

Healthy Communities 1422 Grant Summary

Background

In 2014, the Healthy Living Collaborative of Southwest Washington (HLC) was awarded funding from the Centers for Disease Control and Prevention (CDC) to implement environmental, health care system, and community-clinical linkage strategies to prevent obesity, type 2 diabetes, heart disease, and stroke.

The efforts funded by the 1422 award were grouped into two overall components, and each component was further broken down into strategies and sub-strategies. The HLC convened a group of key partners to lead the execution of the various strategies over the period of the grant. The efforts of the 1422 were implemented in four counties in Washington State: Clark, Cowlitz, Skamania, and Wahkiakum.

Grant Partners

The 1422 team connected with more than 160 organizations over the course of the grant period.

Key partners listed in the 1422 work plans over the course of the grant period include:

- 211 Info
- Center for Outcomes Research and Education (CORE) at Providence Health & Services
- Clark County Public Health (CCPH)
- Community Voices Are Born (CVAB)
- Council for the Homeless
- Cowlitz County Health and Human Services (CCHHS)
- Cowlitz Indian Tribe
- Free Clinic of Southwest Washington
- Healthy Gen
- PeaceHealth
- Rose Village CHW Coaches
- SeaMar
- Uncommon Solutions
- Washington State Diabetes Network Leadership Team (DNLT)
- Washington State University Extension (WSU Extension)

Component 1

Environmental Strategies

Lifestyle Change Strategies

Component 2

Health Systems Strategies

Community-Clinical Linkages
Strategies

Component 1: Environmental and Lifestyle Change Strategies

Worksite Wellness

A primary sub-strategy of Component 1 revolved around strengthening worksite wellness among organizations in Clark and Cowlitz counties.

In Clark County, 1422 partners supported worksite wellness at **seven large organizations** and developed tools specific to small businesses. They also convened a Worksite Wellness Network, participated in local groups and forums, advocated for local produce at local stores, conducted media outreach, and formed a partnership with the Vancouver Business Journal to recognize achievement of healthy companies.

In Cowlitz County, 1422 partners promoted and provided technical assistance for “HealthLinks,” a worksite wellness program offered through the American Cancer Society and the University of Washington Health Promotion Research Center. There were **20 businesses** that participated.

Other examples of worksite wellness activities include healthy vending machines, physical activity challenges, food policies for meetings, cafeteria guidelines, and many more.

Big Wins

- Served 155 families in 4 months through the “Farm Fresh” food truck products at worksites in partnership with Clark County Food Bank.
- The City of Longview opened a section of the Pacific Way Dike Trail, providing an additional 3.5 miles of connected trail for walking, recreating, and commuting.
- Cowlitz County Health and Human Services supported walking challenge with almost 100 participants.
- Seven low-income participants enrolled in the National Diabetes Prevention Program.

Walkability/Bikeability

Another sub-strategy of this component was walkability and bikeability. In Cowlitz County, 1422 partners supported a campaign initiative called **“Walkable Cowlitz,”** activating the community around advocacy for better streets and recreation areas. Walkable Cowlitz utilized social media and other marketing strategies to promote walkability and bikeability, hosting open house events and public forums to gain feedback on strategies. Partners also supported **Complete Streets** initiatives in both counties.

Partners in Clark County developed and promoted exercise campaigns such as **“Walktober,” “Walking Wednesdays,”** and **“Leave Your Chair Behind.”** Other activities included the creation of walkability toolkits (e.g. social support for seniors in walking), conducting walking audits, collecting and compiling physical activity data, and participating in local and state advocacy groups.

Diabetes Prevention

The **National Diabetes Prevention Program (NDPP)** was the primary initiative promoted in this topic area. Partners used social media and traditional media platforms to market prediabetes campaigns and raised awareness at community fairs. Other activities included outreach to employers about prediabetes programming, attendance at NDPP meetings, technical assistance such as data sharing initiatives, and prediabetes prevention trainings. 1422 partners also participated in a train-the-trainer class hosted by NDPP.

211Info raised awareness and connected people to resources through their call center, and also produced a **30-second PSA**, which played while a caller was on hold to talk to a Community Information Specialist.

