LEADING HEALTH

Discussion Guide

Kansas Health Foundation

THANK YOU for taking the step to facilitate or participate in a discussion group or book club based on *Leading Health: How You And 30,000 Kansans Help Communities Thrive*. Your group forms the backbone of what we hoped to accomplish in writing and publishing this book: sparking conversation.

At the Kansas Health Foundation, we believe leadership starts by mobilizing others to turn discussion into action. *Leading Health* serves as a catalyst for change, and you've taken the first steps in helping us realize that a healthier Kansas can start by picking up the book. Then, when we share it with others and gather groups to discuss how together, we help make Kansas leading the nation in health a reality.

This guide is meant to be a companion in that process. We hope it gives you the background and prompts you need to make your group an enjoyable and impactful experience. More resources are also available at kansashealth.org/leadinghealth.

Together, we can spark the change necessary for Kansas to lead the nation in health!

In partnership,
The Kansas Health Foundation Team

OVERVIEW

Leading Health was written in three distinct parts. Each part is meant to represent a key piece of our journey to leading the nation in health. These parts also reflect how the Kansas Health Foundation looks at community change and what it takes for each and every Kansan to play a role in that progress.

Using language familiar in the health space, you can consider the three parts of the book representing the following:

Part 1: The Symptoms
Part 2: The Diagnosis
Part 3: The Prescription

The same structure holds true for this discussion guide. For each of the three parts of the book, you'll find an introduction to the section, chapter-by-chapter discussion questions and some takeaways for possible action.

This book is meant to be accessible and easy to read, leading to shorter chapters that are easier to digest and discuss. For that reason, it's possible that at each meeting of your book club, you may be able to cover multiple chapters. That's great! We encourage you to move as quickly or deliberately as you think makes sense for your group.

As a reminder, these questions are best discussed and analyzed after someone has read the book and specific chapters. For those leading a group, you can request complimentary copies for everyone involved at kansashealth.org/leadinghealth.

Part 1

THE SYMPTOMS

The first five chapters of the book set the framework for our aspirations for Kansas.

At the Kansas Health Foundation, we want to empower Kansas to lead the nation in health! It's a bold, audacious goal—but one we believe is possible.

In the early 1990s, Kansas was one of the healthiest states. We were ranked #8! Since then, it's been a long, steep fall, all the way to what we hope was a low point at #31.

Throughout Part 1 of the book, you'll learn about our definition of health, who we believe is responsible for helping our state move up in the rankings, and how Kansas got to where we are today. You'll learn about all of the determinants of Health that are included in the America's Health Rankings, and you'll read about the realities Kansans face based on where we currently rank. Eventually, you'll see a vision for the future of how our society can be elevated and enhanced through a focus on health.

Along the way, observations and anecdotes from individuals who have spent their lives in public service will help inform and shape the way KHF views these challenges.

Key topics in Part 1:

- health vs. Health
- The 30,000
- America's Health Rankings
- Our current reality
- Hope for a better future

As with each section of the book, what follows are discussion questions for each individual chapter.

CHAPTER 1: HEALTH VS. HEALTH

Questions:

1. The chapter describes Ed O'Malley's visit to the University of Kansas Health System for an eight-hour simulation program. Have you ever had an experience that left you both impressed ... and sure there was something missing? If so, what was that like?

2. You've likely heard the saying, "An ounce of prevention is worth a pound of cure." Think about any recent illnesses, medical episodes or injuries you (or someone you know) have experienced. Were they preventable? Talk with your group about the power of prevention in health and other challenging societal issues.

3. When you think about the "up and to the right" metrics, what other examples come to mind?

4. *Leading Health* is framed around the concept of lowercase health and uppercase Health. What differences stuck out to you, and why do you feel that's an important distinction?

5. Was it surprising to learn that you have a responsibility in creating Health in your community? Why?

For Action:

In the next week, spend some time looking around at your different daily habits. Make a list of five things in your normal routine that classify as health, and another five things that qualify in the Health category.

CHAPTER 2: THE 30,000 AND HEALTH

Questions:

1. When you think of the 30,000, who else stands out in your mind?

2. Do you personally fall into the 30,000? Why or why not?

3. Understanding that there is a massive Health gap between the ALICE population and the members of the 30,000, what are some Healthy choices or actions you can identify that may not be easily accessible to those who need it?

