



**Advancing Healthy Communities Through Cross-Sector Partnerships
Programs Success Showcase 2022**

[Watch the Video](#)

Thursday, Jan. 20, 2022

LISA ERCK:

Good afternoon, happy Thursday and welcome to the NACDD program success showcase. Uh, my name is Lisa Erck and I'm going to be co-presenting this session with my colleague, Catherine McCann. Catherine McCann and I both sit as NACDD consultants within NACDD's center for advancing healthy communities.

I work specifically on the work at health project, as well as the arthritis portfolio. I'd like to invite you to share in the chat, your name, organization, and why you selected this topic. We look forward to learning more about our audience and to hearing from all of you during this session. Let's take a few minutes to review a few housekeeping items before we begin.

Our dear colleague, Crystal Doxie, she's going to serve as our room support staff during this session. Please feel free to private message Crystal at any point with any comments or concerns. Additionally, we have a help desk room if you have zoom concerns or questions. There are also 10 other concurrent sessions going on.

We welcome you to join any of these rooms at any point during today's session. We also have live transcript that's available to you. Please feel free to turn it on and off if that would be helpful. We also have a program success showcase form with questions, ideas, and comments for you to complete after the session.

Crystal will be including that in the chat later on. Please also add any questions that you have for us during the presentations to the chat box. And we'll be sure to answer that during the presentations, as well as at the end during the Q and A. All right. That's enough housekeeping. Let's move on to the fun stuff.

Thank you. So here we are. As I mentioned, we sit within the center for advancing healthy communities. And this is a fantastic center that's here to foster healthy communities for all. We are doing this by advancing health equity and eliminating social barriers. The center is led by Jennie Hefelfinger and Vish Vasani.



And Cat's going to talk a little bit more about those programs who are in the center later on. But as I mentioned, both work at health and healthy militaries are two of those. The center is here to really make sure that collectively with NACDD, that our work is committed to achieving health equity. We also strive to eliminate disparities to help ensure that everyone can be as healthy as possible.

The presentations you're going to hear today about are going to share more about our collective efforts to advance healthy communities, specifically through cross sector partnerships. Let's transition a little bit more to talk specifically about the work at health portfolio. So NACDD's efforts to build state workplace program expertise and capacity using CDC tools and resources project is commonly referred to as work at health.

I co-lead this project with my colleague, Laura DeStigter, who is NACDD consultant, along with myself. Let's talk a little bit more about our portfolio. NACDD's work site wellness work at health portfolio is funded to make sure that we use the CDC workplace health tools and resources, specifically the work at health evidence-based curriculum to compliment, amplify, and expand state-based efforts to engage employers and building and establishing effective, comprehensive evidence-based workplace health programs.

And we do this specifically by accomplishing several activities. We are working to train and certify a cohort of health promotion professionals like yourselves using the work at health train, the trainer curriculum. We are also here to partner with trainers to help employers complete the CDC work site health scorecard, and use the results from that planning tool and assessment tool to create action items and action plans.

We are also here to support employers with our trainers in implementing evidence-based interventions, policies, programs, and practices using the results from the CDC work site health scorecard, and other assessments that they conduct with their employees. We also are launching the work at health trainer resource assistance and improving network also known as train, which is a peer to peer platform to encourage trainers to network, collaborate, and share resources with peers.

And last but not least, we are here always to provide ongoing technical assistance and support to our employers and to our trainers. So, what are some of the benefits and what are some of the goals of work at health? Work at health as an evidence-based employer-based training program. It was developed by the CDC and the goal is to improve work site health at participating employers.

It emphasizes the idea of reducing chronic disease and injury risk, and also improving worker productivity. It builds capacity among certified train the trainers and master trainers to deliver the CDC evidence-based curriculum with their employers. It also

helps these health promotion professionals provide ongoing technical assistance to their employers.

And you see on this slide, several of the specific goals of work at health. But the one that I really love to focus on, yes, it's important to provide the evidence-based programs. Yes, it's important to increase the knowledge about workplace health promotion, concepts, and principles. But what I love most about work at health is this idea of really promoting a peer to peer community for both trainers and employers to work together to improve population health.

