![Institute for Healthcare Improvement]

# 100 Million Healthier Lives

## Case Studies from Around the Globe

**100 Million Healthier Lives**

*is convened by the*
**Institute for Healthcare Improvement**

*with support from the*
**Robert Wood Johnson Foundation**

**ihi.org/100MLives**

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## 100 Million Healthier Lives

100 Million Healthier Lives is a global movement (2014 to 2020), convened by the Institute for Healthcare Improvement and funded in part by the Robert Wood Johnson Foundation, with an audacious goal: 100 million people living healthier lives worldwide by the end of 2020 by fundamentally transforming the way the world thinks and acts to improve health, well-being, and equity.

## Institute for Healthcare Improvement

For more than 25 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

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# Introduction

Despite trillions of dollars invested in medical and public health services, millions of people in the US and around the world struggle to live healthy lives. While some have access to best-in-class treatments, many can't afford care and lack the safe housing, healthy food, or good jobs we all need to thrive. These inequities were forged in past discriminatory policies, such as redlining in the US, as well as policies and practices we still live with today, such as structural racism and disinvestment in low-income communities. They lead to differences in lifespan by gender, geography, and race as well as inequities in infant and maternal health outcomes, child development, and prevalence of chronic diseases, among many others.

In the US, the Patient Protection and Affordable Care Act of 2010 took aim at these inequities by making health care more accessible and affordable for more people. While many clinicians and health system leaders welcomed this change, they recognized that no matter how hard they worked, they couldn't improve population health with medical services alone — or without a deliberate focus on those who are not thriving. "We knew we would never achieve the health outcomes we seek without addressing equity and people's social needs," says Somava Saha, MD, MS, the founding Executive Lead of 100 Million Healthier Lives and founder of Well-being and Equity (WE) in the World, an organization that seeks to promote both. "We could see that this would require multisector solutions and that we didn't have them."

In 2014, Saha and others at the Boston-based nonprofit Institute for Healthcare Improvement (IHI) convened people from some 200 organizations, representing the public health, health care, policy, research, and business sectors as well as patients, who shared a frustration with the lack of progress and a desire to try a fundamentally different approach. Participants committed to going beyond the four walls of their institutions to tackle problems such as chronic illness, education, homelessness, and food insecurity, which they knew they couldn't solve on their own. Eventually, they set an audacious target — improving the lives of 100 million people worldwide by 2020 — that

was ambitious enough to compel collaboration and new approaches. "To achieve this goal, we knew we'd have to think bigger and broader and more strategically," says Niñon Lewis, Head of Content Portfolios for IHI. The coalition also agreed that health systems themselves should not lead, but rather support community members and organizations actually doing the work. "We recognized that what we needed was a fundamentally new way of working together in the world to create health, well-being, and equity," says Marianne McPherson, Senior Director at IHI. "And we knew that we, ourselves, would need to be open to change from the inside out."

## What Helps Movements Succeed

To find the most effective ways of working together, IHI and its partners studied what had made previous campaigns successful. They considered their own efforts to promote safer hospital care through IHI's 100,000 Lives Campaign, which reduced adverse drug events, infections, and other common patient safety issues, and Project Fives Alive!, which dramatically increased the number of newborns in Ghanaian families who receive timely postnatal care, in addition to others' campaigns, including the Safety Net Medical Home Initiative, which helped 65 primary care practices serving low-income Americans expand access to services while improving care quality and patients' experiences.

Some common threads emerged, among them: successful efforts weren't framed as "initiatives," with set budgets and timelines, but rather as movements that gather momentum from shared principles and behaviors that can be sustained over the long term. They also inspired people to think and act in different ways, and encouraged distributed leadership and decision making across their networks so all members felt empowered to speak up. Many also drew in young people, both as a way of harnessing their energy and of building a pipeline of leaders to carry on the work.

Participants also agreed that it would not be possible to meaningfully improve population health without turning aspirations for equity into action. "We saw that equity was part of the mission statement of many organizations," says Saha, "but that didn't actually change how they were working." Achieving meaningful change required participants to deliberately focus on factors such as systemic racism, prejudice, and power structures that fueled inequities; identify those who were and weren't thriving in their communities; and actively engage people with direct experience of inequities in co-designing solutions."

Members of the initial leadership group worked together to establish guiding principles and enlist new partners. Starting in 2015, with funding from the Robert Wood Johnson Foundation, they invited 24 community coalitions from across the US to join them in developing and testing the skills, methods, and tools needed to make rapid progress. Each had embraced a broad definition of what constitutes health and well-being — employing a diverse array of strategies from advocating for higher minimum wages to reducing youth homelessness and childhood obesity to promoting food security. The program, Spreading Community Accelerators through Learning and Evaluation (SCALE), was jointly managed by IHI, Communities Joined in Action, Community Solutions, and the Network for Regional Health Care Improvement, each of which brought their own expertise.

"A lot of the CHILA experience involved opening our hearts and bringing our whole selves to the table rather than our credentials and accolades. As a self-proclaimed person who is rather impatient and was not interested in those things in the beginning, I have seen it work time and time again — that if we create space and we prioritize those things, it accelerates change."

— Tricia Zahn, Director of Community Strategic Partnerships, Center for Population Health, Cheshire Medical Center, Keene, New Hampshire (SCALE Community Partner)

## Learning How to SCALE

SCALE was designed to strengthen the capacity of community groups to achieve a culture of health by offering their leaders new tools, skills, and methods for accelerating transformation, as well as ample opportunity to learn from one another as they tested out new approaches to measurement, leadership, and collaboration.[1] Below is a list of the 24 SCALE communities.

