Community Health Improvement
FOCUS PHASE REPORT

Focus is the third phase in the Community Health Improvement process and marks the transition from assessment to action.

The goal of the Focus Phase is to prioritize a few select issues that the community will collectively work to improve. Priorities are chosen by community stakeholders, using data from the _2018 Community Health Assessment (CHA)._

Healthy Whatcom, a team of community representatives, selected data from the CHA to use in a facilitated decision-making process for a larger community group, called a data carousel. Over 90 stakeholders present at the data carousel held on April 24, 2019, participated in the day-long event to identify Whatcom County's top health priorities.

PHASES OF COMMUNITY HEALTH IMPROVEMENT

01 ORGANIZE

02 ASSESS NEEDS & RESOURCES

03 FOCUS ON WHAT'S IMPORTANT

04 CHOOSE EFFECTIVE POLICIES & PROGRAMS

05 ACT ON WHAT'S IMPORTANT

06 EVALUATE ACTIONS

healthy WHATCOM

PARTNER ENGAGEMENT: THE HEALTHY WHATCOM TEAM

The Healthy Whatcom team is a collaborative workgroup comprised of community partners from several agencies within Whatcom County, and convened by the Whatcom County Health Department. Sectors represented include Public Health, Education, Community-based Organizations, Government, Business, and Health Care. During the Focus Phase, the Healthy Whatcom team designs and implements a prioritization process for Whatcom County using countywide and community-level data from the community health assessment. Utilizing the community health improvement process, the group is deciding upon and implementing:

- Best practices for using data to drive community action

- The plan and process to use data from the countywide *Community Health Assessment* and *Community Snapshots* in a prioritization process to identify health priorities for Whatcom County that will serve as the basis for a Community Health Improvement Plan (CHIP).

Healthy Whatcom Shared Vision & Action Statement

We are Healthy Whatcom, a people and a place, culturally and geographically diverse, united in our shared vision for a healthy and vibrant future. We believe every child should grow in a safe and nurturing environment, and every person should have access to comprehensive, quality education; social supports; health services; and economic opportunities throughout their life and spectrum of need.

To make our vision a reality, we will work together to ensure everyone has a fair and just opportunity to be as healthy as possible. This requires that we address socioeconomic stressors and inequities, challenge historic and contemporary areas of oppression and suppression, and commit to the stewardship of our shared natural resources.

During the Focus Phase, Healthy Whatcom members include:

Amy Rydel, Whatcom County Health Department | **April McMurry,** Western Washington University | **Australia Cosby,** WAHA | **Heather Flaherty,** Chuckanut Health Foundation | **Janet Malley,** WTA | **Javier Flores,** Opportunity Council | **Jessica Sankey,** Bellingham Public Schools | **John Korsmo,** Western Washington University | **Kate Bartholomew,** City of Bellingham | **Kate Robertson,** ReUse Works | **Katie Sly,** Opportunity Council | **Katie Stanford,** Whatcom County Health Department | **Sam Martinez,** Whatcom Community Foundation | **Sarah Bear,** Western Washington University | **Stephen Gockley,** WAHA Board | **Tracy Dahlstedt-Rienstra,** Western Washington University

Timeline

The Focus phase took place between November 2018 and June 2019. In order for the Healthy Whatcom team to design the prioritization process, meetings initially focused on group development and establishing trust within the team to build capacity for the conversations and group decision-making ahead. The team also learned from other communities in the Northsound region who had implemented prioritization processes by hosting a panel of assessment and planning staff from Snohomish, Skagit, Island, and Whatcom counties. Next, the team worked with staff from the Whatcom County Health Department, Opportunity Council, and Western Washington University to review the data collected for the *2018 Community Health Assessment,* as well as learn about different prioritization techniques.

The team made the decision to host a data carousel at the end of April to bring together a broad base of community stakeholders to identify community priorities. The following months were focused on preparing for the data carousel by narrowing down the data necessary to share with partners, designing the data carousel, engaging community partners to prepare them for the data carousel, and training the Healthy Whatcom team for their as table facilitators at the data carousel.

PREPARING DATA: METHODOLOGY

A subset of Healthy Whatcom, a data team, met January through March 2019 to develop a process to narrow the number of community health measures gathered from the *2018 Community Health Assessment*, including the *Community Health Snapshots* and the Community Health Status Assessment, into a focused number of health topics. The purpose of this group was to decide how to best prepare data for a large community stakeholder group to review in order to prioritize health topics for the creation of a community health improvement plan.

