Metro-Atlanta Cities Wellbeing Initiative

Partner Organizations

National League of Cities (NLC)

The National League of Cities (NLC) is an organization comprised of city, town and village leaders that are focused on improving the quality of life for their current and future constituents.
NLC has nearly 100 years of dedication to the strength and advancement of local governments. Its mission is to relentlessly advocate for, and protect the interests of, cities, towns and villages by influencing federal policy, strengthening local leadership and driving innovative solutions. This initiative was funded by the National League of Cities through a Robert Wood Johnson Foundation grant.

Georgia Municipal Association (GMA)

Created in 1933, GMA is the only state organization that represents municipal governments in Georgia. Representing all 537 cities in Georgia, GMA is a voluntary, non-profit organization that provides legislative advocacy, educational, employee benefit and technical consulting services to its members. GMA is also a key partner in the Georgia Initiative for Community Housing (GICH) and the Georgia Economic Placemaking Collaborative, both of which are focused on providing participating communities with education, facilitation, technical assistance, networking, peer learning, and incentives to help identify their community assets and develop locally based strategies.

Georgia City Solutions (GCS)

Georgia City Solution is a 501(c)(3) organization created in 2018 by the Georgia Municipal Association to help cities address the challenges of intergenerational poverty. Governed by a 12-member Board of Directors and guided by three advisory councils, the work of GCS promotes economic mobility as a means of combating intergenerational poverty. GCS is currently implementing a number of key equity initiatives, including its city certification program, Certified City of Diversity, Equity, Inclusion and Belonging, and a certificate program for city officials, Municipal Leader Diversity, Equity, and Inclusion Certificate Program.

Atlanta Regional Collaborative for Health Improvement (ARCHI)

ARCHI's mission is to collaboratively invert the burden away from those marginalized from good health by engaging a broad network of intersectional partners to sustainably change the system and solve health inequities in Metro-Atlanta. With more than 110 partners committed, ARCHI pursues health equity by valuing community voice, innovation, adaptability, data and evaluation, and stewardship. By aligning resources and expertise around shared goals, ARCHI seeks to build a coordinated system of care that addresses social determinants of health and removes the burden of navigating complex and siloed services. Through work that is data-driven, health-focused, and people-centered — from community resource hubs to health-housing collaboratives — ARCHI is creating meaningful change in Metro-Atlanta.

University of Georgia, College of Public Health (UGA, CPH), Health Equity Hub

The Health Equity Hub, serves as the nexus and home for the College of Public Health's efforts to improve public health for all. The Hub operates at the intersection of teaching, research, and service in the College. Within the Health Equity Hub, is an existing partnership between GMA and UGA,CPH, called the Health Equity Fellows. This partnership provides the opportunity for fellows to work with Georgia cities to address inequities through research and collaboration. The Health Equity Fellows partnered alongside the participating cities in this initiative to provide research support for the development of city policy action plans.

About the Metro-Atlanta Cities Wellbeing Initiative

Intiative Purpose

The Metro-Atlanta Wellbeing Initiative (MACWI) was an 8-month initiative created to support city governments in integrating wellbeing metrics into local decision making to create actionable policy. MACWI began in January of 2023 and concluded in August of 2023. Leading up to the start of the initiative, participants completed an orientation session and attended a data-informative convening that gave context for the creation of MACWI. MACWI was designed to encourage familiarity with 14 wellbeing metrics available in Metro-Atlanta. MACWI also encouraged cross-sector collaboration both among participants and with stakeholders involved in wellbeing related work across their cities. Initiative participants received support to utilize these metrics to address wellbeing topics relevant to their cities. Participants completed a city-specific action plan, based on the Center for Disease Control and Prevention's Policy Process, to share with their city leadership, local decision-makers, and other wellbeing stakeholders at the conclusion of the initiative.

MACWI was created based on findings from research initiated by NLC with support from the Robert Wood Johnson Foundation's Transforming Public Health Data Systems (TPHD) Initiative. ARCHI and GMA served as NLC's local partners to engage stakeholders in 13 one-on-one interviews, two group key informant virtual interviews and three community conversations in Atlanta, East Point and Chamblee about wellbeing metrics. Findings highlighted many wellbeing metrics already existed and stakeholders expressed a need to learn how to utilize the currently available wellbeing metrics instead of creating a new metric.

