

Strategy Prioritization

A strategy represents a set of choices used to achieve an overall objective
Strategies are useful in defining long-term objectives and in planning for how to meet those goals.

Please rank the Public Health Sector Strategies

Mentimeter



Strategy #1

Public health organizations should develop and maintain a workforce with competence and expertise in physical activity and health and that has ethnic, cultural, and gender diversity.

Strategy #2

Public health agencies should create, maintain, and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote physical activity.

Strategy #3

Non-profit public health organizations should engage in policy development and advocacy to elevate the priority of physical activity in public health practice, policy, and research.

Strategy #4

Public health agencies should expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities (surveillance), and should monitor implementation of public health approaches to promoting active lifestyles (evaluation).

Strategy #5

Public health organizations should disseminate tools and resources important to promoting physical activity, including resources that address the burden of disease due to inactivity, the implementation of evidence-based interventions, and funding opportunities for physical activity initiatives.

Strategy #6

Public health agencies should invest equitably in physical activity, commensurate with its impact on disease prevention and health promotion.

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Strategy #5: Public health organizations should disseminate tools and resources important to promoting physical activity, including resources that address the burden of disease due to inactivity, the implementation of evidence-based interventions, and funding opportunities for physical activity initiatives.

Is this already being done?

No	Maybe
No - maybe not the same tools.	Not enough
No	

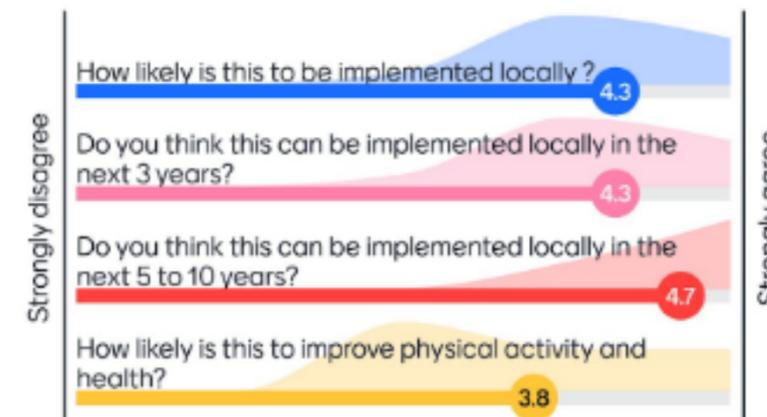
WHO CAN IMPLEMENT
Who has the control/power to implement these solutions and/or remove barriers?

MARC coalitions	KCAFP and MAFP
Community Health Workers	Health dept staff: MCH, HP, Stats
Local Non-profits/Community Partner organizations	

BARRIERS TO SUCCESS
What barriers exist for these action items?

Are the resources culturally and regionally appropriate?	health literacy?
I'm not sure the public sees PA as a priority	Are resources actionable?
How will these resources be shared? Will it be on a website no one will ever see?	Limited capacity overall - knowledge, funding, staffing, partners, etc.
Knowledgeable staff	simple, eye-catching
Perceived Safety	What resources will be used?

Strategy #5



OVERCOMING BARRIERS
How can we work together to overcome these barriers

cross-sector collaboration is key!	Need a high profile communicator- e.g. Mahomes or Mayor Q
Empower people to take agency and interest in their own health.	coordinated marketing effort
Focusing on needs of communities/neighborhoods	Leveraging the fitness community in KC
Need buy-in from religious and spiritual leaders	

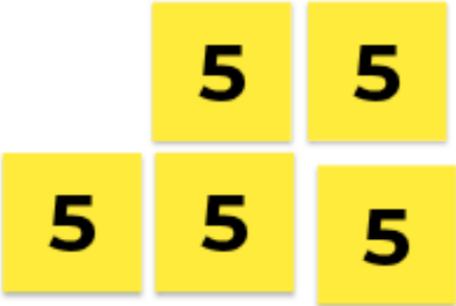
Who are we missing?

Marketing professionals	neighborhood leaders?
large KC employers	YMCAs
Fitness professionals	Schools, child care centers, large employers, health plans

Our society values work and busyness, which then takes priority in allocation of time and energy.

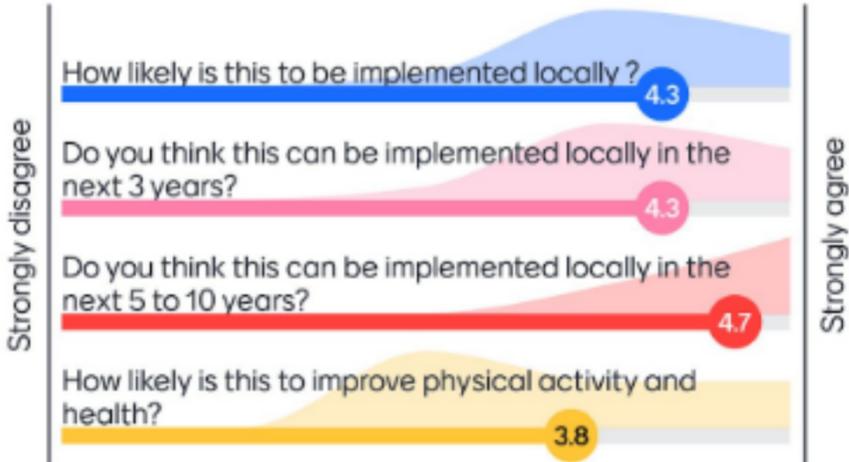
We are also so technology-dependent that more and more jobs are increasingly sedentary

Strategy # 5: Public health organizations should disseminate tools and resources important to promoting physical activity, including resources that address the burden of disease due to inactivity, the implementation of evidence-based interventions, and funding opportunities for physical activity initiatives.



