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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
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Introduction

The world of community development is rife with examples of un-sustained change; few change efforts last long enough either to go to scale or to sustain improvements. In part, this is because few efforts build in processes from the beginning to support sustainable transformation. In addition, most initiatives focus too much on financial sustainability and too little on other, more powerful contributors to sustainability (e.g., development of a coalition or leaders). Few envision sustainability as a matter of generating the resources necessary to achieve spread, scale, and growth—i.e., generative sustainability. Lack of sustainability not only compromises program outcomes, but also undermines community trust:

“We invited community leaders from diverse refugee communities to participate in developing the plan... From the discussions, it was evident that failures (and discontinuation) of programs in the past had left communities disillusioned. In their own words, ‘community involvement was regarded as a nuisance.’ Participants identified ‘sharing of power’ as key to sustainability of programs in their communities” (Esther Munene, SCALE Ethnic Community-based Organization for Refugees).

At the beginning of the 100 Million Healthier Lives SCALE (Spreading Community Accelerators through Learning & Evaluation) initiative, a majority (67 percent) of the 24 participating communities rated “learning how to create sustainable transformation” as one of their highest priorities to improve health and equity in their communities (SCALE Assets and Needs Survey, 2015). In this paper, we first examine the usual challenges to sustainability of community efforts, based on our collective experience working in communities. We then present a new approach to generative sustainability developed and tested in SCALE.

Background of Concept of Sustainable Development

The origins of the term “sustainable development” can be traced back to the late 1960s and early 1970s. In 1968, two environmental conferences, the Paris Biosphere Conference and the Washington, DC Conference on the Ecological Aspects of International Development both introduced the idea that “there will be no sustained development or meaningful growth without a clear commitment at the same time to preserve the environment and promote the rational use of resources” (Barbier, 1987). The 1972 United Nations Conference on the Human Environment in Stockholm and the Cocoyoc Declaration on environment and development in the early 1970s popularized the idea of sustainable development.

In all of these early uses of the term “sustainable development,” concern centered on the ability of the earth or its resources to continue to meet the needs of either humans or the biotic community as a whole over time. The term gained increasing popularity as a bridge between the fields of environmental conservation and economic development, and also resulted in a great deal of controversy as these diverse fields tried to find a rigorous yet universally acceptable definition for an interdisciplinary concept describing a multifactorial, ongoing process (Redclift, 1987).

During this same period, two other principles of development gained popularity and were often presented simultaneously with the call for sustainable development. The first stated that development efforts should be designed to fit both the social and cultural context and the pre-existing institutions of the people being served by the project. The second asserted the need for “grassroots participation” in the development process. In 1984, Dr. Amartya Sen, a leading developmental economist at Harvard, questioned the very premise that economic development necessarily leads to human well-being. He argued that economic growth by itself is not enough to ensure human well-being, which was the original goal of development.
Without the capacity for individuals to acquire the necessary goods and services to create their own well-being (alongside economic growth), human well-being could not be achieved in the long term. He stated:

“Ultimately, the process of economic development has to be concerned with what people can or cannot do, for example, whether they can live long, escape avoidable morbidity, be well nourished, be able to read and write and communicate, take part in literary and scientific pursuits, and so forth. It has to do, in Marx’s words, with replacing the domination of circumstances and chance over individuals by the domination of individuals over chance and circumstances” (Sen, 1984).

In other words, successful development required not only people’s participation, but also their empowerment, so that they could gain control over their own destiny; this concept became part of a growing discourse on equitable sustainable development (Holmberg, 1992). During the last two decades, sustainable development has become increasingly concerned with the need for human empowerment. Many non-governmental organizations have begun to include beneficiaries in the design, planning, implementation, and evaluation of development projects. A number of research institutes have focused on developing tools to facilitate participatory planning, such as farmer participatory research and rapid rural appraisal (RRA), which depend on simple, non-literacy-dependent tools and techniques that are understandable and usable by people in rural communities. The majority of development institutions, however, particularly large, international ones, continued to view themselves as the central players in the development process, with the concept of community empowerment interpreted to mean little more than getting community input (Sharp, 1992).

At the same time, others pointed out that community empowerment was not sufficient to ensure sustainable development (Tisdell, 1993). Amid this debate, a pressing need emerged to empirically discover principles of sustainable development that include, but also transcend, the principle of community participation. A review of 80 International Institute for Environment and Development (IIED) projects, 600 Water and Sanitation for Health (WASH) projects, and other studies of this type identified a number of crucial factors critical to achieving sustainable development. It is impossible to either list all the principles or to give credit for particular principles to specific projects or studies because many points of consensus emerged from this work. Some of the more important consensus principles adopted in SCALE are listed in Table 1. (Holmberg, 1992); (Water and Sanitation for Health Project, WASH, ed., 1990); (Brindely, 1991); (Saha, 1996).
With the shift in focus from the global to the local, and from ecological conservation to project design, the concept of sustainable development became central to the field of program evaluation—how projects were assessed on the extent to which they achieved stated goals. Its precepts began to be accepted widely, affecting program development in every sector, whether in agriculture or in health, or in the introduction of new technology (Saha, 1996).

Despite this increasing consensus in the collective understanding of sustainable development, relatively few projects were actually judged to be sustainable. A review of 550 World Bank projects in 1990 showed that only 52 percent had successfully achieved sustainable development. A USAID study in 1988 reviewing 212 projects found that only 11 percent of projects were considered to have a good chance of becoming sustainable (Brinkerhoff, 1992). Most evaluation criteria used narrow measures — such as whether a program could continue after funding had ceased. Unfortunately, despite the wealth of understanding of contributors to sustainability (Table 1), the prevailing operational definition of sustainability as able to continue in the absence of the initial funding source has persisted (Saha, 1996). The impact on communities has been unfortunate, both in terms of what is valued and what is considered success.

This narrow definition supports the belief that the most important factor is program sustainability, which requires ongoing resources after a grant period is over. As a result, financial resource sustainability is often both a priority and a limiting constraint in community perceptions of their needs. This focus on program sustainability may be a hindrance to achieving progress.

Truly sustainable change should not be predicated on continuation of a program, but rather on continuation of the change itself. Framed in this broader way, a recent review of evidence-based implementation of substance abuse programs showed that 70 percent of the coalitions and related evidence-based interventions were sustained beyond five years (Johnson, Collins, Shamblen, Kenworthy, & Wandersman, 2017).

