NACo National Association of Counties

NACo COMMUNITY DIALOGUES TO IMPROVE COUNTY HEALTH

FINAL REPORT • JANUARY 2015

THE NATIONAL ASSOCIATION OF COUNTIES

The National Association of Counties (NACo) assists America's counties in pursuing excellence in public service by advancing sound public policies, promoting peer learning and accountability, fostering intergovernmental and public-private collaboration and providing value-added services to save counties and taxpayers money. NACo is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides the elected and appointed leaders from the nation's 3,069 counties with the knowledge, skills and tools necessary to advance fiscally responsible, quality-driven and results-oriented policies and services to build healthy, vibrant, safe and fiscally resilient counties.

Thank you to the Robert Wood Johnson Foundation for its support in helping counties to improve community health, and to our partners at the University of Wisconsin Population Health Institute for their guidance during this project. This project is the culmination of the work of many individuals, most importantly the hard work and dedication of the county elected officials and staff in the six counties that hosted a Community Dialogue: Leon County, Fla.; Bullitt County, Ky.; Salt Lake County, Utah; Washington County, N.C.; Wayne County, N.C.; and Fulton County, Ga. NACo wants to recognize in particular Commissioner Bryan Desloge, Administrator Vincent Long, Alan Rosenzweig, Candice Wilson, Rosemary Evans, Eryn Calabro and Shington Lamy from Leon County, Fla.; Judge Executive Melanie Roberts, Andrea Renfrow and Elizabeth McGuire from Bullitt County, Ky.; Mayor Ben McAdams, Lori Bays, Marla Kennedy, Sarah Brenna and Gary Edwards from Salt Lake County, Utah; Kim Hough, Billie Patrick and Terrell Davis in Washington County, N.C.; Davin Madden and Ava Crawford in Wayne County, N.C.; and Commissioner Joan Garner, Dr. Patrice Harris, Kristin Dixon and Monique Eppinger from Fulton County, Ga. We would especially like to thank the *Roadmaps to Health* Community Coaches from the University of Wisconsin Population Health Institute who assisted in the planning and carrying out of each Community Dialogue, including Kitty Jerome, Kate Konkle, Stephanie Johnson and Jan O'Neill.

FOR MORE INFORMATION:

NACo—www.naco.org

- County Solutions and Innovation (CSI) Blog – www.naco.org/programs/csi
- NACo Podcasts- www.naco.org/podcasts

County Health Rankings & Roadmaps—www.countyhealthrankings.org

University of Wisconsin Population Health Institute— uwphi.pophealth.wisc.edu

Robert Wood Johnson Foundation—www.rwjf.org

If you have additional questions or would like to request copies of the publication, please contact:

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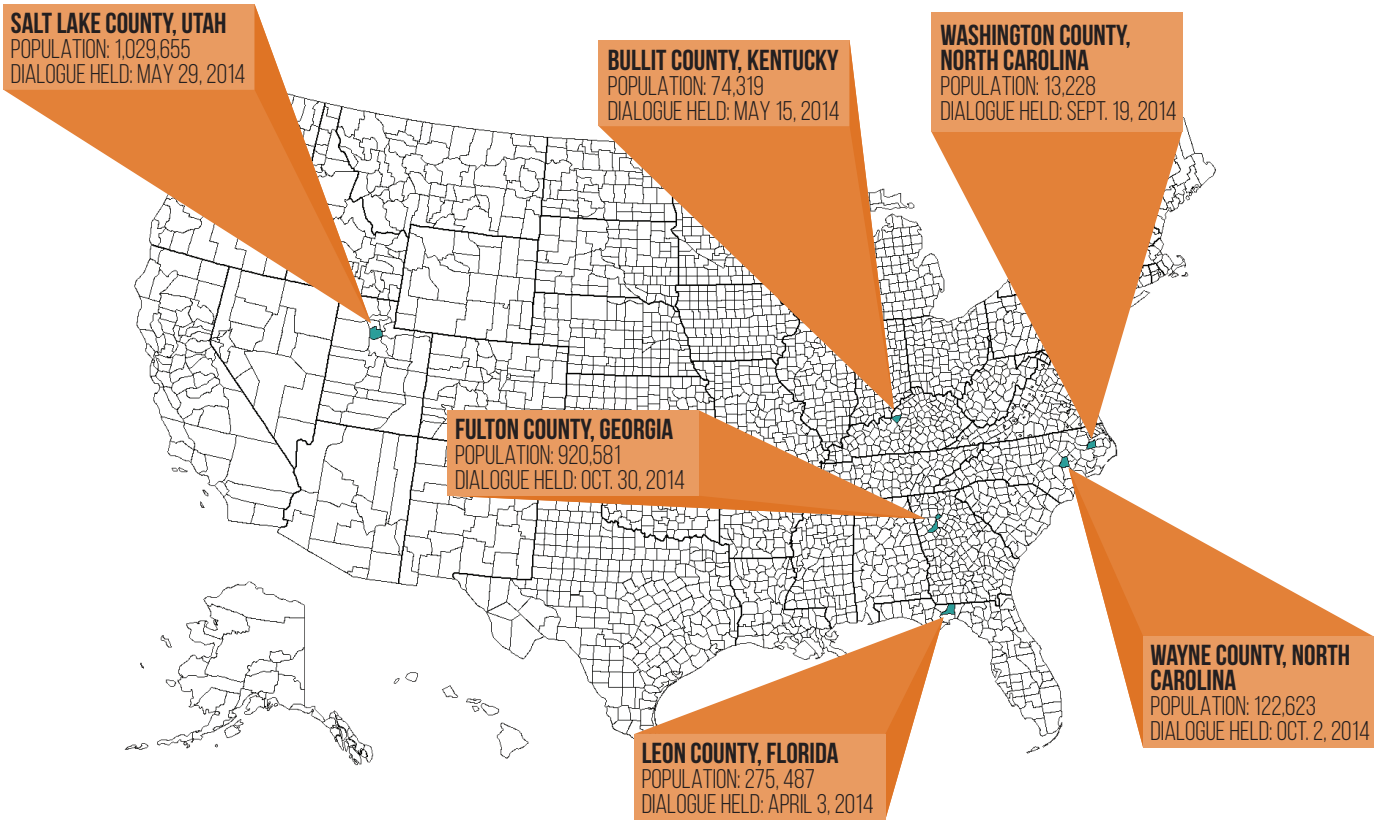
NACo COMMUNITY DIALOGUES
TO IMPROVE COUNTY HEALTH • FINAL REPORT

