Appendix 1

Stakeholder and Steering Committee

Handouts, Minutes and Agendas

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County
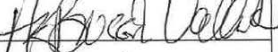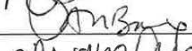**Community Health Assessment and Health Improvement Partnership**
Thursday, June 4, 2015
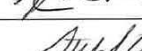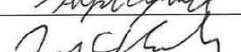
Agenda

1. Opening
2. Community Health Assessment & Community Health Improvement Planning Overview
   - Imperial County Health Status Report
   - Mobilizing for Action through Planning and Partnerships (MAPP)
3. Integrating Local Health Assessment Initiatives into One Collaborative Process
4. Partnership Structure and Decision Making
5. Action Items and Timeline
6. Next Meeting

Imperial County
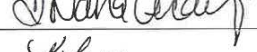## Community Health Assessment and Health Improvement Partnership
June 4, 2015

Minutes

Members Present:

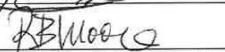| Name (Print)	Organization	Email	Signature
Paula Kriner	IC Public Health	paulakriner@co.imperial.ca.us	
Afsham N Bay	Clinicas	Nuriba cdsdp. org	
Juana Araujo	ICPHD	juanaaraujo@co.imperial.ca.us	
Kathleen Lang	CH&W	klang@cahealthwellness.com	
Ken Herbert	City of El Centro	kherbert@ecfd.org	
Steve Campbell	Pioneers Hospital	scampbell@pmhd.org	
Julio Rodriguez	ICCFF Commission	jcr@co.imperial.ca.us	
Art Mejia	PMHD	amejia@pmhd.org	
Rosanna Bayon Moore	City of Brawley	rbmoore@brawley-ca.gov	
Rosyo Ramirez	County of Imp. DSS	rosyoramirez@co.imperial.ca.us	
Helena Hoyt	SDSU	hhoyt@mail.sdsu.edu	

List of guests in attendance, attached

Opening
Robin Hodgkin, Public Health Department Director, welcomed all those in attendance. She explained that prior to going around the room for introductions she would like to preface with an overview of the purpose of description of community health assessments and strategic planning to ensure a common understanding of the process. She noted that an open discussion regarding the expectations and existing requirements for community health assessments from those in attendance would be provided later in the meeting.

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
Epidemiologist for the Public Health Department provided a brief overview of the determinants of health, highlighting factors beyond merely the absence of sickness, that contribute to the health and wellness of the community. Also discussed was the background and description of the Health Status Report previously released by the Health Department. Release of an updated Health Status Reporting is planned for July 2015.

Amy Bigggeli-Vallarta, Planning and Evaluation Specialist for the Public Health Department provided the group with a description of the community-wide collaborative Community Health Assessment and Community Health Improvement planning process. As a suggested methodology to be used for the process, she also provided was a brief introduction of Mobilizing for Action through Planning and Partnership (MAPP). The MAPP process is a nationally recognized strategic planning tool, developed by the National Association of County & City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Officer, Centers for Disease Control and Prevention (CDC).

Integrating Local Health Assessment Initiatives into a Single Collaborative Process:
A roundtable discussion was held to allow those present to discuss their organization's expectations from the collaborative CHA/CHIP process, what their organizations is currently doing in terms of community assessments or data collection, and what other individuals/organizations they thought should be a part of the collaborative CHA/CHIP process.

I.C. Children & Families First Commission
Julio Rodriguez, Executive Director, shared that while his organization has no specific requirement to develop a Community Health Assessment, there is a requirement for collaborative strategic planning with community partners to inform the allocation of Prop. 10 funding. He anticipates being able to benefit from the community specific information gathered through the process. Julio noted that it would be beneficial to have El Centro Regional Medical Center included in the Partnership.

Clinicas de Salud del Pueblo/I.C. Local Health Authority Commission
Dr. Baig, stated that neither of the groups that she represents have a mandate for participating in a community assessment or strategic planning process, however she feels that there is an obligation to reach out to the community to identify needs for additional services. Dr. Baig suggested that an invitation be extended to Clinicas staff whose past experience includes work in the area assessments and strategic planning.

Imperial County Health and Wellness
Kathleen Lang, Executive Director, noted that her organization has a contractual obligation to collaborate with community partners to assess the health education and linguistic needs of the community. Most recently, they have collected client data on healthcare access, including prenatal and postpartum care. This information is available to share. She suggested that the Heffernan Memorial Healthcare District be invited to participate.

Pioneers Memorial Hospital
Steve Campbell, COO, shared that they are looking forward to the opportunity to gain from the process the value working with community partners as their organization begins to broaden their reach from acute care to include population health. He spoke of the hospitals responsibilities for physician recruitment as well as their obligation to the public regarding the appropriateness of services being offered. He feels this process will offer the data needed to support those functions.

UCSD Calexico
Helina Hoyt shared the field of Advanced Practice Care Nurses require assessment and understanding of the health of the community. She stated that the assessment is an important step as the profession moves toward a "model of wellness vs. a model of sickness. Helina offered a number of agencies she felt should be a part of the collaboration. They included: Veterans Association, Naval Air Facility, California Department of Corrections and Rehabilitation, Imperial Valley College

City of Brawley
Rosanne Moore, City Manager shared that the City of Brawley has recently began developing strategies to "advance a healthy community" and is carrying that goal across all areas of planning, including air quality, transportation, etc. Noted, was the need for information to support planning actions to address known issue such as obesity, asthma and diabetes.

City of El Centro
Ken Herbert, El Centro Fire Chief, hopes the CHA/CHIP will serve as tool that can be used by city officials to determine ways in which City departments can implement programs and activities focused on improving quality of life.

Hosted by Imperial County Public Health Department

I.C. Department of Social Services

Rosyo Ramirez, Public Authority Director, shared that her program currently receives funding for regulated mandates but expressed an interest in data that may lead to way to additional funding to address identified gaps in the elderly and disabled populations, such as education outreach, linkages to services and access to hot meals. Rosyo identified Behavioral Health and Homeless Task Force as additional partners that should be brought to the table.

Imperial Valley Food Bank

Sara Griffen, voiced concern for those county residents whose income levels fall below the poverty threshold and states that she strives to be a voice for them. She states her organization is looking to this process to provide the data necessary for increased funding for nutrition education and other outreach services. REACH Air Ambulance was identified as an agency that would be a good addition to the group.

Partnership Structure and Decision Making

The group discussed the manner in which the partnership would like to proceed in order to accomplish a collaborative CHA/CHIP process for Imperial County. The decision was made to develop a Steering Committee to serve as the leadership for the core group. The following individuals agreed to serve on the Steering Committee:

- Dr. Afshan Baig
- Kathleen Lang
- Amy Binggeli-Vallarta
- Julio Rodriguez
- Helina Hoyt

The primary process for making decisions for the group will be through consensus.

It was established that Partnership meetings will be scheduled for the 1st Thursday of each month, 10 a.m. to noon.

Action Items and Timeline

By consensus, the group selected MAPP as the framework for conducting the local CHA/CHIP Process.

Janette Angulo, Rosyo Ramirez, Julio Rodriguez and Helina Hoyt agreed to share the responsibility of contacting individuals/organizations identified as potential partnership members.

Next Meeting:
Thursday July 2, 2015

**Imperial County Community Health Assessment
&
Health Improvement Partnership
Kick-Off**

June 4, 2015

Hosted by
Imperial County Public Health Department

Determinants of Health
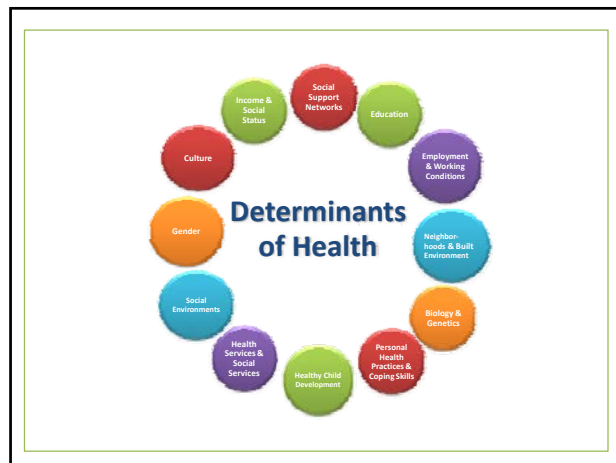
Health Status Report

Estimated Release July, 2015

Community Health Assessment

- **Regular** and **systematic** process for collecting and analyzing health data in our community
- Improves understanding of our community's health needs and strengths
- Informs priorities and decision-making
- Involves community members
- Foundation of health improvement planning

Community Health Improvement Plan

- **Long-term**, **systematic** effort to address health problems in the community
- Based on the results of community health assessment and is part of the community health improvement process
- Defines the vision for the health of the community through a collaborative process by addressing **strengths, weaknesses, challenges and opportunities** that exist to improve the health status of community

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CHA/CHIP: PROCESS OVERVIEW
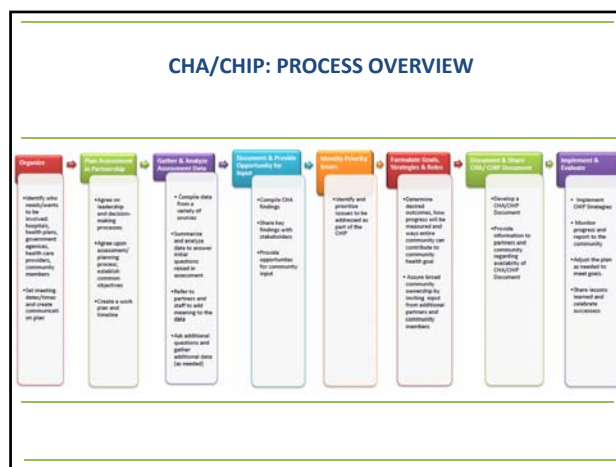
Mobilizing for Action through Planning & Partnerships (MAPP)

