

**2014  
SNOHOMISH COUNTY**



**COMMUNITY  
HEALTH**

# **IMPROVEMENT PLAN**



# CONTENTS

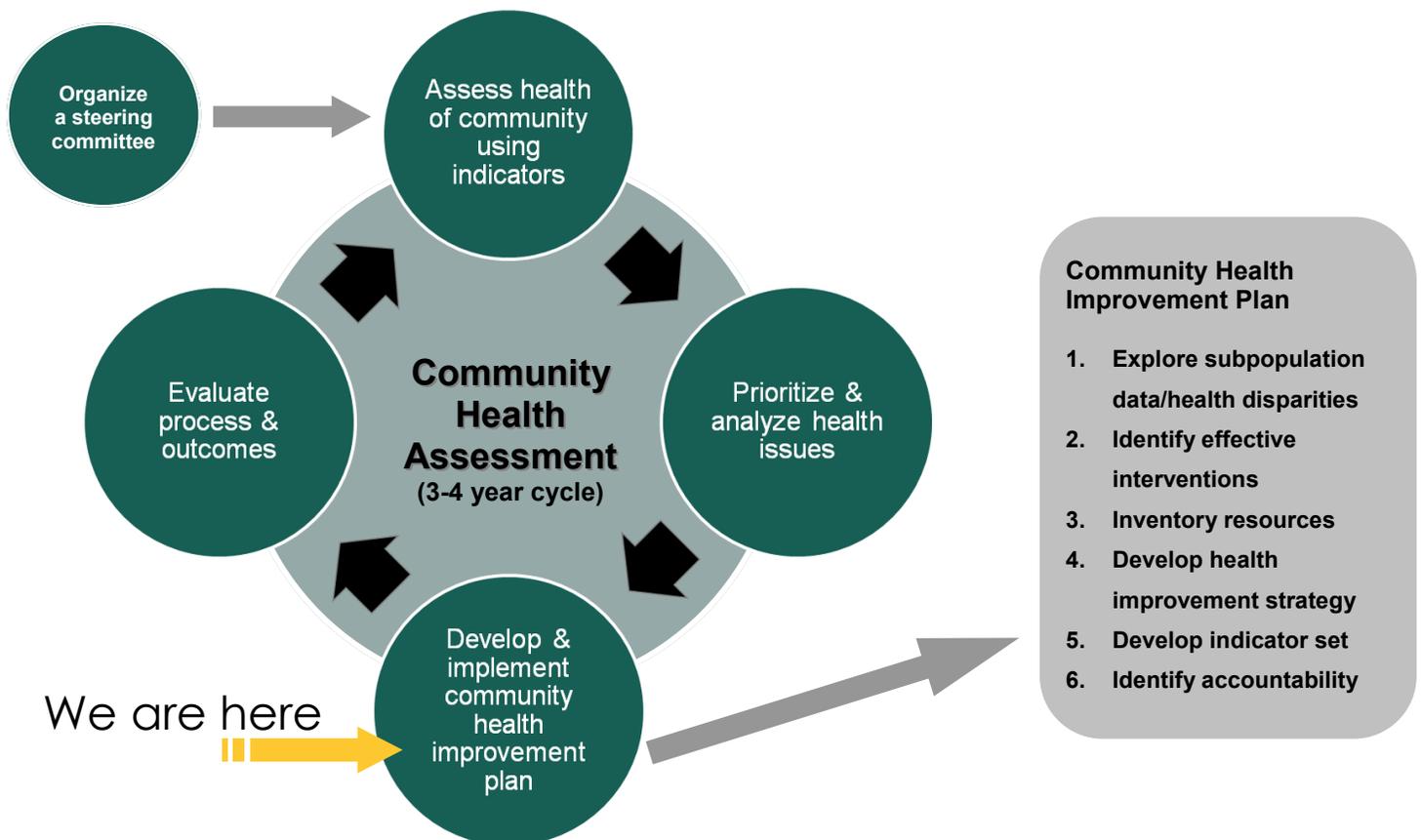
- Determining Health Priorities ..... 1
- Addressing Health Priorities ..... 2
  
