test with a “beta group” that included some of the We All Care Initiative group leaders.

• On March 26, we held a video conference with group leaders, discussing the impact of the initiative to date and the possibility of continuing with an online workshop.

• On April 15, we held the first session of the beta online Mapping Ourselves workshop. Soon after, in collaboration with Health Fund program officer Tim Niyonsenga, we decided to offer two separate online Mapping Ourselves workshop series, replacing the remaining, originally planned in-person workshops.

• On May 5, we held an informational webinar about the online program, sharing marketing materials for group leaders to distribute to their communities.

• Soon thereafter we convened the online Mapping Ourselves workshops. “Series 1” was held each Tuesday starting on May 12 and ending June 9; “Series 2” was scheduled for Wednesdays, from May 20 to June 17. Each series comprised five, 75-minute sessions.

It’s worth noting that we started seeing in our workshops how COVID-19’s health and economic impacts, and the loss of human connection, made people more aware of the wellbeing of their families, friends, and neighbors, and their dependence on so many others they had previously overlooked. That deeper sense of being interconnected brought attention to how people cared for one another—whether by wearing masks, physically distancing, delivering food, forgiving rent, and much more. This awareness made the Mapping Ourselves workshops even more relevant.
“What Is Care?” was the first exercise we rolled out at every workshop, after we’d done the initial round of introductions and given participants an overview of the workshop. The exercise was critical in helping participants broaden their perspectives on “care.” Our goal was to move them away from the narrow, medically focused definition of care that most had at the beginning of the workshop and toward a richer, more holistic, and more human view of all the things that impact a person’s well-being.

The exercise itself was simple but powerful. After briefly introducing the activity, we asked participants to reflect on their experiences of caring for others and being cared for—from cheering up a friend to helping someone manage significant health issues. Then we asked them to think more specifically about what particular actions or activities each of these experiences of caring entailed.

Then we gave participants stacks of sticky notes. We asked them to write each action or activity on a sticky note, then place their notes on the communal grid we had posted on a wall. The columns of the grid represented different categories of care (medical activities, household help, social/emotional support, etc.). The grid’s rows represented how frequently that activity was performed (once/rarely, yearly, monthly, daily, etc.).

Almost always, the board would fill up with lots of sticky notes, showing participants just how much caregiving they gave and received. Most of the time, the densest group of notes were about personal and social/emotional support provided on a weekly/daily/frequent basis. People noticed, and were usually surprised, by this, because they had only paid attention to the medical activities, healthcare management, etc., before—not the full range of activities that count as “care.” This exercise, then, set them up to think differently about care, in ways that set the tone for the rest of the workshop and the exercises to come.
The “Ripple Effect Mapping” exercise came near the end of the workshop. It was designed to help people see how individual acts of care often have ripple effects, creating impacts at the organizational and community levels.

First, we asked participants to think about what they might start doing differently, based on what they learned at the workshop. With a richer understanding of care in their lives, what small or big actions might they now take? Participants then wrote each of their ideas on a sticky note. On one wall, we’d placed a large note that had one word on it: CARE. Then we asked participants to place their sticky notes on that wall, surrounding and building out from the word “care.” Everyone used the same color note paper (for example, blue).

After reflecting on the collection of notes that had been generated, we posed a second question. If people actually took the actions on those notes, how might organizations act differently? Using a different color of sticky notes (for example, pink), participants wrote down their ideas, and again posted them to the wall. After a second round of group reflection, participants were asked to contemplate a new question: If people and organizations acted in those ways, what might be the impact at the community level? Again, their ideas were written down and posted using sticky notes of a new color (for example, yellow). Finally, participants were asked to consider if there were any logical patterns emerging from the notes (e.g., this blue action would likely lead to this pink action, which would likely lead to this yellow impact). Many of the sticky notes were rearranged on the wall to show the patterns that participants were seeing.
ADCEPTS

The word “adcept” is a shorthand portmanteau term that combines “advertisement” and “concept.” Think of a magazine ad or a billboard; before that final published ad, there were many draft concepts. Adcepts are used in the marketing and advertising industry to gauge prospective customers’ interest in new products and services: Will this image, or this tagline, appeal to our customers? They are also used internally by product development teams, to hone their own ideas: What is the most important point about my product to convey?

Today the average person is exposed to thousands of advertisements each day. In the process, most of us have learned to be highly advertising-literate. In fact, experts say the average individual “gets” a print ad’s message in just two seconds.

For the Mapping Ourselves workshop, adcepts are used not to promote the workshop, but rather to help participants gain clarity on what they have learned and what they found valuable. We ask participants to pretend to be an advertising executive, and to create a simple but powerful ad, with an image and a tagline, that they could use to explain the value of Mapping Ourselves to their friends and coworkers.

Jon Cousins, an experienced ad agency creative director and Atlas advisor, generated a few example adcepts for Mapping Ourselves, to spark participants’ own thinking. Here are some of the examples presented, and some generated by participants.
Key Findings
We entered the We All Care Initiative with several hypotheses. Arguably the biggest and broadest was that participants would find both the Mapping Ourselves tools and the workshop experience valuable—and even fun. The results exceeded our expectations. Nearly every participant found value in the tools and appreciated the workshop experience, regardless of which type of workshop they attended. Participants widely reported that both the tools and the workshops helped them better understand their circumstances, gave them insights into how they might improve their situations, and provided them with a platform to create solutions most appropriate for their own circumstances.

For many participants, the introduction to personal science and to new methods for visualizing and tracking the flow of care in their lives proved transformational, offered an entirely new way of thinking about the concept of care, as these participants expressed so eloquently:

- “I had not thought about care in such a broad manner before and it is freeing. I had taken for granted much of what I do as well as receive in terms of care—I had thought primarily in terms of medically—this was very eye-opening.”
- “The workshop was very enlightening. The stuff we learned really causes you to see that it’s the person—that it’s you—who has the best metric to find the help and support they need for themselves.”
- “Really, the only thing we can change is ourselves. Reflecting on how I communicate or show up and how that impacts the people I am interacting with is incredibly important. It’s really a self-fulfilling prophesy.”
- “The web of care in my life is far more intricate than I realized.”

Moreover, many participants reported not just learning at the workshops but having fun in the process. “This has been very eye opening, educational, fun, and done at a great pace,” one participant noted. And as the participant comments shared in the last section affirm, many were also eager to apply what they’d learned. As one person put it: “[I’m] very excited to utilize these tools in my life.”

Another of our initial hypotheses was that workshop participants would be able to learn to use all the Mapping Ourselves tools, some of which are more complex than others. Indeed, all participants were able to do so, although sometimes it took time. “It is a new language to think about and it takes a minute/time to learn to us/apply it,” one participant said. While not everyone loved every tool—and we wouldn’t expect them to—their constructive criticism was welcome and valuable, often showing us something about how we might continue to iterate and improve them.

Below we dive a little deeper into participants’ experience with each of the six Mapping Ourselves tools, lifting out significant insights that both reinforce their value and suggest a wide appetite for scaling the use of the tools more widely.

The Mapping Ourselves Tools: What Participants Valued

The Mapping Ourselves tools are visual aids to spark awareness and insight—and the insights they inspired were far-ranging. For some it was how they care for themselves, or how they hope to age into the future. For others, there was a lot of value gained in understanding how they spent their time throughout the day, or how a particular room in their home office felt to them. One participant remarked, “I found it valuable that there are a variety of tools, and they resonated differently for different folks. I really liked that we had options.”

For some, making emotional connections to their physical body over time was new. For others, using color and lines to present an alternative perspective on their relationships brought about significant insight and activated ideas for expanding their capacities at home and at work. Some were able to connect their sense of wellbeing and health to their ability to engage more fully in their organization or community.

It is notable that almost every single participant found the Atlas CareMap valuable in helping them understand the patterns of activity and care in their own lives. For the other five tools, there was variation in how useful participants initially found them; at every workshop, there were some participants who immediately found them useful,
and others who did not. For most, the tools helped to bring clarity to certain situations or behaviors in their lives and in their networks. Regardless of whether the tools resonated instantly, participants found it useful to learn from others’ stories about how those tools provided value to their lives. As we expand on later in the finding about personal science, there was value to being exposed to all six tools even for those who will likely only use a few of them.

**ATLAS CAREMAP**

All workshop participants, both in person and online, were able to learn, draw, and reflect upon the Atlas CareMap tool. Almost universally, participants liked it, learned something from it, felt eager to share it with others, and expected to use it again in the future. “It’s an amazing tool for self-discovery, possible improvement, and reflection,” one participant declared. Another participant said: “I loved everything about this tool. I have shared it with several people since.”

