



Maximizing Health Impact through Prevention

Community Transformation Grant

- **CTG Federal funding to address chronic diseases**
 - Phase I -Capacity Building Funds (26 grantees nationally)
 - Phase II - Implementation Funds (35 grantees nationally)

- **California Grantees**
 - Phase I – Capacity Building/Planning
 - Fresno County PHD - \$500K
 - Kern County PHD - \$417K
 - Sierra Health Foundation (for Sacramento County PHD) - \$499K
 - Stanislaus County PHD - \$294K
 - Toiyabe Indian Health Project - \$500K
 - Ventura County PHD - \$481K
 - Phase II – Implementation
 - Los Angeles County PHD - \$9.8M
 - Public Health Institute (for Ca. Public Health Dept & small counties) - \$5.9M
 - San Diego County PHD - \$3.1M
 - San Francisco County PHD - \$815K



Grant Priorities for Stanislaus County

- ❑ **Active Living & Healthy Eating**
- ❑ **Increase Use of High Impact Quality Clinical Preventive Services (high blood pressure & high cholesterol)**
- ❑ **Tobacco Free Living**

Capacity Building Components

- ❖ **Building a Leadership Team and Coalition**
- ❖ **Assessing and Identifying Needs**
 - ❖ Community Health Assessment
 - ❖ Policy Scan
 - ❖ Asset Mapping
- ❖ **Telling the Story - *New***
- ❖ **Moving to Implementation**

Leadership Team Role

- ❑ **Oversee the strategic direction of project activities**
- ❑ **Ensures the adoption of policy, environmental, programmatic, and infrastructural changes related to strategic directions**
- ❑ **Assessments & Trainings**

