Spreading Community Accelerators through Learning and Evaluation
Request for Applications – Pacesetter Communities

SCALE OVERVIEW

Spreading Community Accelerators through Learning and Evaluation (SCALE) is an exciting opportunity, made available by the generous support of the Robert Wood Johnson Foundation, for communities in the United States to substantially accelerate their health improvement journey. SCALE recognizes and values that communities hold the solutions to improve their health. Therefore, the goal of SCALE is to equip communities with skills and resources to unlock their potential and achieve significant results.

20 potential “pacesetter communities” will be selected to participate in SCALE, a 20-month intensive “learning and doing” program designed to assist communities to achieve unprecedented results in improving the health and well-being of people, populations and the community-at-large. SCALE will support communities in their efforts to address factors that contribute to health, lead complex change, and advance equity.

A technical assistance and evaluation team will collaborate with the potential pacesetter communities and offer support and guidance to improve processes and health outcomes. The aim of SCALE is not to fund a community’s entire health improvement effort or to create new initiatives. The goal of SCALE is to support local leaders at every level of a community to be successful and to multiply their effectiveness in achieving their existing vision and goals.

SCALE is a signature program of the 100 Million Healthier Lives initiative,
www.ihi.org/100millionhealthierlives
and supports the Robert Wood Johnson Foundation’s Culture of Health vision,
https://www.youtube.com/watch?v=rs4QSF6mxug
IDEAL APPLICANT

For the purpose of this RFA we define community as a geographic area with a shared governance structure and a shared plan for improving health. An ideal applicant would be a coalition that is representative of the community and is composed of at least three partnering organizations capable of addressing the determinants of health (across healthcare, community, public health, social services, etc.). This coalition would be:

• Committed to health, well-being and equity
• Experienced with collaboration
• Devoted to meaningfully engaging community members and patients/clients
• Aware of its need to improve
• Motivated to accelerate the pace of improvement
• Prepared to do the work necessary to learn quickly and get to outcomes
• Willing to use and be transparent in sharing data
• Eager to be part of an effective coaching and peer-mentoring process
• Ready to adapt best practices that are relevant to its community

We are not looking for “perfect communities”—we are looking for places that are hungry to be effective in their improvement efforts and committed to health, well-being and equity.

OUR OFFER

Pacesetter communities will receive the following:

• Access to an intensive world class “learning and doing” program that assists community representatives to expand skills and capabilities specific to change management, process improvement, and implementation;
• Extensive capacity development training in community health improvement for a local improvement advisor;
• Intensive support from an improvement coach who will help communities meet their community-specific health improvement goals;
• Peer-to-peer learning, support and trouble-shooting with other pacesetter communities;
• “Mentor community” coaches;
• Support in identifying community-specific metrics for the community’s health improvement plan;
• Partnership with a collaborative and supporting evaluation team throughout the 20 months of SCALE, that will provide timely feedback to accelerate community health improvement;
• Access to a peer-learning and knowledge-sharing technology platform;
• Support and tools from the broader 100 Million Healthier Lives initiative;
• Travel expenses covered for a local cohort of up to two community leaders, including a local improvement advisor for a site visit to learn with from a “best practice” program or community; and
• $60,000 (plus up to $8,000 travel budget) over 20 months to support your SCALE community health improvement effort and travel of key leaders and the improvement adviser to attend required leadership development sessions. The funding cycle begins May 1, 2015.

OUR EXPECTATIONS
Pacesetter communities must be willing to:
• Work across sectors (eg, healthcare, education, public health, etc);
• Adopt an improvement approach (e.g., a learning attitude, willingness to try things and test changes, and use data for improvement);
• Secure a local improvement advisor dedicated to SCALE activities. Each community needs to have, at a minimum, a half-time local improvement advisor dedicated to SCALE for 20 months. (SCALE funds can be used to pay for the improvement advisor. If a community already has an improvement advisor, funds can be used to engage partners to help accelerate local improvement efforts);
• Have a 501(c)(3) or municipality organization that is willing to, and can receive, SCALE funds;
• Provide a local SCALE budget and regularly report how SCALE funds have been spent;
• Report and share data monthly;
• Share the good, the bad, and the ugly with transparency;
• Address equity as part of their health improvement goals;
• Attend all core SCALE activities;
• Participate in a peer mentoring process;
• Embrace the opportunity to mentor other communities in the future; and
• Sustain community health improvement efforts and the local improvement advisor after SCALE.

SCALE PARTNERS

The partners who have come together to create the SCALE initiative have extensive experience in supporting effective change at community and health care system levels and have collectively partnered with hundreds of communities and organizations in their effort to lead change.

