SCALE: Using Improvement Methods & Design Thinking to Guide Action
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How to Cite This Report:

About the SCALE Series

From January 2015 to January 2017, with the generous support of the Robert Wood Johnson Foundation, four 100 Million Healthier Lives partner organizations (Institute for Healthcare Improvement [IHI], Communities Joined in Action [CJA], Community Solutions [CS], and Network for Regional Healthcare Improvement [NRHI]) began learning how to support communities across a wide range of contexts to accelerate their journeys toward a Culture of Health. Each partner brought complementary expertise to the table. The Institute for Healthcare Improvement (which serves as the convening partner for both 100 Million Healthier Lives and SCALE) brought a wealth of experience as a leading innovator in helping organizations and communities worldwide apply improvement science to solve complex problems at scale (100,000 Lives, Project Fives Alive). Community Solutions brought expertise in applying improvement science to create practical solutions in the social sector to address challenges such as homelessness at scale in the 100,000 Homes campaign. Communities Joined in Action brought its experience in convening communities across the country in pursuit of 100% access and 0 disparities. The Network for Regional Healthcare Improvement brought its experience in Aligning Forces for Quality and in applying technology to create community connection.

Through the Spreading Community Accelerators through Learning and Evaluation (SCALE) initiative, three of these partners (IHI, CJA, CS) co-developed a strengths-based model of community transformation, called Community of Solutions, in partnership with communities. A fourth partner (NRHI) learned how to support community transformation virtually. A formative evaluation, led by Dr. Abraham Wandersman, provided a rich context and an opportunity to rapidly understand what worked and to refine the model with communities. This paper is part of a series of synthesis reports commissioned by the Robert Wood Johnson Foundation to harvest the key lessons learned from the SCALE initiative as a practical offering to the field. The papers in this series include:

1) Overview of SCALE and a Community of Solutions
2) Foundations of a Community of Solutions
3) SCALE: Using Improvement Methods and Design Thinking to Guide Action
4) Engaging Community Residents with Lived Experience in SCALE
5) Leading for Abundance: Approach to Generative Sustainability
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Model for Improvement</td>
<td>6</td>
</tr>
<tr>
<td>Creating an Aim(s) and Building a Theory of Change</td>
<td>7</td>
</tr>
<tr>
<td>Using Measurement</td>
<td>9</td>
</tr>
<tr>
<td>Identifying Ideas for Changes to Test</td>
<td>11</td>
</tr>
<tr>
<td>Using PDSA Cycles for Learning and Action</td>
<td>12</td>
</tr>
<tr>
<td>Design Thinking</td>
<td>13</td>
</tr>
<tr>
<td>Switch Thinking</td>
<td>14</td>
</tr>
<tr>
<td>How Communities Used Switch Thinking</td>
<td>15</td>
</tr>
<tr>
<td>Empathy Mapping</td>
<td>15</td>
</tr>
<tr>
<td>How Communities Used Empathy Mapping</td>
<td>16</td>
</tr>
<tr>
<td>Equity Action Labs</td>
<td>16</td>
</tr>
<tr>
<td>How Communities Used Equity Action Labs</td>
<td>18</td>
</tr>
<tr>
<td>Brainswarming &amp; UFO Exercise</td>
<td>18</td>
</tr>
<tr>
<td>Failing Forward</td>
<td>19</td>
</tr>
<tr>
<td>Embracing Failing Forward</td>
<td>19</td>
</tr>
<tr>
<td>How SCALE Communities Used Failing Forward</td>
<td>19</td>
</tr>
<tr>
<td>Conclusion</td>
<td>20</td>
</tr>
<tr>
<td>Glossary of Terms</td>
<td>21</td>
</tr>
<tr>
<td>References</td>
<td>27</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>29</td>
</tr>
<tr>
<td>SCALE Communities</td>
<td>29</td>
</tr>
</tbody>
</table>
Introduction

Improving the health of a community requires change – change in the factors that contribute to (or impede) optimal health, wellbeing, and equity. These factors include housing, the built environment, air quality, schools, the health care system, and the availability of fresh produce, jobs and economic opportunity. They also include the culture, history, and traditions of the people in the community.

The overall aim of the 100 Million Healthier Lives Spreading Community Accelerators through Learning and Evaluation (SCALE) initiative was to help communities create and refine a learning system focused on an overall theory of change, testing, measurement and feedback loops, reliable design, leadership of complex adaptive change, teamwork and communication, and a plan for spreading successful changes. Improvement science, specifically the Model for Improvement, helped the SCALE teams understand how their communities work and how to change them. Design thinking is a framework for generating ideas for change based on the perspectives of community members.

This report is divided into three sections:
- Model for Improvement
- Design Thinking
- Failing Forward

The first section, “Model for Improvement,” describes the foundational elements of improvement science that the 24 SCALE 1.0 teams used and taught to their communities. The second section, “Design Thinking,” describes a related set of skills that SCALE teams used to engage their communities in change. “Failing Forward,” as explained in the third section, is an approach that embraces the power of learning from mistakes and setbacks. Throughout the paper, we provide a more detailed description of each of these three areas, along with examples from a number of SCALE communities to illustrate how each approach was applied in practice. The lessons learned by SCALE communities can be applied to other community-based organizations working to enhance health, well-being, and equity.

SCALE teams learned these methods, skills, and tools via four in-person trainings – called the Community Health Improvement and Leadership Academies (CHILAs) – as well as through monthly webinars introducing concepts over time. Peer Community Teams provided small-group coaching to further instill the capacities and capabilities taught in the trainings over the course of SCALE. A dedicated SCALE coach supported just-in-time learning as SCALE teams tried out different tools and methods, and spread their learning throughout the community.

