All Children Thrive
Why We Need Transformative Change

• Trends and Changes in childhood epidemiology
  – Developmental, behavioral problems rapidly rising

• Change of Age
  – tectonic shift from Industrial age to IT age (Gig, Sharing, New Economy)
  – massive disruption for social scaffolding
  – growing levels of adversity, inequality, isolation, marginalization

• Health System poised for 3.0 changes

• More integrated, health promoting, 3.0 systems make sense to people, changes on the way
Optimizing the Health Development of All Children

**Current Situation**

1.0 Biomedical

- Reducing Mortality
- Person

2.0 Biopsychosocial

- Reducing Morbidity
- Person + Environment
- Extending Life!

**Activities for Reaching Vision**

ACT Strategic Action Hub

- Employing Analytics
- For positive change
- Policy
- Data

- Working with Sectors
- To implement change strategies

- Children’s Hospitals
- School Based Health
- Community Health Systems & Pop Health
- Early Child Development Systems
- Mental Health

- Leveraging State Innovation Models

- Reforming Payment/Finance

- Prototyping Whole System Change Across 1000 Communities

**Vision**

3.0 Life Course Health Development

- All Children Thrive

**Creating Knowledge, Transforming Communities**

Re-engineering Complex Systems

**Networking Strategies, Platforms and Apps**

- Learning Systems with Collaborative Innovation Networks (CoINs) embedded

- National Research Networks

- Life Course Trajectories, Data, Measurement and Information Tools

**Over the Lifespan**

Person X Environment

(A Dynamic Relationship)

**Cross Sector Collaboration & Culture of Health**

**Community Accountable Health Development Systems**

Time
All Children Thrive: What We Can Achieve

- Optimize Health, Development & Well Being
  - Healthy births, school readiness, high school graduation & college going rates
  - Health status, disability rates,
- Improve the conditions and context of childhood
  - Decrease poverty, inequality, adversity,
  - Improve family function, safety, opportunities, neighborhoods, communities
- Improve performance of systems
  Health, education, family support, housing, justice
- Create a sustainable culture of health development, resilience and sustainability for children, youth & families
All Children Thrive: How we can achieve our goals

• Strategically responding to unparalleled opportunities to engineer transformative changes
• Tactically responding to challenges of less money and more flexibility
• Systematically respond
  – Systems thinking, system science, systems tools
• Purposefully Disruptive
• Results focused
Making Transformation Successful

• Align, synergize the shared inherent motivation
• Engage all that share our passion and motivation to help children thrive
• Share our assets—knowledge, skills, tools, seamlessly and rapidly
• Coach, support, catalyze, and inspire each other
• Create a commons – common platform, culture, values that supports this new community
Strategic Assumptions-Aspirations

• ACT is about transformation not patching the holes in current system
• Not a demonstration in 5 or 10 sites but a national collective impact movement, actionable campaign, to scale ACT to 1000 sites over 10 years
• Need a 3.0 vision, north-star and roadmap;
  – Not trying to boil the ocean;
  – ACT Columbus or ACT Cincinnati demonstrate that ACT strategies are within reach
• Collaborative learning and innovation system
  – Not just to showcase actionable changes in practice, policy, financing, organization
  – But to catalyze rapid testing, adoption and spread
All Children Thrive

INITIATIVE PHASES

→ Medicaid Reforms
→ Variable Affordable Care Act Implementation

→ Affordable Care Act – Changes in Coverage, Finance, Innovations ...
→ Changing Epidemiology, High Costs, Poor Results ...

PHASE 1 - Planning, Networking, Learning [2013-16]
→ Roadmapping 3.0 System
→ Networking with potential “Vanguard” ACT Sites
→ Design of Learning Systems

PHASE 2 - Implementation & Testing [2017-20]
→ 8-10 ACT Vanguard Sites launched
→ ACT Networks up and running
→ ACT Virtual Platform & Learning System operational
→ Tools developed
→ Systems Transformation Pathways working
→ Testing innovations, spreading & scaling
→ Curating rapid response to Medicaid Block Grants and ACA repeal

PHASE 3 - Expansion to 40-50 sites
→ 100’s of additional communities acting as Members of All Children Thrive

→ More places joining
→ ACE Networks expanding

Extensive ACT Networks w/
Rapid Learning, Response and Adaptation
All Children Thrive is designed to catalyze innovation and accelerate systems level improvements at the local, state, national levels as well as across sectors and programs. Composed of functionally distinct components that include the central ACT Systems Transformation Lab, the ACT Innovation and Learning Network is made up of specific community system transformation labs.

