Regional Action Institutes – Fall 2013
September 19th (Dixon), September 24th (Carbondale), and September 26th (Champaign)

Purpose:

This report summarizes the events that took place at the three We Choose Health (WCH) Regional Action Institutes held in September of 2013. The report highlights key discussion points, lessons learned and resources provided. It is hoped that participants and grantees will reference this report throughout Year Two to:

➢ Utilize best practices and solutions shared by fellow grantees and presenters
➢ Accomplish the policy commitment statements developed and shared at the Action Institutes

Summary of Regional Action Institutes:

We Choose Health Illinois held Regional Action Institutes in three regions in September 2013. Rather than holding one centralized Institute, Regional Institutes were held in Northern, Central, and Southern Illinois. A regionalized approach was taken in order to promote local networking, facilitate the participation of Grantee partners, and to eliminate the need for Grantee overnight travel. Grantees, grantee coalition members, WCH staff from the University of Illinois at Chicago and Illinois Department of Public Health (IDPH), and Technical Assistants attended each Institute. Institutes were held on the following dates and locations:

➢ September 19th, 2013 in Dixon, Illinois for northern grantees

    o Participants: Bureau County, DeKalb County, Kendall County, Knox County, McHenry County, Mercer County, Rock Island County, Whiteside County and Winnebago County

    o Fifty Participants

➢ September 24th, 2013 in Carbondale, Illinois for southern grantees

    o Participants: Clinton County, Franklin-Williamson Bi-County, Jackson County, Madison County, and St. Clair County

    o Fifty Participants

➢ September 26th, 2013 in Champaign, Illinois for central grantees

    o Participants: Champaign-Urbana District, Henry County, Logan County, Macon County, and McLean County

    o Thirty Participants

Opening General Sessions:

Please see the attached PowerPoint presentation led by Leticia Reyes-Nash (IDPH) and Jason Rothstein (UIC Mid-American Center for Public Health Practice) with Tom Schafer in Carbondale and Conny Moody in Champaign (both from IDPH). This presentation covered:

➢ Updates from the CDC re restrictions on lobbying
➢ Overview of federal and state programs that are of interest to WCH Grantees

Please see the attached PowerPoint presentation led by Amber Uskali and Dan Canfield of the Performance Monitoring and Evaluation Team (both of UIC Institute for Health Research and Policy). This presentation covered:

➢ Reduced reporting requirements for Year Two
➢ General updates to the performance monitoring and evaluation components of WCH

Please see the attached PowerPoint presentation regarding the State Health Improvement Plan (SHIP) and WCH. The presentation was led by Pat Schou in Dixon, Kevin Hutchison in Carbondale, and Jason Rothstein in Champaign. This presentation covered:

➢ An overview of SHIP
➢ The importance of implementing SHIP
➢ How WCH and SHIP are interconnected

Roundtable Sessions

Two 30-minute Roundtable sessions were held at each Action Institute. The Roundtable sessions were designed to engage identified Grantee Best Practitioners from each region to speak to their peers in a facilitated discussion on common barriers, useful resources, and effective strategies. Roundtables were organized by Strategy or Skill, including the following: Built Environment; Coalition-Building; Coordinated School Health; Evaluation and Reporting; Smoke-Free Living, and Worksite Wellness. The following is a summary of Grantee-identified barriers and solutions:

Coordinated School Health:

Challenge #1:
- ➤ ***Frequent turnover in Superintendents and Principals means that overwhelmed new administrators are reluctant to "add on" another program such as CATCH.***

Solutions:
- ➤ First identify all the School Health requirements that a Superintendent and/or Principal have to meet and then read the last few sets of School Board Meeting Minutes to identify local concerns. Inform administrators that Coordinated School Health a) brings resources and additional support to help them meet the Health requirements, b) Addresses School Board concerns such as bringing up test scores which can be raised through Enhanced PE, and c) Can motivate teachers by adding Worksite Wellness.
- ➤ Speak their language: refer to how Coordinated School Health (CSH) can have an effect on SIPPA/DIPPA/etc.
- ➤ Mention all the other local schools and districts that are implementing CSH. Show photos of the equipment WCH grant funds have purchased for other schools.
- ➤ Show Illinois Superintendent's letter endorsing CSH.
- ➤ Draft a Linkage Agreement with a school. Jackson County Health Department has developed a model.
- ➤ Present data such as a Plate Waste Study that demonstrates the increase in food and milk consumption among students who have recess <u>before</u> lunch or the results of a SO FIT measurement of PE activity.
- ➤ Go through the PTO and have them advocate for CSH.
- ➤ Build a trusting relationship by offering to bring Worksite Wellness to the school. This can win them over.

