Change Library Bright Spot Submission Guide

This guide is intended to help you submit a bright spot to the Change Library.

If you have a possible or emerging bright spot, you may find it easiest to write the story in your own words, and answer only the key required questions on the form. If you are submitting a practice-tested or evidence-based bright spot, please answer all of the questions to the best of your ability.

To facilitate sharing your story in a vivid and holistic way, we have launched LiveStories, a dynamic and easy-to-use platform that helps you develop vibrant stories with data, video, pictures, etc. This platform is available at no cost. You are welcome to submit your story in any other format.

First review the definitions of tools/resources, stories, and bright spots, and complete the appropriate form in the Change Library. The form below is for bright spots.

DEFINITIONS

What is the difference between tools/resources, stories, and bright spots in the Change Library?

Tools/resources can be toolkits, guidelines/recommendations, websites, applications (apps), articles, reports, books—or any other resource—that help support the implementation of community health improvement.

Stories describe the journey of a person, organization, or community. They can be stories of personal transformation; stories that offer insight into the journey to health, wellbeing, and equity; or stories about a "fail forward" moment—one where a mistake or failure led to significant growth.

Bright spots are specific practices, policies, or programs that have demonstrated significant, meaningful, measurable improvement. They may be early successes related to something that has worked well in your community —a possible bright spot—or a success that has scaled across a country with significant results and is accepted as evidence-based practice (for example, the CDC Diabetes Prevention Program).

SUBMITTING YOUR BRIGHT SPOT: OVERVIEW QUESTIONS

TITLE

Create a short and descriptive title for your bright spot.

TAGS (LIST UP TO 5)

Tags are simple, commonly understood keywords or phrases that someone might use to search for your bright spot. Common tags used in the work of 100M Healthier Lives include: well-being, equity, health,

community, chronic conditions, opioids, children, seniors, race, food security, data, and measures. Do not let this list limit you-please add the tags most relevant to your story.

WEBSITE (OPTIONAL)

Please add, if available, a website URL where users can access more information.

KEY CONTACT(S)

Please include the name(s), email(s) and phone numbers (optional) of key contacts who change makers could approach for more information.

BRIEF DESCRIPTION OF BRIGHT SPOT

Provide a brief description of the bright spot, including what it aims to achieve, in 25 words or less. Visitors to the Change Library will use this description to decide whether they want to learn more.

DETAILED DESCRIPTION

Give a more detailed description at the overview level about this Bright Spot.

EXPECTED OUTCOMES

What results have been observed in the past? What can those implementing the bright spot expect to achieve? Be as specific as possible and keep it simple and readable (e.g. use bullet points). At a high level, why should someone else consider adopting your intervention? Are there any caveats they should be aware of?   Note: people reported measures, such as the 100MLives Adult Wellbeing Assessment (www.100mlives.org/measure), ARE included as objective measures of improvement.

KEY PRINCIPLES

What were some of the key principles used to develop and implement this bright spot? What made this work?

FAILING FORWARD MOMENTS

"Failing forward" is a concept that acknowledges that it is often necessary to try out many things that don't work to get to the thing that does. By embracing failure and learning as a natural part of the change process, change makers are often able to innovate and create effective change faster because they can

rapidly see what isn't working and adapt or abandon strategies without judgment. Sharing these stories can help others avoid the same mistakes. It also creates a culture of safety if failure is acknowledged without shame or punishment.

What were some "fail forward" moments or stories on your journey? What did you try that didn't work? How did you pivot and fail forward?

KEY LESSONS LEARNED

What were some key lessons learned that you would want other people adopting/adapting this bright spot to know?

MEASUREMENT

What are the key process and outcome measures that should be tracked to evaluate the success of the intervention?

- **Process Measures:** Process measures are related to specific program or practice implementation. What are the key measures that suggests that processes have changed (e.g., number of trainings conducted, number of local businesses adopting a policy, number of referrals, etc.)?
- **Outcome Measures:** What are the key outcome measures? These can be any measure of improvement in health and wellbeing—from improvements in self-reports of wellbeing to tangible evidence that the lives of people and communities have improved. The measures can be intermediate (e.g., health behaviors, walkability index) or long-term (e.g., improved homelessness rate, decreased childhood obesity levels, improved chronic disease outcomes, improved life expectancy, improved community resilience, improved racial segregation).
- **Balancing Measures:** Balancing measures help you monitor your intervention for unintended consequences. For example, suppose you developed a program intended to address racial segregation—a balancing measure might focus on rates of housing displacement for low-income people and people of color that might have inadvertently resulted from the intervention. If you have been tracking balancing measures (or have ones you would recommend based on what you learned), we invite you to suggest them here.

