**SCALE 1.0 Synthesis Report**

**July 2017**

# Overview of SCALE & a Community of Solutions

100 Million Healthier Lives

# Authors

Somava Stout, Institute for Healthcare Improvement, SCALE Implementation Team

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# 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 **S**preading **C**ommunity **A**ccelerators through **L**earning and **E**valuation (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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# About 100 Million Healthier Lives and SCALE

100 Million Healthier Lives (100MLives) has been working in support of Robert Wood Johnson Foundation's Culture of Health (COH) strategy since its inception. With equity as "the price of admission," 100MLives has six core strategies, which are deeply aligned with the COH Strategy and Action Areas as described below. (Please note that a Glossary of Terms at the end of this report provides definitions of any terms that may be unfamiliar.)

## 100MLives Core Strategies

1. Foster healthy, thriving equitable communities

2. Create bridges between sectors

3. Create a health care system that is good at health and good at care

4. Scale up peer-to-peer supports

5. Develop new culture and mindsets

6. Create enabling conditions
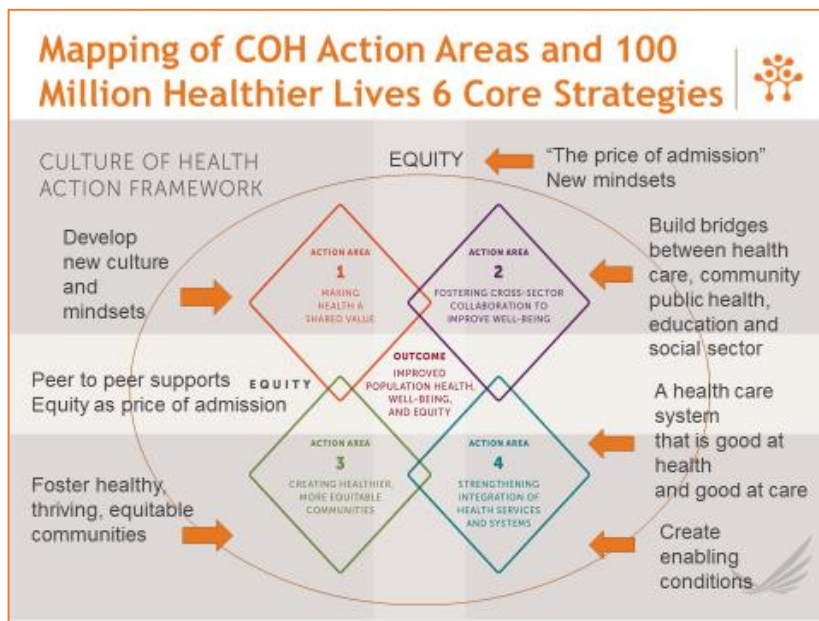


**Figure 1: Mapping of Culture of Health Action Areas to 100MLives Core Strategies**

100MLives has been designed to help realize these strategies at scale and to measure meaningful impact. The 1100+ members of the growing 100MLives network reach over 300 million people. Members have committed to transforming the way they think and act to improve health, well-being, and equity, working in partnership with people experiencing the specific inequities they are seeking to address. By developing an unprecedented collaboration—a large-scale "network of networks"—across hundreds of organizations and communities worldwide (in over 25 countries), 100MLives offers a way to rapidly learn from one another and spread and scale what works. 100MLives fosters capability development, collaborative innovation across sectors and communities, spread and scale of bright spots, system transformation, and common tools and resources to support going to scale.

## Developing Healthy, Thriving, Equitable Communities in the 100 Million Healthier Lives SCALE Initiative

Between January 2015 and January 2017, with the generous support of Robert Wood Johnson Foundation, four 100MLives partners (Institute for Healthcare Improvement, Communities Joined in Action, Community Solutions, and Network for Regional Healthcare Improvement—the SCALE 1.0 Community Partners) came together to learn how to help communities in a wide range of contexts to accelerate their journeys toward a Culture of Health. The SCALE initiative had the following goals:

1. Develop capability within communities to improve health and achieve a Culture of Health.

2. Learn what it takes to facilitate effective inter-community spread.

3. Develop a system for effective teamwork between communities that supports synthesis and dissemination (spread system).

4. Explore whether the SCALE approach can be used as the basis of a learning system in the future for the RWJF Culture of Health and/or 100MLives movement.