Challenge #2:
- ➤ ***Teacher implementation: it's difficult to get all teachers to implement CATCH.***

Solutions:
- ➤ Identify champions within the school who can encourage their peers to implement CATCH. Assure teachers that they don't have to start out conducting CATCH activities every day. Ask them to aim for 50% implementation. If you have sufficient grant funds or are able to leverage other funds, try to buy multiple CATCH booklets so that <u>each teacher</u> has their own CATCH activity book. Also, teachers who help to complete the School Health Index are engaged because the process identifies their gaps and strengths.
- ➤ At the teacher training, have teachers choose one or two CATCH lessons they would like to lead in the classroom and have them discuss how they would implement it. This helps to motivate teachers.

Challenge #3:
- ➤ ***Getting a school to complete the School Health Index (SHI).***

Solution:
- ➤ There are two basic approaches to completing the SHI, both of which require a lot of engagement, promotion, and in many cases cajoling: a) Split up the portions of the SHI to be completed by the school's content experts after identifying each person who will complete each portion; and b) Gathering staff, faculty, and administrators together in a room (preferably with internet connection and laptops) for up to six hours to complete the SHI together. Many school personnel go into this begrudgingly but almost all of them are grateful for the comprehensive process and are more motivated once their strengths and gaps are identified.

Roundtable Sessions (continued)

Coalition Building

Challenge #1: Sustaining member engagement in coalitions can be difficult.
Challenge #2: Some sectors are under-represented such as local businesses.
Challenge #3: Funders require that a community or region build a coalition specific to the topic but sometimes it's better to build and develop an existing coalition.
Challenge #4: Turnover at member organizations means that there are often new members coming in to a coalition. This can be a challenge when the new members don't get much orientation and don't know the history of the coalition.

Suggested Solutions:
➢ St. Clair County Health Department conducts an annual survey of their coalition members to elicit feedback on the general activities and effectiveness of the coalition.
➢ Coalition Effectiveness papers from the California Endowment are a good resource.
➢ Bring a national Coalition Building organization to lead trainings for WCH Grantees.

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Smoke-Free Living

Challenge #1: When developing surveys to measure community attitudes on smoke-free living, you have to be careful not to cross over into lobbying.

Suggested Solutions:
➢ Knox County Prezi on Smoke-Free living offers an innovative way to promote smoke-free living.
➢ Becky Piano (Bureau/Putnam Counties) offered to share her Powerpoint as a sample presentation about Smoke-Free.
➢ American Lung Association offers good resources.
➢ McHenry County Health Department offereced their policy as a model that others could use as a starting point.

Technical Assistance Needs:
➢ General need for strategies to help deal with obstinate opponents, particularly when they are decision-makers.

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Worksite Wellness

Challenge #1: Some worksites are concerned over the liability of creating a dedicated exercise area with classes and equipment for staff.
Challenge #2: Examples of other worksite guidelines and policies have been requested by grantees including breastfeeding room guidelines, vending policies, smoke free policies, healthy meeting policies, flextime policies etc.
Challenge #3: Marketing the WCH program to employers seems to be hard as most employers are looking for a tangible "what-is-in-it-for-me" and not understanding the benefits of a healthy workforce.
Challenge #4: The policy cover sheet is too comprehensive and negatively impacts the relationship and work being done for this initiative.

Roundtable Sessions (continued)

Worksite Wellness (continued)

Challenge #5: Examples of other worksite wellness programs and offerings implemented successfully at local employers or health departments.

