



Healthy Living Collaborative Quarterly Report

July 2015

Deliverables	Long-Term Expected Outcomes	Progress Report
Collective Infrastructure		
<p>Develop and maintain Collaborative structure, governance, and backbone staffing support.</p> <p>Collaborative Operations</p> <ul style="list-style-type: none"> • Backbone Staffing: Establish backbone staffing, a Steering Committee, and governance structure. • Shared Vision: Design and maintain a structural process to maintain a shared vision, common policy, systems, programmatic and environmental change agenda, and mutually reinforcing activities. • Communication Planning: Design and agree upon regular communication methods and reporting tools to include updates on Collaborative, structure, budget, fund development, and project activities. 	<p>Increased cross-sector coordination between all partners and systems that have influence over the social determinants of health.</p> <ul style="list-style-type: none"> • Strong collaborative processes with designated “backbone” staff to help plan, manage, and support the Collaborative’s efforts. • Aligned economic, physical, social, and service systems that provide opportunities for health and support healthy behaviors. • A communication plan with regular and effective communication and collaboration among stakeholders. 	<p>Backbone Staffing:</p> <ul style="list-style-type: none"> • 1.0 FTE Executive Director • 1.0 FTE 1422 Healthy Communities Coordinator • .5 FTE Coach for each Clark, Cowlitz, and Wahkiakum • .25 FTE Administrative Assistant (Council for the Homeless) • 26 Community Health Workers, 20 hours per month • Michael O’Neill has been serving as our CHW Coordinator and has recently taken a lead position at Cowlitz Health and Human Services because of the demands in his new position he will no longer be able to serve as the coordinator. This leaves a gap in our current staffing we are exploring ways to fill the role of this position. <p>Shared Vision:</p> <ul style="list-style-type: none"> • 2015 Platform work is underway. • 48 partners have signed HLC Letter of Commitment. • Working on strengthening our equity lense through increased training and skills development for HLC partners, staff, CHWs. <p>Nonprofit Development:</p> <ul style="list-style-type: none"> • A huge thank you to Educational Service District 112 for all their support as our fiscal sponsor over the last year. • HLC officially changed fiscal sponsorship to Foundation for Healthy Generations (HealthyGen) on July 1. HealthyGen will be able to mentor HLC in becoming its own non-profit. • Consumer Voices are Born (CVAB) is a Vancouver-based non-profit with extensive expertise in peer work and is an incredible asset to the HLC. CVAB will be the contracting partner for employing our CHWs and our South Kelso coach and will serve as a wonderful resource for our coaches and CHWs starting July 1.

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		<p>Communication Planning:</p> <ul style="list-style-type: none"> Brenda Schallberger (Administrative Assistant) continues to work hard at keeping our website current and continues to update our blog. Partners are welcome to send news items to share on the HLC blog to Brenda at brenda@hlcswwa.org. We are now on Facebook. You can follow us at https://www.facebook.com/HealthyLivingCollaborativeSWWA?ref=ts
<p>Supportive Funding Establish and maintain a funders group to sustain the collective processes, measurement reporting systems, and ability to braid public and private dollars that create a nimble pool of dollars to fund the work.</p> <p>Key Strategies:</p> <ul style="list-style-type: none"> Quarterly funders meetings Feedback loop with and for committed and interested funders Comprehensive reporting mechanisms 	<p>A robust pool of supportive funding that supports a long-term process of social change without identifying any particular solution in advance. Shared financial risk and amplified success and impact.</p>	<p>Committed funders include:</p> <ul style="list-style-type: none"> Foundation for Healthy Generations Clark County Public Health Wahkiakum Health and Human Services Cowlitz County Health and Human Services Community Foundation for Southwest Washington Free Clinic for Southwest Washington PeaceHealth United Way Philanthropy Northwest Lifeline National Alliance of Mental Illness Washington State Department of Health Northwest Health Foundation Meyer Memorial Trust Legacy Cambia Federal Reserve Bank of San Francisco Community Foundation <p>Grant Updates:</p> <ul style="list-style-type: none"> BUILD Health Challenge – HLC did not receive this funding. However, this grant application inspired us to form our vision and gain momentum in the Community Connections workgroup in a very short amount of time. We will continue to work with Providence Center for Outcomes Research and Education (CORE) on the data component through limited 1422 Healthy Communities funding. We are seeking other funding opportunities, but are currently not fully funded to complete this work. <p>General Fundraising:</p> <ul style="list-style-type: none"> The 2016 budget forecast is under development. There are gaps in