We encourage you to take advantage of the measurement resources available at www.100mlives.org/measure. You can also find tools to help you measure and track results over time, including the Measure What Matters platform on Community Commons. The Measure What Matters Wizard can help you to identify measures that might be relevant.

EVIDENCE DETAILS

Please include links or references to journal articles, studies, etc. that provide evidence for your bright spot. If you are applying an existing evidence-based bright spot to a different context (e.g., the YMCA of

the USA applying the CDC-supported Diabetes Prevention Program in a community context), then please reference the original articles that document the success of the bright spot.

PROGRAM THEORY

Every program has a theory behind it, outlining the mechanisms by which it will lead to greater health, well-being, and equity. These theories are often captured in a Driver Diagram or a Logic Model, or written in the program description or in a change package. Please upload your theory if it is available.

EVIDENCE RATING

- **Evidence-based bright spot (strong evidence)**: Research-tested program, policy, or practice that has been scientifically linked to outcome measures; published in peer-reviewed literature; scaled 20 or more times in multiple contexts with similar results.
- **Practice-tested bright spot (good evidence)**: Program, policy, or practice that has been replicated with success in more than ten contexts with similar improvements in process or outcome measures, but without a formal scientific evaluation yet supporting the link between the interventions and the outcomes.
- **Emerging bright spot (emerging evidence)**: Program, policy, or practice that demonstrates sustained improvement in process and outcome measures in one context (e.g., an organization, a community, a group). Data may come from field-based measurement for improvement, stories of improved wellbeing from participants, measured improvement in wellbeing or other self-reported outcome measures, or evaluations in progress. Further study and learning is needed to understand whether the results will apply to other contexts, and whether improvements in process measures lead to improvements in outcome measures.
- **Potential bright spot**: Program, policy or practice in one context (a community, an organization, a group) that shows measurable improvement in process or outcome measures, and the program theory makes sense. It will take time and further testing to see whether the results are sustained, whether they will apply to other contexts, or whether improvements in process measures lead to improvements in outcome measures.

IMPLEMENTATION KEY QUESTIONS

The next several questions ask you to describe what it would take another change maker to implement the program, policy, or practice.

TIME TO IMPLEMENT

How long would it take another change maker to replicate this bright spot?

- Fewer than 12 months
- 1-2 years

- 2-5 years
- More than 5 years
  - Variable (depending on availability of resources, size of organization, number of partners collaborating, etc.)

DIFFICULTY OF IMPLEMENTATION

How difficult is it to implement this bright spot?

- Easy/not that challenging (involves a single group or discipline and does not require a substantial change in population behavior and/or organizational or community culture)
- Moderately challenging (either involves multiple groups or disciplines OR requires a substantial change in population behavior and/or organizational or community culture)
- Very challenging (involves multiple groups or disciplines AND requires a substantial change in population behavior and/or organizational or community culture)
- Variable (depends on availability of resources, size of group, number of partners collaborating, etc.)

COST TO IMPLEMENT

What resources are needed to implement this bright spot?

- Minimal (can often be done with existing staff or resources)
- Moderate (some investment of personnel, training, and/or technology is needed in ONE program or policy area in addition to the costs of materials)
- Substantial (in addition to the costs of materials, significant investment of personnel, training and/or technology is needed in MORE THAN ONE program or policy area)
- Variable (depends on availability of resources, size of organization, number of partners collaborating, and strategy for implementation etc.)

RETURN ON INVESTMENT

Consider what is the average amount of money this bright spot will save or earn for every dollar spent?

- Negative (every dollar spent results in additional costs, but this cost may be worth it because of the benefits in terms of health, wellbeing, and equity)
- Modest ($0-$2 of savings for every dollar spent; some improvement in health, wellbeing, and equity)
- Substantial ($2-$5 of savings for every dollar spent in addition to improvements in health, wellbeing, and equity)
- Extensive (>$5 of savings for every dollar spent in addition to improvements in health, wellbeing, and equity)
- Variable (ROI is organization-specific)
- To be determined (ROI is not yet known)

- Not applicable

KEY STEPS FOR IMPLEMENTATION

Please list the key steps required to implement the intervention, listing each step on a new line. Include the time/costs required for each step where feasible. For example:

1. Identify community volunteers who can create safe routes to school. Estimated time: 1 month.
2. Train volunteers using X training (with links to training, if available). Estimated time: 8 hours; cost: payment to trainer for 12 hours.
3. Develop a Google Sheet with routes and daily volunteer assignments. Cost: $0.
4. Assign volunteers to route map. Estimated time about 4 hours per week per volunteer. Cost: $0
5. Follow up with volunteers to debrief weekly. Estimated time 1 hour per week. Cost: staff time.

PARTNERSHIPS

What partnerships were needed to implement this program, policy, or practice? In what ways did you partner with people with lived experience (people who are most affected by the problem you are trying to solve—e.g., people who have experienced homeless if you are trying to address homelessness) in designing, implementing, and leading the change?