Suggested Solutions:

➢ Kendall County presented a waiver form to be completed by all employees who have signed up to use the exercise equipment. This document and other examples of guidelines and policies will be posted under resources on the WCH portal. **(Challenge 1 & 2)**

➢ Whiteside Health Department has three policies in place that support wellness: a) Flex time for brief exercise; b) a Breastfeeding Area; and c) Reimbursement for employee fitness expenses incurred in paying to run in a race or marathon or the membership fee for joining a health club or gym. **(Challenge 2)**

➢ The TA providers will create a "Workplace Wellness Policy Template" for employers that assists in developing policy related to healthy eating and physical activity   initiatives. **(Challenge 2)**

➢ The free WCH 365 worksite wellness portal has been created for all prospective employers and health departments to engage in a team centric challenge to promote healthy lifestyles. A marketing piece will be available for all grantees to market the program to prospective employers. **(Challenge 3)**

➢ The Amazing Challenge - Illinois: Start date will be February 1, 2014: This low-cost programming offered to grantees featuring regions of Illinois will allow Illinois residents to showcase their respective county and city. This State-wide challenge will capture data on physical activity and nutrition. **(Challenge 3)**

➢ A second offering to get employers to participate in the WCH program was communicated. The Governors' WCH Healthy Worksite Designation will be launched early in 2014 to promote worksite wellness efforts and to recognize business participating in the program on a bronze, silver and gold level. A recognition ceremony is planned for September 2014. **(Challenge 3)**

➢ The TA providers are working closely with Dan and Amber from UIC to review the policy cover sheet and align the questions with the Designation program. **(Challenge 4)**

➢ Knox County has a worksite wellness toolkit based on North Carolina. **(Challenge 5)**

➢ Provide signage at worksites indicating walking paths and distance (e.g. a lap around the outside of the building = one quarter of a mile). **(Challenge 5)**

➢ Rock Island Health Department and the YMCA have developed a *Creating a Healthy Workplace* booklet. This toolkit will also be made available under the resources tab of the WCH 365 wellness portal. **(Challenge 5)**

➢ McLean County developed an employer information sheet that explains what worksite wellness is, what it does for employers and employees, and how to create a culture of health through policy, systems and environmental change. **(Challenge 5)**

➢ Utilizes the CDC Worksite Health Scorecard to assist employers in measuring the worksite wellness efforts. The county health department then helps the employer to identify gaps and create interventions to address them. **(Challenge 5)**

➢ Recognition can be given to employers for their achievements on the County Health Department - WCH web page. **(Challenge 5)**

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Roundtable Sessions (continued)

Built Environment

Challenge #1: Some school districts offer School Choice which means many students do not attend a school within walking distance.
Challenge #2: Lack of planning expertise and Planners in rural areas
Challenge #3: Some schools are very reluctant to implement Safe Routes to School

Suggested Solution:
➢ Since many of these issues differ for each Grantee depending on their local school district climate and municipal planning capacity, the Active Transport Alliance is in constant contact with Grantees to address their specific challenges and needs.

Afternoon Presentation on the Policy, Systems, and Environment Approach (see attachments of Power Points from presenters and World Café Session report below). Presentations were led by Lisa Cummings in Dixon, Megan Riechmann in Carbondale, and Jackie Lanier and Adam Becker in Champaign.

World Cafe Session on Policy Development, Implementation, and Enforcement

The purpose of this World Café facilitated session was to provide attendees of the Regional WCH Regional Action Institutes an opportunity to take a deeper dive into the domain of policy development, implementation, and enforcement. Additionally, WCH grantees agreed on team next steps in moving an aspect of policy forward, surrounding one, if not all, of their strategy-specific areas.

It was the Action Institute Planning Team's hope that WCH grantees would leave the day feeling more confident in their knowledge of how to create, implement, and enforce WCH strategy policy.

Prior to the start of the World Café sessions, each Action Institute had presentations specifically on policy development, implementation, and enforcement given by topic experts. These presentations primed the participants to engage in a deeper conversation surrounding this topic.

