

Setting Strategy

Pueblo, CO



Pueblo County, Colorado—a community of 160,000 people located two hours south of Denver—is facing serious health care challenges. More than 40% of Pueblo’s residents are poor and unemployed, and one in six is uninsured. The county also has some of the worst health outcomes in the state, including high rates of preventable illnesses such as heart disease, Type II diabetes, and sexually transmitted diseases. And health insurance premiums are rising three times faster than wages, depressing the local economy and threatening jobs.

In 2010, a group of Pueblo’s veteran health leaders decided to take action by committing to the Triple Aim of better care for individuals, better health for populations, and lower per capita costs. Rather than seeking incremental change, members of the Pueblo Triple Aim Coalition wanted first to concentrate on the big picture and clarify the group’s governance, structure, and strategy—all critical to sustaining long-term collaborative work.

The Coalition began by reviewing current investments in health and health care because its leaders did not want to start new programs without a careful look first at what was needed. They asked themselves:

- Are we investing our resources appropriately?
- Are we making enough of a difference?
- Is there something better we ought to be doing?

From this, they realized that their existing efforts were not well coordinated, and many potential allies and stakeholders who could contribute to a shared solution were excluded from discussions about health improvement. The Coalition needed to bring these leaders together. It also needed data. And, it needed a focused strategy that would align existing resources.

RETHINKING THE REGIONAL SYSTEMS FOR HEALTH

With the goal of creating sustainable improvements, the Coalition’s leaders began working with ReThink Health and our Dynamics Model. Our modeling team helped the Coalition’s leaders gather and interpret data, which they then used to create an

integrative map of the local health system. The data gathering process revealed the connections between different parts of the system and uncovered valuable insights about health care in Pueblo, including a fragile primary care infrastructure that left many disadvantaged, uninsured residents facing long delays when seeking care.

The leadership team also learned that a modest upfront investment of about one percent of total healthcare spending in Pueblo could net huge dividends: hundreds of millions of dollars for long- and short-term programs to improve health while leaving plenty of money for other priorities, such as education and housing. The scenarios developed through use of the ReThink Health Model offered stakeholders a glimpse of the tremendous potential to realize a much more positive future for Pueblo's residents—and demonstrated a realistic pathway to reaching their goals.

As a result, the Coalition's project portfolio includes coordinating care, post-discharge planning, increasing adherence to treatment, recruiting safety net primary care providers, supporting healthier behaviors, building pathways to advantage, capturing and reinvesting savings, and sharing savings with providers. In addition to building a backbone organization, the Coalition also has committed to a shared measurement system, sustainable funding, well-conceived shared governance, and strong communications.

Today, the Coalition is a widely credible and well-resourced regional stewardship team that uses a collective impact model to coordinate resources toward shared aims, and has secured substantial funding for its backbone organization. It received \$20,000 from the David and Lucille Packard Foundation for a community health data collection software system, and \$742,000 from the Colorado Health Foundation to support its ongoing work. The Coalition continues to use the ReThink Health Dynamics Model to formulate a strategy for long-term, system-wide impact that is beginning by focusing on obesity education and reduction, teen and unintended pregnancy, tobacco use reduction, coordinated care, and federally qualified health center capacity.

“Working with the Model built consensus around common issues that will enable us to have collective impact. The work allowed us to develop a common language that made it easier to communicate. It also enabled us to see how the pieces fit together.”

—Eileen Dennis, member of the Pueblo County Board of Health
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