

Evaluation of the ReThink Health Ventures Project

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Beth Siegel

President, Mt. Auburn Associates, Inc.

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1 Introduction

Ventures was a multiyear project of The Rippel Foundation’s ReThink Health initiative, with generous support from the Robert Wood Johnson Foundation (RWJF). ReThink Health designed it with deep input from collaborators across the country as well as colleagues at RWJF. The design team’s overarching goal was to understand the conditions that best catalyze progress to transform regional health and well-being. To achieve this goal, ReThink Health selected a cohort of six sites with relatively mature multisector efforts (also called regional partnerships) and worked with them to explore the conditions essential to building momentum and avoiding pitfalls to progress. As part of the process, Ventures was seeking to identify “exemplary practices” that would advance learning about more mature efforts to transform health and well-being among local leaders and national catalyst organizations focused on this work.

The core framework for Ventures is ReThink Health’s Pathway for Transforming Regional Health¹ (see Appendix A), a developmental scheme built on insights from veteran changemakers and well-established principles of complex system change. ReThink Health designed this framework to describe five phases of development through which partnerships like those selected for Ventures may progress in their endeavors to transform regional health. Inherent in the Pathway are insights about what it takes to move through these five phases, from a focus on short-term projects and targeted campaigns in Phase 1 to system-wide integration and institutionalization in Phase 5. In working with the sites, ReThink Health aimed to accelerate the work of partnerships to move toward the later phases in the framework.

This report provides a summary of the key findings of the evaluation of Ventures. As the work in the field related to transforming health evolves, there is need for a greater understanding of how stakeholders in regions are working together to improve the health and well-being of their residents. The experience of the Ventures project, which worked with six communities that have an ambitious agenda to improve health care delivery and to address the social determinants of health, provides some new learning on what it takes to achieve long-term, sustainable transformation toward this goal.

Starting with an understanding of the broader Ventures framework and the site selection process, this evaluation looks specifically at the outcomes that sites have achieved to date. This report frames the outcomes in terms of the expectations of the ReThink Health Pathway, and also reflects on some of the achievements beyond the focus of the Pathway. A critical part of the learning process in Ventures involved looking at the range of factors that were associated with the progress of the sites. The third chapter of this report considers these factors, including those related to site characteristics, the external environment, and the Ventures intervention. Finally, the report examines the lessons from Ventures in terms of regional stewards working in other communities on transforming health and national catalysts seeking to advance the work in regions throughout the United States.

¹ There was considerable learning and adaption on the part of ReThink Health as a result of the Ventures project, leading to new tools and frameworks that it has published through its website. Based on insights from Ventures, ReThink Health made significant refinements to its Pathway framework, which is now titled [A Pathway for Transforming Health and Well-Being through Regional Stewardship](#).

Site assessment

Understanding the Ventures project and its outcomes must start with the distinctive elements related to the project’s design and site selection. While the ultimate goal of the Ventures’ site assessment process was to select sites to be part of Ventures, the broad effort had three interrelated goals:

- 1. Site selection:** design an “invitational” site selection process aimed at identifying mature multisector efforts that were best poised for success as partners in the Ventures project;
- 2. Emergent design:** develop a deeper understanding of individual site needs prior to designing the intervention to ensure that the project’s approach would be customized to where communities were along the Pathway, adaptable to changing conditions, and based upon mutual understanding of program goals; and
- 3. Field sensing:** better understand both the scale of activity of relatively mature partnerships and their specific characteristics.

Site selection

The initial criteria ReThink Health developed to surface mature multisector efforts focused on three characteristics: ambition (what do they aspire to achieve?), ability (what can they do to alter the status quo?), and appetite (are

they eager to learn and incorporate new practices?). Additionally, ReThink Health sought to identify multisector efforts with: (1) leaders from health care, public health, and other sectors; (2) a track record of solving problems together and an established forum for doing so; and (3) a focus on both health care delivery and “upstream” efforts to promote healthy behaviors, expand economic opportunity, and beyond. To identify potential sites, ReThink Health solicited nominations from national influencers that sought leads from their own networks. The ReThink Health team then developed a detailed rubric for classifying the leads against a set of measures that they determined would indicate whether a nominated partnership was sufficiently advanced to meet the goals of the Ventures project.

With the rubric as a starting point, the next step was to interview regional stakeholders who were knowledgeable about, but not directly involved in, the staffing or management of the nominated partnerships. The idea was to get a more objective read on each partnership’s accomplishments, on how other key stakeholders in the region viewed these accomplishments, and on how they fit within broader health transformation efforts in the region. ReThink Health identified nine sites where the work ranked highly on the rubric, and conducted a two-day site visit with each site. After the site selection process, six groups accepted the offer to participate in Ventures. Exhibit 1 summarizes some of their main similarities and differences.

Exhibit 1. Characteristics of Ventures Sites

	Central Oregon	Finger Lakes	King County	Sonoma County	Trenton	Bernalillo County
State	OR	NY	WA	CA	NJ	NM
Geographic Scope	3 counties	9 counties	1 county	1 county	1 city	1 county
Major City	Bend	Rochester	Seattle	Santa Rosa	Trenton	Albuquerque
Population	215,000	1,279,000	2,189,000	504,000	85,000	677,000
Median Household Income	Between \$41,800 and \$59,000	Between \$47,800 and \$61,700; city of Rochester, \$32,300	\$83,500	\$71,800	\$35,500	\$50,400
% Below Poverty	9.7% Deschutes, 13.3% Crook, 17.2% Jefferson	Ranges from 10% to 16% in Steuben County; 33% in city of Rochester	9.30%	9.30%	27.30%	14.60%

The sites participating in Ventures were:

- **Bernalillo County, New Mexico:** The group that participated in Ventures involved a cluster of individuals, many of whom had worked together as part of the overlapping partnerships and initiatives in the county. Leaders from the Bernalillo County Community Health Council and the Center for Community Health at Presbyterian Hospital initially led the work, but there was also involvement of leadership from other collaborative health initiatives in the county. The effort sought to develop a more aligned and accountable regional approach to transforming health and well-being.
- **Central Oregon:** Central Oregon Health Council (COHC), a state-authorized cross-sector partnership that also oversees the region’s Coordinated Care Organization (CCO, the entity implementing the state of Oregon’s innovative efforts at Medicaid reform), led the work. Through Ventures, COHC worked to develop a better decision-making model to guide the regional investments it was making using revenues generated by the CCO and to articulate a long-term strategic direction for the organization.
- **The Finger Lakes, New York:** Common Ground Health, the only surviving Health Systems Agency² (HSA) in the U.S., led the Ventures work, which focused on repositioning the organization in the complex and changing ecosystem in the region, one that is known nationally for its significant progress on cost containment and quality improvement. The organization saw an opportunity through Ventures to address a number of questions, including: “What has Common Ground’s historical role been, what is its current role, and what should its role be going forward?”
- **King County, Washington:** The King County team involved public-sector, nonprofit, and philanthropic leaders who, through Ventures, sought to align the multiple initiatives in the region and to address the need to build more authentic avenues for all residents to be engaged as leaders in the region’s efforts to transform health and well-being. Supported by their Ventures work, they created a new entity, “You Belong Here,” to broaden engagement and ensure an equitable future for the region through involving longtime residents, corporate executives, and newcomers in the millennial workforce.

² Established in 1974, HSAs were formed to provide local direction and control of health care planning in regions across the U.S. In 1986, HSAs lost their legislative authorization and federal funding ended. States were free to maintain HSAs with their own resources, and many HSAs eventually closed.

- **Sonoma County, California:** Health Action, a multisector partnership supported and guided by the Sonoma County Department of Health Services, led the work. The work with Ventures shifted over the course of Ventures, but, in the last nine months of the project, representatives from its leadership team worked to strengthen its norms and structures for governance.
- **Trenton, New Jersey:** Trenton Health Team (THT), a citywide partnership established in 2010 and one of three state-designated Accountable Care Organizations (ACO), led the work. Over the past eight years, THT has implemented a number of health care delivery reform efforts, including designing and managing the Regional Health Information Exchange. Its Ventures work focused on strengthening and repositioning THT as a regional hub for transforming health and well-being.

These six sites varied in many ways, including their initial leadership structures (ranging from broadly distributed across a range of organizations, versus consolidated within a singular collaborative entity) and areas of strategic focus (ranging from upstream efforts to address the social determinants of health to downstream efforts to improve access to health care, quality, and to reduce health care costs). (See Exhibit 2.) They started their work with Ventures in the fall of 2016 and completed their involvement in June 2018.

Exhibit 2. Cohort Characteristics at Project Baseline

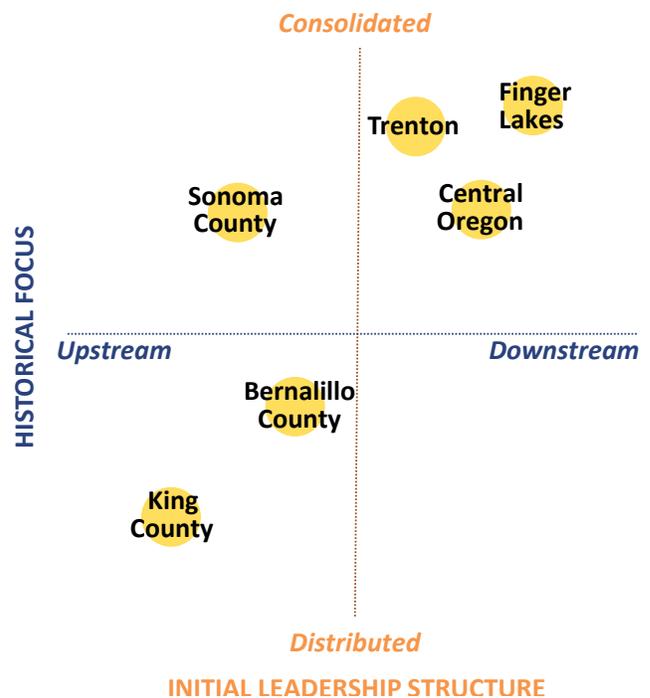
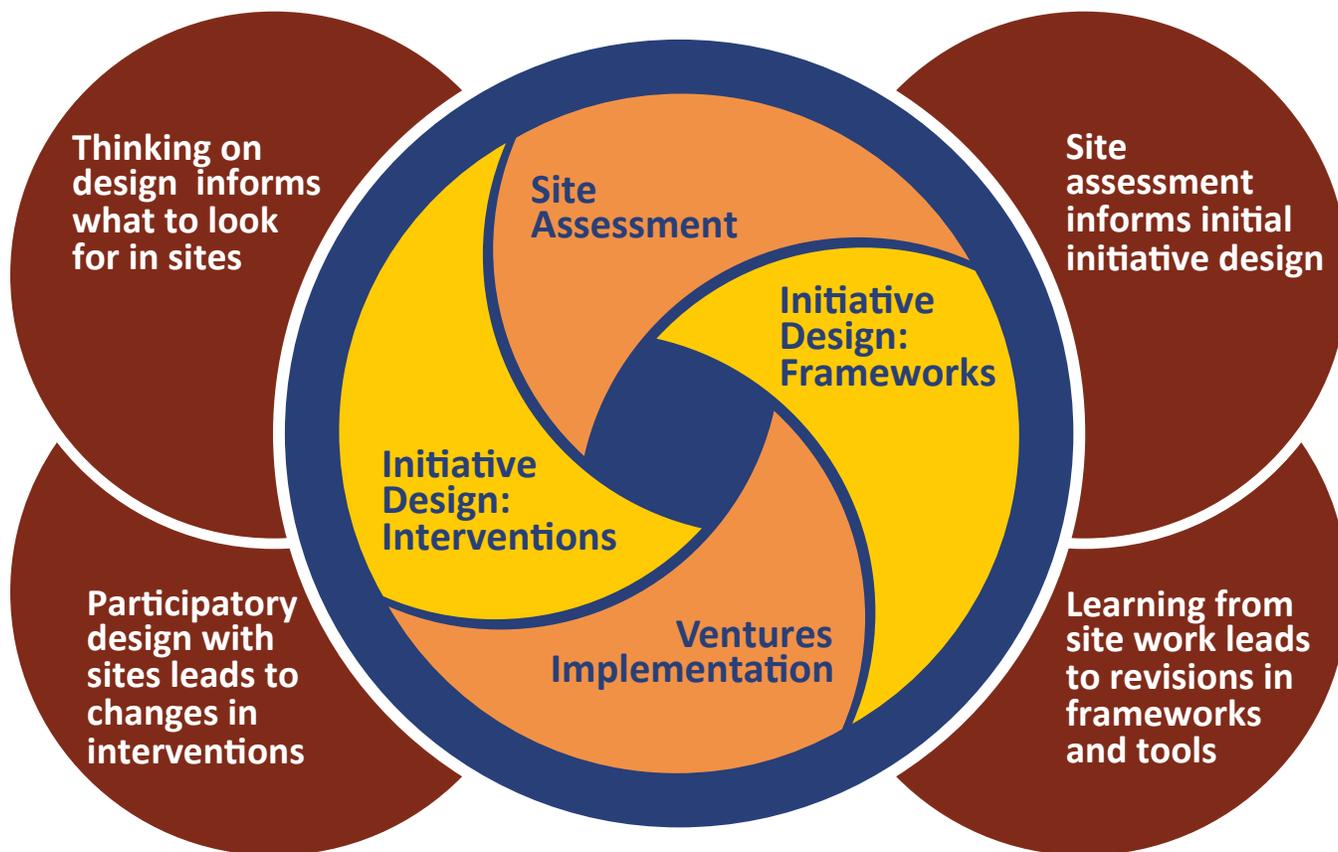


