



Health and Well-Being for All

Accelerating Learning About Social Determinants
Using a Meeting-in-a-Box Approach

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PRESENTERS



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A detailed background illustration of a city street scene. The scene includes a bus, a streetcar, and people walking. Various social and health-related labels are scattered throughout the scene, such as 'Housing Stability', 'Poverty', 'Education', 'High Graduate', 'Enrollment in Higher Education', 'Language & Literacy', 'Early Childhood Education & Development', 'Neighborhood & Built Environment', 'Quality of Housing', 'Crime and Violence', 'Environmental Conditions', 'Public Offices / Who Care', 'Health & Health Care', 'Health Library', 'CLINIC', 'Access to Primary Care', 'Access to Health Care', 'Civil Participation', 'Social Cohesion', 'Discrimination', 'Incarceration', and 'Social & Community Context'. The illustration is rendered in a light, sketchy style.

INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being *for All*

WHAT Know What Affects Health



WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



WHO Collaborate with Others to Maximize Efforts



HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas



Health Workforce Needs

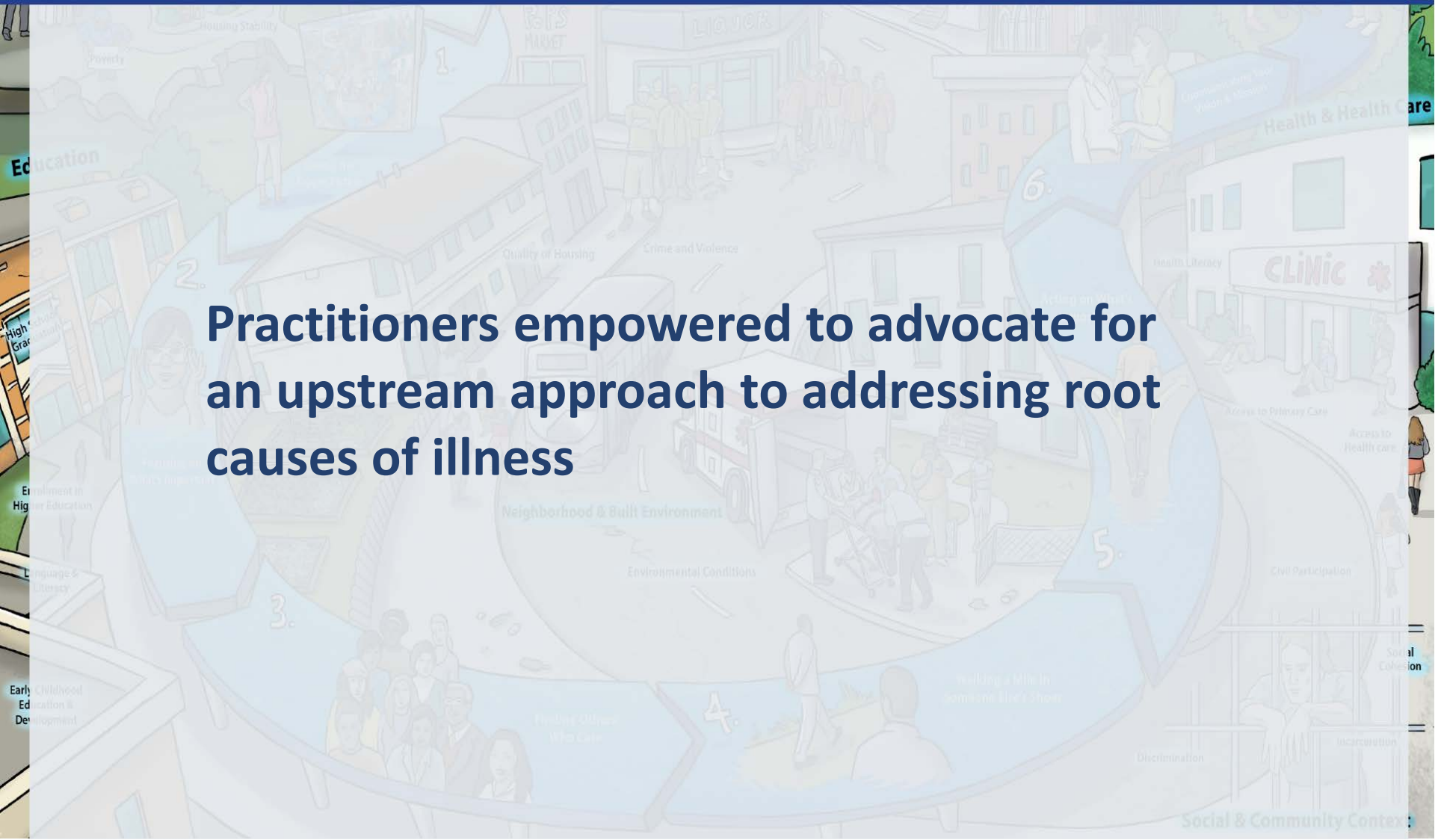
- **Critical thinking**
- **Systems thinking/public health approaches**
- **Team skills**
- **Community engagement**
- **Collective action**

