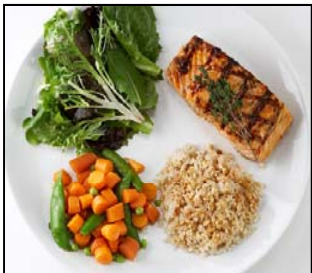
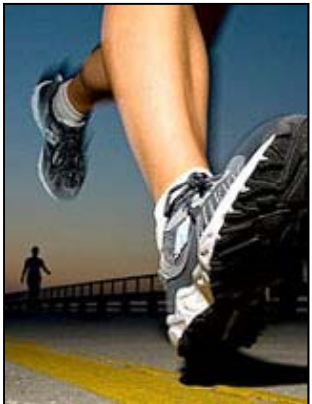


Welcome!

Please Sign In
&
Help Yourself to Lunch

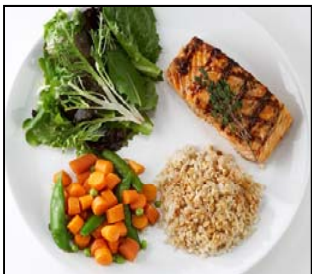
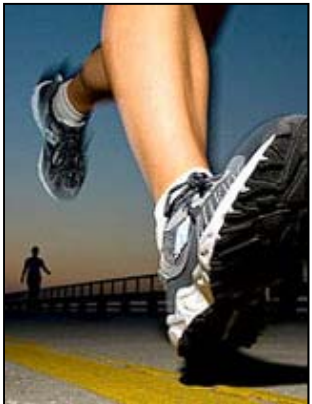
Community Transformation Grant
Leadership Team
Strategic Planning
November 8, 2012

Today's Meeting



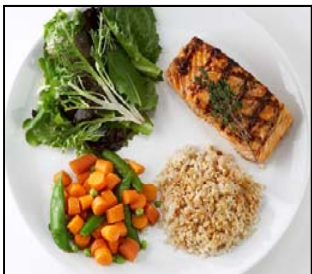
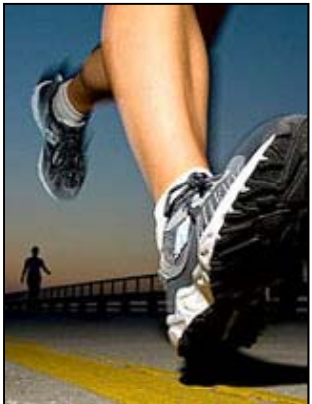
- Purpose
- Group Introductions
- ▣ Facilitator

Vision and Mission



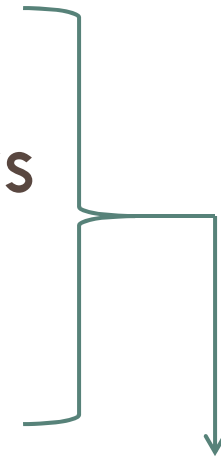
- Vision
 - ▣ To create healthier communities by making healthy living easier where people work, live, learn, and play.
- Mission
 - ▣ Prevent disease and promote health equity among Stanislaus County residents.
- Your role in achieving the vision and mission.
- Today's Agenda

Data Sharing: Community Health Assessment

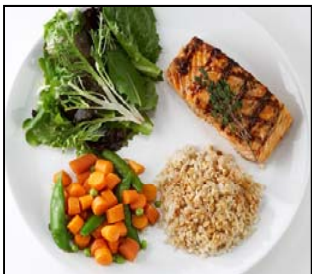
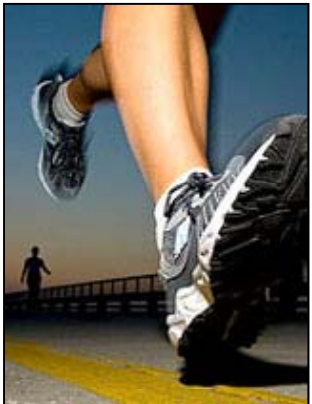


Components

- Health data
- Policy scans
- Key informant interviews
- Focus groups
- Asset inventories
- Combined assessment of clinical preventive services area

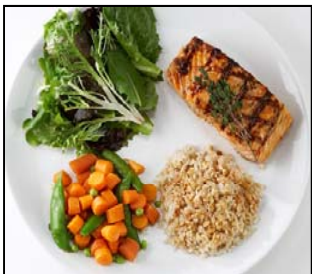
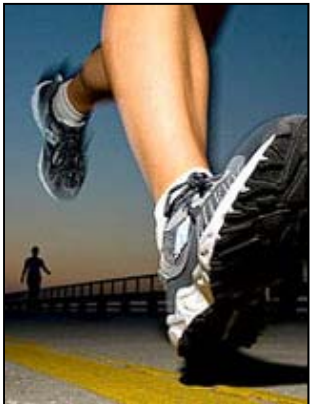


Data Sharing: Community Health Assessment



- Health data
- Combined assessment of clinical preventive services area
- Policy scans
 - ▣ Tobacco, (HEAL in progress)
- Key informant interviews (in progress)
- Focus Groups (in progress)
- Asset Inventories
 - ▣ HEAL, Tobacco

Data Sharing: Health Data

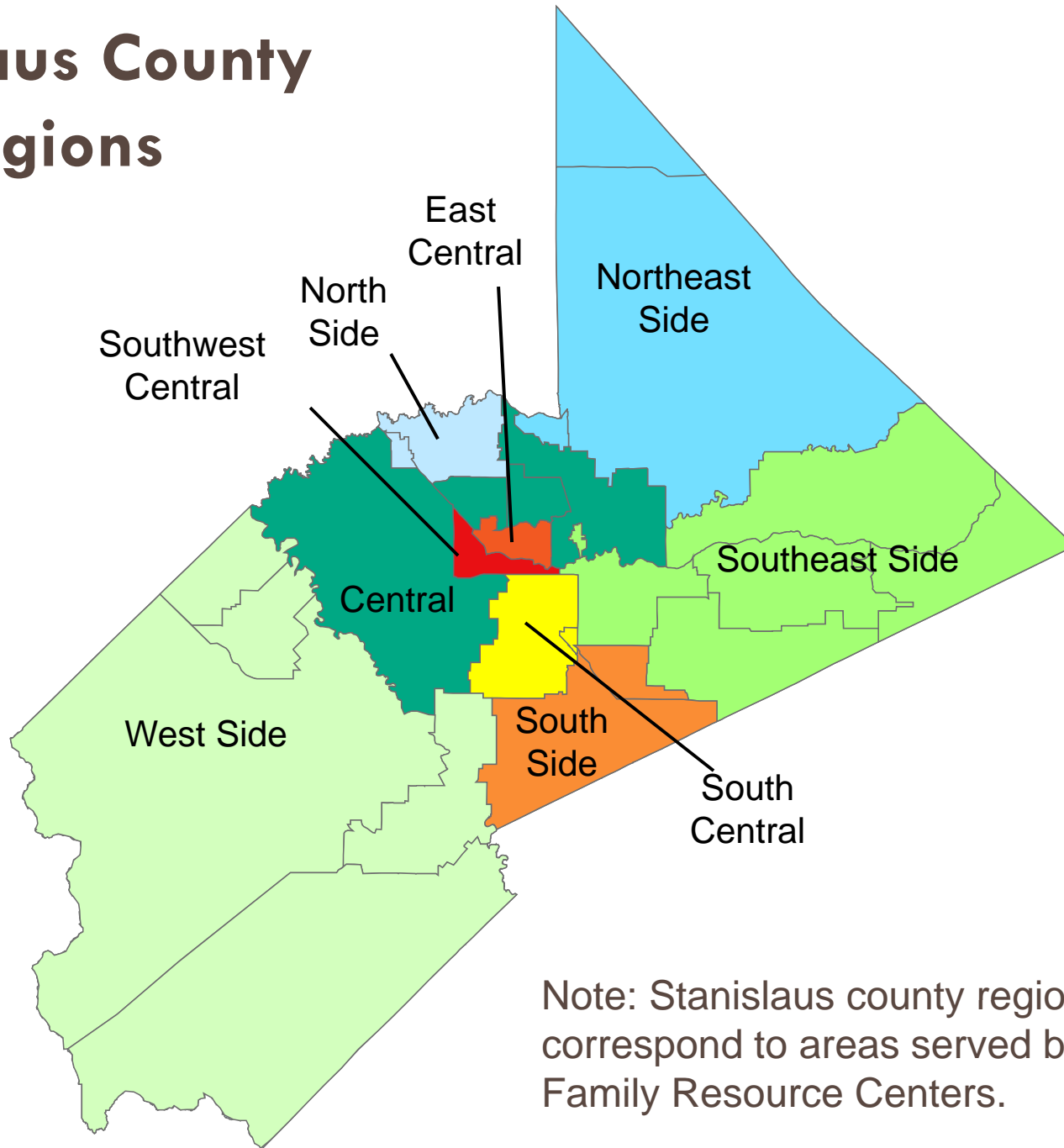


- Demographic context
- Risk and protective factors
- Chronic disease prevalence
- ER visits
- Hospitalizations
- Measures of compliance and clinical quality measures
- Mortality

Health disparities focus

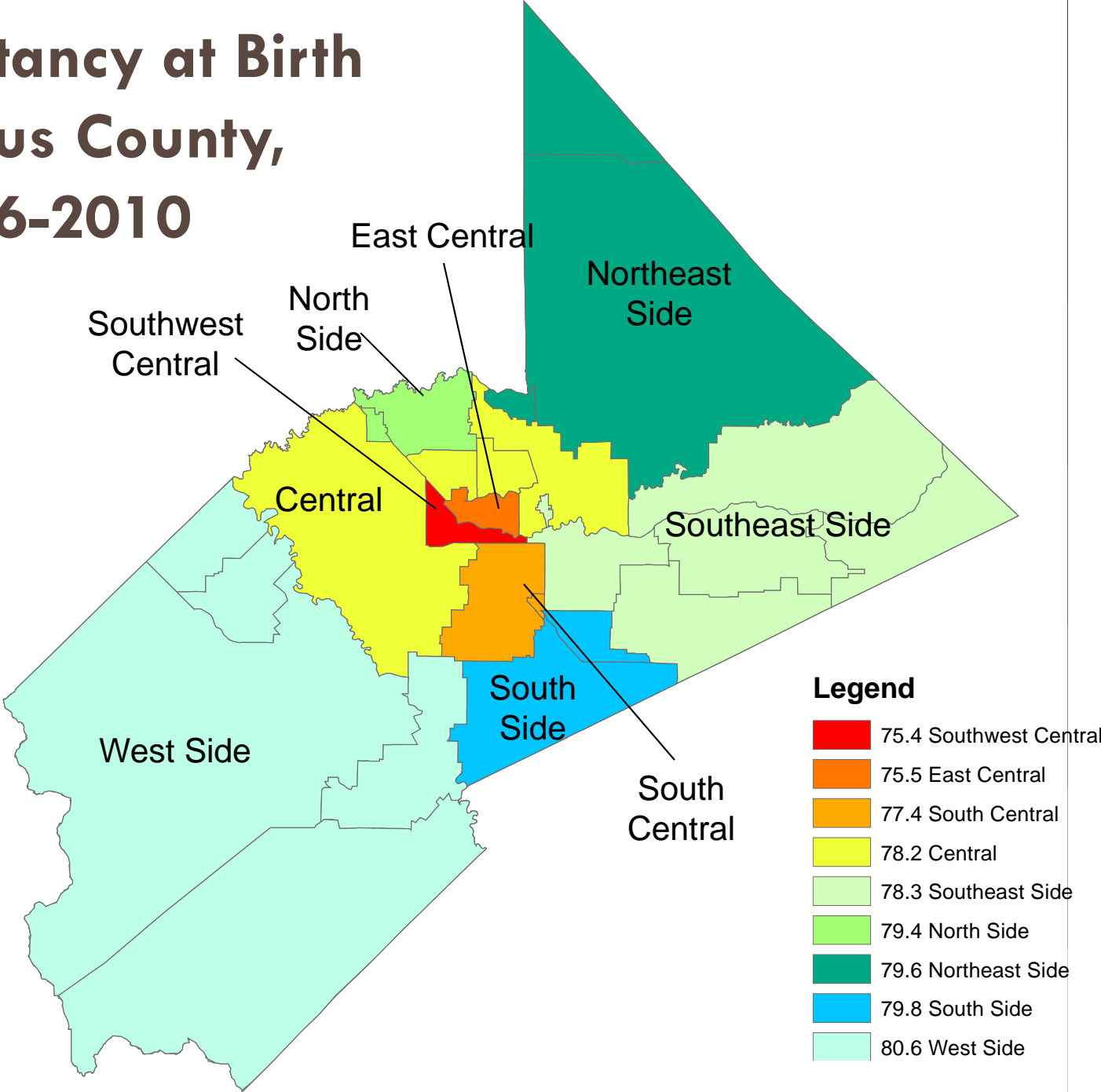
- Gender, age, race/ethnicity, poverty/income, geographic area

Stanislaus County Regions



Note: Stanislaus county regions roughly correspond to areas served by Family Resource Centers.

Life Expectancy at Birth Stanislaus County, 2006-2010



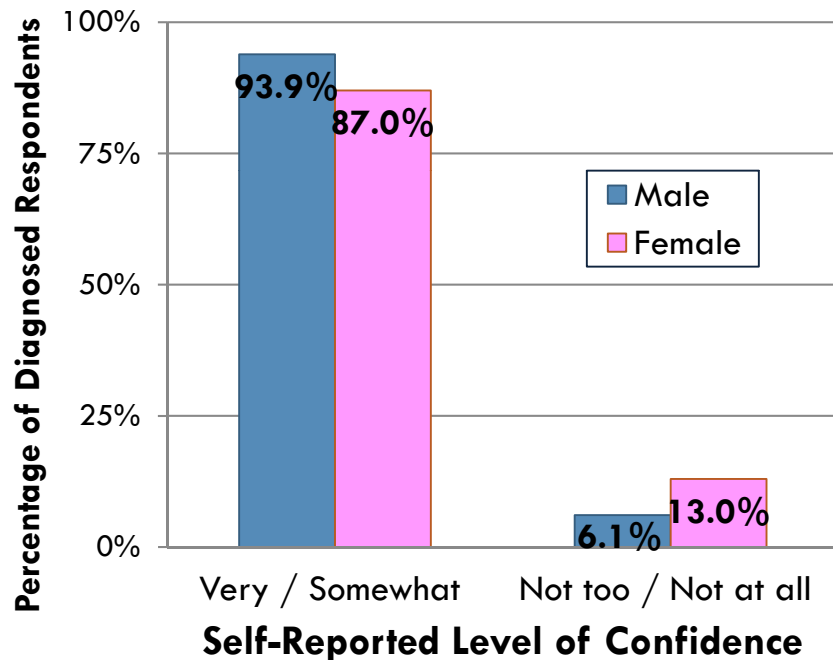
Heart Disease: Gender Disparities

Group	Hyper-tension	Heart Disease	ER Visits	Hospital-izations	Mortality	YPLL
Male	35.0%	5.4%	64.6	663.6	201.6	7.0
Female	27.8%	4.8%	43.1	360.0	187.5	3.3

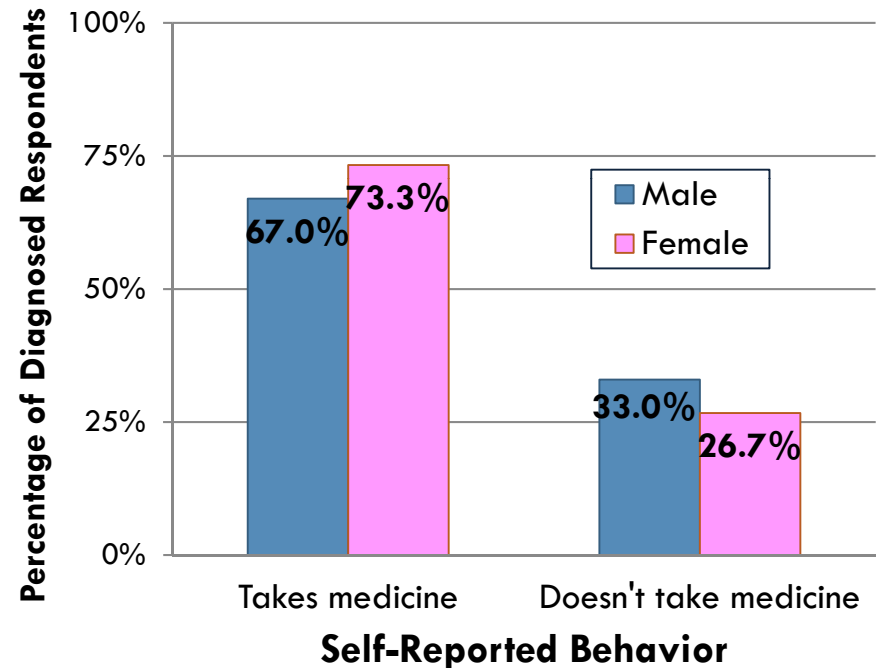
- There are slight, but not statistically significant differences, in hypertension and heart disease diagnoses (i.e. women have essentially “caught up” with men).
- Males are at statistically significantly higher risk of ER visits and hospitalization due to heart disease (“ischemic heart disease”).
- While mortality rates (due to “disease of the heart”) are not statistically significantly different, males lose significantly more YPLL than females due to these causes.

Gender Differences in Compliance

Confidence in Managing Heart Disease by Gender



Taking Medication for High Blood Pressure



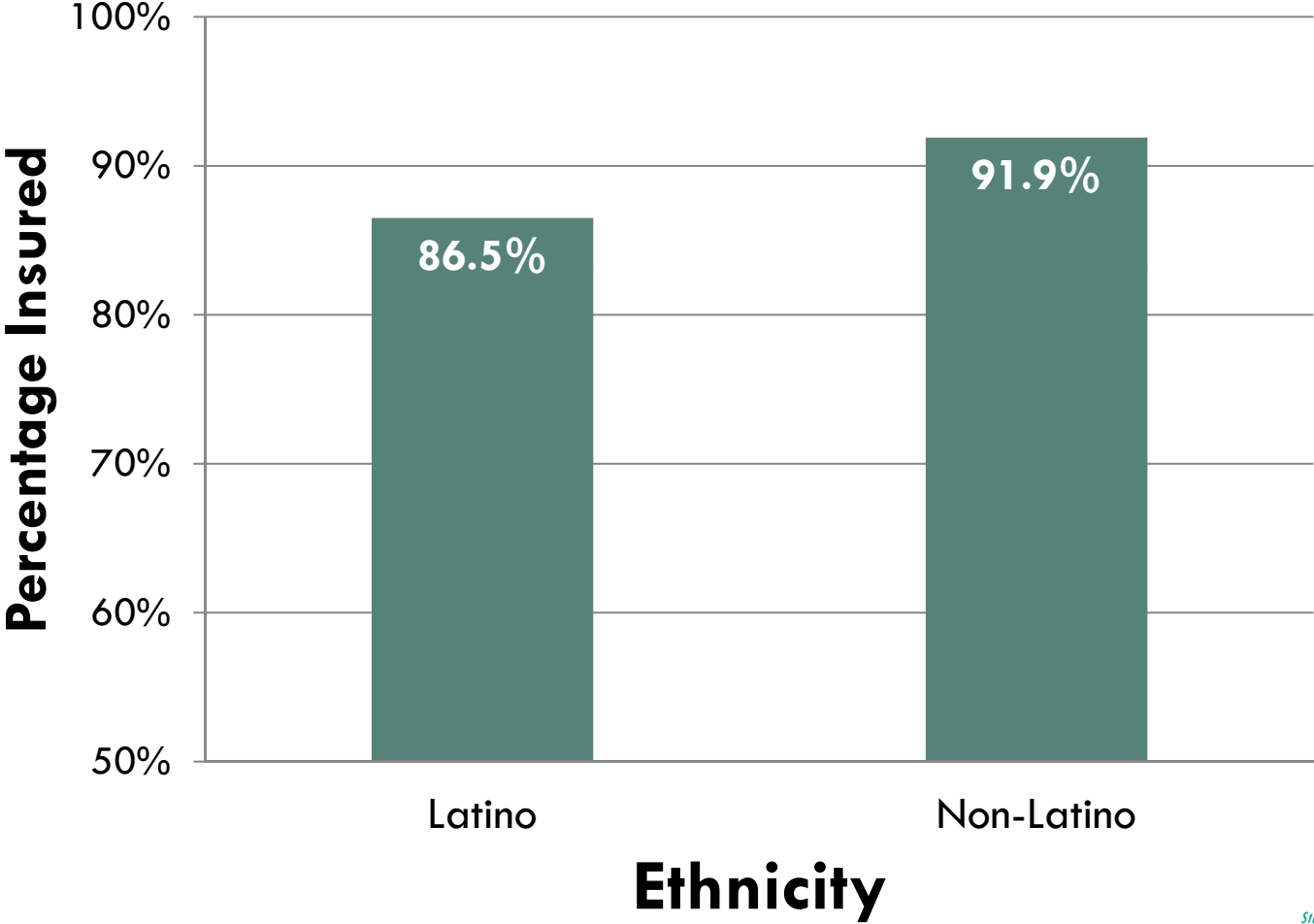
Source: UCLA's California Health interview Survey, 2009