Exhibit 3. Emergent Design



Emergent design

ReThink Health embraced the concept of emergent design, with the learning from the site assessment process shaping initial design elements and the learning from the actual work with the sites leading to a continuous refinement of the frameworks, interventions, and tools. (See Exhibit 3.) While there were some elements of the project that were a given, many of the underlying frameworks, interventions, and tools were intentionally and continuously refined throughout the process to best meet the needs of the participants and to reflect ReThink Health’s ongoing learning.

The basic elements in the interventions that were a given included:

- **Ventures teams:** Each of the sites had a group of five to six local stakeholders who engaged in the work through local meetings and attendance at in-person and virtual convenings. The Ventures site teams interfaced with ReThink Health, their broader

collaboratives, and other leaders in their regions throughout the project to advance the Ventures work.

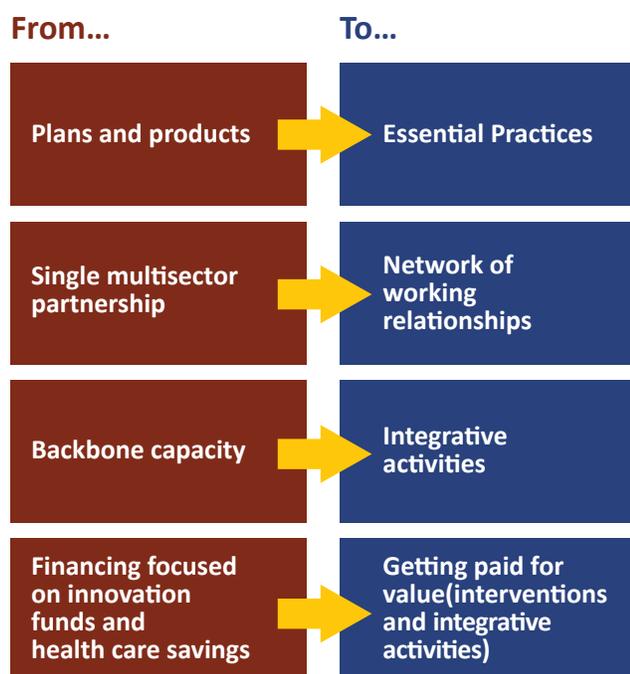
- **Customized and intensive coaching:** The ReThink Health coaches were experienced professionals who had previous experience working with regional multisector partnerships and collaborative system transformation initiatives. Compared to their contacts with many other multisite initiatives, the Ventures coaches had relatively close contact with the sites through regular bi-monthly telephone calls, an average of seven site visits with each participating team over two years, and extensive review of site efforts prior to Ventures (including previously produced products) to help contextualize the work of the project.
- **Specialized technical assistance:** ReThink Health staff with knowledge about resident leadership, broad stewardship, sound strategy, and sustainable financing provided more targeted assistance to sites as needed. In addition, national advisors as well as outside consultants provided some specialized support,

particularly focused on prototyping for system change, case-making, and strategies for resident leadership.

- **Access to tools:** ReThink Health spent considerable time developing frameworks and tools to guide the work of the sites. While the specific tools evolved based on the learning from the site work, the development and use of customized planning tools was a core element in the implementation.
- **Cohort learning through virtual meetings and in-person convenings:** Peer learning was an important part of the Ventures design. Over the two years, teams from all six sites and their coaches participated in three large in-person convenings and 19 virtual meetings, as well as a final small-group meeting to reflect on their experiences and discuss the project’s initial evaluation findings.
- **\$25,000 grants:** Each of the sites received a small grant to use in any way that the sites believed supported their work in Ventures. Sites used the grants for a broad range of efforts, including to fund salaries of staff participating in Ventures, to support communications campaigns, to hold stakeholder convenings, and to hire consultants to support design and implementation of their program work.

Beyond these basic elements in the design, other core concepts shifted over the course of the work with the sites (See Exhibit 4.):

Exhibit 4. Refinements in Core Ventures Concepts



Pivot to Essential Practices: The initial concept for Ventures involved each of the sites completing a comprehensive business plan to support health and well-being in their region. This plan was to have four living “products” that each team would continue to refine over the course of the project and beyond. As the ReThink Health team started working with the sites, it became clear that it would be more valuable, instead, to focus on helping them to develop a routine set of “Essential Practices.” (See Appendix B.) While the Ventures process asked each of the teams to work on developing a shared vision, sound strategy, broad stewardship, and sustainable financing, there was no expectation that a specific product such as a business plan would result. Instead, there was an expectation that ongoing attention would be paid to the four Essential Practices and the wide variety of products they may generate over time. Each site started with a focus on developing a shared vision, which ReThink Health believed would underpin and strengthen all other practices. Developing a shared vision involved the creation of a value proposition narrative that helped to codify each site’s shared vision for health transformation in their region, and defined the site’s unique qualifications to contribute to the vision’s realization.

Greater focus on distributed leadership and regional networks: A second concept that changed over the course of Ventures involved how ReThink Health thought about the organizational structure of regional stewardship. ReThink Health defines stewardship as the act of people or organizations working together across boundaries to create the conditions for equitable health and well-being. When Ventures began, there was an idea that coaches would work with a single multisector partnership in each site. It was assumed these partnerships would have a high level of regional authority to lead efforts to transform health and well-being in their regions. The experience with the Ventures regions led ReThink Health to recognize that mature efforts with a goal to transform regional health and well-being will often include a network of one or more partnerships along with a range of organizations and public sector departments, rather than one large “table of tables.” This led ReThink Health to revise its framework on stewardship to reflect its new thinking about the network of working relationships in a region.

Distributed leadership, which is both a governance structure that specifies leadership accountabilitys for different groups and the relationships between them, and a practice—a way that individual leaders

can think and act to share leadership for health transformation across organizations, groups, and residents in a region.

New understanding of integrative activities: Like many in the field, ReThink Health started Ventures with the concept of backbone capacity that centered on a single organization coordinating and managing all cross-sector collaborative work in a region to transform health. The work with the networks of partnerships and organizations in the Ventures regions led ReThink Health to reconsider the idea of a single backbone organization and to think more about the specific integrative activities, such as building a shared vision and integrating data, that are often naturally distributed across organizations that operate in a region. This led to a new framework featuring a more specific list of integrative activities and a greater appreciation that more than one organizational entity in a region might fulfill those tasks. (See Appendix C.)

More comprehensive view of financing needs: Finally, over the course of Ventures, ReThink Health’s approach to financing also shifted. It realized that the sites were thinking beyond using health care savings to finance their work and were interested in better understanding the full array of resources that can pay for the work of multisector partnerships.

Field sensing

The field sensing and site selection processes provided ReThink Health with a broad overview of regional collaborative efforts around the U.S. that were focused on health improvement. ReThink Health presented the results of the field sensing work in an article, “Multisector Partnerships Need Further Development To Fulfill Aspirations For Transforming Regional Health And Well-Being,” in the January 2018 issue of *Health Affairs*. It also conducted a nationwide survey of 237 multisector partnerships and self-published its findings in a report titled “ReThink Health Pulse Check on Multisector Partnerships.” Together the reports provided an enhanced view of the characteristics of partnerships across the United States and offered insights about the developmental phases through which groups progress as they evolve. ReThink Health’s findings also identified distinctive patterns of momentum builders and pitfalls that groups tend to experience as they develop.

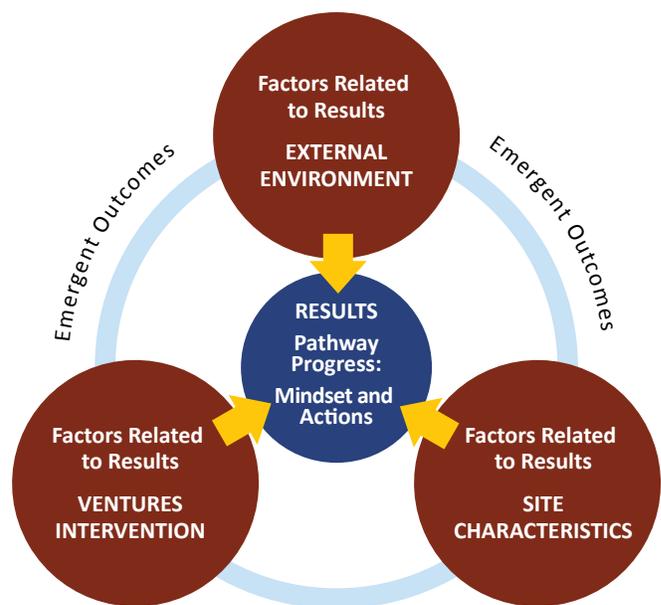
Finally, they found that while there are impressive efforts emerging across the country, many lack certain characteristics that ReThink Health has learned are

necessary to transform regional health ecosystems. Of the 145 places and partnerships that ReThink Health assessed through the site selection process, they found the sites that participated in Ventures to be relatively mature and most poised for transformation. These insights have contributed to the work of national catalysts and local leaders by helping to clarify the state of the field of multisector partnerships and identifying what more it may take to create the conditions for equitable health and well-being in regions across the country.

Evaluation framework and methods

ReThink Health has a deep commitment to learning and evaluation, and throughout Ventures engaged in a continuous learning process that involved eliciting feedback from the sites, engaging in reflective practice with the coaches, undertaking periodic sense-making sessions with the internal Ventures team and RWJF staff, as well as sharing insights in real-time through blogs and other venues. Mt. Auburn Associates was a partner in this process, completing a set of midterm findings that it based on interviews with team members in each of the sites. ReThink Health used these findings as part of an internal sense-making session that shaped some of the design elements in the second half of the project.

Exhibit 5. Evaluation Framework



This report reflects learnings from throughout the project and the findings at the conclusion of the work with the six sites. It has as its basis a framework (see Exhibit 5) and set of evaluation questions that ReThink Health established at the start of the project. The framework has two basic components:

- 1. Results:** While Ventures was an exploratory project focused on understanding the conditions that best catalyze progress to transform regional health and well-being, it was also important to understand whether and to what extent the sites were able to make progress on the developmental Pathway as well as to assess their experiences with the various Essential Practices that ReThink Health identified as critical to this progress. Beyond the specific results related to Pathway progress, the evaluation also examined if there were unanticipated accomplishments that emerged. These could include outcomes that may have been significant, but did not directly relate to the ReThink Health Pathway.
- 2. Factors related to results:** The evaluation framework assumed there were three types of factors that could play a role in either accelerating or impeding site progress:
 - **Site characteristics:** One piece of the evaluation was to learn if there was a relationship between how the sites engaged in the work, the collaborative structures in the region, and the assembled teams and the progress made.
 - **External environment:** The evaluation sought to gain insights into whether the policy context within which the sites operated, the health care market characteristics, or the economic and demographic characteristics of the region were related to progress.
 - **Ventures intervention:** The evaluation sought to better understand what elements of the Ventures work with the sites helped to accelerate progress and what may not have been as successful as anticipated.