In addition to this paper, we offer a Toolkit for Using Improvement Methods and Design Thinking. The toolkit, which contains links to documents and online resources, is intended as a resource that communities can use as they progress in their journey to health, well-being, and equity.
Model for Improvement

In SCALE, the Model for Improvement (Langley GL, 2009, pp. 23-25) was used as a simple yet powerful improvement science framework with an associated set of tools for accelerating improvement. The model, shown below, has two parts (Figure 1):

- Three questions, addressed in any order, that help establish: 1) a clear, measurable, and time-specific aim; 2) a set of quantitative measures that determine if a specific change actually leads to improvement; and 3) ideas for change that may come from those who live or work in the system or from the experience of others; and
- A Plan-Do-Study-Act (PDSA) cycle, which is shorthand for testing a change in the real world — by planning it, trying it, observing the results, and acting on what is learned.

![Figure 1. The Model for Improvement (Langley GL, 2009, p. 24)](image)

Using the Model for Improvement as a foundation, SCALE partners sought to teach communities how to use this new knowledge to develop and adapt changes to improve collaboration, coordination, and integration of services, and to improve performance of community-based interventions. In the section below, we describe each element of the Model for Improvement and give examples from SCALE teams to deepen the description.

SCALE provided a variety of training and skills-building work on the Model for Improvement, including the following:

- Creating an aim(s) and building a theory of change
- Using measurement
- Identifying ideas for changes to test
- Using PDSAs for learning and action
Creating an Aim(s) and Building a Theory of Change

The Model for Improvement starts with two questions: “What are we trying to accomplish?” and “What changes can we test that will result in improvement?” Answering these questions is crucial in organizing a community coalition’s work and establishing an overall theory of change (Institute for Healthcare Improvement, Science of Improvement: Tips for Setting Aims, 2017) (Langley GL, 2009, pp. 89-93). A community will not improve without a clear and firm intention to do so. A time-specific and measurable aim that defines how much, by when, helps everyone in the community understand what the community is trying to do, sets a pathway for identifying which projects and interventions can achieve that aim, and builds will among community stakeholders to join the effort.

Moving beyond an aspirational goal, to improving on a specific and measurable aim requires a theory of how to achieve that aim, given the specific context, data, and local assets of a community. A **driver diagram** is a useful tool for building and testing theories for improvement. It makes a theory of change explicit and allows others to buy into it, challenge it, or offer a different theory. It illustrates the structures, processes, and norms that may be required to change, and serves as the team’s shared theory – that is, the relevant beliefs of team members about what must change and the ideas about how the change may result in improved outcomes (Provost L, 2015).

SCALE communities learned that once established, the aim and theory of change become living things that inform daily work. The aim and theory are revised over time, informed by results from the iterative tests, as people build their confidence that the changes and interventions they are testing are leading to the desired improvement. Keeping the aim and theory (depicted via the driver diagram) front and center, continually asking “Is our theory likely to move our aim?”, “Is the work we’re doing today high-leverage to achieve our aim?”; and referencing the aim and theory in meetings, conversations, and discussions with partners are all central to engaging everyone in the theory of change. See **Figure 2** for an example of a SCALE community driver diagram.

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**Figure 2.** Driver Diagram from Cattaraugus County SCALE Team

- **AIM:** Increase the level of collaboration, community connection and long term sustainability of efforts to improve Health Outcomes in Salamanca NY by March of 2017 as measured by a 15% increase in the Sense of Community Index scores (Questions O – P)

- **Primary Drivers:**
  - Increase Policies/Joint Use Agreements
  - Increase Physical Activity
  - Increase Healthy Food Options
  - Increase Equity/Decrease Disparity
  - Increase collaboration in Salamanca

- **Secondary Drivers:**
  - Implement CSPAP (Comprehensive School Physical Activity Programs) policy in Salamanca School System by Dec. 2017
  - Adopt 3 exercise in the workplace and/or healthy foods guidelines and policies by December of 2016
  - Work with the city of Salamanca on one Complete Streets policy to support enhanced walking, bicycling or rolling by Dec. of 2016
  - Track Physical Activity Survey scores in Cattaraugus Community Action on a bi-monthly basis
  - Implement Physical Activity Program at Seneca Health System by Sept. of 2016
  - Increase healthy food options at Summit Market as measured by the NEMIS Survey Assessment by March of 2017
  - Increase awareness of healthy food consumption as measured by 2nd grade parents assessment in April of 2016 and October of 2016
  - Complete NACDD assessments and develop work plan for addressing barriers to access to exercise, healthy food options and other social determinants by disabled population in Salamanca by December of 2016
  - Develop collaboration committee for Salamanca area by February of 2016, including Seneca Nation, Youth Bureau, Catt. Community Action, HCA, BOCES, local stakeholders, City Government, and schools

- **Change Ideas:**
  - Seneca Nation is looking into healthy meeting policy
  - Increase school based Physical Activity messaging at Prospect Elementary
  - Try out messaging to engage employees of local businesses
  - Build collaboration between Summit Market, Farmers Market and School to increase local health food options for snacks at school and market
  - Use local Wellness Fairs as celebrations of work being done throughout community
SCALE communities learned the following lessons about creating an aim and a theory of change:

- Start with the question, “Who isn’t thriving in this community, and how can we close the gaps in specific areas of health and well-being for and with these community members?”
- Put improvement skills in the hands of community members.
- Use an overall aim and a driver diagram to see the big picture, while focusing efforts on specific initiatives to achieve maximum impact.

**Ask “Who Isn’t Thriving?”**

The Healthy Livable Communities Consortium of Cattaraugus County SCALE community (Cattaraugus County) left the first Community Health Improvement and Leadership Academy (in-person events where all SCALE communities gathered together—there were four CHILAs throughout the SCALE initiative) armed with new skills in setting aims and using a driver diagram to make a plan for achieving their aim. They considered the question of “Who isn’t thriving?” and realized they had a tremendous opportunity to address the inequities in access to community life and services experienced by those with disabilities when they received a grant to launch a program for this population. They began by running an awareness campaign in the community about accessibility and inclusion of those with disabilities, and administered a “before and after” survey to measure the impact of the campaign. Then they used follow-up interviews to better understand the needs of those with disabilities in the community so that they could move from planning to action (*Cattaraugus County’s Experience*).