JANUARY 2015

COMMUNITY DIALOGUES

The Community Dialogues sprang out of the collaboration between the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI) on the *County Health Rankings & Roadmaps* project. Six counties were selected to host Community Dialogues to Improve County Health: Leon County, Fla.; Bullitt County, Ky.; Salt Lake County, Utah; Washington County, N.C.; Wayne County, N.C.; and Fulton County, Ga. The Community Dialogues were envisioned as a way to utilize the *County Health Rankings* to spark discussion in counties on ways to improve health in their communities. There was no prescribed agenda or structure for any of the dialogues, but instead each dialogue was crafted in partnership with the county and an assigned Community Coach from the *Roadmaps to Health* Coaching program to meet each county's particular needs.

This publication highlights the six Community Dialogues to Improve County Health. These brief profiles will provide an overview of how these counties approached their Community Dialogue by highlighting the focus of the dialogue, the participants involved, highlights of the discussions that occurred and some of the key take-aways that developed out of the dialogue for the counties to consider as they approach next steps for their community in their journey towards building a Culture of Health.



UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE

ROADMAPS TO HEALTH COMMUNITY COACHING PROGRAM

The *Roadmaps to Health* Community Coaching Program provides community leaders with direct support from community coaches to strengthen their capacity to advance health improvement efforts in their communities. This service is offered at no cost thanks to the generous support of the Robert Wood Johnson Foundation. The Coaching Program is part of the *County Health Rankings & Roadmaps*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program sits in the *Roadmaps to Health* Action Center, which is the locus of practical help for communities working collectively to improve their health and houses information about community coaching, online tools and webinars.

The goal of the Coaching program is to support community members to implement evidence-informed strategies that will ultimately improve the health of their communities. The coaches use the *County Health Rankings* model and the *Roadmaps to Health* Take Action Cycle as frames for their guidance. *What Works for Health,* a database of evidence-rated strategies, provides additional information for community members to move from planning into action. The coaches work with communities to strengthen their journey toward developing a Culture of Health, with the goal that getting healthy, staying healthy and making sure our kids grow up healthy are top priorities in every community in the nation. More information about the *County Health Rankings & Roadmaps* including the *What Works for Health* database can be found at www.countyhealthrankings.org.

MEET THE TEAM:

Note: below is an introduction to the four members of the *Roadmaps to Health* Community Coaching team who participated in the Community Dialogues; for information about the rest of the *County Health Rankings* team, please visit www.countyhealthrankings.org.

Kitty Jerome
Kitty is the Director of the *Roadmaps to Health* Action Center. Kitty's experiences range across municipal, state and national level approaches to policy change. She draws on 16 years in tobacco control policy, providing technical assistance to community coalitions and governmental organizations around the U.S. She has worked with the *County Health Rankings & Roadmaps* program since 2010. Kitty assisted with the Salt Lake County, Utah, Community Dialogue.

Stephanie Johnson
Stephanie brings over 20 years of experience in the health care sector to her work as a community coach. She led the community health needs assessment and strategic implementation process for a hospital in Madison, Wis., was a founding member of the Healthy Dane collaborative and coordinated the hospital's community benefit program. Stephanie assisted with the Washington County, N.C., and Wayne County, N.C., Community Dialogues.

Kate Konkle
Prior to joining the *County Health Rankings & Roadmaps* program, Kate supported local health departments with their community health improvement planning processes. Additionally, she provided guidance and support to community partnerships across Wisconsin in the areas of collaborative leadership, health improvement planning and quality improvement. Kate assisted with the Leon County, Fla., and Fulton County, Ga., Community Dialogues.

Jan O'Neill
Jan has over 25 years of experience in organizational development, having worked in a variety of environments, including health care, government, the private sector and education. Jan has long been engaged in community initiatives, including facilitating a strategic alliance for out of school time education programs and training community leaders in collaborative skills and tools. Jan assisted with the Bullitt County, Ky., Community Dialogue.

MEET THE NACo COMMUNITY DIALOGUE COUNTIES

LEON COUNTY, FLA.
POPULATION: 275,487 (2010 CENSUS)
DIALOGUE HELD: APRIL 3, 2014

DIALOGUE FOCUS

At the time of the Community Dialogue, leaders in Leon County were facing an acute primary care issue that could have potentially impacted safety-net primary care services for many in the community. Due to the nature of that issue, county leaders chose to address access to care with time dedicated to addressing the safety-net primary health care system in the county, including current assets, gaps, areas for improvement to ensure health needs are met and areas for collaboration. The dialogue brought together the community's safety-net and community health provider networks.

PARTICIPANTS

- County Commission Chair and County Commissioners
- Hospitals
- Community health centers
- Florida State University and Florida A&M University
- County health department
- Behavioral health care provider
- Non-profit medical foundations
- Local United Way

Leon County county commissioners and county staff engage community leaders during the Leon County Community Dialogue.

Image source: Leon County, Fla.

CONTENT

Community Dialogue participants discussed strengths and assets in the community health care system, including Leon County's unique situation as home to two major universities that have strong commitments to serving the uninsured and underserved populations in the county: Florida State University, which houses a medical school, and Florida A&M University, which houses a dental school. This commitment is also shared by a number of other health service partnerships and providers in the community. Leon County is also home to Florida's state capitol, Tallahassee, which offers the county opportunities to collaborate with state policymakers.

Participants also identified a number of important opportunities to address provider capacity in the community, discussed disruptions to the continuum of care for patients and examined ways to create a more patient-centered model of health care. These gaps were mentioned as especially acute issues for the uninsured, underserved and newly insured populations in the community. A significant amount of conversation was centered on the development and enhancement of a committee or council that would focus on creating a shared community vision with outcome-driven goals. This vision would drive the design of a strategic plan involving partners spanning both health and non-health leaders (e.g. community leaders in transportation, planning, law enforcement and others).