The SCALE 1.0 support system for communities included supports to accelerate change within and between communities through:

- Funding for an improvement team in each community, consisting of formal/institutional coalition leaders across sectors, community connectors (who were trained as local improvement advisors) and community champions (people with lived experience in the areas the community was trying to improve). This "tripod" leadership structure proved instrumental in creating functional leadership across the network of a community.
- Four Community Health Improvement and Leadership Academies (CHILAs) – 4-day immersive learning sessions that developed skills, built relationships, and catalyzed changes in community culture. The curricula built skills in leading from within, leading together, leading for outcomes, leading for equity, and leading for sustainability.
- Monthly webinars – used for ongoing skill development and program coordination
- Action periods – 3-4-month period during which communities received coaching to apply their skills
- Equity Action Labs – Structured tool during an action period to bring a key group of stakeholders together to advance an equity goal in a measurable way over a defined period of time (100 days)
- Coaching – To help accelerate their journey, each community received both peer coaching (see below) and individualized coaching from a individual with a deep background in community health improvement
- Peer community teams – Teams of communities that learned together and helped each other accelerate improvement, application and spread
- Peer coaching – SCALE communities served as peer coaches to one another and for communities earlier in the journey in the Pathway to Pacesetter program
- Community-to-community site visits to foster spread of bright spots and practices for learning and improvement
- Evaluation support from a formative evaluation team

# Key Achievements to Date

In collaboration with SCALE Community Partners, participating communities, and formative evaluation team, the SCALE team:

- Developed and tested a model of community transformation (named Community of Solutions) that supports communities at all stages of readiness to acquire skills and apply them in audacious and practical ways to achieve meaningful community outcomes.

- Developed strategies to assess and support communities in terms of their readiness and capacity.

- Identified and helped communities to develop two roles critical to advancing healthy, equitable communities: Community Champions and Local Improvement Advisors.

- Co-designed and implemented a learning system, which includes CHILAs, action periods, coaching, and peer-to-peer support. Learning system development included developing a curriculum around Leading for Abundance. This system has been shown to substantially accelerate the development of mindsets, knowledge, and skills essential to making health a shared value (COH Action Area 1), developing multi-sector collaboration (COH Action Area 2), integrating across health and health care (COH Action Area 4), and advancing towards healthy, equitable communities (COH Action Area 3 & overarching goal of population health, well-being and equity). See program and evaluation reports for full results.

- Mobilized more than 100 leaders across sectors to learn and take action together. These included formal and informal community leaders from diverse walks of life—from resource leaders (business leaders, public health leaders, mayors, health care leaders) to community connectors (teachers, community facilitators) to community residents with lived experience of whatever the community was trying to address (homeless youth if the project related to graduation rates; men of color; refugees). These leaders engaged hundreds of additional leaders across their communities to engage in SCALE tools and processes. Communities applied these skills in a wide array of areas with promising early progress. Topics included:

    o Taking a trauma-informed approach to developing emotionally resilient children;

    o Building on partnerships between the health system and schools;

    o Protecting children from adverse childhood events through community volunteerism and cross-sector partnerships;

    o Ensuring food security and ownership in communities of concentrated poverty;

    o Youth leadership;

    o Women's mental health;

    o Employer-based living wage campaigns;

    o Teen pregnancy prevention;

    o Improved chronic disease outcomes for homeless women through food-housing-health partnership; and

    o Community conversations about structural racism.

- Developed a design for and implemented the foundation of a technology support infrastructure (www.100mlives.org/measure-what-matters) to facilitate community assessment, measure

progress, develop measures for health, well-being, and equity, and understand the system of their community.

- Synthesized a core curriculum based on knowledge of assets, needs, and readiness across communities to provide a learning system to an additional 43 communities earlier on the journey via the Pathway to Pacesetters program.

