



California Wellness Plan

2013 Stakeholder Input Sessions: Findings and Recommendations

Submitted to:

*Mary N. Rousseve
Communications Specialist
Chronic Disease Control Branch
California Department of Public Health*

Submitted by:



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

*3000 State University Drive East
Sacramento, CA 95819-6103*

*Phone: (916) 278-4801
Web: www.cce.csus.edu*

July 8, 2013



CALIFORNIA WELLNESS PLAN
2013 STAKEHOLDER INPUT SESSIONS:
FINDINGS AND RECOMMENDATIONS



Ron Chapman, MD, MPH

Director and State Health Officer, California Department of Public Health (CDPH)

Caroline Peck, MD, MPH

Chief, Chronic Disease Control Branch, CDPH

Jessica Nunez de Ybarra, MD, MPH

Chief, Coordinated Chronic Disease Prevention Section, CDPH

Mary N. Rousseve

Communications Specialist, Chronic Disease Control Branch, CDPH



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Jacqueline Jenkins

Project Coordinator

Jeanne Alongi

Lead Facilitator, Subject Matter Expert

Samuel Alongi

Co-Facilitator

Mallory Leone

Technical Editor

Scott Holliday

Graphic Designer

Funding

This material was produced by the California Department of Public Health's Coordinated Chronic Disease Prevention Program with funding from the Centers for Disease Control and Prevention from the FFY 2011 Prevention and Public Health Fund (Affordable Care Act).



Purpose

The California Department of Public Health (CDPH) requested stakeholder input for the proposed California Wellness Plan (Plan) [previously known as the California Chronic Disease Prevention Plan]. This report summarizes the process used to generate input, the inputs received from stakeholders, and the recommendations synthesized from those inputs.

Interest in development and implementation of the Plan is high among stakeholders, not only in public health but among health care providers, foundations, and other partners. Engaged partnerships and transparent processes are highly valued and welcomed by partners in the development of the Plan.

This report represents findings from two distinct stakeholder input tracks, which included:

- 1) A series of six regional meetings and a Thought Leaders meeting
- 2) A series of local health department and community partner focus groups

Regional Meetings and Input from Thought Leaders

January 2013 – February 2013

Facilitators: Jeanne Alongi, MPH, PhD; and Sam Alongi, MBA, MPH; California State University, Sacramento

Process: CDPH convened its first stakeholder partner meeting in July 2012, to collect input and begin forging the Plan. This effort leveraged the expertise of multiple sectors representing local public health departments, academic institutions, voluntary and advocacy organizations, non-profit organizations, and partners outside public health. This meeting resulted in three draft goals and charged CDPH with aligning this work with other initiatives with complementary objectives.

The process for finalization of Plan goals and strategies continued in January and February 2013, and centered on a four-step information gathering strategy, designed to provide opportunity for feedback to a broad spectrum of stakeholders. Each step in the process built upon the inputs of the preceding, as follows:

- Stakeholder input sessions (six webinars), focused regionally
- Stakeholder surveys (online)
- External Thought Leaders Meeting (convened in Sacramento)
- Key informant interviews (telephone)

Findings & Stakeholder Recommendations

Stakeholders responded enthusiastically and with well contemplated recommendations for adjustments to goals and strategies as well as with recommendations for finalization and implementation of the Plan. The following recommendations are summarized below:

- 1. Specific, Measurable and Marketable Strategies.** Focus efforts to develop a series of wins as a means to build support and acceptance for the Plan and its activities. CDPH and partners should establish a campaign around a small number of critical public health issues and linked public health/health care issues, with the State as the convener. Selectively and strategically focus efforts around these themes and campaigns on a prescribed timeframe, and use highly aligned connecting strategies to generate a greater collective impact. To fully realize potential, find the means to engage potential private sector partners, advocacy groups and other partners in the process.



