100 Million Healthier Lives Overview

100 Million Healthier Lives is an unprecedented collaboration of global change agents pursuing an unprecedented result: 100 million people living healthier lives by 2020. Together we are fundamentally transforming the way the world thinks and acts to improve health and equity.

Our Motivation

We believe the time is right for a major leap forward in the creation of health. We live in a time when chronic disease is on the rise around the world, when troubling disparities in health outcomes exist across communities that are just miles apart, and where despite spiraling health care spending, people are experiencing a less and less satisfying quality of life because of poor health. There is broad agreement that we need to make much more progress improving health status, and that this is work that no one individual, organization, or community can do alone. But how can we break free from current approaches that are either painfully slow or keep us bound to the way we've always done things?

100 Million Healthier Lives is built on the belief that innovative models do exist in various pockets in the US and around the world. But in order to take better advantage of these models and to apply the learning more broadly, we need to join forces to learn what’s effective, together. Conversations with leading health and health care organizations around the world reveal a hunger for collaboration and connection among patient and community members, community-based organizations, health care systems, social sector agencies, public health departments and other organizations to achieve levels of population health not seen before. The time is right to unite a community of people across boundaries to achieve an audacious goal, together.
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Our Theory of Change
We're convinced that dramatic improvements in health and well-being are possible if we can harness the power of unprecedented collaboration, adopt a humble spirit of innovative improvement, and create catalytic system transformation to remove barriers and accelerate progress.

Working on Equity - The Price of Admission
We consider work on equity to be the price of admission in 100 million. That means that we ask every member of 100 million to consider their initiatives from an equity lens, defined broadly as assuring equal access to health outcomes, in a way that grows partnership, strength and communities of solution.

Our Definition of Health
We acknowledge that everyone defines health for him/herself. Our working definition of health adapts domains of the World Health Organization definition of “complete mental, physical, social and spiritual wellbeing” and recognizes that health is not defined merely by “the absence of disease, but the addition of confidence, skills, knowledge and connection. But most importantly, it is simply a means to an end—which is a joyful, meaningful life.” Our founding Leadership Team Co-chair and Patient-Family leader Cristin Lind was instrumental in creating this approach.

Our Core Principles
1. Promote equity, justice, strength and wholeness in the process of creating health.
2. Partner deeply and respectfully with people, especially those with lived experience.
3. Adopt a humble posture of learning and improvement.
   • Value stories as well as numbers to see the whole picture.
   • Be humble and willing to change if we find we are not going in the right direction.
   • Develop innovative approaches to support people, health systems and communities in a way that harvests learning from the ground up, encourages peer-to-peer spread, and unlocks the capability in people, organizations, health systems and communities to improve health over time.
4. Intentionally work to remove barriers in critical areas such as payment reform, technology etc through intentional collaboration with traditional and nontraditional partners.
5. Make our collaboration an example of what is possible.
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Our Priorities

To determine our priorities, we sought recommendations from work groups of cross-sector experts on what changes would be most critical to achieve the audacious goal of 100 million people living healthier lives by 2020. Then we combed through hundreds of member actions plan to understand what was important to them and what assets our members brought to the table. The priorities described below emerged as the most critical for our shared learning and action together. Hubs are forming to organize our work on these priorities and individual members are encouraged to identify where they want to focus their efforts. Priorities fall into two categories: what’s and how’s.

9 “Whats”

1. Address equity gaps – required for all participants.
2. Help all kids have a great start in life with all the skills they and their families need to flourish from cradle to career.
3. Support veterans and refugees to thrive.
4. Reclaim the health, wellbeing and dignity of indigenous communities.
5. Address the social and behavioral determinants of health across health care, community and social services, with a special focus on vulnerable populations.
6. Make mental health everybody’s job, across the continuum of health care, community, public health and social services.
7. Improve access to primary health care for all.
8. Create the best possible wellbeing in the elder years and at the end of life.
9. Engage everyone in improving their own health.

