Case Study 1

MooiMaasvallei - The beautiful valley working together on a healthy and connected region

WP9 Strengthening ecosystems

Task 9.2 Key activities at European level

CASE STUDIES OF TRANSFORMATIVE ECOSYSTEMS

Case Study 1: MooiMaasvallei - The beautiful valley working together on a healthy and connected region

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Executive Summary

Transformative Ecosystems as in THCS

A transformative ecosystem is a collaborative, value-driven network that enables systemic, inclusive, and lasting change in human well-being. Key dynamics include influential nodes: people, institutions, technologies, or practices, that foster systemic coherence and inspire replication or scaling.

To foster transformative ecosystems, it is essential to assess long-term sustainability, cross-sectoral collaboration, strategic alignment, service user integration, goal achievement through indicators, and broader impact recognition. MooiMaasvallei ecosystem is showcased as an inspirational transformative ecosystem that illustrates how local and regional elements foster transformation in European health and care systems.

Key transformative elements of MooiMaasvallei

- Trust is the core asset
    - Every interviewee, from grass-roots volunteers to municipal and hospital actors, cites long-standing personal trust as the main enabler for bolder experiments.
- Prevention-first, whole-society mindset
    - All actors agree that health, work, education and liveability must be tackled together, not in silos, and have prevention and patient empowerment at the core of the process
- Ways of working
    - Quadruple-helix collaboration: citizens, government, business and knowledge actors share goals and meet in ad-hoc learning sessions.

Figures

Figure 3.1 Depiction of a micro-level actor and their main thoughts and concerns regarding the ecosystem.

Figure 3.2 Depiction of a meso-level actor and their main thoughts and concerns regarding the ecosystem.

Figure 3.3 Depiction of a macro-level actor and their main thoughts and concerns regarding the ecosystem.

1 Introduction

Within the Transforming Health and Care Systems (THCS) partnership, one key task is to identify and showcase transformative ecosystems in the health and care sector. To support this, we collaborated with our partners across Europe to develop a case catalogue featuring real-life examples. Each case follows a structured template that guides contributors in describing the ecosystem's purpose and strategic goals, identifying key actors, and explaining how collaboration is organized. The template also captures how outcomes are monitored and measured, including the methodologies used. Currently, the catalogue includes around 30 ecosystem descriptions from around Europe.

1.1 What are transformative ecosystems in health and care?

Transformative ecosystems are defined in THCS as goal-oriented entities that have successfully transitioned to new, jointly agreed modes of operation at various levels - macro, meso, and micro - within the health and care system. The transformations at each level are marked by the alignment of strategies, decisions, and actions among independent, but also interdependent actors. In addition, the integration and legitimacy of service users, goal achievement through indicators, and recognition of broader impacts are important to consider, when evaluating a transformative ecosystem. Our approach focuses especially on ecosystems on regional and local levels.

Due to the complex and context-specific nature of these ecosystems, there is no universal formula for systems transformation. Ultimately, success depends on the commitment and execution capabilities of ecosystem members. Individuals who embrace change and possess the motivation and skills to drive transformation, often referred to as "change agents", are essential. To amplify their impact, transformative ecosystems foster a cultural shift toward a "transformative mindset."

To better understand the dynamics that cultivate this mindset, we explored influential factors, whether people, institutions, technologies, or practices, that illustrate pathways of change, promote systemic coherence, and inspire replication or scaling. Based on this, *The MooiMaasvallei* case from the Netherlands exemplifies a transformative ecosystem, and its description serves as an example for understanding how different factors can foster transformation.

1.2 What is MooiMaasvallei

MooiMaasvallei is a tight-knit, rural Dutch region spanning three municipalities (and two provinces) that has acted as a community-scale living lab for nearly 20 years. The ecosystem is grounded upon a philosophy of Positive Health that views health not merely as the absence of disease, but as the ability to adapt and self-manage in the face of physical, emotional, and social challenges.

Building the regional ecosystem is based on visionary ideas of key actors of the ecosystem, from local General Practitioner to the leaders of the regional hospital and the municipalities. There is also a shared sense of emergency in the region for the need to transform the health and care system to better serve the patients and residents in a sustainable way.

MooiMaasvallei started from small-scale bottom-up activities, but has been growing, and continues to grow and strengthen, for instance, by integrating other policy agendas, such as employment and education, with the health and care transformation plans. Its unique strength is its strong culture of

interpersonal trust and resident energy. The next step for the ecosystem is to build simple, prevention-oriented financing and governance mechanisms without crushing the intimacy that makes the ecosystem work.

2 MooiMaasvallei as a transformative ecosystem

Two decades of accumulated social capital and shared trust make MooiMaasvallei a long-term ecosystem, that has long overcome the "project phase". Although, the current plan to scale up actions and expand the reach of the ecosystem for instance toward additional sectors to health and care, such as employment, has initiated the IZA project, that allows for experimenting on the ecosystem approach even more widely.

