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Laying the Foundation to Improve the Culture of Health in Adams County

Public Health 780: Evidence-Based Decision-Making
University of Wisconsin-Madison



UniverCity Year
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Laying the Foundation to Improve the Culture of Health in Adams County

CREATED BY:

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SUMMARY STATEMENT:

According to the 2020 County Health Rankings, Adams County ranks 70th among 72 Wisconsin counties for quality of life, meaning Adams County residents experience poorer mental and physical health days more frequently compared to the average Wisconsin resident. Currently, the Be Healthy Adams County coalition led by the Adams County Health and Human Services Department is working narrowly towards nutrition and physical activity outcomes instead of strategically addressing root cause issues affecting the community. To improve a culture of health, Adams County should focus on supporting multisector collaboration, utilizing strategic planning, and shifting beliefs around health.

PUBLIC HEALTH ISSUE:

The Robert Wood Johnson Foundation (RWJF) broadly defines a culture of health as “one in which good health and well-being flourish across geographic, demographic, and social sectors; fostering healthy, equitable communities guides public and private decision making; and everyone has the opportunity to make choices that lead to healthy lifestyles”. Adams County, a rural community in central Wisconsin, is struggling to adopt a culture that supports health and wellbeing.

Adams County Ranks 70th among 72 Wisconsin counties for quality of life, meaning Adams County residents experience poorer mental and physical health days more frequently compared to the average Wisconsin resident. According to Adams County’s 2017 Community Health Assessment (CHA), residents experience insufficient quality and access to employment, healthcare, and education (Central Wisconsin Health Partnership, 2017). As a result, Adams County residents experience low educational attainment, high unemployment, high poverty rate, and low median income compared to the average Wisconsin resident (Distressed Communities Index, 2020). To improve health outcomes, Adams County prioritized addressing mental health, nutrition and physical activity, and drug and alcohol addiction. These priorities were determined by the CHA Steering Committee who weighed community feedback with their understanding of community capacity and readiness. Although economic and employment issues were identified as the top issues by community members, those concerns were not reflected in the final priorities. This may be attributable to a limited understanding on the connection between these issues and health, or the role of public health partners in addressing them. If community members had more influence in decision-making, perhaps root causes of poor health outcomes—such as poverty and employment—would have been prioritized.

Adams County Health and Human Services Department (HHS) leads three coalitions working on the identified priorities. Currently, these coalitions work in silos and lack a coordinated strategy to conquer shared goals collectively. Although the “Be Healthy Adams County” coalition exists to broadly improve health, it narrowly focuses on nutrition and physical activity (Central Wisconsin Health Partnership, 2017). Be Healthy Adams County partners with leaders from healthcare, government, public health, business, community organizations, and community volunteers (**Appendix A**). Few partners regularly engage in coalition work; but partners who are engaged, are motivated to create programs that result in short-term, tangible wins instead of creating policy or systems changes that would provide greater, longer-lasting benefits to the community.

To make real shifts in health and health equity outcomes, Adams County needs to focus on improving the culture of health. RWJF posits that progress can be made towards a culture of health by focusing on four key action areas; 1) making health a shared value, 2) fostering cross-sector collaboration to improve wellbeing, 3) creating healthier, more equitable communities, and 4) strengthening integration of health services and systems (**Appendix B**). In the following sections, three strategies will be proposed which link to and will help make progress on the action areas identified by RWJF.

POLICY REVIEW:

To improve the culture of health, Adams County should focus on supporting multisector collaboration, utilizing strategic planning, and shifting beliefs around health. The order in which these recommendations are presented does not reflect how they should be implemented. Rather, the implementation process should be determined by community stakeholders given existing beliefs, energy, structures, and resources.

Fostering Multisector Collaboration to Improve the Culture of Health through Coalition-Community Organizer Partnerships

Summary of Evidence

Multisector collaboration is fundamental to sustaining efforts to improve health and health equity by contributing to more impactful and longer lasting changes to policies, systems, and environments (PSE) (Woulfe et al., 2010). Multisector collaboration is when government, non-profit, private, and public organizations, community groups, and individual community members come together to identify and solve problems that affect the whole community. Multisector collaboration leads to more impactful, longer lasting PSE changes because it increases capacity to define problems and shape solutions, enhances available resources, adds credibility and advocacy power to achieve success, and supports broad, sustainable engagement (Prevention Institute, 2014).