Background for HWFA Meeting-in-a-Box

- **Origin of case study:** *CDC Experience* 1-year Applied Epidemiology Fellowship for medical students
- **Purpose** (end of fellowship): empower graduates to participate collaboratively in community health improvement (not just within health care system)
- **Additional goal:** skill-building in leadership and being change agents
- **Critical need:** persons with systems thinking and approaches to solve complex problems that span the health system

GOAL FOR HWFA MEETING-IN-A-BOX

Practitioners empowered to advocate for an upstream approach to addressing root causes of illness



LEARNING OBJECTIVES

- Discuss the determinants of health, including socioeconomic, behavioral, environmental and other factors
- Compare and contrast the internal and external issues faced by key stakeholders
- Identify strategies for moving from group alignment to collective action
- Recognize that partnership with other sectors is the best way to achieve ***Health and Well-being for All***

Health and Well-Being for All

Coming together for action & sustainable change

Economic Stability



Food Security



Education



2.



Neighborhood & Built Environment

3.



4.



6.

Acting on What's Important



Health & Health Care

Health Literacy

CLINIC

Access to Primary Care

Access to Healthcare

Civil Participation

Social Cohesion



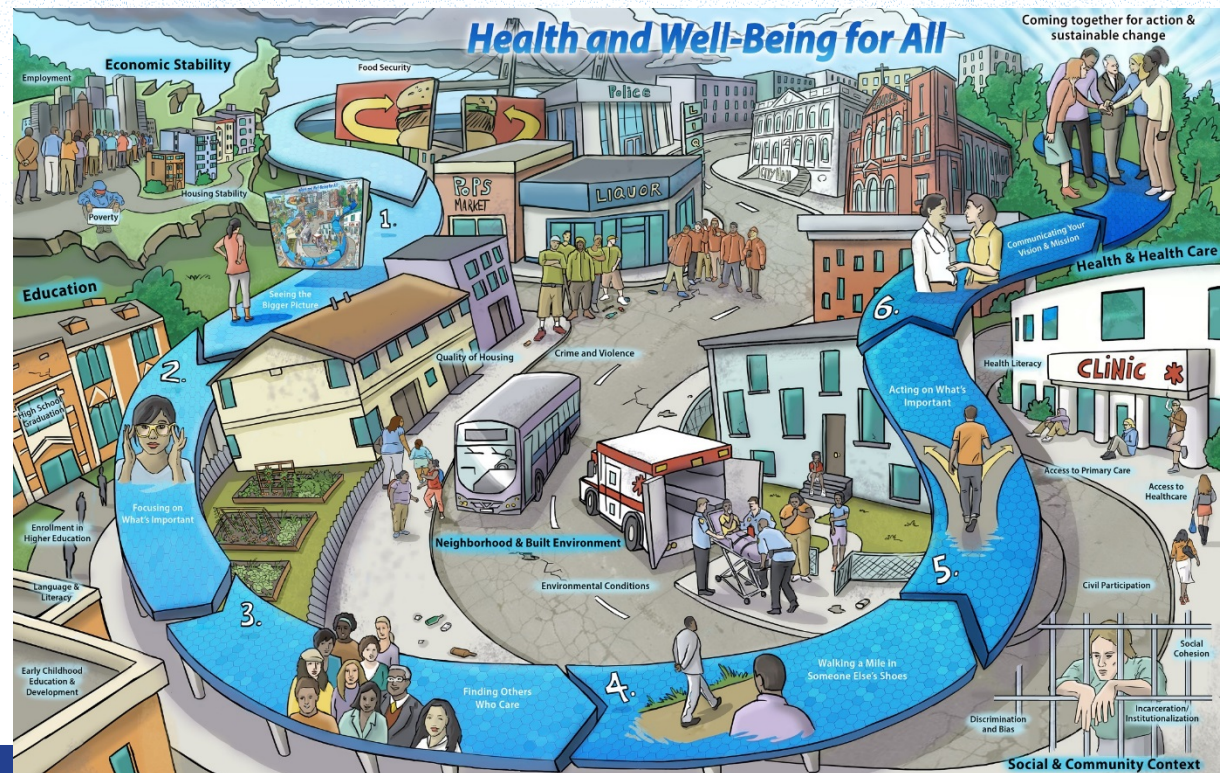
Discrimination and Bias

Social & Community Context

Early Childhood Education & Development

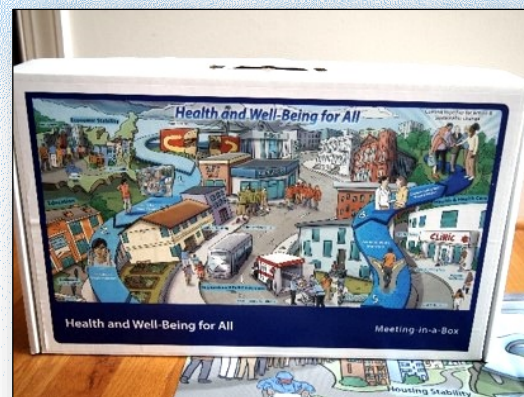
Discussion of Map

- What do you see in this map?
- What factors not visible in the picture also affect health?



