

Welcome!

2015 Health Summit



Logistics/Acknowledgements

• Health Summit Planning Committee

- Matthew Bersagel Braley - Viterbo University
- Dan Duquette - UW-La Crosse
- Sarah Havens - Gundersen Health System
- Catherine Kolkmeier - La Crosse Medical Health Science Consortium
- Deb Mahr - Kaitlin's Table
- Brenda Rooney - Gundersen Health System
- Joanne Sandvick - La Crosse Medical Health Science Consortium
- Paula Silha - La Crosse County Health Department
- Aubrey Stetter-Hesselberg - Great Rivers United Way
- Sarah Thompson - La Crosse Area Family YMCA
- Christine Ditter, Michelle Wanty – Mayo Clinic Health System Interns and Adrienne Olson - United Way for Bright Spots and accomplishment video
- Viterbo University's class The Ethical Life: Global Health and Human Flourishing
- Gundersen Health System Medical Media department for recording today.

• Population Health Committee

- Matthew Bersagel Braley – Viterbo University
- Dan Duquette – UW-La Crosse
- Lori Freit-Hammes – Mayo Clinic Health System
- Betty Jorgenson – Mayo Clinic Health System
- Cindy Kartman – Western Technical College
- Catherine Kolkmeier – La Crosse Medical Health Science Consortium
- Jason Larsen – Great Rivers United Way
- Doug Mormann - La Crosse County Health Department
- Brenda Rooney - Gundersen Health System
- Joanne Sandvick – La Crosse Medical Health Science Consortium
- Paula Silha – La Crosse County Health Department
- Sarah Spah – La Crosse County Health Department



La Crosse Medical Health Science Consortium - Partnership

- Formed in 1993
- Partners:
 - Gundersen Health System
 - Mayo Clinic Health System
 - University of Wisconsin – La Crosse
 - Viterbo University
 - Western Technical College
 - School District of La Crosse and La Crosse County Health Department added in 2009
- Population Health Committee formed in 2005

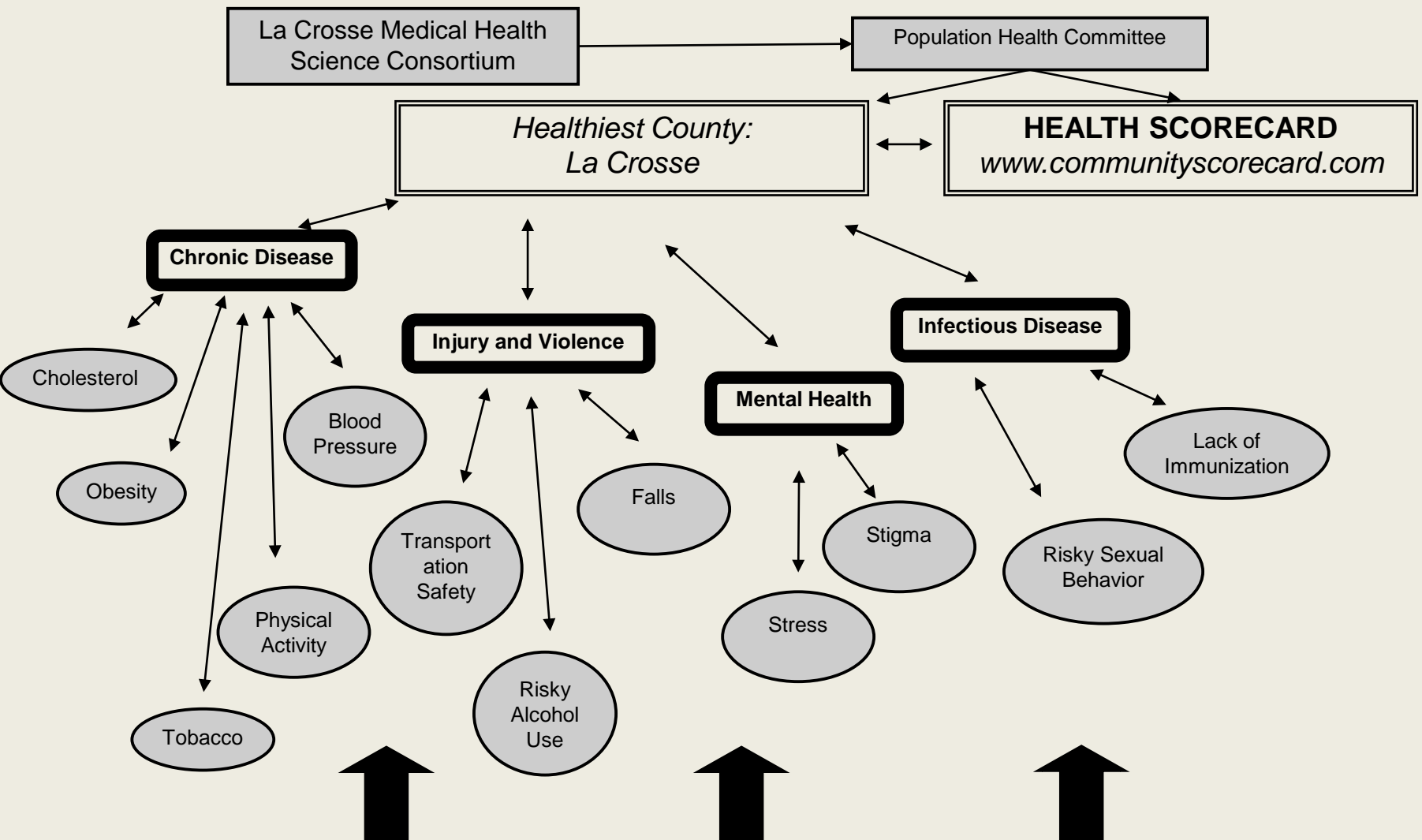


Previous Health Summits

2009

“Forging new partnerships to find new solutions.” If you were King or Queen what would you do to make La Crosse County healthier?

Diagram 1



Various coalitions, networks and organizations working within the different sectors, but all working towards a common goal

Healthiest County La Crosse Plan History

- Goal: To be the healthiest county in the state of Wisconsin by 2015

Using the County Health Rankings Model
(from UWPHI & Robert Wood Johnson
Foundation)

Development of a plan (goes through
12/31/15)

- Specifically focused on Policies and Environmental Projects.
- Using “Evidence Based Strategies” when possible.



MAKING THE HEALTHY CHOICE
TOGETHER!



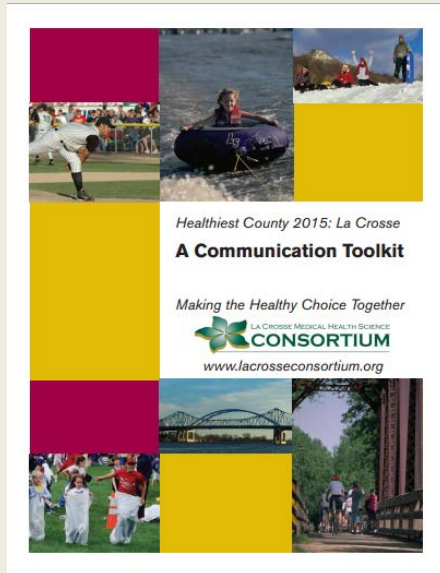
Previous Health Summits

2010 Dr. Seth Foldy, Health Officer for the State of Wisconsin, spoke on the impact of health policy on health decision-making. **Shared the Healthy County Plan.**

Previous Health Summits

2011

Communication plan. How to communicate the Healthy County Initiative and other community health improvement work to all audiences. **“Making the healthy choice together!”**



Previous Health Summits

2012 John McKnight (Co-Director, Asset-Based Community Development Institute) Finding and empowering different sectors of the community to be engaged. **“Empowering the community”**

Previous Health Summits

2013

Karen Timberlake (Director of Population Health Institute at UW School of Med and Public Health) was the keynote speaker.

“Connecting Community Capacity.”

- collective impact,
- Bright Spots, and
- a focus on measures of success.

Previous Health Summits

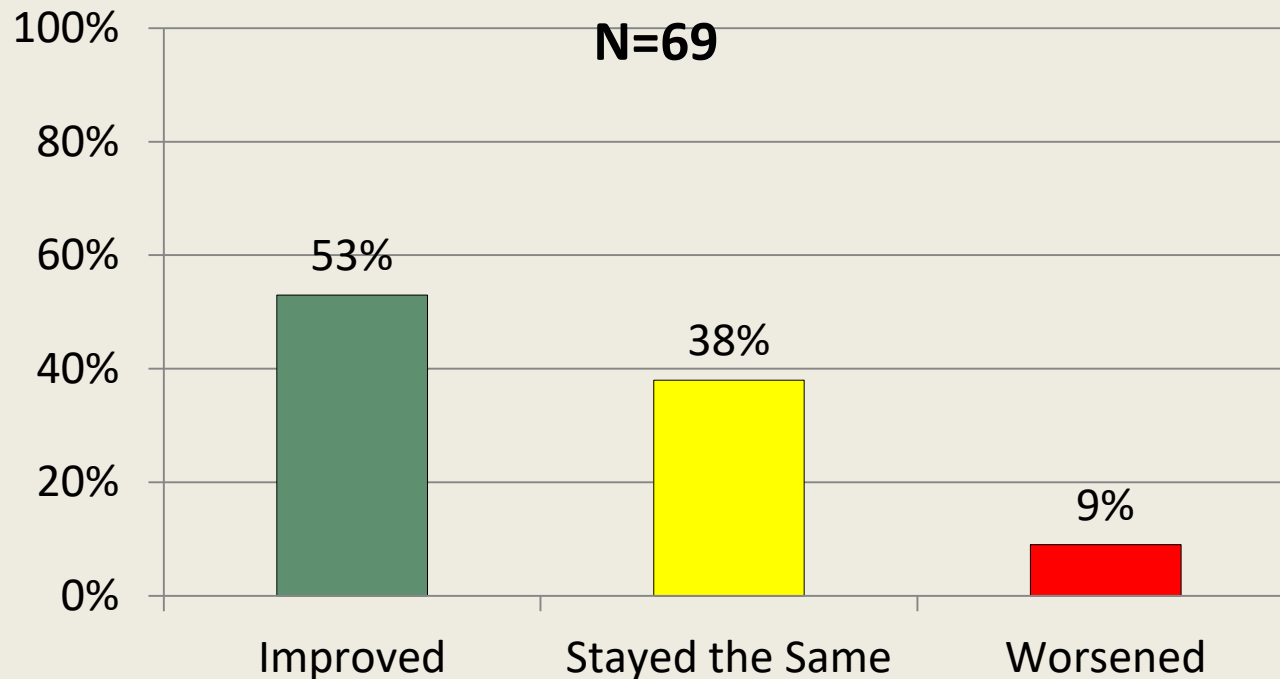
2014 Jordan Bingham (Health Equity Coordinator for Public Health-Madison & Dane County) **“Local health through an equity lens: addressing the social determinants of health through policy, programs and partnerships.”**



Have we made a difference?

- How has the **overall health** of the people of La Crosse County changed since 2009?
 - Improved
 - Stayed the same
 - Worsened

How has the **overall health** of the people of La Crosse County changed since 2009?



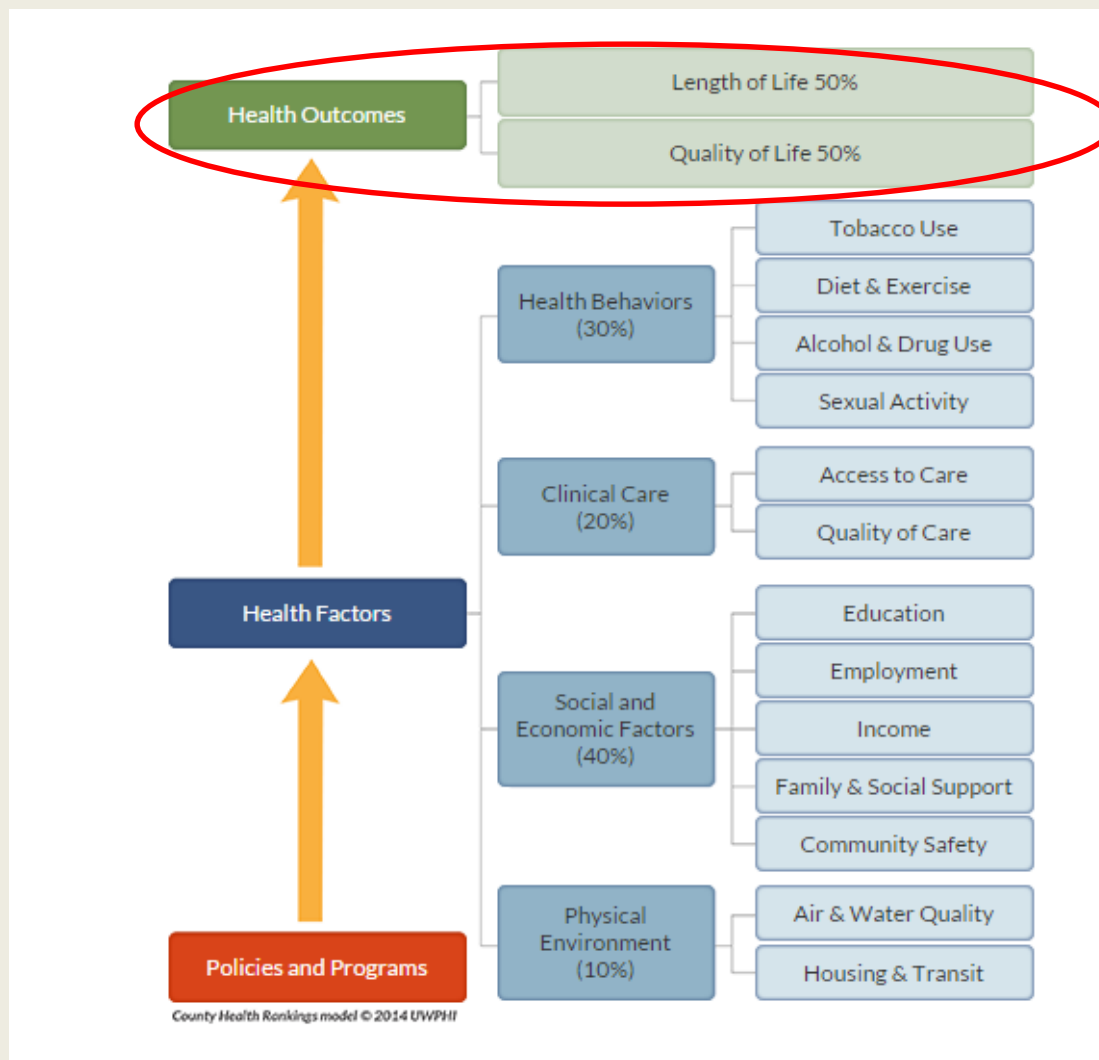
Overall Health of the community

COMPASS Now (La Crosse County responses only)

	2011 (n=520)	2014 (n=435)
Excellent	5%	29%
Good	73%	60%
Fair/poor	22%	11%

Older, less educated, and lower income rated overall health lower.

County Health Rankings Model



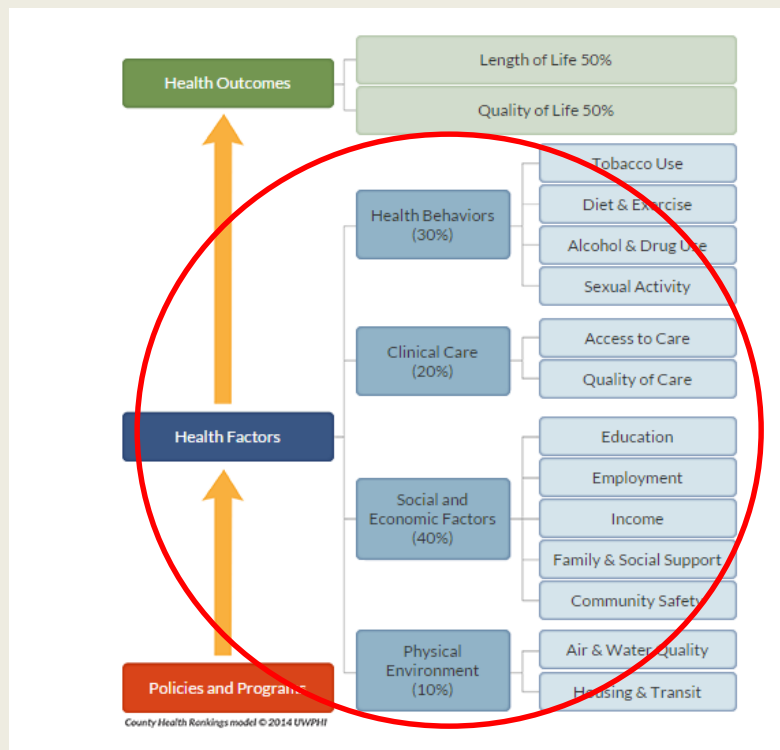
La Crosse County Rankings out of 72 counties in WI

Measure	2011	2012	2013	2014	2015
Health Outcomes	22	23	21	19	19

County Health Rankings & Roadmaps University of Wisconsin
Population Health Institute. <http://www.countyhealthrankings.org/>

Have we made a difference?