- Priority 1**
- Youth Physical Abuse ..... 3
  
- Priority 2**
- Youth & Adult Obesity ..... 5
  
- Priority 3**
- Suicide ..... 7
  
- What's Next ..... 9

# DETERMINING HEALTH PRIORITIES

## HOW DID WE GET HERE?

The Snohomish Health District is committed to an ongoing Community Health Assessment (CHA) process. In 2012, the District's Public Health Advisory Council evaluated more than 80 health indicators for the county. The 27 indicators with the worst risk scores were then evaluated in terms of their size, seriousness, the existence of evidence-based practices and community interventions, and whether there are community values attached to the issue. Using these criteria, the members of the Council chose priority health issues in need of community action. They are **youth physical abuse, obesity, and suicide**. *The Health of Snohomish County* report was created as a result of the assessment phase of the process and can be found on the Health District's website: [www.snohd.org/assessment](http://www.snohd.org/assessment). Please note that all CHA and CHIP data is from 2010, but the baseline data in this document is reported by the most recent year available.

## COMMUNITY HEALTH IMPROVEMENT MODEL



# ADDRESSING HEALTH PRIORITIES

## CHIP PROCESS

After the health priorities were selected, the Health District embarked on a collaborative effort with community partners and key stakeholders to develop community health improvement plans (CHIPs) for each priority area. Community partners included representatives from local agencies with expertise in these areas, those who shape community norms and values, and interested private citizens. Key partners included law enforcement, schools, clinical facilities, hospitals, municipalities, social service agencies, and faith communities.

For nearly seven months, work groups met to develop the CHIPs presented in this document. Each team examined subpopulation data, services available in the county, gaps in services, trends, known best-practices, and system, policy, and environmental changes that could potentially impact the health priority areas. The groups used this information to develop common goals for lowering rates of youth abuse, suicide, and obesity in Snohomish County.

The next steps involved drafting specific objectives to achieve the goals, strategies to achieve those objectives, and measures for tracking progress on those strategies. Objectives were chosen to be Specific, Measurable, Attainable, Relevant and Time-bound (SMART). These intensive sessions produced the health improvement plans presented here.

## COLLECTIVE IMPACT

The key to successful community work is *collective impact*. Collective impact means coordinating the efforts of a broad base of community partners to achieve larger-scale social change than could be made through individual efforts. A commitment to collective impact from all partners is necessary to achieve the CHIP goals.

Collective impact requires five elements that strengthen community-based collaborations leading to enhanced outcomes and impact. They are:

- 1) an established, common agenda
- 2) shared measurement
- 3) mutually-reinforcing activities
- 4) continuous communication
- 5) backbone support

## BACKBONE SUPPORT

The Health District has purchased *InsightVision* software to provide digital backbone support for the CHIP. This support technology will be used to align community efforts and sustain CHIP work over time by creating a single, shared platform that allows community partners and Health District staff to report on and monitor the results of their work. It will serve as a data aggregation, communication, and community collaboration tool. Such technology is cost-effective because it reduces the need for phone calls and travel while allowing community partners to be engaged in documenting current and future activities. The Health District will maintain the online system and train community partners to use it as a tool for sharing data, goals, activities, and achievements in the three priority areas.



# PRIORITY 1

## YOUTH PHYSICAL ABUSE



2010 Healthy Youth Survey

### WHY IT WAS CHOSEN

Youth physical abuse is defined as any intentional act on a child that causes feelings of pain, injury, or other physical suffering by any adult (parent, caregiver, relative, other). One in six Snohomish County youth reported being physical abused by an adult. Physically abused youth are four times as likely to attempt suicide and are more likely to participate in risky behaviors such as substance abuse.

### GOAL

**TO REDUCE THE NUMBER OF SNOHOMISH COUNTY YOUTH WHO EXPERIENCE PHYSICAL ABUSE**

Objective	Strategies	Measurement	Target Date
Advocate for a “Have a Plan” and/or “Build a Plan” (active skill building) safety plan for every parent and caregiver*	Encourage all agencies serving children, youth, and families to promote “Have a Plan” (birthing centers, childcares, churches, schools, YMCA, etc)	Number of agencies introducing safety plans to their clients	December 2018
	Provide all agencies serving children and youth with a local crisis resource list to be included in all safety plans	Number of agencies receiving resource list	
Increase best-practice, culturally-appropriate supports to parents and caregivers	Identify community assets and resources for best practice, culturally-appropriate supports to parents and caregivers	A resource list and community asset map will be created	December 2019
	Extend existing parent training and expand parent supports to all parents and caregivers	Number of parent trainings and supports offered to parents and caregivers	
	Develop a range of peer support options across age spans that are accessible to diverse populations (childcare, transportation, food provided)	Number of peer support options provided to diverse populations	

