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LIGHTS,
LEADERSHIP,
ACTION!
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What is a Healthy County?

Sunday, July 24, 2016
2:45 pm – 3:45 pm

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

WHAT IS A HEALTHY COUNTY

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Co-Director, County Health Rankings & Roadmaps

National Association of Counties

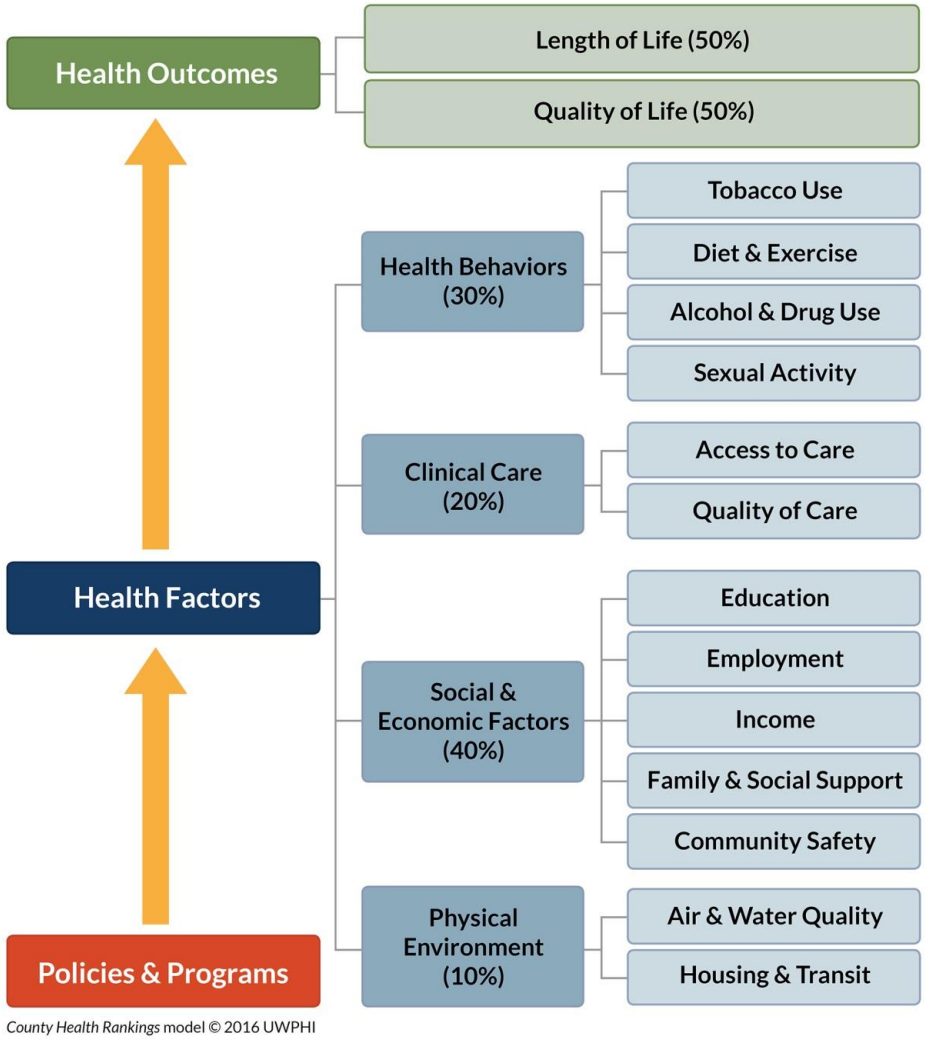
July 24, 2016

www.countyhealthrankings.org

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support provided by

Robert Wood Johnson Foundation



County Health Rankings model © 2016 UWPHI

HEALTH EQUITY

- *Attainment of the highest level of health for all people.*
- Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (Healthy People 2020)

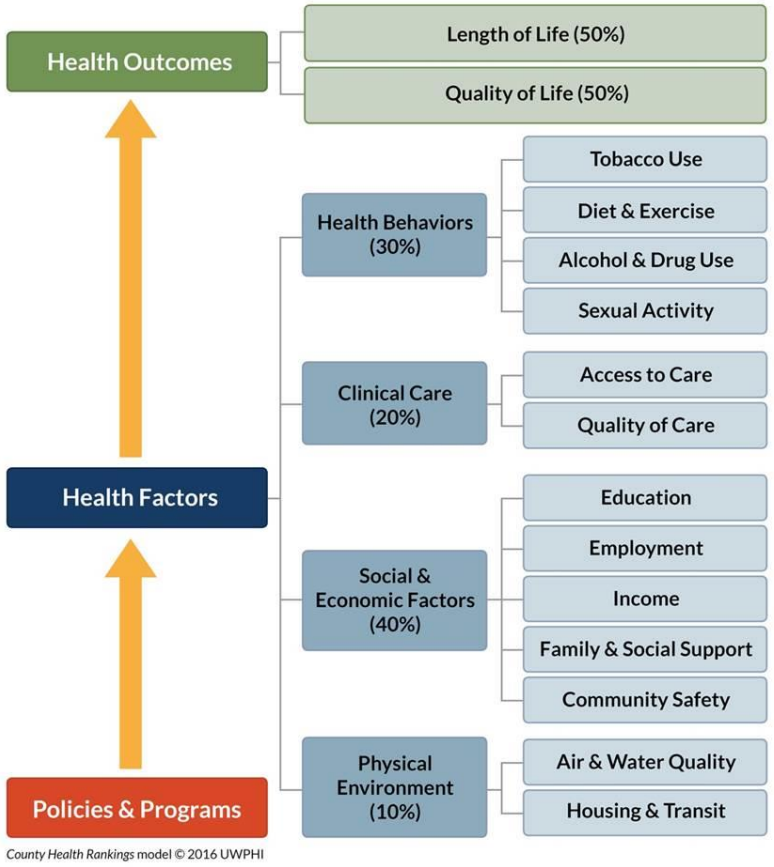
Durham Public Schools Farm Hub, Durham County, NC – 2014 RWJF Culture of Health Prize winner