2.1 Key transformative elements of MooiMaasvallei

- **Trust is the core asset**
    - Every interviewee, from grass-roots volunteers to municipal and hospital actors, cites long-standing personal trust as the main enabler for bolder experiments.
- **Prevention-first, whole-society mindset**
    - All actors agree that health, work, education and liveability must be tackled together, not in silos, and have prevention and patient empowerment at the core of the process
- **Ways of working**
    - Quadruple-helix collaboration: citizens, government, business and knowledge actors share goals and meet in ad-hoc learning sessions.

3 Transformation across different service levels

3.1 Grassroots level ('micro')

The strong sense of place and mutual trust provide momentum and ensure legitimacy of actions. Interpersonal relationships are important, and the actors highlight how they know each other on a personal level. Boundary-spanners and "citizen storytellers" ensure continuity and local ownership. Grass-roots pilots like long-COVID recovery, neighborhood flags and micro-grants, feed bottom-up ideas that can be scaled region-wide.

Volunteer and grass-root activity is a critical asset in legitimizing the ecosystem but also in ensuring its sustainability. This poses also a challenge: ensuring the quantity of and motivation of the citizens is important. Figure 1. depicts where the focus and thoughts of a micro level actor are.
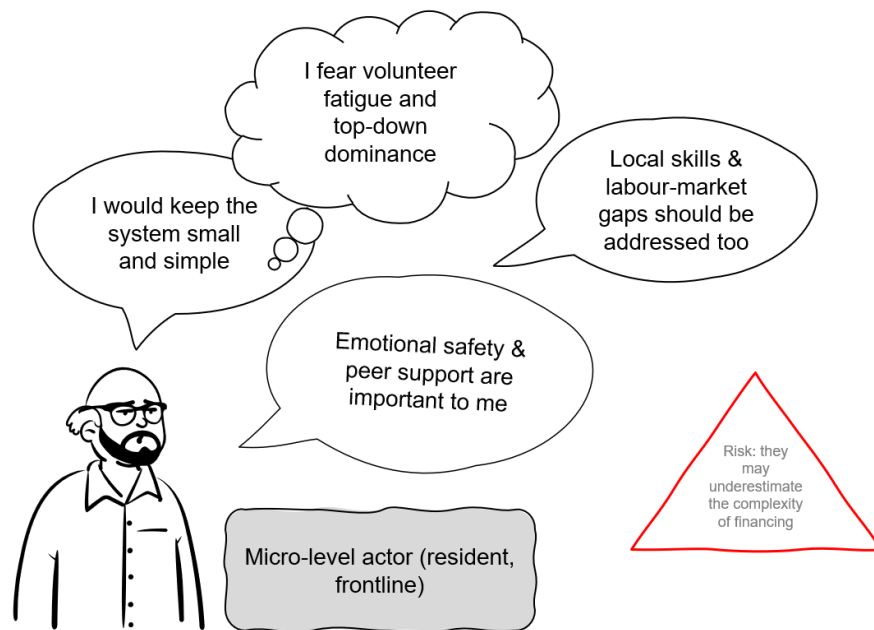
Figure 3.1 Depiction of a micro-level actor and their main thoughts and concerns regarding the ecosystem

3.2 Inter-organisational level ('meso')

On the organisational level, the actors are heavily focused on the governance of the ecosystem, but also on ensuring the motivation and training of organisational actors, especially the professionals. The governance of the ecosystem is light: there is a small cross-sector board, long-standing boundary-spanners, and many volunteer-run initiatives collaborating. Voluntary fees and modest national grants keep the network light and flexible. Most of the actors prefer the light governance and feel that for instance very tight KPIs and reporting turn the attention away from productive work. Although service-integration is sought, IZA projects (shared patient file, integrated care pathways) dominate current efforts.

Meso-level actors also work as a translation layer: the players (ie. municipality, hospital) convert grassroots language into contracts, KPIs and insurer dialogue to advance the mission of the ecosystem. Figure 2. depicts some main thoughts and concerns of the meso level actors in the ecosystem.
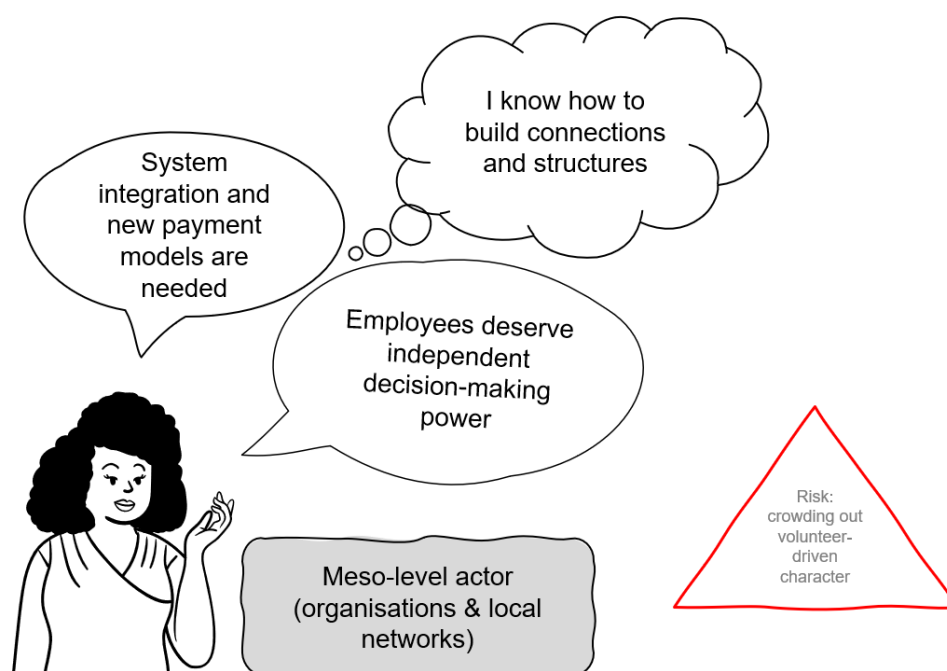
Figure 3.2 Depiction of a meso-level actor and their main thoughts and concerns regarding the ecosystem.