TAKE-AWAYS

In order to address access to care and other community health concerns, participants discussed a number of important strategies to reduce barriers to collaboration, including:

- Engaging community leaders through a reinvigorated county health council
- Improving collaboration among primary care safety-net providers in the county, and
- Ensuring that gaps in access for the uninsured and underinsured, including for both primary and specialty care services, are addressed.

CONTACT

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Leon County Commissioner Kristin Dozier speaks during the Leon County Community Dialogue.

Image source: Leon County, Fla.

Leon County Commissioners Bryan Desloge and Nick Maddox discuss access to primary health care with county leaders during the Leon County Community Dialogue.

Image source: Leon County, Fla.

BULLITT COUNTY, KY.
POPULATION: 74,319 (2010 CENSUS)
DIALOGUE HELD: MAY 15, 2014

DIALOGUE FOCUS

Bullitt County conducted a community health assessment and identified three main health problems: obesity and physical activity, access to health care and youth use of alcohol and drugs. In order to address these issues, the county designed its Community Dialogue to focus on developing cross-sector partnerships to improve the health of the community through a strategy called Boundary Spanning Leadership (BSL). As part of the BSL strategy, Bullitt County leaders selected three leadership challenges: how to break down silos in the county, how to identify meaningful roles for all stakeholders in the county and how to focus on achievable shared goals. The focus on leadership challenges provided an opportunity to increase the effectiveness of working relationships in the community to collaboratively address the county's health priorities.

PARTICIPANTS

- County Judge Executive
- County health department
- County board of health
- City fire departments in the county
- County YMCA
- Regional planning and development organization
- Rural diabetes coalition
- Faith-based organizations
- Hospitals
- Mental health provider
- Local pharmacies
- Universities
- Health advocacy organizations
- Kentucky Association of Counties (KACo)

CONTENT

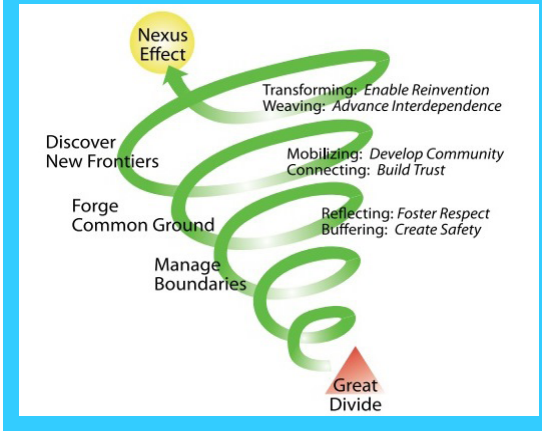
Participants in the Bullitt County Community Dialogue engaged in a series of BSL exercises to help them address different types of boundaries within their own organizations and between partner organizations. Participants worked within their tables to discuss the types of boundaries their organizations and partner organizations face, what strategies can be utilized to span those boundaries and what practices can be implemented within those strategies.

What is Boundary Spanning Leadership?

BSL is a model that emphasizes working across organizational boundaries towards a shared goal.

The Center for Creative Leadership defines it as "the capability to establish direction, alignment and commitment across boundaries in service of a higher vision or goal." BSL is a strategy that seeks to achieve success on a common goal by providing leadership across barriers presented in five different types of boundaries: vertical (internal levels, ranks and authority structures), horizontal (internal functions, units, peers and expertise), stakeholder (external partners), demographic (diverse range of groups, including gender, race and education) and geographic (across regions, cultures and markets).

For more information visit: www.ccl.org/leadership/spanboundaries



Bullitt County Community Dialogue participants engage in interactive exercises to address barriers to collaboration in addressing health improvements in their county.

Image source: Bullitt County, Ky.

TAKE-AWAYS

Participants discussed their take-aways from the day during an activity called "What, So What, Now What?" They reflected individually and as a table on what they learned, what the implications were and what the next steps should be in improving cross-sector collaboration on health in their county.

At the end of the Community Dialogue, leaders from the three groups used a "fishbowl dialogue" technique to draw out next steps and lessons learned. In this technique, a small group of leaders sit in the middle of all other participants to discuss key take-aways from the day. The leaders interacted with each other and the larger group. Key take-away plans/goals from this exercise included:

- Drawing together leaders that didn't attend, including outreach to these partners to increase awareness of how their work impacts the health of the county
- Creating a unified vision for improving health that includes all leaders in the county
- Using the Community Dialogue to build momentum to bring together a robust coalition that can/will participate in the upcoming community health assessment, and
- Thinking outside of traditional health care improvement to attract families to the county, including a focus on exercise opportunities, safe walking routes, housing and job opportunities as part of any effort to address health in the county.

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SALT LAKE COUNTY, UTAH
POPULATION: 1,029,655 (2010 CENSUS)
DIALOGUE HELD: MAY 29, 2014

THE FUTURE WE CHOOSE

Salt Lake County is committed to taking the necessary steps today to have the future we choose tomorrow – a future where Salt Lake County is the healthiest county in America. Mayor McAdams' priorities and guiding principles can help us achieve our collective goals – a revitalized economy, meaningful support for education and delivering the services we need to have healthy families.

VISION
Build a thriving metropolitan area with a small town feel.

MISSION
Collaboration, innovation and transformation – wherever existing county government functions don't reflect the world we live in, we will change them.

VALUES
We care about one another
We serve with integrity
We value and respect people
We strive for excellence

THRIVING METROPOLITAN AREA – Leading the Way for Thoughtful Regional Development and Growth

We're all in this together. Salt Lake County is more diverse than ever before. We have small town streets that connect big city roads, and all of the issues that come with that kind of diversity. Ensuring thoughtful planning, strong regional partnerships and sustainable development is critical as we grow and move forward.

- **Providing Countywide leadership**
  Salt Lake County is the common thread that runs through the county's network of cities and towns. We're dedicated to providing the leadership a network like this must have to be successful.
- **Building strong regional partnerships**
  Connecting opportunity with need for individuals, businesses and communities is how Salt Lake County will ensure our economic success for the future.
- **Improving how we do business**
  A strong infrastructure is necessary to accomplish any goal. We'll work to make sure Salt Lake County and its partners are equipped with an efficient and productive way to accomplish our common goals.