WCH grant staff served as Table Hosts (table facilitators) guiding the discussions and taking notes. This document serves as a summary of the facilitated conversations during the three regional action institutes.

Key Themes and Summaries from Table Discussion
- Culture plays a role throughout the policy development, implementation, and enforcement process.
- Buy-in from stakeholders at all levels is necessary to work towards changing norms.
- If the people enforcing do not care or have authority, they won't/cannot enforce.
- Time – this work takes a long time, resources, and patience.
- Fear of the word, "Policy" as it scares people off. Grantees and communities are engaging in the desired behavior but not codifying it into formal policy.
- There is a lot of overlap on how to do this work between the development, implementation, and enforcement process. What works for development may also work for implementation and enforcement.
- Grantees can and should model the behavior they are driving through policy change – most of this is captured in the policy commitment statements through development and implementation of worksite wellness policies.

Pictures from Regional Action Institutes
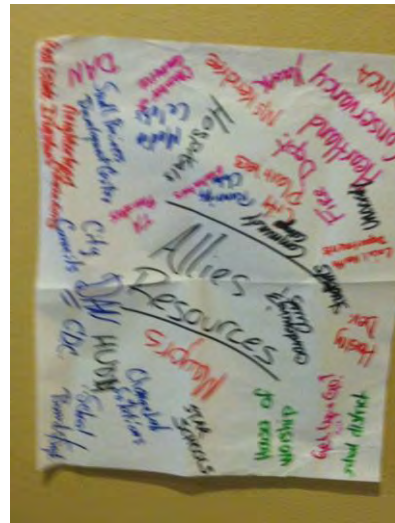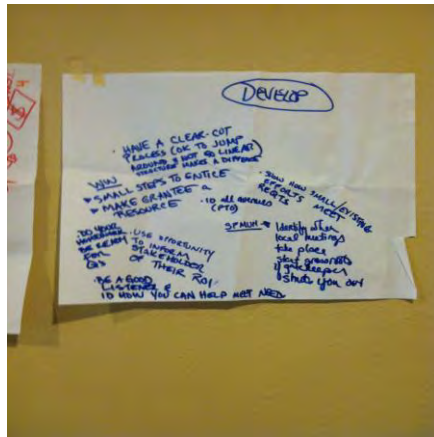
Facilitated Questions – these questions were used to guide the discussions at each table.

Round 1 Questions: "Policy Development"

- What are the steps you have taken, or believe need to be taken, to create and develop policies in your local jurisdictions for WCH strategies? Are the steps different for each WCH strategy? How are they different?
- What innovative tactics have you used to overcome any obstacles you have or might face?
- What allies and resources have you found along the way?
- What questions do you have about policy development that WCH leadership can help answer?

Round 2 Questions: "Policy Implementation/Enforcement"

- What are the steps you have taken, or believe need to be taken, to implement and enforce policies in your local jurisdictions for WCH strategies? Are the steps different for each WCH strategy? How are they different?
- What innovative tactics have you used to overcome obstacles?
- What allies and resources have you found along the way?
- What questions do you have about policy implementation that WCH leadership can help answer?
- What questions do you have about policy enforcement that WCH leadership can help answer?

Round 3 Questions: "Policy Commitment Statement Creation"

In your WCH Grant specific team, coalition members included, please come up with one to three commitment statements about next steps towards moving the needle with respect to policy for each of your WCH strategies.

For example, if you do not have any policies in the development stage, your commitment might be to bring the coalition together within the next two weeks. Your statements should read something like, "We, the WCH grantee of XYZ Health Department, are committed to… 1), 2), and 3).

Policy Commitment Statements
Bureau-Putnam – By end of Year two, achieve under Worksite Wellness policies two specific milestones and Health Worksite Designation for all coalition health department and Bronze designation.   Act as examples of Healthy Worksite for communities to follow.

Champaign – Urbana Public Health Department – By the end of FY14, Fisher and CB will have CATCH written into their Wellness policies.

DeKalb County Health Department – Engage private owners in smoke-free multi-unit housing by committing to submitting two policy cover sheets.

