

Attachment G

Assessment for Advancing Community Transformation (AACT) for RISE Conducted in the South Heartland Health District, Adams, Clay, Nuckolls and Webster Counties in Nebraska

Introduction: This assessment was conducted by the South Heartland District Health Department (SHDHD) to gauge how we are doing as a community: How healthy are our community collaborations? How well are we working together to assure ALL of our community members have the opportunity to be as healthy as they can be? The assessment is one component of the 2024 Community Needs Assessment and it will help us look at six main topics where communities focus when they work together on health equity improvement. We asked respondents to consider the word "community" to mean the "community of organizations" working together across the 4-county area (Adams, Clay, Nuckolls, Webster). The aggregate results from this survey will be brought back to the respondents for review and to choose 1-2 priorities we would all like to focus on. *This assessment was supported, in part, from funding to SHDHD from the NE DHHS Office of Health Disparities.*

What is Health Equity? Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. Refer to this video for a short overview of Health Equity: <https://www.youtube.com/watch?v=F8UAanK5WNA>.

Who completed the survey? SHDHD requested Community Health Improvement Plan (CHIP) Steering Committee members, from each of the 5 priorities, to complete the assessment, as well as the membership of the United Way's Community Impact Network. We also asked some leadership from our hospitals to participate.

The Assessment and Scoring: The assessment had 30 questions covering six main topics (themes): **Collaboration, Communication, Advance Equity, Plan for Action, Measure to Improve, and Sustainability**. Each main topic was followed by more specific items that respondents scored based on different stages of community progress. There were four stages of progress to choose among:

- (1) Not yet started
- (2) Starting: "We're early and still figuring things out"
- (3) Gaining skill: "We're getting the hang of this!"
- (4) Sustaining: "This is who we are and how we do our work."

Results: (1) Stage of Progress for each question (based on percent of respondents who scored each stage); (2) Average Score for each question; (3) Theme Score; and (4) Overall Score for the assessment (all themes).

See the SHDHD *Community Health Equity Survey Guide* for additional explanation and interpretation of the survey scores.

What Comes Next: By asking these questions, we've started an important conversation about health equity. The answers will help us see where we're doing well and where we need to work better together. Once we look at all the responses together, we'll ask for help again to choose a few key areas to focus on improving. It's all about working together as a community to make health equity a reality for everyone.

Thanks to everyone who took the time to share their thoughts and help us take this step forward!

Assessment for Advancing Community Transformation (AACT)

South Heartland District Health Department Community Assessment Report, April 2024

I. Collaboration

Theme Score **2.7**

True collaboration means working with many partners, including people from different organizations and multiple sectors, as well as members of the community. It can take time to build trust, strong relationships and commitment from all partners. When we are clear and all support a shared vision, we can come together around our common goals. As we progress from simply getting started to keeping our collaboration going, we go from working with a few people who make decisions to more individuals who are responsible for the change we want to see in our community.

Item	Not yet started	Starting: "We're early and still figuring things out."	Gaining skill: "We're getting the hang of this!"	Sustaining: "This is who we are and how we do our work."	Score
1. Work with partners from different sectors	We have not yet included partners from different sectors	We are working with some partners from different sectors.	We have active partners from other sectors but need additional partners to better meet our goals.	We have active partners from many sectors who contribute to meeting our goals.	3.0
	1 7.1%	2 26.2%	3 26.2%	4 40.5%	
2. Strengthen collaboration	We have not yet developed a strong history of working together. Relationships and trust are in the very early stages of development. We mostly share information with one another.	We are establishing some trust and strength in our relationships. There is some commitment from partners who have decided to align our efforts toward common goals.	We have trust and strong relationships with each other. Partners are fully committed to the collaboration. Several have begun coordinating their efforts together to achieve greater impact.	We have established procedures, practices, and policies and systems to ensure partners are part of the design, implementation, and measurement of our work. We grow, trust and support one another in achieving our shared goals even if that means slowing down to achieve a greater strategic goal.	2.6
	1 4.5%	2 38.1%	3 45.2%	4 11.9%	

This tool was jointly developed by 100 Million Healthier Lives, County Health Rankings & Roadmaps, and Georgia Health Policy Center and adapted by WE in the World for RISE. It was modified by South Heartland District Health Department.