- Atlanta Regional Collaborative for Health Improvement: Atlanta, Georgia
- Bernalillo County Community Health Council: Albuquerque, New Mexico
- Brooklyn Park: Minneapolis, Minnesota
- BuckeyeHEAL: Cleveland, Ohio
- Ethnic Community-based Organization for Refugees: Salt Lake City, Utah
- Healthy Livable Communities Consortium of Cattaraugus County: Salamanca, New York
- Healthy in the Hills: Williamson, West Virginia
- Healthy Monadnock: Keene, New Hampshire
- Healthy Waterville: Waterville, Maine
- Health Improvement Partnership of Maricopa County: Phoenix, Arizona
- Jackson Collaborative Council: Jackson, Michigan
- Laramie County Community Partnership: Cheyenne, Wyoming
- Live Algoma: Algoma, Wisconsin
- North Colorado Health Alliance: Evans, Colorado
- Proviso Partners for Health: Chicago, Illinois
- Pueblo Triple Aim Corporation: Pueblo, Colorado
- San Gabriel Valley Healthy Cities Collaborative: Los Angeles, California
- Southeast Raleigh YMCA: Raleigh, North Carolina
- SitkaHealth Summit Coalition: Sitka, Alaska
- Summit County: Akron, Ohio
- Tenderloin Health Improvement Partnership: San Francisco, California
- Vital Village Network: Boston, Massachusetts
- Wellness Now: Oklahoma City, Oklahoma
- Women of Skid Row: Los Angeles, California

SCALE participants formed coalitions within their communities, partnered with improvement advisors, and identified community champions who had lived experience with the problems the communities were tackling.

They also participated in several Community Health Improvement and Leadership Academies (CHILAs), which offered a deep dive into improvement methodologies and leadership skills. Between three and four days in length (or over an extended period of time if conducted virtually), CHILAs enabled communities and organizations to experiment with new skills and forge supportive relationships that facilitate peer-to-peer learning in the months and years after.

During Action Periods, participants received coaching as they applied new approaches to goal setting, quality improvement, and leadership. Limited to three to four months, these periods allowed participants to learn what was or was not working and to make improvements in real time.

Equity Action Labs leveraged community-wide collaboration and quality improvement techniques to advance equity, using a structured process that included engaging those with lived experience of inequities, co-designing and testing solutions, and building upon them over a defined period of time, often 100 days.[2]

SCALE communities also served as peer coaches for one another, enabling them to learn from each other's successes and see firsthand the benefits of creating an environment in which teams felt safe enough to try new ideas and learn from mistakes. This approach, known as "failing forward," allows teams to learn faster and reach higher levels of performance than they might otherwise achieve.

## Community of Solutions Framework

Over two years, a framework emerged from SCALE. Known as the Community of Solutions, it takes its name from the 1967 Folsom Report, which advocated for bridging the divide between public health and medicine and engaging communities in addressing the social and environmental drivers of poor health. The new framework offers skills

## Spreading Community Accelerators through Learning and Evaluation

SCALE was jointly managed by four partner organizations, each of which brought their own expertise.

- IHI offered its expertise in quality improvement, collaborative learning, and facilitation and convening.

- Community Solutions helped participants see the benefits of applying improvement science to create practical solutions in the social sector and contributed knowledge about design thinking and building and sustaining movements.

- Communities Joined in Action shared its experience with convening community members and community coalitions to increase access to health care and reduce health disparities.

- The Network for Regional Health Care Improvement introduced new ways of learning and working together online, based on the organization's experience running the Aligning Forces for Change campaign, a community-based quality improvement initiative funded by the Robert Wood Johnson Foundation.



100 Million Healthier Lives is made up of change agents from across the globe.

## Community of Solutions Framework

The Community of Solutions framework offers a wide array of skills, tools, and behaviors that can be applied to accelerate community transformation.

**Leading for Outcomes:** Support communities in applying design skills to co-create a theory of change, identify measures, test the theory, and plan for implementation and scaling in a way that makes these tasks easier.

**Leading for Equity:** Engage those with lived experience of inequity in developing and testing policy and programmatic changes that have the potential to disrupt systems perpetuating racism and inequity.

**Leading Together:** Create a safe space for collaboration that allows for difficult conversations and promotes effective teamwork.

**Leading from Within:** Lean on joy, inspiration, and self-reflection to unlock leadership potential in oneself and others.

**Leading for Sustainability:** Put structures in place to promote ongoing transformation and scale successful models.

for tackling what many see as intractable problems. It reframes challenges by attempting to shift mindsets, putting the emphasis on identifying and leveraging the resources that exist in communities, rather than focusing on deficits. The Community of Solutions framework also encourages organizations to achieve progress by beginning small and applying new skills and behaviors to solving larger and larger challenges, using the tools of quality improvement such as driver diagrams and Plan-Do-Study-Act cycles.[3] Taken together, they help people find new ways of working that encourage peer-to-peer learning, engender trust through relationship building, and foster creativity in problem solving, partly by recognizing the untapped talents of those who have been marginalized.

The case studies presented in this document highlight how 10 organizations have used the Community of Solutions framework to shift their organizational cultures, drill down to identify the root causes of inequity, find new allies, and make progress. These cases are just a sampling of the hundreds of organizations around the world that are using the Community of Solutions framework to change the way they look at problems, partner with others to develop and test solutions, and build systems for measuring their effectiveness and spreading success. For clarity, we've focused on how these organizations have leveraged particular skills and behaviors. But components of the Community of Solutions framework are not used in isolation; they reinforce one another, creating a positive cycle that sparks and sustains improvement. "The real strength of the framework is that once embedded in a community, these skills are mutually reinforcing — providing the necessary foundation for community transformation," says Paul Howard, MPA, Senior Director at IHI.

At the end of this document is a list of tools and resources developed in partnership with 100MLives communities. Organized into five categories — Community Transformation, Advancing Equity, Measuring Impact, Engaging People with Lived Experience, and Population Health Resources for Health Care Organizations — these resources help support organizations, communities, and networks to advance health, well-being, and equity.

# Leading for Outcomes

Leading for Outcomes

Support communities in applying design skills to a theory of change, identify measures, test the theory, and plan for implementation and scaling in a way that makes these tasks easier.