- How have the **health factors** of the people of La Crosse County changed since 2009?

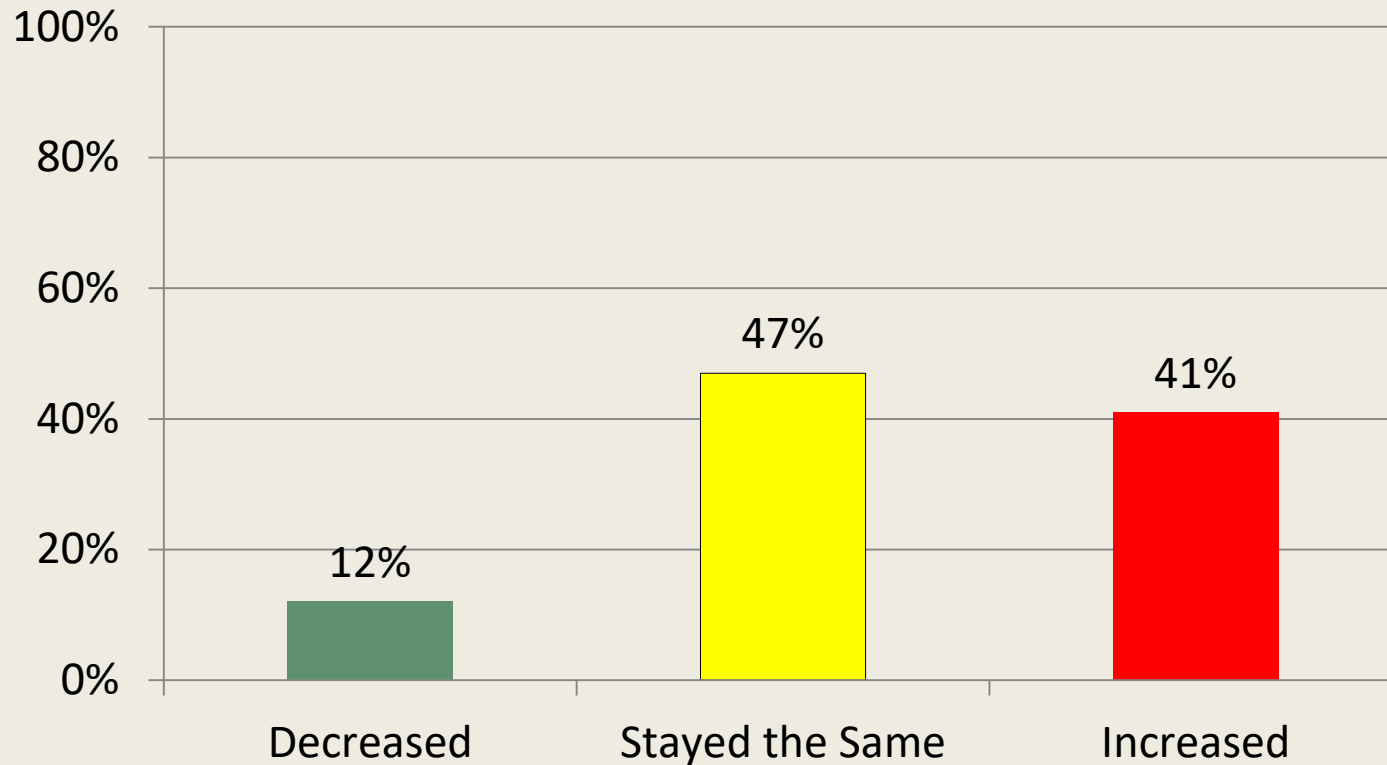


La Crosse County Health Factor Rankings out of 72 counties in WI

Measure	2011	2012	2013	2014	2015
Health Factors	4	4	4	3	3
Health Behaviors	8	5	4	6	4
Clinical Care	1	2	3	2	2
Social & Economic	11	9	10	8	7
Physical Environment	21	50	60	38	36

Have we made a difference?

How has the rate of **obesity** in La Crosse County changed since 2009?



Nutrition Aspects from COMPASS Now

		2011	2014
Access to healthy food choices	Excellent	51%	56%
	Good	37%	37%
	Fair/poor	12%	7%
Ability to pay for healthy food choices (ns)	Excellent		26%
	Good		51%
	Fair/poor		23%

Younger adults (18-50), less educated, and lower income rated these lower.

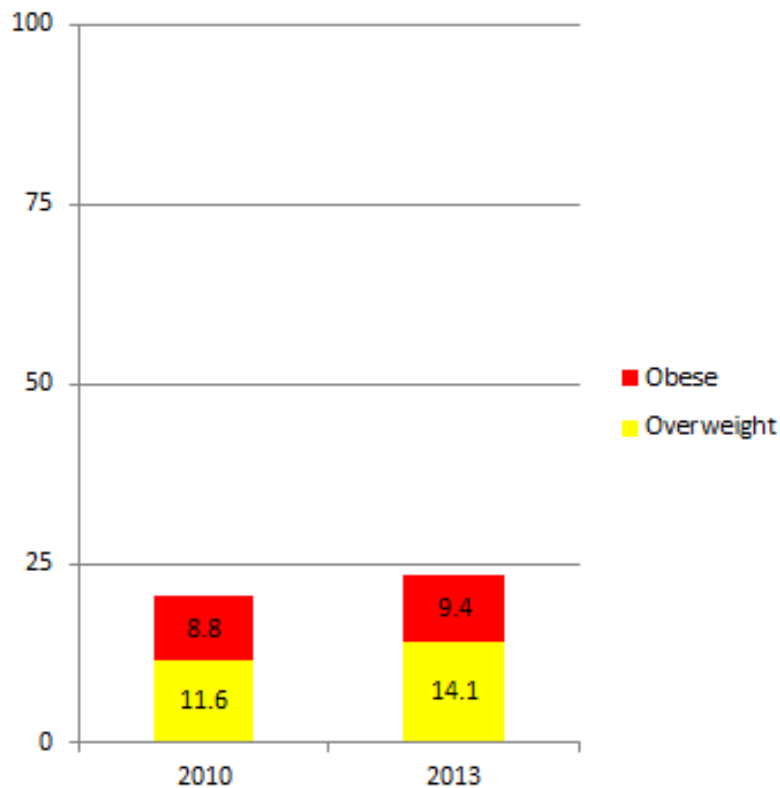
Physical Activity Aspects from COMPASS Now

		2011	2014
Safe bike routes to school or work	Excellent	11%	18%
	Good	41%	44%
	Fair/poor	48%	38%
Physical recreation for adults (ns)	Excellent	37%	41%
	Good	50%	47%
	Fair/poor	13%	12%

Obesity measures

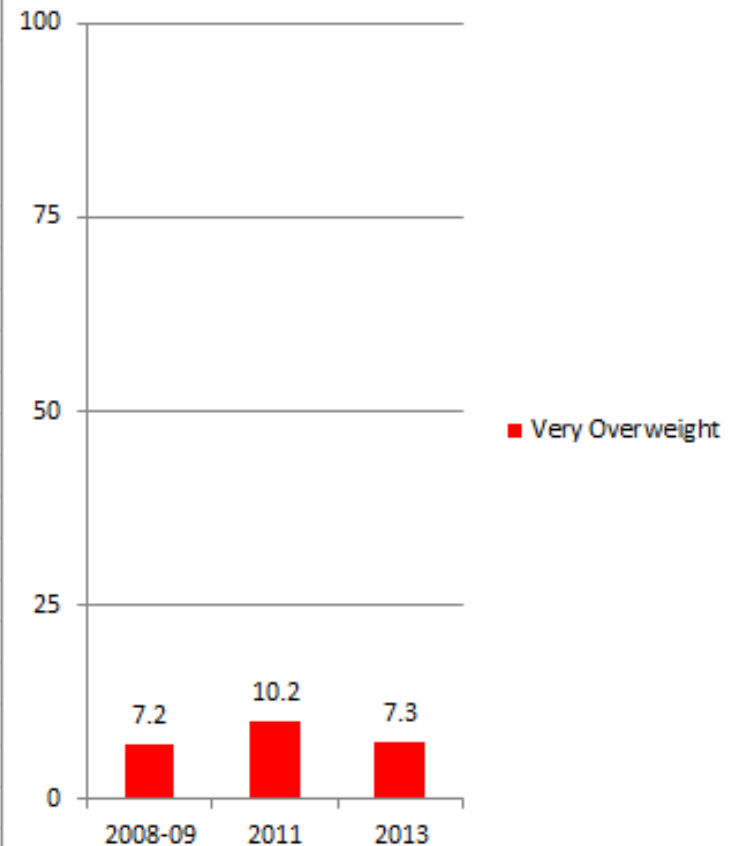
La Crosse County High School Youth

(Source: YRBS)



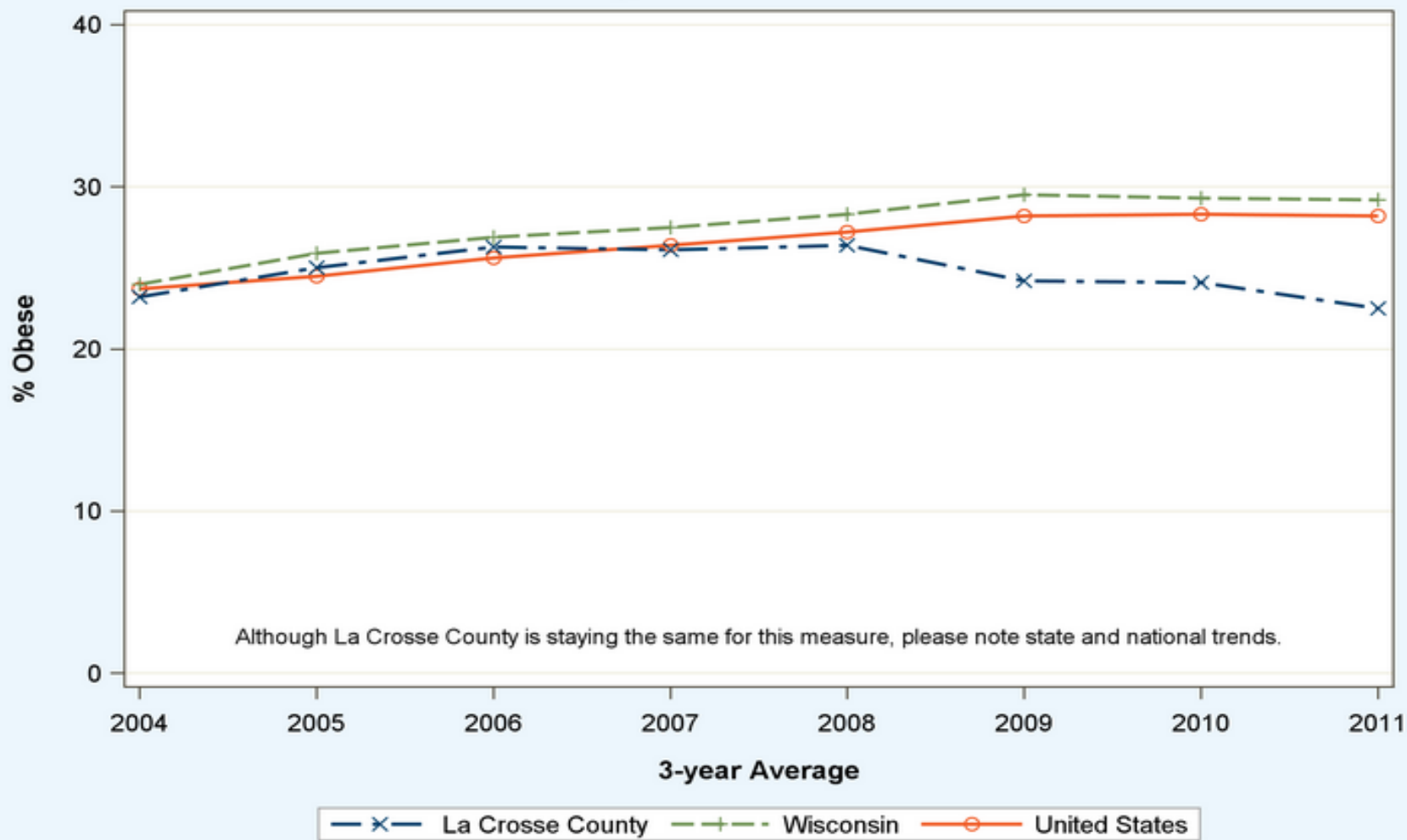
La Crosse College Students

(Source: NCHA)





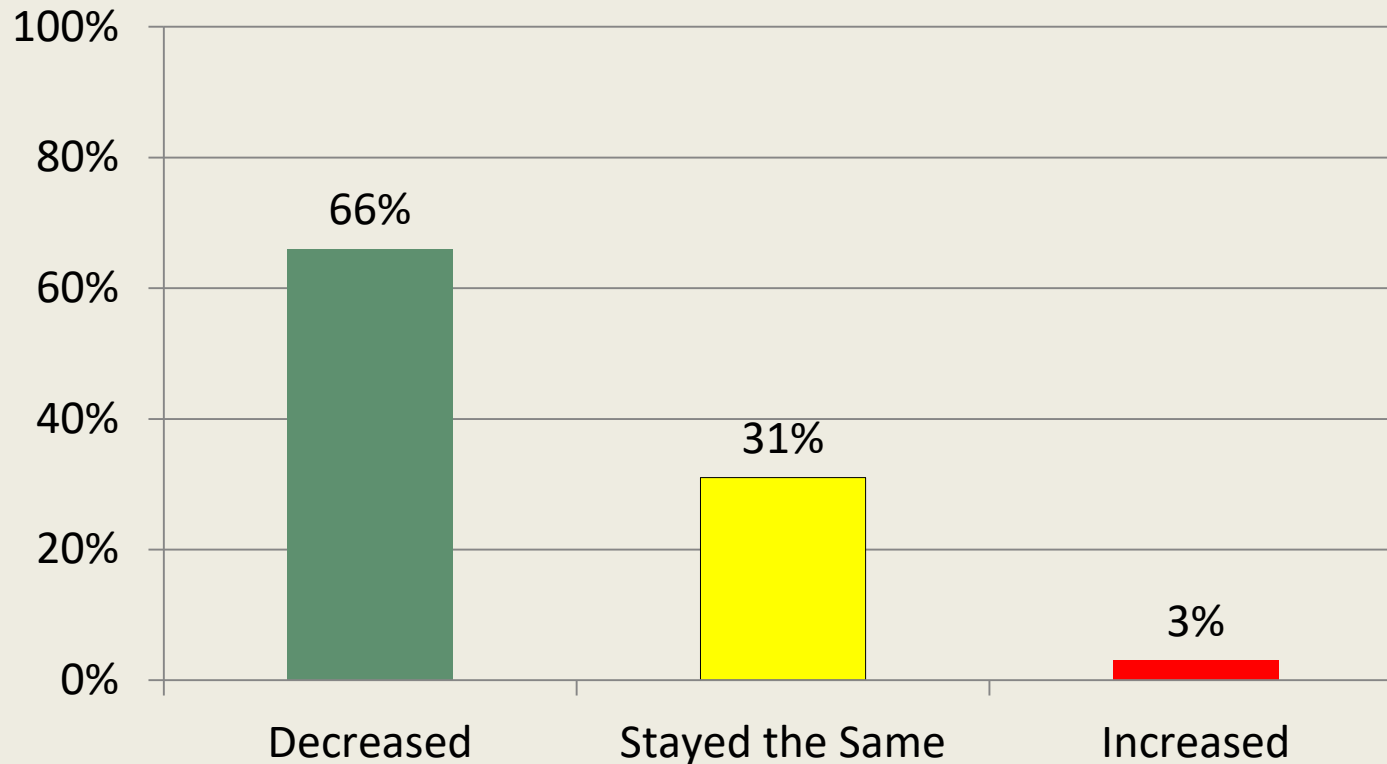
Adult obesity in La Crosse County, WI County, State and National Trends