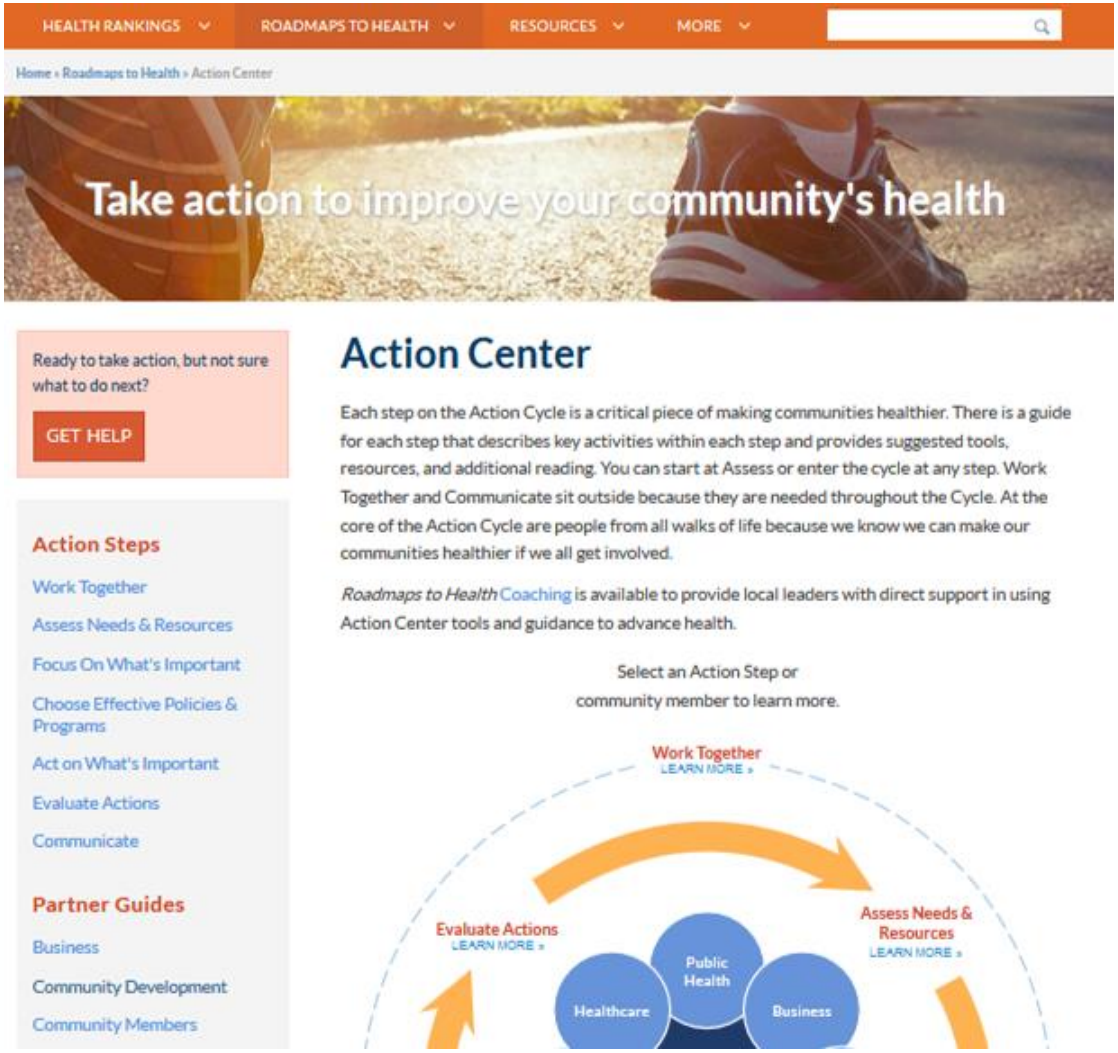
HOUSING

Work Together
Assess Needs & Resources
Focus on What's Important
Choose Effective Policies & Programs
Act on What's Important
Evaluate Actions
Communicate
Community Members
Public Health
Business
Educators
Philanthropy & Investors
Nonprofits
Community Development
Government
Healthcare

FOUNDATION FOR BUILDING HEALTHY COMMUNITIES

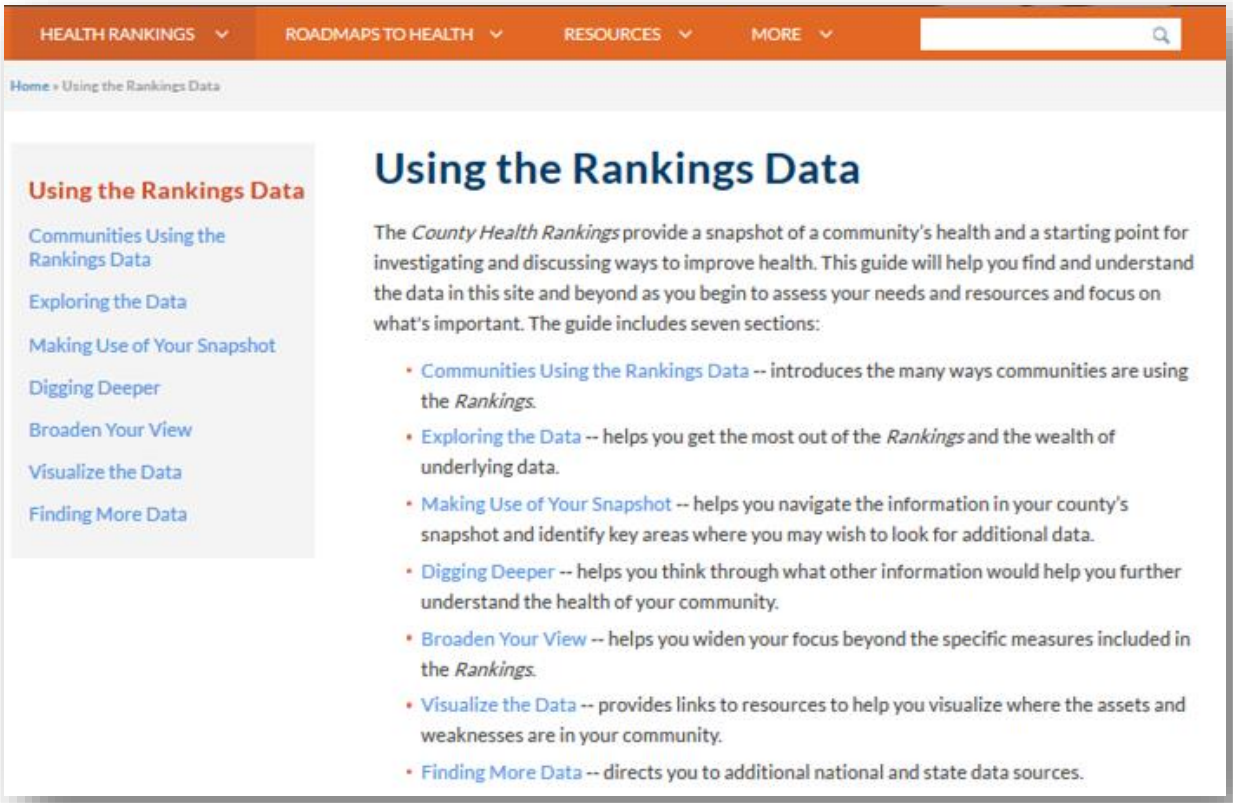
- It takes everyone
- Move from data to evidence-informed action
- Focus across the health factors—including social and economic factors
- Policy, systems, and environmental change