Community Solutions is a registered 501(c)(3) organization that helps communities solve the complex problems facing their most vulnerable, hard hit members. Community Solutions works from eight locations to assist communities throughout the United States and internationally. Community Solutions recently successfully concluded the 100,000 Homes Campaign through the effective application of improvement science to a major social issue, homelessness. [http://cmtysolutions.org/](http://cmtysolutions.org/).

Communities Joined in Action (CJA) is a private, non-profit membership organization of nearly 200 community health collaboratives committed to improving health, improving access, and eliminating disparities in their communities. CJA’s mission is to mobilize and assist these community health collaboratives to assure better health for all people at less cost. [http://cjaonline.net](http://cjaonline.net).

Collaborative Health Network is a vibrant network that connects diverse stakeholders and trusted groups who are working to improve community health and healthcare, especially those taking a multi-sector, collaborative approach. Supported by the Robert Wood Johnson Foundation (RWJF) and led by the Network for Regional Healthcare Improvement (NRHI), the Collaborative Health Network is designed to accelerate the adoption of what is working locally, and to identify the next generation of challenges. [http://www.nrhi.org/collaborative-health-network](http://www.nrhi.org/collaborative-health-network).

Institute for Healthcare Improvement (IHI) is a leading innovator in health and health care improvement worldwide. For more than 25 years, IHI has partnered with visionaries, leaders, and front-line practitioners in hundreds of communities around the globe to spark bold, inventive ways to improve the health of individuals and populations. Recognized as an innovator, convener, trustworthy partner, and driver of results, IHI offers expertise, help, and encouragement for anyone, anywhere who wants to change health and health care profoundly for the better. IHI is well known for successfully leading the 100,000 Lives campaign, which accelerated the patient safety movement, and as the pioneer in developing and testing the Triple Aim of experience, health and cost. [ihi.org](http://www.ihi.org).
Abraham H. Wandersman, PhD, Professor of Psychology from the University of South Carolina, is an expert in formative evaluation who has worked with communities for over 40 years to help them learn and improve. Dr. Wandersman is leading a team of empowerment evaluation experts from multiple institutions to help us all understand what it takes to accelerate change within and between communities. Collectively, they have worked on a variety of projects in multiple settings and in diverse content areas and bring extensive expertise in designing, monitoring, and sustaining evidence-based programs in community-based settings. Dr. Wandersman has received numerous awards for his groundbreaking work in developing the field of formative evaluation, in which a team learns alongside communities in the process of creating change. He is a co-author of Prevention Plus III and a co-editor of Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability and of many other books and articles. In 1998, he received the Myrdal Award for Evaluation Practice from the American Evaluation Association.

Two key lessons we have learned from our decades of collective experience is that we can achieve our goals much faster by learning together as we go - rather than waiting for a perfect plan or perfect resources; and that knowledge about how to create effective improvement and change can dramatically accelerate efforts.

JOIN THE JOURNEY!

Accelerating the pace of improvement and creating a “culture of health” will be challenging and exhilarating. It will require a new level of commitment from each and all of us. To reiterate, to become a pacesetter community, you don’t need to be “perfect,” but you do need to be ready to roll up your sleeves with your peers across the country and get to work. We are eager to support you in your improvement journey. We are eager to work with you to help create meaningful connections. We are eager to help ensure that your community health improvement efforts are successful.

Please join us for a series of call-in sessions throughout the application period where we will take questions and offer clarifications.

We’re excited to review your community’s application, learn with and from you, and have fun improving health - together!
**Application:** To be filled out by the coordinating or lead organization in the partnership or coalition.

1. General information (demographics) – Please note that questions in this section are asked in order to support diversity during the selection process, but are not criteria for selection.
   1a. Name of lead organization/coalition
   1b. Name of key contact
   1c. Names of partner organizations who will participate in SCALE
   1d. Contact information for lead organization/coalition (Name, email, phone number, address)
   1e. Please check the box (or boxes) that best describes your community:
      - Urban
      - Suburban
      - Rural
      - Frontier
      - Other (Please describe________________)
   1f. How many people live in your community?
      - 0-5000
      - 5,001-50,000
      - 50,001-100,000
      - 100,001-500,000
      - 500,001 and higher
   1g. Does your community represent or encompass a:
      - Neighborhood
      - Borough or sub-city area
      - City or town
      - County
      - Region, e.g., crosses city boundaries, or multiple communities
      - Other (Please describe________________)
1h. Did your state choose to expand Medicaid as part of the Affordable Care Act (ACA)?

- Yes
- No

1i. How are you using information technology beyond email/fax to support your community health improvement efforts? Please check all that apply.