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		<p>funding.</p> <ul style="list-style-type: none"> The Northwest Health Foundation Healthy Beginnings + Healthy Communities will release their RFP for 5 years of funding ranging from \$50,000-\$100,000 per year in August. Ten of the 25 communities will be funded. If we receive this funding it will provide some stability for our CHW pilot work and would substantially reduce our budget gaps for 2016. HealthyGen will have the ability to take individual donations on behalf of the HLC. They are developing an online process for individual donations.
<p>Evaluation: Develop and implement an evaluation plan with shared measurement and data collection amongst collaborative partners through an independent contractor.</p>	<p>A shared evaluation and measurement plan.</p>	<p>Evaluation:</p> <ul style="list-style-type: none"> Providence CORE and Multnomah Community Capacitation Center have completed the final evaluation report. We are very happy to have received these recommendations early on in our development. All partners will receive a condensed version of our final report. We are already developing a plan to make slight course adjustments in response to the evaluation.
<p>Progress Summary: Total of 3.75 FTE dedicated to Collaborative + 26 CHWs receiving \$200 month stipend. 48 partners are committed to supporting the 2015 HLC strategies. Over \$800,000 raised to support 2015 HLC strategies, and year one evaluation is completed.</p>		
<p align="center">Health in All Policies and Services</p>		
<p>Support the development and implementation of policy and system change action plans agreed upon by Collaborative members that address root causes of unhealthy behavior and the circumstances that perpetuate poverty and/or increase risk for disease.</p> <p>Key Strategies:</p> <ul style="list-style-type: none"> Motivate leaders and decision-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services. Identify and implement policy, systems and environmental change strategies that address root causes 	<p>Improve the health of all people by incorporating health considerations into decision-making across sectors and policy areas that prevent and mitigate chronic disease and poverty.</p>	<p>Health in All Policies and Services</p> <ul style="list-style-type: none"> Healthy Eating: Promote and encourage collaboration of farmers markets across the region accepting the Supplemental Nutrition Assistance Program. Workgroup Lead: Sandy Brown, WSU extension. Active Living: Implement a Complete Streets ordinance in cities or counties. This prepares local cities or counties to be eligible for state grant funding once it becomes available. Workgroup Lead: Cyndie Meyer, Clark County Public Health. Tobacco Free Living: Support each county's Board of Health to enact an ordinance that prohibits the use of electronic vapor devices (E-Cigarettes) in any place where smoking is prohibited per RCW 70.160 (Smoking in Public Places). Workgroup Lead: Deb Dandroff, ESD 112. <p>Policy Victory- Clark County Public Health Board of Health passed a new ordinance regulating the use of electronic inhalant devices (E-Cigarettes) in places where smoking is prohibited by state law. Clark Public Health</p>