Diabetes: Racial & Ethnic Disparities

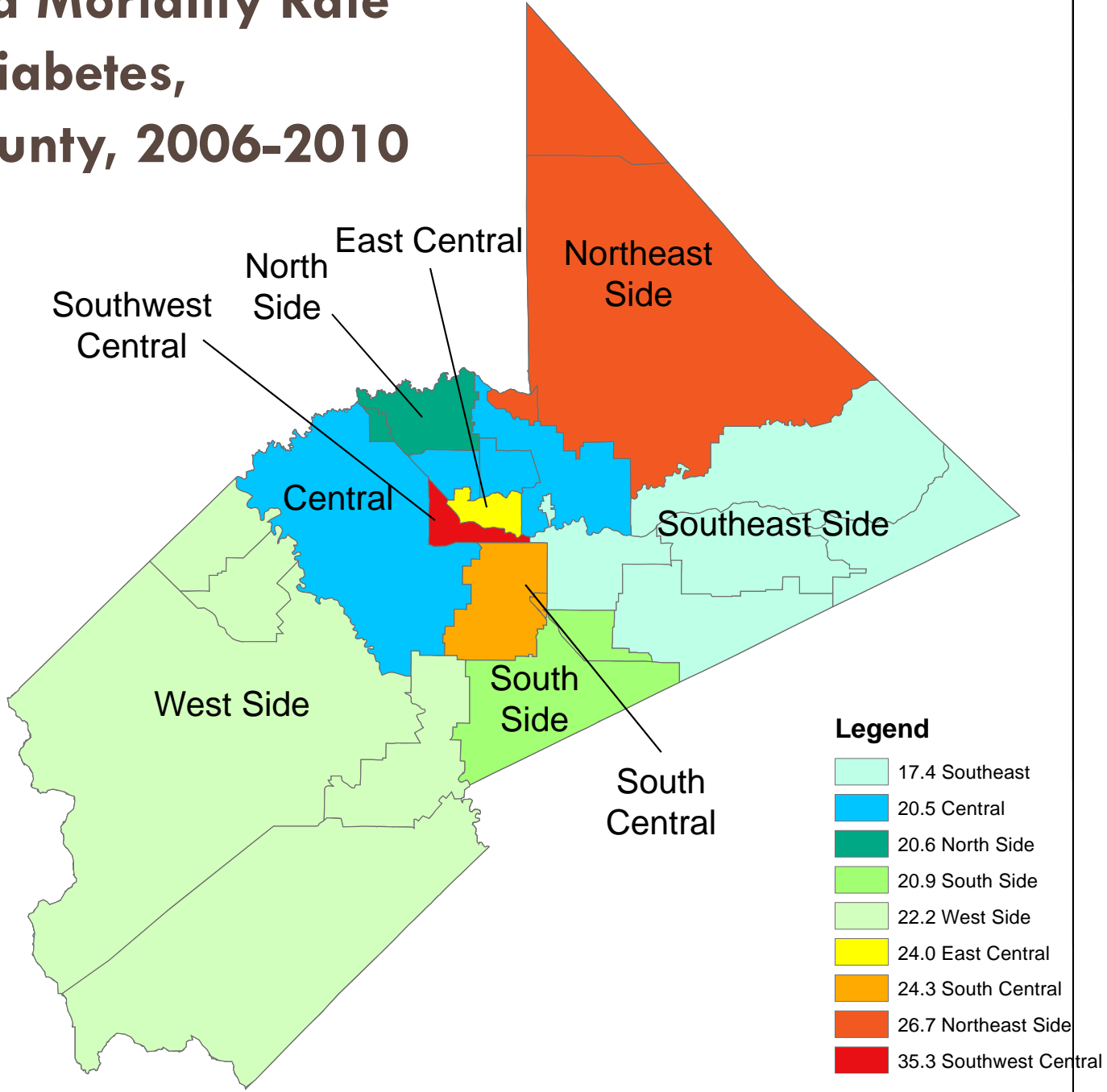
Group	Overweight/ Obesity	Diabetes	ER Visits	Hospital- izations	Mortality	YPLL
Latino	64.2%	8.3%	229.9	173.8	31.9	8.2
Non-Latino	66.2%	7.3%	347.1	182.5	22.1	6.8
Black	80.2%	NA	510.5	377.0	69.1	6.8
Asian/PI	55.0%	6.1%	104.7	54.1	13.0	12.2
White	66.5%	7.2%	267.4	175.7	25.8	7.1

- Non-Latinos have significantly higher age-adjusted rates of ER visitation, but Latinos have higher age-adjusted mortality due to diabetes.
- Age-adjusted ER visitation, hospitalization and mortality rates for diabetes are statistically significantly higher for Blacks than for Whites and for Whites than for Asians. However, Asians lose significantly more YPLL due to diabetes than either Blacks or Whites.

Working Age Adults with Health Insurance by Ethnicity



Age-Adjusted Mortality Rate For Diabetes, Stanislaus County, 2006-2010



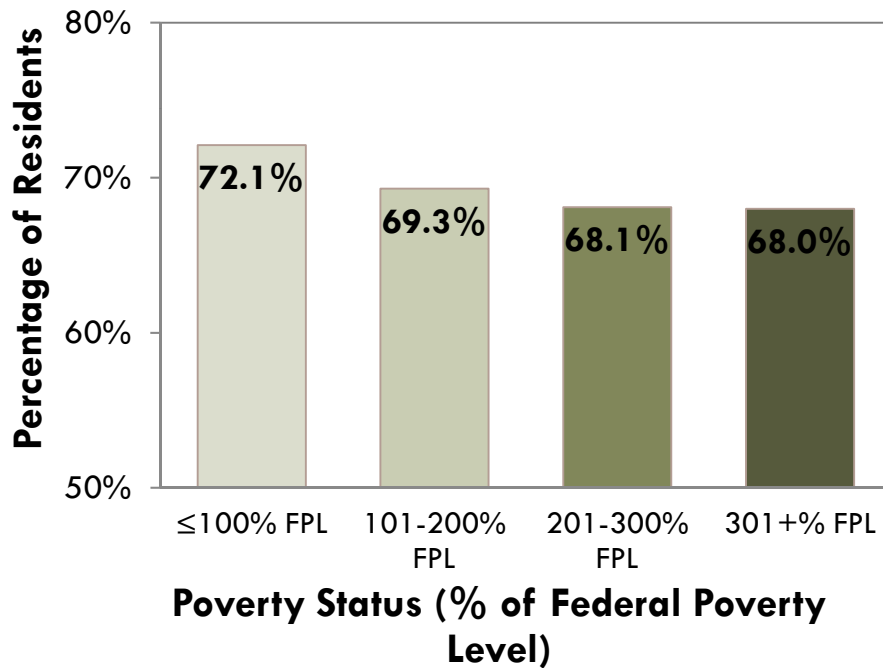
Unequal Distribution of Risk and Protective Factors

Group#	Adequate Fruit/Veggie Consumption	At least Weekly Fast Food Consumption	Adequate Physical Activity	Overweight /Obesity	Tobacco Use
Poor	26.4%	72.1%	41.6%	37.0%	22.8%
Not Poor	46.8%	68.4%	32.9%	33.1%	15.1%

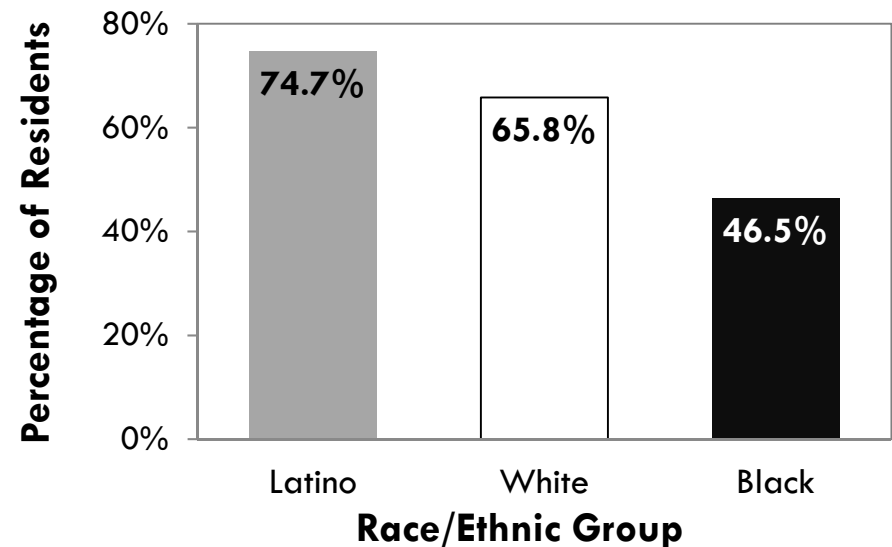
- Adults living above the poverty level are more likely to eat 5+ fruits & veggies per day than those living in poverty.
- Marginally smaller percentages of poor children and adults get the recommended amount of PA.
- A marginally higher percentage of poor adults are overweight or obese.
- Adults in poverty are significantly more likely to be current smokers.
- Personal lifestyle choices are influenced by social and environmental factors.

Poverty/Income and Racial/Ethnic Differences in Diet

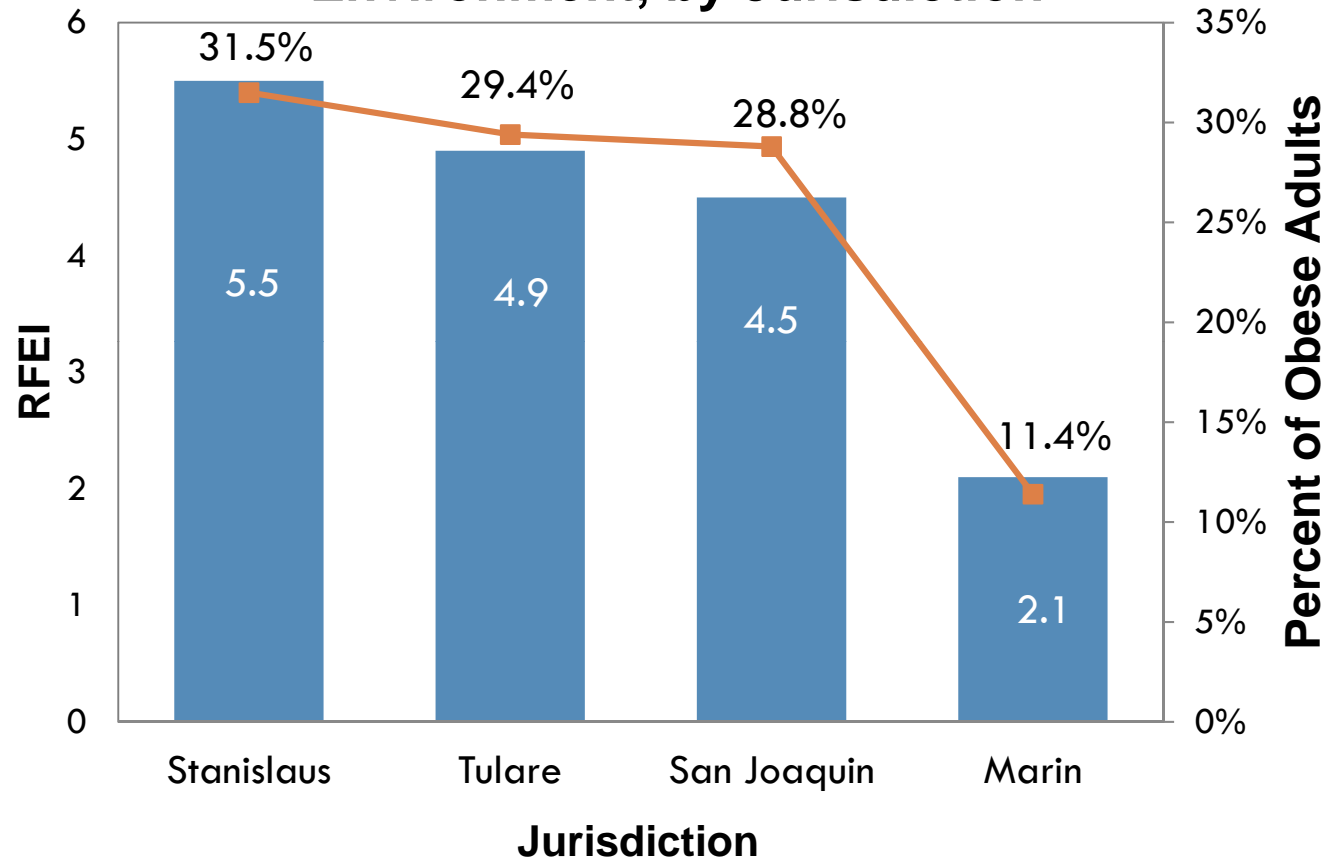
At Least Weekly Fast Food Consumption in Past Week by Poverty Status



At Least Weekly Fast Food Consumption in Past Week by Race/Ethnicity

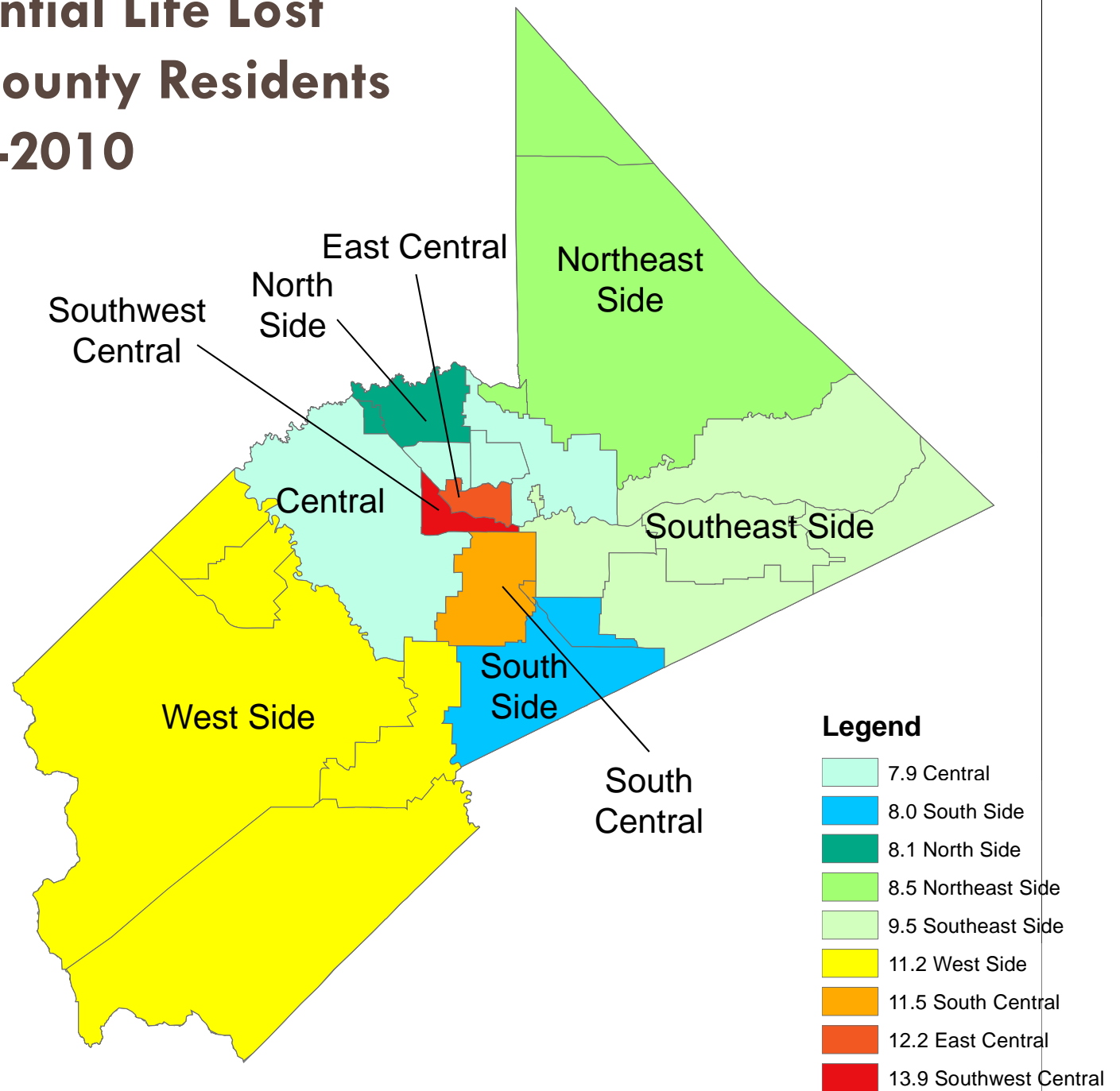


Obesity Prevalence and the Retail Food Environment, by Jurisdiction



Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. April 2008.

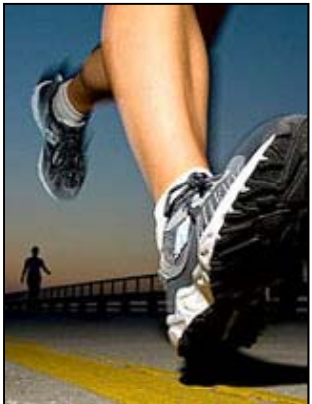
Years of Potential Life Lost For Stanislaus County Residents 2006-2010



Health Disparity Recommendations

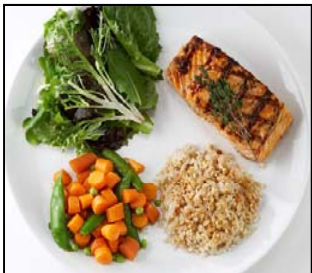
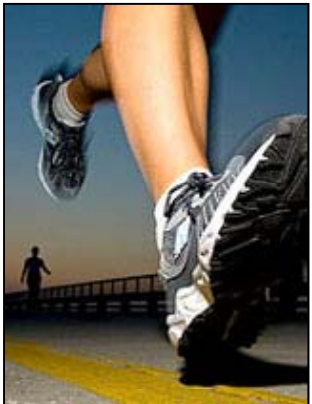
- Many disparities related to
 - Gender
 - Race and ethnicity
 - Poverty
 - Geographic area
- Areas of the county most burdened by CTG-related risk factors and conditions are:
 - Southwest Central (West Modesto and South Modesto)
 - East Central (Airport Neighborhood and La Loma area)

Data Sharing: Community Health Assessment



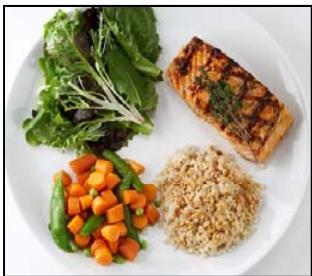
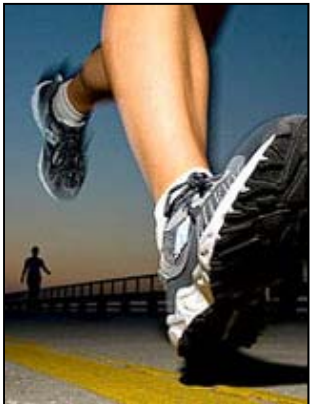
- **Health data**
- **Combined assessment of clinical preventive services area**
- Policy scans**
 - Tobacco, (HEAL in progress)**
- Key informant interviews (in progress)**
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- Asset Inventories**
 - HEAL, Tobacco**

Data Sharing: Clinical Data



- About the Clinical Preventive Services Ad Hoc group
 - Unique assessment opportunities
 - Core Indicator choice

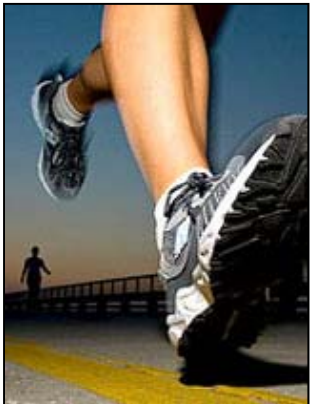
Data Sharing: Clinical Data



- About the Clinical Preventive Services Ad Hoc group
 - Unique assessment opportunities
 - Core Indicator choice

Using community health workers and health care students (i.e., in pharmacy, nursing, or medical assisting) to reduce hypertension, high cholesterol, and diabetes.

