Community Transformation Grant (CTG) Tobacco Ad Hoc Committee Meeting

Friday, May 4, 2012
11:00 – 12:00 p.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

I.   Welcome & Introductions

II.   CTG Process Overview

III. Review of CDC Indicators & Policy

IV.   Community Health Assessment Roles & Responsibilities

V.   Training Calendar

VI.   Establish Next Meeting

     a.   Reoccurrence:

     b.   Date:

     c.   Time:

     d.   Location:

Community Transformation Grant (CTG)

Tobacco-Free Living Ad Hoc Committee Meeting

Friday, June 1, 2012
11:30 a.m. – 1:00 p.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

I.   Welcome & Introductions

II. Discussion Tobacco Indicators & Policy

III. Community Health Assessment Check-In

IV. Training Calendar Check-In

Next Meeting:

NO JULY MEETING DUE TO HOLIDAY

Friday, August 3, 2012
11:30 a.m. - 1:00 p.m.
Health Services Agency
830 Scenic Drive, Modesto
Martin Conference Room

Community Transformation Grant (CTG)
Tobacco-Free Living Ad Hoc Committee Meeting

Friday, September 7, 2012
11:30 a.m. – 1:00 p.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

I. Welcome & Introductions

II. Review and Approve Policy Scan

III. Review and Approve Asset Map

IV. Community Health Assessment Check-In

V. Training Calendar Check-In

Next Meeting:

Tentatively

Friday, October 5, 2012
11:30 a.m. - 1:00 p.m.
Health Services Agency
830 Scenic Drive, Modesto
Martin Conference Room

Community Transformation Grant
Tobacco-Free Living Ad Hoc Committee
Meeting Notes
May 4, 2012

Present:		Facilitator/Coordinator:
Alan Roth – Respiratory Health	Kelly Hughes – Sutter Gould Medical Foundation	Ken Fitzgerald – Stanislaus County Office of Education
Ana Astorga – Health Services Agency	Rocio Huerta-Camara – Sutter Gould Medical Foundation	Sharrie Sprouse – Health Services Agency
Esmeralda Gonzalez – Health Services Agency	Kathy Schafer – Doctors Medical Center Foundation	
John Sims – Children and Families Commission		

Topic	Discussion	Outcome/Action
1. Welcome/Introductions	The meeting was called to order, self introductions were made.	
2. CTG Process Overview	*Purpose & Outcomes* • To provide an overview of the components and process of CTG. • To establish CTG indicators/policy guidance. • To establish roles and responsibilities. • To establish trainings and schedule. • To establish meeting schedule. *Grant Priorities for Stanislaus County* • Tobacco Free Living • Increase Use of High Impact Quality Clinical Preventive Services (high blood pressure & high cholesterol) • Active Living & Healthy Eating *CDC Requirements:* CTG Core Principles (Mandated) • Use & Expand Evidence Base • Maximize Health Impact – jurisdiction-wide policy and environmental change strategies • Advance Health Equity *Definitions & Terms* • **Indicators** – measurable change, indicator driven POLICY (CDC's 3 Levels: core, optional and innovative) • **Health Equity** – equality in the quality of health and health care across different populations; assuring no differences in health, that are unnecessary, avoidable, unfair and/or unjust.	

Topic	Discussion	Outcome/Action
	• **Health Disparity** – inequalities that exist when members of certain population groups do not benefit from the same health status as other groups leading to a higher incidence of mortality rate. Health disparities can usually be identified along racial and ethnic lines, however can also extend beyond race to include areas such as access to healthcare, socio-economic status, gender, and biological or behavioral factors. *CTG Core Capacity Building Requirements (18 months):* • Mobilize the Community – Leadership Team, Coalition and 3 Ad Hoc Committees • Community Health Assessments – secondary data, policy scan, asset mapping, community readiness model (pre and post), focus groups, PRISM, community engagement • Tell Your Story – Leadership Team, Coalition and community forums • Implementation Plan - end product of the CTG Capacity Building (aka strategic planning) process.	

3. Review of CDC Indicators & Policy – Tobacco Free Living	*Core Indicators:*
	 • Smoke-free workplaces, restaurants, & bars
	 • Multi-unit housing
	 • Schools and workplace campuses
	 Optional:
	 • Expanding smoke-free (parks, beaches, & other public spaces)
	 • Other innovative strategies as identified by community
	 Discussion
	 Attendees discussed the following indicators/policy:
	 • Multi-unit housing – strong business (cost effective) case for land/unit owners.
	     ▪ Hotel Policy
	 • Smoke-free Parks/Outdoor Spaces and non TUPE School Sites – enforcement can be an issue; environmental impact can create an opportunity for additional/non-traditional partnerships.
	     ▪ Additional fees on garbage services utilized for clean up
	 • Retail Environment/Retail Licensing – focusing on stores near school sites, zoning laws; model after liquor license policy; licensing funds could be used to address enforcement issues.
		• Indicators discussion will continue at next meeting.
		 • Attendees recommended a presentation of Best Practices by local HEAL policy-level initiatives.

