



Stepping Out

Launching the First Stage of Interventions to Transform a Regional System for Health and Well-being

Entrenched systems shape the everyday lives of all people—from the quality of their education, to which health care options they can access, to which side of the tracks they get to live on. In the face of those seemingly intractable forces, it can be hard to imagine what it could take to move the needle and change those systems. Fortunately, innovators have been exploring this challenge for a long time, and they’ve found that, through hard work and collaboration around a shared vision, the status quo in a region can be challenged, changed—and maybe even transformed. They’ve discovered it takes people (and their organizations) working in partnerships to build bridges across sectors to address all the various factors that produce health, well-being, and economic prosperity.

One such initiative is [THRIVE](#) (Transforming Health Regionally In a Vibrant Economy), a cross-sector collaboration that is spearheaded by two regional multi-stakeholder groups—[MiHIA](#) (Michigan Health Improvement Alliance), working toward “achieving a community of health excellence,” and [GLBRA](#) (Great Lakes Bay Regional Alliance), focused on economic prosperity. The initiative, aiming to be inclusive and transparent, involves a wide range of other stakeholders in Michigan’s Great Lakes Bay Region. THRIVE recruited The Rippel Foundation’s ReThink Health initiative to help them plan, design, and test a strategy for jointly tackling the health and economic challenges of their region.

LESSON LEARNED: Going Slow to Go Fast

Innovators in the business world have learned that the shortest, most efficient path to actually delivering value is often to plan carefully, create alignment, and then act. This is very different from “operational speed”—i.e., how rapidly action is taken. Somewhat counterintuitively, planning before acting can often succeed faster than just blindly charging ahead.

Closing out 2018 and heading into 2019, [THRIVE had established itself as an initiative, mapped its regional health ecosystem, created Priority Teams](#) (each focused on a different aspect of the health ecosystem), and [gone big \(and then even bigger!\)](#) to identify interventions with the greatest potential to impact health, well-being, and prosperity in their region. THRIVE’s Steering Team (a group of leaders from MiHIA, GLBRA, and the region’s community groups) then approved the collective work of the Priority Teams as a portfolio of interventions meant to work together in concert. “Going slow to go fast,” the THRIVE leaders developed and tested (in the [ReThink Health Dynamics Model](#)) strategies for implementing the portfolio. The modeling explored strategies for how the interventions, in various combinations and levels of intensity (“doses”), might interact with each other to shape the region’s system for health and well-being. The modeling results informed what the portfolio would look like when THRIVE “stepped out” and moved from the planning stage to the implementation stage.

Laying the Groundwork

Up to the point of establishing the THRIVE portfolio, a vast majority of the work was completed with volunteer and in-kind resources and staff. As THRIVE's Steering Team began to outline and consider all that would be necessary to successfully advance the portfolio, they could see it would require additional focused and dedicated resources. THRIVE's Steering Team, along with the leadership teams from MiHIA and GLBRA, began to gather funding to build the capacity for the integrative activities necessary to execute the portfolio.

They developed a minimum necessary resource budget of \$1.3 million total for the integrative activities (see box to right) for the first three years. This amount would enable them to secure the fundamental staff and resources needed to get the portfolio going, as it would allow for:

- A THRIVE Portfolio Director
- Two part-time positions: Chief Health Officer and Chief Economic Officer, tasked with building relationships between THRIVE and stakeholders in the region
- Grant writers
- Technical consultants
- Funding stream strategist (to match financing streams to each part of the portfolio and develop a workplan to harness and deploy these funds)
- Executive administrative support
- Communications resources
- Evaluation and measurement resources

The Steering Team and leaders from MiHIA and GLBRA prepared a clear rationale for why the funding was needed and combined that with a solicitation package to make the case (its value proposition) to potential funders—and they decided to focus first on regional sources. While it was clear the entire portfolio would require broad resources from a wide array of funders (including at the state and national level), funding the capacity and integrative activities locally would send a strong message of regional commitment to these funders who were further removed from the region.

Interdependent Portfolio of Interventions

ReThink Health's past work indicates that everything within a regional health ecosystem is connected, which means that leaders who take responsibility for forming working relationships with others to transform health and well-being across a region can be most effective using an "interdependent portfolio of interventions": a balanced and impactful set of policies, programs, and practices that all work together, with consideration to the impact each one will have on all the others.