SMALL TOWN FEEL - Enhancing Quality of Life in Salt Lake County

Blending the values and feel of a small town with the opportunities a thriving metropolitan area can provide is one of the reasons Salt Lake County's quality of life is so valued. Human Services believes maintaining and improving our quality of life is one of our most important jobs.

- **Encouraging job growth**
  We'll work to prepare, support and train county residents to enter the workforce prepared to succeed.
- **Expanding educational opportunities**
  All children in Salt Lake County, regardless of circumstance, will have access to services that support academic success, career readiness and promote success in life. Lifelong learning opportunities will be available to all county residents.
- **Providing the resources needed to have healthy families**
  Engage our residents and communities in healthy behaviors. Access to affordable healthcare and housing is critical for families to be healthy and safe. Provide the services needed for individuals leaving our criminal justice system and jails to be successful in our communities.

FOUNDATION OF OUR WORK – Providing our Residents and the Community with Excellent Customer Service

The citizens of Salt Lake County deserve the best their government can give them. They deserve a government that spends their tax dollars wisely, a government that is open and honest with them and a government that looks past political barriers to solve the problems we all face, no matter what side of the aisle you're on.

- **Educating residents about the *real* Salt Lake County**
  Talking with residents more to make sure they know about all of the services, opportunities and programs the County provides – and while we do a great job with them, we're more than potholes and parks.
- **Listening to residents**
  Whether it's face-to-face, a letter in the mail or an electronic survey – we want to hear directly from residents about how we can serve them better. We'll provide a range of ways you can give us your thoughts, ideas and feedback.
- **Providing service with a smile**
  Good customer service is just good sense. Your tax dollars support the valuable services Salt Lake County provides – and we want to make sure those important services are delivered to everyone with the same level of integrity, respect and accountability they deserve.

SALT LAKE COUNTY

DIALOGUE FOCUS

The Salt Lake County Community Dialogue, titled **"Building Healthy Communities: Salt Lake County's Future,"** focused on the social determinants of health and how to use the collective impact model to improve the health of Salt Lake County.

The focus of "Building Healthy Communities: Salt Lake County's Future" was anchored to the county's commitment to Mayor Ben McAdams' "Future We Choose" initiative.

PARTICIPANTS

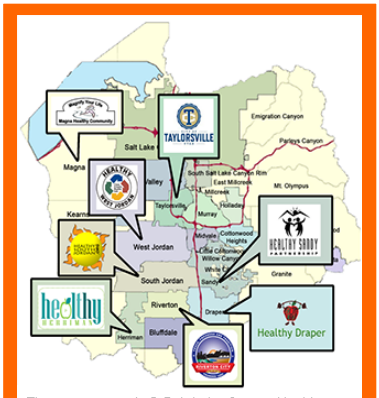
- County Mayor, town Mayors and County Council members
- Local United Way
- Community council members
- County parks & recreation department
- County health department
- University health centers
- Hospitals
- Utility companies
- City and county planners
- City and county school districts
- State agency for workforce services
- Local American Red Cross
- Local human service agencies, including behavioral health services
- Local businesses
- Faith-based community
- State and county transit authorities
- Minority outreach organizations

CONTENT

The Community Dialogue comprised a keynote address, an overview of the *County Health Rankings* model and discussion of Salt Lake County's health rankings, including an examination of local data, followed by a series of breakout sessions. The general session was led by Dr. Len Novilla from Brigham Young University, and looked at how the collective impact model can help improve community health and how the social determinants of health impact length of life. Dr. Novilla discussed the nexus between education and life expectancy in Salt Lake County to demonstrate how social determinants of health affect health outcomes, in this case access to education and educational attainment.

Salt Lake County Mayor Ben McAdam's "The Future We Choose" initiative was a building block for Salt Lake County's Community Dialogue.

Source: Salt Lake County, Utah



There are currently 8 Salt Lake County Healthy Communities, as shown on this map.

Salt Lake County Township Executive Patrick Leary speaks during the "Livable Communities and You" breakout session.

Image source: Salt Lake County, Utah

Six different breakout sessions were available for participants to choose from. Breakout sessions included panels of local experts that discussed:

- **A Healthy Bottom Line** (role of jobs and wages in health)
- **Get Schooled** (how supporting children from early development through job readiness leads to better health outcomes)
- **The Air We See?** (improving air quality)
- **The 3-4-50 what?** (evidence-based interventions that assist in changing behaviors and preventing chronic disease)
- **Mind the Matter** (impact of childhood trauma on adult health and communities)
- **Livable Communities and You** (what a livable community may look like)

Participants engaged in interactive conversations with their peers from other sectors in the community and with experts in these respective fields.

The day concluded with a presentation addressing collective impact from Megan Joseph, Director of Community Organizing for the United Way of Santa Cruz County, Calif. She demonstrated how Santa Cruz County was able to utilize collective impact to engage community leaders from a variety of sectors to address important health issues in the county. For their work, Santa Cruz County received an *RWJF Culture of Health Prize* in 2013.

TAKE-AWAYS:

Some of the key ideas generated during the salt lake county dialogue include:

- Encouraged to join one of Salt Lake County's eight Healthy Communities groups. These groups are located throughout the county and help to identify and address local community issues that impact health
- Social determinants of health have a significant impact on health outcomes, including life expectancy in Salt Lake County, and
- The collective impact model is being used in other counties to engage community leaders across a variety of sectors to address important health issues.

CONTACT

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WASHINGTON COUNTY, N.C.
POPULATION: 13,228 (2010 CENSUS)
DIALOGUE HELD: SEPTEMBER 19, 2014

DIALOGUE FOCUS

As a rural county of roughly 13,000 residents in eastern North Carolina, community leaders in Washington County decided to focus their dialogue on addressing access to transportation. As the Martin-Tyrrell-Washington (MTW) District Health Department, which serves as the health department for three counties in North Carolina, including Washington County, began to consider the issues facing Washington County, they noticed high rates of no-shows to health service appointments. After following up with residents who were unable to make their appointments, the district health department realized that the inability to physically get to their clinics created a high barrier to accessing health services, and that this problem applied to other daily needs like grocery shopping, employment and education for residents across the county.

