|  |  |
| --- | --- |
| **Sample Strategies for Pursuing a Common Agenda**  *The below strategies were developed in fall 2014 for a collective impact effort focused on improving health outcomes in a large U.S. city. These strategies represent the areas where each working group would focus over the next one to three years. As such, some strategies are shorter term and some longer term. The group completed these lists of strategies and chose one strategy to focus on to start, or a pair of complementary strategies that made sense to start together. In addition, some groups created sub-groups that would focus on specific strategies. For example, the supportive healthcare system group broke up their two hours monthly meeting into one-hour blocks – the first was focused on breastfeeding and the second on physician tools and training. Working group members could opt in or out of these “separate” discussions based on interest. The detailed strategies below are for illustration purposes only.* | |
| ***Physical Activity*** |  |
| **Increase community engagement in physical activity programs, parks, and trails** | 1a. Programs - bring physical activity programs to where families already gather to overcome geographic / accessibility issues |
| 1b. Renovated parks – research why communities are not using recently renovated parks. Use findings to create a strategy to increase community engagement and improve other parks |
| 1c. Lack of parks / trails – understand city efforts to expand parks and trails; identify any opportunities for our WG to support this effort (e.g., advocacy) |
| **Advance existing efforts to ensure use of built environment** | 2a. Work at the neighborhood level to identify barriers to community engagement and implementation issues. Use findings the develop a strategy to accelerate existing efforts on the built environment in the city |

|  |  |  |
| --- | --- | --- |
| ***Healthy Eating*** | |  |
| **Expand access to healthy food** | | 1a. Work with existing merchants in food deserts to increase purchasing power and encourage consumer spending on healthy items |
| 1b. Bring innovative models of using SNAP benefits for healthy food |
| 1c. Support policies that expand local urban agriculture |
| 1d. Support policies that create “buffer zones” to enhance healthy food environment around schools |
| **Increase participation in summer meals programs** | | 2. Work with the summer food task force to find gaps in coverage of sites, connect with potential new sites/sponsors, and promote meal programs |
| **Target nutrition education** | | 3. Expand nutrition education that follows best practices (e.g., long term, tactile & neighborhood based) |
| ***School and Afterschool Settings*** | |  |
| **Obtain district-level buy-in for strong implementation of coordinated school health (CSH) and alignment of afterschool programs with CSH** | | 1a. (For large city’s school district) meetings with School Leadership divisions to discuss: how Collective Impact Initiative is working to create a healthier out-of-school environment to support in-school efforts, data on child obesity in the city, connections between student health and academic achievement, and importance of ongoing focus on implementation of CSH |
| 1b. (For other nearby school districts) meetings with representative at the ISD-level to discuss: how Collective Impact Initiative is working to create a healthier out-of-school environment to support in-school efforts, data on child obesity, connections between student health and academic achievement, and resources to help implement CSH |
| ***Early Childhood*** |  |
| **Parent or guardian education** | | 1a. Work with home visiting programs to share consistent information on obesity prevention with the parents they target |
| 1b. Give parents criteria to consider, including obesity prevention components focus, when selecting a child care program |
| 1c. Explore use of churches and other trusted local organizations to provide classes and consistent messages to parents |
| **Early childhood education providers** | | 2b. Working with training entities (those who help educated EC providers) to include best practices in nutrition/activity and parent engagement in their curriculum  2c. Advocate for changes in minimum standard and accreditation for EC providers |
| **Evaluation and assessment - *draft*** | | 3a. Make sleep evaluation part of child wellness indicators |
| 3b. Create a consistent methodology for measuring obesity in 0-5s |
| ***Supportive Healthcare System*** | |  |
| **Close the gap between breastfeeding hospital initiation and rates at six months** | | 1a. Assess system gaps beyond information / knowledge that prohibit breastfeeding at 6 months |
| **To better prepare physicians to deliver consistent messages and discuss obesity with patients** | | 2a. Create action-oriented, community specific materials for doctors to share with patients |
| 2b. Offer continuing education modules for physicians / nurses that provide practical tips / tools and connections to community resources |
| **To advocate for insurance policy changes with respect to obesity** | | 3a. Determine why state insurers currently do not reimburse for obesity related visits and what business case exists for change |