The Vital Village Network SCALE community focused on engaging male youth through the Male Engagement Network (MEN). MEN is based on the principle that fathers and father figures have an immeasurable impact on child, family, and community well-being. The program promotes mental well-being, financial stability, and anti-displacement advocacy for men of color ages 25-55 in Roxbury, Dorchester, and Mattapan, Massachusetts. The Vital Village Network team engaged in activities with the young men, such as digital storytelling workshops, to better understand their perceptions of their roles as men and fathers. The team then used an Equity Action Lab (discussed later in this paper) to engage the community in developing a plan of action to address the needs of the men and their families (*Vital Village’s Experience*).

**Create a Focused Aim**

The Women of Skid Row SCALE community in Los Angeles, California, (*Women of Skid Row, Figure 3*) had to decide together how a particular focus – in this case, a grant to address diabetes in the community – could contribute to their larger goal to improve the health and well-being of women experiencing homelessness. While some members of the steering committee and the community members initially expressed concern about shifting from a big-picture aim to a more focused aim, they all eventually agreed that this project could help them to meet the needs of women experiencing homelessness by leveraging their learning across all the women in their population (*Scaccia J, 2017*) (*Women of Skid Row’s Experience*).
Using Measurement

The second question of the Model for Improvement is “How will we know that a change is an improvement?” In transformation work, measurement is a critical part of testing and implementing changes (Langley GL, 2009, pp. 93-96). Measures tell an improvement team whether the changes they are making actually lead to improvement. In contrast to measurement for research or accountability, measurement for improvement is used to bring new knowledge into daily practice (Institute for Healthcare Improvement, Establishing Measures, 2017; Solberg LI, 1997). To provide usable information for improving processes, teams need to consider what, how, and when to measure, as well as the social processes shaping the use of the measures. Thus, measures need to be transparent, closely aligned with the actual work, and embedded in the daily workflow.

In SCALE, communities learned the difference between outcome measures, which indicate whether the changes are helping to achieve the stated aim; process measures, which indicate whether a specific process change has been accomplished and is having the intended effect; and balancing measures, which tell a team if changes to improve one part of the system are unintentionally causing new problems in other parts of the system. Using tools such as the run chart (Institute for Healthcare Improvement, Run Chart Tool, 2017), SCALE communities also learned the importance of plotting and tracking data over time to determine whether the changes they are making are leading to improvement. Through this knowledge of measures and data over time, communities can better determine what decisions to make, where there might be equity gaps within the populations they serve, and how to tell the story of change within their community.
SCALE communities learned the following lessons about using measurement to drive their work:
- Use data to identify equity gaps;
- Use data to guide improvement; and
- Put data in the hands of the community.

**Use Data to Identify Equity Gaps**

Identifying equity gaps is a way to understand better who isn’t thriving in a community. In Summit County, Ohio, public health officials, including SCALE team members, analyzed birth outcomes data and found that from 2006-2015, 21 percent of all Summit County newborns were identified as black on birth certificates, while 37 percent of infant mortality victims were identified as black. To close this equity gap, the Summit County SCALE team focused its efforts on the pregnancy hub of their Pathways Community Hub model. The Hub links individuals to resources across the community, including medical, social, and behavioral health services ([Summit County’s Experience](#)).

**Use Data to Guide Improvement**

Healthy Waterville used the [100 Million Healthier Lives Adult Well-being Assessment](#) to track the impact (outcome measures) of its healthy eating initiative in Waterville, Maine. Their aim, chosen with community residents, was to “...improve the health of 16,000 Waterville residents by 2020 by increasing community connections and access to food for all.” They created a driver diagram that reflects their three major areas of focus: healthy food resources, people working in partnership, and a sense of community. By adding two questions to the 100 Million Healthier Lives Adult Well-Being Assessment, they were able to quantify the extent of the health food problem in their community and the community commitment to help address the issue ([Waterville’s Experience; Figure 4](#)).

![Figure 4. Fresh Produce for the Community in Waterville, ME](image-url)
Put Data in the Hands of the Community

The Ethnic Community-based Organization for Refugees (ECOR) in Salt Lake City, Utah, learned to use data to assess whether the changes they were making were having the intended impact. Their first step was to come up with a focused aim. At the beginning of SCALE, they were running multiple projects concurrently in several refugee communities. While they had very ambitious goals and aggressive deadlines, they also had limited resources. Their SCALE coach helped the team focus their work by prioritizing the needs of the different communities and selecting one refugee population for their initial work. The coach helped the team understand that by starting with one community, they would be in a better position to scale up their more developed work to other communities. With that in mind, the team chose to focus on the Burundi refugee population while at the same time spreading successful implementations to three other refugee populations (Sudanese, Somali, and Burmese).

Their specific aim was to increase, over a nine-month period, the number of refugee families of Burundi ethnicity with access to a primary care provider and/or community social services. By employing improvement methods, particularly the use of data, they were able to make breakthroughs in their work. By involving all team members in collecting and analyzing data every two weeks, they were able to track their progress and determine if the changes they were testing were having an impact. The team reported data from this project on the Measure What Matters platform (100 Million Healthier Lives, 2017), and they are now in the process of standardizing the improvement. ([ECOR’s Experience](#)).

Identifying Ideas for Changes to Test

Once a community has crafted an aim and a theory of change, it must also identify and test changes its members believe will result in improvement (Langley GL, 2009, pp. 93-97; Institute for Healthcare Improvement, Science of Improvement: Selecting Changes, 2017). A change idea is an actionable, specific idea for changing a process. It can come from a review of the evidence from research, from best practice, or from talking to those with lived experience of the issues, or other teams, organizations, or communities that have successfully tested changes and demonstrated improvement on a specific issue. Once identified, a change idea can be tested to determine whether it will result in improvement; teams often revise changes as a result of these tests.