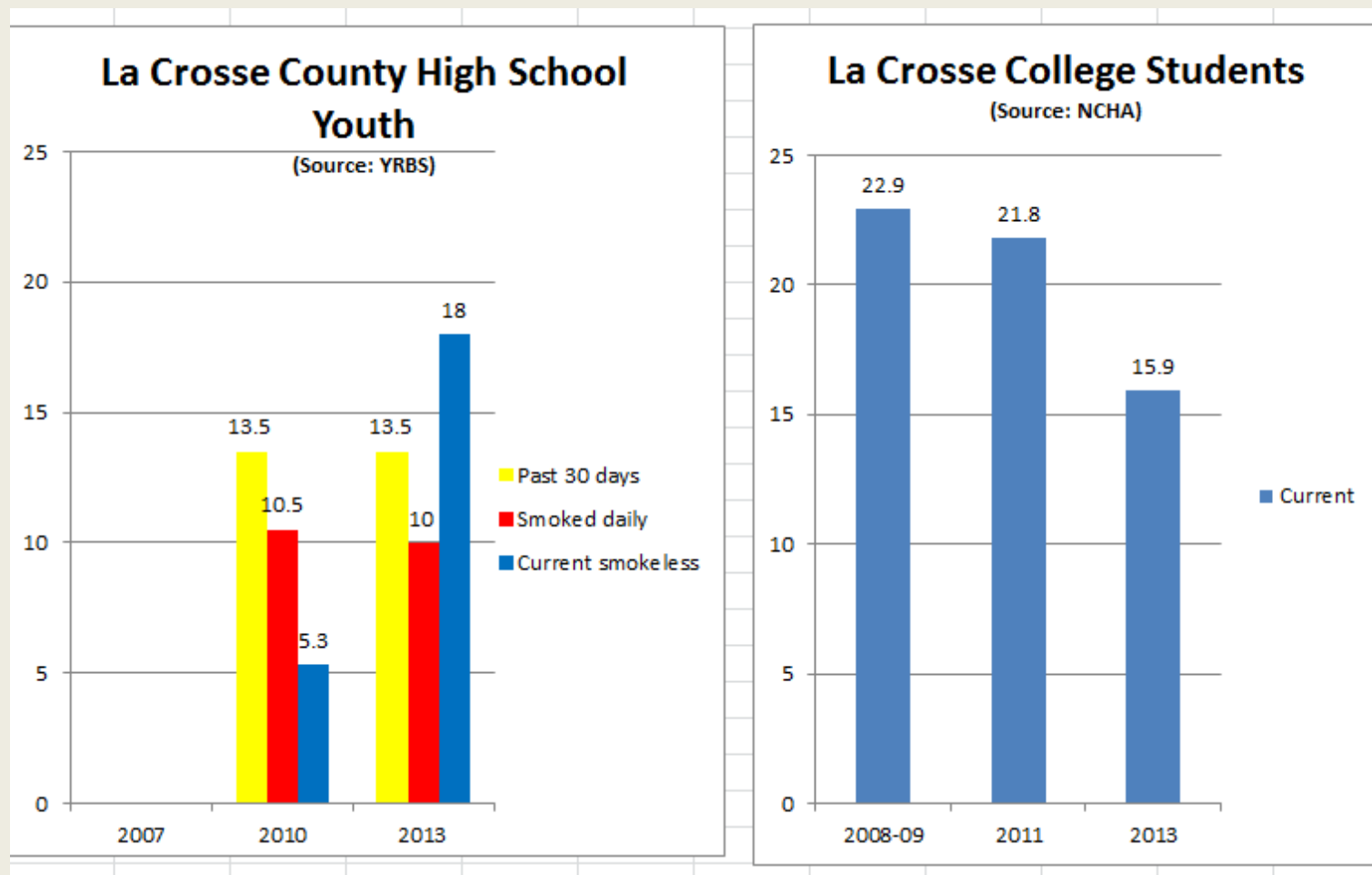
Please see Measuring Progress/Rankings Measures for more information on trends

Have we made a difference?

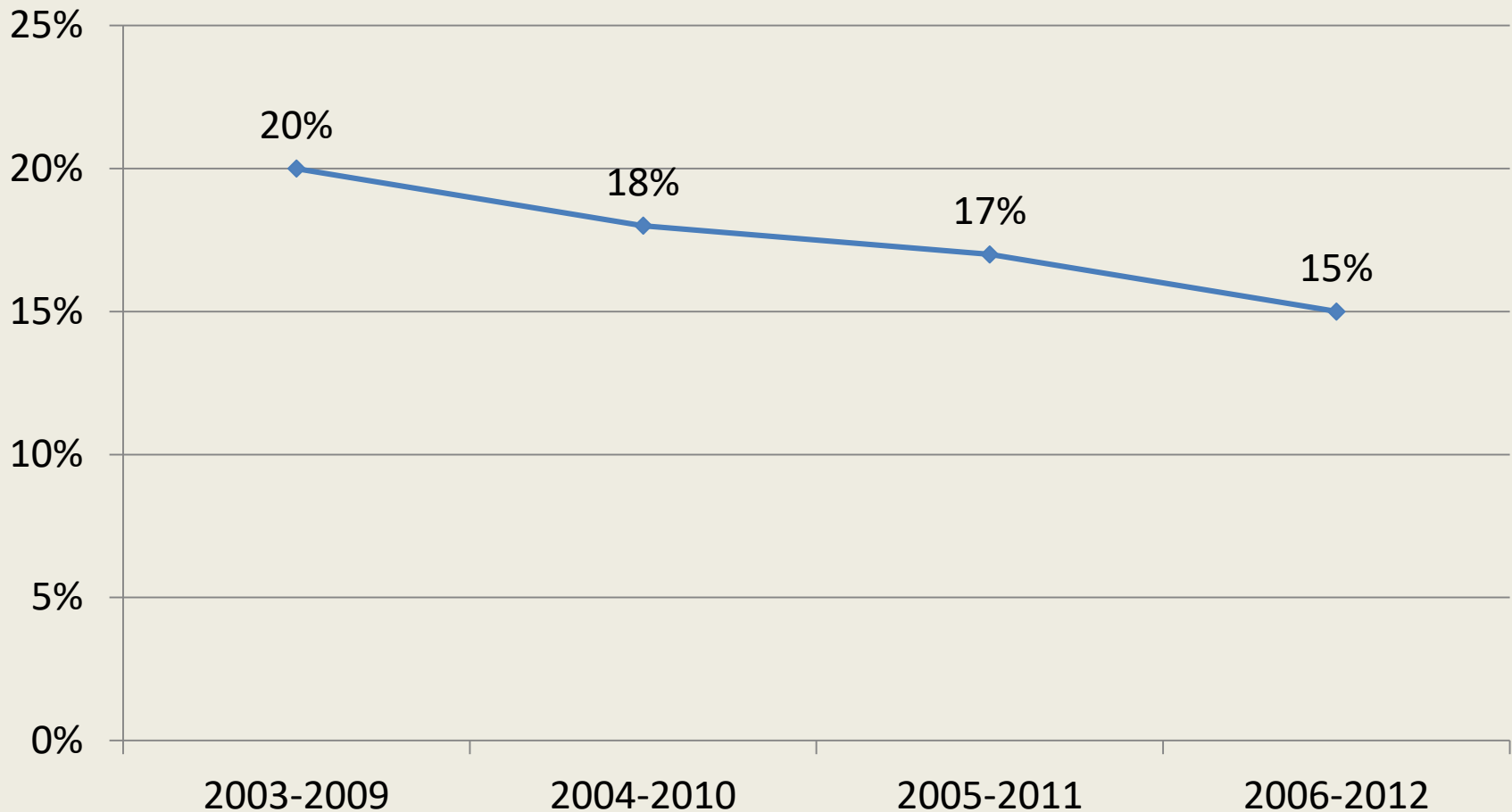
How has the rate of **tobacco use** in La Crosse County changed since 2009?



Tobacco use

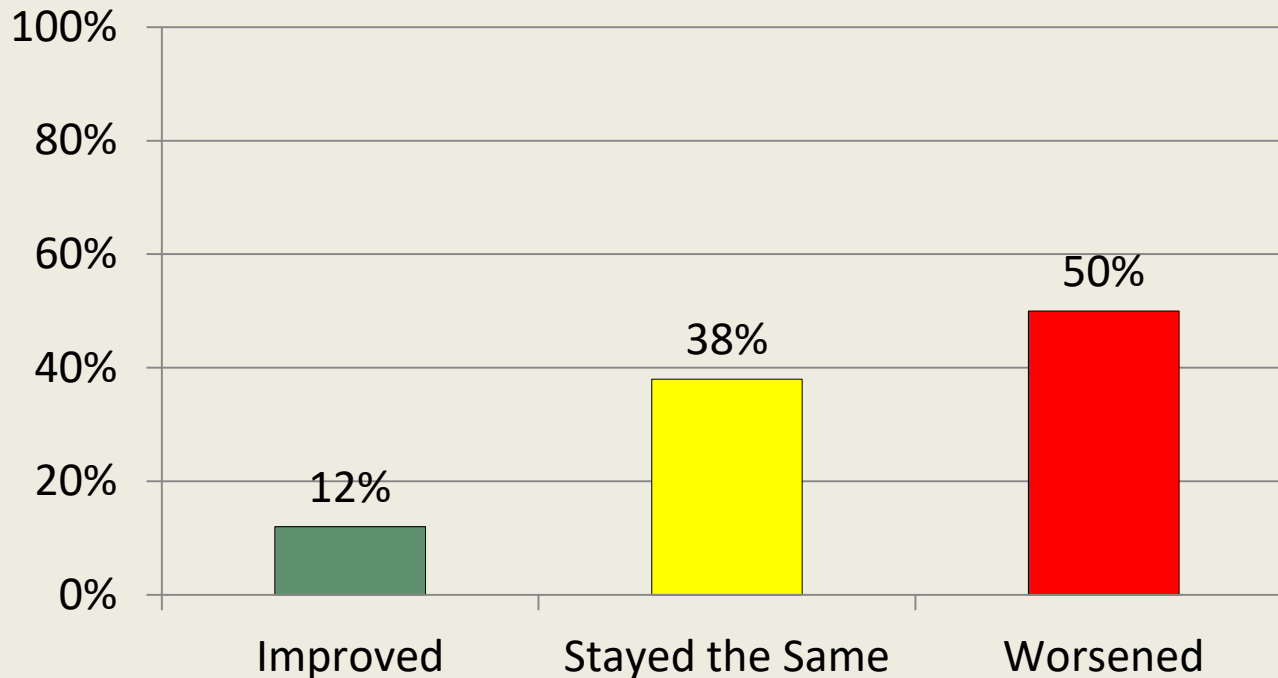


Tobacco Use – La Crosse County Adults (BRFSS)



Have we made a difference?

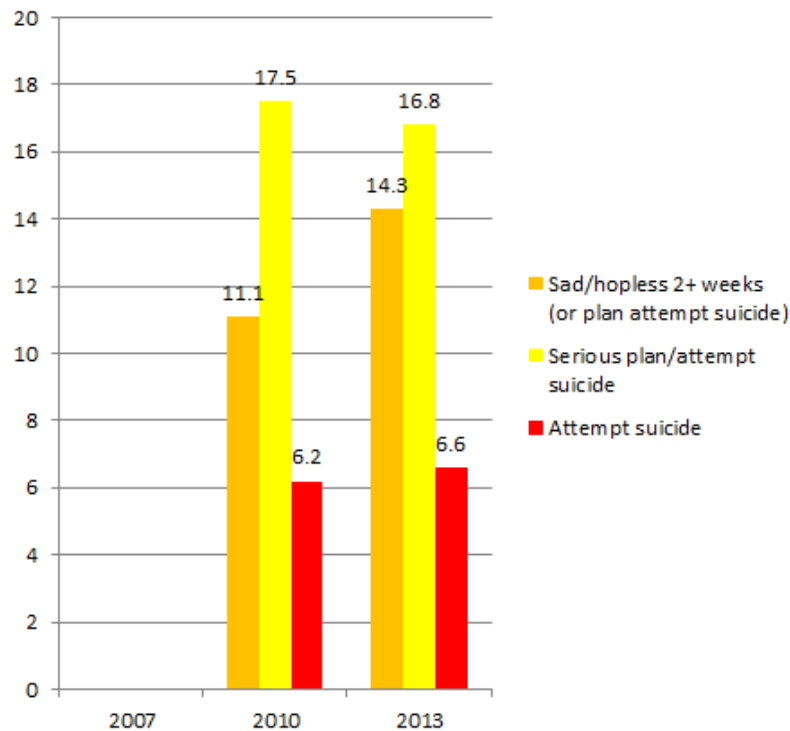
How has our **mental health status** changed in La Crosse County changed since 2009?



