May 16, 2018

Strategy Sustainability in Action and Practice

From the

Division of Nutrition, Physical Activity, and Obesity (DNPAO) TACTIC Webinar Series

Webinar Description

This webinar will provide a practical framework along with insights and strategies for ensuring that community health improvement efforts are maintained and have a lasting, sustainable impact. Awardee presenters will share examples of how community organizations have planned for sustainability for their intervention strategies. The webinar will offer ways the community and partners can take ownership in incorporating sustainable processes within their programs as well as adapting and expanding on existing programs.

Learning Objectives

By the end of this webinar, participants should be able to:

- Identify key elements of strategy sustainability
- Identify creative ways to engage coalition members in the process of strategy sustainability
- Describe how to engage partners, champions, or other community stakeholders in the process of sustainability

Jim Lidstone
Live Healthy Baldwin

Dr. Jim Lidstone is a professor in the School of Health and Human Performance and Director of the Center for Health & Social Issues. Dr. Lidstone is also Director of Live Healthy Baldwin, a childhood obesity prevention project funded by the Robert Wood Johnson Foundation from 2010 – 2013 and the Healthcare Georgia Foundation through 2017. In 33 years in higher education, Dr. Lidstone has authored 32 publications, made over 100 scholarly presentations, and received $3,500,000 in grant funding.

Connie Lafuente
Project Concern International

Connie Lafuente currently works for Project Concern International as the Director, Community Health Worker Programs for CDC REACH ALCANCE, CLIMB, and Alzheimer's. She is a bilingual and bicultural public health professional with over 20 years' experience in the health care field and nonprofit environments. She has extensive experience working with diverse groups, ranging from community health workers to health officials at the federal, state, and local levels in the U.S. and Mexico border region. She coordinates the San Diego Chronic Disease Coalition meetings; she is a member of the San Diego County Promotores Coalition; and serves as a Board Member for the American Diabetes Association (ADA).

Stan Miller
Community Health Improvement Partners

Stan Miller is the Senior Director at Community Health Improvement Partners in San Diego, CA. For the past twenty years Stan has worked with a wide variety of nonprofit organizations in Southern California with missions ranging from public health, hunger and food insecurity and early childhood education. Stan currently directs REACH Chula Vista – a project of the San Diego County Childhood Obesity Initiative that aims to improve access to healthy food and physical activity opportunities for residents of Western Chula Vista, CA.

Webinar Series Disclaimer

This webinar is supported in part by Contract No. GS-23F-9777H (200-2011-F-42017). The findings and conclusions in this webinar are those of the authors and do not necessarily represent the views or official position of the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention (CDC). In accordance with U.S. law, no federal funds provided by CDC were permitted to be used by community grantees for lobbying or to influence, directly or indirectly, specific pieces of pending or proposed legislation at the federal, state, or local levels. Links to non-federal organizations found in this presentation are provided solely as a service. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization web pages found at these links.

Project Sustainability: It's Never Too Soon to Start

Jim Lidstone, Ed.D
Director, Center for Health & Social Issues and Live Healthy Baldwin
Georgia College & State University

Topics

1. Community background
2. Center for Health and Social Issues
3. Live Healthy Baldwin
4. Funding history
5. Sustainability framework
6. Conclusion

Milledgeville/Baldwin County, GA

- Town of 18,933 in county of 49,000
- State capital from 1804-1868
- Home to Georgia College
- Ranked 109/159 in health outcomes
- 144/159 in health behaviors
- 37% adult obesity rate
- 12% diabetes rate
- Median household income is $34,595
- 6.8% unemployment (down from 14% in 2009)
- 34% of children live in poverty

Center for Health & Social Issues

The purpose of the Center for Health and Social Issues at Georgia College & State University is to improve the health of the residents of Central Georgia through collaborative campus/community partnerships to provide research and education concerning contemporary health problems and social issues.

CHSI has been the lead agency for Live Healthy Baldwin since its inception

Focus Areas

- Obesity
- Cancer
- Diabetes
- Cardiovascular disease
- Mental health
- Access to health care

LIVE HEALTHY
BALDWIN

LIVE
HEALTHY
BALDWIN

Live Healthy Baldwin

To reverse the childhood obesity epidemic in Baldwin County by increasing opportunities for physical activity and access to healthy food for those at greatest risk for obesity

Focus Areas

Food and Food Access

1. Community and school gardens
2. Accepting SNAP and WIC benefits at farmers markets
3. Farm to School program
4. Regional Food Policy Council

Physical Activity

1. **Safe Routes to School**
2. **Bicycle Friendly Community - Silver**
3. Complete Streets
4. Rail-to-Trail project
5. **Power Up for 60**
6. **Live Healthy in Faith**

History of Live Healthy Baldwin

- Formed in 2009 in response to CFP from the Robert Wood Johnson Foundation Healthy Kids-Healthy Communities program
- Selected in 2010 as one of 49 HKHC communities; Funded from January, 2010 to December, 2013
- Invited to apply for Healthcare Georgia Foundation Childhood Obesity Prevention Project (COPP) in 2013; Funded from October, 2013 to December, 2016
- 2014 Washington Center/New York Life Civic Engagement Award
- 2016 All-Star Community Award at the Inaugural Healthy Georgia Awards
- 2018 Joseph D. Greene Community Collaborative Award from the Healthcare Georgia Foundation

Healthy Kids, Healthy Communities 2010-2013

- Robert Wood Johnson Foundation
- $33 million community-based initiative to reverse the childhood obesity trend by 2015
- 49 communities across the nation including Puerto Rico
- $360,000 per community over 4 years
- Required a 50% match for total project commitment of $540,000
- Focus was on <u>policy</u> and <u>changes to the built environment</u> to increase opportunities for healthy eating and physical activity for those at greatest risk

