

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency *AW*

BOARD AGENDA # B-7

Urgent

Routine

CEO Concur with Recommendation YES NO

(Information Attached)

AGENDA DATE July 10, 2012

4/5 Vote Required YES NO

SUBJECT:

Approval to Accept the Health Services Agency's 2012 Annual Public Health Report to the Board of Supervisors

STAFF RECOMMENDATIONS:

Accept the Health Services Agency's 2012 Annual Public Health Report to the Board of Supervisors.

FISCAL IMPACT:

The total Adopted Proposed Fiscal Year 2012-2013 budget for the Public Health division of the Health Services Agency is \$24,944,310. There is no fiscal impact associated with acceptance of this report.

BOARD ACTION AS FOLLOWS:

No. 2012-357

On motion of Supervisor Monteith, Seconded by Supervisor Chiesa
and approved by the following vote,

Ayes: Supervisors: Chiesa, Withrow, Monteith, De Martini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:

ATTEST:

Christine Ferraro
CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

An annual Public Health report is presented to the Board of Supervisors in the spring each year by the Health Services Agency.

The mission of Public Health is to promote, protect and improve the health of the community through leadership, partnership, and innovation. The Public Health mandates are enumerated in the California Health and Safety Code. These are best summarized in the 10 essential Public Health Services.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnership and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population- based health services.
10. Research for new insights and innovative solutions to health problems.

Last year the annual Public Health Report focused on chronic diseases within Stanislaus County. The report identified improvements during the past decade in cardiovascular mortality (27.6% decrease), stroke mortality (25.7% decrease), cancer mortality (9.5% decrease), and overall mortality (10.2% decrease). It was noteworthy that during the first decade of the 21st century there was no improvement in diabetes mortality in our county nor the state of California. Consequently the Health Services Agency established a Obesity and Diabetes Strategic Group to focus on this persisting health threat to the residents of the county.

The strategic group is a three year initiative incorporating both the Public Health Division as well as the H.S.A. Clinics to identify opportunities for improvement in prevention, detection, and treatment. The group adopted a construct that created a spectrum of interventions for comprehensive and innovative approaches to obesity and diabetes. Rather than looking at prevention and treatment as separate approaches, the team has focused more on the 3 levels of prevention:

1. **Primary Prevention:** how to prevent the disease(s) from developing;
2. **Secondary Prevention: how to prevent complications of the chronic condition once it has developed and been diagnosed;** and
3. **Tertiary Prevention:** how to minimize health deterioration and reduce mortality once complications have occurred.

In addition the strategic group continues to focus on effective partnerships to achieve the improvements. The concept redefines Public Health as a county-wide system of interdisciplinary stakeholders rather than a health department on Scenic Drive. The report contains an appendix with a comprehensive list of interventions by HSA staff, local agencies, and community partners to achieve improvements. The appendix identifies how these interventions address the spectrum of prevention. The spectrum of prevention has 7 components, the higher the level the greater the potential impact for the community. Below is listed the spectrum of prevention:

1. Strengthening Individual Knowledge & Skills - Enhance capacity of an individual's knowledge regarding good nutrition and the importance of physical activity.
2. Promoting Community Education – Reach groups of people with information and resources that promote healthy eating and active living.
3. Educating Providers – Inform providers who will transmit skills and knowledge to others regarding healthy eating and active living.
4. Mobilizing Neighborhoods & Community – Meet with communities, share health disparities information and engage stakeholders in healthy eating and active living initiatives.
5. Fostering Coalitions and Networks – Bring together groups and individuals for broader goals and greater impact to promote healthy eating and active living.
6. Changing Organizational Practices – Educate organizations about ways that organizational policies and infrastructure can support healthy eating and active living and shape norms.
7. Influencing Policy & Legislation – Educate residents and policy makers of all kinds (e.g. elected officials and community, faith, business and educational leaders) about successful cost effective laws, ordinances and other policies to promote healthy eating and active living in other jurisdictions.

The report summarizes data regarding obesity and diabetes statistics within the county. Self-reported obesity and overweight among Stanislaus County adults increased from 45% to 58% between 2001 and 2009 (California Health Interview Survey). Our county also has a high death rate from diabetes. Stanislaus ranked 47th out of 58 California counties during the period 2008-2010 (California Department of Public Health). The document identifies the contributing factors, and enumerates the efforts to combat this epidemic during the past decade.

The report concludes with an assessment that **we are beginning to see evidence of some improvement in our epidemic of obesity and diabetes**. A recent study by the UCLA Center for Health Policy Research identified a 2.1% decrease in overweight and obesity among 5th, 7th and 9th graders within the county. One of the key researchers assessed that this was related to policies within the school systems that promote healthy eating and active living. Also of note the finding from the 2012 California County Health Profile that Stanislaus County demonstrated a 10.1% decrease in diabetes mortality during the period 2008 through 2010.

In closing the report identifies four projects that provide funding and/or collaboration for future improvements and interventions:

- 1. Community Transformation Grant** – This grant to H.S.A. from the Centers for Disease Control and Prevention promotes planning and implementation of policies to decrease the impact of chronic diseases on the residents of Stanislaus County. Phase 1 of the grant began in October 2011 and covers a two year period. Phase 2 for the implementation phase is a five year competitive grant.
- 2. Nutrition Education and Obesity Prevention Grant** – USDA has funded a five year collaborative to H.S.A. and C.S.A. for nutrition education of food stamp recipients. C.S.A. has contracted with community-based organizations for outreach.
- 3. Nurse Family Partnership Program** – The Maternal Child and Adolescent Health program within H.S.A./Public Health has been funded to implement an evidence-based program for first-time mothers. The program that has demonstrated long-term benefits for chronic disease prevention and educational attainment. The five year grant is from Title V of the Social Security Administration.
- 4. Framework for a Thriving Stanislaus** – The framework, previous called the Community Health Improvement Plan (CHIP), is an outgrowth of the 2008 Community Health Assessment. The framework has identified key indicators within the four Broad Determinants of Health that can make a difference for our

county in accordance with the national Healthy People 2020 guidelines. This is not a grant-funded initiative.

Next spring's report to the Board of Supervisors will provide progress reports on the four initiatives listed above.

POLICY ISSUE:

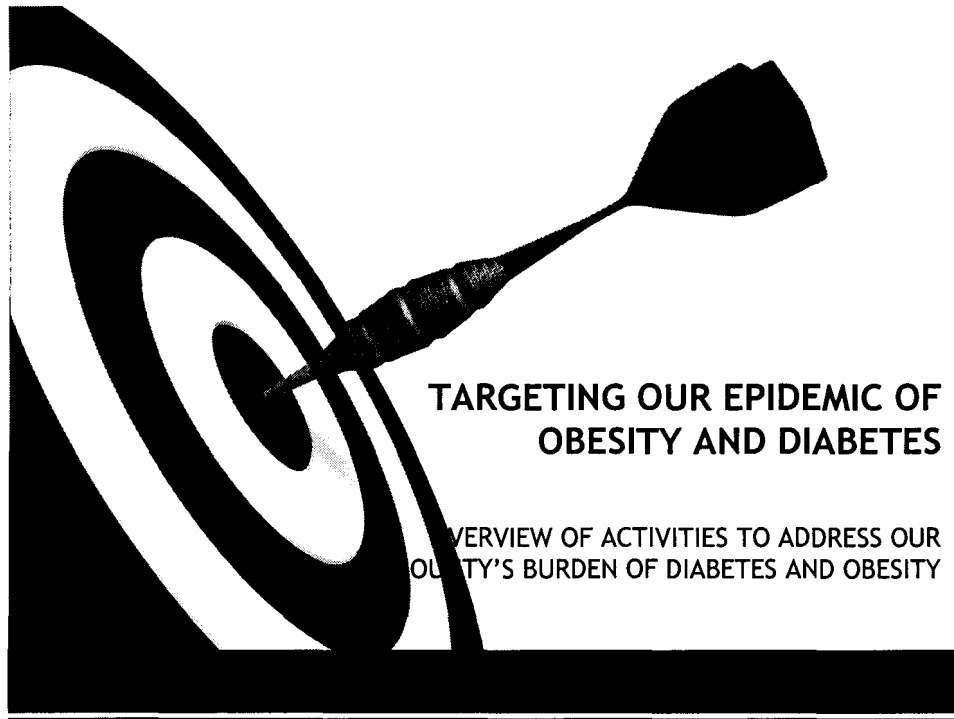
Acceptance of this report is consistent with the Board of Supervisors' priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services, as the report details how the County continues to prepare to meet its core Public Health functions, highlights accomplishments and challenges, and describes strategic planning efforts to adapt to changing population needs and expectations.

STAFFING IMPACT:

There is no staffing impact associated with this report.

DEPARTMENT CONTACT:

John Walker, MD, Public Health Officer. Telephone: 209-558-8804



**Report to the Stanislaus County Board of Supervisors
Prepared May 2012**

INTRODUCTION

The California Health and Safety Code includes a lengthy list of Public Health mandates. These are best summarized by “The Ten Essential Public Health Services” (see Appendix A).

For the past twelve years the Health Services Agency (HSA) has prepared an annual report to inform the Board of Supervisors and the community regarding our activities in compliance with these broad mandates.

In addition, the Public Health Services Division of HSA has used State and Federal benchmarks to assess the health of County residents. The Federal initiative began with Healthy People 2000, proceeded with Healthy People 2010, and most recently Health People 2020. The latest effort, which began in January 2011, is distinct from its predecessors because it focuses on broad determinants of health, including:

1. Access to healthcare and health information
2. Education
3. Basic needs
4. The built environment

The Public Health Services division structured the Stanislaus County Community Health Assessments of 2003 and 2008 around these four broad determinants of health. After the 2008 assessment, a broad coalition of community stakeholders participated in workgroups within these four broad determinants. They developed the outline for a Community Health Improvement Plan (CHIP). This was included in the 2011 report to the Board of Supervisors. Since then, the stakeholders have renamed the CHIP as the *Framework for a Thriving Stanislaus: Healthy. Educated. Prosperous. Vibrant. Sustainable*. The intent of the name change was to reflect long-term commitment to all four components that contribute to improvement of health and community well-being.

The 2011 Public Health Report to the Stanislaus County Board of Supervisors focused on chronic disease trends during the first decade of the 21st century (2000-2009). Noteworthy were the improvements in death rates from several chronic diseases within Stanislaus County:

- cardiovascular death rate 28% decrease
- stroke death rate 26% decrease
- cancer death rate 9% decrease

In addition, there was an 18% decrease in the infant mortality rate. In contrast, during the same decade there was no improvement in the death rate from diabetes and a 55% increase in the obesity rate among adults in Stanislaus County.

In May 2011, the Health Services Agency convened an Obesity and Diabetes Strategic group to identify opportunities and interventions to decrease the burden of these health threats within our County. The group, consisting of the Agency's Medical Director, Public Health Officer, and the Associate Director overseeing the Chronic Disease and Injury Prevention Program developed a comprehensive matrix of strategies focusing on:

1. **Primary Prevention:** How to prevent the condition(s) and disease(s) from developing;
2. **Secondary Prevention:** How to prevent complications of the chronic condition once it has developed and been diagnosed; and
3. **Tertiary Prevention:** How to minimize health deterioration and reduce mortality once complications have occurred.