Preliminary Review of Local Data on Chronic Diseases

□ Prevalence

- Risk factors (for chronic disease)
- Chronic diseases

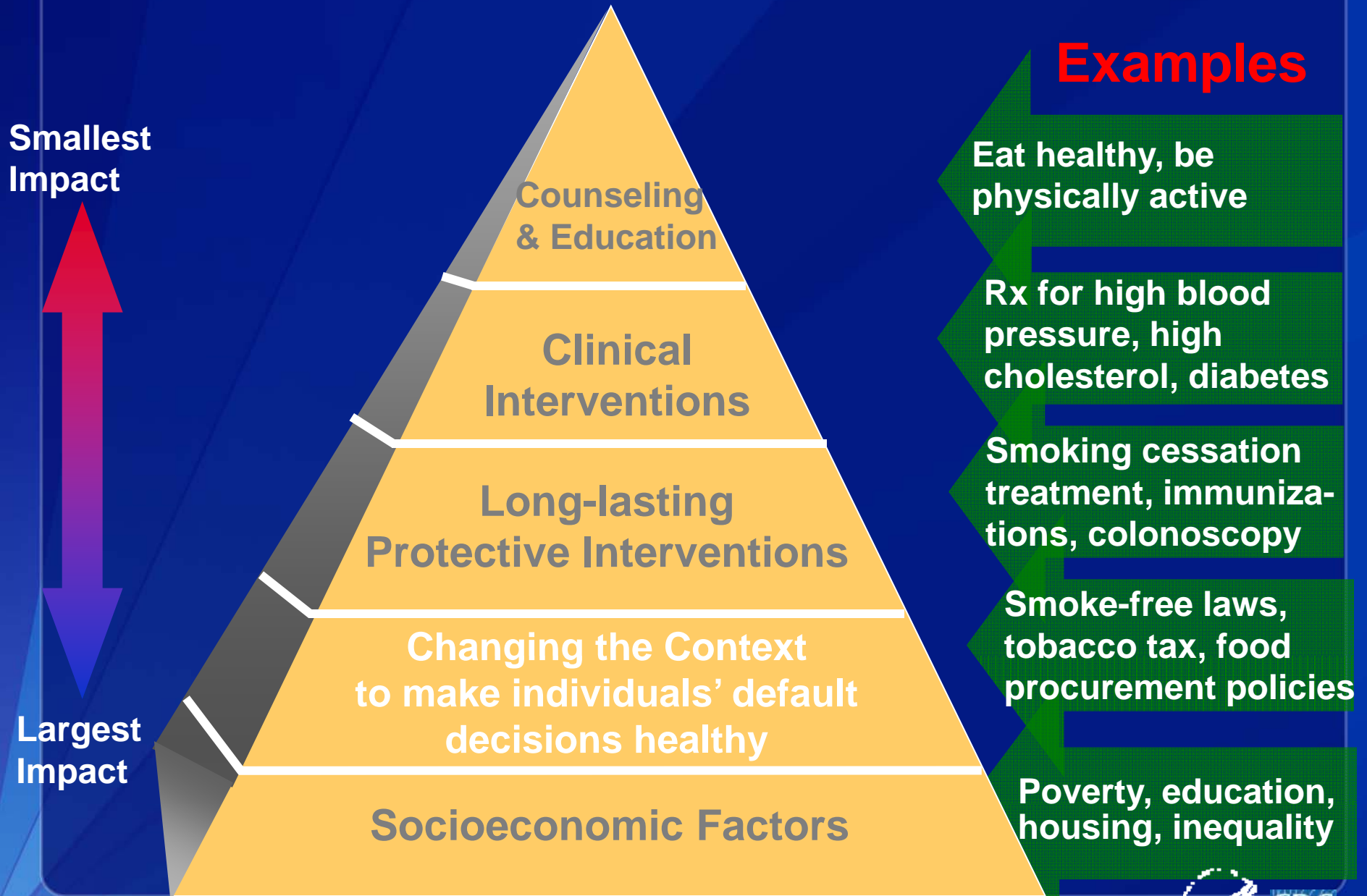
□ Hospitalization

- Cost
- Disparities in rates

□ Mortality

- Overall chronic diseases
- Disparities in average age at death

Factors that Affect Health

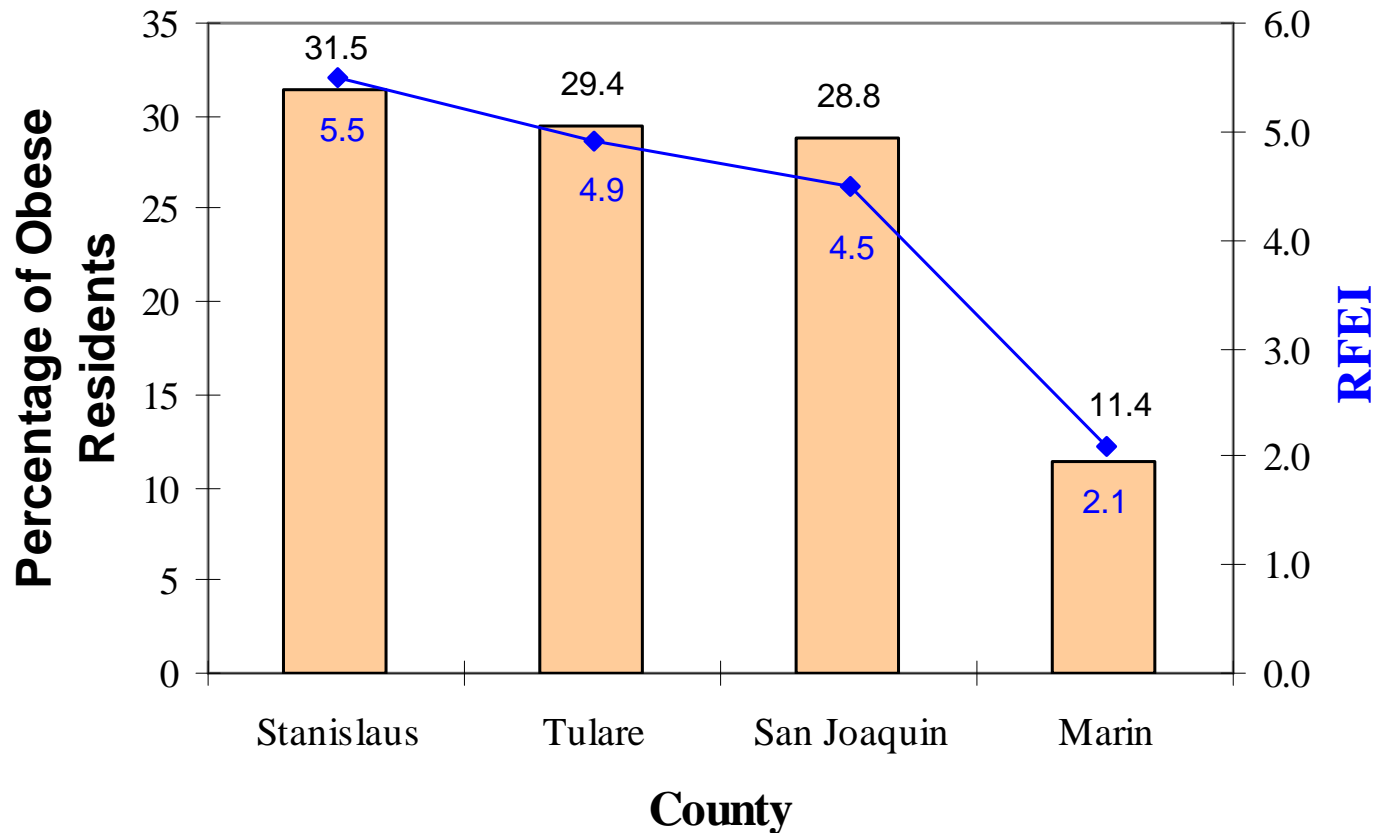


Risk Factors among Adults by Jurisdiction

Behavioral and Health Risk Factor	Jurisdiction	2001	2009	Percent Change
Smoking tobacco (current smoker)	Stanislaus County	22.2%	15.0%	32.4% decrease
	California	17.1%	13.6%	18.3% decrease
Being overweight or obese	Stanislaus County	61.4%	72.2%	17.6% increase
	California	54.9%	59.4%	25.1% increase
Behavioral Risk Factor	Jurisdiction	2001	2005	Percent Change
Poor diet	Stanislaus County	53.1%	56.0%	5.5% increase
	California	49.5%	51.3%	3.6% increase
Physical inactivity	Stanislaus County	32.0%	65.5%	104.7% increase
	California	28.5%	63.7%	123.5% increase