## Community Solutions

As one of the leaders of the 100 Million Healthier Lives movement, the US-based nonprofit organization Community Solutions was instrumental in helping others see just how much of a difference the right measurement approach can make. It was hard-won knowledge that emerged from its years of effort to end long-term or repeated homelessness, which is often referred to as chronic homelessness.

Like other organizations, Community Solutions had set an ambitious target — finding 100,000 new homes for people experiencing chronic homelessness — and worked very hard to achieve it only to discover they were winning the battle but losing the war. After four years of its 100,000 Homes Campaign (2010 to 2014), housing advocates across the US had created 106,000 new housing placements, but the number of people experiencing homelessness hadn't budged; in some cities, that number actually increased.

Leaders at Community Solutions realized they needed a different approach that targeted root causes, and that would require having a deeper understanding of the particular reasons why people experience chronic homelessness. They set a new target: rather than add up the number of housing placements, they would count down until no one experienced chronic homelessness, which they refer to as "functional zero." The name of the Built for Zero campaign, launched in 2015, reflects this shift.

Graphic: Community Solutions

Housing groups from across the US are working to end chronic homelessness in a campaign known as Built for Zero that relies on having real-time data on people living in the streets or shelters.

The new target brought about a change in mindset that ushered in a new way of doing business. Participating housing groups from 80 different cities began to aggregate data across all programs serving people experiencing homelessness, enabling them to identify gaps — like areas of the city where no outreach teams reached — and modify their approaches accordingly. The result is that more than 70 communities now have real-time, by-name data on every person experiencing chronic or veteran homelessness on their streets and in their shelters. This had never been done before, according to Jake Maguire, Built for Zero's Co-Director. "It was an open question," he says. "Could you track this incredibly dynamic, mobile, anonymous population comprising people who often don't want to engage with you... and do it in real time?" It required new outreach strategies and coordination among agencies, as well as detailed maps to pinpoint where people were being missed. It took one city a full year to come up with a list.

Having the by-name lists of people experiencing homelessness enabled housing advocates to categorize groups by type (e.g., families, veterans, youth) and identify shared hurdles, revealing for example that some veterans were staying in shelters because it was the only way they could get dental care. They used firsthand stories such as these to redesign their engagement approaches and get more people into homes. Reframing the problem not as one of supply (i.e., not enough housing) but of focus (i.e., on the reasons particular people remain on the street) has

led to substantial progress. Thus far, 13 communities have achieved functional zero, making homelessness rare and brief when it occurs; over half of the cities participating in Built for Zero have substantially reduced the number of individuals experiencing chronic homelessness.

This year, Community Solutions was named one of the finalists in the MacArthur Foundation's $100 million grant to fund a single proposal that promises real and measurable progress in solving a critical problem of our time.

## The Health Improvement Partnership of Maricopa County

Community leaders striving to improve public health often turn to community health needs assessments and local, state, and national health indicators to identify disparities and chart a path forward. The Health Improvement Partnership of Maricopa County, a cross-sector coalition with representatives from the public health agency, health systems, businesses, schools, and community-based organizations in the Phoenix area, took this approach. Its first action plan, published in 2012, focused on reducing rates of obesity, diabetes, lung cancer, and cardiovascular disease and recommended dozens of strategies to reduce them. "While we wanted any potential partner to see how they could contribute to the work, as we got into it, we realized these topics were too broad and our partnership was too new to support focused workgroups. Anything you were doing could fit into those buckets, making it difficult to align the work of coalition members," says Becky Henry, Performance Improvement Coordinator at Maricopa County Department of Public Health.

As a result of participating in the SCALE initiative, coalition members narrowed their focus on the upstream conditions that contribute to poor health and looked for concrete ways to actively engage community members in developing and implementing shared solutions instead of just reporting on what individual agencies were doing. After completing a new community health needs assessment with greater focus on consulting with community members and considering equity issues and their root causes, they set goals focused on expanding access to health care, making

it easier for people to find healthy foods, and ensuring children grow up in safe and supportive environments. They also focused targets and measurements on areas where disparities were greatest and recruited people with lived experience to serve on committees developing solutions.

Following the principle described in Chip and Dan Heath's book *Switch* of "shrinking the change" to gain traction and learn by doing, they set incremental goals and assessed progress at frequent intervals.[4] "Instead of trying to climb the mountain, we tried to focus on just getting to the next milepost," says Henry. "For example, in one of our coalition meetings, we explored the key concepts in the *Switch* book and asked, 'If our goal was to get grandma and grandpa to go to the doctor, how do we create clarity, increase desire, and create an environment that makes it easier for an elderly couple to access basic primary care?'"

The changes they sought also became more specific. For example, to increase access to healthy foods, coalition members set a goal of making local produce available in 100 stores, restaurants, schools, and daycares. Using the Equity Action Lab model, which offers a structured approach for engaging communities in designing solutions to inequities, they partnered with an urban farming group to distribute produce that would otherwise go to waste to families in need, setting an initial goal of reaching 50 families and five schools in 100 days.[5] They then harvested lessons from that "sprint" to spread the program to the entire school district. "Now we're looking at what it looks like to distribute food through a community health center," Henry says.



Photo: Health Improvement Partnership of Maricopa County

Participants in Equity Action Labs convened by the Health Improvement Partnership of Maricopa County set initial goals – including getting five street lights fixed and distributing farm produce to 50 families in need – then figured out ways to achieve them and spread what worked.

## National Council on Aging

Before the National Council on Aging (NCOA), an advocacy organization, joined 100 Million Healthier Lives, its leaders had committed themselves to measuring their effectiveness at improving the lives of older Americans. To track their progress in achieving their goal of making a difference in the lives of 40 million older Americans by 2030, they counted:

- The number whose annual income increased or whose annual expenses decreased by $1,200;
- The number enrolled in an evidence-based program shown to improve health and well-being;
- The number able to remain in the community instead of being relocated to a nursing home; and
- The number who directly benefitted from a policy change linked to NCOA's advocacy.