These findings are consistent with our previous experience teaching the Atlas CareMap—the tool helps people see their systems of care and their role within them in new light. “Until I saw my CareMap on paper I was unaware of how large, interconnected, and mutually supportive my circle is,” one participant said. “It made me incredibly grateful.” The map’s ability to help people see themselves as part of a community of support, and to feel their own agency in altering their map, felt particularly timely. Several participants noted how their maps had shifted because of the COVID-19 pandemic, or how socially isolated they had become, which drove a commitment to paying more attention to cultivating friendships.

Participants who had prior experience with the tool, or who had opportunity to come back to their maps during breaks between sessions, noted how fluid the map was, suggesting the value of revisiting it often. “My family is unstable. My friends are more fluid so my map looks very different all the time,” one participant reflected. Another participant, a university professor who had used the Atlas CareMap in a classroom setting as part of a larger assessment of students’ communities of care, also found value in these repeat visits. “I’ve learned the more I use it, the more helpful the tool becomes.” This is particularly true given how many people contribute to one’s community of care. “I thought drawing the CareMap would be easier/simpler,” one participant noted, “but then you see that there are so many caregivers and care receivers involved in my CareMap.”

Just as for the adults, the Atlas CareMap was particularly powerful for the high schoolers attending the workshops. In one case, the exercise helped tighten a family connection: “When I first drew my CareMap, my grandma was far away and I noticed that she was calling me but I never gave her any love back,” one youth participant said. “I started to call my grandma weekly, and I learned about the pets she has and the neighbors she hangs out with. Now my CareMap has a thicker line between me and my grandma.” Another student reflected on who was indispensable on his CareMap. “My buddy ‘K—,'” he said with tears in his eyes. “Without him I wouldn’t be the same person I am today. He’s part of my family.”

For some participants, the maps held other surprises. Some felt their perspective on the nature of care suddenly shifting. “Overall, ‘care’ is seen as energy draining, but can be mutually giving and energizing.” One participant “learned to look more closely at the care between others on my CareMap (care that doesn’t include myself).” Another did the same: “What [my CareMap] helped me to realize was the relationships I was giving so much to actually had more support than I thought. It helped me to see that those people had a lot of people around them and so I felt I could unburden myself with them. Or at least have a conversation about
those people.” Others saw how work was a strong giver of care in their life, that they had a bigger community of support than they realized, or that they helped others more than they thought.

So many felt buoyed by these realizations. Said one person: “Care is embedded in all of our actions; this is a great tool to make it more explicit, reflect on it and improve upon it for my own, my family’s and community’s good.”

**SOCIAL NETWORK**

Compared to the Atlas CareMap, the other five Mapping Ourselves tools are more abstract, and the Social Network was the first of these five that participants learned. All workshop participants, in person and online, were exposed to the Social Network tool. Not surprisingly, many were initially uncomfortable with the level of abstraction the tool presented. Some struggled with the colors or with the symbols; others had difficulty translating the colors and symbols into a narrative. However, after a little effort, most were able to use the tool and glean value from their drawing. As one participant said, “Once I got the hang of it, I realized it’s not as difficult as I thought it was at first.”

Experimenting with the Social Network tool helped many see their friendships and other social connections in new light. “I could more easily see how much energy I put into my care relationships and how much I get back. It’s currently an unbalanced equation (I put in more than I get back).”

I knew that, but this quantified it.” As with the CareMap, many were eager to dig in even further, using the tool in both personal and professional contexts. Said one participant: “I’m excited to use this tool again to help myself form a new group that will become a team for strategic planning purposes.”

The tools also made people think about the connections and relationships that were no longer available to them because of COVID-19, or reconsider those around them who might be new sources of support. Meanwhile, the online workshops, which took place in May and June 2020, coincided with the rise in Black Lives Matter protests that were sweeping the country. A few online participants were very deeply impacted by the violence and renewed attention to systemic racism. One said they were unable to complete the Social Network exercise because it was triggering, explaining: “We are all in active trauma right now. Being asked to visit my network makes me think about that trauma. And right now, I just can’t.”

**BODY CONNECTION**

The Body Connection tool, used to track and visualize six different physical and emotional states over the course of a day or days, requires the least amount of data collection and visualization compared to the other tools. Still, participants were surprised how powerful it was. “Almost every time I paused to ask ‘How do I feel physically?’ that’s when I realized I feel uncomfortable. I wasn’t aware of it unless I paused to think about it.” So many of

---

4 It is worth noting that participants struggled less with the abstractions of the remaining tools. A possible conclusion is that the Social Network tool is more complex than the other, and would benefit from redesign. However, it is also possible that the experience of struggling to learn this tool prepared participants to learn the others more easily.
us aren’t used to thinking about our physical state and how it relates to wellbeing, and becoming conscious of this connection was powerful. “My learned behavior has been to not pay attention to my body—just get the job done,” said one participant. “I was surprised to see from a simple drawing, the impact of energy levels highs and lows tied to hunger, thirst, and mood and how it influenced my productivity. I probably learned the most from this.”

Self-reflection often reveals difficult and complex realities, and the Body Connection tool was no exception. During a small-group breakout conversation reflecting on Body Connection, one participant said, “I don’t have eager anticipation. I’ve always had sadness about it. Now I have to plan a birthday party for my kid. Everything is overwhelming and I don’t have joy.” She also noted: “I found out I’m not a very fun or interesting person. There’s more I need to explore there.” It was helpful for others, too, to notice what they weren’t paying attention to. “I really like this tool. I think it is worthwhile to track these physical sensations—I overlook hunger and thirst more often than I would think. I really love the idea of tracking mood and energy because it is very helpful for self-awareness at home or at work—as an engineer I have not used this as a metric before.”

CONVERSATIONS

With the Conversations tool, participants reflected on who they spoke with throughout the day, noting various characteristics about these conversations, especially whether a conversation left them energized or drained. Examining conversations helped people see the fabric of their experiences. One participant began planning how to better care for themselves during draining conversations. In using the tool, another participant noted that their communication style was holding them back from connecting: “I became really aware that maybe I’m not expressing myself very well. My conversations aren’t full enough. What I’m feeling and what people think I am saying or feeling are starkly different.”

Because so many of our conversations are digital these days, many of the breakout discussions included talk about “Zoom fatigue” and surfaced a shared sense that casual conversations have become far less frequent. One must always be “on,” and that is exhausting for many. Still, when people engaged with the Conversations tool, not only were the topics of conversations noticed, but also the length and other ideas about what one might do to modify or include additional data points depending on the questions one wanted to explore. Said one participant: “I learned that my conversations are longer if I initiate them. I liked the idea someone gave of what was your mood going into the conversation along with what was your mood after the conversation.”

Some participants began to connect the dots between the tools they were learning, noticing what they illuminate together. “This was a really interesting tool particular to my interest in how we make sense of and communicate our care experiences,” said one participant. “I believe this tool, along with the Social Network tool ... can significantly contribute to people’s understanding of their social worlds. Such a rendering of the social world is so valuable, in large part, because it is almost never attempted. The Social Network tool and Conversations tool make important inroads in this undeveloped area.”
The Daily Activities tool asks for more data collection and careful observation than the other tools. For some this was too much. One participant remarked: “This one was a deeper dive into tracking myself than I am interested in doing. For me tracking has to give me information that outweighs the ... cost of time [spent] tracking.” Many others, however, found it valuable, learning new things about how they were spending their time. Said another participant: “I learned a lot about my pandemic work/life/personal experiences.... I was surprised, however, to learn that I was engaging in more social/leisure activities than I thought/perceived prior to this exercise. This helped me begin rethinking my previous perceptions.”

Indeed, the tool helped many participants recognize what was working and what wasn’t in their daily routines, prompting them to make adjustments. One participant shared this: “I figured out a lot about myself. I had thought maybe I was not getting enough rest because I’m tired a lot. Looking at my diagram, I noticed I don’t take any downtime whatsoever.... This also made me be sure to plan more fun things as a family for the summer.” In recording how they spent their time using Daily Activities, another participant saw how using social media did not always give her a good feeling. “I didn’t realize how much sadness I was experiencing.” Women in particular also recognized that the time they spent on self-care was negligible. “It really just confirmed what I already knew,” one participant said. “That I do nothing in terms of self-care. I need to be intentional.”