And throughout these trainings, there's a big focus on health equity. It's really this idea of trying to work collectively to improve the health, safety, and wellbeing of employees and ultimately population health. We collectively try to strive to help workplaces become even more people-centric. And we all know that this is important right now, more than ever due to the pandemic, mental health problems, insecurity about future jobs and additional stressors that many of our employees face.

I'm going to talk next about some of the goals specifically of the train the trainer program. This CDC funded training program, it creates a team of elite certified trainers who ultimately are capable of working with employers to implement comprehensive wellness initiatives. These trainers acquire cutting edge technology and skills to help them assist employers in implementing meaningful work site wellness programs.

And these programs are ultimately designed to be evidence-based, effective, scalable, and most importantly, measurable. NACDD also uses a Moodle site, which is an online learning management system to house the work at health courses for trainers and employers. On the screen, you see a screenshot of the LMS.

This online platform provides easy access to curriculum tools, resources, and it also provides a platform for that peer to peer sharing, collaboration, and networking that I mentioned was a cornerstone of work at health. Now I'm going to talk a little bit about the audience of who we've trained so far.

So this map highlights many of the states that we've worked with, including Florida, Indiana, Louisiana, Utah, West Virginia, Oklahoma, Montana, South Carolina, and now we're working with the state of Missouri. And it's great to see some of those colleagues on the call today. So this presentation is here to talk about cross program collaboration, and you will see on this slide, several key partners and champions that we've had the pleasure of working with.

Not only is this project a collaboration between CDC's work at health program, which sits within Division of Population Health and NACDD, but it's also a partnership and

collaboration between state health departments, local health departments, employers, business influencers, including business coalitions, cooperative extensions, and ultimately nonprofits.

We know that worksite wellness is a great way for states to meet existing goals related to healthy lifestyles and chronic disease prevention and management. So with support from NACDD, state health departments can use the work at health opportunity to strengthen existing relationships and ultimately hopefully create new ones within the business community.

Let's take a few minutes to talk about our key project achievements that you see on this slide. We've trained 32 trainers from 7 states. 4 of those trainers can now train additional trainers in their states. And 28 were trained specifically to work with employers. Those are the train the trainers. We've built relationships with 28 champions from various different business organizations, industry groups, purchasers coalitions, and other business influencers.

Those trainers have also led 152 employers through the work at health action planning curriculum. Trainers and employers have integrated evidence-based interventions, such as walk with ease into existing efforts with employers. We've also seen them integrate the National Diabetes Prevention Program, 618 efforts, the CDC scorecard, and other local policy systems and environmental change efforts to increase physical activity.

I encourage you to visit the advancing healthy communities through physical activity session, which is another breakout session if you want to learn more about the walk with ease evidence-based program. And now I'm going to turn it over to my colleague, Cat McCann, who's going to dive into healthy military communities. Cat, the floor is yours.

CATHERINE MCCANN:

Thanks so much, Lisa, and welcome everyone. Very grateful to have you in this session. I'm excited to share with you our work with military and state health departments. So let's go ahead and jump in. On the next slide, you can see just a general overview of the work that we are doing that can be divided into four lines of effort.

The first is facilitating connections between these two very different stakeholders and translating what are actually quite common health goals. The second line of effort is documenting the lessons learned from these types of collaborations and partnerships, and then in turn, using those to help us build capacity among the public health workforce so they can better support military in their states. And finally, at every

opportunity we're sharing promising best and evidence-based practices with our DoD partners so they can better collaborate with public health. And you're going to see these four lines of efforts mirrored in our activities on the next slide.

And our current activities have been in partnership with the Division of Nutrition, Physical Activity and Obesity and the Office on Smoking and Health. And we've been working with them since 2019. And this year we have several activities underway. The first activity supports a defense health agency platform called the Community Readiness Open Data Dashboard. And this is a DoD tool that is used to estimate readiness to deploy. And we're hoping, and we are developing a simple overview of this tool to help public health professionals learn more about the tool and how to use it to communicate with their peer partners. We're also publishing three documents this year, two partner highlights and one case story about these types of collaboration.