www.countyhealthrankings.org/roadmaps/action-center

USING THE *RANKINGS* DATA



Learn more about data in this site and beyond at
www.countyhealthrankings.org/using-the-rankings-data

ACTION STEP

Ready to take action, but not sure what to do next?

GET HELP

Action Steps
- Work Together
- Assess Needs & Resources
- Focus On What's Important
- Choose Effective Policies & Programs
- Act on What's Important
- Evaluate Actions
- Communicate

Guides for Community Members
- Business
- Community Development
- Community Member
- Educator
- Government Official
- Healthcare Professional and Advocate
- Non-Profit Leader
- Philanthropy
- Public Health Professional and Advocate

Act on What's Important

Take action—ensure that selected policies and programs are adopted and implemented in order to achieve intended results.

Who to Involve

People from business, healthcare, public health, education, government officials, elected boards, advocacy groups, faith-based organizations, not-for-profits, foundations or other investors, and anyone who cares about or is affected by the many factors that influence health in your community.

As you engage in this step, keep in mind the population with the greatest health disparities in your community -- those who are most vulnerable and are experiencing the worst conditions for good health. Involving them throughout your health improvement process will ensure that their voices and needs are heard and addressed.

Activities

- Clearly define your goal
- Identify key decision makers, allies, and opponents
- Develop a strategy to take action
- Identify resources to support your activities
- Build political will
- Advocate for change
- Maintain the momentum
- Sustain the work

ACTION CENTER ACTIVITY PAGE

Develop a strategy to take action

MENU

Action planning will move you from your broad goal to specific, measurable, achievable, realistic, time-determined (SMART) objectives, and then even more specific tactics or action steps. Effective action plans include advocacy planning to think through how to influence key decision makers. They also designate accountability for leaders, teams, timelines, and budgets.

The first step is to create a clear strategy that will help focus and guide your efforts. Ideally, this strategy is the result of collaborative input from those who will carry out the plan. How to Create a Strategy Chart provides a step-by-step process for developing a "campaign roadmap" that can help a group decide what steps to take and when. The example is focused on youth engagement in policy work and can be adapted for any issue or audience. The Advocacy Progress Planner is an online campaign planning tool that guides you through identifying your long-term goal, targeting your audience, selecting specific strategies and tactics, and identifying benchmarks to evaluate progress along the way.

Once you've developed your overall strategy, The Action Plan Worksheet, Developing a Plan for Advocacy, How to Create SMART Goals Using a Tree Diagram and SMART Tree Diagram Template are all tools to help you build your specific action plan. For full commitment, it's usually best to involve people in developing the action plans they will be responsible for implementing.

A communication strategy is another key part of taking action. The Smart Chart 3.0, from Spitfire Strategies, can help you create your communications strategy.

Ready to take action, but not sure what to do next?

GET HELP

Suggested Tools

- Action Plan Worksheet
- GANTT Chart Template
- Power Prism Campaign Planning Tool
- How to Create SMART Goals Using a Tree Diagram
- Tree Diagram Template

View all Tools

Community Spotlight

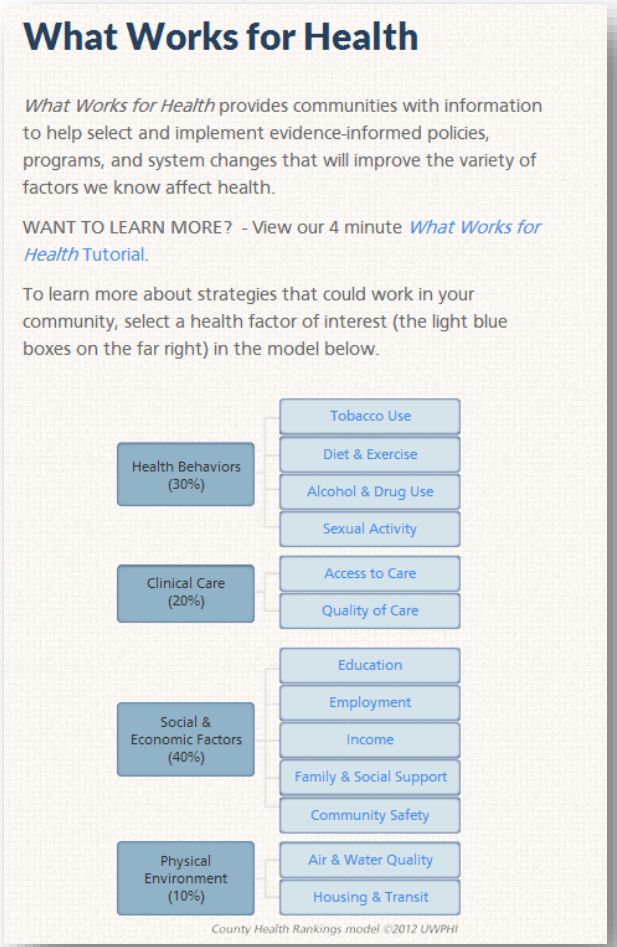
Bringing Plans to Life

Previous activity: **Identify key decision makers, allies, and opponents**

Next activity: **Identify resources to support your activities**

WHAT WORKS FOR HEALTH

Find effective programs and policies at www.countyhealthrankings.org/what-works-for-health