Applying Criteria to Focus Data

During the community health assessment, several hundred population health measures (i.e. quantitative indicators) and qualitative data points are gathered and analyzed. In order to have a focused set of data to review with a large community stakeholder group, the Healthy Whatcom data team developed a set of criteria to apply to these indicators and data points. If an indicator or data point met one or more of the criteria below, it was considered for presentation at the data carousel event:

- Shows a negative Whatcom County trend.
- If confidence intervals were not available for data, a difference of 10% or more was used to identify a significant difference.

- Demonstrates health disparities exist by gender, income, race, ethnicity, age, or geography.
- Qualitative data collected at more than one data-gathering session suggested the indicator is an issue of community concern.

The data team was intentional in only using criteria that the team members felt were appropriate for a small, multi-sector group. For instance, the data team did not select to include criteria such as, "community energy is available to address the issue", but rather to ask community partners to use that criterion at the data carousel event.

Additionally, the Healthy Whatcom team reviewed:

- If an indicator had a positive Whatcom Count trend
- If Whatcom County was trending worse than Washington state.

These were reviewed but after thoughtful discussion of the results, were not used to determine whether or not the indicator would be presented at the data carousel.

Results from Applying Criteria

After applying the criteria, the Healthy Whatcom team identified 46 indicators that met one or more criteria, which fell into the following nine health topic areas:

1. economic security
2. education and school readiness
3. food and nutrition
4. health care
5. housing and homelessness
6. personal safety and violence
7. substance use and addiction
8. transportation and mobility
9. youth mental health

Data posters for each of the nine health topics were developed using the indicators that met criteria to tell the story of how community health and well-being for that health topic were being experienced in Whatcom County.

Developing Data Posters

Once the final nine health topics for the data carousel were identified, the Healthy Whatcom team worked in collaboration with the Health Department's community health, planning, communications, and assessment staff to:

- gather additional disaggregated data to provide a full picture of the health topic and reveal any known or suspected health disparities;

- incorporate qualitative data findings with quantitative data visualization. Notably, this merging of quantitative and qualitative data is not yet common practice among local health jurisdictions;
- gather additional quantitative data and maps to visualize community concerns raised in the qualitative data gathering sessions;

Then, the team designed data posters for each health topic to display important qualitative and qualitative data. Posters were designed for ease of understanding. To enhance the speed of review and clarify different types of data, icons were used on the posters to indicate:

- community views: themes captured through qualitative data collection

- data indicators that met one or more of Healthy Whatcom's focusing criteria

- data indicators that were provided for context, or came forward strongly as a qualitative data theme

THE DATA CAROUSEL

The Healthy Whatcom Team, with support from the Whatcom County Health Department and PeaceHealth, hosted a day-long data carousel on April 24, 2019, for 90 community stakeholders. A data carousel is a rigorous community process intentionally designed so that the wisdom and experience of every person in the room is an important part of the selection process. Participants go through five protocols to more deeply understand how health and well-being are experienced and to identify a few relevant, actionable priorities that align with community needs. These priorities will be the basis for the Community Health Improvement Plan.

To prepare for the community stakeholder event, two mock data carousels were held in March 2019 which included Healthy Whatcom team members. These mock carousels helped to discover gaps in data presentation and to train Healthy Whatcom team members to be table hosts.

Participants

For a data carousel, it is best-practice for each presented health topic to have between six and eight participants. For the Healthy Whatcom data carousel, participants were carefully selected due to their particular expertise and insight into one of the health topics (3 participants), their ability to advise on a disparity or inequity that is showing up in the data (3 participants), or their organizational interest and alignment with planning action to address the health issue (2 participants). Each health topic also had a member of the Healthy Whatcom team acting as a table host and facilitator to guide participants through the five protocols, and ensure every person has an opportunity to share their experience and perspective.

Full roster of data carousel participants

Protocols

1. **Data walk:** teams of participants visit data stations and making observations about the data. Observations are organized into "strengths and concerns." After visiting each station, the team returns to their original station then uses all the observations to develop a focusing question.

2. **Why, Why, Why?:** teams explore possible causes and reasons to answer the focusing question they developed in the previous protocol.

3. **Significance and Control:** teams explore the significance (as a cause of the underlying problem) and control (degree of control the community has over each cause) for each cause/reason.

4. **Root cause:** teams analyze the interactions between the causes/reasons identified as having a high degree of significance and a high degree of control. The cause/reason with the highest impact and interactions is identified as a root cause.

