



# 100 Million Healthier Lives

**Goran Henriks**

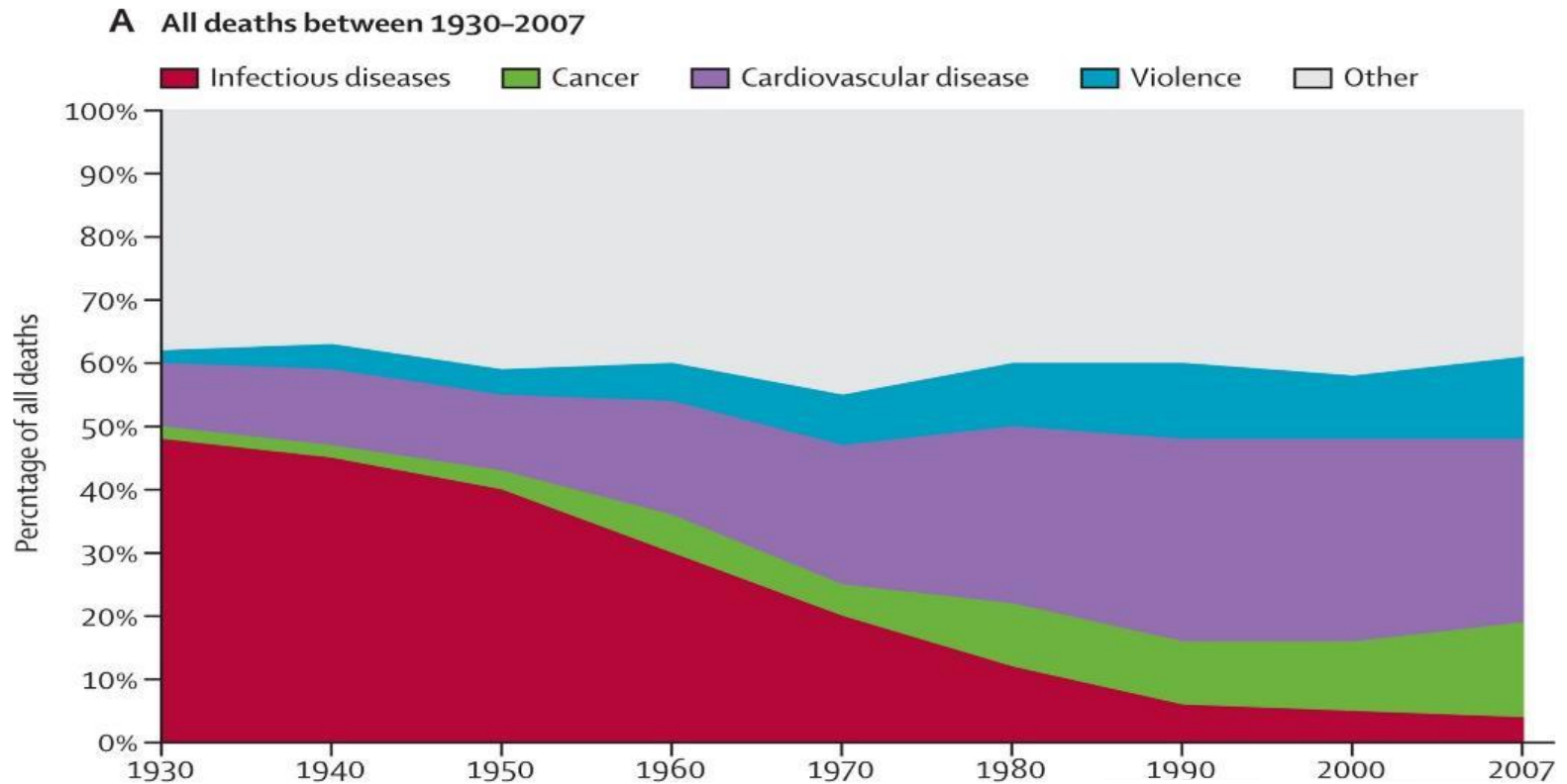
**Chief Executive of Learning and Innovation,  
Qulturum, County Council of Jönköping, Sweden**

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**Executive External Lead, Health Improvement and  
100 Million Healthier Lives, IHI**

**April 23, 2015, London**

# Our care system was built for a different set of population health issues

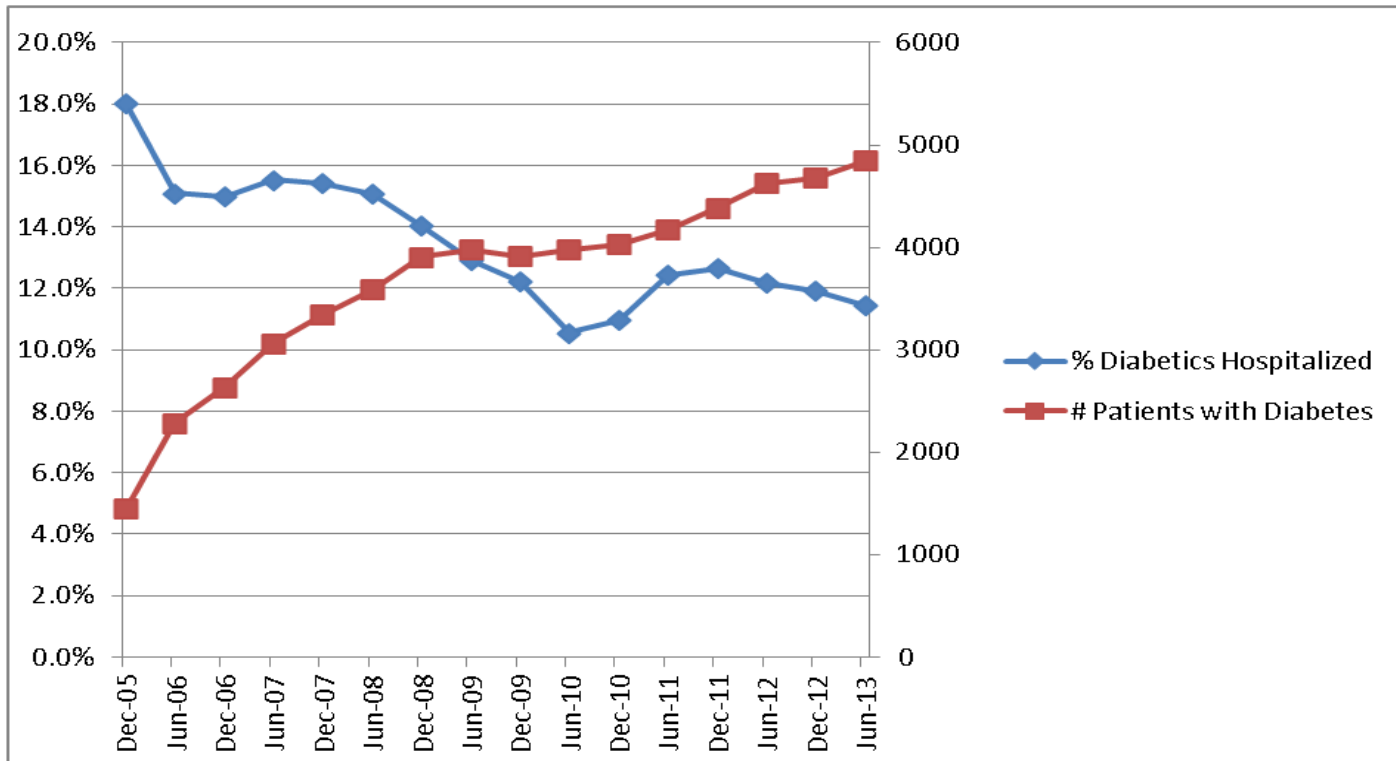


Source: [The Lancet 2011; 377:1877-1889](#) (DOI:10.1016/S0140-6736(11)6020  
[Terms and Conditions](#)

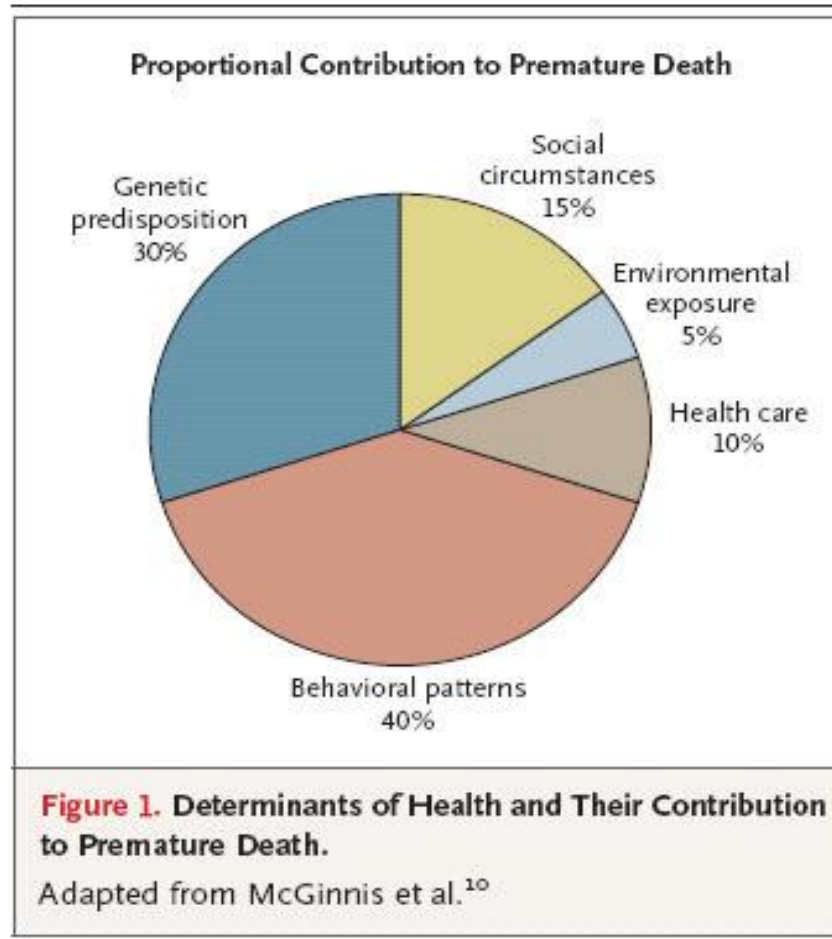


**CENTER FOR  
PRIMARY CARE**  
HARVARD MEDICAL SCHOOL

# 36% Reduction in Hospitalization Rate for Patients with Diabetes...good enough?



# Rethinking health and health care



# 100 MILLION HEALTHIER LIVES

***Vision:*** Fundamentally transform the way the world thinks and acts to improve health and well-being

***Identity:*** An unprecedented collaboration of change agents pursuing an unprecedented result: 100 million people living healthier lives by 2020