The HSA Obesity and Diabetes Strategic group is a three year initiative of the Agency. This report summarizes activities that occurred during the first year. Most of the activities thus far in Fiscal Year 2011-2012, have focused on primary prevention.

Adult obesity has now become an epidemic in the United States. It is one of the main risk factors to heart disease, stroke and type II diabetes. The prevalence of obesity has dramatically increased in the United States. In 1985, no state had a prevalence of obesity higher than 14%. (see Figure 1 below). By 2010, no state had a prevalence of obesity less than 20% (see Figure 2 below).

Figure 1: Prevalence of Obesity (BMI \geq 30) in US Adults in 1985.

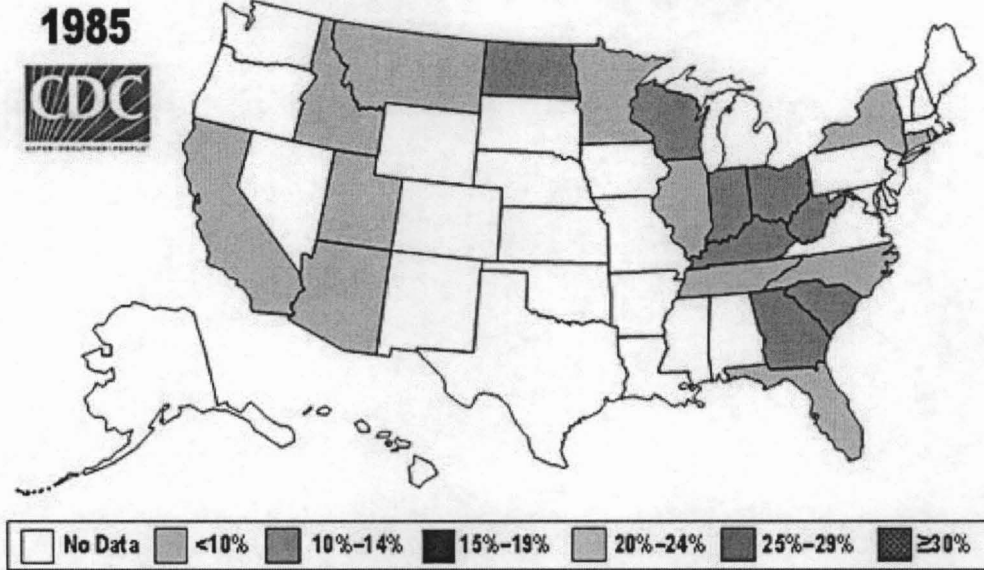
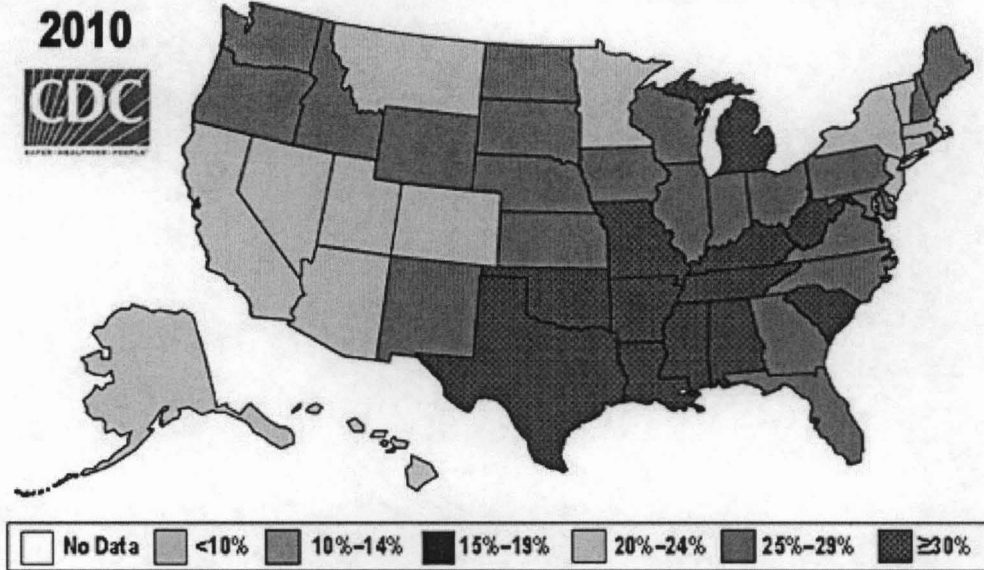


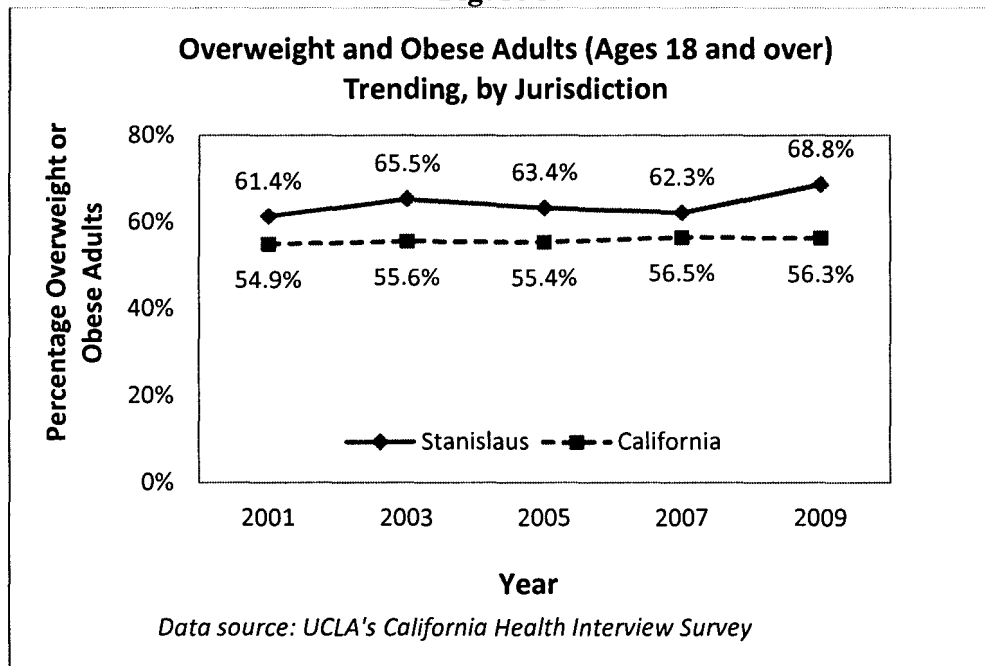
Figure 2: Prevalence of Obesity (BMI \geq 30) in US Adults in 2010.



HOW SERIOUS IS THE PROBLEM IN STANISLAUS COUNTY?

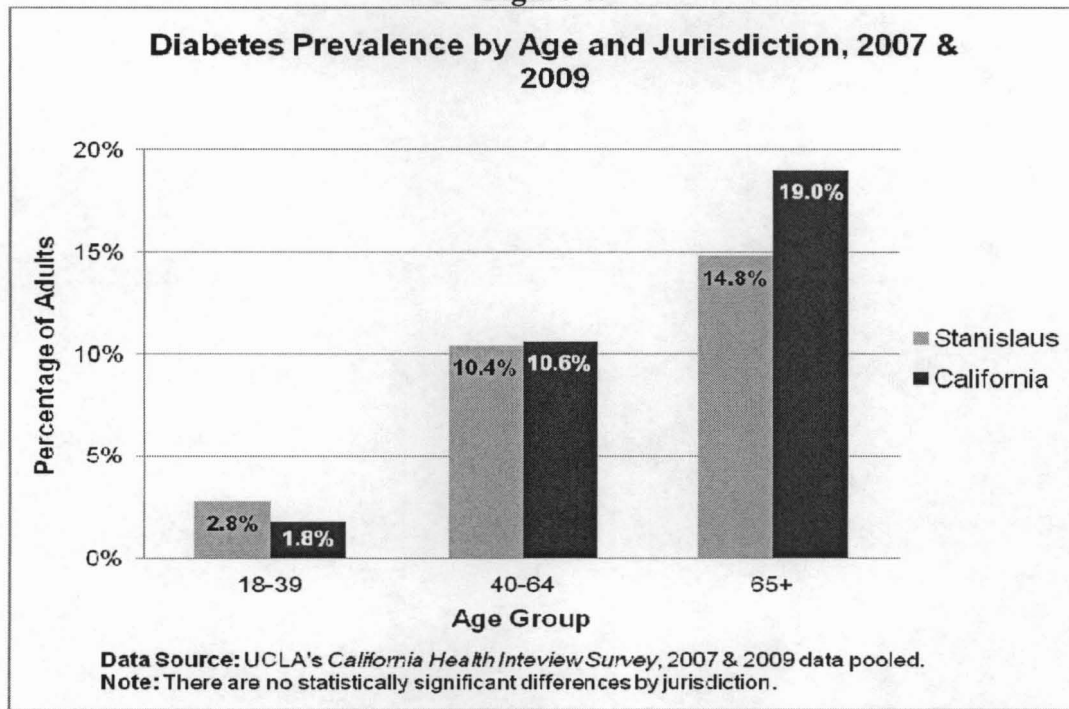
- Diabetes is one of the top 10 causes of death in Stanislaus County annually. (California Department of Public Health [CDPH], 2011)
- A larger percentage of Stanislaus County adults are overweight or obese when compared with residents of California as a whole (68.8% vs. 56.3%; 2009 California Health Interview Survey [CHIS] data). See Figure 3.
- Between 2001 and 2005, the percentage of physically inactive adults in the County rose 172.7% (from 32.0% to 65.5%; CHIS data).
- A higher percentage of Stanislaus adults fail to eat at least the recommended 5 daily servings of fruits and vegetables (56.0%) when compared to all California adults (51.3%; 2005 CHIS)
- Nearly half of Stanislaus respondents of a local phone survey in 2010 reported eating fast food 1-2 times in the past week (Applied Social Research [ASR] 2010).
- In 2007, 65.5% of Stanislaus adults were physically inactive (CHIS, 2007).
- According to the 2012 California County Health Profiles, Stanislaus ranked #47 out of 58 counties in California for diabetes death rate during the three year period 2008-2010 (#1 being the best and #58, the worst). Stanislaus' ranking has not changed significantly during the past decade. (CDPH, 2012)
- Diabetes has an adverse economic impact, including absenteeism, lost productivity, and disability. Between 2005 and 2009, someone who died from diabetes lost 29.7 years on average from the standard 75 years, for a total of 7,364 years of potential life lost to diabetes during this five-year period. Between 2000 and 2010, there were a total of 8,478 hospitalizations with a primary diagnosis of diabetes. Hospital charges alone totaled \$595,473,717, an average of over \$54 million per year. (CDPH, Office of Statewide Health Planning and Development [OSHPD] data 2000-2010)

Figure 3:



Age: As shown in Figure 4 (on the next page), the prevalence of diabetes increases by age.

