



**Healthy Living Collaborative Quarterly Report**

October 2015

Deliverables	Long-Term Expected Outcomes	Progress Report
<b>Collective Infrastructure</b>		
<p>Develop and maintain Collaborative structure, governance, and backbone staffing support.</p> <p><b>Collaborative Operations</b></p> <ul style="list-style-type: none"> <li>• <b>Backbone Staffing:</b> Establish backbone staffing, a Steering Committee, and governance structure.</li> <li>• <b>Shared Vision:</b> Design and maintain a structural process to maintain a shared vision, common policy, systems, programmatic and environmental change agenda, and mutually reinforcing activities.</li> <li>• <b>Communication Planning:</b> Design and agree upon regular communication methods and reporting tools to include updates on Collaborative, structure, budget, fund development, and project activities.</li> </ul>	<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"> <li>• Strong collaborative processes with designated “backbone” staff to help plan, manage, and support the Collaborative’s efforts.</li> <li>• Aligned economic, physical, social, and service systems that provide opportunities for health and support healthy behaviors.</li> <li>• A communication plan with regular and effective communication and collaboration among stakeholders.</li> </ul>	<p><b>Backbone Staffing:</b></p> <ul style="list-style-type: none"> <li>• 1.0 FTE Executive Director</li> <li>• 1.0 FTE 1422 Healthy Communities Coordinator</li> <li>• .5 FTE Coach for each Clark, Cowlitz, and Wahkiakum</li> <li>• .25 FTE Administrative Assistant</li> <li>• 24 Community Health Workers stipend volunteers, 20 hours per month</li> <li>• Based on our evaluation we are looking to increase staffing support for CHW work</li> </ul> <p><b>HLC Leadership:</b> Over the last two years the HLC has been led by a 13 member Policy and Steering Committee (PSC) made up of members from our organizational partners. In order to continue to support the growth and development of the HLC the current Policy and Steering Committee is recommending separating the Policy/Advocacy and Steering Committee into two committees. This will:</p> <ul style="list-style-type: none"> <li>• Increase capacity through two committees</li> <li>• Strengthen policy work</li> <li>• Increase community voice via CHWs or community representatives at policy/leadership level</li> <li>• Increase emphasis on both sector and geographic representation on steering committee</li> </ul> <p>There will be an open application process for both committees. Current PSC committee members will need to apply if they are interested in joining either committee. We encourage current HLC members seeking a leadership role to consider applying. Applications will be released on October 21 and will be due November 5.</p>

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		<p><b>Shared Vision:</b></p> <ul style="list-style-type: none"> <li>• Developing 2016 platform (Strategies and Policy Agenda)</li> <li>• 50+ partners have signed 2015 HLC Letter of Commitment.</li> <li>• Working on strengthening our equity lens. This will begin with an equity and justice training for PSC members, staff, and CHWs. We hope to expand this training to HLC members in the coming year.</li> </ul> <p><b>Nonprofit Development:</b></p> <p>The non-profit subcommittee met in September and provided recommendations on next steps to the PSC. Recommendations were approved and the first step in becoming a stand alone nonprofit is to spend the next 6 months focused on sustainability planning.</p> <p><b>Communication Planning:</b></p> <ul style="list-style-type: none"> <li>• Brenda Schallberger continues to work hard to increase our communications through website, blog, social media and HLC newsletters. Partners are welcome to send news items to share on the HLC blog to Brenda at <a href="mailto:brenda@hlcsw.org">brenda@hlcsw.org</a>. Let us know if you have comments or suggestions about our recent newsletter.</li> <li>• We are now on Facebook. You can follow us at <a href="https://www.facebook.com/HealthyLivingCollaborativeSWWA?fref=ts">https://www.facebook.com/HealthyLivingCollaborativeSWWA?fref=ts</a></li> </ul>
<p><b>Supportive Funding</b></p> <p>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><b>Key Strategies:</b></p> <ul style="list-style-type: none"> <li>• Quarterly funders meetings</li> <li>• Feedback loop with and for committed and interested funders</li> <li>• Comprehensive reporting mechanisms</li> </ul>	<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><b>Committed funders include:</b></p> <ul style="list-style-type: none"> <li>• Foundation for Healthy Generations</li> <li>• Clark County Public Health</li> <li>• Wahkiakum Health and Human Services</li> <li>• Cowlitz County Health and Human Services</li> <li>• Community Foundation for Southwest Washington</li> <li>• Free Clinic for Southwest Washington</li> <li>• PeaceHealth</li> <li>• United Way</li> <li>• Kaiser</li> <li>• Philanthropy Northwest</li> <li>• Lifeline</li> <li>• National Alliance of Mental Illness</li> <li>• Washington State Department of Health</li> <li>• Northwest Health Foundation</li> <li>• Meyer Memorial Trust</li> <li>• Legacy</li> <li>• Cambia</li> </ul>