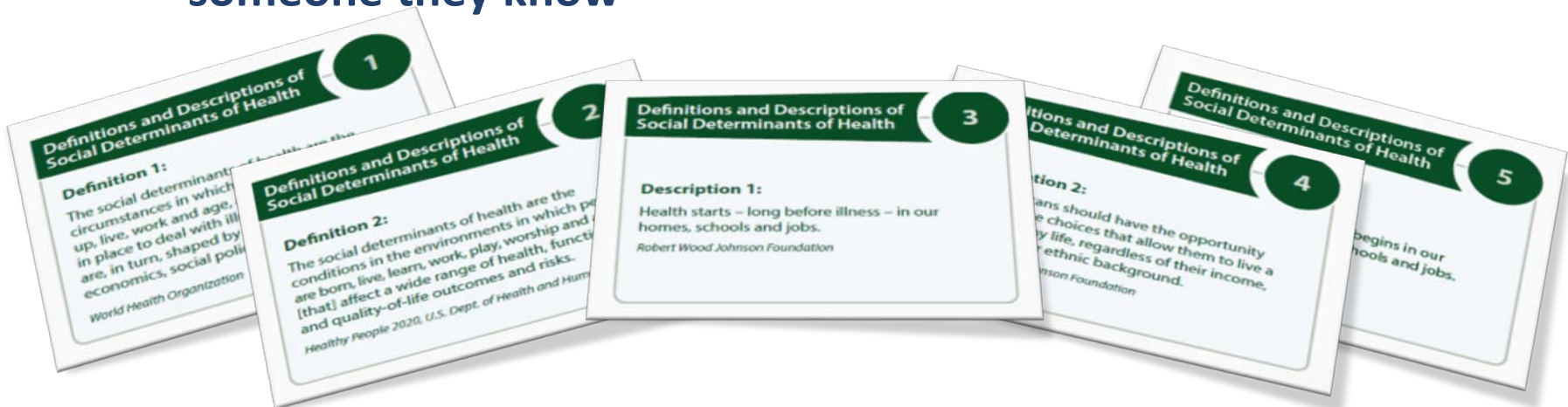
Components of HWFA Meeting-in-a-Box

- Box with handle to carry contents
- Fabric poster/map, 3' x 5'
- 3 Modules: asthma, gang violence, obesity
 - Dialogue guides for each module
 - A patient story to motivate change
 - Cards to educate and to stimulate discussion
 - Coming together with Others Who Care (role play for gang violence, shorter variation for the other 2)
- All contents brightly colored, appealing
- Modeled after Promedica's Hunger as a Health Issue (produced by same company)



Discussion of Social Determinants of Health

- Cards to stimulate discussion
 - 2 Definitions (WHO, Healthy People)
 - 3 Brief Descriptions/phrases (Robert Wood Johnson Foundation)
- Which of the 5 resonated the most and why?
- Each discusses an example of a personal, social, economic, or environmental factor that impacted them, a patient, or someone they know



Focus of the Modules



- Patient story to motivate change (patient impacted by recurrent asthma, gang violence, or obesity)
- SDOH Examples relevant to each story
 - Graphics, data, maps
- Discussion, including whose problem is it?, role of health professionals and impact on society
- Set up for 6 steps





STEP 1



STEP 2



STEP 3



STEP 4



STEP 5



STEP 6

Six Steps to Health and Well-being for All

- 1. Seeing the Bigger Picture**
- 2. Focusing on What's Important**
- 3. Finding Others Who Care**
- 4. Walking a Mile in Someone Else's Shoes**
- 5. Acting on What's Important**
- 6. Communicating Your Vision and Mission**



STEP 1

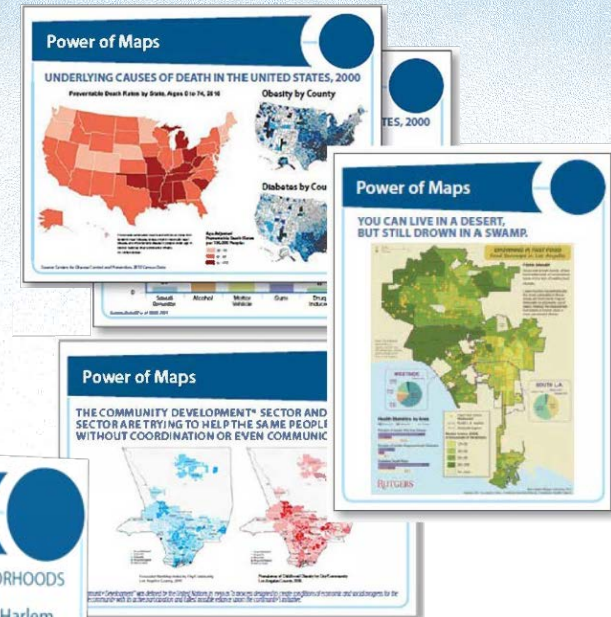
Seeing the Bigger Picture

Begin to see the interrelationships of parts of a whole

- Discuss examples of SDOH from the scenario (start with how they might have impacted the individual in the story)
- Do they affect the whole community?
- Are they preventable?



