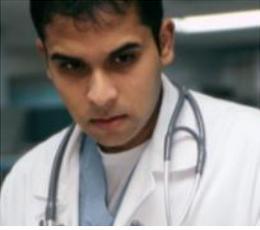
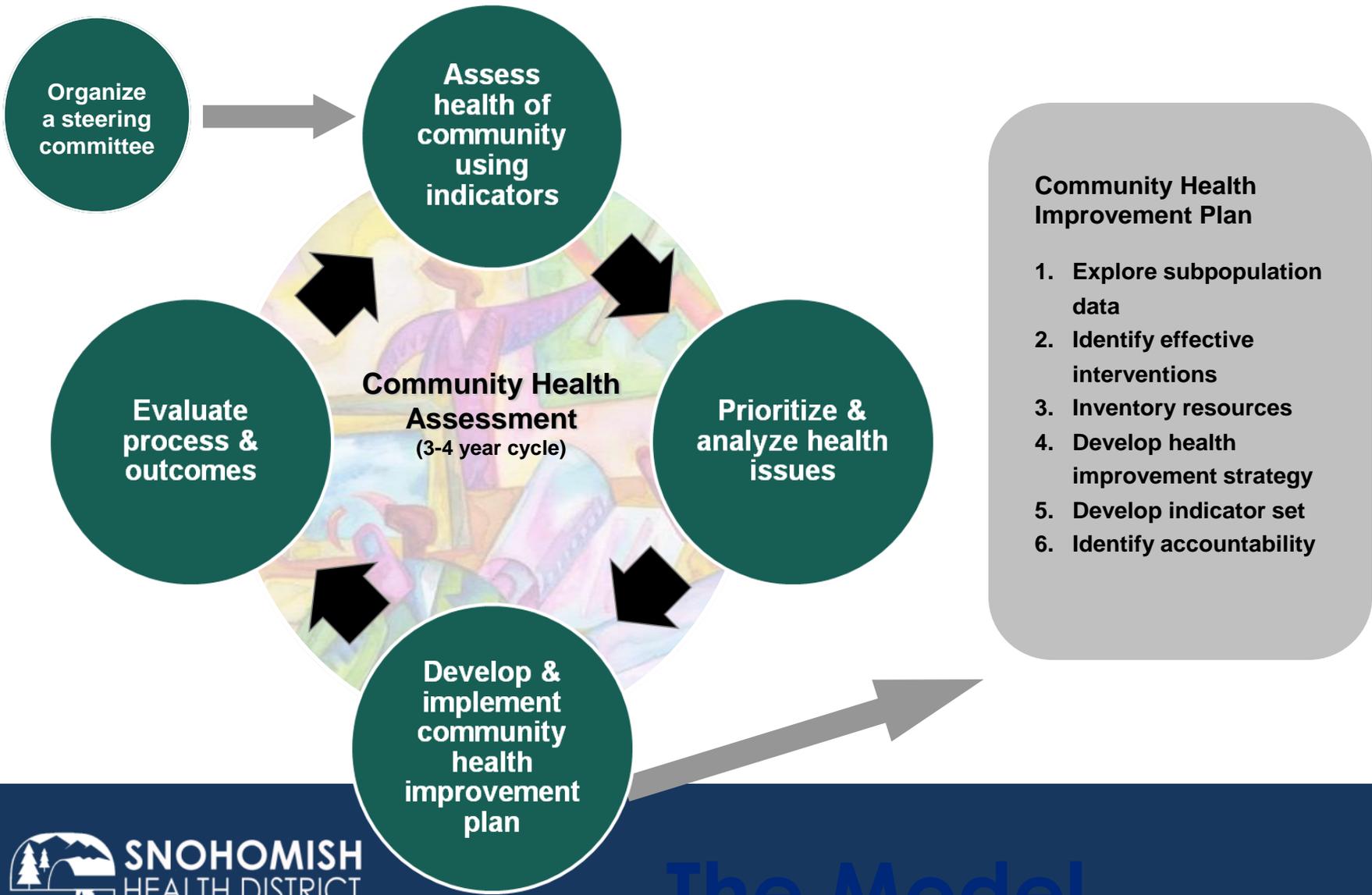


# Planning, Action, and Advocacy

## InsightVision: A Tool to Help Move CHIPs into the Community







- A long-term, systematic effort to address issues identified by the community health assessment
- Includes participation by a wide range of community partners
- Includes SMART objectives



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- Session 1: Subpopulation data, services & resources, gaps, anecdotal trends
- Session 2: Best Practice (BP) strategies, focus on Policy/Systems/Environment changes
- Session 3: **Goals & objectives; measurable**
- Session 4: **Select specific BP strategies**
- Session 5: **Measuring success, evaluation**
- Session 6: Action plans with leads, milestones, timeline
- Session 7: Draft CHIP—Review and comments

# CHIP



## Goals, Objectives & Strategies



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# Goal: Increase active living and healthy eating in Snohomish County

## Objectives Identified

1. Increase school-based best practice policies that promote physical activity for children and families in at least 3 school districts
2. Establish county-wide 5210 social marketing campaign (20 partners)
3. Promote non-motorized transportation and pedestrian friendly urban design in 80% of Comprehensive Development plans and physical activity planning in capital improvement projects
4. Increase fruit & vegetable consumption and family meal times, and decrease sugary beverage intake



**Obesity**



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# Obesity Strategies Identified

- Conduct county-wide assessment of current best-practice physical activity policies in elementary schools to be completed with 90% participation by October 2015
- Choose a physical activity social marketing campaign by January 2014 and achieve a minimum of 20 partners incorporating the social marketing message in to their services and outreach in Snohomish County
- Work with city planners to promote a policy tool kit providing research and language regarding the inclusion of health considerations in comprehensive plans and present the tool kit to *Snohomish County Tomorrow* and remaining jurisdictions by August 2014



