
Community Transformation Grant (CTG)
Healthy Eating Active Living Ad Hoc Committee Meeting

Friday, May 4, 2012
10:00 – 11:00 a.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

- I. Welcome & Introductions
- II. CTG Process Overview
- III. Review of CDC Indicators & Policy
- IV. Community Health Assessment Roles & Responsibilities
- V. Training Calendar
- VI. Establish Next Meeting
 - a. Reoccurrence:
 - b. Date:
 - c. Time:
 - d. Location:

Community Transformation Grant (CTG)
Healthy Eating Active Living Ad Hoc Committee Meeting

Friday, June 1, 2012
10:00 – 11:30 a.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

- I. Welcome & Introductions
- II. Discussion HEAL Indicators & Policy
- III. Community Health Assessment Check-In
- IV. Training Calendar Check-In

Next Meeting:

NO JULY MEETING DUE TO HOLIDAY

Friday, August 3, 2012
10:00am - 11:30am
Health Services Agency
830 Scenic Drive, Modesto
Martin Conference Room

Community Transformation Grant (CTG)
Healthy Eating Active Living Ad Hoc Committee Meeting

Monday, June 11, 2012
9:00 – 10:00 a.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

- I. Welcome & Introductions
- II. Discussion HEAL Indicators & Policy
- III. Community Readiness Model – Key Informant Interview Questions

Next Meeting:

NO JULY MEETING DUE TO HOLIDAY

Friday, August 3, 2012
10:00am - 11:30am
Health Services Agency
830 Scenic Drive, Modesto
Martin Conference Room

Community Transformation Grant (CTG)
Healthy Eating Active Living Ad Hoc Committee Meeting

Monday, August 3, 2012
10:00 – 11:30 a.m.
Health Services Agency
830 Scenic Drive
Modesto, Ca 95350
Martin Conference Room

- I. Welcome & Introductions

- II. Update HEAL Indicators & Policy
 - a. PHLP/Change Lab Solutions – HEAL Policy Menu

- III. Community Health Assessment (CHA) Check-In
 - a. Secondary Data Review
 - b. Asset Mapping
 - c. Policy Scan
 - d. Community Readiness Model
 - e. Focus Groups – Lee Law

- IV. Training Calendar Check-In

Next Meeting:

Tentatively Set

Friday, September 7, 2012
10:00am - 11:30am
Health Services Agency
830 Scenic Drive, Modesto
Martin Conference Room

**Community Transformation Grant
Healthy Eating Active Living Ad Hoc Committee
Meeting Notes
May 4, 2012**

<p>Present: Alan Roth – Respiratory Health Cleopathia Moore-Bell – West Modesto King Kennedy Neighborhood Collaborative Heather Duval – Health Services Agency Jennifer Downs-Colby (via phone) – Memorial Medical Center</p>	<p>Carol for Kenya Clement (via phone) – Anthem Blue Cross Renee Barron – Modesto City Schools Healthy Start</p>	<p>Facilitator/Coordinator: Esmeralda Gonzalez – Health Services Agency Sharrie Sprouse – Health Services Agency</p>
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Topic	Discussion	Outcome/Action
1. Welcome/Introductions	The meeting was called to order, self introductions were made.	
2. CTG Process Overview	<p><i>Purpose & Outcomes</i></p> <ul style="list-style-type: none"> • To provide an overview of the components and process of CTG. • To establish CTG indicators/policy guidance. • To establish roles and responsibilities. • To establish trainings and schedule. • To establish meeting schedule. <p><i>Grant Priorities for Stanislaus County</i></p> <ul style="list-style-type: none"> • Tobacco Free Living • Increase Use of High Impact Quality Clinical Preventive Services (high blood pressure & high cholesterol) • Active Living & Healthy Eating <p><i>CDC Requirements: CTG Core Principles (Mandated)</i></p> <ul style="list-style-type: none"> • Use & Expand Evidence Base • Maximize Health Impact – jurisdiction-wide policy and environmental change strategies • Advance Health Equity <p><i>Definitions & Terms</i></p> <ul style="list-style-type: none"> • Indicators – measurable change, indicator driven POLICY (CDC’s 3 Levels: core, optional and innovative) • Health Equity – equality in the quality of health and health care across different populations; assuring no differences in health, that are unnecessary, avoidable, unfair 	