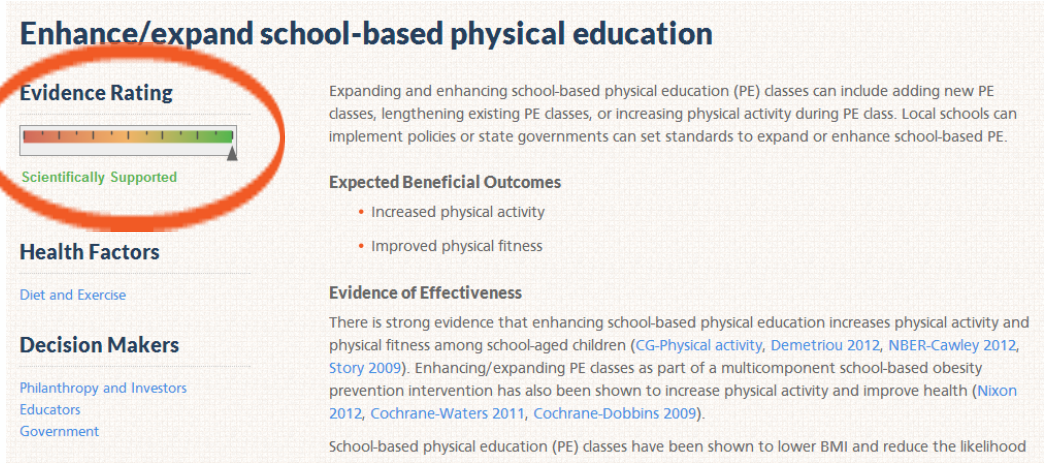


EVIDENCE MATTERS

- Smart investments
- Inform decisions
- Inform innovation

EVIDENCE RATINGS

- Scientifically supported
- Some evidence
- Expert opinion
- Insufficient evidence
- Mixed evidence
- Evidence of ineffectiveness



Enhance/expand school-based physical education

Evidence Rating

Scientifically Supported

Health Factors

Diet and Exercise

Decision Makers

Philanthropy and Investors
Educators
Government

Expanding and enhancing school-based physical education (PE) classes can include adding new PE classes, lengthening existing PE classes, or increasing physical activity during PE class. Local schools can implement policies or state governments can set standards to expand or enhance school-based PE.

Expected Beneficial Outcomes

- Increased physical activity
- Improved physical fitness

Evidence of Effectiveness

There is strong evidence that enhancing school-based physical education increases physical activity and physical fitness among school-aged children (CG-Physical activity, Demetriou 2012, NBER-Cawley 2012, Story 2009). Enhancing/expanding PE classes as part of a multicomponent school-based obesity prevention intervention has also been shown to increase physical activity and improve health (Nixon 2012, Cochrane-Waters 2011, Cochrane-Dobbins 2009).

School-based physical education (PE) classes have been shown to lower BMI and reduce the likelihood

POLICIES AND PROGRAMS THAT WORK

STAYING CONNECTED

- Follow @CHRankings
- Like Facebook.com/CountyHealthRankings
- e-Newsletter, email chr@match.wisc.edu to subscribe

ACKNOWLEDGEMENTS

- **Robert Wood Johnson Foundation**
  - Including Abbey Cofsky, Andrea Ducas, Michelle Larkin, Jim Marks, Joe Marx, Don Schwarz, Amy Slonim, Katie Wehr
- **Wisconsin *County Health Rankings & Roadmaps* Team**
  - Including Bridget Catlin, Marjory Givens, Kitty Jerome, Carrie Carroll, Amanda Jovaag, Alison Bergum, Astra Iheukumere
- **Our Partners**
  - Including Active Living by Design, Burness, CDC, Dartmouth Institute, Local Initiatives Support Corporation, National Association of Counties, NeighborWorks, United Way Worldwide

THANK YOU!

www.countyhealthrankings.org

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Knox County
Health Department
Every Person, A Healthy Person
Knox County, TN
July, 2016
Long Beach, CA

DATA

- **Make it understandable.** Data is crucial to make your case, but you need to know how to communicate it.
- **Make it personal.** How do these facts affect people's lives? What does it mean for them and their families?
- **Make relational** Understand what they care the most about.
- **Always have an ASK.**