The last three activities make up the bulk of our current work. I will go ahead and move to the next slide to talk about those there since they're more meaty. The Building Healthy Military Communities pilot, or BHMC is a congressionally mandated pilot that DoD is implementing. And this addresses the challenges faced by service members, recruits, and service member families.

And each state has a state coordinator, whose job is to be that central touch point between military entities in the state and civilian organizations and governments. Each coordinator works to align agendas between these organizations, with the ultimate goal of improving readiness of the force. So in public health speak, BHMC state coordinators are essentially the backbones for collective action. And CDC is also supporting NACDD to work with state coordinators in their role by helping them connect with public health and providing them with technical assistance on policy and environmental change. One of the ways that we're doing that is by upgrading the BHMC toolkit, which was created a couple of years ago.

And this toolkit is designed for DoD service providers and BHMC state coordinators. It covers the three topics that are shown here, which are priority topics for DoD and this toolkit and the work with BHMC highlights some of the ways that we're helping DoD reach into state health departments. And on the next slide, I'm going to talk a little bit more about our working with state health departments to reach out to the DoD and local military.

Last year, we began working with two state health departments who are not in BHMC states and they are Arkansas and Utah. And our goal is to assist them in connecting with their local military populations, facilitating those initial meetings, documenting lessons learned so we can share it with the field and outlining future TA needs. So how states can work better in this space. Uh, provides a visual of where we have footprint in



the 50 states right now. The darker green represents the first phase of the BHMC pilot. And really the initial phase. BHMC is expanding, which we're very excited to support. And those states are in the lighter green and the military partnerships pilot states are in blue.

On the next slide, we're going to talk about some of our efforts to support cross sector partnerships between these two entities. And one is our thought leader round table that we designed for BHMC. This thought leader round table, house chronic disease directors and military leadership. And they work together to inform recommendations to promote these types of collaborations.

And there's several recommendations that are divided into five sections. And Crystal has already dropped a link to those recommendations in the chat. We're going to take a look at them. They're quite comprehensive. And now that we've talked a little bit about how we are working to build capacity, overall on the next slide, these are actually having tangible results in the state between BHMC and state health departments.

Florida is, the Florida BHMC is working with their health department to address tobacco prevention among recruits to keep them from starting or initiating tobacco use after they joined, which we found can be an issue. New Mexico is working with their national guard and the New Mexico department of health to adjust fruit and vegetable consumption among the guard members. And in Indiana, they are working with their state health department on suicide prevention. So there's a lot more I could say, but we have to move on to talk about some of our key partners and sponsors. Many of them on this slide. You've heard me mentioned several times, the department of defense, the defense health agency and our BHMC pilot program.

I do want to make a nod. We have a few coordinators on the call. It's so happy to have you in our breakout room. But one of the partners I have not mentioned yet, which are really multiple partners is NACDD's center for advancing healthy communities. The, uh, center that Lisa and I are both part of. There is a good amount of crossover between CDC funded programs and states and territories, even in just our center.

And we are working to identify and coordinate the activities with states so they can have a better experience and more streamlined experience implementing these programs. We've also been able to find several synergies between the programs that have started new partnerships and really reinforced and expanded the work.

All of the programs listed to the right of the slide, we've already started to work together and we're super excited about what's coming from that. So, what have we achieved? On the next side, a lot of these achievements are actually still continuing work. We've

come a long way and there's still so much more to do, but some of the ways we've come along is we've been able to work to increase knowledge.

We've been able to work with state coordinators, provide trainings to them. We have a couple of scheduled this year. We're helping increase connections between the two and even just through the BHMC state coordinators, they have reported in one quarter meeting with 497 meetings with public health partners, either on advisory groups related to tobacco, healthy weights, ship work in groups.

So they're being integrated. We're also a trusted advisor and have been asked to contribute to several planning, activities and documents that are being created by DHA. We have developed tools to support this work and we've documented collaborations, several of them so far, and we still have more coming.

So where can we go from here? There are lots of future activities. The work I've described is just the beginning. And now that we have some lines of communications, there are other services and health topics that public health has that are relevant to the military and their family. They face the same burdens that the general population does, but they have the added component of the stress and challenges that come along with services. And many of these issues, especially the social and environmental burdens outside of the gate, we call it, are not directly addressed by the department of defense. So what can we do? We can increase connections between military stakeholders and the other CDC division work and their activities.