Several participants noted how their new “COVID-19 lifestyle” wasn’t working for them. For one participant, the Daily Activities tool helped her see just how dramatically sheltering-in-place had changed her family life. A mother of five with chronic health challenges, she found herself working at home while continuously caring for her husband, her children, her home, and her long list of clients. Using the Daily Activities tool made her more aware of how much she was doing and how draining this was. She showed her Daily Activities drawing to her family, then taught them how to collect data and draw their own Daily Activities map. Later they shared their drawings, and came to appreciate what all were doing, and where labor could be redistributed so that not all the burden was on the mother. The result: more relaxed evenings, more family time, and more time to pursue the hobbies and interests that fuel her.

With everyone experiencing much less variation in their environments over the course of a day under shelter-in-place, we wondered if participants would find any value in using the Environment tool. Would there be any changes to observe, any insights to gain? As it turned out, there was much to learn.

As one participant said: “Since I am working from home, I was surprised to see that the same room is experienced differently depending on my mood and the activity I was trying to perform. I learned I like working in my home office more than I thought...
and will probably make some changes to my work pattern.” Another noted how much even small changes in one’s environment really matter. “I found the lighting question most interesting,” said one participant. “It made me aware that the room I was using as an office at home didn’t have enough natural light, so I moved to a different space and have felt better since.”

A few participants, whose professional work included the design of spaces for people, were excited to use the Environment tool in their work. “I can see using this tool as a starting point for team members to discuss how to improve work spaces. Sound, temperature, and lighting are all subjective. A tool provides a neutral format—maybe with each overlaying the next using different colors so you can see different perceptions.” They weren’t alone in wanting to apply the Environment tool at work. Shared one participant: “I think it will be a helpful tool for my work team as we return to our office. I am curious to know how each of us experience our shared spaces.”

Participants ran the gamut when it came to how easy or hard they found it to use the Environment tool—we heard everything from “this is the one I had the hardest time with” and “it feels incomplete compared to the other tools” to “it was easier for me to ‘read’ than a few of the other tools.” A key design feature of the tool is that, once it’s learned, it can be doodled anywhere (on a napkin, on the corner of a page, etc.), enabling people to practice a moment of mindfulness about the space they currently inhabit whenever and wherever they want to. This could prove valuable when people are once again moving through a variety of spaces each day in a post-COVID world.

Broader Findings

MANY FOUND VALUE AND GAINED CONFIDENCE IN USING PERSONAL SCIENCE TO EXAMINE THEIR LIVES

Put another way: The broader concept of personal science caught on. In addition to teaching the Mapping Ourselves tools, the workshop also introduced participants to the foundational concepts of personal science—that people could examine their lives in a rigorous, data-driven manner, and find value in doing so; that they should feel free to modify the tools to suit their purposes; and that they could extend what they had learned to examine topics beyond the six tools. As we taught the tools, we encouraged people to simply do the best they could with them, especially on the first try. We wanted participants to come to personal science with an experimental “learner” mindset, and to enjoy the process. This certainly resonated with many. “I really liked the concept of personal science!” remarked a retired community health worker. “I used to think I didn’t like science! Ha ha.”

Some workshop participants found it easy to understand the concept and quickly began applying it in their own lives. These participants were often well-versed in using other similar practices in their personal and/or work lives; they were also comfortable with ambiguity, with surprise, and with non-findings (the reality that you may not find something really interesting, which is inherent to science and exploration). One of the intended benefits of teaching six different Mapping Ourselves tools, each with a distinct visual scheme, was to arm participants with a rich collection of ideas that they could draw upon to modify the tools and create their own.

There were some who found the basic idea of a scientific process (collecting data, visualizing the results, and reflecting on what might be learned from this) daunting and too prescriptive. Some also struggled with the visualization, finding it burdensome to do and difficult to learn from. Another difficulty, for some, was a perceived vagueness in our directions. Especially for care and health topics, they were used to receiving very explicit instructions on how to do something, and clear recommendations on specific actions that correlate to specific outcomes. They found the freedom of our recommendation to “reflect, and determine next steps based on your own ideas” uncomfortable; they worried that they were doing something wrong, that they were not able to collect all the data exactly as they “should” have done, or that their visualization wasn’t perfect.

But many enjoyed the invitation to be creative. One of the high school students who attended the workshops developed their own symbol system for the Social Network tool; some participants
used additional or different colors and symbols to represent different data. One business executive showed us a simplified version of the Daily Activities tool that he used to help one of his employees become more productive. Another participant, an education consultant, showed us a completely different version of the CareMap that he had used to visualize how different teachers had very different interactions with different students.

**COLLECTIVE SELF-REFLECTION DEEPENS LEARNING AND STRENGTHENS COMMUNITY**

Everyone who attended an in-person workshop reported being glad they came and said they would recommend it to others, and our perception, based on conversations during the workshops, was that most online participants felt the same way. While many variables contribute to someone rating a workshop highly, we believe that, in this case, the communal nature of the experience was a significant factor. Central to the Mapping Ourselves workshops was the concept of “collective self-reflection”—namely, that talking and reflecting on material as a group allows individuals to learn more quickly and deeply, and strengthens their community bonds.

We saw this concept in action at each workshop, where we prioritized two types of collective self-reflection. The first was peer-to-peer learning. Participants’ understanding of how to use any particular tool, as well as their perception of its value, was often strengthened by hearing about other people’s experiences. They learned from and connected to others around the same topics of daily activities, relationships, conversations, or their environments. Regardless of whether a particular tool resonated with each participant, the conversation it catalyzed was always useful and improved both individual and group learning.

The second was small-group conversations. Giving participants the time and space to learn from one another in small groups meant they could share not just their experience with the tools but also their shifting ideas about the role of care in their lives and communities, while feeling less pressure that they might if they were sharing with the full group. Again and again, participants reported how powerful it was to share their stories, both through their worksheets and out loud with one another. As one participant put it: “I loved how we were able to tell our stories. Sometimes you have a negative perception of what you are experiencing as a caregiver. But then you reflect on the questions and you draw your map and tell your story. And you can find some positivity in it all, even some humor.”

Moreover, relating to one another through their stories helped elevate the workshops into something more cathartic. One participant learned “how much I have in common with my fellow participants. I discovered that I’m not alone in my experiences and the relationships I share with others.” For many, being seen and heard brought with it a greater sense of self-esteem, and more confidence to change the things they felt could be changed. So did having the opportunity to participate in group exercises where everyone contributed ideas to a larger whole.

All of these opportunities proved invaluable to extending the impact of the tools and concepts that participants learned together. “I thought the workshop was very innovative and necessary,” reflected one participant. “As professionals who are constantly caregiving, the tools provided were great ways to support our consumers as well as ourselves. I appreciated the process of being able to glean from others. It also assured me I’m not alone in the experiences I have.”

Of course, not everyone at the workshops participated at the same level; some people did not fully participate in the assignments and/or conversation, which irked other participants (enough that they told us about it). One takeaway for us was to communicate participation expectations more clearly from the start, and better encourage and support participants in seeing the value of being part of the larger conversation and community being formed at each workshop.
EFFECTIVE SELF-REFLECTION AND MASTERY OF THE MAPPING OURSELVES TOOLS AND METHODS TAKE TIME AND EFFORT

It’s no surprise that deep self-awareness requires an ongoing process of disciplined self-reflection, no matter what approach one chooses (e.g., meditation, journaling, or Mapping Ourselves). While people do often discover something valuable right away, there is usually much, much more that can be learned over time. Similarly, mastering the practice of personal science, through Mapping Ourselves or other tools, is an ongoing process. While some participants initially struggled with the abstract nature of a few tools, all were able to grasp the basics after a little effort. By the end of the five-session online workshops, for example, participants declared the tools easy to use. As they spent more time with the tools, their ease continued to increase.

The Mapping Ourselves workshops require both intellectual and emotional energy. There are new concepts to learn (the tools, the idea of personal science, and a visual language), and data to collect, draw, and analyze. In addition, as people begin examining their own lives, each tool can raise strong emotions, both positive and negative. Mapping Ourselves is not a passive experience; participants receive few benefits if they don’t apply themselves.

The We All Care Initiative experience made clear that workshop design can make things easier. Ultimately, we learned that the format of a multiple-session series proved much better than a one-day workshop, in part because ongoing learning is built into the former. Participants could maintain their energy during the short sessions, and then have plenty of time between sessions to both do the assignments, manage the emotions that arose, and deepen their own learning.

But the end of the workshop is not the end of that learning. For many, the lessons come not just in a single drawing, but in multiple iterations. “I learned the more I use it, the more helpful the tool becomes,” said one participant. Similarly, those who attended multiple workshops have found that every time they learned something more. One participant described what they were learning as “tools for life.” Their organization planned to use the Mapping Ourselves tools on an ongoing basis, intending to deepen their knowledge and skills.