# Goal: Reduce the rate of suicide in Snohomish County



**Suicide**

## Objectives Identified

1. 90% of primary care providers will screen all patients for depression during wellness visits
2. All Snohomish County school districts will implement a behavioral health curriculum that includes suicide prevention and intervention
3. 1,000 additional County residents will be certified in Mental Health First Aid
4. The Health District will facilitate a community awareness campaign about suicide
5. Include suicide crisis line/resources information in all hospital discharge instructions for patients admitted for a suicide attempt



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# Suicide Strategies Identified

- Develop a list of recommended best-practice curriculums and their associated costs to share with school districts and advocate to superintendents and school boards about the need for behavioral health curriculum that includes suicide prevention
- Conduct approximately five Mental Health First Aid training classes per quarter
- Provide 24-Hour Care Crisis Line cards with re-ordering information to hospitals
- Incorporate depression screening questions into patient health questionnaire and educate providers and support staff about the importance of consistent depression screening for patients



# What's Next?

## Commitment to Action



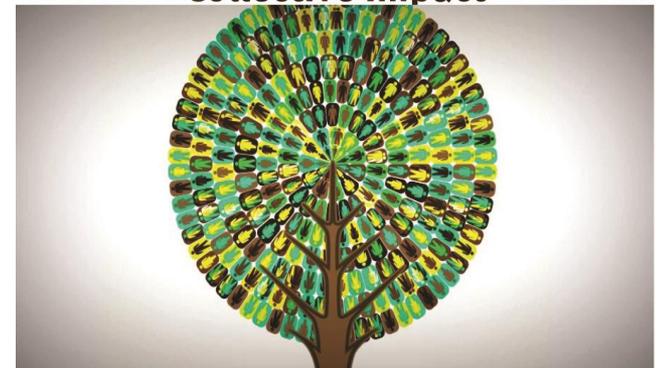
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# A New Concept Collective Impact

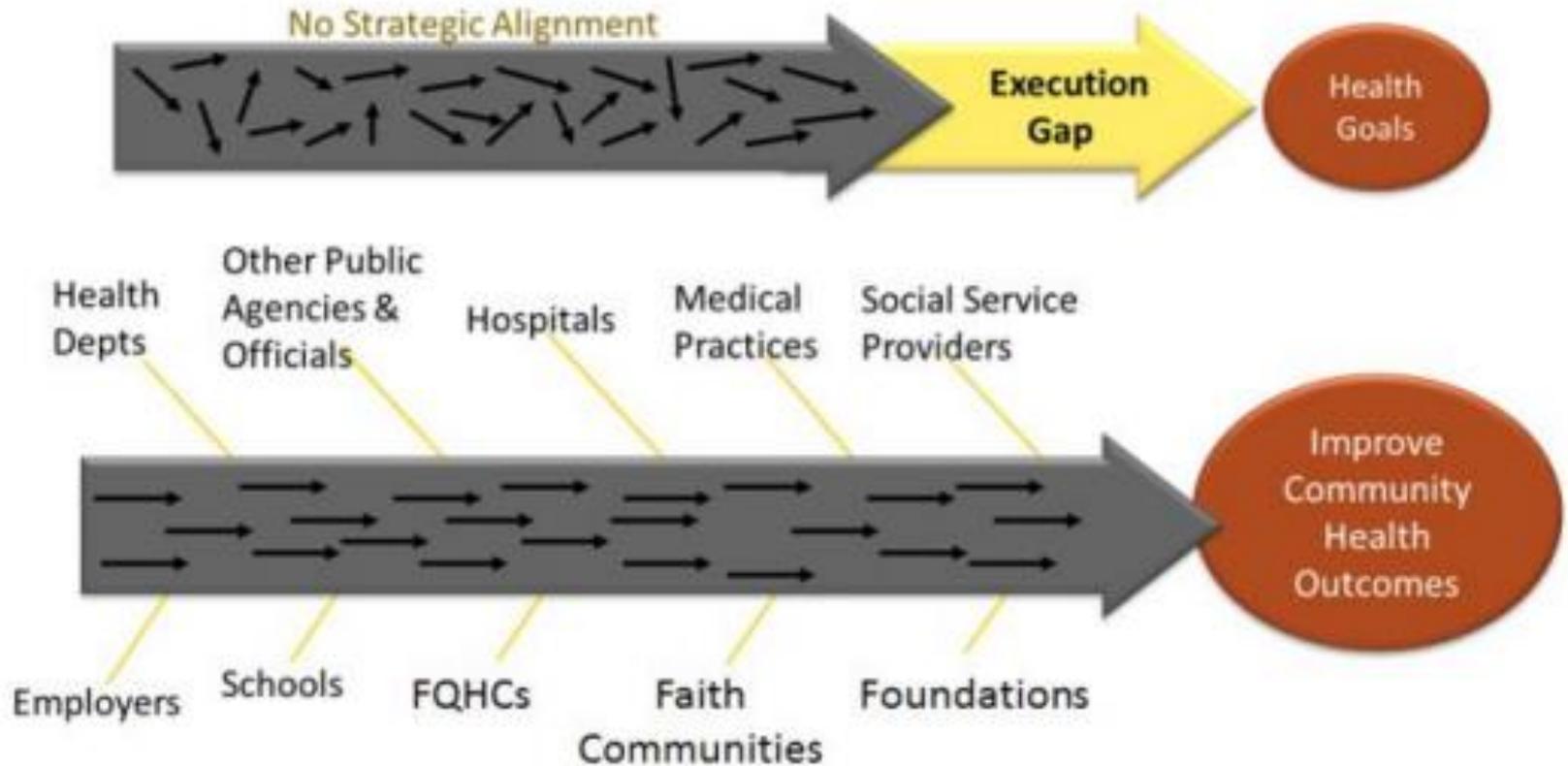
**Definition:** Coordinating the efforts of a broad-base of community partners to achieve larger-scale social change than could be made through individual efforts