4. Community Health Assessment (CHA) Roles & Responsibilities	*Discussion* The components of the CHA, as mentioned in the above section, *CTG Core Capacity Building Requirements* were discussed.	• Community Readiness Model (aka key informant interviews) interviewers and interviewees are needed. The current

Topic	Discussion	Outcome/Action
		matrix will be disseminated via email for member input and will be re-evaluated during the next meeting. • Asset Mapping will begin via email and will be re-evaluated during the next meeting.
5. Training Calendar	*Discussion* • Attendees discussed trainings and methods. Determined to host webinar trainings at the Agency, as well as on the web and archiving (via website). • Attendees identified policy process (local/ordinances, legislation levels, which levels take precedence) as a needed training.	• Sharrie will secure a policy process training, which will be conducted for the entire CTG Coalition, as all three CTG priority areas will be addressing policy level indicators.
6. Next Meeting	Attendees determined to meet monthly while required, due to the amount of tasks and that an hour and a half was needed. *Meeting Schedule* Reoccurrence: 1st Fridays of the month Location: Martin Conference Room Time: 11:30am-1:00pm (Brown Bag Lunch) *Next Meeting Tasks* • Update on CHA tasks: Community Readiness Model contacts and Asset Mapping • Continue discussion on possible policy indicators and trainings	

Community Transformation Grant
Tobacco-Free Living Ad Hoc Committee
Meeting Notes
June 1, 2012

Present:		Facilitator/Coordinator:
Alan Roth – Respiratory Health Kathy Schafer – Doctors Medical Center Foundation		Ken Fitzgerald – Stanislaus County Office of Education Sharrie Sprouse – Health Services Agency

Topic	Discussion	Outcome/Action
1. Welcome/Introductions	The meeting was called to order, self introductions were made.	
2. CDC Indicator & Policy Discussion	Ken provided members with resources and tools for tobacco policy work. The resources that were provided were on the 3 areas that the committee had expressed interest in: smoke-free multi unit housing, smoke-free outdoor spaces and retail environment policy work. The following were provided and discussed: • Smoke-free Housing: A 5 Phase Approach and Ordinance Checklist • Becoming a Policy Wonk on Nonsmoking Housing Units Ordinances • Smoke-free Outdoor Areas: A 5 Phase Approach and Ordinance Checklist • Becoming a Policy Wonk on Comprehensive Outdoor Secondhand Smoke Ordinances • Licensing: A 5 Phase Approach and Ordinance Checklist • Becoming a Policy Wonk on Local Tobacco Retailer Licensing • Additional Tobacco-Free Resources were disseminated (Electronic Cigarettes and 10 Ways to Limit Tobacco in Your Community) The group reviewed and discussed the CDC indicators. The group was advised the Leadership Team was in alignment with the direction of the Ad Hoc Committee. During the last Leadership Team meeting, the members reviewed the indicators and approved multi-unit housing. The Leadership Team also discussed retail environment policy. The Leadership Team members would like to pursue retail environment (retail licensing, advertisements and zoning) as a second option as funding continues. Additionally, the partnership with tobacco and nutrition efforts can serve as a possible asset for future retail environment policy work. The Committee members discussed the potential strengths smoke-free multi-unit housing policies have: • HUD support (recommends a voluntary policy)	

Topic	Discussion	Outcome/Action
	• Wesley Migrant Camp Housing has a smoke-free multi-unit housing policy	
3. Community Health Assessment (CHA) Check-In	CHA Check-In was proposed to be a standing agenda item. Members agreed this would be a productive item to have. Background information on asset mapping and an example were provided to the members. The members discussed the progress on the asset mapping and key informant interviews.	
4. Training Calendar Check-In	Training Calendar Check-In was proposed to be a standing agenda item. Members agreed, as this would allow for an opportunity to discuss training needs. A web-based access option and calendar are still being developed.	
5. Next Meeting	Date:　　Friday, August 3, 2012 Location:　Martin Conference Room Time:　　11:30am – 1:00pm	

Community Transformation Grant Process Overview

CTG Tobacco Free Living

Ad Hoc Committee

Friday, May 4th

11:00am-12:00pm

HEALTH SERVICES AGENCY
Stanislaus County

Purpose & Outcomes

- To provide an overview of the components and process of CTG.