Data Sharing: Clinical Data

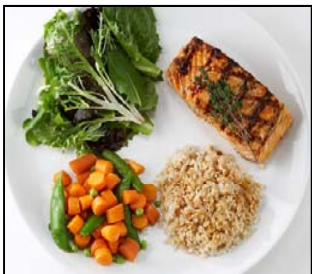
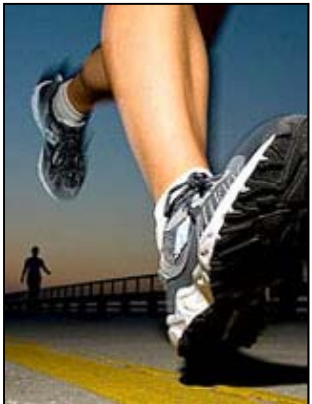


□ Methodology

□ 4 part online survey

- Demographics
- Health Care Worksite Policies
- Clinical Preventive Services Best Practices
- Key Informant Interview: CHWs

Data Sharing: Clinical Data

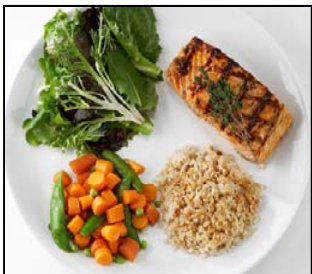
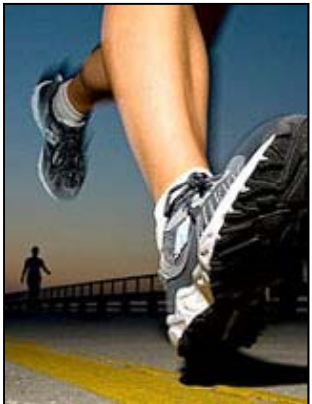


□ Methodology

□ Research

- National Prevention Strategy
- CTG Action Institute, Division for Heart Disease and Stroke Prevention
- US Preventive Services Task Force Recommendations
- American Association of Family Physicians
- Centers for Disease Control and Prevention
- Healthcare Effectiveness Data and Information Set

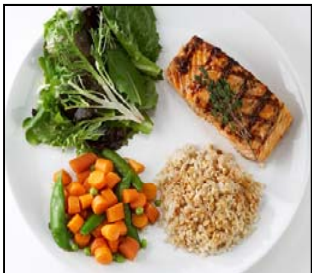
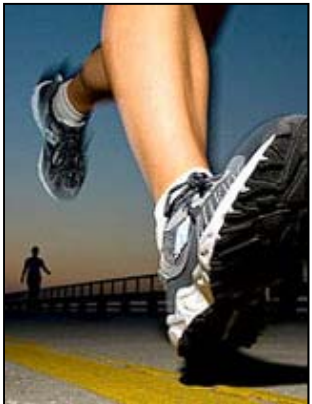
Data Sharing: Clinical Data



□ Goals of the survey

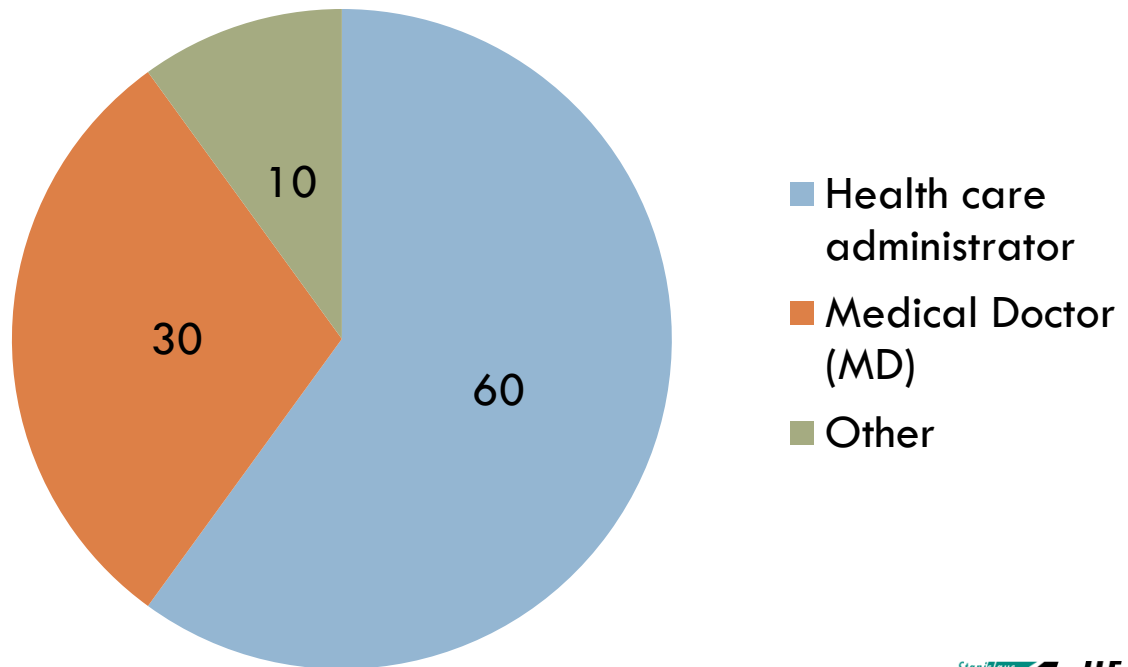
- Awareness of and compliance with best practices in hypertension, high cholesterol, and diabetes prevention
- Feasibility of using CHWs and health care students in traditional clinical settings
- What's the story behind the data?

Data Sharing: Clinical Data

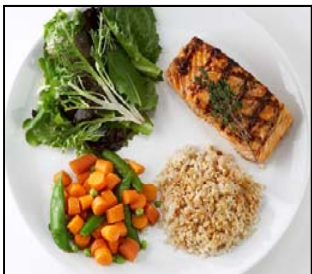
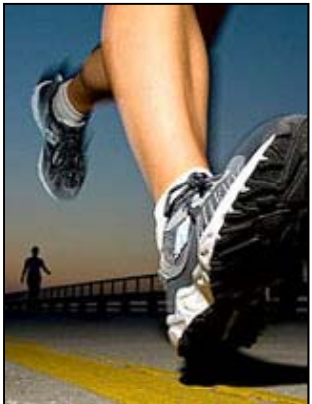


□ Respondents

Respondent Profession

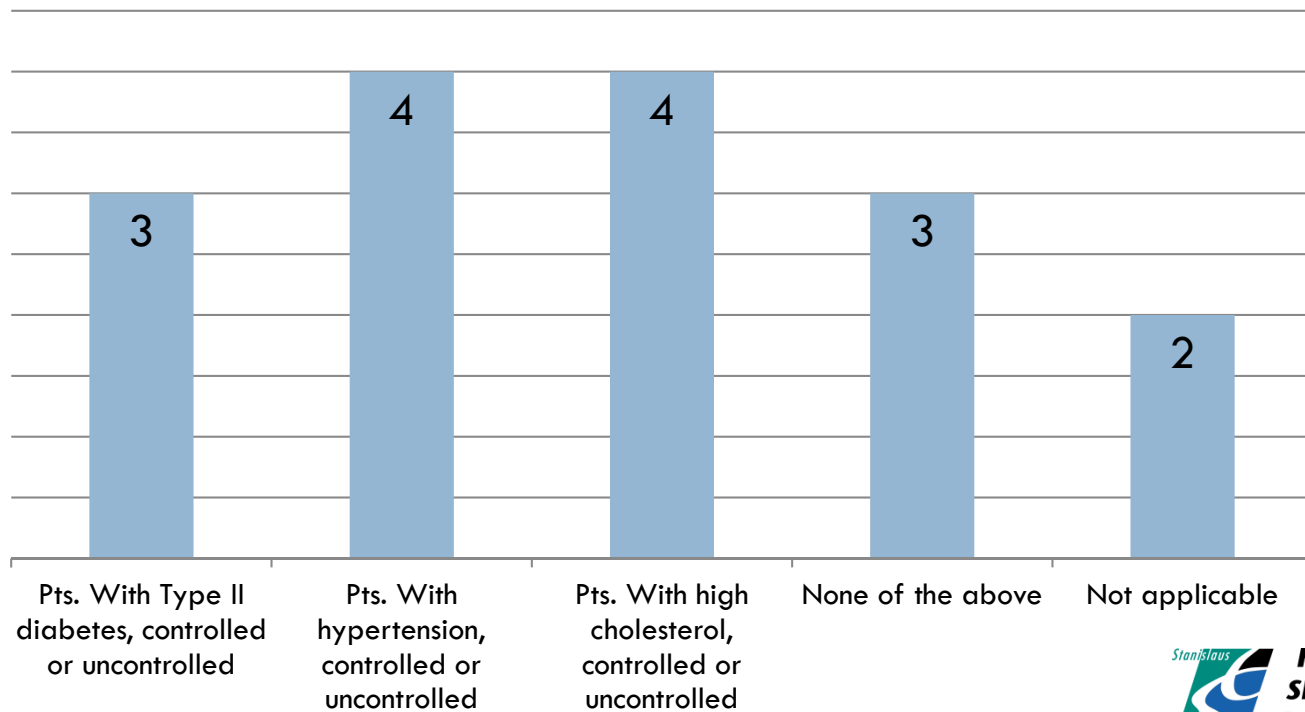


Data Sharing: Clinical Data

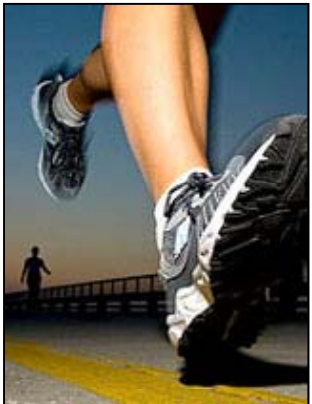


□ Respondents

Which of the following patient groups do you work with regularly?

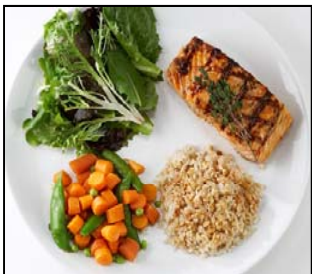
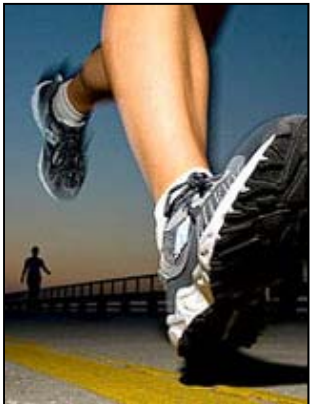


Data Sharing: Clinical Data



- *Awareness of and compliance with best practices in hypertension, high cholesterol, and diabetes prevention*
 - ▣ Traditional preventive screening conducted less often than recommended by AAFP, USPSTF, CDC

Data Sharing: Clinical Data

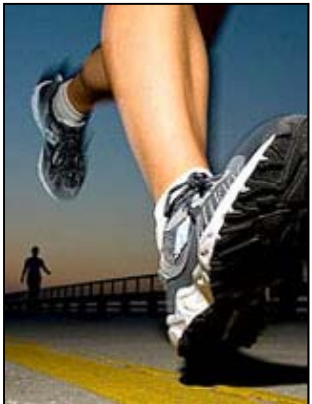


□ Methodology

□ Research

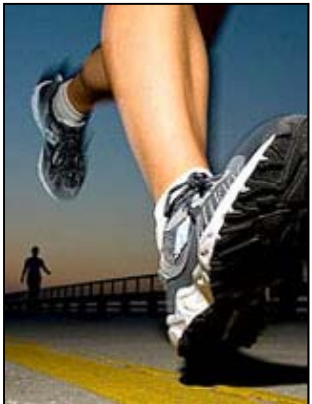
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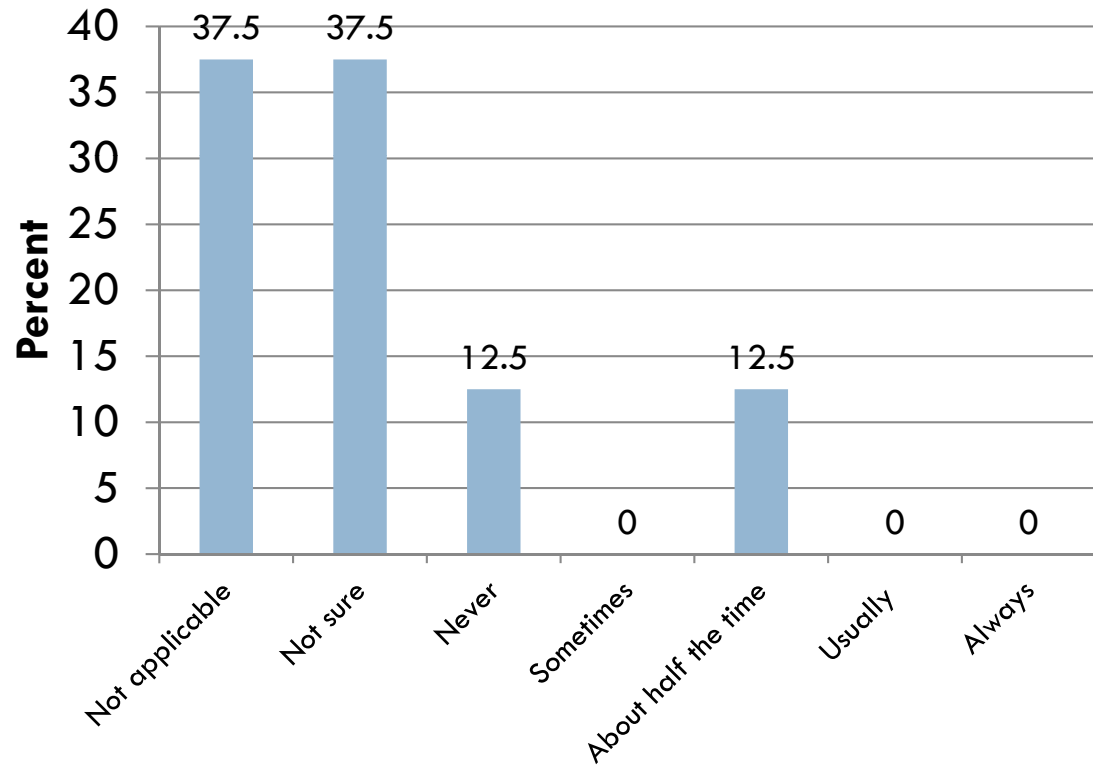


- *Awareness of and compliance with best practices in hypertension, high cholesterol, and diabetes prevention*
 - ▣ Traditional preventive screening conducted less often than recommended by AAFP, USPSTF, CDC

Data Sharing: Clinical Data

□ Diabetes

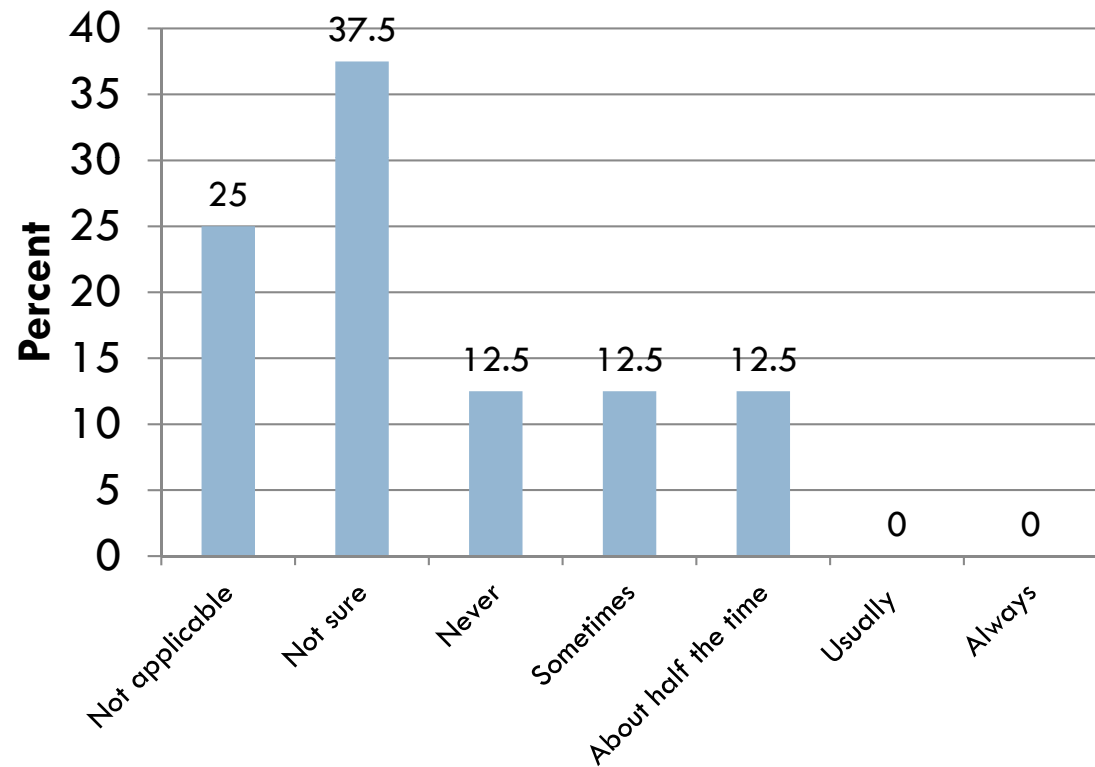
In your healthcare worksite, how often are asymptomatic adults with sustained blood pressure greater than 135/80 screened for Type II diabetes?



Data Sharing: Clinical Data

□ Hypertension

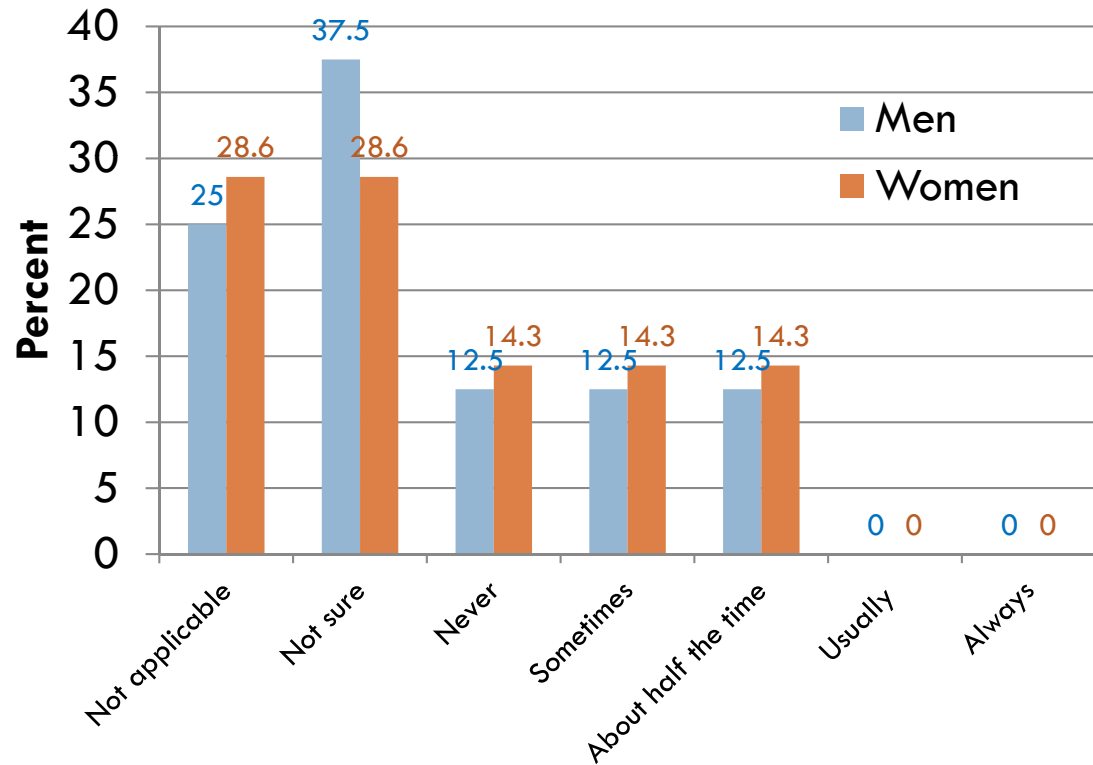
In your healthcare worksite, how often are adults aged 18 and older screened for high blood pressure?



Data Sharing: Clinical Data

□ High cholesterol

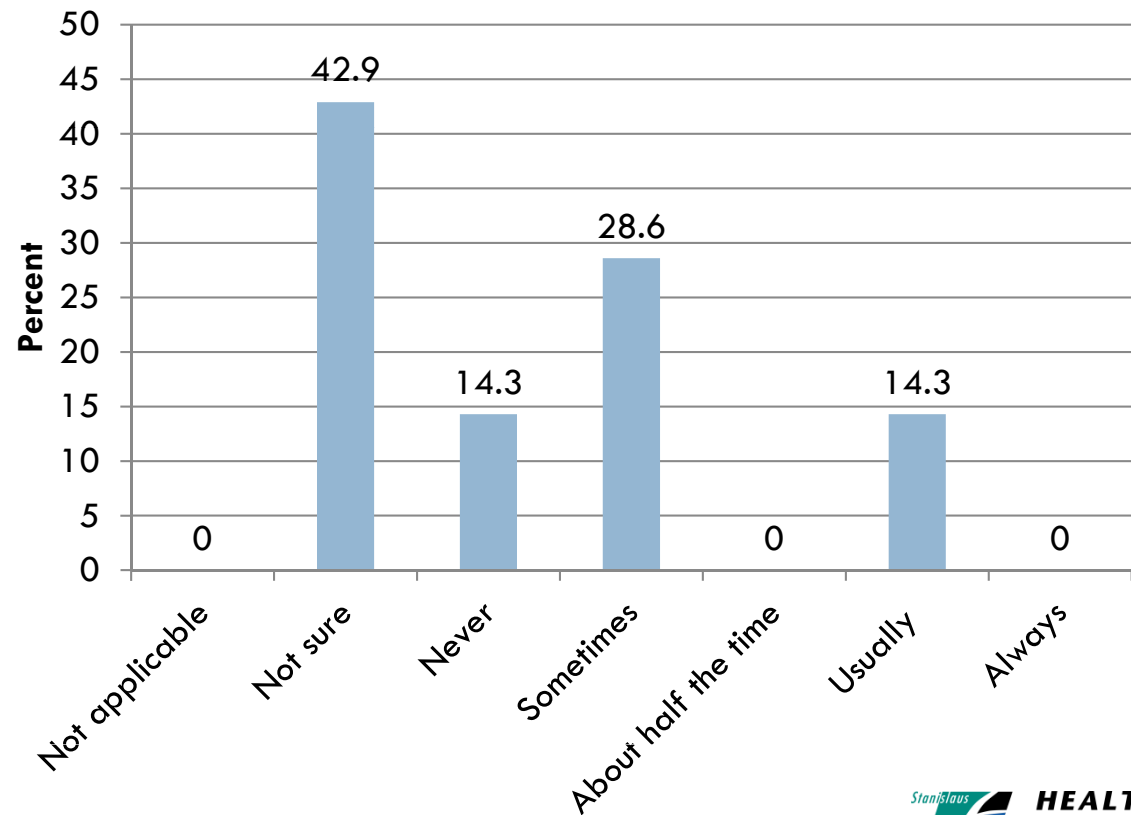
In your healthcare worksite, how often are men aged 35 and older, and women aged 45 and older who are at elevated risk of coronary heart disease screened for lipid disorders?