South Heartland District Health Department Community Assessment Report, April 2024

Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
3. Develop leadership and decision-making guidelines	We have not yet established clear leadership or decision-making structures.	We rely on leadership and decision-making from a few people, mostly representing organizations.	We share leadership and decision-making among most of our partners. People most affected by poor outcomes are consistently included in this process.	We have policies and processes in place to ensure shared decision making among all partners, including people most impacted by poor outcomes.	2.5
	1 7.1%	2 47.6%	3 28.6%	4 16.7%	
4. Agree on vision and direction	We have not yet agreed on a vision or strategic direction.	We have some agreement about our vision and strategic direction.	We have established a clear vision for a better future that inspires us to believe that positive change is possible.	We have a shared vision and use it to guide our strategic direction. We have formal systems, policies, and processes in place to achieve our goals together.	2.95
	1 4.9%	2 12.2%	3 65.9%	4 17.1%	

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II. Communication

Theme Score **2.6**

Effective communication is important for our work. What we say and how we say it can motivate people to take action. We need to be able to communicate with each other and our community. As we move from getting started to sustaining effective communication, we go from occasional communication focused on information sharing, to regular, purposeful communication with each other and our community.

Item	Not yet started	Starting: "We're early and still figuring things out."	Gaining skill: "We're getting the hang of this!"	Sustaining: "This is who we are and how we do our work."	Score
1. Communicate within the collaboration (internal)	We have not yet communicated regularly with our partners.	We sometimes communicate with our partners.	We have a regular or coordinated process for communicating with our partners.	We have implemented systems, policies, and processes to ensure we regularly communicate, document, and share information with all of our partners.	2.8
	1 2.4%	2 36.6%	3 41.5%	4 19.5%	
2. Deal with conflict	We have not yet dealt with conflict when it happens. We usually avoid difficult issues.	We sometimes deal with conflict as it comes up. We have found ways to deal with difficult issues.	We openly talk about conflict and have developed ways to deal with it when it comes up. We openly discuss difficult issues.	We have formal systems, policies and processes in place to deal with conflict. We effectively deal with difficult issues.	2.3
	1 22.0%	2 36.6%	3 31.7%	4 9.8%	
3. Communicate with external stakeholders (external)	We have not yet communicated with anyone other than our partners.	We sometimes communicate with others in the community.	We have a regular or coordinated process for communicating with others in the community.	We have formal goals, systems, policies and common language to ensure we communicate with others in the community and build awareness.	2.7
	1 4.9%	2 36.6%	3 46.3%	4 12.2%	

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III. Advance Equity

Theme Score **2.4**

Equity means that everyone has a fair and just opportunity to thrive. Advancing equity includes making sure people in our community who experience poor outcomes and have fewer resources get the support they need to improve their lives and are actively involved of our work.

It means having open conversations, creating equitable opportunities, and implementing strategies that have impact. It also means making sure we have a safe and nurturing environment for **all** people in our community. As we move from getting started to sustaining our equity work, we go from simply identifying inequities to actively partnering with people most affected by poor outcomes and injustice, to creating systems and policy improvements to eliminate unfair and unjust conditions.

Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
1. Identify and understand inequities in our community and work	We have not yet identified inequities in our community and work.	We sometimes use data to identify inequities in our community and work. We sometimes have conversations to understand if those inequities are linked to a lack of fairness and justice.	We use data to identify inequities in our community and work. We have open conversations to understand if those inequities are linked to a lack of fairness and justice.	We have formal systems and policies to identify and understand inequities in our community and work, including having open conversations to understand if those inequities are linked to lack of fairness and justice.	2.7
	1 7.5%	2 25.0%	3 60.0%	4 7.5%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
2. We address equity and racial justice in a way that builds trust and resilience.	<p>We tend to avoid issues related to equity and racial justice because we find it uncomfortable to talk about these issues.</p> <p>We don’t yet have a process in place to create the safety needed for difficult conversations.</p>	<p>Our collaboration understands that addressing inequities and advancing racial justice is a process. We have not yet engaged with community members experiencing inequities in these conversations.</p> <p>We have begun to put practices in place that help us have honest and difficult conversations about equity and racial justice. These help us work through the tension that can arise when addressing inequity.</p>	<p>Community members with lived experience of inequity are part of our collaboration conversations about equity and racial justice.</p> <p>We have formal processes to ensure we work through concerns together. We accept that tension is part of addressing inequity. When this happens, we address the tension in a way that helps us grow.</p>	<p>We have many social spaces where we have conversations about equity and racial justice in our community and in our collaboration. Community members with lived experience play a major role in these conversations.</p> <p>We are unafraid to have tough discussions about inequity and racial justice in our community. We ensure our conversations are respectful, trusting, and encouraging to all voices. We can hold the tension when things get tough.</p>	2.4
	1 17.9%	2 35.9%	3 35.9%	4 10.3%	
3. Partner with people most affected by poor outcomes and injustice	<p>We have not yet involved people most affected by poor outcomes and injustice.</p>	<p>We sometimes get input from people most affected by poor outcomes and injustice through surveys, focus groups, but have not involved them directly in our work.</p>	<p>People most affected by poor outcomes and injustice are represented and engaged in our work, but they don’t have leadership or decision-making power.</p>	<p>We have formal systems and policies in place that ensure those most affected by poor outcomes and injustice are partners in every part of our work and have leadership roles and decision-making power.</p>	2.4
	1 20.0%	2 30.0%	3 37.5%	4 12.5%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
4. Develop strategies to address root causes of inequities	We have not yet identified ways to address root causes of inequities.	We can identify strategies that address root causes of inequities and promote fairness and justice.	We co-design and implement strategies with people most affected by poor outcomes and injustice to promote policies and processes that are fair and just.	Our work is designed, implemented and evaluated with people most affected by poor outcomes and injustice to ensure we are advancing equity.	2.3
	1 17.5%	2 47.5%	3 22.5%	4 12.5%	