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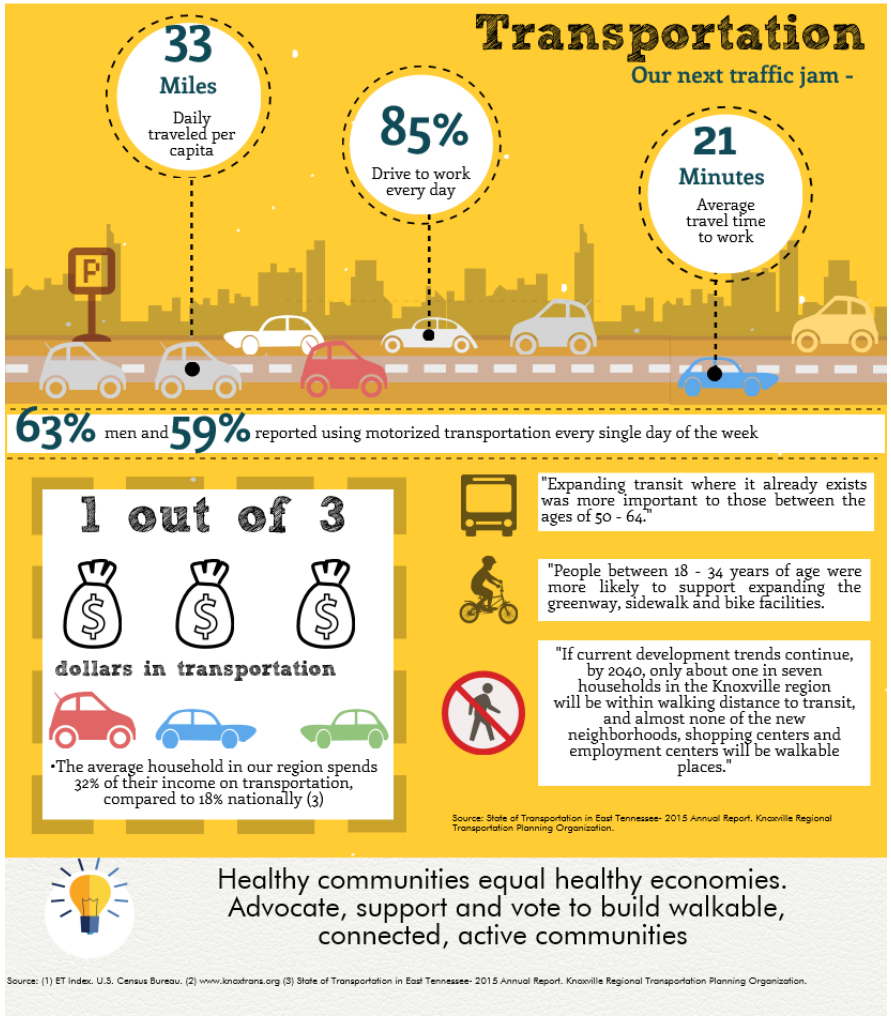
Every Person, A Healthy Person



BEFORE THE PROJECTIONS

- Help them bring the memories back. *"I remember when I used to walk to school..."*
- Current implications. *"My neighborhood is too dangerous to walk..."*
- Discuss root causes.
- Always have an ASK.

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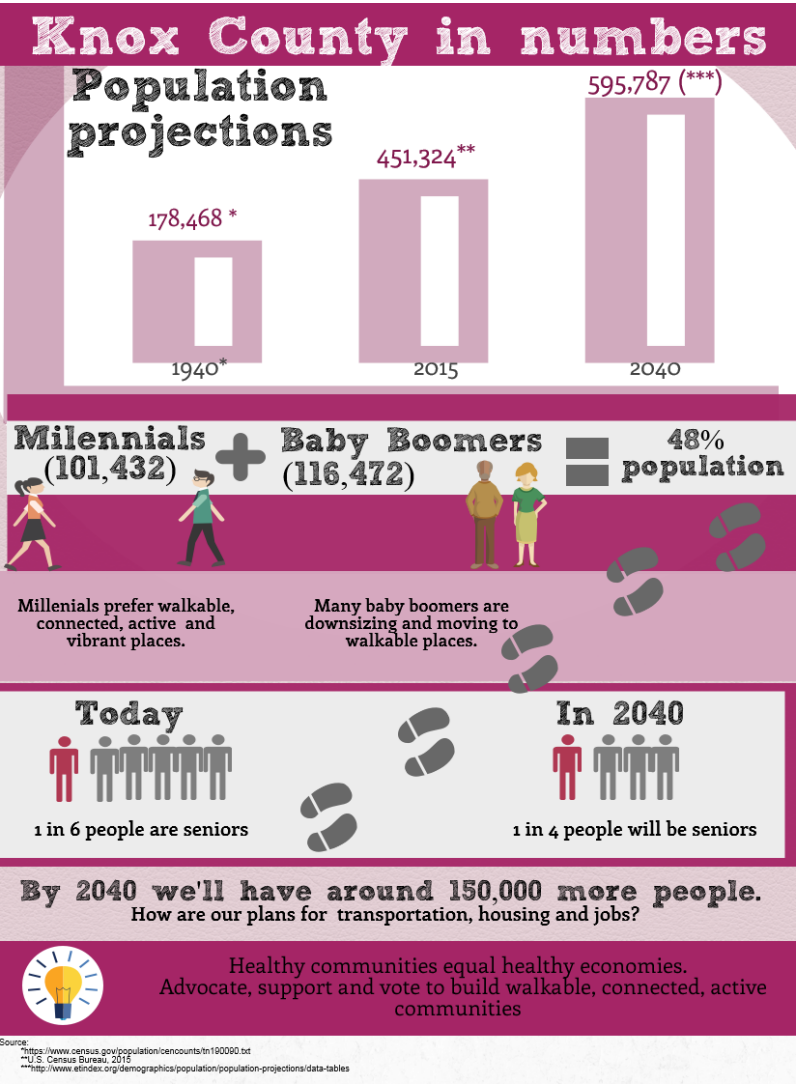

WHAT DO THE NUMBERS SAY ABOUT US?