Intiative Participants

Twenty-one participants from six Metro-Atlanta cities were named during the recruitment phase of MACWI. Sixteen of those individuals actively participated throughout the entirety of the initiative. One city did not participate for the full initiative.

Participants who were named but could not join consistently due to other professional demands included mayors and city managers. They informed initiative leaders at the start of initiative that they did want to be included on communications throughout and would attend as their schedules allowed. Other participants who did not conclude the initiative changed professional positions and/or no longer worked for their city.

Participating Cities		
Atlanta	Chamblee	College Park
Clarkston	Decatur	East Point

Participant Backgrounds		
Elected Officials	City Staff	Board Members
Fire Captain	Parks & Rec Positions	Community Health Worker
Reverend	GIS Coordinator	Fellows

Initiative Leaders and Speakers

Carrie Oliver MPH

is a Senior Innovation Manager with the ARCHI team. Carrie's portfolio supports ARCHI's Invert the Burden Strategy by centering lived expertise in health equity initiatives. She manages projects that aim to ensure decision-making is driven by community data and insight, such as the Equity Stories process for the ARCHIves and the Metro-Atlanta Cities Wellbeing Initiative.

Rebecca Baskam MPH

is a Research Professional at UGA's College of Public Health located in the department of Health Policy and Management. Rebecca is also the Project Manager for the Athens Wellbeing Project and completes data collection, analysis, and reporting related to wellbeing in Athens.

Brian Wallace

is Director of Strategic Initiatives with the Georgia Municipal Association. He has served in various capacities with the association since 1997, including Deputy Director of Communications and Director of Emerging Issues. Prior to GMA he worked for the National Association of Counties and the Association County Commissioners of Georgia where he was Director of Policy and Research. Brian staffs GMA's Hub Cities Initiative, the association's Children and Youth Advisory Council, and its Municipal Workforce Development Advisory Council.
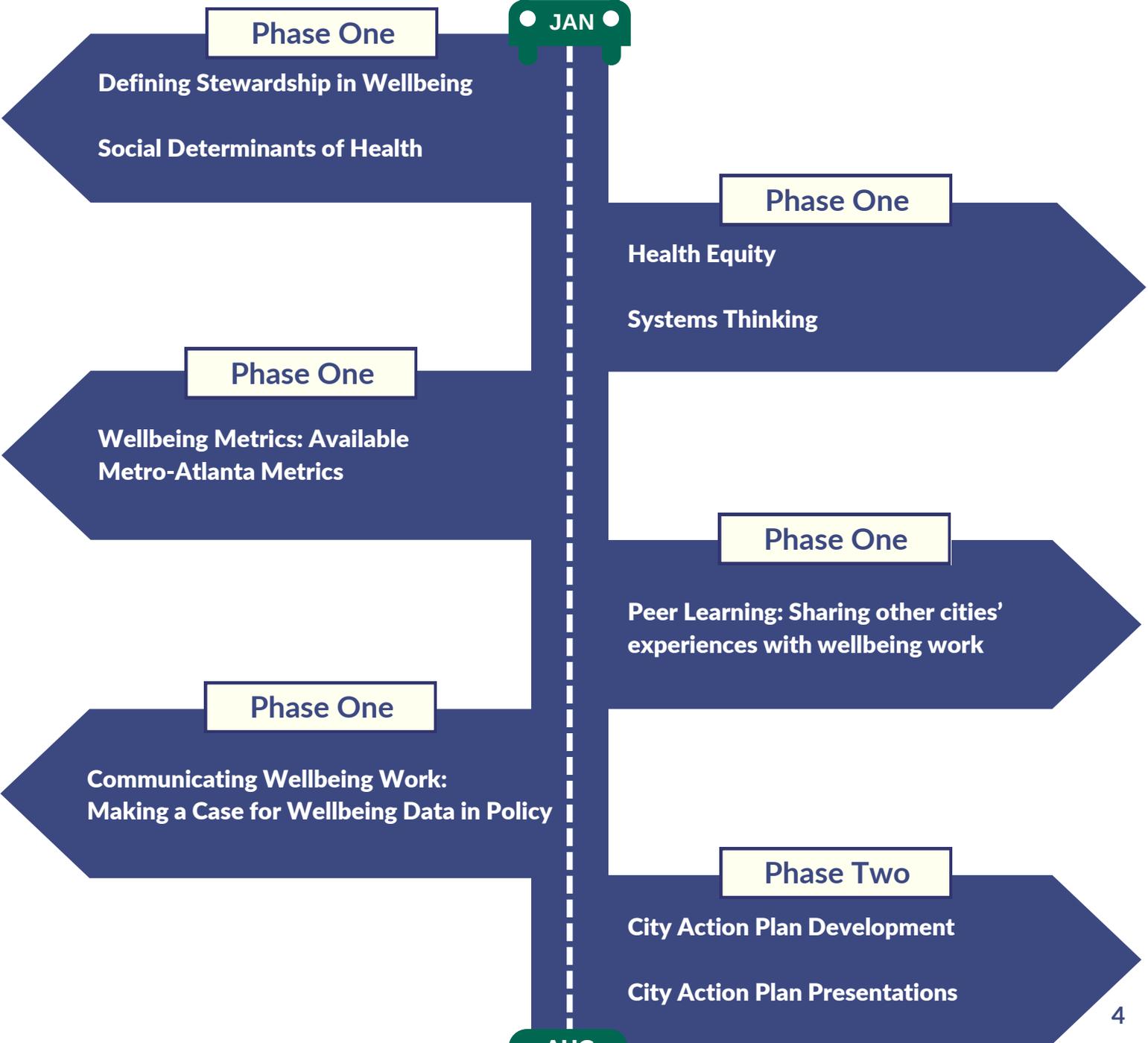
Session Speakers