SOCIAL NORMS AGAINST SHARING AND DISCUSSING “PERSONAL” LIVES CANNOT BE IGNORED AND SHOULD NOT BE DISMISSED

There were Mapping Ourselves participants who felt some discomfort in describing or sharing reflections about their personal lives with others, especially coworkers or professional colleagues. In the workshops we strove to create an environment conducive to trust and sharing, and stressed that what people chose to share was completely up to the individual. Most were able to manage their discomfort by simply being selective in what they shared, and many of those who were initially wary eventually found great value in connecting more deeply with colleagues and coworkers than they ever had before. However, there were a few people who chose to discontinue participation because their discomfort was too great. Some felt it was wrong to mix their personal and professional lives.

We understood this discomfort and made a point of not pressuring anyone to participate. At the same time, one goal of the workshop was to begin changing cultural norms around our private and public conversations about care, and encourage deeper interrogation of the concept of care and what “counts” as care in our lives and in the wider culture. While we expected at least some resistance to diving into their personal lives in a group setting, we were surprised at how deep some people’s resistance proved to be. A few days after the first session at Temple Beth Emeth, we were told that several participants would not be returning, as they felt that it was not right to discuss such personal matters with others; their dislike was with the communal nature of the workshops, rather than with the content.

To be sure, the vast majority of participants either did not feel this same level of resistance or overcame it quickly. Moreover, some participants who were going through difficult situations told us they found clarity and some solace from their participation. But each time we encountered a participant who seemed unwilling either to engage with the content or to do it publicly, or to continue on with the workshop(s), we showed them kindness. Their resistance was an important reminder that not everyone is open to self-
caring and giving. We need to extend more grace during this period, and it was nice to know others felt similarly.

THE MAPPING OURSELVES TOOLS HAVE BROAD APPLICATION AND APPEAL

One of the basic questions driving the We All Care Initiative was where (if anywhere) Mapping Ourselves would be most useful. Were there specific communities, or individuals in specific situations or organizations, that would especially benefit? What we learned from including such a wide range of organizations in the initiative, with participants coming from highly diverse backgrounds, was that the Mapping Ourselves tools and workshop have broad application and appeal.

Remarkably, it was participants themselves who began offering ideas for how to spread the tools and workshops more widely, and what communities and groups might find them particularly valuable. Among their suggestions:

- **High-school seniors**, as part of a curriculum that prepares them for adult life
- **College students**, especially incoming freshmen and graduating seniors
- **High-school administrators and teachers**, to help them better connect with students and families and to better see the complex relationships they have with students
- **Community health workers**, to better care for themselves, and to teach these tools and methods to community members as needed
- **Social workers and health professionals**, to help them avoid burnout, and to better support patients and their family caregivers
- **Public safety professionals**, like police, fire fighters, and paramedics, to help them better care for and be more comfortable with themselves, allowing them to better care for others and be more resilient in the face of the trauma they regularly face
- **Organizational staff and employees**, to increase wellbeing and foster a stronger sense of community
- **Families**, to help them better see and manage their support ecosystems, and better advocate for and access appropriate resources and services

Additionally, several participants spoke about the potential for even larger, community-wide impact. Talking about the Ripple Mapping Effect exercise, one participant said, “This was amazing. It’s our responsibility that we live up to this…. This impacts culture, beyond caregiving for me.” Another wondered: “How might these tools help small towns move out of the victim role?” Another participant, who was from Ann Arbor, Michigan, thought the tools and workshop should be rolled out for their whole city, turning it into its own kind of CareMap. “I wonder about bringing [it] out to the rest of the community,” they said. “Ann Arbor is a place where people come to; they are usually from different places. How many others are here who don’t have that sense of deep connection, who you want to share a sense of joy [with] and also [have as] your emergency contacts, or people you can rely on?”
Next Steps
Our findings from the We All Care Initiative suggest that there is both a strong appetite for, and great perceived value in, continuing to promote the spread of the Mapping Ourselves tools and workshops. While we are thrilled that the initiative met with such substantial success, there is so much more work to be done—and so much potential for Mapping Ourselves, and the practice of personal science on which it is based, to become far more widespread in Michigan and beyond.

We have already seen the beginnings of that spread. We’ve seen how the enthusiasm of a funder, an organization, or a community tends to radiate outward, drawing even more funders, organizations, and communities into the work. We’ve seen how individuals who attended a workshop and felt empowered by the tools start to share them within their own networks, leading to more radiating interest and demand. Indeed, this is one of the most exciting features of this work—that it seems to have an inherent capacity for self-sustaining, organic growth; that when properly seeded, the ideas can spread rapidly and widely.

As communities and as a nation, we need that ripple effect now more than ever. The havoc wreaked by COVID-19 on our state of wellbeing, the racial justice struggles we see and feel all around us, the breakdown of traditional community connections and services—we are living in a time of great tumult, a time when what we all need most is better care for ourselves and better care of one another. And while much energy is being put behind changes in public policies and increases in appropriate services to address this crisis⁵, we need something more fundamental. And that, quite simply, is care. We must encourage and support people to live in ways that better support the wellbeing of their families and communities, that more fully leverage their collective capacities to do so, and that prepare them to make better use of professional services and resources while minimizing the need for them.

The We All Care Initiative shows a process for achieving this. WACI demonstrated that Mapping Ourselves helps people become more aware of their own lives (how day-to-day people, environments, and activities impact our wellbeing); that this clarity helps them appreciate and strengthen what is working well and address what is not; and that there is great value in tapping into the collective wisdom and capacity of their community.

WACI demonstrated that it is possible to help people of all ages and professions step into their own potential to impact the change they want to see in their own lives and in the communities they inhabit.

By building upon the success of this initiative, we might all expand our horizons past the narrow perspective of crisis care to the day-to-day care we are all so deeply engaged in already.

---

⁵ As an example, see The American Prospect, Vol. 31, No. 6, November 2020, an issue devoted to “Caregiving in Crisis And How To Fix It.” Articles can be accessed here (https://prospect.org/familycare) as of Nov 16, 2020.
growth of new efforts that enable more people, organizations, and communities to learn about and experience Mapping Ourselves. This means both continuing the effort in Michigan and launching more efforts like it in other communities—effectively, planting seeds elsewhere. Atlas of Care would facilitate more workshops, but also support local organizations in developing and leading their own events. We might also develop and publish more guides for funders, organizations, and communities that have caught wind of this work, making it easier for them to understand the tools, the workshop, their combined impact, and how to get involved.

We also want to feed the “ripple effect” by making it easier for organizations and individuals to share what they’re learning with others. The Mapping Ourselves tools are easily teachable person to person, and there is great value in encouraging peer-to-peer learning. After experiencing a workshop or two, some people feel confident that they can lead classes on the Mapping Ourselves tools and practices for others in their community.

To support and encourage such enthusiasts, we’ve made materials available on our website for people to use freely, including a guide to leading workshops focused on the Atlas CareMap; detailed instructions for all of the Mapping Ourselves tools also live on our website. But there is more we could do to improve these online materials so that they are even more useful to people who want to teach the Mapping Ourselves tools to family, friends, coworkers, and others.

Another way to achieve scale is by investing more in our online programs. COVID-19 forced us to experiment with holding Mapping Ourselves workshops online, which led to the discovery that the online workshops were very effective. Mapping Ourselves could be scaled perhaps most easily and quickly through virtual means. Unlike in-person workshops, which are generally limited to 20 to 30 participants, hundreds or more could participate in an online workshop simultaneously, as currently designed. With more effort, thousands could be accommodated, as demonstrated by various university-based learning programs.

Localization
We expect people to experiment with the Mapping Ourselves tools—to tweak and adapt them in ways that work best for them. More than that, we encourage it. We tell participants in our workshops to use the tools that makes sense to them and ignore or change whatever doesn’t. Part of empowering workshop participants was helping them to see the value—and the fun—in adapting these tools to their needs.

This message is true on the community level as well. It’s important for us, and for anyone supporting this work, to encourage and support communities to tailor the Mapping Ourselves tools to suit their needs. It’s also important to support alterations to the Mapping Ourselves workshops designed to meet participants where they are—whether it’s by offering workshops in various languages or creating a different workshop format that could accommodate, say, the unique schedules of family caregivers or busy single moms. The more that the tools and workshops are tailored to the needs of the people experiencing them, the more likely they are to have an impact.

As noted earlier, participants identified a variety of communities that might benefit from tailored Mapping Ourselves programs—featuring examples, instructions, tool modifications, exercises, etc., more suitable to that community’s unique needs. These include high school seniors preparing to enter “the real world” and community health workers who might benefit from instruction on how to best integrate the Mapping Ourselves tools into their existing practices and/or best teach the tools and concepts to their clients. It might be that Atlas of Care is involved in developing these workshops, at least initially. Over time, as they gain experience, other organizations and communities may be able to continue to improve their use by themselves—in some ways, an ideal result.