COST DETAILS

Please describe the specific costs associated with implementing this program, policy, or practice. Be as specific as possible (e.g., training manual, $50; training, $1500). If you were able to leverage an existing asset in the community, please explain how.

RETURN ON INVESTMENT DETAILS

Please include detail on return on investment, including how you calculated this.

IMPLEMENTATION DETAILS

The rest of the questions in the next section provide implementation details to help those that want to adopt your intervention. Answer to the best of your ability. The more you are able to answer, the more likely you are to offer insight of value to other communities. If you have a possible or emerging bright spot, you may, alternatively, wish to just answer the required questions below and tell your story in your own words using LiveStories. Click here to get access to use LiveStories.

If you have decided to submit a LiveStories version, please include the link to your story here.

SPECIAL MATERIALS OR EQUIPMENT

Please list any special materials or resources or equipment needed to implement this intervention. This could be a specific training guide or a specific tool, for example. If none, please write none.

SPECIAL INFRASTRUCTURE

What special infrastructure (i.e., physical and organizational structures/facilities) is needed? For example: maternity clinic, training programs, food pantry, leadership training.

NUMBER OF FULL-TIME EQUIVALENTS (FTE'S)

List the number of FTE's of people needed to support the intervention (and whether they were paid or not). To calculate this, divide the number of hours needed to accomplish something by 40 (assuming average work week of 40 hours/week).

TYPES OF STAFF

Describe the type, training and, if applicable, credentials of staff needed to implement this bright spot. Examples of types of staff include community health worker, coalition facilitator, community organizer, social worker, program planner, nurse, lay health promoter.

TRAINING

What additional or special training is needed for staff to implement the intervention?

POLICIES, LAWS, AND REGULATIONS

What policies, laws, regulations, and/or policies are needed for successful implementation of this bright spot?

SPECIAL FUNDING

What special funding is needed for implementation? How did you secure this funding? If none, please write none.

OTHER KEY REQUIREMENTS

Can you think of any other "key requirements" needed for successful implementation? If none, please write none.

EVALUATION PLANS AND DATA COLLECTION TOOLS

Provide examples of evaluation plans, data collection instruments, or other documents that would help organizations easily collect data for the process and outcome measures described above. Please provide links to these documents if available.

ADDITIONAL RESOURCES

It's helpful to have how-to guides, sample materials, case studies, and examples of successful implementation that can aid organizations when implementing this intervention.

Please share any links to or PDFs of these types of resources.

If providing a link or PDF, please describe the purpose of the resource and consider submitting it separately into the Change Library as a resource (a very short process).

CHOOSE WHERE TO SUBMIT YOUR BRIGHT SPOT

The 100MLives Change Library is for a broad audience – anyone within a community who might be trying to improve health, wellbeing and equity. The Health Care Transformation Oasis is a subset of the overall Change Library specifically for health care organizations who are trying to shift toward population health and has sector-specific resources around operational issues. Over time, we hope to develop pathways for other sectors to improve health, wellbeing and equity.

1. The 100MLives Change Library broadly

2. The Health System Transformation Oasis of Tools and Resources (For health care organizations) With generous support from the Robert Wood Johnson Foundation, five partner organizations (American Hospital Association/Health Research and Educational Trust, Institute for Healthcare Improvement, Network for Regional Healthcare Improvement, Public Health Institute, and Stakeholder Health) have committed to refining and adopting a common framework and language for health care organizations on their journey to population health; curating and disseminating promising tools and resources on the Oasis; and supporting hundreds of health care organizations on their journeys. The framework details four portfolios of population health, as well as activities and levers to accelerate progress—to learn more, visit our website www.pathways2pophealth.org and download the framework. Tools, resources, or examples that can help health care organizations better understand what is meant by a particular activity or action described in the framework, and/or how to take action, will be reviewed for possible addition to the Oasis. Please tag your contribution by one of the four portfolios detailed in the framework, as well as by levers to accelerate progress on the journey.

The following questions will be asked for The Health System Transformation Oasis of Tools and Resources:

Portfolios

What Portfolios does your resource address (Mark all that apply):

- Portfolio 1 (Improving mental/physical health with patients or workforce)
- Portfolio 2 (Improving social/spiritual well-being with patients or workforce)
- Portfolio 3 (Improving community health and well-being together with partners for a specific issue)
- Portfolio 4 (Stewarding the community's long-term overall well-being)

Action Areas

What action areas does your resource refer to? (Mark all that apply):

- Stewardship
- Equity
- Payment
- Partnerships with people with lived experience
- Databases of population health resources
- Data
- Team-based care
- Behavioral health integration
- Care management
- Social determinants screening/referrals
- Community partnerships
- Community benefit
- Leveraging nontraditional roles

Optional: Map of the Movement (Skip if it does not apply)

If you want your contribution to show up on the 100 Million Healthier Lives Map of the Movement (www.100mlives.org/map), please provide an address associated with this bright spot.