Data Sharing: Clinical Data

□ Obesity

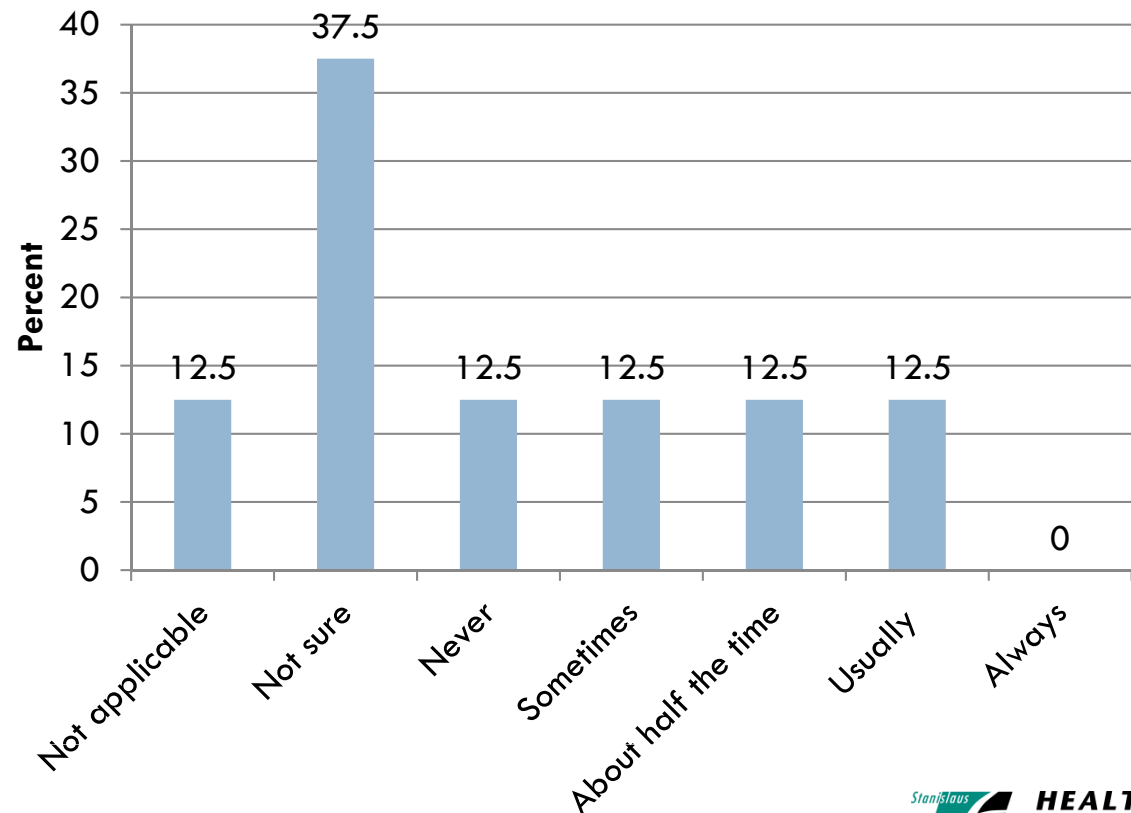
In your healthcare worksite, how often are BMI measurements calculated and tracked for your patients aged 18 and older?



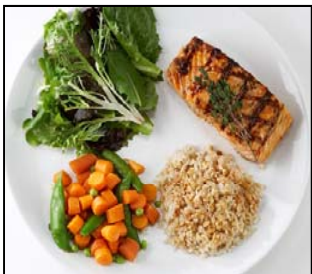
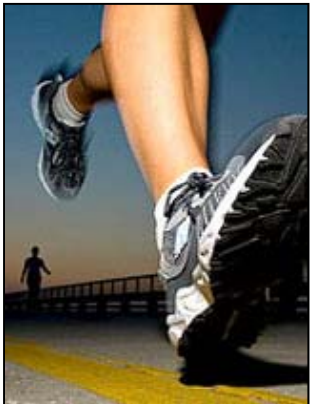
Data Sharing: Clinical Data

□ Strategies

In your healthcare worksite, if an adult has high blood pressure, high cholesterol, or diabetes, how often is he or she offered intensive counseling (1 or more session per month for at least 3 months)?

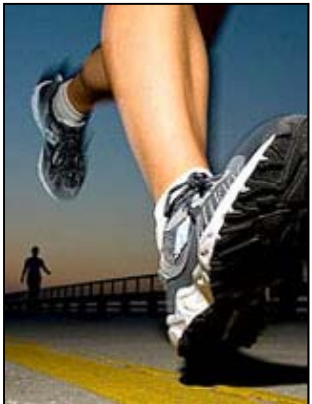


Data Sharing: Clinical Data



- *Awareness of and compliance with best practices in hypertension, high cholesterol, and diabetes prevention*
 - ▣ Traditional preventive screening conducted less often than recommended by AAFP, USPSTF, CDC
 - ▣ **Are there opportunities here for CHWs and health care students to connect patients to appropriate preventive screenings?**

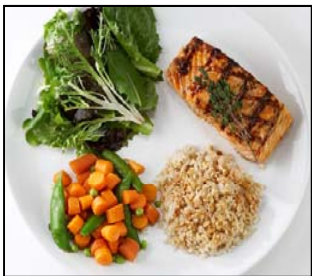
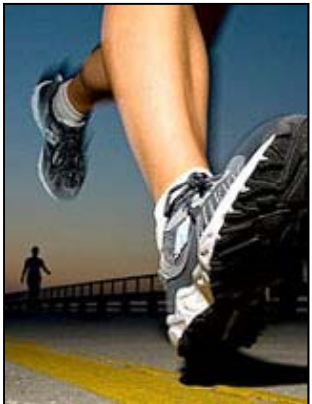
Data Sharing: Clinical Data



□ Strategies

- Discussing how the patient can manage his or her diagnosis
- Referrals to weight management, nutrition, physical activity/fitness, and wellness programs
 - Sessions conducted by other health care team members (nursing, diabetic educator)
 - Frequency of implementing these alternate strategies is varied

Data Sharing: Clinical Data



□ Strategies

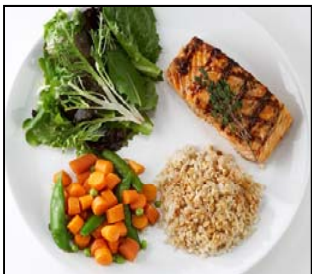
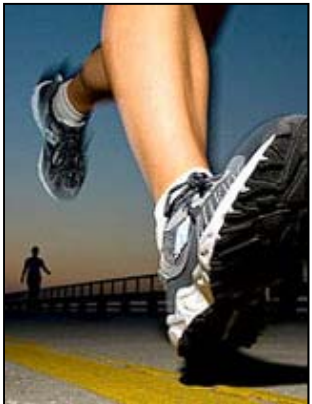
□ Assets

- Healthy eating and weight loss programs

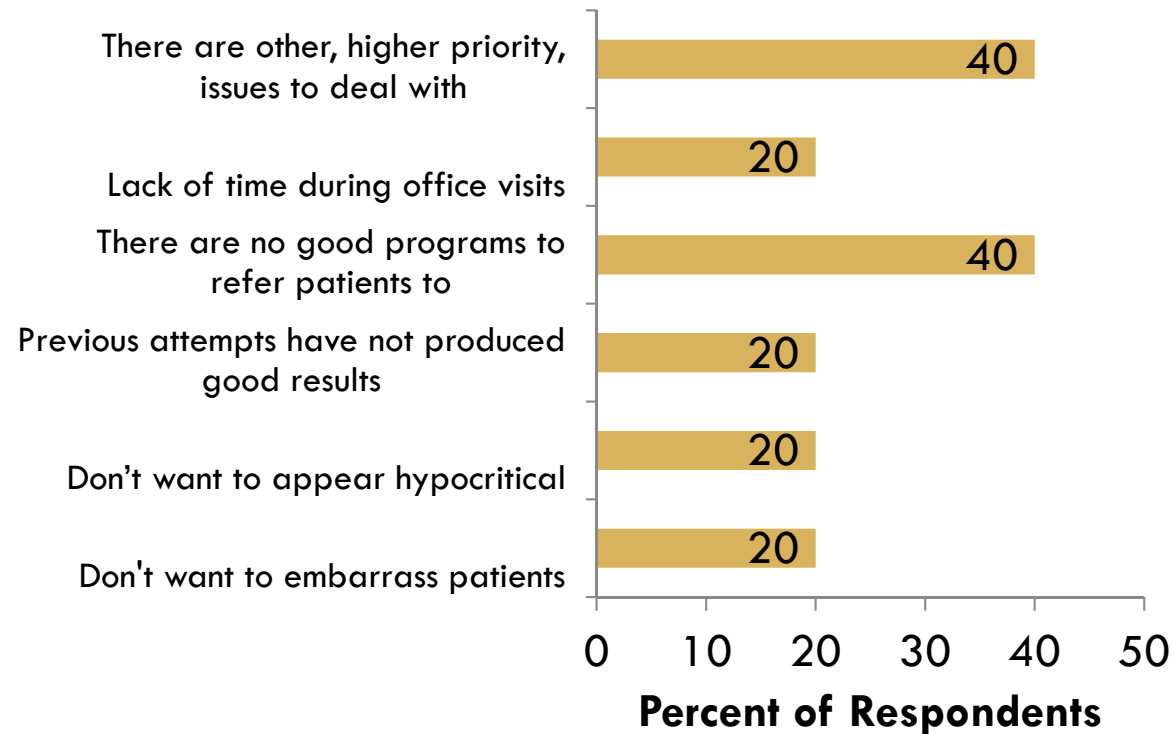
□ Needs

- Online support groups,
- In person support groups,
- Self-care classes or information,
- Reminder or prompting systems like letters or phone calls,
- AND/OR Patient outreach, like incentives for compliance, self-management regimens, or newsletters

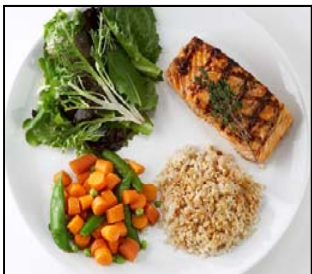
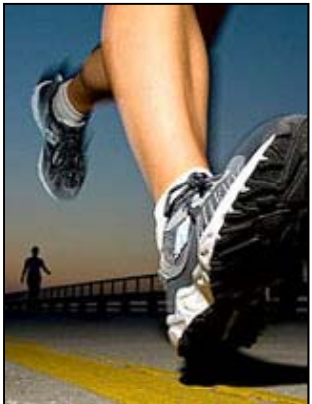
Data Sharing: Clinical Data



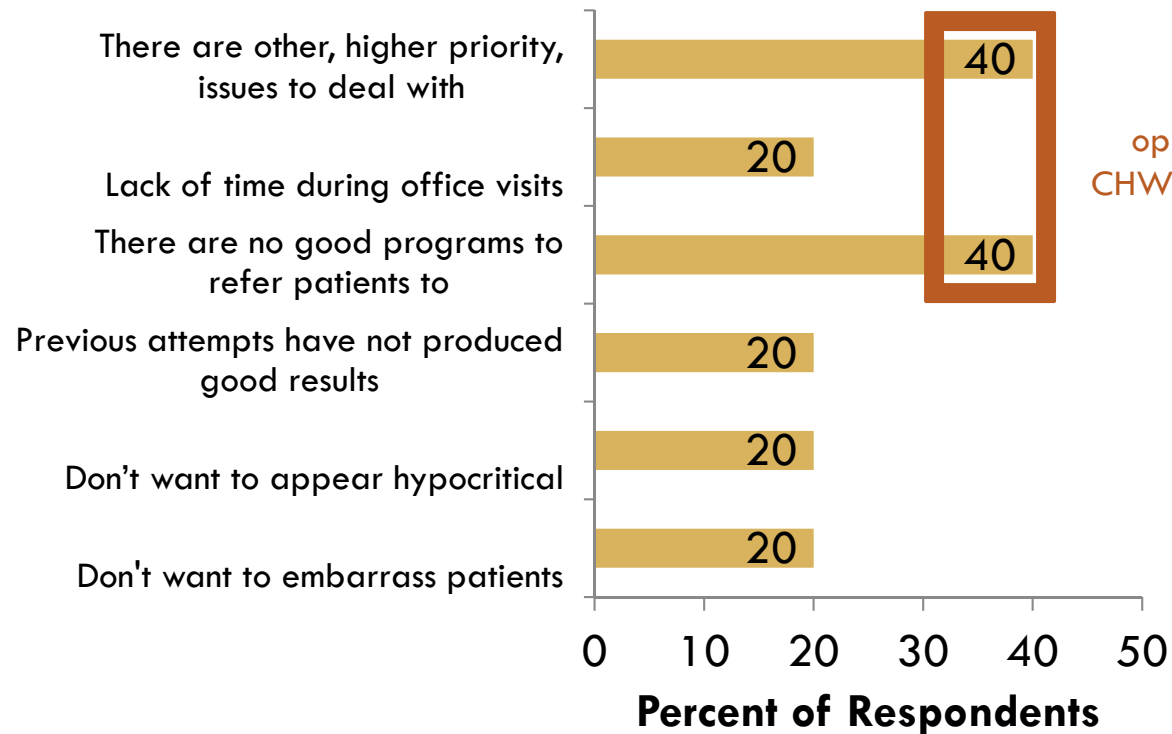
- What barriers do providers at your health care worksite face in discussing the importance of healthy eating and active living with patients?



Data Sharing: Clinical Data

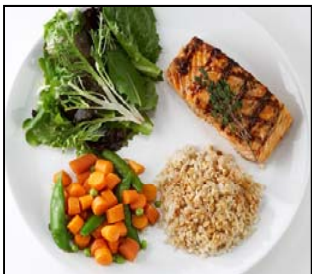
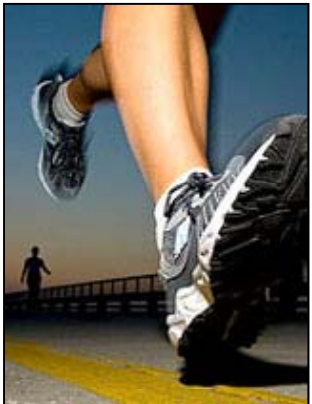


- What barriers do providers at your health care worksite face in discussing the importance of healthy eating and active living with patients?



Are there opportunities for CHW programs here?

Data Sharing: Clinical Data



□ Key questions

How much of a concern is access to preventive services for hypertension, high cholesterol, and diabetes in your community?

What are the most effective and low-cost interventions that could improve access to these preventive services?

Have you used CHWs before?

What already exists?

What are existing programs' strengths and weaknesses?

What are the strengths and weaknesses of CHW programs?

Data Sharing: Clinical Data

- Key questions

What are the most effective and low-cost interventions that could improve access to these preventive services?

“Use of CHW to educate on basics/create awareness. Tag on, drop in clinic where after each class [patient] can have BP checked, and can weigh in. These are documented on small cards and are brought back each time they are checked...these can also be shared with the PCP.”

Data Sharing: Clinical Data

□ Key questions

How much of a concern is access to preventive services for hypertension, high cholesterol, and diabetes in your community?

“I would say 7...a large segment of the population is not diagnosed and doesn't get primary care and therefore doesn't see the need until the crisis happens, and then you have a cascading effect of ill health for a long period of time as a chronic disease.”

“I would say 8...because of the large number of persons we have who are uninsured or underinsured.”

“10 because in that combination, that encompasses a lot of the lifestyle diseases, including obesity, inactivity, all the cardiac major risk factors.”

Data Sharing: Clinical Data

□ Key questions

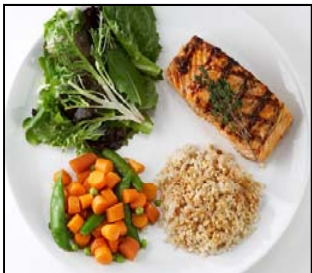
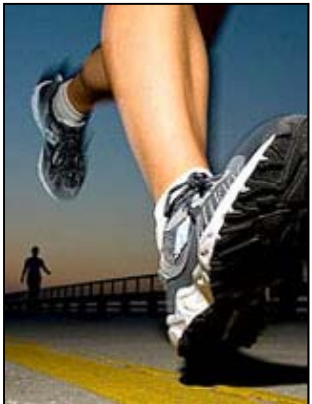
What are the strengths and weaknesses of CHW programs?

“See who is trained...some kind of evaluation of the people who are involved with the patients. It would probably not be a problem finding enough people but you have to make sure it’s in their curriculum.”

“Yes, you need the CHWs to be able to be outreach and advocacy, but you also need to be a little pest under the skin to convince people to continue to take their medication or if there’s some barrier that they can’t get their medication or don’t take [it]”

“Funding...the secondary obstacle is that there is not a sense of urgency here...Because our community is so economically challenged, that people are focused on day-to-day, paycheck-to-paycheck issues and consequently their health is a secondary, a tertiary issue. As a consequence they don’t have the level of internal urgency about the long-term investment in their health.”