Topic	Discussion	Outcome/Action
	<p>and/or unjust.</p> <ul style="list-style-type: none"> • Health Disparity – inequalities that exist when members of certain population groups do not benefit from the same health status as other groups leading to a higher incidence of mortality rate. Health disparities can usually be identified along racial and ethnic lines, however can also extend beyond race to include areas such as access to healthcare, socio-economic status, gender, and biological or behavioral factors. <p><i>CTG Core Capacity Building Requirements (18 months):</i></p> <ul style="list-style-type: none"> • Mobilize the Community – Leadership Team, Coalition and 3 Ad Hoc Committees • Community Health Assessments – secondary data, policy scan, asset mapping, community readiness model (pre and post), focus groups, PRISM, community engagement • Tell Your Story – Leadership Team, Coalition and community forums • Implementation Plan - end product of the CTG Capacity Building (aka strategic planning) process. 	
<p>3. Review of CDC Indicators & Policy – Healthy Eating Active Living</p>	<p><i>Healthy Eating</i> Core Indicators:</p> <ul style="list-style-type: none"> • Food and beverage strategies at or above CDC guidelines in schools, early child care settings, and workplaces • Availability and consumption of unhealthy beverages <p>Optional:</p> <ul style="list-style-type: none"> • Baby friendly hospitals, other breastfeeding strategies, point of sale strategies, other innovative strategies as identified by community <p><i>Active Living</i> Core Indicators:</p> <ul style="list-style-type: none"> • Increase PA policies and practice in accordance w/standards & guidelines of CDC and other professional organizations in schools, early child care settings, and workplaces • Childcare and after-school settings • Workplaces • Community design walking, bicycling and active transportation <p><i>Discussion</i> Attendees discussed current efforts, such as HEAL Cities Resolution initiative and capitalizing on physical activity in school settings (i.e. structured recess, partnerships with local college kinesiology students)</p>	<ul style="list-style-type: none"> • Indicators discussion will continue at next meeting. • Attendees recommended a presentation of Best Practices by local HEAL policy-level initiatives.

Topic	Discussion	Outcome/Action
4. Community Health Assessment (CHA) Roles & Responsibilities	<p><i>Discussion</i></p> <p>The components of the CHA, as mentioned in the above section, <i>CTG Core Capacity Building Requirements</i> were discussed.</p>	<ul style="list-style-type: none"> • Community Readiness Model (aka key informant interviews) interviewers and interviewees are needed. The current matrix will be disseminated via email for member input and will be re-evaluated during the next meeting. • Asset Mapping will begin via email and will be re-evaluated during the next meeting.
5. Training Calendar	<p><i>Discussion</i></p> <ul style="list-style-type: none"> • Attendees discussed trainings and methods. Determined to host webinar trainings at the Agency, as well as on the web and archiving (via website). • Attendees identified built environment series StanCog/Valley Places coordinates 	
6. Next Meeting	<p>Attendees determined to meet monthly while required, due to the amount of tasks and that an hour and a half was needed.</p> <p><i>Meeting Schedule</i></p> <p>Reoccurrence: 1st Fridays of the month Location: Martin Conference Room Time: 10am-11:30am</p> <p><i>Next Meeting Tasks</i></p> <ul style="list-style-type: none"> • Presentation on local initiatives' best practices • Update on CHA tasks: Community Readiness Model contacts and Asset Mapping • Continue discussion on possible policy indicators and trainings 	