4. What are some tangible ways the 30,000 can impact health in Kansas?

5. In your opinion, what will it take to create an environment where those in the ALICE population can live healthy lives?

For Action:

Think of 10 people you know who would be included in the 30,000. Think of ways you've seen them use their authority to improve Health in our state. If you have not witnessed them using their authority in this manner, we encourage you to visit kansashealth.org/leadinghealth/order-the-book/ and order a free copy of the book to give to each of those people.

CHAPTER 3: HEALTH AS A NORTH STAR

Questions:

1. In this chapter, America's Health Rankings is introduced as a North Star. Reviewing some of the categories on page 18, what are some of the health measures that stand out to you?

2. Was the America's Health Rankings report new to you? Do you consider it a good "proxy" measure for the state of Kansas? Why or why not?

3. When you think about your representation in the community (work, volunteering, board representation, etc.) are there ways you could apply the America's Health Rankings as a North Star?

4. On pages 20-21 of the book, a number of states are listed with their rankings. Do any of the states mentioned as ranking higher than Kansas surprise you? Compare what you know about some of those states with what you know about Kansas.

For Action:

This chapter gives a snapshot of America's Health Rankings. This week, go to americashealthrankings.org and spend some time learning more about the data and reports discussed there. Be ready to come back to your next group meeting with a few thoughts about the report and what these statistics mean for Kansas.

CHAPTER 4: KANSAS AT 29TH

Questions:

1. At the time the book was published, Kansas ranked 29th nationally in health. As of the publishing of these discussion materials, Kansas has moved up to #27. Have you witnessed any changes in Kansas health in recent years, positively or negatively?

2. When considering Kansas' current rankings, what are some thoughts and feelings that come to mind?

3. This chapter states that leadership requires tougher interpretations of the data.
   a. When you first reviewed Kansas' Health Rankings snapshot, what were some easy interpretations you made?
   b. Now, thinking about those interpretations, what are some tougher interpretations you could make?

4. If you could improve Kansas' ranking in one single health measure, what would it be? Why?

5. On the majority of submeasures, Kansas ranks roughly average. How does it make you feel that Kansas, in ways related to health and beyond, often comes in near the middle of national rankings? What do you think it does for the pride of the people of Kansas?

For Action:

Many of the statistics presented in this chapter paint a bleak picture for health in Kansas. This week, write down three bold ways we could increase the urgency of the 30,000 to address the health of our state. Be ready to share those with your group the next time you meet.

CHAPTER 5: KANSAS AT #1

Questions:

1. For the most part, do you consider yourself a pessimistic or optimistic person? Given your answer, how did that shape your perspective as you read chapters 4 and 5 back-to-back?

2. From your perspective, what does it look like for Kansas to lead the nation in Health?

3. What impact would greater Health in our communities have on our economy?

4. How do you, possibly as a member of the 30,000, navigate bold and risky visions?

5. What advice would you give to members of the 30,000 on how to create those bold and risky visions?

For Action:

Take a minute to consider a time when Kansas leads the nation in Health. If we were to reach #1, what are 10 words people may use to describe living in Kansas. Write those down and compare with the rest of your group at the next meeting.

Part 2

THE DIAGNOSIS

In Part 1, you learned about the symptoms we face by allowing our Health rankings to slip so drastically over the last 30 years. You also learned the difference between **h**ealth vs. **H**ealth and all the determinants that create healthier outcomes for people. Now, in this part, we offer a surprise. To lead the nation in Health, we can't think of this as a health challenge. It's a leadership challenge.

This statement catches people off guard, but it also provides a great opening for a conversation.

Throughout Part 2, we unpack why this is a leadership challenge, what that leadership challenge looks like and why it is so complex to solve.

Thinking of this as a leadership challenge also calls into question the definition of "leadership" we might hold. Working toward improving Health in the state isn't about quick solutions or figures of authority. The quicker we realize that, the more progress we'll make.

The best part? When it comes to this type of leadership challenge, the responsibility is not just on a few. We all have a role to play.

Key topics in Part 2:

- The Health Gap needs leadership.
- It's challenging to get people to agree on the problem or solutions.
- Challenging our assumptions
- Speaking to loss
- Authority vs. Leadership

CHAPTER 6: (IT'S) NOT A HEALTH CHALLENGE

Questions:

1. Had you ever considered or heard about leadership as defined by activity, not position? Whether you have or have not, how do you believe this relates to the role you play in your family? In your community? In your workplace?