3.3   (National) policy level ('macro')

The vision stated by some key actors in the ecosystem was to create the "healthiest region in the Netherlands" by weaving health, education, work and liveability into one prevention-first agenda. The macro-level strategizing is focused on negotiations between the municipalities, insurance companies and the national level policy makers on how to enable totally new kind of approach to health and care in the Netherlands: Vision of a single regional contract with insurers to finance prevention and community value.

MooiMaasvallei received a national transformation program status in 2024, which offers structure and funds, aims to ensure scaling and sustainability of the model. Figure 3. depicts the topics of interest for the macro level actors.
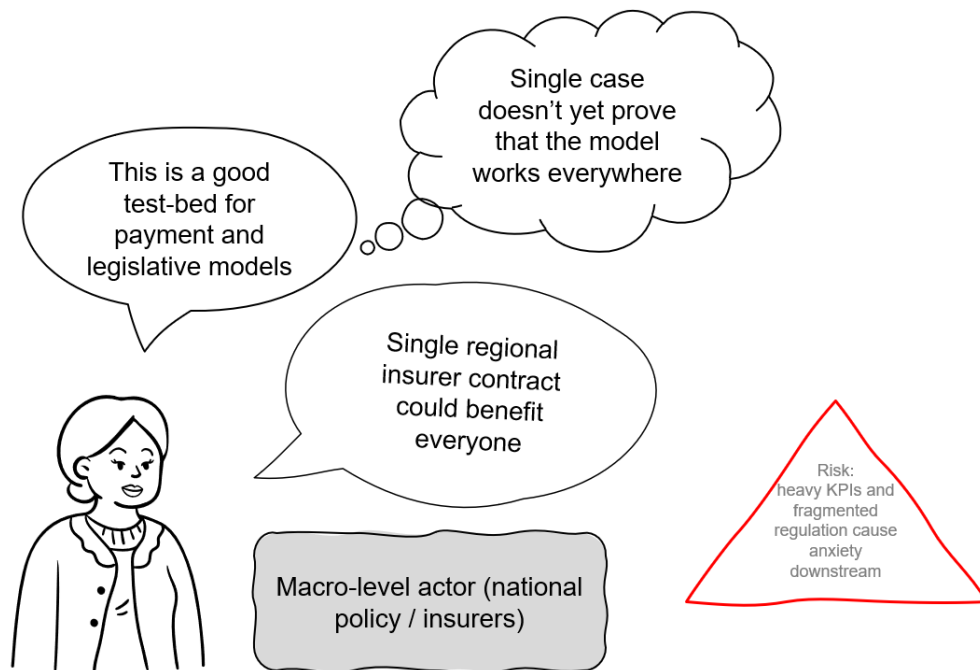
Figure 3.3 Depiction of a macro-level actor and their main thoughts and concerns regarding the ecosystem.

4   Challenges and opportunities

4.1   Challenges

- Financing architecture as the main bottleneck
    - Volunteers fear grant fatigue; the municipality wants "one regional contract"; hospital leaders wrestle with new payment models. Everyone sees money design as the toughest barrier.
- Ageing population & volunteer supply shortage
    - Demographic change threatens both community care capacity and the pool of motivated helpers.
- KPI pressure and large-scale strategic projects risk overshadowing smaller community agendas.

4.2   Opportunities

- Negotiate one regional insurer contract to simplify funding.
- Turn proven micro-pilots (long-COVID, digital apps) into scalable models.
- Position the region as a Dutch "blue zone" to attract talent and investment.

5   Key lessons from MooiMaasvallei

5.1   Translation work is critical.

5.1.1   Micro actors speak the language of relationships; macro actors speak KPIs and contracts. Meso-level bodies (municipality, hospital, network office) must translate both ways to avoid losing legitimacy or scale.

5.2   Financing solutions must bridge cultures.

5.2.1   Volunteers want low-bureaucracy micro-grants, while macro actors push sophisticated regional risk-sharing; hybrid instruments will be needed.

5.3   Governance should stay "light but binding".

5.3.1   Interviews support a small, cross-sector board and one regional contract—*provided* local experimentation remains unfettered.

5.4   Succession & capacity are shared worries but owned differently.

5.4.1   Volunteers fear vanishing helpers; meso/macro actors fear workforce and insurer capacity gaps. A joint labour-market strategy could align efforts.