- Rippel Foundation's ReThink Health team
- Dr. Grace Bagwell Adams, Associate Professor, University of Georgia & Principal Investigator, Athens Wellbeing Project
- Carrie Oliver, Atlanta Regional Collaborative for Health Improvement
- Freddie Broome, Director of Equity and Inclusion, Georgia Municipal Association
- Nikolai Elneser, Community Impact Officer, Neighborhood Nexus
- Natalie Bomstad, Executive Director, Wello
- Joseph Faulds, COO, City of Green Bay
- Chelsea Talbert, Strategic Initiatives Coordinator, City of Green Bay
- Christina Chelf, GIS Lead, City of Tacoma
- T. Benicio Gonzales, Director, Center for Health Equity (CHE), City of Louisville
- Rebecca Hollenbach, Executive Administrator, CHE, City of Louisville
- Anita Chandra, Vice President and Director, RAND Social and Economic Wellbeing
- Jennifer Messenger, Senior Executive Vice President, Metropolitan Group

Initiative Sessions

Session Phases and Style

The initiative contained two phases: Phase One consisted of a didactic approach where wellbeing experts covered topics from a variety of fields and data experts presented on the available metrics in Metro-Atlanta. The sessions included a variety of styles to encourage participant engagement and conversation. Phase Two was participatory and required participants to develop and present their city-specific wellbeing action plans. To minimize the time burden and prevent participants from spending time outside of initiative meeting time to develop their city-specific wellbeing action plans, research support was provided by the UGA, CPH Health Equity Fellows.

Session Timeline and Topics

JAN

Phase One

Defining Stewardship in Wellbeing

Social Determinants of Health

Phase One

Health Equity

Systems Thinking

Phase One

Wellbeing Metrics: Available
Metro-Atlanta Metrics

Phase One

Peer Learning: Sharing other cities'
experiences with wellbeing work

Phase One

Communicating Wellbeing Work:
Making a Case for Wellbeing Data in Policy

Phase Two

City Action Plan Development

City Action Plan Presentations

4

AUG

City Action Plans

The City Action Plan template developed for MACWI is based on the CDC's Policy Process, shared below. Participants used the template to develop a unique plan to address a wellbeing related issue in their city.