2. **Inside-out Strategy.** Consider using an inside-out strategy to first examine an issue, determine cross-efficiencies and underlying public health context of the issue, and then determine how best to direct resources to that issue.
3. **Payment Reform Mechanisms to Move Health Upstream.** Explore ways to nudge the health care system upstream through payment reform mechanisms. Consider a more holistic view of health and public health in these payment mechanisms to include dental health, mental health, and other preventive services and activities. Explore means of incorporating public health activities at the clinical level without adding burden to the health care system. Keep in mind that not every good public health practices will have a positive financial return on investment; these practices can still be forwarded if the political will exists.
4. **Data to Move Health Upstream.** Explore ways to better measure short-term indicators such as behavioral risk factors, public attitude and knowledge as opposed to long-term indicators. This data can be powerful. This analysis can be applied to chronic disease prevention in general, as well as to medical, dental, and mental health.
5. **Shared Knowledge is Power.** There is an abundance of data, but it requires shared access with a central repository host. Strive for greater sharing of data, such as a unified data warehouse of aggregated data from disparate fields. Maintain a data inventory that can be used to effectively identify and target interventions to high risk and vulnerable populations. Sharing of data also entails buy-in of data providers, as well as accessibility of data for authorized users. Consider existing initiatives and platforms such as California Cooperative Health Insurance Purchasing Exchange (CHIP-E) and the Community Health Needs Assessment (CHNA) in helping move this priority forward.
6. **Innovation and Technology.** Consider novel uses of technology for intervention delivery, perhaps through tele-health approaches, or mobile technology applications developed for chronic condition self-management or other health care and public health disciplines.
7. **Capacity and Sustainability.** Although chronic disease prevention capacity and the infrastructure and resources needed to ensure its highest functioning is alluded to in many of the strategies, an additional goal was recommended. This specific focus will enable partners from all sectors to organize effectively and efficiently in support of a rigorous and impactful public health network.
8. **Leadership.** CDPH should act as the lead for the overall Plan, primarily as a convener, but also as the lead agency for particular aspects of goals and strategies. Participants suggested that CDPH take a lead role: for data and surveillance; for convening groups to explore and make recommendations for actions on the specific, measurable and marketable strategies identified by #1; and for coordinating to leverage partner resources and activities around Plan concepts and strategies.

Application of Recommendations to Plan Goals and Strategies

The revised goals and strategies are presented here.

Goal 1: The healthy choice is the default choice

- 1.1 Facilitate social connectedness and community engagement by leveraging current partnerships and funding streams and expanding relationships with non-health organizations such as law enforcement, commerce, and schools, to create safer, healthier and more economically developed neighborhoods.
- 1.2 Engage and empower communities to plan and implement prevention policies.
- 1.3 Integrate health criteria into decision-making, where appropriate, across multiple sectors.



- 1.4 Provide individuals, communities, professionals, and institutions with tools and information to live tobacco free, make healthy food and beverage choices, prevent violence and injuries, promote healthy sexual behavior, and positive parenting.
- 1.5 Increase access to safe, affordable, healthy food, water, clean air, places for physical activity, housing and opportunities for employment and education.
- 1.6 Support evidence based environmental change strategies to create and maintain healthy communities.

Goal 2: Better care at lower cost

- 2.1 Provide individuals and families with tools and information to navigate the health system and engage in their care.
- 2.2 Promote early identification of medical, mental and dental health needs and access to quality services.
- 2.3 Enhance coordination and integration of medical, mental, and dental health strategies by leveraging Affordable Care Act planning and resources as well as parallel efforts across health plans, providers, health systems and government agencies.
- 2.4 Expand existing successful programs and support implementation of community-based preventive services and enhance linkages, including electronic reporting, with clinical care.
- 2.5 Use payment and reimbursement mechanisms to encourage delivery of clinical and community preventive services.
- 2.6 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.
- 2.7 Maintain a skilled, cross-trained and diverse prevention workforce.
- 2.8 Adopt the National Quality Strategy: Promote the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Goal 3: Shared knowledge is power

- 3.1 Inventory current chronic disease and risk factor data sources, identify data needs, and plan and implement strategies to meet data needs.
- 3.2 Perform surveillance for chronic disease prevention with a focus on outcomes, publish the information, and use it to inform chronic disease prevention planning, prioritizing, and resource allocation.
- 3.3 Expand web-based access and usability of chronic disease prevention data and information.
- 3.4 Promote standardization and cross-system electronic information exchange of chronic disease and risk factor data, such as electronic reporting.
- 3.5 Increase access to and expand use of health information technology and connected data systems to identify high-risk populations.

Goal 4: Invest in wellness

- 4.1 Maintain a skilled, cross-trained and diverse prevention workforce.
- 4.2 Develop a multi-sector agenda for promoting chronic disease prevention in California and identify the unique roles and responsibilities of all stakeholders in achieving that agenda.



- 4.3 Map chronic disease prevention capacity across sectors throughout California and create a plan to fill gaps and develop sustainable capacity at every level.
- 4.4 Mobilize partnerships to develop resources to sustain public health efforts.