In 2018, the NCOA took over the leadership of the Aging Hub of 100 Million Healthier Lives, a collaborative that includes Area Agencies on Aging, Meals on Wheels, and other organizations that want to better understand and support older adults. In an effort to understand what matters to older adults, NCOA piloted the Well-Being Assessment, a questionnaire created by the 100 Million Healthier Lives Metrics Team that invites respondents to rate their physical and mental health, as well as their well-being, including their finances and sense of purpose.[6] "Meaning and purpose, physical and mental health, and social connections are key ingredients for aging well," says Dorothea Vafiadis, Director of NCOA's Center for Healthy Aging. "The Adult Well-Being Assessment is one way to measure these and other factors. We can then apply the findings to scale services and programs that address those needs." Feedback from older adults led NCOA to tailor the survey by adding a question about loneliness, which is a common experience among older adults and one that can degrade health. They also shortened the time period for which respondents are asked to envision their future from five to two years, since older adults said they had trouble thinking too far down the road.

Photo: Michael Paras, courtesy of National Council on Aging

The National Council on Aging piloted the Well-Being Assessment among older adults, then adapted it based on their feedback.

NCOA then created a toolkit to help its partners in the 100MLives Aging Hub, as well senior centers and other community providers, use the Well-Being Assessment Tailored for Older Adults to measure whether their services are meeting seniors' needs and take steps to address shortfalls. The Baltimore County Department on Aging (BCDA) has fielded thousands of assessments and made changes at its 20 senior centers based on results: adding more opportunities to exercise and socialize in places where low scores pointed to those gaps. And as the coronavirus spread this spring, the BCDA used the assessment data to prioritize which seniors seemed most vulnerable and should therefore receive the first reassurance calls, reaching out to offer virtual programs, food deliveries, and referrals to other social services.

The COVID-19 pandemic's disproportionate impact on older adults makes such efforts even more important, says Vafiadis. More organizations have begun using the assessment, including senior housing developers, volunteer groups, caregiving companies, and technology developers. Vafiadis hopes to partner with organizations serving Spanish-speaking seniors and other populations to continue to learn about the experiences of different groups. "We want more people to be able to measure what matters, because that way we can make comparisons and understand more about the needs of the people we're serving," she says.

As of 2020, NCOA has reached 10 million older adults and counting.

# Leading for Equity

Engage those with lived experience of inequity in developing and testing policy and programmatic changes that have the potential to disrupt systems perpetuating racism and inequity.

## Proviso Partners for Health

When Lena Hatchett, PhD, the Co-Founder and Executive Lead of Proviso Partners for Health (PP4H), met Loretta Brown, a longtime resident of Maywood, Illinois, at a community meeting over a decade ago, she immediately recognized a kindred spirit. Both women looked at Maywood, one of the poorest suburbs of Chicago, and the surrounding towns that make up Proviso Township and saw diamonds in the rough. Yes, unemployment rates were at an all-time high, half of its residents lived below the poverty level, and only two of five students graduated from high school, but Hatchett and Brown shared a vision for what Maywood could be if residents came to see their own potential and work together to build a place where all residents could thrive.

The two women started small with a farmer's market. It didn't take off, but the public garden they cultivated across from a local high school did. Students tended plants that became food for others and developed entrepreneurial skills as they ran low-cost farm stands in Maywood. Older residents joined in and soon there were nine gardens and eventually a small-scale farming and food distribution program, which led to farm-to-table sales contracts with local restaurants and an emerging effort to build a community food hub.

PP4H joined SCALE in 2015. Hearing from other community organizations helped the group's leaders realize the importance of communicating their values to others, including a commitment to promoting equity at every turn. Residents set the agenda for the group and hold most leadership positions. Those who don't live in the neighborhood but earn money from the group's activities (e.g., consultants PP4H is required to hire as a condition of certain grants) are asked to reinvest in the community, for instance by volunteering their time in some way.

"The conversations throughout 100 Million Healthier Lives regarding equity gave me the foundation I needed to increase my organization's leadership during this inflection moment related to racial justice at this time. The Race, Racism, and Equity workgroup and assessment tool has been especially helpful to our work. We used it to build our own 'Equity Dashboard' which includes strategies and qualitative measures, as well as quantitative measures, to help us assess how equitable our organization is and where we can make improvements."

—Amy Turk, CEO, Downtown Women's Center, Los Angeles, California (SCALE Community Partner)

During SCALE, PP4H expanded its partnerships with residents, community organizations, and government agencies, with projects that encouraged healthy eating, job training, and youth engagement, among others. At the behest of residents, PP4H also began collaborating with local community organizations, the local school district, the parks department, and police to promote walking and the adult supervision of a safe routes to school initiative. This initiative gained widespread support and is led by PP4H partners: Strengthening Proviso Youth, Coalition for Spiritual and Public Leadership, Proviso School District 89, and Proviso Township.

In 2017, PP4H launched the Community Leadership Academy, a seven-week training program in which participants choose the topics they want to focus on, such as policy change, entrepreneurship, or program evaluation. "We don't teach. We coach," Hatchett says. "A coaching relationship recognizes that we all have the ability to flourish to the highest potential and we are all in this lifelong journey to learn together. The successes and struggles are interdependent."



Photo: Proviso Partners for Health

Proviso Partners for Health started with one public garden, which eventually grew to nine gardens and a small-scale farming program that led to contracts with local restaurants.

Participants in the Academy — there have been 75 so far — are also introduced to the skills and tools in the Community of Solutions framework. The concept of Leading from Within resonates with many who've come to recognize the strengths that emerge from overcoming adverse experiences. One graduate who had been unable to work for six years due to a mental illness developed the confidence to start offering painting classes as a forum for healing and self-expression. "She formed an LLC and in nine months was making enough money for it to become a full-time job," Hatchett says. Another graduate took a role in local government. "People gain a sense of personal transformation and a sense of possibility, with no limits," says Hatchett, who was part of the Stewardship Group for 100 Million Healthier Lives and now works with Black small-scale farmers to discover opportunities for hospital procurement contracts.