- **A community-wide strategic planning process** for improving public health
- **A method to help communities prioritize** public health issues, identify resources for addressing them, & take action.
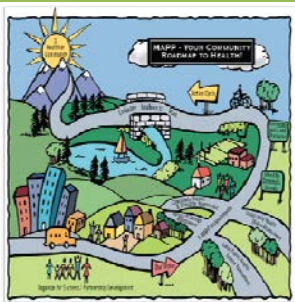
MAPP Overview

We All Have a Role

- **What are your expectations?**
- **What are you currently doing?**
- **Who are we missing?**

Next Steps

- **How We Organize**
- **Decision Making**
- **When/How We Meet**

Imperial County
Community Health Assessment and Health Improvement Partnership
July 2, 2015
10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome/Introductions
2. Presentation: Review of Determinants of Health & the CHA/CHIP Process
3. Sample Documents
4. Data Collection Methods
5. Partnership Letter

Imperial County
Community Health Assessment and Health Improvement Partnership
July 2, 2015
Minutes

Present

Name (Print)	Organization	Email	Signature
Afshaw N. Braz, MD	Clinicas de Salud	Nurib @ cdsdp.org.	AnBraz
RICARDO ORTEGA	CKH	ricardoo@nhclx.org	R Org
Kathleen Lang	CH & W		Lang
Ken Herbert	El Centro Fire	Kherbert @ ecsd.org	
Trevor Ambrosini	US Border Patrol	trevor.n.ambrosini@cbp.dhs.gov	
Janett Angulo	ICPHD	janettangulo@co.imperial.ca.us	
Jovana Araujo	ICPHD	jovanaaraujo@co.imperial.ca.us	Jovana Araujo
Paula Kriner	ICPHD	pkriner@icph/	
Rosie Blankenship	ICPA	rosaline.blankenship@co.impe	
NORMA M APODACA	HMHD/IVMC	napodin.a@hotmail.en	
Juli. Rodriguez	FCCFFC	jcr@co.imperial.ca.us	JMCR
Helen Palomino, msw	CRCD / Gentiva	hpalomino@crcdinc.org	
Tina Aguirre	Imp. Valley College	tina.aguirre@imperial.edu	Aguirre
SARA GRIFFEN	I.V. FOOD BANK	sara@ivfoodbank.ng	Sara Griff
Cheryl Anderson	March of Dimes	canderson@marchofdimes.org	Cheryl Anderson
Hx Binoceli-Vallanta	JePH		
Roberto Avila	Veterans Service office		
Andrea Kunkel	ILBHS		Andrea Kunkel
Margaret Silva	Suehelpline	MSAUZA20@YAHOO	Marg S
Aide Fulton	Imperial Valley Child Asthma Program	Aide.Fulton@ecrmc.org	
Claudia S. macias	CDCR-Calipatria State Prison	claudia.macias@cdcr.ca.gov	CSma

Notetakers: Andrea Bowers & Jovana Araujo

Welcome/Introductions
Robin Hodgkin opened the meeting and welcomed those present. The minutes of the previous meeting were reviewed and approved. Roundtable introductions were made.

Presentation: Review of Determinants of Health & the CHA/CHIP Process
Paula Kriner, Epidemiologist for the Public Health Department provided an overview of the determinants of health, noting the factors, beyond the absence of illness, that contribute to the health and wellness of the

community. She discussed both the past and upcoming publication of the Imperial County Health Status Report, highlighting health trends and health indicators seen for Imperial County.

Amy Bigggeli-Vallarta, Planning and Evaluation Specialist for the Public Health Department provided the group with a description of the community-wide collaborative Community Health Assessment and Community Health Improvement planning process. She discussed the group's decision to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) model to guide the local community health assessment and strategic planning process.   The MAPP process is a nationally recognized strategic planning tool developed by the National Association of County and City Health Officials (NACCHO) and Centers for Disease Control (CDC).

Steering Committee Report
Robin introduced the Steering Committee members and reported out on the items discussed during the previous Steering Committee Meeting. The Committee meets once a month, on Tuesday, in the week prior to the full Stakeholder Meeting.

Sample Documents
Samples of two completed CHA/CHIP documents were sent out to Partnership members prior to the meeting. The examples provide two different combinations of methodologies and layouts that both resulted in comprehensive yet relatively succinct and user friendly CHA/CHIP documents. It was agreed that a crucial element of the final CHA/CHIP Document is that it be an accessible and understandable resource for our community.

Community Assessment Methodologies
Various methods for garnering community input into the CHA/CHIP process were discussed, along with the inherent strengths and weakness of each, including focus groups, key informant interviews and surveys. The group agreed with the Steering Committee's determination that a survey would be the most effective method for getting community input at this time.   Key informant interviews and large group discussions (community forums, town hall meetings) were identified a methodology that may prove useful later in the process as a way to collect more open ended, qualitative feedback.

A draft community survey was presented to the group for review and discussion. Several comments and suggestions were put forth. Comments received ranged from suggestions for editing and rephrasing for clarity, suggestions for additional and/or expanded question (e.g. transportation, indoor air quality, housing satisfaction, etc.), as well as ideas for audience and survey distribution. Ideas and suggestions received from the group will be taken into account during finalization of the survey. A Facilitator and Just-in-Time training will be made available for community agencies interested in administering surveys. Guidance will also be provided for those agencies interested in hosting drop boxes and self administered, hard copies of the surveys in their locations, as well as for those who are able to provide links to the electronic version of the survey.   The group was told to expect an email in the next day or so that would contain a questionnaire to determine ways in which their agency may be interested in assisting with the distribution of the survey to the community.   The survey will be available to the community through August 28, 2015.

Letter of Partnership
During the previous Steering Committee meeting, the decision was made to request that Partnership members sign a Letter of Partnership on behalf of their respective organizations. The purpose of the Letter of Partnership

is to formalize the commitment to participate in the CHA/CHIP Partnership, to identify those individuals who have authority to make decisions on behalf of the respective agencies and to acknowledge a general understanding of the process as well as their role in the process. There were no questions or concerns voice regarding this.   Members will be sent a finalized version prior to the next meeting and were asked, if possible, to turn in their signed copy at the August 6th meeting.

Next Meeting
 August 6, 2015.

Imperial County Community Health Assessment & Community Health Improvement Plan
BASIC DATA COLLECTION METHODS

Method	Type	Purpose	Potential Advantages	Potential Disadvantages	Target Population	Mechanisms/Venues to Administer
Surveys, Questionnaires	Quantitative	Way of easily and/or quickly gathering information from individuals	• Standardization • Can be anonymous • Can be inexpensive • Easy to do with a small or large pool • Can obtain a lot of data • Wide selection of sample tools exist • Can be used to record behaviors, opinions, attitudes, beliefs and attributes • May reduce evaluator bias since all are asked the same questions	• Impersonal • Subject to misinterpretation • Feedback can be biased based on the tool's wording • Unable to probe for additional questions • Full story may not be provided • May be more time consuming compared to other less formal methods	• Entire community • Seniors • _____ • _____ • _____	**ONLINE - WEBSITE** 1. ICCFFC grantees (12) sites 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____ **ONLINE - FACEBOOK** 1. Public Health Department 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____ **ONLINE - MASS EMAIL DISTRIBUTION LISTS** 1. County of Imperial 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ **FACE to FACE** 1. Imperial Valley Mall 4. _____ 2. Senior Clinics 5. _____ 3. _____ 6. _____ **TELEPHONE** 1. _____ 2. _____ 3. _____ **MAIL** 1. _____ 2. _____ 3. _____ **DROP-BOXES** 1. _____ 3. _____ 2. _____ 4. _____

Method	Type	Purpose	Potential Advantages	Potential Disadvantages	Target Population	Venues to Administer
Community Member Participation in Meetings (e.g. Forums, Town Hall Meetings, and Other Large Group Events)	Qualitative	Engage community members to define, discuss, and better understand needs	• Allows individuals to describe the issues that are important to them • May raise the level of awareness and understanding about issues, planning processes, etc. • Can gather large amount of data at one time	• Takes time and resources • May need to incentivize people to attend • Need to be organized to ensure attendance • Need access to good facilitators	• <u>Community Health Workers/Promotores</u> • <u>Community Members</u> • _____ • _____ • _____ • _____	1. <u>Childhood Obesity Prevention Alliance (COPA)</u>_____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Key Informant Interviews	Qualitative/ Quantitative	Method used to collect information from a wide range of individuals who may know the community	• Personalized approach
			• High response rate
			• Obtain in-depth information
			• Discussions can be tailored
			• Can ask open-ended questions, use probes, and observe nonverbal cues
			• Allows for clarification
			• Can be flexible with interviewee
			• Can be exploratory or confirmatory in nature
				• May seem intrusive to the interviewee
				• Interviewer may bias results
				• Responses can be less honest and thoughtful
				• Can be:
				  o Resource and time intensive
				  o Difficult to analyze & quantify results
				  o Costly
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						10. _____ 22._____
						11. _____ 23._____
						12. _____ 24._____

Imperial County Community Health Assessment & Health Improvement Partnership

LETTER OF PARTNERSHIP

The Imperial County Community Health Improvement process will take a comprehensive approach to assessing the health of Imperial County and developing and implementing strategies to improve the community's health through substantive community member and local public health systems (LPHS) partner engagement. This information gathered as a result of this process will be valuable in planning future activities and programs for County residents.

Our Organization, _____, is committed to be an active member of the Imperial County Community Health Assessment and Community Health Improvement Plan Partnership. We are committed to the vision, goals, objectives and strategies that have been or will be decided by this partnership.   I understand that our organization's participation will be a key element to the success of this project and its relevance to our community and that effective community health planning is an important part of a continuous cycle of the measurement, planning, action and evaluation of our local public health system.