Local Health Department and Community Partner Focus Groups

January 2013 – May 2013

Facilitator: Mary Anne Morgan, MPH, California State University, Sacramento; *in partnership with the California Conference of Local Health Officers/County Health Executive Association of California Chronic Disease Prevention Leadership Project*

Process: CDPH collaborated with the California Conference of Local Health Officers/County Health Executive Association of California (CCLHO-CHEAC) Chronic Disease Prevention Leadership Project and its 24-member local health department Leadership Team to solicit robust feedback from Local Health Departments (LHDs) around the State on the draft Plan. Project staff conducted focus groups with the California Conference of Local Data Managers (CCLDM), the California Conference of Local Directors of Health Education (CCLDHE), the Central Valley Regional Asthma Coalition (with participation by the regional chronic disease prevention coalition), and Public Health Alliance of Southern California meeting. Additional meetings are planned through June 2013.

An overview of the Plan's three initial draft goals and a short summary of the key strategy areas were provided at each discussion. Focus group participants were then asked the following questions:

- What are your general reactions, suggestions or questions related to the goals, objectives and strategy areas?
- How do they fit with the chronic disease work you are already carrying out in your local setting?
- How can the State support and help advance your work?

In addition to the focus groups, feedback was received during several breakout sessions at the 2nd Annual CA4Health Action Institute Meeting on April 23, 2013. Meeting participants provided input on relevant elements of the Plan and identified specific needs from local jurisdictions for CDPH support in advancing chronic disease prevention efforts.

Findings and Stakeholder Recommendations

Several overarching themes emerged in these discussions. LHDs and community partners would like to see CDPH play a strong role in leading and shaping California's response to the chronic disease and obesity epidemic. The State is well-positioned to be a role model for an integrated approach that cuts across programmatic, chronic disease, and risk factor areas. It has the connections and authority to convene the necessary stakeholders and facilitate the process of setting a statewide agenda for broad, environmentally focused chronic disease prevention. CDPH can help lay out the "roadmap" for how local jurisdictions can work together to achieve shared goals. It has the expertise and resources to centralize and build data capacity, develop statewide communication and messaging strategies, and document and share promising and best practices and evaluation approaches.

Summary Recommendations for the Plan Objectives and Activities

In order to effectively carry out the State Plan and support LHDs' efforts to prevent chronic disease, CDPH should:

- Create a 10-year timeframe for the California Wellness Plan that provides guidance to local jurisdictions including shared language and integrated approaches, and addresses health equity.



- Provide leadership and convene partners to promote state-level integration across program areas (Goal 2)
- Streamline, coordinate and unify funding streams and contract requirements in state chronic disease-related programs (Goal 1)
- Develop a technical assistance hub to support local action, especially for environmental systems change and other work that cuts across categorical focus/funding (Goal 1)
- Design a unified statewide message about public health and LHDs' unique role in supporting the Affordable Care Act (Goal 1,4)
- Establish a mechanism/venue to integrate state and local cross-sector activities (Goal 1)
- Facilitate bringing partners together around the issue of standardizing cross-systems (Goal 3)
- Create a state-level Data Clearinghouse that collects, analyzes, interprets and provides data findings that are relevant to local level activities(Goal 3)
- Develop statewide communication strategy and messaging around a broad, environmentally-based chronic disease prevention movement
- Promote, fund, and provide technical assistance on evidence-based and best/promising practices

Goals and Strategy Areas: Focus Group And CA4Health Action Institute Feedback

Goal 1: Empower Communities to Create Physical and Social Environments to Decrease Chronic Disease Risk

Strategy Areas

- Community engagement and social connectedness
- Empower to plan and implement prevention policies
- Provide tools and information to live tobacco free, eat healthy, be active
- Increase access to safe and healthy choices, housing, employment, and education using proven environmental change strategies

Input on Strategy Areas for Goal 1: Elements Needed For Success

- Community engagement and social connectedness strategy approaches
 - Emphasize community interests and needs
 - Create and support shared language across multiple sectors
 - Use Community Health Worker model as best practice and seek funding
 - Promote use of social media as outreach and engagement tool
 - Create a "business plan" for marketing, economic impact, and sharing information
- Empower to plan/implement chronic disease prevention environmental, and systems change
 - Educate consumers, corporations, retailers, local business owners, Chamber of Commerce, and work place wellness programs at the local level to implement policy
 - Systems and infrastructure change should be emphasized in addition to the health of individuals
 - Help communities learn how to navigate LHDs and other systems



- Provide tools and information to live tobacco free, eat healthy, be active
 - Develop multi-media approaches for effective education
- Increase access to safe and healthy choices, housing, employment, and education using proven environmental change strategies
 - Engage businesses as community ambassadors in improving safety, and “eyes on the streets”
 - Bring investors back to abandoned communities
 - Include strategies such as regional procurement of healthy, sustainable, locally grown foods and regional transportation systems