### Table 1. Key Sustainability Principles

- Adopt a participatory approach to maximize the chances for sustainable programs and projects;
- Partner with the community and reach agreement on both problems and solutions before taking action;
- Allow those affected by a project to hold decision-making roles;
- Build projects on local knowledge, including management systems and technical solutions;
- Be flexible, capable of adapting to changing information and needs;
- Identify solutions that can be scaled;
- Provide for education and training, particularly for young people and women;
- Assess the economic, social, cultural and environmental aspects of proposed changes;
- Consider both inputs and outcomes;
- Maintain or improve the participants’ standard of living; and
- Build local institutions for the purpose of transferring sustainable skills.
A focus on program sustainability alone also leads communities to under-focus on the other elements that are needed for sustainable change. Communities pay insufficient attention to coalition capacity development, development of leaders and workforce, or the energy of the change process. Communities that don’t invest in these priorities are vulnerable to a high levels of workforce turnover, have low institutional memory, or develop change fatigue — all of which makes the work of change even harder.

Finally, communities sometimes continue programs long past their period of usefulness. In part, this is because communities are often trying to sustain programs rather than outcomes since they associate the programs with employee jobs. There is often a lack of rigor in assessing whether a program led to the desired outcomes, is continuing to do so, or is effective at meeting the evolving needs of the community. An example used in the SCALE curriculum is of the Choluteca Bridge in Honduras, which has withstood hurricanes that destroyed nearly every other bridge in Central America. Unfortunately, while it remains one of the best-constructed bridges in the region, it is no longer effective at serving its purpose because the river has moved. This kind of environmental change is rarely accounted for in most community development efforts, and the purpose is rarely reassessed. As a result, enormous energy is spent to obtain grant after grant to maintain existing programs, leaving little room or energy for the development of new programs to meet evolving needs and priorities.

With the backdrop of traditional concepts regarding sustainable development and common challenges to achieving sustainability (including in the framing of sustainability itself), we turn to present the framework of generative sustainability applied in the 100MLives SCALE initiative.

Cultivating a Mindset of Abundance

Abundance does not happen automatically. It is created when we have the sense to choose community, to come together to celebrate and share our common store. Whether the scarce resource is money or love or power or words, the true law of life is that we generate more of whatever seems scarce by trusting its supply and passing it around. Authentic abundance does not lie in secured stockpiles of food or cash or influence or affection, but in belonging to a community where we can give those goods to others who need them — and receive them from others when we are in need" (Palmer, 2009).

—Parker Palmer, Let Your Life Speak
SCALE has trained communities to adopt a mindset of abundance and a framework of generative sustainability, based on a model derived from work in Guyana led by one of this paper’s authors (Somava Stout). The concept of generative sustainability is based on the idea that the goal of development is to grow resources and scale outcomes, retiring what is no longer needed and innovating while scaling up to create or leverage abundance. In the context of achieving a Culture of Health, the SCALE framework of generative sustainability acknowledges that people, organizations, and communities may have different “jobs to be done” at different phases of the journey, and recognizes that changes that start small can be scaled to achieve larger outcomes. This concept was refined throughout the SCALE initiative and led to the model described below. At the foundation of generative sustainability is a mindset of abundance. The above quotation was used throughout the SCALE curriculum to help communities cultivate a mindset of abundance.

Anyone in the community may become an “abundant leader.” Five habits of abundant leaders emerged from the work of the SCALE communities and were then operationalized in the SCALE generative sustainability framework:

1. Move from pathology to vision; create processes that engage others in growing and developing the vision.  
   Moving from pathology to vision is about recognizing that change is possible and that a wide range of people from all walks of life can contribute to the change. Too often, communities focus on what is wrong or set unambitious goals; in part, this reflects a lack of belief that meaningful change is possible. The shift from pathology to vision invites communities to begin with the end in mind, assume that the destination (i.e., the vision) is possible, and to develop the theory of change about how to get there. This shift might imply transformative change in practice, partnerships, policy, and structural change—identifying needed change is the first step to transformation.

2. Choose and grow an abundance mindset in yourself and others, building on strengths.  
   It is important that a critical mass of the community embraces an abundance mindset, and work is focused on intentional growth among members of a community. Communities are invited to build on their existing strengths and look for bright spots (positive deviants) with an eye to how they might be built upon or knit together to achieve meaningful and sustainable transformation.

3. Release the trapped and untapped potential in people, organizations, and communities.  
   There is a special emphasis on unlocking the trapped and untapped potential in people, organizations and communities as a pathway to abundance. People with lived experience of homelessness, for instance, might have a great deal of insight into the design of delivery systems for homeless services. Trusted community members—such as barbershop owners and faith leaders, may be able to help communities to acquire healthy behaviors.

4. Develop an engine for social change that supports people at all levels in becoming abundant leaders with skills in leadership, co-design, and improvement science.

5. Plan for spread, scale, and lasting change from the beginning.  
   Planning spread, scale, and lasting, generative change requires consideration at the outset of policy, financing, human resource, and change process needs (see Algoma, Wisconsin case study below). Over time, the scale of change might shift from a community to a regional and even national level. Yet without planning for sustainability and scale from the beginning, the selected program or policy designs may be difficult to replicate or to scale up across a system. In addition,
successful spread happens at the pace of trust and relationship, so a community needs to develop relationships or a regional network in order for an innovation to truly go to scale.

**SCALE Generative Sustainability Framework**

Figure 2. The generative sustainability framework developed during SCALE identified four interacting domains of sustainability:

1. **Resource sustainability** — Refers to both the intrinsic and extrinsic resources needed to sustain the change process. Intrinsic resources include joy, meaning, hope, commitment, energy — all of these fuel motivation. Extrinsic resources comprise financial and nonfinancial resources (e.g., money, supplies, education, and opportunity, as well as shared and in-kind assets). Both intrinsic and extrinsic resources are crucial to optimize and manage a change process. Note that relationships bridge intrinsic and extrinsic resources and are categorized under “People sustainability.”