PARTICIPANTS

- County district health department
- County social services department
- County Commissioners
- Elected members of the State Legislature
- County public schools
- County Board of Education members
- Local hospitals
- State transportation department

CONTENT

Stephanie Johnson, a *Roadmaps to Health* Community Coach, provided a discussion of the *County Health Rankings* to begin the Community Dialogue, including how the model works, why certain measures are chosen and how to compare county rankings within a state. She also delivered a demonstration of the *County Health Rankings & Roadmaps What Works for Health* tool, which provides counties with evidence-based solutions to address the health factors that make up the *County Health Rankings* model.

Director of Nursing Kim Hough and Health Education Director Billie Patrick from the MTW District Health Department provided an overview of Washington County's health statistics and priority public health issues. They discussed why transportation is an important issue that the community needs to address to improve not only health, but also other important factors related to health like employment, access to nutritious foods and exercise opportunities. Terrell Davis, Health Director for the MTW District Health Department, highlighted the results from a department-issued survey to get a snapshot of the current transportation status and needs in the community. The survey results showed a need for more access to public transportation and drew attention to the impact that a lack of access has on current residents. In order to build off of these discussions, participants engaged in an interactive exercise called "Brainwriting," during which they identified the current barriers, gaps, strengths and assets in enhancing access to transportation in the county.

T. Lee Covington and Meggan Odell from Aging, Disability & Transit Services of Rockingham County, N.C., provided a presentation that highlighted efforts in Rockingham County—a rural county north of Greensboro with around 93,000 residents— to shift from a largely Medicaid-based transportation system to a thriving public transportation system that serves all of its residents. They discussed how the mission and goals were changed to make this shift, how funding was secured and how the routes are financed and what steps the county has taken to get community buy-in and develop ridership in a rural county.

TAKE-AWAYS

Some of the key ideas identified to create effective public transportation in Washington County include:

- Non-traditional ridership populations should be considered when developing the system. In particular, young people should be consulted and the system should do outreach to involve them in the process
- Enhance efforts to garner widespread public participation in the planning and development stages
- Create a marketing and public outreach campaign to increase visibility and establish the system as open to the general public and not just specific populations in the county
- Consider alternatives for residents such as non-motorized transportation, like bike lanes and sidewalks
- Transportation options should include access to recreation and social activities to improve health and social connectedness, and
- Transportation is a central issue facing the community that impacts residents in many different ways, including opportunities for employment, access to exercise, educational opportunities and many others.

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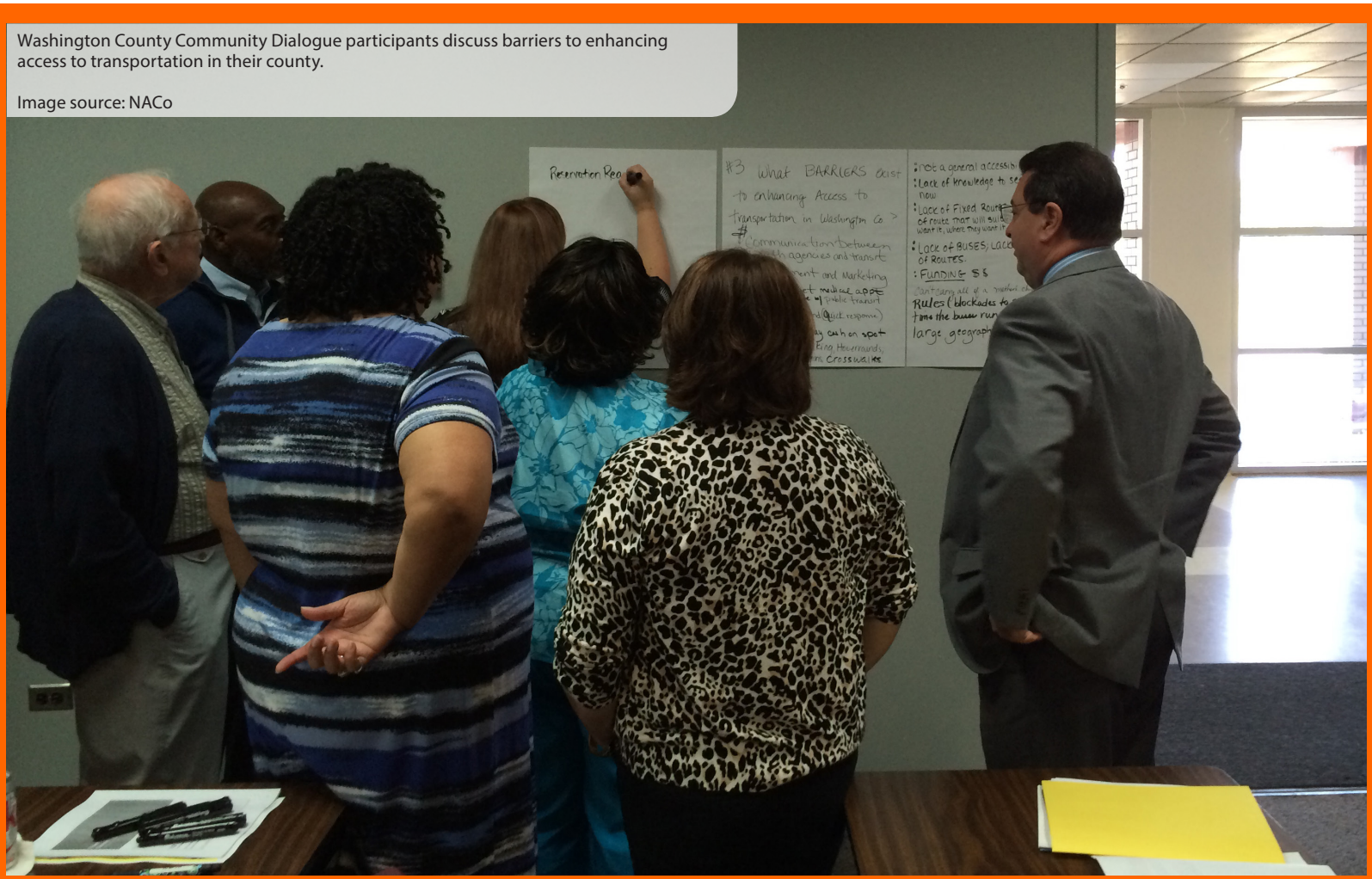

Washington County Community Dialogue participants discuss barriers to enhancing access to transportation in their county.