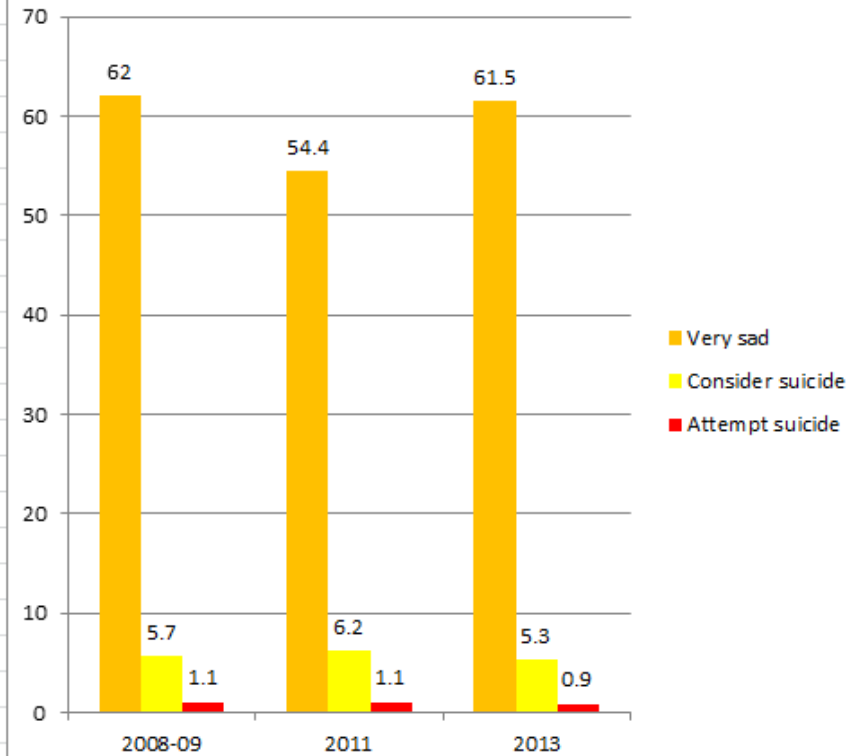
Mental Health

La Crosse County High School Youth

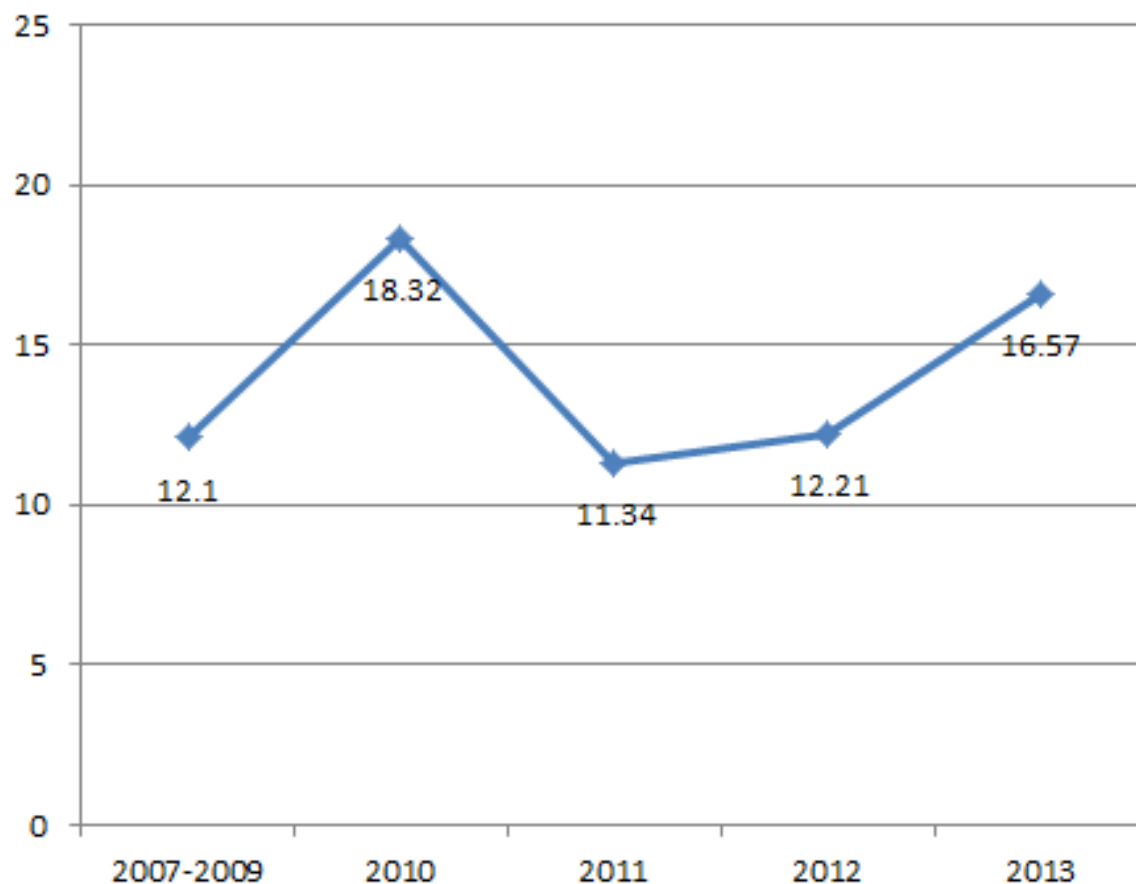
(source: YRBS)



La Crosse College Students (source: NCHA)

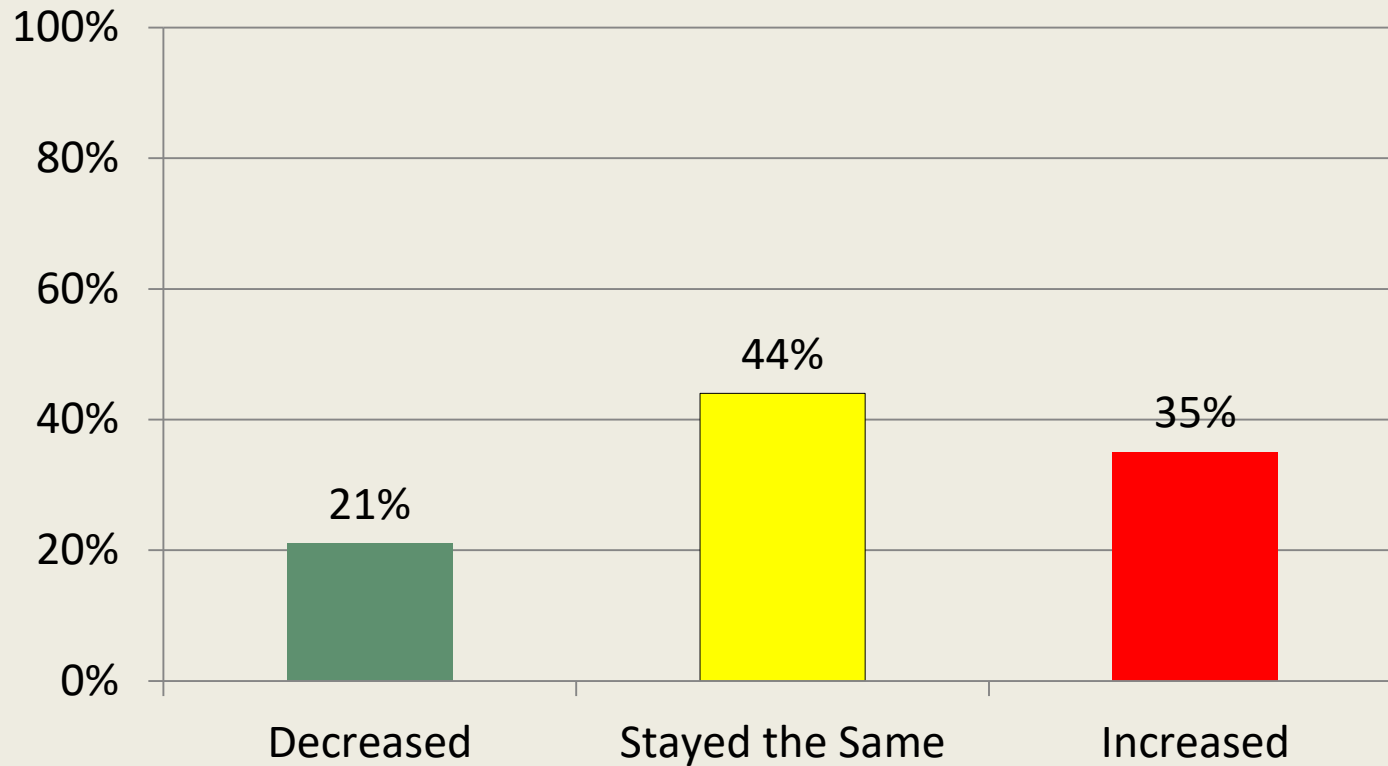


Suicide rate per 100,000 - all La Crosse County Residents



Have we made a difference?

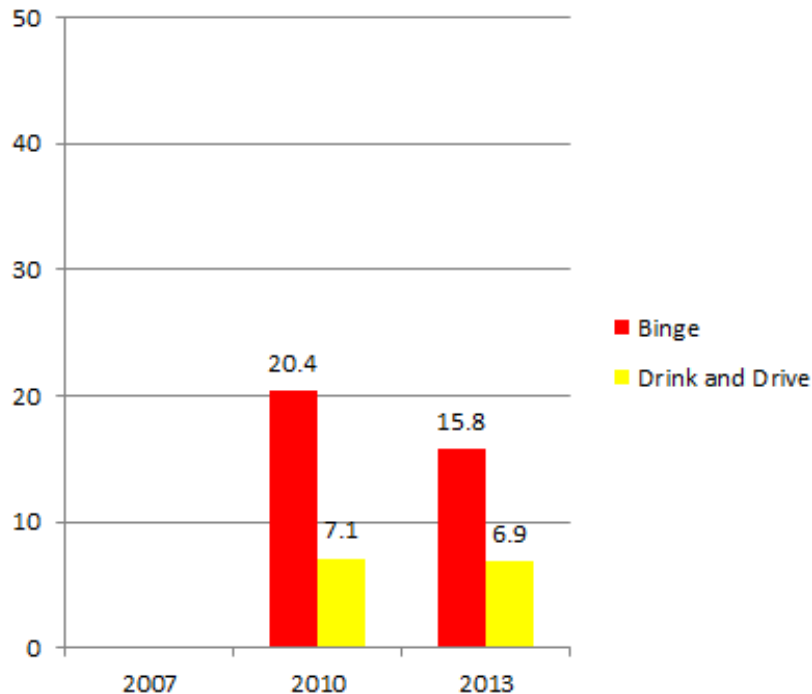
How has the rate of **risky alcohol use** in La Crosse County changed since 2009?



Risky Alcohol Use

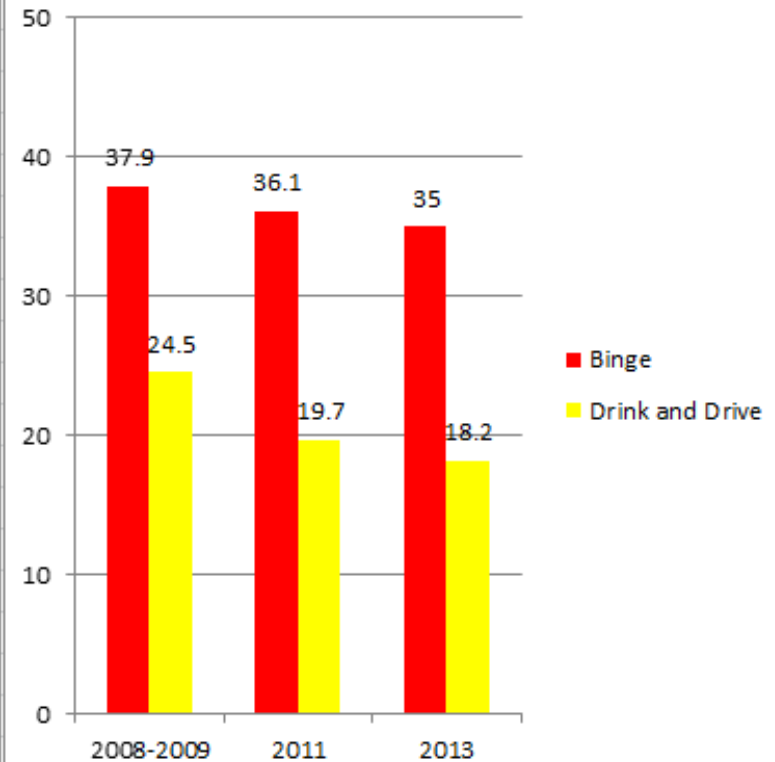
La Crosse County High School Youth

(Source: YRBS)

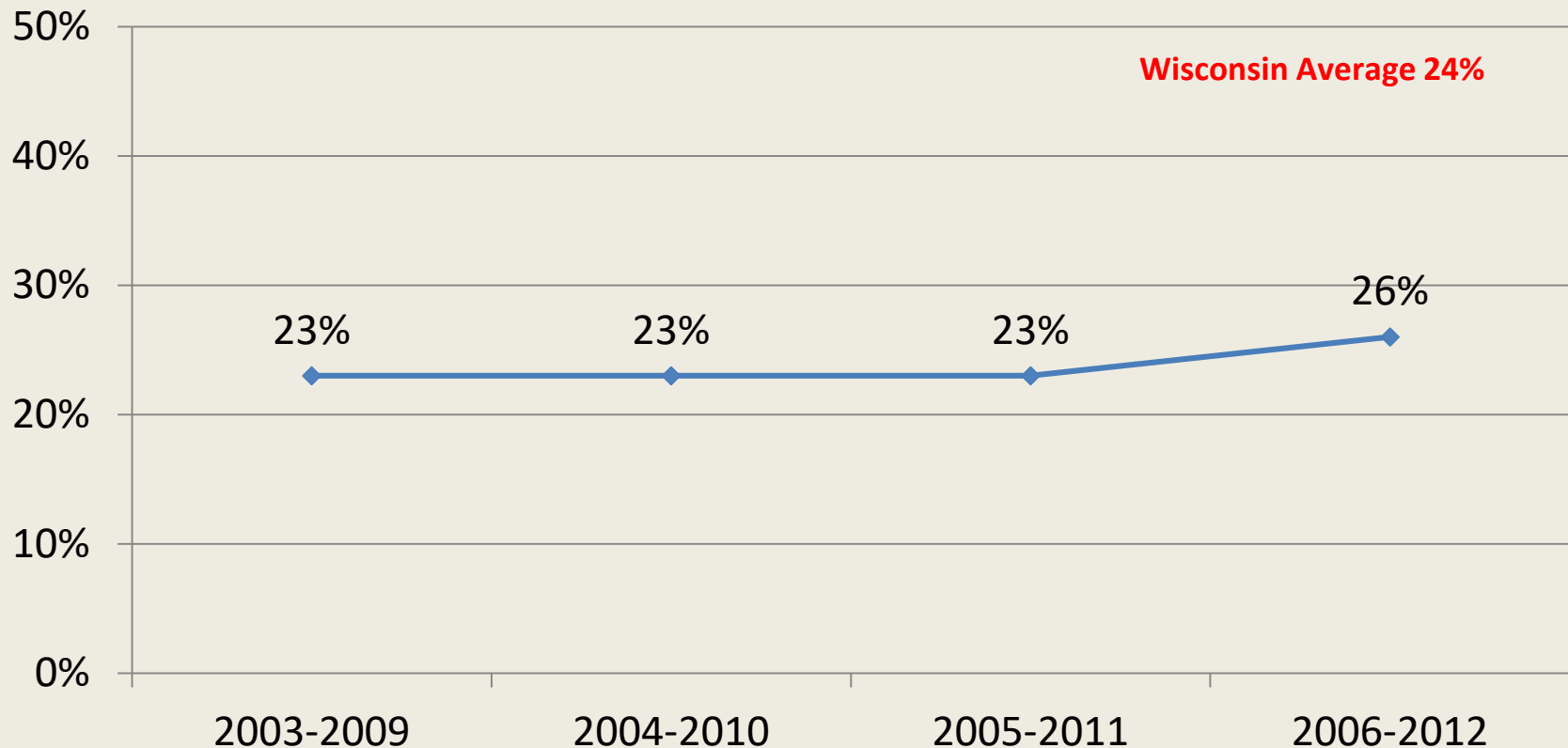


La Crosse College Students

(Source NCHA)