Kendall County Health Department – Pledges to connect with Kendall County municipalities to explore local forums for connecting with multi-unit housing owners/landlords. Specifically, some cities hold a mandatory annual meeting with/for multi-unit housing owners/landlords.

Knox, Fulton, Mason, and McDonough Counties – We commit to create a worksite wellness steering committees within our own health departments that will promote cultural awareness to facilitate future policies geared towards a fun, wholesome, family oriented employer for future generations.

McHenry County Health Department – We commit to (1) creating a smoke-free policy that has a specific enforcement plan and (2) create a plan for follow-up to ensure policy implementation.

Macon County Health Department – Put a strong focus on our communications plan and its implementation to make sure the community knows about all the progress we've made and how much more we want to do.

Madison County Health Department - Develop a comprehensive strategy on how to tell our story.

Mercer Coalition (Mercer, Warren, and Henderson Counties) – Commits to engaging fairgrounds in the tri-county to develop smoke-free policies that at a minimum designate smoke free areas by September 29, 2014.

Northwest Coalition (Whiteside, Lee, Ogle, Stevenson, and Carroll Counties) – We commit to encourage engaged worksites to develop one formal policy in year two.

Rock Island County Health Department and Two Rivers YMCA – The Health Department will widen support by engaging more stakeholders in smoke-free parks. Two Rivers YMCA will build on groundwork laid in worksite wellness and formally engage in policy development by submitting ten policy cover sheets by the end of FY 2014.

South Central IL Health Coalition - By end of grant cycle two (September 2014), all thirteen local health departments will achieve Healthy Worksite designation at the bronze level to act as examples of healthy worksite practices for communities within our coalition.

St. Clair County Health Department – We would like to identify four of our twenty-six Coordinated School Health schools to learn about and commit to Enhanced Physical Education.

Winnebago/Boone County Health Departments – We commit to engaging school leaders to strengthen wellness policies. We will complete the School Health Index in three schools to gather baseline, train three teachers in CATCH, and to establish wellness committees in those three schools. Then, we commit to re-evalute with the School Health Index in two years.

Worksite Wellness TA – AT the end of the next seven months, each of the worksite wellness grantees will be awarded with the Bronze Designation for worksite wellness efforts in their own worksites.

Facilitated Questions Discussion - Raw Data (Superscript indicated statement was noted multiple times)

	Development	Implementation	Enforcement

What are the steps you have taken, or believe need to be taken, to create/develop, implement and enforce policies in your local jurisdictions for WCH strategies?
 	
Are the steps different for each WCH strategy?
 	
How are they different?
	• Have a clear-cut process (OK to jump around and not linear). Structure makes a difference.
	• Know the policy change process in your community.[2]
	• Gather sample policies and read them (look at other states and communities)[2]
	• Do your homework – be ready for questions
	• Be a good listener
	• Identify how you can help meet a need[2]
	  o Conduct surveys to get a sense of where the community is.[2]
	• Draft and tailor the policy to meet the needs of the community[2]
	• Start from the top
	• Form a steering committee and ask their advice
	• Be cutting edge
	• Be a model for the behavior change you are driving[2]
	• Worksite Wellness
	  o Small steps to entice
	  o Make grantee a resource
	  o Show how small/existing efforts meet requirements
	• SFMUH –
	  o Identify when local meetings take place
	  o Start grass roots if gatekeeper shoots you out
	  o Relationships are essential
		• Provide support and guidance (legal) to landlords for smoke free policies.
		• All about timing[3]
		• Troops need to be on board with administration
		• Authoritative – people respect Cops, local health department employees
		• Templates/examples of policy
		• Communication[2]
		• Removing barriers
		• $$$
		• Stages of change
		• 1+1 = 3
		• Inertia
		• Innovation
		• Know the community needs so policy meets the needs
		• Law enforcement support
		• Child advocates
		• Timeline – give time
		• Educate and involve all affected and get feedback[4]
		• Need inspiration
		• Celebrate successes
		• Tailor message and effort when priorities change, be supportive
		• Identify the right person for level of change
		• Finding champion decision maker to pass and "doers' for implementation
		• Figure out who the enforcers are
		• Pervasive systems at all levels within implementation environment
			• Elected Officials and decision makers have a fear of policy. Need support to enforce and maintain <u>accountability</u>.
			• Do not take the easy way out.
			• Relationships[3]
			• Follow-up on steps
			• Policy has to have teeth
			• Use existing laws to help enforce new laws[2]
			• Provide options and examples
			• Sharing best practices – keep the policy fresh and updated
			• $$$
			• Hesitation
			• Time
			• Resources
			• Utilize police force
			• Enforcement differs across strategy
			• Educate enforcers on how to enforce (i.e. scripts)
			• Educate policy makers on risks

