



Healthy Living Collaborative Funders Quarterly Report

September-December 2014

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, 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>Developed Governance Structure to include a HLC charter, partner commitment letters, Memorandum of Understandings templates, and Statement of Work. Contracts are in place or in development with all key stakeholders and partners.</p> <ul style="list-style-type: none"> • Policy and Steering Committee have updated charter to reflect growing needs and demand of the HLC. <p>Backbone Staffing:</p> <ul style="list-style-type: none"> • 1.0 FTE Executive Director • .5 FTE Community Based Prevention Coordinator • .5 FTE Coach for each Clark, Cowlitz, and Wahkiakum • .25 FTE Administrative Assistant • 28 Community Health Workers 20 hours per month <p>Shared Vision:</p> <ul style="list-style-type: none"> • The HLC continues to act as a neutral convener, facilitating new and strengthen existing relationships among stakeholders interested in health and well being for all of Southwest Washington. • In October the HLC prioritized both a local and state agenda. The 2015 Platform is currently being updated. Please see draft 2015 Platform in the December Funders packet. This year we are formalizing our membership through a letter of commitment. We are in the process of collecting letters of commitment and all member organizations will be included on the 2015 Platform. • Continue to engage new community partners in current strategies and strengthen existing partnerships. <p>HLC Summit – In September the HLC hosted a Summit. 200 people attended including local and state leaders. This was an opportunity to give a broader audience an understanding of the work and values of the HLC. The Conference focused on:</p>

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		<ul style="list-style-type: none"> • Using Data to Inform Prevention • Listening to Community Wisdom for Solutions • Designing Responsive & Efficient Systems for Support • Working Together for Sustainable Outcomes <p>Speakers at the summit included:</p> <ul style="list-style-type: none"> • Nationally known speaker Larry Cohen from the Prevention Institute • Laura Porter and Kathy Burgoyne Adverse Childhood Experiences and Community Health Worker experts from Foundation of Healthy Generations • Representative Monica Stonier 17th Legislative District • Drew Bouton - Washington State Department of Health Policy Director • Sy Johnson, CEO PeaceHealth Southwest Medical Center • Blake Trask, Statewide Policy Director for Washington Bikes <p>Communication Planning:</p> <ul style="list-style-type: none"> • Full HLC Communication Plan in progress • 2015 Platform will be completed Jan 2015 • Developed logo, mission, and vision • Website launched (www.hlcsw.org) • Third Quarterly Summary Report Completed
<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>700K of Supportive Funding and Resources Secured</p> <p>Committed funders include:</p> <ul style="list-style-type: none"> • Foundation for Healthy Generations • Washington State Department of Health • Clark County Public Health • Cowlitz County Health and Human Services • Clark County Community Services • Community Foundation for Southwest Washington new commitment \$49,000 for 2015 unrestricted funds • Kaiser • Pandora’s Box Publishing • Free Clinic for Southwest Washington • PeaceHealth • United Way new funder (committed \$5,000 to support CHW training) • Philanthropy Northwest new funder (committed \$5,000 to support CHW training)

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		<p>Grant Opportunities in motion:</p> <ul style="list-style-type: none"> • Washington State Department of Health –through Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422). HLC is the lead for Clark, Cowlitz, Skamania, and Wahkiakum. \$350,000 a year for 4 years. If awarded in year one over \$180,000 will go to community partners. • Cambia - Application submitted for \$60,000 • Meyer Memorial Trust LOI – submitted LOI Sept. 15 and full application on Dec. 15 requesting \$200,000 for three years through the responsive grants funding. • Northwest Health Foundation Healthy Beginning Healthy Communities Organizing Grant submitted October 3 –up to \$30,000
<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 Center for Outcomes Research and Evaluation (CORE) and Multnomah County Community Capacitation Center (MCCC) continues to provide evaluation support to HLC. CORE comes with significant experience in evaluating policy and systems level work and MCCC has significant experience in working and training CHWs. The combination of their experiences makes them an outstanding fit for the work of the HLC. • Evaluation deliverables will include: 2 PULSE REPORTS to support developmental evaluation effort: brief updates to guide program efforts with timely learnings and ANNUAL REPORT that includes: focus group and interview analysis, survey results, intersections analysis of key themes, network scoring analysis, documentation of key work of HLC • MCCC has initiated evaluation efforts with the CHW work. CORE just sent out a partner survey this week. The survey focuses on better understanding the HLC’s infrastructure, as the partner organizations that make up the HLC are instrumental to its success. CORE will be looking at how relationships within the HLC develop, sustain, and change over time.
<p>Progress Summary: Total of 3.25 FTE dedicated to Collaborative + 28 CHWs receiving \$200 month stipend, gap in staffing of community based prevention coordinator. Over \$700,000 raised to date, and evaluation is underway.</p>		
<p style="text-align: center;"><i>Health in All Policies and Services</i></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</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>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.