Integrative Activities

ReThink Health has identified the roles and leadership functions for governing and managing the work happening within and across multisector partnerships (like MiHIA and GLBRA) in a region, to achieve a common purpose. These are called "integrative activities." Integrative activities keep the partnerships operating and make the transformative work possible, but are often behind the scenes and undervalued. Some examples:

- The critical work of coordinating schedules or meetings, and handling their logistics, is dismissed by some as "beneath" them—much to the detriment of those people and the partnership's work.
- Communications tend to be forgotten, given that their impact on the work is often indirect (but imagine trying to implement a portfolio when no one outside your inner circle knows who you are or what you are doing).

LESSON LEARNED: Integrative Activities are Worth the Investment

For many people, integrative activities are afterthoughts. They don't realize that these activities have value. Appropriately valuing them makes it possible to properly support your own work. In another example of "going slow to go fast," Thrive's decision to set up its own infrastructure first has the potential to save immense time and headaches down the road.

Integrative activities are so valuable that you may even be able to get paid for them. You can find tools to help you do that in ReThink Health's [Beyond the Grant: A Sustainable Financing Workbook](#).

THRIVE leaders arranged an in-person gathering to both celebrate progress and bring in more local funders. Hosted by a well-known local luminary, the event drew more than fifty local leaders. With encouragement from a major funder who pledged to match investments up to a certain amount, many attendees made verbal commitments, and THRIVE staff followed up with them afterward.

Support from local leaders, along with tremendous support from numerous community organizations, quickly brought THRIVE past the \$1 million mark for capacity funding. THRIVE's Steering Team and MiHIA and GLBRA leaders moved quickly to post and hire essential positions, develop a pool of available grant writers, make a step change in communications, and take important steps to build the plan for its strategy around comprehensive and sustainable funding for the entire portfolio.

LESSON LEARNED: Plug into Existing Efforts

As part of their initial planning work, THRIVE leadership found that **regional organizations were already working on 60% of the interventions that THRIVE found to be necessary for health and well-being**. This confirmed THRIVE's expectation that the community already had the capacity to see what's important and act on it wisely. It also allowed THRIVE to strategically target resources and avoid waste, because they now knew where new support would be needed, as well as where to bolster existing work.

“Many of the things we are tackling already have people and organizations in our region that are working on them, but maybe just don't have the magnitude of resources where they can move the meter significantly. We want to provide whatever is needed to fill in the gaps. They deserve a lot of credit for their work, and we must listen very carefully not only to the research-based stuff but the plans they've been working on—sometimes for many decades—and what can we do to help?”

- Jim Borin, Community Advocate, MiHIA Treasurer, THRIVE Steering Team Member

For example, by adding funding or other resources, THRIVE would be able to put regional organizations in the position to increase their “dose” (e.g., the number of people they could reach) or scope. THRIVE had found that the biggest takeaway from the modeling process was that having the desired impact would require a much larger-scale effort than previously thought. In many cases, these interventions were already making a big impact in a smaller locality (like a particular city or county in Michigan) and THRIVE's resources could help bring that success to the entire Great Lakes Bay Region.

“The best way to describe my experience with THRIVE is that it's been ‘breathtaking’ in two different ways—like climbing a mountain. The climb is hard work that can leave you out of breath, but at the same time the view from the top will take your breath away. Seeing that vista of opportunities spread out before you is invigorating.”

- Sasha Savage, MD: Associate Director of the MidMichigan Family Medicine Residency, longtime MiHIA member, and THRIVE's new Chief Health Officer

Assessing Readiness

As detailed in a previous [case study](#), prior to gathering capacity funding, everyone involved in THRIVE (and especially the Priority Teams and Steering Team) had already put a lot of work on planning and strategy into the portfolio to land on a list of 34 interventions.

That is too many for even the most ambitious effort to implement all at once, so the Steering Team settled on a staged implementation plan, with four expected phases. They planned a readiness assessment to determine which interventions would be rolled out in Phase 1 of that plan.