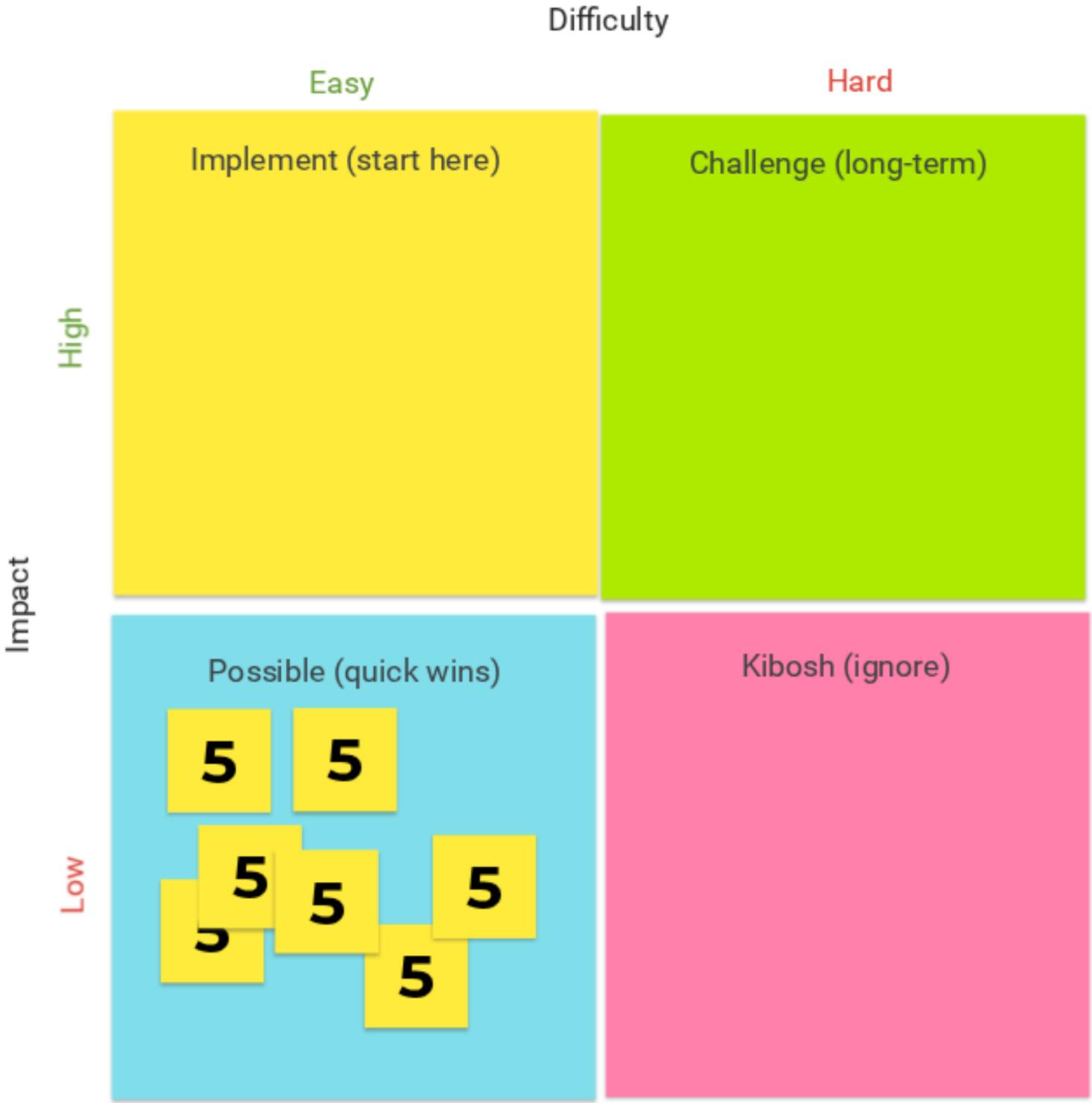
Strategy Prioritization

Strategy #5



Comments from last meeting

- Funding is a barrier within public health.
- In terms of a hierarchy of needs, there needs to be funding found or created before developing a workforce.
- Physical activity is one of the key treatments to chronic disease reduction, then shouldn't Health Departments have someone with experience or expertise in that area.
- As a public health entity, we should allocate attention but also some funding so that there is the ability to have actual initiatives around physical activity. There is not reliable funding to back up what we know is needed.



Strategy #4: Public health agencies should expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities (surveillance), and should monitor implementation of public health approaches to promoting active lifestyles (evaluation).

Is this already being done?

I don't know! If it is, it is not well-communicated	No - not at my public health agency
to some degree	Yes to surveillance, no to evaluation
Not enough	

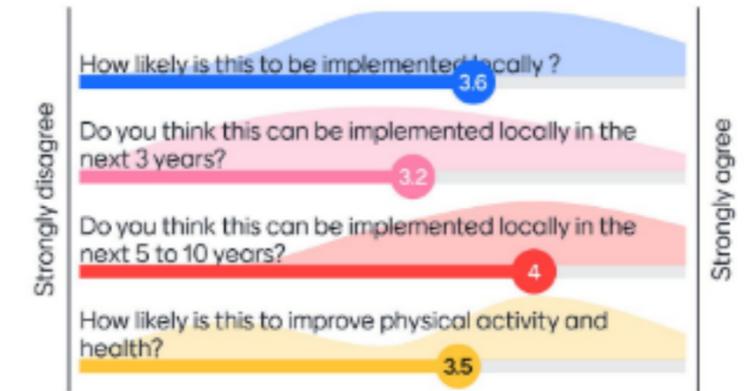
WHO CAN IMPLEMENT
Who has the control/power to implement these solutions and/or remove barriers?

Does state or federal agencies have a role in local surveillance and evaluation?	Health Department
Non-public funded agencies should play a role	Health Department (Stakeholders in Community Health Assessment)
Epi. HP?	Non-profit hospitals

BARRIERS TO SUCCESS
What barriers exist for these action items?