2. **Environmental sustainability** — Refers to the stability and possibility for growth in the physical, political, social-cultural, financial, and technology/innovation environment. For communities, it’s important to understand the sustainability of their environment and then to design and plan to address or mitigate risks, as well as predict opportunities. For example, if there is a 33 percent turnover among families in your school, a program that requires participation over time may not
be as sustainable or effective. Political turnover predictably threatens policies developed by the prior administration. A US-based example is that of the Patient Protection and Affordable Care Act, a policy that has come under substantial political threat with the recent change in administration.

Communities may leverage new technologies to change their environment. One example is farmers in India using text messaging to exchange information about prices across markets, fundamentally shifting their power to negotiate prices (M & B, 2012). It is important to plan flexibly and nimbly, to accommodate constantly changing platforms and methods.

Environmental sustainability supports incremental change: resources are more predictable, programs are more likely to last, and it is possible to develop a long-range strategy because it is more feasible to predict what the world will look like in the future. For instance, the SCALE community of Laramie County, Wyoming, has been able to rapidly scale up a fiscally conservative approach to address youth homelessness because it is culturally aligned with the community, and the community has been able to leverage a very stable, fiscally conservative financial environment.

Lack of environmental sustainability, on the other hand, creates anxiety but also opportunity for transformational change. It’s easier to create the will for change when the status quo is already being disrupted. Low environmental sustainability allows for the emergence of new ideas, new leaders, and new systems. After Hurricane Katrina, for example, many medical records in New Orleans were destroyed; an entirely connected network of primary care sites and a health information exchange was subsequently developed from scratch as a result. (Rittenhouse, Schmidt, Wu, & Wiley, 2012). At Cambridge Health Alliance in Massachusetts, major decreases in safety-net funding enabled a rapid shift from fee-for-service to global payments over five years. This transition was leveraged to achieve deep transformation in the care model (Hacker, et al., 2014). The SCALE community of Sitka, Alaska, had complete personnel turnover of their SCALE improvement team; while disruptive, this turnover presented the opportunity to start over, shifting from a narrow focus on sugar-sweetened beverages to a much more comprehensive approach, with a deeper set of partnerships, to transform healthy eating and active living in the community. To help achieve their new, broader aim, Sitka leveraged local assets such as a thriving fishing industry to ensure healthy eating in schools at low cost.

3. **People sustainability** – Refers to the growth and sustainability of people engaged in the change process. In SCALE, we helped communities shift their thinking of *communities as organizations* (with a default to hierarchical models of communication and solution generation) to *communities as networks*, rich in relationships, with insight and leadership distributed in a way that generates solutions.
People sustainability examines the balance and change over time among different groups in a community. SCALE identified several groups of people whose growth and sustainability needed particular attention throughout the change process:

- Youth;
- People with lived experience of the condition or place the community is trying to change;
- Community members in general;
- Institutional leaders across sectors (health care, public health, business); and
- The community “workforce” driving the change process.

Planning for the number of people as well as succession in each of these groups is important. Live Algoma SCALE Community in Wisconsin, which has a significant number of youth engaged in leading community-based work, quickly realized that the gains would be lost if the participating senior high school students didn’t have the chance to pass on their knowledge to younger students. The seniors quickly adapted and delivered an improvement science training program to sixth graders and then supported them in action. The seriousness of their change efforts, along with their infectious idealism, drew people in. By the end of the year, not only had they achieved meaningful outcomes, they had also inspired hundreds of adults to join them in a shared vision for a thriving community in Algoma. Other SCALE communities held leadership academies in their communities to engage and grow their community change “workforce.”

In SCALE, communities were coached to pay special attention to the development of leaders throughout a community in facilitative network leadership, as opposed to a more traditional hierarchical organizational leadership. To be clear, this isn’t intended to suggest that all organizational leaders are hierarchical. Leaders at any level of an organization or community — including a neighborhood group — may demonstrate either leadership style.

The differences between hierarchical leadership and network leadership are described below (Reinell, 2010). It is important that leaders with formal power adopt the latter style in order to support a process from which the solutions of those with less power can emerge. The system knowledge that formal leaders possess is also a critical contribution.

<table>
<thead>
<tr>
<th>Hierarchical Leadership</th>
<th>Network Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Position, authority</td>
<td>• Role, behavior</td>
</tr>
<tr>
<td>• Individual</td>
<td>• Collective</td>
</tr>
<tr>
<td>• Control</td>
<td>• Facilitative</td>
</tr>
<tr>
<td>• Directive</td>
<td>• Emergent</td>
</tr>
<tr>
<td>• Transactional</td>
<td>• Relational, connected</td>
</tr>
<tr>
<td>• Top-down</td>
<td>• Bottom- and top-partnered; focus on barrier removal and partnered on system change</td>
</tr>
</tbody>
</table>

The SCALE “tripod” leadership team—of formal institutional leaders, community connectors, and community residents with lived experience of the focus of transformation—served as an opportunity for communities to try out this new kind of leadership together.
4. **Change sustainability** — Refers to the sustainability of the change process itself. There are three components of change sustainability: program sustainability, outcome sustainability, and process sustainability. Embedded within this concept is the ability to spread and scale programs, outcomes, and the change process as it evolves.

Program sustainability refers to the ability of a program itself to continue and grow. Outcome sustainability refers to the ability of the outcomes achieved by a program to continue and grow as the program is replicated, spread, and scaled. IHI has separately addressed approaches to prototyping, testing, and scaling health interventions (Barker PM, 2016). These approaches involve identifying the scalable intervention (bright spot), developing a change package, testing during replication, scaling up, and adapting during various phases of scale-up. Scale-up processes need to include the development of leadership and infrastructure as well as communication and support systems.

Process sustainability is the ability of the change process itself to continue to grow and scale, with the fuel it needs to move forward, even if the original aim evolves. Proviso Partners for Health SCALE Community, for example, initially prioritized healthy living as the focus of their work; over time, they realized they needed to also focus on economic development and community engagement. Proviso initially measured healthy food consumption via salad bar sales in schools, then number of feet of growing space — and later added measures for business partnerships, growth in jobs, and number of community members engaged. As their change process grew and became more complex, their measures grew and changed as well.

Sustained community transformation and meaningful population health outcomes require all three elements—program sustainability, outcome sustainability, and process sustainability—as well as the proper balance between them during different phases of development. Planning for program, outcome, and process sustainability together requires clear priorities and flexibility, as well as planning and adaptation, especially during scale-up. What are the core principles and pillars of either the program or the change process that need to be preserved, and what can be adapted? How can leadership be nourished to support program, process, or change sustainability? What will be the plan to develop the workforce and ensure availability of resources? How will the joy, motivation, and energy of the process be fostered? Where will peer-to-peer networks be leveraged and where will systems be used to support spread and scale?