Throughout SCALE, communities learned a variety of methods and tools to identify changes for testing against their theory of change:
Methods for Identifying Changes to Test | How Method is Used
---|---
Logical Thinking | Observing a process by following a client through services, or by mapping the process
Bright Spots | Learning from other communities that have developed innovative practices and successful interventions
Driver Diagrams | Referring to a team’s own driver diagram, which includes their theory about changes that will be needed to reach their goals
Design Thinking Tools | Engaging community members with lived experience, empathy mapping, Switch Thinking, Equity Action Labs, brainswarming, and the UFO exercise (discussed later in this paper)

Learn from Those with Lived Experience

The Laramie County Community Partnership (Laramie County) engaged the whole community to support youth experiencing homelessness. The initiative started after a point-in-time homelessness count showed that youth were a substantial portion of the homeless population. Homelessness among youth was adversely affecting high school graduation rates. Rather than designing a program “for” the youth, the team engaged them, and together they developed an initiative to offer stipends to host families. Within six months, they were able to increase high school graduation rates from 38 percent to 50 percent. The youth and community shared their story with policymakers, which led to a governor’s initiative on youth homelessness across the state of Wyoming. The coalition has applied for national funding to scale their solution across Wyoming (Laramie County’s Experience).

Using PDSA Cycles for Learning and Action

Teams test change ideas by running Plan-Do-Study-Act (PDSA) cycles, one way of testing a change on a small scale, and learning quickly what works and what does not (Langley GL, 2009, pp. 97-100). Initially carried out on a small scale in iterative cycles to see if they result in improvement, tests can then be expanded, gradually incorporating larger and larger samples until teams are confident that the changes will result in sustained improvement.

SCALE teams learned two key lessons about using PDSAs:
- Be disciplined with the steps of the PDSA cycle.
- Engage community members in designing and carrying out PDSAs.

Be Disciplined with the Steps of the PDSA Cycle

SCALE teams learned about the Model for Improvement and PDSAs at their in-person CHILAs. Findings from the SCALE evaluation, however, revealed that although the teams had embraced the general approach of learning by trying out new ideas (see section below on Failing Forward), they had not necessarily adopted the discipline of working through each step in the PDSA cycle (Scaccia J, 2017). The Women of Skid Row team, for example, learned that by planning out each part of a PDSA cycle, they
were able to test a new model of peer-led cooking demonstration groups that they are now continuing to use with other community classes (Women of Skid Row’s Experience, Scaccia J, 2017, pp. 220-245).

Engage Community Members in Designing and Carrying out PDSA Cycles

The Live Algoma SCALE community focused on engaging youth to support them in choosing appropriate health and lifestyle behaviors, building leadership capacities, and using the tools of improvement science to empower their voice. Rather than designing some programs for the youth, they decided to introduce improvement skills to twelfth graders at the local high school and let them design their own improvement initiatives. The twelfth graders not only planned and carried out a successful test of teaching Hands-Only CPR at local basketball games; they then began teaching sixth graders the improvement skills they had learned. The sixth graders went on to design their own tests. Youth are now also entering their own data onto the 100 Million Healthier Lives Measure What Matters platform. (Live Algoma’s Experience).

Design Thinking

Design thinking is a set of approaches and tools to better understand the needs and preferences of people using programs (e.g., an employment program or a diabetes prevention program) and/or systems (e.g., the homeless system or the child welfare system), and then using this understanding to improve system/program design and effectiveness. As Tim Brown, CEO of IDEO, states, “Design thinking is a human-centered approach to innovation that draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for success” (IDEO, 2017).

In community health, programs and systems have often been designed without the input of the people who use them. Because SCALE had as a primary objective helping communities to improve health outcomes, design thinking was a core part of the SCALE method. (For an overview of the SCALE initiative, please see Overview of SCALE and a Community of Solutions, another paper in this series.) Design thinking can be used to develop new programs, policies, and/or systems or to develop change ideas (see “Identifying Ideas for Changes to Test” in the previous section). One of the elements of SCALE that embodies the concept of design thinking is the practice of engaging community residents with lived experience. The concepts, methods, and strategies that SCALE teams used to do so are discussed in detail in the accompanying synthesis report: Engaging Community Residents with Lived Experience.

Design thinking was introduced at CHILA 1. Design thinking tools were also shared with SCALE teams at subsequent CHILAs, and the SCALE coaches reinforced their use during the work in each community between CHILAs. These tools included:

- Switch Thinking
- Empathy Mapping
- Equity Action Labs
- Brainswarming
- The UFO Exercise
Switch Thinking

Switch thinking is based on the work of Dan and Chip Heath in the book, *Switch: How to Change Things When Change Is Hard* (Heath & Heath, 2010). Using proven strategies from behavioral economics, social psychology, and related fields, the authors explain that to make change easier, it’s essential to understand three factors (as illustrated in Figure 5 below): the emotional brain (the Elephant), the rational brain (the Rider) and the environment (the Path). By understanding how to motivate the Elephant, using the Rider to help provide direction, and making the environment for change as hospitable as possible by clearing the Path, individuals, groups, and entire communities can make and sustain changes to their behaviors. SCALE provided a number of trainings in Switch thinking throughout the course of the initiative, including a full-day session with author Dan Heath.

![Switch framework](image)

*Figure 5. Switch Framework (Heath C, 2010)*

A key principle from their work is using **bright spots** to identify potential changes or to provide potential solutions to ongoing challenges. Instead of focusing on problems, SCALE communities found that focusing on bright spots — things that were working well (either within their own communities or elsewhere) — often generated feasible ideas for addressing tough problems. In addition to finding bright spots, SCALE communities also learned how powerful it can be to link bright spots together and to engage bright spots in reciprocal learning across communities at all levels of experience. In addition, communities learned the importance of teaching others to identify Bright Spots to help them more quickly develop and improve programs or to tackle complex challenges.
How Communities Used Switch Thinking

According to the SCALE evaluation, SCALE communities nearly universally found Switch principles and strategies to be useful to their work. SCALE communities saw statistically significant gains in their ability to apply Switch thinking, and they maintained these gains over time.

Examples of how SCALE communities used Switch thinking, including bright spots, included:

- **Cattaraugus County Embedding Bright Spots** – After training in Switch thinking, Cattaraugus County decided to work more formally to identify and help replicate bright spots within their county. They cite as an example a school that successfully worked to establish healthier eating habits (including consuming fewer sugary beverages) among its students and how that bright spot is spreading to other schools within the county. [Cattaraugus County's Experience](#).