None of this would have been possible, however, without the deep level of trust, respect and collaboration with the SCALE communities themselves, who served as major contributors and leaders in the development and refinement of the SCALE system.  They helped demonstrate that a Community of Solutions, the model developed through SCALE, was possible to catalyze in communities.
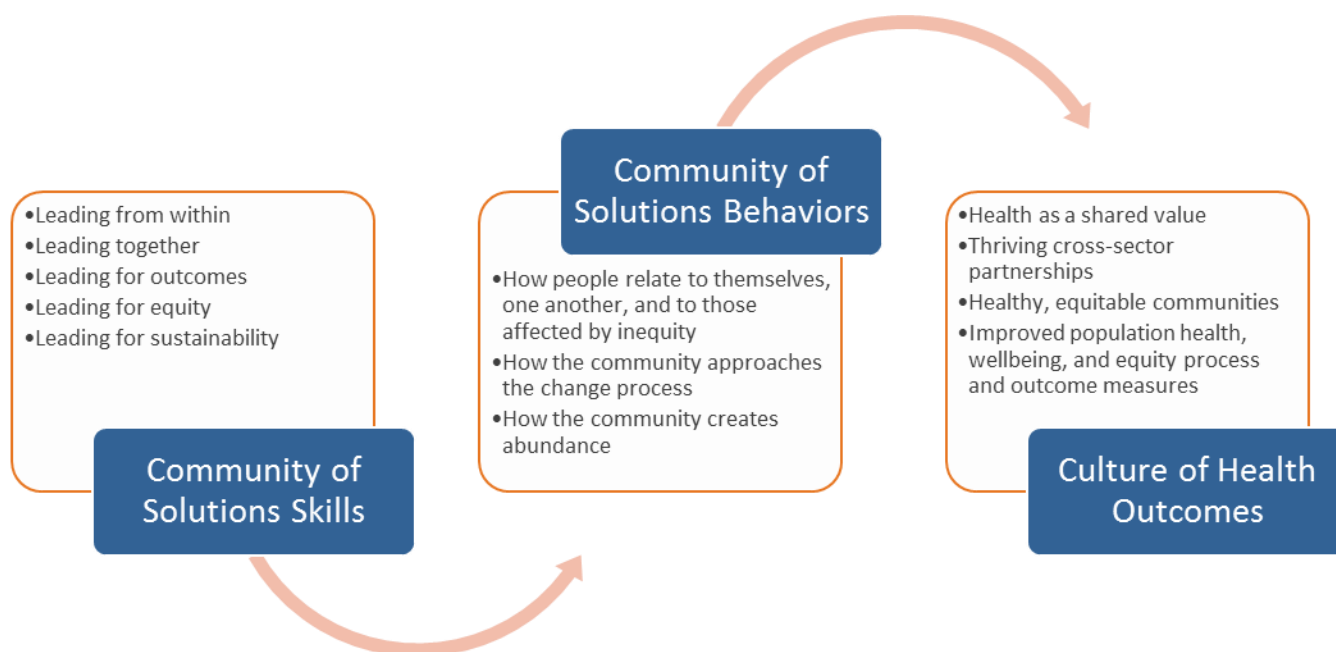
# Community of Solutions Model

The SCALE team sought to develop a model of community change that has the potential to unleash a virtuous spiral of transformation in communities at all stages of readiness. They hoped to identify a process that could meet communities where they were at so that a community could begin small, but as it develops in capability, applies these skills and behaviors to address larger and larger sets of challenges with growing and spreading impact. Over time, the growth in this process might encompass the whole community—a new way of being (mindsets and skills) and doing (behaviors, systems, and processes) applied to how a community approaches the change process. Community of Solutions represents a dynamic approach, not a static designation; it requires that communities continue to practice these skills and behaviors and make structural changes over time.

To develop the Community of Solutions model, in addition to drawing from the literature and past experience, the SCALE Community Partners tested key concepts related to reflective practice (leading from within), collaboration (leading together), design thinking and improvement science (leading for outcomes), equity (leading for equity), and generative sustainability (leading for sustainability). This testing led them to identify skills (Community of Solutions Skills) that enable communities to develop a set of behaviors, processes, and systems (Community of Solutions Behaviors) that, over time, promise to lead to sustainable, growing improvements in health, well-being, and equity (Culture of Health Outcomes) (see Figure 3). The foundations of the model in literature and practice are described in the SCALE synthesis report on Approach to Generative Sustainability.

**Figure 2. SCALE Community of Solutions Model**



**Community of Solutions Skills**
- Leading from within
- Leading together
- Leading for outcomes
- Leading for equity
- Leading for sustainability

**Community of Solutions Behaviors**
- How people relate to themselves, one another, and to those affected by inequity
- How the community approaches the change process
- How the community creates abundance

**Culture of Health Outcomes**
- Health as a shared value
- Thriving cross-sector partnerships
- Healthy, equitable communities
- Improved population health, wellbeing, and equity process and outcome measures

*Community of Solutions Skills and Behaviors*
Community of Solutions Skills are a set of interconnected skills in five domains: Leading from Within, Leading Together, Leading for Outcomes, Leading for Equity, and Leading for Sustainability. Table 1 describes each skill, along with its associated behaviors, and an example of how the skill might be applied.

