

Health Equity for All



SAN JOAQUIN VALLEY

PUBLIC HEALTH CONSORTIUM

Calaveras • Fresno • Kings • Madera • Mariposa • Merced
San Benito • San Joaquin • Stanislaus • Tulare • Tuolumne

REGIONAL MULTI-SECTOR COLLABORATION MODEL

CHEAC ANNUAL CONFERENCE

OCTOBER 9, 2019

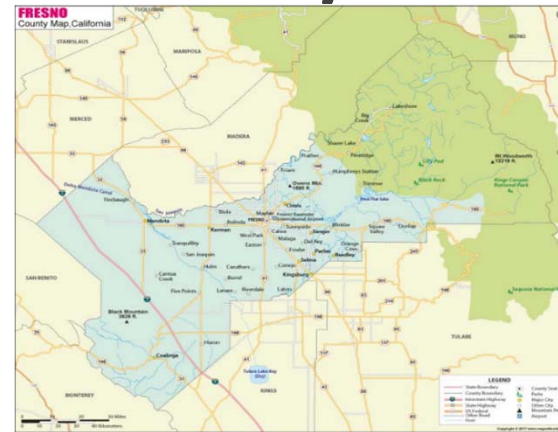
Project Summary

DAVID LUCHINI

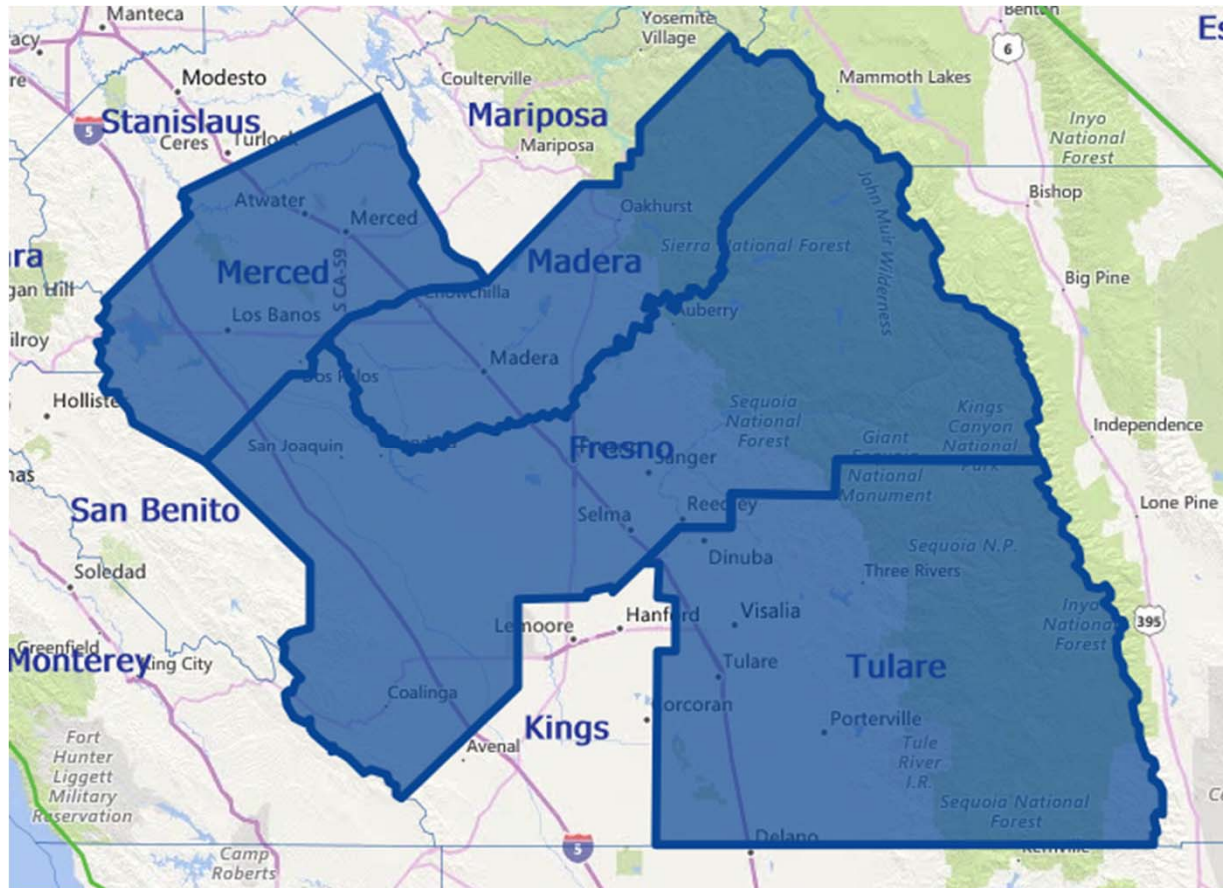
FRESNO COUNTY ASSISTANT PUBLIC HEALTH
DIRECTOR



Central San Joaquin Valley



Central San Joaquin Valley



	Merced County	Madera County	Fresno County	Tulare County
Population*:	274,765	157,672	994,400	465,861
Median Household Income**:	\$46,338	\$48,210	\$48,730	\$44,871
Persons in Poverty, Percent	23%	21.2%	21.1%	24%

*As of July 1, 2018

** as of 2017 – measured every 5 years

Source: <https://www.census.gov/en.html>

Regional Demographics

Young

Impoverished

Under-educated

Difficulties with Access to
Healthcare

Obesity

Higher rates of Chronic
Disease

Violence

Mental Health Disorders

Polluted Air

High Preterm Birth Rate

Higher rates of
smoking/vaping

Higher rates of STDs



Why Regional Approach?