Collective Impact



# Aligning Community Partners



**Closing the Execution Gap**

# The Five Elements of Collective Impact

- 1 Common Agenda**
  - **Common understanding** of the problem
  - **Shared vision** for change
- 2 Shared Measurement**
  - **Collecting data** and **measuring results**
  - Focus on **performance management**
  - **Shared accountability**
- 3 Mutually Reinforcing Activities**
  - **Differentiated approaches**
  - **Coordination** through joint plan of action
- 4 Continuous Communication**
  - **Consistent** and **open communication**
  - Focus on **building trust**
- 5 Backbone Support**
  - Separate organization(s) with **staff**
  - Resources and skills to **convene** and **coordinate** participating organizations

# Overall Success Depends on Community Participation & Commitment

To make measurable, enduring differences through collective impact, you can:

- Lead/co-lead an effort focused on a strategy (or two)
- Serve on a task force addressing a specific strategy
- Take accountability for action on a specific strategy & publicly acknowledge you/your agency as an accountable community partner
- Offer in-kind services
- Provide funding to support strategic endeavors
- Provide data for input into InsightVision



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# Needed: Tool(s) to Help

- InsightVision (Strategy Maps, Scoreboards)
- HCI (Dashboard, Resource Lists)
- Results-Based Accountability (Performance Measures, QI)
- Other, exploring new tools, e.g. Live Stories