CDC's Policy Process

To develop their City Action Plan, participants incorporated relevant wellbeing data and identified opportunities to engage community members and potential partners in the policy process.
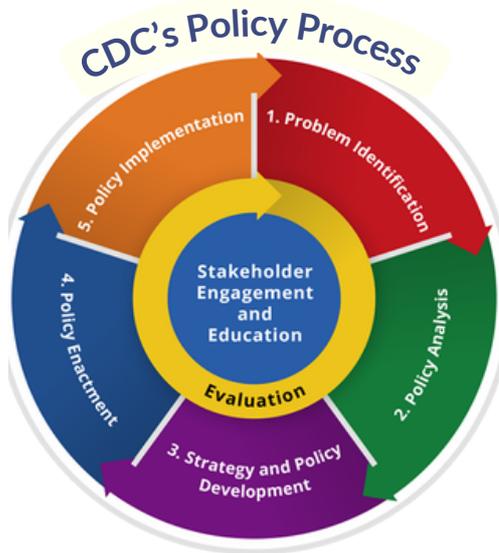
City Action Plan Topics by City
Atlanta: Addressing youth violence by creating behavioral health and wellbeing interventions
Chamblee: Finding affordable housing solutions
College Park: Finding solutions to food deserts
Decatur: Increase wellbeing by increasing access to physical activity
East Point: Addressing food insecurity

METRO-ATLANTA CITIES WELLBEING INITIATIVE
Action Plan Blank Template
Utilizing the CDC's Policy Process
CITY, POLICY PROBLEM TO ADDRESS

01 Policy Problem Identification | Stakeholder Engagement & Education | Evaluation

02 Policy Analysis | Stakeholder Engagement & Education | Evaluation

03 Strategy & Policy Development | Stakeholder Engagement & Education | Evaluation

METRO-ATLANTA CITIES WELLBEING INITIATIVE
Action Plan Blank Template
Utilizing the CDC's Policy Process
CITY, POLICY PROBLEM TO ADDRESS

04 Policy Enactment | Stakeholder Engagement & Education | Evaluation

05 Policy Policy Implementation | Stakeholder Engagement & Education | Evaluation

Notes/Comments

Shared Resources

In addition to support for their City Action Plan development, initiative participants were also provided with the following resources to utilize during and after the initiative. Participants were encouraged to share these resources with colleagues outside of the initiative. The purpose of these resources is to increase confidence and efficiency in utilizing the available wellbeing metrics and commonly used wellbeing terminology. Participants were also encouraged throughout to consider what additional terminology needed to be considered based on the unique needs of wellbeing in their city.

METRO-ATLANTA RACIAL EQUITY ATLAS(MAREA)

PLANNED APPLICATION	A tool that contextualizes personal narratives with engagement, interactive community data, and historical context, with an explicit focus on advancing racial equity.
INTENDED USERS	• Advocates • Policymakers • Community leaders • Community members
TYPES OF MEASURES	People-based socio-economic data: • Household economics • Housing & community • Education • Health & environment
DATA ACCESSIBILITY	The MAREA website features an interactive map divided by zip codes available to the public.
COMMUNITY VOICE?	Yes, the organizations involved collaborate with community leaders to identify and assist individuals in telling their own stories.
CITIES INVOLVED	The 13-county metro area is involved, but data is not broken down by city. Data is able to be filtered by zip code.

LINK FOR MORE INFO: *METRO-ATLANTA RACIAL EQUITY INDEX*

Resource 1

METRO-ATLANTA CITIES WELLBEING INITIATIVE
Wellbeing Glossary

This glossary includes words frequently found in wellbeing work, conversation, and research. The purpose of this resource is to encourage collaboration and understanding in communication about wellbeing. Wellbeing work is for all communities and we encourage anyone who utilizes this resource to also consider what words are included in the wellbeing story of their unique communities.

Wellbeing: encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose, and is determined by social, economic, and environmental conditions[1]

HEALTH

Alcohol Use Disorder (AUD): medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences[2]

Disease Prevention: The process of preventing the occurrence of disease or arresting its progress and reducing its consequences once established. Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seek to arrest or retard existing disease and its effects through early detection and appropriate treatment, or to reduce the occurrence of relapses and the establishment of chronic conditions[3]

Federal Poverty Level: a measure of income issued every year by the Department of Health and Human Services (HHS) that is used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage[4]

Health: A state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities[5]

Health Disparity: preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations[6]

Health Inequity: particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible [7]

Incidence: the frequency with which a specific condition or disease occurs[8]