## Ethnic Community-Based Organization for Immigrants and Refugees

From its start in 2005, the Ethnic Community-Based Organization for Immigrants and Refugees (ECOR) has sought to learn from the immigrants and refugees who arrived in Utah from mainly African countries about how best to offer support. Esther Munene founded the organization as a student at the University of Utah after serving as an informal interpreter for immigrants and refugees who turned up in a local emergency department.

Photo: Ethnic Community-Based Organization for Immigrants and Refugees

The Ethnic Community-Based Organization for Immigrants and Refugees designed surveys using color-coding when it heard from community members that many were unfamiliar with health care terminology.

Their needs were immense, she says: "You would give someone a ride home and find out they didn't have a winter coat and then find yourself shopping for one."

Munene and other ECOR volunteers began helping immigrants and refugees navigate the health care system by translating during doctor's visits and sponsoring health fairs. They've also helped doctors understand cultural cues, like the fact that nodding is a gesture of politeness and may not convey agreement. In 2015, ECOR joined SCALE, which not only provided much-needed funding to expand existing initiatives, but also support for new programs and tools to measure their effectiveness. The coaching and mentorship in quality improvement that ECOR received has changed its approach. "We now start with a clear aim for improvement, develop a measurement plan, and follow that with small tests of change that we think will lead to improvement over a short period of time," Munene says.

For ECOR staff, participating in SCALE's learning collaboratives, including its CHILAs, also sparked new ideas (e.g., to make it easier for immigrants and refugees to find primary care, they came up with lists of practices that accepted new Medicaid beneficiaries). They also more deliberately engaged immigrants and refugees in shaping services. "From the planning to implementation

and evaluation, we always make sure there is a community member represented who can provide feedback on what works and doesn't work for their community," Munene says. In response to feedback that many immigrants and refugees were not familiar with health care terminology, ECOR designed surveys using color-coding instead of numbers and words; they stopped using clipboards when they learned these triggered unpleasant memories some refugees had from their time in camps.

ECOR has trained some of its community health workers to serve as contract tracers during the pandemic and hopes to embed them into health care teams to do this work.

The results ECOR has achieved so far — connecting close to 100 immigrants and refugees with primary care and reducing emergency department visits by 80 percent among survey respondents — are grounded in its approach to leading for equity. Munene says, "In any work we do, we always ask ourselves, 'Will this empower people and advance health equity?'"

## Leading Together

Leading Together

Create a safe space for collaboration that allows for difficult conversations and promotes effective teamwork.

## LiveWell Kershaw Coalition

The LiveWell Kershaw Coalition was formed in 2012 after a community health needs assessment revealed that residents of the northeastern part of South Carolina's Kershaw County — miles from the county seat of Camden, a mostly white, wealthy "all-American city" — were much more likely to have chronic diseases and rely on the emergency department for care. The coalition joined 100 Million Healthier Lives in 2017 and became part of SCALE that year.

It's a short distance to a wide gap in life expectancy.
KERSHAW COUNTY, SOUTH CAROLINA
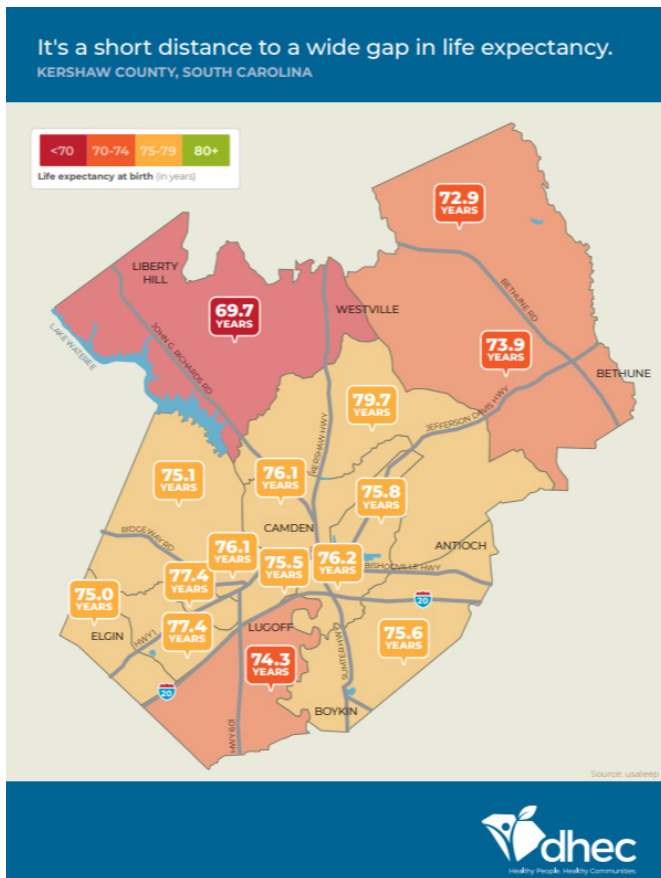
Graphic: South Carolina Department of Health and Environmental Control (DHEC)

The LiveWell Kershaw Coalition reports data on differences in life expectancy across its county, among other measures, to generate will for change.

As a first step toward developing shared understanding of the county's people and places, coalition members invited local government officials, pastors, teachers, and business owners on bus tours of the county to see firsthand the stark differences among communities in terms of safe housing, transportation, and healthy food. "In the north part of the county, there are a number of rural communities speckled about that don't look anything like Camden as far as resources," says Rick Foster, MD, former Executive Director of the Alliance for a Healthier South Carolina, a coalition bringing together people from businesses, health providers and plans, academia, government, and elsewhere. "We wanted to engage and connect leaders at all levels of the county to take collective action around health and social issues that had not been adequately addressed for at-risk populations in their region. We created a learning environment where they could step up and say, 'It's time

for us to do something different.'" Among the changes: the free clinic that serves as the coalition's hub began sending nurse practitioners and community health workers to local churches to offer preventive services and also opened a satellite clinic in a high school.