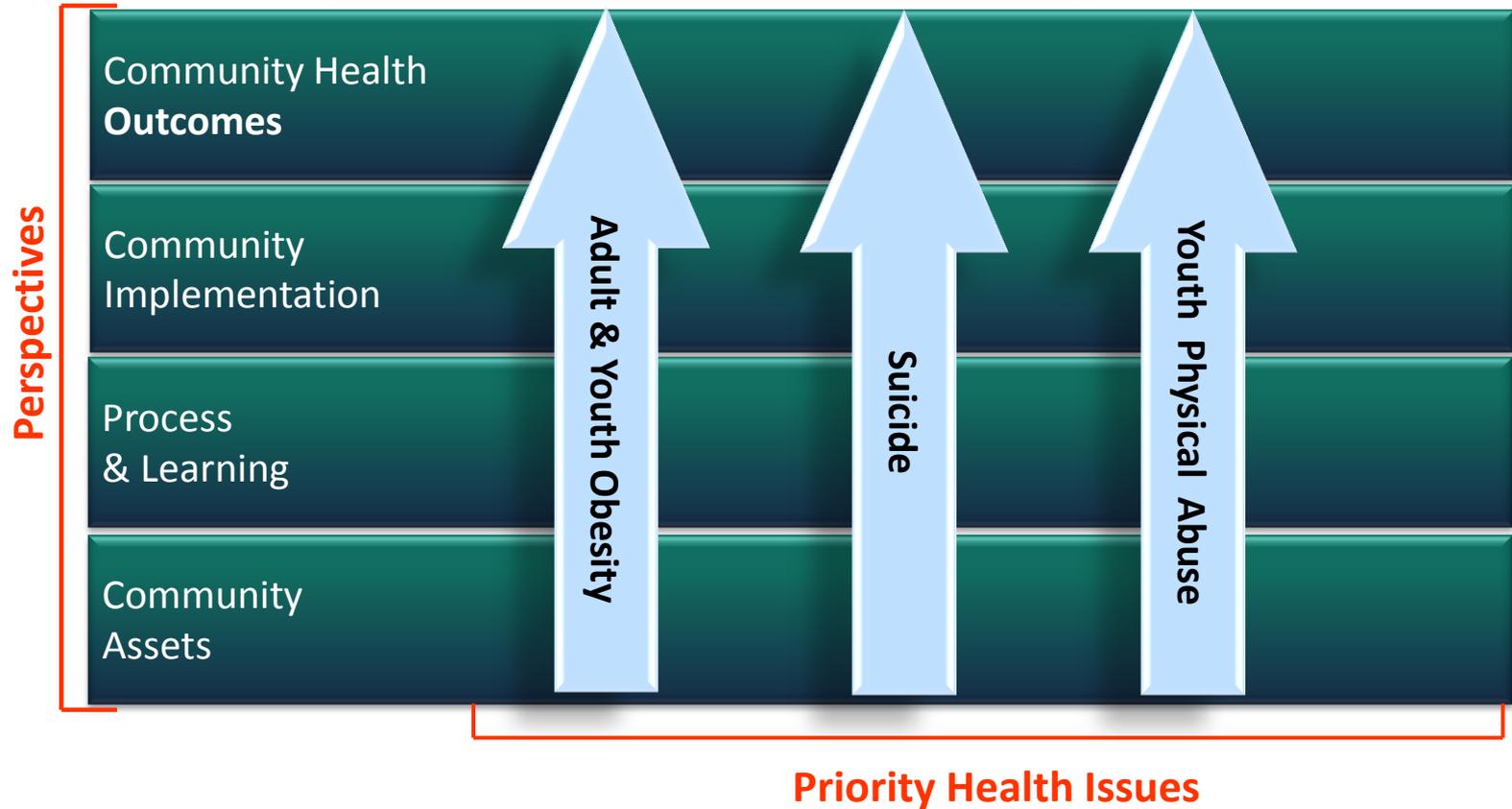


# THE HEALTH OF SNOHOMISH COUNTY

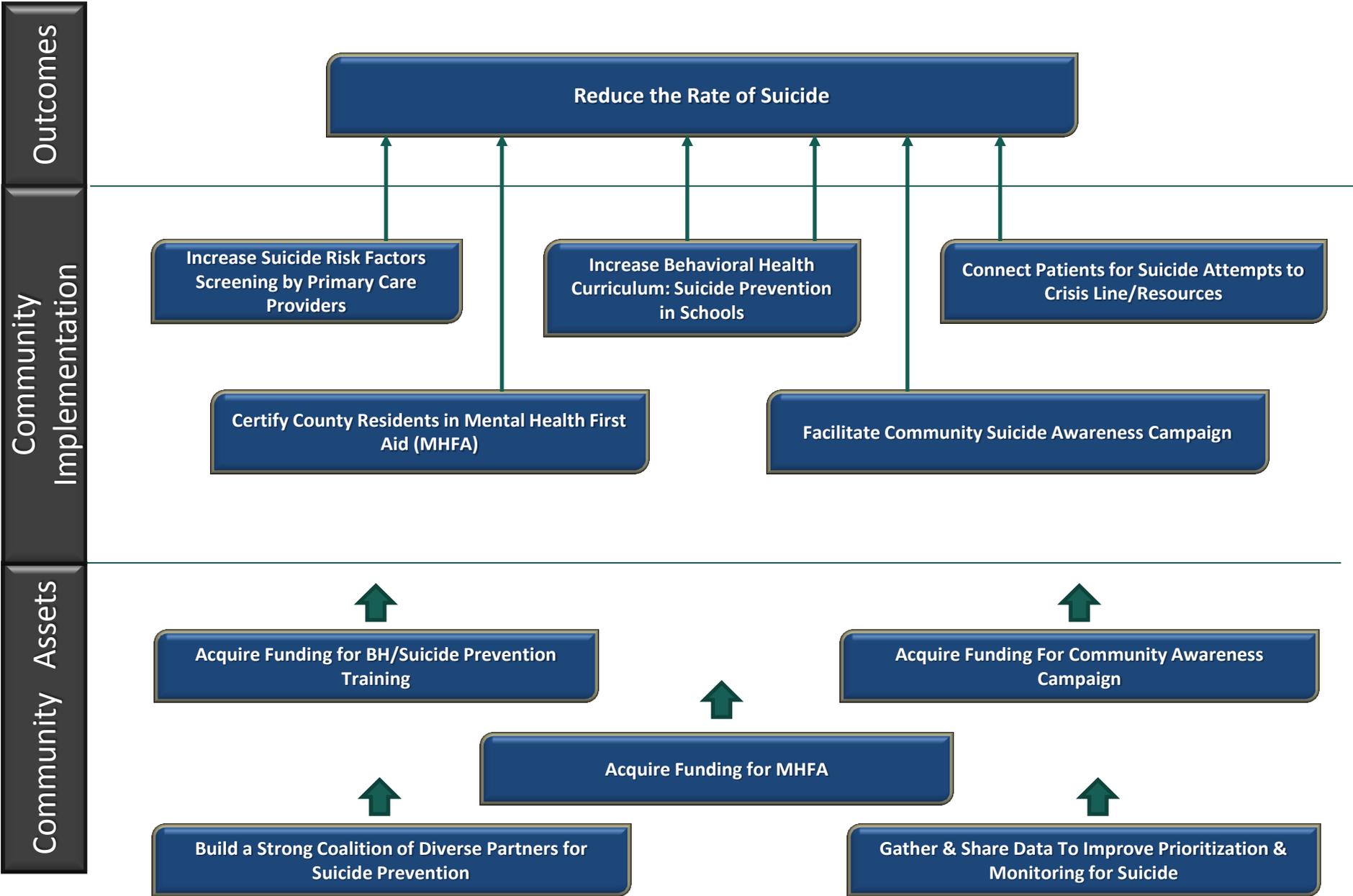
*"Coming together is the beginning. Keeping together is progress. Working together is success." – Henry Ford*



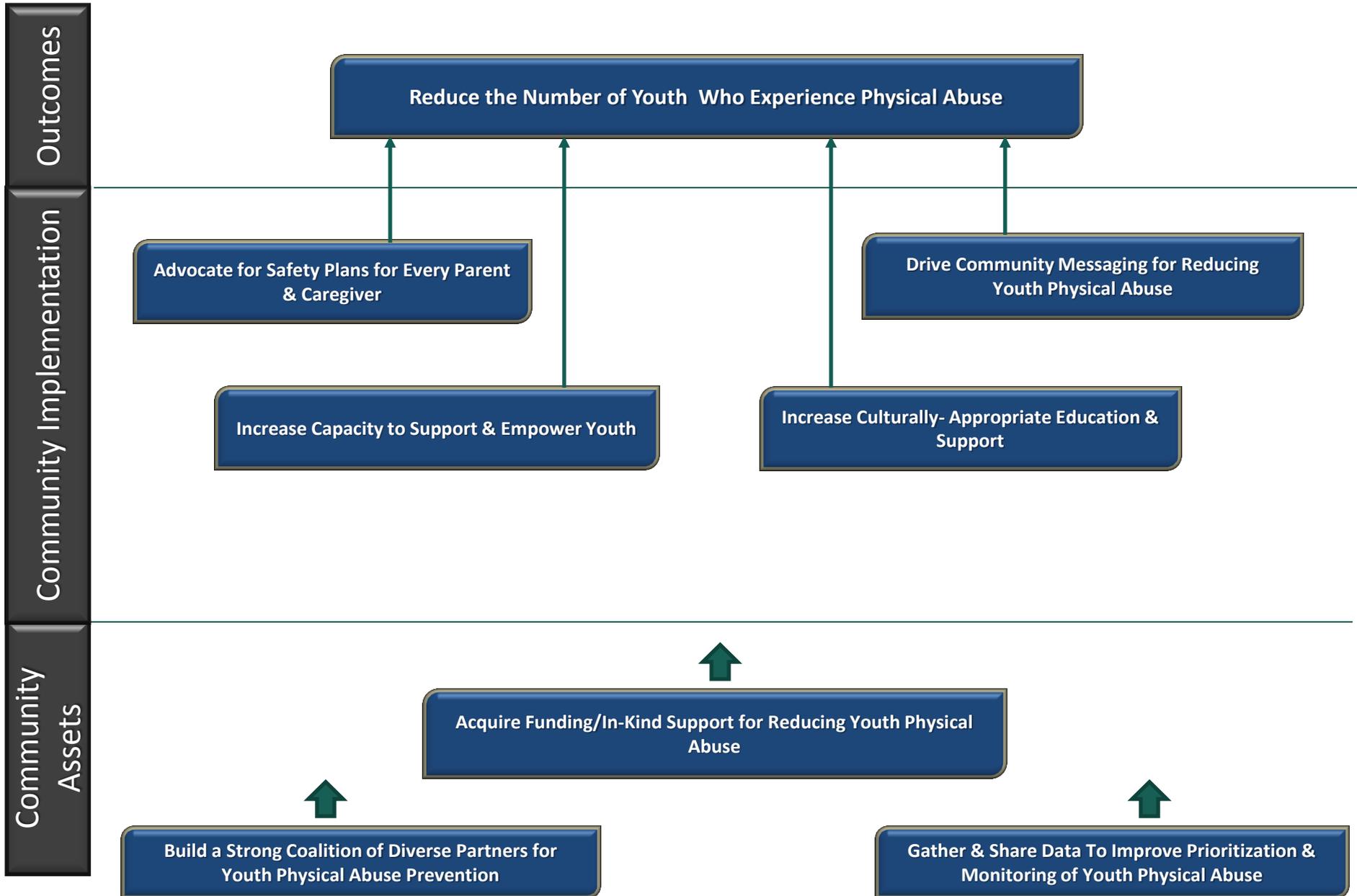
# Strategy Map Architecture: Key To Alignment & Execution