Lack of sustainable funding for routine and regular monitoring	lack of coordinated effort
Unclear/competing motives between partners	PH focus
lack of accreditation standards for PA	Lack of High-Quality Tools for Collecting Data/ high quality survey tools

Strategy #4



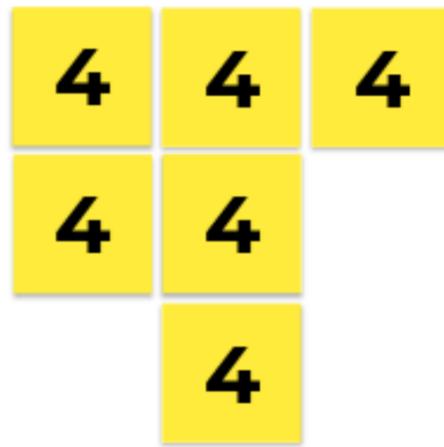
OVERCOMING BARRIERS
How can we work together to overcome these barriers

Continuously have these conversations	cross-sector partnerships!
An overarching agency/coalition/org that coordinates surveillance across many partners	fund part FTE for PA
Policy and policy	Pair down to SIMPLIST message and monitoring parameters.
Need to harmonize data collection across agencies	Timely data sharing between agencies

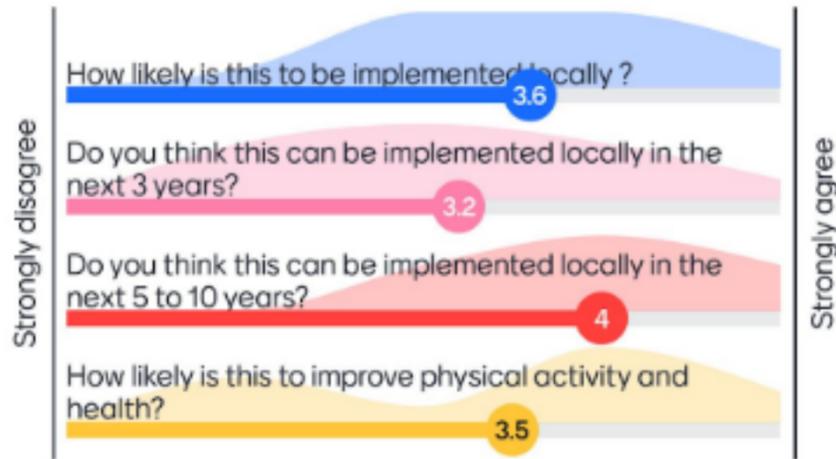
Who are we missing?

Epidemiologists of each PHD	Funders!
	Religious leaders and School administration
The people who are planning the community health assessments.	

Strategy #4: Public health agencies should expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities (surveillance), and should monitor implementation of public health approaches to promoting active lifestyles (evaluation).



Strategy #4



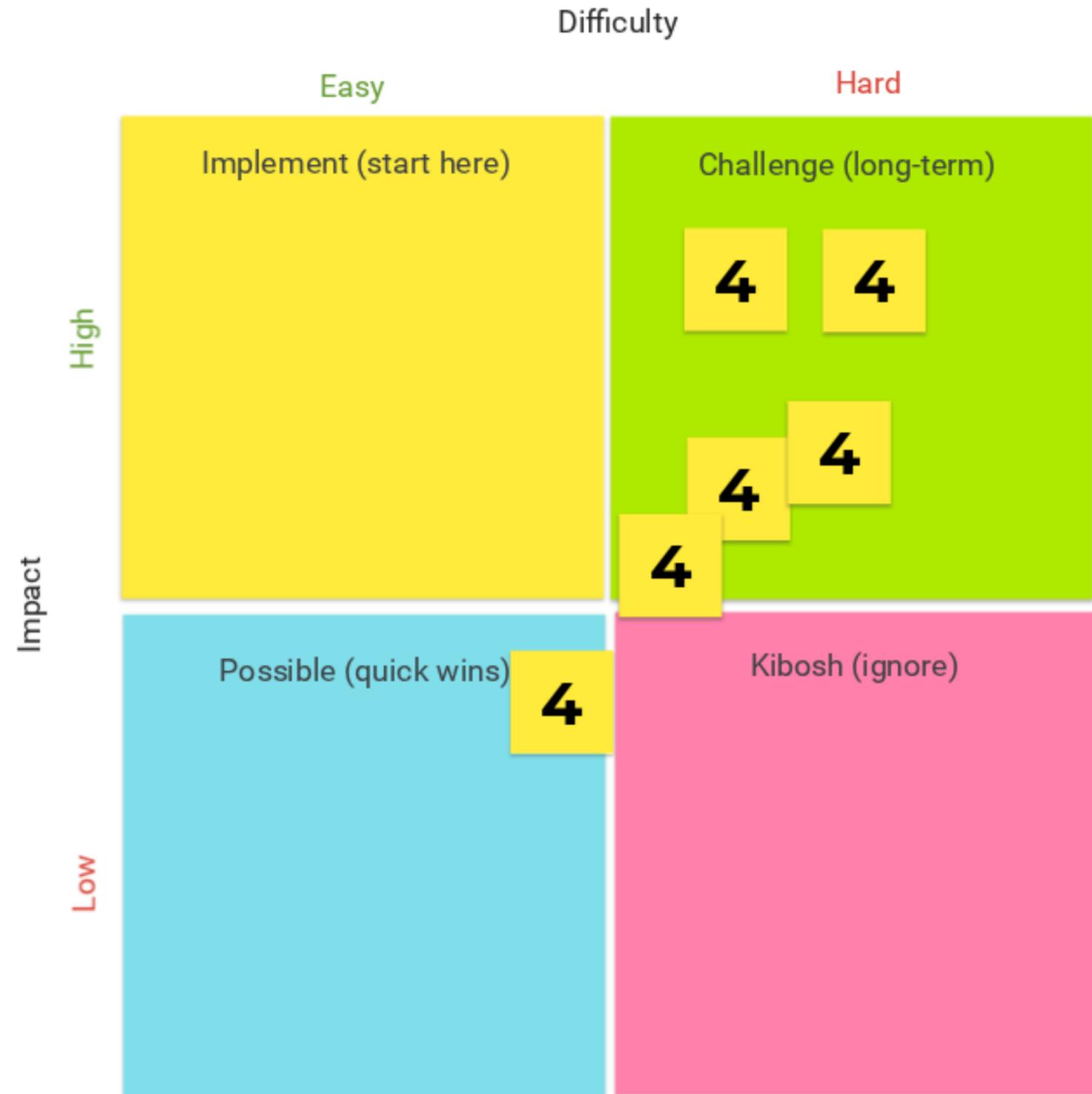
Comments from last meeting

Strategy 4 and 3 appear to be the top two. These might be things that health department staff are capable of achieving.