Although multisector collaboration is important for PSE changes that improve health, its impact depends on how communities' structure and approach it. Traditionally, multisector collaboration occurs within coalitions who focus on accomplishing short-term projects together. This structure and approach narrow the breadth of partners involved, which inhibits what issues and solutions are acted upon and to what extent they are addressed. Since 2011, some coalitions have attempted to utilize a "Collective Impact" framework to structure coalition work, which focuses on aligning activities across each organization toward a shared vision. Although Collective Impact seemed like a promising framework, there are fundamental problems with it; specifically, it is a purely top-down approach that fails to meaningfully engage those most affected by issues, build community power, and include systems change or social justice as key outcomes (Wolf, 2016). "Collaborating for Equity and Justice" is an emerging framework that was developed in 2017 which attempts to fill this gap to better include and address community needs (Wolff, 2017). Unique principles of the framework that are important but often missing from multisector collaboration structures and approaches include; 1) explicitly addressing social and economic injustice and structural racism; 2) employing a community development approach in which residents have equal power in determining the coalition or collaborative's agenda and resource allocation; and 3) employing community organizing as an intentional strategy and as part of the process to build resident leadership and power. Further information can be found in the [Collaborating for Equity and Justice Toolkit](#).

Community Example

Although the “Collaborating for Equity and Justice” framework was not yet released, its principles are reflected in a 2014 intervention study in Menominee County and Marathon County. The intervention examined a model for developing coalitions and community organizers in ways that foster multisector collaboration for PSE change (Hilgendorf et al., 2016). This intervention was funded as part of The Wisconsin Obesity Prevention Initiative’s 5-year Wisconsin Partnership Program grant. Staff from the University of Wisconsin- Madison supported staff from Marathon County Health Department and the Menominee Tribal Clinic in coalition building, and WISDOM (a statewide network of organizing groups) helped hire, train, and support organizers in each county. Community organizers differ from business, government, and organization leaders who are typically involved in coalitions; they are people who work with community members to define problems and identify solutions, and come together to act in their shared interest. In Marathon County, the Healthy Eating Active Living coalition was revitalized, which introduced new partners, coalition structure, and processes for operating. Simultaneously, organizers conducted over 150 one-to-one meetings with residents to identify shared concerns and recruit new leaders, then pushed on the coalition to explore and act on the shared concerns. In Menominee County, a new coalition called the Menominee Wellness Initiative was developed including partners from the clinic, Head Start, the schools, the College of the Menominee Nation, Menominee Food Distribution, the recreation center, and the University of Wisconsin-Extension Menominee County. Simultaneously, organizers conducted over 100 one-to-one meetings with residents, identified shared concerns, and created a new organization called Menīkānaehkem. In both counties, community organizers partnered with coalitions and had a say in decision-making.

Efforts in Marathon and Menominee County, Wisconsin exemplify how building capacity and fostering partnerships between coalitions and community organizers can create positive synergies that transform the culture of health (Wolff et al., 2017). In both communities, community organizing was an important component of the intervention because it created the power necessary among residents to demand and share in decision making. Further, skill-building to understand power and privilege, and meaningfully engage with one another helped foster conditions for shared decision-making within the coalition. Coalition-community organizer partnerships in Menominee County were especially effective; they helped to generate a shared understanding of the root causes affecting community health and make progress on “root solutions” anchored in language, culture, and collectivism (Hilgendorf et al., 2019). This was impactful, as it has brought new and diverse partners to the coalition, prompted more collaborative and cohesive activities, and encouraged community members to participate in activities. One key lesson from this intervention is that community organizing initiatives must be provided enough autonomy and funding so that it can take bold, independent action, including potentially challenging the coalition or institutions that its members represent.

