RUBRIC FOR VENTURE SITE ASSESSMENTS

Category	Criterion	Does not Meet Minimal Level	Minimal Level	High Level
STEWARDSHIP	Compositions of Table	Does not include healthcare institution and public health	Includes healthcare institution, public health and other stakeholders	Other stakeholders include the business community, economic development actors, community development actors, finance, education and other stakeholders representing upstream issues
	Involvement of Leadership	Members are not senior level leaders within their own organizations	Leaders with ability to affect policy and culture are taking an active role in the table.	Visionary leaders of multiple institutions, including the public sector, have a deep commitment to sustaining the work over the long term
	Ambitious vision for the region	Vision statement is relatively narrow and short term in focus	Vision reflects a focus on health system transformation that gets to population health	Vision is ambitious and long term (over 10 years), reflects dissatisfaction with the status quo and goes beyond health system outcomes to include issues of social equity and economic transformation
	Established partnership with track record	Table is relatively new (less than 3 years) and has few accomplishments	Table has been operating for three or more years with relatively stable leadership and has been able to make progress on metrics established for the work	Table has been operating for over 5 years, has well recognized achievements, has successfully gone through leadership shifts, and/or has expanded membership as needs and work evolves
	Role of Table in community	Table primarily plays a convening and planning role in the community	Table is taking a leadership role in identifying community health needs, designing strategies to address those needs, and is involved in coordination or oversight of the implimentation of some select programs or initiatives	Table is taking a leadership role in all aspects of the work including playing a leading role in assuring ambitious system transformation strategies are successfully implimented
	Engagement of healthcare providers	Healthcare providers are either not at the table or representation is primarily lower level staff or community relations/community benefits staff.	Multiple providers with strong leadership are involved and experimenting with innovative new delivery and operations models	Healthcare proviers involved have a history of collaborative action such as working together on community health assessment
	Community engagement and community voice	There is no evidence that the community has been engaged in visioning, planning or any other activities of the Table	Planning efforts have included engaging the community and there is recognition that there is need for community voice in the leadership of the work	There is a consistent structure to ensure community voice and there is deep commitment to broad based democratic principles and practices
	Table represents the diversity of the community	The collabortaive has no, or very few, individuals involved from less advantaged groups in the community and this is not a priority of the leadership	The collaborative has few individuals from less advantaged groups and is not diverse in terms of gender and race, but recognizes the problem and is taking steps to increase diversity	The individuals involved in the Collaborative are fully representative of the diversity in the community in terms of race, ethnicity, and gender.
	Staff capacity	Staff lead is relatively new and untested	Staff leading the work has been there for at least 2 years and is highly regarded.	Staff leading the work has been there for more than two years and is widely seen as an individual with extremely strong adaptive leadership skills
	Backbone capacity	Backbone capacity is very weak with limited staff and unstable funding sources	Backbone entity is stable and there is commitment to support staff.	The backbone capacity is sustainable through innovative funding and institutionalized commitment from community leadership
	Legitimacy and authority of the Table	The table and its work are not widely understood amongst stakeholders not directly involved	The table is acknowledged as one of a number of civic places where key stakeholders are taking on complex issues and addressing community health and well-being	The table is the leading place seen in the community as taking on a wide range of issues related to community well-being and either is leading much of the collective work or is closely aligned with other collective impact efforts in community.
Strategy	Full understanding of health and well-being	Table has only taken on one or two narrow community wellness issues such as childhood obesity or smoking cessation	Over time the Table has taken on a broad set of initiatives targeting areas of need identified in a community needs assessment, health improvement plan, or other community report card.	Work of the table represents a full understanding of health and well-being and includes issues of care, cost, equity, employee productivity. This agenda is advanced by a range of approaches, encompassing policy and environments that
	Table involved in downstream work	The table has no strategy or goals related to improving how health services are being delivered in the community	Healthcare institutions that are part of the table are experimenting with innovative new delivery and operational strategies as part of their involvement	New relationships have been formed among participating institutions and the table is playing a role in transforming the delivery and operations of health systems in the community
	Table involved in upstream work	Table has not articulated any interest in pursuing upstream work	Upstream work, that goes beyond general community wellness activities, is part of the agenda and specific strategies or initiatives are being considered.	Specific initiatives in areas such as housing, education, economic development, public safety and other upstream areas are being led by the Table.
	Pilot efforts and prototyping as part of their transformation process	Table is not piloting any innovative work in the community.	Table has taken on some leadership in identifying and implementing some pilot initiatives	Table is actively in a testing and learning mode with a history of taking pilot projects to scale
	Attention to Health Information Systems	The are no efforts in the community to integrate data across systems	Efforts have been made within the region to develop new integrated data across systems	The table is leading work within the region to create collaborative data systems including HIE
	The work is data driven	There is no evidence of establishing common measure or using data to identify priorities and guide their work	The community has undertaken a Health Improvement Plan or other major assessment of community needs and this is guiding the work of the table	The table has facilitated a collaborative process to complete required Community Health Needs Assessment or HIP, reports regularly on progress based on community health measures, and uses data to assess their progress and guide their work.
Financing	Table is aligning and leveraging existing sources of funding	Table and its work primarily supported through traditional short term grants	Stakeholders are willing to commit resources towards the goals of the table	Community funders and members have been aligned and are supporting the work of the table in a sustainable way including use of community benefits.
	Table is looking creatively at new funding mechanisms	There is no effort by table to take on new financing models and there are no examples in the community	The table has begun to consider new models or there is an aligned group in the community doing innovative work.	Table has begun testing of new funding mechanisms involving payment reform and shared savings
Enabling Environment	Healthcare environment	There are only a few providers who are extremely competitive making any type of collabortive action unlikely	The market is dominated by one strong and innovative provider or there are multiple providers in the market without being too fragmented or competitive	The community has a number of innovative healthcare institutions with large integrated delivery systems
	Stability of system	Market conditions are very unstable with recent merger/aquisition activity or entry of new players	Relatively stable market conditions, with no one plan dominating the market	Stable market conditions with strong regional plans, intetgrated delivery systems, and strong base of employers or business coalition involved in market
	Culture of Collaboration	The community does not have any history of collaborative or has a history of deep divisions	Pre-existing collaborative muscle in civic infrastructure	Strong culture of collaboration over relatively long time period.
	Progressive plans for community development and regional economic development	The economic development and community development work in the community is completely siloed from health related work.	There is awareness by the Table of progressive community development and economic development work and there is openness to engaging with these stakeholders	Regional economic development and community development groups understand the need to restructure healthcare in their community and are actively engaging in the work of the table.
Fit	Bandwidth for Engagement	Group has recently completed a major strategic planning process or is part of another initiative that has required deep engagement leading to some planning and TA fatigue	The Venture work will be complementary to other work of the table and timing is right given focus of the group.	The offerings of Venture are totally aligned with the current needs and appetite of the group.