from Asthma module



from Obesity module

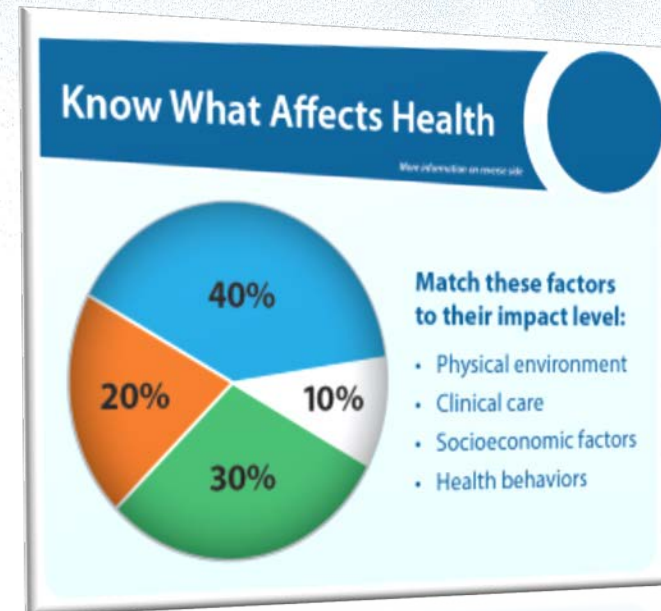


STEP 2

Focus on What's Important

Determine and communicate the magnitude of problem

- Know What Affects Health
 - modifiable risk factors
- Finding data to support your case
- Discuss need for community-wide agreement for change





STEP 2

Focus on What's Important

Determine and communicate the magnitude of problem

- **Know What Affects Health**
 - modifiable risk factors
- **Finding data to support your case**
- **Discuss need for community-wide agreement for change**





STEP 3

Finding Others Who Care

Harness the power of champions and recognize impacted groups...


- Brainstorming a list of possible stakeholders, supportive and reluctant

Step 3: Finding Others Who Care (5-10 minutes)

Harness the power of champions and recognize impacted groups, organizations and settings.

23. As you consider Michael's story and Janet's desire to break the cycle of gang-related traumatic injuries, discuss who else would be invested enough to make a difference. Brainstorm a list of possible stakeholders. ●

24. Have someone choose the *Collaborate with Others* card from the card deck and describe it to the group. Are there any stakeholders listed here that you didn't consider in your brainstorm, but are relevant to include? ●



25. Is it possible that there will be some reluctant participants? If so, how might you use the data you identified in Step 2 to transition them from reluctant to supportive or willing participants? ●

Brainstorm Stakeholders List





STEP 4

Walking a Mile in Someone Else's Shoes

Empower a coalition of the willing

- The purpose of this step is for participants to consider perspectives of other stakeholders
- Take turns sharing the perspectives that need to be considered as you continue through the rest of the steps of the case study
- Each module offers a different way to “walk in someone else’s shoes”

4



Gang Violence Module (60+ minutes for step 4)

Full role play with motivation, “friends/foes,” hidden agendas



STEP 4

Character Sketch: FORMER GANG MEMBER

Name: Darrell Robinson

Your Agenda: You are at this meeting because you want to stop young people from making the same mistake you did. To do this you know you must show them there are options other than getting tied up in gang life.

Motivation:

- You “came up hard” and began living on the streets when you were 13 years old and became a member of a gang called the 415 Mafia when you were 11.
- Your special talent was thieving, because in a gang, if you can take something from someone else and then flaunt it as a trophy, it increases your status. Status is all you have when you run with a gang, and you have to protect it, all the time.
- You were recently released from prison after serving a 18-year sentence for armed robbery. While in prison, you were “shanked” multiple times during an altercation in the yard. You suffered serious injuries and came close to dying.
- After this experience, you started attending the prison church. You had an “ah-ha” moment when you realized that turning the other cheek, is not a show of weakness, but a show of strength.
- Your newfound Christian orientation helped you to reflect on your life, and surprisingly, the other inmates pretty much left you alone after you “converted.”
- Finding that things are not as hopeless as you once believed, you decided to step away from gang life permanently.
- Your motto is Romans 12:2: “Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and perfect your will.”
- You actively engage street youth, including current gang members. This is why your pastor got you involved with a local community center called “The Bridge.”
- It was at a recent Bridge meeting that you met Dr. Janet Wilson. It takes to stick it out in this rough world, you’ve decided to be at this meeting as a sign of God’s will, and you are

Friends

You see on the same page with the folks who run Bridge, but you feel some of them are out of touch with street culture and won't be able to really connect with gang members. However, Lonny Rodriguez, the head counselor, has been very kind and helpful. Together you went to a local coffee shop to meet with Dr. Janet Wilson, a local surgeon who is concerned about the gunshot wounds the see at the hospital.