Healthy Kids, Healthy Communities (49 Sites)
King County/Seattle, WA
Multnomah County/Portland, OR
Benton County, OR
Oakland, CA
Watsonville/Pajaro, CA
Central Valley, CA
Baldwin Park, CA
Rancho Cucamonga, CA
Phoenix, AZ
Denver, CO
Cuba, NM
Grant County, NM
El Paso, TX
San Antonio, TX
Houston, TX
Omaha, NE
Kansas City, KS/MO
Columbia, MO
Boone/Newton Counties, AR
Desoto/Marshall/Tate Counties, MS
Jackson, MS
New Orleans, LA
Houghton County, MI
Milwaukee, WI
Kane County, IL
Chicago, IL
Flint, MI
Hamilton County, OH
Louisville, KY
Knox County, TN
Chattanooga, TN
Jefferson County, AL
Milledgeville , GA
Cook County, GA
Jacksonville, FL
Lake Worth/Greenacres/Palm Springs, FL
Rochester, NY
Buffalo, NY
Fitchburg, MA
Somerville, MA
Kingston, NY
Philadelphia, PA
Washington, DC
Charleston, WV
Nash/Edgecombe Counties, NC
Moore/Montgomery Counties, NC
Spartanburg County, SC
Greenville, SC
Caguas, PR

Childhood Obesity Prevention Program (COPP) 2013-2017

- Healthcare Georgia Foundation initiative
- 10 communities invited to apply
- 4 were selected (Savannah, Cook County, Cobb County, Milledgeville)
- $325,000 per community over 3 years
- Focus is on policy and changes to the built environment to increase opportunities for healthy eating and physical activity for those at greatest risk
- 2 communities selected to receive a fourth year of funding (Savannah and Milledgeville)

How do you keep going a.k.a. Sustainability?

- Intentional
- Have a plan
  - Partners
  - Leadership
  - Progress
  - Prepare

	STREAMS	INFORMAL ⟵				⟶ STRATEGIC & INTENTIONAL	
PARTNER	PARTNERSHIPS	Let interested partners initiate collaboration.	Develop collaborative/ partnership informally or reactively.	Identify and implement strategic communication channels.	Build resilience within partnerships by distributing leadership among members.	Share resources between partners and maximize and deploy existing strengths and assets.	Integrate partners' visions and expertise into existing systems, operations, and budgets.
PARTNER	LEADERSHIP	Let leadership develop by osmosis.	Send staff, partners, community leaders, and elected officials to learning and networking opportunities.	Plan and implement grassroots and grass-tops capacity building efforts.	Create opportunities for partners and residents, especially youth, to become champions for community health and contribute lasting energy and ideas.		Develop and implement a plan to provide ongoing support and training to elected officials and decision makers.
PROGRESS	ENVIRONMENTS	Wait for environmental/ physical changes to happen.	Seek opportunities to influence new capital and physical projects.	Seek systematic changes in policies, standards, and practices related to long-term upgrades and maintenance.		Ensure that relevant policy/systems changes are implemented.	Ensure that healthy environments become the norm across the community.
PROGRESS	POLICIES / SYSTEMS	Wait for policies and systems to evolve.	Assess needs and conduct audits of policies and systems.	Advocate for priority policy practices, standards, resources, and supports.	Ensure implementation of relevant systems changes that advance/ reinforce central policy objectives.	Select strategies that are mutually reinforcing, including a mix of "quick wins," mid-term milestones, and those with potential for long-term support.	Maintain and expand the grassroots and grasstops capacity that support policy/systems.
PREPARE	RESOURCES	No clearly defined process for seeking additional funds.	Ask partners for ongoing commitments of in-kind support.	Write grant proposals for state, federal, and foundation funding and support.	Approach and develop relationships with a variety of funders for larger, longer-term support.	Develop and implement a strategic fundraising plan that tracks performance measures and capacity to secure resources.	Sustain ongoing funding stream.

Sustainability Framework

Healthy Places by Design's Sustainability Framework can help community coalitions and funders incorporate sustainable thinking as an essential practice for healthy community change. The framework is inspired by the triple- bottom-line approach and is modified for community-based work. The sustainability streams address a community's social, environmental, policy, systems, and economic context to identify opportunities to leverage and sustain coalitions' work. The examples in this framework are illustrative and integrated, not prescriptive or necessarily chronological. They are meant to help coalitions and funders assess their work, prime conversations, and identify ways to strategically and proactively achieve sustainable healthy community change.

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HOPE IT HAPPENS

WANT IT TO HAPPEN

WILL MAKE IT HAPPEN

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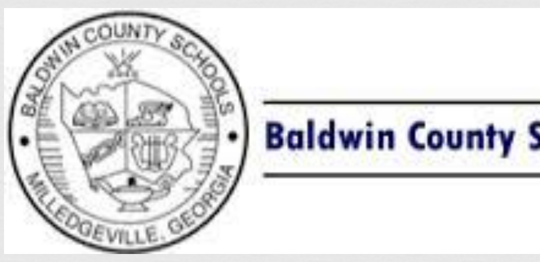
Partners



Partners and Leadership

- City of Milledgeville
- Baldwin County Commission
- Baldwin Co. Parks & Rec
- The Development Authority of Milledgeville and Baldwin County
- Baldwin County Board of Education
- Georgia College & State University
- Middle Georgia Regional Commission
- Oconee River Greenway Authority & Foundation
- Health M Powers
- Georgia Military College
- North Central Health District
- Baldwin County Health Department
- Oconee Regional Med Center
- Milledgeville Community Garden Association
- Bike Walk Baldwin
- Baldwin Family Connection
- Milledgeville/Baldwin County Chamber of Commerce
- Central Georgia Rails to Trails Association

Progress, Policies and Systems

- Complete Streets Ordinance and Implementation Plan
- Bicycle Friendly Community and University status
- Farmers markets that accept SNAP and WIC benefits
- Community garden and walking trail in underserved area of the community
- Completed $1.2 million trail network on Board of Education campus
- Established a bike cooperative in a low income neighborhood
- $3.5 million for various projects
- Multiple awards at national and state level

