



Atlanta Regional Collaborative for Health Improvement

As the meeting room filled on the morning of November 14, 2012, the leaders of the [Atlanta Regional Collaborative for Health Improvement](#) (ARCHI) weren't sure what to expect. What they were attempting today was a far bigger and more important challenge than anything they'd tackled in their short history.

It could be said that ARCHI formed for 50 reasons. That was the number of separate health assessments that organizations in Atlanta had to contend with. Because the assessments overlapped but didn't align, completing them was a resource-consuming headache, and the resulting tangle of data generated little insight about health in the region.

ARCHI formed with the purpose of turning those 50 assessments into one. A year later, they had reason to be proud. Not only had they achieved region-wide consensus and produced a single assessment, but the first results had yielded exactly what everyone had hoped: a far more coherent and revealing portrait of health in metro Atlanta.

As pleased as everyone was with that success, ARCHI had its eyes on a bigger goal. Atlanta had been struggling for years to achieve equitable and widespread progress on health, and data from the newly minted assessment showed an array of alarming trends. Without broad course correction and concerted action, the region faced a generation of declining health and endangered prosperity.

Could the common assessment itself serve as a springboard for the necessary change? It was an appealing idea, but examples from the rest of the country were not encouraging. Other regions had come together to create shared assessments, just as Atlanta had. But few if any had been able to leverage that success to create a shared vision for health, let alone a shared set of collaborative strategies and common investments.

The members of ARCHI's steering committee had leveraged their influence to recruit a diverse and influential set of leaders to the day's workshop. The people sipping coffee and eating muffins that morning were educators and business leaders, county commissioners and hospital executives, clergy and physicians, insurers and community activists. The turnout was gratifying. But it only underscored the difficulty of what they were attempting. Even two or three partners can struggle to arrive at a shared vision and plan for coordination – how could they achieve shared purpose with 70 people from 30 groups, most of them strangers to one another?

True to form, the ARCHI leadership had not left that question to luck. Months earlier, they'd reached out to an organization that they thought might have the answer. They called the meeting to order and introduced their partners from ReThink Health.

When ARCHI reached out to ReThink Health, they knew that multisector planning efforts are typically plagued by the lack of a common vocabulary and the absence of anchoring information, not just about present conditions, but also about future possibilities. They spin. They get stuck. Lists may be made and statements may be formulated, but traction is slight, goals are vague, and everyone soon slips back into old way of doing things.

ReThink Health developed its dynamic model as a way of solving that problem. It was based on the belief unlikely partners can find common purpose and that sticking points can be overcome if people who care about their community can collaborate in the development of compelling scenarios that are grounded in real data and realistic projections. By focusing on the future that everyone wants and showing transparently how it can be achieved, ReThink Health's simulation model was capable of catalyzing real creativity and the kind of commitment that persists.

Anyone who hoped to spend the day listening to experts and watching slides click by was going to be disappointed. It wouldn't be that kind of day because ReThink Health wasn't that kind of organization. They did have a model to share, but it wasn't the kind that lives in binders and PowerPoints. ReThink Health's model was dynamic. It was built for exploration and creation.

ReThink Health and the steering committee had prepared for the meeting by developing an Atlanta-specific version of the model that incorporated data from several sources, including the new regional assessment. To ensure that the model wouldn't be experienced as a black box, it was designed so that users could drill down into statistics and view the assessment data that drove them.

The model incorporated more than 20 interventions that ARCHI and its partners might deploy between 2012 and 2040. Just as important, the interventions were not modeled in isolation. Improvements achieved in one sector might trigger changes in other sectors that might seem at first glance to be unconnected. The goal was to facilitate systematic exploration of challenges and provided planners with a structured, data-informed framework for transitioning from an unsatisfactory present to a healthier and more successful future. Groups could view changes in health outcomes, equity, workforce productivity, and other factors by quarter-year increments over the next 28 years.

The ReThink Health team began by sharing a baseline scenario that revealed the most likely downstream consequences of continuing with the status quo. Then they broke into seven-person teams with a simple challenge: to craft new scenarios that would produce a healthier, more equitable, and more prosperous Atlanta.

Each team could select up to five initiatives and could implement one of several approaches to financing. The levers at their disposal were varied and powerful: Cost-cutting measures, financing mechanisms, clinical initiatives to enhance quality, system adjustments to increase capacity, upstream investments to improve school achievement, and more. What would happen if Atlanta reduced specific health risks? If it improved health care delivery? If it created realistic pathways out of poverty?