What you hope to achieve: Having placed your faith in a higher power, you are eager to help transform the lives of young people who

Meeting Agenda

Addressing Community Violence: First Stakeholder Meeting
Meeting called by: Casey Chang, MPH, Director of the County Department of Public Health

Other Attendees:

- Janet Wilson, MD, CLINICIAN
- Darrell Robinson, FORMER GANG MEMBER
- Mel Hicks, CITY COUNCIL MEMBER
- Chris Hayes, POLICE OFFICER
- Lonny Rodriguez, MEd, MSW, SCHOOL COUNSELOR
- Adrian Banks, MBA, HOSPITAL ADMINISTRATOR

Welcome: Casey Chang
The purpose of this meeting is to provide the opportunity for community members to discuss actions that can be taken to address the problem of gang violence.

Round of Introductions: All participants
State your name, give a brief summary of why you are attending this meeting, and what you hope to achieve.

Kickoff: Dr. Janet Wilson
Dr. Wilson's story of a young patient (shared previously) prompted a great deal of research on the topic of gang violence. We will be sharing individual thoughts and experiences. We will be sharing individual

Others Who Care GANG VIOLENCE

ROLE	OBSTACLES FACED	RESOURCES TO OFFER
Clinician	<ul style="list-style-type: none"> Working doctor with inadequate resources in the affected community Limited free time 	<ul style="list-style-type: none"> Enthusiasm and dedication Credibility and knowledge
Public Health Representative	<ul style="list-style-type: none"> High work load with little time for an extra project Limited funding 	<ul style="list-style-type: none"> Ability to coordinate stakeholder efforts and build capacity among multiple players. Access to epidemiologists and statisticians who can provide relevant data.
Former Gang Member	<ul style="list-style-type: none"> Judgement for past behavior 	<ul style="list-style-type: none"> First-hand knowledge of gang life, along with risk factors and protective factors “Street cred”
City Council Member	<ul style="list-style-type: none"> Upcoming election makes inaction necessary (political cost could be hampered by siding with a particular group) 	<ul style="list-style-type: none"> Funding from the Community Development Council – up to \$50,000 per year for 1 year – for interventions that will result in measurable reductions in gang violence.
Police Officer	<ul style="list-style-type: none"> Personal skepticism that the problem can be solved Increasing negative perceptions towards police officers in the community 	<ul style="list-style-type: none"> Familiarity with day-to-day life on the street Knowledge of repeat offenders, both gang “signers” and non “signers”
School Counselor	<ul style="list-style-type: none"> Lack of funding Limited free time 	<ul style="list-style-type: none"> Enthusiasm for showing/teaching families, finding adult role models for children and teens, and finding ways to provide non-laborable job skills.
Hospital Administrator	<ul style="list-style-type: none"> Balancing the need for positive public relations with the need to maintain revenue for the hospital 	<ul style="list-style-type: none"> Link between the hospital and the board of trustees, and responsible for allocating funding to other Responsible for approving any community level campaigns

ROLES (STAKEHOLDERS)

- Clinician
- Public health representative
- Former gang member
- City Council member
- Police officer
- School counselor
- Hospital administrator

Obesity Module (20-30 minutes for step 4)

Discussion of strengths, points of agreement, sources of conflict, obstacles



STEP 4

Others Who Care Summary OBESITY		
ROLE	PROFILE	AGENDA/HOPE TO ACHIEVE
Tiffany Duncan Clinic Receptionist	<ul style="list-style-type: none"> 20-year-old Black woman Lives in the community with her husband and two children They go to church weekly and volunteer Participates in and has become a fanpage for the clinic's Walk with a Doc programs at other community health facilities 	<ul style="list-style-type: none"> Attain a healthy weight for the first time in her life Help the clinic's patients achieve their weight loss goals for better health, for example to walk more often Become involved in and contribute to local change that improves the city's sidewalks
Dr. Peterson Public Health Representative	<ul style="list-style-type: none"> White male in his mid-40s Job is recommended by the County Health Department 	<ul style="list-style-type: none"> Decrease in the community's overall prevalence of obesity More choices and accountability for those responsible for walking school children
Black Wilson City Manager	<ul style="list-style-type: none"> White male in his 50s (City manager for 10 years) Steadily requests several million in additional dollars regarding the city budget 	<ul style="list-style-type: none"> Develop a new leadership team that includes all relevant stakeholders involved with the community's environmental quality needs
Dr. Johnson Park & Recreation Director	<ul style="list-style-type: none"> Young Latino who grew up in the neighborhood Spent three years in the military Has an undergraduate degree in urban management and is passionate about fitness 	<ul style="list-style-type: none"> Initiate new, culturally appropriate fitness programs in the city Promote the benefits of a local park or recreational facility and/or school-based program for a new park
Dr. Jones Business Owner	<ul style="list-style-type: none"> 30-year-old Black woman of Park Heights, a nearby business started in the 1970s 	<ul style="list-style-type: none"> Market to a nearby neighborhood community that is underserved
Dr. Adams Clinic Director	<ul style="list-style-type: none"> Black woman, physician director of the clinic where Dr. Adams practices 	<ul style="list-style-type: none"> Make evidence-based decisions that will benefit the clinic's patients and its financial bottom line
Dr. Brown Community Organizer	<ul style="list-style-type: none"> Black man pastor of a large Black congregation in the community Influential leader with a strong focus on economic mobility 	<ul style="list-style-type: none"> Build his local help make a difference with the right partnerships and approach