[1] World Health Organization. (2022). *Promoting well-being*. World Health Organization. https://www.who.int/activities/promoting-well-being
[2] Understanding Alcohol Use Disorder | National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2017). Nih.gov.
[3] European Commission. (2007). EXPERT GROUP ON SOCIAL DETERMINANTS AND HEALTH INEQUALITIES. https://ec.europa.eu/health/archive/ph_determinants/socio_economics/documents/socioeco_glossary_en.pdf
[4] Federal Poverty Level (FPL) - Glossary. (2022). Healthcare.gov. https://www.healthcare.gov/glossary/federal-poverty-level-fpl/#:~:text=A%20measure%20of%20income%20issued,and%20Medicaid%20and%20CHIP%20coverage
[5] World Health Organization. (2023). Constitution of the World Medicaid Organization. World Health Organization. https://www.who.int/about/governance/constitution
[6] Centers For Disease Control and Prevention. (2020, November 24). Health Disparities. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/disparities/index.htm
[7] Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? Behavioral Science & Policy, 4(1), 1–14. https://behavioralpolicy.org/wp-content/uploads/2018/12/What-is-Health-Equity.pdf
[8] Incidence - definition, meaning & synonyms. Vocabulary.com. (n.d.). Retrieved November 29, 2022, from https://www.vocabulary.com/dictionary/incidence

Resource 2

Data Source Quick Fact Guides

Features quick reference guides of each metric shared during the initiative or found through a data landscape analysis completed in August 2022.

Wellbeing, Research & Methods Glossary

Features wellbeing related terms by domains including health, community safety, housing, civic vitality, and lifelong learning and research & methods terms that may not be common knowledge to those without a background in research but may be needed when utilizing wellbeing data

MACWI Community Convenings

The community convening throughout MACWI were community events that covered the topics of wellbeing, data, and policy. Initiative leaders leveraged relationships with NLC, UGA,CPH, the Athens Wellbeing Project, and Oxford University's Wellbeing Research Centre for speaker support. These convenings were open to the public and initiative participants and partnering organizations were encouraged to invite community members that may be interested in joining these conversations with the intention to keep communities involved and foster connections in the wellbeing space. In total, there were four convenings throughout the initiative, beginning before the official start of MACWI and concluding on the last day of the initiative:

Metro-Atlanta State of Wellbeing Data
10/24/2022

Speakers: Jan-Emmanual De Neve, Director of Wellbeing Research Centre at Oxford University and Carrie Oliver, Senior Innovations Manager ARCHI
Topic: Gallop World Poll: Data Findings for Metro-Atlanta on Wellbeing and
Introduction to MACWI

Health Equity Fellows' Wellbeing Research
4/19/2023

Speakers: UGA, CPH Health Equity Fellows

Topic: The Health Equity Fellows presented their data findings for each of their partnering cities' wellbeing issue that they chose to address with their action plans.

Incorporating Wellbeing Metrics in Local Policy
6/7/2023

Speaker: Dr. Grace Bagwell Adams, Associate Professor and Principal Investigator, University of Georgia and Athens Wellbeing Project
Topic: Examples of utilizing wellbeing metrics in local policy in Athens, GA.

MACWI City Action Map Presentations
8/23/2023

Speakers: Initiative Participants

Topic: The participants presented their final city action plans and received recognition for completing the initiative.

Evaluation: Overall Initiative

Assessment of MACWI consisted of individual session evaluations and one overall initiative evaluation for participants to complete upon initiative conclusion. Individual sessions contained an average of 10 participants. The overall initiative evaluation received 10 responses. With the total active participation rate being 16 individuals, the overall initiative evaluation response was 63% of participants.

Steward Experience

- 90% agreed they felt more confident in utilizing wellbeing data metrics
- 80% agreed they learned information in the initiative that will be useful to their work
- 100% agreed that the initiative was useful in learning how to utilize data for local policy making
- 40% agreed the initiative aligned with their expectations
- 100% agreed they were provided opportunities to interact with and felt supported by the initiative leaders

Session and Resource Feedback

- 70% agreed the timing of communications was appropriate
- 40% agreed that the UGA, CPH Health Equity Fellow was helpful
- 80% agreed the information was pitched at the right level
- 100% agreed the action map template was clearly explained, 70% agreed it was useful and easy to follow
- 80% agreed the work sessions were helpful
- 80% agreed that the resources would be helpful to use after the initiative and 90% agreed they plan to share the city plans with their colleagues

Qualitative Feedback from MACWI Participants

- Feedback for Most Important Takeaways:
    - *"Community health is expansive and multifaceted"*
    - *"Health and wellness impact almost every aspect of local government"*
    - *"Some change won't be popular in the short term but is necessary for long term outcomes"*
    - *"How to make policy change step by step"*