Figure 4:



Gender: The 2007 and 2009 California Health Surveys (CHIS) show no gender difference in general diabetes prevalence among Stanislaus County adults. For 2007-2009, 7.3% of men self-reported having been diagnosed with diabetes, compared with 8.0% of women. Gestational diabetes, a form of diabetes occurring during pregnancy, is of course confined to females. Examining gender differences in diabetes type (i.e. I vs. II) is not possible due to data being only available for a single year and being highly statistically unstable. However, there is a marginally significant trend for a higher percentage of diabetic women to have received a diabetes care plan from their health care provider than diabetic men (57.9% vs. 66.6%; 2007 & 2009 CHIS).

Race and Ethnicity: CHIS data show no statistically significant differences in diabetes diagnosis by race or ethnicity in the County, but this may well be a problem of statistical power rather than the absence of real differences. The 95% confidence intervals for the race/ethnic groups are often quite large due to very small sample sizes. It is also important to note that differences in access to care exist, and thus the likelihood of being diagnosed with diabetes differs among these groups. Adult Latinos, for example, are statistically significantly less likely to have health insurance coverage than Non-Latinos (76.1% vs. 85.5% with any health insurance), and are thus less likely to have had an opportunity to have been diagnosed with diabetes by a medical provider.

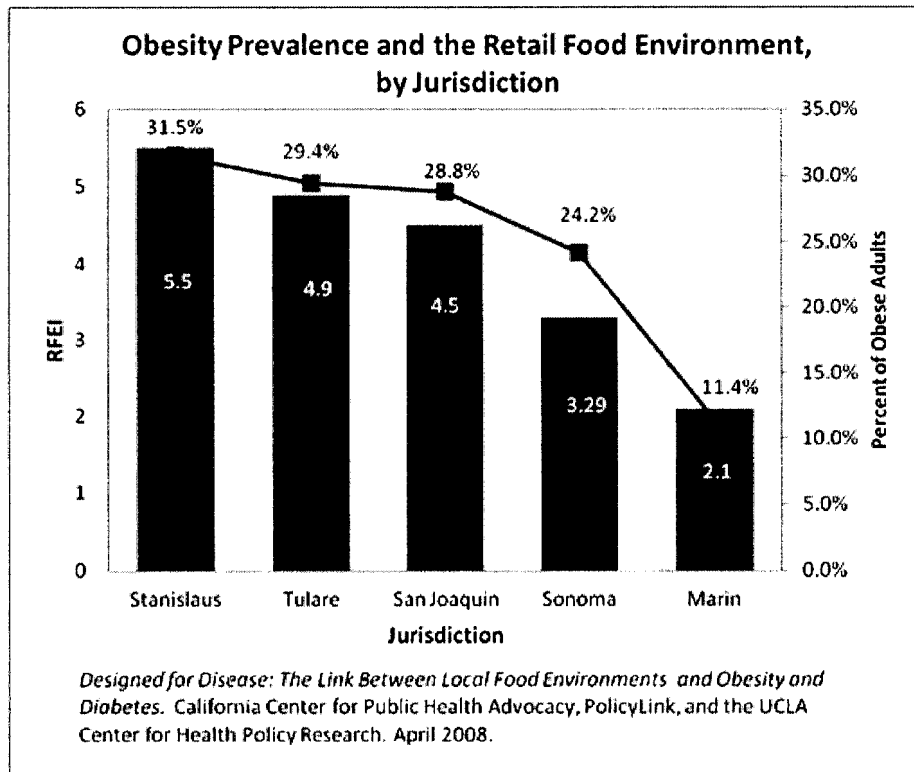
Poverty and Income: CHIS data show no statistically significant differences in diabetes prevalence by Federal Poverty Level, but again, this may be due to small sample sizes and large confidence intervals. Similar to the previous discussion, differences in access to care confound this relationship. Working age adults up to 199% of FPL are significantly less likely to have health insurance coverage than adults with higher incomes (69.3% vs. 38.3%), and thus are likely to have had less opportunity to be diagnosed by a physician.

WHAT ARE THE CONTRIBUTING FACTORS?

Built Environment Factors:

- Stanislaus County has one of the highest rates of fast food outlets per capita in the state: 5.3 per 1,000 residents compared the 4.5/1,000 residents statewide (UCLA Health Policy Institute and the Center for Public Health Policy [UCLA], 2008).
- Stanislaus County has a Retail Food Environment Index (RFEI; a measure of the ratio of the number of fast food and other less healthy retail food outlets divided by the number of farmer’s markets, grocery stores and produce stands) of 5.5— higher than most counties in the state (UCLA, 2008).
- Research shows a strong correlation between the RFEI of an area and the percentage of local residents who are obese, with more obesity occurring in areas with less healthy food environments (higher RFEI; UCLA, 2009).
- Six census tracts in Stanislaus County are effectively “food deserts,” where healthier foods are unavailable and less healthy foods are abundant and affordable (United States Department of Agriculture [USDA], 2009a). The USDA estimates that 50.8% of residents in these primarily urban areas live more than 1 mile from a healthy food outlet (USDA, 2009b).
- Nine percent of 2010 Stanislaus telephone survey respondents said they had to travel 6 miles or more in order to get healthy food like fresh produce (ASR, 2010).
- Half of the Stanislaus County residents who responded to the face-to-face survey in 2008 reported being “very concerned” about neighborhood safety, which can be an obstacle to getting enough physical activity (ASR, 2008).

Figure 5:



Gender and Age:

In Stanislaus, the percentage of men (49.5%) and women (50.5%) were about the same in 2010 (*Census 2010*). The average age in Stanislaus has increased from 29.2 years in 1980 to 32.8 years of age in 2010 (US Census Bureau, 1980 and 2010). Despite this increase, Stanislaus County residents are younger, overall, than California residents, where the median age was 35.2.

Race and Ethnicity:

The population of Stanislaus is predominantly White (65.6%), while five percent of the residents self-identify as Asians and 2.9% as African Americans (*Census 2010*). Stanislaus County has become more ethnically diverse over the past 30 years: the proportion of Latinos grew from 15% in 1980 to 41.9% in 2010. Stanislaus now has a higher percentage of Latinos when compared to the State, where 37.6% of the population is Latinos (*Census 2010*).

Origins and Language:

Twenty-one percent of the County's population is foreign-born (American Community Survey [ACS], 2010). Stanislaus County residents are also linguistically diverse; 41.3% of residents speak a language other than English at home. Of those who speak another language at home, 31.6% speak Spanish or Spanish Creole, 4.5% speak other Indo-European languages and 2.8% speak Asian and Pacific Island languages.

Socio-Economic Status:

Stanislaus County, like other semi-rural Central Valley counties, has greater socio-economic challenges than California as a whole, including lower income, higher poverty, greater use of public assistance programs and greater unemployment.

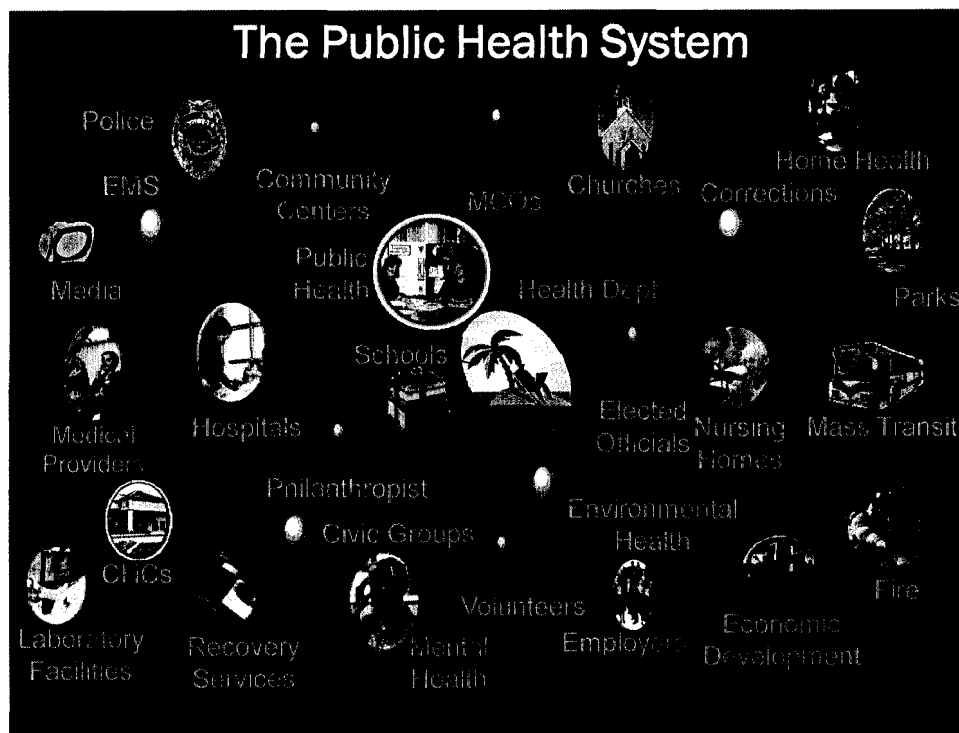
WHAT HAS BEEN DONE TO ADDRESS THE PROBLEM?

Chronic disease interventions require coordination, communication, and collaboration over a long period of time. During the past decade Public Health has had a particular focus on preventing obesity and diabetes in children. Forty years ago the only form of diabetes identified in children was Type 1, then known as juvenile diabetes. However, Type 2 diabetes, formerly known as Adult-onset diabetes, has been rapidly increasing in adolescents.

The Stanislaus County Child Health Disability Program (CHDP) provides comprehensive, periodic health evaluations of low income children. In 2001, data from this program in Stanislaus County showed that obesity was the third most common diagnosis in children below the age of 18. (Impaired visual acuity, and dental caries were 1st and 2nd.) Two Public Health coalitions, the Nutrition and Fitness Council and the HEART Coalition, launched initiatives to intervene in this growing epidemic. Subsequently, the Children and Families Commission funded pilot projects to prevent obesity in pre-school children.

In 2003, these initiatives became part of the broader effort that re-defined public health as a system, rather than a department located on Scenic Drive. The intent was to mobilize all of the key stakeholders in addressing our chronic disease challenges. Figure 6 on the next page is a schematic of the M.A.P.P. process (Mobilizing Action for Partnership and Planning).

Figure 6:



During the subsequent decade the M.A.P.P. process has facilitated coordination of multiple interventions in Stanislaus County along the Spectrum of Prevention:

1. **Strengthening Individual Knowledge & Skills** - Enhance capacity of an individual's knowledge regarding good nutrition and the importance of physical activity.
2. **Promoting Community Education** – Reach groups of people with information and resources that promote healthy eating and active living.
3. **Educating Providers** – Inform providers who will transmit skills and knowledge to others regarding healthy eating and active living.
4. **Mobilizing Neighborhoods & Community** – Meet with communities, share health disparities information and engage stakeholders in healthy eating and active living initiatives.
5. **Fostering Coalitions and Networks** – Bring together groups and individuals for broader goals and greater impact to promote healthy eating and active living.
6. **Changing Organizational Practices** – Educate organizations about ways that organizational policies and infrastructure can support healthy eating and active living and shape norms.