\* *Have a Plan* is a best-practice for reducing physical abuse of infants and young children. The purpose is to develop a plan that will guide parents/caregivers who are feeling tired and stressed. The plan will help a parent/caregiver refocus when they feel overwhelmed by using calming tools and/or other supports. It is important to share the plan with all who come in contact with the child. More information can be found here: [www.parenttrust.org/index.php?page=haveaplan](http://www.parenttrust.org/index.php?page=haveaplan)

# PRIORITY 1

## YOUTH PHYSICAL ABUSE

Objective	Strategies	Measurement	Target Date
Increase capacity to support and empower all youth	Encourage all Snohomish County schools to develop strategies and approaches that benefit students who have been impacted by trauma. (e.g. Compassionate and Trauma-Informed Schools)	Number of Snohomish County schools who use the Compassionate Schools or Trauma-Informed Schools model	December 2019
	Add abuse recognition education to health/wellness curriculums and to trainings for school and youth-serving agencies' staff	Number of Snohomish County school districts with abuse recognition education and staff trainings	
	Engage youth in developing strategies for this objective (e.g. conduct focus groups in schools/ youth centers)	Development of youth coalition and/or focus groups to create strategies for this objective	
	Create safe places and supports using modern technology (e.g. Facebook, texting – “text for help”)	Development of safe places using modern technology	
Initiate multi-prong strategies throughout the community with the message that all children and youth deserve safe environments	Increase public awareness of existing youth programs (Cocoon House's Safe Place, Dawson's Place, crisis hotlines, etc)	Development of community awareness campaign	December 2016
	Increase awareness of the signs of physical abuse and provide resources	Development of community awareness campaign	
	Solicit funding support (financial and in-kind)	Support secured	

### Youth Physical Abuse

SC	WA	US	SC Trend	Goal
17.6%	17.2%	—	↔	NA

### Size of Population Affected, 2010

- Actual: ~30,650
- Potential: 174,167 (0-17)
- At Risk: Children & Youth

2010 Healthy Youth Survey

# PRIORITY 2

## YOUTH & ADULT OBESITY

**27%**

Of adults  
are  
obese

Of children  
are  
obese

**11%**

2010 Healthy Youth Survey & 2010 BRFSS

### WHY IT WAS CHOSEN

Obesity affects 27% of adults and 11% of children in Snohomish County, double the 1994 obesity rates. It is a contributing factor to heart disease, certain cancers, and diabetes. There is a need for coordinated efforts that will increase physical activity and improve nutritional quality in Snohomish County for current and future generations.

### GOAL

**TO INCREASE ACTIVE LIVING AND HEALTHY EATING IN SNOHOMISH COUNTY**

Objective	Strategies	Measurement	Target Date
Increase school-based best-practice policies that promote physical activity for children and families in a minimum of three Snohomish County school districts  Baseline: TBD	Conduct county-wide assessment of current best-practice physical activity policies in elementary schools	Assessment completed with 90% participation by October 2015	December 2015
	Identify districts with greatest need and provide training and support to district/school leadership	Create follow-up plan for increasing programs and policies in elementary schools in need by December 2015	
Establish a county-wide social marketing campaign to provide a uniform physical activity message through all partnering agencies including Snohomish County school districts	Choose a social marketing campaign by January 2014	Achieve a minimum of 20 partners incorporating the social marketing message into their services and outreach in Snohomish County	December 2015

### Adult Obesity

SC	WA	US	SC Trend	Goal
26.7%	25.8%	27.2%	↑	HP 2020 30.6% (20+)