Others Who Care CLINIC RECEPTIONIST

NAME:
Tiffany Duncan

YOUR STORY:

Tiffany is a full-time employee at the clinic where Dr. Peterson works two days a week. She is a 20-year-old Black woman who lives in the community with her husband and two children. Tiffany has struggled with her weight all her life. As a teenager, her stepfather was verbally abusive about her appearance, which only made things worse. Additionally, she was the primary caregiver for her brothers and sisters, and was often required to make sure they had food to eat - not an easy task with a very limited family budget.

One day a few months ago, Dr. Peterson announced that she was starting a Walk with a Doc program during the lunch hour, and this was a great idea because she left after walking around the neighborhood during the daytime and with a group of people. Also, she wasn't busy with chores, as she is on the weekends. She was the first person to sign up and became the clinic's champion for the Walk with a Doc program, recruiting over 50 people to become regular commuters about the need for more sidewalks to aid the group's routes around town; currently it is a patchwork of sidewalks, and new ordinances could benefit walkers as well as people with wheelchairs.

ROLES (STAKEHOLDERS)

- Clinic receptionist
- Clinic director
- Public health representative
- City manager
- Parks & recreation director
- Business owner
- Religious leader

Asthma Module (20-30 minutes for step 4)

Discussion of how a group might come together (forming, storming, norming)



STEP 4

Step 4: Walking a Mile in Someone Else's Shoes (20-30 min.)

Empower a coalition of the willing.

23. This exercise is intended to allow you to see things from a different perspective. It simulates the coming together of a group of stakeholders who care about asthma in the community. The exercise, which should take about 20 minutes, is structured according to psychologist Bruce Tuckman's "Forming, Storming, and Norming" model of team development. The last stage of the model, "Performing," will come up in Step 5 when we "Act on What's Important."



1. Forming – Being positive and polite:

- See the **Others Who Care** chart on the next two pages.
- Have volunteers select a stakeholder role so that all roles are covered.
- Quietly read and understand the stakeholder you are representing.
- Go around the table and introduce your stakeholder, using information from the "PROFILE" and "HOPE TO ACHIEVE" columns.

2. Storming – Pushing boundaries and facing conflicts:

- Pair up with another person.
- Take about 10 minutes to discuss your roles and perspectives, especially the **OBSTACLES FACED**.
- Look for possible points of agreement as well as sources of conflict between the two stakeholders you're representing. (You may make some assumptions for the sake of the exercise.)

3. Norming – Resolving differences and appreciating strengths

- Now, go around the table again and allow each person to describe their partner's obstacles. Also note any points of agreement and sources of conflict that emerged from that paired discussion.
- As a group, reconsider all the stakeholders' goals and review their **RESOURCES**.
- Brainstorm ideas about what this group of stakeholders could try to achieve together to combat asthma in the community.

24. What valuable insights were shared by your group when you discussed the roles of key stakeholders? What points of agreement did you find? ●

25. Now get the **The 3 C's** card from the facilitator and have someone read it aloud. As a group, discuss why the 3 C's will be critical for the alignment of the stakeholders represented in the role-play. ●