Plan and Prepare

- Silver level Bicycle Friendly Community status
- Silver level Bicycle Friendly University status
- Open streets event and bike lane demonstration project
- Complete the Fishing Creek Community trail!!
- Initiate construction of the 33 mile Milledgeville to Macon rail-trail
- Let the partners do it!
- Seek additional resources

Keep the Main Thing, the Main Thing

Resources

- Live Healthy Baldwin: http://livehealthybaldwin.weebly.com/
- Healthy Kids, Healthy Communities: https://healthyplacesbydesign.org/project/robert-wood-johnson-foundation/
- Healthcare Georgia Foundation Childhood Obesity Prevention Project: Results Matter: http://healthcaregeorgia.org/wp-content/uploads/2018/01/Results-Matter-November-2017.pdf
- Healthy Places by Design (formerly Active Living by Design)
  https://healthyplacesbydesign.org/
  919-843-2523
  info@healthyplacesbydesign.org

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CDC REACH ALCANCE

Presented by: Connie Lafuente MPH
Director, Community Health Worker Programs

May 16, 2018

CDC REACH ALCANCE

PROJECT ALCANCE – FUNDED BY CDC

__A__dvancing __L__atinos __C__hronic Disease Prevention through __A__wareness, __N__etworking, __C__ollaboration and __E__ducation

ALCANCE Program received funding from the Centers for Disease Control and Prevention (CDC) to increase opportunities for and awareness of chronic disease prevention, risk reduction, and/or management through clinical and community linkages.

CDC REACH ALCANCE

Total population in 4 zip codes: 120,623

Total target populations:

Latinos: 85,065

Latina WRA: 19,796

Project ALCANCE Target populations:

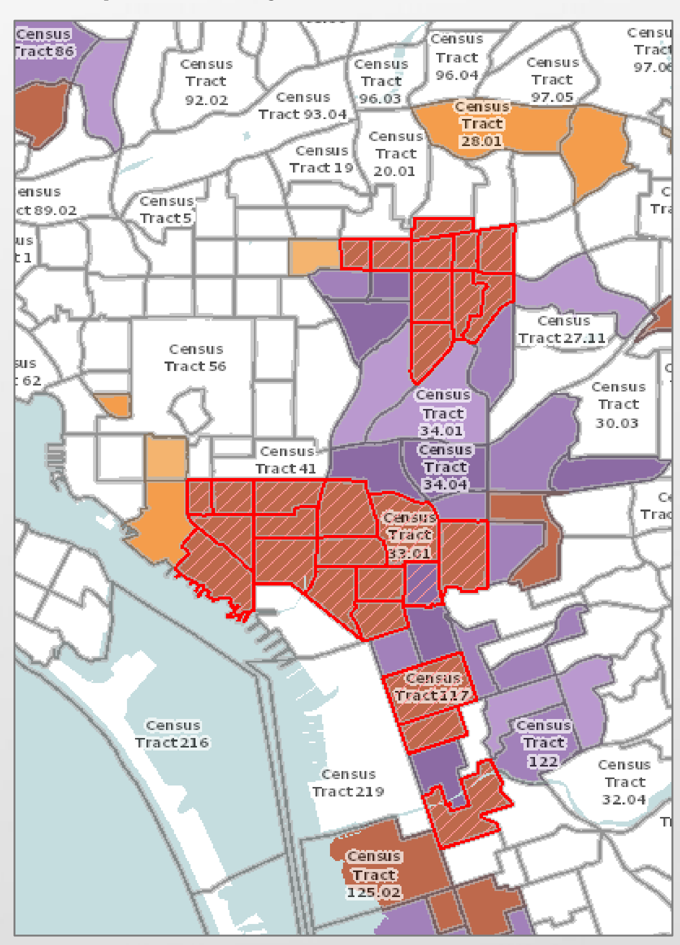
Latinos: 69, 799 (75%)

Latina WRA: 14,847 (75%)

Geographic census tracts:

- 92102 Golden Hills
- 92105 City Heights
- 92113 Sherman Heights
- 91950 National City

Map of Project ALCANCE



CDC REACH ALCANCE

Project Objectives: September 29, 2018

PPO 1.0 San Diego Chronic Disease Coalition	⬆ Infrastructure components 0-9
PPO 2.0 100% CHW Participants	⬆ Knowledge (90%) ⬆ Professional development opportunities (50%)
PPO 3.0 75% of Latinas in Targeted areas	⬆ Chronic diseases prevention opportunities
PPO 4.0 Media and communications campaign	⬆ Increase prevention of chronic diseases and access to services

CHW Workforce

Goal

- Project ALCANCE will increase opportunities for and awareness of chronic disease prevention, risk reduction, and/or management.

Population

- Low-income, vulnerable, Hispanic/Latinos.

Methodology

- Through clinical and community linkages utilizing the culturally tailored, evidence based community health worker (CHW) model and community based participatory action (CBPA). Community members are provided tailored key health messages on chronic diseases and taught how to use the Referral Pathway tools. A Behavior health survey is done pre-messaging and community member is followed up at 2 & 6 month post referral for any behavior change.

CHW Leadership Academy

Session/ Week	Topic	Session/ Week	Topic
1	Introduction	6	Oral & Written Communication
2	Heart Health	7	Presentation & Public Speaking
3	Stroke	8	Leadership & Public Education
4	Cancer	9	Policy Engagement & Participation
5	Referral Pathway Tool	10	1) Job Readiness 2) Transitioning SDCC

CDC REACH ALCANCE

REFERRAL PATHWAY TOOLS:

RPT 1

RPT 2

COMMUNITY · CARING · HEALTH · WELL BEING · FAMILY ·

SAN DIEGO FAMILY CARE
A California Non-Profit Corporation

Mid City Community Clinics

FAMILY HEALTH CENTERS OF SAN DIEGO

OPERATION SAMAHAN
COMMUNITY HEALTH CENTER

Clinics - Associations

American Heart Association | American Stroke Association

American Diabetes Association.