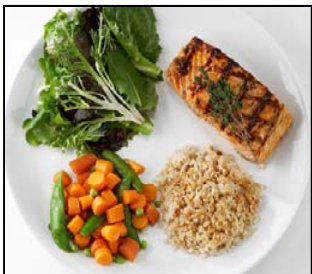
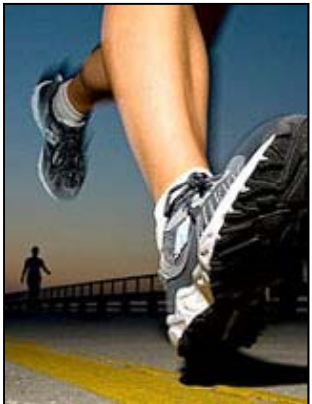
Data Sharing: Clinical Data



□ Overall

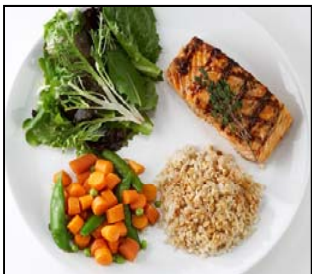
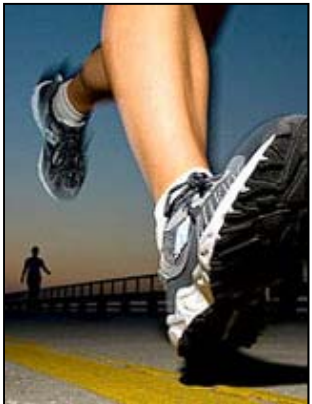
- Gap in recommending versus successfully implementing preventive screenings may be a good opportunity to utilize CHWs/health care students
- Challenges include training, moving toward a medical home type model to include other health care workers
- CHWs can carry out the counseling, follow-up, and time-intensive motivational interviewing that supports other practitioners' recommendations for preventive and chronic disease care

Data Sharing: Community Health Assessment



- Health data
- Combined assessment of clinical preventive services area
- □ **Policy scans**
 - ▣ Tobacco, (HEAL in progress)
- Key informant interviews (in progress)
- Focus Groups (in progress)
- **Asset Inventories**
 - ▣ HEAL, Tobacco

Data Sharing: Tobacco Control Policy Scan



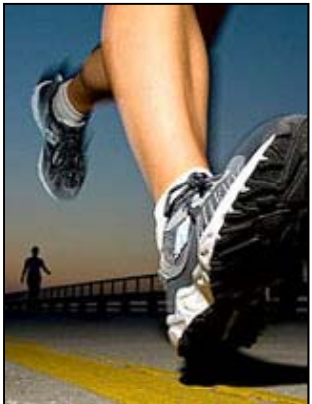
□ Methodology

- Obtained local ordinances from all cities and compiled a listing of similarities and differences

□ Research:

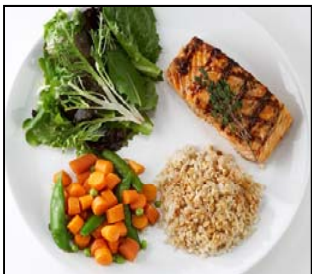
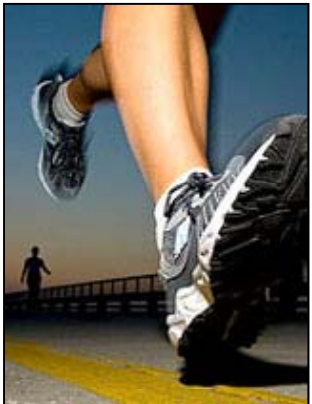
- *Tobacco Laws Affecting California 2012, ChangeLab Solutions*
- *American Lung Association in California, State of Tobacco Control 2012*
- *American Nonsmokers' Rights Foundation, Municipalities with Local 100% Smokefree Laws 2011*

Data Sharing: Tobacco Control Policy Scan



- Goals of the Scan
 - ▣ Current State Laws
 - ▣ Review Local Laws
 - ▣ Identify Opportunities

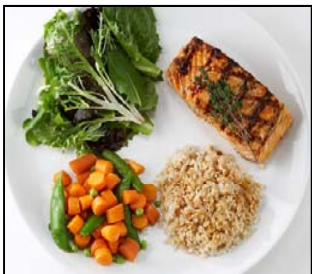
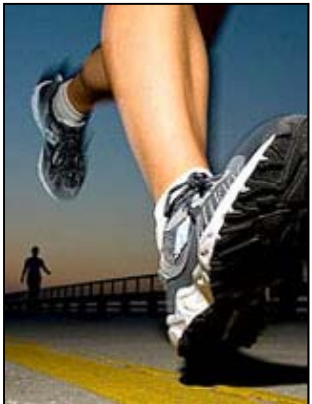
Data Sharing: Tobacco Control Policy Scan



- Tobacco Secondhand Smoke Laws in California
 - Workplaces – Labor Code Section 6404.5**
 - Smoke in an enclosed space
 - Exemptions
 - Multi-Unit Residence **
 - Subject to workplace smoking prohibition
 - Civil Code Section 1947.5: landlord can prohibit smoking or other tobacco products
- State, County, and City Buildings**

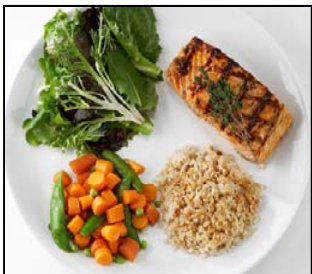
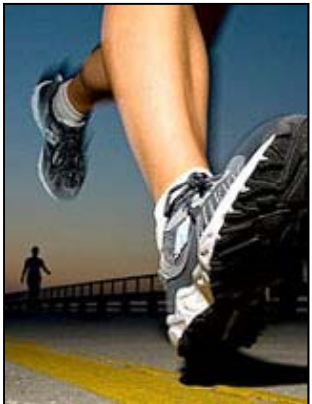
** *Allows for stronger local level ordinances*

Data Sharing: Tobacco Control Policy Scan



- Tobacco Secondhand Smoke Laws in California
 - Tot Lots and Playgrounds **
 - 25 ft. of playground or tot lots
 - Schools
 - Under Federal Law
 - Labor code
 - Daycare Facilities**
 - Licensed day care center and licensed family day care home
 - Labor code
 - Health Care, Day Care or Head Starts Services
 - Federally funded
 - Labor code

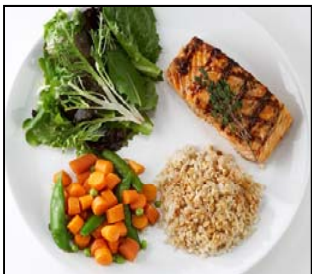
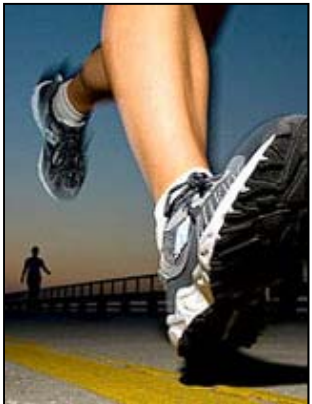
Data Sharing: Tobacco Control Policy Scan



□ Tobacco Secondhand Smoke Laws in California

- Smoking Prohibited in Vehicles with Children
- Public Transit Systems
- Airplanes and Trains
- Youth buses and public vehicles
- Adoption of local secondhand smoke laws
 - Local governing body may completely ban the smoking of tobacco or regulate smoking in any manner not inconsistent with state law

Data Sharing: Tobacco Control Policy Scan

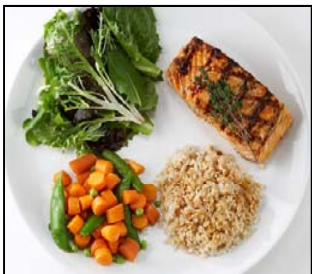
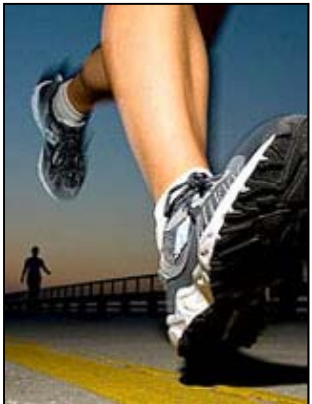


□ Municipalities with Local 100% Smokefree Laws

Municipality	100% Smokefree Non-Hospitality Workplaces	100% Smokefree Restaurants	100% Smokefree Freestanding Bars
Ceres	X		
Hughson	X		
Modesto	X	X	
Patterson	X		
Stanislaus County	X		

Source: AMERICAN NONSMOKERS' RIGHTS FOUNDATION

Data Sharing: Tobacco Control Policy Scan



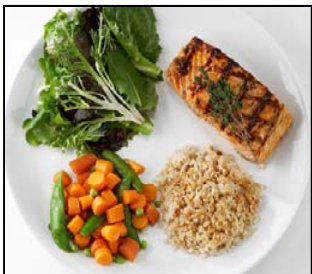
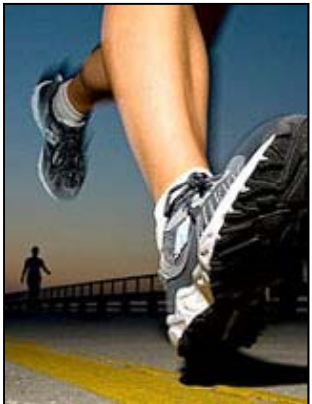
□ Local Ordinances

- **American Lung Association's State of Tobacco Control 2012 Report** tracks progress on key tobacco control policies

- Each county code and city municipal code in three key areas:

- Smokefree outdoor air
- Smokefree multi-unit housing
- Reducing tobacco sales

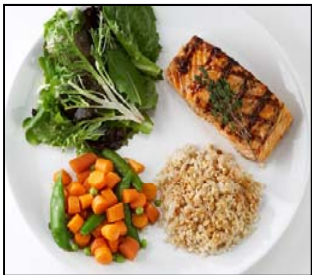
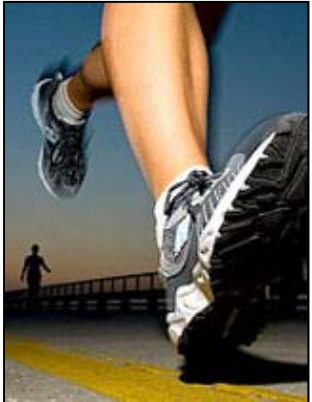
Data Sharing: Tobacco Control Policy Scan



Local Ordinances

	Recreational Areas	Smokefree Housing - Nonsmoking Common Areas	Tobacco Retail Licensing	Sales near Schools and Parks
Ceres	X	X		
Hughson	X	X		
Modesto	X	X		
Newman				
Oakdale	X			
Patterson		X		
Riverbank	X		X	X
Turlock	X	X		
Waterford				
County Unincorporated		X		

Policy Type

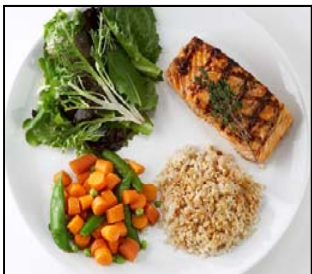
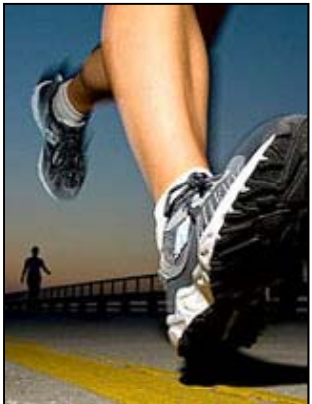


□ Two Types of Policies

- Voluntary

- Non-Voluntary

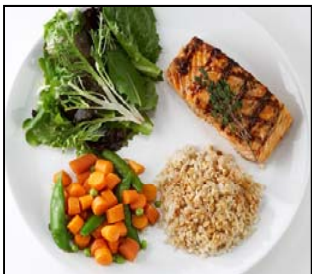
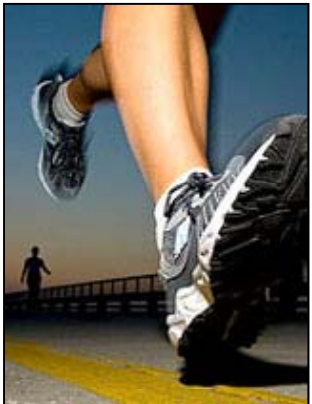
Data Sharing: Asset Mapping



□ Assets within 95354 and 95351

Community Region	FRC	School District	Joint Use	Health Services	Colleges	Nutrition Classes	Health Classes	Tobacco Education	Tobacco Funded Prog.	PHAST/TUPE	DMC	Children & Families	Farmers Market	Farm Stand	Flea Mrkt	Parks/Recreational
<i>East Central Modesto</i>																
95354	3	1		2		4			Y	2		5	2-1EBT			22
<i>Southwest Central Mod</i>																
95351	4	1	Y	3		1	1		Y	2		3	1 EBT		1	12

Data Sharing: Asset Mapping

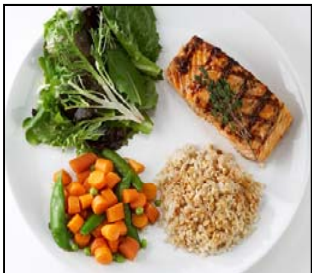
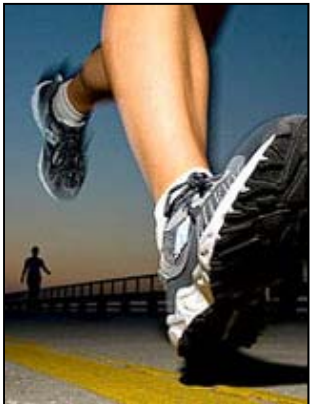


□ Assets & Opportunities

▣ 95354

- Promotoras
- Redevelopment Focus
 - Soccer Park, Sidewalks, and Infrastructures
- Agency Collaboration
 - Tuolumne River Trust
 - City of Modesto
 - Healthy Start/School

Data Sharing: Asset Mapping

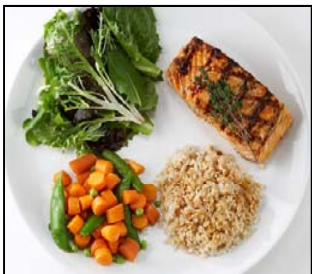
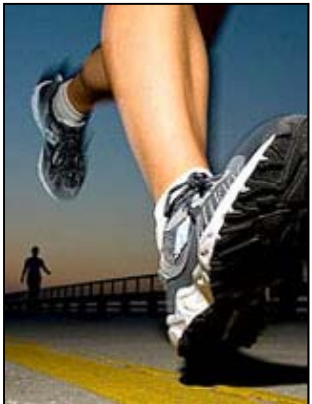


□ Assets & Opportunities

▣ 95351

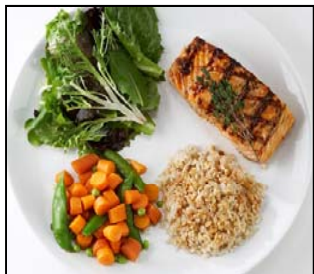
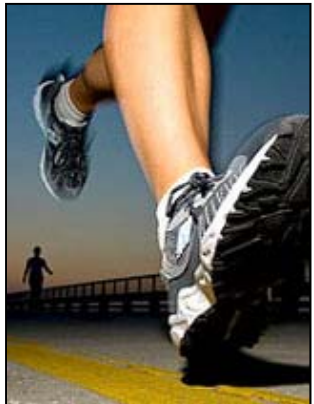
- HEAL Funding from Kaiser
- Farmer's Market & CSA
- Safe Routes Funding
- Agency Collaboration
 - City of Modesto
 - School District
 - BHRS

SWOT Analysis



- Core Principles
 - ▣ Use and expand the evidence base for local policy and environmental changes that improve health
 - ▣ Advance health equity and reduce health disparities
 - ▣ Maximize health impact through prevention
- Review Data Provided
- Self Exercise
- Group Discussion

SWOT Analysis



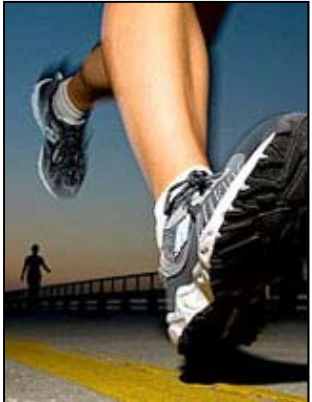
□ Self Exercise

Grant Priority Area	Strengths	Weaknesses	Opportunities	Threats
Tobacco-Free Living				
HEAL Healthy Eating, Active Living				
High Impact Clinical Preventative Services High BP, High Cholesterol, Diabetes				

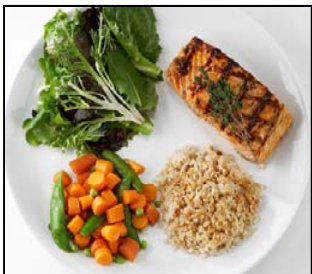
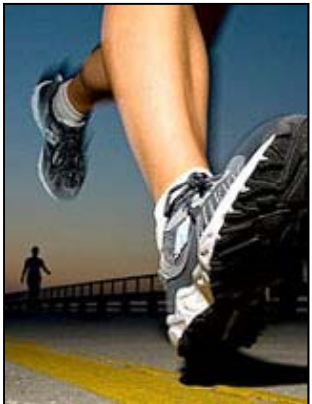
SWOT Analysis



- Group Discussion

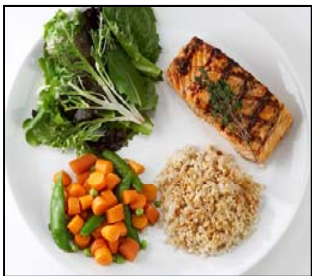
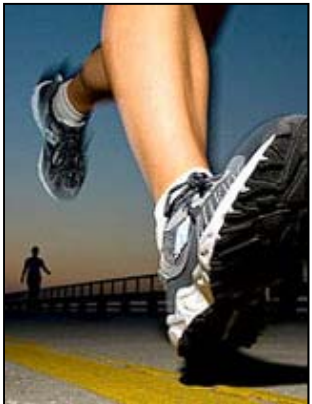


Grant Priority Areas



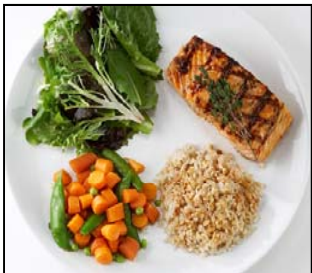
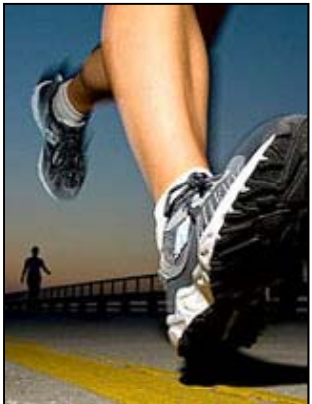
- Three Grant Priority Areas
- What is CTIP?
- Determine strategies (policy/systems change) with these parameters:
 - ▣ CDC Grant Priority Areas
 - ▣ Core Principles
 - ▣ Feasibility
 - ▣ Community Readiness

The Planning Process



- This is the first meeting to determine the strategies for each grant priority area
- Share the data and strategies with the Coalition and community
- Obtain feedback
- 2nd meeting in January to finalize strategies, with Coalition and community feedback
- Coalition will work on details of CTIP
- 3rd meeting to approve the final CTIP

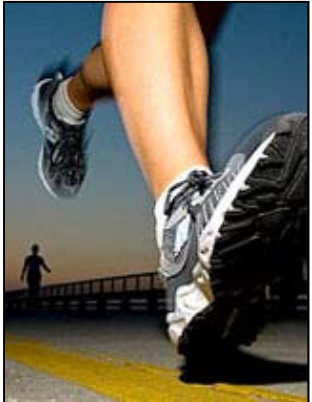
Important Dates



- 2nd CTG Strategic Planning Meeting
 - ▣ Thursday, January 10th
12:30 – 3:30p

- CTG Coalition Meeting (feedback)
 - ▣ Friday, January 18th
11:30 – 1:00p

- Quarterly Leadership Team Meeting (Finalize CTIP)
 - ▣ Thursday, February 28th
12:30 – 2:00p



Questions

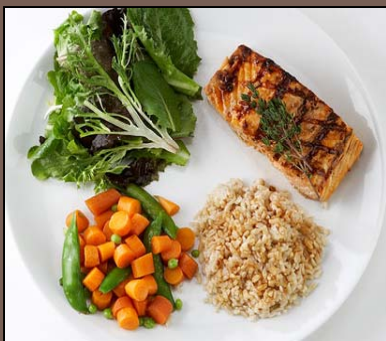


CHA Findings Highlights, Part II



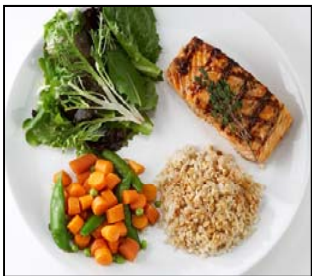
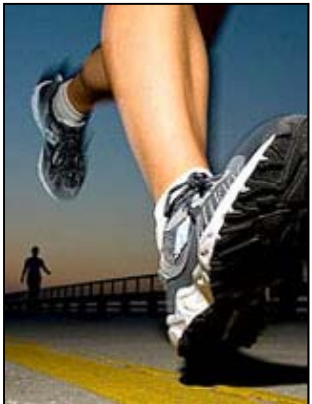
Leadership Team Strategic Planning Meeting

January 10, 2013



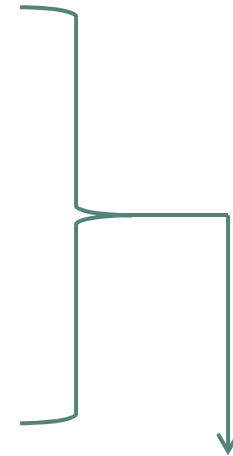
Made possible with funding from the Centers for Disease Control
and Prevention.