**ACT Platform & Learning System**
- **Virtual support structure** designed to increase effectiveness of individual ACT sites and as part of a larger Improvement & Innovation Learning Network
- **Improving Coordination, minimizing Variability, increasing Consistency** of Language, Protocols, Culture and Values
- **Used for testing, sharing, accelerating, learning, spreading results and scaling what works**

**State-of-the-art Virtual Environment** - Personalized Coaching - Rapid Information Sharing
8 Strategies Prioritized & Roadmapped

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<th>Strategy</th>
<th>Roadmaps</th>
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<td>Cross Sector Alignment</td>
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<td>Enhancing Communication</td>
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<td>Engaging Families &amp; Communities</td>
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<td>Systems</td>
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<td>Community Capacity Building</td>
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All Children Thrive
Cincinnati

Robert S. Kahn
Cincinnati Children’s
Ethnography and Design Thinking

Guiding Principle: **EMPATHIZE**

Many systems and services don't consider the broad context of the lives of the people they serve. As a result, they don't meet people where they are. To create a region where all children thrive, we need to build empathy into the fabric of our actions. We must see what families see, and feel what they feel, in order to develop relevant solutions.

**ANITA**

NEIGHBORHOOD: Avondale

AGE: 37

FAMILY: Mother of Tamisha (3), Antonio (8)

**MARIA**

NEIGHBORHOOD: Price Hill

**GREG**

NEIGHBORHOOD: Avondale

AGE: 31

FAMILY: Partner of Tamisha, father of Tyler (3), Marcus (5), and Simona (9)

I've lived in Avondale my whole life—grew up right on Reading Road near Gabriela's Place.

Avondale hasn't always been good to me, but it’s my home and it’s where my family lives. I’ve got three kids—Tyler, Marcus, and Simona—with my partner Tamisha. I don’t live with them but I hang out with my kids as often as I can. I am always there for them when they need me.

Things were different when Tamisha and I first got together—we shared her apartment and I was working—doing deliveries in my car. Everything was good. Then I got pulled over and was arrested after the police found a gun in my car. It wasn’t the first time. They’re always messing with me for no reason. I spent a few months in jail, and when I got out things were different. First off, Tamisha wouldn’t let me move back in. I struggled for a while with not having a place to stay. There’s no mens shelter in Avondale, so it was hard for me to see my kids. I bounced around for a while, trying to get back on my feet. My record made it hard to get a new job, and I tried to get into some training programs but I never heard back from the ones I contacted.

This was a low time. I felt really down and isolated. It was a long, lonely road and I never gave up—I eventually found a new job as a dishwasher and I'm now back in my kids' lives.

A couple of months ago Marcus left his job and hit his head. When I took him to the hospital, they asked for proof that I was his father. I called Tamisha and she had to leave work and come down there to sign his paperwork. That was the second time that happened. It’s like even when I try to take care of him, they ask for his mother. Marcus was fine; he and Simona are still riding their bikes in the park with me on Saturdays.

Tyler is so different from Marcus and Simona! He always asking questions—he has a big curiosity for a 3 year old. Tamisha has been talking about how we need to get him enrolled in preschool, about how there is a program at Rockdale that he could be in. I’m going to walk over and check it out next week, but I am worried. When the kids stay with me, I don’t have a bed for them and am not sure how well they can learn if they can’t sleep all night. There seems to be a bunch of organizations that want to help my kids learn, but what about the basics?

As I look forward, I see my family in Avondale. Maybe we’ll all move closer to the Towne Center. I heard there’s going to be a grocery store soon. Regardless, I see Avondale getting better, and I am going to get better with it.
Design: Brainstorming Ideas with Community
Impact University: Multi-sector leaders learning a shared ‘how’ of getting better

Multi-Work stream

3rd grade reading Early Childhood Education

Cincinnati Public Schools Assistant Superintendent

4C for Children Quality Programs Specialist

Children’s Home Education Management

Community Action Agency Head Start, Exec Director

Community Connected Primary Care

Northside Pediatric Clinic Nurse

Crossroads Pediatric Clinic Pediatrician

School Based Health Care Center Nurse

Neighborhoods in Social Influences

Legal Aid Lawyer (Benefits)

Greater Cincinnati Urban League Executive Director

The Community Builders Resident Life Director

Cincinnati Metropolitan Housing Authority

LISC Executive Director

Infant Mortality

Cincinnati Health Dept. Millvale OB Clinic Nurse Practitioner

Cincinnati Health Dept. Executive Director
Reducing Extreme Preterm Births in ZIP Code 45229 (Avondale-North Avondale), by quarter, 2009-2016, Gestation <28 weeks

Avondale
205 births per year
16% preterm birth rate
1.9% extreme PTB
1. Find every mother
2. Build trust
3. Connect seamlessly to critical services