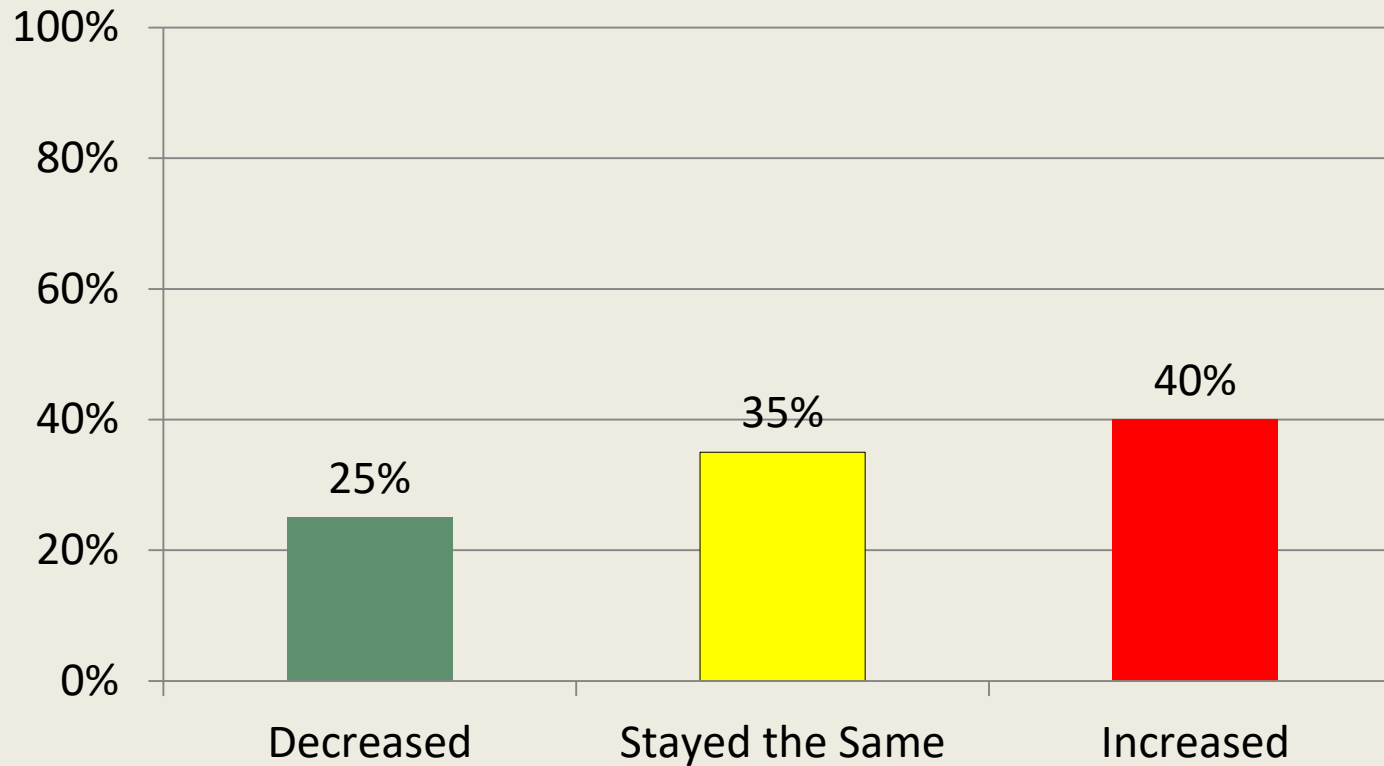


Percentage of adults reporting binge or heavy drinking



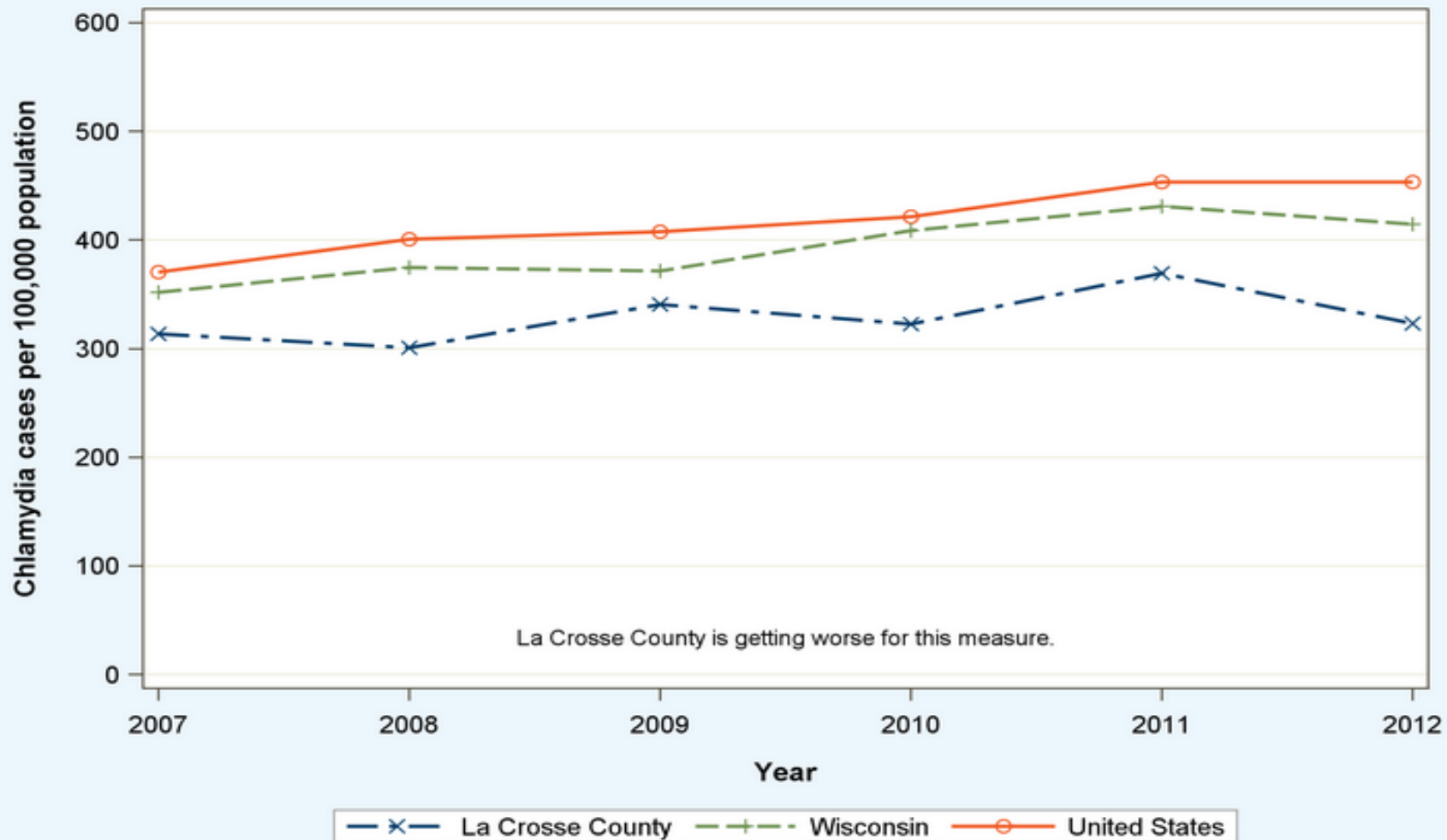
Have we made a difference?

How has the rate of **sexually transmitted diseases/infections** in La Crosse County changed since 2009?





Sexually transmitted infections in La Crosse County, WI County, State and National Trends



Please see Measuring Progress/Rankings Measures for more information on trends

Have we made a difference?

Summary

Problem	Expert Assessment/Impression
Obesity	Same – though improvements in access to food and physical activity opportunities
Tobacco	Improved except OTP (other tobacco product use) worse
Mental Health	Worse? – though improved awareness
Risky Alcohol Use	Same – though improvements in underage consumption
Sexually transmitted infections	Worse? – though improved awareness
Overall Health	Improved?

Culture Shifts

- Culture ate strategy for lunch- *Ford Motor Company*
- Change starts when someone sees the next step - *William Drayton*
- Culture does not change because we desire to change it. Culture changes when the organization is transformed; the culture reflects the realities of people working together every day - *Frances Hesselbein*
- Change is not a process for the impatient. - *Barbara Reinhold*
- A change in CULTURE takes time.



2.bp.blogspot.com



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www.pinterest.com



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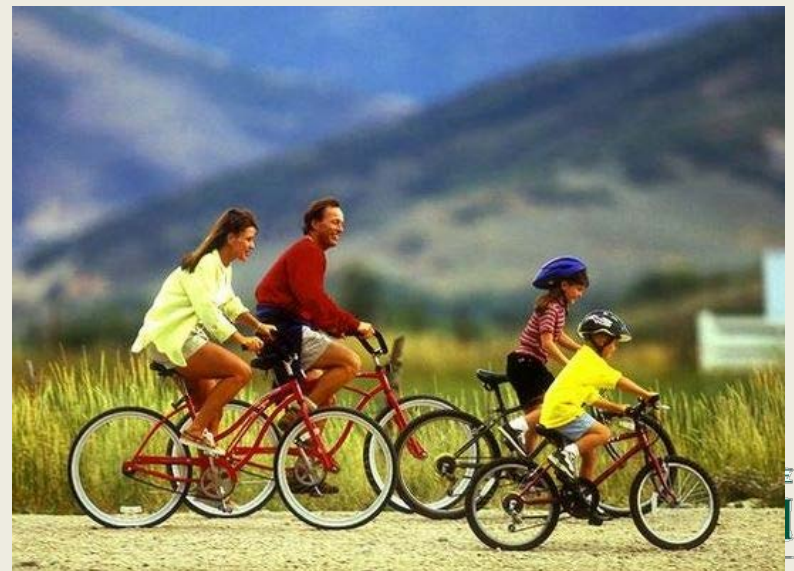


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Have we made a difference?

Have we changed the Culture?

- 2009 Wisconsin passed a policy prohibiting cigarette smoking at indoor worksites including restaurants and bars. Went into affect July of 2010.
- City of Onalaska banned e-cigarette use at worksites/public places
- At least 365 La Crosse County rental properties are smoke-free.
- All public elementary schools have adopted Farm2School programs.
- All walk-able public elementary schools have Safe Routes to School programs.
- New I-90 Bridge will accommodate bicycles

- La Crosse County, La Crosse, Onalaska, Holmen & West Salem have adopted Complete Streets policies or resolutions.
- Farmer's markets and community gardens in La Crosse County have proliferated!
- Cameron Street Market is taking EBT and debit cards.
- Food sustainability efforts have expanded – Hillview Urban Agriculture, Grow La Crosse
- CARE (Crisis Assessment Recovery Empowerment) Center opened in May 2010
- Gundersen Health System opened a new Behavioral Health Hospital in 2013
- Teen Center has grown significantly in programming and use and is addressing mental health

- Annual Suicide Prevention Summits started in 2009 and have increased awareness of suicide and stigma. We are the first community nation-wide to launch the “Changing Directions” initiative
- Heroin Task Force – formed with GREAT SUCCESSES
- Passed Social Host ordinance in La Crosse and Onalaska
- Corporate/Worksite Wellness has become a priority – launching Well County Initiative with the Wellness Council of America
- Neighborhood revitalization – Powell Poage Hamilton, Washburn, Lower Northside Depot
- Community Policing
- The Warming Center opened a new location in November 2014 after outgrowing previous space – opened in 2012.

Bright Spot

<https://www.youtube.com/watch?v=RGIkDUALSXA>

Accomplishments

http://prezi.com/dwzjlwdy1ca7/?utm_campaign=share&utm_medium=copy&rc=ex0share

Bright Spot

<https://www.youtube.com/watch?v=WQwNsHIIJY4>

BUILDING A CULTURE OF HEALTH – ARE WE THERE YET?

Healthy County La Crosse Summit 2015
April 17, 2015

Karen Timberlake
Director, UW Population Health Institute





HOME

ABOUT US

PROGRAMS

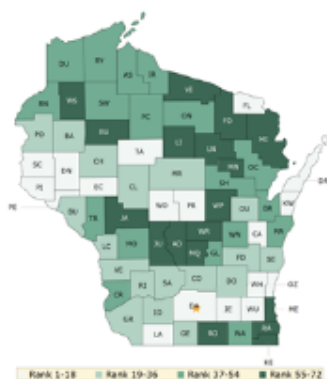
PUBLICATIONS

EVENTS



2015 County Health Rankings Released!

2015 Health Outcomes - Wisconsin



ANNOUNCEMENTS

2015 County Health Rankings Released!

March 2015 eNews Catch-Up Briefing Report

E-Cigarettes: An Update on the Science April 15, 2015

Medicaid Provider Payments: Hospitals, Cost-Shifting, and Primary Care Services

2014 Wisconsin Health Trends: Progress Report Now Available

New website available with hospitals and health departments' priorities for improving Wisconsin's health

Wisconsin at Crossroads for Health Care Reform, Reports Study by Population Health Institute Author

EVALUATION RESEARCH

Adolescent Alcohol and Drug Involvement Scale (AADIS) / Adolescent Drug Involvement Scale (ADIS) Scale

Behavioral Health--Prevention and Treatment

Health Disparity-Related Programs

Infrastructure/Services

Health Promotion

Criminal Justice/Correctional Health
Program Evaluation Shared Service

HEALTH POLICY

Evidence-Based Health Policy Project

Cost, Coverage, & Access

Health Reform

Health Impact Assessment (HIA)

E-Health

Health System Performance

Selected Sources of Data and Policy Analysis

**MOBILIZING ACTION TOWARD
COMMUNITY HEALTH (MATCH)**

County Health Rankings & Roadmaps

Healthy Wisconsin Leadership Institute

Making Wisconsin the Healthiest State

Population Health Service Fellowship

Recent Projects

What Works for Health

Wisconsin County Health Rankings

Challenges for Today

- ✓ Be part of establishing a transformative vision for La Crosse – Building a Culture of Health
- ✓ Commit to connecting your efforts through collective impact
- ✓ Go deeper rather than broader – identify common root causes for health challenges and work across sectors, across initiatives, to address them

1. ESTABLISH A TRANSFORMATIVE VISION – A CULTURE OF HEALTH



BUILDING A CULTURE OF HEALTH

What does building a culture of health mean to you?

Culture of Health – Where Are We Today?

- ❑ Good health flourishes across geographic, demographic, and social sectors.
- ❑ Being healthy and staying healthy is valued by our entire society.
- ❑ Individuals and families have the means and the opportunity to make choices that lead to healthy lifestyles.
- ❑ Business, government, individuals, and organizations work together to foster healthy communities and lifestyles.
- ❑ Everyone has access to affordable, quality health care.

Culture of Health – Where Are We Today?

- ☐ No one is excluded.
- ☐ Health care is efficient and equitable.
- ☐ The economy is less burdened by excessive and unwarranted health care spending.
- ☐ The health of the population guides public and private decision making.
- ☐ Everyone in our community understands that we are all in this together.

Culture of Health – How Will We Know?

- **Making Health a Shared Value**

- People strongly agree that health is influenced by their peers and their communities
- People indicate they have adequate social support from family and friends.

- **Fostering Cross-Sector Collaboration to Improve Well-Being**

- Local health departments collaborate with community organizations and employers who promote better health in the workplace.

Culture of Health – How Will We Know?

- **Creating Healthier, More Equitable Communities,**
 - Grocery stores, farmers' markets, and safe sidewalks throughout communities
 - Children attend preschool
 - Housing is safe and affordable
- **Strengthening Integration of Health Services and Systems,**
 - Quality, efficiency, equity of health and healthcare systems

2. HARNESS COLLECTIVE IMPACT

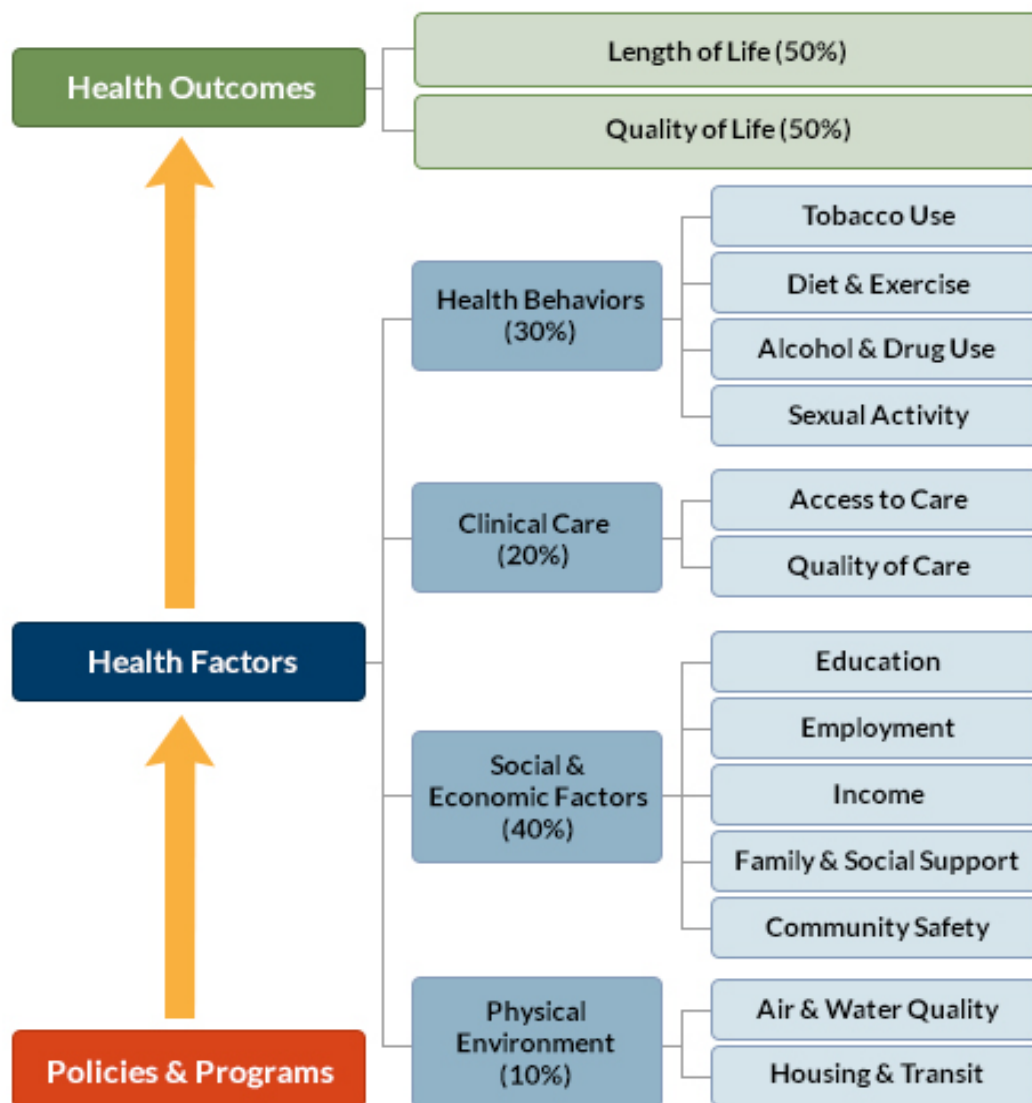
You Are Solving Wicked Problems

- Difficult to define/many definitions
- Root causes and solutions span organizational and sector boundaries, responsibilities
- Solutions involve changing policy, as well as organizational and individual behavior
- Seemingly intractable; history of failed attempts
- No clear solution
- Solutions may create new problems