Community Health Assessment

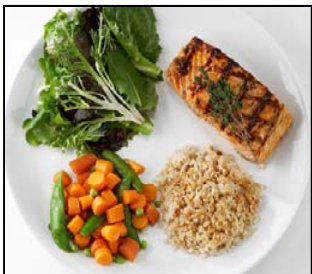
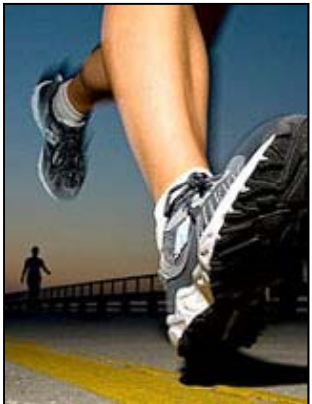


Components

- ❑ Demographic data
- ❑ Health data
- ❑ Policy/environmental scans
- ❑ Key informant interviews
- ❑ Focus groups
- ❑ Asset inventories
- ❑ Combined assessment of clinical preventive services area



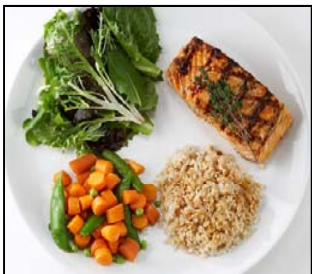
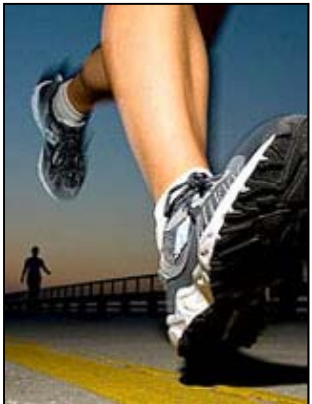
Recap: CHA Highlights, Part I



Components

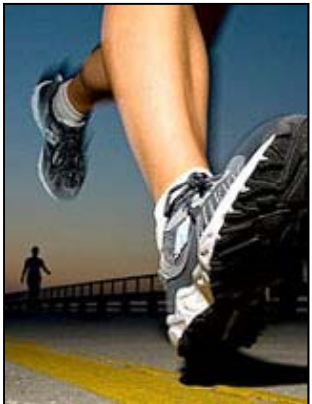
- Health data
- Policy scans
 - ▣ Tobacco, CPS
- Asset inventories
 - ▣ HEAL, Tobacco
- Combined assessment of clinical preventive services area

New: CHA Highlights, Part II



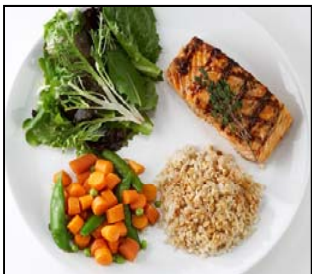
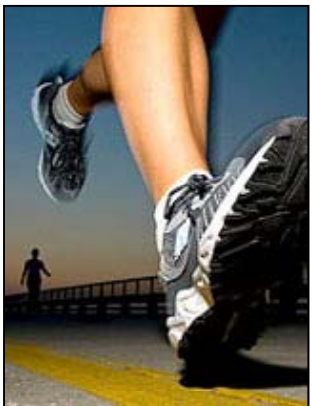
- Key Informant Interviews
- Focus Groups (preliminary)
- Policy/Environmental Scan - HEAL
- Insights from PRISM Dashboard

Key Informant Interviews - OVERVIEW



- 12 key informants interviewed
- To assess community's readiness for change – 2 interventions
- Restriction on tobacco use in multi unit housing
- Restrictions on advertising of unhealthy food, beverage and tobacco products at corner stores

Key Informant Interview Findings

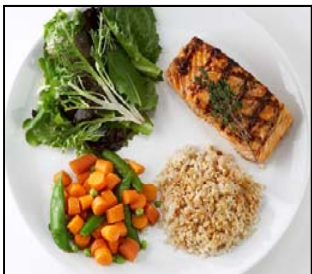
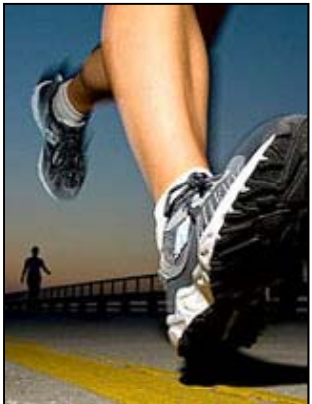


Healthy Eating, Active Living

Topic: Restrictions on Advertising of Unhealthy Products in Store Fronts

- Community Readiness Scores
 - Few efforts already exist, and the community is not very knowledgeable about these
 - Leaders and the community believe the issue is a concern
 - Some resources are available for use in addressing the issue

Key Informant Interview Findings

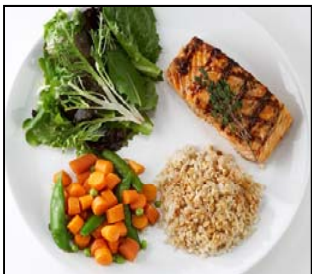
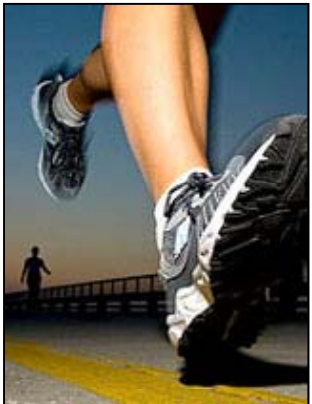


Healthy Eating, Active Living

Topic: Restrictions on Advertising of Unhealthy Products in Store Fronts

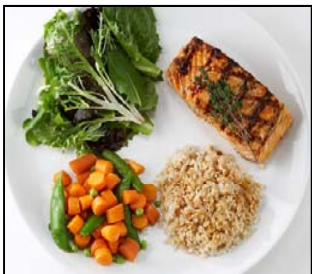
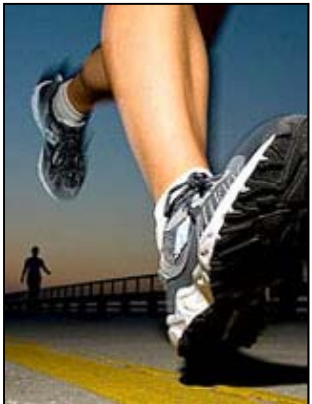
- Synthesis
 - Issue competes with many others for time, money, and resources
 - Knowledge of the impact of unhealthy advertising on purchasing is low
 - Potentially untapped resources in youth leadership, Family Resource Centers (FRCs)
 - Schools an “overtapped” resource
 - Consider the business perspective

Focus Groups: Overview



- A small group of people (8-12) who come together to share their thoughts and ideas on:
 - HEAL - Unhealthy Advertisements in Corner Storefronts
 - Male/Female Adults, Spanish speakers
 - Male/Female Adults, English Speakers
 - Male Youth, English Speakers
 - Female Youth, English Speakers
 - Tobacco-Free Living - Smoke-Free Multi-Unit Housing
 - Male/Female Adults, Spanish speakers, Smokers
 - Male/Female Adults, English Speakers, Smokers
 - Male/Female Adults, Spanish speakers, Non-Smokers
 - Male/Female Adults, English Speaker, Non-Smokers

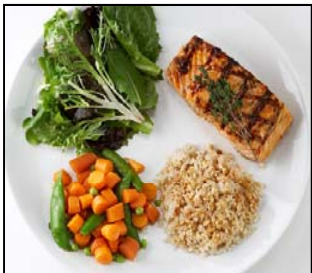
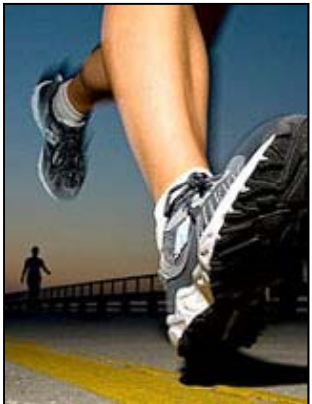
HEAL Focus Group Findings



Unhealthy Advertisements in Corner Storefronts

- Brand loyalty begins at an early age and impacts purchasing decisions and behaviors, which cross into different cultures
- Advertisement and product placement in stores targets specific demographics (i.e. tobacco ads placed low to target children, placement of soda, candy and tobacco products at point of purchase, which lead to negative health impacts)
- Supportive of the Lee Law, but questioned enforcement (lack of)

Tobacco Focus Group

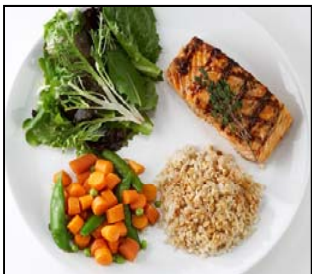
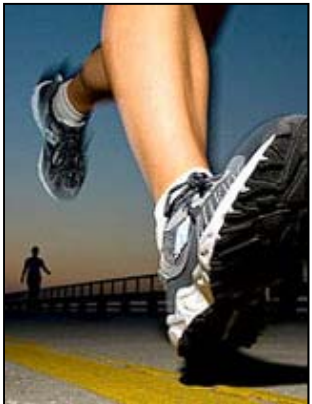


Smoke-Free Multi-Unit Housing

- Currently conducting participant recruitment
 - ▣ Turlock, Modesto, Riverbank and Patterson

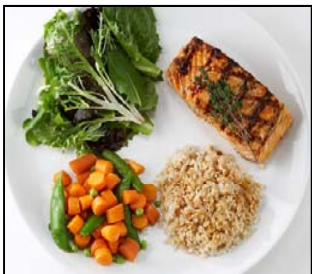
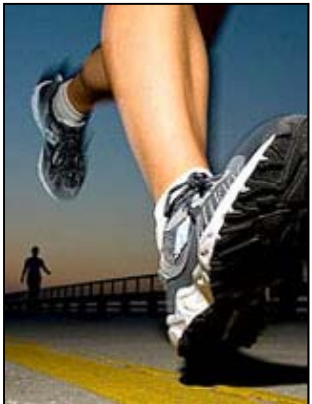
- Scheduled to hold the focus groups later this month

Stanislaus County School Districts Local Wellness Policy Review



- Schools play an essential role in reducing the rates of childhood obesity and a strong Local Wellness Policy (“LWP”).
- LWP is an important tool for school districts to improve both student health and learning capacity.
- LWPs can develop coordinated and efficient strategies by integrating nutrition education, physical activity, and healthy foods throughout the school day and school environment.
- Healthy, Hunger-Free Kids Act of 2010 recently updated the previous requirements for LWPs, adding provisions that insure greater accountability through broader community engagement, implementation plans, evaluation, and reporting.
 - All school districts receiving federal funds via the National School Lunch Program and must be implemented 2013 – 2014 school year.

Local Wellness Policy Review

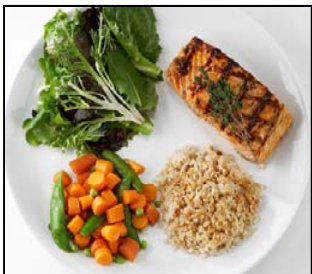
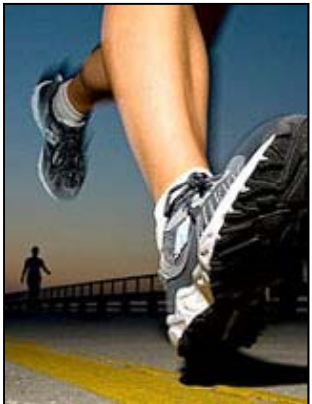


Commissioned a team of law and policy experts from ChangeLab Solutions to review 25 Local Wellness Policies from school districts across Stanislaus County

The main goals of the review were:

- To assess the overall strength and compliance levels of LWPs across the county
- To highlight areas of improvement to meet pending and existing federal and state standards
- To offer best practices and innovative policy solutions that will maximize positive student health outcomes and position Stanislaus County schools districts as a national leader in school wellness policy

Stanislaus County Two Model Policies



CA School Boards Association

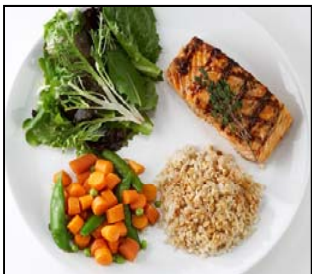
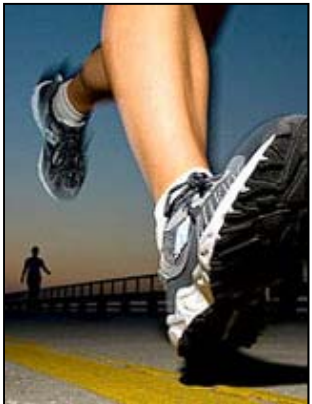
- Designed by school districts, county office of education, etc.
- Specific to school wellness policies, it has crafted model language based on national and state requirements and offers a guidebook with worksheets to support school districts through the process of adapting the model wellness policy to reflect the realities on the ground for each jurisdiction.
- 15 School Districts

1 – Combined
1 – Other

National Alliance for Nutrition

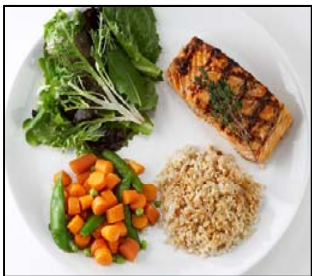
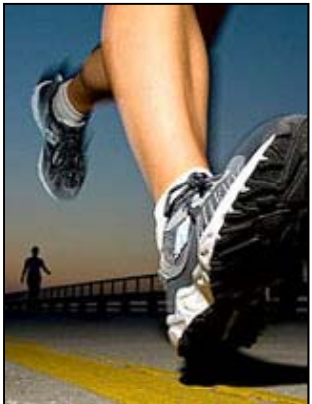
- Designed by PH organizations i.e., American Heart Association, American Diabetes Association, etc.
- The National Alliance for Nutrition and Activity (NANA) promotes federal policies that facilitate healthier eating and physical activity.
- NANA was instrumental in the effort to pass the Healthy, Hunger-Free Kids Act (HHFKA) in 2010 and has led the push for the CDC to increase resources directed to nutrition and physical activity promotion.
- 8 School District

Opportunities



- Healthy, Hunger-Free Kids Act of 2010
- Continues the existing requirements for LWPs and adds a number of important new requirements
- Must be implemented by 2013/14
 - ▣ Guidelines become available this Fall
- CNAP – Subject Matter Experts

Healthy, Hunger-Free Kids Act of 2010

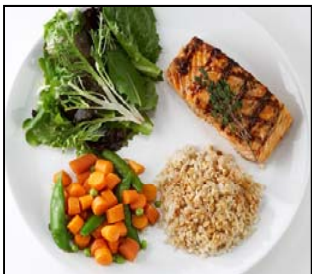
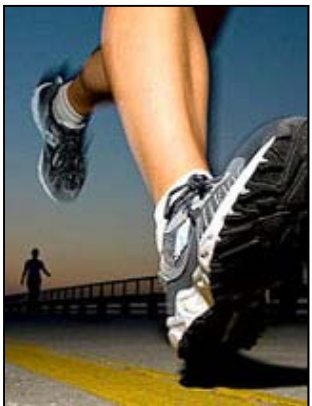


Existing Requirements:

Goals for:

- Nutrition education
- Physical activity
- Other school-based activities to promote student wellness
- Nutrition guidelines for all food served or available at school
- A wellness policy for each school
- Plan for measuring implementation
- Identify a school wellness coordinator
- Stakeholder involvement of parents, students, school food staff, school board, and administrators required in development of policy

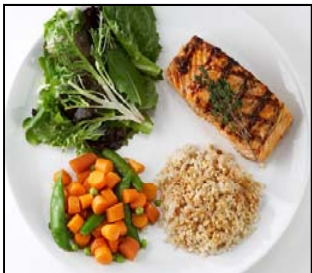
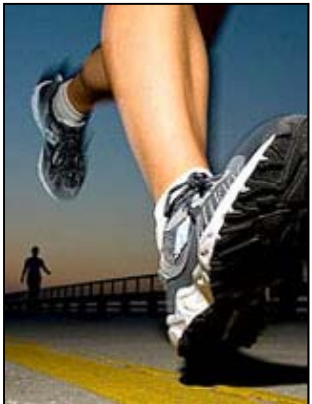
Healthy, Hunger-Free Kids Act of 2010



New Requirements:

- Goals for Nutrition promotion
- Physical education teachers and school health professionals required within stakeholders
- Stakeholder involvement in implementation, review, and update of policies
- Requirement for public notification (students, parents, and others in the community) of LWP contents and updates
- Requirement to designate one or more school district or school officials to ensure LWP compliance at each school

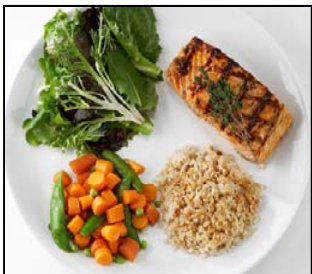
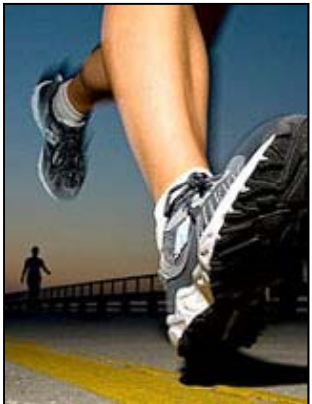
Insights from PRISM Dashboard



Handouts

- PRISM Simulation Results Dashboard
- Numerical simulation results (projected impacts of the interventions)
- Strengths and weaknesses of PRISM levers
- Caveats about the PRISM model
- Key to indicators measured in PRISM

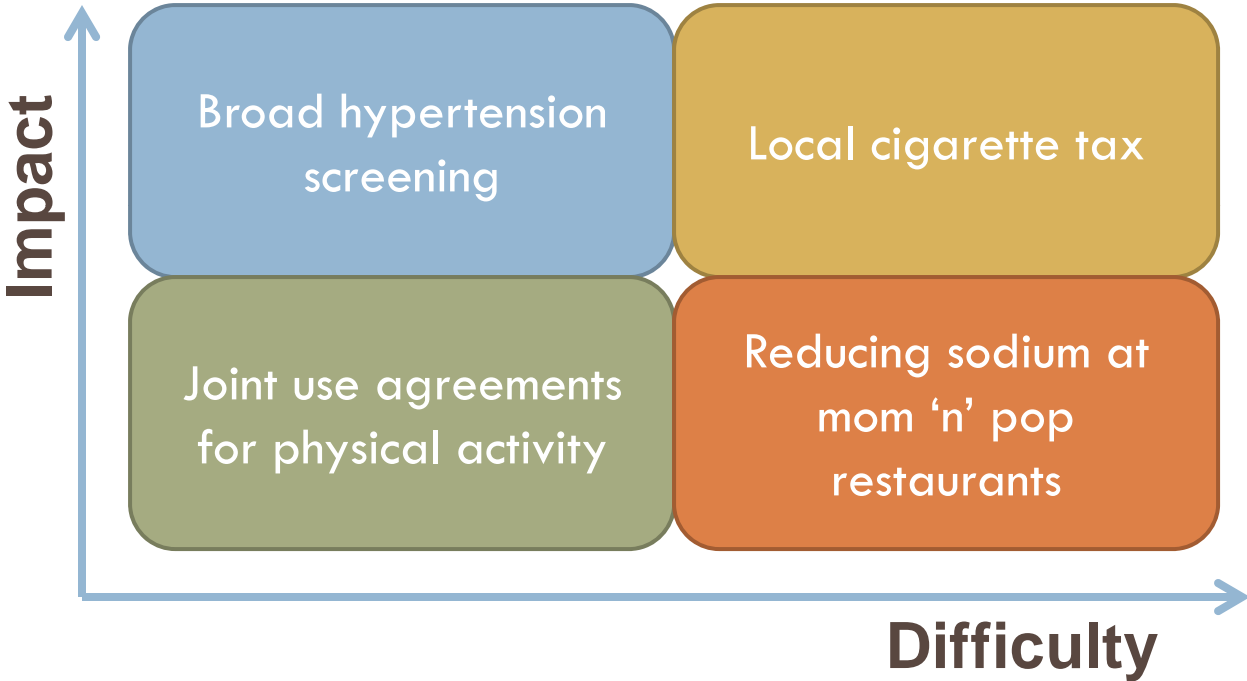
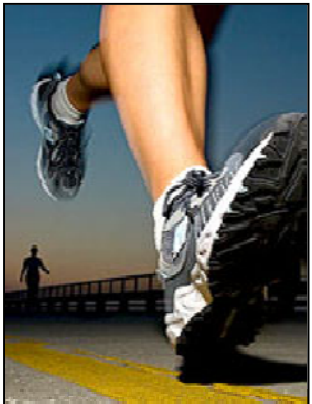
Insights from PRISM Dashboard



Key Findings

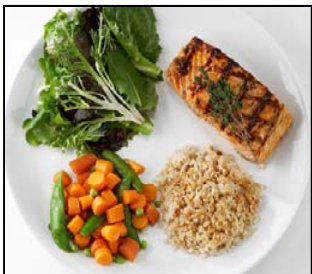
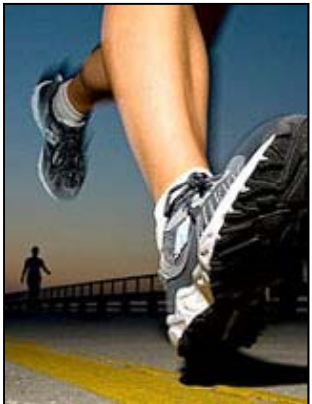
- **Tobacco:** Most effective interventions may also be the most difficult to implement, but have the greatest impact on long-term population health
- **Healthy Eating:** Levers as described have minimal or no impact
- **Active Living:** Levers have moderate impact but require significant resources and reach
- **Clinical Preventive Services:** Levers can have high impact but require further strategy on service delivery; should emphasize primary and secondary prevention

Insights from PRISM Dashboard



Higher-level policy interventions often have greater impact than voluntary policies or programs on health indicators both now and in the future, but may be more difficult to implement

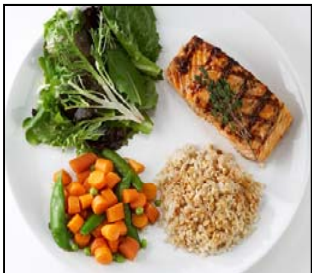
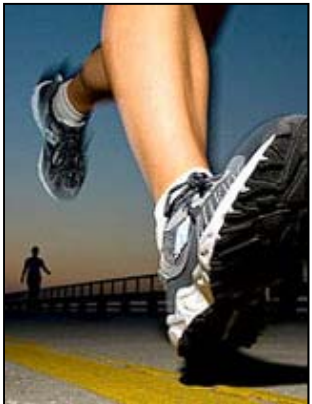
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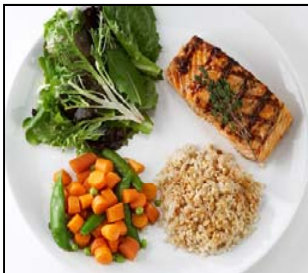