This evaluation report provides a summary of the major cross-site findings. In addition to this report, the full evaluation also includes six case studies focused on each of the sites. The case studies highlight each site's unique journey toward health transformation, with a particular focus on their work in Ventures, as well as insights that can be applicable to a wide range of leaders that are working to transform regional health across the

United States. (See ReThink Health website.)

The methods Mt. Auburn Associates used in assessing sites' progress and in understanding how the various factors were associated with site progress included the following:

- review of all of the data and documents that ReThink Health had collected on the sites;
- observation at the three Ventures Big Tent convenings;
- review of transcripts of the 19 virtual meetings;
- interviews at project end with 48 stakeholders involved in the Ventures sites and midpoint interviews with 14 stakeholders;
- interviews at project midpoint and end with the four Ventures coaches and seven ReThink Health staff working with sites;
- a final survey sent to 92 individuals involved in the site work, with 50 responding;
- assessments of Pathway placement at the beginning and end of the project from Ventures coaches, as well as self-assessments from site leaders at the end; and
- participation in three final sense-making sessions, an internal session for all ReThink Health staff, a session with RWJF staff, and a final session that included participation from leaders from each of the sites.

The evaluation team had the interviews transcribed and analyzed them using NVivo software.

2 Assessment of Results

The evaluation of the results associated with Ventures focused on assessing the progress the sites made on the ReThink Health Pathway with an in-depth look at four categories of Essential Practices—shared vision, sound strategy, broad stewardship, and sustainable financing. Mt. Auburn measured progress based on a systematic assessment by coaches and staff, self-reporting by the stakeholders through the final survey, and qualitative data from the interviews and materials the sites prepared. In addition to the progress on the specific elements of the ReThink Health Pathway, this evaluation also reports on other results that emerged from the Ventures project. These more emergent results include changes observed in relationships and capacities among organizations within the region, beyond the direct work on the Ventures Essential Practices; the influence on regional and statewide policies and practices; and the creation of new products and frameworks that may have broader influence on the field.

Progress on Pathway and Essential Practices

ReThink Health’s assessment of Pathway progress

- ✓ **Assessments at the beginning and end of Ventures found that all of the sites involved made progress on the ReThink Health Pathway.**

As part of the Pathway, ReThink Health identified a set of specific criteria to describe the five phases of development through which partnerships may progress in their endeavors to transform regional health. The initial expectation was that, at the time of selection, the six sites would be at or close to Phase 3, where partnerships and organizations align their efforts to support regional transformation, and that the work of Ventures would help sites overcome obstacles and avoid pitfalls to make progress toward Phase 5, where partnerships and organizations begin work to genuinely redesign the systems that produce health and well-being.

Early in the Ventures process, two individuals per site (the site coach and a ReThink Health staff person very

3 Site leaders also did their own self-assessments of Pathway placement. In three of the six sites, there was extremely close correspondence between those self-assessments and the ratings from ReThink Health coaches. In two instances, the coaches had somewhat higher assessments; whereas, for one site, its self-assessment was higher. None of those differences were more than a point apart.

familiar with the work) assessed where they thought the site was along the five phases of the Pathway. At the conclusion of Ventures, the same two individuals again assessed their sites. This assessment involved relatively rigorous appraisals on 15 different measures related to shared vision, sound strategy, sustainable financing, and broad stewardship.³

The final site assessments by ReThink Health found that each Ventures site made some progress along the Pathway. For example, Exhibit 6 shows that while in the beginning, ReThink Health assessed none of the sites as Phase 3, by the end of Ventures, it considered 50 percent (three of six) to be in Phase 3. The sites that did not have inter-phase movement experienced intra-phase movement on a number of the 15 measures. Exhibit 7 shows that assessments within the four practice areas showed the

Exhibit 6. Pathway Assessment Average at Beginning and End

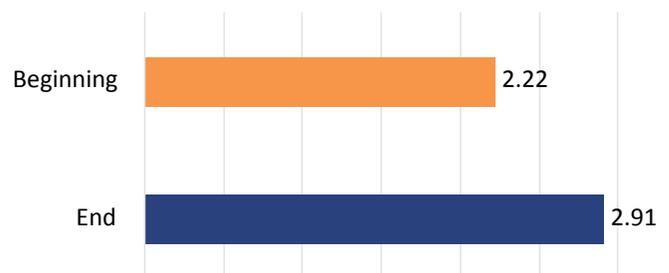


Exhibit 7. Pathway Assessment Average at Beginning and End by Practice Area



most overall progress with the shared value proposition narrative, followed by broad stewardship, sustainable financing, and sound strategy.

Self-reported progress from survey

- ✓ Overall, the stakeholders from the sites reported moderate progress in many areas.

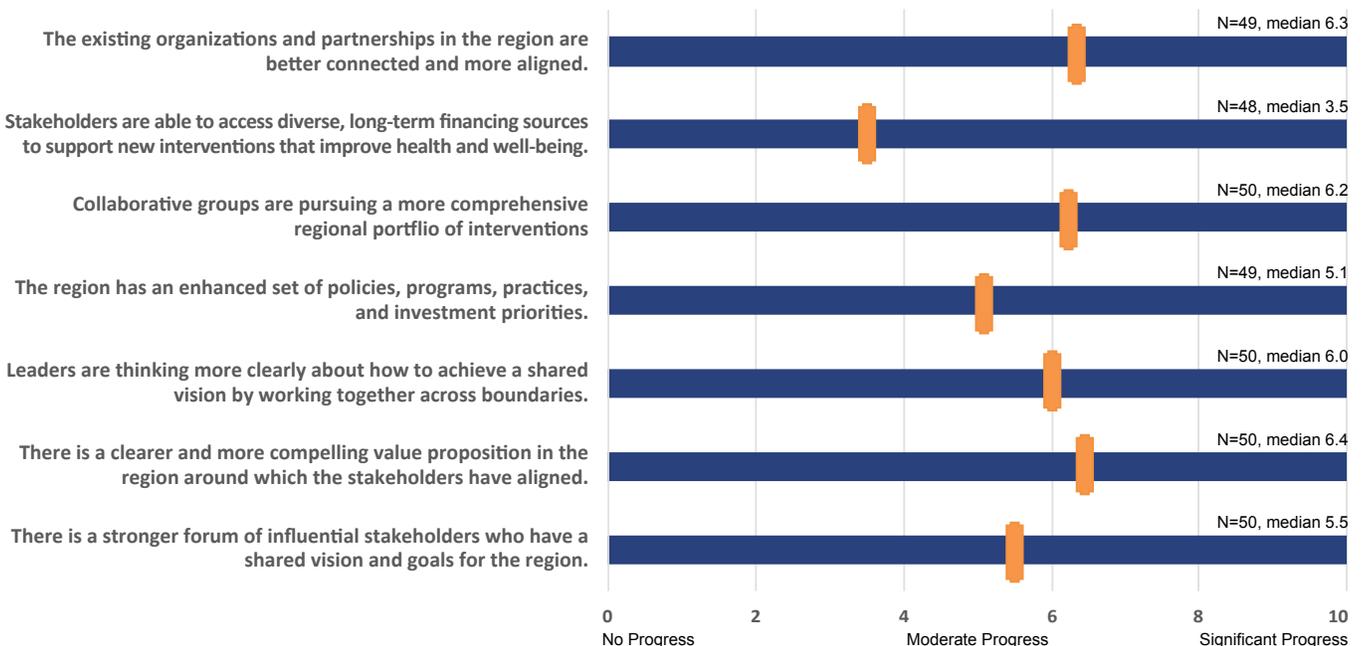
Individuals who were involved in Ventures at each of the six sites reported that they believe their team and region have made progress in a number of areas since they became involved and feel that Ventures contributed to some important results. (See Exhibit 8.)

These indicators reflect modest progress on a diverse range of tasks, which was expected because progress in many of the areas can take more time than was available in the project. This is particularly relevant for progress toward accessing diverse, long-term financing sources, as many of those sources do not yet exist and sites were focused primarily around building capacity to be able to access those sources eventually. Also, while sustainable financing was one of the Essential Practices the Ventures work was supporting, ReThink Health, for many reasons, spent less time on capacity building around financing than initially anticipated, and less than the amount of time spent on other practice areas. Stakeholders ranked the most highly progress related to greater alignment around a compelling value proposition narrative and better connections to other organizations and partnerships in the region.

Specific changes in the Essential Practices

Given Ventures’ focus on the Essential Practices, the evaluation team looked in some depth at progress made by the sites in those four categories: shared vision, sound strategy, broad stewardship, and sustainable financing. Although this report looks at the practices separately, it is important to note that ReThink Health’s framework recognizes that these practices are closely related and that progress in one area often encourages growth or presents new challenges in other areas.

Exhibit 8. Site Stakeholder Perceptions of Progress Since Start of Ventures

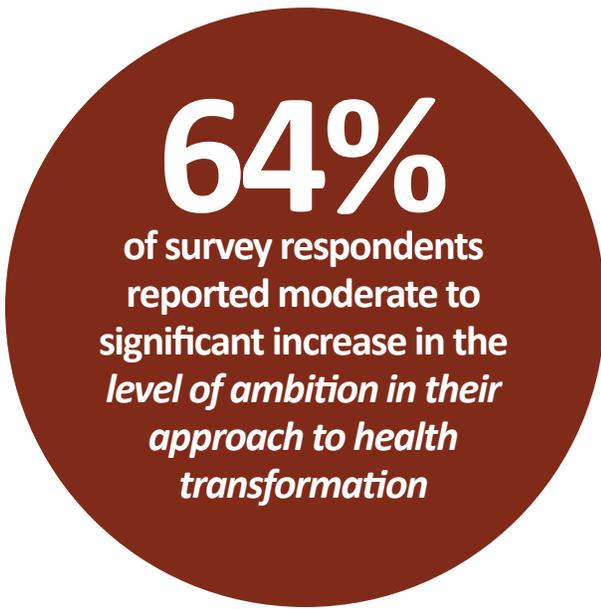


Shared vision: articulating the full benefits of a transformed system

- ✓ **Most of the sites became more ambitious, indicated by their understanding of the longer-term timeframe of the work, looking at larger system issues, and seeking to serve the entire population.**

An important component of the Ventures work was assisting sites with the development of a compelling value proposition narrative that articulated their aspirations for a transformed region. The value proposition narrative helped to codify each site’s shared vision for health transformation in their region and defined the site’s unique qualifications to contribute to the vision’s realization. All of the sites noted that the work on the value proposition narrative was the most transformational element of their work together. One team member indicated that the work with ReThink Health “contributed a fair amount to us wanting to do bolder, bigger things.” Looking across the six sites, the evaluation found evidence of increased ambition in four areas:

- **Considering the work across multiple timeframes:** Through the Ventures work, each site articulated a desired future for the region. Through this process, they came to recognize that getting to this future state could take decades. At the same time, through the work with the Three Horizons framework (see Appendix D), many of those engaged with Ventures have begun to develop practical ways to simultaneously focus on short-, medium-, and long-term opportunities for growth. This mindset shift occurred in each of the sites.



64%
of survey respondents
reported moderate to
significant increase in the
level of ambition in their
approach to health
transformation

- **Looking beyond the partnership to the place:** Most of the sites exhibited some shift in thinking from a focus on an organization or partnership to thinking about a common region. Some of the sites involved individual organizations (i.e., Common Ground Health in the Finger Lakes and the Trenton Health Team in Trenton) that are now thinking more broadly about the entire region, while other sites involved multiple partnerships that are now thinking about their region in a more aligned way.
 - **Enhancing systems thinking:** Four of the sites started their work with a strong focus on health care delivery and access. The work with the ReThink Health Dynamics Model and the Dynamics of Health and Well-Being (see Appendix E) led them to think about systems for health in a new way, and the sites’ perspectives expanded to incorporate a broader understanding of the full portfolio of vital conditions that help the residents of a region to be healthy and well (such as education, humane housing, and others).
 - **Covering all residents:** Three of the sites were involved in Medicaid reform activities and started Ventures with a strong focus on their region’s Medicaid population. One outcome of the exposure to Ventures has been thinking beyond the Medicaid population in these sites and strengthening their belief that it is important to focus on all residents while also supporting Medicaid populations.
- ✓ **There is evidence of an enhanced level of commitment to issues related to equity, diversity, and inclusion in the sites.**

At the beginning of Ventures, some of the sites already had a very deep commitment to address inequities in their regions, whereas others recognized the issues but had not begun to operate with a very prominent equity frame. Interestingly, when asked about whether there had been any changes across multiple factors over the course of Ventures, 79 percent of survey respondents—the highest response rate to any question—noted significant increases in the regional commitment to address issues of health disparities and equity. In the interviews, team members from the various sites reported that shifts in thinking emerged through exposure to what other sites were doing, the work they did together on the value proposition narrative, and the focus on this issue by the Ventures coaches. The shifts in mindset have also led to some practice changes, with sites making changes in the composition of their boards and committees and engaging residents differently.