A case study of the community transformation in Algoma, Wisconsin, offers an example of what these different dimensions of sustainability look like in practice.
Case Study: Algoma, WI

Live Algoma began with an initiative to build a community wellness center. The Algoma School District partnered with Bellin Health (a local health care provider) and other stakeholders to fund the facility. Rather than focus on the wellness center facility alone, Nick Cochert, Algoma School District Superintendent, together with Pete Knox, retired Bellin Health Executive Vice-President, collaborated to form a community coalition. To form their core SCALE Community team, they engaged Teal Van Lanen, a former fifth-grade teacher, Bellin Health employees, including Karla Brooks and Jody Anderson, and several community residents.

This core SCALE Community team developed five areas of work: Healthy Individuals, Healthy Children, Healthy Community, Healthy Employers and the Commons (the shared resources that would fuel all of these efforts). After attending the first SCALE Community Health Improvement and Leadership Academy (CHILA), where participants learned to look for assets within their community, Teal and Nick discovered one group of unlikely assets in the twelfth graders at Algoma High.

Senior year was known as a time for coasting. Instead, Teal and Nick invited the high school seniors to become change agents in their community. They started a book club, run by Pete, called Blueprint for Revolution, which engaged the students in key concepts that create social change. This effort also translated SCALE concepts into everyday language that appealed to youth; enrolled the students in the Harvard EdX Improvement Science Massive Open Online Course (MOOC) offered by the Institute for Healthcare Improvement; and challenged them to tangibly improve the health of their community.

The first student improvement project was Hands-Only CPR, a new method of doing cardiopulmonary resuscitation. The students had realized that people in their community were dying of heart disease and often people were afraid to do CPR because of mouth-to-mouth contact. Using a Plan-Do-Study-Act (PDSA) cycle, the students developed a test and set an aim to train 20 people at two basketball games in their community. They were able to train more than 100 people in the first session and over time, engaged hundreds of people in their community.

Pete Knox, a systems thinker, used this project as an example to describe what it would take for the Algoma youth to integrate sustainability planning to scale up an intervention, from innovation and testing during the prototype phase to the phases of spread and scale. The table below describes what a scale-up of program sustainability would look like for Hands-Only CPR.

The students started modestly with a prototype designed to reach and train 130 people. As the students began to think about spread the scope and reach went from 1,000 in phase 1; to 5,000 in phase 2; to 10,000 in phase 3; and international in full spread. Big thinkers are the students. Not only big thinkers but big doers as well. Organizations with traditional approaches were failing to spread the CPR training while the students, through new innovative approaches, were being successful. To be sustainable, the students must face the reality of scale up, which requires investment on fixed costs and creating fixed infrastructure that can serve the larger scope with diminishing marginal costs over time. Simply, the infrastructure required to train 130 people is not the same infrastructure required for expanded phases of spread. Sustainability requires thinking about the new infrastructure requirements well in advance of the need.
### Table 3. Planning for Sustainability During Spread and Scale: Hands only CPR - Pete Knox

<table>
<thead>
<tr>
<th>Spread Plan Infrastructure</th>
<th>Prototype</th>
<th>Phase 1 Reach 1,000</th>
<th>Phase 2 Reach 5,000</th>
<th>Phase 3 Reach 10,000</th>
<th>Full Spread International</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Intrinsic</td>
<td>Small group - joy</td>
<td>Small group - Joy</td>
<td>Expanded team</td>
<td>National team</td>
<td>International team</td>
</tr>
<tr>
<td>- Extrinsic</td>
<td>None Necessary</td>
<td>None necessary</td>
<td>Consider payment</td>
<td>Payment</td>
<td>Payment</td>
</tr>
<tr>
<td>- Assets</td>
<td>Several local CPR Models</td>
<td>Several local CPR models</td>
<td>Travel and additional CPR models</td>
<td>IT, website, additional CPR models</td>
<td>IT, website, 1000s of CPR models</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Physical</td>
<td>Local facilities</td>
<td>Local employers community events</td>
<td>Outside locations</td>
<td>Regional / national locations</td>
<td>International locations</td>
</tr>
<tr>
<td>- Political</td>
<td>School</td>
<td>Local coalitions</td>
<td>Regional coalitions</td>
<td>National coalitions</td>
<td>International coalitions</td>
</tr>
<tr>
<td>- Social/ Cultural</td>
<td>Fun – close group</td>
<td>Fun – close group</td>
<td>Manage a broader group</td>
<td>Build coalitions nationally</td>
<td>Build coalitions internationally</td>
</tr>
<tr>
<td>- Financial</td>
<td>Minimal</td>
<td>$500 – 1000</td>
<td>$1000 – 5000</td>
<td>$5000 – 10,000</td>
<td>&gt;$10,000</td>
</tr>
<tr>
<td>- Technology</td>
<td>Minimal</td>
<td>Minimal</td>
<td>IT – For trainer learning communities</td>
<td>IT – For trainer learning communities</td>
<td>IT – For trainer learning communities</td>
</tr>
<tr>
<td><strong>People</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Leadership</td>
<td>Informal</td>
<td>Semi-informal</td>
<td>Formal structure</td>
<td>Formal structure</td>
<td>Formal structure</td>
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<tr>
<td>- Workplace</td>
<td>Small Informal</td>
<td>Small Informal</td>
<td>Web of students and teachers</td>
<td>Web of students and teachers</td>
<td>Web of students and teachers</td>
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<tr>
<td>- Relationships</td>
<td>Internal</td>
<td>Community</td>
<td>Statewide</td>
<td>National</td>
<td>International</td>
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<tr>
<td><strong>Change</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Programs</td>
<td>Direct</td>
<td>Direct</td>
<td>On-line</td>
<td>Multiple methods</td>
<td>Multiple methods</td>
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<tr>
<td>- Process</td>
<td>Face to face</td>
<td>Face to face</td>
<td>Train the trainer</td>
<td>Online learning</td>
<td>Online learning community</td>
</tr>
<tr>
<td>- Outcomes</td>
<td>Pass test</td>
<td>Pass test</td>
<td>Proficiency of trainers</td>
<td>Proficiency of trainers</td>
<td>Proficiency of trainers</td>
</tr>
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</table>
Building Process Sustainability in Algoma

The Algoma High seniors continued to train people but realized quickly that if they didn’t find a way to transfer their skills, they would soon graduate and the change process in their community wouldn’t continue. They realized they needed to engage a younger generation of students, and chose the sixth graders in the elementary school, the class Teal had taught the year before.