- 7. Influencing Policy & Legislation** – Educate residents and policy makers of all kinds (e.g. elected officials and community, faith, business and educational leaders) about successful cost effective laws, ordinances and other policies to promote healthy eating and active living in other jurisdictions.

These interventions during the past decade are listed in Appendix B with an indication of how they applied the Spectrum of Prevention (Levels 1-7). We applaud the efforts of our staff, other local government agencies, and our community partners. During FY 11-12, there has been an acceleration of activities throughout the community to mitigate our County's epidemic of obesity and diabetes.

Notable FY 11-12 Interventions In Stanislaus County

July 2011-- H.S.A. & Doctors Medical Center representatives met to discuss how to decrease diabetes hospital re-admissions. The effort focuses on cost containment and improved post-discharge diabetes control.

August 2011- *Westside Health Healthy Choices Summit*. This third annual event is the product of a broad coalition of elected officials, healthcare providers, educators, business persons, and community organizations seeking to improve the health of communities along the Highway 33 corridor.

September 2011– *The Diabetes and Obesity in Pregnancy Provider Forum*. The Maternal, Child, and Adolescent Health Advisory Group presented a panel of speakers including an obstetrician, pediatrician, intensive care specialist (perinatologist), public health officer, and health plan representative to have a broad discussion of the increasing health risk faced by pregnant women in their practices.

October 2011- *Open House for the planned Helen White Walking Trail*. The West Modesto King-Kennedy Collaborative is seeking to create a safe walking trail for community residents.

November 2011– *Central Valley Built Environment and Health Policy Dinner Forum*. The forum was co-sponsored by the Local Government Commission, the Stanislaus Medical Society, and Fresno-Madera Medical Society. It included a presentation by a physician-author on the interaction of environment and health. There was an encouraging group discussion of opportunities within the San Joaquin Valley.

January 2012– *Oral Health Advisory Group discussion of diabetic control and gum disease*. Dentists shared studies showing that improving gum disease (gingivitis) can improve control of diabetes.

February 2012– *San Joaquin Valley Public Health Consortium*. This regional collaborative of eight health departments, Fresno State, and UC Merced meets monthly. Strategies to decrease obesity, diabetes, and health disparities within the region are a standing agenda item. (NOTE: Mortality rate due to diabetes in the San Joaquin Valley - Stanislaus is ranked 47th, Tulare 48th, Merced 50th, Fresno 53rd, San Joaquin 54th, Kern 56th, and Kings 57th. Madera is the exception with a rank of 24th. County Health Status Profiles 2012)

March 2012– *Third Annual Childhood Diabetes Prevention Symposium*. The DMC Foundation hosts a coalition that has used a Kaiser Foundation Grant to support school-based interventions to identify pre-diabetic middle school children. The coalition continues to provide educational programs for our County's health care community.

April 2012 – 21st Memorial Medical Center Symposium on Diabetes and Obesity. Local and national speakers, including the author of Diabetesity, gave presentations on prevention and treatment.

May 2012– Report to the Stanislaus County Board of Supervisors

ARE WE MAKING PROGRESS?

YES! The prevention of childhood obesity is the best long term strategy for mitigating our diabetes epidemic. There is early evidence that policies implemented during the past decade within the school systems are having an impact. These policies include:

1. The elimination of high-sugar soft drinks in school vending machines.
2. Healthier choices for school breakfasts and lunches.
3. A greater focus on increased physical activity.
4. These are high-impact demonstrations of Level 6 and Level 7 in the Spectrum of Prevention. During 2011, the UCLA Health Policy Institute and the Center for Public Health Policy published a new study, A Patchwork of Progress, Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010, that calculated county-by-county rates of change during the six year study period. Stanislaus was one of four San Joaquin Valley counties to show an improvement during the study period. Our base rate of obese or overweight 5th, 7th and 9th graders was 41.6% in 2005, compared to 40.7% in 2010—a 2.1% improvement. This may appear to be a small improvement; however, more than half of California’s counties had an increase during the same study period. Figure 7 shows the map of changes by county.

- **Nurse Family Partnership (NFP) Program** – The Maternal Child and Adolescent Health program within HSA has been funded to implement this evidence-based program for first-time mothers. The NFP program has demonstrated long-term benefits for chronic disease prevention and educational attainment in other project sites.
- **Framework for a Thriving Stanislaus** – The *Framework for a Thriving Stanislaus*, previous called the Community Health Improvement Plan (CHIP), is an outgrowth of the 2008 Community Health Assessment. The *Framework* has identified key indicators within the four broad determinants of health that can make a difference for our County in accordance with the national Healthy People 2020 guidelines.

The 2013 report to the Stanislaus County Board of Supervisors will provide an update on these opportunities for health improvement of our community.

RESEARCH REFERENCES

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Acknowledgements

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Elaine Emery
Amelia Goodfellow
Del Morris
Twila Paul
Sharrie Sprouse
Olivia Tong
John Walker
Colleen Woolsey

Stanislaus County Board of Supervisors

William O'Brien, Chair, District One
Vito Chiesa, Vice-Chair, District Two
Terry Withrow, District Three
Dick Monteith, District Four
Jim DeMartini, District Five



Public Health
Prevent. Promote. Protect.

Health Services Agency, Public Health Administration
Mary Ann Lee, MBA, Managing Director
John Walker, MD, Public Health Officer
Colleen Woolsey, PNP, PhD., Associate Director, Director of Public Health Services



Appendix A

Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnership and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

APPENDIX B

Obesity Prevention Efforts in Stanislaus County: How They Address the Spectrum of Prevention

Spectrum of Prevention Levels

1. **Strengthening Individual Knowledge & Skills** - Enhance capacity of an individual's knowledge regarding good nutrition and the importance of physical activity.
2. **Promoting Community Education** – Reach groups of people with information and resources that promote healthy eating and active living.
3. **Educating Providers** – Inform providers who will transmit skills and knowledge to others regarding healthy eating and active living.
4. **Mobilizing Neighborhoods & Community** – Meet with communities and share health disparities information and engage them in healthy eating and active living initiatives.
5. **Fostering Coalitions and Networks** – Bring together groups and individuals for broader goals and greater impact on promoting healthy eating and active living.
6. **Changing Organizational Practices** – Adopt regulations and shape norms to improve healthy eating and active living.
7. **Influencing Policy & Legislation** – Develop strategies to change laws and policies that promote healthy eating and active living.

Obesity Prevention Efforts in Stanislaus County

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Increase Access to Physical Activity							
<p><i>Walking School Bus –</i></p> <p>A tool kit has been developed for communities and schools to work together to encourage children walking to school every day, with parents and volunteers as walking bus drivers. Currently, Walking School Bus are being implemented at:</p> <ul style="list-style-type: none"> ▪ Don Pedro ▪ Caswell ▪ Franklin 	✓	✓	✓	✓	✓	✓	
<p><i>Walk to School Events–</i></p> <p>Sponsored by the Safe Communities Coalition, this is an annual event to encourage parents to walk their children to school. At the same time, children help assess the “walkability” of the route to school, and identify barriers and challenges, for organizations to make changes. Schools that participated in this event in 2008:</p> <ul style="list-style-type: none"> ▪ Franklin ▪ Kirschen ▪ Marshall 	✓	✓		✓	✓	✓	

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<ul style="list-style-type: none"> ▪ Martone ▪ Orville Wright ▪ Robertson Road ▪ Shackleford ▪ Tuolumne ▪ Wakefield 							
<p><i>Walking Trails</i></p> <p>Several Walking Trails throughout Stanislaus County have been established or proposed in an effort to increase physical activity and provide safe routes for schools and park access.</p> <p>Virginia Avenue Trail</p> <p>Dry Creek Park</p> <p>Proposed Helen White Memorial Walking Trail</p>				✓	✓	✓	✓
<p><i>Walk It Out – Afterschool/Before School</i></p> <p><i>Walk It Out</i> is a year-long program that teaches elementary school students about healthy living and the benefits of being physically active. The program gives students the opportunity to let the rubber meet the blacktop as they walk with their classmates during the After School Program times and before</p>		✓			✓	✓	

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<p>school. This Program is currently being implemented at:</p> <ul style="list-style-type: none"> ▪ Modesto City Schools after school program ▪ Vaughn Elementary School 							
<p><i>Fit for the Future</i></p> <p>Adopted by the Stanislaus County Office of Education in 2011, this program’s goal was to increase physical activity for students from K-12. Students and teachers are encouraged to participate in the Governor’s Challenge, which requires they be active 30-60 minutes a day for three days a week over a 28-day period. In addition, parents and community members can also sign-up for the challenge to support their children and local schools. Add info on Stanislaus’ ranking. I think they finished first in the state?</p> <p>*Hickman Elementary/Middle School won the Governor’s challenge in 2009, 2010, and 2011</p> <p><i>Governor’s Challenge – Educational All-Stars</i></p> <p>Education All-Stars are School District Superintendents who recognize that kids who are physically active tend to be healthier, more confident, and more focused in school. Each of our Education All-Stars has stepped forward to promote physical activity by encouraging their district's schools to participate in the Governor's Challenge Competition</p>	✓	✓	✓	✓		✓	

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Denair Unified School District • Hughson Unified School District • Newman Unified School District • Oakdale Unified School District • Paradise Unified School District • Patterson Unified School District • Salida Unified School District 							

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Increase Access to Healthy Foods							
<p><i>Farmers Markets</i></p> <p>The establishment of Certified Farmers Marketed located in communities that have poor access to fresh fruits and vegetables.</p> <ul style="list-style-type: none"> ▪ West Modesto at Mellis Park ▪ Downtown Ceres, Whitmore Park 		✓		✓	✓		✓
<p><i>HEAL Cities Campaign</i></p> <p>This initiative enables Cities to adopt a resolution to become a Healthy Eating Active Living City. The resolution is customized by each city based upon their priorities and specific policy goals. Each city recognizes obesity as a serious public health threat to adults, children and families. The city agrees and commits to societal and environmental changes needed to support individual efforts to make healthier choices. The cities that have adopted resolutions include: City of Modesto, Patterson and Riverbank.</p>		✓				✓	

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<p>Healthy Neighborhood Markets</p> <p>This project aims to promote the sale of affordable fresh fruit and vegetables in small neighborhood stores located in west Modesto. Currently there are seven Healthy Neighborhood Markets.</p>		✓		✓	✓		
<p>HEAL Zone</p> <p>A partnership with West Modesto/King Kennedy Neighborhood Collaborative to promote healthy eating and active living within West Modesto. The goals of the grant are to:</p> <ul style="list-style-type: none"> • Decrease calorie consumption (i.e., sugar sweeten beverages and promote water consumption) • Increase fruits and vegetable consumption (i.e., farmer's market, Community Supported Agriculture, etc.) • Increase physical activity in community settings (i.e., Helen White Walking Trail, Walking School Bus, etc.) • Increase physical activity in elementary schools 		✓		✓	✓	✓	
<p>New WIC Food Package</p> <p>WIC implemented a new food package which includes fruits and vegetables for its participants, on October 1, 2009. In addition,</p>	✓	✓	✓				✓