Goal 2: Optimize Health Systems and Clinical-Community Collaboration

Strategy Areas

- Provide resources and information to navigate systems
- Enhance coordination and integration of medical, behavioral, dental services, and link to community-based prevention
- Use payment mechanisms to encourage appropriate clinical and prevention care
- Reduce barriers to create access to safe and healthy choices for at-risk populations
- Maintain skilled, cross-trained, diverse workforce

Input on Strategy Areas for Goal 2: Elements Needed For Success

- Provide resources and information to navigate systems
 - Involve and fund Community Health Workers and health educators
- Enhance coordination and integration of medical, behavioral, dental services, and link to community-based prevention
 - Involve Community Health Worker with capability to help navigate systems and assist with cross-system coordination
 - Work with medical assistants and volunteers on clinical linkages
 - Integrate coordination across Health & Human Services programs
- Use payment mechanisms to encourage appropriate clinical and prevention care
 - Work with accreditation standards/Affordable Care Act, to ensure Community Health Workers and health education specialists activities funded
 - Chronic disease self-management- convince hospitals to assess cost of highest users- avoid unrecoverable costs.
 - Need to discuss strategies for disease self-management
- Reduce barriers to access for at-risk populations
 - Involve Community Health Workers
- Maintain skilled, cross-trained, diverse workforce
 - Promote use of Community Health Worker model to increase diverse workforce and build community leadership in public health



- Work with accreditation standards/Affordable Care Act, to ensure Community Health Worker model is preserved and is a vehicle for promoting a diverse workforce
- Identify and publicize skilled workforce development resources (e.g., Midwest Academy, Bay Area Regional Health Inequities Initiative toolkit)

Goal 3: Make accessible and useable the best data to combat chronic disease across the Spectrum of Prevention

Strategy Areas

- Inventory chronic disease and risk factor sources, identify data needs and implement strategies
- Strengthen, publish and use chronic disease surveillance to address health inequities and inform plans, priorities and resources
- Expand web-based access and usability, including interoperable and integrated systems
- Promote standardized, cross-system electronic information exchange → electronic reporting

Input on Strategy Areas for Goal 3: Elements Needed For Success

- Inventory chronic disease and risk factor sources, identify data needs and implement strategies
 - Identify data that reflects large sample sizes and population-based information
 - Include more health disparity data
 - Include data related to chronic disease and climate change
 - Provide county- and city-specific data
 - Identify data that provides comparison of years of life lost vs. years of life gained
 - Provide assistance in accessing data from other agencies
 - Engage growers, agriculture, and California Dept. of Agriculture in issues of procurement of locally grown food
- Strengthen, publish and use chronic disease surveillance to address health inequities and inform plans, priorities and resources
 - Make available Emergency Department data can give short term, immediate data
 - Collect data to illustrate disease prevention is an investment strategy
 - Provide cost data by county
 - Measure impact: length of time to achieve, and shared, descriptive messages for short-term outcomes (e.g. potential years lost)
 - Educate and provide training and analysis on building capacity
 - Link community clinics and other health systems data and information exchange
- Expand web-based access and usability, including interoperable and integrated systems
 - Create more access to highly localized data that we can use when telling our stories
 - Make data accessible and understandable to community partners
- Promote standardized, cross-system electronic information exchange → electronic reporting



Next Steps

CDPH will convene partners and other stakeholders from across the state for a two day meeting in January 2014 to obtain commitments to accomplish the goals of the California Wellness Plan. Together, meeting participants will recognize the talents, resources and activities of organizations statewide and collaborate to become more effective in achieving shared goals. The overall conference outcomes will:

- Create a shared understanding of the Plan.
- Solicit partner leadership and participation in meeting the goals of the Plan.
- Inspire innovation and synergy
- Develop collective policy agenda
- Identify priorities for California



Acknowledgements

CDPH would like to acknowledge our partners who contributed meaningful feedback during the various stakeholder forums from January 2013 through February 2013. Over two hundred representatives from local health jurisdictions, academic institutions, voluntary and advocacy organizations, non-profits, and partners outside public health provided input to the California Wellness Plan proposed goals and strategies.