Innovation
The We All Care Initiative was an exploration project. While we learned a tremendous amount about the value of this approach and how to implement it, ultimately this first phase of work

---

6 The Mapping Ourselves workbook is available at https://atlasofcaregiving.com/mappingourselves/.
raised more questions than it answered; there is so much more to learn. Given WACI’s initial success, we see it as worthwhile to devote the necessary time and resources to better understand that success and investigate how the initiative could be both further strengthened and scaled—both in Michigan, where momentum continues, and elsewhere.

When we teach personal science, we underscore the active nature of the learning—iterating and innovating are part of the process. Similarly, we see great opportunity to iterate and innovate the Mapping Ourselves tools, the workshops, and our efforts to seed and scale both. One key way to do this, of course, is to launch further research into the workshop’s content, process, and impact. We have already identified key questions that warrant greater exploration, which roughly divide into three categories:

**Tools and Training**
- How can we improve the workshop experience, better teaching both the Mapping Ourselves tools and the practice of personal science?
- What additional or alternative individual and/or group exercises might we add?
- Are there additional tools that we should develop? What other topics are worthy of the effort to develop broadly usable tools? And what training could we offer to help people develop their own tools?
- What other workshop formats (online or in person, shorter or longer) might participants and organizations find valuable?
- How might we train people to lead Mapping Ourselves workshops?

**Localization**
- How should the workshop and/or tools be tailored to meet the needs of different communities? What is most important to tailor (the tools and examples we use, how workshops are organized and facilitated, etc.)? What is the best balance between tailoring and consistency?
- Which communities—based on age, ethnic background, education level, profession, urban/rural, organization type, sectors of society, etc.—would most benefit from tailoring?
- How could communities be trained to do such tailoring by and for themselves?

**Impact**
- What is the long-term impact of learning Mapping Ourselves?
- What are the ripple effects? How slowly or quickly do the tools and learning spread? How can they be accelerated and/or strengthened?
- How can changes to people’s perceptions of wellbeing and belonging be measured?
- What are the implications of Mapping Ourselves for policies and professional services? For example, how can current services, designed with a focus on individuals, be modified to address the importance and complexity of ecosystems made clearly visible by Mapping Ourselves?
- How can current “family” policies, based on narrow definitions of a relatively unchanging family, be modified to address the reality of dynamic families-of-choice as revealed by Atlas CareMaps?
- How and when can professional services, used to being in charge during times of crisis, play a supporting role during all the non-crisis times of a person’s life?
- How could traditional scientific methods used in health and wellness research (such as randomized controlled trials, large surveys, or epidemiological studies) leverage Mapping Ourselves tools and/or participants with personal science skills?

It is easy to imagine that there are organizations in Michigan, including major universities and companies, that have the know-how to significantly refine and extend the Mapping Ourselves concepts, using their own resources, for the benefit of their own staff as well as the larger community. Researchers beyond Michigan who have particular interest in personal science and community health might also be interested in exploring these and other research questions.

Additionally, it would be valuable to explore how other fields—including art, science, math, literature, and social studies—complement Mapping Ourselves education, as well as seek out opportunities to connect the Mapping Ourselves work with efforts in other fields.
**Organic Spread**

We believe that, together, these next steps have the power to create a new kind of momentum, setting a far broader ripple effect into motion. The more that the Mapping Ourselves tools and workshops seed and spread, the more that communities and organizations can use tailored tools designed to increase both access and learning, and the more we continue to hone, improve, and iterate the tools and workshops (and explore the intersections with other related learning), the more that this work can fan out, burrow into people’s lives, and become self-sustaining.

Getting to this kind of organic spread will require more than our team at Atlas of Care. Indeed, the success of the We All Care Initiative so far can, to a large degree, be attributed to its collective approach. As WACI continues to demonstrate, foundations, businesses, schools, faith organizations, community change leaders, educators, innovators, and others all have an active role to play both in catalyzing widespread interest in the Mapping Ourselves tools and workshops and in ensuring that diverse groups can experience them.

There is a particularly strong role for foundations and other funders to play in this effort. Without the funder collective that formed around this work in Michigan, the We All Care Initiative would never have happened. While Atlas led the workshops, it was a determined set of funders, collaborating in new ways, who conceived of the initiative and provided the funding to launch it. In doing so, they have created a model for how other funders, in other places, might lead a similar charge.

“The evolution of working with Atlas has really pushed internal conversations about what our role is to change hearts and minds in the community,” said Tim Niyonsenga, program officer at Michigan Health Endowment Fund and a key WACI group leader. “It’s pushed us to think about the scope of our role as a funder.” For funders who are looking to deepen their work and their impact in the communities they serve, initiatives like We All Care—that empower people to feel greater agency in their lives, and help them gain a more active sense of their role in their communities—help illuminate a new path forward.
If 2020 taught us anything, it is that the infrastructure upon which our communities and neighborhoods depend is not inclusive, vast, or strong enough to support all of us. Emergent change—climate, economic and political division, aging demographics, and disease—seems likely to continue to become more extreme, further challenging our systems and institutions. This makes it imperative that we find ways to leverage with intention our collective expertise and wisdom, and begin to engineer better communities for us all.

At the center of this critical engineering project is care. In our workshops, as participants visualized the ways in which their sense of wellbeing was so deeply connected to other people, we saw empathy and compassion build and spread among them. We saw them discover the emotional and practical value of learning from one another, deepening local and statewide relationships, and strengthening their families and networks. As we progressed through this initiative and interacted with folks across Michigan, we saw hundreds of people shift their perspective and begin to see care as a community act.

We all care for someone or something in our lives. Care connects us. Making these connections visible strengthens more than own awareness. It strengthens the very fabric that supports us.

We are in the midst of a crucial opportunity to begin building communities, institutions, and policies differently, and with more intention, so that they work better for everyone. Embedded in the We All Care Initiative is an idea for how to motivate and fuel this kind of change, from the ground—and the person—on up. It begins with giving people a greater sense of agency in their own lives, so that they feel their power to change things. But also critical is fostering their sense of belonging.

A sense of belonging is crucial to being motivated and capable of changing systems that no longer support us, and this sense of belonging can only emerge when one feels heard and seen. Belonging means feeling you must speak up because you care about your community, and knowing that you don’t have to shout to have your voice be heard and valued. It means a greater sense of self-esteem, confidence to change the things you feel must be changed. With self-esteem comes a sense of self-worth, dignity, and dynamic, meaningful connection to others.

We believe that big change happens when people recognize they deserve more from the communities they inhabit. In other words, discomfort is necessary to motivate a demand for change. We have an opportunity in this moment in history to do something different with those experiences of discomfort. The Mapping Ourselves workshops inspired participants to feel a part of something bigger—to see community as home—and fostered a sense of responsibility and agency. The community belongs to you, and you both want to and are able to contribute to, care for, and nurture it.

There is no blueprint for social change. But the foundation of social change is human connection—and it has never been more important to make that visible. The change we need to inject into our social fabric must emerge from and reside within a different process where all those who belong to a community participate in its design and development. A community is formed through collective caring and connecting; it provides people with a critical sense of belonging; it gives us a place to express our love and to receive love in return. In short, a community gives us the freedom to imagine what is possible, together.

The time is urgent. Bold change is needed. We must not be timid, only continuing to do what has been done before, stuck in old paradigms that have proved themselves insufficient to our needs. We must instead bravely encourage and support innovation and powerful new concepts, especially those that empower and celebrate families and communities, including but not limited to Mapping Ourselves and personal science.
Appendix

In this Appendix, we offer more detail on the development and design of all three versions of the Mapping Ourselves workshop. We also share our original evaluation plan. While the full evaluation plan could not be carried out as intended due to various project changes and the arrival of COVID-19, the data we did gather did inform our observations and analysis.

Workshop Development
DEVELOPING THE MAPPING OURSELVES WORKSHOP

We began developing and designing the Mapping Ourselves workshop in September 2019. Given logistics and the amount of material we needed to cover in the workshop, we planned for a full-day, in-person event. (Different iterations would emerge over the course of the next year driven by both new needs and new insights.) In designing the original workshop, we faced three major design questions:

1. We had six tools to teach participants. Two of them (Atlas CareMap and Social Network) are “single-sitting” tools that rely on information that participants already have in their minds. But the four “tracking tools” we planned to teach require participants to collect data over time. Could they collect that data during the workshop itself? Should we give users sample data to use? Or should we simply introduce these tools and encourage participants to use them on their own time?