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		<ul style="list-style-type: none"> <li>• Federal Reserve Bank of San Francisco</li> <li>• Community Foundation</li> <li>• <b>New Funder:</b> Lower Columbia College (provide \$2,500 for diversity training)</li> </ul> <p><b>Budget Updates:</b></p> <ul style="list-style-type: none"> <li>• Thank you Kaiser and Cowlitz County Health and Human Services for sponsoring CHWs to attend the American Public Health Association Conference in Chicago. Two CHWs will present at the conference with Foundation for Healthier Generations.</li> </ul> <p><b>General Fundraising:</b></p> <ul style="list-style-type: none"> <li>• HLC 2016 budget forecast has been completed. There are funding gaps in 2016 budget.</li> <li>• HLC submitted an application to the Northwest Health Foundation Healthy Beginnings + Healthy Communities RFP for 5 years of funding ranging from \$50,000-\$150,000 per year. Ten of the 25 currently funded communities will be funded. The application was submitted October 8 and we should find out about future funding by December 18. If we receive this funding it will provide funding for our CHW pilot work, continue to strengthen our diversity &amp; equity work and provide some funding to support community based work in SW WA. We had 17 letters of commitment included in our application. Thank you to all of our partners for your support.</li> <li>• We are in the process of submitting a grant application to Kaiser for \$90,000 over two years to support our outside evaluation team.</li> <li>• We are able to accept online donations through HealthyGen. This online donation link is now on our website.</li> </ul>
<p><b>Evaluation:</b> 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><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• All partners received an executive summary of our final report and the partner survey results with de-identified information.</li> <li>• We are already implementing course adjustments in response to the evaluation. Changes include a CHW MOA outlining expectations of work, a CHW code of ethics, more structure for coaches through meeting and TA support, and developing a plan for a greater focus on equity.</li> <li>• HLC Evaluation subcommittee met with our Evaluation team at the end of September and outlined an Evaluation plan for the coming year. The evaluation will include: 1) Updated Partner Survey 2) CHW program evaluation both qualitative and quantitative and 3) Facilitated Case Study</li> </ul>

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		(one for each of our CHW sites) participatory education will be a key component of the case studies and will include both CHWs and partner organizations.
<p>Progress Summary: Total of 3.75 FTE dedicated to Collaborative + 24 CHWs receiving \$200 month stipend. 50 partners are committed to supporting the 2015 HLC strategies and beginning 2016 planning. Over \$800,000 raised to support 2015 HLC strategies, and year one evaluation is completed and year two evaluation plan is completed.</p>		
<p><b><i>Health in All Policies and Services</i></b></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><b>Key Strategies:</b></p> <ul style="list-style-type: none"> <li>• Motivate leaders and decision-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services.</li> <li>• Identify and implement policy, systems and environmental change strategies that address root causes of unhealthy behavior and the circumstances that perpetuate poverty and increase risk for disease.</li> </ul> <p><b><i>Educational Outcomes and Housing Instability for School Age Children:</i></b> 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>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><b>Health in All Policies and Services</b> At the October HLC quarterly meeting we will work towards setting our 2016 local and state policy agenda. Developing a Policy Committee is one of the ways we hope to strengthen our systems for supporting our policy agenda.</p> <p>This year we were able to get individuals from Southwest WA to testify at state and local levels on a variety of policy issues.</p> <p><b><u>Local Policy Agenda</u></b></p> <ul style="list-style-type: none"> <li>• <b>Healthy Eating:</b> Promote and encourage collaboration of farmers markets across the region accepting the Supplemental Nutrition Assistance Program. Workgroup Lead: Sandy Brown, WSU extension.</li> <li>• <b>Active Living:</b> 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 content expert: Cyndie Meyer, Clark County Public Health.</li> <li>• <b>Tobacco Free Living:</b> 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). Clark County has passed local ordinance and efforts are underway in both Cowlitz and Wahkiakum counties. Workgroup Lead: Deb Drandoff, ESD 112.</li> </ul> <p>*Although affordable housing is not on our 2015 local policy agenda it is a critical area of focus for many of our partners and CHW teams. CHWs attended recent Vancouver City Council Meetings on affordable housing and provided public testimony as individual residents.</p> <p><b><u>State Policy Agenda</u></b></p>