Implementation

The evidence suggests that if Adams County HHS should focus on fostering multisector collaboration, specifically by building capacity and fostering partnerships between coalitions and community organizers, to improve the culture of health. Given that this is an emerging,

promising approach, there may be unique opportunities to leverage funds for community organizer and coalition builder positions:

With one 0.5 FTE: One part time community organizer to build connections with community members via one-to-one outreach to identify issues and solutions, then push on the coalition. This position could potentially be housed under [WISDOM](#), a statewide organization of community organizers. Community organizing is a unique skill, so it may help to identify candidates with skills outlined by the [Community Learning Partnership](#). If additional support is needed to build community organizer skills and capacity, [Menikānaehkem](#) offers consulting services.

With 3 FTE: Two full time community organizers, potentially housed under [WISDOM](#), to build connections with community members via one-to-one outreach, catalog issues, build community leadership, and engage community in identifying solutions. Then work to advocate for community interests, and utilize grassroots power to shape coalition decisions. One full time contracted coalition builder, focused on 1) skill building within coalition around concepts of shared power, systems thinking, and conflict management, and 2) partnership building to engage other sectors in coalition work. For support, contact [healthTIDE](#).

Impacts and Evaluation

Appendix C contains a full Logic Model for inputs, outputs, and a range of short, medium, and long-term of goals for evaluating multisector collaboration. Further [evaluation metrics specifically for community organizing](#) may be considered.

Improving Understanding of Strategic Planning within the Adams County Health and Human Services Department

Summary of Evidence

By employing multisector partnership to assess and evaluate the of the community's current health status, the Adams County HHS is better able to identify gaps in their community's needs, cohesively set goals, link current policies, and generate proposals to support an improved culture of health. Strategic planning, a leadership tool used to “define and determine an organization's roles, priorities, and direction over three to five years...sets forth what goals [the organization] will achieve, how it will achieve those goals, and how evaluation will take place” is a common, yet challenging, practice utilized by nonprofit, for-profit, and local health departments that Adams County HHS is likely to support their multisector partnership (NACCHO, 2019, p. 9). In fact, The National Association of County & City Health Officials (NACCHO) deems strategic planning so vital to a health departments' internal infrastructure that proof of strategic planning is now a prerequisite for national public health department accreditation. Though utilizing strategic planning presents as a specific, logistical intervention intended to impact those working within the public health department and among program development, its use fosters priority organization to support the culture of health for the community.

Though there is a lack of current literature on the role of strategic planning in rural public health departments compared to urban settings, three- and five-year strategic plans are still used as a means to align community leaders' goals to their actual interventions. A study on the effects of implementing strategic planning on various rural communities in northwestern America, many of which with comparable racial and socioeconomic demographics to Adams County, noted one of the most important supportive factors of successful and effective intervention innovations was the strength of the local leadership and their commitment to improving their communities' public health accomplished through strategic planning (Amundson & Rosenblatt, 1991, p. 561). Through the study, researchers determined that “prolonged resistance to strategic planning [from] key stakeholders caused serious delays” in intervention implementation. The communities that reaped the greatest health outcomes had public health leaders, project staff, and stakeholders who contributed to the initial strategic planning phase, habitually attended meetings focused on progress of work plans and reflected their progress to their strategic plan (Amundson & Rosenblatt, 1991, p. 562).

Though the Adams County HHS recognizes strategic planning is a vital tool to support goal setting, intervention adoption, implementation, and evaluation, a mixed understanding among health department leaders and partners about *what* strategic planning actually entails perpetuates an inconsistency in its practice. Currently Adams County HHS sets goals via workplans for the proceeding calendar year in November on narrow interventions, begin with implementation in January, and reassess biannually in April and November. After reviewing some of the Adams County 2020 Nutrition and Physical Activity work plans that are said to be the most comparable to strategic planning efforts, the work plans do, in fact, include components including goals, objectives, short-term and long-term indicators of intervention evaluation. However, though these work plans are specific and support program implementation thoroughly, they fail to refer to a long-term, five-year underlying strategic plans that summarizes Adams

County mission, vision, goals, and objectives. Without thinking big picture, interventions may exist in silos and fail to uniformly support a culture of health.