2. The content was vast, and in many instances personal. Learning six new tools, plus a whole new approach to data collection and visualization, might be too much for participants to absorb in one sitting. Doing self-reflection and talking about personal and possibly difficult topics could also be draining. Moreover, we wanted participants to use their new insights to reflect on the value and application of Mapping Ourselves in their organizations and communities. How would we maintain participants’ energy and focus?

3. We wanted participants to see and think about care and wellbeing not just in their own lives but in their networks, their organizations, and the larger community. How could we best frame conversations and design exercises to support this?

There were also four key practices, carried over from our many years of leading CareMap workshops, that we wanted to weave into the design and facilitation of the Mapping Ourselves workshop.

1. Strive to make participants feel welcome and comfortable. This started with greeting each person as they arrived. Room setup was also important; whenever possible we arranged the seating in a “U” or semi-circle so that everyone could see everyone else. Also, it was important to acknowledge from the start that we’d be talking about personal issues not commonly discussed in public, and that this might be a little uncomfortable. While we invited everyone to share their drawings and reflections with others, we did not pressure them. We also urged everyone to be gentle with themselves and with one another.

2. Create rules for gentle listening. We laid out three rules in our CareMap workshops, which participants seemed to appreciate. 1. Don’t solve other people’s problems. When you hear others describe their situations, refrain from offering solutions. 2. Don’t criticize anyone. And, it’s probably best to refrain from strong praise as well. 3. Do listen respectfully and deeply. Give people the luxury of really being heard.

3. Ask participants to respect one another’s privacy. Whatever participants heard about others’ lives inside the room should remain inside the room; they should not share anything they learned without explicit permission. Drawings were not collected; they were theirs to keep. While we took photos at the workshops to document the proceedings, we asked participants to sign a media-release (most did). Similarly, we set up the practice of maintaining the anonymity for participants’ comments in our reports, except where it was appropriate and valuable to note names.

4. Make space for small groups. Breaking up participants into small groups of three to four individuals throughout the CareMap Workshops was another practice we aimed to continue. In their small groups, participants shared their reflections on a topic, and sometimes
their drawings. Most were more comfortable speaking up in these small groups. Many gained clarity about their own situations in telling their stories; new insights by listening to what others share; and increased empathy. Indeed, we found that these small-group conversations critical to participants’ learning and satisfaction.

BETA WORKSHOPS
With these questions and practices in mind, we launched a series of beta workshops. We had expected to conduct these workshops with participating WACI organizations, hoping that organization leaders would be able to experience the workshop and help us refine it before we rolled it out to their constituents. We’d also hoped the experience would better equip these leaders to communicate the value of the workshop to their communities. Unfortunately, the timing did not work out. However, we were able to conduct three beta workshops with other, non-WACI groups.

Beta 1: Boston Scientific
In November 2019, we conducted the first beta Mapping Ourselves workshop with staff of Boston Scientific, a large medical devices company. The organization was already interested in Atlas’s work and happy to try something new that fit with their team’s own innovation efforts.

What we did:
• We began with the What Is Care? exercise.
• We discussed all six tools in some detail.
• Participants used three tools: Atlas CareMap (fully), Environment (partially), and Social Network (partially).
• We explained personal science.
• We ended with group reflections on the workshop.

What we learned:
• The workshop was exhausting. Trying to learn all six tools was too much for participants. At the end, it was not clear to them if and how they would leverage Mapping Ourselves in their own lives or in their organizations.
• We learned that space matters. The workshop was held in a conference room with no windows and much clutter; participants had to be arranged “classroom style,” facing the front and not one another. This was not conducive to self-reflection or deep learning.

Beta 2: Ann Arbor Community Leaders
In December 2019, we held a second beta workshop in Ann Arbor with local community leaders.

What we did:
• We began more slowly, spending more time on the What Is Care? exercise and leading people through the Atlas CareMap and Social Network tools.
• We spent less time on personal science and the other four tools, giving a brief overview of each tool and encouraging participants to try them on their own after the workshop.

What we learned:
• Our adjustments led to huge improvement in participant experience. While participants were still exhausted by the end of the workshop, many also spoke of the deep, personal impact of the experience and expressed a strong interest in learning more.
• Changing our meeting space—to an inviting, open, uncluttered space with lots of natural light—had a very positive impact.

Beta 3: Women Professionals
Also in December 2019, we held a third beta workshop in Los Angeles with a small group of women professionals.

What we did:
• We experimented with a half-day format.
• We started with the Atlas CareMap, but simultaneously throughout the workshop used the Body Connection tool.
• We also incorporated improv practices to increase energy, creativity, and comfort.
• Participants practiced using the Social Network tool.
• We ended with a discussion about Body Connection.
• We requested that participants think about the design of the workshop, as well.

What we learned:
• Asking participants to reflect on the design of the workshop was too much; they were still sitting with the intensity of the conversation that emerged from the Atlas CareMap and Social Network experience.
• Regardless of their profession, the conversation
about professional networks and care burden felt universal.

- Live tracking, using the Body Connection tool, during the workshop was possible—and fun. It broke up the conversation, and while it resulted in only a few data points, participants were able to see the value of the tool.

**Final Workshop Design**

Building upon the beta experiences, this was the final workshop design:

- Introductions and improv warm-up exercises
- Introduction to WACI and Mapping Ourselves
- What Is Care? exercise
- Learn, draw, and discuss Atlas CareMap
- Learn, draw, and discuss Social Network
- Reenergize exercises (improv)
- Introduction to personal science and discussion
- Introduction to four other Mapping Ourselves tools (Body Connection, Conversations, Daily Activities, and Environment)
- Ripple Effect Mapping exercise
- Care Adcepts exercise
- Close

**Developing A Series Version Of The Workshop**

Restructuring the full-day workshop into a series of four monthly two-hour sessions required more than simply rearranging the material into coherent chunks. We wanted to take advantage of the fact that participants would have time, between sessions, to use and reflect on the Mapping Ourselves tools—and we expected they would be able to learn the tools and practices much more deeply as a result. However, we needed to provide them with guidance and instruction for how to use and practice the tools between sessions. We would also need to build in time during the sessions that followed these breaks for participants to reflect on their individual experiences. Our final course outline reflected these necessary alterations. (Note: There was no time to beta-test this workshop series design; rather, we modified it as needed as we went along. Due to COVID-19, we never got to sessions 3 and 4.)

**Session 1**

- Introduction to WACI and Mapping Ourselves
- What Is Care? exercise
- Learn, draw, and discuss Atlas CareMap
- Assignment:
  - Share Atlas CareMap with at least two people depicted on your CareMap
  - Redraw your CareMap

**Session 2**

- Discuss experiences of sharing and redrawing CareMap
- Learn and discuss personal science
- Learn, draw, and discuss Social Network
- Introduction to remaining Mapping Ourselves tools
- Assignment:
  - Complete drawing Social Network, and share with at least one person depicted within it
  - Use two of the other Mapping Ourselves tools
  - Reflect on possible use of personal science

**Session 3**

- Discuss experiences of sharing Social Network
- Discuss experiences of using other Mapping Ourselves tools
- Ripple Effect Mapping exercise
- Assignment:
  - Use remaining Mapping Ourselves tools
  - Reflect on ripple effects
  - Reflect on actions you might take (personally, as a family, in the community, in your organization)

**Session 4**

- Discuss experiences of using Mapping Ourselves tools
- Discuss ripple effects already observed
- Discuss potential actions you might take (personally, as a family, in the community, in your organization)

**Developing The Online Workshop**

In March 2020, when it became clear that COVID-19 would force the postponement of the remaining in-person Mapping Ourselves workshops, we formed a plan to move them online. We began by researching best practices for online training—exploring various online program delivery platforms, conducting desk research, and speaking with professors and other professionals with deep experience conducting virtual workshops and seminars. Our investigations yielded highly useful recommendations, including moving much of the instruction offline (through reading materials and videos) and using the online sessions to focus
on conversation; using online breakout rooms to enable more intimate small-group conversation during these live sessions; and assigning at least one facilitator to handle logistics and observe and respond to comments in the chat streams.

Based on this research, we reorganized the workshop as a series of five 60-minute Zoom sessions, held weekly, with assignments in between. This allowed us to break the material into digestible chunks and keep the live online sessions reasonably short. It also provided adequate time for participants to learn the tools and complete assignments at their own pace.

Still, there were several challenges:

- We could not easily replicate the two all-group exercises that had proved so valuable in our in-person workshops (What Is Care? and Ripple Effect Mapping). Both exercises involved participants working collaboratively on a wall-size diagram using sticky notes. For What Is Care? we created a video explaining the core ideas and an online survey to prompt further reflection. For Ripple Effect Mapping, we were unable to develop an alternative exercise and instead covered its principles in group conversation.