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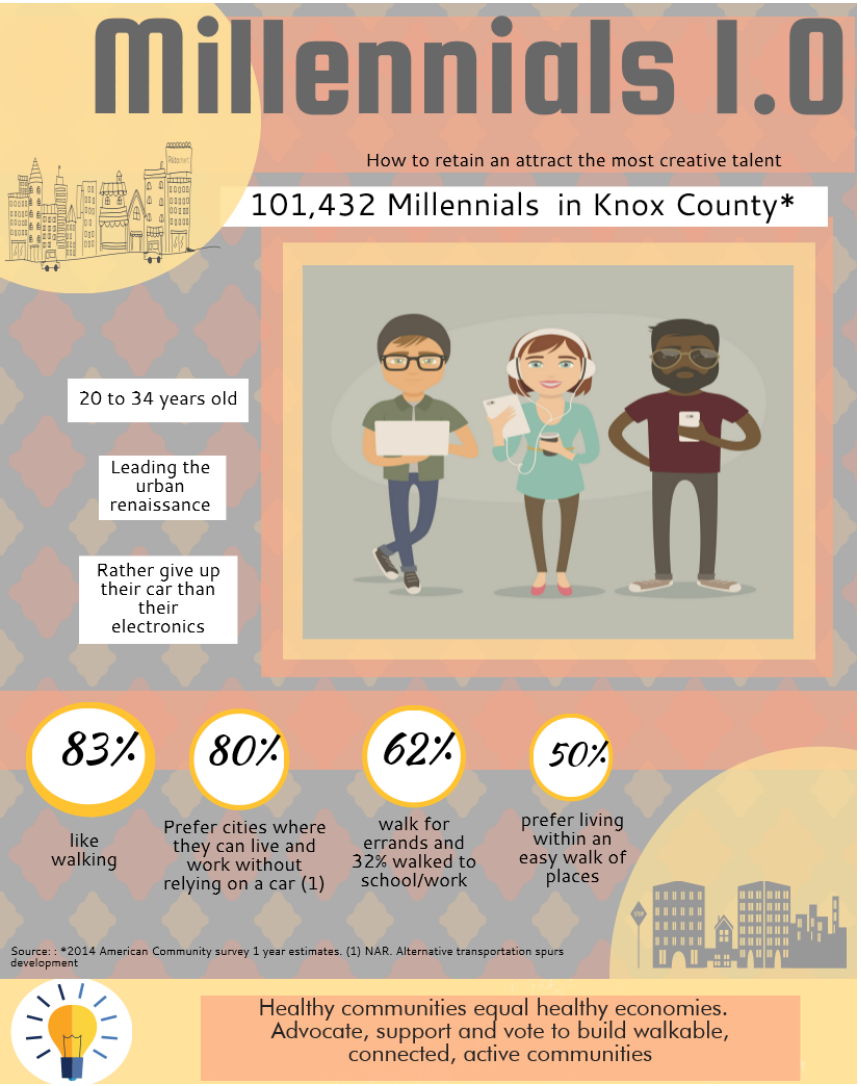

WHO ARE THEY?

ARE THEY IMPORTANT?

DO THEY DRIVE CHANGE IN MY COUNTY?

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Every Person, A Healthy Person

Millennials 2.0

What Millennials Support

83% building more sidewalks

59% expanding public transportation

58% providing convenient alternatives to driving, such as walking, biking and public transportation

53% developing communities where more people do not have to drive long distances

Healthy communities equal healthy economies. Advocate, support and vote to build walkable, connected, active communities.

Source: National Association of Realtors. Millennials: the Generation that Walks the Talk

Millennials 3.0

Where they want to live

Vibrant and diverse places

Walkable places

Mixed-use development

Shorter commutes

Transportation alternatives to driving

What is available in the market

Single use development

Disconnected land use patterns

All destinations must be reached by car

Car-dependent communities

Cookie cutter housing options

Big box shopping centers

Healthy communities equal healthy economies. Advocate, support and vote to build walkable, connected, active communities.

Knox County Health Department

Every Person, A Healthy Person

Walkable communities

Why are they good for you?

- Reduce transportation costs which can be invested in the local economy
- Encourage people to be more physically active therefore healthier
- Increase safety with more people and eyes on the streets
- Connect and engage community members
- People can walk and bike for daily errands
- Reduce commute times
- Are designed for people

Healthy communities equal healthy economies. Advocate, support and vote to build walkable, connected, active communities.

Drivable suburbia

What is wrong with it?

- Keeps communities isolated and disconnected
- Designed around cars, not people
- People depend on cars for all their errands
- Difficult for people to be physically active
- Increases families' transportation cost
- Increases commute times

Children, youth, the elderly and disable are forced to be homebound or depend on others to get around

Healthy communities equal healthy economies. Advocate, support and vote to build walkable, connected, active communities

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BEYOND THE SIDEWALKS

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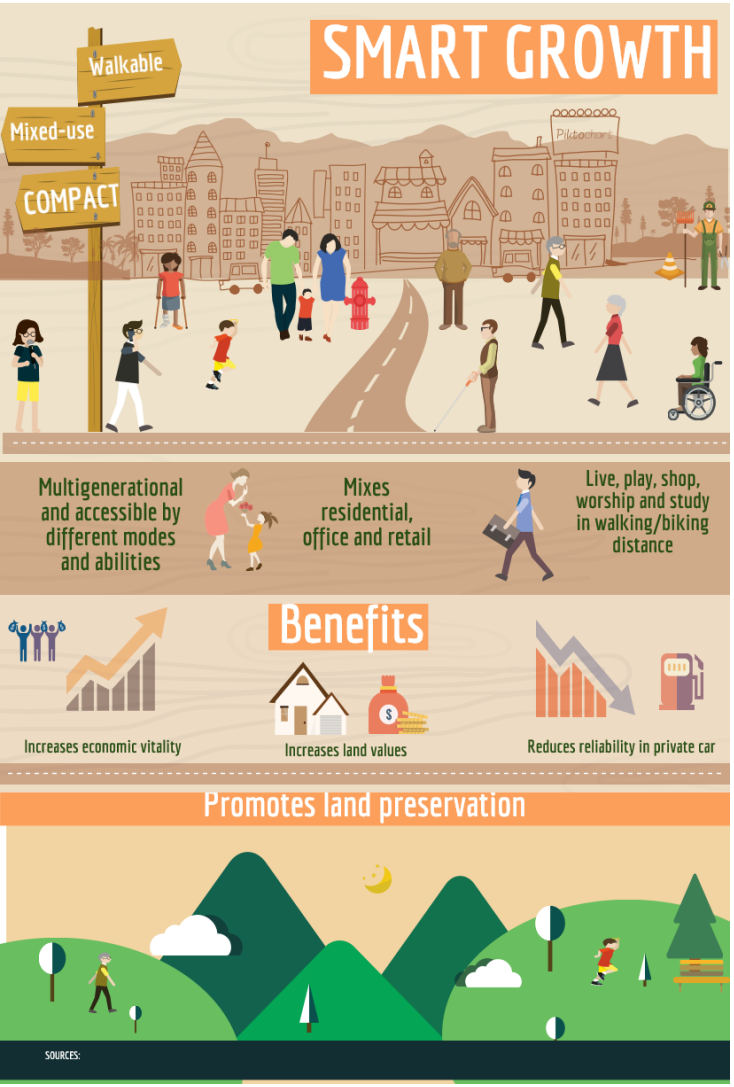