Strategies 3 & 4 would be the capacity of local health departments where they would be able to help the most. If programming is more the focus, health departments can do this to some extent but not as much as is defined within the strategies.

Current focus is on thinking about those systems and those higher upstream things, putting more emphasis into surveillance and policy work that can be connected to the data.

Strategy Prioritization



Strategy #3: Non-profit public health organizations should engage in policy development and advocacy to elevate the priority of physical activity in public health practice, policy, and research.

Strategy #3

Is this already being done?

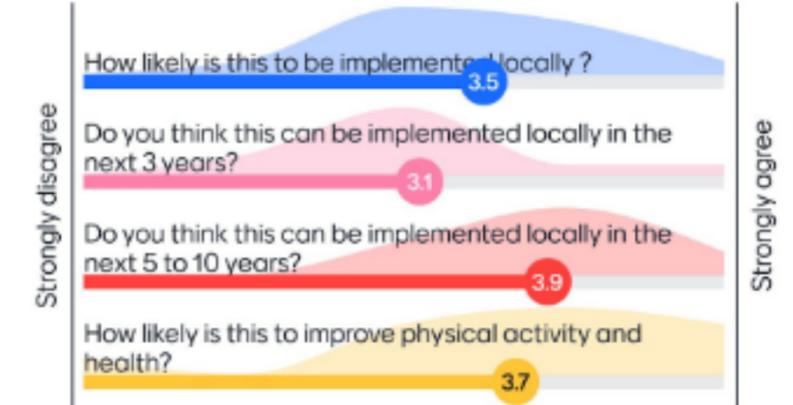
Somewhat	Advocacy - Brookside Running/Mattie Rhodes (soccer for success)
some are	Pro sports team foundations
Not by LPH	BWKC does
Not that I'm aware	run816
girls on the run - advocacy	community health coalitions

WHO CAN IMPLEMENT
Who has the control/power to implement these solutions and/or remove barriers?

city municipalities	
Community wellness hubs	Neighborhoods
UMKC/Other academics	Schools?
community centers	local fitness groups

BARRIERS TO SUCCESS
What barriers exist for these action items?

the word policy sometimes freaks people out	prioritizing parts of the non-profit budget for policy
Long-term advocates	Lack of awareness of who is doing the work
Policy is a long process	PA folks are too focused on the short-term/programming.



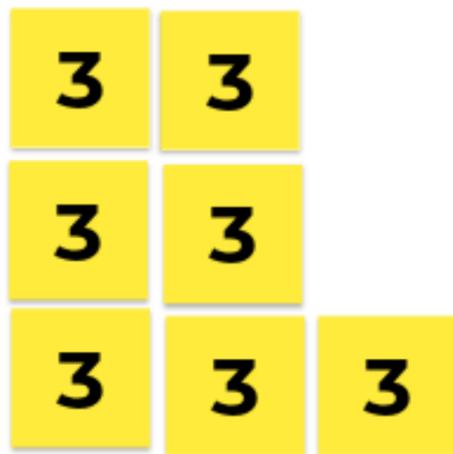
OVERCOMING BARRIERS
How can we work together to overcome these barriers

create same language to share with everyone	Develop an advocacy coalition
Focus on one policy to solve	Getting PA policy development in organization's strategic plans and priorities

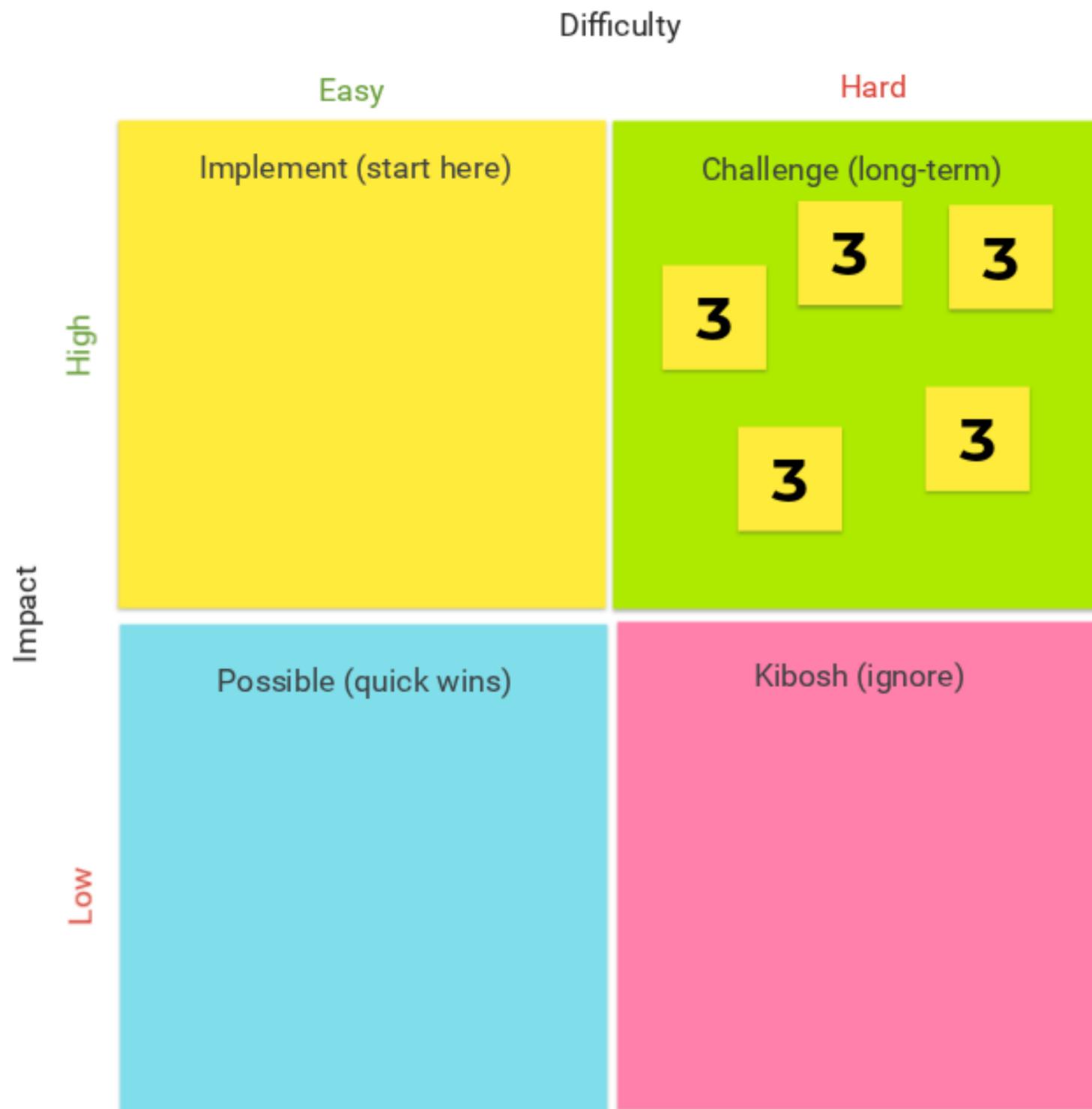
Who are we missing?