The Community Health Improvement Partnership will use the Mobilizing for Action through Planning and Partnerships (MAPP) model to develop distinct, yet connected deliverables such as a Community Themes and Strengths Assessment, Local Public Health System Assessment, etc. These deliverables will be used to identify and prioritize health needs, identify goals, strategies and resources and ultimately culminate in the development of the Imperial County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

As general evidence of our commitment, we agree to the following:

- _____ will attend attend partnership meetings and activities on behalf of _____.
- _____ is authorized to make decisions on our behalf, except for decisions regarding _____ if applicable).
- Read minutes, reports and other communications to keep abreast of Partnership decisions and activities.
- Disseminate relevant information to organizational members or employee as appropriate.
- Keep the Partnership informed of our organizations related activities.

_____   _____
Signature   Date

Imperial County
Community Health Assessment and Health Improvement Partnership
August 6, 2015
10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome/Review of Minutes
2. Status Update – Community Survey
   - Press Release
3. Steering Committee Report
   - Draft Vision Statement
4. Transitioning to the Assessment Phase
   - Key Health Indicators for Imperial County
5. Next Steps
6. Next Meeting: September 3, 2015

Imperial County
Community Health Assessment and Health Improvement Partnership
August 6, 2015
Minutes

Present

Name	Agency
Afshain N. Baig	Clinica de Salud del Peublo/Imperial County Local Health Authority
Robin Hodgkin	Imperial County Public Health
Amy Binggeli-Vallarta	Imperial County Public Health
Helina Hoyt	San Diego State University
Janette Angulo	Imperial County Public Health
Kathleen Lang	California Health & Wellness
Margaret Sauza	Sure Helpline Crisis Center
Paula Kriner	Imperial County Public Health
Manuel Sanchez	Veterans Service Office
Rosie Blankenship	Imperial County Public Administrator
Steven Campbell	Pioneers Memorial Hospital District
Luisa Ramirez	California Health and Wellness
Ruthy Argumedo	Molina Healthcare
Diane Gamboa	California Department of Corrections and Rehabilitation – Calipatria
Cathy Kennerson	El Centro Regional Medical Center
Luis Olmedo	Comite Civico
Humberto Lugo	Environmental Justice Task Force

Welcome/Review of Minutes
Robin Hodgkin welcomed those in attendance. Minutes of the last meeting were reviewed and approved as presented.

Status Update – Community Survey
Amy Binggeli-Vallarta provided a status update regarding distribution of the Imperial County Community Survey, sharing the number of electronic surveys that have been completed to date (535 English/78 Spanish). Currently a total of 8 drop boxes had been provided to local agencies and it is anticipated that additional requests will be received. Agencies interested in hosting a drop box in their location will receive; in addition to the box itself, a starter packet which includes which includes instructions for hosting a drop box and 200 surveys (100 English; 100 Spanish). All surveys have been pre-coded to provide information regarding survey administration and location. For that reason, agencies were asked not to develop their own drop boxes or mix and match survey instruments.

Robin shared a draft news release that has been developed by the Imperial County Public Health Information Officer, announcing the efforts of the partnership and the availability of the Community Survey. The Public Health Information Officer is available to coordinate with the media to respond to inquiries and interview requests, to develop talking points and provide just-in-time training as needed, to the groups Subject Matter Experts.   Comments and suggestions for edits to the press release were received from the group with plans to update and send out the release the following day.

MAPP Phase II - Visioning

Recognizing the importance of identifying a set of shared values that would support the mission and focus of the CHA/CHIP Partnership, the Steering Committee, as part of their July 28, 2015, meeting addressed Phase II of the MAPP process; Visioning. Sample vision statements from other successful CHA/CHIP Processes were reviewed. Following a significant amount of brainstorming, the following statement was drafted to be shared at the upcoming Partnership meeting: "A community that supports and empowers all people to thrive and be healthy

Partnership members had the opportunity to review the draft vision statement as well as the sample vision statements that served as a guide for the Steering Committee. Suggestions and comments geared towards framing a shared understanding the group's mission, vision and collective responsibility were put forth by some members. Additionally, various members responded to a members concern regarding the draft vision; advocating for more specific language and the feeling that it did not directly address local environmental issues. Ultimately, it was agreed by consensus, to accept the Vision Statement as presented by the Steering Committee, noting that it was positive, empowering and broad enough to support a variety of actionable objectives to be developed towards the vision of "empowering all people to thrive and be healthy".

Transitioning to the Assessment Phase

Robin reviewed the CHA/CHIP timeline and expressed that in order meet timeline goals that it is important that the group work on other phases of the assessment process in parallel to the community survey, community forums, etc. It was noted that an important next step would be to prioritize local health indicators in which to focus the CHA/CHIP. Paula Kriner, Public Health Epidemiologist, addressed the fact that in an important part of the CHA/CHIP development process will be to gain a general understanding of the health status of Imperial County and to ensure that strategic planning activities include prioritizing health status issues specific to our community. Findings from the Draft Imperial County Health Status Report including local health indicators were discussed.

Next Steps:

Further discussion regarding reviewing and selecting health indicators will be discussed in future Partnership Meetings with considerations given to indicators listed in the Community Health Status Report, preliminary survey findings and issues raised in local Community Health Forums.

Next Meeting: September 3, 2015

Community Health Assessment:

Key Health Indicators

Paula Kriner, MPH
Imperial County Public Health Department

CHA/CHIP Stakeholder Meeting · August 6, 2015

Objective

- Identify factors that contribute to an individual's current state of health
  - Biological (age)
  - Socioeconomic (income, employment status)
  - Psychosocial (social support)
  - Behavioral (physical inactivity, access to healthy foods)
  - Access to health care
  - Physical environment

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Objective

- Provide overview of key health indicators including:
  - Self-reported Health Status
  - Demographic and Socioeconomic Characteristics
  - Health Successes
  - Areas for Health Improvement

8/6/2015   Imperial County Public Health Department

County Health Rankings

HEALTH OUTCOMES

8/6/2015   Imperial County Public Health Department
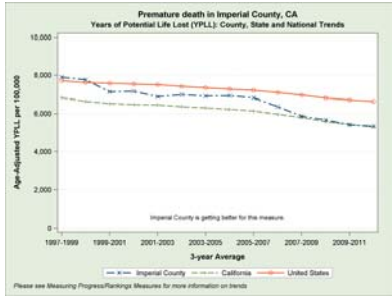
Length of Life

- **Premature Death**: Years of potential life lost before age 75
  - Measuring premature mortality, rather than overall mortality, focuses attention on deaths that could have been prevented

8/6/2015   Imperial County Public Health Department

Premature Death

8/6/2015   Imperial County Public Health Department

Quality of Life

- **Self-reported health status** measures how individuals perceive their health
  - Most County residents rate their health favorably
  - A higher percentage of County residents (29%) rate their health as "fair" or "poor" compared to CA overall (18%) and the US (10%)
- **Poor Physical Health Days**: 4.6 (IC) vs. 2.5 (CA) & 3.7 (US)
  - Counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability

8/6/2015   Imperial County Public Health Department

Self-Reported Health Status
Imperial County & California, 2011-12
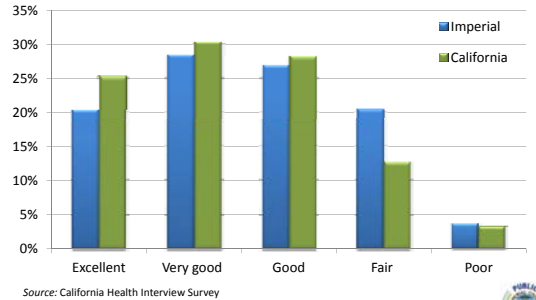
Source: California Health Interview Survey

8/6/2015   Imperial County Public Health Department

County Health Rankings

HEALTH FACTORS

8/6/2015   Imperial County Public Health Department

Demographic and Socioeconomic Factors

- Factors such as age, race/ethnicity, household income, employment status, and educational attainment impact health status
- Population groups that suffer worst health status have highest poverty rates and least education
- Persons with low socioeconomic status are less likely to have health insurance and use preventive services and more likely to suffer from chronic illnesses

8/6/2015   Imperial County Public Health Department   10

Demographic and Socioeconomic Factors

- Imperial County residents are younger than Californians overall
- 82% are Hispanic / Latino vs. 38.4% in CA
- 32.3% are foreign born vs. 27% statewide
- 74.5% speak language other than English at home compared to 43.7% in California overall

8/6/2015   Imperial County Public Health Department

Population Age Distribution
2009-2013
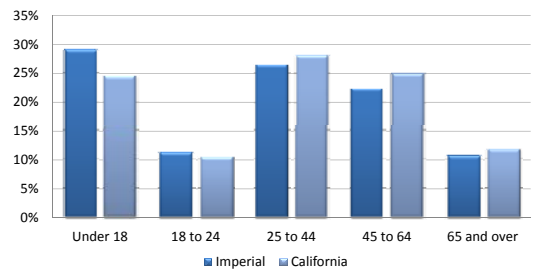
8/6/2015   Imperial County Public Health Department

Race / Ethnicity

RACE/ETHNICITY	Imperial County	California
Hispanic or Latino	81.8%	38.4%
White alone, (Not Hispanic/Latino)	12.8%	39.0%
Black/African American	3.5%	6.6%
American Indian/Alaska Native	2.6%	1.7%
2 or more races	1.8%	3.7%

Source: U.S. Census Bureau, State and County QuickFacts

8/6/2015　　　Imperial County Public Health Department

Social & Economic Factors

- **Household income**: 2013 median income for Imperial County was $43,310, significantly lower than California overall ($60,190)
- **Poverty**: 32.6% of IC children under age 18 compared to 23.6% statewide
- **Income Inequality**: Ratio of household income at the 80th percentile to income at the 20th percentile: 5.6 (IC) vs. 5.1 (CA) and 3.7 (US)