2. Does it surprise you to know that Health is a leadership challenge and not a health challenge?

3. Think about a moment you had to exercise leadership when there were competing values at play. How did you navigate it?

4. After reading this chapter, what are some ways you could exercise leadership and mobilize those in your sphere of influence around Health?

For Action:

Think of people you know who, by their position or title, would be considered traditional "leaders." Now, think of people you know who don't have one of those positions or titles, but who still demonstrate impactful leadership. The next time your group meets, share one story with your group about the individual(s) showing unconventional leadership.

CHAPTER 7: WE DON'T AGREE ON WHAT CAUSED THE PROBLEM, OR THE SOLUTIONS

Questions:

1. What interpretations do you have about why Kansas has slipped in the Health rankings?

2. Using the framework of interpretations outlined in chapter 4, would you consider your initial interpretations to be easy or tough interpretations? Why?

3. What of those interpretations do you feel require more time to truly understand the issue? Who could you engage to do that?

4. What are some ways you would create alignment around these interpretations?

For Action:

Think of something you're actively dealing with in your life. It could be a family issue or a conversation at your place of worship. It could be something at your workplace or on a community board. What narratives have been built around that situation? What narratives have you built around that situation? Practice challenging the story you're currently telling about that situation and ask your group for feedback.

CHAPTER 8: OUR EXISTING ASSUMPTIONS FAIL US

Questions:

1. What are some adaptive vs. technical challenges you see in your work as it relates to Health?

2. What does it look like when we challenge our own assumptions and work more adaptively to these challenges?

3. What are some times in your life/career where assumptions about expectations led to misunderstandings or friction?

For Action:

Consider for a moment a current topic of conversation in your community. Maybe it's related to school funding, a church expansion or hiring a new city manager. It could be anything. Once you've decided on an issue, reread pages 73-79 and work through the three big assumptions outlined. Challenge your assumptions on all three of those categories. The next time you meet, describe your situation to your group and how the assumption exercise did or did not change your viewpoint.

CHAPTER 9: IT REQUIRES LOSS

Questions:

1. In the chapter, a statement is made that the saying "people are afraid of change" is false. What do you think?

2. What do you find most uncomfortable about recognizing that exercising leadership requires loss?

3. Can you identify moments in your work where your ideas have been resisted? What loss were you trying to avoid? How could you have "let the loss speak" to learn a new insight?

4. In what areas of your life would you be willing to "take some losses yourself" in order to move forward?

For Action:

Looking back on your life, think of examples of times where what you perceived as "loss" might have been unlocking greater progress. Consider how this may impact how you deal with loss in the future. Begin outlining an action plan for when the potential for loss is present, and be ready to use it the next time you're in that situation.

CHAPTER 10: IT'S RISKY

Questions:

1. In your everyday life, would you consider yourself a risk taker? Why?

2. When you think about your work/community representation, what risks can you identify that are associated with the Health gap?

3. What are some ways that you could exercise leadership to mitigate risk?

4. When proclaiming a bold vision, you expose yourself to risk. Why is that risk still worth it in order to make progress? Are you willing to be bold enough to take a risk? If so, on what issue?

For Action:

We all have dreams. But, for some of us, our bold visions for changing the world might have died out as children. No matter how uncomfortable it may be, spend some time this week thinking about how you could cast a bold vision for your family, your workplace or your community. Share that vision with at least three other people. Yes, it's a risk. It might also state a movement.

CHAPTER 11: AUTHORITY ISN'T ENOUGH

Questions:

1. Can you name specific moments where you've acted in a position of authority, but maybe didn't exercise leadership?

2. If authority alone can't close the Health Gap, what else is needed? What barriers are there currently in your community?

3. When have you mobilized others to get involved in a challenge?

4. Look at the chart on the next page for authority vs. leadership. What is more present in your current workplace? What do you see most often right now in your community?

5. In looking back to your answer to the previous question, if leadership is not present in the situation that came to mind, is there a role you could play in exercising leadership?

For Action:

Experiment time! This week, identify at least two simple ways you can exercise leadership, even if you don't have any formal authority. Don't announce it. Don't forecast it. Just figure out the way and go do it. What reactions did you get? Did it feel risky? Share your experience with your group.