While the clinic provided basic medical services to high school students, the coalition began to engage them in efforts to promote their well-being. As a group, teens had high rates of obesity, pregnancy, and tobacco use. Focus group discussions revealed many felt overwhelmed as they juggled academics, extracurricular activities, jobs, and home life. The coalition created internships where teens learned the basics of quality improvement and came up with their own small tests of change to help reduce stress. "We said to them, 'You are the change agent in your school,'" says Kathryn Johnson, Coalition Director of LiveWell Kershaw.

One of their ideas was "brain breaks," or short rests to practice stretching, do mindfulness exercises, listen to music, or otherwise relax and refocus. The teens implemented brain breaks at two schools, surveyed students about their effects, and iterated on the model until they had increased uptake. Students have also launched wellness campaigns on social media, created mental health clubs, and gotten fresh fruit distribution in schools, while county leaders worked with the University of South Carolina to send mental health counselors into schools.



Photo: LiveWell Kershaw Coalition

After focus group discussions revealed many teens felt overwhelmed as they juggled academics, extracurricular activities, jobs, and home life, the LiveWell Kershaw Coalition created internships where teens came up with their own small tests of change to reduce stress.

School leaders report less disruption in class and less absenteeism, which they attribute to the high school clinics. Last year, the coalition fielded over 1,000 youth well-being assessments in four high schools and stratified the results by zip code, race, grade level, and gender to inform their continued efforts to identify those who aren't thriving and partner with them in finding solutions.[7]

In recent years, the coalition has convened community partners — including people from nonprofits, local government, education, and businesses — to create a shared vision of health for Kershaw County. Through their efforts, the county now has its first Community Health Improvement Plan and three action teams working on the community-identified priorities of expanding access to care, promoting emotional well-being, and increasing healthy eating and active lifestyles. The group also created the Where Is Care in Kershaw County? website as a one-stop-shop to help people find medical services or support groups.

## Concord Hospital

When Concord Hospital, a regional health system in central New Hampshire, joined 100 Million Healthier Lives in 2018, leaders were looking to move beyond just caring for sick patients to improving the health of the region as a whole. Concord Hospital had already formed an accountable care organization, making it responsible for the health outcomes and costs of caring for Medicare patients. They had also put disease management programs in place for certain populations, developed a medical home navigation program, and added new analytic capabilities, but the concept of population health was still a bit hazy. "There were varying levels of buy-in among employees and gaps in understanding of what it all meant," says Betsey Rhynhart, MPH, Vice President for Population Health at Concord Hospital.

IHI, together with the American Hospital Association, the Public Health Institute, the Network for Regional Health Improvement, and Stakeholder Health, created the Pathways to Population Health Framework to help health systems like Concord Hospital understand why population health matters, think through what it involves, and identify

practical strategies to put what may seem an abstract concept into action.[8] They also developed the Pathways to Population Health Compass, a tool health care organizations can use to assess their progress in expanding their focus — from the health of their patients to the health and well-being of populations and communities.[9] Users assess their progress in areas such as financing, stewardship, equity, and partnering with people with lived experience.
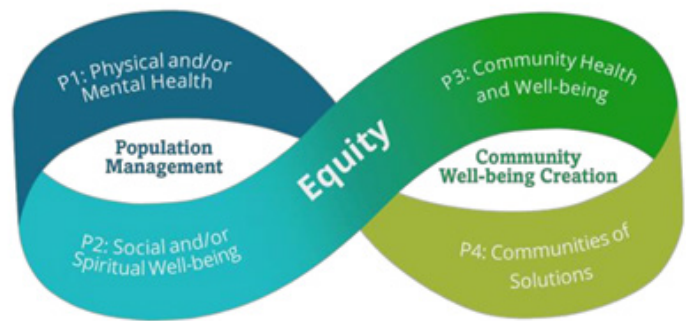


The Pathways to Population Health Framework helps health systems identify practical strategies for improving the health of individuals and communities.

Concord Hospital leveraged these tools to bring staff together and find new partners. They started by convening 70 staff members from different departments over several months to create a strategic plan. The group used data visualizations at the neighborhood level to reveal opportunities, including the fact that people in high-poverty areas were much more likely to use the emergency department and be admitted to the hospital for an ambulatory care–sensitive condition. Hospital leaders then created the Navigating Forward Fund; care teams can use the funds to help meet patients' needs. Recent examples include installing a cool-mist humidifier for a patient with progressive lung disease exacerbated by heat, providing planners with visual and audio alarms to promote medication adherence for patients with sight and hearing loss, and purchasing a shower chair for a patient with limited mobility. Staff also connect patients with local or state resources.

# Leading from Within

Lean on joy, inspiration, and self-reflection to unlock leadership potential in oneself and others.



Photo: © 2020 Concord Hospital Public Affairs

In partnership with Meals on Wheels, Concord Hospital provides heart-healthy meals to patients at risk of hospital readmission for complications of heart failure. Riding along for meal delivery brought seniors' range of challenges into view for Concord staff.

Hospital staff have also developed a "Patient First" approach: asking patients what matters to them and then making that information visible in their care plan. When staff learned through this process that some heart failure patients were having difficulty accessing healthy food and identified this as a key factor in their likelihood of unplanned hospital readmission, they partnered with Meals on Wheels to have 30 days of heart-healthy meals delivered to them.[10] Riding along with Meals on Wheels staff made Rhynhart aware of patients' other challenges, including social isolation and lack of healthy food choices for the long term (many normally wouldn't qualify for Meals on Wheels). "Seeing people's challenges firsthand helps you understand the realities," she says. It also points to potential solutions, Rhynhart says, such as enlisting Meals on Wheels staff to regularly check on patients' health and encourage socialization, and collaborating with the Concord Regional Visiting Nurse Association, which deploys community health educators to help patients make plans to meet their personal goals.