American Cancer Society®

AMERICAN LUNG ASSOCIATION.
Fighting for Air

CDC REACH ALCANCE

REFERRAL PATHWAY TOOL 1 (RPT1)

PROGRAM DESCRIPTION CENTRAL REGION PATHWAY TOOL— 1 FOR CHRONIC DISEASES: CANCER, DIABETES, HEART DISEASES, AND STROKE

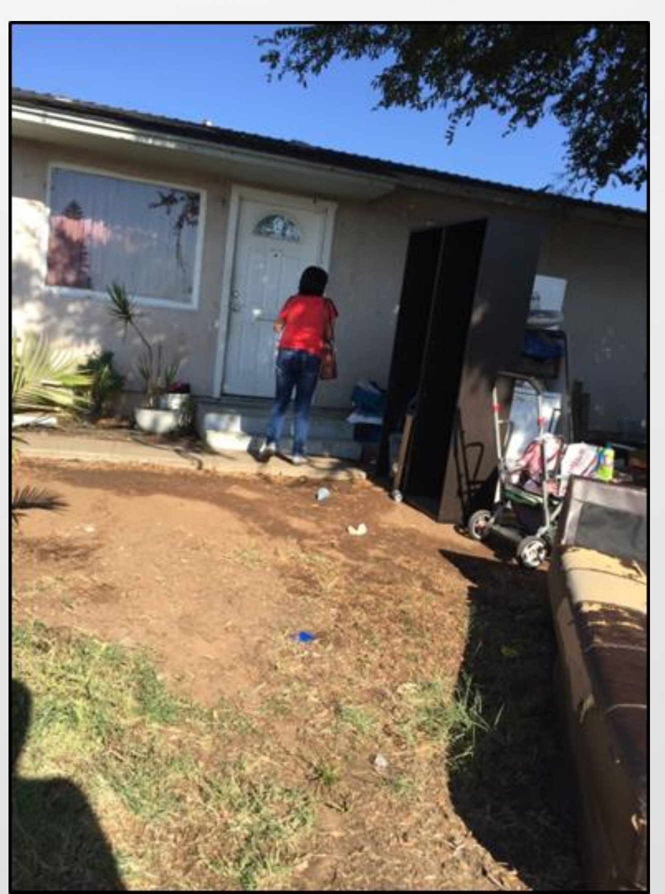
		PCI Partner Organizations			
Program Info		**La Maestra**	**Operation Samahan**	**San Diego Family Care Mid-City Community Clinic**	**Family Health Centers of San Diego**
Program Focus/Goal		Medical services, screening, and support programs open to the community.	Integrative, holistic approach to keeping people well and healthy.	Comprehensive health care for adults, women, teens and children.	Comprehensive health care for adults, women, teens and children.
Eligibility Criteria		All. Free or sliding scale fees for low-income, uninsured women. Call for additional eligibility requirements.	Open to the community. Please provide proof of income to qualify for the sliding fee scale	Open to the community. Please provide proof of income to qualify for the sliding fee scale	Open to the community. Free or sliding scale fees for low-income, uninsured women. Call for additional eligibility requirements.
Program Capacity		Not specified	Not Specified	Not Specified	Different locations, over 30 sites, including 92105, 92102, 92113, & 91950
Service provided	**General Medical Services**	Multiple medical services and prevention programs.	Primary care services including diagnosis & treatment of common health complaints, general physical exams, routine lab work, and general health screening and education.	Multiple medical services, and health education programs	Primary health care, treatment, screening and prevention programs.
	CANCER	It includes free Fecal Occult Blood Test (FOBT) for the early detention of cancer of the colon, free breast cancer screening for uninsured low-income, women over 40 years old living in SD. ("Every Woman Counts" Program)	It includes free breast and cervical cancer screening available for women older than 25 years of age who do not have medical insurance and are low-income.	It includes "Every Woman Counts" Program (free or low fee for breast cancer screening), and cancer screening in general, cancer prevention, and health education in general.	Cancer screening in general, breast, uterine, and cervical cancer evaluation, prevention, and health education in general, including radiology, mammography. Also, "Every Woman Counts" program.
	DIABETES	Prevention, management, treatment and general information. Includes blood pressure screening, diabetes screening, and more.	It includes diabetes and obesity education programs.	Primary and preventive care for diabetes care, "Project Dulce (Diabetes)" education	It provides primary health care for diabetes, including nutrition, diabetes, hypertension, weight management, smoke cessation and childhood obesity programs. Comprehensive diabetes classes.
	HEART DISEASES	Prevention programs such as nutrition workshops & zumba.	Primary health care, screenings and education programs, including obesity and weight management. Free "Healthy Heart" monthly classes, Tagalog & Spanish -- Call 619-477-4451, ext. 1017, or dbalitang@operationsamahan.org	Prevention, management and general health education classes.	General health education programs, including nutrition, hypertension, weight management, smoke cessation and childhood obesity programs.
	STROKE	Prevention programs such as nutrition workshops & zumba.	Primary health care, screenings and education programs, including obesity and weight management.	General health education classes.	General health education programs, including nutrition, hypertension, weight management, smoke cessation and childhood obesity programs.
Service Duration		As needed	No Specified	No Specified	As needed
Method of Referral "Preferred Method" & Contact Info		**City Heights**: 619-280-4213, 4060 Fairmount Ave., SD 92105, **National City:** 217 Highland Ave., 91950, (619) 434-7308	**National City:(1)** 2743 Highland Ave., National City, 91950, Main Phone: 619-474-8686,	**Mid-City Community Clinic:** 4290 Polk Ave., 92105, Tel: 619-563-0250.	Over 30 sites, including Ibarra Family: 4874 Polk Ave, San Diego, CA 92105, (619) 515-2426; New Diamond: 4725 Market Street, San Diego, CA 92102, (619) 515-2560; Logan Heights Family Health Center: 1809 National Ave., SD 92113, tel. 619-515-2300.