- When leading in-person workshops, we could observe participants as they drew their diagrams, notice when someone was having difficulty, and offer personal guidance. We couldn’t offer this real-time help to online participants. Instead, we encouraged them to reach out either to us or to fellow participants if they had questions. Almost no one did the former, but many did the latter and found it very helpful.

- Free-flowing conversation can be more difficult to spark and facilitate online. Concerned that participants’ connections with one another would be poorer for the lack of a face-to-face, knee-to-knee experience, we set out to create an inviting and inclusive environment through our facilitation and by making ample space for small-group discussions. While the online and in-person experiences were very different, on the whole participants were equally engaged.

- A core design element of the overall We All Care Initiative was that workshop participants would be people who either worked together or interacted often—in other words, people who were already connected. While we could continue to do this in our online workshops—limiting attendance of any particular online workshop to people from a specific group—this felt impractical. It would be easier for everyone involved if all interested WACI participants could participate in one of two online workshops, rather than schedule, coordinate, and lead many separate workshops. However, to maintain some of the expected benefits of joint “group” learning, we encouraged interested participants to take the workshop with one or more of their colleagues or friends.

BETA ONLINE WORKSHOP

We recruited beta online workshop participants by reaching out to friends and professional colleagues via email. The workshop itself was a series of 60-minute Zoom sessions, held on five consecutive Wednesdays, beginning in mid-April 2020. We had 59 registrants, with 45 attending at least one of the five sessions; 18 people attended all five sessions, and another eight attended four sessions. We made the recordings from each session available to all registrants, so that those who missed them could get caught up.

On the whole, the response to the beta workshop exceeded our expectations. Some participants who had previously attended an in-person workshop felt that the online program was better. Compared to a full-day in-person workshop, a series of sessions with time in between to learn and use the tools felt like a big improvement. Moreover, colleagues and friends who were geographically distant enjoyed being able to take the workshop together. (One such group included participants from Canada, France, Kenya, and South Africa.) Many also enjoyed meeting and learning from new people during small-group conversations.

The beta online workshop marked the first time we were able to properly teach all six tools and have participants reflect on what they learned. As we hoped, participants became more and more skilled at the tools as they gained experience. Though some struggled with the Social Network tool (it was
the second tool taught, and more abstract than the CareMap) by the time they got to the fifth and sixth tools they found the new abstractions easier to learn. We did, however, realize that 60 minutes for each session was inadequate; participants liked the brevity but said that it felt rushed, and that they would have liked more time for conversation.

Several participants heeded our suggestion to participate with friends or colleagues. In addition to the Canada/Canada/Canada/South Africa group, there were three other groups we were aware of. One group included several people across the US and abroad; another had three people in two different states; and a third had two people (in the US and Canada). All of them held group meetings to discuss their thoughts about the workshop and what they were learning about their lives, in between the five workshop sessions, and found this joint-learning a valuable experience.

A major experiment with the beta online workshop was the inclusion of additional instructors. We asked four experts, who had already registered as beta workshop participants, to speak about the relevance of personal science and the Mapping Ourselves tools to their work. Some had used the Mapping Ourselves tools in their work previously; others had used personal science and shared leading practices in tracking, collecting, and reflecting on personal data. The goal was to have people working in various industries demonstrate the value of integrating personal science and visualization tools in their work:

• Dawn Nafus, a leading anthropologist at Intel, spoke of her research on personal science and efforts she’d led at Intel to develop software tools that allow regular people to analyze their own data.
• Jan English-Lueck, an anthropologist at San Jose State University, spoke about her research on wellbeing in Silicon Valley, using CareMaps with her students, and the future of personal science.
• Susannah Fox, who has been researching consumer health for over two decades, spoke about peer-to-peer health and how people sharing their knowledge with one another contributes to healthier communities.
• Steve Downs, previously with the Robert Wood Johnson Foundation, spoke on his efforts to encourage the redesign of everyday life with better health as the goal.

Afterwards, participants told us that hearing from experts was interesting, but they would have preferred having more time to connect with one another in breakout sessions. Overall, several beta participants provided detailed feedback that helped us improve the program, most notably Dawn Nafus, her Intel colleagues, and participants Donna Thomson and Zachary White.

**FINAL ONLINE WORKSHOP DESIGN**

After assessing the results of the beta workshop, we revised our design. We extended each session to 75 minutes and eliminated the expert instructors. We also repeatedly underscored that the objective of the workshop was for participants to learn a new process and to enjoy the experience of self-reflection, rather than to learn to use the tools by rote or “perfectly.” We also decided to let participants vote on which of the four tracking tools to try first—a small but significant change that gave them more agency in shaping their experience. The final course outline reflected these changes:

**Session 1**
- Introductions (facilitators and participants)
- Introduction to WACI and Mapping Ourselves
- Breakout groups and conversation on the idea “care is the heart of community”
- Assignment:
  - What Is Care? exercise
  - Learn, draw, and reflect on Atlas CareMap tool

**Session 2**
- Breakout groups and conversation on Atlas CareMap experience
- Introduction to personal science
- Breakout groups and conversation on personal science
- Assignment:
  - Learn, draw, and reflect on Social Network tool
  - Reflect on personal science and how you might apply it

**Session 3**
- Breakout groups and conversation on Social Network experience
- Introduction to tracking tools (Body Connection, Conversations, Daily Activities, and Environment)
- Breakout groups and conversation on tracking
tools
• Vote on two tracking tools to try for next assignment
• Assignment:
  - Learn, draw, and reflect on the two chosen tracking tools

Session 4
• Breakout groups and conversation on experiences using the two chosen tracking tools
• Breakout groups and conversation on “ripple effects” already observed
• Assignment:
  - Learn, draw, and reflect on remaining two tracking tools
  - Reflect on actions/changes for your community, your organization

Session 5
• Breakout groups and conversation on experiences using the final two tracking tools
• Breakout groups and conversation on wider ripple effects and the idea of “engineering caring communities”
• Final reflections

Development Of The Evaluation Plan
In October 2019, we began developing an evaluation plan. The plan had two objectives. First, we wanted to document and analyze the impact that the Mapping Ourselves workshops, as part of the We All Care Initiative, were having on participating individuals, their families, and their communities, as well as on participating organizations. Second, we wanted to understand how the tools, facilitation, and overall program management could be improved.

Our starting hypothesis was that the Mapping Ourselves workshops—teaching participants these particular tools in this particular way—would have an impact on how they care for themselves and others, and that we would see that impact playing out at the individual, family, organizational, and community levels. But what would that impact look like? We wanted to pay attention to general trends as well as significant details.

Importantly, given the newness of WACI and Mapping Ourselves (this was the first time such a project has been conducted anywhere) and the limited scope of the evaluation effort due to budget and time constraints, we understood this evaluation to be only an initial effort to understanding the initiative’s impact, and that it was likely to raise more questions than it answered. But we also felt it would spark important conversation about how such impact could be more thoroughly understood.

We also planned to collect much more data than we would be able to analyze. This over-collection would allow us to become aware of unexpected impact and leave open the possibility of deeper analysis at a later time.

ADVISORY PANEL
We created an advisory panel comprising a diverse group of experts with experience in quantitative and qualitative research and analysis in a variety of fields. Each volunteered their time to assist with developing an evaluation plan:

• **Anjali Mehta**, MS, is manager of digital analytics at Accenture, and a longtime Atlas Advisor and volunteer.

• **Dawn Nafus**, PhD, is an anthropologist at Intel and a longtime Atlas advisor and collaborator. She is also editor of *Quantified: Biosensing in Everyday Life*, co-author of *Self-Tracking*, and sits on the advisory board of the University of Michigan Center for Ethics, Society and Computing.

• **Eric Hekler**, PhD, is an associate professor of family medicine and public health at the University of California, San Diego (UCSD); director of the Center for Wireless & Population Health Systems within the Qualcomm Institute at UCSD; and a faculty member of the Design Lab at UCSD. His work focuses on the design, use, and evaluation of digital health technologies.

• **Giorgia Lupi**, PhD, is a partner at Pentagram Design, with deep experience in data visualization, especially nonstandard, human-scale data, and a longtime Atlas collaborator. She led the design of the Atlas CareMap webapp and the development of the Mapping Ourselves tools, and also co-authored the books *Dear Data* and *Observe, Collect, Draw!*
• **Jan English Lueck**, PhD, is a professor of anthropology at San Jose State University and a Distinguished Fellow at the Institute for the Future. She has authored or co-authored several books, including *Cultures@Silicon Valley*, *Being and Well-Being: Health and the Working Bodies of Silicon Valley*, and *Busier Than Ever! Why American Families Can’t Slow Down*.