Data Source: UCLA's California Health Interview Survey

Obesity Prevalence and the Retail Food Environment

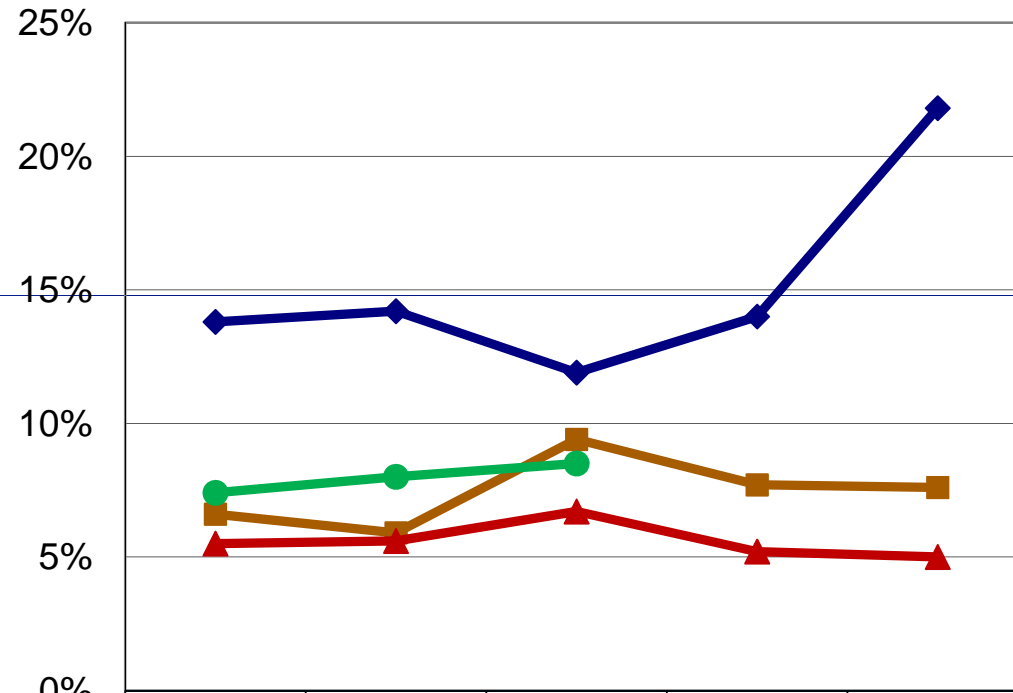


RFEI = number of fast-food or limited food outlets divided by the number of full-services grocery stores and farmer's markets

Data Source: UCLA Health Policy Institute's Designed for Disease, 2007

Chronic Disease Prevalence among Adults

Percentage of Residents (18+ years)



	2001	2003	2005	2007	2009
◆ Asthma	13.8%	14.2%	11.9%	14.0%	21.8%
■ Diabetes	6.6%	5.9%	9.4%	7.7%	7.6%
▲ Heart Disease	5.5%	5.6%	6.7%	5.2%	5.0%
● Cancer	7.4%	8.0%	8.5%	NA	NA

Data Source: UCLA's California Health Interview Survey

Hospitalizations for Chronic Disease

Cost

- Average annual cost for hospitalization of Stanislaus County residents for coronary heart disease, stroke, cancer and diabetes = **\$378,494,073**

Data Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 1998-2007; as analyzed by the Central Valley Health Policy Institute