# SHD Suicide Strategy



# SHD Youth Abuse Strategy



# SHD Obesity Strategy

Outcomes

Increase % of People Living at a Healthy Weight

Increase Family Meal Time

Increase Consumption of Fruits & Vegetables

Decrease Sugary Beverage Intake

Increase Physical Activity

Community Implementation

Improve Nutrition in Schools

Increase School Policies that Promote Physical Activity for Children & Families

Promote Non-Motorized Transportation/Pedestrian in CompDev Plans

Promote Skill Development for Healthy Food Preparation

Promote Physical Activity in Capital Improvement Projects

Establish County-wide Messaging on Health & Nutrition

Community Assets

Build a Strong Coalition of Diverse Partners for Healthy Eating & Active Living

Gather & Share Data To Improve Prioritization & Monitoring for HEAL

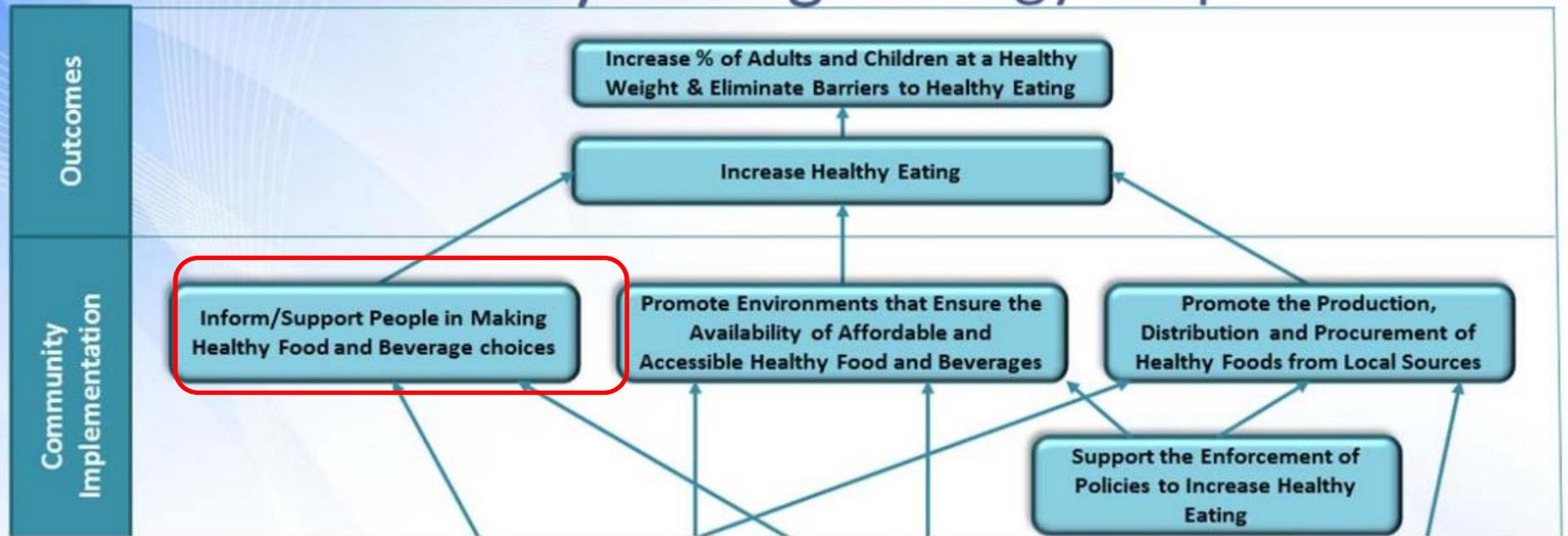
Collaborate to Secure Funding for Healthy Eating and Active Living

# Click to View Objective Details

Healthy Eating Strategy Map

Healthy Eating Strategy Map ▾

## Healthy Eating Strategy Map



# Interactive, Presentation-Ready Views

## T-HE: Inform/Support People in Making Healthy Food and Beverage Choices



Description From-To Gap

### Inform/Support People in Making Healthy Food and Beverage Choices



Promote healthier eating through improved education and awareness efforts that increase knowledge and help steer people towards healthier food choices.