Image source: NACo

WAYNE COUNTY, N.C.
POPULATION: 122,623 (2010 CENSUS)
DIALOGUE HELD: OCTOBER 2, 2014

DIALOGUE FOCUS

Leaders in the county decided to focus their Community Dialogue on using the collective impact model and the World Café process to help move the Healthy Wayne Task Force from vision to action.

What is the World Café?

World Café is an interactive discussion method that creates a blending of perspectives on important questions. The process elicits issues and ideas on important questions through an open environment in which participants can be candid. The basic model is comprised of five components:

- ***Setting:***
  Create a "special" environment, most often modeled after a café, i.e. small round tables covered with a checkered tablecloth, butcher block paper, colored pens, a vase of flowers and optional "talking stick" item. There should be four chairs at each table.
- ***Welcome and Introduction:***
  The host begins with a warm welcome and an introduction to the World Café process, setting the context, sharing the Café Etiquette and putting participants at ease.
- ***Small Group Rounds:***
  The process begins with a determined number of rounds of conversation for the small group seated around a table. After each round, each member of the group moves to a different new table. The predetermined "table hosts" at the table throughout the World Café to welcome the next group and briefly fill them in on what happened in the previous round.
- ***Questions:***
  Each round is prefaced with a question designed for the specific context and desired purpose of the session.
- ***Harvest:***
  After the small groups, individuals are invited to share insights or other results from their conversations with the rest of the large group. These results are reflected visually in a variety of ways, most often using graphic recorders in the front of the room.

"World Café Method." The World Café. Available at www.theworldcafe.com/method.html. Accessed October 21, 2014.

PARTICIPANTS

- County health department
- County Commissioners
- Local United Way
- County library
- County parks & recreation department
- Local Boys & Girls Club
- Local hospital
- County public schools
- Seymour Johnson Air Force Base
- County department of social services
- Local pediatrics practice
- Faith-based community members
- County transportation authority
- March of Dimes North Carolina
- Literacy Connections of Wayne County
- City of Goldsboro
- Local chapter of the American Cancer Society
- Partnership for Children of Wayne County
- Wayne County community development corporation
- County Head Start/Early Start

CONTENT

Stephanie Johnson, a *Roadmaps to Health* Community Coach, made a brief presentation on the collective impact model. She used Spokane County, Wash., as an example of using collective impact to make a significant stride forward, in this case on improving education in the county. Spokane County received a 2014 *RWJF Culture of Health Prize* for its efforts. Stephanie discussed the five necessary conditions of collective impact—common agenda, shared measurement, mutually reinforcing activities, continuous communication and a backbone organization—and how they contribute toward improving health as a community.

Following these brief presentations, participants engaged in a World Café. Stephanie Walker, Senior Consultant at Walker & Associates Consulting Inc. and Adjunct Faculty at the Center for Creative Leadership, facilitated the World Café. Participants engaged their peers in this process by addressing five different questions focusing on the role of the Healthy Wayne Task Force in the community, including how it can build partnerships and what strategies it can

use to reach its goals, develop a culture of shared vision and commitment and keep its members engaged. A host at each World Café table introduced a question and briefly highlighted the discussion from each preceding round. After participants attended all five tables, table hosts summarized the discussions and wrote out the top ideas commonly discussed at their table and participants voted for their top three ideas.

TAKE-AWAYS

There were a number of common themes across the five World Café questions; some of the key take-aways included:

- Secure a sustainable funding stream for a full-time Healthy Wayne Task Force coordinator
- Improve community engagement and public awareness of the Healthy Wayne Task Force and its initiatives (in particular, Go Wayne Go), and
- Expand membership of the Healthy Wayne Task Force to include a broader representation of the county as a whole.

CONTACT

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What is the Collective Impact Model?

Collective impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.

There are five necessary conditions for the collective impact model to work, including:

- ***Common agenda:***
  There must be a shared vision for change from all participants, which includes a common understanding of the problem and a collective approach to addressing it through mutually agreed upon actions.
- ***Shared measurement systems:***
  There must be agreement upon the ways success will be measured and reported.
- ***Mutually reinforcing activities:***
  The activities of the participants should not be redundant, but they should support the shared vision and be coordinated with the actions of other participants.
- ***Continuous communication:***
  Trust must be developed among participants through continuous communication.
- ***Backbone support organization:***
  There must be an organization with dedicated staff that is separate from participating organizations that plans, manages and supports the organizations in achieving the shared vision.

Kanla, J. and Kramer, M (Winter, 2011). Collective Impact. Stanford Social Innovation Review. Palo Alto, CA: Stanford University.

Wayne County Community Dialogue participants identify ideas that stuck with them the most during the World Cafe'.

Image source: NACo

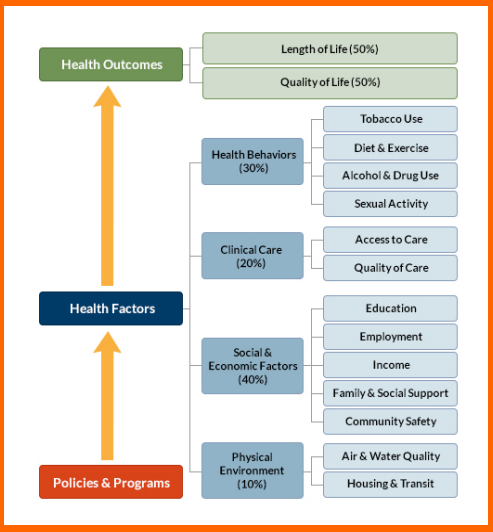
FULTON COUNTY, GA.
POPULATION: 920,581 (2010 CENSUS)
DIALOGUE HELD: OCTOBER 30, 2014

DIALOGUE FOCUS

The Fulton County Community Dialogue, titled **"Lights, Camera, Action: Collaborating to Build Award-Winning Healthy Communities in Fulton County,"** centered on three issues: health equity, the social determinants of health and the integration of care. These issues were examined through presentations and interactive dialogues that looked at how those three issues intersect and how community stakeholders can collaborate to improve the health of Fulton County residents.

What are the Social Determinants of Health?