Hospitalizations for Chronic Disease

Racial and Ethnic Disparities in Hospitalization Rates¹

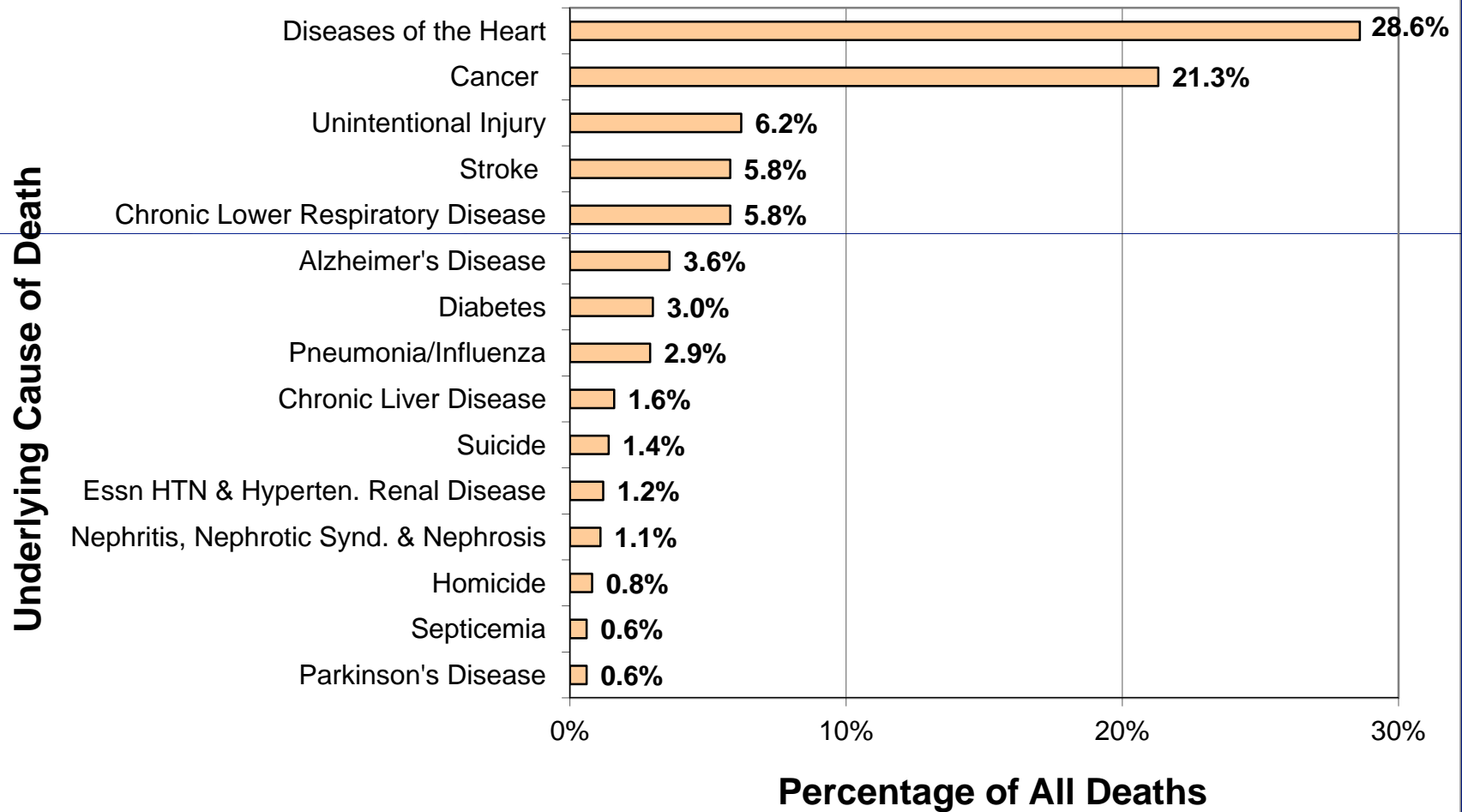
Group	Chronic Condition				
	CHD	Stroke	Cancer	Diabetes ²	Asthma
Black	276.8	228.6	558.4	10.6	336.6
White	420.8	363.3	737.7	7.8	121.2
Other Race	111.0	90.1	203.1	3.2	39.6
Hispanic	922.9	757.1	1155.0	14.6	255.5
Non-Hispanic	54.4	56.6	140.7	2.9	33.6