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		<p>2015 state legislative outcomes below:</p> <ol style="list-style-type: none"> <li data-bbox="1159 201 2024 618"> <b>1. Support state Capitol budget funds for necessary infrastructure in schools for clean tap water fountains</b> - Capitol budget-\$5million-a maximum of \$2million of the appropriation is for competitive equipment assistance grants. A maximum of the \$1,000,000 of the appropriation is for the purchase and installation of water bottle and filling stations. The remainder of the appropriation may be used to purchase or make repairs and renovations related to improving children’s health. (a) Fitness playground equipment, covered play, physical education equipment, and or related structures or renovations, (b) garden related structures or greenhouses to provide students access to fresh produce; and (c) kitchen equipment or upgrades.         </li> <li data-bbox="1159 630 2003 691"> <b>2. Support state Capitol budget funds for necessary infrastructure in schools to support cooking of school meals on site</b> - See above         </li> <li data-bbox="1159 703 2049 1190"> <b>3. Increase state funding for the Safe Routes to Schools Program. Transportation Budget-Historic Investments in SRTS</b> - We doubled the state investment in SRTS projects over the next 16 years. That is \$56 million in new revenue. Equity Language “The department may consider the special situations facing high-need areas, as defined by schools or project areas in which the percentage of the children eligible to receive free and reduced-price meals under the national school lunch program is equal to, or greater than, the state average as determined by the department, when evaluating project proposals against established funding criteria while ensuring continued compliance with federal eligibility requirements.” Federal Grant Intent            A separate line item for maintaining the Federal investment was included in project list roll-up, signifying clear legislative intent to keep the SRTS program healthy over these next 16 years.         </li> <li data-bbox="1159 1201 2024 1263"> <b>4. Support E-Cigarette strategies, which restrict access to youth</b> - Dead for this year.         </li> <li data-bbox="1159 1274 2049 1404"> <b>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</b> - This issue has been included in the Washington State Global Medicaid Waiver application.         </li> </ol>

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		<p><b>Statewide work:</b></p> <p>HLC is participating in the Community and Stakeholder Education and Action work group of Essentials for Children. The goals of Essentials for Childhood are and educate and motivate key stakeholders on brain science, ACES and Resilience and support community ownership, impact and action.</p> <p><b>Local work:</b></p> <p>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 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><b>Work continues through VHA:</b> The VHA has asked to extend their contract with the HLC. The HLC has helped the VHA convene 2 meetings with organizational partners making referrals to section 8 vouchers, will assist with ensuring MOU are signed with community partners selected to make referrals, and will work towards looking at potential evaluation efforts on new Section 8 prioritization process.</p> <p><b>Educational Outcomes and Housing Instability</b> - 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 organizational, local and state policy work and is embarking on setting a 2016 policy agenda.</p>		
<p align="center"><b>Community-Based Prevention</b></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><b>Key Strategies Include:</b> <i>Develop a Plan to establish a regional</i></p>	<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><b>Peer Network</b> Increased capacity of systems to weave health, housing, social services,</p>	<p><b>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.</b></p> <p><b>Regional Peer Network</b></p> <ul style="list-style-type: none"> <li>HLC continues to support the developments of a peer network. The HLC believes this group needs to be peer run and led. In order to</li> </ul>