5. **Prioritization:** At the end of the day, participants select a few relevant, actionable priorities that align with community needs and require the work of multiple agencies. These priorities will be the basis for the community health improvement plan.

Results and Recommendations

After hearing report-outs from each health topic group, participants selected their top three recommendations for areas to focus on for collective action. When making their selection, participants were asked to consider:

*   impact on equity in the community;
*   the energy in the community to address;
*   and the relevance & timeliness of addressing the health topic.

The following were voted as the top selections:

Health Topic	#1 Concern	Focusing Question
Housing and Homelessness	Child homelessness is high and increasing	Why is child homelessness so high and increasing?
Economic Opportunity	Childcare availability, affordability, & staff compensation	Why doesn't our childcare model work for anyone involved?
Youth Mental Health	Anxiety, depression, & suicide ideation rates are high and trending poorly, especially among female, LGBTQ, and American Indian/Alaska Native youth	Why are more youth reporting mental health concerns?

The remaining health topics were selected in this order:
- Education & School Readiness
- Substance Use & Addiction
- Personal Safety & Violence
- Transportation & Mobility
- Food & Nutrition

DATA DEVELOPMENT PLAN

In reviewing the discussion and results of the Data Carousel event on April 24th, 2019, the Healthy Whatcom team identified the need for an ongoing data development plan. The purpose of this is to honor and address the interest in additional, disaggregated data to better understand community health and health disparities in Whatcom County. Additionally, the data development plan may improve the community's understanding of 'cold spots' - topic areas that may require additional data and information and health topics that were not prioritized for the current Community Health Improvement Plan. The plan may include:

- How to utilize state and national data to better understand populations within Whatcom County that may experience health disparities and may also have limited data available due to small numbers limitations or limited data collection.
- Further investigation of known data sources, which may be able to provide more data than has currently been identified.
- Data discussions and data sharing agreements with local community-serving agencies that may be able to share de-identified service population data that would be useful in understanding Whatcom County's community health landscape.

NEXT STEPS

As the Focus Phase concludes, the Healthy Whatcom team enters into the Choose Phase. The goal of the Choose Phase is to determine how priorities will be addressed in Whatcom County's *Community Health Improvement Plan* (CHIP).

Community Health Improvement Plan Blueprint

A primary goal of Community Health Improvement is to coordinate and align actions and resources, rather than duplicate existing efforts. To that end, the Healthy Whatcom team will be completing a CHIP Blueprint for the priorities identified in the Focus Phase:

- Housing and homelessness as experienced by children
- Childcare as it relates to economic security
- Youth mental health

Upon completion of the CHIP Blueprint, the Healthy Whatcom team will be designing the process for community partners to determine how the priorities will be addressed in the CHIP, which will be drafted in the Act Phase.

The CHIP Blueprint consists of:

1. **What we know:** available data and documentation from the 4/24/19 Community Health Improvement Data Carousel

2. **What we need to know:** additional data needed to better understand the priority

3. **Available Assets:** resources and people (existing collaborations, individuals or communities focusing on each priority)

4. **Evidence-based to innovative strategies to address the priority:** research strategies that could be used to address the priority and a community scan of which of these strategies are currently being done within Whatcom County.

5. **Equity considerations:** recommendations for strategies that will have the greatest opportunity to advance equity and eliminate health disparities in Whatcom County.

6. **Recommendations for Whatcom County's Community Health Improvement Process:** developed by Healthy Whatcom during the Choose Phase, this section will include the recommendations for how priorities will be addressed in the Community Health Improvement Plan.

ADDITIONAL RESOURCES

- [The roster of data carousel participants](#)
- [Compiled notes from each table group at the data carousel](#)

HEALTHY WHATCOM DATA CAROUSEL PARTICIPANTS

Table groups consisted of eight participants and one Healthy Whatcom team member acting as a table host. Each table consisted of issue experts (3), people who could provide an equity perspective (3), and community representatives (2).