• **Stephen Post**, PhD, is a professor of preventive medicine and bioethics, and director and founder of the Center for Medical Humanities, Compassionate Care, at SUNY Stony Brook School of Medicine. He is also author of the bestseller *Why Good Things Happen to Good People: How to Live a Longer, Healthier, Happier Life By the Simple Act of Giving*.

Rory Neuner, evaluation officer at the Michigan Health Endowment Fund, also participated in the evaluation plan development.

**THE EVALUATION PLAN**

We planned to collect data from workshop participants as well from leaders of participating organizations. Broadly, we chose to focus on five key data collection elements.

1. **Participant observation.** During the workshops, Atlas facilitators, as well as a graduate student intern we planned to hire, would take notes and record observations about participants’ level of engagement, along with the kinds of comments and feedback they offered during workshop sessions.

2. **Participant surveys.** We planned to conduct brief paper-based surveys at the end of each workshop, and then to distribute a more extensive online-based follow-up survey roughly two weeks after each workshop. These longer surveys would feature a mix of yes/no, Likert-scale, and open-ended questions, as well as a question about whether they would be willing to participate in a one-on-one interview. Our goal was to get at least 75 percent participation in the follow-up surveys.

3. **Participant interviews.** We planned to conduct one-on-one interviews with two or three participants per group (for a total of 16 to 24 interviews) approximately two months after the workshop. These interviews would be conducted online through Zoom, and recorded. The interviews would allow us to probe more deeply into participants’ experiences both in and outside the workshops, including their usage (or lack thereof) of the Mapping Ourselves tools; what they learned about themselves, their families, and their communities; what actions they’d taken or planned based on that learning; and their thoughts on the value of the Mapping Ourselves workshop and tools to others in their community.

4. **Leader interviews.** Because many of the workshops featured groups of individuals from an organization or community participating together, we planned to interview one or more of each group’s leaders one to two weeks prior to the start of their workshops. The interviews would be conducted on Zoom, and recorded. Key topics would include their sense of the current circumstances within the participants of that group (e.g., level of self-care, family caregiving, and inter-group dynamics), as well as their hopes and expectations for the impact of participating in the initiative. One to two weeks after their workshops, the same group leaders would be interviewed again, once again using Zoom. Key topics for this interview would include perceived or known impacts of participation on individuals, families, communities, and the organization; whether any organizational changes (programs, policies, other changes) had resulted from participation in the workshops; and their thoughts on expanding Mapping Ourselves within their organization/community.

5. **Leader group meetings.** Because a key goal of the We All Care Initiative was to foster cross-organizational, cross-sector learning, we also planned to invite all the group leaders who attended the workshops to participate in in-person, group conversations. We planned to hold the first one in late March 2020, about halfway through the workshops, and another in late May 2020, after all workshops had been completed.
EVALUATION REALITY

The evaluation plan was derailed by two major factors. First, instead of having one full-day workshop that all participants would experience, we had to develop multiple workshop types to accommodate all the groups. This increased the complexity and decreased the consistency of our data collection. Second, the onset of the COVID-19 pandemic forced yet another variation, from in-person workshops to online workshops. Another impact of COVID-19 was that both workshop participants and the cohort organization leaders had far less time and energy to devote to WACI evaluation.

Similarly, for Atlas staff, the time and energy required by all these changes meant we had less time to devote to disciplined, structured evaluation. As a result, we had to rely more on observation, reflection, and anecdote than on formal data gathering and analysis. Though we could not carry out the evaluation exactly as intended, our planning deeply informed what we observed and paid attention to, and the conclusions we drew from the experience.

Participant observation: This was carried out primarily by Rajiv Mehta and Susan Williams, with assistance from Claire Slattery and Anjali Mehta (who both co-facilitated a few in-person workshops) and Elizabeth Watson (who observed a few in-person workshops).

Participant surveys: At the end of each workshop session, participants were asked to fill out a simple paper-based survey. Nearly all participants provided answers. No follow-up surveys were conducted with those who participated in the in-person workshops. After the final session of the online workshop series, participants were asked to fill out an online survey, and about 10 percent responded.

Participant interviews: We interviewed 32 workshop participants individually within a month of their participation; we also interviewed 31 beta workshop participants.

Leader interviews: We held more than 20 one-on-one interviews with group leaders.

Leader group meetings: Our March 2020 in-person meeting with leaders of all the participating organizations was cancelled because of COVID-19. A video conference was held instead to review results to date and discuss the possibility of continuing the project online. The scheduled May 2020 in-person meeting of all leaders was also cancelled.

What we learned from our evaluation efforts is shared in the Key Findings section.
Acknowledgements
The We All Care Initiative was achievable because of the contributions of many people. Research and experimentation are at the core of Atlas’s work, and we deeply value the ways in which the skills, experience, and wisdom of our community enrich and inform our projects. Given this initiative’s scope and complexity, their input and participation were vital to ensuring successful outcomes.

Firstly, we are extremely grateful to all the people who participated in the workshops. Their willingness to try something new, look deeply at their own lives, and share their observations and reflections with others was critical to the project’s success. We are especially appreciative of those who participated in the online workshops under the shadow of COVID-19 and social unrest, taking the time to participate in this work during very challenging times.

This project would not have existed if not for the efforts of program officers Tim Niyonsenga and Rory Neuner (Michigan Health Endowment Fund), Chris Lemon (Ann Arbor Area Community Foundation), and Maria Gonzalez (Fremont Area Community Foundation). Their leadership at their respective organizations, their passion to support and encourage creative efforts to help family and professional caregivers, their willingness to fund such a non-mainstream project, and their active engagement in the project’s execution were all invaluable.

Similarly important were those who led the various organizations that participated in the Mapping Ourselves workshops: Ari Weinzweig (Zingerman’s Community of Businesses), Rabbi Josh Whinston (Temple Beth Emeth), Kristie King (Southeast Michigan Senior Regional Collaborative), Patrick Miller and Barbara Anderson (Hospice of Michigan), Patti Wheater (Fremont YAC), Mayor Jim Rynberg (Fremont), Rory Neuner (Health Fund), and Dr Alexis Travis, Candi Bush, and Sophia Hines (Michigan Dept. of Health and Human Services).

We are also deeply grateful for those who volunteered their time to help us develop an evaluation plan: Anjali Mehta (Accenture), Dawn Nafus (Intel), Eric Hekler (UC San Diego), Giorgia Lupi (Pentagram), Jan English-Lueck (San Jose State University), Rory Neuner (Health Fund), and Stephen Post (SUNY Stony Brook School of Medicine). Later, Dawn and her team at Intel provided extensive feedback on the online workshop, and Anjali helped to analyze all the results.

Giorgia Lupi’s team at Pentagram—Phil Cox, Sarah Kay Miller, and Ting Fang Chen—did a fantastic job developing the Mapping Ourselves tools and workbook. Gabriel Acosta was extensively involved in the development of the Mapping Ourselves tools and in the design of the workshop. Claire Slattery also contributed to workshop design, and co-facilitated several workshops.

David Feygin and his team at Boston Scientific participated in our very first beta Mapping Ourselves workshop. We greatly appreciate their support and willingness to be the first, as the experience and their feedback helped us improve the workshop significantly. Several people in the Ann Arbor civic community supported organizing a beta workshop, and then helped with advice and direct assistance. In particular, we’d like to acknowledge Joanne Jarvi, Richard Chang, Pete Tchoryk, Alina Verdiyan, Brooke Boyle, Tress Hotzel, Kevin Gilleo, Meg Wallace, Jason Gold, and Ben Edmondson.

Likewise, we are in debt to those friends, and friends of friends, who participated in the beta online workshop. Especially worth highlighting are those who helped co-facilitate some of the sessions: Dawn Nafus, Jan English-Lueck, Susannah Fox, and Steve Downs. Along with Dawn and her colleagues at Intel, Donna Thomson and Zachary White, co-authors of The Unexpected Journey of Caring, also provided detailed feedback of the workshop.

Elizabeth Watson, a graduate student at Wayne State University, observed some of the workshops and provided helpful insights. Christopher Ireland and Kari Henley provided valuable advice for developing the online workshop, and Kari also did a marvelous job with workshop facilitation. Our thanks also go out to Jon Cousins, who designed the “Adcepts” exercise used in the workshops to help focus ideas.

Finally, editor Jenny Johnston and designer Amalia Fonk-Utomo contributed immensely to making this report read and look as good as it is.