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
these changes limit eligible dairy products to low fat and non fat, and include whole grain products.							
<p>School Based Nutritional Services</p> <p>Improve meal/menu program to ensure meal compliance with nutritional standards and needs. By 2008 all schools have implemented SB 12 and SB 965. Assist schools to include healthier vending machines and healthier fundraising options. In addition, there is the promotion of Universal Breakfast in schools.</p> <p>Active participants include:</p> <ul style="list-style-type: none"> ▪ Modesto City Schools ▪ Turlock Unified School District ▪ Salida Union School District ▪ Stanislaus Union School District ▪ Migrant Head Starts <p>Chapter 558 of the Statutes of 2010 (Senate Bill [SB] 1413, Leno) establishes California <i>Education Code (EC)</i> Section 38086, which requires school districts to provide access to free, fresh drinking water during meal times in school food service areas by July 1, 2011, unless the governing board of a school district adopts a resolution stating it is unable to comply with this requirement due to fiscal constraints or health and safety concerns.</p>			✓		✓	✓	✓

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Worksite Wellness							
<p>Worksite Wellness Policies</p> <p>The adoption and implementation of worksite wellness policies to increase access and choices to healthy foods and beverages in the work environment and promote physical activity among employees.</p> <ul style="list-style-type: none"> ▪ Stanislaus County ▪ Sutter Gould Medical Foundation ▪ Kaiser Permanente <p>Breastfeeding Support:</p> <p>Development and implementation of breastfeeding policies in the work place. The Breastfeeding Coalition has awarded a number of employers for its efforts in supporting breastfeeding amongst employees.</p>	✓				✓	✓	✓

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Community Education							
<p><i>MCAH Coordination – Promotora Network</i></p> <p>The <i>Promotora Network</i> coordinated two diabetes prevention and management trainings for Spanish speaking community leaders/Promotoras in the cities of Hughson and Ceres. Sponsored by the Promotora Network and Health Net, the trainings included: diabetes prevention and management, glucose testing, motivational interviews, healthy eating active living, and cardiovascular disease prevention for Latina women.</p>	✓	✓	✓	✓	✓	✓	✓
<p><i>MCAH – Diabetes/Pregnancy</i></p> <p>Provider forum to educate medical providers on: current trends in practice; new guidelines for treating diabetes in pregnancy; how to talk to patients about lifestyle changes; insurance options for the uninsured. Participants also had the opportunity to provide input on how to address diabetes in pregnancy within</p>			✓				

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Stanislaus County.							
<p>NEOP – Nutrition Education, Obesity Prevention</p> <p>This grant focuses on providing nutrition education and physical activity promotion to the Cal Fresh participants. The main goal is to encourage increased healthy food purchases/preparation and consumption to parents and young children.</p>	✓						
<p>Nutrition Education classes</p> <p>The development and provision of classes to community residents:</p> <ul style="list-style-type: none"> ▪ Familias Fuertes classes by the Nutrition Network Program ▪ Classes by Sutter Gould Medical Foundation ▪ Classes by Doctors Medical Center Foundation ▪ Classes to seniors by Howard Training Center, who are the provider of the Senior Meals Program 	✓	✓					
<p>Peer Counseling Breastfeeding Promotion/Initiative</p> <p>This grant provides for extra, trained staff to reach out to</p>	✓						

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
prenatal women and offer education and support in order to have a successful breastfeeding outcome. Breastfeeding is one of the first ways to help prevent obesity later in life.							
Provider Education							
<p><i>Medical Provider Education</i></p> <p>Providing in-service training to medical office staff and physicians on:</p> <ul style="list-style-type: none"> ▪ Case management and screening protocols for obesity prevention. As a result, two HSA Clinics have adopted the Childhood Obesity Prevention Provider Tool Kit. ▪ Breastfeeding Lactation Specialist training and local resources have been provided. ▪ Preventing Obesity and Diabetes in Children Symposium in March of 2012. 	✓		✓		✓	✓	
<p><i>Childcare Provider Education</i></p> <p>Provide in-service training on nutrition and physical activity to child care providers:</p> <ul style="list-style-type: none"> ▪ Head Start ▪ Childcare Providers ▪ CARES 	✓		✓			✓	

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<p>School Staff Education</p> <p>Conducted trainings to Modesto City Schools After School Program staff and teachers:</p> <ul style="list-style-type: none"> ▪ PowerPlay ▪ SPARK training ▪ Game Day hands-on physical education curriculum training ▪ Harvest of the Month 	✓		✓			✓	
Advocacy/Community Empowerment							
<p>Built Environment Advisory Group</p> <p>The purpose of this advisory group is to coordinate community efforts in order to: 1) Improve Stanislaus County roads and sidewalks to promote safety and active modes of transportation, and 2) Involve Stanislaus County residents and organizations interested in improving health in built environment planning and policy making process.</p>		✓		✓	✓		
Community Transformation – Capacity Building Grant						✓	✓

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Grant enables capacity building efforts including establishing a leadership team, collaborating with a Coalition, conducting a community health assessment regarding the three priority areas (i.e., healthy eating and active living, tobacco free living and clinical preventive services), and strategic planning for the development of a Community Transformation Implementation Plan. The plan will include evidence-based, jurisdiction-wide strategies, and promote health equity.							
<p>CX3</p> <p>A tool to survey food availability in local communities and neighborhoods. It takes an in depth on the ground look at neighborhoods to measure the nutrition environment and identify opportunities for improvement:</p> <ul style="list-style-type: none"> ▪ Ceres ▪ West Modesto ▪ Turlock 				✓	✓	✓	✓
<p>Community Leadership and Advocacy Program</p> <p>A year long training to selected community residents to become community advocates and change agents. 15 members currently enrolled, provided by CCROPP.</p>	✓	✓		✓	✓		✓
<p>Framework for a Thriving Stanislaus (formerly known as the</p>				✓	✓		

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<p>Community Health Improvement Plan).</p> <p>This is a plan created by a large group of individuals, public and private organizations to coordinate community efforts to improve the health of our county and well-being of our citizens.</p>							
<p>Oral Health Advisory Committee – Diabetes/Oral Health</p> <p>This committee supports the Agency’s Dental Disease Prevention Program through the implementation of projects that will promote and increase awareness of oral health issues throughout the community. This year, the committee demonstrated the correlation of oral health and disease management and/or manifestation within diabetics and pre-diabetics in a written brief.</p>		✓			✓		
<p>SMART Valley Places</p> <p>Smart Valley Places is facilitated by 14 Valley cities within an eight-county region, in partnership with four regional nonprofit organizations, California State University, Fresno and the San Joaquin Valley Regional Policy Council. Building on the San Joaquin Valley Regional Blueprint and its smart growth principles, Smart Valley Places is the region's roadmap to</p>		✓				✓	✓

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<p>creating more transportation choices, equitable-affordable housing, economic competitiveness, and healthier, safe and walkable neighborhoods, ultimately shaping future growth trends that will impact not only the health and prosperity of the region, but the entire state of California. Two Stanislaus County cities that were chosen include: Modesto and Turlock.</p>							
<p>Stanislaus County HEART Coalition The Stanislaus County Community Transformation Project has established the HEART Coalition to act as the Community Transformation Grant Coalition (CTG). The Coalition is currently comprised of 47 members. Additionally, the Tobacco Education Coalition has been invited to join the CTG Coalition, to further the capacity building efforts and community health assessment efforts. The Coalition has embarked upon an 18 month strategic planning effort to address chronic diseases throughout Stanislaus County. The Coalition will be engaged in the development of a Community Transformation Implementation Plan.</p>				✓	✓	✓	✓
<p>Youth Engagement - Project Uplift Project Uplift is a youth mentoring program for at-risk youths; youth were trained to sustain a one-acre fruit and vegetable garden at the nonprofit Heifer International farm. They are</p>	✓			✓	✓		✓

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
selling their fresh produce at the West Modesto Farmer's Market. They also supply the Healthy Neighborhood Markets with produce.							
<p>West Modesto Neighborhood Advisory</p> <p>A neighborhood advisory group to act as the advocacy body on food policies, such as Universal Breakfast for all schools. Conduct training and education to community leaders, parents, youth, and families. Provides monitoring and advocacy in schools.</p>				✓	✓		✓
<p>Community and School Gardens</p> <p>Fruit and vegetable gardens are being planned and planted in a number of neighborhoods and schools. Community gardens provide residents the opportunity to increase physical activity, have access to fresh and affordable fruits and vegetables, and make a profit by selling their produce. School gardens provide students the opportunity to learn to garden while incorporating healthy eating and physical activity into their learning.</p> <ul style="list-style-type: none"> ▪ West Modesto ▪ Modesto City Schools 	✓	✓		✓		✓	

Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
Resource Development							
<p><i>Food Assistance Resource Guide</i></p> <p>Resource guide on all the government food assistance programs in Stanislaus County, such as food stamp, WIC, school breakfast and lunch, etc.</p>	✓	✓	✓		✓		
<p><i>My Garden Series Brochures</i></p> <p>Coordinated by the County Nutrition Action Plan partners, this is a series of brochures on how to grow a fruit and vegetable garden at home, including container gardens. The series includes topics such as how to get started, fall and spring veggies, herbs, fruits, and more.</p>	✓	✓	✓		✓		
<p><i>CVD Prevention Resource Guide</i></p> <p>Developed by the HEART Coalition, this resource guide outlines heart disease prevention resources.</p>	✓	✓	✓		✓		