Health Topics:

- Economic Opportunity
- Education & School Readiness
- Health Care
- Housing & Homelessness
- Food & Nutrition
- Personal Safety & Violence
- Substance Use & Addiction
- Transportation
- Youth Mental Health

Ann Beck, Whatcom County Health Department
April Barker, Bellingham City Council
Barb Lupo, PeaceHealth
Barbara Juarez, Northwest Washington Indian Health Board
Barry Buchanan, Whatcom County Council
Byron Manering, Brigid Collins
Chao-ying Wu, Family Care Network
Cheryl Thompson, Foothills Community Food Partnership
Chris Phillips, PeaceHealth
Christine Espina, Western Washington University
Christine Furman, Whatcom County Drug Court
Dan Murphy, Northwest Regional Council
Daniel Soloff, Whatcom Family & Community Network
Darrell Hillaire, Children of the Setting Sun Productions
David Webster, Opportunity Council
David Weasley, First Congregation (Ground Floor)
Eric Harry, Cascade Medical Advantage
Gail de Hoog, GRACE
Greg Arnold, North Sound ACH
Gurpreet Dhillon, PeaceHealth
Heather Jefferson, Lummi Nation
Ione Adams, SeaMar Community Health Centers
Jeff McKenna, Bellingham School District
Jessica Bee, Opportunity Council
Jim Bochsler, PeaceHealth
Jimena Garcia, SeaMar Community Health Centers

Julie Meyers, Whatcom Council on Aging
Kaatri Jones, Blaine School District
Karen Burke, Domestic Violence & Sexual Assault Services
Katherine Freimund, Whatcom Literacy Council
Kathy Berg, Birch Bay Steering Committee
Katrice Rodriguez, Nooksack Tribe
Kay Ingram, League of Women Voters
Kim Brown, City of Bellingham
Kristi Dominguez, Bellingham School District
Kristi Slette, Whatcom Family & Community Network
Kyle Davidson, Unity Care NW
L.K. Langley, Western Washington University
Lara Welker, Aging Well Initiative
Lee Anne Riddle, Ferndale School District
Letisha Spotted-Eagle, Ferndale School District
Lynnette Jensen, PeaceHealth
Mardi Solomon, Whatcom Farm-to-School
Meg Lee, Mt Baker School District
Melissa Fanucci, Whatcom Council of Governments
Michelle Waltz, Bellingham Technical College
Mike Riber, DSHS
Mike Parker, Whatcom Homeless Service Center
Monica Burke, ARC of Whatcom County
Moonwater, Whatcom Dispute Resolution Center
Page, Northwest Youth Services
Pamela Jons, Whatcom Community Foundation
Patti Imhof, PeaceHealth Community Collaboration Committee
Pete Stark, WTA
Peter Theisen, United Way of Whatcom County
Rachel Lucy, PeaceHealth
Ray Soriano, private practice
Regina Delahunt, Whatcom County Health Department
Roxana Parise, Bellingham School District
Sally Holloway, Whatcom Community College
Samya Lutz, City of Bellingham
Shorty Bjornstad, East Whatcom County
Steve Clarke, Bellingham School District
Susan Marks, Bellingham/Whatcom County Commission Against Domestic Violence
Susan Kroll, Northwest Regional Council
Tanya Rojas, Northwest ESD
Thom Barthelmess, Whatcom County Library System
Tina McKim, Birchwood Food Desert Fighters
Travis Tennessen, WWU Center for Community Learning
Vesla Kazimer, WELA
Wa'Lynn Sheridan, Whatcom Family & Community Network

DATA CAROUSEL SUMMARY SHEETS

The following summary sheets were created by each table group to track the progression of the group's conversation as they moved through the data carousel protocols.

Data Set: Housing & Homelessness

#1 Strength Something happened in 2012 that created a positive trend in homelessness
#1 Concern Child homelessness is high and increasing
Focusing Question Why is child homelessness so high and increasing?
Root Cause • Racial inequality • High votes of cost-burdened households • Insufficient number of housing units • Insufficient housing choices
Theory of Action **If** we use a racial equity lens to increase the range and supply of affordable housing options… **Then** we will have fewer kids experiencing homelessness.
Where should we start? *[this section left blank by table participants]*

Data Set: Economic Opportunity

#1 Strength Opportunity for multi-sector, multi-impact solutions
#1 Concern Childcare: lack of childcare spots available, cost, compensation of workers, (licensing) requirements, opportunity costs, and business opportunities
Focusing Question Why doesn't our childcare model work for anyone involved?
Root Cause Bringing more stakeholders to the conversations and coordinating efforts that are already happening (parents, providers, higher education, employers)
Theory of Action **If** we bring a diverse, comprehensive, group of stakeholders to the table… **Then** we can start addressing the complexity and issues of our childcare model.
Where should we start? • Leverage what is happening • Find key champions in multiple places