8/6/2015　　　Imperial County Public Health Department

Children Under Age 18 in Poverty
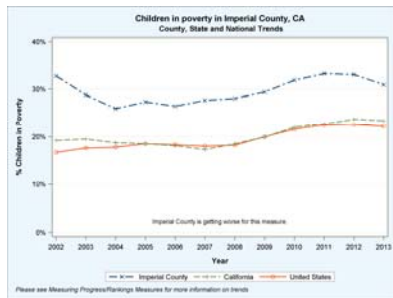
8/6/2015　　　Imperial County Public Health Department

Social & Economic Factors

- **High unemployment**: 18.6% in Imperial vs. 6.5% in California overall
- **Education**: 65% of IC residents aged 25 years and older graduated from high school compared to 81.2% statewide
  - 13% have bachelor's degree or higher (30.7% CA)

8/6/2015　　　Imperial County Public Health Department

Unemployment

8/6/2015　　　Imperial County Public Health Department

Social Associations

- Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality
- Associations include civic organizations, bowling leagues, golf clubs, fitness centers, sports clubs, religious, political and labor groups, business and professional organizations
- Imperial has 4.7 social associations per 10,000 population, compared to 5.8 in CA and 22.0 in US

8/6/2015　　　Imperial County Public Health Department

Clinical Care

- Access to care requires not only financial coverage, but also, access to providers
- **Primary care physicians:** Imperial County has a high ratio of residents to physicians (4,537:1) compare to CA (1,294:1) and US (1,045:1)
- **Mental health providers**: 1,015:1 (IC) vs. 376:1 (CA) and 386:1 (US)
- **Dentists**: 2,993:1 (IC) vs. 1,291:1 (CA) and 1,377:1 (US)

8/6/2015　　　　Imperial County Public Health Department

Health Behaviors

- **Physical Inactivity**: Percentage of adults age 20 and over reporting no leisure-time physical activity. Imperial staying the same (23%) while the state (19%) and national (20%) trends are improving
- **Access to exercise opportunities**: Imperial County has a lower percentage of population with adequate access to locations for physical activity (71% [IC] vs. 93% [CA] and 92% [US])

8/6/2015　　　　Imperial County Public Health Department

Physical Inactivity in Adults
Age 20 and Older
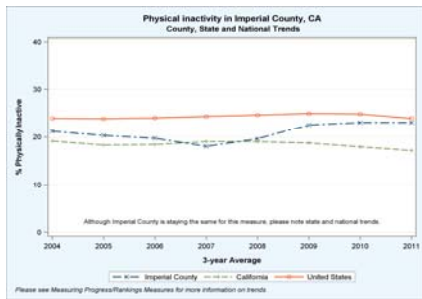
8/6/2015　　　　Imperial County Public Health Department

Health Behaviors

- **Food Environment Index** equally weights two indicators:
  - **Limited access to healthy foods** estimates the percentage of the population who are low income and do not live close to a grocery store
  - **Food insecurity** estimates the percentage of the population who did not have access to a reliable source of food during the past year.
- Imperial County rates worse (5.3) than CA (7.5) and US (8.4)

8/6/2015　　　　Imperial County Public Health Department

Physical Environment: Air Quality

- Particulate matter (PM) pollution—especially fine particles—can get deep into lungs and cause health problems such as:
  - Aggravated asthma
  - Increased respiratory symptoms such as cough or difficulty breathing
  - Non-fatal heart attacks
  - Premature death in persons with heart or lung disease

8/6/2015　　　　Imperial County Public Health Department

Average Annual Levels of
Fine Particulate Matter (PM2.5)
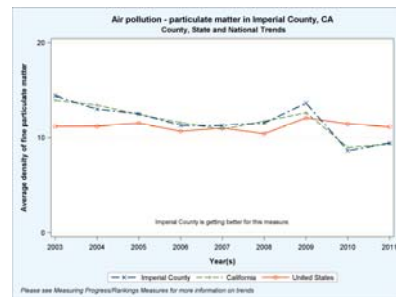
8/6/2015　　　　Imperial County Public Health Department

Physical Environment – Severe Housing Problems

- Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
- 29% of households in IC vs. 29% in CA and 9% in US
- Good health depends on having homes that are safe and free from physical hazards

8/6/2015   Imperial County Public Health Department

Key Health Indicators

HEALTH SUCCESSES

8/6/2015   Imperial County Public Health Department

Health Successes

- Lower rates of deaths due to chronic lower respiratory disease and cancer
- Substantial decrease in deaths due to motor vehicle crashes and unintentional injuries
- Lower incidence rates of gonorrhea and chlamydia than California overall

8/6/2015   Imperial County Public Health Department

Chlamydia Rates
Imperial County and California, 2006-2013
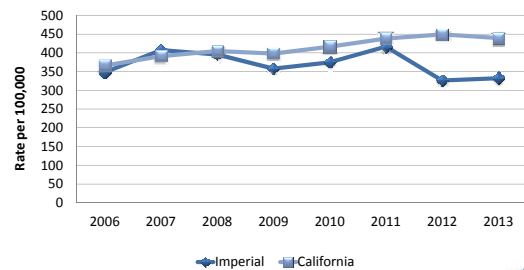
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Health Successes

- Imperial County's immunization rates for children are higher than California as a whole
- Better vaccination rates reduce reported cases of diseases such as measles, pertussis, hepatitis A and B, and rubella

8/6/2015   Imperial County Public Health Department

Kindergarten Immunization Rates · 2014
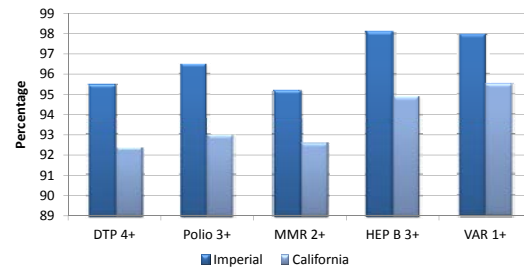
Source: California Department of Public Health, Immunization Branch

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Key Health Indicators

AREAS FOR HEALTH IMPROVEMENT

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Opportunities for Improvement:
Maternal Child & Adolescent Health

- Teen births have declined in recent years but remain higher than statewide average
- High percentage of women received prenatal care late or not at all
- High percentage of school-aged children are overweight or obese

8/6/2015　　Imperial County Public Health Department

Births to Teen Mothers
19 years and younger

8/6/2015　　Imperial County Public Health Department

Percent of Live Births with
Late or No Prenatal Care

8/6/2015　　Imperial County Public Health Department

Overweight & Obese Students
Grades 5, 7 & 9

Source: California Department of Education

8/6/2015　　Imperial County Public Health Department
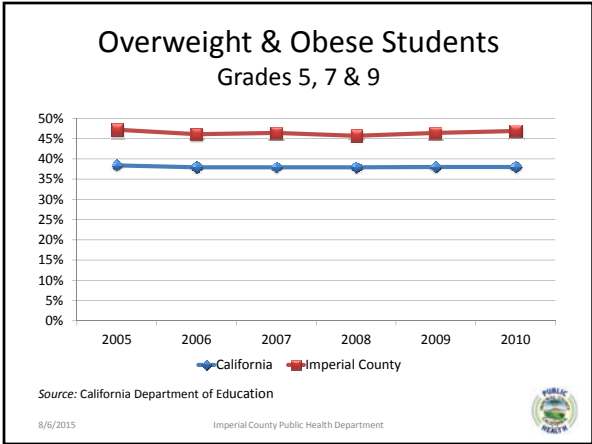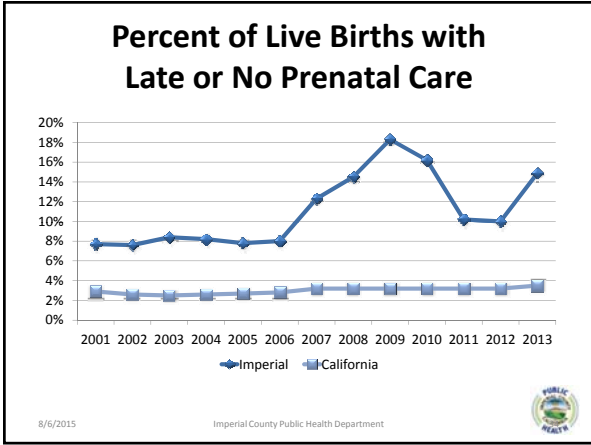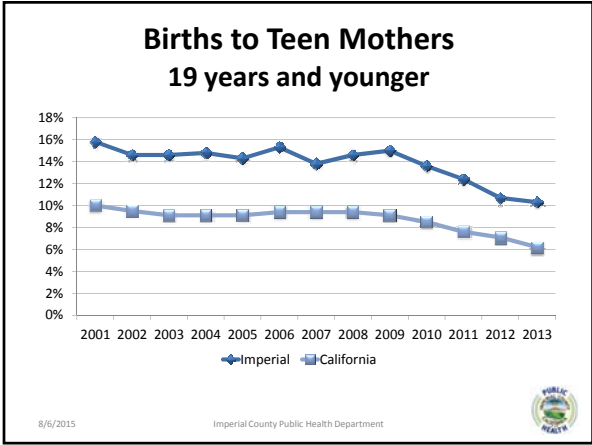
Opportunities for Improvement:
Chronic Diseases - Obesity

- Obesity increases the likelihood of health conditions such as heart disease, stroke, type-2 diabetes, and certain cancers
- Overweight and obesity rates have tripled over the past 30 years in California
- In 2011, 22% of Imperial County adults reported being obese (BMI $\geq$ 30) compared to 23% statewide and 25% in US

8/6/2015　　Imperial County Public Health Department

Obesity in Adults Age 20 and Older

Adult obesity in Imperial County, CA
County, State and National Trends

Imperial County is staying the same for this measure.