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<p>of unhealthy behavior and the circumstances that perpetuate poverty and increase risk for disease.</p> <p>Educational Outcomes and Housing Instability for School Age Children: Explore and Design a temporary rental assistance test-site with integrated supportive services for families experiencing housing instability who have children enrolled in school.</p>		<p>provided excellent leadership moving this ordinance forward. A special THANK YOU to our following partners for all their work in making this happen: ESD 112, Prevent!, Council for the Homeless, Prevention Alliance, Kaiser Permanente, and Sea Mar.</p> <p>Wahkiakum County is interested in looking into passing a local E-Cigarettes ordinance much like the one passed in Clark County. ESD 112, HLC, and Clark County Public Health will work to support Wahkiakum as they move forward with this work.</p> <p>State Policy Agenda</p> <ol style="list-style-type: none"> 1. Support state Capitol budget funds for necessary infrastructure in schools for clean tap water fountains. 2. Support state Capitol budget funds for necessary infrastructure in schools to support cooking of school meals on site. 3. Increase state funding for the Safe Routes to Schools Program. 4. Support E-Cigarette strategies which restrict access to youth (restricting advertising, definition of E-Cigarettes, licensing retailers). <ul style="list-style-type: none"> • Bryce Hackett (senior at Columbia High school) attended a E-Cigarette training in February and testified twice in front of the state legislature on how youth are being impacted by E-Cigarettes 5. Support the creation of a new Medicaid benefit in Washington to cover the case management and tenancy support services outlined in Permanent Supportive Housing <p>* Over 20 HLC partners have agreed to participate in lobbying efforts to support the state policy agenda.</p> <p>Emerging Policy Issue passed with local vote: HB 2263 will create an option for local communities to implement a new 1/10 of 1% sales tax for affordable housing, mental health facilities, operations and maintenance, and services. This would create a new funding source that could be finely tuned to meet local needs. Find attached one pager with more details.</p> <p>Neutral Convener: Big Win for Clark County: The Vancouver Housing Authority (VHA) hired the HLC to provide support in making informed decisions about how to prioritize and deliver scarce resources so that they achieve the greatest community benefit. HLC completed over 60 key informant interviews with community</p>

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		<p>partners and hired a research team to complete a national landscape of efforts and to focus on local demographics. The VHA has adopted the HLC recommendations to prioritize section 8 vouchers to school-aged children that are homeless and clients that are part of the health homes model.</p> <p>Educational Outcomes and Housing Instability - Clark and Cowlitz both are working on strategy development in this area and plan to use the HLC quarterly meetings as a time to share learning from across the region.</p>
<p>The HLC has supported local policy development on e-cigarettes. Southwest Washington voices are being heard in Olympia. HLC has completed over 60 stakeholder interviews for the VHA in getting community input on how to prioritize section eight vouchers.</p>		
<p>Community-Based Prevention</p>		
<p>Support and develop community-based prevention strategies that operate within the community and involve community residents to actively work with their local services to address health and instability issues.</p> <p>Key Strategies Include: Develop a Plan to establish a regional network of practicing Peers:</p> <ul style="list-style-type: none"> • Develops a replicable model for establishing CHWs in a variety of community settings; • Increases knowledge of how this model interfaces with various physical, social, economic and service systems to impact shared health improvement goals; • Engages ongoing support from public and private sectors in managing the development of how CHWs are deployed and supported in Southwest Washington; • Leads policy, system, and environmental change strategies in our region and across the state that effectively use CHWs to support the 	<p>Increased capacity and opportunity of community members to play a key role in problem identification and planning solutions to problems in their communities.</p> <p>Increased capacity of systems to weave health, housing, social services, education, employment, economic development, and civic participation into existing and emerging regional efforts as identified by the community.</p> <p>Increased community capacity of neighborhood-based and professional level Community Health Workers to build community engagement, link community resources and improve health outcomes.</p> <ul style="list-style-type: none"> ○ Promotes professional development opportunities and provides scholarships; ○ Advocates for workforce development in Southwest Washington related to the CHW skill set; ○ Raises awareness among local systems of care about the value that local CHW 	<p>The HLC is using several strategies outlined below to establish appropriate mechanism for community voice to assist in local and regional-level systems change. The following areas of focus have emerged from stakeholder feedback and key informant interviews.</p> <p>Regional Peer Network The HLC is in the planning stages of designing a Regional Network of Practicing Peers. The HLC is working with state and regional experts to explore the development of the network.</p> <ul style="list-style-type: none"> • Kachina and Brad Berry from CVAB have begun recruitment for a small group of peers to act as a steering committee to get the network off the ground. Kachina and Brad plan to get representation from Vancouver Housing Authority, Head Start, HLC, CVAB, and Sea Mar. This team will work on the initial development of the Network and then open it up to a larger group of peers. Please contact Kachina Inman or Brad Berry if there are recommendations for other peers to be on the planning committee of the network. <p>Neighborhood CHW Pilot Development Pilot Site Progress:</p> <ul style="list-style-type: none"> • Each CHW team is now meeting weekly in their local community. They are working on developing their team, communications, and collectively talking about their areas of passion. • All CHWs completed a one-day training with CVAB on confidentiality and mandated reporting. • All teams will receive some additional facilitation support on strategy development in July with a hope to have initial strategies selected by