The sixth-grade teacher, as it turned out, was looking for a way to engage her students in social justice, and this project felt like the perfect opportunity. The Algoma seniors taught improvement skills to the sixth graders using the Mr. Potato Head game and some of the MOOC videos. The sixth graders broke into teams and set aims related to a variety of goals, from addressing sexism to preventing animal abuse. One sixth-grade team focused on students who lack access to fresh fruits and vegetables, which, in a farming community, they felt was intolerable. They discovered that the grocery stores often threw away large amounts of bruised fruits and vegetables every week, and set an aim that 30 percent of these “ugly fruits and veggies” would be donated to the school every week by the end of the school year.

Next, the students worked with the Live Algoma SCALE Community team to convene a meeting with their teacher, food service staff, the superintendent, the city mayor, and all the grocers in town. The sixth graders presented their case, with eloquence and clarity (having also been coached in the skills of storytelling). By the end of the meeting, they had secured the agreement of the first grocer. By the end of the school year, they were able to complete multiple PDSA cycles and run charts documenting the consumption of the “ugly” produce. As one sixth grader said, one of the most important concepts they learned was the value of setting ambitious goals and not being afraid to “fail forward” — “If you’re not failing, you’re probably not trying hard enough.” Teaching improvement thinking has now become integrated into the school curriculum, with teachers across Algoma learning how to adopt these methods.

The teacher who worked with the elementary students noticed some remarkable things — the students not only achieved an audacious aim, but they changed the way they saw themselves. The concept of failing forward, taught at the first CHILA, introduced them to the idea that the most natural way to learn is to try things, fail, adapt, and try again — the basic PDSA cycle. She noted, in particular, that students who she worried were disengaging (who were not performing as well in school) suddenly re-engaged. Failure simply became a mode of learning, not a cause for judgment. The high school seniors trained sixth graders, who then decided their second-grade buddies also had good ideas, which could be implemented and spread. Today, Algoma School District faculty are trained in improvement science and are incorporating the work into classrooms throughout the district.

The 100 Million Healthier Lives SCALE initiative has been creating a culture of learning and improvement, of building on strength, of seeking the bright spots, and of valuing the wisdom of those who are closest to the problem, supported by the leaders who see them as a wealth of potential. In community after community, this mindset is beginning to shift the balance of power and generate new possibilities.
At the system level, Algoma has made remarkable strides. The local health care system, acting as an employer, brought together employers in the region and engaged them in worksite wellness programs and a shared insurance product that they made available for their employees and for others in the school district. As they improved the health of employees and reduced costs, they lowered the per capita cost growth of health care for the school district and the employers, leaving them with more resources to meet the needs of the community. In addition, they shared the savings with their community — investing in cradle-to-career programs and the community wellness center, with community engagement at every level to create a Culture of Health.

By leveraging the shared assets, skills, and insights of a diverse, growing cross-section of the community, Algoma is able to make the improvements and investments it needs and to learn and adapt quickly. It has a social change engine that is powering an army of change leaders who are invested in the well-being of Algoma. This pattern of transformation, over time, promises to lead to sustainable outcomes and the ability to address larger and larger challenges.
Figure 4. Elements of the Algoma sustainability model are listed below.

- **Intrinsic**
  - Bright spot nights, community pride, engagement of youth
  - Extrinsic
  - Community give-back dollars
  - Grants

- **Resource sustainability**
  - Hands only CPR scale-up plan
  - Clear outcomes and improvement methods
  - Process - bright spot site visits; Blueprint for Revolution

- **Environmental sustainability**
  - Use of HarvardX course
  - Growth in youth leaders
  - Integration into school curriculum

- **Change sustainability**
  - Stable environment
  - Supportive community
  - Strong business presence

- **People sustainability**
  - Intrinsic
  - Bright spot nights, community pride, engagement of youth
  - Extrinsic
  - Community give-back dollars
  - Grants
Conclusion

Communities are not static; they are in constant transition and flow. The sustainable development of a Culture of Health requires a set of capacities to nurture a transformation process over time in the face of change. Such a transformation process must bring our best knowledge of what it takes to support networked spread, adaptive scale-up, and complex social and systems change. The generative sustainability model presented here builds on decades of knowledge in each of these areas and has been field-tested in the first phase of SCALE. Only time will tell whether the SCALE approach has unleashed transformative change in these communities and whether this change will grow and sustain itself to achieve meaningful population-level outcomes.

What we do know is that hundreds of people—from high school youth, to women experiencing homeless, to CEOs of businesses, to health care and public health leaders, to mayors—now see themselves as leaders in their community. They are applying an abundance mindset to create jobs in communities of concentrated poverty, eliminate food insecurity, and improve the outcomes of homeless youth in states with little public funding. They are working to change policy to support healthy eating and active living, people experiencing homelessness, and social service coordination in places including Arizona, Illinois, Ohio, and Wyoming. Through these leaders, we can truly learn what it means to achieve a Culture of Health long after this initiative has concluded.
# Glossary of Terms

