EHHD ACHIEVE Initiative

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ACHIEVE Initiative: Action **C**ommunities for **H**ealth, **I**nnovation, and **EnV**ironmental chang**E**

Background

➢ Eastern Highlands Health District: 10 member towns

  Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, Willington

➢ Funded by CDC in 2009 to implement ACHIEVE

➢ Funding primarily for training & facilitation

What we know about what happens TODAY…

Common practices & environmental situations in our communities, organizations, institutions, and homes do not necessarily support health and prevent chronic disease such as:

Support Health

Processed Foods

Endless Opportunities

Screen time

Sedintary Life

Fast Food

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What we know about how to create sustainable change…

Policy, practices, & environmental changes that make it *easy* to eat nutritious foods, be physically active, and avoid tobacco products support good health.

Support Health!

MISSION POSSIBLE!

Increase opportunities for Healthy Eating and Active Living & Tobacco-free communities through PSE Best Practices

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Creating CHANGE in your Community

Lessons learned from the EHHD ACHIEVE Initiative

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Silo Approach

One site, one change, some progress.

Ecological Model

Ecological Model for Health Promotion Interventions

Policy | Community | Organizational | Interpersonal | Intrapersonal

Image from SOPHE

Higher impact at Community & Policy level

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Ecological Model

1. Build a **C**ommunity **H**ealth **A**ction **R**esponse **T**eam (CHART)

2. Assess current status/conduct policy scan (CHANGE Tool)

3. Create a Community Action Plan

4. Empower CHART to carry out Action Plan & create change in their community circles through PSE best practices

5. Measure, document, & celebrate change

Step **1** # Build a **C**ommunity **H**ealth **A**ction **R**esponse **T**eam (CHART)

Team of 10 to 15 key leaders in community

Who to include on your CHART:

• Mayor or Town Manager
• Town Planner
• Town Parks & Recreation
• School Superintendent, Principal, or BOE Member
• YMCA
• Pivotal leaders in the community (Business/Chamber of Commerce, faith community, hospital CEO, child advocate)

EHHD CHART

Health District: Director of Health & Health Promotion Coordinator

Member Towns: Town Planner (2), Park & Recreation (2), Social Services Director

Schools: BOE member, School Nurse Supervisor, & Private School CEO

Health Care: Community Outreach Coordinator, VNA

Key Informant: CT SNAP Program Director

Key Informant: University Kinesiology Professor

NOTE: EHHD BOD is comprised of each member town CEO, and is informed/involved in the EHHD ACHIEVE Initiative

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EHHD CHART

Three basic responsibilities:

❖ Embrace and support the ACHIEVE mission to change policy and environment to improve access to healthy food and opportunities for physical activity

❖ Create Mission Statement and Vision for ACHIEVE Initiative

❖ Participate in CHART meetings and activities

EHHD ACHIEVE Vision

The Eastern Highlands Health District communities offer and encourage opportunities for *all* residents to have daily access to physical activity, healthy foods, and tobacco-free environments to support healthy behaviors.

Step 2 Assess current status/conduct a policy scan

Facilitate use of CHANGE Tool in community

➢ Two levels of use: **internal** data collection & **external** messaging and promotion of best practices

➢ Start with a Community At Large Assessment

➢ CHART will determine order of other sectors to address

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CHANGE Tool:

➢ Paints a picture of **current prevention policies and strategies**

➢ Provides a systematic way to **assess and document community needs and assets**

➢ Optimizes the use of available **local resources and partnership** for addressing community needs

➢ Monitors and tracks progress across one or more years by using a 1-to-5 rating scale that allows users **to measure incremental changes**

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Community Health Assessment and Group Evaluation (CHANGE)

✓ Developed by the CDC

✓ Used for the past 2 years across the country in ACHIEVE and Healthy Community (CDC-funded) sites

✓ Evidence-based best practices

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Community Health Assessment and Group Evaluation (CHANGE)

- ✓ Collect data

- ✓ Determine areas for improvement

- ✓ Plan policy, systems, and environmental change strategies to advance efforts to reduce risk factors for chronic disease

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Areas of Best Practice Identified

Nutrition

Physical Activity

Tobacco

Chronic Disease Management

Leadership

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Sectors

Community at Large

Worksite

Community Organization or Institution

School

Health Care

Examples of Best Practices

Cancer

Chronic Disease

Obesity

CDC Publication

Recommended Community Strategies and Measurements to Prevent Obesity in the United States (2009)

Poor nutrition & Inactivity

CDC CHANGE Tool

Contains over 50 best practices for <u>each</u> <u>sector</u> such as:

Worksite Best Practices:

Provide access to a free or low cost employee health risk appraisal or health screenings.

Institute healthy food and beverage options in vending machines.

Implement a referral system to help employees' access tobacco cessation resources or services, such as quitline (e.g., 1-800-QUIT-NOW)

School Best Practices:

Ban the use of or withholding of physical activity as a punishment.

Ban using food as a reward or punishment for academic performance or behavior.

Prohibit the sale of sugar-sweetened beverages.

Community Organization Best Practices:

Institute pricing strategies that encourage the purchase of healthy food and beverage options.

Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active.

Institute a smoke-free policy 24/7 for outdoor public places.