**Community Transformation Grant
Healthy Eating Active Living Ad Hoc Committee
Meeting Notes
June 1, 2012**

Present: Cleopathia Moore-Bell – West Modesto King Kennedy Neighborhood Collaborative (via phone) Heather Duval – Health Services Agency	Kenya Clement (via phone) – Anthem Blue Cross (via phone) Renee Barron – Modesto City Schools Healthy Start Robert Watson, MD – Stanislaus Medical Society	Facilitator/Coordinator: Sharrie Sprouse – Health Services Agency
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Topic	Discussion	Outcome/Action
1. Welcome/Introductions	The meeting was called to order, self introductions were made.	
2. CDC Indicator & Policy Discussion	The group reviewed and discussed the CDC indicators. There is a lot of work already being conducted within the school setting. Other institutional settings (i.e. daycare, worksites) maybe difficult to enforce policy. The group determined it would be a good strategy to work with the HEAL Cities effort that has been completed, by exploring how to move the resolution into policy. The group decided to wait on clarification on indicators associated with the interview questions.	Sharrie will gather more information/clarification on the indicator utilized for the interview questions.
3. Community Health Assessment (CHA) Check-In	CHA Check-In was proposed to be a standing agenda item. Members agreed this would be a productive item to have. Background information on asset mapping and an example were provided to the members. The members discussed the progress on the asset mapping and key informant interviews. A set of draft interview questions were reviewed, but could not be directly linked to a CDC indicator.	
4. Training Calendar Check-In	Training Calendar Check-In was proposed to be a standing agenda item. Members agreed, as this would allow for an opportunity to discuss training needs. A web-based access option and calendar are still being developed.	
5. Next Meeting	NOTE: NO JULY MEETING Date: Friday, August 3, 2012 Location: Martin Conference Room Time: 10am-11:30am	

**Community Transformation Grant
 Healthy Eating Active Living Ad Hoc Committee
 Meeting Notes
 June 11, 2012
 ** Special Meeting Held to Discuss Indicators Only****

Present: Cleopathia Moore-Bell – West Modesto King Kennedy Neighborhood Collaborative (via phone)	Renee Barron – Modesto City Schools Healthy Start Heather Duval – Health Services Agency	Facilitator/Coordinator: Esmeralda Gonzalez – Health Services Agency Sharrie Sprouse – Health Services Agency
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Topic	Discussion	Outcome/Action
1. Welcome/Introductions	The meeting was called to order, self introductions were made.	
2. CDC Indicator & Policy Discussion	<p>The group reviewed and discussed the CDC indicators. Members discussed how to capitalize on the HEAL Cities resolution. It was determined “point of sale strategies” would be the best indicator to pursue. While working with this indicator the business community and current economy have to be considered. The members also determined “point of sale strategies” is a wide/vague; therefore the members determined to focus on unhealthy beverages. Specifically, the amount of advertising in storefronts of unhealthy beverages. The group determined this strategy would be the best to pursue, as it related to the HEAL Cities resolution, and has the ability to align with the Tobacco and HEAL partnership and work beginning at the state level.</p> <p>A second option would be baby friendly hospital or other breastfeeding strategies.</p> <p>The members determined community design indicator, as it aligns with HEAL Cities work. The policy scan will help illustrate the starting point /baseline for each city.</p>	<p>Email Leadership Team members that represent HEAL Cities for input.</p> <p>The members determined to invite the Breastfeeding Coalition, and a member of WIC.</p>
4. Next Meeting	<p>NOTE: NO JULY MEETING</p> <p>Date: Friday, August 3, 2012 Location: Martin Conference Room Time: 10am-11:30am</p>	

**Community Transformation Grant
Healthy Eating Active Living Ad Hoc Committee
Meeting Minutes
August 3, 2012 10:00am – 11:30am**