Participants could simulate actions individually or in combinations and could examine likely consequences over years and decades. Because the objective was to develop scenarios that were highly realistic, the ReThink Health team encouraged participants to use their knowledge of the Atlanta community and its systems. The purpose wasn't to forecast precise outcomes but to reveal interactions and spark conversation about priorities and the mechanisms of change.

As ReThink Health had always found when sharing the model, participants became excited by the ability to move rapidly through different simulations and see in very direct terms the impact that they could achieve by implementing strategies together. Ideas about change that would otherwise be abstract and theoretical were transformed into vivid scenarios with understandable hydraulics. The "What If" questions that lead to nothing more than blue-sky speculation in a typical meeting could be answered immediately and with real numbers. Participants saw what would happen if they increased healthy behaviors or expanded access to certain kinds of care. If they improved educational opportunities or changed the financing of service delivery. If they tailored certain investments to the people and communities who were in the greatest need and had the most to gain.

Not only did the model enable participants to explore the effects of positive changes, it also revealed in stark terms the costs of inaction. Furthermore, it revealed potential implementation hazards and “failure modes” that would drag their common efforts – and plan for how to avoid them.

When the groups reconvened to share the scenarios they had developed, there was surprise at the prospect of a brighter future, as well as a striking reservoir of previously hidden agreement about how to get there. Employing an electronic voting system, the ARCHI organizers asked everyone to select the one scenario that they found most compelling. The group found that they were all seeing and valuing the same things. The scenario dubbed *Atlanta Transformation Scenario* received overwhelming support, with 87% of the vote.

Seventy diverse people, representing a wide gamut of Atlanta stakeholders, entered a meeting room with no common vision, no shared philosophy of change, and no clear sense of how to work together. They left with a plan to invest in six policy domains: Healthier Behaviors, Family Pathways, Coordinated Care, Global Payment, Capture and Reinvest Savings, and Expand Insurance. As they removed their name tags, they did so as colleagues who now shared more than a city: they were the co-creators and co-owners of a 28-year blueprint for making their city a healthier, more prosperous, and equitable place to live.

“The model helped show how we could work toward the goal of a healthier community,” said Dekalb County Commissioner Larry Johnson. “With the information from the model, people . . . see the pieces that they can add into what they are doing, and we can gradually move toward system change.”

The day had been an overwhelming success. But everyone knew that the job was only beginning. Momentum has a way of dissipating if it isn’t capitalized on quickly, so ARCHI’s leaders moved immediately to transform the Atlanta Transformation Scenario into a fully delineated plan that was primed for implementation.

This was where the extensiveness of representation at the workshop became a critical asset. Building on that breadth and diversity, ARCHI formed workgroups for each intervention domain. The groups investigated appropriate evidence-based practices, identified existing activities that could be built upon, and cultivated lists of the groups and people who would be critical to ensuring success. Their effort culminated in a compendium of strategies that came to be known as the *ARCHI Playbook*, a single authoritative document that would guide every advance that followed. And there were many.

The United Way of Greater Atlanta soon established a \$3.6 million prize to advance the vision laid out in the *Playbook* and went on to place the *Playbook’s* principles at the heart of its own approach to transformation. In 2015, ARCHI published its first update to the Playbook and by 2017, its membership had nearly tripled to over 80 organizations. The following year, *US News & World Report* honored ARCHI as its 2018 Community Health Leader of the Year.

“Silos are a real thing,” ARCHI executive director Kathryn Lawler has said when reflecting on ARCHI’s progress. “But what we have also learned is that we have to hold the space for people to braid together urgent work and systems change, and not to see those as a binary choice.”

Today, ARCHI continues to expand its size and impact. With more than 100 organizations now committed to its multi-decade vision for Atlanta, ARCHI has cemented its place as a regional and national leader. In 2019, it completed an in-depth analysis of the relationship between race and food access and then, that December, succeeded in aligning Atlanta’s health systems and payors around a joint action plan for housing. When COVID hit, ARCHI immediately began leveraging its relationships and know-how to support the health and housing needs of COVID-positive residents. That vital support for thousands of struggling Atlantans was spurred

by the crises of 2020, but the work itself began much earlier, in a meeting room in 2012, when 70 people dove into ReThink Health's dynamic model and emerged with a bold and confident plan for their region. Perhaps the clearest testament to the success of that day is that ARCHI hasn't needed to repeat it. When the meeting began, ReThink Health's goal was to make its ongoing involvement unnecessary. That morning, as on other mornings in other places in America, it devoted itself to helping unlikely partners identify their common interests and arrive at a common vision that they could carry forward together, themselves. After everyone went home on that day, there was no need for them to model Atlanta's future anymore – they were too busy making it.

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