Community Example

To support Adams County's strategic planning development, it may be beneficial to utilize their sister county, Juneau County, as a case study and partner. Namely, in the 2012 Robert Wood's County Health Rankings, Juneau County ranked 65th in overall health outcomes compared to Adams County's 69th rank (University of Wisconsin Population Health Institute, 2020). Both nearing the bottom of Wisconsin's County rankings, Juneau County developed a strategic plan in 2013 outlining their mission to promote health and wellbeing into the proceeding three years (refer to [Juneau County's initial 2013 strategic plan](#)). Though there are likely countless other contributing factors, with two strategic plan revisions later, Juneau County rose their health ranking to 59th whereas Adams County fell to 70th in 2020. Concluding Juneau County's strategic planning adoption directly caused their health ranking to rise is an oversimplification; however, it likely helped their health department assess whether their interventions aligned with the county's mission. It is important to recognize that though the sister counties are comparable in terms of demographics, socioeconomic status, and geographic location, it would be ineffective to directly apply their strategic planning efforts to Adams County, as the counties' needs and current culture of health differ. Nonetheless, collaborating with Juneau County's Board of Health about their effective strategic planning to start the strategic planning process would be beneficial.

Implementation

Implementing strategic planning requires collective understanding of the process itself among health department staff, workgroup leaders, multisector partners, community liaisons, and all other stakeholders to formulate the three-and-five-year plans (refer to NAACHO for the [step-by-step workbook to assist](#)). With so many entities involved, it would be beneficial to have a fulltime strategic planning facilitator; yet, secondary to insufficient funding, devoting personnel is likely the greatest barrier to implementation.

With one 0.5 FTE: As this is the likely example, devoting a parttime employee within the Adams County HHS to schedule regular meetings and maintain communication with multisector partners as well as track changes in strategic planning meetings. Employing a checks-and-balance- system across partners may mitigate the gaps in staffing needs to accomplish strategic planning.

With one 1.0 FTE: Reflective of the current literature, employing a full-time strategic planner from an outside consultancy allows for a less biased identification of need v. goal than an employee working within the HHS department. This employee would improve communication among partners, facilitate strategic planning meetings, assess and compare strategic plans, and monitor workplans/interventions align with strategic planning.

Impacts and Evaluation

Given strategic planning adoption targets the workflow and prioritization processes of those creating interventions, policy, and/or funding to Adams County, it does not directly address health inequity. Yet, it does foster goal setting that seeks to better align community need and disparities with proper interventions to support an overall improved culture of wellbeing. To

know if the community is being successful, NACCHO states workplan metrics and specific intervention outcomes should be identified at least biannually to assess if implemented interventions are in fact supporting Adams County HHS vision of health set out in their 3-and 5-year strategic plans.

Change Beliefs and Attitudes Around Health

Summary of Evidence

Adams County HHS Department is working towards changing the culture of health through existing programs including Be Healthy Adams County. One of the main interventions that would further promote the reach of the Coalition is to establish a common theme. Providing stake holders, public health workers, community members, and businesses with a shared mission statement that all initiatives can link back to. Communicating this in an understandable way that avoids the use of jargon and places everyone on an equal level will help to increase cooperation and engagement (Centers for Disease Control, 2019). Creating a sense of community while defining a central theme will help the program grow and provide the tools necessary to start shifting beliefs and attitudes around health (Chandra et al, 2016).

A successful community program that has been able to make strides in fostering a culture of health is the Blue Zones Project. Communities focus on identifying and categorizing different aspects of daily life and how the culture of health is defined by the community's life radius. In the Blue Zones Project small changes are made to help make the healthy choice, the easy choice by involving schools, local businesses, and community organizations in a shared framework. The basis of the Blue Zones came from research that “uncovered 9 evidence-based common denominators among the world’s centenarians that are believed to slow this aging process” (Buettner & Skemp, 2016). An illustration of the Power of 9 and Life Radius is provided in **Appendix D**.