- **Leading from Within (LW) skills** involve one's inner journey as a leader, including the ability to:
  - Know oneself and what brings one to leadership
  - Reflect, "fail forward," and change as needed
  - See and commit oneself to unlocking the leadership of others, especially those with lived experience of inequity
  - Approach change from a place of abundance, even in the midst of scarcity
  - Value difference – Habits of the Heart: (Palmer P. , 2000)
    - An understanding that we're all in this together
    - An appreciation of the value of difference
    - An ability to hold tension in life-giving ways
    - A sense of personal voice and agency
    - A capacity to create community

- **Leading Together (LT) skills** are grounded in a perception of 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. Elements of Leading Together skills include:
  - Developing trust, relationships, and interconnectedness
  - Effective teamwork
  - Collaboration:
    - Creating a safe space for collaboration
    - Asking open, honest questions
    - Ability to have difficult conversations
    - Facilitation skills
    - Boundary-spanning leadership skills
  - Cultivating the leadership of others, including those with lived experience of inequity
    - Community organizing
    - Integrating people with lived experience in your work
  - Growing abundance through collaboration
    - Power and stakeholder mapping

- **Leading for Outcomes (LO) skills** support communities in applying design skills to co-create a theory of change, identify measures, test the theory, and plan for implementation and scaling up in a way that makes these tasks easier.
  - Innovation/Design Thinking – Using stories and experience to understand the experience of people affected by a change
  - Improvement science – Developing aims, drivers, and measures, and running tests of changes
  - Implementation skills – Making implementation easier, more effective, and more joyful

- **Leading for Equity (LE) skills** apply Leading from Within, Leading Together, and Leading for Outcomes skills to address equity at a population and structural level. A longer description of the 100MLives approach to equity is detailed elsewhere. The work on equity is everyone's responsibility and helps people, organizations and communities apply the prior three Community of Solutions set of skills through an equity lens:

    o Leading from Within – Understanding implicit bias, understanding power and privilege; applying Habits of the Heart; understanding core concepts of power, privilege, structure, and history
    o Leading Together – Recognizing interconnectedness; everyone leading and owning the process of creating equity; fostering ownership and solutions by people with lived experience; mapping assets to potential levers
    o Leading for Outcomes – Using data to identify those who may not be thriving; using stories to map systems that perpetuate inequity; identifying potentially replicable bright spots; testing policy and programmatic changes that have the potential to disrupt systems perpetuating inequity

- **Leading for Sustainability (LS) skills** facilitate an ongoing process of transformation in a community (generative sustainability) as opposed to maintaining programs as they are. Four key elements of sustainability are:
    o Environmental sustainability – Stability of the physical, political, and cultural environment
    o Resource sustainability – Availability of intrinsic (will for change, relationships) and extrinsic (financial, in-kind) resources needed to maintain, spread, and scale changes
    o People sustainability – Cultivation of change leaders in a community
    o Change sustainability – Growth and sustainability of the change process.

When a community builds these skills and begins to apply them to the change process, they begin to embrace a set of behaviors, systems, and processes (Community of Solutions Behaviors) that, over time, lead to sustainable transformation and improved health, well-being, and equity. A tripod leadership/improvement team (made up of groups of formal/institutional leaders, community connectors, and community residents affected by inequity) begins to emerge. Change becomes dynamic, situated at kitchen tables as well as coalition tables, with more freedom for community members to rapidly improve and clearer roles for formal leaders to ensure that resources and structures support transformation. An engine for social change develops that powers the leadership of hundreds of people. Improvements tested at the local level can be spread and scaled up because there is growing trust and an atmosphere of teamwork. The community is able to use its assets in traditional and nontraditional ways to effect transformation in policy, systems, and structural and environmental change over time to address the root causes of poor health and inequity.

These behaviors, described below in Table 1, consist of three interacting elements cross-walked with the Community of Solutions Skills:

1) How people relate to themselves, each other, and those most affected by inequity

2) How the community creates abundance

3) How the community approaches the change process

**Table 1. Community of Solutions Behaviors and Related Skills***

**How people relate to themselves, each other, and those most affected by inequity:**

1. The community is seen as an interconnected network; the improvement work reflects this perception and leadership is distributed within the network.
2. People with lived experience of inequity work together with community connectors and resource stewards to co-design and drive change (LT, LE)
3. A critical mass of people see themselves as stewards of the community's well-being, with the agency and capacity to create change (LW, LT)
4. Leaders across the community work together strategically to create the improvements, systems, and policies needed to sustain long-term change (LT, LO, LS)
5. Community leaders prioritize equity and create a change process that offers greater ownership to those with lived experience of inequity (LE, LT)
6. People reflect, ask open and honest questions, address and resolve conflicts, and embrace differences in a constructive way (LW, LT)

**How the community creates abundance:**

7. Stewards across sectors coordinate and leverage their assets in usual and unusual ways to address the priority needs of the community (LT, LS)
8. Leaders at all levels have the trust and governance processes in place to share resources and accountability (LT)
9. Leaders prioritize the unlocking of untapped potential in people and organizations as a pathway to abundance (LT, LS)
10. Leaders support the development of other leaders who contribute to solutions at every level of the community (LT, LS)
11. Leaders invest in a change process that is dynamic and enhances engagement, relationship, capacity, and the will for change (LS, LT)
12. Leaders invest in the development of social change in a way that gives a wide range of people increasing agency in the change process for themselves and for their communities (LE, LT, LS)