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



County Health Rankings & Roadmaps

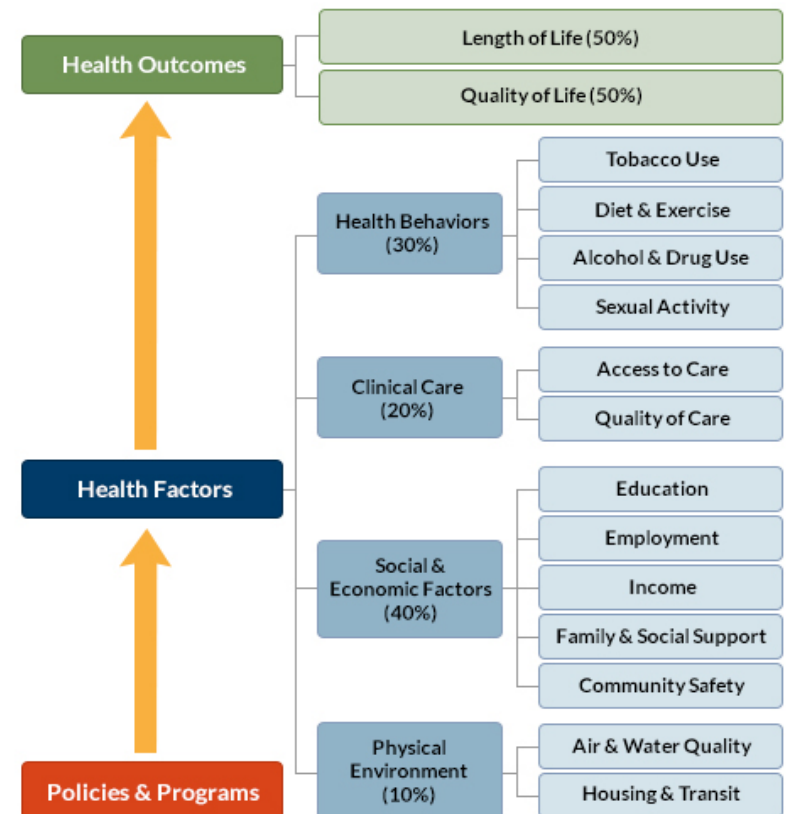
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



FOUNDATION OF ROADMAPS

- ▶ 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



Why Is Collective Impact Taking Hold?

- Today's approach: isolated impact
 - Find and fund “a solution” embodied within a single organization
 - “Scale up”
- Doomed to fail: which one organization, even one sector, owns “injury and violence prevention?”
- Creates redundancy and waste



The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Phases of Collective Impact


Components for Success	PHASE I Initiate Action	PHASE II Organize for Impact	PHASE III Sustain Action and Impact
<i>Governance and Infrastructure</i>	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
<i>Strategic Planning</i>	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
<i>Community Involvement</i>	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
<i>Evaluation and Improvement</i>	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Framing Questions

- **What** is the problem you are trying to solve?
- **Who** must be engaged?
 - Do you have **all** the right eyes on the problem?
- **How** should individuals and organizations work together?
 - Change happens at the “speed of trust” [Covey]
 - **Build** alignment around the agenda, competency in using data, committing to continuous learning, **before** picking solutions
- **How** will change happen?
 - Complex problems require adaptive solutions – focus attention, create the space for hard conversations, build engagement and alignment of effort

When Collective Impact Works, What Is Possible?

- Local individuals or organizations begin to **work together differently**, and find and adopt new solutions as a result
- A successful strategy that is **already working** locally, but is not systematically or broadly practiced, is **identified and spread** more widely
- Evidence-based policy, practice, movement, resource from **outside** the community is identified and applied



Brown County Community Partnership for Children:

Focus, Discipline, Leadership

- Healthy start and school readiness: 0 – 5
- Welcome Baby Visits
- Follow-up Assistance and Coordinated Direct Referrals
- In-home Visits
- Parenting Support Classes



Connecting the Dots:



When families and caregivers enable optimal early childhood development, then children will start school safe, healthy and ready to succeed.

When children start school ready to learn, they are more likely to read at grade level by third grade.

When children read at grade level by third grade, they are more likely to graduate from high school.

When children graduate from high school, they are more likely to go on to higher education, military service and/or enter the job market as taxpaying citizens.

Employable, invested, taxpaying citizens are critical to a vital economy and overall way of life.



Community Partnership for Children

- **Common Agenda:** Ensure all children born and living in Brown County are safe, healthy, and prepared for school
- **Backbone:** United Way
- **Aligned Activities:** Hospitals, early childhood, home visiting – adopt evidence based practices
- **Communication:** Website, meetings, reports
- **Shared Measurement :** See their report:
 - <http://www.browncountyunitedway.org/docs/2013%20midyear%20Report%20sept%202013..pdf>

From CPC to Cradle to Career

“The Cradle to Career Civic Infrastructure discussed at the summit is **not a program**, but a **way in which a community comes together** around a vision and organizes itself to identify what gets results for children; improves and builds upon those efforts over time; and **invests the community’s resources differently** to increase impact.”



LIVE UNITED

Make An Impact

Get Involved

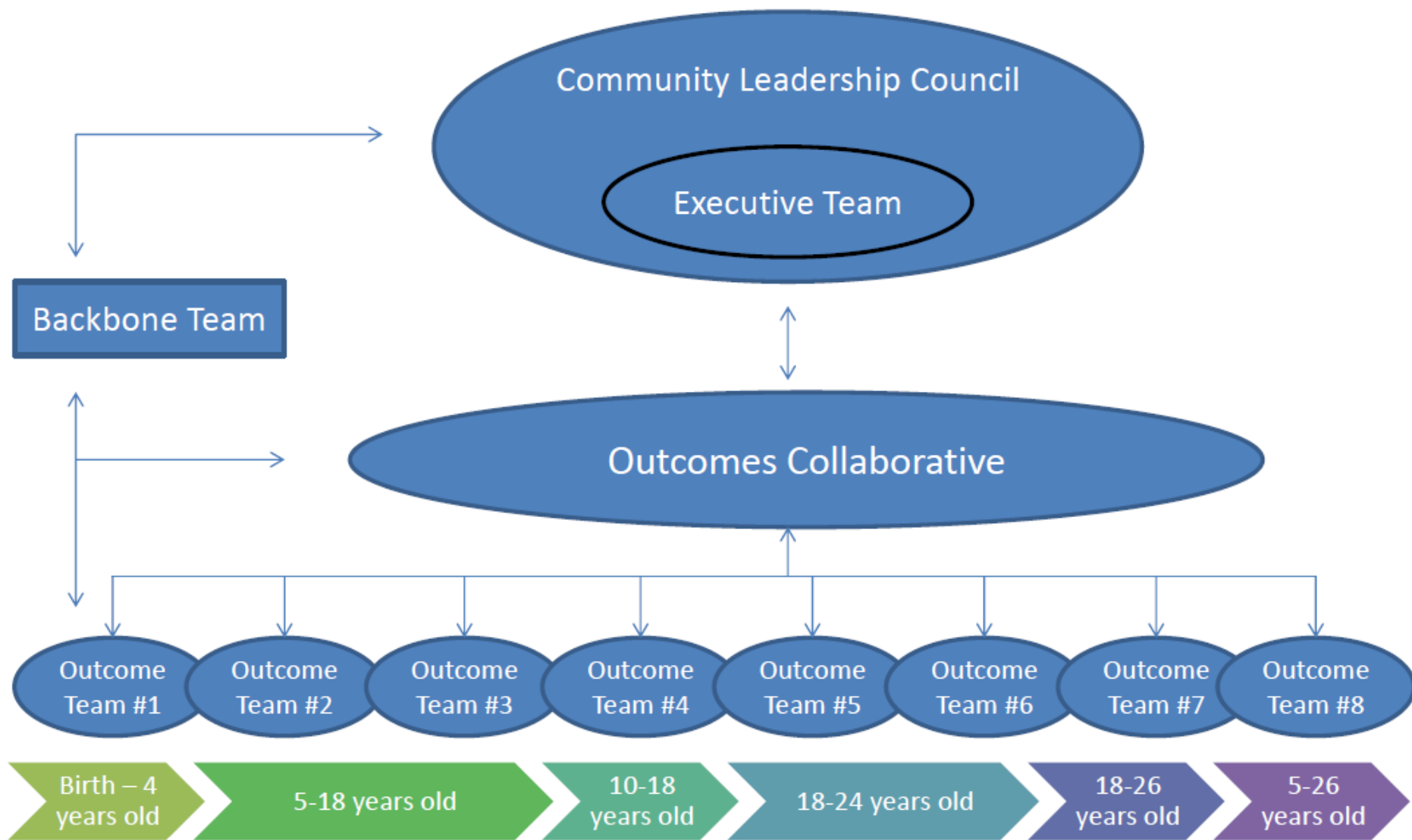
Get Connected



Cradle to Career

A Brown County Initiative





[JOBS](#) [CARS](#) [HOMES](#) [APARTMENTS](#) [SHOPPING](#) [CLASSIFIEDS](#)

greenbaypressgazette.com



A GANNETT COMPANY

FEATURED: [State of Opportunity](#)

Editorial: Potential of community's 'collective impact' enormous

10:54 PM, Sep. 21, 2013 |  0 Comments




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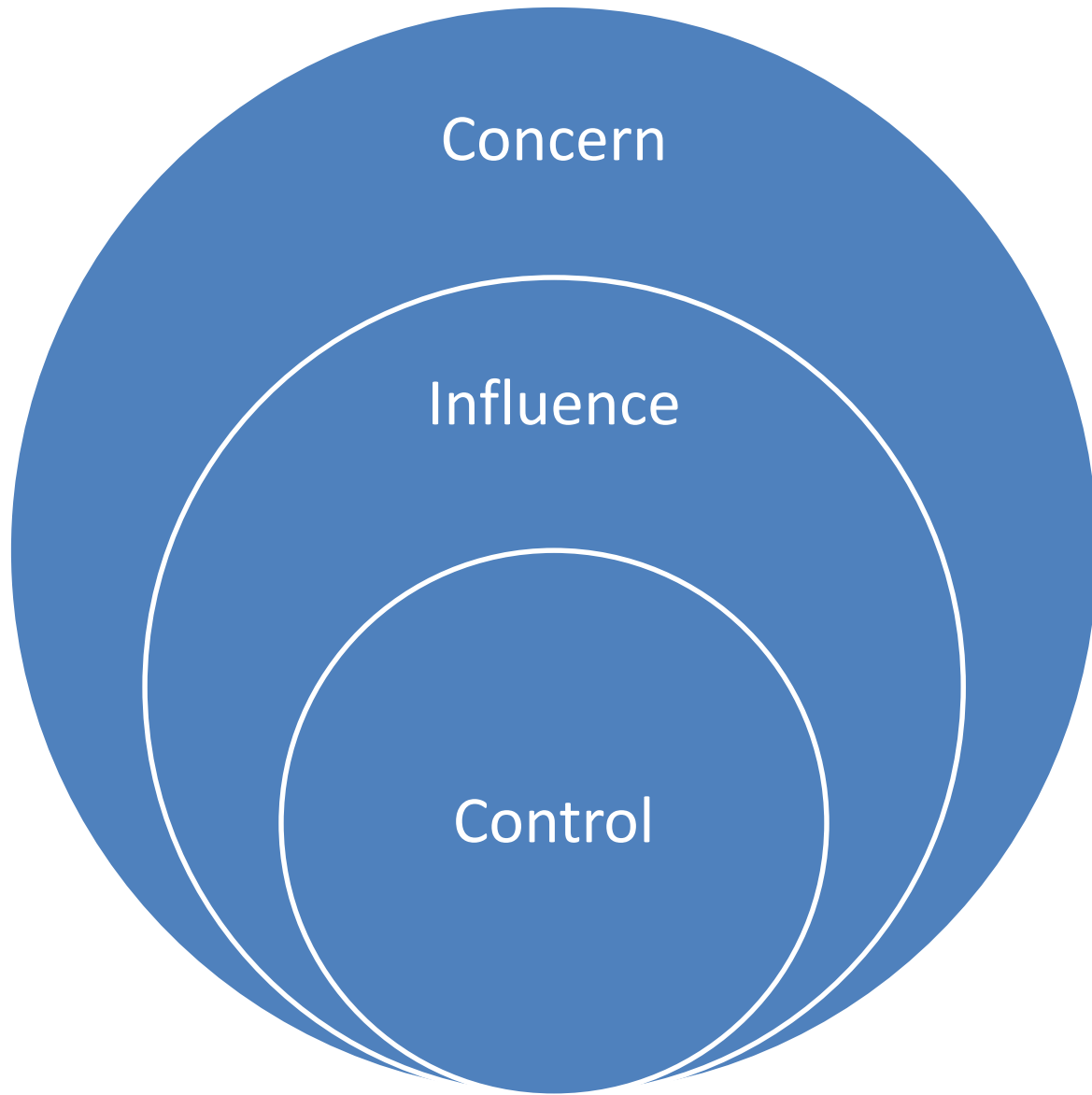
The group that gathered last week at Rock Garden for the Cradle to Career summit was a relative who's who for Green Bay and Brown County. Elected officials, [business leaders](#) , educators, philanthropists and folks who earn a living helping others spent a full day learning about an exciting new initiative that is taking shape this fall.