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<p><b>network of practicing Peers:</b></p> <ul style="list-style-type: none"> <li>• Develops a replicable model for establishing CHWs in a variety of community settings;</li> <li>• Increases knowledge of how this model interfaces with various physical, social, economic and service systems to impact shared health improvement goals;</li> <li>• Engages ongoing support from public and private sectors in managing the development of how CHWs are deployed and supported in Southwest Washington;</li> <li>• Leads policy, system, and environmental change strategies in our region and across the state that effectively use CHWs to support the triple aim of health care reform.</li> </ul> <p><b>Pilot model test sites in three distinct communities across SW Region:</b></p> <ul style="list-style-type: none"> <li>• Recruit natural helpers from the test site neighborhood or rural population;</li> <li>• Train the recruited team in core Community Health Worker (CHW) competencies and support their ongoing meetings and activities;</li> <li>• Assist the Community Linkages Workgroup to prioritize efforts based on neighborhood or rural community input.</li> </ul> <p><b>Community Connections:</b> The <i>Initiative</i> will enable us to learn how share data across partners to identify high-utilizers and integrate a cadre of Population-Based CHWs (peers who were</p>	<p>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 Peers to build community engagement, link community resources and improve health outcomes.</p> <ul style="list-style-type: none"> <li>○ Promotes professional development opportunities and provides scholarships;</li> <li>○ Advocates for workforce development in Southwest Washington related to the Peer skill set;</li> <li>○ Raises awareness among local systems of care about the value that local Peer activities add to these systems.</li> </ul> <p><b>Pilot Model Test Sites</b> 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><b>Community Connections:</b> <b>Empowered Neighborhoods.</b> Community's health-creating</p>	<p>ensure this was peer led an open application process for a peer leadership group was completed. Over 10 peers applied and seven were selected to join the leadership group. The leadership committee includes CHWs, CHAs, peer mental health counselors, family and parent advocates, and recovery coaches. The first steering group took place on September 29. The leadership group of the peer network plans to meet monthly as they prepare for inviting more peers to the conversation. Consumer Voices Are Born and Foundation for Healthy Generations will help support the development of the leadership group as well as the larger network.</p> <p><b>Neighborhood CHW Pilot Development</b> Pilot Site Progress:</p> <ul style="list-style-type: none"> <li>• Each team continues to meet weekly. They have selected strategies to focus on and work is underway.</li> <li>• Kachina, Caitlin, and TA support from Foundation for Healthy Generations and Uncommon Solutions are providing support to the coaches. This includes monthly coaches calls, and monthly one on one meetings with the coaches.</li> <li>• As noted in our evaluation there is a current gap in our CHW coordination efforts. HLC is working towards hiring a full time coordinator to support the CHW work.</li> <li>• HLC helped support facilitation of the October Cowlitz Child Wellness meeting in partnership with PeaceHealth and Cowlitz Health and Human Services. The Child Wellness group is interested in supporting full time CHWs aimed at supported Child wellness to the most vulnerable residents on Cowlitz County.</li> <li>• Two CHAs from the South Kelso team have been asked to support a dental program in partnership with Pathways 2020 and University of Washington. The CHAs will be asked to recruit families to participate in dental cleanings and will be compensated for training time and each family they recruit.</li> <li>• The South Kelso team completed a community/family event in partnership with Wallace Elementary and provided free haircuts for kids before picture day, referrals to resources in the community, and a community visioning activity. <b>Thank you PeaceHealth for sponsoring this event.</b></li> <li>• The Rose Village team has supported a couple of neighborhood events at Laundry Love. They offered free haircuts, had fresh fruit and</li> </ul>