***Mission:*** 100 million people living healthier lives by 2020

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# The need for fundamental transformation in how we define and act to improve health

- Adaptation of World Health Organization definition:  
“Complete mental, physical, social, \_\_\_\_\_ [and spiritual] wellbeing...”
- “Health is not the absence of disease but the addition of confidence, skills, knowledge and connection. But most importantly, it is simply a means to an end—which is a joyful, meaningful life.”

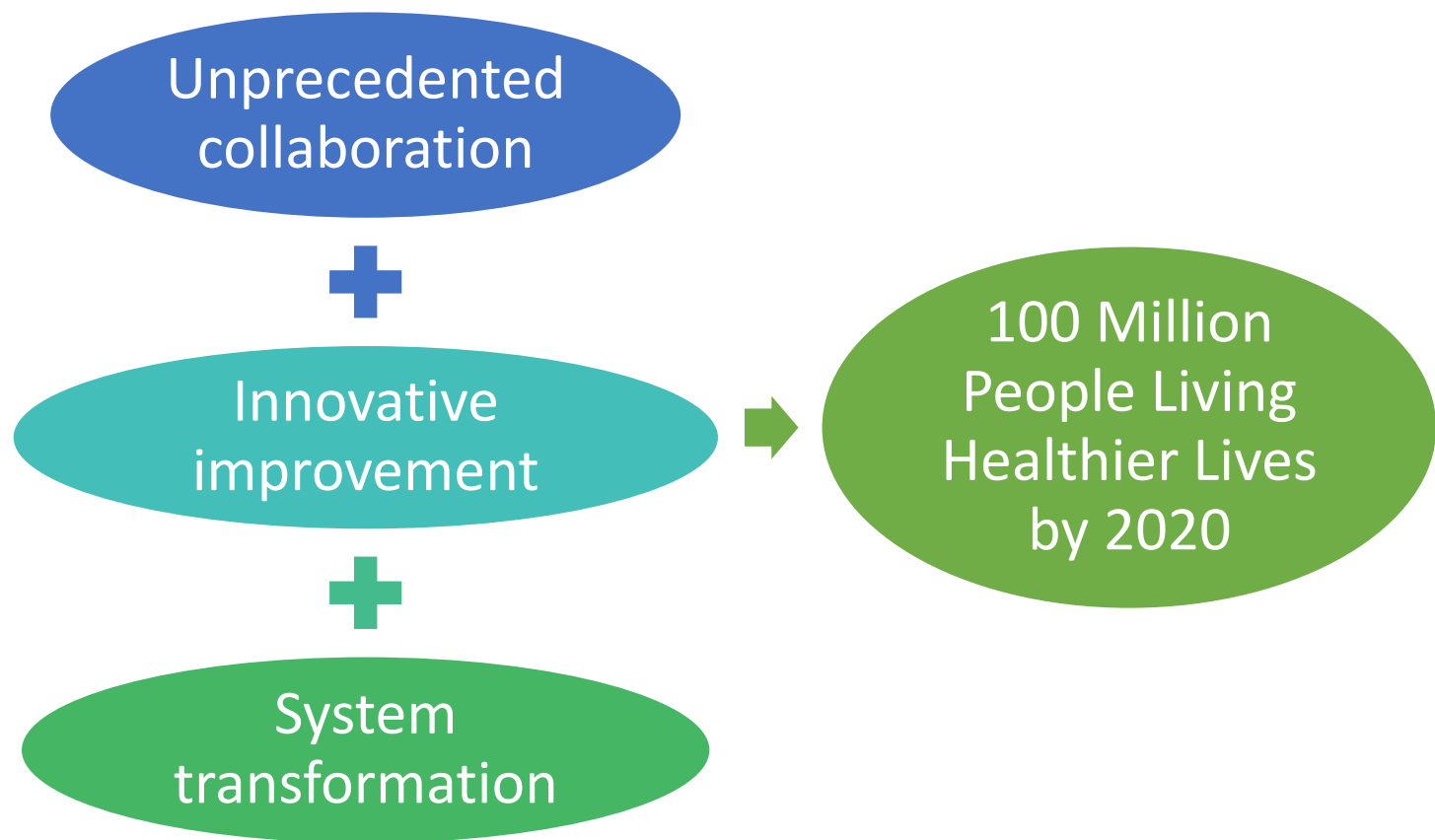
Cristin Lind



# Interrelationship between the health of people, communities and populations



# Theory of change





# Core Strategies in 100 MHL

- Creating a health care system that's good at health and good at care
- Creating bridges between health care, community, public health and social services
- Creating healthy communities
- Developing peer to peer support systems
- Changing culture and mindset
- Developing enabling conditions

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# An emerging menu of priorities

## “WHATs...”

- **Improve equity** (equal access to health outcomes) – price of admission
- **Help all kids (and their families) have a great start**
- **Make mental health everybody’s job**
- **Help veterans thrive**
- **Reclaim the health, wellbeing and dignity of indigenous communities**
- **Address social determinants across continuum**
- **Improve access to primary health care for all**
- **Create the best possible wellbeing in the elder years and at the end of life**
- **Engage everyone in their own health.**

# An emerging menu of priorities “HOWs...”

- **Shift culture and mindset**
- **Deepen improvement capability in communities**
- **Develop peer to peer support systems at every level**
- **Develop a continuum of health across sectors for those with top chronic diseases and risk factors**
- **Integrate data across health care, public health, community, social services (H, possible COL)**
- **Engage employers to help create joy in work.**
- **Large-scale sustainable financing strategies at the community level**
- **Transform healthcare design and financing**

# Two needs to reach 100 Million Healthier Lives

- Scalable solutions for key priorities faced by multiple communities
- Development of communities and health systems at scale who have the capacity to create complex, large-scale transformation to improve health