**3. GO DEEPER RATHER THAN BROADER -
SOCIAL AND ECONOMIC DETERMINANTS AS
COMMON ROOT CAUSES (AND SOURCE OF
YOUR COMMON AGENDA?)**

HEALTH PROBLEM ANALYSIS WORKSHEET

Health Problem	Risk Factor	Direct Contributing Factor	Indirect Contributing Factor
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Adapted from Stephen Covey

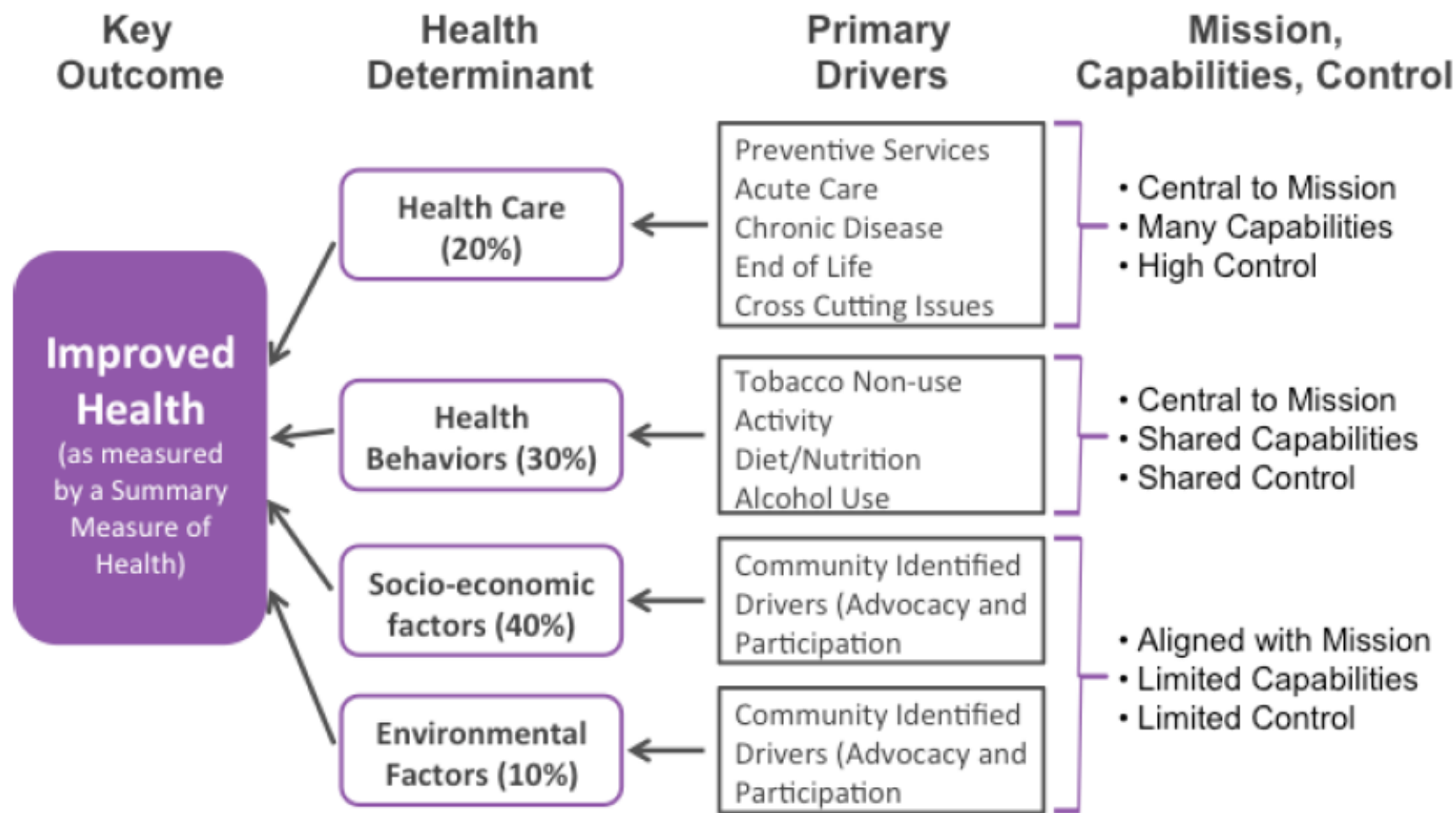
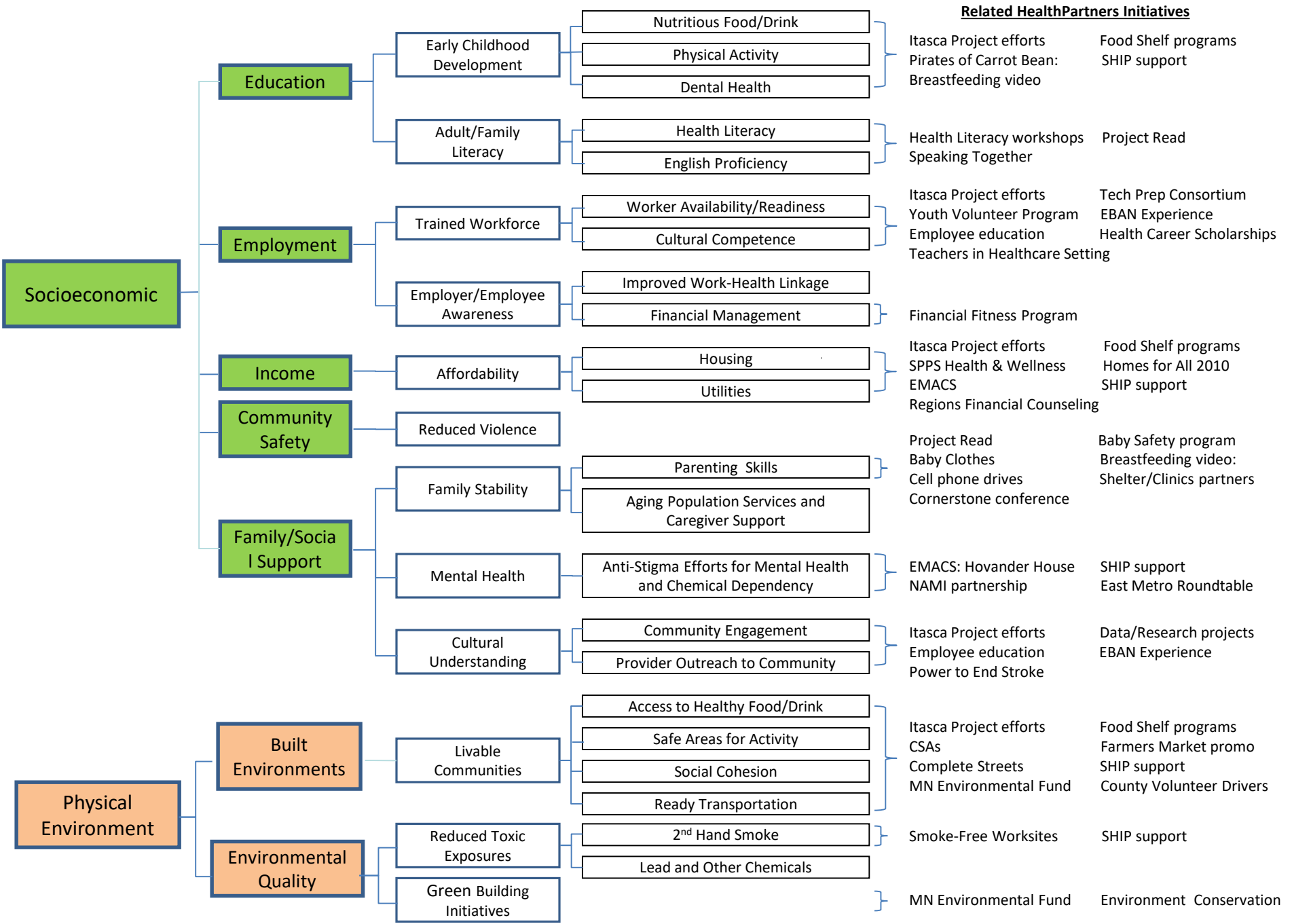
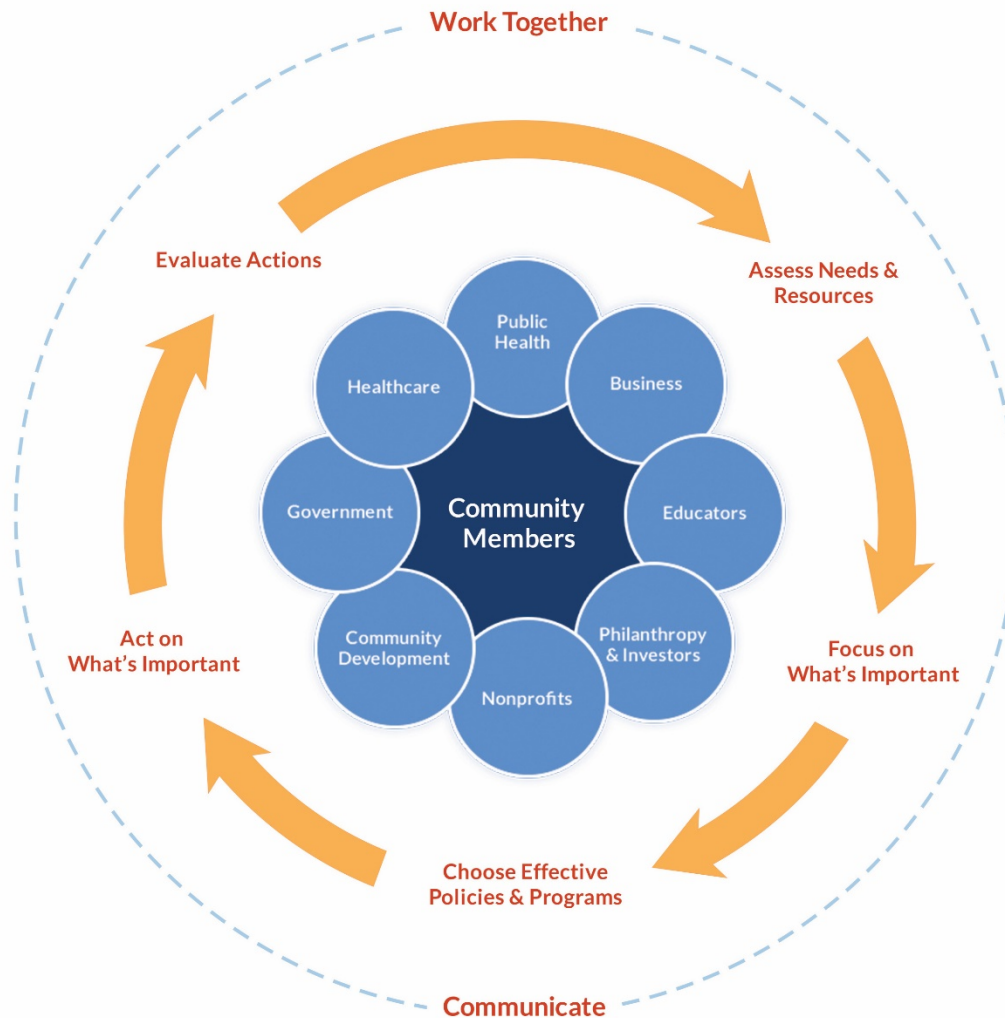


FIGURE 6-1 HealthPartners health driver analysis for priority setting.

SOURCE: Isham presentation, July 30, 2014, adapted from G. Isham and D. Zimmerman, presentation, HealthPartners Board of Directors Retreat, October 2010. Reprinted with permission.



How Will You Make This Real for All Sectors?



Better Practice - Approaches to Consider

Innovative Financing Vehicles				
Charitable hospital community benefit	For tax exemption, nonprofit hospitals must file report to IRS of their community benefit. ¹⁹ Activities that meet this requirement must improve community health or safety, meet at least one community benefit objective, and respond to a demonstrated community need (determined through health needs assessment conducted every 3 years).	Varies with funded intervention	Low to moderate risk.	As ACA coverage for uninsured rises, charity care should decrease, freeing resources for non-clinical investment.
Pay for success or social impact bond	Government agrees to pay an organization for an intervention if it meets specific, measurable goals in a set time. ³⁴ Organization secures funding from investor(s) to cover program costs and providers. Third-party evaluator assesses outcomes. If intervention achieved goals, government pays the implementing organization, which repays its investors. If not, government does not pay; investors are not repaid with public funds. ³⁵	Medium	Moderate risk (with experience). To attract capital, organizations must mitigate risks and offer high financial returns.	Several states use social impact bonds; 12 others considering them. ³⁶ Early involvement in health sector.
Community development financial institutions (CDFIs)	CDFIs attract public and private funds—including from the Treasury Department's CDFI Fund—to create economic opportunity for individuals and small businesses, quality affordable housing, and essential community services. ³⁷ All are private sector, market driven, and locally controlled. Closely tied to the Community Reinvestment Act. ³⁸	Long	CDFIs reduce financial risks for projects.	About 1,000 nationwide, with most focusing in urban areas.
Program-related investments	Foundations invest in charitable activities that involve potential return on capital within a set time. ³⁸ They provide flexible loans, loan guarantees, and equity investments in charitable organizations and in commercial ventures that have a charitable purpose. Capital resulting from the investment is recycled for further charitable investment.	Varies with funded intervention	Foundations use endowments to absorb risks that hinder private investors.	Few hundred U.S. foundations make program-related investments.
Prevention and wellness trusts	State or community raises a pool of money that is set aside for prevention and community health. Funds for trust often come from taxing insurers and hospitals, but can come from pooling foundation resources or redirecting existing government funds. ³⁹	Varies with funded intervention	Medium risk; mix of innovation and evidence-based interventions.	Model is the philosophy behind Prevention and Public Health Fund.

*Time needed to generate financial savings.

What's the Opportunity Here?

Alignment.

- This is a **unique** collaboration; no real equivalent in the state
- **Build on** existing efforts in community health to drive a focus on social/economic determinants of health
 - What are the upstream drivers of the health challenges you are focusing on?
- **Strengthen** your focus on policy, systems, environmental change – we cannot “program” our way out of this
- Many **potential roles** to play – shine a spotlight; convene; fund; catalyze other funding/engagement; participate at others' tables (not a bad option!)
- **Go deeper rather than broader – consider a focus on common root causes as your next phase of work**

THANK YOU AND GOOD LUCK!

Break

Please help yourself to refreshments

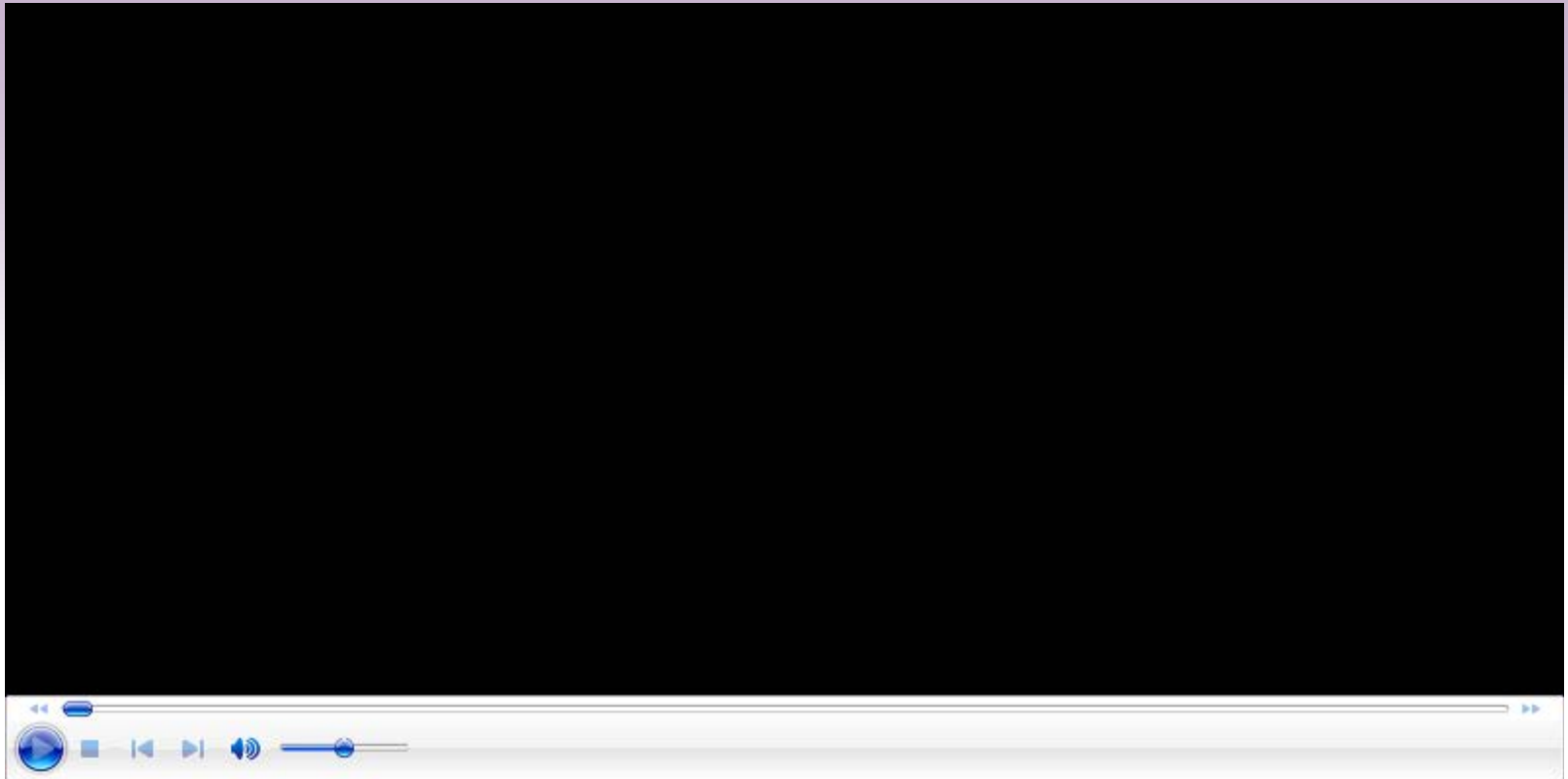
Back in 15 minutes...