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<p>themselves high-utilizers) into our existing Neighborhood-Based CHW network. Our three key strategies are:</p> <p><b>Strategy #1: Use Data to Target Work &amp; Track Outcomes.</b> Fragmentation is the key data challenge in health reform. Health data are segmented by type of care and segregated from other data (e.g., social services, physical environment) that also drive health. The Providence Center for Outcomes Research &amp; Education (CORE) has developed a prototype data system that aggregates data from different sectors and uses them to build comprehensive, contextually informed approaches to community health.</p> <p><b>Strategy #2: Activate Communities Through Population-Based CHWs.</b> We will augment our existing neighborhood CHW network by introducing intentional population-based CHWs who will be trained to respond to high utilizers' needs, arrange for community-side connections to existing services, and provide the social support necessary to reduce inappropriate ED usage.</p> <p><b>Strategy #3: Connect Communities to Reform Through the HLC.</b> Local efforts can't overcome every systemic or policy barrier, so we will connect our CHW network directly to larger system change efforts through the HLC.</p>	<p>infrastructure transform, with at-risk community members showing greater health knowledge, health self-efficacy, and community empowerment.</p> <p><b>Better Process Outcomes.</b> Positive impacts of high utilizers in the four-county regional area of Southwest Washington through indicators like fewer unnecessary ED visits, hospital admissions, and incarcerations. Longer term, the systems we create to support high utilizers by attacking the root causes of their struggles will help prevent new high utilizers from emerging, and we will see those same impacts begin to appear across the broader population.</p> <p><b>Better Community Health.</b> Improvements in the physical, mental, and social health outcomes of high utilizers.</p>	<p>vegetable distribution with Clark County food bank, kids activities and assisted in connecting people with resources.</p> <ul style="list-style-type: none"> <li>• The Rose Village team continues to explore ways to increase access to fruit and vegetable with a partnership with Clark County Food Bank.</li> <li>• The Rose Village team continues participate in community engagement efforts to increase their connections to the community. They have recently supported the traffic calming murals, community garden work parties and the formation of the tool library.</li> <li>• The Wahkiakum youth CHW team has four CHAs this year and they are getting ready to implement the peer reproductive health education curriculum. They are also working hard to get a hydration station installed at Wahkiakum High School through an HLC and Childhood Obesity Prevention Coalition (COPC) partnership.</li> <li>• The two adult CHWs from Wahkiakum continue to provide outreach at the senior center, the community garden, and the food banks. They are also working with the teen CHWs and other local partners on a community/family event.</li> <li>• Both South Kelso and Rose Village Teams are also working with their respective communities to look at getting hydration station installed in local schools through our connection with COPC.</li> <li>• The Care Transition team from the Area Office on Aging and Disability asked to meet with the HLC coaches to begin exploring ways to refer their clients to the CHW teams.</li> <li>• HLC Community Health Worker Matti Neal was 1 of 25 selected for the entire state of Washington to participate in a NEAR train the trainer cohort. <b>NEAR</b> is the important study of the intersection between <b>Neuroscience, Epigenetics, Adverse childhood experiences and Resilience</b>. Matti is currently providing the NEAR training to community partners as part of her training process.</li> <li>• CHWs continue to participate in professional development and training opportunities to increase their skills and abilities.</li> </ul> <p><b>Community Connections: (See attached report with more details of progress)</b></p> <ul style="list-style-type: none"> <li>• The community connections work group is made up of 20 partners from Clark County.</li> <li>• Technical assistance is being provided by Uncommon Solutions, Foundation for Healthy Generations, the State Department of Health and Providence CORE.</li> </ul>

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<p><b>Healthy Communities Grant Funding 1422</b></p> <p><b>Promote Healthy Environments</b></p> <ul style="list-style-type: none"> <li>• Implement worksite wellness programs</li> <li>• Support healthy convenience stores initiatives</li> <li>• Develop transportation and community plans that promote walking</li> </ul> <p><b>Support Lifestyle Change</b></p> <ul style="list-style-type: none"> <li>• Connect communities with evidence-based lifestyle change programs</li> <li>• Promote healthy lifestyles with</li> </ul>	<ul style="list-style-type: none"> <li>• Improved prevention and control of diabetes and hypertension.</li> <li>• Reduce death and disability due to diabetes, heart disease and stroke by 3% in the implementation area</li> <li>• Reduce the prevalence of obesity by 3% in the implementation area</li> </ul>	<p><b>1422 Highlights</b></p> <ul style="list-style-type: none"> <li>• Year one carryover budget was approved.</li> <li>• Year two workplan and budget was approved.</li> <li>• 1422 Leadership Group will meet 10/21.</li> </ul> <p><b>Healthy Eating, Active Living</b></p> <ul style="list-style-type: none"> <li>• Cowlitz continues to work on worksite wellness. Partners include Cowlitz County, Child and Adolescent Clinic, Lower Columbia College, Entek, Happy Kids Dentistry, NW Motor Service, CORE Health, Emergency Support Shelter, Cowlitz Indian Tribe, and Port of Kalama. These worksites are working on increasing access to and promoting healthy eating and physical activity.</li> <li>• Walkable Cowlitz is a community engagement project focused on</li> </ul>