Community Example

The first Blue Zones Project (BZP) in the United States was initiated in the city of Albert Lea, MN. Evidence for success of the BZP was observed through the improvement in county health rankings from 68/87 in 2011, to 34/87 in 2018 for Freeborn County, MN (University of Wisconsin Population Health Institute, County Health Rankings). Albert Lea also noted that they “changed tobacco policy and improved citizen engagement, downtown revitalization, built environment, and the overall health of the community (refer to Albert Lea, MN Results: [Rural Health Info](#)). Numerous local businesses, schools, restaurants, grocery stores, public entities, nonprofit organizations, and community members have taken many steps toward increased wellness through this movement. This model was repeated in Klamath County, OR, and in 2018 the county was awarded the Winner of the RWJF Culture of Health Prize. Klamath was a rural community with health disparities, poverty, and high prevalence of chronic conditions without proper access to healthcare (refer to RWJF 2018 winner: [Klamath description](#)). Through the BZP they focused on building a culture of health, working together, defining success, creating conditions to improve equity, and sustaining community impact (refer to Klamath: [Resource Library](#)).

Partnerships are crucial to the success of a model that brings together the community, organizations, businesses, and the school system to join under one mission or framework. It requires all groups to work towards the same goal of improving the culture of health. The recognition of the project and promotion of group when achieving Blue Zone Approval, helped

to unite the community under the shared goal. Implementation of a shared framework could be initiated utilizing existing resources in Adams County or with one half FTE.

Implementation

With one 0.5 FTE: A creation of an over-arching theme to improve connectedness among coalitions could be done. Having shared values and working on bringing together existing projects into the vision of a Healthy Adams County. Outreach to community members and clear communication of both short and long-term goals should be the focus to start shaping the culture of health. Aspects of the Blue Zones Project could be selected based on previous success within the community and gradually building up from there.

With 4 FTE: ACHHSD could sign up to directly with the Blue Zones Project to establish a new program. This would include a 5-year commitment with 4 FTE devoted to the BZP and helping integration into the community. These employees would be brought in by the BZP, so the burden to find candidates and bandwidth would not be placed on ACHHSD. The BZP staff would be an outside source and could help to unite regions of the county that have previously remained separate. They would also help with structuring policy changes that support creating a healthy Life Radius, to make the easy choice the healthy choice. If funding were available, this would be the recommendation to help ACHHSD overcome some of the hurdles that have inhibited progress in the past.

Impacts and Evaluation

Impacts from implementing a program to focus on improving the culture of health could include outreach and community involvement from elderly/retirement population. In addition, involvement from school system and Friendship community could be further expanded. With a common theme, this would also be easier to promote across the county and make available to seasonal visitors/residents. Further promoting health equity by providing programs accessible to all Adams County residents.

Evaluation strategies and measures to monitor the progress of the project would be County health rankings or Community engagement surveys. Changing the culture of health is a long-term endeavor, however it could be assessed after 1, 3, and 5 years. Early community feedback would allow for adjustments to be made to the program to further increase engagement.

Funding

Funding is a unanimous barrier to building multisector collaboration, strategic planning, and shifting beliefs around health. Often, funders are biased to support direct programming over infrastructure and staffing needs, requiring health departments to become creative to pursue funding from various sources. For example, Adams County HHS could intentionally layer partnership building and strategic planning into specific program grants. As more partnerships and knowledge about health are built, they could also consider leaning on private corporate donors to support coalition-related administrative work.

Above all, implementing the preceding interventions together has the potential to be self-sustaining in the long run. Developing a thorough and qualified strategic plan with support from multisector partners that supports changed beliefs about health would allow for eventual national accreditation which may allow for further sources of funding. To get started, some grant funding sources include:

1. *National Public Health Improvement Initiative*: an innovative program started by CDC to infuse quality and performance improvement methods in health departments across the United States. Adams County could apply for NPHII membership to gain access to additional mini-grants and funding opportunities (<https://nnphi.org/network-engagement/membership-benefits/>).
2. *Wisconsin Office of Rural Health Rural Assistance Service Center & County Health Rankings Grant*: local Wisconsin grants aimed at supporting a culture of health through national partners as community examples and resources (<https://www.countyhealthrankings.org/take-action-to-improve-health/community-learning-guidance>).
3. *Robert Wood Johnson Foundation Culture of Health Prize*: awarded after changes have been implemented, Adams County would need to seek initial funding to begin the project (<https://www.rwjf.org/en/library/funding-opportunities/2020/2021-culture-of-health-prize.html>).
4. *Wisconsin Partnership Program*: awards community collaboration and impact grants which support community-driven efforts to improve health. (<https://www.med.wisc.edu/wisconsin-partnership-program/community-grant-programs/>)