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IV. Plan for Action

Theme Score **2.7**

As we plan for action, we need to understand not just our community's needs but also its assets to set our goals. It's important to understand what's really driving health in our community to select our strategies. Research and data, as well as experiences from people in the community, help inform our shared understanding of where and how we can make improvements. As we move from getting started to sustaining our planning for action, we go from using some data and our own experiences, to formally using data, stories and evidence to address the gaps in our community and implement strategies that work.

Item	Not yet started	Starting: "We're early and still figuring things out."	Gaining skill: "We're getting the hang of this!"	Sustaining: "This is who we are and how we do our work."	Score
1. Identify community needs <i>and</i> assets	We have not yet identified community assets. We mostly look at community needs based on what we notice.	We use data from public sources and/or community input to identify our needs <i>and</i> we recognize assets.	We have documented our community need <i>and</i> assets based on data gathered from public sources, our own data, and community input. We use both needs and assets to set our priorities.	We have formal systems, policies, and processes in place to regularly use public data, our own data, and community input. We use experiences and examples from the broader community, including people most affected by our work to better understand our community's assets and needs, and to set our priorities.	2.9
	1 5.1%	2 15.4%	3 64.1%	4 15.4%	
2. Set goals based on community assets and needs	We have not yet set specific goals for our community collaboration.	We set short term goals that address a specific need.	We have both short- and long-term goals that align with our priorities.	We regularly set short- and long-term goals that fit with our priorities. These goals build on our community's assets and meet our community's needs.	3.0
	1 7.7%	2 12.8%	3 51.3%	4 28.2%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
3. Understand what drives health	We have not yet focused our health improvement efforts beyond traditional health care, for example medical or clinical care issues.	We have a broad focus on health factors that includes other areas such as mental health, social services or early childhood development.	We understand the drivers of health, including social and economic factors such as housing, education, employment or safety. We have used this understanding to design our initial strategies.	We have a deep understanding of the complex nature of the drivers of health and how they interact with each other. We have designed a comprehensive approach to meet our community’s needs.	2.7
	1 5.1%	2 30.8%	3 48.7%	4 15.4%	
4. Select and design strategies for change	We have not yet selected our strategies based on evidence of what has worked in other communities.	We select some of our strategies based on evidence of what has worked in other communities.	We select our strategies by identifying what has been shown to work elsewhere and what fits our community context. Where evidence is not available, we test innovative strategies to see whether they work.	We select our strategies based on data, research, and the lived experience of people in the community. We tailor strategies to make them more effective in our community. We test innovative approaches when evidence is not available.	2.7
	1 15.4%	2 23.1%	3 35.9%	4 25.6%	
5. Have an intentional range of strategies and initiatives to create change at different levels, from meeting individual needs to creating systemic change.	We do not yet apply a strategic lens to our community work. Our collaboration largely works reactively, usually in response to something to meet people’s basic needs.	We have several partners in our collaboration who create change at different levels. We operate in parallel rather than bringing them together into a coherent plan.	We have developed a strategy with our community with initiatives at different levels, from the immediate to the systemic in at least one area.	We bring a strategic multi-level lens to creating change to everything we do. We recognize that we cannot create sustainable change without changing the underlying conditions and policies that lead to poor outcomes for some.	2.6
	1 12.8%	2 33.3%	3 38.5%	4 15.4%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
6. Individual-level change	No one in our collaboration leads individual-level change.	Some partners have ways of routinely being in relationship with people. We do not formally assess the needs of individuals in our community.	We are in relationship with people and we have a way of assessing the needs of individuals. We do not yet routinely connect them with services but are beginning to do that in some initiatives.	We both routinely assess the needs of individuals and routinely connect them with resources to meet these needs. We use data from individual needs to drive broader change in community conditions.	3.1
	1 5.1%	2 20.5%	3 33.3%	4 41.0%	
7. Interpersonal change	No one in our collaboration is engaging trusted community peers in their work).	We have begun working with peer community health workers in some of our initiatives.	We routinely work with trusted peers (community health workers) in several initiatives. This includes both formally trained community health workers and peers. We have begun to build training and support systems for these community health workers.	We have developed systems to grow and sustain a community-based workforce made up of people with deep relationships and lived experience. This includes mechanisms to sustain living wage jobs with benefits for community workers, support systems for training and continued growth, supervision, and engagement in broader community efforts around policy and system change.	2.5