Component 2: Health Systems & Community-Clinical Linkages Strategies

Hypertension Prevention

To promote blood pressure monitoring, 211Info explored new tools in **self-measured blood pressure monitoring**, adding these resources to the 211Info website and resource lists. In addition, 1422 partners bought equipment for a **blood pressure cuff library** for local community health worker (CHW) programs, and CHWs were trained in measuring blood pressure.

Electronic Health Records

While many health systems in Washington were already participating in the movement to adopt electronic health records (EHR), 1422 partners continued those efforts by promoting the **use of EHR in other health settings**, such as with CHWs in the Free Clinic.

Quality Indicators

1422 funds were used to address quality improvements at various clinics. Partners supported the **evaluation of quality data tracking** at Free Clinics throughout the region, and Free Clinic managers revived instruction on creating a process to determine quality indicators and create data tracking systems.

Non-Physician Programs

1422 partners worked to engage non-physician roles in hypertension and diabetes prevention. At PeaceHealth, **pharmacists began managing hypertension** and providing coaching and education to patients about hypertension.

Pathways Program

As Accountable Communities of Health (ACH) begin to plan and implement the “Pathways” model of **care coordination**, 1422 funds supported

these efforts ranging from research on supportive software systems to resource sharing to **participation in planning workgroups**.

Community Connections

The Community Connections Initiative focused on using cross-sector data to identify populations in Clark County with complex health and social needs, and then partnered to **develop cross-sector solutions to improve outcomes**. The 1422 funding supported staff in developing data sharing agreements with partners.

Community Health Workers (CHW)

CHW and Community Health Advocate (CHA) programs were implemented across multiple 1422 topic areas including diabetes and hypertension prevention. 1422 partners worked to **improve partner understanding of the role of CHWs** as a community-clinical linkage and supported CHW development. In addition, 1422 funding **supported the CHW/CHA Peer Support network (CHAPS)**, a resource for CHW/CHAs to connect, learn, and gain support from one another.

Big Wins

- Held blood pressure measurement training attended by 25 CHWs who were then equipped for outreach and education.
- Launched project at three Free Clinics to address quality improvement for uninsured diabetic population.
- Conducted 211Info web survey of which all counties participated.
- Community Connections’ data integration process led to Vancouver Housing Authority and Vancouver Public Schools establishing data sharing agreements.

Conclusion

The Healthy Communities 1422 Grant included a myriad of discrete activities across the region. Throughout the grant period, partners learned a lot about what it takes to plan and implement public health strategies in the counties of focus. In the documents reviewed by our team, the partners called out facilitators for success and barriers to success in this work. Below are a few of the key facilitators and barriers to 1422:

Facilitators

Oversight by HLC held partners accountable to the work

1422 partners shared that having one organization devoted to seeing the work go through was a facilitator to the group's success and kept folks accountable. This also added necessary structure and helped to connect all the pieces of the work.

Braided funding streams and existing work already happening in the communities

When additional funding or grants were used in tandem with 1422, those initiatives were able to go farther and had a better chance at sustainability. There was also success when 1422 funds were used with initiatives that were already active on the ground.

Organizational readiness for change

Successful implementation of a wellness program seemed to happen easier when the organization was ready and expecting it. Organizations who do not have capacity to manage a committee or do not have the managerial will to support the program inevitably do not gain traction and fall flat.

Barriers

Clarity of 1422 components

Partners expressed feelings of a lack of clarity from the Department of Health on the 1422 components. Additionally, components were perceived as uncoordinated and disconnected. Efforts could have been better aligned if the designed components were more connected.

Leadership and staffing changes

Staffing constraints and employee turnover slow policy development and progress at worksites and partner organizations. In some cases, employee turnover at organizations lead to "false starts" of health initiatives, and unsupportive leadership was continually a challenge. Partners mentioned that building trust after turnover is key.

Resource and budget constraints of partner organizations

The funds brought in by the 1422 grant were not always sufficient to fully see the work through. When additional funding opportunities were not available, partners were bound by their budgets and resources.