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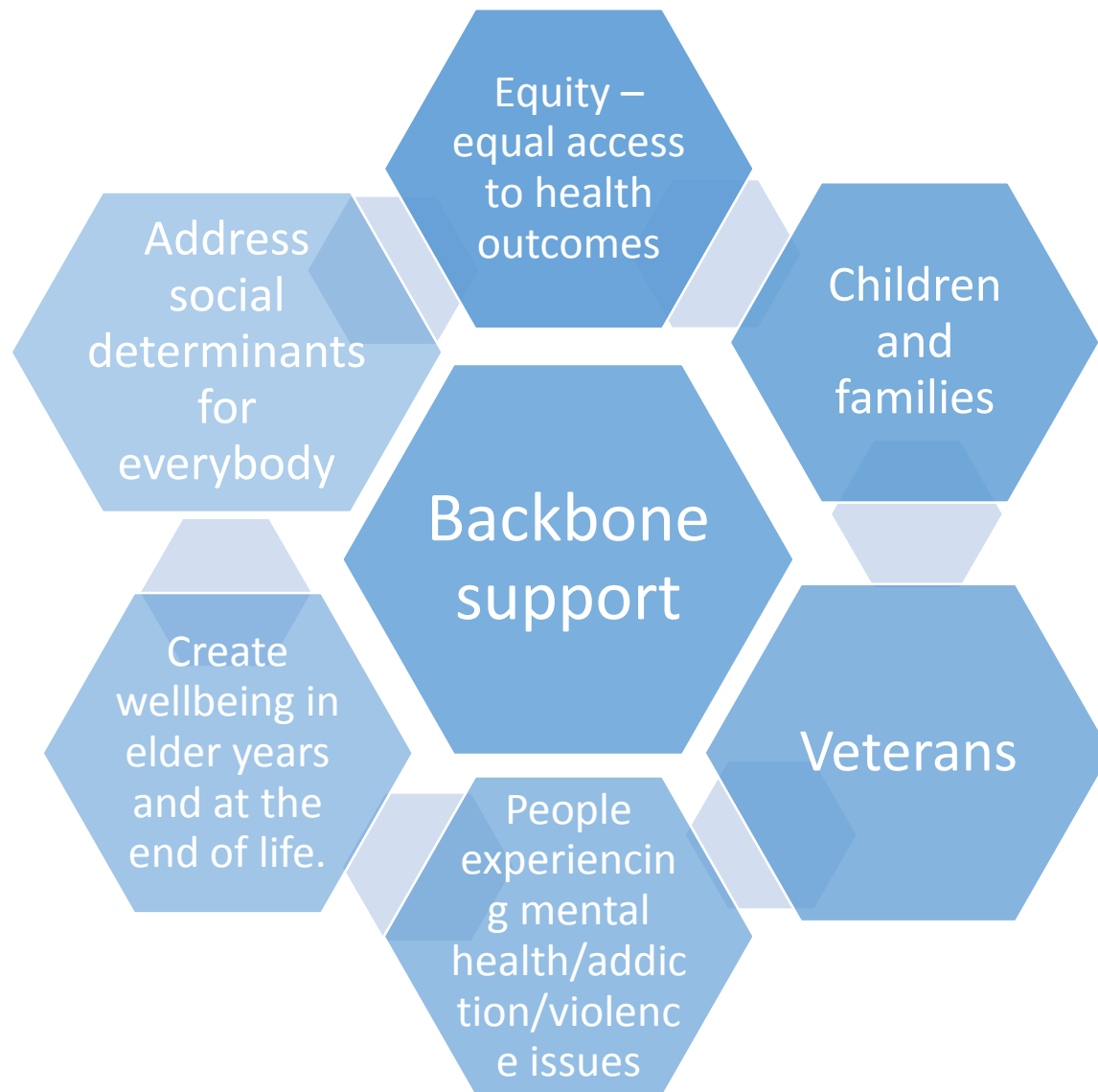
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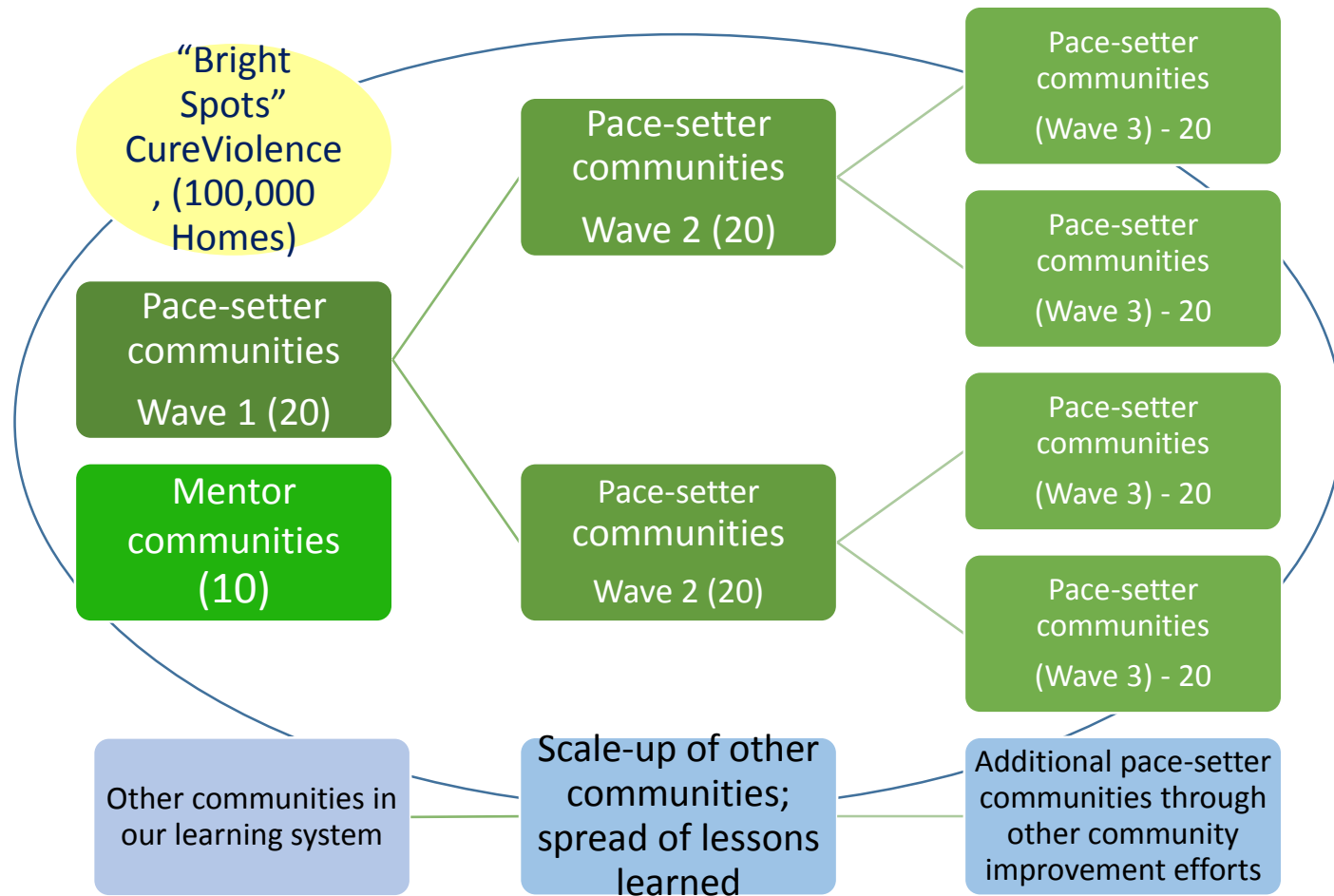
# Topical hubs and geographic hubs

- **Topical Hubs:** Hubs are made up of people and organizations who are leading the thinking, learning, and acting of the 100 Million Community in a key topic area.
  - Goal is to identify or generate simple, scalable solutions which could be adopted in multiple contexts.
  - Each topical hub is global – offers opportunity to innovate together and share “bright spots” across the globe.
- **Geographic hubs:** Organizations which have the capacity to engage local health systems and communities, coordinate participation in 100 Million for a geographic area (may be working on multiple topic areas).
  - Adapt bright spots to local context
  - Support communities in their improvement journey.
  - Focus on deep, complex system transformation adapted to local context.

# Emerging “What” hubs

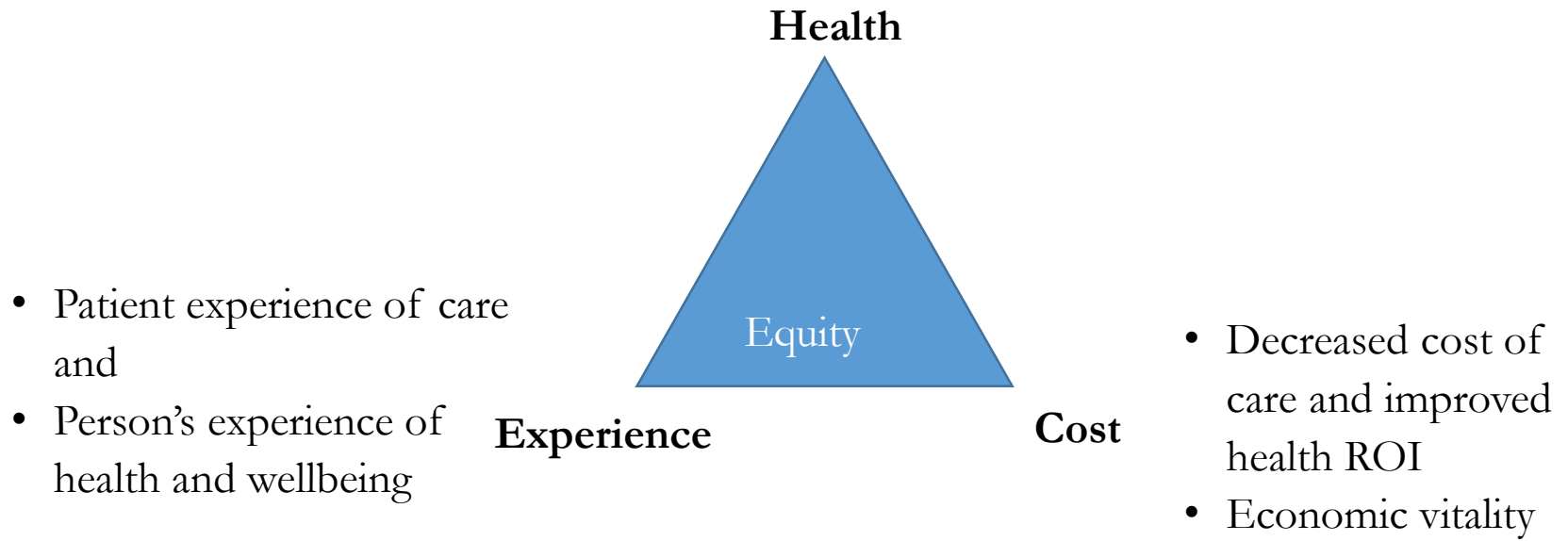


# SCALE: Scaling up 1000 health systems and communities capable of complex system transformation



# Develop the capacity to achieve Triple Aim 2.0

- Population health
- Connection to the social and behavioral determinants of health
- Community health (including culture of health metrics, community resilience, connectedness, reduction of disparities)





# Three bright spots that could be scaled

- The Daily Mile – St. Ninian's Elementary School – Scotland
- Adherence groups in South Africa
- Passion for Life – Sweden

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# St. Ninian's Primary School, Scotland

## The Daily Mile:

### Elaine Willey with Pat O'Connor

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 RAISING  
ATTAINMENT  
FOR ALL

# St Ninians Primary School The Daily Mile

“Fit to play, fit to learn”

A large, multi-story stone building, identified as St Ninian's Primary School, is perched on a high, rocky cliff. The building has several windows and a prominent tower-like structure on the left side. The cliff face is dark and craggy. Below the cliff, there is a dense forest of green trees. In the foreground, there is a grassy field with a low stone wall. The sky is blue with some light clouds.

# St Ninians Primary School Stirling

School roll            360

Nursery roll           60

## SIMD Statistics:

20% of pupils in deciles 1-3

35% of pupils in deciles 4-7

45% of pupils in deciles 8 and 10

A logo consisting of a green starburst symbol followed by the text "RAISING ATTAINMENT FOR ALL" in a bold, sans-serif font.