	1 15.8%	2 23.7%	3 52.6%	4 7.9%	
8. Clinical-community level change	Our collaboration is not well connected to either the public health or health care system. This makes it difficult for us to get health services to our community.	We have some connections with either the public health department or a local health care provider. This helps us to meet the needs of people.	We have strong relationships between our public health department, health care sites, and the community. This has allowed us to expand the range of where health activities are carried out to places like schools and faith communities.	We have built a system of health that is truly connected across the community, the public health department and community sites. We routinely collaborate to plan and implement strategies to advance health equity in the community together, leveraging our shared assets.	2.7
	1 2.6%	2 33.3%	3 53.8%	4 10.3%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
9. Environmental (Policy/Systems)	No one in our collaboration leads environmental level change.	We are just beginning to see and assess the systems leading to poor health and well-being in our community.	Some partners in our collaboration are skilled in advancing more systemic change. This might be around policy and advocacy or around shifting culture and narratives or shifting financing and investments.	We are experienced in developing system change and have successfully done so in several initiatives. We recognize that without changing systems and narratives we cannot be successful at sustaining change and have made this a core part of our approach as a result.	2.7
	1 10.5%	2 26.3%	3 50.0%	4 13.2%	
10. Misinformation/ disinformation /narrative change infrastructure	We do not have a mechanism now to either identify or address misinformation and disinformation.	We are beginning to have processes in place to address misinformation and disinformation in our community. We have mechanisms to surface misinformation circulating around our community when it is identified, for example.	We have developed some skills, processes and infrastructure to address misinformation and disinformation. We are still learning how to shift narratives for more systemic change.	We have communication infrastructure in place to surface and address misinformation and disinformation. We are skilled in presenting effective narratives and information to our community in a way that reaches people and builds trust.	2.3
	1 25.0%	2 30.6%	3 30.6%	4 13.9%	

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V. Measure to Improve

Theme Score **2.6**

We need to know how our work makes a difference. This means we need to measure and evaluate the outcomes of our work, and to use that data to inform where we can and need to improve and expand our impact. As we move from getting started to sustaining our impact, we go from beginning to collect data about our progress, to implementing a systematic approach to collect and use feedback to improve outcomes, to sharing what we have learned and expanding effective strategies.

Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
1. Measure impact	We do not yet have a plan or process for collecting data to assess the impact of our work.	We have identified some measurable outcomes that might help show the impact of our work.	We measure key, short-term outcomes for our work and have a plan to assess the long-term impact of our work.	We use our measurement plan to guide all our work. We systematically collect data to track short-term and long-term progress and share our impact with the broader community.	2.7
	1 10.3%	2 30.8%	3 38.5%	4 20.5%	
2. Focus on continuous improvement	We do not yet have a process to use data to help improve our work.	We collect some data about our work primarily to report our progress.	We have identified the measures that matter to us. We have adopted specific approaches to collect and use data to improve our work.	We have formal systems, policies, and processes in place to ensure we use data to guide and improve our work. This approach allows us to learn from our mistakes and motivates us to improve.	2.6
	1 15.4%	2 25.6%	3 41.0%	4 17.9%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
3. Spread knowledge about our work to help others	We have not yet shared what we have learned in our work to help others.	We sometimes share what works and what we have learned with others within our usual network.	We routinely share what works and what we have learned with others, within and outside our usual network.	We have formal systems, policies, and processes in place to ensure we share what has worked and what we have learned with others inside and outside of our network.	2.5
	1 10.3%	2 35.9%	3 43.6%	4 10.3%	
4. Expand effective strategies to improve outcomes for more people	We have not yet identified how to reach more people with our strategies.	We sometimes take action to reach more people with our strategies to have greater positive impact.	We routinely take action to reach more people with our strategies to have greater positive impact.	We have formal systems, policies, and processes in place to ensure we reach more people with our strategies to improve outcomes.	2.6
	1 5.1%	2 35.9%	3 51.3%	4 7.7%	