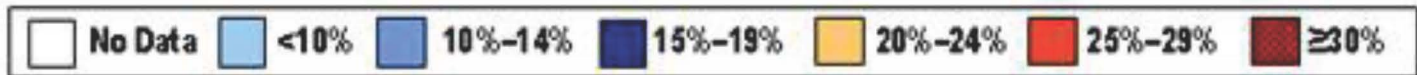
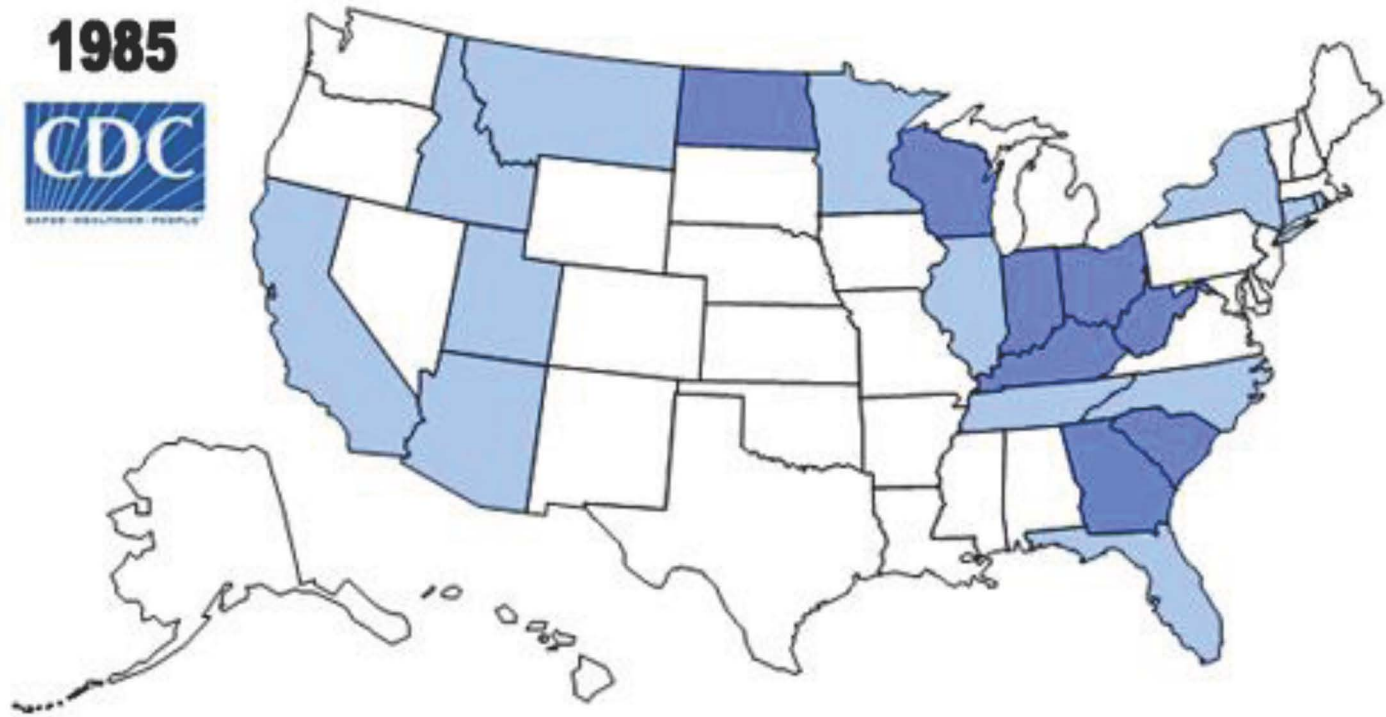
Activities	Spectrum of Prevention Levels						
	1	2	3	4	5	6	7
<p><i>Childhood Diabetes and Obesity Prevention Materials</i></p> <p>Developed by the Childhood Obesity/Diabetes Prevention Task Force, these educational materials are aimed for school age children and their parents, with healthy eating and active living messages.</p>	✓	✓	✓	✓			

Report to the Board of Supervisors
July 2012

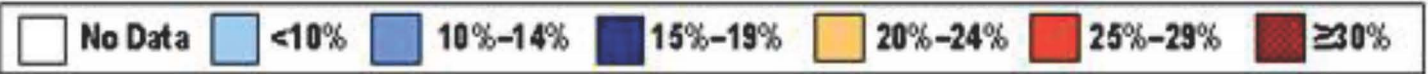
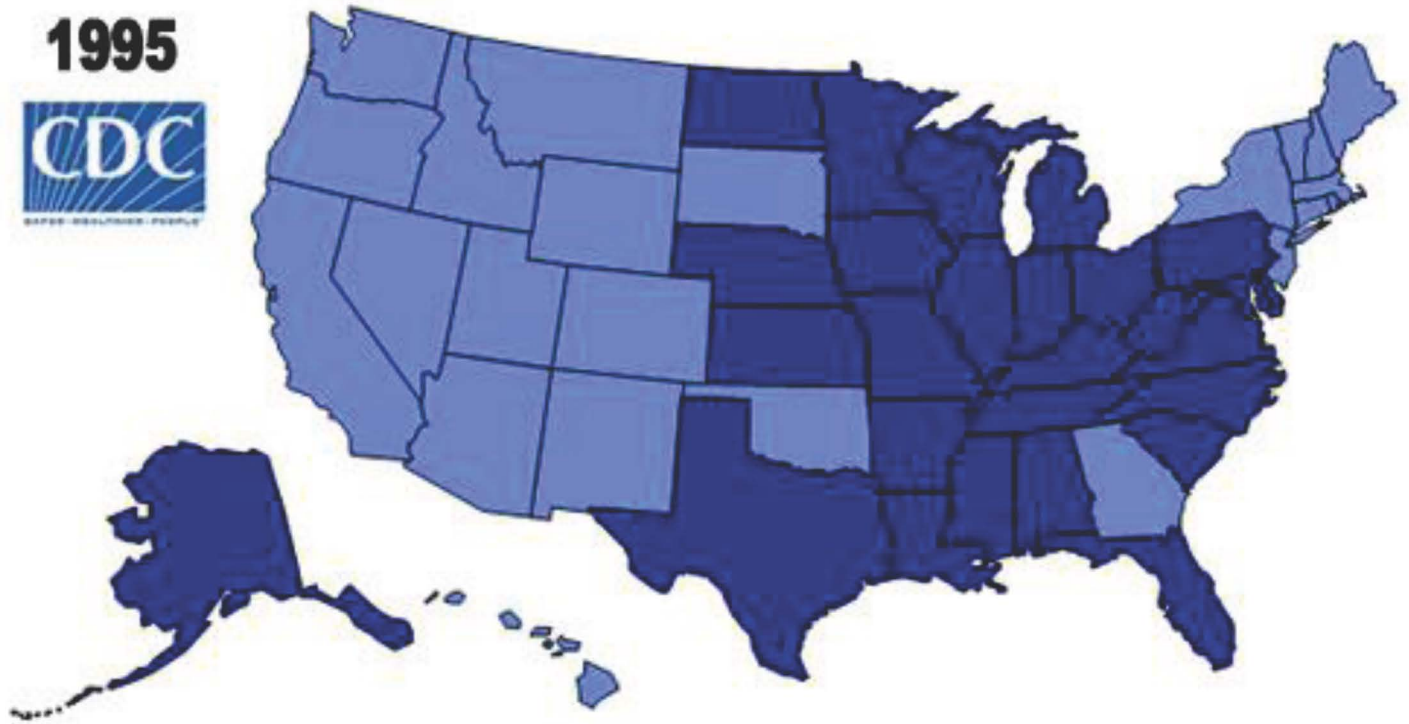


TARGETING THE EPIDEMIC OF OBESITY AND DIABETES

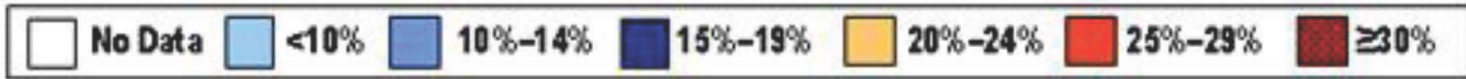
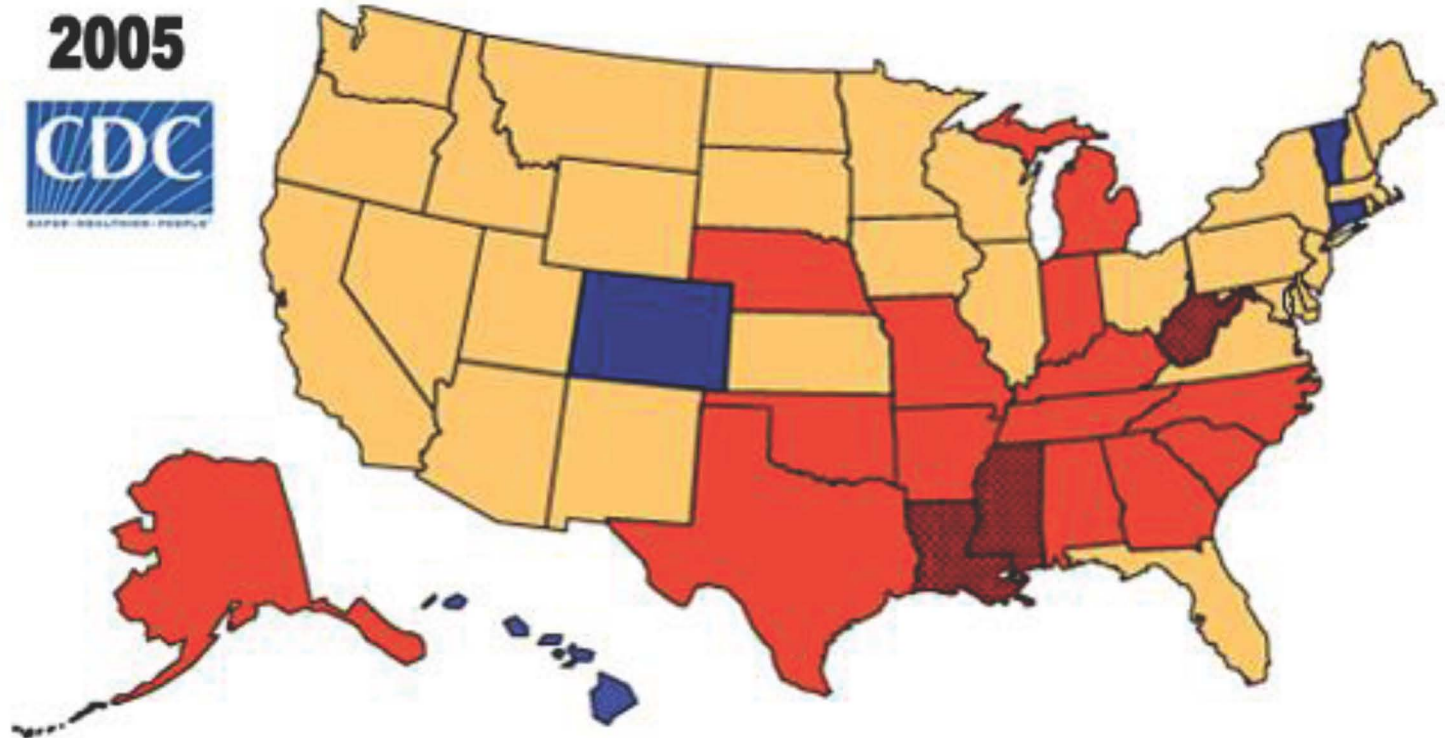
1985