79%
of survey respondents
reported moderate to
significant increase in the
*regional commitment to
addressing issues of
health disparities and
equity*

Sound strategy: navigating changing conditions to pursue a comprehensive course of action for the region

- ✓ **The Ventures sites are developing broader portfolios of interventions that address both urgent services and vital conditions.**

The interviews and survey provide evidence that sites with a primarily downstream focus on health care service delivery now have a new perspective on the importance of vital conditions (see Appendix F), while those already working on social determinants of health are integrating their work with health care service delivery reform efforts.

64%
of survey respondents
reported moderate to
significant increase in the
*balance between upstream
and downstream approaches
to population health*

A number of the sites focused heavily on health care delivery reform at the start of Ventures. The exposure to the Dynamics of Health and Well-Being and the Portfolio Exercise (see Appendices E and F), a Ventures tool that captures the full range of strategies related to urgent services and vital conditions, was influential in expanding not only the mindset of some of the sites, but also their actual practice. For example, Common Ground Health and the Trenton Health Team have both become partners in efforts related to community development and the built environment, and the COHC in Central Oregon and Health Action in Sonoma are now more engaged in addressing the affordable housing challenges in their regions. A member of one of the Ventures teams reported that this new vision “has permeated and influenced the board members. They all come from a health care, clinical background. They didn’t get it. They didn’t understand the importance of population health. They saw it as care management. I think if you are able to change the mentality of your leadership, it puts you in a much stronger position.”

In King County, the Ventures work resulted in a greater alignment between some of the region’s existing efforts to address the wider drivers of health and well-being with the more focused work on health care delivery reform, primarily through HealthierHere, the new Accountable Community of Health that had the task of implementing Medicaid reform.

Broad stewardship: working together as stewards of a common system, across boundaries and vested interests

- ✓ **Ventures sites are elevating the voices of residents in work to transform health and well-being.**

Part of the Essential Practice of broad stewardship focuses on ensuring that residents use their power as architects, not objects, of change. This is an area where there is considerable evidence of progress in five of the sites. Results related to Ventures include:

- **Changing the role and engagement of existing mechanisms for resident engagement:** The four sites that had a specific organizational focal point (Central Oregon Health Council, Common Ground Health, Health Action, and Trenton Health Team) had some type of resident advisory group, council, or coalition in place to provide advice and support to the health transformation work. However, prior to Ventures, these groups played a relatively weak advisory role and were



“I would say that of all of the powerful impacts, and for all of the lessons that we needed to learn, it is the model of distributed leadership that I think has been the most powerful for us to carry out to other partners, to articulate something that is unique and meaningful to this community. The fact is that no one entity created this problem and no one is going to get us out of it working by themselves. It will take all of us working together. So we have become the voice for distributed leadership within these other collaboratives taking place.”

— VENTURES PARTICIPANT

not part of the leadership structure of the partnerships. In each of these sites, there is evidence that the team has taken action to create new approaches that are more bottom-up and that rely on resident leaders in a more meaningful way.

- ***Making resident leadership the focus of the work:*** In King County, the primary goal of the strategy that emerged from the team’s work with Ventures sought to connect a wider mix of stakeholders and residents in entirely different and deeper ways—driven by the leadership and priorities of residents themselves. For instance, its commitment to strengthen people’s sense of belonging and power to contribute to the future of the region through a novel effort called “You Belong Here” has begun to open avenues for low-income residents to have a clearer voice and real power in decision-making, along with newcomers in the millennial workforce as well as senior leaders of business, philanthropy, and government.
- ***Engaging with residents in new ways:*** Three of the sites have implemented new approaches to working with

4 For more detail, see case studies of the [Ventures](#) sites on the ReThink Health website.

residents on specific initiatives. One site has undertaken an extensive resident survey, a second site has been hosting community dinners as part of the design of a new diabetes initiative, and a third site is reaching out directly to low-income residents with new methods.⁴

- ✓ **Most of the sites are thinking differently about stewardship structures and have embraced a distributed leadership perspective.**

In almost all of the sites, those involved have shifted their mindset about what it means to operate in a complex ecosystem with many different organizations and partnerships addressing the challenges related to achieving health and well-being. The fact that some of the organizations leading the Ventures work are thinking differently about their role in the region exemplifies this shift. This has meant recognition that their partnership does not have to lead every effort and needs to develop a more collaborative approach to how it works with other actors.

- ✓ **Some of the sites have made concrete changes in their governance structures to broaden the leadership and promote deeper engagement of board members and partners.**

The four sites where the focus was on a formal multi-sector partnership made changes in their governance structures to establish the proper form and shared standards to steer the course of change. Some of these shifts emerged from explicit efforts of the Ventures coaches to identify some of the challenges in the existing structures and to convene leadership in new ways. These changes have included empowering working groups, adding new members to ensure that the boards represent the sectors needed to be involved in health transformation, establishing new board committees tasked with ongoing and longer-term strategic planning, and refining bylaws to align organizational structures with the vision developed through Ventures.



“We’ve pretty much done all we can do to meet these metrics by just doing what we do better. If we’re going to continue to meet these targets, we are going to have to do things differently.”

— VENTURES PARTICIPANT

- ✓ **Entities leading the Ventures work in some of the regions are playing a stronger and more explicit role in critical integrative activities needed to transform health and well-being.**

ReThink Health’s experience with the Ventures sites and other fieldwork led it to realize that eight distinct integrative activities were critical to health transformation. (See Appendix C.) In most places, it would not be realistic for one multisector partnership in a region to carry them out. Rather, integrative activities should be distributed across multiple entities that work together as an effective network to transform conditions across the region. In four sites, the work with ReThink Health guided participants in identifying those integrative activities where they provided the most value and, more explicitly, in recognizing their role in carrying one those activities out on behalf of their region. Specific integrative activities identified by some of the lead organizations in sites focused on their role in convening stakeholders for cross-sector collaboration and in providing planning and data analytics for regional health improvement.

Sustainable financing: identifying and allocating a broad range of resources to match priorities and to fulfill long-term health and economic potential

The sites reported that they made limited progress toward accessing diverse, long-term financing sources, as many of those sources do not yet exist. Even though ReThink Health and the sites had limited attention to the financing practice as part of Ventures, there was evidence of some changes in mindset and action.

- ✓ **Many of the Ventures sites were able to leverage considerable resources for health transformation as a result of having a clearer value proposition narrative, a more collaborative regional structure, and improved narratives about what they were seeking to achieve.**

In seeking payment for the integrative activities that they provide, many of the sites have looked to longer-term revenue streams associated with some of the activities their states are implementing. This has led to new funding mechanisms in Central Oregon and in the Finger Lakes as well as annual state grants in New Jersey. In the case of the Trenton Health Team, it has negotiated with the city of Trenton for annual payments for the public health services that it performs on behalf of the city. There has also been



“I go back to it's okay to get paid, which I think as soon as I adopted that, my lens changed. It's like scales fell from my eyes And I was like, I do not have to go sheepishly around trying to get people to do what we want them to do. We have value... I think that really acting in the capacity of being fearless was really important. And I think it kind of, for me, it kind of aligned, in that if we do what we've always done, we're going to get what we always got.”

— VENTURES PARTICIPANT

significant success in a number of sites in attracting philanthropic support for the integrative activities.

- ✓ **Health transformation partnerships are shifting to a new mindset about receiving payment for integrative activities.**

Three sites (Finger Lakes, Oregon, and Trenton) changed their thinking about receiving payment for the work they do on integrative activities. In the past, these organizations did not expect payment for providing integrative activities such as health planning and convening, critical to the region’s health transformation. This has now shifted, with leadership pursuing multiple sources of funding.

- ✓ **Two of the sites, King County and Sonoma County, worked on the design of wellness trusts.**

In Sonoma County, Health Action integrated its work with California Accountable Communities for Health Initiative and ReThink Health with respect to the early design of a wellness trust⁵ as a new long-term financing structure. Likewise, in King County, the principal leader of the regional ACH (HealthierHere) was a member of the Ventures team. That connection enabled several of the Essential Practices from the Ventures project to influence both the initial design and the ongoing development process for King County’s first-ever Social Equity and Wellness Trust.

⁵ A wellness trust is a funding pool of public and/or private money that is raised by a group of stakeholders to support interventions for community health and well-being.

64%
of survey respondents reported moderate to significant increase in the understanding of their role in contributing to a long-term health transformation strategy in the region

Emergent results

While the focus of the evaluation was primarily related to the progress that sites made on the ReThink Health Pathway, the evaluation work identified other more emergent outcomes. These outcomes were significant but, for the most part, not explicit in the design of Ventures. These included certain changes in regional and state approaches to transforming health and well-being that were beyond the project's initial scope of work, and also ReThink Health's "output"—the multiple frameworks and tools that it developed or refined based upon the learning associated with the work with the sites.

- ✓ **Most of the Ventures sites now have a stronger regional hub focused on transforming health and well-being that is adapted to their local context.**

One of the most significant results of Ventures has been the repositioning and revitalizing of the regional entities that have been leading their region's efforts to transform health and well-being. In four of the sites, engagement in the Ventures Essential Practices resulted in strengthening relatively mature, pre-existing organizations. In the four sites where the Ventures work strongly focused on supporting an internal strategic planning process, staff and board members report that their involvement reshaped their organizations. Each redefined their role in their region, increasing the engagement of their board; building the capacity of their staff; and establishing a much clearer, more ambitious, and long-term vision around health and well-being. In the two other sites, where there are not

strong central entities leading the work, there has been work to build a new organizational focal point or an effort to address a gap in their system.

- ✓ **Ventures helped to strengthen the networks of stewards working to improve health and well-being in their regions and to infuse the network with new tools and frameworks.**

As the work with Ventures progressed, ReThink Health's framework evolved from a focus on a single multisector partnership to an understanding that leadership needed to be distributed in a networked structure. Perhaps one of the most common themes in the interviews with individuals who participated on the site teams was that the work had contributed to building new relationships across multiple partnerships, deepening existing relationships and trust among leaders in their regions, and making new connections across sectors. This expansion of the base of regional stewards and the deeper relationships built could have an ongoing effect on system transformation practices in the regions.

Not only were the regional networks expanded and strengthened, but there is also evidence that tools developed as part of Ventures are being diffused within these networks. While Ventures did not have a deliberate strategy to extend its capacity building beyond those directly involved at Ventures sites, many of the stakeholders reported that they are now sharing some of the tools that Ventures exposed them to with their home organizations or other multisector partnerships with whom they engage.

74%
of survey respondents reported moderate to significant increase in the commitment to collaborating with other regional stakeholders

✓ **The Ventures sites have influenced state policies.**

It was not one of the stated goals of Ventures to create more enabling conditions in the wider environment around each site. Yet, as the work evolved, the teams in New Jersey, New York, and Oregon were able to impact state policy approaches to transforming health.⁶ While in each of these cases the relationships with the state preceded their engagement in Ventures, their work in Ventures provided new ways to think about how to advance their work effectively, and this affected how they approached their advocacy efforts in ways that would bolster the teams' work and the work of peers across their state.