MARC
A champion
Research and Extension/ Universities/ Hospitals

Strategy #3: Non-profit public health organizations should engage in policy development and advocacy to elevate the priority of physical activity in public health practice, policy, and research.



Strategy Prioritization



Strategy #3



Comments from last meeting

Strategies 3 & 4 would be the capacity of local health departments where they would be able to help the most. If programming is more the focus, health departments can do this to some extent but not as much as is defined within the strategies.

Strategy #2: Public health agencies should create, maintain, and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote physical activity.

Is this already being done?

No

No

WHO CAN IMPLEMENT
Who has the control/power to implement these solutions and/or remove barriers?

Community health programs in LHD

Epidemiologists

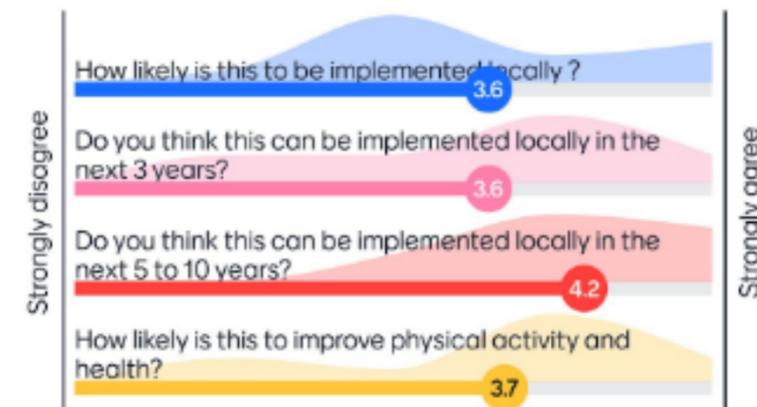
BARRIERS TO SUCCESS
What barriers exist for these action items?

PA isn't seen as important

No PA experts in LHD

Competing priorities

Strategy #2



OVERCOMING BARRIERS
How can we work together to overcome these barriers

Train LHD staff on PA (comfort and knowledge)

Develop partnerships with PA experts and LHD

Who are we missing?

Health systems (adults and youth) & FQHCs

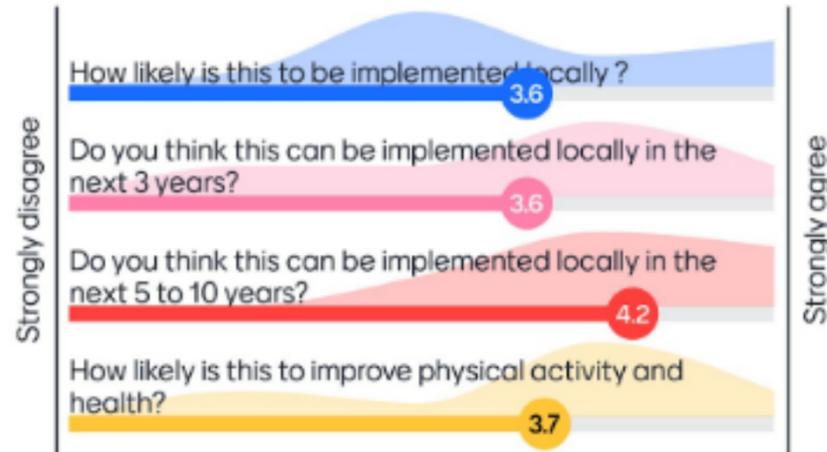
P&R depts

Universities/Researchers

Strategy #2: Public health agencies should create, maintain, and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote physical activity.