THE BIG FRAME

THE TECHNICAL JARGON

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NEXT STEPS

- **Sustainability.** Continue the great work.
- **Strength partnerships.** Bring new and innovative partners to the table.
- **Engage your community.** Bring people together to learn and discuss about relevant issues in your community.
- **Bring elected officials to the table.** More education and engagement is always good.
- **Always have an ASK.**

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ACCREDITED HEALTH DEPARTMENT
PHAB
Advancing public health performance
PUBLIC HEALTH ACCREDITATION BOARD
This has been a presentation of
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Tuolumne County Behavioral Health SOAR Housing Project 2016

Initiating the Development of a Healthier Communities through

Linking Decarceration, Housing and Benefit Opportunities

Through partnerships with Rural County Services and Communities

Appreciation, Partnerships and Acknowledgments

The Tuolumne County Program is a partnership of a Private Corporation, a Statewide non-profit organization, a community based organization and a County Behavioral Health Department.

- Centene Foundation for Quality Healthcare:

Centene Corporation is a multi-national healthcare enterprise that provides a portfolio of services to government-sponsored healthcare programs, including programs under Medicaid, focusing on under-insured and uninsured individuals. The Company operates local health plans and offers a range of health insurance solutions.

- California Institute for Behavioral Health Solutions:

A non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and substance use challenges through policy, training, evaluation, technical assistance, and research.

And . . .

- Amador Tuolumne Community Action Agency

  Community Action programs are an outcome of the Economic Opportunity Act of 1964, which symbolized an era of concern and commitment by the United States government to its impoverished citizens – ATCAA was established in 1981 through a JPA between two counties as neither could reach the population standards to qualify.

- Tuolumne County Behavioral Health Department

  A county operated mental health and substance use program serving persons with severe mental illness and substance use disorders.

Tuolumne County Demographic Snapshot

* **California - Rural, farmland to mountains – geographically diverse.**
* **Population estimated in 2015 = 53, 709**
* **Persons under 18 comprise approximately 21% of the population.**
* **Persons over 65 are approximately 24% of the population.**
* **Ethnicity – not diverse - Caucasian representation is 91%.**

The Journey to a Home

* Tuolumne County established the first Housing project as developer, owner and operator and duplicated in 2nd housing plan between 2010 and 2012.
* A supportive development of a 24 hour support system and safety center (CAIP – Crisis, Access, Intervention Program) that included:
  * Walk in clinic 24 hours a day/365 days a year
  * Follow-up contact coordination with primary teams
* Strengthened and developed other supports:
  * Immediate assignment of an intensive case management support with full array of service including peer specialist
  * Engage Social Services for development of an in home support system for person returning home with skill or physical care limitations
  * **And critical to success:** Two peer drop-in centers with varying opportunities and resources.

Recovery Is Happening!

* A return to the community and services was proving successful and positive for persons who were previously in long term mental health institutions.

* A 35% reduction in high cost, restrictive placements was achieved

* The community, including neighborhoods, law enforcement and social services, found that the concerns of community based housing were unfounded and residents did not require rehospitalization or placement.

What Was and Is Now Happening?

California is making dramatic changes toward decarceration through such legislative actions as AB109 and Proposition 47.

* Respective to these two actions, persons who were previously imprisoned returned to Tuolumne and some offences were reduced to effectively eliminate actual incarceration.
* The local economy was slow in realizing recovery – limited job opportunity
* Affordable housing highly competitive or non-existent for low income.
* Drug abuse and co-occuring mental illness, crisis of hope and frustration reflected in consumers and community related to the decarceration efforts.

What are other mitigating factors?
Homelessness is an under-recognized and growing rural issue.

* Tuolumne County's point in time census in Jan of 2016 showed 166 unsheltered homeless individuals – and 98 sheltered homeless.
* Various statistics nationally vary, but overall the conclusion has been that approximately 1/3 of homeless persons are likely to suffer from a severe mental illness. This would equate to around 80 persons in Tuolumne County if the figures remain true.
* This is not inclusive of "couch surfers" – often a younger population of which last count was 110 in 2013
* One last thing: the #1 characteristic of rural homeless is -- *THEY HIDE*. As per the the local community organization, "We're probably getting less than 30% of the actual total of homeless persons in Tuolumne County."

The Shift: Responding to New Challenges

Despite partnerships with Probation and Law Enforcement the barriers existed:

Persons coming from incarcerated settings lacked necessary benefits for which they qualified.

Homelessness and failure to access treatment was almost predictable.

Re-arrest, psychiatric hospitalization, presentation in emergency services and re-engagement in substance abuse was becoming a model of self-management.

What We Have and What We Don't

There "R" many

When Considering the Economy of Scale:

The "R's" We Know We Have:

(and use)

* Resiliancy
* Relationships
* Recovery Commitment

The "R's" We Don't Have:

* Resource Adequacy (funding and service)
* Redundant Support Systems

(and need)

New Steps

* Two previous supportive housing options were successful specifically for persons who were in extended locked placements due to their mental illness and difficulty of self-management in the community.
* Addressing those persons returning to the community from incarcerated settings and living homeless was a natural and valuable consideration to continue the efforts toward a healthy and safe community for supporting persons with mental illness at a local level.
* 2015 – Joint application with TCBH, ATCAA and CIBHS for Centene rural healthcare grant to provide SOAR benefit strategy to persons with history of incarceration and mental illness including transitional housing owned by ATCAA and case managed through BH with Probation support – up to 7 persons at a time.