 RAISING  
ATTAINMENT  
FOR ALL



## the improvement issue

Situation at St. Ninians 3 years ago:

After a school volunteer commented on how unfit the children were, I spoke with the P.E teacher who confirmed that the majority of pupils were exhausted by the warm up stage of the P.E class.

This was a very inconvenient truth.

The Daily Mile has resulted in transformational change for our children's physical, mental and emotional health and wellbeing.





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ATTAINMENT  
FOR ALL

2 chess clubs + individuals  
story telling / poetry recitation  
penny whistle – children and staff  
he has his own castle  
.....and estate  
Famous Five nurture days





## I wonder? (test 1)

- I took a class out to run round the field a few times to see what would happen.
- Many 'couldn't run the length of themselves.'
- Almost all of the children could only manage scout's pace. It was true – they were not fit.
- Could the children run round the field a few times each day to get fit?





## further tests

**Test 2:** a Primary 6 class ran a few laps round the field each day for 3 weeks in February 2012.

Result: After the 3 weeks, the improvement was so evident that the teacher wanted the children to continue running daily.

The field was measured – 5 laps = 1 mile. The Daily Mile was born.

**Test 3:** By Easter it was opened up to all teachers who wanted their class to participate. All of the school were participating in the Daily Mile by June 2012 and we then consulted parents to get their views.

**Test 4:** The nursery class joined last May inspired by the Commonwealth Games and marathon.





## how the Daily Mile works

- children go out in almost all weathers
- at a time of the teacher's choosing
- fifteen minute turnaround max
- they don't change
- no CPD required for teachers – it is simple and it's FREE!
- regularly refreshed – e.g. links to national sporting events and to the curriculum
- IDL friendly – many links made



## curricular links

HWB, BMT, maths, topic: the polar bear big swim, world city marathons, The Daily Nile, etc, etc....





## measurement

- each child / class plans their own approach to the Daily Mile and tracks their own performance.
- the measurement and targets vary and are suggested by the children and the class teacher.
- qualitative feedback from pupils, teachers and parents.
- often there is no specific measurement.





# Education Scotland

- research links movement with developing cognitive skills and raised attainment
- BMT
- Edinburgh Uni: putting proposals together based on a quantitative study of improvements in physical fitness and a qualitative study around mental wellbeing / concentration / motivation.
- Daily Mile – the movie



# the impact

- it is inclusive of all children
- improved focus
- the children thrive on being outdoors – experiencing the fresh air, the weather, the sights and the sounds
- all 420 Children in the school are fit and able to get the most out of their PE sessions
- relationships
- the children are very positive about it and proud of it



## impact cont....

- 57 Primary One children and not one is overweight
- The children are clearly more resilient
- access
- athletics - we have had multiple successes nationally at cross country & road relay
- the children 'have a beautiful running style'
- The SLAs on sports day



- parents are grateful that the school keeps their children fit and that it relieves feelings of guilt
- children are sleeping better
- children are eating better
- parents from two classes contacted us to say that they were not doing the Daily Mile regularly enough
- parents lead our running club
- the new school
- one complaint! (my fault)



## feedback from staff

- the children love being outside
- cross-curricular learning benefits – e.g. Maths / Topic work
- it supports the rhythm of the classroom and the day
- the children's confidence has increased
- children are focussed and ready to learn when they come back into the classroom
- relationships

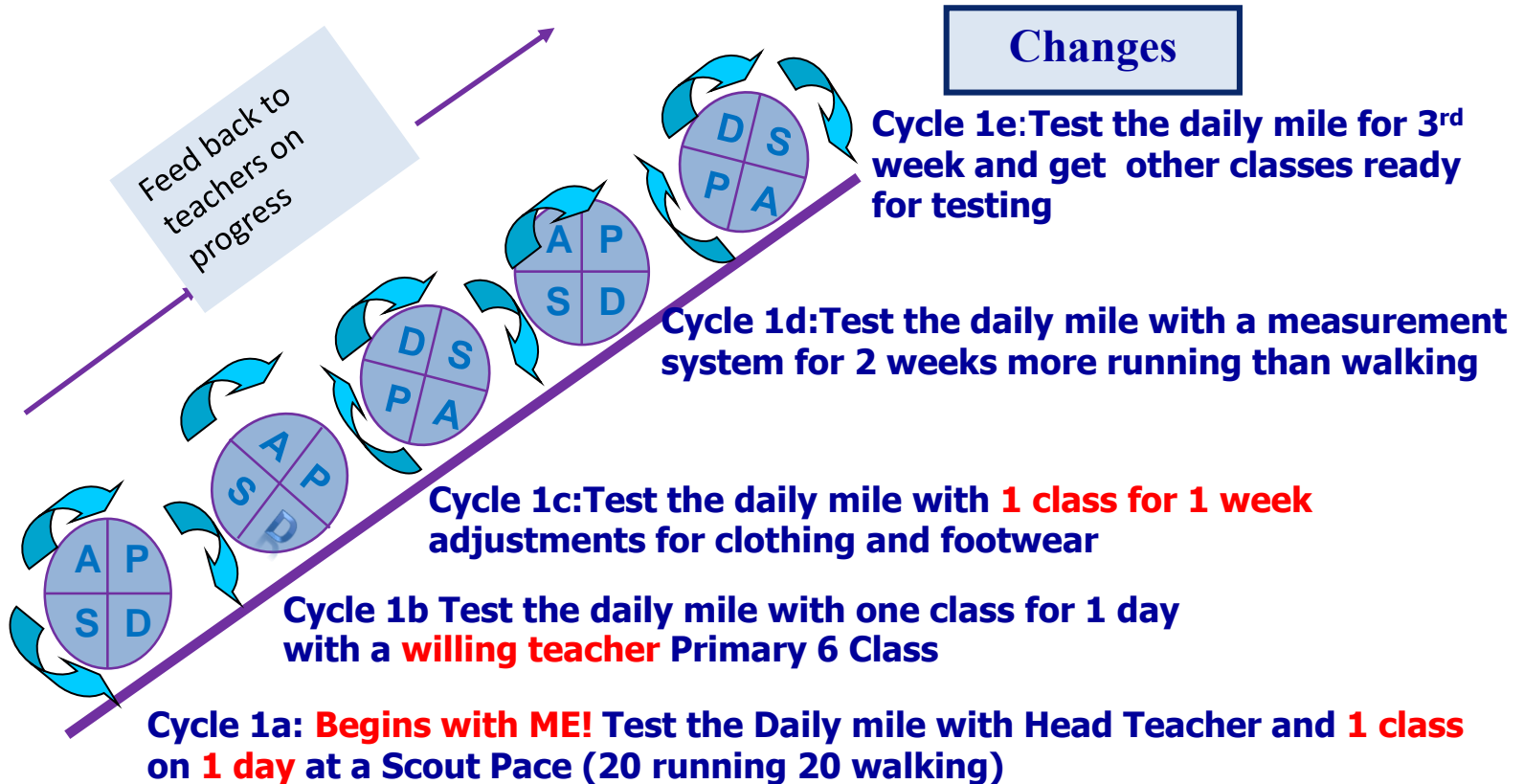




## learning from testing

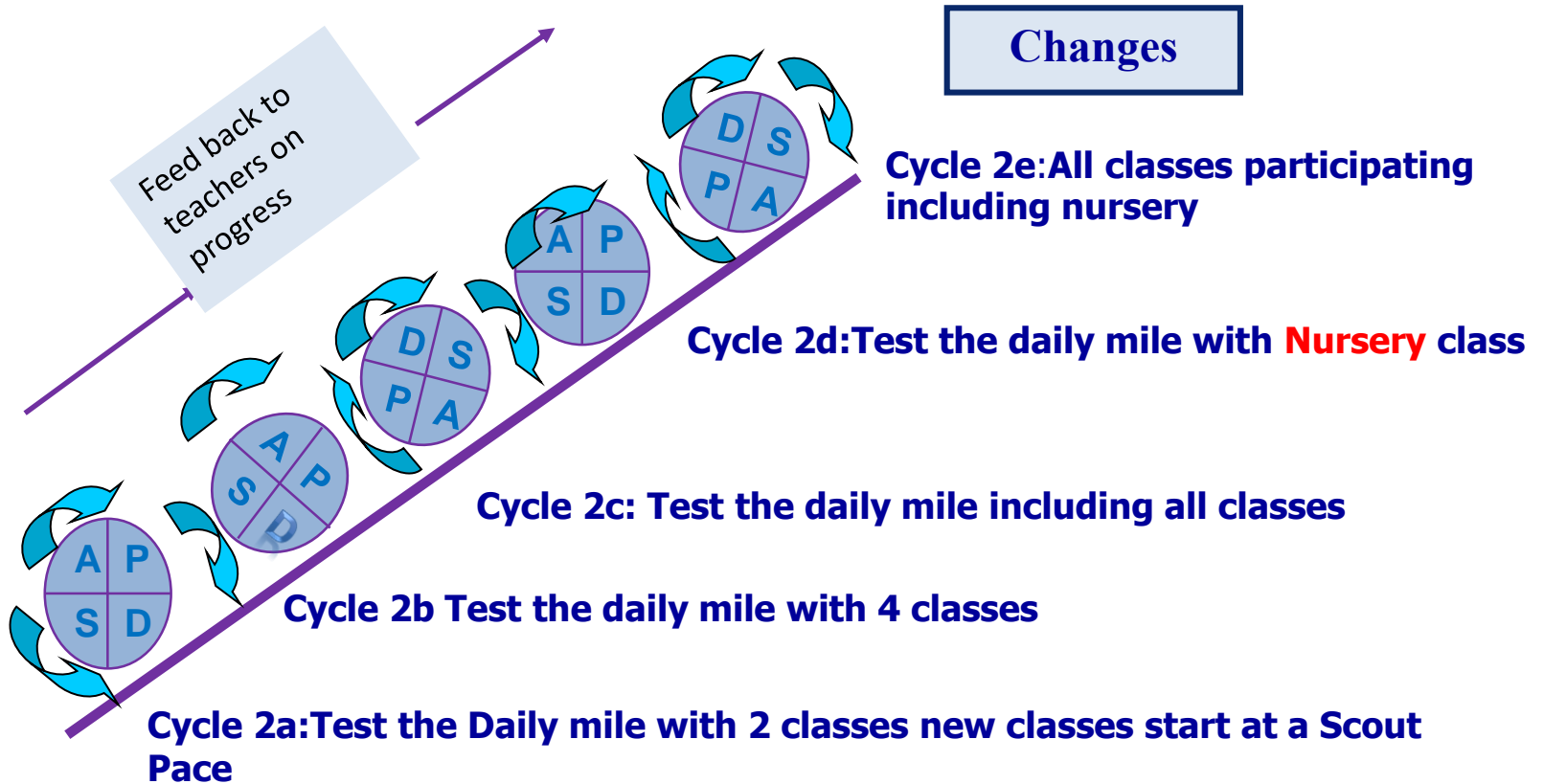
- KISS - Just because something is important does not mean that it has to be complicated or difficult to achieve or implement
- don't ignore an inconvenient truth
- it has to be outdoors – children need fresh air
- sustained for three years – this would not be the case if the children and teachers did not enjoy participating or did not have the support of parents
- access to Scotland and to life – children fit enough to live life to the full
- Scottish children are out in Scottish weather – the Daily Mile is a good fit with a Scottish childhood.