- **Tenderloin Health Improvement Partnership (Tenderloin HIP) Shrinking the Change and Finding Bright Spots** – Tenderloin HIP combined two strategies from Switch thinking: Using bright spots and “shrinking the change.” They started by identifying bright spots – organizations in their neighborhood that had seen success in addressing the multiple issues that low-income residents were facing (mental health issues, homelessness, drug use and drug sales, linguistic barriers, etc.). They found a number of organizations with expertise and deep roots within their community. Then, rather than applying what they had learned immediately to all 40 square blocks within their neighborhood, they decided to shrink the change by establishing action areas in ten of these blocks. This focus allowed them to move into action more quickly and to see results more quickly. [Tenderloin HIP's Experience](#).

Empathy Mapping

Empathy mapping allows a program, system, or community to better understand the people they work with by “walking a mile in their shoes” and going beyond surveys, interviews, and focus groups. By more fully understanding the wants, needs, fears, and frustrations of community members, it is possible to gain insights that can result in effective change ideas.
How Communities Used Empathy Mapping

A number of SCALE communities reported using empathy mapping to better understand their target populations. Healthy Waterville explains how they used empathy mapping to better understand the individuals and families using their food bank and soup kitchen. Twenty-two coalition members visited the Waterville Food Bank and Soup Kitchen to “walk in the shoes” of the clients, and each filled out an empathy map. In doing so they increased not only their awareness of the free food resources, but also their understanding of the life experiences of the individuals and families using these services.

Equity Action Labs

Developed by Community Solutions, an Equity Action Lab uses a structured set of activities to bring together a diverse group of community stakeholders. Together, the stakeholders set a goal that is important to them and design and take action over a 100-day period to make progress toward that goal. Instead of a traditional process in which a group of stakeholders convenes for an hour a week over years to improve a program or system (often with little to show for this effort), Equity Action Labs use a range of techniques to achieve ambitious goals in just over 100 days. Equity Action Labs also provide communities with the opportunity to apply many of the skills and tools learned through the SCALE communities, with a particular emphasis on design and improvement.
An Equity Action Lab includes a 1- to 3-day intensive planning experience, followed by a short-duration action cycle called a sprint (usually about 100 days; **Figure 7**). During the Equity Action Lab, a community team or teams craft(s) an ambitious, short-term goal related to a community’s chosen priority. During the sprint, teams work to improve their current systems, and track progress toward their ambitious goal.

During the 2-3 months leading up to the Equity Action Lab, a team within a community sets up the infrastructure necessary to support the work of the initiative. This means collecting and analyzing some data related to the chosen problem and reaching out to potential team members.

During the Equity Action Lab itself, in addition to setting an ambitious goal, communities design potential system improvements and make an action plan to test and refine those improvements. The action plan focuses on a few key areas, informed by some of the best industry knowledge in improvement science and design thinking:

- Getting to know the needs of your end users and developing potential solutions (change ideas) that respond directly to those needs;
- Creating a system to measure progress toward your goal; and
- Maximizing use of available resources and making a plan to fill resource gaps.

During the sprint, communities implement the action plan, and hold regular team meetings to track progress toward their goal. All of this work culminates in a 1-day Momentum Lab, where the community reflects on the sprint, solidifies any gains made, and sets a new ambitious, short-term goal for the community.

As part of CHILA 3, Community Solutions offered a brief training in the Equity Action Lab model. Between CHILAs 3 and 4, Community Solutions and SCALE coaches provided support to SCALE communities in planning for and implementing an Equity Action Lab. For example, one SCALE coach facilitated an in-person session with a SCALE team and some of their community partners, to create an initial driver diagram and identify a short-term goal, a few key drivers, and a handful of short-term action steps.
How Communities Used Equity Action Labs

The SCALE evaluation identified Equity Action Labs as one of the initiative’s most useful tools, though communities noted that they would have liked Equity Action Labs to have been introduced earlier and would have appreciated additional training on planning and implementing one.

For their Equity Action Labs, SCALE communities selected a range of focus areas, based on the work they were currently doing and where they identified untapped energy in their community. Among the aims for the Equity Action Labs were the following:

- Develop a coordinated (multi-agency) response to reduce non-emergency 911 calls from a vulnerable population of high utilizers;
- Develop shared-use projects at 6 project sites used by 1,250 community members;
- Have 500 high school students consume “grab n’ go” salads daily across three schools;
- Develop and begin implementation of a minority male leadership program at Mary E. Phillips High School; and
- Establish a mobile market to increase access to healthy, fresh, affordable foods in areas of food insecurity.

Examples of SCALE communities’ Equity Action Labs include:

- **North Colorado Health Alliance Equity Action Lab to Decrease Non-Emergency Calls to 911** – A community-based service coordination effort to improve responses to non-emergent 911 calls that result in unnecessary emergency department visits or arrests.
- **Health Improvement Partnership of Maricopa County Use of Shared Spaces** – Maricopa County used the model to activate six shared-used spaces throughout the county.

Brainswarming & UFO Exercise

Other design thinking methods used during SCALE include Brainswarming and the UFO Exercise

- **Brainswarming**: Developed by Dr. Tony McCaffrey, the concept of Brainswarming was introduced at CHILA 1. It is an alternative to the better-known method of brainstorming to generate ideas. Brainswarming allows participants to generate more creative ideas, engages both “top-down” and “bottom-up” thinkers, and more effectively involves introverts and others who may not be as comfortable with brainstorming.
- **The UFO Exercise**, also introduced at CHILA 1, was used extensively at subsequent CHILAs. The Peer Community Teams and the SCALE teams at community meetings used the exercise to build relationships, generate ideas, and problem-solve together. During this exercise, team members take turns presenting an issue or challenge they are facing. After presenting the issue, the team member is “whisked away” from the group by a virtual UFO while the issue or challenge is discussed, with potential ideas for action generated.
Failing Forward

Embracing Failing Forward

“Failing forward” is a concept originated by SCALE partner Community Solutions (Community Solutions, 2014). It was intended to address the detrimental effects of the mantra of “get it right the first time,” in which people fear making mistakes and then instinctively hide their mistakes rather than discussing them openly. Simply put, embracing failing forward means that mistakes are not only to be accepted as an occasional occurrence in improvement projects, but also should be viewed as critical parts of the learning and improvement process. A mistake, therefore, can only be viewed as a failure if it does not lead to learning that we can use to improve our next attempt. By embracing failing forward, we can improve more quickly.