Thought Leaders' Meeting Participants, February 11, 2013

Jose Arevalo, Sutter Independent Physicians
Wendel Brunner, Director of Public Health, Contra Costa Health Services, and representative for the California Conference for Local Health Officers' Chronic Disease Prevention Leadership Project
George Flores, Program Manager, The California Endowment
Paul Glassman, Director, Community Oral Health, University of the Pacific School of Dentistry
Harold Goldstein, Executive Director, California Center for Public Health Advocacy
Matthew Marsom, Director of Public Health Policy and Advocacy, Public Health Institute
Leslie Mikkelsen, Managing Director, Prevention Institute
Robert Ogilvy, Vice President, Strategic Engagement, Change Lab Solutions
Dan Peddycord, Public Health Director, Santa Clara County Health & Hospital System
Jeff Rideout, Senior Medical Advisor, California Health Benefit Exchange

Focus Group Participants List

California Conference of Local Directors of Health Education's Annual Meeting Participants, April 22, 2013

Barb Alberson, California Department of Public Health (CDPH)
Sara Bosse, Fresno County Department of Public Health
Amy Buch, County of Orange Health Care Agency Health Promotion
Edith Cabuslay, San Mateo County Health Services
Kate Clayton, City of Berkeley Public Health Department
Robin Cox, Solano County Department of Public Health
Patricia Erwin, San Francisco Department of Public Health
Valodi Foster, California Conference of Local Directors of Health Education (CCLDHE)
Marcella Gonsalves, Drexel University
Dorith Hearth, CDPH
Dorthea Jones, Fresno County Public Health
Kathleen Karle, County of San Luis Obispo- Public Health Department
Tami MacAller, CDPH
Sandra McMasters, Shasta County Department of Public Health
Mary Anne Morgan, CCLHO/CHEAC Chronic Disease Prevention
Patti Paddock, CDPH
Marisela Pineda, San Joaquin County Health Department
David Souleles, Orange County Health Department
Jacqueline Tompkins, CDPH
Lara Weiss, Humboldt County Health Department
Quintilla Wells, Sacramento County Department of Health and Human Services
Christy White, El Dorado County Health Department



Acknowledgements (cont.)

Central Valley Regional Asthma Coalition Meeting, April 26, 2013

Azibuike Akaba, Regional Asthma Management Program (RAMP)
Kayhan Aminian, Allergy One
Jose Arrezola, Madera County Public Health Department
Diane Baeza, Clinica Sierra Vista
Patti Burton, Respiratory Therapist
Beth Conkin, Fresno County Dept. of Public Health
Lori Ferriera, Merced Medical Supply
France Gentile, GlaxoSmithKline (GSK)
Farhat Hanifi, Fresno-Madera Asthma Coalition
Debi Holloway, Kings County
Thea Jones, Fresno County Dept. of Public Health
Brandon Kitagawa, RAMP
Karen Kitchen, Anthem Blue Cross/Chronic Disease Partnership
Kathy Ko, American Lung Association
Joan LaPorte, King County Health Department
Amalia Madribal, Fresno County Dept. of Public Health
Audrey Martinez, Central California Asthma Coalition (CCAC)
Mary Lou Martinez, Memorial Medical Center
Nancy Meas, CCAC
Ty Nakagawa, Baz Allergy Center
Alma Torres Ngyen, Fresno County Dept. of Public Health
Stephani Pineda, Central Cal Asthma Collaborative
Celeste Ramos, California Health Collaborative/Merced/Mariposa
Nun Sixay, CCAC
Krysta Titel, San Joaquin County Public Health
Tina Torres, Community Medical Centers
Tim Tyner, University of California San Francisco, Fresno
Martha Zarate, Fresno Economic Opportunities Commission

Public Health Alliance Of Southern California Meeting, May 30, 2013

JuliAnna Arnett, San Diego County Childhood Obesity Initiative
Cheryl Barrit, Long Beach
Dr. Anuj Bhatia, Pasadena
Carla Blackmar, Public Health Alliance Staff
Mina Brown, Public Health Alliance Staff
Wendell Brunner, CCLHO-CHEAC Leadership Project / Contra Costa County
Amy Buch, Orange
Naomi Butler, San Diego
Betsy Cline, San Bernardino
Tracy Delaney, Public Health Alliance Staff
Alexa Delwiche, L.A. Food Policy Council
Susan Harrington, Riverside



Acknowledgements (cont.)

Public Health Alliance Of Southern California Meeting, May 30, 2013 (cont.)

Mitchell Kushner, Long Beach
Lindsey McDermid, San Diego
Michelle Mickiewicz, Santa Barbara
Danyte Mockus, Riverside
Mary Anne Morgan, CCLHO-CHEAC Leadership Project
Daniel Perez, San Bernardino
Susan Rothschild-Klein, Santa Barbara
Selfa Saucedo, Ventura
Gayle Shockey Hoxter, Riverside
Paul Simon, Los Angeles
Rigoberto Vargas, Ventura
Michelle Wood, Los Angeles