**Lead Advocate:** Linda Rubin, Cheshire Medical Center

**Team:** Christine Parshall, Nutrition Connections - UNH Cooperative Extension; Dr. Karrie Kalich – Early Sprouts, Keene State College; Gina Goff, Sr. Director of Community Involvement – C&S Wholesale Grocers, Inc.;

[Link to Wiki Page](#)



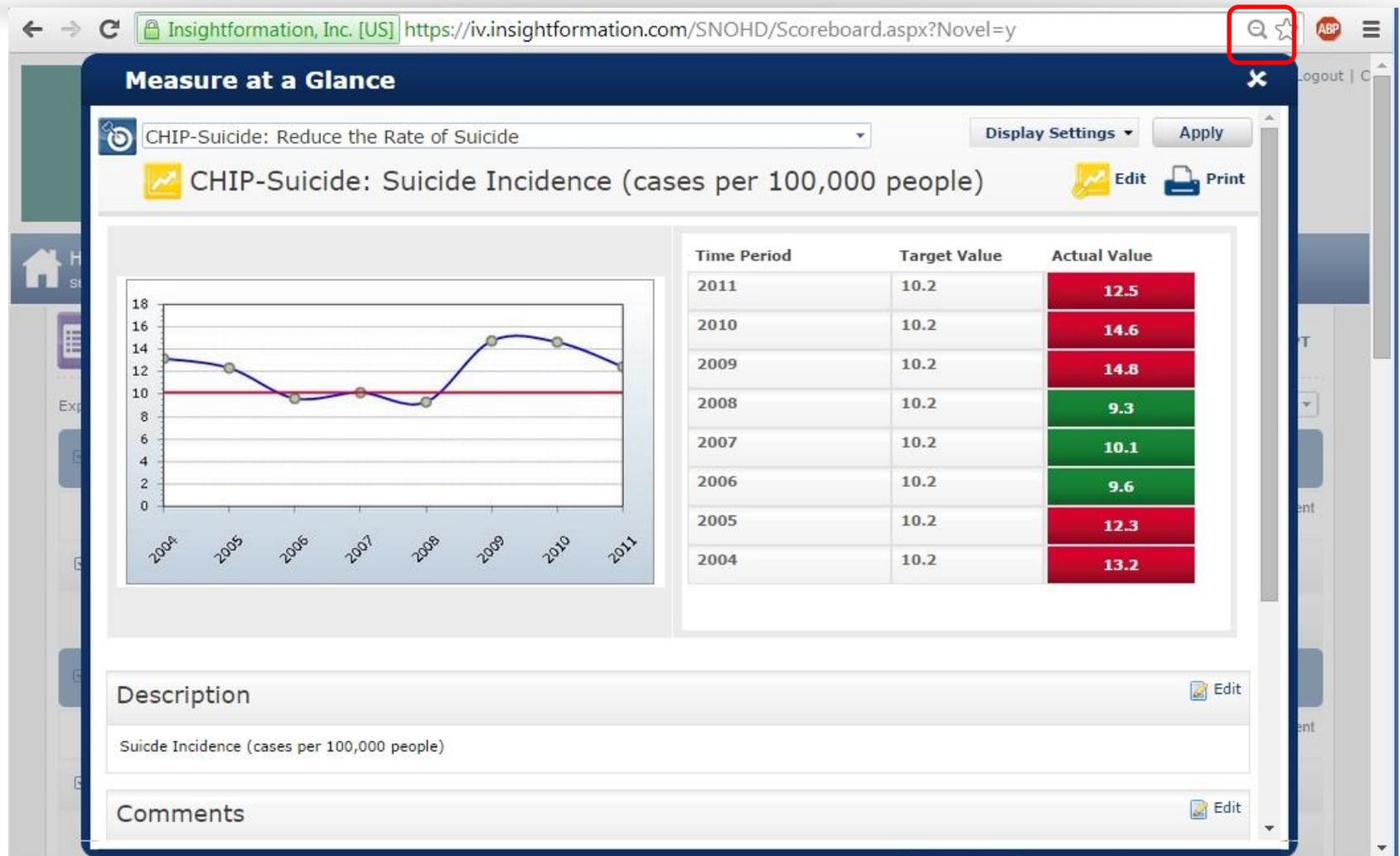
## Related Objectives

Select

### Actions ▼

Prefix	Name	Description	
 T-HE	 Encourage Healthy Foods in Restaurants	System Level – Encourage Healt...	Actions ▼
 T-HE	 Improve Nutrition in Schools	Organization Level – Improve N...	Actions ▼
 T-HE	 Improve Nutrition in Worksites	Organization Level – Improve N...	Actions ▼

# Presentation-Ready “Measure at a Glance”



# Zoom in on Supporting Objectives

The image shows a software interface with a 'Related Objectives' section. A red box highlights a table of objectives, and a zoomed-in view of this table is shown below. The zoomed-in view includes a 'Description' column and 'Actions' dropdown menus for each row.

**Related Objectives**

Actions ▾

<input type="checkbox"/>	Prefix	Name
<input type="checkbox"/>	T-HE	Encourage Healthy Foods in Restaurants
<input type="checkbox"/>	T-HE	Improve Nutrition in Schools
<input type="checkbox"/>	T-HE	Improve Nutrition in Worksites

**Related Objectives** Select

Actions ▾

<input type="checkbox"/>	Prefix	Name	Description	Actions
<input type="checkbox"/>	T-HE	Encourage Healthy Foods in Restaurants	System Level – Encourage Healt...	Actions ▾
<input type="checkbox"/>	T-HE	Improve Nutrition in Schools	Organization Level – Improve N...	Actions ▾
<input type="checkbox"/>	T-HE	Improve Nutrition in Worksites	Organization Level – Improve N...	Actions ▾

# Align and Manage “Mutually-Reinforcing Activities”



T-HE: Improve Nutrition in Schools



Print

Description

From-To Gap

Obstacles

Possible Measures

Edit

## Organization Level – Improve Nutrition in Schools

Schools have the ability to be either a positive or negative influence on the eating habits of students. To become the healthiest county in the nation, our schools should be models of excellence regarding their influence on student nutrition. This will take multiple organizations working in a variety of mutually-reinforcing ways.