Thinking Ahead Before You Start

* In creating the partnership and seeking the funding we assured this was a service that would be utilized and perceived as a need by stakeholders – organizations and those who would benefit.
* In planning for application we first determined if there was a way to sustain the project after the 2 years that funding was available – this was perhaps the most important to the decision – if we were to create a successful program, we couldn't start, then withdraw. SUSTAINABILITY is key to community trust, value and long term establishment toward best practice.

What is Working

* Persons are being interviewed and housed in community housing
* Though some persons are declining the housing, they are increasingly accepting support services to apply for benefits using the SOAR model of Social Security benefits application
* Teaming with peer specialist support services, use of peer community centers and responding in less structured ways is well received.

Paths to Peer Support Services

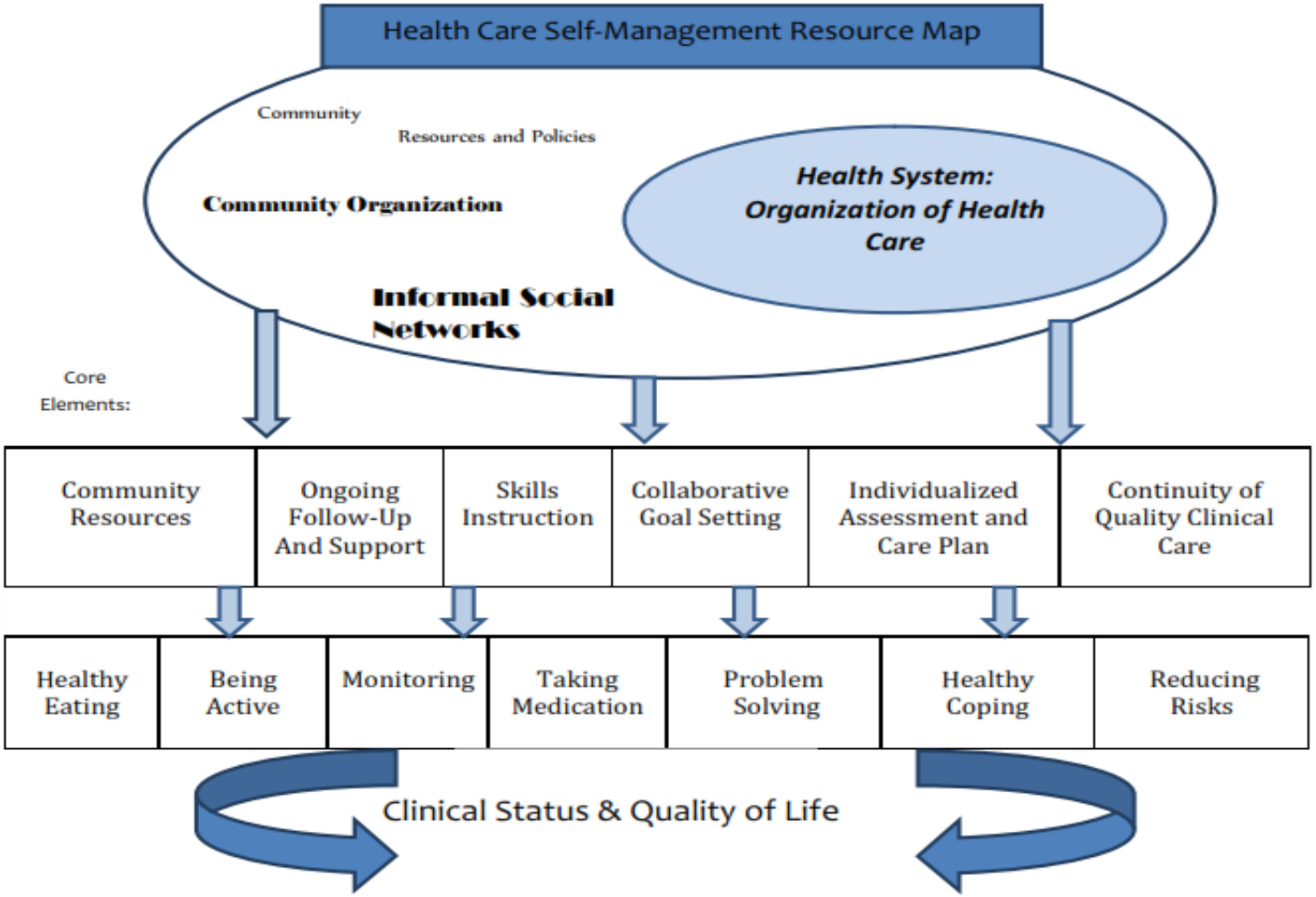
Enrichment Center

- Weekly peer lead support groups
- Computer/printer access and education for WRAP, Network of Care, Patient Portal Access
- Showers, laundry, socialization
- Benefits Specialist provides Outreach & Engagement services and supports SOAR application process
- Garden collaboration with Community Organization and Master Gardeners
- Served an average of 83 unduplicated peers each quarter in FY13/14

David Lambert Community Center

- Homeless drop-in peer and volunteer supports and outreach
- Referrals to Benefits Specialist and to BH
- Served 111 unduplicated peers each quarter

Draw on All Resources



Despite the Best Planning

You can do everything that you know

To do things right

. . . . . And things can still go wrong.

The Trauma and Lessons of New Programs (that may become promising practice)

Persons who have been incarcerated come from a different culture and expectation than many of those who had originally been diverted in long term mental health treatment.

This is Where the "R's" Happen and What We All Must Do to be Healthy Communities

* Stay the course but learn from events – this requires resiliency in our staff, programs and participants.
* Support relationships with participants, partners and community – acknowledge the challenge and difficulty
* Remember recovery happens – but in different ways for everyone.
* RISK – This may be the highest risk population we will work with, modify the plan to increase awareness of this feature.

Use the Tools to Adapt and Reinvest: Re-evaluate and Implement

A Final Thank You

This territory does not seem well charted for rural communities and we so appreciate our partners and the opportunity to share with this audience.

A healthy community is an environment that accepts the challenges, continues the investment in planning and working together and recognizes all the persons who interact in the environment.

I thank all the staff and commitment that I represent today and honor the lives that are impacted through our efforts.

Contact

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