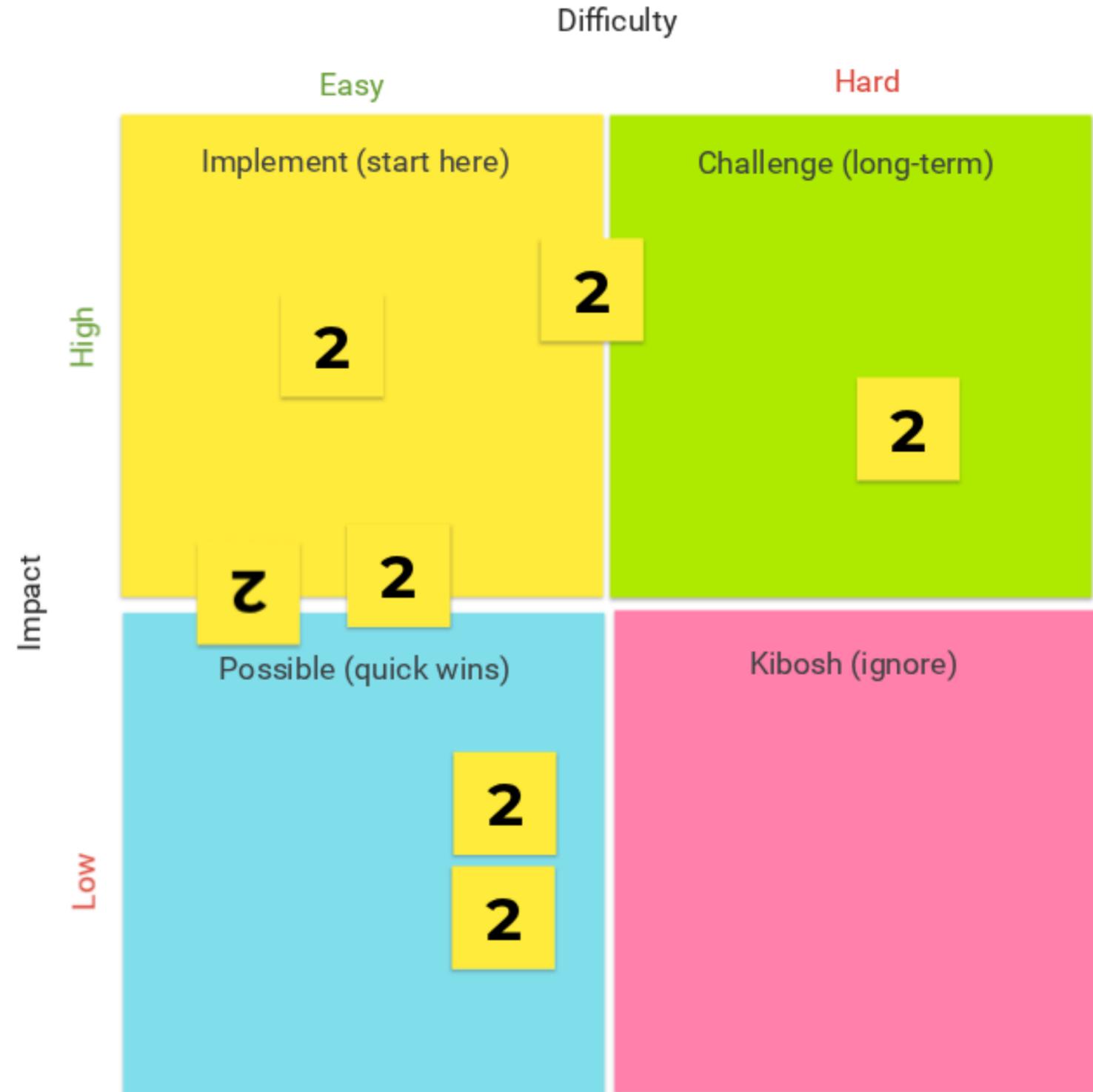
Strategy #2



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Strategy Prioritization



Comments from last meeting

Opinion the different community partners where there are strong relationships makes the work of public health easier. You see cross-sector partnerships across the table working together to get the work done.

Some of the local health departments rely more on partners to provide interventions and if they needed additional assistance then the health departments would step in.

Strategy #6: Public health agencies should invest equitably in physical activity, commensurate with its impact on disease prevention and health promotion.

Strategy #6

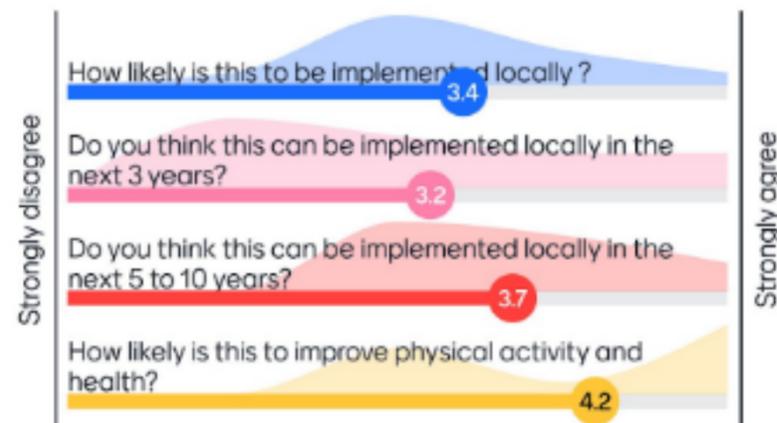
Is this already being done?



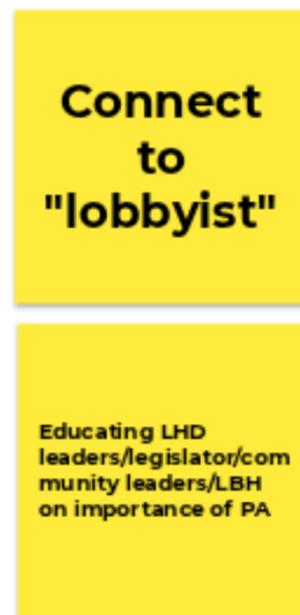
WHO CAN IMPLEMENT
Who has the control/power to implement these solutions and/or remove barriers?