Address	
City/town	
State/province	

ZIP/postal code

Country

Guidelines for Submission:
Common Questions for Classification

This section contains a series of questions that help to classify your resource based on the common data model used in the Change Library. Answering these questions will help your intervention to show up on common filters used in the Change Library during searches. If a question does not apply to your resource, simply mark "not applicable." Click here for the Change Library Common Questions for Classification guide.

Level of Influence

At what level does this resource apply? (Mark all that apply.)

- Individual/family
- Interpersonal (between people)
- Network
- Organizational
- Community/place
- Policy/system
- Culture
- All of the above
- Not applicable
- Other, please specify _____

Setting

What settings has this resource been tried in? Where might it be appropriate to implement it? (Mark all that apply).

- Childcare
- School

- Faith community

- Workplace

- Home

- Neighborhood

- Health care, public health department or health services

- Social services

- Broader community

- All of the above

- Not applicable

- Other, please specify _____

Topic Area

What topic area does this apply to?   Choose those that the closest fit even if you don't see your exact area. This will help your resource show up on more searches. (Mark all that apply).

- Education

- Employment

- Income

- Family and social support

- Community safety, injury and violence

- Incarceration

- Tobacco use

- Diet and exercise

- Opioid use

- Other alcohol and drug use

- Sexual activity

- Access to care

- Quality of care

- Clinical condition: pulmonary diseases (asthma, COPD, etc.)

- Clinical condition: cardiovascular disease

- Clinical condition: infectious disease

- Clinical condition: endocrine disease (diabetes, thyroid conditions)

- Clinical condition: neurologic disease (e.g., Alzheimer's, stroke, etc.)

- Clinical condition: hematology-oncology (cancer, anemia, etc.)

- Mental health and wellness

- Women's health and wellbeing

- Child health and wellbeing

- Oral health

- Environmental health: air quality

- Environmental health: water quality
- Occupational health
- Housing and homelessness
- Transportation
- Built or physical environment
- System change: public health transformation
- System change: health care transformation
- System change: business transformation
- System change: faith community transformation
- System change: community transformation
- System change: people powered health and wellbeing (co-design, co-production, partnership with people with lived experience to drive change)

- System change: policy transformation
- System change: cultural transformation
- System change: capability development
- System change: financing transformation
- System Change: data and/or measurement transformation
- Equity
- Equity: Racism
- Equity: Poverty/class/education
- Equity: Trauma
- Equity: Stigma
- Equity: Place
- Not applicable
- Other, please specify

  _____

Age

What is the age range, in years, of the population this resource applies to? (Mark all that apply.)

CHILDHOOD 0-18	INFANCY BIRTH TO 1	EARLY CHILDHOOD 0-5	JUNIOR YOUTH 13-15	YOUTH 16-24	ADULTS 18+	ADULTS 18-44	ADULTS 45-64	OLDER ADULTS 65+	OLDER ADULTS 65-74	OLDER ADULTS 75-85	OLDER ADULTS >85	ALL AGES	NOT APPLICABLE
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Sector(s)

Which sector(s) is this resource most relevant for? (Mark all that apply.)

- People (community residents, community members with lived experience)
- Business/industry
- Banking, finance, wealth
- Education
- Government
- Philanthropy and community investment
- Faith-based
- Health care (payers, service providers, device/pharma, IT/infrastructure)
- Public health
- Community-based organizations/nonprofits
- Physical environment
- Agriculture and food systems
- Law, justice and public safety (legal, judicial, criminal justice)
- Transportation
- Housing
- Military
- Humanitarian aid and assistance
- Sports and recreation
- Information, media and communications
- Water and sanitation
- Social/human services
- Arts and culture
- Other, please specify _____
- Not applicable

Quality Aims

Which quality aims does this resource support? (Mark all that apply.)

- Effective
- Efficient
- Equitable

- Health-promoting

- Population-centered

- Proactive

- Risk reducing

- Transparent

- Vigilant

- Safe

- In partnership

Optional: Geographic Unit

If this resource is applicable in a community/place, please specify the jurisdiction. (Mark all that apply.)

- Neighborhood

- City/town

- County

- Region (spanning several counties and/or towns)

- State

- Country

- Not applicable

- Other, please specify _____

Optional: Geographic Context

How would you describe the geographic context for this bright spot? (Mark all that apply.)

- Urban/large city

- Suburban

- Small town

- Rural

- Frontier (<5000 people)

- Village

- All

- Not applicable

- Other, please specify _____