## Community Platform for Empowerment and Development

In 2016, Millicent Adhiambo, who lives in a small village in southwestern Kenya, traveled to New York City to attend a workshop as part of Imagine: A Global Initiative for the Empowerment of Women. The program helps women from the developing world envision new possibilities for their lives by recognizing limiting beliefs they acquired from their parents, schools, husbands, and/or peers and accepting their circumstances as a way of moving beyond them.

Adhiambo indeed left inspired. She was more fortunate than women in her village with limited educational and job opportunities: many are financially dependent on men, some of whom are abusive, and are so poor they can't afford sanitary products. In contrast, Adhiambo attended college to study botany and zoology. Still, she could understand their frustration. Her plan to become an educator had been derailed by the need to care for her ailing mother-in-law. The Imagine workshop helped her see that she had not failed; her day job — helping to run "table banking" programs in which women lend one another money to start and run businesses — was actually education in its most practical form. "I realized my passion is working with women in the community and not in the classroom," she says. "This is what I want to do for life."

Adhiambo replicated the Imagine program in her village, taking more than 500 women and girls through it in four years. "Many had lost hope in themselves." says Adhiambo, who shares her own struggles with them. "They realize they are not alone. They can change and there are people to support them." Women also trade ideas for small businesses such as making soap, beadwork, or food for local markets. One woman managed to save 50 cents each week while working in the fields. When she reached $10, she took out a loan to rent a sewing machine and buy secondhand

material to make children's clothes. She made $25 out of the $10 investment, a significant sum in an area where the daily wage can be $1 or less. She has since made enough money to begin building a new house. Another woman has made enough money from selling soap to put her children through school.

About 90 percent of the women participating in the workshops have gone on to participate in table banking programs and 60 percent have started income-generating activities. Half are now able to pay school fees for their children.



Photo: Community Platform for Empowerment and Development

The Community Platform for Empowerment and Development's workshops have helped more than 500 women and girls recognize limiting beliefs and invest in themselves.

Adhiambo has noticed that as women become more empowered, they begin to take better care of themselves. "We have people who are having symptoms of diabetes or were diagnosed with it, but were not taking medication," she says. "Many have told us after leaving the workshop, they realized they had to start taking responsibility for their health."

Adhiambo hopes to expand the workshops, but money has been a limiting factor. It costs $800 to take 25 to 30 women through the four-day workshop. The 100 Million Healthier Lives program has provided some support, allowing the program to not just offer the workshops in 2019 but also help the community weather the impacts of the pandemic in 2020 by providing families with food, soap, and a container fitted with a tap for handwashing.

## Youth of Solutions

Youth are often a formidable force in social justice movements. Unjaded by life and passionate about shaping the world they will inherit, they can energize movements and often see opportunities where others see hurdles. The Youth of Solutions network, part of 100 Million Healthier Lives, nurtures and mentors teen leaders as they work to improve their communities, their schools, and their own lives. One of its goals is to help young people understand the structural underpinnings of the problems they see and devise solutions.

Groups affiliated with Youth of Solutions, from countries as diverse as Afghanistan, Gambia, Guyana, and the US, were introduced to one another and the Community of Solutions framework through monthly calls and in-person CHILAs. These experiences gave participants an opportunity to apply the tools of quality improvement and concepts like Leading from Within, Leading Together, and Leading for Outcomes to advance their efforts.

Many of the young people discovered the struggles they faced, from stress to bullying, were shared across countries. And many went on to replicate Youth of Solutions approaches in their own communities, teaching other students how to use driver diagrams, for instance, to set and track progress toward achieving goals. Students at Guyana's School of the Nations ran a tutoring program, extending it to a juvenile detention center where they befriended teens who were struggling with anxiety and aggression. "They went there to do academic things, to help the kids stay on track, but it turned into almost life coaching, with students sharing the lessons from Leading from Within and Leading Together. They even helped them use driver diagrams to figure out where they wanted to go from where they were," says Louisa Mancey, who serves as Program Manager for Youth of Solutions.

Photo: Bryan Sabastian, courtesy of Youth of Solutions

Youth participating in the WE in the World Youth of Solutions Leadership Academy discovered how similar their challenges were and supported one another in devising solutions that led to lasting change in their home countries.

Their enthusiasm was contagious. Students from lower grades at the School of the Nations began clamoring to take part. "We're definitely beginning to see a change in culture," Mancey says.

The change was visible in other countries as well. Students in Proviso Township, Illinois, worked together to overturn a school uniform policy they felt was onerous, while young women who graduated from Starfish International, a girls' school in Gambia, created chapters in their villages to offer other girls entrepreneurship training and help them understand their value and the importance of education.

# Leading for Sustainability



Leading for Sustainability

Put structures in place to promote ongoing transformation and scale successful models.

## The Daily Mile

The Daily Mile is based on a simple concept: give students 15 minutes to run — not in a race or as part of gym class, but as an activity they do every day, in nearly all weather, in their usual school clothes, and at their own pace, alongside their classmates and teachers.

The idea for it popped into Elaine Wyllie's head one morning in 2012 when she was filling in for a teacher at the primary school she headed up in Scotland. After hearing from a volunteer and the gym teacher that the children were out of shape, Wyllie took them to the unused track and asked them to run around once (about one-fifth of a mile) without stopping. Only a handful of kids managed; the rest had to stop for breath. The kids began going out with their teacher every day for 15 minutes. While some struggled at first, within a couple of weeks, not only were most able to run a mile or more in 15 minutes, they were happier and more focused when they got back to class, Wyllie says.



Photo: The Daily Mile USA

Research on The Daily Mile has documented beneficial effects of a daily run on children's physical health, academic focus, confidence, and well-being.