✓ **Learning and adaptation led to the creation of frameworks and tools grounded in experience.**

There was considerable learning and adaptation on the part of ReThink Health, leading to new tools and frameworks that can be of further value as regions across the U.S. seek to take on long-term comprehensive health transformation. Most notably, new thinking about distributed leadership, the dynamics of health and well-being, integrative activities, and how partnerships can get paid for the value they create helped to further the thinking on the conditions under which it is possible to transform regional health. Additionally, ReThink Health used insights from its work with the Ventures sites to support refinements to the Pathway, which is now titled [A Pathway for Transforming Health and Well-Being through Regional Stewardship](#).

⁶ For more detail, see case studies of the [Ventures](#) sites on the ReThink Health website.

3 Factors Associated with Results

As part of its initial framework for Ventures, ReThink Health hypothesized that three types of factors could affect the progress that sites made along the transformation Pathway: site characteristics, external environment, and Ventures interventions. The following section considers each of these factors and discusses the potential momentum builders and pitfalls identified as the work evolved across the six Ventures sites. Exhibit 9 summarizes key momentum builders and pitfalls that many of the Ventures sites supported or experienced during the project.

Exhibit 9. Potential Momentum Builders and Pitfalls

	MOMENTUM BUILDERS	PITFALLS
Site Characteristics	<ul style="list-style-type: none"> ▲ Strong organizational health transformation hub ▲ Connection to health care delivery reform ▲ New ways to engage organizational boards ▲ Making progress on each of the Essential Practices ▲ Building a team of “super connectors” ▲ Building an effective team ▲ Timing aligned with catalytic moment practices 	<ul style="list-style-type: none"> ▼ Difficulty acquiring or claiming authority ▼ Weak communication with broader community ▼ Leadership stretched thin by engagement in other initiatives ▼ Managing the tyranny of the urgent ▼ Lack of time, space, and resources for system planning ▼ Resistance to working upstream ▼ Limited engagement of business executives
External Environment	<ul style="list-style-type: none"> ▲ Supportive state and local policies ▲ Smaller-scale regions with fewer organizations ▲ Healthcare markets conducive to collaboration ▲ Sense of urgency based on local conditions 	<ul style="list-style-type: none"> ▼ Multiple unaligned multisector initiatives ▼ Uncertainty in the policy environment
Ventures Intervention	<ul style="list-style-type: none"> ▲ Shifting from plans to Essential Practices ▲ Creating time and space for stewardship work ▲ Skilled coaches with competencies aligned to needs ▲ Specialized and targeted technical assistance ▲ Variety of tools appropriate for different sites ▲ Emphasis on developing effective value proposition 	<ul style="list-style-type: none"> ▼ Delay tough decisions about team composition or focus ▼ Navigating tension between concrete and theoretical systems" not long-term ▼ Unrealistic timeframe for certain practices

Site characteristics

Momentum builders for progress along the Pathway

1. **Having a strong organizational health transformation hub with clear authority:** Having an organizational focal point for the work provided a place for Essential Practices to “land” and have the greatest impact.

2. **Connecting the Ventures work with health care delivery reform work in the region:** Each of the sites had a connection to innovative health care delivery reform efforts. (See sidebar, page 20.) These connections were very important in terms of ensuring that the work had an ambitious vision and in creating new relationships across the key leadership networks critical to long-term health transformation.

Connections of Ventures teams to health care delivery reform work

Bernalillo: Accountable Health Community (AHC). In April 2017, Centers for Medicare & Medicaid Services (CMS) selected Bernalillo County as one of 32 communities to participate in the AHC model. Led by Presbyterian Health System, the focus is on linking clinical and community services for Medicaid and Medicare beneficiaries. Many Ventures team members are involved in designing and leading the initiative.

Central Oregon: Coordinated Care Organization (CCO). In 2011, the state of Oregon created 16 CCOs throughout Oregon to integrate physical, behavioral, and oral health services for Medicaid recipients. The Central Oregon Health Council, which led Ventures work in the region, governs Central Oregon's CCO.

Finger Lakes: Finger Lakes Performing Provider System. FLPPS is a regional collaborative formed to implement New York State's Delivery System Reform Incentive Payment demonstration program. FLPPS, the only designated PPS in New York that involves a regional partnership, includes 19 hospitals, 6,700 health care providers, and over 600 other community organizations. Common Ground Health, the organization leading the Ventures in Finger Lakes, was involved in the initial application and is part of the leadership group; the director of FLPPS sits on the Common Ground board.

King County: Accountable Community of Health (ACH). Washington State created a regional ACH model as part of its implementation of the Healthier Washington Plan. As part of the CMS Medicaid demonstration waiver, these entities are responsible for delivery reform. In King County, HealthierHere is the region's dedicated ACH. The director of HealthierHere was a member of the King County Ventures team

Sonoma County: CACHI. Sonoma County Health Action is the organization leading the Accountable Communities for Health initiative supported by CACHI, a coalition of funders including the California Endowment, Blue Shield of California Foundation, Kaiser Permanente, the Sierra Health Foundation, and the state of California. The same backbone staffing supports both Ventures and CACHI in Sonoma County.

Trenton: Accountable Care Organization (ACO). In 2011, New Jersey established a demonstration project creating regional ACOs to serve the Medicaid population. However, by the time the ACOs were implemented, most of the state's Medicaid patients had already joined commercial managed care organizations. The three designated regional ACOs, which include the Trenton Health Team, which led the Ventures work in Trenton, have received state funding to support care coordination and other activities for the targeted population.

- 3. Engaging organizational boards in new ways:** A board of directors representing leaders from diverse institutions governed three of the entities leading the Ventures work. ReThink Health coaches worked with these sites to directly engage their boards through retreats in order to ensure that leadership helped to build and refine the new value proposition narrative. In the case of Common Ground Health in the Finger Lakes, board members were encouraged to “keep on the hat” of the institution that they come from, even though working for a cross-organizational purpose. This proved an effective mechanism for driving ambitious new strategies and opening up new dialogue because they were encouraged to look at issues through a new, more multi-faceted perspective—relative to their own organizations and to the organization of the board on which they sit.
- 4. Making progress on each of the Essential Practices:** Sites that focused attention on each of the Essential Practices were able to advance their work by building upon the synergies across the different practices. There was an explicit focus in Ventures on recognizing the many ways in which the Essential Practices are interrelated. Sites were encouraged to appreciate how changes in one Essential Practice area could lead to shifts or changes in other practice areas.
- 5. Building a team of “super connectors:”** The King County team provided a different model for multisector partnerships in which the organizational affiliation of team members was not as important as their willingness to tap personal connections to build engagement around a new, broad initiative. This approach is effective in efforts built on a distributed leadership model.

 ***“[Because ‘super connectors’ were involved in our work], we didn’t have to bring our organizations along with us—we had the relationships within those organizations to know that we could pull resources as we need, and we had so many connections in our community that we could tap.”***

— VENTURES PARTICIPANT



“The Ventures opportunity was completely synchronous in terms of our evolution as an organization.”

— VENTURES PARTICIPANT

- 6. Building an effective team with capacity and time to do the work:** Sites that had relatively stable teams with staff able to take on the work made more progress on some of the Essential Practices.
- 7. Timing the engagement with Ventures when it made the most sense given site conditions and priorities:** While, as one local Ventures team member from Trenton noted, “You can’t always plan for timely,” in fact, one of the strongest momentum builders was related to the timing of the work. A couple of the sites were just about to start, or were in the process of, undertaking strategic planning work when they joined Ventures. In these cases, the work on each of the Essential Practices perfectly aligned with current organizational needs.

Pitfalls to Progress Along the Pathway

- 1. Difficulty acquiring or claiming authority:** Three of the Ventures teams started with a decentralized structure, having leaders from multiple organizations and partnerships in their regions coming together to work on the Essential Practices. For some of the teams, this organizational format proved very challenging and members struggled to define who they were as a group, what their mission was, and what authority they had to take on the work. Especially when starting a collaborative effort with a decentralized structure, grappling with role clarification may be a natural and necessary part of building effective distributed leaders.
- 2. Lack of an effective narrative that communicated the purpose of the work to the broader region:** Many of the leaders involved in Ventures noted that communicating about their partnership’s efforts and the role their partnership played was an ongoing challenge and continued to be a pitfall related to progress. While Ventures provided technical assistance to support the development of a new value proposition narrative and communication strategies, this remained an issue that stewards believed warranted additional work.

- 3. Leadership stretched thin by engagement in multiple cross-sector initiatives:** Many of those involved in the partnerships that participated in Ventures have full-time jobs in addition to their engagement in Ventures. They are also engaged in other related efforts in their regions. In some sites, rather than achieving greater alignment, in many ways, the involvement in multiple initiatives stretched the interest and energy of team members.
- 4. Managing the tyranny of the urgent:** It is difficult to step back and have a long-term systems approach in a region that believes there are many urgent needs that are not being addressed. There is often a bias toward action, so just stepping back and listening and engaging folks in a new way is an ongoing challenge to communicate and sustain.
- 5. Lack of the time, space, and resources needed to maintain focus on the long-term and system change agenda:** Many of those involved reported that sustaining the strategic thinking and work that happened through Ventures will be an ongoing challenge. Ventures provided the sites with the space needed to step back, think about the long term, and engage in the Essential Practices. But, staff have significant challenges just staying on top of the day-to-day realities of getting their existing work done on the projects and initiatives they are leading. Two of the sites have tried to address this obstacle by embedding this work in their existing organizational structures, in effect making the team assembled for Ventures an ongoing planning workgroup or committee within the partnership.
- 6. Resistance to working upstream:** It is easy for staff and board members of an organization that has historically focused on health care to return to



“You have to have the vision to say, ‘Hey, this is really hard work.’ I’m going to continue swimming upstream and not get caught and say, ‘You know what, I could just flip around and go downstream for a while because it’s easier,’ and that muscle memory is there.”

— VENTURES PARTICIPANT

strategies and activities that focus on urgent care. It takes continued hard work to maintain a focus on the many vital conditions beyond health care that are impacting health and well-being.

7. Limited engagement of business executives:

Individual businesses and regional economic development groups have had limited engagement in the health transformation work of most of the sites. This challenge has been a pitfall in most regions in developing a more comprehensive portfolio of interventions and having the type of broad engagement of key stakeholders that can further progress on the Pathway.

The external environment

Momentum builders for progress along the Pathway

- 1. State and local policies and resources supporting regional health transformation:** In selecting sites to participate in Ventures, ReThink Health was well aware of the importance of the state and local policy environments, which could enable or inhibit the transformative work. As Ventures evolved, it became even clearer that the policies enacted at the state and county levels—what ReThink Health refers to as the enabling environment—are a critical factor in the level of progress that the sites are able to make in terms of health.
- 2. Smaller-scale regions with fewer organizations:** The sites varied significantly in terms of their geographic scale (from one city to a nine-county region) and their population size (from 85,000 to over 2 million people). The scale in terms of breadth of jurisdiction as well as population size can affect the transformation process and how it progresses. The relatively smaller sizes of the Trenton and Central Oregon sites meant that there were established relationships with a wide set of regional stakeholders, which facilitated network relationships and a collaborative culture. The large scale of the other regions led to additional complexities as the work evolved, such as the need to accommodate a larger number of organizational players.
- 3. Health care market conducive to collaboration:** The sites fell into three categories in terms of health care market conditions. First, there were regions with multiple systems and only moderate competition. Second, there were regions with two major health

care systems that were very competitive. Finally, in the case of Central Oregon, there was only one health care system operating in the region. The work with Ventures provided some evidence that progress is somewhat faster where there is only one system and that system has a business model that aligns with the work of the partnership. Sites that had multiple players in the system that were not in extensive competition were also able to make more progress than those with more competitive markets.