The World Health Organization defines the Social Determinants of Health as "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics." In other words, health is made of more than health care. The *County Health Rankings & Roadmaps* is an example of a model of population health *(see model below)* that emphasizes the many factors that impact community health. The *Rankings* model looks at a range of health factors that impact health outcomes, including health behaviors (like tobacco use and sexual activity), clinical care (access to and quality of care), social and economic factors (like education and employment) and physical environment (like housing and transit).



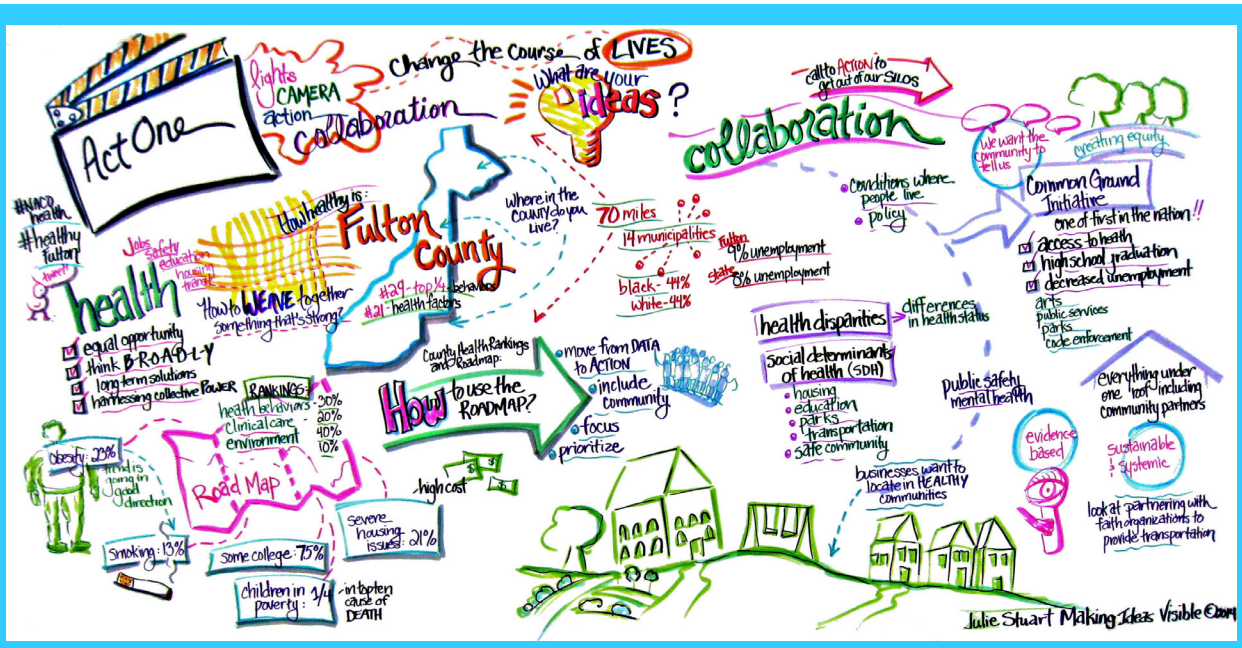
For more information about the *County Health Rankings* model, visit www.countyhealthrankings.org/our-approach.

PARTICIPANTS

- County health department
- Local hospitals
- Local medical schools
- Members of the faith-based community
- Local health board
- Local United Way
- County Commissioner
- County disability affairs commission
- Local health policy non-profits
- City housing authority
- City board of education
- Local health coalitions
- Members of the regional commission
- State department of early care and learning
- Regional office of the Federal Administration for Children & Families
- State representative
- Local health promotion coalition
- Local health equity non-profits
- Multi-county hospital authority
- Local education non-profits

CONTENT

Adhering to the theme of the dialogue, the day was divided in two "Acts." the day was divided into two "Acts." Act I consisted of a series of informational sessions that covered a number of key topics, including health equity and the social determinants of health. Act II was comprised of breakout sessions where participants discussed care integration, Health in All Policies (HiAP) and use of evidence-based strategies.



Graphic Facilitator Julie Stuart developed visual representations of each of the Fulton County Community Dialogue sessions, including this one illustrating the discussion during "Act One."

Image source: Julie Stuart, Making Ideas Visible

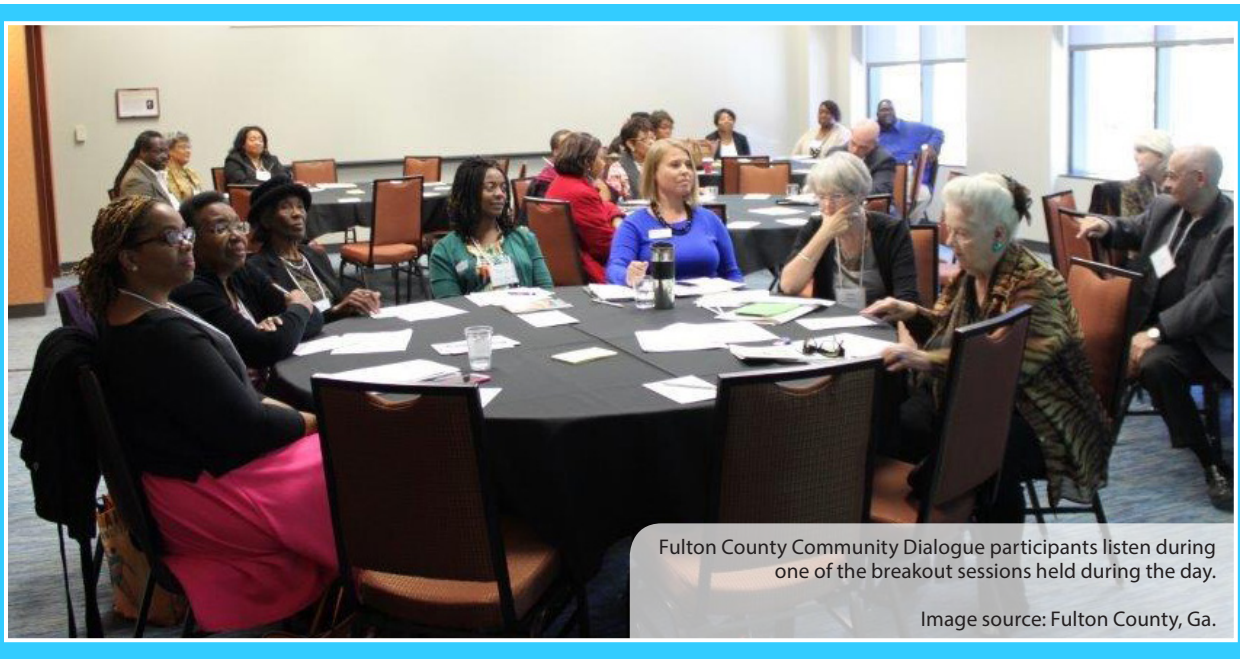
During Act I, participants heard from experts during three "scenes." Scene 1 featured a presentation from Kate Konkle, *Roadmaps to Health* Community Coach from UWPHI, on the *County Health Rankings & Roadmaps* and how Fulton County ranks against other Georgia counties on important health factors. In Scene 2, Dr. Patrice Harris, Fulton County Director of Health Services, addressed achieving health equity in the county, including a snapshot of local data on the social determinants of health across the county. In Scene 3, Fulton County Commissioner Joan P. Garner facilitated a panel discussion on the social determinants of health. The panel was made up of a number of key community providers and thought leaders from local hospitals, health policy non-profits and government agencies. Dr. Reuben Warren, Director of the Tuskegee University National Center for Bioethics in Research and Health Care, concluded Act I with a keynote presentation titled "Optimal Health: From Measurement to Meaning."