AUTHORITY VS LEADERSHIP

AUTHORITY ...	LEADERSHIP ...
is a role	is an activity
maintains the status quo	disrupts the status quo
provides direction	shakes things up
can show leadership	must come from all levels
calms things down	provides inspiration

Part 3

THE PRESCRIPTION

Calling this part of the book the "prescription" is a nice shorthand for "solutions." We do have to point out, though, that unlike an antibiotic that may be prescribed for an infection, don't expect any quick solutions or easy cures for the challenge of improving Health in our state. There's nothing easy or quick about it. That's why it's a leadership challenge.

In lieu of shortcuts, we talk much more about mindsets. The mindsets more Kansans must hold in order to make progress. The mindsets that help us understand the challenge and what must be done. The mindsets that keep us from blaming others and focusing on what we can control.

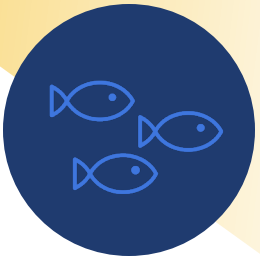
In this part of the book, we outline nine specific mindsets. They're rooted in decades of civic engagement, over 40 years of Kansas Health Foundation grantmaking, and a deep history of facilitating statewide dialogue with Kansans who are leading change in their own communities.

Holding one of these mindsets is helpful. Demonstrating several of these mindsets gets us closer to progress. But, when all mindsets are held and practiced by numerous members of the 30,000, that's when our health ranking goes up quickly and repeatedly.

Key Topics (Mindsets) in Part 3:

- Work Upstream
- Work Systematically
- Race and Racism Matters
- Create Collaboration
- Value Process and Structure
- Policy Over Politics
- Embrace Bold Vision
- Leverage Economic Forces
- Make Metrics Matter

Beyond the mindsets, this part of the book also features a section on things you—yes, every one of us—can do right now. If you want to take immediate action, this is the place to start.



CHAPTER 12: MINDSET #1: WORK UPSTREAM

Questions:

1. Had you ever heard/thought of the upstream vs. downstream paradigm before? If so, did you learn anything new from the way it was presented in this chapter? If you hadn't seen that comparison previously, what are your initial thoughts?

2. When thinking about your own charitable giving, do you focus more on downstream or upstream efforts?

3. While charity is important for the needs of today, what are some ways you could shift to more upstream efforts in your work or own charitable giving?

4. How can you, personally, balance the everyday needs you see in communities (those in need of charity), with the long-term thinking required to close the Health Gap?

For Action:

Spend some time analyzing your charitable giving and volunteer hours. If the vast majority fall in the "charity" category, don't feel bad. Charity is needed. The challenge for you is to identify at least one organization that focuses upstream. See how you can help that organization, either with your time, talents or funds.

CHAPTER 13: MINDSET #2: WORK SYSTEMICALLY

Questions:

1. What is an example of an individual-level effort you're proud of that you later realized needed a systematic complement to truly move the needle?

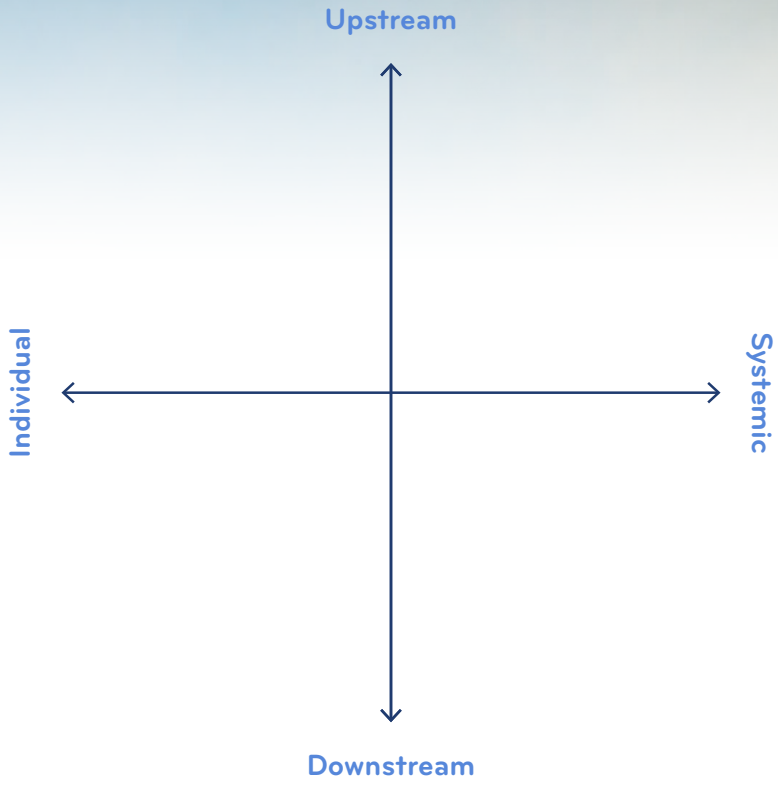
2. Think of your everyday work. In what ways do you primarily use an individual mindset? In what ways do you primarily use a systemic mindset?