Pitfalls to progress along the Pathway

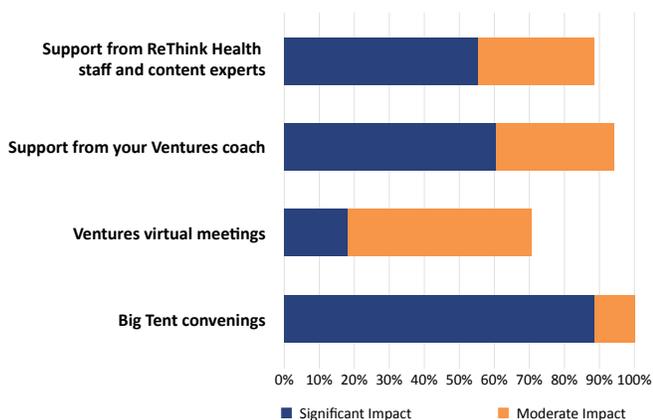
- 1. Multiple unaligned multisector initiatives:** It is not surprising that the regions in which the Ventures sites operated had been engaged in considerable work in the past related to addressing health and well-being. In some of the regions, multiple multisector partnerships are addressing both health service delivery changes as well as the social determinants of health. The extent to which partnerships were well connected in each of the regions varied. Having a large number of unconnected partnerships working on regional challenges related to health and well-being often made it more complex to navigate efforts to get to an aligned vision across regional stewards.
- 2. Uncertainty in the policy environment:** Given the impact of the enabling environment on progress, uncertainty about future direction of federal, state, and local policies makes it more challenging for regions working on health transformation to develop long-term approaches with any level of confidence. All sites have had to deal with the uncertainty at the federal level, but, in some of the Ventures sites, the future of the states' approaches to the new structures they had created (e.g., CCO in Oregon, FLPPS in New York, and ACOs in New Jersey) is in a state of transition, making future revenue streams and regional collaborative structures somewhat unclear.

Ventures interventions

Momentum builders for progress along the Pathway

- 1. Shifting from plans to Essential Practices:** Early in the project, the ReThink Health team realized that production of a specific product does not have the same impact as an ongoing effort to make progress on critical practices. For example, developing an ongoing practice around building a comprehensive

Exhibit 10. Perception of Impact of Ventures Activities on Programs



portfolio of interventions will be more enduring and impactful than writing a plan about a portfolio of interventions that represents just one point in time and will likely be relevant for only a short while. This shift proved to be well received by the sites, and the evaluation provides evidence that the sites that more deeply engaged in each of the Essential Practices were able to accelerate their progress.

- 2. Creating time and space away from home for stewardship work:** The survey of Ventures stakeholders and the interviews revealed that team members believed that the in-person Big Tent convenings were the most impactful element of their engagement with Ventures. (See Exhibit 10). In interviews, those attending the Big Tent meetings reported that being away from their day-to-day work for two days and being able to work intensively with their colleagues led to significant progress in many areas. In addition, these convenings deepened relationships, leading to some emergent outcomes and inspired team members through their interactions with their counterparts in the other Ventures sites.
- 3. Spending time to develop an effective value proposition narrative:** During Ventures implementation, the sites spent the most time and gave the most attention to working through their value proposition narratives, which helped codify their region’s shared vision and their partnership’s unique role in helping to reach that vision. The sites embraced this effort and it was very catalytic in almost all of the sites, leading to expanded ambition, a more refined narrative that they used to engage other stewards as well as funders, and a more aligned

vision about what health transformation would mean in their regions.

- 4. Having skilled coaches with competencies and approaches aligned with site needs:** In most of the sites, the participants developed very close relationships with the coaches. In a majority of the sites, the site teams believed that the coaches got to know their regions very well, were able to adapt their work and approach to align with the needs in their regions, and were critical to moving their work forward.
- 5. Providing specialized and targeted technical assistance, particularly in the areas of distributed leadership, resident engagement, and communications:** ReThink Health’s technical assistance proved to be very valuable for the site teams, which reported that some of the assistance was particularly helpful in advancing their work. Five of the sites appreciated specialized assistance on communicating their value proposition, two of the sites acknowledged specific help on their approach to resident engagement, and a few of the sites welcomed a chance to focus more intensively on distributed leadership.
- 6. Having a variety of tools that met sites where they were:** The ReThink Health team developed many useful tools in real time as the work emerged. Overall, interviews revealed that different tools resonated with different groups. For example, two sites cited the ReThink Health Dynamics Model as being very important to getting stewards in their regions to think about addressing vital conditions. In at least three sites, participants mentioned that they found Three Horizons, a tool that provided a framework for thinking about the different timeframes for

“Sometimes it was hard for us, shifting gears between the academic, more theoretical way that Ventures tends to present problems and issues and challenges and our day-to-day on the ground getting it done kind of approach. And I do think that we are strengthened by being able to do both.”

— VENTURES PARTICIPANT

transformation, extremely helpful in their thinking and work. The Portfolio Pie Chart exercise, which set out the portfolio of urgent services and vital conditions, was another tool many participants mentioned. (See Appendix F.)

Pitfalls to progress along the Pathway

- 1. Delaying tough decisions about team composition or focus:** There were significant changes in three of the Ventures teams over two years; and, with two groups, both the composition of the team and its strategic focus completely pivoted. ReThink Health and its coaches could have acted quicker and more decisively when it was clear these sites were potentially no longer a good match for Ventures, relative to the initial selection criteria ReThink Health had established. ReThink Health found it difficult to acknowledge that Ventures progress would no longer be possible.
- 2. Navigating the tension between concrete action and theoretical and longer-term system approaches:** According to many of the participants, one of the greatest tensions in the work was between those who think it is critical to take some concrete action to achieve some early wins and those who think that if you are playing the long game you need to be comfortable with the process work that is required. Related to this challenge, many of those interviewed reported that they struggled with some of the work being too academic and not easily applied to their day-to-day work.
- 3. Having a project timeframe that did not allow sufficient time for iteration and engaging deeply in each practice:** At the conclusion of Ventures, a large number of team members reported that their greatest disappointment was that Ventures did not have a longer timeframe. Once they had built the appropriate team, stakeholders believed they needed additional time to make the progress they had hoped to achieve. Moreover, sites universally felt that there was not sufficient time spent on strategy and financing and, as a result, they did not make significant progress in developing a portfolio of interventions or a sustainable financing plan.



“You need a year to find out what the hell you’re doing, and then a year to kind of put it together, and then a year to really get into some of the implementation stuff.”

— VENTURES PARTICIPANT

4 Emerging Lessons

When Ventures started, it was seeking mature partnerships with the appetite, ambition, and ability to take on the work needed to transform the systems in their regions related to health and well-being. The leaders of the Ventures sites, who convened in a final meeting at the project’s conclusion, reported that, over their year-and-a-half working with ReThink Health, their appetites increased, their ambitions became more far reaching, and their abilities advanced. The Ventures evaluation found evidence supporting what the leaders reported. For example, most of the Ventures regions now have stronger health transformation hubs that are taking on the hard work of aligning the multiple efforts in their regions around a shared vision. There is also considerable evidence of increased commitment in the regions to collaboratively advance health transformation as well as changes in stewards’ mindsets about what is required to do so and which actions drive change. Moreover, each of the regions has expanded its network of regional stewards working to transform health and well-being. The evaluation also identified some of the momentum builders and pitfalls that regions encounter as they take steps along the Pathway.

It is important to note that most of the sites’ changes are early, vary across sites, and need more time—as well as more favorable environments—to take hold as widely shared norms. However, the findings do lead to some potential lessons for regional stewards as well as national catalysts working on health transformation.

Lessons for regional stewards

1 Create the time and space needed for system change work. Doing things differently entails hard work, and this requires the “space” to be able to step away from day-to-day responsibilities to think about the entire region and the longer term. One mechanism for creating this space is to make this planning an “evergreen” function with a standing subcommittee

2 Understand the dynamics of health and well-being in the region. Achieving positive health outcomes for all residents requires a broad strategy that both ensures urgent services and builds vital conditions.

3 Balance short-term concrete achievements with longer-term planning and ambition. In addition to being able to step back and develop a long-term vision and value proposition, the credibility of this work is enhanced if there are also shorter-term changes in practices or other concrete achievements that groups can point to as contributing to positive changes in the health and well-being of residents.

4 Engage both decision-makers and “doers” in the work. It is critical to engage the decision-makers in the health transformation process and to ensure that they align around an ambitious vision for the region. At the same time, empowering the managers and clinicians from many of the regional organizations is also critical.

5 Have the confidence to claim authority. At times, when more formal authority does not exist, leaders need to have sufficient confidence that they can create their own authority to play a leadership role in health transformation efforts (for example, through being a neutral convener and trusted source of information, and advancing other integrative activities). The state, county, or city can also formally create this authority by developing legislation that creates the regional health transformation hub and identifies its structure and responsibilities.

6 Lead the region in embracing distributed leadership. It is important to recognize that no one entity should lead efforts to transform health and well-being. Having one of the region's partnerships taking on this message and trying to live it is the first step in a process that could bring all players to a new understanding of the value of sharing responsibilities while working in an aligned manner.

7 Create space for regional residents and organizational leaders to build value around the work. Communicating the story of health transformation is critical to getting alignment both internally and externally. This requires developing a compelling narrative that describes the value proposition and shared vision as well as developing a communication strategy to ensure residents, businesses, and other stakeholders understand the work and agree with the vision.

8 Adapt to and alter the enabling environment. Each region has a very different context within which it operates. Health market conditions, state policies, size, history, and culture all play into how a region approaches transforming health. Leaders need to be willing to advocate for policy and practice change and to design their work to align with the local context.

9 Build upon existing infrastructure. Rather than creating new capacity in a regional ecosystem, it might make sense to first rebuild and strengthen existing institutions to carry out key integrative activities across the region.

Lessons for nationwide catalysts: working with regions

1 To the extent possible, ensure the timing of a project aligns with local institutional and contextual factors. It is important to assess the external conditions—political, economic, and social climates—that could impact the ability of a region to be successful, especially in terms of funding and policy environment.

2 Recruit a critical mass of well-positioned leaders. Progress requires the involvement of multiple leaders in the effort who are looking beyond one organization or partnership to the multiple sectors that need to engage in health transformation.

3 Ensure that there is the bandwidth needed to engage fully. Regional stewards should have the time and the appetite to engage. It is difficult to ask leaders to focus on longer-term system thinking when they are accountable for the programs that they are currently operating or the other funded initiatives that they are helping to lead.

4 Avoid system chaos. It is important that funders and others working to support leaders in regions do no harm and do not further complicate regional systems. Ensuring that new work provides synergies with existing efforts, rather than potentially creating new silos and complexity, is critical when designing and implementing initiatives.

5 Take time to build the appropriate teams. Many multisite initiatives ask leaders to identify upfront a specific team that will lead the transformation work. The experience with Ventures suggests that it takes time to build the appropriate team and that it might make sense to start with a very small core group that expands as the focus of the work becomes clearer.

6 Be open to significant pivots in both the team and the goals of the work. There is often an expectation that the same team established to initiate the work will be stable throughout the initiative. The experience in Ventures

challenges this assumption. Three of the Ventures teams changed dramatically over the course of the work. These shifts were all productive. Acknowledging that change is part of an emergent learning process and making changes in a timely fashion can further advance the work.

7 Adopt and adapt the Essential Practices. The evaluation found that ReThink Health’s framework around the Essential Practices—shared vision, sound strategy, broad stewardship, and sustainable financing—can propel a region forward on the Pathway. However, the order in which they take place needs to be adapted to local needs. For example, for some teams, it might make sense to start with stewardship; for others, the initial development of a shared vision might be more appropriate.

8 Hire very experienced coaches with a skillset that aligns with the regions’ needs. The intensive coaching the ReThink Health coaches provided was highly valued in most of the sites. This value was highest where the skills and experience of the coach aligned most closely with the areas where each regional team needed someone to push and support their work.

Lessons for nationwide catalysts: policy approaches and frameworks

1 Support the establishment of strong organizational connections within networks for regional transformation. While there is no one optimal structure, the learning through Ventures is that stronger, more mature organizations can better position themselves both as members of and connectors within a broader stewardship network. Such organizations, in which leaders from multiple sectors have formed more effective working relationships with each other, are role models for others. Having strong connections within and across networks provides a way for those working on health care delivery reform and those working on addressing the vital conditions to align their work in pursuit of health and well-being.

2 Develop more concrete models of distributed leadership. Most regions of any size have a large number of organizations and partnerships working on issues

related to health and well-being. A model for how to align these efforts effectively is still a work in progress.

3 Advocate for federal and state policies that support regional innovation. While Ventures did not explicitly choose sites that had some type of accountable community of health initiative, in the end, each of the sites did involve some innovative efforts of this type. Each of these models provides learning for the field. In particular, other states and regions could learn a great deal from the Central Oregon model, where shared savings from innovations in serving the Medicaid population strategically fund broader health and well-being for the entire population.