Some I've heard mentioned among the BHMC coordinators and others are dental, cancer, diabetes, injury prevention, suicide, and adverse child childhood experiences. There's a lot more support we can give them in that. We can support the expansion of the BHMC pilot. We really should have this in every state because the state health departments can't do it themselves.

And that connection is really a local connection that needs to be facilitated. We can explore the implementation of a thought leader round table recommendations. Lots of good stuff in there. Lots of potential work we could do. And we can continue to expand this cross program collaboration between CDC, for the programs.

So key takeaways to think about from both Lisa and my presentation. The first, as Lisa mentioned earlier, employers are key stakeholders who can positively impact the population with state health department support. You know, a lot of our guard members are citizens first. They work in communities. They need work site wellness, and that can impact military.

And that's just one example of how these public private partnerships can support overall population health. The second takeaway is hopefully between both of our presentations. We've shared some examples to reinforce the necessity and the value of partnership between various sectors. And third is really related to the military to take away that there are service members in every state and territory, even if you have no active duty installation, each state still has national guard and reserves. And like I said earlier, they're citizens first. They live and work in our communities and they're full-time citizens of our states. They rely on community resources in the private sector. They're often a forgotten population in our public health planning.

Finally, most importantly, we want to hear from you about your programs and how we can support it through our work. There's a lot we've shared with you today. You're going to learn a lot more in the next section, wherever you go. And our producer Crystal is going to drop a link in the chat while I move to the next slide. Our emails are here, but the best way to submit your ideas or questions and get in touch with us is via that link.

So let's go ahead and start sharing and we'll go ahead and answer any questions you all have.

LISA ERCK:

We encourage you if you want to join us on camera, we'd love to see your smiling faces. We've got a few minutes to talk about anything that resonated with you during the presentation, any of the key takeaways.

And of course, as Cat mentioned, any questions or comments for us.

HEIDI HANSEN-SMITH:

Yeah. Hi, Heidi Hansen-Smith, with the department of health in Hawaii. And I am just curious, um, thanks so much for the presentations. We'd love to partner on any and all, both working with military and worksite wellness, but I just was curious if there was a way to find out who our state coordinator is for the military, helping military families. And if we could connect with them, that'd be fantastic.

CATHERINE MCCANN: I wish I had one to share with you. BHMC is still a pilot and it is an now nine states, which is why we need it, we're really pushing and encouraging DoD to expand it.

However, we can provide you with some support from NACDD. If you fill out that form, I can get back in touch with you to give you some ideas about how states who don't have

the BHMC are reaching out to the local military and some of the things that they're working on. So we'd love to work with you on that.

LISA ERCK:

Any other questions?

CATHERINE MCCANN:

David? Go right ahead, if you want to come off mute.

DAVID VIGIL:

Thank you very much. Um, I just wanted to mention that we've been, here in New Mexico have been working with the BHMC. Uh, I work on 1705, which is the national diabetes prevention program. And they're engaged in that as well. Um, you know, that's a tie to obesity prevention and we've been so excited to have that opportunity to work with the military community in uh, the, uh, diabetes prevention, uh, aspect of, of stuff. So they're, they're very willing to work. If you can get them in all states, that would be amazing.

LISA ERCK:

So David sits. Um, he works with Comagine, and he also, um, handles New Mexico, and as Cat mentioned in her cross-program collaboration slide within our center um, David has been instrumental in also connecting us with employer purchasers coalition, um, in New Mexico to start to work with them as employers, um, around evidence-based policies, programs, and practices. So it's just one example. Thanks for being here, David. But a perfect example in New Mexico that really spans multiple sectors, multiple areas and multiple partners.

Great. So I think we're coming up to the end of our presentation. Uh, we encourage you to please use the link that Crystal plopped in the chat, um, to complete that. And thank you so much for joining us at the NACDD showcase today. Thanks for being in our session and we encourage you to visit one more session before the closeout session today. So thanks for all you guys do. Have a wonderful, healthy, happy day. And we look forward to working with you soon.

- END OF TRANSCRIPT -