The MiHIA and GLBRA leaders and staff, along with Priority Team leaders, evaluated the interventions based on a combination of factors—including what it was possible to begin implementing in the near term and what programs were already in place that impacted the same areas as the interventions—and narrowed that list down to a dozen interventions, which they would further whittle down to a target of 8 for Phase 1. The image below illustrates the assessment criteria they used.



That brings us to the portfolio's progress point at the time of this writing (May 2019). Interventions were selected for Phase 1 and are now in various stages of advancement. For instance, work has already begun in many urgent areas, including ACEs (Adverse Childhood Experiences), opioid addiction, and prenatal and maternal health. While the 60 percent that were already in progress obviously have a head start, the others are all getting packaged for potential funding, teams are assessing current funding and potential partners, and they are looking at how scaling would work with each.

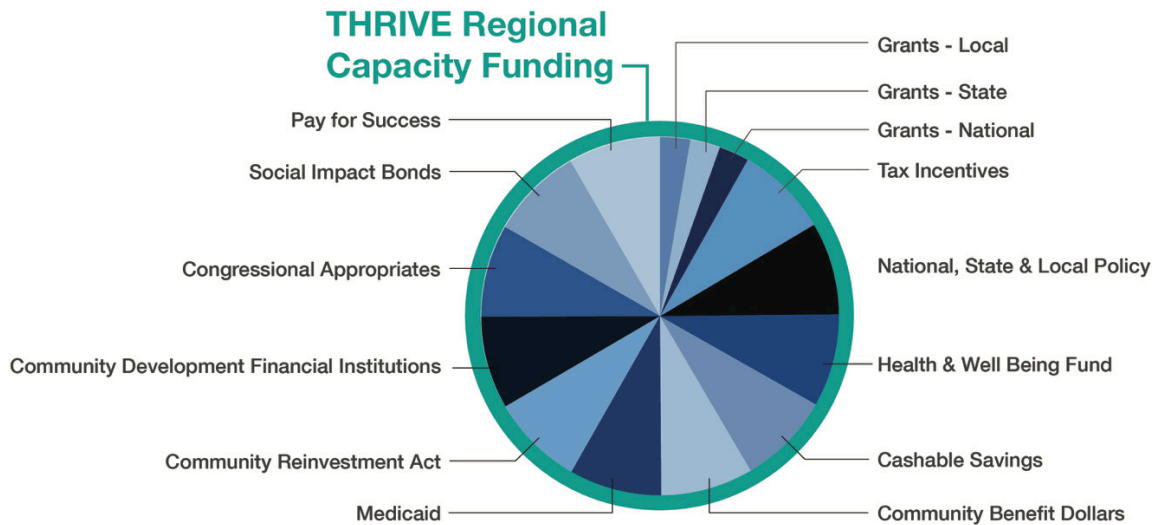
“There’s almost a psychological evolution that occurs during this process. After we worked so hard to get the portfolio to this point, we then added on top of it new data and modeling that showed us what we could actually accomplish once we get it implemented. It was so exciting and promising, yet it began to feel overwhelming to do something that’s beyond our imagination. But then we wondered, “how many interventions are already active today from other people and organizations?”—well, there might be a thousand, so maybe 34 isn’t so impossible after all! So we go through these phases of excitement and skepticism. The staged implementation made it all seem more possible, and then we discovered that 60 percent of our interventions were already happening, which gave us pause about whether we were being as transformative as we wanted to. But, upon further inspection, we realized from the simulation modeling the impact we could have by helping them increase dose and scale up.”

- Cathy Baase, Chairperson of MiHIA’s Board of Directors

What's Next: Advancing the Portfolio

Financing

The pie chart below is illustrative of the intent to harness multiple different funding strategies to fuel the THRIVE portfolio (if there are any you don't recognize, you can learn more from ReThink Health's [Beyond the Grant: A Sustainable Financing Workbook](#)), based on evaluating the availability of various financing sources and doing a preliminary analysis of what kind of funding might fit best for the nature of interventions in the THRIVE portfolio.