CONCLUSION:

By fostering multisector collaboration, strategic planning, and changing beliefs and attitudes around health, Adams County will be better equipped to improve the culture of health. Throughout this report we have provided examples of communities who were successful implementing these strategies to improve their culture of health and facilitate better health outcomes for their community members. Even with limited resources, one half-time FTE employee can help lay the ground work to meet short term goals that, in turn, foster sustainable change.

As Adams County develops more relationships that supports to additional resources, a project focused on cultivating a culture of health perpetuates growth overtime. Forming multisector partnerships will allow Adams County to get the right stakeholders in the room to begin forming strategic plans and developing a shared framework. This will ultimately provide a space where a shared vision and mission statement can be developed. Involving all current and future Adams County public health programs in this project to define the culture of health will ensure long-lasting collaboration within the community and positively shift residents' beliefs around the culture of health. Instead of being told to “Be Healthy Adams County,” adopting these interventions will lead stakeholders and residents to begin to see Adams County as a healthy place to visit and live.

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Appendix A.

The Be Healthy Coalition is comprised of members representing the following sectors: Community Organizations & Volunteers, Business, Government, Public Health, Healthcare, and Education. Recruiting additional organizations within Adams County to represent each sector will promote further collaboration and strengthen multisector partnerships.

Community Organizations & Volunteers	Business	Government	Public Health	Healthcare	Education
Allied Cooperative	Grande Cheese	Adams County Government	Adams County Health and Human Services	Moundview Memorial Hospital and Clinic	Adams County University of Wisconsin-Extension
Central Wisconsin Community Action Coalition	Hazel Street Farmers' Market	Adams County Chamber of Commerce	Ho-Chunk Nation Department of Health		
Lions Club					
Community Volunteers					

Appendix B.

Measures proposed by the RWJF that can be utilized to made towards a culture of health.