**How the community approaches the change process:**

13. Believe change is possible and define a tangible, motivating vision with concrete aims (LO)
14. Co-design change with the person, place or population (LT, LO, LE)
15. Recognize that solutions can come from anywhere — and create the space and process for their emergence, through the application of effective facilitation and design methods (LT, LO, LE)
16. Focus on getting to meaningful outcomes, with a clear theory of change and measurement aligned with the theory (LO)
17. Approach change in a dynamic way — community members learn, adapt, and "fail forward" as a normal part of creating change in small and big ways (LO)
18. Use data and stories to drive improvement and monitor impact (LO)
19. Adapt aims and measures as the community learns (LO)
20. Embrace the opportunity to learn from others (LO, LW)
21. Display humility and a willingness to adopt solutions generated by others (LW, LO)
22. Focus on community strengths and bright spots, approaching challenges as opportunities (LO)
23. Understand and prioritize the growth of trust, joy, meaning, motivation, and relationship in the change process (LT)
24. Understand the system of the community from multiple perspectives (LO, LT)
25. Prioritize people and places that aren't thriving (LE)
26. Address equity in a way that builds trust, resilience, and unity (LE, LT)
27. Unapologetically and pragmatically address structural racism and inequity in processes and systems (LE)
28. Plan for sustainability, spread, and scale from the beginning (LO, LS)

*LW = Leading from Within; LT = Leading Together; LO = Leading for Outcomes; LE = Leading for Equity; LS = Leading for Sustainability

## Culture of Health Outcomes

SCALE supports communities in measuring what matters to them in their community health improvement efforts (identifying and using "leading indicators"). The initiative uses a simple survey based on self-reported outcomes on well-being—mental, physical, social, spiritual, and overall—to compare progress across communities and understand, from an equity perspective, who in the community is thriving and who is not. Communities receive support to identify outcome and process measures that relate to their theory of change. 100MLives has also developed a measurement platform to help communities identify and track measures that matter for their communities (see Figure 4). The goal is to empower communities to measure what matters to them and learn whether these features truly foster human thriving. A detailed description of this approach can be found in the 100 Million Healthier Lives measurement report (Stiefel MC, 2016).