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<p>triple aim of health care reform.</p> <p>Pilot model test sites in three distinct communities across SW Region:</p> <ul style="list-style-type: none"> Recruit natural helpers from the test site neighborhood or rural population; Train the recruited team in core Community Health Worker (CHW) competencies and support their ongoing meetings and activities; Assist the Community Linkages Workgroup to prioritize efforts based on neighborhood or rural community input. <p>Coordinated Community Engagement:</p> <ul style="list-style-type: none"> Design a plan to create a test site for multidisciplinary CHW's that are a trusted source of support to coordinate care for high-utilizers of physical and behavioral health who may need other social service support. The test site will use CHW's to connect individuals with appropriate coordinated care services and identify and respond to social determinants of health needs. 	<p>activities add to these systems.</p> <p>Increased capacity of systems to weave health, housing, social services, education, employment, economic development, and civic participation into the fabric of three identified neighborhoods.</p> <p>Increased neighborhood opportunities in the areas of chronic disease prevention, substance-free living, safety, and social connections as determined by the community in three distinct neighborhoods.</p> <p>Increased capacity of systems to weave health, housing, social services, education, employment, economic development, and civic participation into targeted high-utilizers.</p> <p>Show the ability for systems to weave health, housing, social services, education, employment, economic development, and civic participation for families experiencing housing instability who have children enrolled in school.</p>	<p>August.</p> <ul style="list-style-type: none"> The evaluation report suggested increased coaching/and coordination support. HLC is developing a plan to increase current staffing capacity to provide more support for CHWs. Big Win for Wahkiakum: The teen CHWs in Wahkiakum County have selected a focus of reproductive health. They selected a project focused on a peer education curriculum created by King County and took it to the local School Board. The peer education curriculum was approved by the School Board. The two senior youth CHAs are currently working to recruit two new youth CHAs. They plan to implement the peer education curriculum this coming school year. The CHWs in Rose Village have spent significant time supporting their community at Courtyard Village the last several months. They went door-to-door providing information and resources, helping residents apply for new apartments and access needed resources. Now that all the residents have moved, the Rose Village team developing their vision and strategies. Caitlin Hill (1422 Coordinator) has started meeting with CHW teams to gather community input on 1422 work. Caitlin will also meet with the Vancouver Housing Authority Community Health Advocates, CVAB's Peer Mental Health Specialists, and NAMI. HLC Community Health Worker Mattie Neal was 1 of 25 selected for the entire state of Washington to participate in a training cohort which will provide Mattie with skills to both teach and lead others in their understanding of NEAR science. NEAR is the important study of the intersection between Neuroscience, Epigenetics, Adverse childhood experiences and Resilience. Dominique Horn and Bill Judd (CHWs) were invited to speak at Renton Technical College to an audience of educators, medical practitioners and medical technology staff to help build awareness about the value of CHWs. <p>Coordinated Community Engagement:</p> <p>Current work focused on community engagement of people who use social services the most and those at highest risk in Southwest Washington.</p> <ul style="list-style-type: none"> A work group has been meeting twice monthly to move the Community Connections Across Systems of Care for At-Risk Populations work forward. Technical assistance is being provided by Uncommon Solutions, HealthyGen, and Providence CORE. This project will look