<p>| <strong>100 Million Healthier Lives Well-Being Survey</strong> | 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. |
| <strong>Aim</strong> | 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. |
| <strong>Bright Spot</strong> | 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. |
| <strong>Change Idea</strong> | 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. |
| <strong>Change Sustainability</strong> | Refers to the sustainability of the change process itself. There are three components of change sustainability: program sustainability, outcome sustainability, and process sustainability. |
| <strong>CHILA</strong> | 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. |
| <strong>CHILA Faculty</strong> | 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. |
| <strong>CHIP</strong> | Community Health Improvement Plan (CHIP) is a comprehensive guide used by SCALE communities to guide their journey to improving health, well-being, and equity. |
| <strong>Co-design and Co-production</strong> | 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. |
| <strong>Community Champion</strong> | 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 “lived experience” 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. |
| <strong>Community Leader</strong> | 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. |
| <strong>Community of Solutions</strong> | 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. |
| <strong>Community Resident with Lived Experience</strong> | 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). |
| <strong>Design Principles and Methods</strong> | 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. |
| <strong>Driver Diagram</strong> | A <a href="#">driver diagram</a> 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. |
| <strong>Emerging Bright Spot</strong> | 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. |
| <strong>Empathy Mapping</strong> | <a href="#">Empathy Mapping</a> 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. |
| <strong>Environmental Sustainability</strong> | Refers to the stability and possibility for growth in the physical, political, social/cultural, financial, and technology/innovation environment. |
| <strong>Equity</strong> | 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. |</p>
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<tr>
<th><strong>Equity Action Lab</strong></th>
<th>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)</th>
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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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<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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<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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<td><strong>Habits of the Heart</strong></td>
<td>Habits of the Heart 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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<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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<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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<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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<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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<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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<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>
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<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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<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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<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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<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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<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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<td>Massive Open Online Course (MOOC)</td>
<td>A free online course offered to a large number of people.</td>
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<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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<td>Pathway to Pacesetters (P2P)</td>
<td>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:</td>
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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


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In addition, we wish to acknowledge the SCALE Coaches for their guidance and support of the SCALE Communities:

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- Catherine Craig, IHI Faculty
- Karina Mueller, Community Solutions
- Garen Nigon, Community Solutions
- Jana Pohorelsky, Community Solutions
- Beverly Tyler, formerly of 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
Appendix: 100MLives SCALE Tools and Resources to Address Sustainability Planning

Worksheet and Example Plans from Sitka and Laramie County

Growing and Sustaining a Community of Solutions

Dimensions of sustainability

1. How are you doing with resource sustainability?
   a. Intrinsic - Where are you strong? Where do you need to grow?
   b. Extrinsic - Where are you strong? Where do you need to grow?
   c. What will you do to improve your resource sustainability?

2. How are you doing with environmental sustainability?
   a. Physical
   b. Political
   c. Social/cultural
   d. Financial
e. Technology/Innovation

What are the biggest environmental threats and opportunities right now for your community?
What plans do you have to take advantage of opportunities and mitigate risks?

3. How will you grow and sustain your people?
   a. Coalition leaders
   b. Workforce – local improvement advisers, community champions
   c. Relationships
   d. Insights

4. How will you support and grow your change sustainability?
   a. Program
   b. Process
   c. Outcomes

A year from now, where would you like to be in your progress toward a community of solutions?
What are the key pieces you will need to put in place to support that in terms of the dimensions above?
5. **How are you doing with resource sustainability?**

a. **Intrinsic - Where are you strong? Where do you need to grow?**

After losing all of our original team members, we regrouped and now have a very strong and dedicated core leadership team. The coalition has a stronger umbrella non-profit in Sitka Counseling and Prevention Services.

There is a renewed energy level and several components are coming together. We have started a coaching process with County Health Rankings & Roadmaps. We have been doing some teambuilding activities and building stronger relationships with each other. We are truly utilizing the Habits of the Heart and the touchstones as we come together.

We have about $6,000 and more importantly we have people from six different organizations on our leadership team/coalition.

At this point, there are no major concerns or red flags. We just need to keep sharing what we need and expect from our involvement in the process and each other.

b. **Extrinsic - Where are you strong? Where do you need to grow?**

Finances are always an issue. However, there is a willingness from each of the organizations our core leadership team come from to allow us to put the time in to make the process work. We have some financial resources in our account and as a result of being “housed” with a more stable organization we will have much greater financial accountability and be able to expend the financial resources where they are most needed.
We are very strong in the knowledge, skills and abilities that our present core leadership team has. The coalition has started the RWJF-funded County Health Ranking and Roadmaps coaching program which will bring in an additional wealth of information and tools. The coaching process will help our coalition to be stronger. To grow we would need additional funding sources and national partners, similar to what we have had with the SCALE program.

There is good diversity and a strong commitment to following through. As this core leadership team develops further, we will expand out to engage more community members and more persons with lived experiences. We need to acquaint ourselves with the language of SCALE and figure out the forms and reporting processes. All of this was lost with the changing of personnel. We have to play catch-up at this point, which is frustrating, and at times do not know where to even begin.

c. **What will you do to improve your resource sustainability?**

We will continue to build our team and utilize the knowledge and skills each of us bring to the table. We are in the process of building a strong community system with a shared vision, mission and language. We are also linking community organizations (formal and informal) together. The adage “Being resource rich and coordination poor” resonated with members of the core leadership team and as we share this with other community members, they too seem to agree and are more willing to seek a way to coordinate more. Once the issue was identified and named, we were more able to deal with it.

The coalition is applying for the RWJF Roadmaps to Health Prize. We have made it to round two and if we make it to the finals we will receive $3000 to do a site visit. If we make it to the winning circle the coalition would receive a $25,000 cash prize. In addition to this, we are leveraging local, state and national level grants which will allow us to focus on specific areas of need. This past year we applied for and received a Strategic Prevention Framework Grant ($150,000.00 per year for up to four years) that will allow us to focus on the non-medical use of prescription opioids and heroin. One of our partnering agencies receives a grant to address domestic violence, adverse childhood events, and intimate partner violence. This program also works on social-emotional learning within the school system.

We are currently writing a Drug Free Communities Grant to address other substance abuse issues in our community, which could bring in $125,000.00 per year for up to ten years. If we do win the RWJF Health Prize, additional doors will open up.

6. **How are you doing with environmental sustainability?**

   a. **Physical** – In August 2015 Sitka had several landslides and three lives were lost. The landslides were triggered by unusual storm that had high winds and downpour. Sitka will experience the effects of global warming and our state has often been described as being on the front line of climate change.

   b. **Political** – We have individuals involved in the Sitka Health Summit that also sit on various committees, commissions and the City and Borough of Sitka Assembly. In addition, a few city employees are involved in the activities of the Sitka Health Summit Coalition. At this point in time there seems to be a synergy developing. Right now we have a good group on the assembly. They are facing a 4 million dollar budget gap and every October we get new people on our city council.
c. **Social/cultural** – Our population is aging and the number of people over 65 has increased and will continue to do so. We have work to do in addressing longstanding issues with racism. Sitka is a small town and benefits from the ethic of caring for neighbors.

d. **Financial** – The state and our city are facing major deficits because of the loss of oil revenue which accounts for 90% of the state budget.

e. **Technology/Innovation** – Innovation in the seafood sector is happening and Sitka is working to get the most out of this crucial resource.