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<tr>
<th>Date</th>
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<tr>
<td>July 2013</td>
<td>StartStrong launch</td>
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<tr>
<td>Jan 2014</td>
<td>Testing at OB Clinics; Home visitor Moms group</td>
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<td>March 2014</td>
<td>ECS home visits; OB Avondale clinic</td>
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<td>July 2014</td>
<td>OB Nurse case manager team</td>
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<td>June 2015</td>
<td>Learning Collaborative</td>
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<td>Jan 2016</td>
<td>Spread: CHW/HV shortage</td>
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Source: Hamilton County Public Health
Reducing Extreme Preterm Births
in ZIP Code 45229 (Avondale-North Avondale), by quarter, 2009-2016, (Gestation <28 weeks)

StartStrong Launch

Source: Hamilton County Public Health
Improving 3rd Reading Intervention vs. Comparison Schools

43% met fall benchmark (102/238 students)
61% met winter benchmark (141/232 students)

39% met fall benchmark (108/275 students)
35% met winter benchmark (88/254 students)
ACT Learning Network: Key Driver Diagram

**Vision**
Help Cincinnati's 66,000 children be the healthiest in the nation through strong community partnerships as indicated by:
- Help the children of Cincinnati to be the healthiest in the nation through strong community partnerships.
- Reduce inpatient bed days per 1,000 for children ages 0-17 living in Avondale, East & Lower Price Hill from 99.9 to 90.
- Reduce the Hamilton County infant mortality rate from 9.29 to 6.0.
- Percent of General Pediatric patients turning 66 months who have received all Thrive at Five bundle elements (Immunizations, Hearing, Vision, BMI, ASC-SE) from 13.4% to 40%.
- Increase the number of children reading by 3rd grade in CPS from 78% to 90%.
- Sustainability (Measure?) by June 30, 2020.

**Mission**
Bring community members - children, families, community & civic leaders, educators, social service providers, faith leaders, health care providers, researchers, and others - together to collaborate, learn from each interaction, formulate and answer questions, encourage discovery and implement findings to co-produce an environment where children thrive.

**System Level Drivers**
- Joyful & nurturing environments focused on the whole child & every child.
- Ensure all generations thrive including optimal family health, access to quality education for all, optimal economic stability, sufficiency for Cincinnati's parents and children.
- Partnerships with shared vision, passionate leadership, advocacy for children.
- Prevention and early detection for risk before it undo harm.
- Highly effective & connected social systems with right time, right price, and ease of access.
- Successful handoffs between systems and families.

**System Level Drivers**
- Assistive devices
- Prevention of Acute Infections
- Leaders: Mora Manceur, Marilyn Crumpson

**Neighborhood & Social Influences**
- Processes: Shared vision, passive leadership, advocacy for children.
- Prevention and early detection for risk before it undo harm.

**Neighborhood & Social Influences**
- Processes: Shared vision, passive leadership, advocacy for children.
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**Reading**
- Measures: Price Hill – Block Captains – Increasing self-efficacy
- Projects/Prototypes: Avondale/Price Hill – Solve for prioritized basic need of 25 families learning model partnership with 4 agencies
- Sustainability (Measure?) by June 30, 2020.

**Collaborative Learning Network**
- Measures: All Work stream measures
- Processes: Overall Network Maturity; Improvement Capability
- Saturation- Strength and distribution of connection;
- Change / Activated Testing; Sustainability
- Leaders: Uma Kotagal, Rob Kahn, Srikant Iyer

**Family Designed Prototypes**
- Leadership Accord, Social Influence Liaisons, Rewind/Fast Forward – 2nd chances for people with criminal records;
- Community Grandparents;
- Recipe for Family Involvement
Community QI Capability Building

- All Children Thrive Network
- SYSTEMS LEADERSHIP* (Boards on Board Training)
  - MACRO SYSTEM LEADERS
    - Executive Directors, Principals, Medical Directors, Foundation Leaders, Political Leaders
  - AIM Faculty and Researchers
  - MESO/MICRO System Leaders* (Impact U)
    - Program Leaders, Reading Specialists, Clinicians, Lawyers
- COMMUNITY Intermediate Improvement

- FRONT LINE IMPROVERS/TEAMS (RCIC, BootCamp, Menominee Falls, On-Line Modules)
  - Social Workers, Teachers, Nurses, Residents

* All multi-sector

Held 1st Sessions, Planning 2nd
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<td>25</td>
<td>300</td>
<td>300k</td>
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National Learning and Innovation Network

• Achieve collective impact via an rapidly adapting learning network
  – Level sets and cultivates the culture of innovation at each level
  – Facilitates vertical alignment and learning across levels within states

• Uses advanced CoIN architecture to spread and scale what's working
**All Children Thrive** is designed to catalyze innovation and accelerate systems level improvements at the local, state, national levels as well as across sectors and programs. Composed of functionally distinct components that include the central ACT Systems Transformation Lab, the ACT Innovation and Learning Network is made up of specific community system transformation labs.