Present: Cleopathia Moore-Bell – West Modesto King Kennedy Neighborhood Collaborative Jennifer Downs-Colby – Memorial Medical Center	Luis Molina – City of Patterson, Mayor Marissa Mendoza – Health Services Agency	Facilitator/Coordinator: Sharrie Sprouse – Health Services Agency Esmeralda Gonzalez – Health Services Agency
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Topic	Discussion	Outcome/Action
1. Welcome/Introductions	The meeting was called to order, self introductions were made.	
2. Update HEAL Indicators & Policy a. PHLP/Change Lab Solutions – HEAL Policy Menu	<p>“Point of sale strategies” indicator has been appointed while focusing on unhealthy beverages and the limitation to advertisement on storefronts and windows.</p> <p>PHLP, our policy scan agency, recently changed its name to “Change Lab Solutions”. They provided us with a policy list of potential strategy. Members suggested we mimic tobacco’s voluntary policy e.g. licensed home child care centers (100) have signed a voluntary policy to be tobacco free at all times, even outside of hours of operation.</p>	<i>Please refer to the Change Lab Solutions handout for complete details.</i>
3. Community Health Assessment (CHA) Check-In a. Secondary Data Review b. Asset Mapping c. Policy Scan d. Community Readiness Model e. Focus Groups – Lee Law	<p>Samuel’s & Associates will conduct secondary data for corner store advertisement.</p> <p>The Stanislaus County’s asset mapping by region has been initiated and is in working progress. The key points of inventory are: school districts within each zip code, farmer’s markets (neighborhood based? EBT accepted?), farm stand availability, joint use agreement in the schools and community nutrition and health classes.</p> <p>Members concurred that there should be a check-in with school districts’ administrators to discuss joint use agreement in the school facilities. According to CTG guidelines, policies need to be voluntary. Additional suggestions were to research the After School Programs or PTAs who currently have fruit vendors on school grounds for families to access and/or which schools have a gardening program.</p>	<i>*The School Board of Trustees meets twice per year and it was suggested that CTG take the opportunity to promote its goals for the community.</i>

Topic	Discussion	Outcome/Action
	Members shared the legalities about corner store advertisement in accordance with the “Lee Law”. Although no enforcement could be implemented, the ‘Lee Law’ states that corner store advertisements are only limited to cover 33% of the windows in a store. Therefore, much will be achieved if focus groups only provide a business friendly approach in sharing the ‘Lee Law’ with store owners.	
4. Training Calendar Check-In	A web-based access option and calendar are still being developed.	
5. Next Meeting	<p>NOTE: No September or October Meeting</p> <p>Date: TBD</p> <p>Location:</p> <p>Time:</p>	Members suggested inviting Phoebe Leung to join us for the next strategic planning phase.

Community Transformation Grant Process Overview

CTG Healthy Eating Active Living

Ad Hoc Committee

Friday, May 4th

10:00am-11:00am

Purpose & Outcomes

- To provide an overview of the components and process of CTG.
- To establish CTG indicators/policy guidance.
- To establish roles and responsibilities.
- To establish trainings and schedule.
- To establish meeting schedule.

Grant Priorities for Stanislaus County

- Tobacco Free Living
- Increase Use of High Impact Quality Clinical Preventive Services (high blood pressure & high cholesterol)
- Active Living & Healthy Eating

CDC Requirements: CTG Core Principles (Mandated)

- Use & Expand Evidence Base
- Maximize Health Impact – jurisdiction-wide policy and environmental change strategies
- Advance Health Equity

Definitions & Terms

- **Indicators** – measurable change, indicator driven POLICY
 - (CDC's 3 Levels: core, optional and innovative)
- **Health Equity** – equality in the quality of health and health care across different populations; assuring no differences in health, that are unnecessary, avoidable, unfair and/or unjust.
- **Health Disparity** – inequalities that exist when members of certain population groups do not benefit from the same health status as other groups leading to a higher incidence of mortality rate. Health disparities can usually be identified along racial and ethnic lines, however can also extend beyond race to include areas such as access to healthcare, socio-economic status, gender, and biological or behavioral factors.