¹Average annual crude hospitalization rate per 100,000 residents, 1999-2008

²Diabetes mellitus without complications

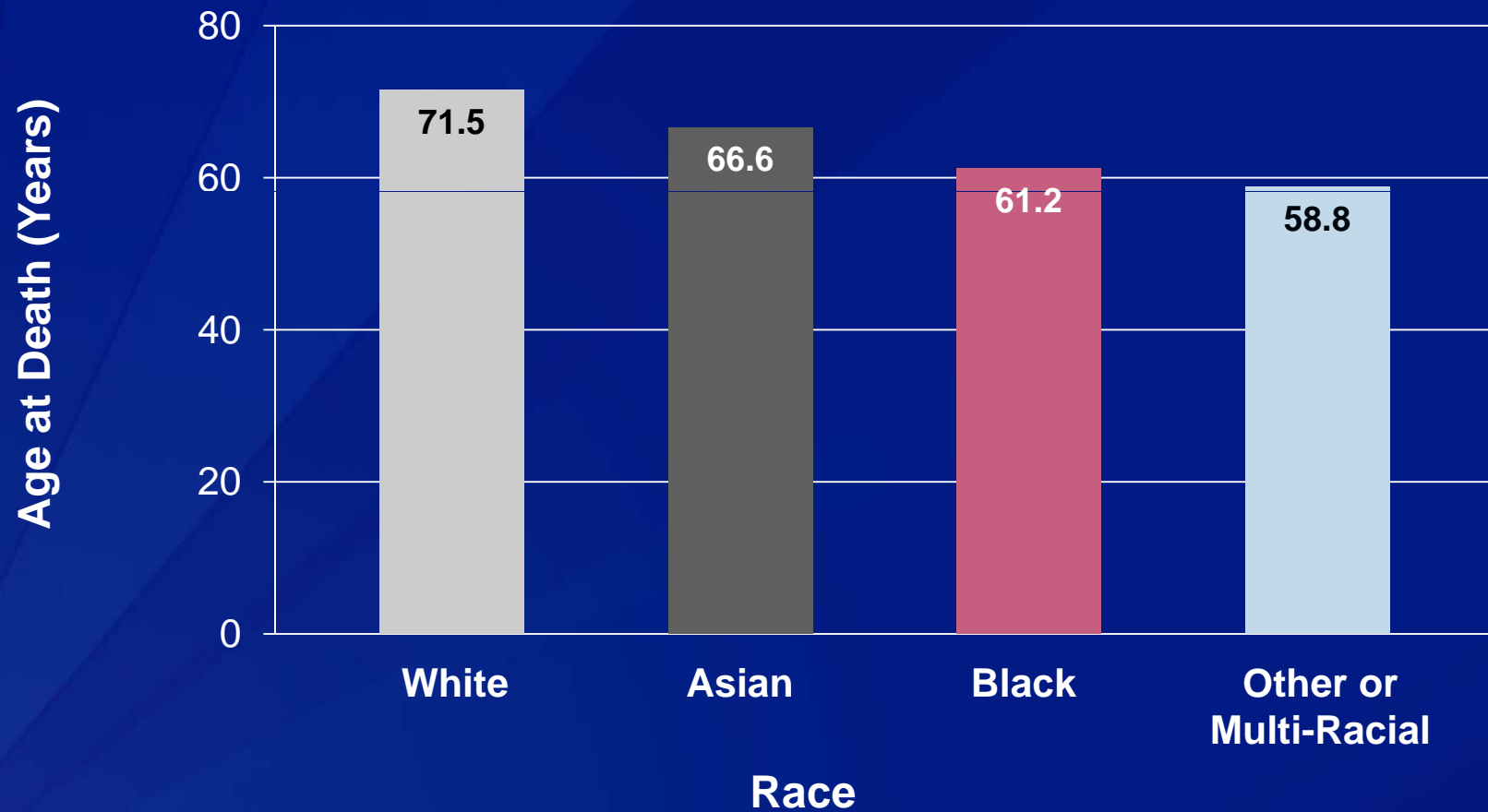
Data Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 1998-2007; as analyzed by the Central Valley Health Policy Institute

Top 15 Causes of Death, Stanislaus County, 2005-2009



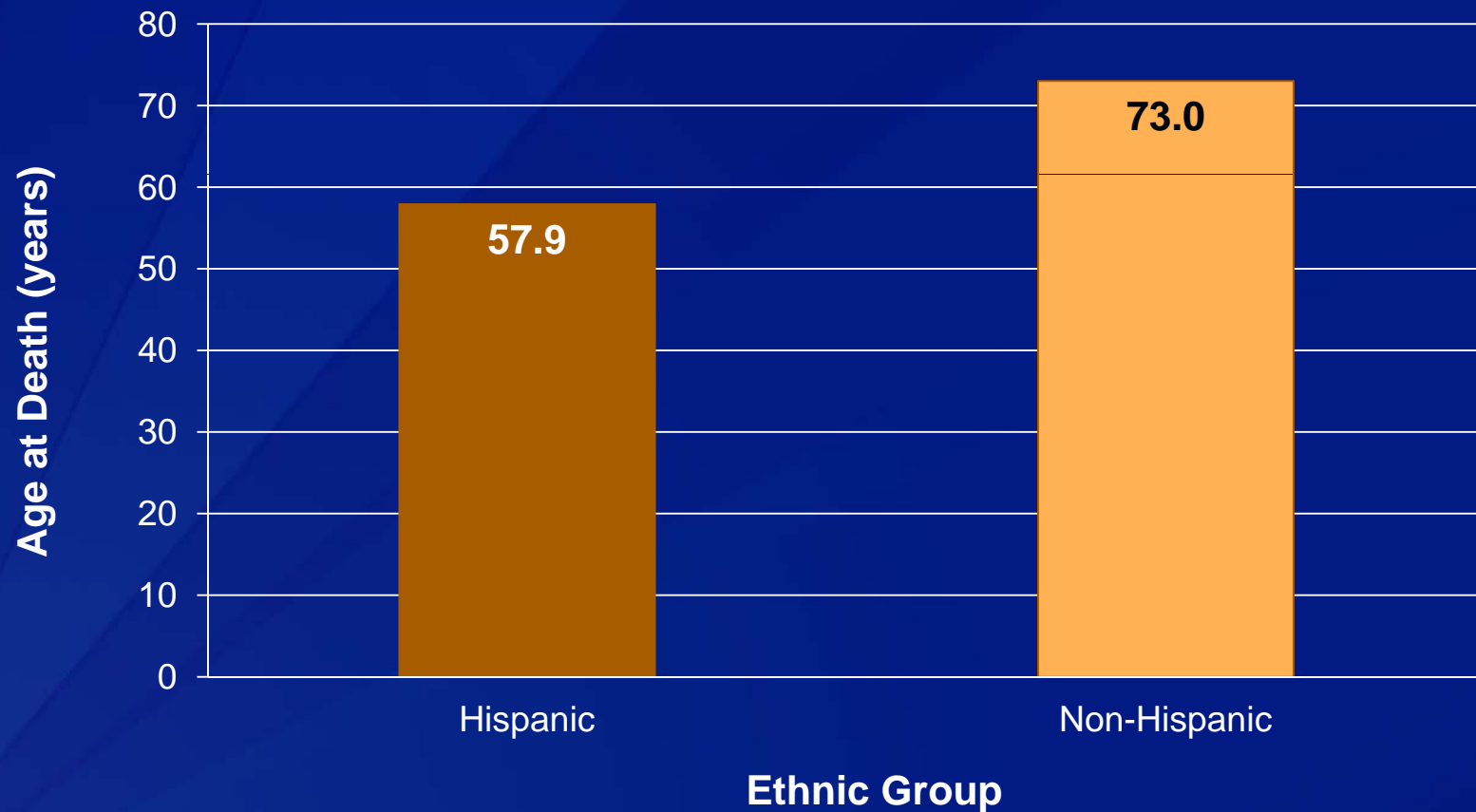
Data Source: California Department of Public Health's Death Statistical Master File, 2005-2009