**Figure 3. Measurement System in 100 Million Healthier Lives (used in SCALE)**
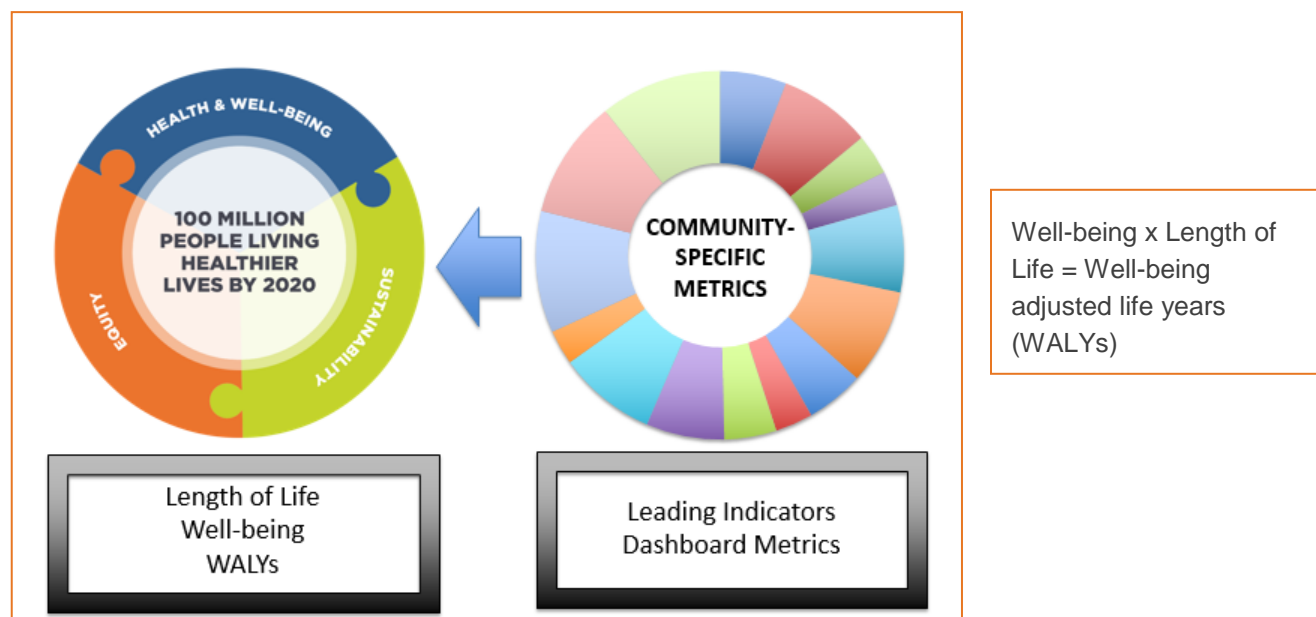


In addition, SCALE uses a "formative evaluation" approach to measure community progress in a host of different ways. A separate paper about measurement and evaluation in the second phase of SCALE is forthcoming.

A case study describing this process is below. Community of Solutions transformation approaches can now be found in multiple SCALE communities and several Pathway to Pacesetters communities. The case study format is intended to better describe this process, not to single out a particular community as the "exemplar."

# Community of Solutions in Practice: Proviso Partners for Health Coalition (Maywood, Illinois)

Maywood, Illinois is a community in which more than 50 percent of residents are at or below the federal poverty level. The Proviso Partners for Health Coalition (Proviso) began by working on improving healthy food access in the community, given the lack of good food sources and the prevalence of chronic disease [LE, CSB 25]. Prior to their participation in the SCALE initiative, leaders in the community successfully advocated for a new grocery store, usually considered the gold standard of achievement in addressing

"food deserts." A farmers' market also opened. Unfortunately, both closed after 18 months because community residents didn't use them. SCALE helped the Proviso coalition rethink their theory of change [LO, CSB16] and recognize that community engagement, building on local assets, and economic development were critical to creating a healthy community — and to do that, they needed to partner across sectors. This recognition began a whole new path for them as they turned into a true cross-sector coalition [LT, CSB7].

They began by engaging youth leaders in schools, who ran small tests of change using plan-do-study-act cycles (Langley GL N. K., 2009), focusing on which items to add to the salad bar to improve rates of healthy food consumption [LO, CSB17]. There was a ten-fold increase in salad sales, leading to the integration of healthy salad options as a standard part of school menus [LO, CSB27].

Over time, the coalition engaged more than 500 community residents in the process [LT, LE, CSB 1, 3, 12], who donated parts of their yards to develop community gardens, participated in neighborhood clean-ups, and became more active in improving the health of their community. This engagement with local residents reinforced the need to pair economic development with healthy living. As a result, the coalition began integrating social enterprises and business partnerships (e.g., healthy catering business, food co-ops) into their healthy food access efforts. The goal was to create new jobs, and they began tracking the number of new jobs created as an outcome metric (see Figure 4), along with measures of healthy food consumption and square feet of growing space donated by the community (see Figure 5).

As Proviso adopted a more intentional community economic development strategy (recognizing that this was the priority need in the community; LE), the number of jobs created via coalition activities increased. Figures 4-5 provide examples of the kinds of diverse indicators that communities in SCALE are tracking to reflect the cross-sector work they need to engage in to sustainably improve the health and well-being of their communities [LO]. By January 2017, the coalition had created 47 jobs.

**Figure 4. Number of New Jobs Created as a Result of Proviso Coalition Activities**
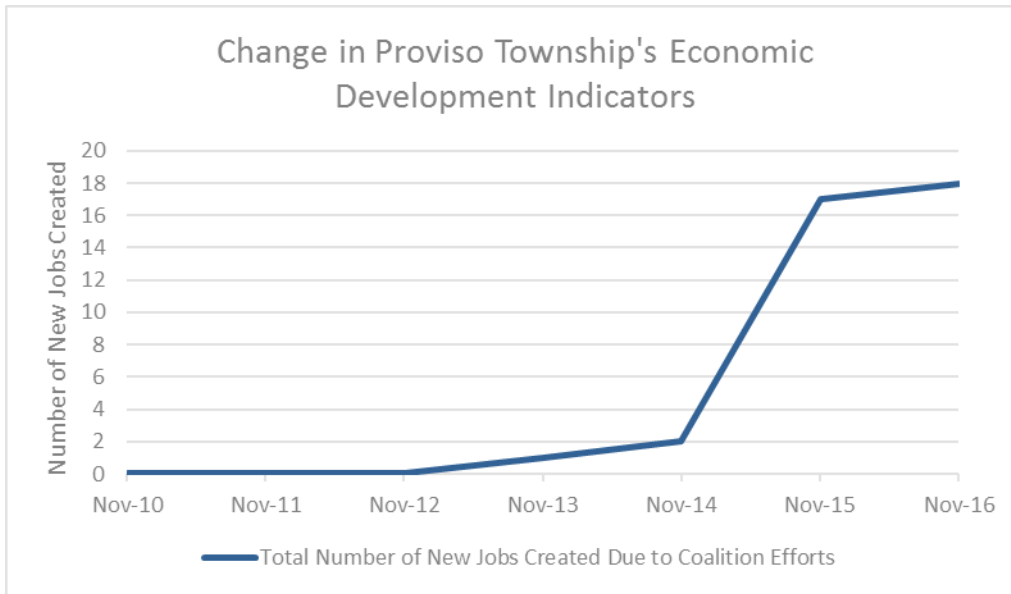