- General purpose spreadsheet or database program, e.g., Excel, Access
- Electronic registries for diseases, immunizations
- GIS mapping software
- Client management software
- Facebook, twitter and other social media
- Information exchange across settings, e.g., ER visit alerts to social service agencies or physician practices
- Electronic health or case management records
- Mobile devices and other consumer-facing tools
- Any other electronic/web-based means to collect and report data
- Other (Please describe________________)

1j. If the SCALE selection committee perceives that our community may be better suited to be a mentor community rather than a pacesetter community, please change our application to the mentor community category.

- Yes
- No

1k. Our community is actively working with the following organizations or coalitions, which also may be applying, to participate in SCALE: (open ended, 25 words)

2. Please describe your organization or coalition and the key partners you’re working with (as identified in Question 1c) to apply for SCALE. (open-ended, 500 words) In addition, please attach biographical sketches and CVs/resumes of your local leaders who will be involved in SCALE.

3. In three pages or less please describe your goals and plans to improve the health of your community. Please be sure to address how your plans will help improve equity. (Times New Roman, 12-point font, 1” margins, single-spaced.) In addition, you are welcome to attach tables/diagrams.
4. What are the **five** most important priorities for your organization or coalition for improving the health of your community?
   - Equity
   - Healthy children and families
   - Mental health/substance abuse
   - Anti-violence
   - Veteran health and well-being
   - Chronic disease (diabetes, asthma, etc.)
   - Healthy behaviors
   - Health insurance
   - Care management (care transitions, readmissions, etc.)
   - Primary care transformation
   - Employee well-being
   - Well-being during the golden years and at the end of life
   - Built environment (green space, transportation, etc.)
   - Community economic development (employment, micro-finance strategies, etc.)
   - Social determinants of health (food, education, housing, etc.)
   - Social connectedness
   - Engagement of people in their health
   - Other(s) ________

5. What was the process you used to identify these community health priorities? In what ways, if any, did you partner with community members and clients/patients in developing these priorities? (open-ended, 200 words)

6. Please describe your vision for shared leadership among the key organizational partners that will participate in SCALE. (open-ended, 200 words) Attach a signed Memorandum of Understanding from each key organizational partner that states a commitment to participate in SCALE.

7. Please describe your organization or coalition’s previous work to improve the health of your community. Highlight up to three initiatives or processes that you felt really worked well and any results. (open-ended, 300 words)
8. Please share other process improvement efforts or technical assistance projects your organization or coalition is currently a part of, or anticipate implementing in the next six months. How do these connect with SCALE? (open-ended, 200 words)

In addition to the lead organization completing this application, we invite up to five of the key partners cited above (Question 1c) to respond to the following questions.

9. What motivates your organization or coalition to participate in SCALE? How will participating in SCALE help you to accelerate your community health improvement goals? [open-ended, 300 words]

10. Which statement best describes your organization or coalition’s level of experience in leading health improvement initiatives?
   - Very experienced: We have led five or more initiatives.
   - Experienced: We have led four or fewer initiatives, with at least one having made some progress in achieving measurable outcomes.
   - Somewhat: We have participated in, but have not led significant health improvement initiatives.

11. Which statement best describes your organization or coalition’s level of achievement in meeting the goals for the health initiatives referenced above?
   - High: We have achieved our goals in more than one initiative.
   - Medium: We have achieved or made significant progress in reaching our goals in at least one initiative.
   - Low: We have not yet achieved or made progress in achieving our goals.
   - None: We have not yet set any specific goals.
12. Which statement best describes your organization or coalition’s level of experience in leading multi-sector, multi-stakeholder collaboration around health?

- Very experienced: In the past five years, we have worked with at least five partners across sectors (e.g., healthcare, education, public health, etc) to improve health.
- Experienced: In the past five years, we have worked with three to four partners to improve health.
- Somewhat experienced: In the past five years, we have worked with one to two partners to improve health.
- No experience: In the past five years, we have not engaged partners to improve health.

13. Which statement best describes your organization or coalition’s experience leading complex change (i.e., change that involves managing multiple initiatives to achieve one or more goals?)

- Very experienced: We have effectively led complex change that achieved sustained improvement and built collaboration.
- Experienced: We are working on leading complex change in a way that achieves sustained improvement and improves collaboration. While we have some successes, we are eager to learn more.
- Somewhat experienced: We have a lot of change initiatives under way, but are not following a systematic approach to achieve sustained improvement and build collaboration. We are eager to learn more.
- No experience: The SCALE initiative will be our first complex change initiative and we are eager to learn.

14. Which statement best describes your organization or coalition’s ability to use metrics and data for improvement?

- Very experienced: We have identified a set of metrics for health that we are regularly tracking and using for decision-making.
- Experienced: We have identified a set of metrics for health but have not yet established a process for tracking them regularly for decision-making. We are continuing to test how to do this.
- Somewhat experienced: We have measures for specific projects but have not yet developed an overall set of metrics for the health of our community.
No experience: We do not currently use metrics to guide our improvement journey.