**Aim: To create an opportunity to get children fitter by running a mile everyday at St Ninians School, Stirling in Scotland by June 2012**



**Process Change:  
To introduce the Daily Mile with the Primary 6 Class**

**Aim: To create an opportunity to get children fitter by running a mile everyday at St Ninians School, Stirling in Scotland by June 2012**



**Process Change: To introduce the Daily Mile ALL other classes**

# ADHERENCE CLUBS IN SOUTH AFRICA: DR. PIERRE BARKER AND MR. BENNETT ASIA

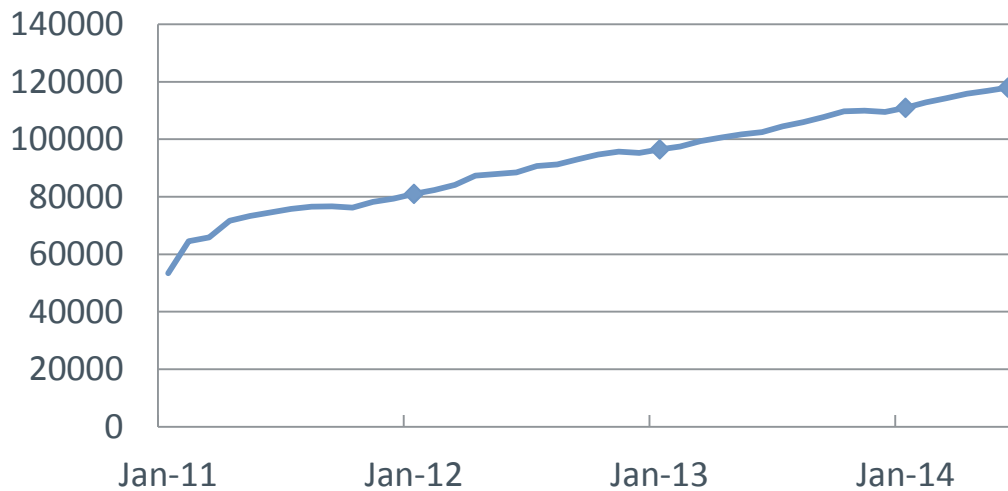
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## City of Cape Town

### ARV patients 2011 to 2014 retained in care



Net gain of ~20,000/yr  
Steady state need = 16,000  
Backlog (CD4,350) = 32,000



# MSF Adherence Clubs Model

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30 stable  
patients on  
ART in a  
“club”

Onsite or offsite peer  
support for ART  
adherence

- Patient-initiated request to clinician for club recruitment.
- Stable ART population
- Meet once a month for basic clinical assessment, medication collection, peer support
- Secure medical backup



# Pilot project: 20 clubs at the Ubuntu clinic, Site B, Khayelitsha (2007)

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after 40 months...

- retention in clinic care 97% for club patients vs 85% in clinic (matched)
- virological rebound - 67% less in club participants

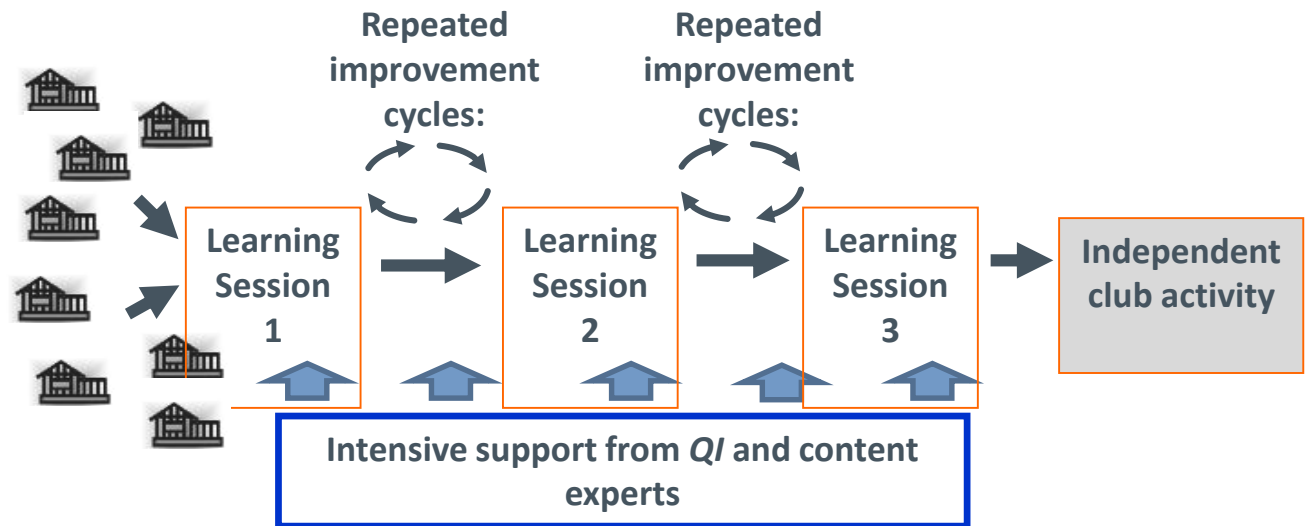
1. Luque-Fernandez MA, Van Cutsem G, Goemaere E, et al.. *PLoS One* 2013;8(2)
2. *Lessons learnt through the Khayelitsha implementation experience and tools utilised in the ART club model.* <http://www.msf.org.za/publication/art-club-toolkit>.



# Test of Scale-up of AC in City of Cape Town (2011)

12 facility club teams

- manager
- nurse
- facilitators
- clinic
- pharmacist
- clinic data capturer)



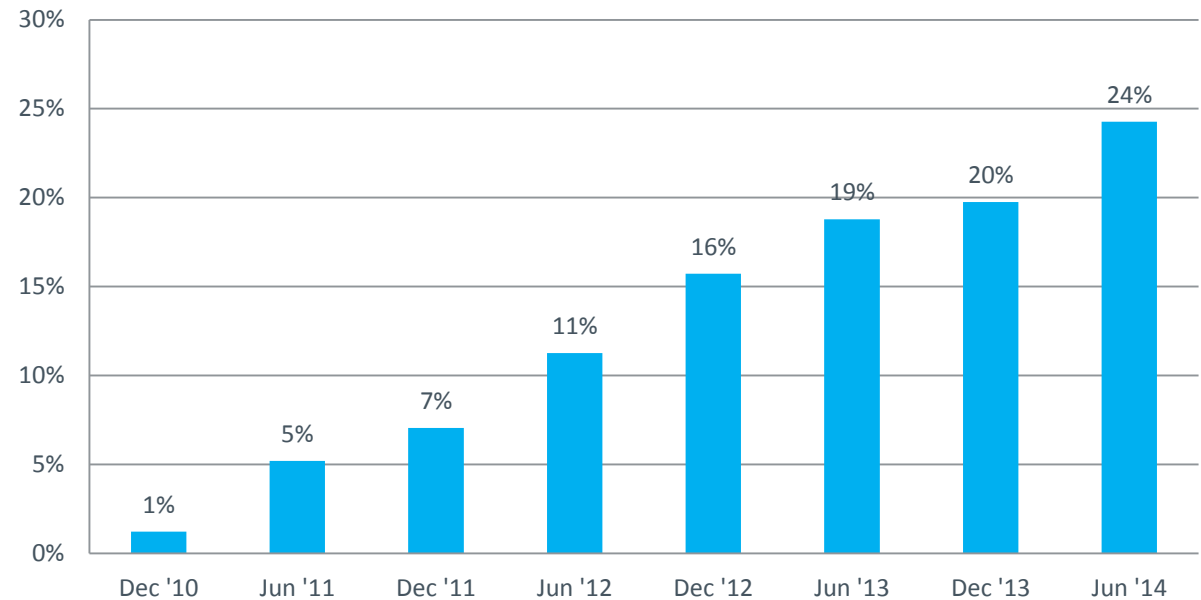
Partnership between the WCG DoH, City Health (City of Cape Town), MSF and the Institute for Health Improvement (IHI)