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<p>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 of unhealthy behavior and the circumstances that perpetuate poverty and increase risk for disease. <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>		<ul style="list-style-type: none"> 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. Tobacco Free Living: Support each county’s Board of Health to enact an ordinance that prohibits the use of electronic vapor devices in any place where smoking is prohibited per RCW 70.160 (Smoking in Public Places). -ESD will host a training with Change Lab Solutions through their youth tobacco funds aimed at prohibiting local electronic vapor devices in public places. HLC partners will be invited to participate in the training. <p><u>State Policy Agenda</u></p> <ol style="list-style-type: none"> Support state Capitol budget funds for necessary infrastructure in schools for clean tap water fountains. (budget) Support state Capitol budget funds for necessary infrastructure in schools to support cooking of school meals on site. (budget) Increase state funding for the Safe Routes to Schools Program. (budget) Support E-Cigarette strategies, which restricts access to youth (restricting advertising, definition of E-Cigarettes, licensing retailers). (policy) 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>Neutral Convener:</p> <ul style="list-style-type: none"> The Vancouver Housing Authority (VHA) has 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 will complete over 40 key informant interviews with community partners by the end of December for the first round of this project. <p>Educational Outcomes and Housing Instability for School Age Children Initial meeting has been set up to begin the design of this strategy. - We are already seeing great movement on our housing instability and education</p>

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		<p>strategy on a state, regional, and local level. On a local level partners in Cowlitz and Clark Counties are having conversations with housing partners, ESD 112, school districts, and community partners to determine what a community effort on this issue will look like. We have used our regional platform to influence our statewide partners advocacy on this issue to ensure that they are aligned with what we are seeing on the ground. Due to our work, Columbia Legal Services, the Washington Low Income Housing Alliance, and other statewide partners will be advocating for state money for a grant stream to support local efforts like ours.</p>
<p>The HLC has selected their local and state strategies for 2015, a tobacco training opportunity in under way to impact local policy. HLC has completed over 40 stakeholder interviews for the VHA in getting community input on how to prioritize scare resources.</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 CHW's that:</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 	<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 	<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 Network/Cadre of Community Health Workers The HLC is in the planning stages of designing a Regional Network or Cadre of Practicing CHW's. The HLC is working with state and regional experts to explore a spectrum of CHW's needed for the SW region.</p> <p>Neighborhood CHW Pilot Development Pilot Site Progress:</p> <ul style="list-style-type: none"> • A total of 28 CHWs have been recruited and hired across our three sites (Wahkiakum 5 CHWs (3 from the local high school), Rose Village in Vancouver 13 CHWs, and South Kelso 10 CHWs) • 23 of the 28 CHWs began training with the Multnomah Community Capacitation Center on November 10 and have completed 6 sessions. • In partnership with the Department of Health offered CHW supervisors training through MCCC. All HLC CHW coaches, coordinator, and ED attended. 18 people in total attended the training. • Specific Goals of the MCCC Training Curriculum: <ol style="list-style-type: none"> 1) To draw out and build on the life experience, cultural traditions and worldviews that CHWs bring to training; 2) To promote the empowerment of CHWs, and the communities they serve, through the use of popular education philosophy and

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<p>effectively use CHWs to support the 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 develop individualized care plans that are monitored based on the specific needs of high-utilizers in partnerships with health care delivery systems, education, criminal justice, economic, housing, and other social and human service agencies. 	<p>of care about the value that local CHW 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>methodology;</p> <ol style="list-style-type: none"> To prepare CHWs specifically, to play a full range of roles, from connecting people to existing services and managing medical utilization to organizing communities to identify and address their own most pressing health issues; and To promote the full integration of CHWs as integral members of the medical, public health, and social service systems <ul style="list-style-type: none"> CHWs will complete the DOH CHW training in early spring Local and issue specific training will also be offered to the CHWs <p>Coordinated Community Engagement:</p> <p>Current work focused on community engagement of high utilizers and those at highest risk in Southwest Washington.</p> <ul style="list-style-type: none"> The HLC is working in partnership with the Regional Health Alliance on a planning grant through the Health Care Authority. Assisting in developing a Community Health Worker component to a model of integrated care that coordinates physical and behavioral health services for low-income patients with comorbidities in chronic disease, such as diabetes, chemical dependency and mental health. The HLC has continued to work with key stakeholders on an issue brief focused on Community Connections Across Systems of Care for At-Risk Populations. This project will look beyond the individual high utilizers of care by examining the adequacy of their surroundings—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. This work will inform the HLC's targeted CHW recruitment and training. Please see attached draft brief with more details. The work group has expanded and is reconvening on December 16.
<p>Progress Summary: The 2015 HLC platform and strategies have been solidified. Work groups continue to meet and move work forward. The Neighborhood Community Health Workers are hired and have started training.</p>		