Lead Advocate: AFHY



## Related Objectives

Select

Actions ▼

Prefix	Name	Description	
Hospital/Backbone	Recruit Schools for Champions Program & Lead Assessments	Recruit Schools for Champions ...	Actions ▼
AFHY	Expand the 5-2-1-0 Program in Schools	Expand the 5-2-1-0 Program in ...	Actions ▼
AFHY	Minimize Unhealthy Foods in Schools & Vending Machines	Minimize Unhealthy Foods in Sc...	Actions ▼
HEAL	Expand “Turn a New Leaf” Program for School Menu Labeling	Expand “Turn a New Leaf” Progr...	Actions ▼
HEAL	Improve the School Food Environment with the TANL Program	Improve the School Food Enviro...	Actions ▼
CMC/DHK	Physicians use the 5-2-1-0 Messaging with Parents & Children	Physicians use the 5-2-1-0 Mes...	Actions ▼

# Partner Objective and a Tablet View of Measures



## HEAL: Expand "Turn a New Leaf" Program for School Menu Labeling

 **Print**

---

Description   From-To Gap   Obstacles   Possible Measures

 Edit

### Expand "Turn a New Leaf" Program for School Menu Labeling

Turn a New Leaf is a menu-labeling program that scores recipes on nutritional criteria and rated on 1, 2 or 3 heart rating. This takes the guess work out of identifying healthy choices. The program also provides consulting and guidance on layout and placement to encourage healthier choices.

By 2020, this should be in all 34 schools in Cheshire County.

**Lead Advocate:** Maryanne Keating

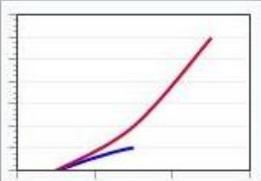


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Measures Tablet Select



### HEAL: # of Schools using the TANL Menu Labeling



**2013**

**1**

**Description**  
# of Schools using the TANL Menu Labeling



# Childhood Obesity - Measures

Outcomes  
 Community Implementation  
 Processes and Learning  
 Community Assets

### Minimize Childhood Obesity

% of children in school who are obese	21.0%	⬇️
% of student participating in physical activities	21.0%	⬆️

### Improve Healthy Eating for Children

% of students achieving nutritional goals	75.0%	⬆️
% of available food meeting nutritional goals	75.0%	⬆️

### Increase Age-Appropriate Activity

% of youth doing more than 1 hour exercise per day	48.0%	⬆️
# of opportunities for physical activity	1	⬆️

### Improve School Nutrition & Fitness Programs

% of students getting Presidential Fitness Award	16.0%	⬆️
--	-------	----

### Increase Biking & Walking for Recreation & Transportation

# of new street bike lanes (>1 m distance) developed	15	⬆️
--	----	----

### Promote Family Nutrition and Fitness to Parents & Kids

# family fitness class offer every month	14	⬆️
% parents signing Nutrition Compacts	69.00%	⬆️

### Increase Neighborhood Recreational Activities

# of participants in Park & Rev Programs	703	⬇️
# of neighborhoods with Fun & Fit Parks	8	⬆️

### Expand, Connect & Promote Trails

# of new walking / hiking trails (> 1m distance) developed	13	⬇️
--	----	----

### Collaborate to Leverage Community Assets for Neighborhood Fitness

% of partners that help generate new funding to support community fitness infrastructure	63.0%	⬆️
--	-------	----

### Develop & Advocate for School & Family Fitness Policies and Plans

% of family fitness policy completed	98.0%	⬆️
--------------------------------------	-------	----

### Increase Monitoring of Children's BMI, Nutrition and Fitness

Youth Health Monitoring Index	8.7	⬆️
-------------------------------	-----	----

### Partner with Schools, Parents & Community Stakeholders

# of schools with PTA Fitness Committees	29	⬆️
--	----	----

### Increase PH & School Staff Competency in Child Nutrition & Fitness

Nu% of targeted staff with Nutrition Certification	65.0%	⬇️
--	-------	----

### Train PH Staff and Communities in ABCD

# of PH Staff & Community trainings completed	28	⬆️
---	----	----

# Details for each Community

Measure at a Glance > Scoreboard



PHC-IN: Total # of gardens in operation



Print to PDF



Edit Mode

Actual Value

35

Change



1

Target Value

0

Time Period

Nov 11

Initiatives & Comments



Calculation Method

Sum

Data Used to Calculate the Measure

Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	Comments/Initiatives
C-ST: # of gardens in operation (Stonebrook)	0	1	1	5	Nov 11	
C-VA: # of gardens in operation (Valencia)	3	7	3	7	Nov 11	
C-RO: # of gardens in operation (Rockford)	4	5	1	6	Nov 11	
C-SH: # of gardens in operation (Shell Heights)	2	4	1	6	Nov 11	
C-WW: # of gardens in operation (Willow Wood)	1	3	1	3	Nov 11	
C-Riv: # of gardens in operation (Riverton)	2	3	1	3	Nov 11	



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# Reducing Obesity



## CORE PRINCIPLES:

- Environmental and policy change influences behavior change
- Interconnectivity across sectors is essential
- Strategies are evidence based and continuously evaluated



- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

- County wide messaging on Health & Nutrition
- More than 20 community partners involved in Obesity CHIP



## CHIP-Obesity: Establish County-wide Messaging on Health & Nutrition



Print to PDF

- Description
- Evidence
- From-To Gap
- Initiatives
- Resources

Edit

### Let's Go! 5-2-1-0

Let's Go! is helping kids and families eat healthy and be active. We understand it's important to have a consistent message about healthy habits where you live, learn, work and play. So we partner with teachers, doctors, child care providers, and community organizations to help share the same four healthy habits of "5 2 1 0" everyday:

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

**Lead Advocate:**

**Action Team:**

[Return to Strategy Map Here](#)



Measures

Select

Actions ▼

<input type="checkbox"/>	Name	Prior Period	Current Value	Change	Target Value	Most Recent Period
<input type="checkbox"/>	CHIP-Obesity: % of 8th graders who consumed 5+ fruits and vegetables per day	28.2%	24.5%	2	28.0%	2012
<input type="checkbox"/>	CHIP-Obesity: % of Youth with 2 hours or less of recreational screen time	N/A	49.9%	0	52.0%	2012
<input type="checkbox"/>	CHA-Indicators: % of Youth with (60 mins/day) or more of physical activity	23.3%	22.9%	1	23.0%	2012
<input type="checkbox"/>	CHA-Indicators: % of Youth drinking 0 sugary drinks per day	67.0%	69.3%	4	70.0%	2012

Related Objectives

Select

Actions ▼



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**5210 Around the County**

Description Activity Evidence From-To Gap Resources

Edit

## Certify County Residents in Mental Health First Aid

We will training community members on MHFA in a variety of ways.