# June 2014

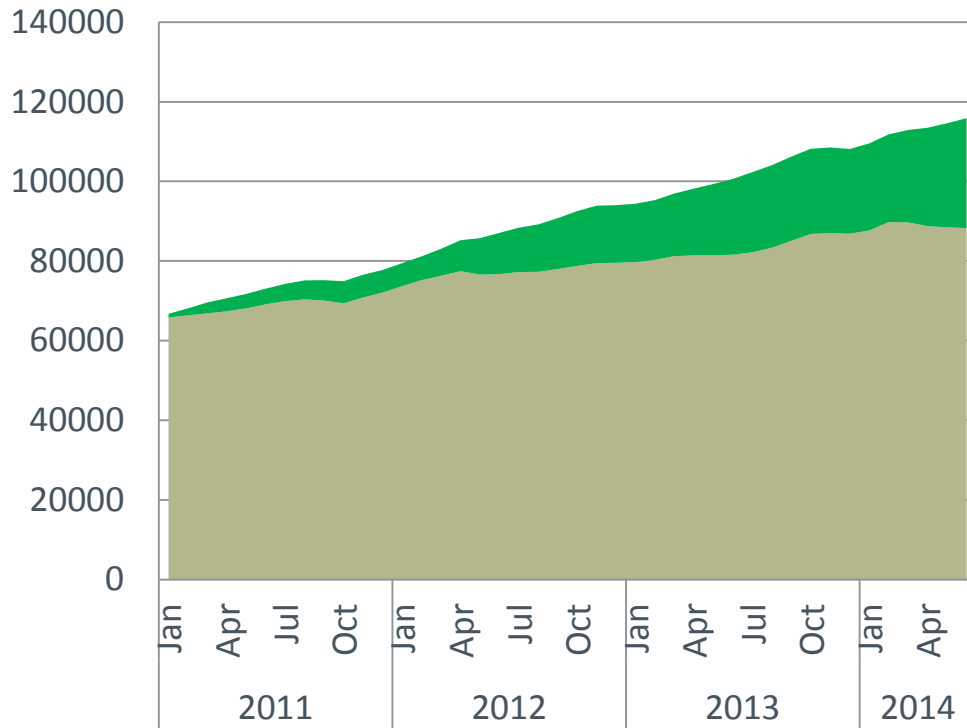
- 600 clubs
- 27,000 stable ART patients accessing care and treatment

Percentage of RIC patients who receive care in Clubs over time



# Keeping up with inputs and backlog

Metro

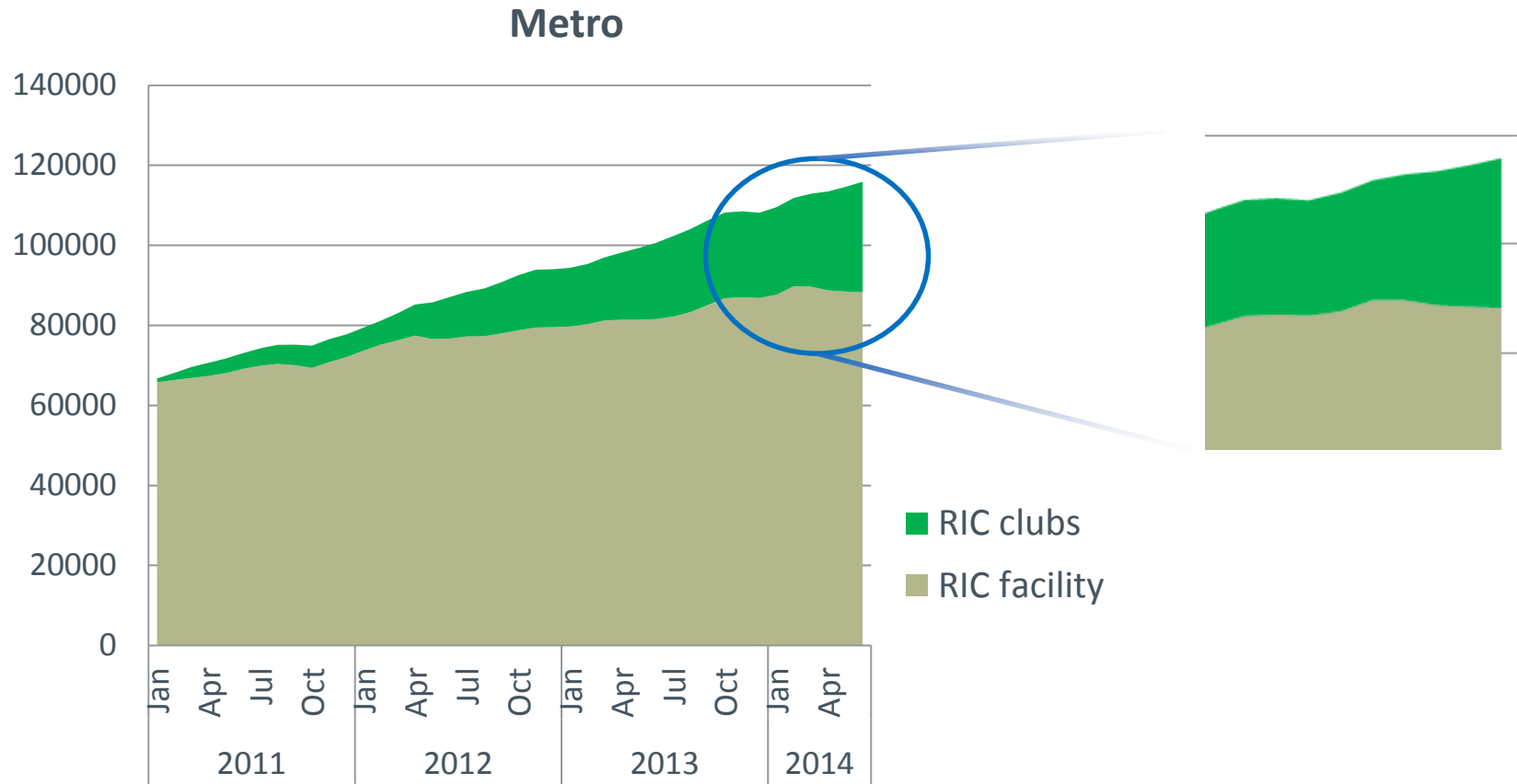


RIC clubs  
RIC facility

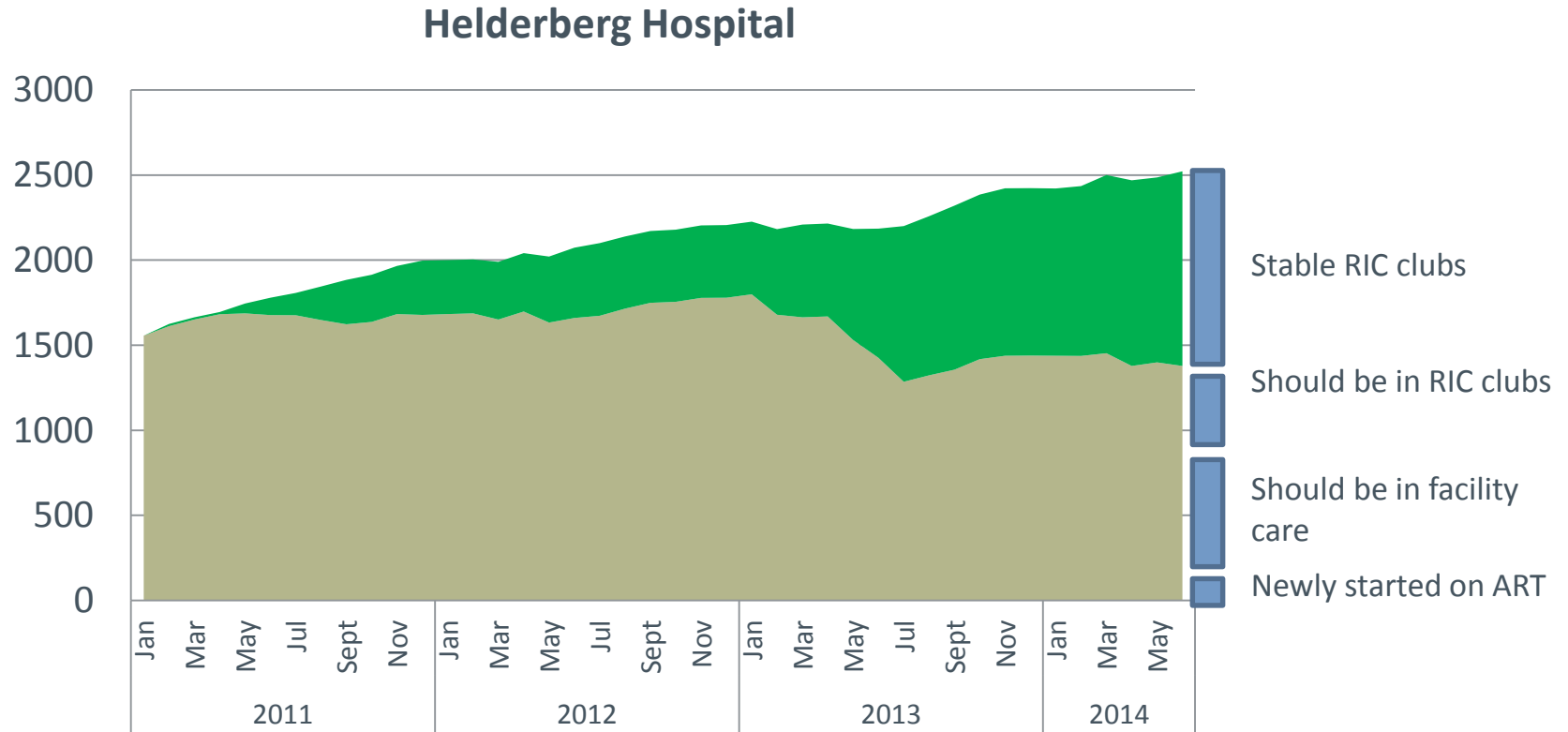
Growth =  
new starts +  
restarts + TFI  
  