Disparities in Health: Average Age at Death by Race in Stanislaus County, 2005-2009



Data Source: California Department of Public Health's Death Statistical Master File, 2005-2009

Disparities in Health: Average Age at Death by Ethnic Group in Stanislaus County, 2005-2009



Data Source: California Department of Public Health's Death Statistical Master File, 2005-2009

Thank You!



Leadership Team

February 23, 2012

1st Quarter Update

Agenda

- I. Welcome & Introductions
- II. CTG Update Presentation
- III. Leadership Team Survey Results
- IV. Next Steps Discussion
 - LT Role within HEART Coalition
 - Ad Hoc Committees
 - Training Calendar
 - Next Meeting

1st Quarter Updates



- ▶ **Administrative**
 - CDC Kick-Off Event – 2 attendees
 - CDC Action Institute – 4 attendees

Outcomes

Gain an understanding of CTG's

- ▶ Core Principles
- ▶ Core Capacity Building Requirements

Core Principles

**Use & Expand
Evidence Base**

- Utility of Proven Strategies
- Enhance Community Efforts
- Fill Gaps

**Maximize
Health
Impact**

- Jurisdiction-wide
- Policy & Environmental
Change Strategies

**Advance
Health
Equity**

- Impact All Members of the
Community

Using Evidence-Based Approaches

Strategies we implement will have a greater chance of succeeding.

Efficient:

Use of
limited
resources

Ensure:

Utility of
proven
interventions

Empower:

Create
maximum
impact

Core Requirements



Mobilize the
Community



Community
Health
Assessment



Strategic Planning –
Implementation Plan

Tell Your Story

Mobilize the Community

- ❖ Convened the Leadership Team
 - Kick-off event
 - LT Survey
 - Identified training resources

- ❖ HEART Coalition as the lead CTG Coalition
 - Coalition Survey
 - Identified training resources
 - Formed three Ad Hoc Committees
 - *Tobacco Free Living*
 - *Healthy Eating Active Living*
 - *High Impact Quality Clinical Preventive Services*

Community Health Assessment

- ▶ **Assessment of Community Attitudes about Policy Change**
 - Researched the Community Readiness for Community Change Model
 - Identified specific topic areas for assessment
 - Need to identify additional key informants
- ▶ **Policy Scan for Tobacco**
 - Utilizing Local Grades generated by the American Lung Associate and existing and model policies from Public Health Law & Policy
 - Intern is searching city and county ordinances to identify gaps
- ▶ **Policy Scan for HEAL**
 - Identified policy areas (i.e. schools, worksites, etc.)
 - Selected Public Health Law & Policy as subcontractor
- ▶ **Assessment of Community Assets**
 - Identifying an Asset Mapping Tool to inventory existing resources and initiatives
- ▶ **Summary of Existing Health Data**
 - Have obtained, analyzing existing data sources about the County's health
- ▶ **Feedback from Communities Experiencing Disparities**
 - Selected Samuels & Associates as subcontractor

Tell Your Story

▶ Public Health Officer

- Served on panel at State Nutrition Network conference
- Attended dinner forum with regional elected officials on Health Communities/Healthy People
- Site visit to WIC program for coordination with the NEOP grant
- Proposed CTG as a standing agenda item at the monthly San Joaquin Valley PH Consortium meeting
- Received briefing on the second Atlanta CTG training
- Attended Regional PH meeting in Hanford
- Conducted CTG/NEOP grant presentation to the FQHC Board
- Report to the CCLHO Board regarding regional collaboration for the CTG and NEOP grants

Tell Your Story

▶ Project Manager

- Discussed CTG at Framework for a Thriving Stanislaus Executive Team
- Discussed CTG at the Built Environment Advisory group meeting
- Presented CTG to CCROPP Council
- Presented CTG to HEART Coalition
- Became a member of the H.S.A. Diabetes and Obesity Prevention Strategic Group
- Discussed CTG during Community Partner Meeting
- Presented CTG to Public Health Coordinators and Managers
- Presented CTG to Agency Managers