THRIVE leaders have done the initial mapping of financing for Phase 1 interventions and already secured some new funding for them. They intend to be strategic about how they secure and deploy sustainable resources from all financing streams across the entire portfolio. To do so, THRIVE will need help from people with expertise in the different types of sustainable financing. To that end, they sent out a Request For Information asking for help from people with just that expertise. THRIVE aims to build a team of advisors to support them in getting all the funding streams applied against the portfolio, with the goal of developing a master plan that efficiently distributes all the funding streams to the interventions that are the best fit, in the right amounts, and identifies gaps and the best ways to fill them.

Listening

THRIVE is not just talking to their region's residents, they are also talking *with*—and, crucially, listening to—them. Efforts like this tend to be led by those who have the privilege and luxury of the resources (whether they be time, money, education, etc.) to participate. But THRIVE's work impacts everyone in the region, and is meant to improve things equitably for all, especially making sure to include people who are often overlooked or not represented. To best do that, THRIVE recognizes the importance of listening to and learning from a wide variety of residents.

LESSON LEARNED: It's About People

With all the challenges that face those working to transform health, well-being, and the economy, it can be easy to get caught up in the work and lose sight of the people—those impacted, those behind the organizations you're partnering with, and even the people you're working with directly. Many THRIVE leaders found it helpful to stay grounded in the real human benefits, costs, and relationships that are the reason for the work and the thing that fuels it. They did so by talking with the people who had inspired them to do this work in the first place: their families, neighbors, and community groups, and using the methods listed below.

“We want to elevate the voices of people who don’t usually get a say. So much of physical illness is driven by surroundings; research has shown that when it comes to health, zip code is more important than genetic code. The health care system can bring big improvements to the social determinants of health, but we need to help those leaders hear what the people they serve really need. Right now it’s a bit like a game of telephone, and we’re working to change that.”

- Sasha Savage, MD: Associate Director of the MidMichigan Family Medicine Residency, longtime MiHIA member, and THRIVE’s new Chief Health Officer

Some of the ways THRIVE reaches out to share and listen include:

- Outreach sessions with various organizations throughout the region
- Events like [An Open Forum on Health in Our Saginaw Community](#)
- Regular [Stakeholder Advisory Group meetings](#), open to all stakeholders
- New staff, such as the Chief Health Officer, reaching out to diverse stakeholders, including the region’s various faith groups, educators, and nurses’ organizations, just to name a few
- Expanded website and blog posts with opportunities for feedback
- Participating in existing community gatherings

LESSON LEARNED: People Are Experts on Their Own Experience

You can’t truly know what your impact will be—or what change is really needed—unless you listen to the people actually affected. For instance, part of the reason the Patient Safety intervention made it into Phase 1 was because THRIVE’s Steering Team includes community advocates (who are not doctors or part of the health care industry) who could help bring the perspective of patients and the other regional residents the interventions are meant to benefit. THRIVE leadership includes experts in many relevant areas, but when it comes to knowing themselves, the region’s residents are the experts.

“It’s amazing what you can learn from the questions and discussions with laypeople, especially regarding health care. My advice, based on my experience, is that is helpful to have multiple people in the room representing the view of residents and patients. From the provider side, while you give the best care you can, it’s sometimes hard to see that a lot of patients may be intimidated, overwhelmed, and confused by the technology, processes, and complexity of the overall system.”

- Jim Borin, Community Advocate, MiHIA Treasurer, THRIVE Steering Team Member

Stepping Forward, Together

It’s an exciting time for health and well-being in the Great Lakes Bay Region. As detailed above, THRIVE is moving forward on their interdependent portfolio of interventions throughout 2019 and beyond. Thanks to the work they did—creating a shared vision, mapping their regional health ecosystem, modeling the possible outcomes of their interventions, and fine-tuning their portfolio—they are poised to have a big impact on their neighbors throughout the region. By 2020, THRIVE expects to have capacity funding fully secured for the next three years, have launched the eight interventions in Phase 1 (with plans for Phase 2 implementation already taking shape), and a measurement and evaluation plan in place.

You can learn more at the THRIVE website (thrivegreatlakesbay.org), where you can sign up to receive regular email updates and newsletters as the work progresses.

**MICHIGAN HEALTH
ENDOWMENT FUND**

Special thanks to the Michigan Health Endowment Fund for funding this case study.

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Version 112019