minus  
TFO + RIP + LTF



# Keeping up with inputs and backlog

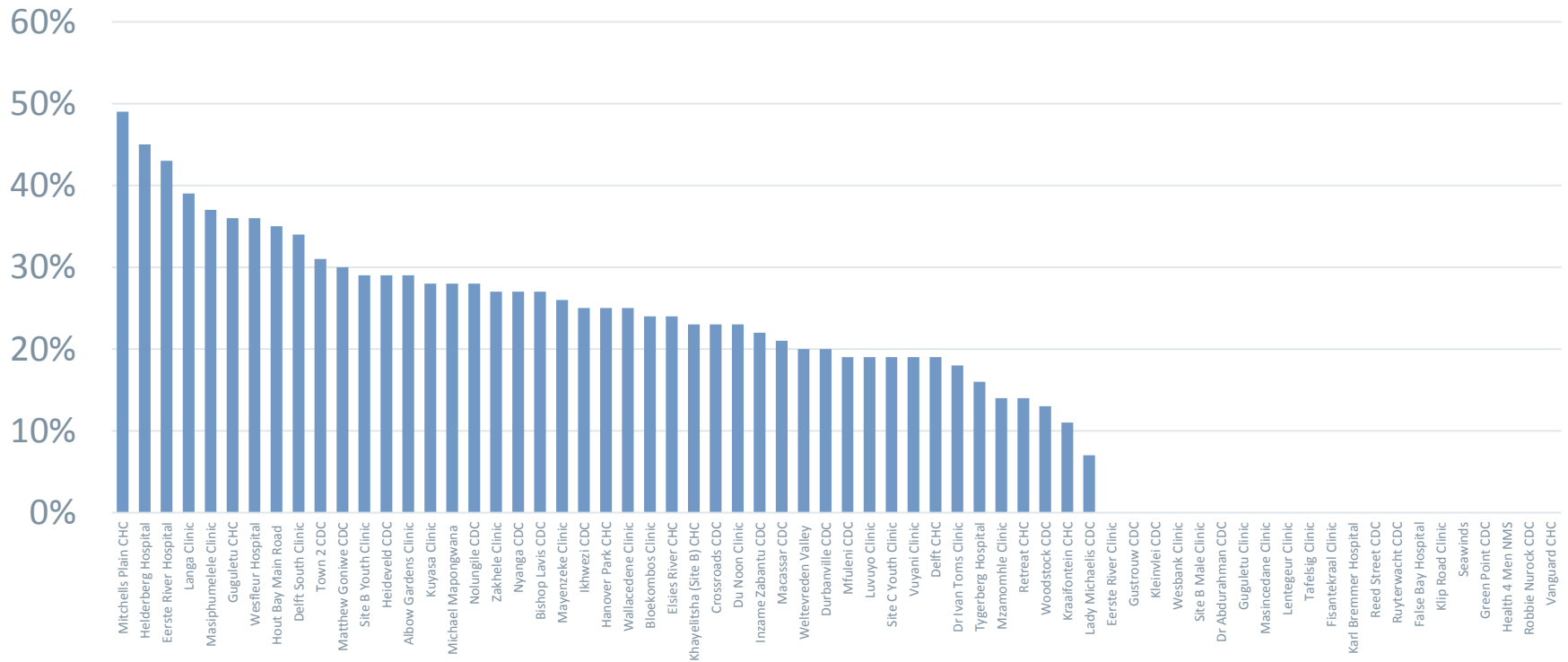


# How far can you take the model?



# Getting to full scale: variation in clinic performance

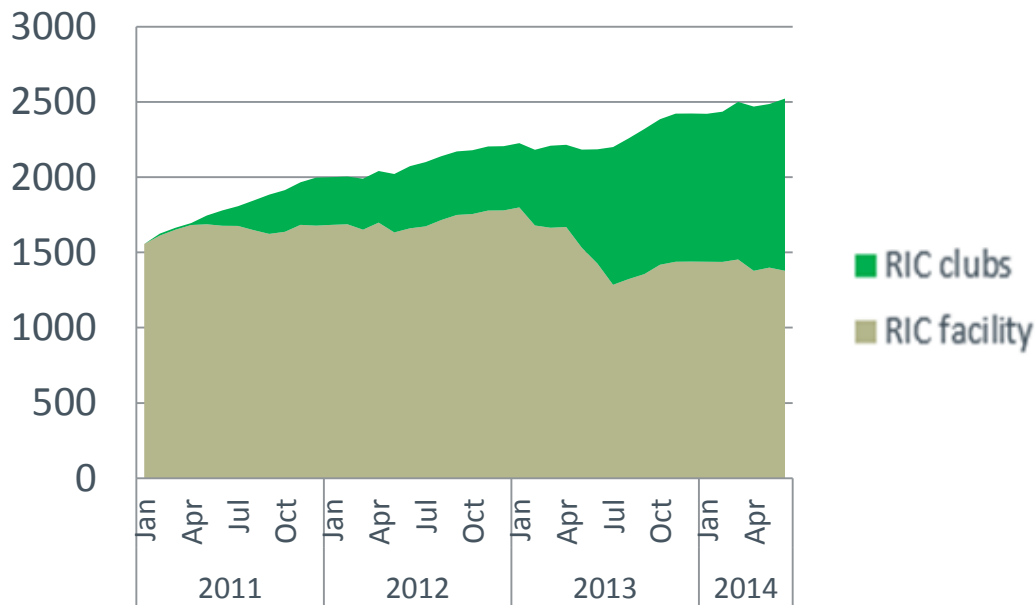
% ART patients who are followed in Adherence clubs



# The Future: ART Adherence Clubs

Diabetes

Helderberg Hospital



## The future

- Go to full scale
- Determine adherence rates in expanded adherence clubs
- Determine cost effectiveness
- Apply model to other areas of chronic care

# *Passion for life*

A room of possibilities where new contexts can grow

Photo Michael Bergström



Swedish Association  
of Local Authorities  
and Regions



**Anette Nilsson, development Strategist**





# *Passion for life – a social movement*





# *Passion for life-purpose*

- **To create possibilities for a healthy life with high life quality for elders.**
- **To test procedures to find new methods that can affect the overall goal we all probably aim for:**

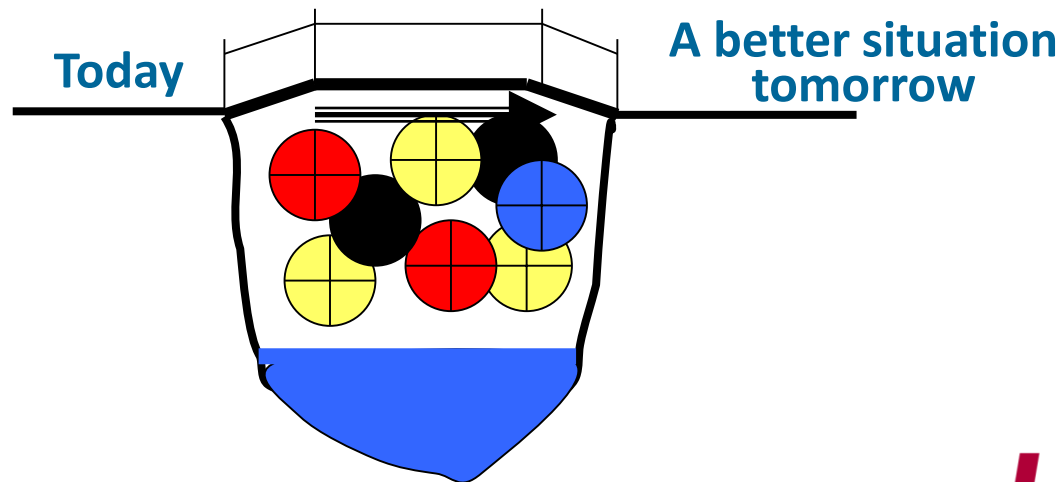
**best possible life – the whole life**

# *Passion for life-strategy*

**By modern  
methods of quality development  
incite people to go  
from  
words and knowledge  
to  
action and changed lifestyle**

# *The strategy in other words*

Passion for life wants to incite each individual to create possibilities to change / improve the situation today into a better situation tomorrow by active efforts



# *Passion for life - goals*

- **To incite senior citizens to take their own responsibility for preventive work for an as rich and healthy life as possible**
- **To find messengers who can communicate knowledge and methods and spread ideas**

# *Life wheel*

**It is crucial for the result that the work method is built on the life wheel method**

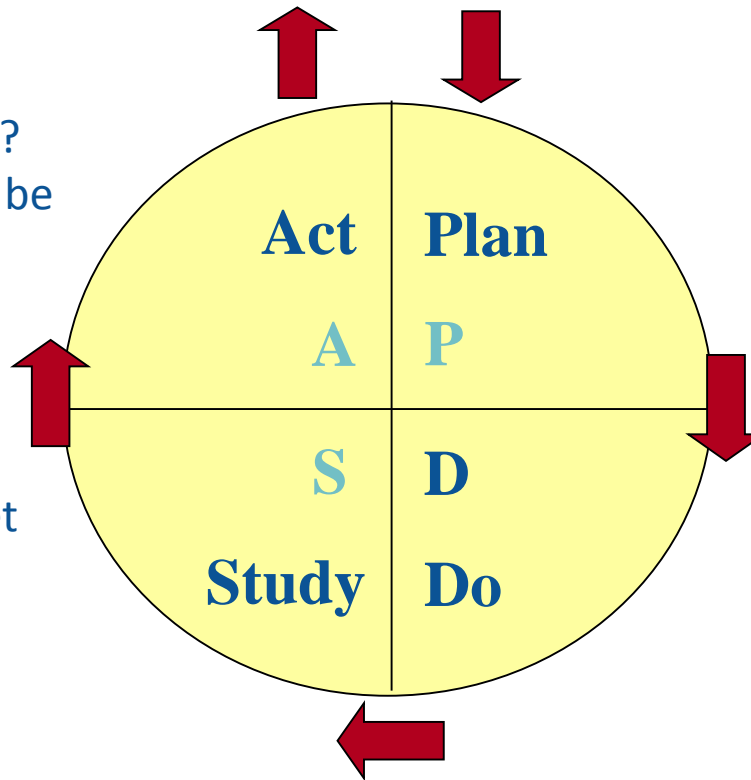
**It is therefore necessary that the life café support persons are educated in the method Passion for life and have access to the material**

# What are we trying to accomplish?

How will we know that a change is an improvement?