3-year Average

— ✕ — Imperial County   — ▪ — California   — ● — United States

Please see Measuring Progress/Rankings Measures for more information on trends
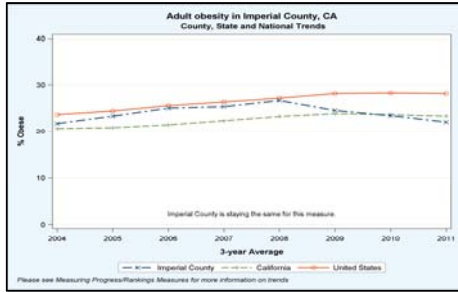
8/6/2015   Imperial County Public Health Department

Opportunities for Health Improvement: Heart Disease

- Socioeconomic status is an important predictor of heart disease in California
- As income and education increase, the risk of heart disease falls
- Lower education and income impact heart disease by reducing access to health care, chronic stress from poverty, and living in places not conducive to healthy diet and physical activity

8/6/2015   Imperial County Public Health Department

Opportunities for Improvement: Chronic Diseases – Heart Disease

- Heart disease is the second leading cause of death in Imperial County
- Deaths due to heart disease are higher in Imperial County (112.0*) than California overall (103.8) and exceed the Healthy People 2020 objective (103.4)

*Age-adjusted death rate per 100,000 population

8/6/2015   Imperial County Public Health Department

Heart Attack Hospitalizations

- Imperial County reports among the highest rates of hospitalizations due to heart attack in California
- Imperial County's rate in adults age 35 and older (39.95 per 10,000) is significantly higher than California overall (27.24)
- The rate is highest in males (53.02) and White, non-Latino residents (54.82)

8/6/2015   Imperial County Public Health Department

Opportunities for Improvement: Chronic Diseases - Diabetes

- In 2011-2012, 5.8% of Imperial County adults reported being diagnosed with diabetes (not related to pregnancy), compared to 8.4% statewide, according to California Health Interview Survey
- Deaths due to diabetes in Imperial County (29.5 per 100,000) are higher than California overall (20.8)

8/6/2015   Imperial County Public Health Department

Opportunities for Improvement: Chronic Diseases - Asthma

- Asthma emergency room visits and hospitalizations indicate illness is not well controlled
- Asthma hospitalization rates, while improved, remain high
- Imperial County children age 0-17 have the highest hospitalization rate in California overall

8/6/2015   Imperial County Public Health Department

Asthma Rates

ASTHMA EMERGENCY DEPARTMENT VISITS

Age-Adjusted Rate per 10,000 residents (2012)

Children Age 0-17
- Imperial County   152.5
- California   79.4

All Ages
- Imperial County   77.9
- California   49.8

ASTHMA HOSPITALIZATIONS

Rate per 10,000 residents (2012)

Children Age 0-17
- Imperial County   30.6
- California   11.7

All Ages
- Imperial County   16.7
- California   8.6

8/6/2015   Imperial County Public Health Department
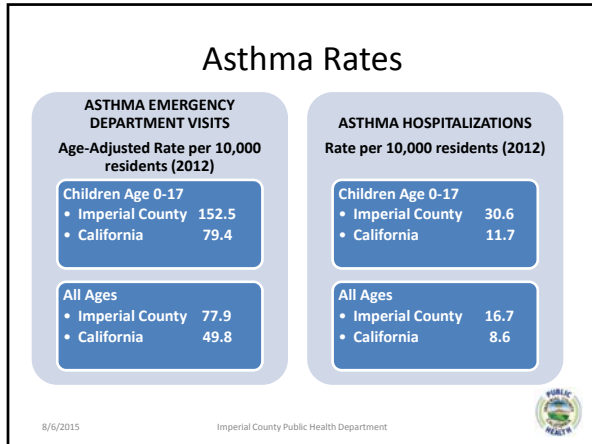
Opportunities for Improvement: Infectious Disease –Tuberculosis

- Imperial County continues to report the highest rate of tuberculosis in California
- The county's TB rate (17.7 per 100,000 population) is nearly three times the statewide incidence rate (5.9)
- Many cases are foreign-born and about half are binational (living or working in Baja California)

8/6/2015   Imperial County Public Health Department

Tuberculosis Case Rates

8/6/2015   Imperial County Public Health Department
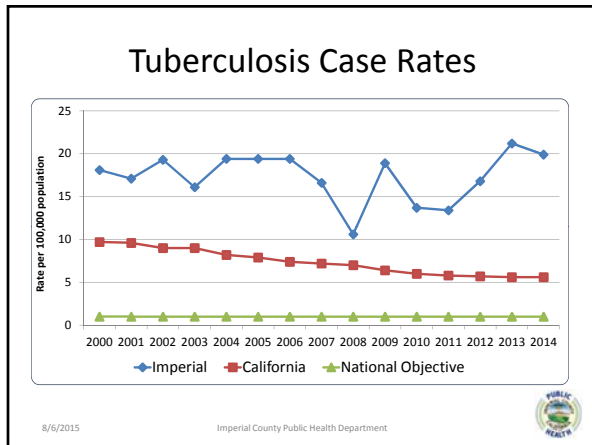
Opportunities for Improvement: Injuries

- Unintentional injuries are one of the top five leading causes of death in Imperial County
- The death rate due to unintentional injuries in Imperial County decreased over past decade but remains higher than California as a whole
- About 65% of all non-fatal hospitalized injuries were due to falls and 11% to motor vehicle traffic crashes

8/6/2015   Imperial County Public Health Department

Non-Fatal Hospitalizations due to Unintentional Injuries · 2013

8/6/2015   Imperial County Public Health Department
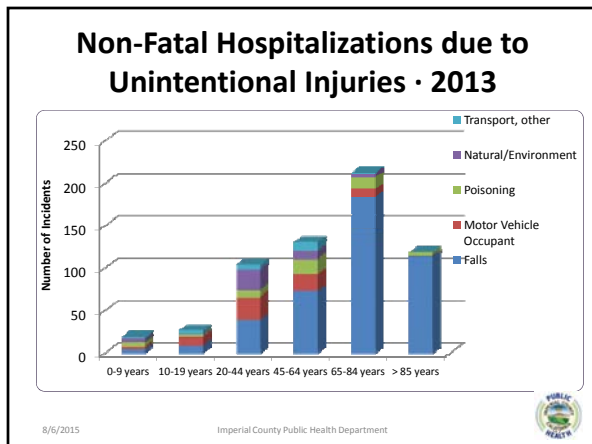
Summary

- **Health Factors**
  - High percentage of residents with no leisure physical activity and lower percentage with adequate access to locations for physical activity
  - Limited access to healthy foods and high percentage of population without access to reliable food source
  - High rates of unemployment and poverty
  - Lower rates of post-high school education

8/6/2015   Imperial County Public Health Department

Summary

- **Health Successes**
  - Lower rates of deaths due to cancer
  - Lower rates of sexually transmitted diseases
  - Lower rate of deaths due to chronic lower respiratory disease
  - Lower rate of deaths due to motor vehicle crashes
  - High immunization rates in children

8/6/2015   Imperial County Public Health Department

Summary

- **Areas for Health Improvement**
  - High rate of deaths due to heart disease
  - High rate of deaths due to diabetes
  - High rate of teen births
  - High rate of late or no prenatal care
  - Highest rate of tuberculosis in California
  - High rates of asthma hospitalizations and ER visits
  - High percentage of overweight and obesity

8/6/2015   Imperial County Public Health Department

Questions?

8/6/2015   Imperial County Public Health Department

THANK YOU!

8/6/2015   Imperial County Public Health Department

**Imperial County
Community Health Assessment and Health Improvement Partnership**

September 3rd, 2015

**Public Health Department Training Center
935 Broadway
El Centro, CA**
(You may access the Training Center directly on the southeast side of the building – there is a Training Center sign on the correct door)

Agenda

1. Welcome/Introductions
2. Meeting Schedule for September and October
3. Initial Health Indicator Prioritization Activity – Part I
4. Survey Update and Preliminary Data
5. Shared Values and Operating Principles Draft Document
6. Initial Health Indicator Prioritization Activity Part II
7. Next Meeting

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County
Community Health Assessment and Health Improvement Partnership
September 3rd, 2015
Public Health Department Training Center
935 Broadway
El Centro, CA
(You may access the Training Center directly on the southeast side of the building – there is a Training Center sign on the correct door)

Minutes

Present:

Member	Agency
Amy Binggeli-Vallarta	Imperial County Public Health
Andrea Bowers	Imperial County Public Health
Cathy Kennerson	El Centro Regional Medical Center
Cheryl Anderson	March of Dimes
Claudia Saldana	CDCR- Calipatria State Prison
Helina Hoyt	San Diego State University
Julio Rodriguez	Imperial County Children's Family First Commission
Kathleen Lang	California Health& Wellness
Roberto Avila	Veterans Service Office
Robin Atedero	Pioneers Memorial Hospital Dist.
Robin Hodgkin	Imperial County Public Health Department
Rosa Estrada	Sure Helpline Center
Rosie Blankenship0	Imperial County Public Administrator
Tina Aguirre	Imperial Valley College
Trevor Ambrosini	U.S. Border Patrol

Welcome/Introductions

Robin Hodgkin welcomed everyone and provided an overview of the agenda. Those present introduced themselves. Minutes from the previous meeting were approved as submitted.

Meeting Schedule for October and November

The timeline for the group was discussed. Robin noted that in order to meet the timeline and provide the necessary information (survey results, forum feedback, and additional assessments) needed to

review and select the top health indicators, an additional two meetings will need to be scheduled.   The group agreed and scheduled additional meeting dates for October 22nd and November 19th.