- Feedback for Areas of Improvement for Future Cohorts:
    - *"Choosing a topic early might help the city select the staff who should participate and would gain the most from participating"*
    - *"I would've loved more information in the beginning and reminders of what to expect with the final presentation from the start would be great"*
    - *"Grad fellows need some significant coaching and guidance on....interacting as a more consultant/client relationship than a student/independent assignment approach"*

Evaluation: Individual Sessions

Participants were asked to provide feedback in the overall initiative evaluation on which sessions were most relevant to their work, which sessions were most interesting, and which sessions were most helpful along with answering questions following each individual session. The individual session response rate varied and is discussed further in the limitations section.

Most Relevant Sessions

- **Social Determinants of Health**
  - 100% reported enhanced knowledge from participating in this session
  - 100% found the session's topic was relevant and applied to the work in their city
  - 100% felt more confident in using the information to inform policy change in their city
- **Health Equity**
  - 75% reported enhanced knowledge from participating in this session
  - 100% found the session's topic relevant and applied to the work in their city
  - 50% felt confident using the information to inform policy change in their city
- **Systems Thinking**
  - 75% reported enhanced knowledge from participating in this session
  - 100% found the session's topic relevant and applied to the work in their city
  - 75% felt confident using the information to inform policy change in their city

Most Interesting Sessions

- **Social Determinants of Health**
- **Health Equity**
- **Stewardship**
  - 100% reported enhanced knowledge from participating in this session
  - 100% found the session's topic was relevant and applied to the work in their city
  - 75% felt confident using the information to inform policy change in their city

Most Helpful Sessions

- **Social Determinants of Health**
- **Health Equity**
- **Wellbeing Metrics (MAREA Tool):**
  - 100% reported enhanced knowledge from participating in this session
  - 100% found the session's topic was relevant and applied to the work in their city
  - 60% felt confident using the information to inform policy change in their city
- **Wellbeing Metrics (Available Data Metrics with Neighborhood Nexus):**
  - 33% reported enhanced knowledge from participating in this session
  - 66.7% found the session's topic was relevant to their work
  - 33% found the session applied to the work in their city
  - 33% felt confident using the information to inform policy change in their city

Limitations, Lessons Learned, and Next Steps

Evaluation Limitations

The individual session evaluation completion rate was low. There were as few as two and no more than five participants that completed the individual session evaluations (between an estimated 12.5%-31% of active participants). The individual session evaluation rates could be more accurately depicted by keeping record of the attendance count at each session to inform what percentage of individuals attended instead of using the overall active participant count for calculations.To increase evaluation participation per session, it is recommended to allow time during each individual session for participants to complete evaluations.

Lessons Learned

- Opportunities for collaboration, creative and informative sessions, and quality participant presentations are key successful components of city participation in this initiative.
- MACWI utilized an existing partnership between UGA, CPH and GMA with the Health Equity Fellows. The promise of this research support was pivotal in receiving city commitment for participation in this initiative. MACWI leaders recommend leveraging partnership between universities and cities to support city leaders. If leveraging university partnerships, like the Health Equity Fellows, for future cohorts, it would be most strategic to align the initiative's timeline with the university's academic calendar. This ensures research support for the entirety of the initiative.
- The time commitment of this cohort was lengthy (biweekly for eight months). During the initiative, we saw internal city changes and position changes among participants that hindered their ability to be involved. In addition, having two different meeting times proved difficult for securing speakers resulting in sessions being combined to one meeting time. Meeting once a month for longer periods of times would be more conducive for both the participants and the speakers.
- From the evaluation findings, it is recommended to create a cohort of cities that have established relationships of either working together, and/or being close in proximity that may be looking to address similar wellbeing related issues. Cities with built trust and similar interests will more naturally collaborate and learn from each other and are likely continuing existing conversations and work between them at the start of the initiative. Thus, more time will be focused on utilizing more metrics in those conversations and further into local policy.

Next Steps

MACWI initiative leaders are looking to expand regionally, with the next destination set as Northeast Georgia, to work with cities interested in utilizing data to inform local policy decisions. MACWI leaders are working together to secure funding to expand the initiative and have begun having conversations with city leaders in the Northeast Georgia region to gauge interest in participation in the next cohort.

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