What are the biggest environmental threats and opportunities right now for your community? What plans do you have to take advantage of opportunities and mitigate risks?

The biggest environment threat is the budget crisis that affects our state, city, school district, community hospital and overall economy. Sitka has an economic development association that is working on diversifying and keeping dollars in town. One of the most important fixes is to go local with energy. For every dollar that is spent on oil and natural gas that come in from out of town, 90 cents leaves our island. If people transition from fossil fuels to our clean, renewable, local electric power all of that money will stay in town and fund our public utility.

7. **How will you grow and sustain your people?**

   a. **Coalition leaders**
      Seven members of our core leadership team have begun a coaching process with a coach from RWJF. This can last up to a year. We are also utilizing the knowledge and skills learned through the SCALE process to educate other members of our team and apply these as well as the processes to our work.

   b. **Workforce – LIAs, community champions**
      Our coalition made a goal of hosting monthly learning and networking events at the local college, which donated their best room. Our leadership team of seven will learn lessons from the coaching program and the SCALE process and apply them at our monthly gatherings. The events will be evaluated and are designed to bring a broad cross section of partners together.

   c. **Relationships**
      Our leadership team will meet regularly as will our larger networking group. We plan on maintaining and growing relationships from the SCALE program as well.

   d. **Insights**
      At our monthly learning and networking gatherings we will build in learning modules so the broader group of 30-40 people will get the information in person and then in writing. Our website (www.sitkahealthsummitak.org) along with a developing website for Sitka Counseling (which will act as a community “dashboard”) will also be a good venue for sharing lessons learned.

8. **How will you support and grow your change sustainability?**

   a. **Program**
      Our coalition will learn and apply lessons from SCALE and our RWJF coaching program to make improvements and to make our program stronger. We will also finish this first round of SCALE strongly and apply for SCALE 2.0. In addition, our coalition will do phase two of the
Roadmaps to Health Prize. If we win, it will be a huge boost to our coalition and community and allow us to leverage other resources locally, statewide and nationally.

Another way we plan to grow our change sustainability is to develop a “collective impact” board and a community-based organizational structure that will allow us to be “resource rich AND coordination rich” (versus being resource rich and coordination poor). We have been working on this structure for about eight months. The diagram below reflects that structure. Some of the people and organizations currently involved in this process have been identified in the diagram.

An issue we deal with constantly is the number of people serving on multiple boards, committees and commissions as well as people leaving the island. The structure of the collective impact process allows for “proxies” to sit in for the main person as needed.

Proxies may sit for any member (at any level) at meetings with full representation and voting rights.

Another way to visualize our planned coalition structure and collective impact board is below. Throughout all of the layers, equity, creating a common language and vision, applying the lessons learned from the SCALE and Robert Wood Johnson Foundation Coaching and Roadmaps, and engaging people with lived experiences will be key and integral to the work being done.
b. Process
Evaluation (rapid feedback forms and other evaluation tools) will be built into our monthly meetings, so we can constantly be learning what we can do to make our gatherings and meetings better. With the RWJF coaching program we will also have access to a variety of process tools that we can use.

We will also utilize the Habits of the Heart and the Touchstones as guiding principles of our meetings, etc. As a core team, we have agreed to be open, direct and honest with each other and model that in our larger groups.

c. Outcomes
We will use the Measure What Matters platform plus learning and using the County Health Rankings to see where we stand. We are developing greater community assessment tools and capabilities and creating a community-wide understanding of the need to have effective and consistent evaluation processes in place.

This will allow us to better evaluate the effectiveness of strategies and programs as well as allow us to identify when we need to change course.

One extremely valuable lesson learned through our participation in SCALE has been the value and need to engage those with lived experiences into all stages and facets of any and all initiatives we take on. The challenge is to figure out how to engage people with the lived experiences.

A year from now, where would you like to be in your progress toward a community of solutions? What are the key pieces you will need to put in place to support that in terms of the dimensions above?
A year from now we would like to have a coalition that is strong, unified and has a high level of trust. A year from now we hope to see Sitka with a Drug Free Communities Grant, a Roadmap to Health Prize and healthier citizens who live in a place where leaders really value equity, prevention and health. We would like to be involved in SCALE 2.0 and be sharing those lessons and learning with our community at the well-attended networking and knowledge building meetings that we plan on hosting.

A related goal is to stabilize the collective impact board mentioned above and have a more coordinated approach to wellness, health and prevention in Sitka. Ideally our town will pass an excise tax on sugar-sweetened beverages and a Children’s Health Fund will be created specifically to address equity issues. Some young people won’t participate in activities because of the cost. This could be eliminated with our plan which would bring in between $200,000 - $250,000 a year.

The key pieces that we will need to have in place, in order to make some of the aforementioned progress happen, are first a core group of coalition members who will stay committed to our goals. Turnover has been a major problem so we need to work on retention strategies. Our group will need to become skilled at learning and applying our lessons at our monthly gatherings and that will take a lot of recruiting. Getting the Drug Free Communities grant and stabilizing the collective impact board will also take some recruiting.

In terms of passing an excise tax we will need to do a lot of education. This will require resources, people and learning from the six municipalities that have done this approach already. We will also need two assembly sponsors to put it on the ballot, or a group to gather signatures to put it on the ballot.

Coalition building is a long and messy process which takes from two to three years to become ingrained in the community. Although the Sitka Health Summit Coalition has been in existence for ten years, the “new” look and format is in some ways like starting over. Sitka truly has many resources. What we lack is effective coordination. We believe we are at a point where many individuals and organizations realize a need for coordination and are becoming committed to making it happen.

Taking the lessons learned from our SCALE experience and on-line resources, the RWJF Coaching process as well as the County Health Rankings and Roadmaps and applying them to create a common foundation, language and vision/mission, will be key to our ongoing success as a community.