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VI. Sustainability

Theme Score **2.5**

Sustainability is a deliberate process that sets us up for long term success. This includes planning, identifying and generating diverse resources, and improving policies, as well as keeping people engaged and motivated. As we move from getting started to sustaining our work, we go from thinking about funding for programs, to diverse support and coordinated approaches, to achieve lasting impact.

Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
1. Plan for sustainability	We have not yet developed a sustainability plan.	We have some ideas for what to include in a sustainability plan. We know long-term sustainability planning is important.	We are actively working on sustainability planning and know what we need to include in a plan.	We include sustainability planning as a regular part of our work. This includes how we manage people, diverse funding (new and existing), and in-kind support.	2.6
	1 17.9%	2 28.2%	3 30.8%	4 23.1%	
2. Diversify resources	We have not yet identified other resources we need to support our work.	We have some resources to support our work, but mostly in-kind support from partners and grant funding.	We have additional resources to support our work. This includes ongoing leadership, in-kind support, and multiple revenue streams.	We are effectively using diverse resources from partners and our community. We maximize opportunities and minimize waste by shifting resource away from ineffective activities.	2.6
	1 12.8%	2 38.5%	3 23.1%	4 25.6%	

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Item	Not yet started	Starting: “We’re early and still figuring things out.”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work.”	Score
3. Focus on and advocate for policy	We have not yet identified a policy focus in our work.	We have identified some policies that impact our work and are learning how to advocate for improvements.	We actively advocate for policies that impact areas of our work.	We focus on policy in all areas of our work, know how to effectively advocate for improvements, and have experienced some success.	2.5
	1 12.8%	2 38.5%	3 35.9%	4 12.8%	
4. Build and maintain momentum	We have not yet identified ways to keep everyone in the collaboration engaged and motivated.	We have some intentional practices that keep everyone engaged and motivated. For example, we celebrate big successes but burnout is still common.	We actively support and nurture everyone in our work. We celebrate big and small successes and recognize people for their contributions.	We have shared beliefs and practices that motivate us and bring us joy. We feel valued and know that we make important contributions.	2.5
	1 17.9%	2 28.2%	3 38.5%	4 15.4%	

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VII. Overall Score

There are many factors that go into creating a thriving community. Your community may have developed strengths or taken action in areas not identified in this assessment. This section is to help you think overall about your community's progress and stage of development in working together to make your community a healthy place for everyone.

Item	Not yet started	Starting: "We're early and still figuring things out."	Gaining skill: "We're getting the hang of this!"	Sustaining: "This is who we are and how we do our work."	Score
How would you rate your overall progress in working together to make your community a healthy place for everyone?	1 2.6%	2 35.9%	3 53.9%	4 7.7%	2.7

This space is for comments or notes.

Using the report:

- (1) Review the results with partners and discuss why we might have a range of answers to each question. This could be because people have access to different knowledge or resources within our collaboration. It could also be from gaps that offer opportunities for improvement.
- (2) Identify some priority areas to work on within the themes that feel most relevant to our counties.

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Sources

The Assessment for Advancing Community Transformation (AACT) tool was developed based on principles, concepts, and examples from the following:

- 100 Million Healthier Lives, Community Transformation Map
- County Health Rankings & Roadmaps, 10 Guiding Principles
- County Health Rankings & Roadmaps, RWJF Culture of Health Prize Criteria and Judging Scale
- County Health Rankings & Roadmaps, Coaching Framework with Indicators
- County Health Rankings & Roadmaps, *Poised for Progress* Self-Assessment
- Georgia Health Policy Center, Excellence in Community Benefit Formative Assessment
- Georgia Health Policy Center, Formative Assessment for Bridging for Health
- Georgia Health Policy Center, Sustainability Formative Assessment
- Georgia Health Policy Center, Sustainability Framework

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