During Act II, concurrent sessions were conducted. Each of these sessions featured a short presentation by an expert on a specific topic, followed by an interactive exercise and dialogue.

- **Strategies for Better Integration of Care:** Dr. Charles Moore, Associate Professor of Otolaryngology at Emory University School of Medicine, Co-Director of the Emory Urban Health Initiative and Chief of Service in the Department of Otolaryngology at Grady Health System
- **Considering a Health in All Policies Approach to Improving Health:** Dr. Elizabeth Fuller, Associate Project Director at the Georgia Health Policy Center at Georgia State University, and
- **What Works for Health: Evidence for Decision-Making:** Kate Konkle, *Roadmaps to Health* Community Coach with the *County Health Rankings & Roadmaps* program.

During her concurrent session, Ms. Konkle focused on the importance of using evidence-based strategies for improving health and how the *County Health Rankings & Roadmaps What Works for Health* tool can be used to search for and verify evidence-based policies, programs and strategies for health improvement.

Throughout the day Graphic Facilitator Julie Stuart from Making Ideas Visible visually captured the discussion. She led a walk-through of what she captured during each session as a way to reflect on the discussion that took place. Participants also wrote ideas on Post-it Notes that they added to an "Idea Wall" during the sessions.



Fulton County Community Dialogue participants listen during one of the breakout sessions held during the day.

Image source: Fulton County, Ga.

TAKE-AWAYS

Throughout the day participants heard from key experts that discussed strategies for improving collaboration and understanding of what impacts health in the community. Some of the key take-aways included:

- Participants were encouraged to participant in one of the opportunities for collaboration in the county, including the Atlanta Regional Commission for Health Improvement and the integrated care centers in the county, and through provision of service agreements with Fulton County
- Health insurance and health care are only a small fraction of what contributes to an individual's health. Keynote speaker Dr. Reuben Warren pointed out that only 15 percent of a person's health is attributed to care
- The social determinants of health, such as high school graduation, have a significant impact on health outcomes in the community. Lack of transportation is the largest predictor of ill health in the county
- The *County Health Rankings & Roadmaps* program provides an online database of evidence-based strategies called What Works for Health to address a full range of health factors, from social and economic factors to the physical environment
- Integrated care models have the potential to improve health outcomes by providing access to a full range of services that impact an individual's health based on his or her needs, and
- Improving health requires partnering across the many sectors that affect the social determinants of health. These efforts require expanded relationships outside of traditional health agencies, providers and organizations. It is also necessary to develop collaborative partnerships to incorporate health considerations in decision-making in other sectors and policy areas.

CONTACT

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TOOLS AND RESOURCES

To start a dialogue in your community, check out your county's health ranking at www.countyhealthrankings.org and access these tools and resources to help your county build a Culture of Health:

- The ***Roadmaps to Health* Take Action Cycle** guides you through a step-by-step process to improve community health— www.countyhealthrankings.org/roadmaps/action-center.
- ***What Works for Health*** is a database of evidence-informed policies, programs and system changes— www.countyhealthrankings.org/roadmaps/what-works-for-health.
- **The Communications Toolkit** includes information on how to create a communications strategy, build political will, make presentations, use the media to communicate to the public and tell your story— www.countyhealthrankings.org/roadmaps/action-center/communicate.

Image source: *County Health Rankings & Roadmaps*

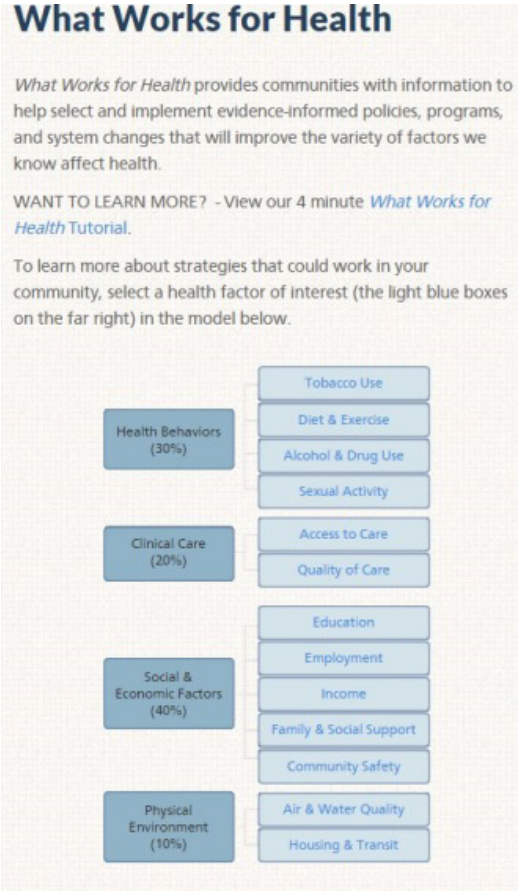

Image source: County Health *Rankings & Roadmaps*

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