Agenda

- ▶ Leadership Survey Results

- ▶ Next Steps Discussion
 - *LT Role within HEART Coalition*
 - *Ad Hoc Committees*
 - *Training Calendar*
 - *Other*
 - *Next Meeting*

Community Transformation Grant

CDC Priority Area Indicators

Grant Priority Area: Tobacco Free-Living

Core Indicators:

- Smoke-free workplaces, restaurants and bars
- Multi-unit housing
- Schools and workplace campuses

Optional Indicators:

- Expanding smoke-free (parks, beaches and other public spaces)
- Other innovative strategies as identified by community

Grant Priority Area: Healthy Eating, Active Living

Healthy Eating

Core Indicators:

- Food and beverage strategies at or above CDC guidelines in schools, early child care settings, and workplaces
- Availability and consumption of unhealthy beverages

Optional Indicators:

- Baby friendly hospitals or other breastfeeding strategies
- Point of sale strategies
- Other innovative strategies as identified by community

Active Living:

Core Indicators:

- Increase physical activity policies and practice in accordance with CDC standards and guidelines and/or other professional organizations in schools, early child care settings, and workplaces
- Community design walking, bicycling and active transportation

Optional Indicators:

- Other innovative strategies as identified by community

Grant Priority Area: High Impact Clinical Preventative Services (high cholesterol, high blood pressure and diabetes)

Core Indicators:

- Use of pharmacists as health care extenders to promote control of hypertension and high blood pressure
- Use of community health workers/patient navigators
- Use of health information technology for provider prompts/feedback, patient communication and data gathering
- Instituting and monitoring aggregated/standardize quality measures at the individual provider level and systems level (HEDIS, NCQA, physician quality reporting system)
- Work with businesses community to improve access to and coverage of preventive clinical services for employees through health plans (purchaser's guide) and worksite policies

Optional:

- Diabetes prevention and tobacco cessation through the clinical setting
- Other innovative strategies as identified by community