Similar Demographics

Similar Public Health Issues

Established Relationships – San Joaquin Valley Public Health Consortium

Many clients are shared over county lines


Maximize Resources and Knowledge with a Shared Approach

Same Media Market



Social Health Factors

The counties in the region all have similar risk factors that lead to a higher rate of diabetes:

- High Levels of Poverty
 - Significant areas of Food Deserts
 - Cheaper high fat, sugary, and salty foods and drinks easily accessible
 - Lack of Healthcare Providers
 - Large Rural Areas with a Lack of Resources
 - Large Percentage of the Population on Medi-Cal (approx. 50% for the region)
- 

Summary of Project

In November 2018, representatives from the Merced, Madera, Fresno, and Tulare County multi-sector coalitions came together to explore possibilities for regional collaboration to address Type 2 diabetes in the Valley.

The convening was co-hosted by SJVPHC and UCSF Fresno

The regional group of partners reached consensus to pursue a joint project to produce and strategically release a Central Valley Diabetes Policy Brief.



Project Funding & Methodology

SARA BOSSE

MADERA COUNTY PUBLIC HEALTH DIRECTOR



UCSF Fresno Partnership

UCSF interest as “Regional Convener”

Co-hosted the convening with SJVPHC

Provided:

- Funding for the facilitator
- Meeting location
- Breakfast and lunch for participants

5 UCSF Fresno Physicians Participated at the Convening as Clinical Experts

Center for Public Health Sharing Funding

“CPHS is national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.”

\$10,000 Award for a Research Project:

Establish a Methodology for Multi-Sector Cross
Jurisdictional Planning (MCJP)

Timeline

May 2018 – Notice of Funding Award

August-October 2018 – 4 planning calls

October 2018 – County Pre-Work

November 2018 – Community representatives and leaders convene to discuss shared health concerns

Spring 2019 – Project planning, funding proposal developed and submitted



MCJP Methodology

Convening Planning Tasks

Convening Objectives

Sample Agenda

Sample Meeting Notes

Sample Convening Evaluation

Methodology provided with conference materials



Priority Topic Selection

Disease rates or issue prevalence across the region

Available data

Resources and attention currently being devoted

Experience/expertise among coalition members to address the topic

Opportunities for high return on investment and upstream activities that impact the social determinants of health

Specific and narrow enough to facilitate a joint project



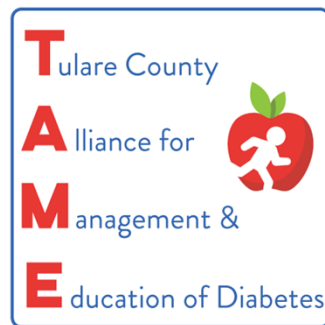
Participant Engagement & Outcomes

KAREN ELLIOTT

TULARE COUNTY PUBLIC HEALTH DIRECTOR



County Based Coalitions



Initiatives

- Access to Care
- Health in All Policies
- Preventable Chronic Diseases
- Health Equity
- ACES
- Increase Resident Engagement
- Substance Abuse
- Expansion of Access to Healthy Options

County Pre-Work

One-page summary was prepared by each county including:

- Current/Recent diabetes-related activities of the County Coalition
- Planned activities
- Value of cross County partnership – each County's perspective

Convening Focus - Diabetes

Facilitator: Brown-Miller Communications

32 Partners in Attendance:

Health Centers

Healthy Start

Hospitals

Family Resource Centers

Health Plans

UCSF



Importance of Collaboration

Leverage Health Assessments and Improvement Plans

Coordinate Services and Efforts Across County Lines

Identify Any Limitations



Consensus – Policy Brief

Determine Funding
Options

Collect Data

Develop Brief

Engage Stakeholders

Identify Specific
Measures of Success

Develop Marketing and
Dissemination Plan

Outreach to Key
Stakeholders and Policy
Makers

Release of Brief



Key Factors of Success

REBECCA NANYONJO-KEMP

MERCED COUNTY PUBLIC HEALTH DIRECTOR



Buy-In

Selection of topic with regional appeal

Many similar issues (both health and root causes)

Regionally under-resourced – opportunity to leverage funding for maximum impact

Shared ideas and increased creativity

Mobilize partners who span county lines

Link to funding, strategies to increase resources



Considerations in Advance

Difficulty of different (individualized) county models/structures

Coordinated county by county approaches vs. Single regional approach

Diabetes (specific) vs. wellness (broadly)

Maximize opportunities for future funding

Sources of sustainable funding



Participant/ Key Informant Selection

Each county to build on existing work

Invited participants with history of working with people with Diabetes in each county

- Familiar with common barriers and successful strategies

Mix of systems participants and community-based organizations

Facilitation to Build Consensus

Contract with a neutral, skilled facilitator

Be flexible with the agenda to reach consensus

Stick to the primary objective: Develop an action plan for a specific project that can be completed in 1-2 years



Project Status

Project delayed due to lack of diabetes data (low utilization rates of diabetes screening in the region, data not accurately reflecting on diabetes rate in the region)

Region continues to work with partners to collect other data sets that will confirm higher risk population for diabetes.

Other barriers:

- provider shortages in the region
- disparate and inadequate funding to the region.



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