3. What are some ways to mentally shift from an individual mindset to a systemic mindset?

4. Map out your own efforts in a 2x2 grid like the one on page 128:
   a. What is difficult about thinking more upstream and systematically?
   b. What ah-ha moments came to light?

For Action:

Complete the exercise described in question #4, utilizing the blank grid below.



CHAPTER 14: MINDSET #3: RACE AND RACISM

Questions:

1. After reading this chapter, are there public health issues that you can think of that have been affected by race and racism?

2. When this chapter defines "equity" as "equality of outcomes" rather than opportunity, how does that shape your perspective moving forward?

3. Reviewing the resources on kansashealth.org/leadinghealth, are there books that you have read or would like to read to broaden your understanding?

For Action:

For some people, discussing race is natural and critical to the Health Gap. For others, this may be a new or uncomfortable topic. If you fall into that first category, think of someone who is in a role of authority who might not yet consider these factors in his/her leadership. Take the initiative to have coffee or lunch with that person and share your viewpoint on race and racism. If you fall into the uncomfortable category, challenge yourself to discuss the issue in broad terms with at least one person you know and trust.

CHAPTER 15: MINDSET #4: CREATE COLLABORATION

Questions:

1. In your opinion, which is generally easier: collaborating or doing something alone? Which is generally more successful?

2. Where do you see examples of collaboration related to Health in your community or sphere of influence?

3. What are some of the barriers to doing collaborative work in your community? Workplace? Place of worship?

4. Thinking about a Health challenge close to your community, how could you apply the formula Right People + Good Information + Healthy Process to deliver progress?
   a. How could you bring people with authority and lived experience together?
   b. How would you exercise leadership to create the conditions for collaboration?

For Action:

Spend some time analyzing recent efforts with which you engaged. Maybe it was a local committee, a volunteer opportunity or a large change effort at work. Ask yourself about the level of collaboration on that effort. Did it include multiple factions? Were different stakeholders consulted? Examine how that effort would have gone differently with increased levels of collaboration.

CHAPTER 16: MINDSET #5: VALUE PROCESS AND STRUCTURE

Questions:

In this chapter, we discuss how necessary process and structure are in closing the Health gap in Kansas. Within your group, identify a Health challenge and work through the following questions.

1. What vision are you trying to work toward?

2. What process and structure is needed for that vision to come to life?

3. What processes and structures already exist?
    a. Are the things we're already doing effective? How could they be optimized?

4. How will we exercise leadership, create collaboration and tackle the process?

5. How might we need to invent new ways of working together?

For Action:

We've found it helpful to identify a basic mental model of process and structure long before you need it. This includes things like balancing the amount of process needed versus the complexity of the task. It might also mean a top level of structure involves always identifying a lead person and a small committee to be responsible for the outcome. For this exercise, the challenge is to think through what you believe makes for good process and structure, and then turn that into a brief viewpoint of how you'll approach your next project.

CHAPTER 17: MINDSET #6: POLICY OVER POLITICS

Questions:

1. When thinking about the difference between policy advocacy and political advocacy, can you think of examples where you've blended the two? What happens when you think about those examples through separate lenses?

2. Which of the two categories do you feel gets most of the attention: policy or politics? Why?

3. Do you see yourself as an advocate, an activist or a bridger?

4. Think about the inventory of "your people." What other perspectives would you like to know more about to diversify your circle and awareness?

For Action:

On the complex, difficult problems in society, bridgers will always be needed. Think of the last community effort you saw fail because of opposing viewpoints. How might that effort have gone differently if someone could have bridged the divide? The next time you're at the outset of a large initiative or community conversation, try to focus on the different viewpoints in the room. What needs to be bridged? When you identify that, start the process of playing the role of.