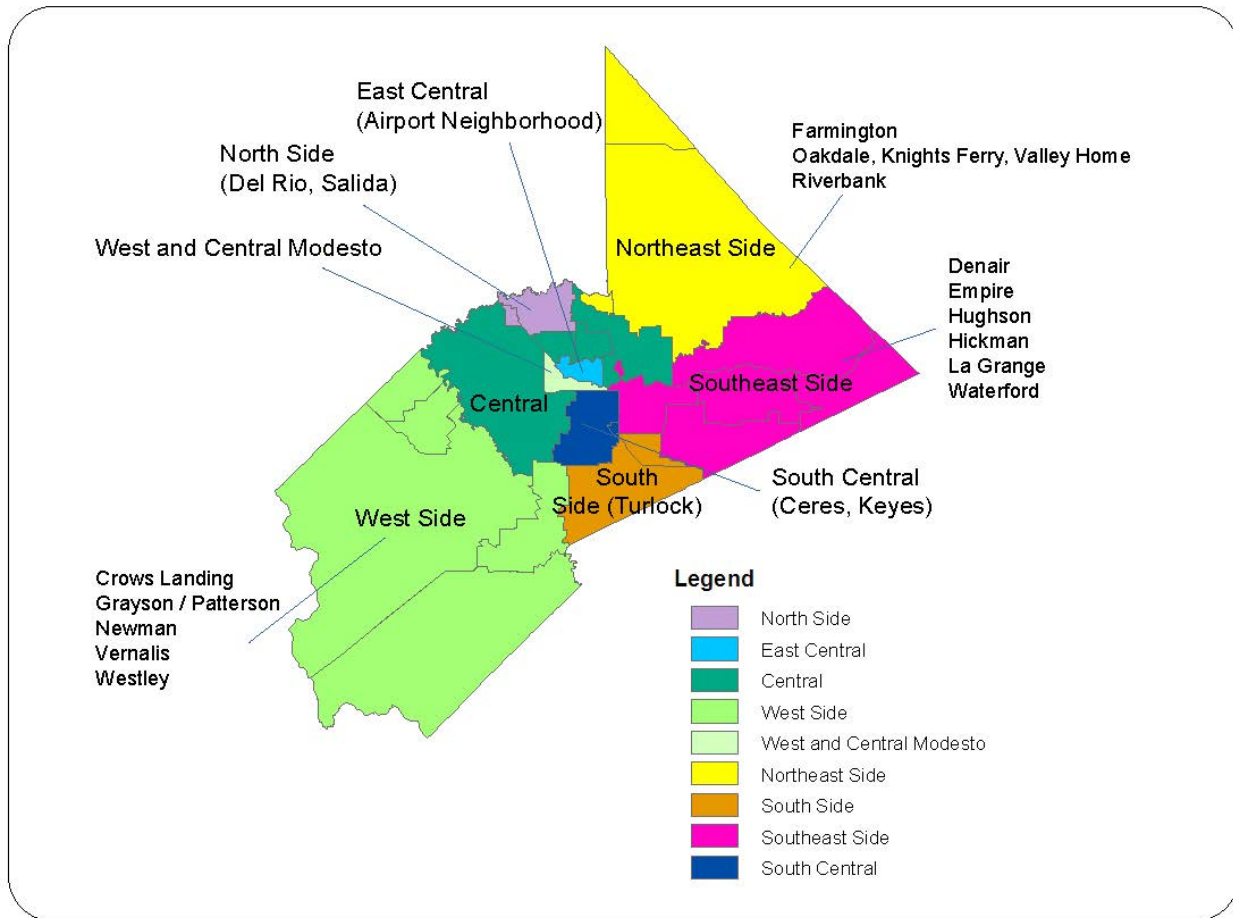
Community Transformation Grant

Sub-County Regions by Zip Code and Community

Region	Communities	Zip Codes	Type of Area?		
			Rural	Mixed	Urban
Central	Modesto (parts)	95350, 95352 (PO Box Only), 95355, 95357, 95358		x	
East Central	Airport Neighborhood and Modesto (parts)	95354			x
Southwest Central	West Modesto and South Modesto	95351			x
South Central	Ceres, Keyes	95307, 95328		x	
North Side	Del Rio, Salida and Modesto (parts)	95356, 95368, 95320 (part of area)		x	
Northeast Side	Farmington, Knights Ferry, Riverbank, Oakdale, Valley Home	95230, 95361, 95367	x		
Southeast Side	Denair, Empire, Hughson, Hickman, La Grange, Waterford	95316, 95319, 95323, 95326, 95329, 95386	x		
South Side	Turlock	95380, 95381 (PO Box Only), 95382		x	
West Side	Crows Landing, Grayson, Newman, Patterson, Vernalis, Westley	95313, 95360, 95363, 95385, 95387, 95322 (part of area), 94550 (part of area)	x		

Community Transformation Grant

Sub-County Regions by Zip Code and Community



Community Transformation Grant

What does the Community Health Assessment (CHA) entail?

Grant Components

- 1) Mobilize the community
- 2) Assess community health status and needs through a Community Health Assessment (CHA)
- 3) Tell your story
- 4) Develop an implementation plan

Grant Component 2: CHA

- 1) Review secondary data, including population subgroup disparities analyses where applicable, on
 - a. Chronic disease risk factors
 - b. Chronic disease prevalence
 - c. Hospitalization and ER visits
 - d. Quality of care
 - e. Mortality
- 2) Engage population subgroups experiencing health disparities in identifying community needs (Focus Groups) – sub-contact with Samuels & Associates
- 3) Review assets, tools and resources in your community (key informant interviews using the Community Readiness Model, Asset Map)
- 4) Identify how your community adopts policy and environmental changes
- 5) Conduct a scan of existing policies to identify gaps and opportunities to address these gaps (policy scans, key informant interviews) sub-contract with Public Health Law and Policy

Community Transformation Grant

Community Health Assessment: Secondary Data Review (Part A)

Topic Areas

- County demographics (population size, gender, age, race and ethnicity, origins and language, socioeconomic status, basic needs, unemployment, educational attainment, disability)
- Access to care issues (health insurance coverage, type of coverage, usual source of care, type of usual source of care, delaying or foregoing care, provider shortage)
- Risk factors for disease (fast food consumption, retail food environment, obesity, smoking, air quality issues)
- Protective factors against disease (nutritious diet, physical activity, preventive screenings)
- Disease prevalence (high blood pressure, high cholesterol, heart disease, diabetes, asthma)
- Emergency Room visits (major causes, costs)
- Hospitalization (major causes of hospitalization, costs)
- Measures of clinical quality (avoidable hospitalizations – Prevention Quality Indicators, chronic disease management indicators, HEDIS measures)
- Mortality (major causes of death, Years of Potential Life Lost, life expectancy)

Disparity Focus

- Demographic factors (gender, age, race and ethnicity, income/socioeconomic status, educational attainment)
- Geographic factors (regions) - maps

Community Transformation Grant Re-Application

Proposed Pilot Projects –Year 2

Grant Priority Area:

Tobacco Free-Living

Pilot Project:

Establish a smoke-free project to engage landlords and property managers in the adoption of smoke-free/tobacco-free policy for tenant dwellings targeting communities experiencing health disparities.

Timeline and Reach:

By September 30, 2013, increase the number of tobacco-free multi-unit housing from 0-2.

Grant Priority Area:

Healthy Eating, Active Living

Pilot Project:

Develop a public education campaign including chronic conditions related to unhealthy eating and lack of physical activity targeting communities experiencing health disparities.

Timeline and Reach:

By September 29, 2013, increase the number of public education messages promoting active living and healthy eating among communities experiencing health disparities from 0 to 4.

Grant Priority Area:

Tobacco-Free Living, Healthy Eating, Active Living

Pilot Project:

Develop a public education campaign including chronic conditions related to unhealthy eating and lack of physical activity targeting communities experiencing health disparities

Timeline and Reach:

By September 29, 2013, increase the number of multi-faceted social marketing efforts to promote active living healthy eating from 0-10.