4 Develop new strategies for engaging the business community and economic development leadership. The historic work in the Finger Lakes region, where the business community historically led so much of the health transformation work, provides a model for thinking about the potential role of the business community in other regions. Unfortunately, even in that region, the business community has stepped back a bit from its engagement. Additionally, it was rare for economic development initiatives to be engaged with health transformation efforts within many of the Ventures sites. There need to be new strategies and approaches to the roles of business and regional economic development organizations in transforming regional conditions.

5 Support more longitudinal learning. There is much more learning to be done about what it takes to make significant progress toward health transformation. While there are many efforts around the country supporting this work, there is limited effort to evaluate progress over a longer timeframe. This evaluation was able to provide some insights about momentum builders and pitfalls emerging over a very short time period. How this work plays out in the longer term in these sites is where the real learning might occur. National funders and other organizations need to support learning that looks at regions, such as those engaged in Ventures, over longer timeframes.

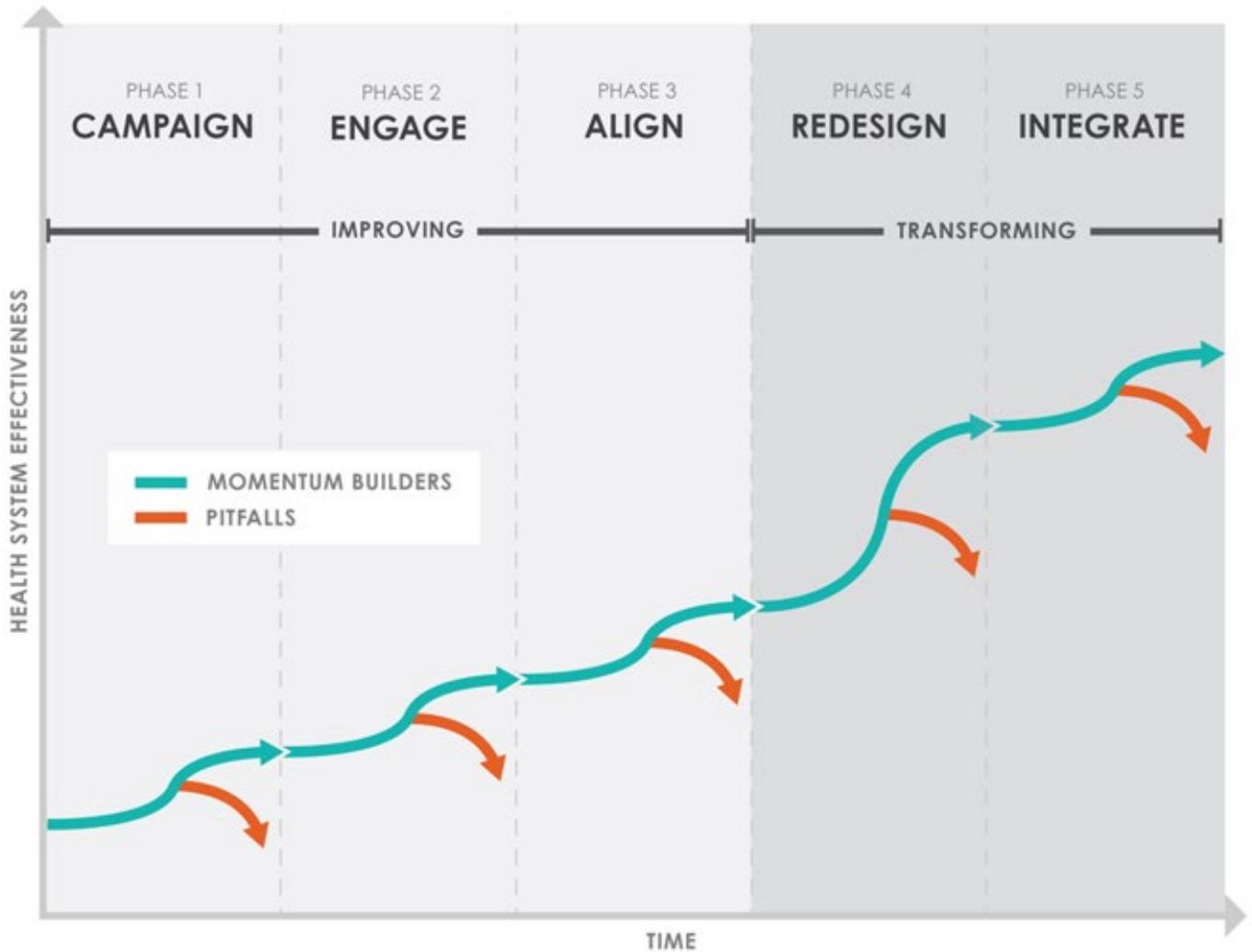
5 Conclusions

The Ventures project started as an ambitious effort to support comprehensive regional business planning and evolved to engage six multisector partnerships in pursuing the Essential Practices needed to transform regional health and well-being. The project demonstrated that it is possible to make meaningful—and measurable—progress in a relatively short period of time as part of a much longer, developmental journey. Ventures’ close coaching, curated tools, focused convenings, and commitment to emergent design enabled participating sites to explore new ways of doing business differently, together. Both the site selection process and the evaluation of Ventures over time revealed that there is great variation in terms of who is doing this work and how they are doing it throughout the nation, and many continue to make notable progress toward transformation. While there are many innovative and significant efforts to improve health and well-being, we are still learning how best to overcome pitfalls and to reinforce the main drivers of momentum to make even more significant progress in the years ahead.

**Evaluation of the
ReThink Health
Ventures Project:
Appendices**

Appendix A

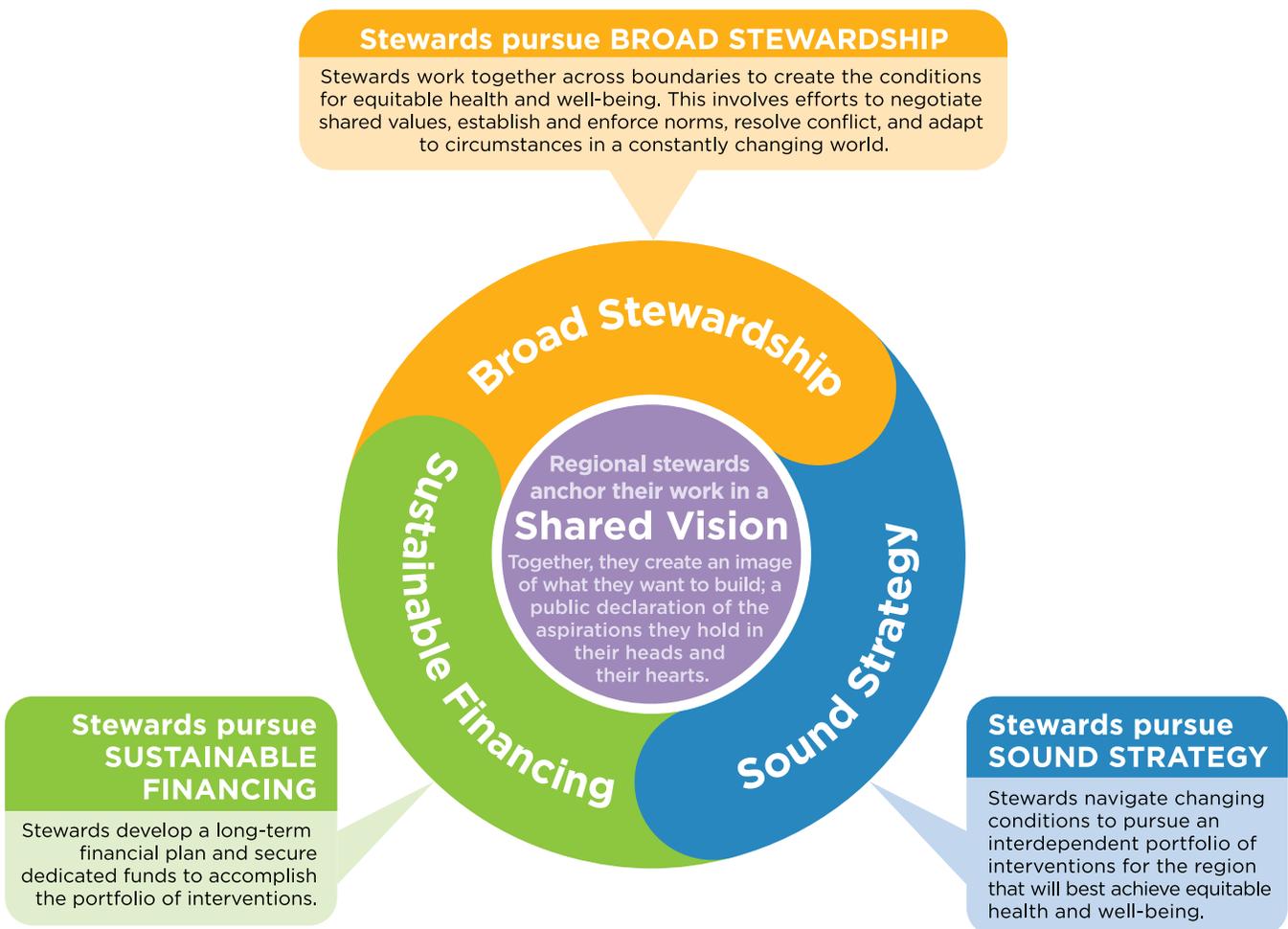
Pathway for Transforming Regional Health



There was considerable learning and adaption on the part of ReThink Health as a result of the Ventures project, leading to new tools and frameworks that it has published through its website. Based on insights from Ventures, ReThink Health made significant refinements to its Pathway framework, which is now titled [A Pathway for Transforming Health and Well-Being through Regional Stewardship](#).

Appendix B

Essential Practices for Transforming Regional Health and Well-Being

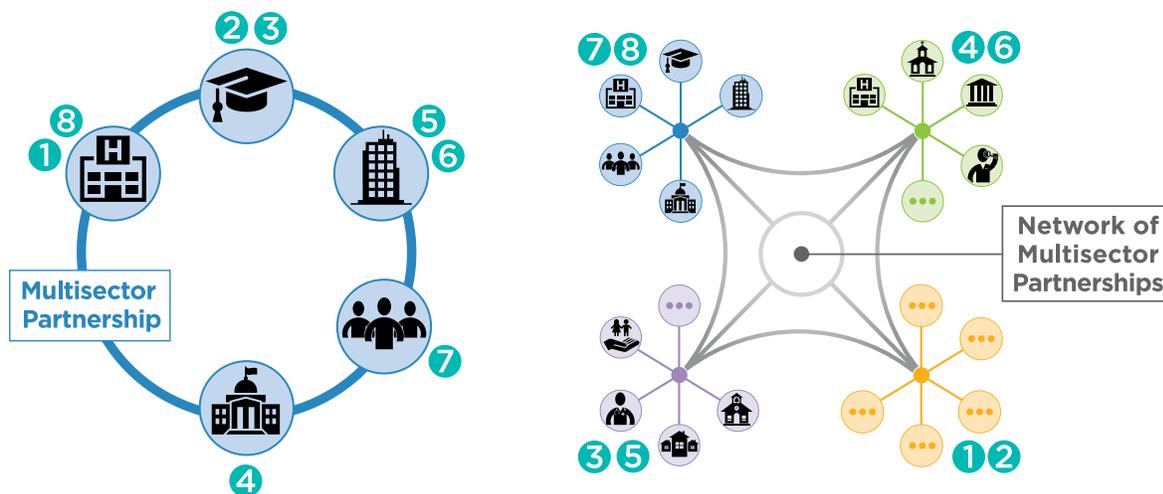


Appendix C

What are Integrative Activities?

Integrative activities are roles and leadership functions for governing and managing the work happening within and across multisector partnerships that are working to achieve a common purpose in a region, such as transforming health and well-being.

When the purpose is to transform health in a region...



...successful efforts ensure eight integrative activities are carried out between stakeholders (in the case of a single multisector partnership) or between all the multisector partnerships in a network.