The program has now spread around the world, reaching more than 2 million students at schools in 79 countries. Wyllie attributes its success to a variety of factors, including its simplicity. With no start-up costs, it's easy to try and once kids, parents, and teachers do, they soon perceive its value. And like the passing of a baton, many of those who see it in action become champions. When Scotland's chief medical officer witnessed the program's effects at one school, she recommended all Scottish schools adopt it. Celebrity athletes and large corporations, including the London Marathon, have volunteered funding and staffing support to help it spread.

Wyllie likes to say the product invented itself and can work for kids in any environment and is easily scalable.

The Daily Mile Foundation and the nonprofit devoted to spreading the model in the US have taken deliberate efforts to ensure its sustainability. They've commissioned research to document the beneficial effects of a daily run on children's physical health, academic focus, confidence, and well-being. One intriguing finding: in the US, the model has been taken up more often by schools in lower-income neighborhoods than in wealthier ones and — unlike many interventions — it doesn't seem to exacerbate racial or income-based disparities. A study carried out in England found the same results.[11]

While remaining true to the original vision, Wyllie and her collaborators have also sought to identify and work through concerns of implementers (e.g., how to ensure children are able to safely run in all neighborhoods). They've also listened to children, who made it clear that the joy they found in moving and socializing has kept them engaged. "It's the sustainability that lies at the heart of it and that comes down to the children enjoying it," says Wyllie.

Another unexpected benefit has been that the approach can foster trust between teachers and their students, perhaps because it offers a break from the hierarchical relationship many students experience in the classroom, says Bill Russell, Program Director of The Daily Mile USA. "It breaks down relationship barriers that may exist in a hurry," he says. In the program's first days at one school, a student confided in a teacher she'd been experiencing abuse at home. "The next week, the principal sat me down and said, 'I'll never not do The Daily Mile at any of my schools ever again,'" he says.

## Moving Forward

Together, groups involved in 100 Million Healthier Lives have reached more than 500 million people around the world. As these case studies illustrate, many have done so by uncovering and building on the strength of individuals and partnerships. The Daily Mile has fostered child well-being by harnessing children's joy. The Community Platform for Empowerment and Development and the Youth of Solutions network have helped women and youth find and capitalize on their talents with support from their peers.

And Proviso Partners for Health has been investing in social enterprises with multisector partners to advance racial and economic justice.

"When the coronavirus shut down our schools, companies, and many social services in March 2020, we in central Maine used the Community of Solutions skills to create our own bright spots of hope. Nonprofit organizations, businesses, educators, and community members worked together in unprecedented collaboration to solve unexpected problems creatively. Collectively, our community rapidly tested innovative ideas to get to necessary outcomes: everyone without a home was sheltered in local motels, rural children received food delivered by school buses, and newly unemployed workers got meals to go from the youth center, using food gleaned from the college, hospital, and local farms."

—Frances A. Mullin, Director, Healthy Northern Kennebec, Waterville, Maine (SCALE Community Partner)

Whether the goal is improving older adults' quality of life, ending homelessness, or reducing health disparities, another important lesson from 100 Million Healthier Lives is that successful movements depend on intentionally nurturing relationships. Building authentic relationships requires humility, listening, and learning from those with lived experience and a foundation of trust. "Doing this well requires a willingness to lean into your own vulnerability and a deep understanding of our human connectedness and reliance on one another," says Sarah Callender, Associate Director at Heluna Health.

Leaders of these 10 organizations also stressed how important it was for them to reflect on what drives them and to believe change is possible. They credit the Community of Solutions framework and its combination of skills and behaviors, as well as the lessons they learned from mentors, coaches, and peers. Their successes to date demonstrate these ways of working and habits of mind can

bridge health care, public health, and community-based collaboratives — and make it easier to take what works for different people and places and bring it to scale.

Perhaps most important, participants emphasized the need to make visible the pernicious effects of structural racism and inequity in their communities and take concrete steps to reduce them. "In the early stages of 100 Million Healthier Lives, we insisted that focusing on equity would be the 'price of admission,' but we did not explicitly do so during the SCALE CHILAs," says Shannon Welch, Director at IHI. "For instance, sessions on equity were relegated to breakout sessions instead of general sessions. After some participants pointed this out, we committed to 'failing forward' together and redesigned the CHILAs."

Participants also pushed 100 Million Heathier Lives' leaders to explicitly name and understand interpersonal and structural racism as root causes of inequities in health and well-being. To help do so, they integrated teaching and training on racism along with frameworks such as the Racial Equity Map, which helps organizations assess where they are on their racial equity journey, have respectful conversations, and identify ways to advance racial equity together.

For many groups, this work has meant shifting power; instead of imposing ideas or goals on community members, leaders engaged people with lived experience in identifying problems and developing solutions. "So often in public health, a lot of the papers and the research focus on the flaws or the needs of communities," says Jack Hertenstein Perez, MPH, Project Coordinator at Proviso Partners for Health. "We really try to uplift and identify the assets, recognizing that sustainable change can come from within."

Engaging people with lived experience and finding homegrown solutions will be crucial as we continue to respond to the coronavirus pandemic while working to achieve meaningful criminal justice reform, eliminate racial health inequities, and help the millions of people living in poverty. To advance these aims, WE in the World is partnering with hundreds of organizations, states, and localities that are using the Well Being In the Nation (WIN) measures to understand what shapes well-being in their communities.[12]

"Work in 100 Million Healthier Lives has strengthened IHI's commitment to advancing equity in partnership with those most affected; it has deepened partnerships with community organizations; and it has sharpened IHI's quality improvement methods," notes Kedar Mate, MD, President and CEO of IHI. "Going forward, we're working to ensure the safety and well-being of the health and health care workforce and doubling down on our commitment to achieve safer, more effective, and more equitable health care for people and communities."

# Tools and Resources

**Tools and resources developed by 100 Million Healthier Lives listed here, in addition to other resources, are available at:** http://www.ihi.org/100MLives

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