9 “Hows”:

1. Shift culture and mindset
   - Use storytelling as a strategy to create a change in culture.
   - Develop a culture of partnership.
   - Develop a culture of wellbeing.
   - Develop leaders at every level who are empowered to carry out the vision.
2. Develop workforce strategies - engage students and youth as leaders in the transformation.
3. Integrate peer to peer support systems into every relevant initiative.
4. Integrate improvement and change methods at the community level.
5. Use the top chronic diseases in each community and core risk factors to build a continuum of health across home, community, public health and health care.
6. Develop and adopt financing strategies that align funding at the community level.
7. Integrate data across silos (health care, community, public health, and social services).
8. Engage employers and businesses to improve workforce health and wellbeing.
9. Transform healthcare to be good at health and good at care:
   - Primary care transformation
   * ACOs → accountable health communities
To join, individuals and organizations submit an action plan committing to work towards the goal of 100 million people living healthier lives by 2020. The action plan helps us understand their health improvement priorities, the assets they bring, and the people and communities they reach. All members are invited to join monthly Momentum Calls to connect with one another, and soon will be encouraged to join learning and action networks focused on their priorities.

Hundreds of individuals, organizations, and communities have taken on this audacious goal to become part of the movement.

**Members:** People and organizations who are working on the ground to improve health and want to be part of a community working together to create the change that is needed

**Partners:** People and organizations who are ready and willing to play a leadership role in 100 Million Healthier Lives

**Sponsors:** People and organizations who can financially support 100 Million Healthier Lives

We invite you to join: [www.ihi.org/100MLives](http://www.ihi.org/100MLives).
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Our Structure

Distributed Leadership
The 100 Million Healthier Lives initiative is built on a distributed leadership model that taps the broad expertise of many members and organizations, drives exponential capacity, and invites and encourages our partners to actively lead portions of the work. It is our firm belief that a structure of distributed leadership across people, organizations and sectors will pave the way to far greater sustainability of the effort over time and best leverage the skills, will, and assets of everyone who wants to improve population health at scale together.

Hub Structure
The work of 100 Million Healthier Lives takes place in the context of Hubs. There are two varieties of Hubs — Topical Hubs and Geographic Hubs.

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<th>Topical Hubs</th>
<th>Geographic Hubs</th>
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<td>Topical hubs are comprised of people and organizations committed to thinking, planning, learning, and driving results in a topic area critical to the achievement of 100 Million Healthier Lives by 2020. Topical Hubs address the 100 Million Healthier Lives’ Priorities, described in the next section.</td>
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<td>Every topical hub is led by a team that not only shares a passion for the topic, but can effectively connect the knowledge, experience, and networks required to achieve measureable progress. Hub leader responsibilities include welcoming and orienting new members, coordinating the shared activities of the hub, developing effective learning systems, harvesting, curating, and sharing bright spots, applying for funding, developing demonstration projects, and identifying the policies, sustainable financing strategies, metrics and implementation approaches that matter for that hub.</td>
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<td>Geographic hubs organize people and organizations across sectors in a specific geographic area to work together on improving health. Geographic hubs are led by organizations that are able to support multiple communities in their learning journey as mentors and capacity developers. Geographic hubs are likely to work across a variety of topic areas and initiatives (supporting vulnerable children and families, integrating mental health across the continuum, sustainable financing models) and have a history of deep engagement with health systems, public health entities, and communities.</td>
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The RWJF-funded SCALE initiative brings together 20 pacesetter and 4 mentor communities across 21 states to adopt a learning and improvement approach to improve health and equity at scale. Pathway to Pacesetters will add 100 more communities to this number by September. Geographic hubs are developing, in addition, in North Carolina, South Carolina, and Texas as well as globally (Scotland, Jonkoping County in Sweden, etc).

All hubs are provided with common infrastructure to engage a broad community in the work of the hub. The Institute for Healthcare Improvement (IHI) plays a key leadership and coordination role in providing this infrastructure.

For more information: [www.ihi.org/100MLives](http://www.ihi.org/100MLives).