Other run charts (see Figure 5) demonstrate growth in square feet of agricultural growing space and the number of community gardens as community members contributed land. Throughout the SCALE 1.0 project period, hundreds of community members became engaged in improving their community and the community held regular sessions to train community members in SCALE methods; the coalition had grown from a handful of partners to more than 35 multisector partners.

**Figure 5. Proviso's Growth in Growing Space and Community Gardens**
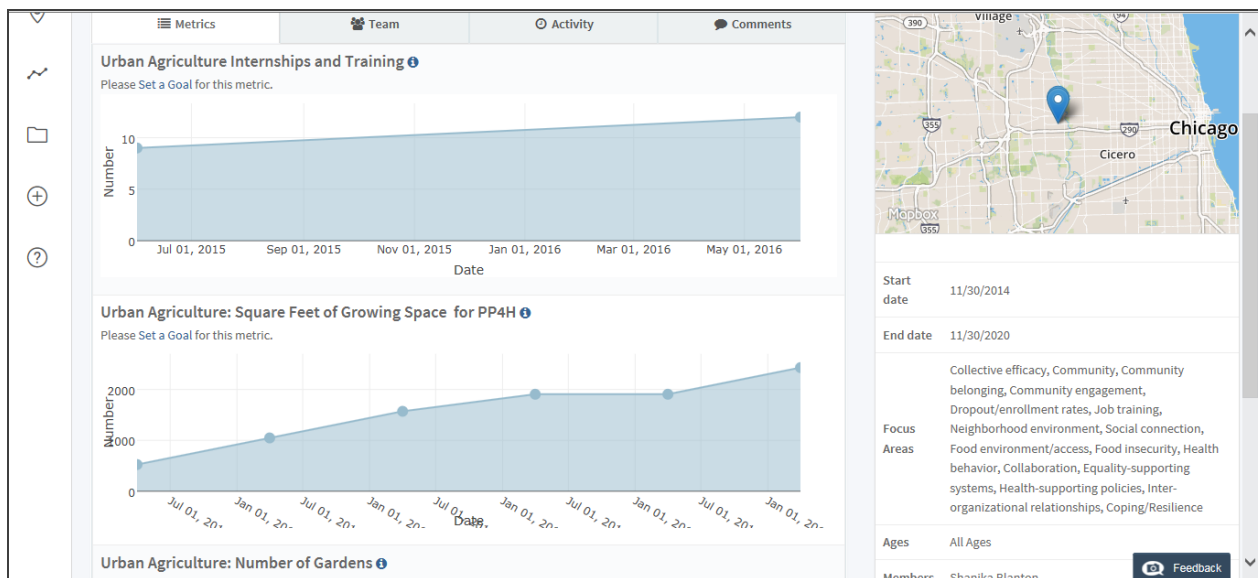
During 2016, the community moved on to implement policy and systems changes. They began to work with community benefits officers to transform community benefit allocations and worked with other stakeholders in the community to pass a county-wide soda tax, whose proceeds would support the work of their coalition. A coalition leader's reflections on the experience, along with a report from a SCALE evaluation team site visit, follow.

***In the words of the community****: Lena Hatchett, Proviso Partners for Health (March 2017)*

"Some people dream about vacation and I used to dream that my community could be a place where people wanted to come. Despite very little evidence that crime, unemployment, education, and food access was getting better, somewhere inside me was a vision that the community could be beautiful and the Black and Brown people that lived in it could love themselves and each other.

At the beginning of SCALE, I still remember the day I saw the word 'joy' in the application. To see joy as a value in a grant application was intriguing. I didn't know what improvement science was or the reputation of IHI, but the journey connected to the possibility of the Proviso community that I've always had.

Toward the middle of the SCALE journey I was living that earlier dream. My confidence grew, I learned more tools than I can count. It seemed every crazy thought I had, there was a value, practice, and tool to describe why it was going to work. I latched onto the concept of bright spots and failing forward as my new mantra, along with the science to explain why we cared in our community, why we didn't give up, and why it was going to work. Habits of the Heart, empathy maps, *Switch* thinking, group facilitation, power mapping, and action labs — we use it all. The community norms switched overnight and it is acceptable to trust each other again.