Others Who Care		
ROLE	PROFILE	AGENDA/HOPE TO ACHIEVE
Parent	• Young single female • Lives in inner-city public housing with three children • Child (two ages 3 & 5) has asthma • Two young siblings (ages 1 and 2) wheezing symptoms also	• Get help for her children
Parent Representative	• Head of local Asthma Patients and Parents Support Group	• Advocate for organizational families in the community who are struggling with asthma issues
Clinician	• Pediatrician working at a group practice in the community that works five days a week at a nearby tertiary children's health center	• Design/revise resources to help patients manage asthma symptoms and/or mitigate risk factors for the disease
Public Health Representative	• Epidemiologist with the County Health Department • Co-moderator of the stakeholder meeting	• Outline a plan to address the high rates of childhood asthma in the community • Improve the county's profile on RHCY's County Health Rankings
Health System Representative	• Nurse educator, director of the county's school nursing program • Asked by school superintendent to which includes conducting an audit of asthma guidelines, medications related to asthma	• Generate a comprehensive plan to reduce high rates of asthma in the community • Create guidelines for the school system to be presented as a leader/peer advancement
Hospital Administrator	• Assistant administrator of local hospital • Merge existing procedures for quality assurance, patient services, medical equipment, information activities and public relations outreach • Participates in fund-raising and community health planning	• Tasked by hospital CEO to reduce the amount of non-reimbursable care provided for indigent and charity care
City Housing Authority Representative	• Responsible for planning, financing, constructing, purchasing, leasing and managing the county's low-rent housing properties	• Unsure, asked by Board of Commissioners to determine the housing regarding the completion of several units

ROLES (STAKEHOLDERS)

- Parent
- Parent representative
- Clinician
- Public health representative
- School system representative
- Hospital administrator
- City Housing Authority representative

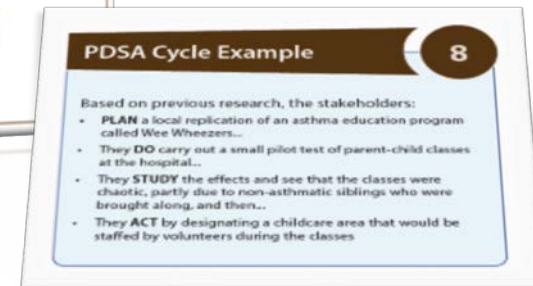
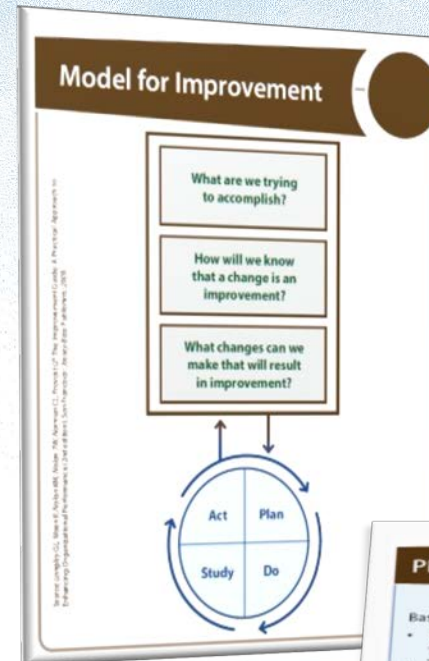


STEP 5

Acting on What's Important

Develop and document a future vision that's desired and then implement your plan...

- Given the points of agreement from prior step, choose an action the group could pursue together
- Use PDSA as model for change/improvement





STEP 6

Communicating Your Vision and Mission

Sell it, sell it, sell it!

- Tailor communications based on the audience
- Overcoming barriers

The collage consists of five overlapping presentation slides:

- Slide 9:** Titled "Tactics for Communicating". It discusses "The elevator speech: clear, concise, and compelling" and lists two bullet points: "A compelling vision that fits the amount of time you have for an elevator ride" and "Use when meeting people at conferences, events, and even when you're in a grocery store or when you're on a plane".
- Slide 11:** Titled "Tactics for Communicating". It focuses on "Be memorable" and lists two bullet points: "Create metaphors, figures of speech, slogans -- and find creative ways to use them" and "Write a theme song or a memorable jingle".
- Slide 12:** Titled "Tactics for Communicating". It focuses on "Walk the talk" and lists one bullet point: "If you're talking it up, be sure to back it up with actions and behaviors. If people see one thing and hear another, your credibility is shot and your vision is dead."
- Slide 13:** Titled "Barriers". It is divided into two sections: "TEAM BARRIERS" (Consider team dynamics, communication, personalities and accountability) and "BARRIERS RELATED TO EXTERNAL FORCES" (Consider barriers like lack of funding, relevant policies and community opposition. Also consider the role of local/state laws and how they can be leveraged).
- Slide 10:** Titled "Tactics for Communicating". It focuses on "Multiple channels of communication" and lists one bullet point: "Use the newest communication technologies, but don't forget the tangibles: coffee mugs, T-shirts, stickers in combination with the message".

Coming Together for Sustainable Change



- **Reflection / Take-aways**
- **My Commitment**

A template for a 'My Commitment' card. It has a white border and a green header with the text 'My Commitment' in white. To the right of the text is a large green circle. Below the header are several horizontal lines for writing, set against a light beige background.

Supplemental Resources

www.cdcfoundation.org/health-in-a-box

- Additional copies of dialogue guides, cards, poster image
- Video about San Francisco Wraparound project (gang violence)
- Facilitator guide and additional tips for use
- Resources to support each step (e.g., how to find data, evidence-based interventions)
- Webinar links
- (Possibly) Video of teaching in action



Possible Audiences?