Health Happens Here

Adverse Childhood Experiences Study: Social Determinants of Health

*Denyse Olson-Dorff, PsyD
Department of Behavioral Health
Gundersen Health System
April 17, 2015*

How Brains Are Built Video





ACES

The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the course of a lifetime.



ACES

ACE study cohort:

Middle class Americans

≥ 17,000 adults

High quality health insurance

**80% Caucasian & Hispanic, 10% Black,
10% Asian**

Mean age = 57

Half men, half women

Cannot be dismissed as “*not in my community*”.

ACES

ACES defined: Physical, sexual and emotional maltreatment, and growing up with

- Intimate partner violence against the mother**
- Household substance abuse, mental illness or suicidality**
- Parental separation or divorce**
- Household member in prison**

ACES

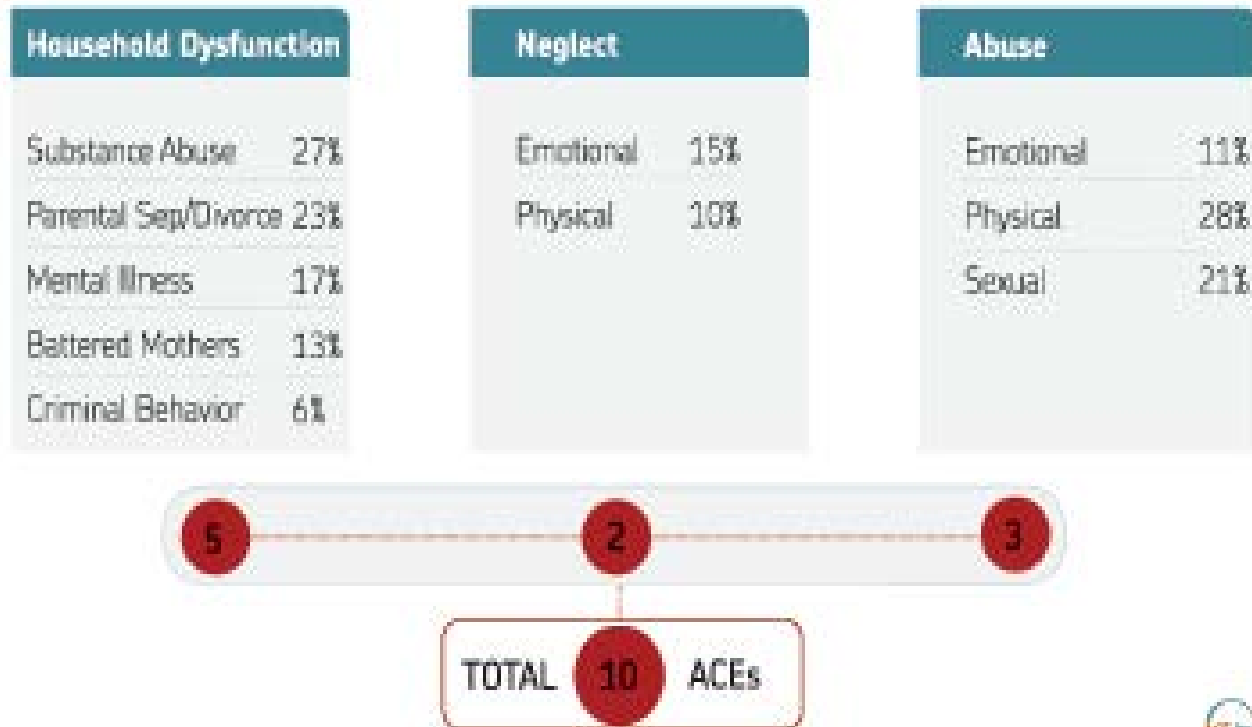
ACE score:

Number of categories of adverse experiences that occurred to the person as a child.

ACES

Method: To follow the cohort forward to match the ACE score prospectively against doctor office visits, emergency room visits, hospitalization, pharmacy costs and death

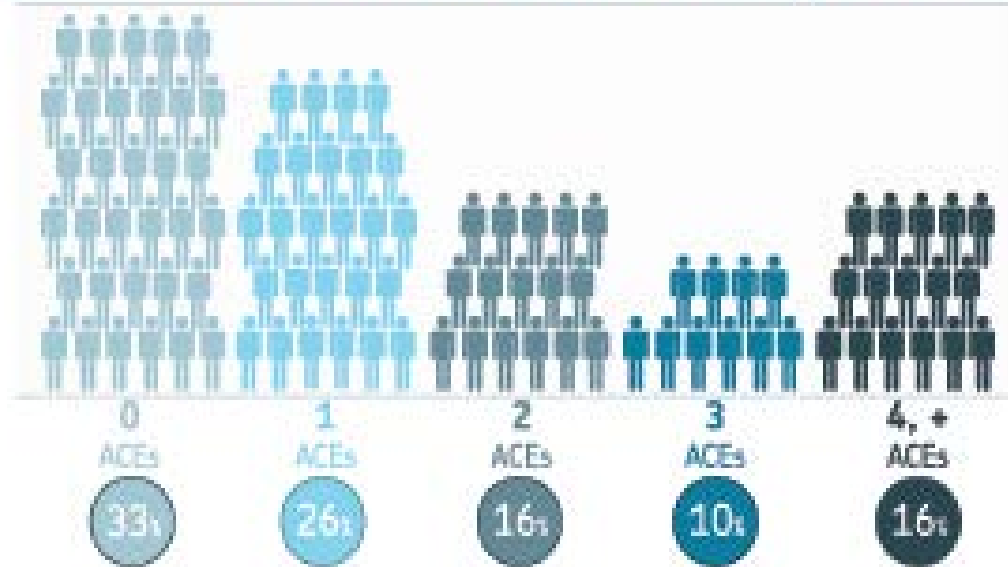
Adverse Childhood Experiences **ARE COMMON**



ACE Inference © 2014

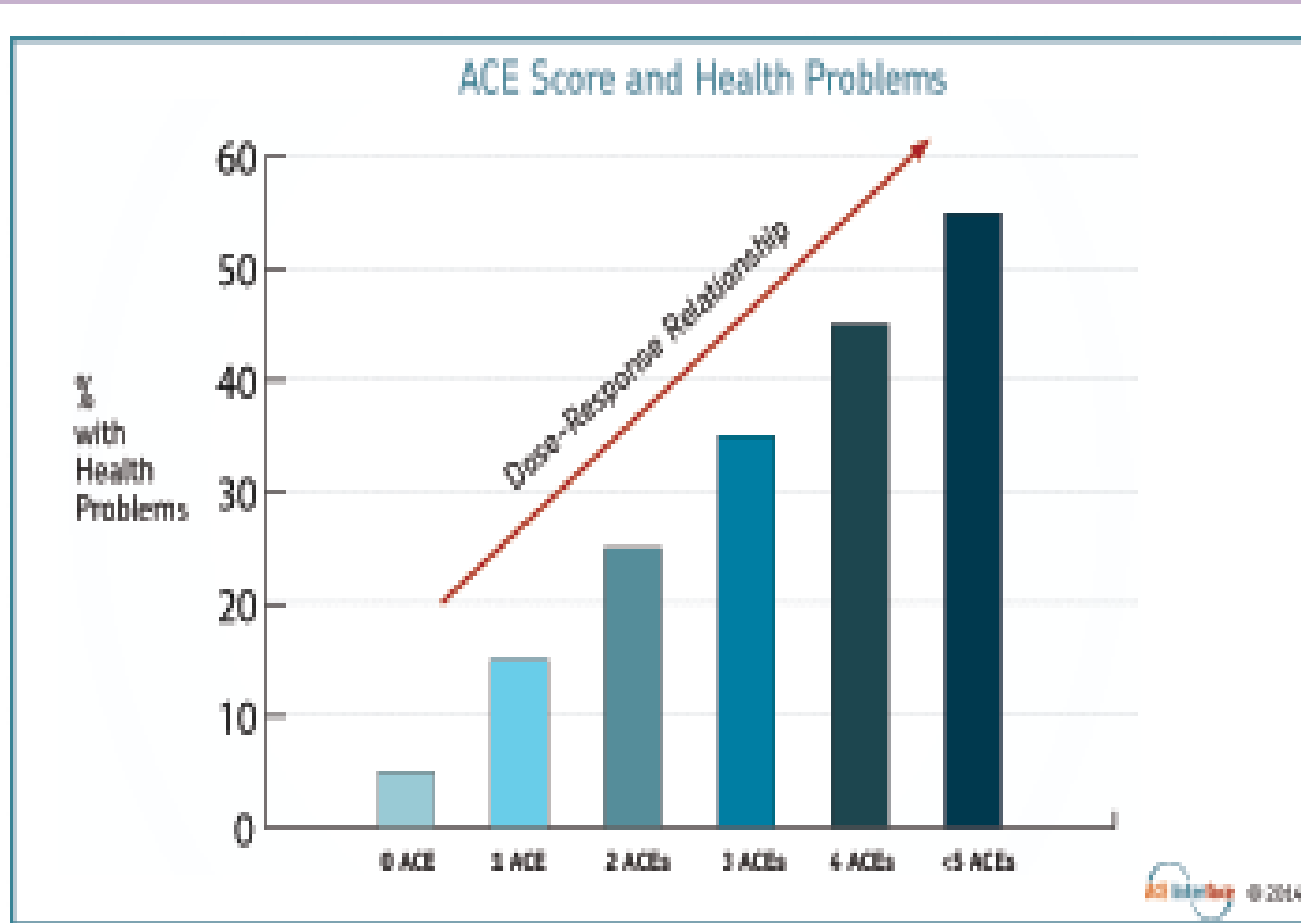
GUNDERSEN
HEALTH SYSTEM®

ACE Score = Number of ACE Categories



ACE Scores Reliably Predict Challenges During the Life Course

 © 2014



With an ACE score of 4 or more, the majority of adults have multiple risk factors for the 10 most common diseases responsible for death in the United States, or they have the disease itself.

With an ACE score of 0, the majority of adults have few, if any, risk factors for these diseases.

ACE and Life Expectancy

“...individuals with an ACE score >6 had a lifespan almost two decades shorter than seen in those with an ACE score of 0 but otherwise similar characteristics...”

Felitti, 2010

The ACE data changes how we think about medical care and how to improve the physical and mental health of populations.

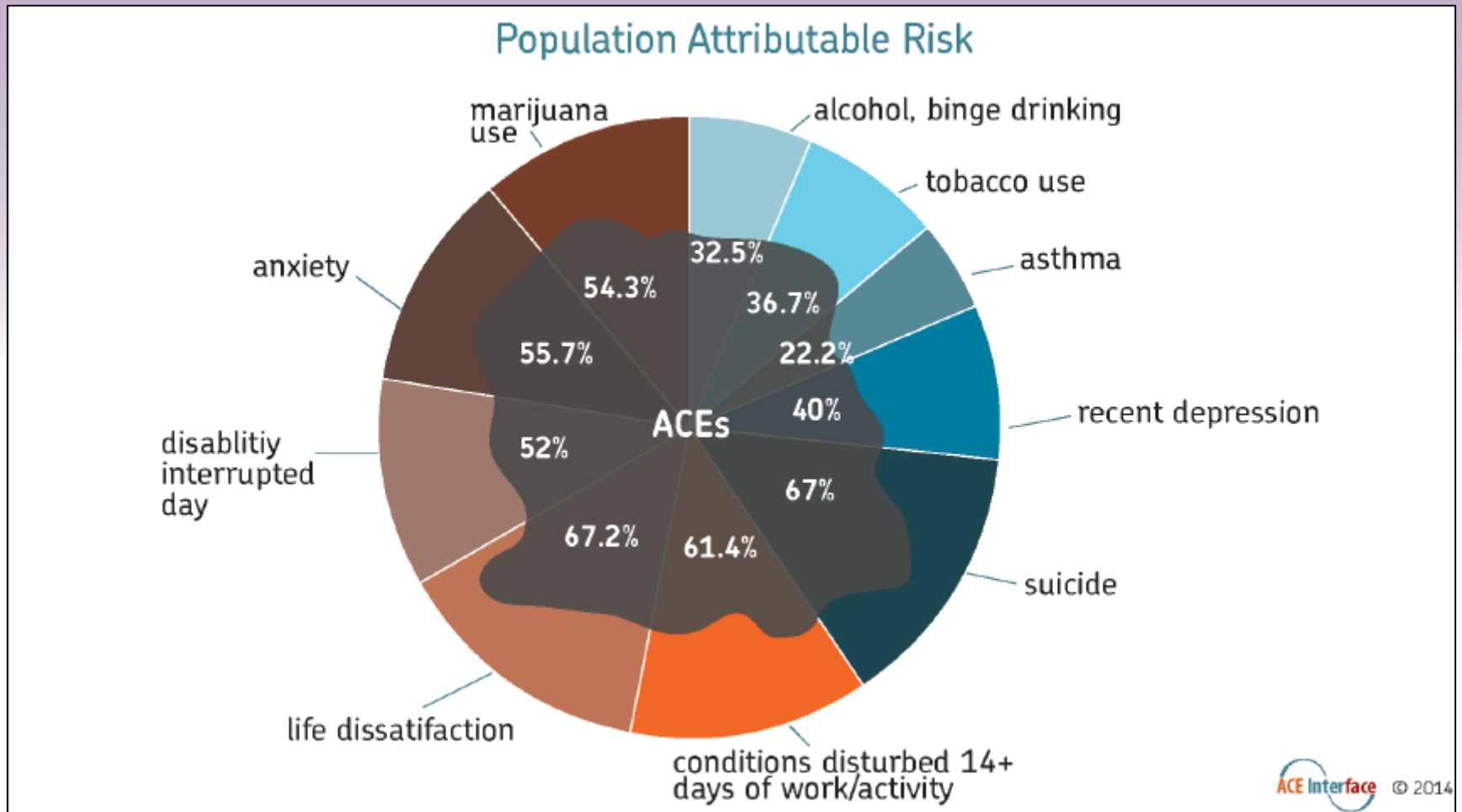


ACES

HOW DOES THIS HAPPEN?

Childhood abuse and emotional trauma have profound and enduring effects on neuro-regulatory systems which mediate medical illness, behavior and learning from childhood into adult life.

Percentage of Problems Caused by ACES



Everyone in the community
can prevent the accumulation
of ACEs and build resilience



HOW?

ACE INTERFACE, 2014



GUNDERSEN
HEALTH SYSTEM®

Developing the Community Response

- **Expand Leadership**
- **Come Together**
- **Learn Together**
- **Use Data & Results to make decisions**

ACE INTERFACE, 2014

GUNDERSEN
HEALTH SYSTEM®

- **Where will you lead us?**
- **How will we come together?**
- **What will our mutual learning bring about?**

ACE INTERFACE, 2014

GUNDERSEN
HEALTH SYSTEM®

**Thank you for your interest in learning more about
Adverse Childhood Experiences Study**



Let's Build and Grow Together!

GUNDERSEN
HEALTH SYSTEM®

Bright Spot

<https://www.youtube.com/watch?v=ngszNoEFFjE>

Accomplishments

http://prezi.com/agdckp9dvwxy/?utm_campaign=share&utm_medium=copy&rc=ex0share

Bright Spot

https://www.youtube.com/watch?v=WCsSl3ZI_FE

Music Credit

Warm Up (instrumental) from One Step Away
(Remastered) by Fresh Body Shop

Breakouts

1. Introduce yourself and why you are here today.
2. What is something new you learned today?
3. How do your current activities (volunteer or work) contribute to a Culture of Health?
4. How does what you heard today shift your thinking about your role in improving the community?
 - Consider where you live, work, worship and play
5. Who else could you connect with to work towards a Culture of Health?

On the Horizon...

- United Way – Collective Impact – Jason Larsen
- Y Teen Center – Lisa Luckey
- Change Direction – Dr. Todd Mahr
- La Crosse Housing and Rehabilitation - Mayor Tim Kabat
- La Crosse Family Collaborative - Audra Martine
- Well County La Crosse Initiative – Sarah Havens

In 6 words or less, tell us...

**What does a Culture of Health
mean to you?**

Thanks for attending!
See you next year!