Embracing failing forward is often taught by asking people to apply the mantra “get it right the first time” to the following scenarios:
- A baby learning to walk;
- A software company developing software (version 1.0 would need to be perfect); and
- The development of a new drug to treat a disease or illness (having only one opportunity to develop a drug and bring it to market).

SCALE’s Failing Forward presentation from CHILA 1 provided the foundation for an approach that SCALE participants spread throughout their communities over the course of the initiative. The SCALE coaches reinforced the importance of failing forward as they guided their teams following CHILA 1. For example, many of the SCALE teams felt pressure to develop a perfect driver diagram to serve as permanent documentation of their plans for SCALE. The SCALE coaches helped them to understand that a driver diagram evolves as the community engages its members in helping to develop a theory of change that works in their particular context.

Embracing failing forward has a number of benefits:
- Individuals feel more freedom to experiment and test changes that might result in improvement if they feel they will be supported even if the change doesn’t (immediately) result in improvement.
- Individuals become much more active learners (and much less defensive) after a test of change that didn’t go as planned when they realize that the test was still worthwhile and can offer them clues for how to improve their next attempt.
- We can often learn as much (if not more) from what others tried that didn’t work, or the cycle of failing forwards that eventually led to an improvement, than the overly polished stories that only focus on the final successful outcome. Imagine how much more quickly we could progress and how many fewer mistakes we would make if we openly shared our failing forward moments.

How SCALE Communities Used Failing Forward

At CHILA 1, failing forward was introduced as a critical mindset for communities interested in design thinking and improvement science. Many communities learned that embracing failing forward was the key to unlocking creativity and to future progress. They noted in their comments on conference calls and at subsequent CHILAs that many of their bright spots included one or more failing forward moments. Both anecdotal evidence and data from the SCALE evaluation team (Scaccia J, 2017) suggest that the majority of SCALE communities found this concept to be useful, applied it in their own work, and, at least in some instances, spread the idea more broadly. SCALE communities also saw that failing forward and learning from bright spots go hand-in-hand. Learning from a bright spot is enhanced when the failing forward moments of the bright spot’s journey are surfaced and explained.
Examples of failing forward moments from SCALE communities include:

- **Proviso Partners for Health failing forward moment with healthy food** - In this story of their community’s SCALE journey, they explain how the “wrong solution” to an identified problem allowed them to learn what it would take to bring healthy food to their community.

- **Sitka Health Summit Coalition failing forward moments related to its leadership team** - Sitka, Alaska’s leadership team turned over completely during the SCALE initiative, and the community learned some valuable lessons about minimizing the detrimental effects of staff turnover at the leadership level. Lessons include:
  - Enlist a broader group into the leadership, selecting of members with deep roots in the community and demonstrated commitment to it;
  - Mentor and guide newer/younger members of the team, and consistently groom team members to take on leadership opportunities;
  - Ensure that strong knowledge management systems are in place, so that others can quickly understand the work and how it is organized, and can access key contacts and notes/summaries from meetings.

- **North Colorado Health Alliance’s failing forward moment during its Equity Action Lab** - The Northern Colorado SCALE Team had several “failing forward” moments during their Equity Action Lab that they will use to improve and that other communities can learn from. Key lessons include:
  - Clearly define the project and time commitment to partners and leadership;
  - Establish a shared document system to make it easy for the team (representing multiple organizations/systems) to find needed documents;
  - Identify the most appropriate people from each agency who will be responsible for tracking data from the beginning.