	Development	Implementation	Enforcement
What innovative tactics have you used to overcome any obstacles you have or might face?	- Competition - Tag teaming - Grant writing - Local NFPs – grass roots[2] - Give it time – tug on the heart strings of stakeholders - Appeal to their interest - Physically engage them in walking tours - Buy one, get one free - Requires out of the box thinking - Engaging discussion "Bang for your buck" - Education to stakeholders - Aware of current baseline policies - Identify stakeholders - Identify goals and objectives - Potential impact - Knowing your resources - Review health assessment - Identify comparable communities where policy has passed - Multiple strategies in place - Identify priorities of stakeholders - Relating to population (civic and informal networks) - Knowing unofficial power brokers - Parks and health aspects - Environmental aspects – trash cans - Benefits – financial - Highlights – Tobacco Quit line = smoking cessation = stop smoking	- Understanding the needs and wants of all involved - Creative financing[2] - Media – helps with buy-in and community awareness - Data/stats – be prepared (for that community and housing development) - All of the above – collaborative effort. Stakeholders – are they following the plan? - Rule book differs – do not assume - Do not fear controversy Model the change - Survey and Assess - Plan and implement - Quality Improvement piece - Get feedback - Communications planning - Implementers were not part of development – challenge with SFPP – resistance regarding skepticism over enforcement - Data - Use soft data as testimony from parent or child - Appeal to the Return on Investment - Persuade people to realize policy is not draconian or break it down to the small change being asked. - Peer Pressure from area - Champions are encouraged to advocate	- Champions - Timelines[2] - Norms (tickets and social enforcement) - Use existing networks and resources - Sustainability - Signage - Manpower - Buy-in ☺ - Clarity/Communications "Enforcement" is a harsh word. Keep it softer "Manipulate" youth - Recognition and healthy competition - Positive reinforcement[2] - Giving and not taking - Battling your own staff and patients to not smoke on your Smoke-Free campus - For Worksite Wellness: - Paystub stuffers - Staff meetings - Employee orientation 7 x/7 ways

What allies and resources have you found along the way?	- Enlist champions, coalitions, stakeholders… to help with your development (image is a map with each entity identified along the path) - No waivers - Hospitals - County, City, and State Health department - Chamber of Commerce, small businesses, development center - Schools, School Board, PTO minutes - CDC - UIC - First responders - Elected Officials, Mayors and City Council meeting minutes - House of worship - TA providers - Real estate investors, neighborhood associations, Housing development Authorities, gardening clubs - Media and Celebrities - Students and Universities - Heartland Conservancy - YMCA - McKendree - Dan[3] - OPC - Go Army - Park District - Active Transportation Alliance - Illinois School Board of Education - IDOT - COC - HCP - ATOD - AHA - ACS
What questions do you have that WCH leadership can help answer?	1. Need clearer expectations on types of policies the CDC wants us to be passing and sample policy templates for all strategies 2. Worksite Wellness and all Smoke-Free policies (especially multi-unit housing)– requesting sample policies 3. HUD support and updates on laws at the state level regarding smoke free in multi-unit housing. 4. How to deal with backlash from the community (regarding SFMUH) with that mindset that "big brother" cannot tell us what to do. 5. Can you change a lease, mid lease term? If we go smoke free, it was thought that you had to give a 30 or 60 day notice, but there has been push back that you cannot change a lease/unit to go smoke free until the current lease ends. HUD Support on this. 6. How do you enforce an unfunded mandate? 7. We need help on how to deal with bad press.