### Size of Population Affected, 2010

- Actual: ~143,960
- Potential: 539,168 (18+)
- At Risk: Adults

2010 BRFSS

# PRIORITY 2

## YOUTH & ADULT OBESITY

Objective	Strategies	Measurement	Target Date
<p>Improve Snohomish County residents' dietary quality by increasing fruit/vegetable consumption and family meal times, and decreasing sugary beverage intake</p> <p>Baseline: 24.5% of County 8th graders and 15% of adults consumed five or more fruits and vegetables per day; 66% of youth participated in family meal time, and nearly 9% of youth consumed two or more sugary drinks per day. Source: 2012 Healthy Youth Survey (HYS) and 2011 Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>Promote skill development for healthy food preparation through best-practice curricula in child care, food bank, early learning, and English Language Learner (ELL) communities</p>	<p>Identify models that are effective for child care, food bank, early learning, and ELL communities by December 2014</p> <p>Facilitate interactive education and State Training and Registry System (STARS) approved training throughout the community about the components of family meals, fruit and vegetable consumption, and the reduction of sugary beverages</p>	<p>2016 HYS and BRFSS Survey Implementation (Data will be received 2017)</p>
	<p>Establish a county-wide social marketing campaign (such as 5210, or Let's Move) to provide a uniform nutrition message through all partnering agencies including schools, healthcare, government, media/social media, etc</p>	<p>Choose a social marketing campaign by January 2014</p> <p>Achieve a minimum of 20 partners incorporating the social marketing message in their services and outreach, by June 2015</p>	
	<p>Organize one networking or educational event for county school nutrition staff to review best-practices and county model programs</p>	<p>Assemble information on existing networking opportunities for school nutrition staff and the current state of school wellness policies</p>	
<p>Promote the inclusion of non-motorized transportation policy and pedestrian friendly urban design in 80% of Snohomish County Comprehensive Development plans, and promote physical activity planning for capital improvement projects</p> <p>Baseline: 47% Source: SHD interview of Snohomish County cities 2013</p>	<p>Work with city planners to promote a policy tool kit providing research and verbiage regarding the inclusion of health considerations in comprehensive plans</p>	<p>Adapt Tacoma-Pierce County toolkit for Snohomish County jurisdictions by April 2014</p> <p>Present tool kit to Snohomish County Tomorrow and remaining jurisdictions by August 2014</p> <p>Conduct follow-up with all interested jurisdictions requesting assistance</p>	<p>January 2016</p>
	<p>Increase Healthy Communities partner involvement and advocacy with city and county capital improvement plans related but not limited to park design, road improvement, trails, recreational facilities, and public transportation</p>	<p>Have partner presence and/or a health advocate at annual Infrastructure Coordinating Committee meetings</p> <p>Provide ongoing testimony at local capital improvement project hearings. Provide public education on capital improvement projects through community engagement and partner communication networks</p>	

# PRIORITY 3

## SUICIDE



2010 Healthy Youth Survey

### WHY IT WAS CHOSEN

Suicide is the 9th leading cause of death in Snohomish County and caused 107 deaths in 2010. Suicide rates in Washington are higher than the national average. The rate of self-destruction in Snohomish County, which had been in decline, rose sharply beginning in 2009. Although females are more likely than males to attempt suicide, males are more likely to succeed due to their tendency to use firearms.

### GOAL

**TO REDUCE THE RATE OF SUICIDE IN SNOHOMISH COUNTY**

Objective	Strategies	Measurement	Target Date
Adopt and Implement a behavioral health curriculum that includes suicide prevention and intervention in all 15 Snohomish County school districts  Baseline: 8-9 Source: SHD survey of Snohomish County school districts 2013	Develop a list of recommended best-practice curriculums and their associated costs to share with school districts	List of recommended best-practice curriculums and costs available	December 2019
	Advocate to superintendents and school boards about the need for behavioral health curriculum that includes suicide prevention	Number of superintendents and school boards reached	
	Assist school districts in adopting and implementing the curriculum	Number of school districts who adopt and implement the curriculum	
	Seek funding for training and curriculum implementation	Funding amount secured for training and curriculum implementation	
Certify 1,000 additional Snohomish County residents in Mental Health First Aid (MHFA)  Baseline: 170 Source: Compass Health August 2013	Develop a directory of MHFA-certified instructors who will train Snohomish County residents	Directory of MHFA-certified instructors available	December 2016
	Train additional MHFA trainers	Number of additional MHFA-certified trainers	
	Conduct approximately five training classes per quarter	Number of training classes held	
	Seek funding for MHFA training materials and support	Funding amount secured for MHFA training materials and support	
	Identify and create a list of individuals who will be trained in youth and adult MHFA curriculum	List of trained individuals available	