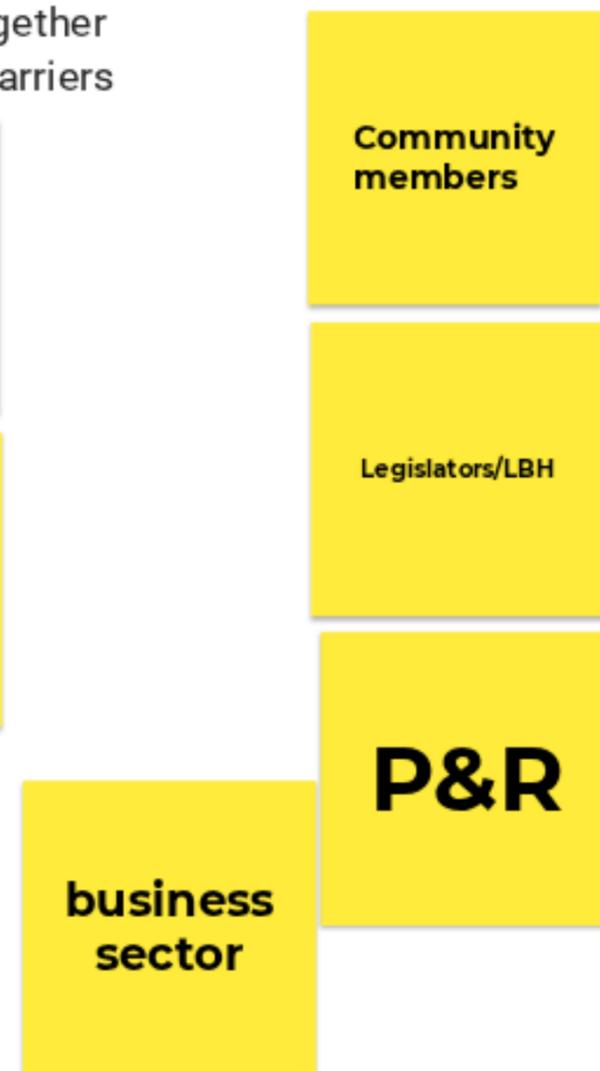
BARRIERS TO SUCCESS
What barriers exist for these action items?



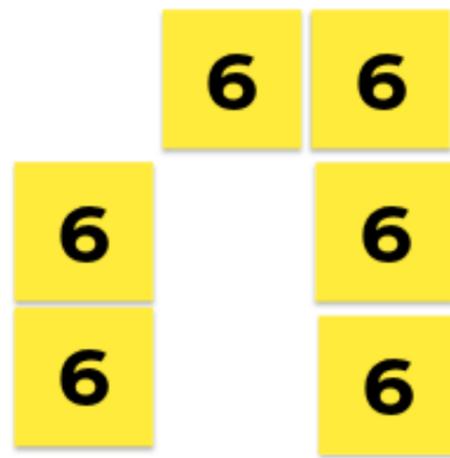
OVERCOMING BARRIERS
How can we work together to overcome these barriers



Who are we missing?



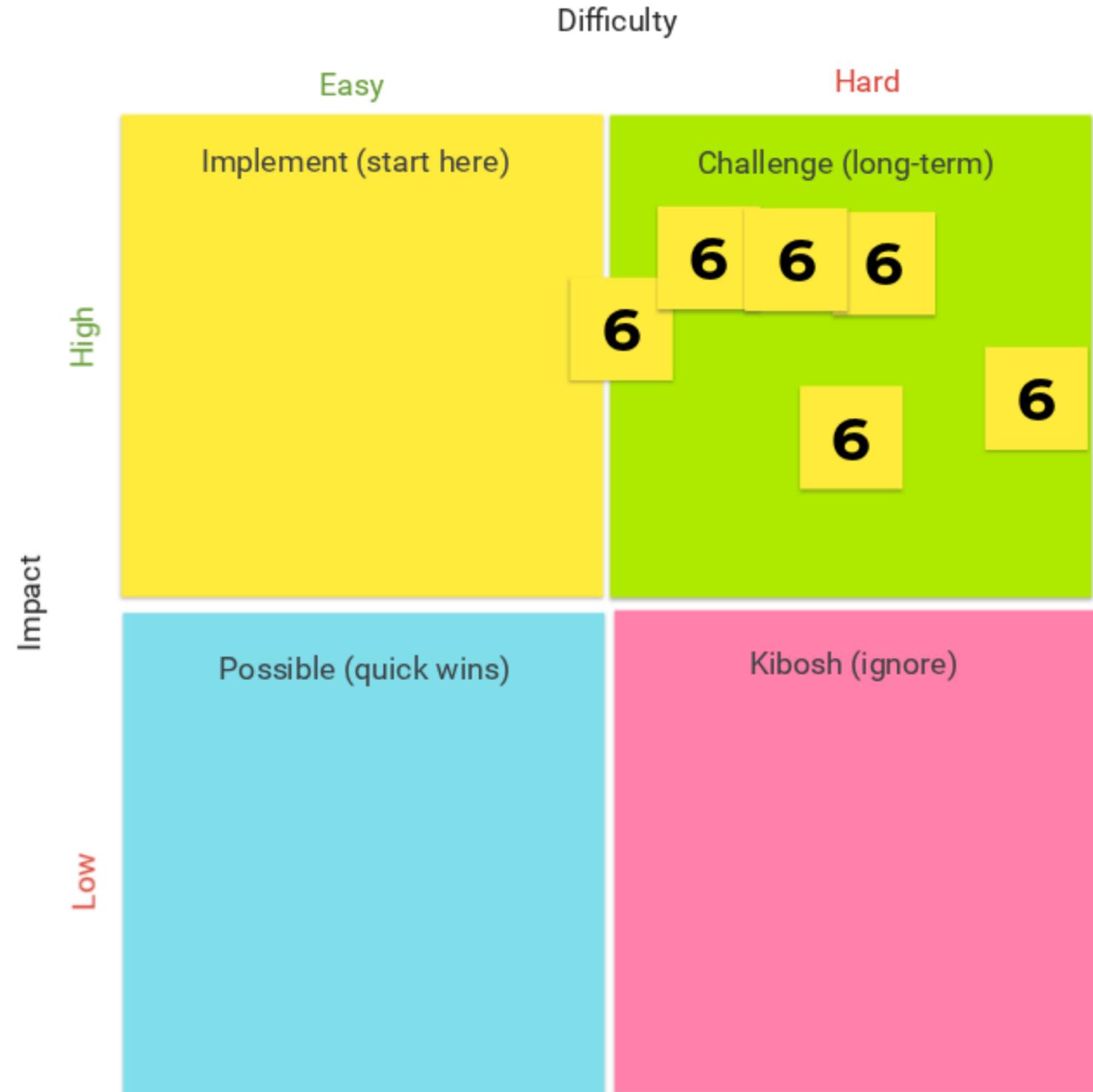
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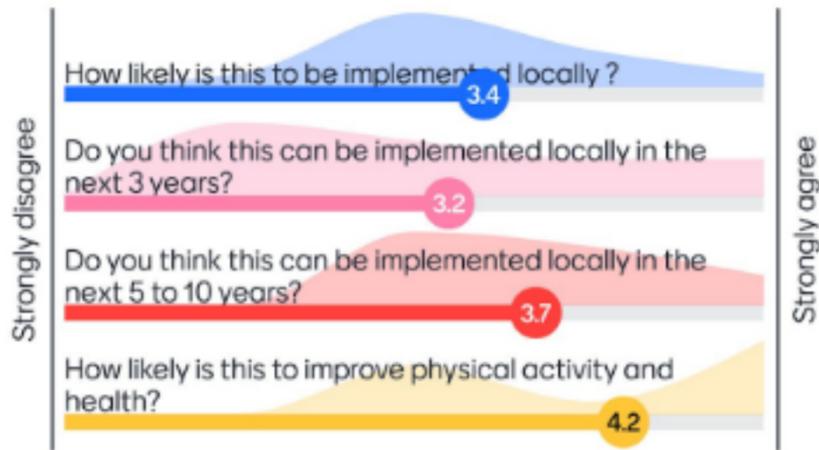
Mentimeter