**Conclusion**

Improvement methods, design thinking tools, and embracing the concept of failing forward were all skills that SCALE communities used to sharpen their aims, take action, and make progress together with their communities. The mastery of these skills by SCALE communities, and any community committed to improving health, well-being, and equity, is a journey. SCALE communities and other communities will continue to learn and to build their skills by working together and sharing their challenges, progress, and breakthroughs.
## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>100 Million Healthier Lives Well-Being Survey</td>
<td>A short survey used by 100 Million Healthier Lives to measure the different dimensions of well-being, including physical and mental health, and social and spiritual well-being.</td>
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<tr>
<td>Aim</td>
<td>A statement of what an improvement team intends to accomplish. It is time-specific and measurable, defining how much, by when, and for whom a community is working. The aim helps everyone in the community understand what the community is trying to do, sets a pathway for the choices of which projects and interventions can achieve that aim, and builds will among community stakeholders to join the effort.</td>
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<tr>
<td>Bright Spot</td>
<td>A set of activities, an intervention, or a program that a community is working on to improve health, well-being, and equity. It is scalable and shows evidence of the impact of the work on the population or subpopulation in the community.</td>
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<tr>
<td>Change Idea</td>
<td>A change idea is an actionable, specific idea for changing a process. It can come from a review of the evidence from research; from best practice; or from talking to those with lived experience of the issues, or with other teams, organizations, or communities that have tested changes and demonstrated improvement on a specific issue.</td>
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<tr>
<td>Change Sustainability</td>
<td>Refers to the sustainability of the change process itself. There are three components of change sustainability: program sustainability, outcome sustainability, and process sustainability.</td>
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<tr>
<td>CHILA</td>
<td>Community Health Improvement and Leadership Academy (CHILA) is the series of in-person leadership training sessions for the SCALE local improvement advisors (definition below) and other members of the pacesetter and mentor communities. There were four CHILA sessions over the 20-month time period for SCALE 1.0.</td>
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<tr>
<td>CHILA Faculty</td>
<td>Faculty for CHILA have deep experience in a skill or topic that matters for community health improvement. Together with members of the SCALE Implementation Team, they lead sessions during CHILA and the monthly SCALE webinars.</td>
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<tr>
<td>CHIP</td>
<td>Community Health Improvement Plan (CHIP) is a comprehensive guide used by SCALE communities to guide their journey to improving health, well-being, and equity.</td>
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<td>Co-design and Co-production</td>
<td>Co-design is the process of engaging community members directly in identifying and planning changes that are needed in their community to achieve health, well-being, and equity. Co-production is the process by which community members directly carry out the changes created during the co-design.</td>
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<td>Term</td>
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<td>Community Champion</td>
<td>A community champion is a community resident with lived experience who works as a member of the core transformation team in the SCALE community. This person is a community member who has &quot;lived experience&quot; with the health issues in the community (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience) and is ready to be actively involved in efforts to improve the health of the community.</td>
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<tr>
<td>Community Leader</td>
<td>A community leader guides and organizes people, resources, and processes within a community to improve health, well-being, and equity. A community leader may be an elected or appointed governmental or agency official or someone who has been elected to a leadership position within a partnership or coalition or within their organization or community group.</td>
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<tr>
<td>Community of Solutions</td>
<td>Community of Solutions is a framework that supports communities in cultivating behaviors, processes, and systems that, over time, results in a Culture of Health and sustainable improvements in health, well-being, and equity.</td>
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<tr>
<td>Community Resident with Lived Experience</td>
<td>Someone who has lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).</td>
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<tr>
<td>Design Principles and Methods</td>
<td>A set of approaches and tools to better understand the experience of community members with programs (e.g., an employment program or a diabetes prevention program), systems (e.g., the homelessness system or the child welfare system), or places (e.g., a neighborhood with poor health outcomes), and then to use this understanding to improve their design and effectiveness.</td>
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<tr>
<td>Driver Diagram</td>
<td>A driver diagram is an illustration of the structures, processes, and norms that are believed to require change in the system; this is one way to illustrate the team's shared theory of change.</td>
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<td>Emerging Bright Spot</td>
<td>A set of practices, programs, or policies that show some initial evidence of far better outcomes than the norm; however, it may not yet have been replicated in other contexts.</td>
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<td>Empathy Mapping</td>
<td>Empathy Mapping allows a program, system, or community to better understand the people they work with by “walking a mile in their shoes” and going beyond surveys, interviews, and focus groups. By more fully understanding the wants, needs, fears, and frustrations of community members, it is possible to gain insights that can result in effective change ideas.</td>
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<tr>
<td>Environmental Sustainability</td>
<td>Refers to the stability and possibility for growth in the physical, political, social/cultural, financial, and technology/innovation environment.</td>
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<tr>
<td>Equity</td>
<td>Conditions in which all people have the opportunity to attain their highest possible level of health and well-being, without barriers that prevent them from doing so.</td>
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<td><strong>Equity Action Lab</strong></td>
<td>Equity Action Lab uses a structured set of activities to bring together a diverse group of community stakeholders to set a goal that is important to them and to design and take action over a 100-day period to make progress toward that goal. (Community Solutions, Designing an Action Lab, 2016)</td>
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<tr>
<td><strong>Failing Forward</strong></td>
<td>The notion that mistakes are not only to be accepted as an occasional occurrence in improvement projects, but should be viewed as critical parts of the learning and improvement process. It embraces the belief that teams that fail forward quickly learn faster, reach higher levels of performance, and create a safe environment for a wide variety of ideas to be suggested and tried.</td>
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<tr>
<td><strong>Formative Evaluation</strong></td>
<td>Evaluation that is intended to assess and improve the project design during the course of the initiative (in this case, SCALE) while it is happening. Using diverse methods including direct observation, surveys, interviews, and feedback from the project Implementation Team, the formative evaluation seeks to collaboratively learn what it takes to accelerate progress within and among communities.</td>
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<tr>
<td><strong>Generative Sustainability</strong></td>
<td>A set of practices and conditions that enables a change process to grow and scale.</td>
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<tr>
<td><strong>Habits of the Heart</strong></td>
<td><strong>Habits of the Heart</strong> are a set of practices developed by the Center for Courage and Renewal that enable community members to openly and honestly engage with one another, to develop shared understanding, and to be able to take action together based on that understanding.</td>
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<tr>
<td><strong>HealthDoers</strong></td>
<td>HealthDoers is the online platform supported by the Network for Regional Health Improvement (NHRI). It connects SCALE communities as well as individuals, initiatives, and organizations across the country, including those involved in the 100MLives movement, who are forging local solutions to advance health and well-being.</td>
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<tr>
<td><strong>Improvement Science</strong></td>
<td>An applied, multidisciplinary science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about which changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools.</td>
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<tr>
<td><strong>Jargon Card</strong></td>
<td>A small posterboard card with the work “jargon” on it; during CHILAs, any person could raise a jargon card at any time when an unfamiliar term was used without being defined, so that everyone could fully understand the remarks.</td>
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<tr>
<td><strong>Leading for Equity</strong></td>
<td>Refers to the application of Leading from Within, Leading Together, and Leading for Outcomes to address equity at a population and structural level.</td>
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<tr>
<td><strong>Leading for Outcomes</strong></td>
<td>Includes the skills of innovation, improvement, implementation, and systems change and refers to the application of design skills to co-create a theory of change, identify measures, test the theory, and then plan for both implementation and scaling up in a way that makes these tasks easier.</td>
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<tr>
<td>Leading for Sustainability</td>
<td>The development of a continuing process of transformation in a community (generative sustainability) as opposed to maintaining programs as they are.</td>
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<tr>
<td>Leading for Abundance Framework = Community of Solutions Skills</td>
<td>A set of practices and key concepts that the SCALE partners tested together related to: reflective practice in leadership (Leading from Within), collaboration (Leading Together), design thinking and improvement science (Leading for Outcomes), equity (Leading for Equity) and generative sustainability (Leading for Sustainability); taken together, these elements make up the Community of Solutions skills.</td>
</tr>
<tr>
<td>Leading from Within</td>
<td>The inner and reflective work of leadership and one’s inner journey as a leader.</td>
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<tr>
<td>Leading Together</td>
<td>The skills of working together, grounded in seeing the community as a dynamic network of interacting people, organizations, structures, and systems that are related to a place. It is necessary to lead together with others in a community to create effective, equitable change.</td>
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<tr>
<td>Local Improvement Advisor (LIA)</td>
<td>A person from a SCALE community with the knowledge and skills to facilitate both the development of relationships across community stakeholders and the improvement process of the community.</td>
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<tr>
<td>Mentor Community</td>
<td>A community committed to health and equity that has made significant progress in addressing multiple determinants of health across sectors (e.g., health care, education, public health, business, social services, etc.); agrees to provide an experienced change agent who can share learning; and is willing to support others in the SCALE network. While mentor communities have made progress, they also want to continue to learn from others and make even more progress in their own journey toward a healthier community. There were four mentor communities in SCALE 1.0.</td>
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<tr>
<td>Model for Improvement</td>
<td>Developed by Associates in Process Improvement, the Model for Improvement is a simple tool for accelerating improvement. It contains three questions that help to create an aim, measures, and a set of changes together with a structured way to test changes in practice (Plan-Do-Study-Act, or PDSA cycles).</td>
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<tr>
<td>Massive Open Online Course (MOOC)</td>
<td>A free online course offered to a large number of people.</td>
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<tr>
<td>Mr. Potato Head Exercise</td>
<td>An exercise that engages participants in testing ideas as a way to illustrate the importance of each step in the PDSA cycle.</td>
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<tr>
<td>Pacesetter Community</td>
<td>A pacesetter community is a community committed to health and equity with at least three partnering organizations capable of addressing the determinants of health across sectors (e.g., education, public health, social services, health care, etc.). Pacesetter communities have at least some experience in improving the health of their communities, and have the hunger and passion to do more, to learn from others, and to contribute to a vibrant shared learning community. There were 20 pacesetter communities in SCALE 1.0.</td>
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</table>
| Pathway to Pacesetters (P2P) | A virtual capacity-building program that grew out of SCALE 1.0. It supports communities in accelerating their improvement journey, no matter where they are. The goals of Pathway to Pacesetter are:
1. Support local leaders working together across sectors to be effective in achieving their goals for improving health, well-being, and equity in their communities. Accelerate the spread of good ideas and practices between communities through the development of relationships, peer-to-peer networks, and an effective learning system for spread.