STEP 1



STEP 2



STEP 3



STEP 4



STEP 5



STEP 6

Some Ways to Use HWFA Meeting-in-a-Box Materials

- **Standard Use: small groups of 6-8 participants with a facilitator**
 - Gang violence module with role play (3 hours)
 - Asthma module (2+ hours)
 - Obesity module (2+ hours)
- **Map as standalone, with expanded discussion questions**
 - For small or large groups
 - Project on the screen or provide individual/group copies
- **Problem-based learning: explore any aspect in more detail**
 - Investigate data about the issue and its determinants
 - Create and discuss roles for additional stakeholders
 - Identify sources for evidence-based interventions (discuss merits of such)
 - Complete one step/lesson at a time (flip the classroom—homework prior to each lesson)

User Feedback

“Some problems in our community are so large that the prospect of trying to address them seems impossible. The steps outlined in the case study were easy to understand and follow and I feel like I could apply them in my future.”

“We already have all pieces, but need a case study like this one to link them together.”

“The skills learned regarding collaboration and data usage apply to most public health challenges.”

User Feedback

“The experience made me think more about establishing common goals w stakeholders... rather than establishing an agency goal, and THEN reaching out to stakeholders.”

“I thought it was interesting how vital including community members in the early stages ended up being. I think this is sometimes overlooked, particularly if the project starts in a medical or academic environment.”

[Q: What did you learn during this case study that you did not know before participating?]

“Knowing how to finesse the needs of different stakeholders with opposing views and ensuring that the targeted community feels empowered and involved in the planning process.”

User Feedback—role play

“Because of the role play, I will be better able to think of things from others' perspectives when engaging stakeholders.”

“The role play helped to “walk a mile in someone's shoes.” This will help me in my future efforts in relationship building and partnership development.”

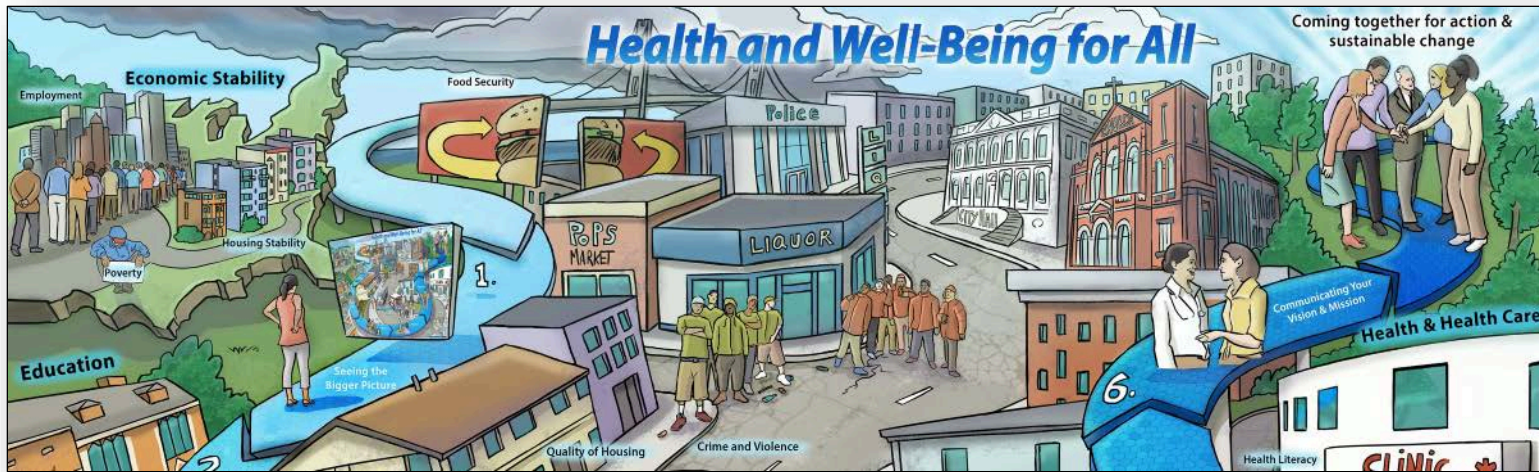
“The biggest learning curve for me was the role playing activity. This allowed me to participate with the viewpoint of an individual I really knew nothing about.”

User Feedback

“I think this would give me more confidence to do something similar. It reminded me of having actor patients - while we all know it isn't the real thing, when the real thing happens it seems more manageable.”

***“Hands on, active learning
that makes social
determinants of health
come alive.”***

***--Justine Strand de Oliveira, DrPH, PA-C, Vice Chair for
Education, Duke Community and Family Medicine***



Purchase Health and Well-Being for All by visiting:

<http://www.phf.org/meetinginabox>

- Use code DRKOO for \$20 off your purchase before 8/31/16

Additional comments or questions after call

- E-mail dkoo@cdc.gov

FOR MORE INFORMATION



VISIT WWW.CDCFOUNDATION.ORG/HEALTH-IN-A-BOX