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<p>partners such as Diabetes Network Leadership Team, Washington State University Extension, and the Regional Community Health Worker Network</p> <p><b>Improve the Quality of Healthcare Delivery through Health System Interventions</b></p> <ul style="list-style-type: none"> <li>• Increase electronic health records adoption and improve the use of health information technology</li> <li>• Facilitate the collaboration of health systems, community partners, and Community Health Workers to implement preventive screenings</li> <li>• Develop a blood pressure cuff lending library</li> </ul> <p><b>Community – Clinical Linkages</b></p> <ul style="list-style-type: none"> <li>• Identify community barriers to effective screening, referral and follow-up for hypertension and pre-diabetes</li> <li>• Support Community Health Workers in health systems and clinics in the community</li> <li>• 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</li> </ul>		<p>walkability. This group pulls together diverse partners at the community and organization level to create momentum for the plans Cowlitz already has in place around walkability. The first meeting will be held on October 20.</p> <ul style="list-style-type: none"> <li>• Clark worked with local markets to explore local food purchasing and also helped a store in its WIC Certification. Clark has a new partnership with Clark County Food Bank to promote healthier foods for year two. They will train volunteers on healthy food placement and promotion.</li> <li>• Clark is working with Legacy, City of Vancouver, Clark County, Wafertech, and WSU on worksite wellness strategies for healthy eating and physical activity.</li> <li>• Clark used 1422 funds to help with signage and trail maps as well as painting a traffic slowing mural.</li> </ul> <p><b>Life Style Changes</b></p> <ul style="list-style-type: none"> <li>• WSU Extension will be hiring a coordinator to assist with engaging employers to pay for Diabetes Prevention Program.</li> <li>• WSU Extension has a new partnership with NAMI and they are looking into hosting a Diabetes Prevention Program at NAMI in the next year.</li> <li>• We pulled together all of the Diabetes Prevention Program Providers in SW Washington (WSU Extension, Cowlitz Tribe, and PeaceHealth) and started the conversation about coordinating efforts for greater impact.</li> <li>• In partnership with Diabetes Network Leadership Team, we created an employers document for use with employers when talking about the Diabetes Prevention Program.</li> <li>• New partnership with 211 Info. In the second year of 1422 we will work with 211 Info to explore how they can support the work being done in SW Washington.</li> <li>• Still searching for blood pressure cuffs to implement cuff lending library.</li> <li>• First Peer Network Leadership meeting held. Peers include Community Health Workers, Peer Support Specialists, and Advocates.</li> <li>• South Kelso CHA is interested in organizing a healthy lifestyle change program that WSU Extension offers.</li> </ul> <p><b>Health Systems Interventions</b></p> <ul style="list-style-type: none"> <li>• Continue to support the work of Providence CORE and Uncommon Solutions in facilitating Community Connections Workgroup.</li> <li>• Completed interviews with 9 different health systems/clinics to learn about their electronic health record system and improving patient care and presented the analysis.</li> </ul>

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<p>Progress Summary: The HLC and 1422 Healthy Communities strategies are in motion. The peer-based Community Health Workers continue to engage and connect their family friends and neighbors to resources and create new opportunities that create healthier and safer communities. The Peer Network leadership group has been established and will meet monthly, and the community connections work group has made significant progress on moving the planning work of the data component forward.</p>		