Initial Health Indicator Prioritization Activity – Part I
<mark>Members were provided with a list of common health indicators along with resource information describing relevant data sources for each, some key attributes, as well as some context and use for each.</mark>

 As the first phase of prioritizing and selecting the top seven health indicators, members were provided with note cards and asked to list the top three local health issues that were of most concern to them. Once completed, the cards were collected by Public Health Department staff to be grouped and documented for display.

Survey Update and Preliminary Data
With much excitement, Amy Binggeli-Vallarta shared that 19 of the 22 survey boxes have been collected. She responded to questions from the group regarding which drop boxes were available for the public, clients of particular agencies and those which were provided to agency staff.   She noted that initial review of survey results indicated that there are areas where responses were for the most part positive, but also some areas where some concern and desire from improvement were noted. Discussion was held around areas where the group felt that additional information was needed in order to fully understand some of the results. Most notably, in areas of the survey where responses seemed to conflict with other responses. For example, while respondents felt that the County is a good place to raise children, they also noted a gap in needed recreational areas and key resources. It was agreed that the community forum would provide a good opportunity to ask follow up questions in order to gain better insight into these types of responses.   Once collected, all results will be compiled into a single database, analyzed and findings shared with the group.

Shared Values and Operating Principles Draft Document
Amy Binggeli-Vallarta introduced the Guiding Principles and Shared Values to the Steering Committee members. She explained that they are part of the visioning phase, indentified in the MAPP document, and it. She shared that the Steering Committee had reviewed several examples of shared values and guiding/operating principals and agreed up on the following:
- Using a systems approach that incorporates evidence-based and best practices
- Open dialogue to ensure respect for diverse voices and perspectives during the collaborative process
- To foster a proactive response to the issues and opportunities to promote wellness in our community.
- Build on existing activities to "dove-tail" needs and resources

Shared values:
- Fairness
- Transparency
- Inclusiveness
- Commitment

Members discussed the guiding/operating principals and shared values as presented.   While they agreed with the each, they took into consideration whether additional clarity should be provided. A

suggestion was made to combine both the vision statement and the shared values along with an introductory phrase:

>The *vision of the Imperial County Community Health Assessment and Improvement Partnership is a Community that supports and empowers all people to thrive and be healthy through the shared values of Fairness, transparency, inclusiveness and commitment.*

It was acknowledged that some additional "wordsmithing" may be necessary.

Initial Health Indicator Prioritization Activity Part II

Having received the results back from the first part of the activity, the group began the process of prioritizing the health indicators documented.   The indicators selected were displayed throughout the room. Each member was provided with 3 stickers in which to "vote" for their top three areas of concern.   The votes was tabulated and the top seven indicators were identified as follows:

1. Obesity
   Obesity Adult/Childhood
   Nutrition Obesity
   Obesity Physical Activity

2. Mental Health
   Access
   In Youth
   Stress
   Medical Coordination

3. Diabetes
   Diabetes in young people
   Gestational Diabetes

4. Dementia/Alzheimer's

5. Healthy Eating/Nutrition
   Food Environment Index
   Food Environment

6. Late/No Prenatal Care

7. Asthma
   Asthma/Allergies

Next Meeting: October 1, 2015

Guiding Principles and Shared Values

Guiding Principles and MAPP Process

Systems thinking — to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
Dialogue — to ensure respect for diverse voices and perspectives during the collaborative process.
Shared vision — to form the foundation for building a healthy future.
Data — to inform each step of the process.
Partnerships and collaboration — to optimize performance through shared resources and responsibility.
Strategic thinking — to foster a proactive response to the issues and opportunities facing the system.
Celebration of successes — to ensure that contributions are recognized and to sustain excitement for the process

Examples of Operating Principles - Cook County WePLAN

- Equality
- Collaboration
- Prevention

Examples of guiding principles - Healthy Madison County

- Community-Driven & Community-Focused
- Ensure active student/youth involvement
- Build on Existing Activities & Collaborative Efforts
- "Dove-Tail" Needs and Resources
- Systems Approach to address issues
- Incorporates Evidence-Based & Best Practices

Share Values

The values statement should emphasize a positive climate and supportive behaviors that contribute to achieving the vision.

Compassion, Respect, Health Equality, Commitment, Teamwork, Inclusiveness

Shared Values – San Francisco Department of Public Health (in the process of CHA/CHIP)

To promote community connections that support health and wellbeing.

To create and sustain healthy environments.

To ensure that health equity is addressed throughout program planning and service delivery.

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County
Community Health Assessment and Health Improvement Partnership
October 1, 2015
10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome & Review of Minutes
2. Community Forum/Survey Updates
3. Health Indicator Prioritization - Phase II
4. Vision Statement/Shared Values Layout
5. Calendaring:
   - *November 19, 2015
6. Next Steps

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County
Community Health Assessment and Health Improvement Partnership
October 1, 2015

Present:

Member	Agency
Afshain N. Baig, MD	Clinicas de Salud del Pueblo
	Imperial County Local Health Authority Council
Amy Binggeli-Vallarta	Imperial County Public Health
Cheryl Anderson	March of Dimes
Cheryl Viegas Walker	Area Agency on Aging
Claudia Saldana	CDCR- Calipatria State Prison
Diana Gamboa	CDCR- Calipatria State Prison
Julio Rodriguez	Imperial County Children's Family First Commission
Kathleen Lang	California Health& Wellness
Luis Olmedo	Comite Civico Del Valle, Inc
Michele Silverthorn	Alliance Healthcare Foundation
Paula Kriner	Imperial County Public Health
Ricardo Ortega	Calexico Neighborhood House
Robin Hodgkin	Imperial County Public Health Department
Trevor Ambrosini	U.S. Border Patrol

Welcome & Review of Minutes
Robin Hodgkin called the meeting to order by welcoming those in attendance. The minutes were approved as submitted. An overview of the agenda and meeting objectives was provided.

Community Forum/Survey Updates
Amy Binggeli-Vallarta shared the presentation that was provided at the Community Forum held on September 23, 2015, which included findings from the Imperial County Community Survey. A total of 2306 surveys were collected from residents of Imperial County. Several areas were highlighted, and include the top 8 health risks that "bubbled up" included overweight/obesity (adult and child), air quality, diabetes, poor nutrition, drug use (youth/adult), inactive lifestyle, and a few others. Another area that was highlighted was the community and neighborhood questions….. based on where the survey respondents lived, a) they believed that their community is a good place to raise children, 2) their community is a safe place to live, and 3) they feel they can make the community a better place to live. Some demographic information for those completing the survey was also shared, revealing that ¾ of survey takers were long time (11 years or more) residents of Imperial County, just under half where ages 19-39, and more than half of the respondents were female.

The top 7 important health risks in Imperial County as expressed from respondents were:

1. Overweight/Obesity
2. Air Quality
3. Drug Use
4. Diabetes
5. Poor Nutrition
6. Inactive Lifestyle
7. Teen Pregnancy

Robin reminded that the survey does not reflect a scientific representation of the community but rather an opportunity for the CHA/CHIP Partnership to gain a general understanding of the community's view point. She also shared, in response to some of the more detailed questions about the survey that a more detailed analysis of the findings will be provided at a future meeting. Amy agreed to provide a list highlighting survey results that will be analyzed. Robin asked Members to email any specific areas of analysis they are interested in so that they could become part of the more detailed analysis.

Amy also reported out from the community forum, which she described as being a healthy discussion. Those in attendance were allowed an opportunity to discuss some of the findings from the survey as well other issues that were of concern for them. One of the issues discussed was ways to better share announcements of upcoming events. This was in response to concerns expressed regarding not finding out about upcoming events until after they had occurred. Some of the suggestions included publishing more information in the local newspaper, development of a specific Imperial County Events webpage and determination of ways in which local agencies can work together to educate and inform individuals on how to access information regarding local community events. Additional items discussed as part of the forum included access to healthy foods, community gardens, farmer's markets. Forum attendees were asked questions related to access to care. Questions were asked to get a better understanding of why some residents choose to seek medical care in the emergency room instead of their primary care provider. Feedback revealed that some seek care at the emergency room because of difficulties getting an appointment to a primary care physician in a timely manner as well as the wait times to see the doctor once they are in the office. A suggestion was received from a Partnership member that a future forum be held at a at a location where community members already gather, where it would be easier for the public to attend and that a evening or weekend date be selected. Another suggestion was that consideration also be given to providing childcare during the forum.

Health Indicator Prioritization - Phase II
Robin reviewed for the group of the top seven indicators previously selected and the goal to narrow those down to the top five indicators. An updated list of the health indicators, including examples of evidence based practices related to each was provided. A small group process, was held, allowing members to convene into two separate workgroups, consisting of seven members each The workgroups were asked to review and discuss the list of evidence based interventions, the most important health risks identified from the survey results, and feedback from the survey and community forum regarding what residents feel is working or not working

well in our community. As part of their discussion they were asked to answer the following three questions:

- Do the identified health risks (8) resonate with the health priorities (7) that were identified between the stakeholders and the community?
- Given the challenges and success that have been discussed, does the health priority have evidence based practices that would be successful?
- Does this priority have the ability to leverage opportunities for broad stakeholder involvement?

Following the small group discussion, members came back together and shared their identified priorities. By consensus the following five indicators were adopted by the group:
1. Obesity
2. Food Environment
3. Asthma
4. Inactive Lifestyle
5. Drug Use

Vision Statement/Shared Values Layout
This discussion was tabled for the next meeting.

Calendaring:
Robin discussed briefly the need to change the meeting date from November 19 to either November 18th or November 23rd, due to the upcoming November 19th Countywide Emergency Preparedness Exercise. A final decision on the date will be made in the next meet.

Next Meeting: The next meeting is scheduled for October 22, 2015.