REFERRAL PATHWAY TOOL 2 (RPT2)

Program Info	American Heart Association (AHA) – SD	American Stroke Association (ASA) -SD	American Diabetes Association (ADA) - SD	American Cancer Society (ACS) - SD	American Lung Association (ALA)- SD
Program Focus/Goal	Public education & advocacy. Education on the prevention & treatment of heart disease & stroke.	Provides stroke education and programs to stroke survivors, caregivers, and healthcare professionals.	Public education & advocacy. Education & Lifestyle tips on the prevention and management of type 2 diabetes. Resources also available for Type 1 and Gestational Diabetes	Help patients navigate all support programs and treatments.	Support and education for patients with lung cancer and their caregivers
Eligibility Criteria	Available to Anyone in Need	Stroke Community	Available to anyone in need	Available to Anyone in Need	Available to Anyone
Service provided	1.) Health-related resources, tools and information for individuals, families, caregivers, healthcare professional, educators, hospitals, schools & work-sites. 2.) Training materials, courses and programs in CPR, first aid and advanced emergency cardiovascular care for healthcare professionals, first responders, employees and the general public through authorized AHA Training Centers. 3.) Local community events, health fairs, scientific conferences and educational seminars.	1.) Health-related tools and information for individuals, families, caregivers, healthcare professional and hospitals. 2.) Stroke-related resources and support for stroke survivors, families, and caregivers. 3.) Local community events, health fairs, scientific conferences and educational seminars.	1.) Living with Type 2: Free program that provides information and support to people living with type 2 diabetes via mail or email and daily text messages (optional) 2.) General information and resources for people living with Type 1 or gestational diabetes 3.) Local community events, health fairs, scientific conferences and educational seminars. 4. Camp Wana Kura: Summer day camp for children with Type 1 diabetes /Campers: 5-12 years Teen aids: 13-17 years	1.) Road to Recovery- transportation services for patients undergoing Cancer related appointments, 2.) Reach to Recovery – one on one- Breast Cancer Support 3.) Wig Bank in San Diego area to provide a free wig 4.) "Look Good Feel Better Program"-offered to women who are about to or currently under going through cancer treatment are taught enhancing beauty tips from treatment side effects	1.) Information and resources to support lung cancer patients and their family members 2.) Referrals to quit smoking programs and resources available over the phone, online, or in-person 3.) Information on local community events and educational workshops
Service Duration	As needed	As needed	As needed	As needed	As needed
Method of Referral "Preferred Method" & contact Info	9404 Genesee Ave., Ste. 240, La Jolla, CA 92037 Contact: Nancy Maldonado, Community Health Director Phone Number: 858-410-3821 **http://www.heart.org/HEARTORG/**	9404 Genesee Ave., Ste. 240, La Jolla, CA 92037 Contact: Nancy Maldonado, Community Health Director Phone Number: 858-410-3821 **http://www.stroke.org/**	5060 Shoreham Place, Suite 100, San Diego, 92122 Contact: Diana Velo Main phone: 619-234-9897 Ext. 7519 Hotline: 800-342-2383 **http://www.diabetes.org**	2655 Camino del Rio N #100, San Diego, CA **Hotline: 1-800-227-2345**, 1-800-ACS-2345, **http://www.cancer.org**	2020 Camino Del Rio N #200, San Diego, CA 92108 **Lung Helpline:** 1-800-LUNG USA (1-800-586-4872) Spanish: Ofelia Alvarado 619-683-7520 Contact: Lisa Archibald 619-683-7514 **http://www.Lung.org**

INDIVIDUALS REACHED THROUGH RPT TOOLS:

- 2,183 people have been referred to local clinics (RPT-1) and national organizations (RPT-2)
  - 3,065 total referrals (includes duplicates)
    - RPT-1 total: 1,371 referrals (44%)
    - RPT-2 total: 1,694 referrals (56%)
  - Follow up: 643 out of 760 people (85%)



REFERRAL REASONS:

1. **Diabetes**: 36.2%
2. **Heart Disease**: 18.2%
3. Other reason*: 15.2%
4. More than one reason: 10.2%
5. **Cancer**: 9%
6. **Stroke**: 8.9%
7. Lung: 2.3%

*"**30.3 million** US adults have diabetes, and 1 in 4 of them don't know they have it; In the last **20 years**, the number of adults diagnosed with diabetes has more than tripled as the American population has aged and become more overweight or obese."*
- CDC

*Other reasons: Majority for a physical (219/444 or 49% of all "other" reasons were for a physical), also Arthritis, Cholesterol, back pain, counseling, dental, fibroma, hepatitis, hernia, high blood pressure, lab work, lupus, nutrition, obesity, osteoporosis, sinusitis, stomach problems, and women's health.

CDC REACH ALCANCE

CHW GRADUATION:

https://www.youtube.com/watch?v=qw92HPNPA3I

MEDIA CAMPAIGN

- **Media Arts Center San Diego**
  - Story and video: http://www.speakcityheights.org/2016/08/community-health-worker-academy-targets-latinas/
  - The video is on YouTube and Facebook. https://www.youtube.com/watch?v=qw92HPNPA3I https://www.facebook.com/speak.city.heights/
- **KPBS – Evening News Edition**
- **Live Well San Diego partnered with Real Talk San Diego** https://www.facebook.com/LiveWellSanDiegoCounty/videos/vb.492727430761162/1401409679892928/?type=2&theater
- **Live Well Radio Hour - ESPN's 1700AM Radio**

CDC REACH ALCANCE

ADS

MAS VALE PREVENIR QUE LAMENTAR!

ACTUE A TIEMPO!

Proyecto ALCANCE - Protegiendo la Salud de Latinas de 14-44 años de edad.

Derrame Cerebral
Los latinos corremos un alto riesgo de sufrir un derrame cerebral. El 80% son prevenibles. Consuma menos sal, azúcar y grasa, y haga la mitad de su plato frutas y verduras.

Diabetes
Uno de tres latinos sufrirá de diabetes. Beba agua en lugar de bebidas azucaradas, coma saludable y haga ejercicio por lo menos 30 minutos al día.