Strategy Prioritization



Strategy #6



Comments from last meeting

Six was ranked more on the high end because you must work with what you have.

Strategy #1: Public health organizations should develop and maintain a workforce with competence and expertise in physical activity and health and that has ethnic, cultural, and gender diversity.

Strategy #1

Is this already being done?

No
No for PA, somewhat for diversity

no
No

WHO CAN IMPLEMENT
Who has the control/power to implement these solutions and/or remove barriers?

communications/marketing departments
Academics, LHD leaders

BOH/Health Commission
CMH and coalitions

Equity teams within LHDs

BARRIERS TO SUCCESS
What barriers exist for these action items?

Lack of applicants

lack of programs to train current staff
Lack of training among LHD staff/pipeline

OVERCOMING BARRIERS
How can we work together to overcome these barriers

Promote PA as a MPH degree

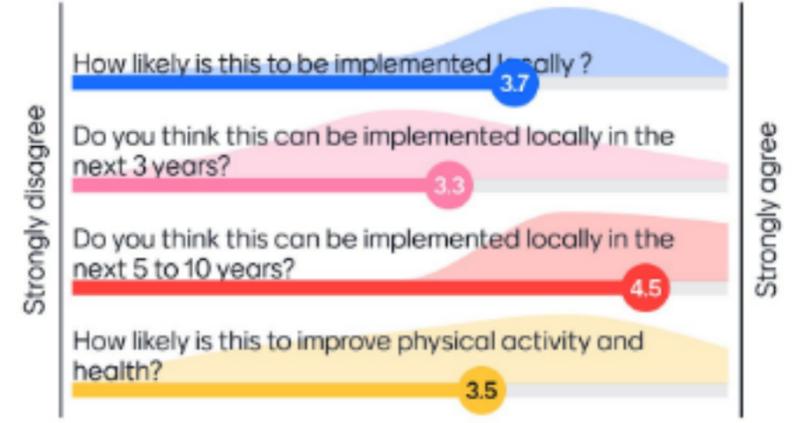
Develop a training program for PH practitioners

More focus on the benefits of PA

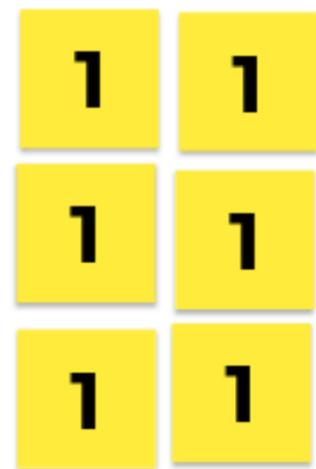
Who are we missing?

economics people

academics

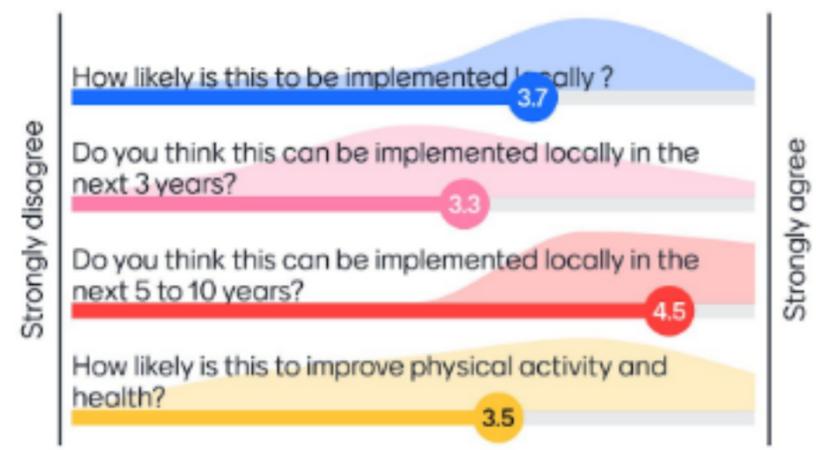


Strategy #1: Public health organizations should develop and maintain a workforce with competence and expertise in physical activity and health and that has ethnic, cultural, and gender diversity.



Mentimeter

Strategy #1



Comments from last meeting



In terms of a hierarchy of needs, there needs to be funding found or created before developing a workforce.

What training courses or opportunities are available for professionals to learn about physical activity in public health? This may be a need within our region.

Strategy 1 was ranked the lowest, developing and maintaining a work force competent in physical activity. Maybe there isn't a public health workforce per say around physical activity, but there is a workforce. This goes back to the partnership piece, if we had funding or reliable partnerships then there would be those who could help lead physical activity initiatives.

Strategy Prioritization