Imperial County Community Health Assessment
& Health Improvement Partnership
October 22, 2015

10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome/Review of Minutes
2. Vision Statement/Shared Values Layout
3. Variables of Interest for a More Detailed Survey Analysis
4. Calendaring – November 18, 2015
                 December 18, 2015
5. Forces of Change Assessment
6. Next Meeting: November 5, 2015

Imperial County Community Health Assessment
& Health Improvement Partnership
October 22, 2015
Minutes

Members Present:

Amy Binggeli-Vallarta	Imperial County Public Health Department
Andrea Bowers	Imperial County Public Health Department
Beatriz Renteria	Neighborhood House of Calexico
Cathy Kennerson	El Centro Regional Medical Center
Cinthia Briseno	Neighborhood House of Calexico
Diana Peacher	Cancer Research Center of the Desert
Helina Hoyt	San Diego State University
Julio Rodriguez	Imperial County Children's Family First Commission
Kathleen Lang	California Health & Wellness
Michele Silverthorn	Alliance Healthcare Foundation
Nirvana Mexia	California Department of Corrections and Rehabilitation - Calipatria
Paula Kriner	Imperial County Public Health Department
Robin Atedero	Pioneers Memorial Hospital
Robin Hodgkin	Imperial County Public Health Department
Rosyo Ramirez	Department of Social Services – In Home Supportive Services
Trevor Ambrosini	U.S. Border Patrol

Welcome/Review of Minutes
Robin Hodgkin opened the meeting by welcoming those present and providing an overview of the agenda. The minutes from the October 1st meeting were reviewed and approved as submitted.

Vision Statement/Shared Values Draft Layout:
Members received a sample layout, which showed the CHA/CHIP Partnership's Vision Statement and Shared Values along with a written background and description of the process involved in their development.   A few edits to the sample were suggested for the purpose of clarity, consistency and better visual appeal.   Suggested edits included providing more white space, elimination of quotations around the Vision Statement and revising for consistent in phrasing throughout. These edits will be made and presented back to the group at a later date. The group agreed that the colors used in the sample would work well for the final document as they were bright and were not specific to any of the participating agencies.

Variables of Interest for a More Detailed Survey
Robin shared that, following the last meeting, she had not received any member request for specific survey analysis. Members were reminded that members requesting a specific breakdown of survey results were asked to email that request to Robin. A copy of the survey instrument was sent out to the group as a means to generate ideas regarding possible variables of interest.   Kathleen Lang asked if survey findings could possibly be shared as de-identified raw data in an Excel spreadsheet, allowing Stakeholders to view the information in ways that were meaningful and useful to them individually. It was agreed that data would be provided to the group in that manner. Once again Robin cautioned the group that the survey findings do not represent a scientific sample, but rather a convenience sample that takes into consideration the perceptions of those in the community. Final analysis of survey results is still in process

Calendaring
Given the number of tasks that still need to be completed prior to the development of the CHA/CHIP document draft, it was agreed that additional meeting dates be scheduled for November and December. This is in addition to the standing meetings already planned for the first Thursday of each month. The second meeting dates selected are November 18th and December 17th.

Forces of Change Assessment
The group received a Forces of Change informational handout. The Forces of Change one of the four MAPP assessments and is designed to help community stakeholders answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Once local stakeholders have identified the potential forces and their corresponding threats and opportunities for Imperial County, these findings will be used in reviewing and narrowing the current five priority indicators down to three.   Using a sample of a completed Forces of Change process as well to tools from the MAPP handbook the Steering Committee selected the following categories.

- **Place** – (Environment, geographic location, climate)
- **Technological & Scientific** (Social media, advances in diagnostics and treatment EMR/Health Information Exchange, medical home, prevention)
- **Political/Legal/Ethical** (Elected officials, policy, regulations (making/implement) equity, transparency, governance, representation, judicial)
- **People** (Education, culture, relationships, social associations, literacy, and language)
- **Economics** (Those medically underserved, access to care, safe and healthy housing, education pathways/school systems, P-16 Council)

The plan for the meeting was to have members, after working together selecting and identifying threats for one of the categories, break out into two separate workgroups to complete threats, strengths and weaknesses for each of the remaining categories. Following a lengthy but productive group discussion to identify the threats, strengths and opportunities for legal, ethical and political, it was decided that the remaining meeting time would be spent with the group as a whole, defining threats for the remaining categories.   Completion of this activity will be carried forward to the next meeting.

Next Meeting: November 5, 2015

Conducting the Forces of Change Assessment answers the following questions:

- What is occurring or might occur that affects the health of the community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

The Forces of Change Assessment identifies all the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system. Forces can be trends, factors or events.

The categories selected by the Imperial County CHA/CHIP Steering Committee are as follows:

Place (Environment, geographic location, climate)

Technological & Scientific (Social media, advances in diagnostics and treatment EMR/Health Information Exchange, medical home, prevention)

Political/Legal/Ethical (Elected officials, policy, regulations (making/implement) equity, transparency, governance, representation, judicial)

People (Education, culture, relationships, social associations, literacy, and language)

Economics (Those medically underserved, access to care, safe and healthy housing, education pathways/school systems, P-16 Council)

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County Community Health Assessment
& Health Improvement Partnership
November 5, 2015

10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome/Review of Minutes
2. Forces of Change Assessment - Continued
3. Next Meeting: November 5, 2015

COUNTY OF IMPERIAL

PUBLIC HEALTH DEPARTMENT

Imperial County Health Assessment & Health Improvement Partnership
November 5, 2015
Minutes

Members Present:

Amy Binggeli-Vallarta	Imperial County Public Health
Cheryl Anderson	March of Dimes
Diana Peacher	Cancer Research Center of the Desert
Helina Hoyt	San Diego State University
Janette Angulo	Imperial County Public Health
Julio Rodriguez	Imperial County Children's Family First Commission
Kathleen Lang	California Health and Wellness
Raul Ojeda	El Centro Fire
Paula Kriner	Imperial County Public Health
Robin Hodgkin	Imperial County Public Health
Sara Griffen	I.V. Food Bank
Oscar Garcia	El Centro Regional Medical Center
Elvira Villalpand	El Centro Regional Medical Center
Beatrice Renteria	Neighborhood House of Calexico

Note taker: Janet Merten

Welcome by Robin Hodgkin, Public Health Department Director
Attendees were introduced to the group.
Minutes from the October 22, 2015 meeting were reviewed and approved as submitted.

Forces of Change Assessment – Continued –Identify the Public Health effect on the Community:

> What forces of change will have the most influence, threats and opportunities to make a difference? What forces of change will determine which 3 assessments to attack as priorities and strategies to top 3 areas.

- Place –Climate Changes, Rural, Built Environment

  - Opportunities

    Binational Healthcare, International Trade, Access to Health Care in San Diego and Palm Springs, Weather in Winter, tourism, snowbirds and off roading, Large Federal and State presence, 2 Billion Dollar agricultural industry and renewable energy

industry, Improve the Built Environment (county facilities, skate park, pavilion, pool), Low crime rate, Minimal commute time

- Threats

  Binational Health Care –air quality, How Climate Change can affect our climate (harsh seasonal climate), Seasonal challenges, heat, allergies, pesticide use, less active outdoor lifestyles during the summer months, Salton Sea – funding and health threat, Potential water shortages, Difficulty to get providers to relocate to county due to climate, location and environment, Limited Main Access to in and out of County (roads and highways), Transportation issues for outlying communities, Rural Roads

- Technological & Scientific – Local Health Care Policy, Health Care Reform, Binational Challenges, Increasing partnership with San Diego hospitals –Scripps and UCSD

  - Opportunities:

    Telemedicine – Quality Initiatives, Social Media, Universal EMR (Electronic Medical Record), Health Care Technology – Robotics – Pet Scan – Diagnostic Tools – Genetic Testing, Patient Centered Medical Home (PCMH), EMS Field Diagnostics, Medical Research –Clinical Partnership, Pharmacology, Access to timely care, Expanded opportunities for providers and patient education through Internet Access, Alerts for both patient and provider through Social Media, Continuity of Care, Less invasive, increased recovery and less cost, Local Prisons, etc, already compiled and test structures, Improve our home capability, Real time Data

  - Threats:

    Increased threat for misinformation social media, self diagnostic and confusion, fear of cancer, etc., Media sensationalism, conflicting information from media, Lack of Coordination across local system, Fraud and HIPAA, Fragmented/Divergent mandates/objectives, Forum for local discrimination, Unreasonable patient expectations versus appropriate provider intervention, Telemedicine not connecting with Medical Home.