Cáncer
Las latinas corremos el riesgo más alto de sufrir cáncer de mama y del cuello uterino. Mantenga una dieta saludable, deje de fumar y hágase los exámenes para prevención de cáncer

Enfermedades del corazón
Cada 43 segundos, alguien sufre un ataque cardíaco en este país. Para mantener un corazón sano, consuma menos grasa, sal y azúcar y reduzca sus porciones. Haga ejercicio 30 minutos al día.

Informes Proyecto ALCANCE (619) 791-2610

Patrocinado por el CDC

El Latino

El Enlace

LA BUENA SALUD ESTA A SU

ALCANCE

Las mujeres velan por la salud de la familia. ¿Pero quién se preocupa por ellas? Con pasos sencillos, usted puede asegurar un futuro saludable.

« DERRAME CEREBRAL

Los latinos corremos un alto riesgo de sufrir un derrame cerebral. **El 80% son prevenibles.** Consuma menos sal, azúcar y grasa y haga la mitad de su plato frutas y verduras.

Informes sobre el Proyecto **ALCANCE**

619.791.2610

San Diego Chronic Disease Coalition

Coalition of 98 multisectoral members

Collective Impact goals:

- Collaboration: Advance towards healthier & successful pathways.
- Chronic Disease Prevention – through education and outreach. Delivering unified message.
- Clinical and Community Linkages – Forums among clinics, health insurance providers, community members, county health professionals, and hospitals.
- Sustainability of program ALCANCE.

Sustainability Plan

Strengthen commitment of San Diego Chronic Disease Coalition members through collective impact and visioning to achieve community health goals.

- Engage business owners, faith base organizations, and foundations
- Provide training to SDCDC members to support strategic planning, and fundraising expertise

Develop a plan for community clinics and national health organizations to sustain RPTs.

- Develop Memorandum of Understanding (MOUs)
- 211 San Diego to integrate RPTs
- Create digital RPTs into an App

Sustainability Plan

Secure funding for the continuation and expansion of the Community Health Worker (CHW) Leadership Academy trainings to other ethnic groups: Somali, African-Americans, Filipino, Vietnamese, and other refugee groups.

- Kaiser Foundation
- CA Endowment
- Alzheimer's Association
- Other proposals have been submitted

Develop and implement a communication plan to share benefits and accomplishments of program efforts with partners.

- Media partners
- Newsletters
- Success stories

Lessons Learned

- Engagement of community members
- Collective Impact exercise to create common goals
- Staff turnover
- Strengthen communication

CDC REACH ALCANCE

Next Steps

Google Sprint

- Design a digital referral pathway tool for CHWs to increase access to care for chronic diseases

211 SAN DIEGO

- Adopt the RPTs into their county wide system

San Diego Chronic Disease Coalition members

- Design a digital referral pathway tool for CHWs to increase access to care for chronic diseases

Connie Lafuente, MPH
Email: clafuente@pciglobal.org

Sustainability Strategies:
Examples from two sectors.
Stan Miller, Senior Director
CH
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Community Health Improvement Partners (CHIP)

CHIP is a leader in innovative, collaborative solutions
to address critical community health issues in the San Diego region.

Mission: to advance long-term solutions to priority health needs through collaboration and community engagement.

Community Health Priorities

- Reduce and Prevent Obesity
- Promote Mental and Behavioral Health
- Increase Access to Healthcare
- Improve the Social Determinants of Health
- Prevent Violence and Injury

San Diego County Childhood Obesity Initiative (COI)

Mission

The San Diego County Childhood Obesity Initiative is a multi-sector coalition with the mission of reducing and preventing childhood obesity by advancing policy, systems, and environmental change through collective impact.

Purpose

The San Diego County Childhood Obesity Initiative uses a collective impact model to:

- Coordinate and sustain county-wide efforts to prevent and reduce childhood obesity;
- Provide leadership and vision;
- Create, support, and mobilize partnerships;
- Provide outreach, advocacy, and education; and
- Assess and report on progress toward county-wide goals.

REACH Chula Vista was designed as a project of COI (intentionally tied to the larger collaborative).

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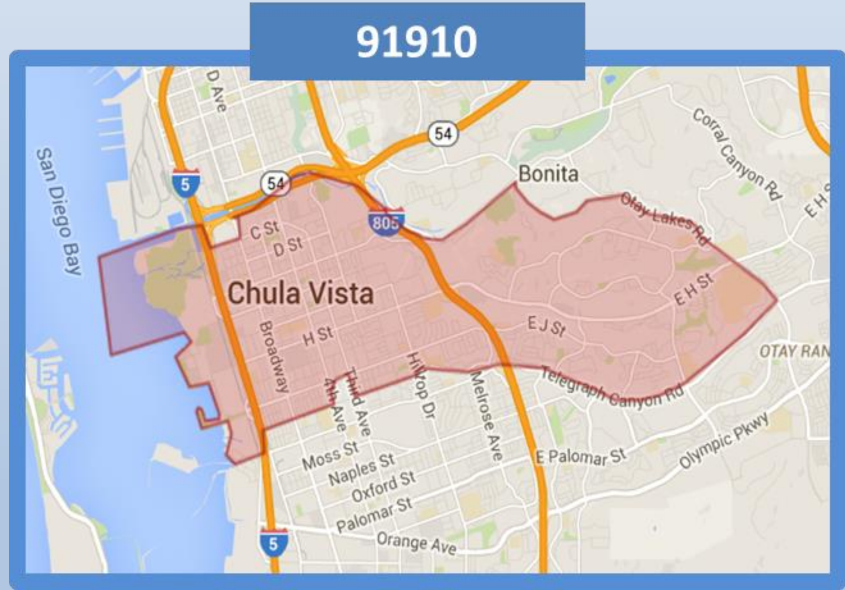
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San Diego Bay
Chula Vista
Bonita
C St
D St
H St
Broadway
4th Ave
Third Ave
Hilltop Dr
Melrose Ave
E J St
E H St
Otay Lakes Rd
Corral Canyon Rd
Telegraph Canyon Rd
Moss St
Naples St
Oxford St
Palomar St
Orange Ave
E Palomar St
Olympic Pkwy
OTAY RAN
D Ave
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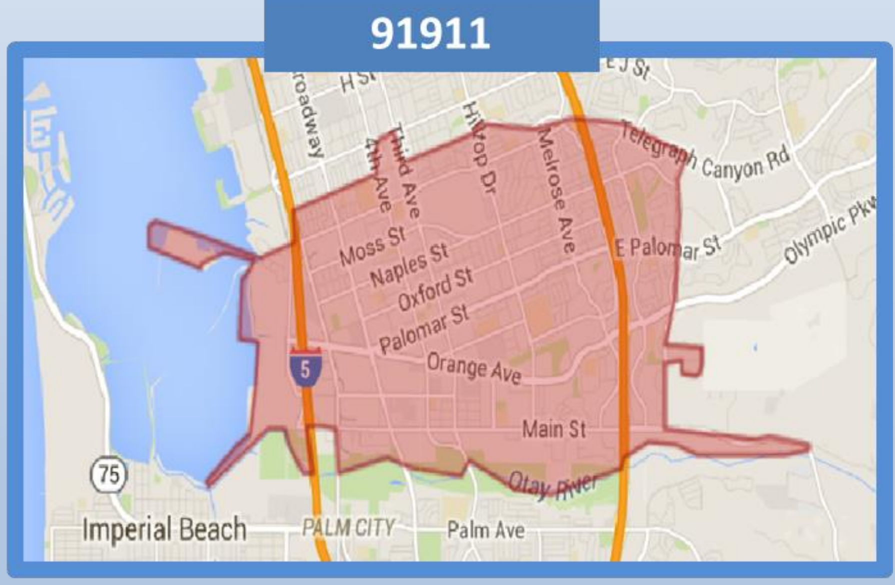
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Orange Ave
E Palomar St
Olympic Pkwy
Main St
Otay River
Imperial Beach
PALM CITY
Palm Ave
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75