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		<p>beyond the individual by examining the adequacy of their surroundings (i.e. city blocks, urban neighborhoods, isolated rural towns) to determine what is happening, or not happening, in these communities that results in more expensive acute medical care or repeated incarceration.</p> <ul style="list-style-type: none"> • Site visits have been scheduled with 13 community partners to better understand transformative data needs and utility for SW WA. Site visits are partially complete. • The data component of this work will need to be supported by the Accountable Communities of Health (Regional Health Alliance and Cascade Pacific Action Alliance). <p>CORE and HealthyGen are conducting site visits with the organizations that are currently participating in the Community Connections work group. Agenda will include:</p> <ol style="list-style-type: none"> 1. Demo of Oregon data system. 2. Discussion of data in system and how we work with our partners to receive and integrate the data. 3. Discussion of how the regional system will integrate with a potential state system in Washington. 4. Organization input on what data will be key and other data <p>Regular meetings have been established with both Accountable Communities of Health, Regional Health Alliance and the Cascade Pacific Action Alliance, so we can increase both communication and collaboration.</p>
<p>Healthy Communities Grant Funding 1422</p> <p>Promote Healthy Environments</p> <ul style="list-style-type: none"> • Implement worksite wellness programs • Support healthy convenience stores initiatives • Develop transportation and community plans that promote walking <p>Support Lifestyle Change</p> <ul style="list-style-type: none"> • Connect communities with evidence-based lifestyle change programs • Promote healthy lifestyles with partners such as Diabetes Network Leadership Team, Washington State 	<ul style="list-style-type: none"> • Improved prevention and control of diabetes and hypertension. • Reduce death and disability due to diabetes, heart disease and stroke by 3% in the implementation area • Reduce the prevalence of obesity by 3% in the implementation area 	<p>Promote Healthy Environments</p> <ul style="list-style-type: none"> • Cowlitz County Health and Human Services is undergoing worksite wellness training with HealthLinks and designing a physical activity outreach campaign. • Clark County Public Health is increasing the availability of healthy foods, improving walkability, and connecting with larger employers to assist with worksite wellness. <p>Support Lifestyle Change</p> <ul style="list-style-type: none"> • Lifestyle change strategies assessment completed. • Connecting the Diabetes Prevention Program providers in SW Washington to coordinate efforts. <p>Improve the Quality of Healthcare Delivery through Health System Interventions</p> <ul style="list-style-type: none"> • The Free Clinic in Vancouver and the Cowlitz Family Health Center are

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<p>University Extension, and the Regional Community Health Worker Network</p> <p>Improve the Quality of Healthcare Delivery through Health System Interventions</p> <ul style="list-style-type: none"> • Increase electronic health records adoption and improve the use of health information technology • Facilitate the collaboration of health systems, community partners, and Community Health Workers to implement preventive screenings • Develop a blood pressure cuff lending library <p>Community – Clinical Linkages</p> <ul style="list-style-type: none"> • Identify community barriers to effective screening, referral and follow-up for hypertension and pre-diabetes • Support Community Health Workers in health systems and clinics in the community • Work in partnership with Accountable Communities of Health to engage health systems and payers to promote coverage of CHW-provided screenings, referrals, and follow-up 		<p>developing a learning network of health systems to assess how we can use technology to improve detection and management of hypertension and prediabetes.</p> <ul style="list-style-type: none"> • Data Component exploration of Community Connections work is partially funded through 1422. <p>Community-Clinical Linkages</p> <ul style="list-style-type: none"> • Community blood pressure cuff assessment completed. • WSU Extension is exploring employer reimbursement for the Diabetes Prevention Program. • HLC CHWs and CVAB Peer Support specialists provided feedback to access to lifestyle change programs and interest in further training around diabetes and hypertension.
<p>Progress Summary: The 2015 HLC platform and 1422 Healthy Communities strategies are underway. The peer-based Community Health Workers have begun their team building and strategy development. Recruitment of the Peer Network planning committee has begun, and the community connections work group has made progress on moving the planning work of the data component forward.</p>		