- To establish CTG indicators/policy guidance.

- To establish roles and responsibilities.

- To establish trainings and schedule.

- To establish meeting schedule.

HEALTH
SERVICES
AGENCY

Grant Priorities
for Stanislaus County

- Tobacco Free Living

- Increase Use of High Impact Quality Clinical Preventive Services (high blood pressure & high cholesterol)

- Active Living & Healthy Eating

HEALTH SERVICES AGENCY

CDC Requirements:
CTG Core Principles (Mandated)

- Use & Expand Evidence Base

- Maximize Health Impact – jurisdiction-wide policy and environmental change strategies

- Advance Health Equity

Stanislaus County **HEALTH SERVICES AGENCY**

Definitions & Terms

- **Indicators** – measurable change, indicator driven POLICY
  - (CDC's 3 Levels: core, optional and innovative)

- **Health Equity** – equality in the quality of health and health care across different populations; assuring no differences in health, that are unnecessary, avoidable, unfair and/or unjust.

- **Health Disparity** – inequalities that exist when members of certain population groups do not benefit from the same health status as other groups leading to a higher incidence of mortality rate. Health disparities can usually be identified along racial and ethnic lines, however can also extend beyond race to include areas such as access to healthcare, socio-economic status, gender, and biological or behavioral factors.

Stanislaus County **HEALTH SERVICES AGENCY**

CTG Core Capacity Building Requirements: (18 months)

- Mobilize the Community

- Community Health Assessments

- Tell Your Story

- Implementation Plan

Stanislaus County HEALTH SERVICES AGENCY

Mobilize Community

Leadership Team

- 24 Leadership Team Members
- Guide the capacity building process
- Spokespersons for the initiative
- Trainings & skills assessments

Coalition

- 47 Coalition Members
- Multi-disciplinary that supports strategic direction
- Engage in planning activities
- Trainings & skills assessments

Ad Hoc Committees

- 3 Ad Hoc Committees: Tobacco Free Living -14, Clinical -16 and HEAL 21 members
- Engage in planning activities
- Trainings & skills assessments

Tobacco-Free Living

- **Core Indicators:**
- Smoke-free workplaces, restaurants, & bars
- Multi-unit housing
- Schools and workplace campuses

- **Optional:**
- Expanding smoke-free (parks, beaches, & other public spaces)
- Other innovative strategies as identified by community

Community Health Assessments

Secondary Data
- Tobacco Free Living, HEAL, and Clinical Preventive Measures
- Includes: Census, CHIS, CHK, FitnessGram, broad determinants of health, OSHPD, HEDIS, Federal Office of Healthcare Quality, Death Statistical Mater File, County Health Status profiles

Policy Scan
- Tobacco Free Living - Local City Ordinances, ALA Local Grades, local funded programs
- HEAL – Subcontracted with Public Health Law & Policy it will include schools, employers, communities, general plans, etc.
- Clinical Preventive Measure (?)

Asset Mapping
- Tobacco Free Living, HEAL and Clinical Preventive Measures
- Local efforts
- Local resources

Community Readiness
- Key Informant Interviews - Tobacco Free Living and HEAL
- 6 Subgroups (Health care, community member, local leaders, faith-based, schools, & social services (FRC)
- Identifying KII per city/area

Community Health Assessment – Con't

Focus Groups
- HEAL & Tobacco Free Living – Samuels & Associates Train the Trainer
- Coordinate and conduct throughout the county

PRISM
- CDC PRISM Training
- Populate with data and identify potential implementation strategies

Community Readiness
- Conduct again at the end of the initiative
- Same sample

Community Engagement
- Leadership Team, HEART Coalition and all three Ad Hoc Committees

Discussion & Determine

Discussion:

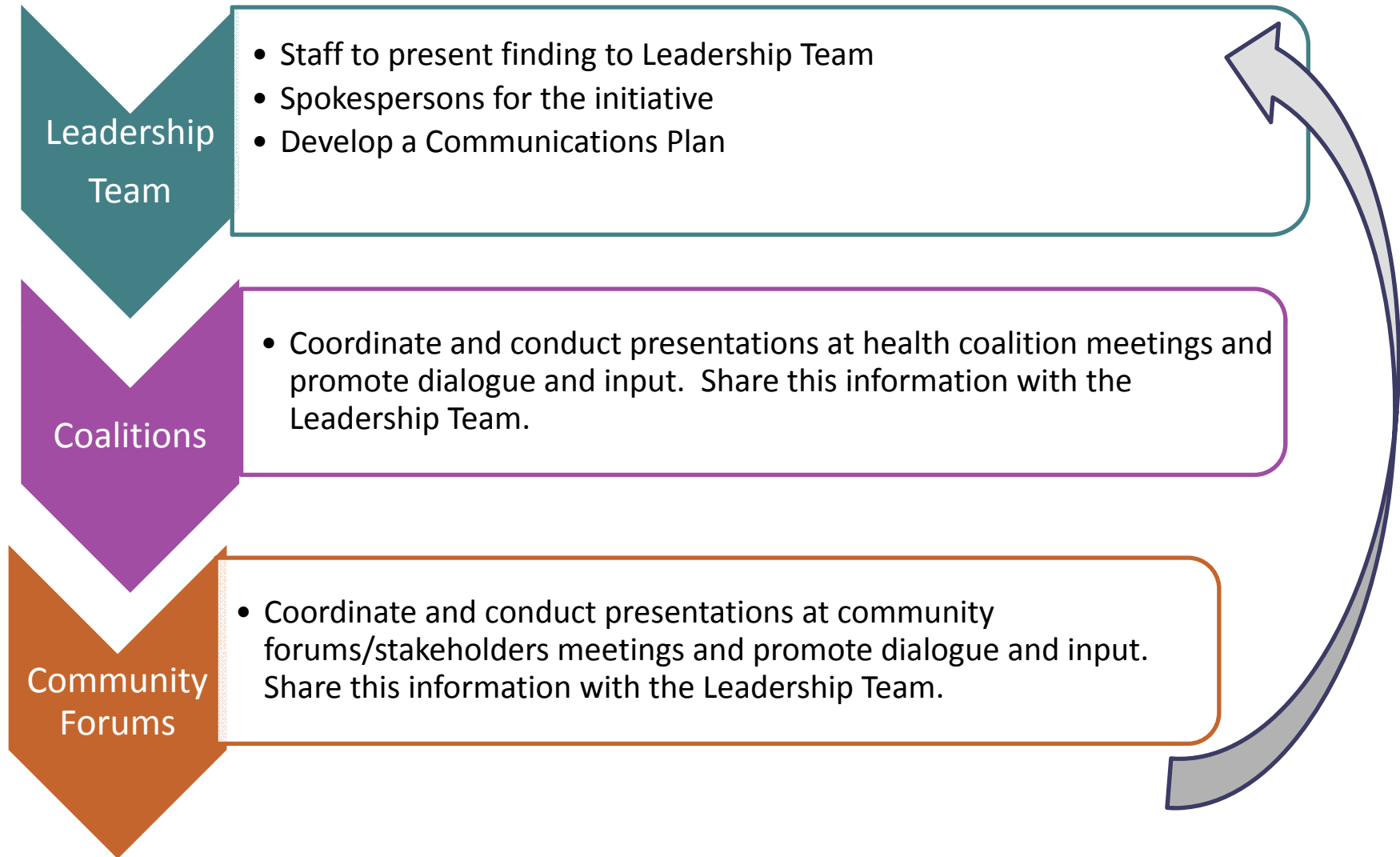- Community Health Assessment Components

Determine:

- Tobacco Ad Hoc Role
- Tobacco Ad Hoc Responsibilities

(Utilize White Board)

Compile All Assessments and Potential Strategies

Secondary Data → Policy Scans → Asset Mapping → Focus Groups → Community Readiness

Tell Your Story

Leadership Team

- Staff to present finding to Leadership Team
- Spokespersons for the initiative
- Develop a Communications Plan

Coalitions

- Coordinate and conduct presentations at health coalition meetings and promote dialogue and input. Share this information with the Leadership Team.

Community Forums

- Coordinate and conduct presentations at community forums/stakeholders meetings and promote dialogue and input. Share this information with the Leadership Team.

Discussion & Determine

Discussion:

- Tell Your Story Components

Determine:

- Tobacco Ad Hoc Role
- Tobacco Ad Hoc Responsibilities

(Utilize White Board)

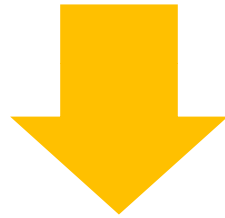# CTG Overview – 18 months

Mobilize Community

Community Health Assessments

Tell Our Story

Strategic Planning and the development of an Implementation Plan

Implementation Plan

⬇

Implementation

Identify Trainings

&

Establish Training Calendar

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

NOTES:

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