Government

Healthcare

Schools

Early Childcare

Access to Healthy Foods/Beverages and Opportunities for Physical Activity

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CITY OF
CHULA VISTA

the
YMCA
CHILDCARE RESOURCE SERVICE

SWEETWATER
UNION HIGH SCHOOL DISTRICT

CHULA VISTA ELEMENTARY
SCHOOL DISTRICT

SAN YSIDRO HEALTH CENTER

Scripps

UC San Diego
SCHOOL OF MEDICINE

SAN DIEGO COUNTY
CHILDHOOD
OBESITY
INITIATIVE
Working Together to Shape a Healthy Future
Facilitated by Community Health Improvement Partners

Goals

- Increase access to physical activity opportunities
- Increase access to healthy food and beverages
- Provide program and policy assistance
- Update the Recreation Master Plan
- Update the General Plan
- Conduct Community Needs Assessment

Partners

- City of Chula Vista
- Human Impact Partners
- City Place Planning

- General Plan updates with health language
- Healthy Chula Vista Action Plan
- Healthy Chula Vista Advisory Commission
- Healthy food access – food system convenings
- Community Garden and Urban Agriculture policy updates

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Healthy Chula Vista Action Plan

January 5, 2016

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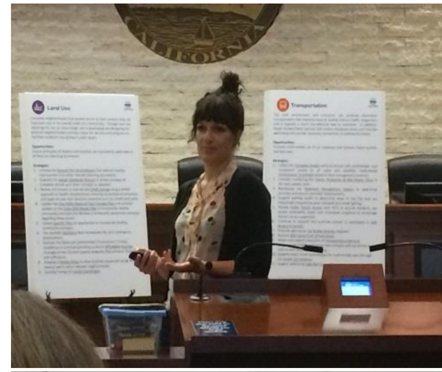

PRIORITY HCVAP STRATEGIES

Based on this analysis, the highest priority strategies are summarized below. Focus areas and the strategies listed under each focus area are presented in order of community priority.

Healthy Food Access

- Support regional efforts for Food Waste Prevention Programs that provide food alternatives for food insecure individuals.
- Evaluate the feasibility of additional Farmers Markets, Food Distribution, and/or other innovate programs to address healthy food insecurity and accept EBT.
- Study the location and number of Fast Food Offerings and explore No Drive Thru Regulations in areas of the city already concentrated.
- Attract and retain Full-service Grocery Stores and Casual Restaurants that offer affordable and quality healthy food.

Transportation

- Support Walking Audits to address mobility for all users.
- Continue to respond and promote schools to participate in Safe Routes to Schools.
- Review Public Transit Access with MTS to ensure residents can access community assets and innovative programs to encourage transit use are supported.

Physical Activity

- Educate and address inequities through the Safe, Accessible, Fun & Easy (SAFE) campaign to encourage increased awareness of walking, bicycle and pedestrian access.

Land Use

- Evaluate the Balanced Communities ("Inclusionary") Policy Guidelines to provide Affordable Housing throughout the city and support financial self-sufficiency.
- Evaluate the Design Standards Manual to reflect concepts of Complete Streets, address signage barriers and other health concepts as adopted.
- Review and amend as appropriate CVMC Zoning and Conditional Use Permit (CUP) processing using a holistic approach to health considerations stressing co-location of amenities and sensitivity of uses near community assets.
- Develop an awareness campaign and update the Otay Valley Regional Park Concept Plan and consider updates to the Green Belt Master Plan to incorporate healthy community concepts.

Community Engagement

- Inventory Community Assets and establish a Health Advisory Commission representative of community partners and residents.
- Engage Youth and Seniors through volunteerism, issue identification, problem solving, and health issues specific to these populations.

Environmental Quality

- Utilize Health Assessment Tools to identify vulnerable areas of the community and support programs that address Environmental Justice issues.
- Continue to promote programs that address residential indoor Air Quality and review changeable sources of air pollution for outdoor.

Health Care & Prevention

- Identify barriers to Mental Health care and resources.
- Continue to support regional efforts that reconnect Homeless Individuals with health-promoting resources.
- Support funding applications for Community Development Block Grant funding that provide preventive health care to the most vulnerable populations.