CTG Core Capacity Building Requirements: (18 months)

- Mobilize the Community
- Community Health Assessments
- Tell Your Story
- Implementation Plan

Mobilize Community

Leadership Team

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

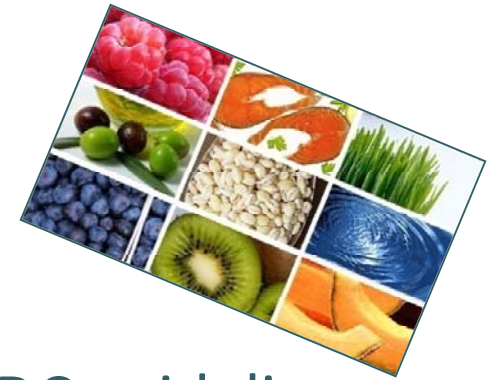
Coalition

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

Ad Hoc Committees

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

Healthy Eating



Healthy Eating Core Indicators:

- Food and beverage strategies at or above CDC guidelines in schools, early child care settings, and workplaces
- Availability and consumption of unhealthy beverages

Optional:

- Baby friendly hospitals, other breastfeeding strategies, point of sale strategies, other innovative strategies as identified by community

Active Living

Active Living Core Indicators:

- Increase PA policies and practice in accordance w/standards & guidelines of CDC and other professional organizations in schools, early child care settings, and workplaces
- Childcare and after-school settings
- Workplaces
- Community design walking, bicycling and active transportation



Community Health Assessments

Secondary Data

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

Policy Scan

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

Asset Mapping

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

Community Readiness

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

Community Health Assessment – Con't

Focus Groups

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

PRISM

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

Community Readiness

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

Community Engagement

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

Discussion & Determine

Discussion:

- Community Health Assessment Components

Determine:

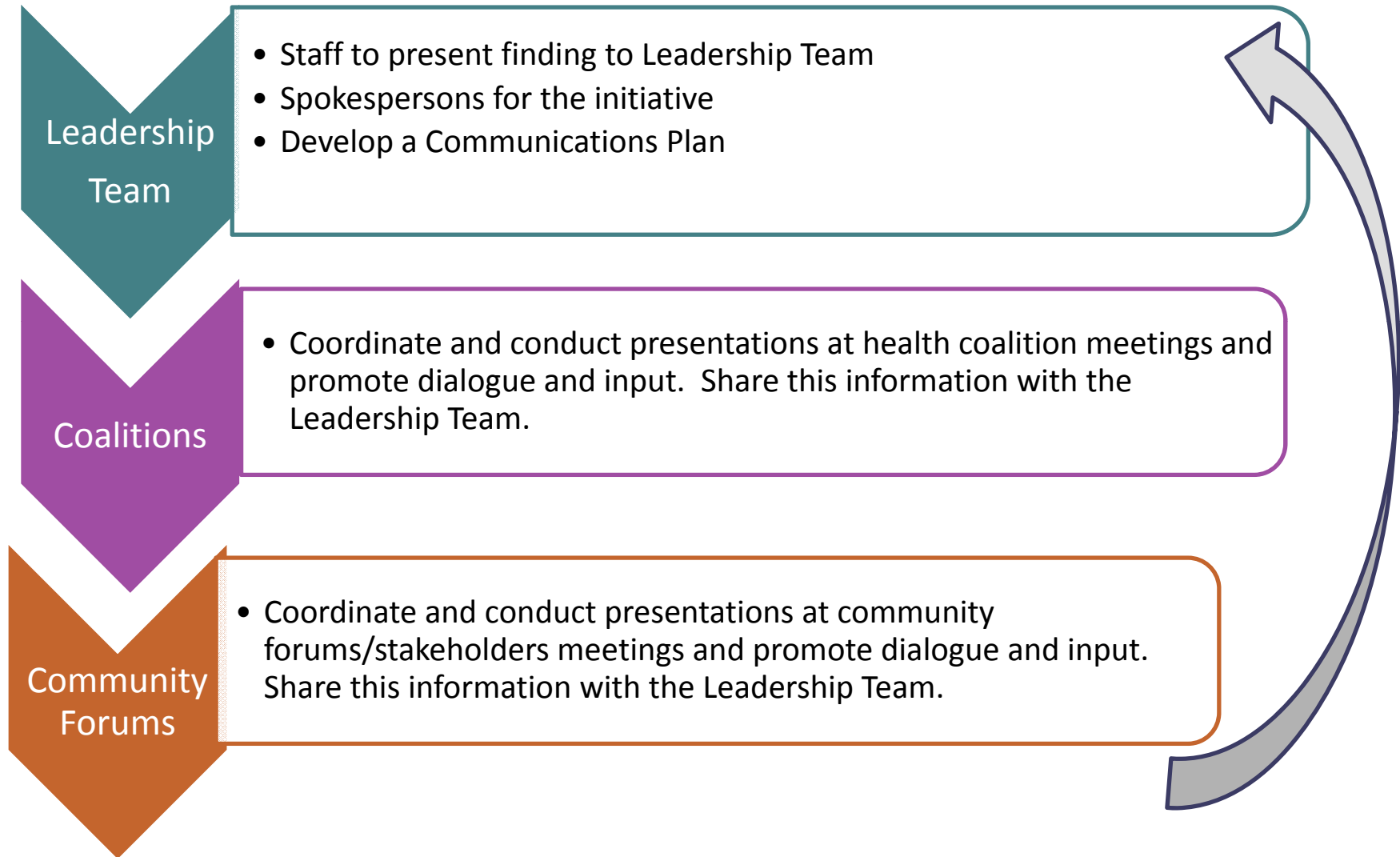
- HEAL Ad Hoc Role
- HEAL Ad Hoc Responsibilities