At the end of the SCALE 1.0 journey, I hardly recognize this community. The Park District and the Village that has fought over parks for more than 20 years are sitting at the table working together collaboratively. The police are training with women domestic violence survivors, and our youth Champions for Change are teaching adults how to find assets in the community. When we meet a new partner, we listen and figure out what they need. There is usually a SCALE tool just right for their challenge. We ignited a community revolution with SCALE and it is spreading naturally."

The 100MLives team and SCALE partners believe every community has the ability to apply the skills and practices of a Community of Solutions to accelerate improvement, wherever they may be on the journey. This is already happening in communities across South Carolina, Texas, and Louisiana that have been part of the Pathway to Pacesetters program, designed to support communities at all stages of the journey toward community transformation. To evaluate the applicability of the approach to other contexts, the SCALE team hopes to hear from programs across the country that are on the journey to creating a Culture of Health and pursuing health, well-being, and equity at 100MLives@ihi.org.

# Glossary of Terms

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| **100 Million Healthier Lives Well-Being Survey** | A short survey used by 100 Million Healthier Lives to measure the different dimension of well-being, including physical and mental health, and social and spiritual well-being. |
| **Aim** | 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. |
| **Bright Spot** | 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. |
| **Change Idea** | 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. |
| **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. |
| **CHILA** | **C**ommunity **H**ealth **I**mprovement and **L**eadership **A**cademy (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. |
| **CHILA Faculty** | 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. |
| **CHIP** | Community Health Improvement Plan (CHIP) is a comprehensive guide used by SCALE communities to guide their journey to improving health, well-being and equity. |
| **Co-design and Co-production** | 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. |

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| **Community Champion** | 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. |
| **Community Leader** | 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. |
| **Community of Solutions** | 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. |
| **Community Resident with Lived Experience** | 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). |
| **Design Principles and Methods** | 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. |
| **Driver Diagram** | A driver diagram is an illustration of the structures, processes, and norms that are believed to require change in the system; this is one way to illustrate the team's shared theory of change. |
| **Emerging Bright Spot** | 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. (A bright spot represents a practice or program that has been replicated and has shown far higher than usual results.) |
| **Empathy Mapping** | Empathy Mapping allows a program, system, or community to better understand the people they work with by "walking a mile in their shoes" and going beyond surveys, interviews, and focus groups. By more fully understanding the wants, needs, fears, and frustrations of community members, it is possible to gain insights that can result in effective change ideas. |
| **Environmental Sustainability** | Refers to the stability and possibility for growth in the physical, political, social/cultural, financial, and technology/innovation environment. |

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| **Equity** | 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. |
| **Equity Action Lab** | 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) |
| **Failing Forward** | 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. |
| **Formative Evaluation** | 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. |
| **Generative Sustainability** | A set of practices and conditions that enables a change process to grow and scale. |
| **Habits of the Heart** | 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. |
| **HealthDoers** | 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. |
| **Improvement Science** | 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. |
| **Jargon Card** | 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. |
| **Leading for Equity** | Refers to the application of Leading from Within, Leading Together, and Leading for Outcomes to address equity at a population and structural level. |

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| **Leading for Outcomes** | 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. |
| **Leading for Sustainability** | The development of a continuing process of transformation in a community (generative sustainability) as opposed to maintaining programs as they are. |
| **Leading for Abundance Framework = Community of Solutions Skills** | 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. |
| **Leading from Within** | The inner and reflective work of leadership and one's inner journey as a leader. |
| **Leading Together** | 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. |
| **Local Improvement Advisor (LIA)** | 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. |
| **Mentor Community** | 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 are four mentor communities in SCALE 1.0. |
| **Model for Improvement** | 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). |
| **Massive Open Online Course (MOOC)** | A free online course offered to a large number of people. |
| **Mr. Potato Head Exercise** | An exercise that engages participants in testing ideas as a way to illustrate the importance of each step in the PDSA cycle. |

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| **Pacesetter Community** | 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 are 20 pacesetter communities in SCALE 1.0. |
| **Pathway to Pacesetters (P2P)** | A virtual capacity-building program that grew out of SCALE 1.0. It supports communities in accelerating their improvement journey, no matter where they are. The goals of Pathway to Pacesetter are:<br><br>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.<br><br>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 are 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** | **S**preading **C**ommunity **A**ccelerators through **L**earning and **E**valuation (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 are 24 SCALE Communities (see beginning of this report for a list). |

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| **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). |

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# 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