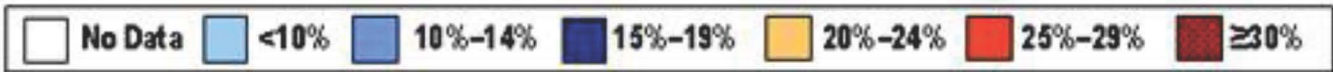
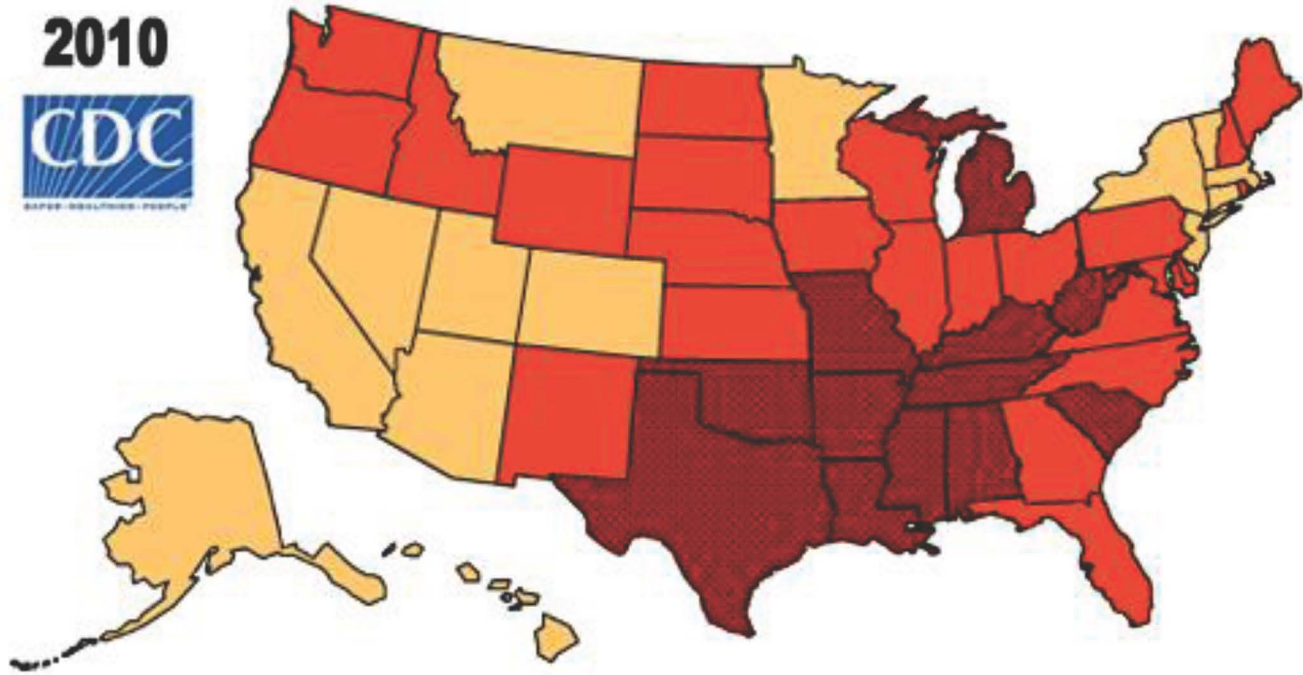
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2005

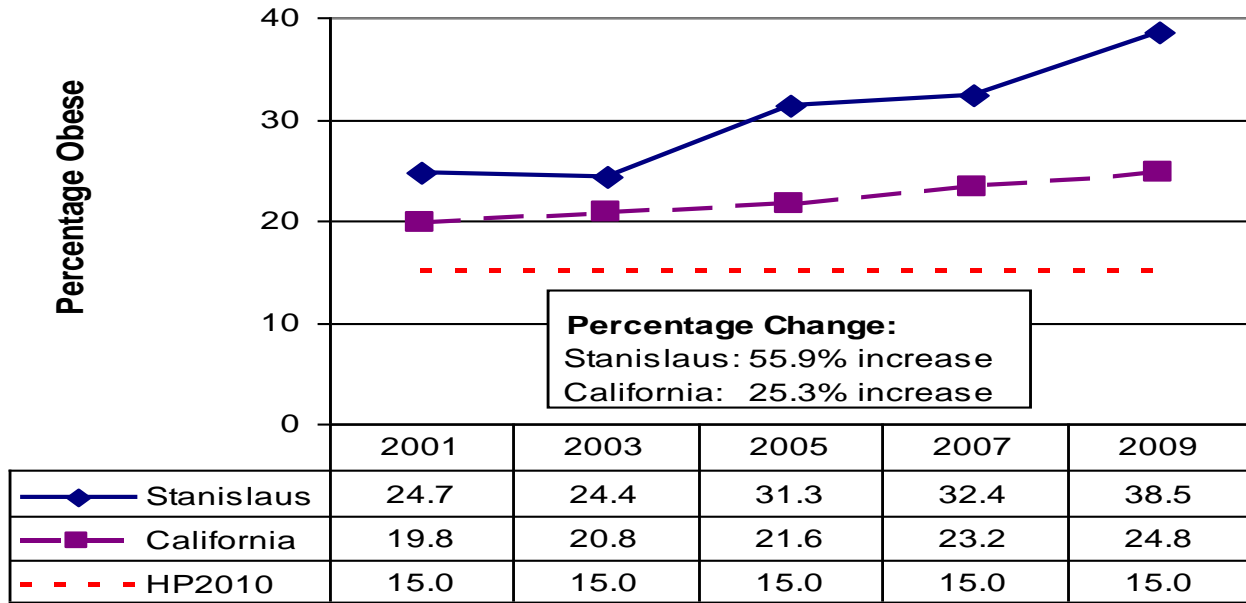


2010



Obesity in Stanislaus County

Percentage of Obese Adults Over Time: Stanislaus County vs. California



**Age-adjusted annual mortality rate per 100,000 residents.
Source: California Department of Health, Center for Health Statistics.*



The Public Health System

Police



EMS



Media

Community Centers

MCOs

Churches



Corrections

Home Health



Public Health



Health Dept



Parks



Medical Providers



Hospitals



Schools



Elected Officials



Nursing Homes



Mass Transit

Philanthropist

Civic Groups

Environmental Health



Fire

CHCs



Recovery Services

Volunteers



Mental Health

Employers



Economic Development



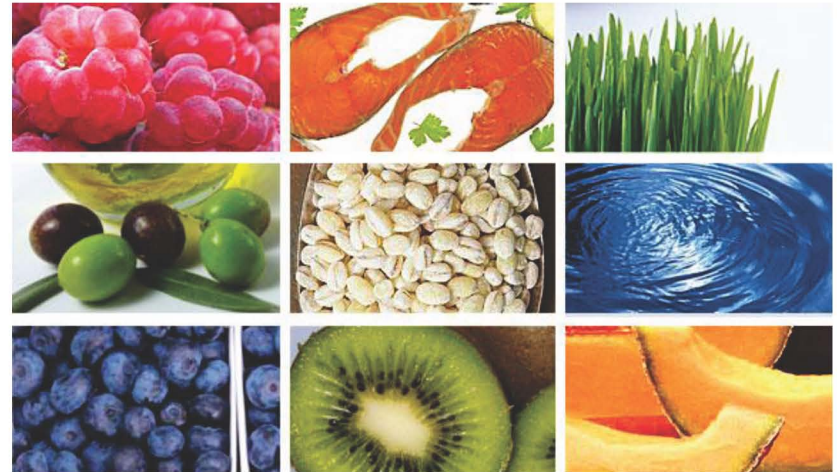
Laboratory Facilities



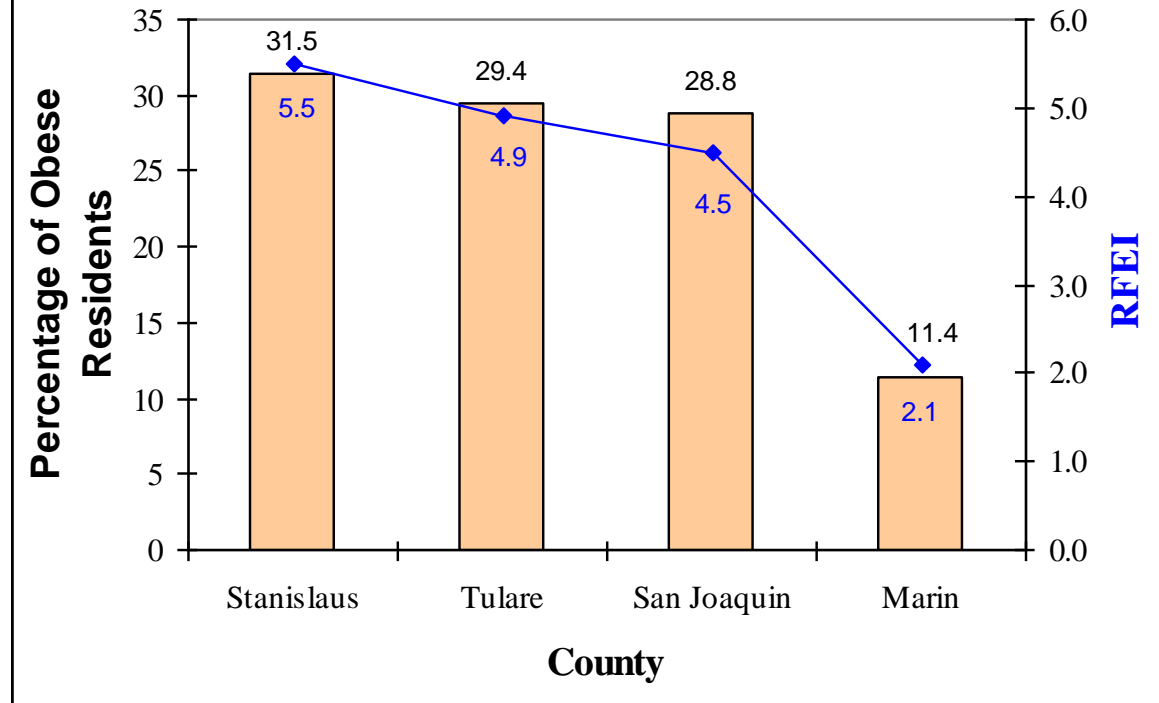
Healthy Eating & Active Living

Examples:

- Schools
- Childcare and after-school settings
- Workplaces
- Community design



Obesity Prevalence and the Retail Food Environment



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

Data Source: UCLA Health Policy Institute's Designed for Disease, 2008

The Spectrum of Prevention

Impact

7. Influencing policy and legislation
6. Mobilizing neighborhoods and communities
5. Changing organizational practices
4. Fostering coalitions and networks
3. Educating providers
2. Promoting community education
1. Strengthening individual knowledge and skills



What is SNAP-Ed?

- USDA funded nutrition ed to CalFresh Participants
- Moving to NEOP (Nutrition Education, Obesity Prevention in 2013)
- Focus on areas in county with current CalFresh clients or census tract areas of high need.



Communities of Excellence CX3



Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX³) examines low-income neighborhoods in the County measuring the nutrition environment & identifying improvement opportunities.



HOW DO BABIES COMMUNICATE WITH THEIR CAREGIVERS?

"I'm hungry", "I'm sleepy", "I want to be near you", "I need something to be different!"