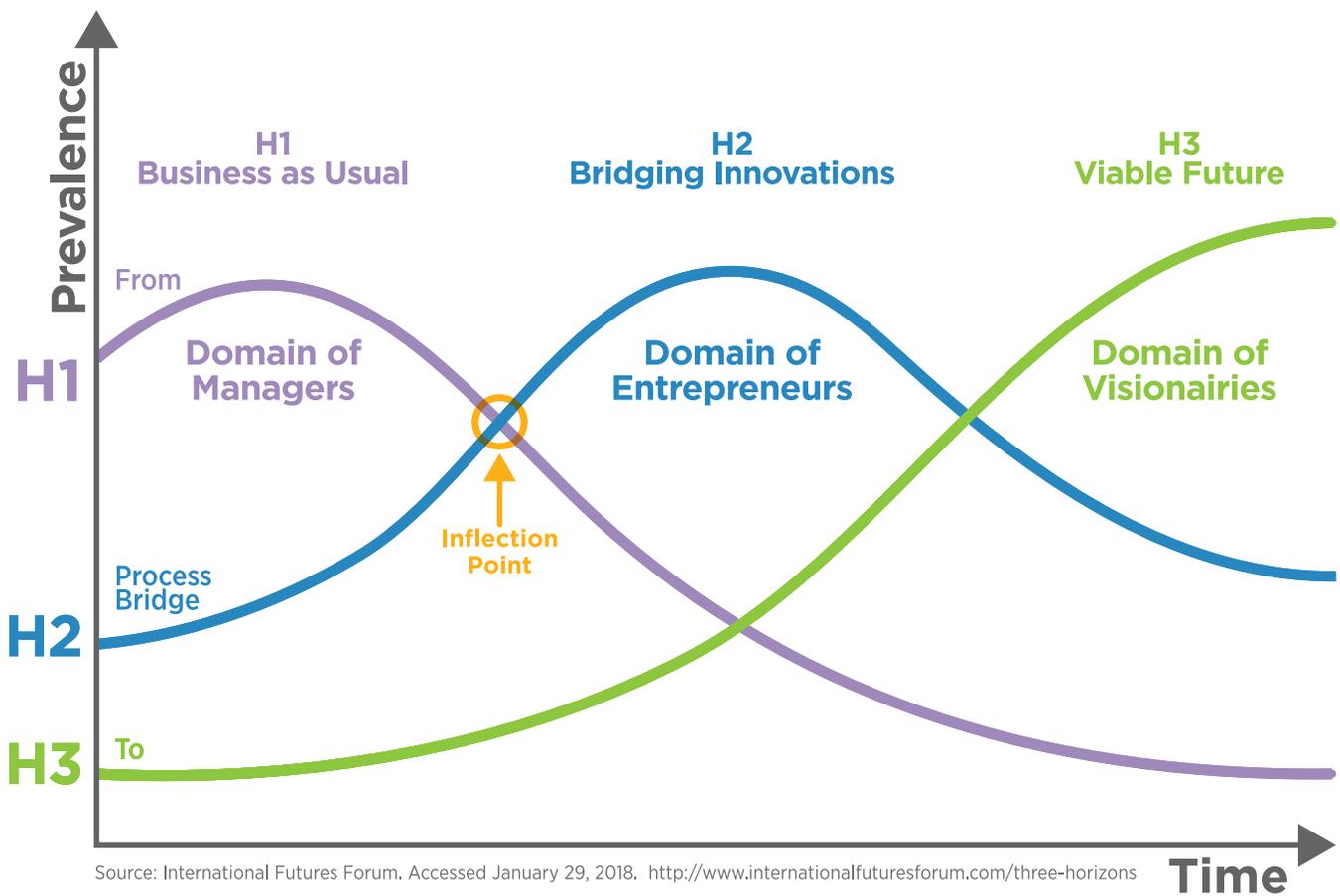
Eight Integrative Activities

- 1 Convening Stakeholders for Cross-sector Collaboration and Information Sharing
- 2 Analyzing and Planning for Regional Health Improvement
- 3 Designing Ongoing Infrastructure and Governance
- 4 Implementing Strategy; Managing Performance of Region-wide Efforts
- 5 Catalyzing Innovation and Redesign
- 6 Designing Financing Structure and Strategy
- 7 Advocating for Public Policy
- 8 Monitoring, Measuring, and Evaluating Region-wide Efforts

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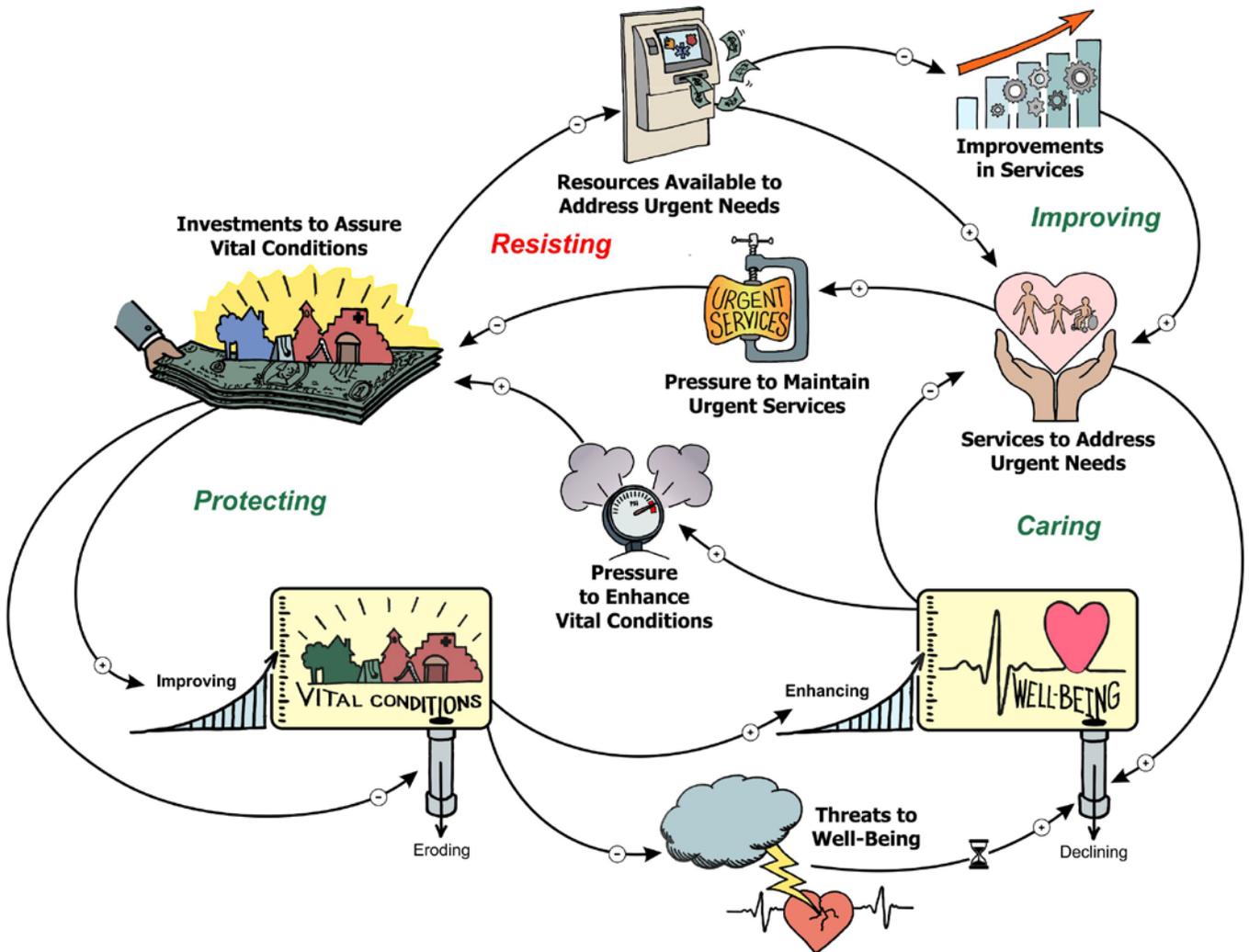
Appendix D

Three Horizons Framework



Appendix E

Dynamics of Health and Well-Being



Appendix F

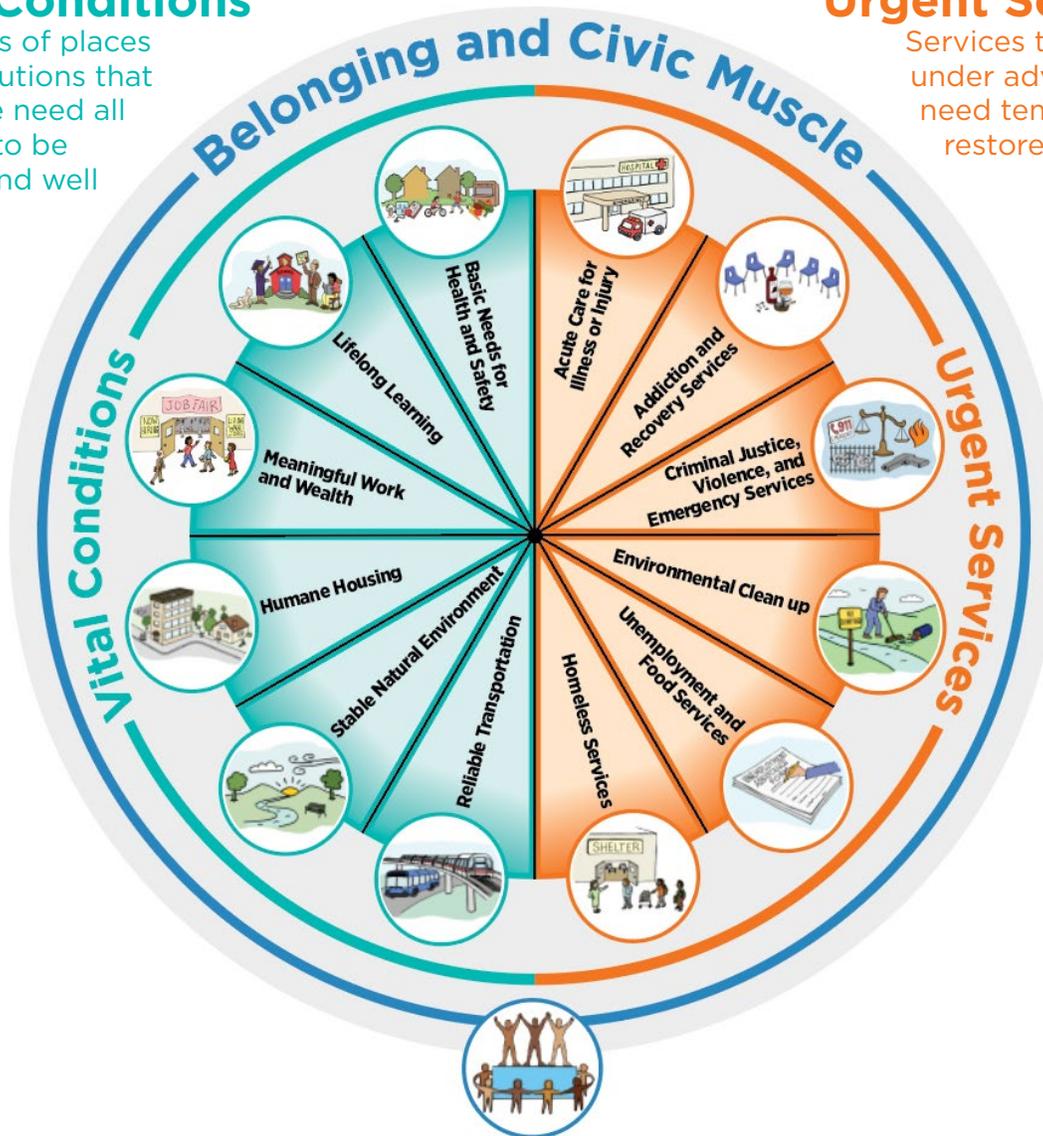
Portfolio of Vital Conditions and Urgent Services

Vital Conditions

Properties of places and institutions that all people need all the time to be healthy and well

Urgent Services

Services that anyone under adversity may need temporarily to restore health and well-being



Belonging & Civic Muscle

A sense of belonging and power to shape our common world