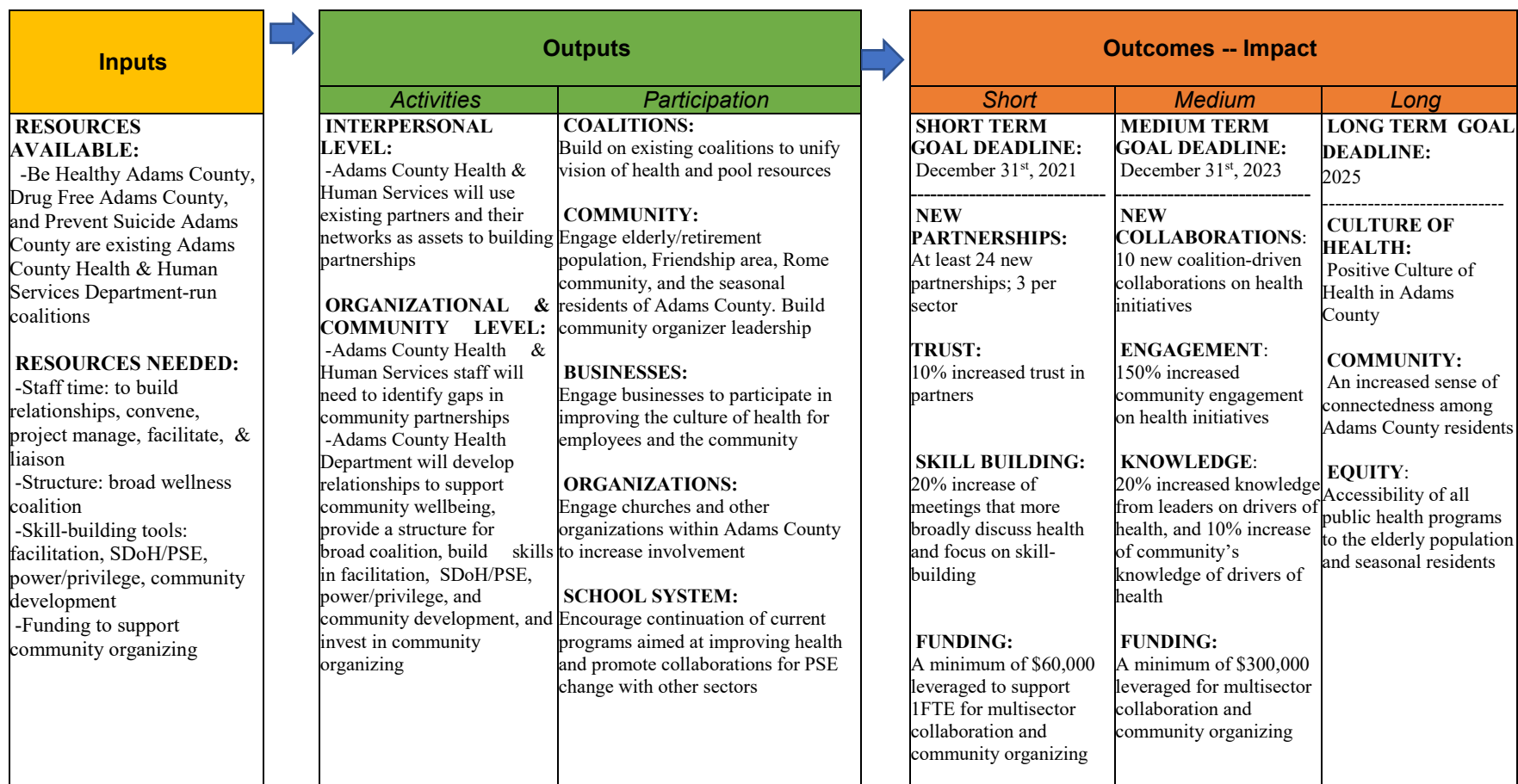
CULTURE OF HEALTH NATIONAL MEASURES

ACTION AREAS	DRIVERS	MEASURES
1 MAKING HEALTH A SHARED VALUE	MINDSET AND EXPECTATIONS	Recognized influence of physical and social factors on health Internet searches for health-promoting information
	SENSE OF COMMUNITY	Community connection Valued investment in community health
	CIVIC ENGAGEMENT	Voter participation Volunteer participation
2 FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	NUMBER AND QUALITY OF PARTNERSHIPS	Hospital partnerships Youth exposure to advertising for unhealthy foods
	INVESTMENT IN CROSS-SECTOR COLLABORATION	Business leadership in health Federal investment in Health in All Policies
	POLICIES THAT SUPPORT COLLABORATION	Support for working families (FMLA) Collaboration among communities and law enforcement
3 CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	BUILT ENVIRONMENT AND PHYSICAL CONDITIONS	New Measure: Walkability Public libraries Youth safety
	SOCIAL AND ECONOMIC ENVIRONMENT	Housing affordability Residential segregation Enrollment in early childhood education
	POLICY AND GOVERNANCE	Climate adaptation and mitigation Air quality
4 STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	ACCESS TO CARE	Access to comprehensive public health services Health insurance coverage Access to alcohol, substance use, or mental health treatment Routine dental care
	CONSUMER EXPERIENCE	Consumer experience with care Population-based alternative payment models
	BALANCE AND INTEGRATION	Electronic medical record linkages Full scope of practice for nurse practitioners
OUTCOME	OUTCOME AREAS	MEASURES
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY	ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING	Individual well-being New Measure: Incarceration
	MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse childhood experiences Disability-adjusted life years related to chronic disease
	REDUCED HEALTH CARE COSTS	End-of-life care expenditures Preventable hospitalizations Family health care costs

Appendix C. Logic Model

Program: Supporting Multisector Partnerships Logic Model

Intended Audience: Adams County Health Department



Assumptions:

External Factors

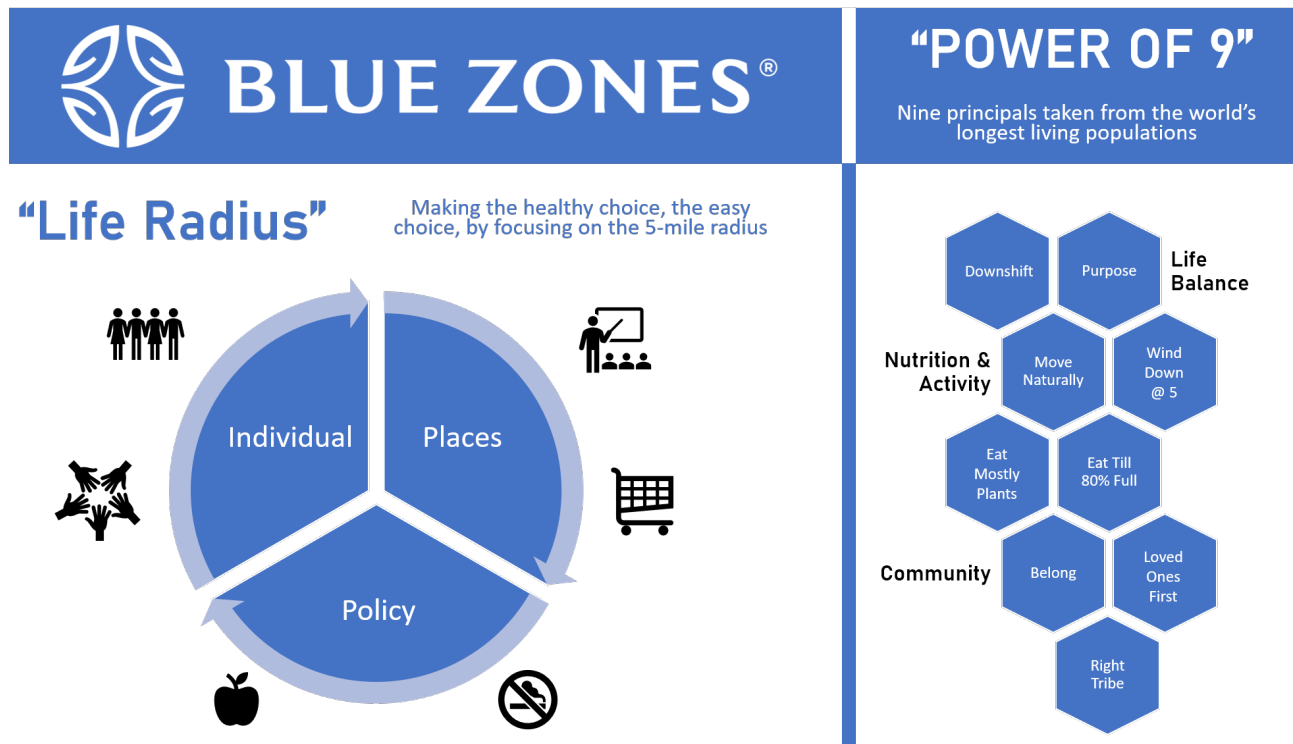
- Communication between Adams County Public Health Department and community partners will be consistent and clear



- Limited resource availability (time, personnel, funding, etc.) to support partnerships and difficulties developing relationships virtually due to COVID-19.

Appendix D.

The Blue Zones Project focuses on two main concepts: Life Radius and Power of 9. The life radius emphasizes how most of our decisions related to health are based around the people we interact with, the places we go, and the policies within the environment we live. Implementing a positive health environment for community members would help improve the culture of health. The power of nine addresses the main principals gathered from the longest living populations around the world. Aspects of the power of nine could be chosen to create a common theme and vision for improving the health of Adams County.



About UniverCity Year



UniverCity Year is a three-phase partnership between UW-Madison and one community in Wisconsin. The concept is simple. The community partner identifies projects that would benefit from UW-Madison expertise. Faculty from across the university incorporate these projects into their courses, and UniverCity Year staff provide administrative support to ensure the collaboration's success. The results are powerful. Partners receive big ideas and feasible recommendations that spark momentum towards a more sustainable, livable, and resilient future. Join us as we create **better places together.**