Research on baby behavior conducted by Dr. Jane Heinig and colleagues at UC Davis has documented that when parents understand their infants' cues, they can meet the babies' needs appropriately, resulting in:

- an increase in exclusive breastfeeding
- a decrease in
 - formula feeding
 - overfeeding

Dr. Heinig and her staff have been providing training on baby behavior to WIC agency staff throughout the state for the past two years. As a follow-up, the California WIC Program is developing a statewide campaign

Exciting Projects

The campaign will kick off in 2011 and will involve all WIC agencies

- staff training
- participant education
- variety of media
- environmental reinforcers

Baby behavior messages will be used thereafter as a core component of prenatal and infant education messages, but rather enhanced messaging.

Through this campaign, parents will understand normal infant behavior, resulting in longer breastfeeding duration and less overfeeding as demonstrated in Dr. Heinig's research. This will have a positive impact on child health and obesity prevention.



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Dr. Heinig and her staff have been providing training on baby behavior to WIC agency staff throughout the state for the past two years. As a follow-up, the California WIC Program is developing a statewide campaign

to assist WIC agencies in providing baby behavior education to WIC parents in a consistent, effective and sustainable manner.

The campaign will kick off in 2011 and will involve all WIC agencies. It will include:

- staff training
- participant education curricula using a variety of media
- environmental reinforcers

Baby behavior messaging will continue thereafter as a core component of WIC prenatal and infant education. Other key education messages (on breastfeeding, starting solid foods, etc.) will not be replaced but rather enhanced by baby behavior messaging.

Through this campaign, WIC parents will understand normal infant behavior, resulting in longer breastfeeding duration and less overfeeding as demonstrated in Dr. Heinig's research. This will have a positive impact on child health and obesity prevention.

For further information about baby behavior:

http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/FitWICBaby.htm



California WIC Program, California Department of Public Health
This institution is an equal opportunity provider. Call toll free: 1 888 WIC-WORKS (1 888 942-9675) www.wicworks.ca.gov



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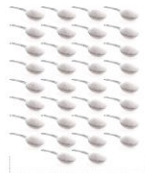


REthink Your Drink

REthink YOUR Drink

38

teaspoons of sugar
Fountain Drink (Pepsi)
44 oz



13

teaspoons of sugar
Energy Drink
16 oz



8

teaspoons of sugar
Sports Drink
20 oz



12

teaspoons of sugar
Orange Soda
12 oz



4

teaspoons of sugar
Juice Drink
6 oz



California WIC Program, California Department of Public Health
All institutions are an equal opportunity provider.

Shaw's, Sonoma, Sonoma State of California
Shaw's, Sonoma, California Health and Human Services Agency



California WIC Program, California Department of Public Health
All institutions are an equal opportunity provider.

FIRST: A FEW COMMENTS ON CONCEPTS OF POPULATION HEALTH

Brief Overview



4 TENETS OF POPULATION HEALTH

- Healthcare delivery **benefits the majority**
= population based
- Providers & patients **share responsibility**
= quality & safety
- **Chronic care management**
= improved health quality & safety
- **Improved quality & safety**
= framework for health & wellness



Factors that Affect Health

Examples

Counseling
& Education

Eat healthy, be
physically active

Clinical
Interventions

Rx for high blood
pressure, high
cholesterol, diabetes

Long-lasting
Protective
Interventions

Smoking cessation
treatment, immunization
colonoscopy

Largest
Impact

Socioeconomic Factors

Smoke-free laws,
tobacco tax, food
procurement policies

Poverty, education,
housing, inequality



Example:

- If the airline industry was “curative”
 - airplanes inspected after crashes rather than before every flight
- Current reality
 - 1st curve or “craft age”—process improvement
 - 2nd curve “information age” focusing on populations rather than individuals
 - Collaboration
 - Coordination
 - Teamwork



Strive for an “Epidemic of Health and Wellness”



FOCUS ON DIABETES PROJECT

POPULATION HEALTH AND PATIENT CARE



Community

Institution

Patient

Continuity: Structure

- Connections (among the healthcare providers in the community) that allow communication, transfer of information, and transfer of patients.

- Collaborative with DMC to decrease DM2 readmissions.
- New EMR and HIE technology

- There will be new procedures in place so that information can easily move from one providers to another provider.
- Information from each encounter be available.

Continuity: Process

- Safety Net providers are meeting together with DMC on improving sharing of information.

- Develop procedures for discharge redesign.

- Fewer repeat tests.
- Fewer errors in transition from hospital to outpatient care.

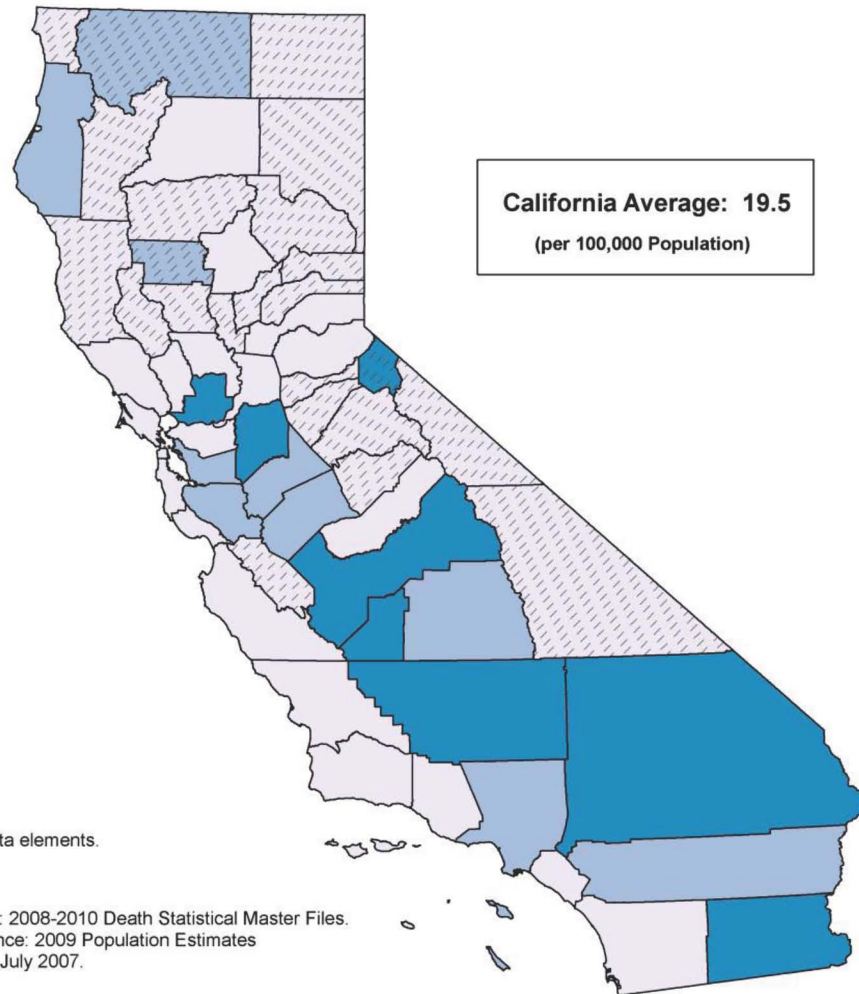
Continuity: Outcome

- People in the community will have improved ability to move from one provider to another, with assistance in getting referrals and having information transferred.

- Decrease unnecessary hospital readmissions.

- Fewer safety problems during handoffs.





**Age-Adjusted Death Rate
per 100,000 Population
by County of Residence**

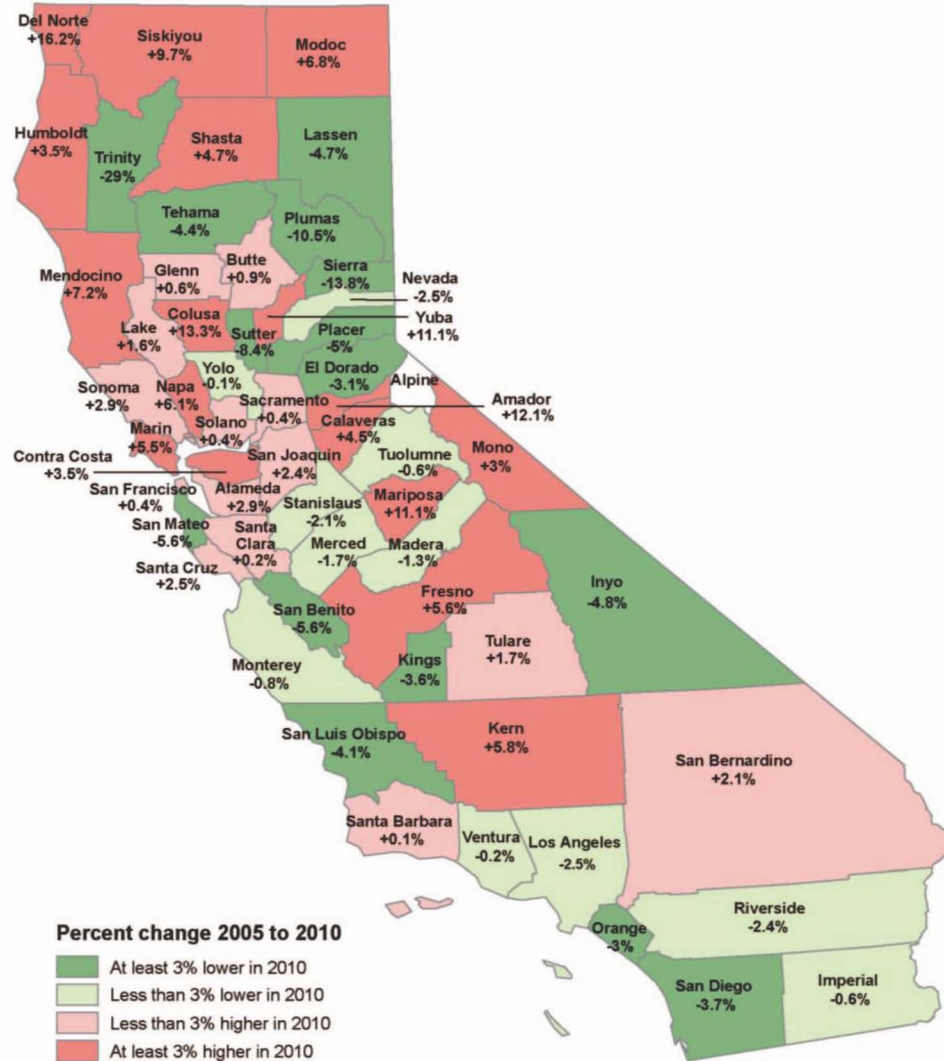
- Less than or equal to 19.5
- Within 19.6 to 24.3
- Greater than 24.3
- No Event or Unreliable*

* Rates and percentages are deemed unreliable based on fewer than 20 data elements.

Data Sources:

California Department of Public Health: 2008-2010 Death Statistical Master Files.
State of California Department of Finance: 2009 Population Estimates with Age, Sex and Race/Ethnic Detail, July 2007.

Changes in Overweight and Obesity Prevalence, 2005-2010



Percent change 2005 to 2010

- At least 3% lower in 2010
- Less than 3% lower in 2010
- Less than 3% higher in 2010
- At least 3% higher in 2010

Labels in each county

Name of County
% change



Thank you!

Questions?