(Utilize White Board)

Compile All Assessments and Potential Strategies



Tell Your Story



Discussion & Determine

Discussion:

- Tell Your Story Components

Determine:

- HEAL Ad Hoc Role
- HEAL Ad Hoc Responsibilities

(Utilize White Board)

CTG Overview – 18 months

Mobilize Community

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graph TD; A[Mobilize Community] --> B[Community Health Assessments]; B --> C[Tell Our Story]; C --> D[Strategic Planning and the development of an Implementation Plan];
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Community Health Assessments

Tell Our Story

Strategic Planning and the development
of an Implementation Plan

Implementation Plan



Implementation

Identify Trainings

&

Establish Training Calendar

Community Transformation Grant

CDC Priority Area Indicators: Healthy Eating Active Living

Grant Priority Area: Healthy Eating, Active Living

Healthy Eating

Core Indicators:

- Food and beverage strategies at or above CDC guidelines in schools, early child care settings, and workplaces
- Availability and consumption of unhealthy beverages

Optional Indicators:

- Baby friendly hospitals or other breastfeeding strategies
- Point of sale strategies
- Other innovative strategies as identified by community

Active Living:

Core Indicators:

- Increase physical activity policies and practice in accordance with CDC standards and guidelines and/or other professional organizations in schools, early child care settings, and workplaces
- Community design walking, bicycling and active transportation

Optional Indicators:

- Other innovative strategies as identified by community

NOTES:

Community Transformation Grant

What does the Community Health Assessment (CHA) entail?

Grant Components

- 1) Mobilize the community
- 2) Assess community health status and needs through a Community Health Assessment (CHA)
- 3) Tell your story
- 4) Develop an implementation plan

Grant Component 2: CHA

- 1) Review secondary data, including population subgroup disparities analyses where applicable, on
 - a. Chronic disease risk factors
 - b. Chronic disease prevalence
 - c. Hospitalization and ER visits
 - d. Quality of care
 - e. Mortality
- 2) Engage population subgroups experiencing health disparities in identifying community needs (Focus Groups) – sub-contact with Samuels & Associates
- 3) Review assets, tools and resources in your community (key informant interviews using the Community Readiness Model, Asset Map)
- 4) Identify how your community adopts policy and environmental changes
- 5) Conduct a scan of existing policies to identify gaps and opportunities to address these gaps (policy scans, key informant interviews) sub-contract with Public Health Law and Policy