



Jan O'Neill, MPA, Community Coach, County Health Rankings & Roadmaps

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The healthcare landscape continues to evolve. What do you see as the primary opportunities for public health organizations?

I think public health organizations have an opportunity to reframe the public conversation about what health means. When health is defined broadly as not only access to high quality healthcare, but also health behaviors, social and economic factors, and the physical environment, then every member of a community can see their role in creating conditions for healthier lives. Public health organizations can frame this conversation in the language that matters to other sectors. For example, since educators care most about student achievement, public health can help connect the dots between graduation rates and post graduation education, employment, income, and long, healthy lives.

There’s another opportunity in that public health is often viewed as a neutral party. Because of this, they can play a critical role as conveners and facilitators of cross-sector partnerships. They can bring data to the table and help focus the conversation on the needs and assets of a community, without being perceived as having a specific agenda. Through the data, they can help their communities see where inequities exist; through the use of effective strategies, they can help strengthen all people’s voices and contributions.

I also think public health organizations have an opportunity to advocate for health in every policy, especially when these organizations reside within a local government. By being part of the system, they can work collaboratively with elected officials and staff to ensure that, for example, master plans include pedestrian and bike friendly streets, parks and trails, and access to healthy foods in every neighborhood. When public health partners with policy makers, more equitable conditions can be created for all residents in a community.

What do you see as the primary challenges for public health?

Shrinking resources and a widening gap between the “haves and the have not’s” are very real external challenges. But public health leaders who adopt this time

as an opportunity to mobilize diverse financial and non-financial resources, with an eye toward minimizing waste and maximizing value, are making real headway in sustaining health improvement efforts in their communities. When all the partners in a community come together to align and coordinate efforts, much more can be accomplished than if everyone is competing for limited resources.

Another challenge, one shared with healthcare, is that public health can fall in love with data and get stuck in “analysis paralysis.” Sometimes a community will engage in assessment after assessment, never moving into focusing on priorities and taking action. If we’re going to move the needle, it’s important that data gathering leads to implementation of evidence informed programs, policies and systems changes, as well as a willingness to try out innovative approaches.

I think another challenge—generally, for every organization—is leadership capacity, particularly because so many people are retiring now. The next generation of leaders is bright, capable, energetic, but there’s also value in institutional memory which can get lost when experienced leaders retire. When organizations value reflection and learning as part of their cultures, they ensure they don’t lose what’s worked well in the past, while building on fresh, new ideas for the future.

What do public health organizations need in order to be successful? What are three specific actions public health organizations can take to move toward being more successful?

First, re-frame the mission from direct service to policy advocacy and leadership capacity-building. The role then becomes one of facilitating policy development, bringing data to policy, systems and environmental change work, convening community partnerships to create a coherent strategy for health improvement.

Second, seek to understand the world of other sectors (their language, what’s important to them) so that you can help them build effective partnerships with each

other. Be the one to help people “connect the dots” between the multiple determinants of health. Guide them in recognizing “we are all in this together” and share a common vision for providing each and every community member with the opportunity of better health.

Third, engage with the community, not just with leaders. Value the voices and perspectives of all community members, and engage all, especially those most impacted, in creating and implementing solutions.

Why are you passionate about public health? What motivates you to go to work every day?

I am thrilled to be part of a movement that is building healthier communities, especially when I think of how this work is creating a better world for the next generation. Helping people create a culture of health where everyone in a community, regardless of their income, language, ethnicity, has an equal opportunity to live a long, high quality life—that’s worth going to work for each day!

Where do you see public health five years from now?

What I’d love to see is that in every community, public health is seen as a vital partner in making thoughtful and deliberate policy, programmatic, environmental, and systems changes that will improve the length and quality of life for all residents, changes that will be sustained over time because they’ve become institutionalized into daily practices.

Your organization is based in Wisconsin, but you work with public health providers across the country. How do you work with clients who are so remote?

County Health Rankings & Roadmaps, which is a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, actually works with people from all sectors of the community, not only public health, but also healthcare, education, business, government, etc., and probably the most important thing is to build trust and rapport. Specifically, we do our homework about the client, their community, their work. We prepare our coaching questions in advance but try not to “bombard” them. We work to find common ground with people right away, showing interest in their personal and work lives, and being willing to share about ourselves. We listen, reflect back, and ask open-ended questions. Ultimately, we build on a client’s strengths, helping them expand their capacity to lead health improvement in their communities.

What’s your role like? What are your primary responsibilities?

As part of the Roadmaps to Health Action Center team, I provide guidance to communities around the country that want to put the County Health Rankings into action for community health improvement, develop and improve the Action Center content, provide webinars on specific topics of interest (e.g. the changing role of public health), and write about communities’ use of our Action Center tools and resources (these are featured as “Community Spotlights” on our site).

Tell us a little bit about your background. How did you end up in your current position?

I started my career as a classroom teacher, and have taught at the preschool through university levels. After I received my Master’s degree in Public Policy & Administration from the University of Wisconsin, I consulted with state and local government agencies, hospitals, and insurance companies, helping them adopt quality improvement methods to improve their services and products. I then worked in a national firm where I consulted with manufacturing businesses, teaching team and process improvement skills. Because I’d never lost my love for education, when I left that firm, I co-founded a school improvement company, where we developed a national coaching program that supports school leaders in creating more collaborative, goal-focused learning cultures for students and teachers. After more than a decade working with schools, I decided to return to my public policy roots, and three years ago had the good fortune to meet Julie Willems Van Dijk, Co-Director of County Health Rankings & Roadmaps. I’ve been a Community Coach with the program for the past three years.

Are there any specific resources, tools, websites, etc. that you’d recommend to those looking for more information?

On our site www.countyhealthrankings.org you’ll find not only data about your county, but also tools for taking action in the [Action Center](#) and evidence-informed strategies in [What Works for Health](#).

Also on our site is information about the Robert Wood Johnson Foundation [Culture of Health Prize](#). We really want to encourage communities to apply—it’s not just about the money, but the process of applying can be a powerful community builder in itself. The [Poised for Progress](#) self-assessment on our site is a good place to check your readiness for applying, and also a great focusing tool for determining next steps on your community’s journey toward health.

Also, we encourage people to [contact us](#) with questions or assistance—thanks to RWJF, our assistance is at no cost for communities.

About *Jan O'Neill, MPA*

Jan is a Community Coach with the County Health Rankings & Roadmaps program, a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Jan's role is to provide strategic guidance to communities that want to put the Rankings into action for community health improvement. She is part of a team that coaches communities to build their capacity to make improvement, develops online tools to connect communities to evidence-informed strategies and "best practice" tools, and recognizes and celebrates communities building a culture of health. Jan received a Master of Public Policy & Administration degree from the University of Wisconsin LaFollette Institute. She is co-author of three books for educators: *Building Shared Responsibility for Student Learning*, *The Power of SMART Goals*, and *The Handbook for SMART School Teams* (2nd edition). Jan has over 25 years of experience in organizational development, having worked in a variety of environments, including health care, government, the private sector, and education.

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