Additional discussion about the prioritization process, including supporting evidence and policy recommendations, is included within the full report.

For more information, see www.chulavistaca.gov/healthycv.

Contact: Stacey Kurz, Healthy Chula Vista Initiative Coordinator

City of Chula Vista
276 Fourth Avenue | Chula Vista, CA 91910
Office: (619) 585-5609 | Fax: (619) 585-5698 | SKurz@chulavistaca.gov

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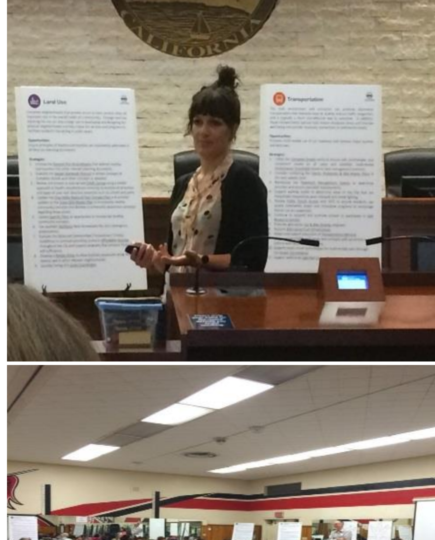

FIVE YEAR WORK PLAN

The Healthy Chula Vista (HCV) work plan establishes the priorities of the strategies under the seven focus areas over the next five years. The accomplishment of the goals and strategies is dependent upon available funding and resources during the period, and may be adjusted accordingly. Execution of each strategy would follow the appropriate public and advisory outreach process.

Focus Area	Strategy	2016	2017	2018	2019	2020
Engagement	Inventory Assets & Health Advisory Commission					
	Healthy Chula Vista Brand					
	Community Clinicians					
	Link Business & Philanthropists					
	Health Series Workshop					
	Civic Engagement Events					
	Limited English Proficiency					
	Public Participation Policy					
	Engage Youth & Seniors					
	Health Champions					
	Cultural Arts Master Plan					
Land Use	General Plan Amendments					
	Design Standards Manual					
	CVMC Zoning & CUPs					
	Green Belt Master & Otay Valley RP Concept Plans					
	Resiliency					
	Affordable Housing					
	Parklet Policy					
	Grant Coordinator					

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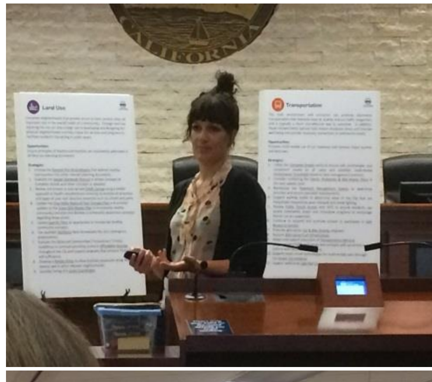

STAFF CONTACTS

- **Stacey Kurz**,
Staff Liaison & Secretary
(619) 585-5609 skurz@chulavistaca.gov

Healthy Chula Vista Advisory Commission

ROLE AND FUNCTION

The purpose of the Healthy Chula Vista Advisory Commission is to serve as a resource, to advise and to make recommendations to the City Council, and City Manager on health related policies and opportunities under the Healthy Chula Vista Initiative that would benefit the community.

REGULAR MEETING DATE, TIME, AND LOCATION

Meetings may be cancelled and/or Special meetings held
*Check agenda to confirm upcoming meeting details

Meeting Date:	Second Thursday of each month
Time:	4:00 p.m.
Location:	City Hall
	Building #A
	Council Conference Room C-101
	276 Fourth Avenue, Chula Vista

MEMBER ROSTER | CONTACT THE COMMISSION

The board is composed of nine members appointed to four-year terms on a staggered basis.

Member	Appointment Criteria	Term Expiring
Mary Cruz (Chair)	District 1 Representative	6/30/19
Mora De Murguia	Expert Representative	6/30/21
Ricardo Jimenez	Expert Representative	6/30/20
Lucia Martinez	District 2 Representative	6/30/20
Ana Melgoza	Expert Representative	6/30/18
Diana Milburn	Expert Representative	6/30/19
Roman Partida-Lopez	Expert Representative	6/30/21
Lorena Quiroz (Vice Chair)	District 3 Representative	6/30/18
Diana Velo	District 4 Representative	6/30/20

CONTACT US

Please feel free to contact us with any comments or questions by filling out the form below. *

First Name

Last Name

Email Address

Goals

- SUHSD full revision of the district wellness policy
- CVESD wellness policy amendments
- Culinary arts capacity training
- Increased produce procurement
- Farm to School Taskforce
- **Garden to Cafeteria programming**

Partners

- Sweetwater Union High School District
- Chula Vista Elementary School District
- Kitchens for Good
- Scripps Chula Vista
- San Diego Roots Sustainable Food Project
- YMCA Childcare Resource Service

Challenges

- Limited capacity to serve fresh produce
- Absence of local produce processor (difficult to buy local)
- Identifying administrative "champions" (high turnover)
- Education as primary focus, health comes second

Successes

- Comprehensive wellness policy reviews using WellSAT tool conducted by County Health & Human Services Agency
- WellSAT scores used as a guide to strengthen policy language in both districts
- Culinary Garden Installation at a single high school
- Developed Garden to Cafeteria Policy

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Bananas grown on campus…

Garden to Cafeteria

- Develop a pathway for school sites to grow food to be served on site
- District policy provides a way for gardens to become certified culinary gardens.

Sustainability

- Sweetwater Union High School District Wellness Committee
- San Diego County Childhood Obesity Initiative

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A PROJECT OF THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE
Stan Miller
Senior Director
p: 858-609-7984
smiller@sdchip.org

May 16, 2018

Strategy Sustainability in Action and Practice

From the

Division of Nutrition, Physical Activity, and Obesity (DNPAO) TACTIC Webinar Series