CHAPTER 18: MINDSET #7: EMBRACE BOLD VISION

Questions:

Within your sphere of influence, think of a Health challenge and cast a vision.

1. Is that vision specific?

2. Does it convey greatness?

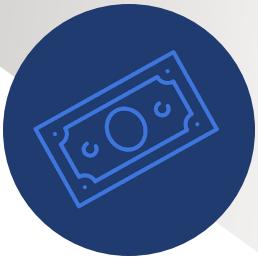
3. How can you strengthen that statement to unleash optimism, enthusiasm and commitment?

4. What objections will your vision face?

5. Who do you need to bring to the table to help make your vision a reality?

For Action:

Utilizing the process and structure conversation from chapter 16, think of what process and structure may need to be built to move your vision forward. Is it a committee? Do you first need a concept paper? Do you need a team of close friends to challenge your ideas to help you refine your vision? Come up with at least three to five steps of process or structure to help you begin putting together a roadmap for your vision.



CHAPTER 19: MINDSET #8: LEVERAGE ECONOMIC FORCES

Questions:

1. Think of a Health-related initiative in your community (or work). Is the private sector involved, and if not, how could that be leveraged?

2. If you're in the private sector, think of a coalition that is predominantly made up of people from the nonprofit and government sectors. How could you get involved?

3. If you're a member of a nonprofit or coalition, how could you link philanthropic efforts to market forces? Who do you need at the table to support you?

For Action:

Think like an economist for a minute. What about the work you do (or that is done by your favorite nonprofit) could benefit from leveraging market forces. If you have trouble thinking of something, it might be helpful to read more about social enterprise and how nonprofits are utilizing this practice to drive their missions. Check out the content by Harvard Business School at **hbs.edu/socialenterprise.**

CHAPTER 20: MINDSET #9: MAKE METRICS MATTER

Questions:

1. Evaluate your business or organization's metrics of success.
   a. Do those metrics help you propel action?
   b. Which metrics are key performance indicators vs. evaluation or research metrics?

2. What key performance indicators do you think are most important to close the Health gap through your work?

3. With the metrics that do propel action, how are you communicating those and what could be improved to mobilize others in the effort?

For Action:

Have you heard the saying, "What gets measured gets managed"? We see a lot of truth in that. It's just another reason why metrics are so important, and why so many organizations rely heavily on them. In the next week, think of a nonprofit organization you admire. Go to the website of that organization and see if you have find any information about its key metrics. They may be labeled as key performance indicators or objectives and key results. Share with your group what you learned.

CHAPTER 21: TEN THINGS TO DO NOW

Questions:

Visit kansashealth.org/leadinghealth and select at least one of the 10 things to do right now.

1. What action item did you select and why?

2. Is there an action item that feels too daunting to start with?

3. What action would you recommend to someone in your sphere of influence?

For Action:

KHF laid out 10 things to do right now. We want you to make your own list. Sit down and write out 10 things that you can do to improve health in Kansas. It could be joining a committee, volunteering with a new cause or even giving a copy of *Leading Health* to someone you know.

CHAPTER 22: AD ASTRA PER ASPERA: TO THE STARS, THROUGH DIFFICULTIES

Questions:

Now that you have completed Leading Health, consider:

1. How can you mobilize others to focus on Kansas leading the nation in health?

2. How might you disrupt others' ways of thinking by explaining Health is a leadership challenge, not a health challenge?

3. How can you adopt the nine mindsets needed for greater progress? Which mindset most resonated with you?

4. If you've made it this far into the study, you are definitely one of the 30,000. Who else should read this book? Who else should go through this discussion guide? We encourage you to share the material with those people.

For Action:

Our final challenge for you is to continue to engage with the material for this book. That may mean ordering a book for someone else at kansashealth.org/leadinghealth/order-the-book/. It may be listening to episodes of the *Leading Health* podcast at kansashealth.org/podcast/. Or, it might mean creating an event in your community and inviting someone from KHF to come give a presentation. You can request a speaker or workshop at kansashealth.org/leadinghealth/speaker-request/. Whatever you do, just don't stop thinking about Health and our desire to empower Kansas to lead the nation in Health.

NOTES

NOTES

NOTES

Kansas Health Foundation