Data Set: Education and Kindergarten-Readiness

#1 Strength   Students' proficiencies do increase by the time they reach graduation.
#1 Concern   Less than 50% of kids in Whatcom County are ready for Kindergarten.
Focusing Question   Why are over 50% of Whatcom County kids not ready for kindergarten?
Root Cause   Less than half the kids in Whatcom County are ready for Kindergarten because of lack of cultural inclusivity.
Theory of Action   **If** we built a collaborative community of "brain builders" that expand culturally inclusive early learning opportunities…   **Then** more children in Whatcom County would be ready for kindergarten.
Where should we start?   *[this section left blank by table participants]*

Data Set: Youth Mental Health

#1 Strength   We are talking about and tracking mental health issues among youth in our community.
#1 Concern   The reported rate of anxiety, depression, and suicide ideation are high and trending poorly, especially among female, LGBTQ, and AI/AN youth.
Focusing Question   Why are more youth reporting mental health concerns?
Root Cause   Lack of support services and programs that address mental health for youth.
Theory of Action   **If** we increase the supportive services and programs that address mental health for young people…   **Then** we improve the mental health of young people in our community.
Where should we start?   • Examine effective models that exist in our community (i.e. Shuksan MS, Mt. Baker SD – Look outside Whatcom County too)   • Identify opportunities for partnership between schools and service providers and funders (i.e. PeaceHealth partnership with Sedro Woolley HS)   • Gather and evaluate more data to understand these issues for more groups (different ages, ethnic groups, etc.)   • Identify targeted interventions/resources that would address the disparities and needs of the highest risk groups

Data Set: Substance Abuse

#1 Strength We have more admissions to treatment compared to state totals (2x more than Washington state).
#1 Concern We have racial and ethnic disparities in death rates due to alcohol, opioids, and other drugs.
Focusing Question Why is there a higher drug and alcohol-related death rate in the AI/AN population?
Root Cause *[this section left blank by table participants]*
Theory of Action **If** we ask humbly and listen openly and are willing to be challenged **Then** we may have an opportunity to do something.
Where should we start? *[this section left blank by table participants]*

Data Set: Transportation and Mobility

#1 Strength Whatcom County has a public transportation system that also serves as a safety net for many people.
#1 Concern Transportation between affordable housing (often rural) and services such as health care, food, and employment is limited and limiting.
Focusing Question Why are people not more able to travel between home, work, and services?
Root Cause Affordable housing is too far from services.
Theory of Action **If** affordable housing is closer to services… **Then** the transportation needs of the community will be more easily met.
Where should we start? *[this section left blank by table participants]*

Data Set: Personal Safety and Violence

#1 Strength Community awareness of alternatives to incarceration.
#1 Concern No significant improvements in personal safety and violence indicators.
Focusing Question Why are we not seeing evidence of improvement in personal safety and violence indicators?
Root Cause We need more priority on prevention and early-stage intervention.
Theory of Action **If** we prioritize sustained culture-shifting prevention and early-stage intervention activity across systems and communities… **Then** we will prompt improvement in personal safety and violence indicators.
Where should we start? • Increase supports and skills for grassroots community-based organizations to provide prevention and early intervention • Funding programs in grade schools/daycares • Parenting skills and awareness • Adequately fund organizations that are addressing prevention and intervention efforts • Identify (name) trauma, conflict, stress on a health indicator • Fund systems (education, law enforcement, criminal justice, healthcare) and communities to implement, integrate, or invite increased prevention and early intervention into their protocols and practices • Build community networks and supports outside organizations

Data Set: Food and Nutrition

#1 Strength Understand (food and nutrition) are a social determinant of health
#1 Concern Decreased access to healthy foods for specific populations (some are vulnerable to decreased access to healthy food)
Focusing Question Why is healthy food consumption down?
Root Cause We don't hold a shared value that adequate healthy food is a basic right.
Theory of Action **If** everyone should have access to healthy food… **Then** healthy food consumption will go up.
Where should we start? Healthy food is a basic right and we value an increased connection to food producers – people will know how to prepare it and will be able to procure it easily and be able to afford it.

Data Set: Health Care

<u>#1 Strength</u> More people in our county have access to health insurance
<u>#1 Concern</u> Disparities in access/utilization
<u>Focusing Question</u> Why do disparities exist in getting care?
<u>Root Cause</u> Need more positions to navigate the health care system and lack of services
<u>Theory of Action</u> **If** … **Then** … *[this section left blank by table participants]*
<u>Where should we start?</u> *[this section left blank by table participants]*