15. Which statement best describes your organization or coalition’s experience with quality or process improvement?
   - Very experienced: We are actively involved in a rigorous process of learning and improvement to test our ideas about how to achieve our goals. We could help support others in this!
   - Experienced: We have a number of improvement projects underway and are experienced in at least one approach to improvement. We could use additional coaching and are eager for that support.
   - Somewhat experienced: We have few or no improvement projects underway. While we have some knowledge of improvement methods, the SCALE Initiative would be one of our first formal improvement efforts.

16. If applicable, please describe the improvement methods and approaches that your organization or coalition uses/have used, e.g., Collective Impact, Model for Improvement, LEAN, Six Sigma, etc. (open-ended, 100 words)

17. Which of the following statements best describes your organization or coalition’s experience with spreading a pilot program from one neighborhood, city, or region to another?
   - Very experienced: We developed a program in one geographic area and then were successful in bringing that program to scale across our community.
   - Somewhat experienced: We have developed a pilot program and are in the process of bringing it to another area of our community.
   - No experience: We are struggling to learn how to effectively spread change in our community. We would love some help with this!

18. Does your organization or coalition include local leaders who will serve as champions for your community health improvement activities?
   - Yes: We have leaders throughout our community who see themselves as champions! They are supportive of the team, effective at identifying resources,
and create policies and conditions that support the goals of our community health improvement activities.

- Somewhat: We have some leaders who are somewhat engaged, but have not yet allocated resources, or created policies and conditions that support the goals of our community health improvement activities.
- No: We are in the process of identifying local leaders to drive change in our community health improvement activities.
- Other _________________________

19. Which of the following statements best describes your governance structure?

- Highly functional: We have a governance structure in place. The leadership team can move swiftly to make progress and resolve conflict effectively.
- Functional: The governance structure is in place, but we need to move faster with more agility and be able to resolve conflicts.
- Somewhat functional: We are currently clarifying our governance structure.
- None currently: We do not yet have a governance structure.

20. Does your organization or coalition have a way to share information reliably and get feedback from the broader community?

- Yes: We have a clearly established communication process so that the broader community receives information in a timely manner and they can easily communicate with us. We have an appointed person (or persons) responsible for this function.
- Somewhat: We have a process but it does not always work as designed.
- No: We have challenges in this area and are working to develop a better process.

21. What is the current level of “joy” and motivation among your organization or coalition members?

- High: We are excited and energized by our current projects and activities. The level of energy is high and members are looking forward to taking on more initiatives.
- Somewhat high: We are excited about many of our projects but also have encountered challenges and obstacles that sometimes temper enthusiasm for current projects or taking on more initiatives.
Low: We are concerned about our ability to continue to lead many of our initiatives.

22. Which of the following statements best describes your ability to support and drive your SCALE initiative?

- Very strong: We have clear processes in place to review, prioritize, and coordinate our health improvement activities.
- Somewhat strong: We have some processes in place, but they are not fully coordinated across the organization or coalition.
- Not yet: We currently have no processes in place and realize we need them.
SCALE Pacesetter Community - Application Timeline

Application Release: RFA Released Feb 4th, 2015

Application Platform Opens: February 9, 2015 at https://colab-ihi.fluidreview.com

Info Sessions/Office Hours for SCALE Applicants: Please register for the call(s) you would like to attend by clicking on the link(s) below.

- Friday, Feb 13th, 2015, 11-12pm EST
- Wednesday, Feb 18th, 2015, 12-1pm EST
- Wednesday, Feb 25th, 2015, 12-1pm EST

Application Due: March 4, 2015 by 8pm EST

Applications reviewed: March 4th - March 15th, 2015

Finalists announced: March 16th or 17th, 2015

Interviews: Scheduled for week of March 23rd - April 2nd (via Skype or WebEx)

Announcement of SCALE Communities: April 13th-17th, 2015

SCALE Communities funding cycle: May 1st, 2015 - Dec 31st, 2016

Checklist for Pacesetter Community Applicants

- Download and review everything before you start the online application
- Sign up for an informational call, as needed
- Go to https://colab-ihi.fluidreview.com to register. You will receive a notification that you now have access to the application.
- Identify key members of partner organizations you will be applying with and add them to your team on the CIMIT site.
- Have (up to 5) partner organizations complete the team readiness assessment on the CIMIT site
- Upload all needed documents:
  - Bios and CVs of key coalition leaders
  - Plan for community health improvement including how you intend to address equity (3 pages)
  - Signed MOUs or letters of support from key partner organizations
- Go to https://colab-ihi.fluidreview.com and complete the online Application by March 4th at 8pm EST

For Questions and More Information: Please contact Marie Schall at mschall@ihi.org