**PDSA Cycle**
A *Plan-Do-Study-Act (PDSA) cycle* is a structured way of testing a change in the real world — by planning it, trying it, observing the results, and acting on what is learned.

**Peer Community Team**
A Peer Community Team is composed of the following: the SCALE Coach, a mentor community, and five selected pacesetter communities that have a common focus, community type (e.g., urban, rural, etc.) and/or some other identified affinity. There were four Peer Community Teams in SCALE 1.0.

**Readiness**
The general capacity, innovation capacity, and motivation of a community to do a particular task. Readiness was formally assessed throughout SCALE by the evaluation team and used to guide curriculum development and coaching.

**SCALE 1.0**
Spreading *Community Accelerators through Learning and Evaluation (SCALE) 1.0* was a 20-month intensive “learning and doing” program made possible by the generous support of the Robert Wood Johnson Foundation. It was designed to assist communities to achieve unprecedented results in improving the health and well-being of people, populations, and the community at large. SCALE 1.0 was the first time this program was funded (SCALE 2.0, also supported by the Robert Wood Johnson Foundation, began in May 2017). SCALE supports communities in their efforts to address factors that contribute to health, to lead complex change, and to advance equity.

**SCALE Coaches**
Individuals experienced in leading improvement efforts in community health and in coaching teams to develop and carry out plans to improve the health and vitality of their communities. The SCALE coaches are nominated by SCALE Community Partners and lead the Peer Community Teams.

**SCALE Community Partners**
The four SCALE 1.0 Community Partners are Community Solutions (CS), Communities Joined in Action (CJA), the Network for Regional Healthcare Improvement (NRHI), and the Institute for Healthcare Improvement (IHI).

**SCALE Communities**
The communities participating in the SCALE Initiative. In SCALE 1.0, there were 24 SCALE communities (see beginning of this report for a list).

**SCALE Community Improvement Team**
The improvement or transformation team in each community.

**SCALE Tripod Leadership Team**
A leadership structure, encouraged for SCALE Communities, which combines formal institutional leaders, community connectors, and community residents with lived experience.
### Switch Thinking

A concept from the work of Dan and Chip Heath in the book, *Switch: How to Change Things When Change Is Hard*. The idea is that by understanding how to motivate the emotional brain (the Elephant) using the rational brain (the Rider), it is possible to provide direction and make the environment for change (the Path) as hospitable as possible. Individuals, groups, and entire communities can thereby make and sustain changes.

### Theory of Change

A tool that helps to describe a group’s belief (theory) about how a concrete goal (aim) will be achieved, including its primary contributors (primary drivers), possible secondary contributors (secondary drivers), and often, possible changes that could be tried (change ideas).
References

Community Solutions (2015). Failing Forward Quickly. Presentation at CHILA1 (see link in paper).

Community Solutions (2016). Designing an Action Lab. Presentation at CHILA 3 (see link in paper).


Merriam-Webster. (n.d.).


Acknowledgments

The authors are grateful for the contributions of Jane Roessner, Val Weber, Rebecca Tuhus-Dubrow and Marianne McPherson for their editorial help in preparing this report and to all members of the SCALE Implementation and Evaluation teams who have devoted their time, focus, expertise, and passion to the work of the first two years of the SCALE initiative.

We also wish to acknowledge the SCALE Coaches for their guidance and support of the SCALE Communities:
Tanisa Adimu, Georgia Health Policy Center
Laura Brennan, Communities Joined in Action
Catherine Craig, IHI Faculty
Karina Mueller, Community Solutions
Garen Nigon, Community Solutions
Jana Pohorelsky, Community Solutions
Beverly Tyler, formerly worked with the Georgia Health Policy Center
Sarah Woolsey, HealthInsight
Margy Weinbar, HealthInsight

Above all, we are grateful to the SCALE communities, who participated with their minds and hearts as true partners in this journey.

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
Sitka Health 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