- What conclusions do I draw?
- Tests on a larger scale?
- What changes should be made considering the result?

- Account and interpret
- Compare with the hypothesis
- Sum up
- Was the change an improvement?

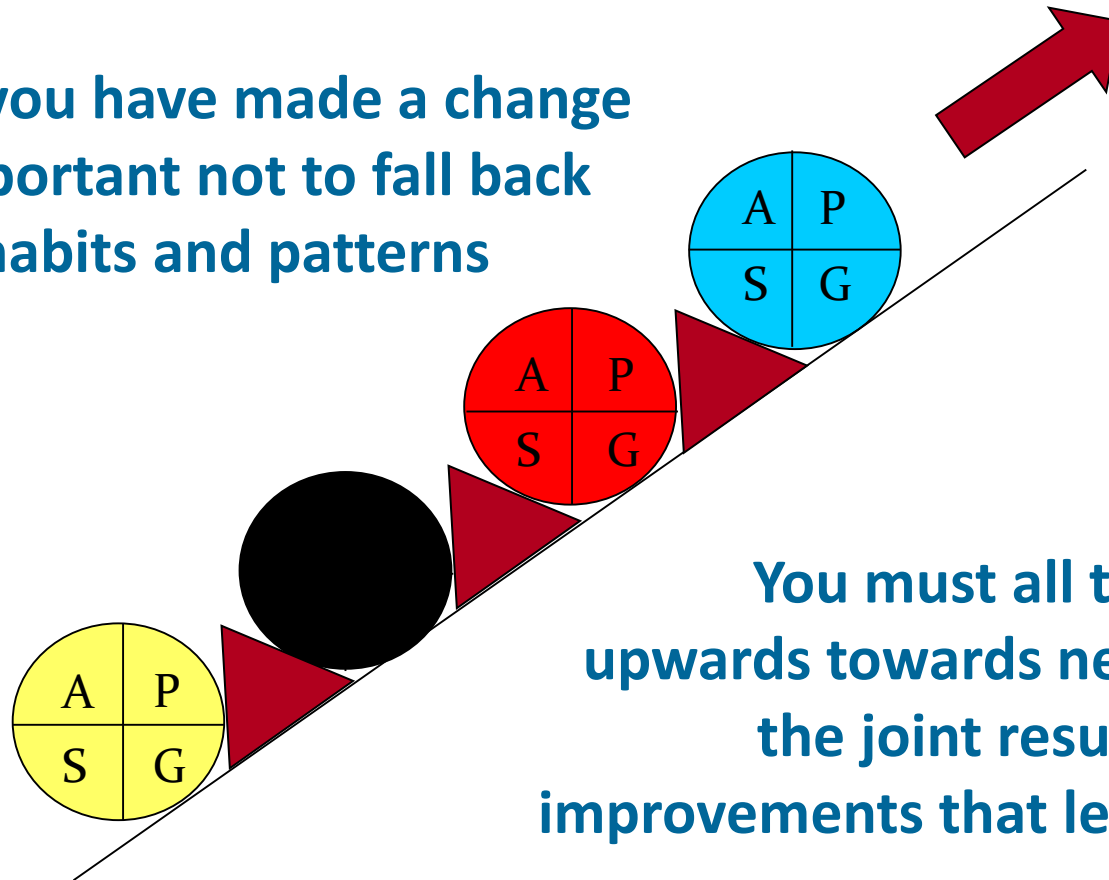


- Make a plan for the test
- What do I want to test?
- Issues?
- Do I need to know more?
- How? Who does it?
- When and where?

- Effect the change
- Difficulties?
- Deviations?
- Unexpected effects?

# *Constant renewal is necessary*

When you have made a change  
it is important not to fall back  
to old habits and patterns



You must all the time strive  
upwards towards new goals – it is  
the joint result of the small  
improvements that lead to the goal

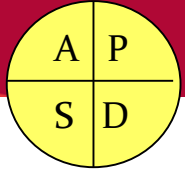
# *Passion for life – how is it done?*



On the way...

**We meet in life cafés,  
which are rooms of  
possibilities  
where everybody's  
experiences  
contribute to improvements**





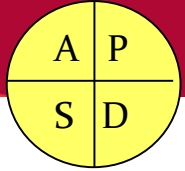
# *Life café 2 - Safety*



Do I prepare for a safe way of living by creating conditions for a long-term home furnishing in terms of safety, accessibility etc.?

**Goal:**

**A long-term home furnishing for quality of life**



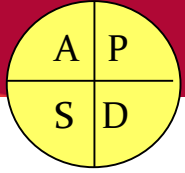
# *Life café 3 - Network*



**Do I take responsibility for my social life by building and cultivating relationships with regard to the needs I have?**

**Goal:**

**Sense of community and connection**



## *What did we do?*

**We analyzed risk areas, e.g.:**

*loose flexes*

rugs and thresholds

*medical reasons*

bathroom and shower

bad lighting

**Homework was to choose 3 risk areas to change at home which led to an improvement.**



## Two years later what does Ruth and her friends from the pilot project say?

Increased training has improved my physical fitness.

Passion for Life has given me joy and enriches my everyday

An understanding of how important it is to be able to affect my daily life by being observant at home and my way of life with exercise and right diet.

19 of 20 says they would recommend a colleuge to participate in a circle Passion for life

The joyfulness of spreading the message to others has been inspiring and fun.

## *Our learning and message for others*

- Be clear with the central message, the “heart” of Passion for life and repeat the method of quality improvement
- It is possible to use these methods to improve health and quality of life
- Have fun when working
- Plan for spread from the very beginning
- Strong and enthusiastic ambassadors



- know your own context and from that perspective beware how to translate Passion for life in your way. When you have a social movement, you can't have the full control you can just enjoy and support
- Timing
- Homepage, films, working book and instruction material
- A message for others is, don't wait, start to build a structure for empowerment and do it with love and joyfulness



# Spread is going on...



## First prize

"Social innovation  
in ageing

The European Award  
" 2014.

King Baudouin  
Foundation.

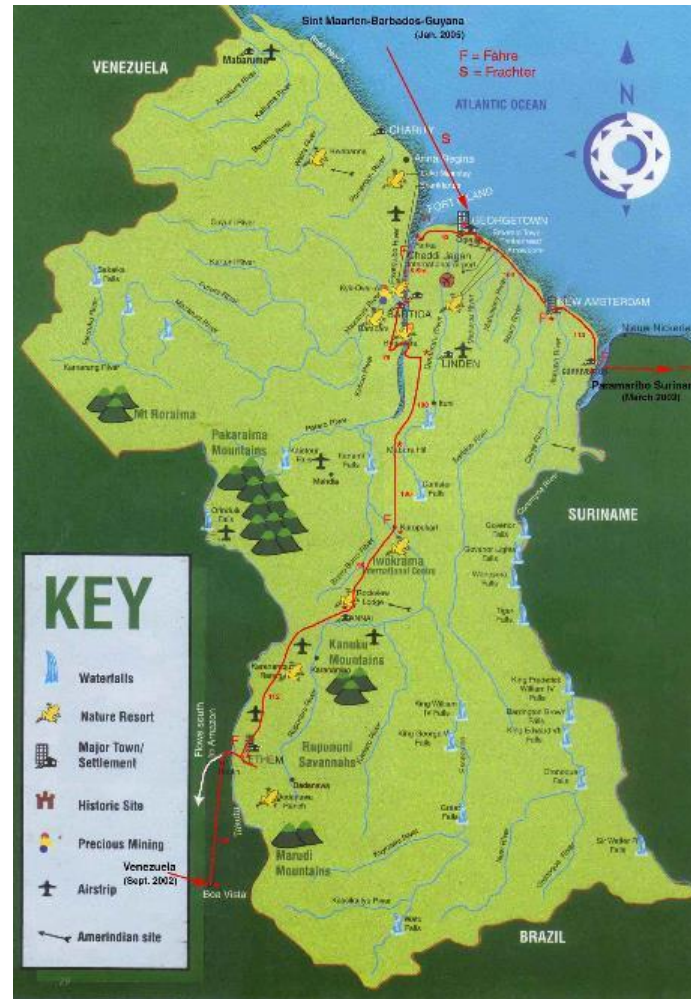




## Rupununi Region

15,645 people over  
33,000 square miles

Limited dirt roads.  
Limited communication.  
36 community health  
workers.















# For more information:

- [www.ihl.org/100MLives](http://www.ihl.org/100MLives)
- Goran Henriks – goran.henriks@rjl.se
- Soma Stout – sstout@ihl.org