- **School District Staff:** HB 1336 requires all school districts to provide training on suicide awareness and prevention to all staff, and Mental Health First Aid (MHFA) is a popular option because the Educational Service District (ESD) has trainers.
- **Community Residents at Large:** We can potentially target child care providers, summer camp counselors, sports coaches in middle school and high school, faith community leaders, transit professionals, library staff, first responders, law enforcement, Family Resource Centers, Senior Services)

**Lead Advocate:** Potentially someone from Compass Health

**Action Team:** Sue Walden (Verdant Health Foundation), Sheryl Copeland (Shoreline Community College), Wendi Thomas (Educational Service District), someone from the Family Resource Center and Senior Services.

[Return to Strategy Map Here](#)



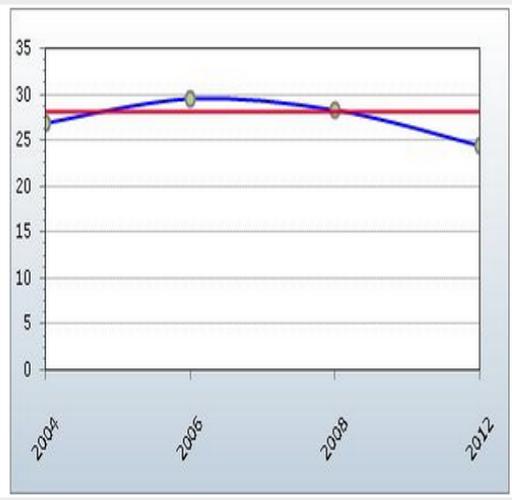
Measures

Select

Actions ▼

<input type="checkbox"/>	Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	
<input type="checkbox"/>	CHIP-Suicide: # of county residents trained in MHFA	170	380	1	500	2014	
<input type="checkbox"/>	CHIP-Suicide: # of MHFA classes/quarter	1	2	1	5	Q2 '15	

CHIP-Obesity: % of 8th graders who consumed 5+ fruits and vegetables per day



Time Period	Target Value	Actual Value
2012	28.0%	24.5%
2008	28.0%	28.2%
2006	28.0%	29.6%
2004	28.0%	26.9%

About Actual Values

Time Period	Target Value	Actual Value	Comments	Created By	Created On	Edit
2012	28.0%	24.5%	The Healthy Youth Survey did not ask the question on the survey in 2010. The question will be asked every other survey from now on. The next results will be available on the 2016 survey.	Jamaal Parker	01/24/2014	

Description

% of County 8th graders who consumed 5 or more fruits and vegetables per day

Data Source: HYS-Healthy Youth Survey



**American  
Red Cross**



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**Another Public Health Example**

Priority 1: Emergency Operations Coordination (capability 3)

**Goal: Increase SHD ability to respond to emergencies**

Objectives	Strategies	Measurement	Target Date
Increase the number of staff that have taken Incident Command System trainings	Encourage all staff to complete IS 100	Number of staff completing IS 100 after hire	June 30, 2015
	Encourage all staff to complete IS 700	Number of staff completing IS 700 after hire	June 30, 2015

Priority 2: Fatality Management (capability 5)

**Goal: Support partnership building with the Medical Examiner's Office**

Objectives	Strategies	Measurement	Target Date
Determine how SHD can support the ME's office during a response	Create a contact list of medical examiner office staff	List	June 30, 2015
	Update ESF 8 annex	Updated plan	June 30, 2015

Priority 3: Community Preparedness (capability 1)

**Goal: Increase the communities level of preparedness**

Objectives	Strategies	Measurement	Target Date
Coordinate with community partners to address public health issues in community preparedness	Hold meeting with Red Cross to discuss needs during a response. (i.e. food permits, shelter inspections)	Updated plans/policies	June 30, 2015
	Develop and share risk communication resources with the community	List of risk communication resources	June 30, 2015
	Provide training and education opportunities to public health staff and community partners.	List of training opportunities	June 30, 2015

Priority 4: Medical Material Management and Distribution (capability 9)

**Goal: Build systems and partnerships to manage medical resource request during an event**

Objectives	Strategies	Measurement	Target Date
Build a system to monitor medical material levels at supporting medical and health-related agencies and	Hold a meeting with local healthcare agencies to determine types of medical materials that would need to be	List of medical material	June 30, 2015

- Strategy mapping platform
- Multiple partners provide data and share strategies
- Showcases numerous efforts all impacting health issue (lead, team, data, reach)
- Scoreboard shows real-time changes
- Provides ease of coordination – less meetings, phone calls, etc.
- InsightVision can only be effective with great **“teamwork”**



# Strategy Maps - A Best Practice



Public Health Foundation



**Public Health**  
Prevent. Promote. Protect.



**M A P P**  
MOBILIZING FOR ACTION THROUGH  
PLANNING AND PARTNERSHIPS (MAPP)

Association for  
Community Health Improvement™



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**More Information?**

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**[www.snohd.org \ assessment](http://www.snohd.org/assessment)**

**Contact:**

**Carrie McLachlan, MPA**

**[cmclachlan@snohd.org](mailto:cmclachlan@snohd.org)**

**(425) 339-8650**



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