As we become more aware of and comfortable with the SCALE language and processes we will integrate these as well.
Healthy Laramie SCALE Sustainability Plan

Dimensions of sustainability

1. How are you doing with resource sustainability?
   a. Intrinsic - Where are you strong? Where do you need to grow?

   Our community resources in this area are strong, with room to grow. We have a number of talented and dedicated thought leaders who care passionately about the community and our neighbors. However, we need more diversity in this group and recognize a need to grow the representation of those with lived experience. The core members of our coalition are excited and motivated people who are joyful about the work. Most are unwaveringly optimistic. This core group needs to grow as these same people who sit at the table for everything, cannot move the needle on everything. There is a need for diversity of thought and perspective to move us to the next level.

   b. Extrinsic - Where are you strong? Where do you need to grow?

   We have a community that is generous with time, talent and money. As noted above, however, we need greater diversity. A longtime member of the coalition often refers to the “10 same reasonable people” who show up to work on most community health improvement efforts. In our community, it is known who can be relied upon to write a check, or show up to work in the “trenches.” Laramie County has a strong foundation, but the recruitment of more “reasonable people” will be needed to carry us into the future.

   In terms of financial sustainability, Laramie County has been successful in attracting dollars for community health improvement. In addition, the community has been creative in identifying low-cost and no-cost strategies for advancing toward community wide goals.
c. What will you do to improve your resource sustainability?

Through the education and encouragement received through our SCALE journey, we have become more thoughtful and intentional about engaging people with lived experience. We have done this very well in some initiatives, and not as well in others. We hope to eventually have all of our initiatives designed with significant involvement from those whom the work will directly impact.

2. How are you doing with environmental sustainability?
   a. Physical
   b. Political

During the 2017 State Legislative Session, our coalition was able to move legislation through the state house which will allow greater access to services to homeless teens in Wyoming. The new law was signed by the governor in March 2017 and the statute can be reviewed here: [http://legisweb.state.wy.us/2017/Enroll/HB0159.pdf](http://legisweb.state.wy.us/2017/Enroll/HB0159.pdf)

We are doing more to train our coalition members on how to participate in the policy making progress. For example, in February 2017, we hosted two tours of the state capital during the legislative session. We showed participants where they can listen to floor debate, attend committee meetings, how to approach legislators, etc…

In the Summer of 2017 we are planning to work with an advocacy group in Wyoming to assist their efforts in growing voter registration. We hope to significantly increase voter turnout in Laramie County for all elections, not just Presidential elections.

Our coalition has become more intentional about creating relationships with local and state policy makers. These efforts began approximately a year ago as we began drafting language for what would become HB159 (see above).

c. Social/cultural
d. Financial

A client of Rockefeller Philanthropy Advisors has recently taken an interest in our Unaccompanied Students Initiative, and is considering a donation to the effort. Additionally, our coalition is moving forward on the implementation of “Mobile Cause” to crowd source funding for community health improvement initiatives.

e. Technology/Innovation

Laramie County’s “GoalConnect” program is an innovative solution to create a single point of entry for low-income residents to access critical social services. We have created a system where services meet the client where they are, and remove unnecessary barriers to access. Consequently, people are able to receive the right service or care, at the right place and the right time. The coordination of care created by GoalConnect creates significant efficiencies in our social services system.

What are the biggest environmental threats and opportunities right now for your community? What plans do you have to take advantage of opportunities and mitigate risks?
One of the largest threats is the state economy. Wyoming is a state that is heavily reliant on the revenue created by the energy industry. Those revenues have taken a sharp decline in recent years. As a consequence, state grant funds have been dramatically reduced, even eliminating some social services programs entirely.

As a result, there is an opportunity to better align the efforts and resources of multiple people and organizations caused by necessity. If programs and organizations wish to survive, a new way of thinking must emerge. Hopefully, the community can move toward a model which places more emphasis on the sharing and leveraging of resources toward a common goal.

3. How will you grow and sustain your people?
   a. Coalition leaders
      Continue to spread learning from SCALE and CHILAs across the community. All resources are openly shared with the community, and monthly coalition meetings involve some aspect of leadership development training.
   
   b. Workforce – LIAs, community champions
      Same as above…constant learning and sharing with people at all levels. We have also launched a Parent Leadership Training Institute (PLTI) program to increase the number of civically engaged parents in our community. The first cohort of participants graduated in March 2017. The next cohort is scheduled to start in January. We are doing other specific trainings in monthly coalition meetings around ways to be engaged in the policy making process (e.g., how to communicate with legislators, how to testify in committee meetings, where do you go to register to vote, etc…)

   c. Relationships
      Laramie County enjoys a robust coalition in a close-knit community. We will continue to build on this foundation with an ever-growing emphasis on engaging people with lived experience. This is our greatest growth opportunity.

   d. Insights
      The learning around abundance has been very instructive. It is a perspective and approach we have begun sharing widely.

4. How will you support and grow your change sustainability?
   a. Program
      The Laramie County Community Partnership is an enduring part of the community health improvement efforts in the area. The organization has been around for 20 years, and is well respected by social service organizations, government agencies, and the community at large. The LCCP is a leader in Wyoming when it comes to community organizing and community health improvement, and is often asked to assist other Wyoming communities with their local work.

   b. Process
      We need to be more committed in all of our initiatives to quality improvement. We have many members who are well versed in PDSA (including a few black belts in Lean). We need to better leverage their expertise. We have taken steps already to educate our coalition on process improvement basics and have offered the services of our subject matter experts to assist with improvement projects.
c. Outcomes

We need to continue to focus on measurable outcomes, shared by the community. We stress the importance of stating a goal out loud, and stated in a “how much by when?” framework. Furthermore, we strive to have our different Action Teams work toward shared outcomes, even if the specific focus is somewhat different. (Ex: where are the intersections between access to health care and education? Groups may be working on different tactics, but what is the shared outcome? A healthier community? Higher rates of employment?)

A year from now, where would you like to be in your progress toward a community of solutions? What are the key pieces you will need to put in place to support that in terms of the dimensions above?

As stated above, we need to continue increase the engagement of people with lived experience, and the use of process improvement. We are on our way, but these are the areas for greatest potential improvement. Most communities or organizations will say lack of funding is the major barrier to a significant breakthrough. Financial resources are important, and every community would benefit from extra dollars. However, so much can be accomplished with existing resources. Expertise and leadership are in every community waiting to be commissioned. One year from now, we would like to say we have made process improvement a more consistent part of our world, and people with lived experience are participating in all community health improvement projects our coalition undertakes.