**ORGANIZATIONS** (e.g., American Academy of Pediatrics)

**PROGRAMS** (e.g., Help Me Grow)

**PLACES** (e.g., New Orleans)

**INITIATIVES** Best Baby Zones

**ACT PLATFORM & LEARNING SYSTEM**
- Virtual support structure designed to increase effectiveness of individual ACT sites and as part of a larger Improvement & Innovation Learning Network
- Improving **Coordination**, minimizing **Variability**, increasing **Consistency** of Language, Protocols, Culture and Values
- Used for testing, sharing, accelerating, learning, spreading results and scaling what works

**State-of-the-art Virtual Environment – Personalized Coaching – Rapid Information Sharing**
All Children Thrive Network

- **Engages** - families, communities, health, education and municipal leaders, care providers, clinicians and researchers in co-producing innovation, knowledge and implementing change

- **Accelerates** - learning, innovation and improvement

- **Multiplies** - the power of numbers and expertise

- **Catalyzes** - roadmaps for transformative change
All Children Thrive Network: Creating the Commons

- **Shared Purpose** – people and organizations with inherent motivation to improve health and well being of kids and families
- **Shared Infrastructure/Platform**
- **Shared Data and Information**
- **Shared Frameworks, Tools and Processes**
3.0 Complex System Change Tools

• Foresighting – Technology Roadmaping
• Systems QI – 2\textsuperscript{nd} Gen IHI/NICHQ type tools
• Design – Person & Community Centered Design
• Systems Dynamics Network Mapping
• 3.0 Financing – APMs 5, 6, 7
• Population data, analytics and informatics
Creating the ACT Commons: Shared Outcome Measures

- Healthy births
- School readiness
- 3rd Grade reading
- School success
- Higher quality health care
- Fewer unnecessary hospitalizations
- Greater equity in outcomes
- Enhance Child and Family Well being
Creating the ACT Commons: Shared Strategies/Commitments

• All kids
• All using common data, analytics and testing
• Working across sectors
• Family activation, families co-designers
• Collaborative learning -- sharing seamlessly in order to spread and scale
• Commitment for the long haul
• Linking Values to Value
Potential ACT Sites

- California
  - San Diego
  - Long Beach
  - Pasadena
  - Watsonville
  - East Palo Alto
  - San Francisco
  - Oakland
- Colorado
  - Aurora
  - Denver
  - Others
- Connecticut
  - Hartford
- Delaware
- District of Columbia
- Illinois
  - Chicago
- Louisiana
  - New Orleans
- Massachusetts
  - Boston
  - Ring Cities
- New York
  - New York City
  - Washington Heights
  - Buffalo
- Ohio
  - Cincinnati
  - Columbus
- Pennsylvania
  - Pittsburgh
- Rhode Island
- UK
  - South London
ALL CHILDREN THRIVE (ACT) ON-RAMP PROCESS

**Step 1) ASSESSING**
- Understanding the existing child health and well-being ecosystem, and the range of potential stakeholders and participants in ACT

**Step 2) VISIONING**
- Developing a shared vision for child health and well-being, a shared language and culture regarding the ACT pillars, and a collective strategic intent to develop a 3.0 health development system

**Step 3) PLANNING**
- Identifying strategies and activities that will be used to build a 3.0 health development system

**Step 4) DESIGNING & IMPLEMENTING**
- Designing and implementing community-wide, deep-dive and community specific transformation strategies

**ACT OUTCOMES**
- More Optimal Child & Adolescent Health, Development and Achievement
  - Healthier, More Successful & Stable, Happier Adults
  - Reduced Medical Care Expenditures

**WHO**
- ACT Leadership Group
- Ecosystem Mapping, Interviews with Key Stakeholders and Partners, Document Review
- Local ACT Stewardship Council
- Facilitated Design Meetings and Initiative of Implementation

**WHAT**
- Broad Stakeholder Group
- Facilitated Planning Meeting
- Vision Statement, Charter, and Theory of Change
- Facilitated Roadmapping Meetings
- Roadmap and Strategy Pathways
  - Adaptive Governance & Shared Accountability
  - Financing
  - Data & Measurement
  - Learning & Improvement
- Operationalization of Strategy Pathways through Place-Based Transformation Designs

**WORK PRODUCTS**
- Ecosystem Map and Report
- Vision Statement, Charter, and Theory of Change
- Facilitated Roadmapping Meetings
- Roadmap and Strategy Pathways
- Operationalization of Strategy Pathways through Place-Based Transformation Designs

**TRANSFORMATION**
1.0 > 2.0 > 3.0

**CO-CREATION/HUMAN-CENTERED DESIGN**
Multi level, multisector adaptive systems

**COMPLEXITY**

**LIFE COURSE HEALTH DEVELOPMENT**
Promoting lifelong resilience, and equity from the start

**ACT PILLARS**