Food for thought

- CTG aims for—and PRISM models—population-level impacts
- We can adjust an intervention's effectiveness by choosing population, strategy, and scope wisely
 - ▣ Example: sodium reduction in school lunches instead of mom 'n' pop restaurants
- Impact may be maximized by pairing interventions
 - ▣ Social marketing jointly with junk food and cigarettes
 - ▣ Limited ability of PRISM to model these

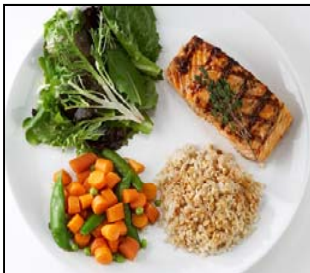
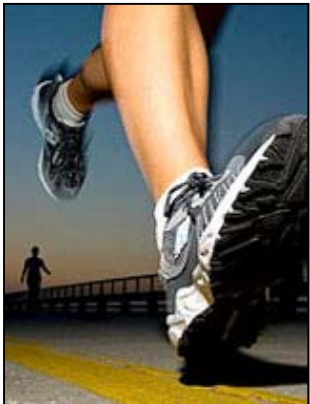
Questions





Break

Review Preliminary Priorities & SWOT



Stanislaus County
Community Transformation Grant (CTG)

Communities Transforming
To make healthy living easier

Preliminary CTIP Priorities

High Impact Clinical Preventative Services:

- Utilize school systems/school wellness
- Alter school on-site clinics for screenings and referrals
- Need to develop a structure or model (similar to Promotoras) to better support Community Health Workers in a community setting to provide prevention services

Healthy Eating, Active Living (HEAL):

- Built environments/neighborhoods
- Integrate HEAL into afterschool programs
- Work with city and county planners during development/revisions of general plans and infrastructure projects (built environment) to ensure "health elements" area addressed
- Mitigate "unhealthy" and increase health moratoriums on "unhealthy"

Tobacco-Free Living:

- Smoke-Free Multi Unit Housing
- Retail Licensing
- Tax

CTG Milestone Activities (Coalition Strategic Planning Work):

- Leadership development within neighborhood/community
- More collaboration with schools/afterschool programs for all three priority areas
- Utilize and collaborate more with Family Resource Centers for all three priority areas
- Youth engagement/advocacy
- Need to incorporate a "safety" measure/element into each strategy/initiative
- Tracking methods/data collection; results focused (outcomes may be used to "tell our story"/advocate at local levels)
- Business and Political Case – use proven local examples (i.e. helmet law, seat belt law, etc.) and cost benefit model (PRISM)

CTG SWOT Brainstorming – Priorities 01/10/2013 1

Stanislaus County
Community Transformation Grant (CTG)

Communities Transforming
To make healthy living easier

SWOT Summary

High Impact Clinical Preventative Services:

- Strengths:** Align with regional efforts, medical students, current model of Community Health Workers (CHW), established Family Resource Centers and Promotoras
- Weaknesses:** Lack of behavioral health focus in chronic disease prevention, low compliance with national prevention standards among health care providers, Community Health Worker role(s) undefined, providers lacking Electronic Medical Records systems and no reimbursement mechanism specific to chronic disease prevention/management
- Opportunities:** Funds to support CTIP, social media, providers Electronic Medical Records, Family Resource Centers, Community Health Worker model, specific health trainings and public screenings
- Threats:** Reimbursement mechanism, provider resistance of Community Health Worker model for chronic disease prevention/management, lack of time per visit for providers and patient self-efficacy

Healthy Eating, Active Living (HEAL):

- Strengths:** NEOP grant, County Mayors, community design, more funding, successful models school wellness policies, youth engagement, OIG data
- Weaknesses:** High retail food index, retrofitting older communities, walk of walking/biking, not a physically active community (design and culture), joint use agreements
- Opportunities:** NEOP grant, City Mayors, coordination with local policy, better access to healthy foods, increase HEAL awareness, exp and policies, community leadership development, CSU Stanislaus, sugar sweetened beverage, wellness policies, CBRN, HEAL element in all policies and increase fruit/vegetable consumption
- Threats:** Political will, advertising, funding, high food retail index/environment, sodium and industry back lash

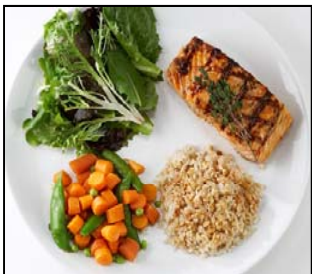
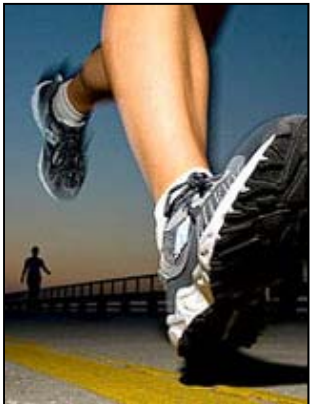
Tobacco-Free Living:

- Strengths:** Childcare, collaboration and increase property value
- Weaknesses:** Lack of tobacco education, lack of awareness of dangers of second hand and third hand smoke and lack of enforcement
- Opportunities:** Decrease smoking, Promotoras partnerships, taxes, smoke-free policies, alcoholics anonymous/narcotics anonymous partnerships, smoke-free restaurants and bars
- Threats:** Tobacco advertising, retailers and postive image

CTG SWOT Brainstorming – Priorities 01/10/2013 2

□ Please take a moment to review

Brainstorm & Discuss CTIP Priorities



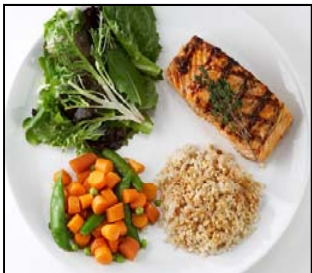
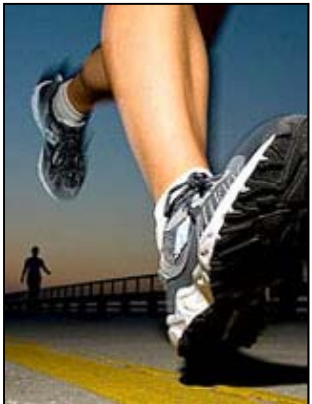
4 Priorities per Area:

- Tobacco-Free Living
- Healthy Eating, Active Living
- High Impact Clinical Preventative Services

Considerations:

- Use and expand the evidence base for local policy and environmental changes that improve health
- Advance health equity and reduce health disparities
- Maximize health impact through prevention

Next Steps & Important Dates



CTG Quarterly Leadership Team Meeting

Thursday, February 28th

12:30 – 2:00pm

830 Scenic Dr. – Modesto

Martin Conference Room

CTG Coalition Meeting (Strategic Planning)

Friday, January 18th

11:30 – 1:00pm

830 Scenic Dr. – Modesto

Martin Conference Room

Stanislaus County Community Transformation Grant (CTG)



Vision:

To create healthier communities by making healthy living easier where people work, live, learn, and play.

Mission:

Prevent disease and promote health equity among Stanislaus County residents.

Grant Priority Areas:

- Tobacco-Free Living
- Healthy Eating and Active Living
- High-Impact Quality Clinical Preventive Services

Overarching Goals and Strategies (*Healthy People 2020*):

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate health disparities, and improve the health of all groups.
- Create healthy and safe physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

CDC Core Principles:

- Use and expand the evidence base for local policy and environmental changes that improve health
- Advance health equity and reduce health disparities
- Maximize health impact through prevention

**Stanislaus County
Community Transformation Grant (CTG)**



Preliminary CTIP Priorities

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Stanislaus County Community Transformation Grant (CTG)



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- **Threats:** Tobacco advertising, retailers and positive image

Community Transformation Plan (CTP) – Community Transformation Grant Date: <u>September 30, 2015</u>					
Site Name	Stanislaus County Health Services Agency				
Project Period Objective (PPO)	By September 30, 2015, increase the number of places in Stanislaus County where residents are not exposed to second and third hand smoke				
Timeframe (PPO)	Start Date: 4/30/13		End Date: 9/30/15		
Objective Description (PPO)	Establish partnerships with landlords/multi-unit property owners and key stakeholders, engage residents of multi-unit housing, establish a smoke-free multi-unit housing voluntary policy				
Related Program Goal/Strategic Direction (PPO)	Smoke Free Multi-Unit Housing				
Strategy/Priority Area (PPO)	Tobacco-Free Living				
Annual/Multi-Year Objective (AMO)	By September 30, 2015, increase the number of smoke-free multi-unit housing in Stanislaus County from 0 to 2				
Timeframe (AMO)	Start Date: 04/30/2013		End Date: 09/30/2015		
Objective Description (AMO)	<i>Coalition Work</i>				
Strategy (AMO)	<i>Coalition Work</i>				
Setting/Sector (AMO)	County-wide with a focus on area experiencing health disparities				
Population Focus (AMO) (Check Only One)	<input checked="" type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: <u>514,453</u>		<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): Estimated Population Reach of Health Disparity Focus: _____		
Reach/Number of Units (AMO)	2				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/Measure	Lead Staff	Key Partners
<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

Topic: Healthy Eating Active Living
Population Focus: Ceres, Modesto (Airport District), Patterson
Estimated Reach: TBD
Training: Spring 2013, How to establish Joint Use Agreement

Project Period Objective: To Increase opportunities for physical activity in communities through joint-use agreements from 0-3 school districts and/or parks and recreation department.

Annual Objective/Multi-Year	Milestones/Activities	Lead Staff & Key Partners	Subcontractors
<p>- To establish at least three joint use agreements in three school districts and/or park and recreation for a total of # sites</p>	<p>Work with community organizations and residents, consultants, project staff and school leaders to identify school properties in each school district that best serve unmet needs in the community.</p> <p>Work with school district, local leaders and community representatives; negotiate upon scope of joint use, i.e., outdoor use, indoor use, whether to allow third parties to operate programs on facilities.</p>	<p>Lead: CNAP</p> <p>Ceres Partnership for Healthy Children Airport District*</p>	<p>ChangeLab Solutions Ceres Partnership for Healthy Children Tuolumne River Trust*</p>
	<p>Determine operational and management uses, e.g., scheduling, parking, supervision, facilities and other issues.</p>		
	<p>Consult with risk management professionals and legal counsel to determine insurance requirements, etc.</p>		
	<p>Develop terms of joint use agreements. Implement joint use policies at three district and/or parks and recreation dept.</p>		

*Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

Topic: Healthy Eating Active Living

Population Focus: Ceres, Modesto

Estimated Reach: TBD

Training: Spring - Promotoras training on the importance of limiting fast food and how to engage decision makers in establishing moratorium.

Project Period Objective: To decrease availability and accessibility of fast foods in at least two cities experiencing health disparities.

Annual Objective/Multi-Year	Milestones/Activities	Lead Staff & Key Partners	Subcontractors
- To engage two communities to limit the number of new fast food restaurants via a city wide or community focus moratorium	Work with community organizations and residents, consultants, project staff and local stakeholders to identify strategies and method to garner support.	Lead: Ceres Partnership for Healthy Children West Modesto King Kennedy* Neighborhood Collaborative	Ceres Modesto* ChangeLab Solutions
	Develop and/or secure materials supporting the need for fast food limitation.		
	Work with local HEART Coalition and other stakeholders to conduct assessment of areas with most prominent fast food outlets per capita.		
	Establish a communication plan to educate stakeholders and public leaders of findings and proposed strategy.		
	Consult with planners, city staff and others on developing moratorium guidelines/recommendations.		
	Develop moratorium guidelines.		
	Implement moratorium in two cities.		

*Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

Topic: Healthy Eating Active Living

Population Focus: Ceres, Modesto, Turlock, Patterson, and Newman-Crowslanding

Estimated Reach: TBD

Training: TBD

Project Period Objective: *To improve nutrition and physical activity policies and practices in schools via school wellness policies in at least five school districts.*

Annual Objective/Multi-Year	Milestones/Activities	Lead Staff & Key Partners	Subcontractors
<ul style="list-style-type: none"> - Engage at least five school districts to facilitate school wellness policy revisions to reflect USDA guideline impacting # school site 	<p>Work with California Nutrition Assistant Project members to review local wellness policies for each school district. Establish Ad Hoc committee for each school district.</p>	<p>Lead: CNAP Ceres Unified School District Modesto City Schools Turlock Unified School District Patterson Unified School District Newman-Crowslanding Unified School District</p>	<p>Changelab Solutions</p>
<ul style="list-style-type: none"> - Increase the number of elementary schools that meeting National Standards for Physical Education (150 minutes/week) 	<p>Determine areas of improvement based upon Changelab Solution's assessments and recommendations.</p>		
<ul style="list-style-type: none"> - Increase the number of Local School Wellness Policies that reflect stronger language and evaluation mechanism 	<p>Establish communication plan and approach for each school district. (i.e., with subject matter experts, key leaders, etc.) Engage local leaders, school, and district staff in the planning and revision of the plan.</p>		

*Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

	<p>Establish partnership and facilitate the drafting of the local wellness policy to include nutritional, physical activity, during and after school guidelines, as well as a implementation evaluation method.</p>		
	<p>Finalize local wellness policy and submit for approval.</p>		
	<p>Work with each school district to promote the new plan within each school targeting families, staff and volunteers.</p>		

*Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

Topic: Tobacco-Free Living
Population Focus: County-wide
Estimated Reach: TBD
Training: TBD

Project Period Objective: *Increase the number of places in Stanislaus County where residents are not exposed to second and third hand smoke*

Annual Objective/Multi-Year	Milestones/Activities	Lead Staff & Key Partners	Subcontractors
<p>- Increase the number of smoke-free multi-unit housing in Stanislaus County from 0 to 50</p>	<p>Working with the Tobacco Outreach Prevention (TOPS) Coalition recruit members to participate in a Subcommittee working with apartment complexes and tenant associations in targeted areas.</p>	<p>Lead: TOPS Coalition/HSA DMC SCOE</p>	<p>Center for Tobacco Policy and Organization *</p>
	<p>Develop a communication plan to facilitate community discussion and stakeholder endorsement for policy implementation to include mass mailing, presentations, and individual meetings.</p>		
	<p>Develop an implementation toolkit to include educational materials on second and third hand smoke, model policy language, signs, tenant letters, etc.</p>		
	<p>Establish a process to ensure that free or low cost cessation services/resources are available for residents in multi-unit complexes.</p>		
	<p>Provide technical assistance in policy</p>		

* Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

	adoption		
	Educate the public on 3 separate occasions about smoke-free multi-unit housing and promote apartments/owners who have adopted the voluntary policy in local media outlet, i.e., newspaper, etc.		
	Monitor implementation and enforcement of smoke-free public multi-unit housing.		

* Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

Topic: Tobacco-Free Living
Population Focus: County-wide
Estimated Reach: TBD
Training: TBD

Project Period Objective: Increase the number of tobacco retail licensure laws and establish enforcement system from 0-3.

Annual Objective/Multi-Year	Milestones/Activities	Lead Staff & Key Partners	Subcontractors
- Increase the number of cities with local tobacco retail ordinance from 1-3	Working with the Tobacco Outreach Prevention (TOPS) and HEART Coalition recruit members to participate in a Tobacco Retail Subcommittee.	Lead: SCOE/TOPS Coalition PHAST Youth Coalition	Center for Tobacco Policy and Organization* SCOE
- Increase tobacco retail license enforcement in one city	Develop and execute work plan on key strategies including: youth purchase surveys, education and outreach, media relations, policy development, promotion and implementation. Develop a implementation toolkit to include educational materials tobacco use, model policy language, signs, tenant letters, etc.		
	Provide technical assistance in policy adoption		
	Educate the public on 3 separate occasions policy implementation in local media outlet, i.e., newspaper, etc.		
	Monitor implementation and enforcement of retail license ordinance.		

* Pending final decision

**Stanislaus County Health Services Agency
CTIP Priorities & Planning
Draft #1 - February 2013**

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Topic: High Impact Clinic Preventive Services

Population Focus: West Modesto and Airport District

Estimated Reach: TBD

Training: TBD

Project Period Objective: *To increase the number of people with increased access to systems that support control of high blood pressure, high cholesterol and diabetes in at least 4 clinic and non-traditional settings.*

Annual Objective/Multi-Year	Milestones/Activities	Lead Staff & Key Partners	Subcontractors
- Increase the number of federally qualified health centers or look-a-like health centers with Community Health Workers and/or Patient Navigators integrated into their systems to promote self-management of high blood pressure, cholesterol and diabetes from 0 – 3 clinics	Establish Steering Committee with representatives for health care delivery system.	Lead: HSA PH, PMO, MMO Golden Valley Health Clinic*	Training TBD
- Increase the number of provider practices that refer patients to CHWs from 0 - #	Provide training and technical assistance to clinic staff on Stanford Model		
	Establish plan for long-term financing interventions; sustainability plan.		
	Conduct an environmental scan of		

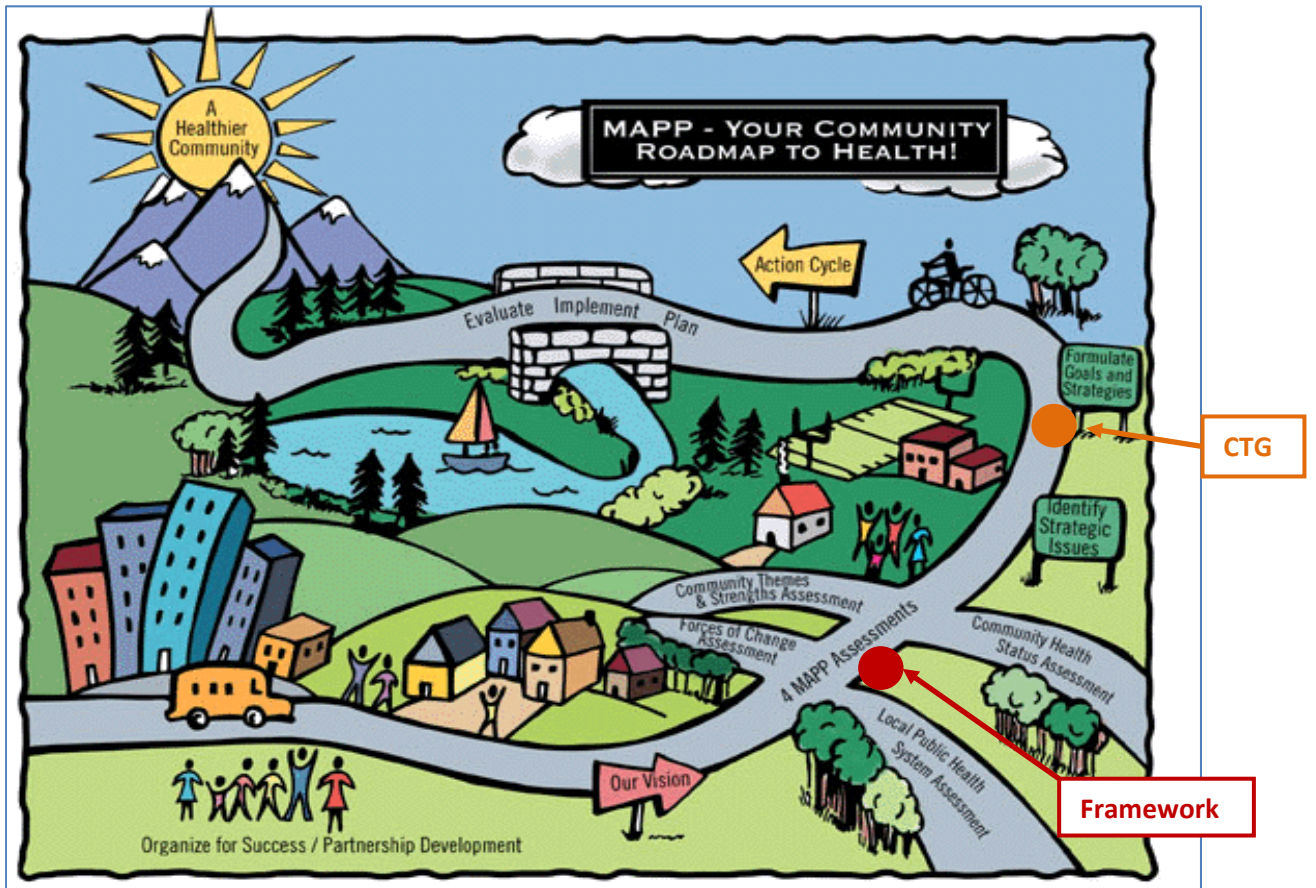
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**Stanislaus County Health Services Agency
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Draft #1 - February 2013**

	community resources to support patients with hypertension, high cholesterol, and diabetes including free/low-cost medicine, classes, support groups, etc.		
	Develop protocols for identifying high-risk patients via electronic medical records, coordination and follow-up services.		
	Establish a referral process to include: health education, individual counseling, case management, and support (Stanford Model).		
	Develop an evaluation tool for tracking referrals and providing feedback to clinic care providers.		
	Utilize marketing tools for physicians that are available in the Stanford CDSMP toolkit.		
	Clinics implement protocols for high blood pressure control, cholesterol screening and control protocols, and diabetes screening and control; and referral of patient with conditions to CHW self-management resources.		
	Monitor and evaluate interventions.		
	TBD		
-	To increase screenings in non-traditional settings via mobile van in at least two community settings	Lead: West Modesto King Kennedy Neighborhood Collaborative	West Modesto King Kennedy Neighborhood Collaborative