# PRIORITY 3

## SUICIDE

Objective	Strategies	Measurement	Target Date
Facilitate a suicide community awareness campaign in Snohomish County  Baseline: 0 Source: SHD. 2013	Seek funding for community awareness campaign	Funding amount secured for community awareness campaign	December 2016
	Train area agency representatives in social marketing	Number of local agency representatives trained in social marketing	
	Engage the Health District communications team and community partners for campaign development	Health District communications team and community partners collaborative support in developing the campaign	
	Identify other area and state-wide prevention efforts and develop partnerships to initiate suicide awareness campaigns	Partnership with identified prevention efforts established around suicide awareness campaign initiation	
Include suicide crisis line/resources information in all hospital discharge instruction for patients who were admitted for a suicide attempt  Baseline: 0 Source: SHD Survey of Snohomish County hospitals 2013	Provide community crisis line resource cards with re-ordering information to hospitals	Number of community crisis line resource cards provided	January 2016
	Create a Smart Text in Best-Practice Advisory (BPA) reminding providers to give local care crisis line and community resources card	Smart Text available in BPA	
	Add "community crisis line resource card" to discharge planner check list	Community crisis line resource card available on discharge planner check list	
	Educate hospital staff in providing crisis line and community resources card to patients at discharge	Number of staff educated in providing crisis line community resource card	
Increase to 90% the proportion of primary care providers who screen patients for depression during wellness visits  Baseline: 43% Source: SHD Survey of Snohomish County provider networks 2013	Incorporate depression screening questions into patient health questionnaire	Depression screening questions available on patient health questionnaire	December 2018
	Educate providers and support staff about the importance of consistent depression screening for patients	Proportion of providers and support staff who screen patients for depression	

### Suicide

SC	WA	US	SC Trend	Goal
14.6	13.8	11.9	↔	HP 2020 10.2

### Size of Population Affected, 2010

- Actual: 107
- Potential: 713,335
- At Risk: Youth & Adults

2010 WA State Death Certificates



# WHAT'S NEXT

The next step is action. Individual and community efforts are needed to develop social marketing campaigns, advocate for expansion of parenting classes, implement new curriculums aimed at increasing parent and youth safety plans, and provide resources to move strategies into action.



Action teams must be organized around the various strategies for each issue. Through thoughtful action and committed people and agencies, CHIP action teams will make a difference in the health of our community. Some members who worked on the Community Health Improvement Plans are already committed to some strategies. The Health District and other community partners are investing in skill building and new technology that will enhance communication, nurture new and existing community collaborations, and support community engagement as key strategies are implemented. Our goal is to make measurable, enduring differences through collective impact.



Please join with us as we work to create a healthy Snohomish County. Contact the Assessment Manager at 425.339.8650 to become a member of a team to help reduce rates of youth abuse, suicide, and obesity in Snohomish County



***“People find comfort in pretending to think the same way, and often we gravitate to those who affirm our way of thinking. Perhaps this is because we are eager about the common, world-changing goal we have discovered between us. Yet, the whole raison d'être for collaboration is a requisite diversity. Otherwise, what would spur the reason to collaborate in the first place? We have found that it is just at the threshold of tension where differences surface that we face the possibility - and choice - to enter into curiosity and a common inquiry. That's when innovation has the potential to emerge from collaboration, and sometimes that means staying in the messiness just a little bit longer.”***

*Collaboration: The Courage to Step into a Meaningful Mess  
Alycia Lee and Tatiana Glad  
Published March 2011  
with The Berkana Institute*

# COLLECTIVE IMPACT

Representatives from each of the following organizations played a significant role in developing the community health improvement plan. Thank you!

- American Diabetes Association
- Center for Human Services
- ChildStrive
- City of Everett Parks and Recreation
- City of Lynnwood
- City of Marysville
- Cocoon House
- Compass Health
- Darrington School District
- Denney Juvenile Justice Center
- Domestic Violence Services of Snohomish County
- Edmonds Community College
- DSHS Children's Administration
- Granite Falls Community Coalition
- Greater Everett Community Foundation
- Holy Cross Outreach
- Housing Authority of Snohomish County
- Kids Vision Council (United Way)
- King County Kinship Collaboration
- Lutheran Community Services Northwest
- New Life Church
- Northshore School District
- Northwest ESD
- Providence Regional Medical Center
- Reclaiming Futures
- Senior Services of Snohomish County
- Snohomish County Attorney General's Office
- Snohomish County ECEAP
- Snohomish County Head Start
- Snohomish County Mental Health
- Snohomish County Planning & Development
- Snohomish County Sheriff's Office
- The Everett Clinic
- United Way of Snohomish County
- Verdant Health Commission
- Volunteers of America
- Washington Rush Soccer
- WSU Extension
- Western Washington Medical Group
- YMCA of Snohomish County
- Youth Fitness Expo
- Youth Suicide Prevention Program

Working together for a safer and healthier Snohomish County



