Healthy Living Collaborative of Southwest Washington

*Working together to make living better for everyone*
Our key organizational principles:

**Strengthen Existing Infrastructure for Collective Impact:** Local efforts can’t overcome every systemic or policy barrier, so we connect those efforts to a regional infrastructure designed to support them.

**Focus on Community-Based Engagement and Prevention:** We always start with community needs and respond with community-based strategies. A network of peer-to-peer Community Health Workers (CHWs) helps us bridge those efforts to larger reform in a meaningful way.

**Plan for Health in All Policies and Services:** We work toward large-scale change that places community health at the center of planning and decision making at every point in our communities.
1. The **Communities**: Their needs, ideas, & responses define the work.
2. The **HLC**: A platform from which communities can launch effective responses.
3. **Community Health Workers**: The gear that turns to connect it all.
BACKGROUND: Meet Our Team

- Molly Haynes Director of Community Health at Kaiser Permanente
- Andy Silver, Executive Director Council for the Homeless
- Robbi Kay Norman, Consultant, Uncommon Solutions
- Cyndie Meyer, Program Manager at Clark County Public Health
- Kachina Inman, Executive Director Healthy Living Collaborative
- Coach: Susan Allan
LEADERSHIP: Team Leadership Goals

• Goal 1 Define what is needed to effectively lead and sustain the HLC cross-collaborative/collective impact model.
  • Made incredible movement but long term sustainability is an ongoing conversation

• Goal 2 Demonstrate individual and team ability to assist steering committee to adjust tactics based on changing group dynamics and needs.
  • Yes

• Goal 3 Formulate and strengthen skills for leading during times of transition and change
  • Yes, lots of opportunities to grow in times of transition over the last year

• Goal 4 Demonstrate abilities to engage and influence other leaders and influential partners
  • Engaged many new partners and leaders but still work in actively engaging more elected officials
LEADERSHIP: Individual Leadership Growth

• Learned each other's language (different sectors almost speak different languages but we began to learn one another's)
• Learned about each other’s strengths so we know how best to use one another
• Became more comfortable leading up
• Became more comfortable public speaking and presenting about the Healthy Living Collaborative
LEADERSHIP: Challenges and Improvements

• Lots of change, we have lost one member of our team to a new job opportunity and gained two new team members
  • Continuous communication
• Our Collaborative is growing quickly and we have limited capacity
  • Use our leadership’s strengths and be willing and able to say no
• Developing our infrastructure as we grow
  • Be flexible and willing to do things differently
• Continue to let prevention be the focus of our work
  • Work to not become to health care focused
APPLIED: Growth and Development

• Infrastructure:
  • Staffing:
    • Beginning of NLAPH – 1 FTE
    • Now: 3.25 staff + 29 stipend Community Health Workers
  • Common Agenda – Just Launched 2015 strategies
  • Continue to strengthen new and existing partnerships
  • Funding – Since the beginning of NLAPH we have raised 3 grants
    • $5,000 United Way Columbia Willamette
    • $5,000 Philanthropy Northwest
    • $49,000 Community Foundation for SW Washington
    • $350,000 for 4 years Washington State Department of Health –through Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422).
  • Outside evaluation underway
Health in All Policies and Services
(Active Living, Healthy Eating, and Tobacco Free Environments)

• Supplemental Nutrition Assistance Program at Farmers Markets
• Implement a Complete Streets ordinances in cities or counties
• Support local ordinance that prohibits the use of electronic vapor devices in any place where smoking is prohibited
2015 State Policy Agenda

• Support state Capitol budget funds for necessary infrastructure in schools for clean tap water fountains.
• Support state Capitol budget funds for necessary infrastructure in schools to support cooking of school meals on site.
• Increase state funding for the Safe Routes to Schools Program.
• Support E-Cigarette strategies, which restricts access to youth
• Support the creation of a new Medicaid benefit in Washington to cover the case management and tenancy support services outlined in Permanent Supportive Housing
Community Based Engagement and Prevention

• **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.

• **Regional Network of Community Health Workers** – Increased capacity of CHWs to build community engagement, link community resources, and improve health outcomes.
HLC Regional Community Health Worker Network: will support the collected CHW’s to identify health priorities that cross county lines and systems.

CHWs in the network will be supported to:

- Connect with each other to share challenges, best practices, and innovative ideas;
- Connect with other professionals practicing similar skills in a variety of settings (such as school intervention specialists or patient navigators);
- Work with HLC systems and decision makers to jointly overcome systemic and policy barriers; and
- Formulate an identity together as a movement for positive change and long-term financing.
3 Community-Based Prevention Projects
Helping Creating the CHW Regional Network

Neighborhood Project
This project is listening, recruiting, and training CHWs living in three neighborhoods within our region facing significant health disparities.

RHA Pilot
The HLC is partnering with the Regional Health Alliance (RHA) on developing a pilot program to integrate behavioral and physical health services for a high-risk population.

CCC Project
This Community Connections project will identify specific at-risk populations who may be facing challenges such as housing instability, food insecurity, unemployment, limited English proficiency, and a lack of social connections and supports.
APPLIED: Leadership Element

• Leadership element – what was the impact of the NLAPH program on the project and your team?
  • Learned more about each other’s strengths
  • Worked hard together but also had fun
  • Became better at dissecting issue areas
  • Learned to problem solve as a team
FUTURE: Goals as we move forward

• Team – what are the team goals moving forward?
  • Continue to work closely together as the project develops
  • Continue to share what we have learned at NLAPH with other members of our leadership team
  • Continue to meet regularly and continue to build our team
FUTURE: Individual Goals

• Individuals – what does each team member hope to do with the information learned in NLAPH?
  • Share information learned at NLAPH with:
    • HLC Policy and Steering Committee
    • HLC partners
    • HLC staff
    • Colleagues and coworkers
  • Continue to prioritize leadership development as the HLC continues to grow and develop
  • Continue to prioritize team building within the HLC
FUTURE: Next Steps

• Project – what are the next steps to advance the project?

  • Continue trainings
  • Strengthen existing partnerships
  • Develop new partnerships especially with elected officials
  • Continue fund development
  • Continue to build infrastructure
  • Provide lessons learned to state partners
GOAL: Build a multi-sector, multidisciplinary movement that starts with the needs of communities and together builds upstream approaches to surround individuals with greater opportunities to make healthier choices through Systems Change.

✓ Assist in Creating Local, Regional, and a Statewide Community Health Worker Networks: This strategy combines the power of collective impact with authentic local empowerment; elevates the voices of people in the communities who are the experts in their own lives, and empowers the community to identify barriers to health and wellness and to work with partners to develop and implement locally workable solutions.

✓ Assist Collective Partners to Respond to Community Needs and Resource Local Solutions: Together, agencies are better able to assist in designing and implementing effective responses to community needs and to advocate for improved social and physical environments across a wide array of health determinants.

“Current attempts at health reform will not be successful at improving health unless population-based social/health determinants are addressed, along with quality healthcare”
Collective Agencies: are better able to support health & wellness in all policies, services, and environments.

Local, Regional, and a Statewide CHW Networks: to Authentically Engaging Vulnerable Communities.

Individual Agencies: are better able to assist in designing and implementing effective responses to community needs.