*Pending final decision

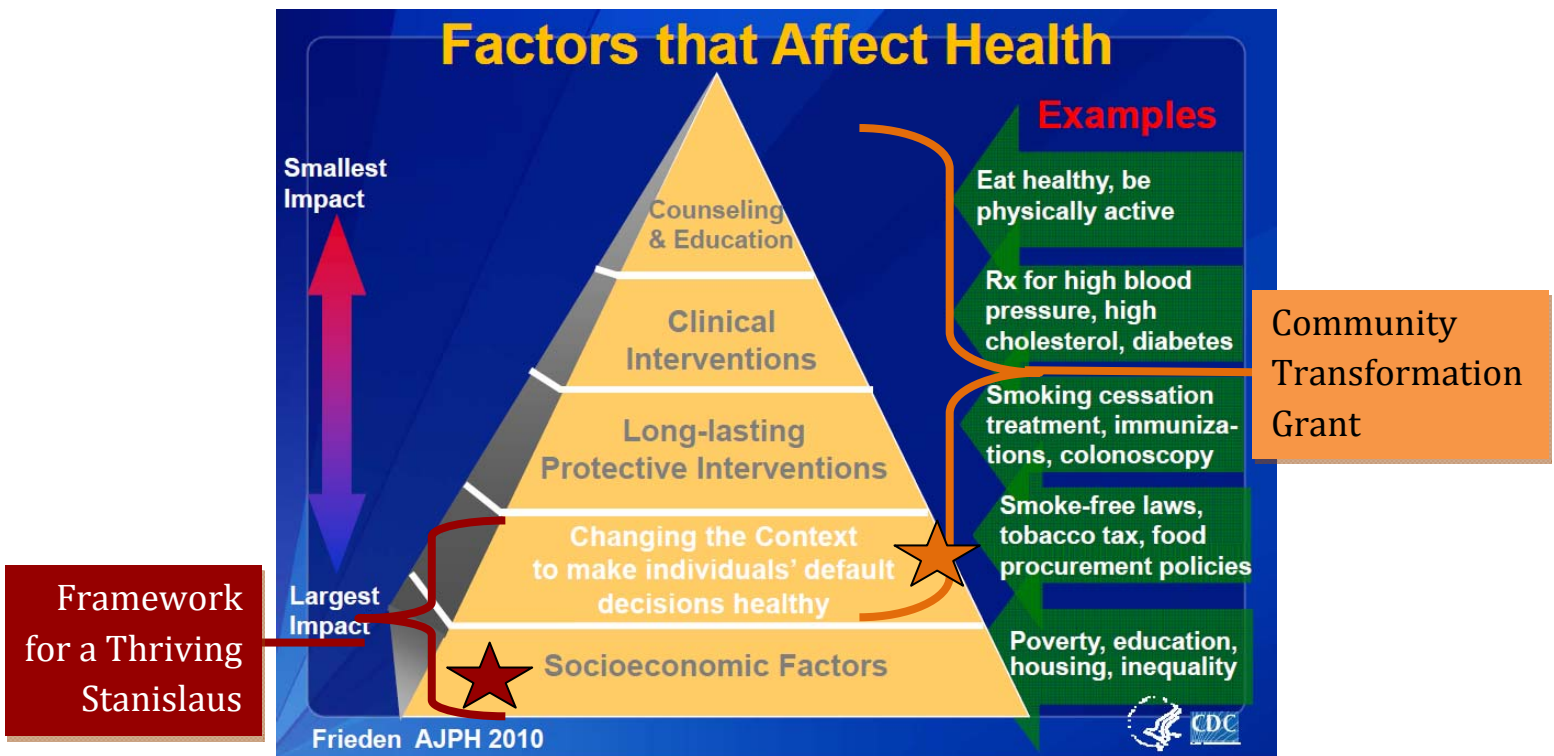
**Community Transformation & the *Framework for a Thriving Stanislaus*:
Mobilizing for Action through Planning and Partnerships (MAPP)**



Assess
(Community Health Assessment – “CHA”) 2007 & 2008
Plan
(development of the priorities, goals and strategies making up the <i>Framework for a Thriving Stanislaus</i>) 2009-2012
Implement
(carrying out the <i>Framework for a Thriving Stanislaus</i>) - 2009-2014
Evaluate
(take stock - asset inventory & gap analysis; SWOT/forces of change, tracking progress through indicators) - 2013

Assess
(hospitals’ community benefits reports, CTG CHA and countywide CHA) 2012 & 2013
Plan
(revision of the priorities, goal and strategies of the <i>Framework for a Thriving Stanislaus</i>) 2013-2014
Implement
(carrying out the <i>Framework for a Thriving Stanislaus</i>) – 2014-2020
Evaluate
(tracking progress through indicators annually + other methods) - 2014 – 2020)





**Framework for a Thriving Stanislaus:
Healthy.Educated.Prosporous.Vibrant.Sustainable**

<http://www.schsa.org/PublicHealth/mainpages/coalitionPartnerships/framework.html>

Access to Health Information, Resources and Health Care

- Empower consumers to care and advocate for selves and family
- Ensure school and after school environments support healthy behaviors
- Improve communication and coordination among providers
- Address provider shortage
- Improve access to health care through health insurance enrollment



Connections to High Impact Clinical Preventive Services and HEAL (e.g. school wellness) efforts of CTG?

Basic Needs

- Address hunger/nutrition
- Increase availability of childcare
- Address housing crisis
- Recruit and support employers who offer a living-wage

Education

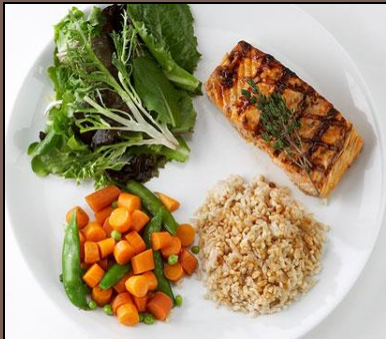
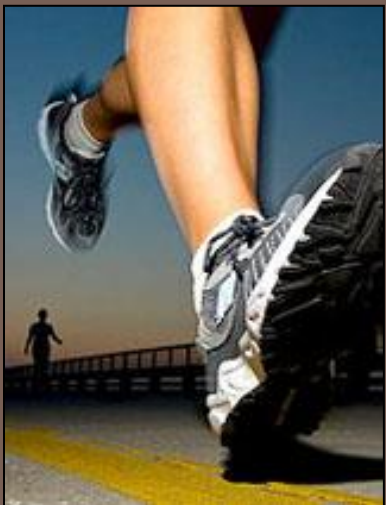
- Increase high school graduation rate, college attendance and vocational training
 - Engage students and parents to reduce truancy and drop-out rate
 - Reduce teen pregnancy through prevention activities
 - Provide young people life skills to enhance workforce readiness and self-sufficiency
 - Provide retraining opportunities for older workers

Built Environment

- Improve infrastructure (e.g. roads, zoning, city planning decisions) to support safety and healthy lifestyles
- Educate community, agencies and policy leaders about the health impact of built environment decisions



Connections to HEAL (e.g. joint use, fast food density caps) and tobacco (e.g. licensing, ad restrictions) efforts of CTG?



Community Transformation Leadership Team Meeting

October 10, 2013



CTG - Background

- Stanislaus County Capacity Building Grant
- Three Strategic Priorities:
 - ▣ Tobacco-Free Living
 - ▣ Healthy Eating Active Living (HEAL)
 - ▣ High-Impact Clinical Preventive Services
- Guiding Principles
 - ▣ Expand the Use of Evidence-Based Models/Strategies
 - ▣ Jurisdiction-wide/Population Approach
 - ▣ Advance Health Equity

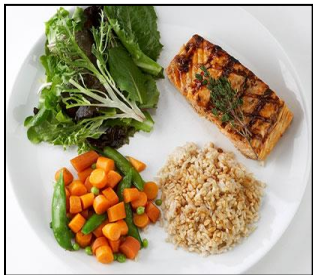
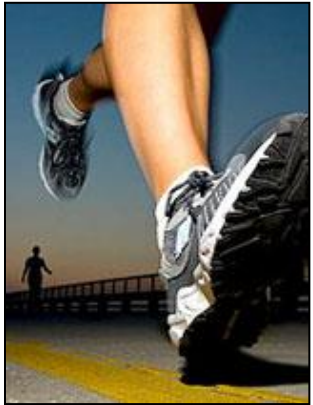


CDC Updates

- National Prevention Council
- National Prevention Strategy



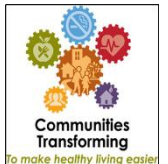
National Prevention Council



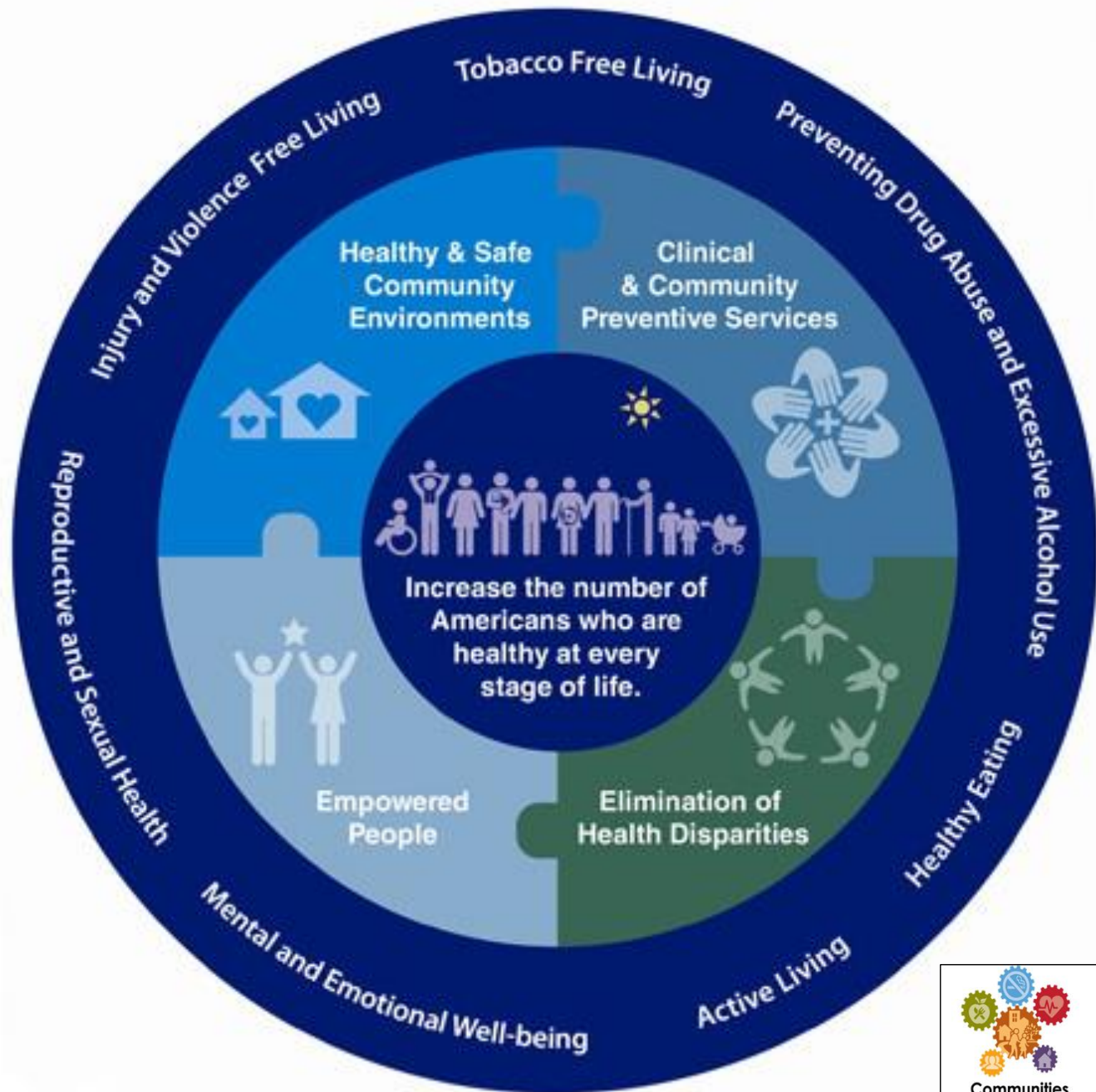
- **Who:** a diverse – 17 members, departments, agencies, & offices
- **Sectors:** housing, transportation, education, environment, etc.
- **Role:** Ensure federal health and prevention efforts are coordinated, aligned, and championed
- **Strategy:** It's American's Plan for Better Health & Wellness

National Prevention Strategy

- Requires ongoing leadership, focus on Strategic Directions & Priorities, and engagement of both public and private sectors
- Increases awareness and value of prevention across multiple sectors; promoting health and wellness
- Goal is to improve the health and quality of life for individual, families, and communities
- It's a ***Movement!*** - Moves the nation from focus on sickness & disease to one based on prevention and wellness



Aligning Priorities



Alignment Opportunities

- Center for Medicare and Medicaid Innovation
 - ▣ Primary care transformation
 - ▣ Accountable Care Organizations
 - ▣ Million Hearts Movement
 - ▣ Medicaid changes
 - Chronic disease prevention incentives
 - Strong start initiative
 - ▣ Healthcare Innovation Awards
 - ▣ State Innovation Models (SIM)
 - California got model design funding – “Let’s Get Healthy” Task Force

Alignment Opportunities

- Substance Abuse and Mental Health Services Administration (SAMHSA) - Behavioral and emotional health funding
- US Federal Reserve now interested in the broad determinants of health and prosperity
- US Commerce Department
- Department of Justice – *Communities that Care*
- The California Endowment – Education is major focus

Those involved in these grants/projects may seek US out!

Community Transformation

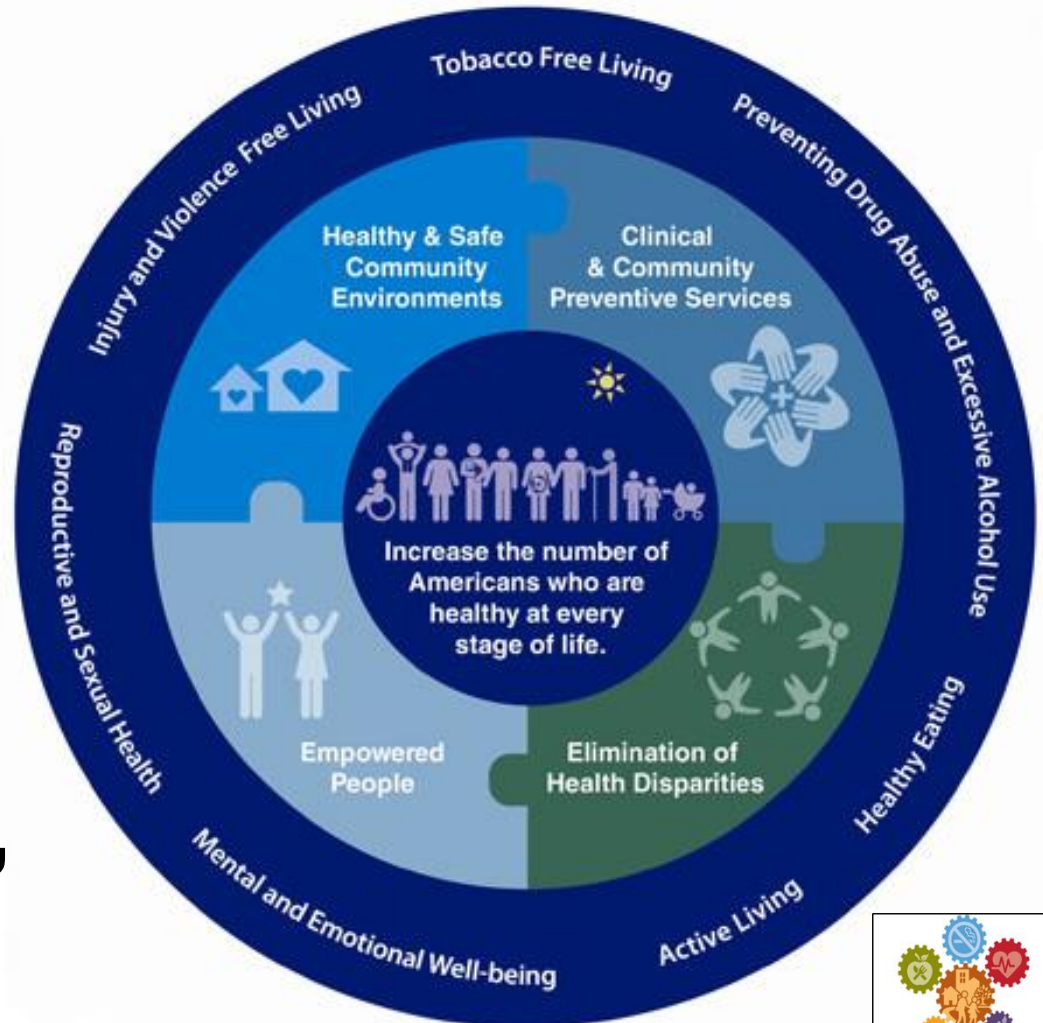
- Is part of the ***Movement***; Aligns with the National Prevention Strategies
- Promotes collaboration and community ownership
- It's an initiative and not a typical grant
 - ▣ Builds Capacity and Infrastructure
 - ▣ CDC has invested funds for Technical Assistance and FREE Resources



Aligning Priorities

Communication
is important.

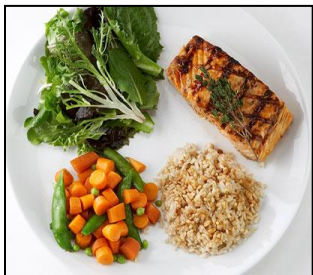
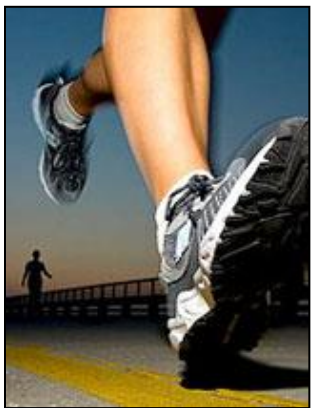
WE Need To
“Tell Our Story”



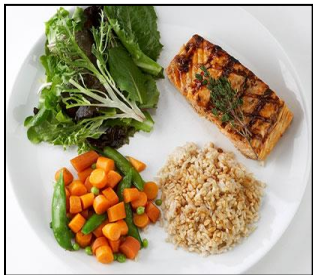
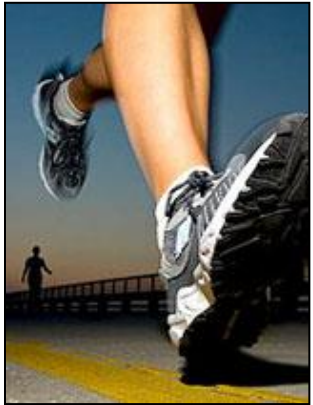
Healthy Eating Active Living Pilots 2013/14

- Local School Wellness Policy Revisions
 - Ceres Unified School District
 - Patterson Unified School District

- Worksite Wellness in Govt. Dept.
 - Community Services Agency (CSA)
 - Behavioral Health & Recovery Services (BHRS)



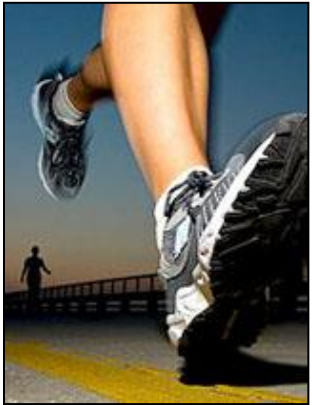
Tobacco-Free Living Pilots 2013/14



- Secondhand Smoke Awareness Campaign
 - ▣ County-wide (buses, radio, etc.)

- Smoke-Free Multi-Unit Housing
 - ▣ West Modesto/Airport
 - ▣ County-wide

Clinical Preventive Services 2013/14



- Community Health Worker as Patient Navigators
 - ▣ Program Planning & Development

Preliminary

- ▣ Stanford Model
- ▣ GVHS & HSA

Capacity Building

- Trainings
 - ▣ Media - Spokesperson, Message Mapping, Letter Writing, Social Media, Community Outreach
 - ▣ Built Environment – Complete Streets, City of Patterson
 - ▣ Joint Use Agreements



Collaboration Matrix Exercise

Leadership Team Shared Vision:

1) What does community transformation mean to you?



Collaboration Matrix Exercise

“If you want to go fast, go alone.

If you want to go far, go together.”

Collaboration Matrix Exercise

- 2) What do we need to do/have happen to transform Stanislaus County in this way?

- 3) What role can your organization plan in achieving the goal of community transformation?

- 4) What needs to happen for your organization to be successful in the role you see it playing for community transformation?



Collaboration Matrix Exercise

5a) What **strategies** is your organization currently pursuing that support CT?

5b) What additional strategies can your organization pursue to support CT?



Collaboration Matrix Exercise

6) What **benefits** will your organization receive from this collaboration?