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Respo nse #	CHANGE Tool Rating Scale	
	Policy	**Environmental Change**
1	**Not identified as problem**	**Elements not in place**
2	**Problem identification/gaining agenda status**	**Few elements in place and/or well developed**
3	**Policy formulation and adoption**	**Some elements are in place and/or well developed**
4	**Policy implementation**	**Most elements are in place and/or well developed**
5	**Policy evaluation, adjustment and/or termination**	**All elements in place and well developed**
99	**Not applicable**	**Not applicable**

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Resources for PSE CHANGE

- CDC CHANGE Action Guide

- CHANGE Tool Group Facilitation Cards

- CT ACHIEVE Website

- CDC Community Strategies & Measurements
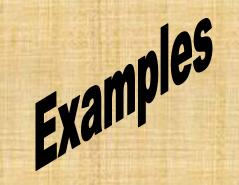
- CT ACHIEVE FaceBook

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Step **3**   Create an Action Plan

Identify Goals & Objectives
   > **Goals**: Broad View
   > **Objectives**: PSE oriented

Dynamic document: Revise as needed

Examples

EHHD Goals

GOAL 1: By December 31, 2011, maintain (and work for improvement of) aggregate health indicator scores of children in the EHHD Community (for example: sick days, BMI, discipline referrals).

GOAL 2: By December 31, 2011, improve aggregate wellness scores of workforce in community (for example: sick time, BMI, blood pressure, cholesterol).

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Examples

EHHD Objectives

➢ By December 2012, the number of schools in EHHD member towns with a Safe Routes to School Master Plan will increase from 4 to 8.

➢ Promote the 9-5-2-1-0 for Health! Campaign through print, electronic, and mass media; and through presentations to PTO and faith communities in all ten EHHD member towns by May, 2012.

➢ By December 31, 2012, increase the number of schools in the EHHD member towns from 0 to 4 that meet 100% of the criteria for "Better Choice Recommendations" as set forth by the CT Nutrition Standards list of acceptable foods and beverages.

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Step **4**

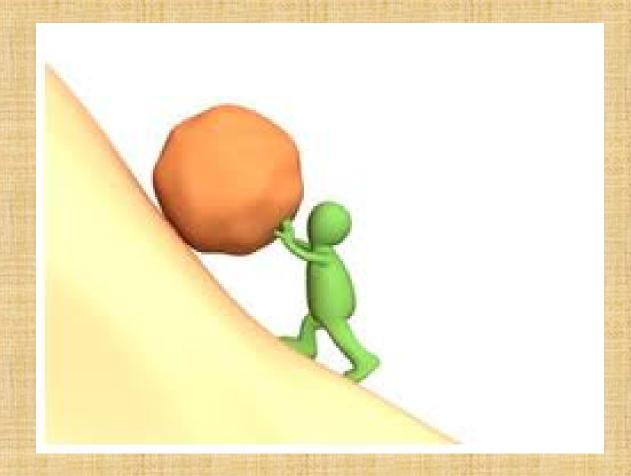# Empower CHART to Create CHANGE in Community

➢ Training

➢ Access to resources

➢ Venue to share impact/results

Step 5

Measure, Document, & Celebrate Change

PSE Change: Measuring Progress

Response #	Policy	Environmental Change
1	Not identified as problem	Elements not in place
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Evaluation of PSE

✓ Traditional methods of evaluating **programs** is not a good fit

✓ Evolving field of study & practice

A Guide to Measuring Advocacy & Policy,

Annie E. Casey Foundation

Measure Core Outcome Areas:

- Shifts in Social Norms
- Strengthened Organizational Capacity
- Strengthened Alliances
- Strengthened Base of Support
- Improved Policies
- Changes in Impact

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CHANGE Tool completed (baseline + 2 years):

Community at Large

Worksites

School (private)

Community Organizations

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Policy and Environmental Changes facilitated by CHART:

➢ Lactation Protocol for worksites

➢ Review & revision of land use & subdivision regulations

➢ SRTS Master Plans developed for multiple schools

➢ Temporary Food Permits set expectation for healthy food

➢ Healthy Eating Resolutions passed

➢ 9-5-2-1-0 for Health Campaign

➢ Pre-K Snack Policy addressed in schools

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Most Significant Success:

Evidence of shifts in social norms, increased capacity & stronger partnerships

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Success indicators:

➢ Community leaders are all talking the same language (regarding PSE), and referencing CDC best practices

➢ Leading to many PSE changes in many sectors in the community that reflect the CDC best practices (worksites, early childhood collaboratives, schools, childcare, faith communities, etc)

➢ Expanded ACHIEVE across state through partnership of CCP & DPH (4 CT ACHIEVE communities)

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CT ACHIEVE Initiative

Technical Assistance & Training for 4 CT ACHIEVE Teams

Resources posted on website & FB:

- Facilitation tools for CHANGE

- Action Plan template

- Model Policy, Best Practice, Success Stories

Available to you as a resource

Links for CT ACHIEVE

[CT ACHIEVE Website](#)

(www.ehhd.org)

[CT ACHIEVE FaceBook](#)

(Search Pages for: CT ACHIEVE)

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Questions?

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