- Political/Legal/Ethical –Health Care Reform, Opportunities for new funding sources, American Health Care Act, Creation of LHA, Health Care System

  - Threats

    Local Assistance to Health Policy, Inconsistence of policy implementation across the community, Cost of implementing health policy, Special Interest, County representation as a smaller county, Binational priorities, Differing Health

- People – Cultural Diversity, Education, Language, Literacy, Family/Social Relationship, Population Age

- Economics – Mobility, Housing, Employment, Rising Health Care Cost, Household Income, Education and School Systems, Access to Care

  - Opportunities

    Community Clinics – Research of rural funding (Rural Status to obtain dollars), Social Demographics leverage and support the funding and ability to support funding and collaborative and disease process
    Opportunities for Funding
      Rural Status
      Social demographics, language/poverty
      Disease Burden
    Opportunity to increase collaboration with local health authority, Economy is beginning to diversify from strictly agricultural, Community College and Universities, Better opportunity to maximize HUD and low income housing, Lack of Data collection, e.g. Homeless, Rising Health Cost – increased health care options, Improved coverage/education about coverage, Health Care Chronic Disease and Preventive Care

  - Threats

    Lack of Diversity of mobility in new job creation, Changes in Currency exchange rates, vulnerability of local economy to changes in the exchange rate, Seasonal work impacting health care
    Insufficient Household Income
      Food Insecurity – feast or famine
      Continuity of Health Care
      School Performance
      Housing – rent, utilities
      Food Choices
    Diversification of higher education – Limits to trade training and education, Disasters or Catastrophic occurrences, Project/Program sustainability post dollars, insufficient housing opportunities for low income

Meeting ended at 12:02 p.m.
Next Meeting: November 18, 2015

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County Community Health Assessment
& Health Improvement Partnership
November 18, 2015

10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome/Review of Minutes
2. Forces of Change Assessment – Continued
3. Aligning Top 5 Indicators with Current Statewide Health Improvement Efforts
4. Next Steps
5. Next Meeting: December 3, 2015

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County Health Assessment & Health Improvement Partnership
November 18, 2015
Minutes

Members Present:

Amy Binggeli-Vallarta	Imperial County Public Health
Cathy Kennerson	El Centro Regional Medical Center
Helina Hoyt	San Diego State University
Janette Angulo	Imperial County Public Health
Julio Rodriguez	Imperial County Children's Family First Commission
Paula Kriner	Imperial County Public Health
Robin Hodgkin	Imperial County Public Health
Roberto Avila	Veterans Services Office
Tina Aguirre	Imperial Valley College
Robin Atedeo	Pioneers Memorial Hospital District
Kristi Gillespie	San Diego State University Leadership
Tomas Oliva	Southern California Association of Governments

Note taker: Janet Merten

Robin Hodgkin, Public Health Department Director, welcomed those in attendance. Minutes from the November 5, 2015 meeting were reviewed and approved as submitted with the understanding that they will be updated to include the attendees from the November 5th meeting.

Robin stated that our timeline for completion of the Community Health Assessment and Community Health Improvement Plan draft has been pushed back to January or February 2016. Once all assessments have been completed, a synthesized overview of the assessments and community feedback will be provided to the group in preparation for selection of the top three health indicators.

The reminder of the meeting was spent in completing the Forces of Change Assessment, picking up the discussion from the previous meeting. Previously identified forces, threats and opportunities were discussed with some items being edited for clarification.

The meeting was adjourned at 11:10 a.m. The next meeting will be Thursday, December 3, 2015

Imperial County Community Health Assessment
& Health Improvement Partnership
December 3, 2015
10 a.m. to 12 p.m.
Public Health Department Training Center
935 Broadway, El Centro
Please use the east entrance
Look for the sign indicating "Training Center" next to the correct door.

Agenda

1. Welcome/Review of Minutes
2. Review of Assessments, Community Feedback and selected Health Indicators
3. Next Steps
4. Next Meeting: December 17, 2015

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County Health Assessment & Health Improvement Partnership
December 3, 2015
Minutes

Members Present:

Afshain N. Baig, MD	Clínicas de Salud del Pueblo/
Amy Binggeli-Vallarta	Imperial County Public Health
Andrea Bowers	Imperial County Public Health
Aurora Hiles	Centinela State Prison
Cheryl Anderson	March of Dimes
Helina Hoyt	San Diego State University
Diana Garboc	Calipatria State Prison
Janette Angulo	Imperial County Public Health
Julio Rodriguez	Imperial County Children's Family First Commission
Paula Kriner	Imperial County Public Health
Robin Atedeo	Pioneers Memorial Hospital Dist.
Robin Hodgkin	Imperial County Public Health
Tina Aguirre	Imperial Valley College
Trevor Ambrosini	U.S. Border Patrol

Note taker: Janet Merten

Robin Hodgkin, Public Health Department Director, welcomed all those in attendance and led round table introductions. Minutes from the November 18, 2015, meeting were reviewed and approved as submitted.

One of the key agenda items of the meeting was to provide a synthesized review of each o the process and activities that have occurred to date towards the development of the Imperial County Community Health Assessment and Community Health Improvement Plan, in order that Partnership members could make an informed selection of the top three health priorities it wishes to adopt and develop improvement strategies to work on for the next 3-5 years. Robin began by presenting two separate diagrams depicting the CHA/CHIP Development process, including the foundation of broad community participation, each of the four MAPP Assessments (Community Themes and Strengths, Local Public Health System Assessment, Community Health Status and Forces of Change), the group's top five and top three health indicators and finally, the vision statement. Handouts providing a summary of the Community Survey results and Community forums feedback were reviewed. The survey and community forum were conducted as part of the Community Themes and Strengths Assessment

Andrea Bowers provided a report regarding the Local Public Health System Assessment (LPHSA) which included the purpose and background of the assessment process as well as preliminary scores and discussion notes. It was explained that the Local Public Health System Assessment focuses on the local public health system- all organizations and entities within our community that contribute to the public's health. The LPHSA was designed to answer the questions, "What are the components, activities, competencies and capacity of our local public health system?" and "How are the Essential Services being provided to our community?" The survey tool was completed by local public health system stakeholders, including the Imperial County Community Health Assessment & Improvement Partnership Steering Committee, Imperial County Public Health Department staff and other local public health system partners. For each section, participants were asked to rate performance level of various aspects of the Ten Essential Public Health Services being provided in the community using the following categories; no activity, minimal activity, moderate activity, significant activity or optimal activity. The Preliminary average overall rating for Imperial County was 48.8 (Moderate)

The group spent the remainder of the meeting discussing ways in which to align the top 5 indicators with current statewide health improvement efforts. Up to this point, the top five indicators have been expressed in terms of health conditions or diagnoses.   Using examples from the 2014 California Wellness Plan, attention was given to developing strategic issues that represent underlying challenges that exist and that need to be addressed in order to improve health conditions in the community. Helina Hoyt stated that she preferred this model as it framed the stakeholders' selected indicators as much more positive and actionable goals and strategies. She also noted that strategies for each of the indicators could fit under each of the three strategic issues categories. Other members of the group expressed agreement.   Draft documents containing ideas for to strategic issues under which goals and strategies for each of the selected indicators can be developed were presented. These included:

Indicator	Strategic Issue
Active Living	Increasing opportunities for physical activity to improve health
Asthma	Coordinated Outpatient Care
Healthy Eating	Making food affordable, accessible and nutritious for all
Obesity	Reduce Child and Adult Obesity (*through*) Active Living? Healthy Eating? Coordinated Outpatient Care?
Substance Abuse	Increase Socially Cohesive and Supportive Relationships, Families, Homes and neighborhoods

Regarding the selected issue related to asthma, some suggested that rewording "Coordinated Outpatient Care" to "Community prevention linked with Optimal Health Systems" would provide an opportunity for a wider array of strategies. Robin will continue to refine language around the indicators and strategic issues and will presented updated options for the next meeting.

Meeting adjourned at 12:10 p.m. The next meeting is scheduled for December 17, 2015.

Aspirational Goal/Domain	Indicators
Meets basic needs of all	
Safe, sustainable, accessible, and affordable transportation options*	✓ Annual number of fatal and severe road traffic injuries per population and per miles traveled by transport mode
	✓ Annual miles traveled by occurrence and by mode
	✓ Percent of residents aged 16 years and older mode of transportation to work
	✓ Percent of population residing within ½ mile of a major transit stop
	● Percent of household income spent on transportation
	✓ Percent of population aged 16 years or older whose commute to work is 10 minutes/day or more by walking or biking
Affordable, accessible, and nutritious foods	✓ Average cost of a market basket of nutritious food items relative to income
	● Percent of population within ½ mile of a full-service grocery store, fresh produce market, or store with fresh produce
	● Percent of adults who consume ≥5 servings of fruits and vegetables a day
	✓ Modified retail food environment index (mRFEI)
Affordable, high-quality, socially integrated, and location-efficient housing	✓ Percent of households paying more than 30% (or 50%) of monthly household income towards housing costs
	✓ Percent of household overcrowding (>1.0 persons per room) and severe overcrowding (>1.5 persons per room)
	● Household by type of family and head of household
	● Neighborhood Completeness Index (<½ mile radius for 7 out of 9 common public services and 9 of 12 common retail services)
	● Housing to jobs ratio
	● Jobs to housing match (e.g., percent of adult working population who could find jobs that matches their general occupational qualifications within a specified travel radius of their residence)
	● Neighborhood change: 5-year change in number of households by income and race/ethnicity
	● Residential racial segregation: isolation index
Affordable, accessible, and high-quality health care	● Percent of adults aged 18–64 years without health insurance
	● Patient satisfaction rating by medical group

✓ = available at www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx, October 31, 2014

Aspirational Goal/Domain	Indicators
Meets basic needs of all	
Complete and livable communities	● Neighborhood Completeness Index (<½ mile radius for 7 out of 9 common public services and 9 of 12 common retail services)
Access to affordable and safe opportunities for physical activity	● Percent of adults getting moderate/vigorous daily exercise
	● Percent of children scoring 6 of 6 on Fitnessgram
Able to adapt to changing environments, resilient, and prepared for emergencies	● Cities and counties with adopted climate action plans and FEMA-approved local hazard mitigation plans
	● Environmental resilience index (index composed of places with climate action and hazard mitigation plans and other Healthy Community Indicators (unemployment, lacking health insurance, educational attainment, income inequality, and registered voters)
Opportunities for engagement with arts, music, and culture	● Per capita revenue in nonprofit arts organizations
	● Percent of workers employed in artistic occupations
Quality and sustainability of environment	
Clean air, soil and water, and environments free of excessive noise	✓ Annual average number of unhealthy days of ozone air pollution
	✓ Annual mean ambient concentration of fine particulate matter (PM2.5)
	● Percent of households/population near busy roadways
	● Average daily water use per capita
	✓ Percent of the population served by community water systems not meeting regulations of the Safe Drinking Water Act
	● Average daytime and nighttime outdoor noise levels
Tobacco and smoke free	● Prevalence of smoking in adults and youth
Green and open spaces, including agricultural lands	✓ Percent of population within ½ mile of park, beach, open space, or coastline
	● Acres of parkland per 1,000 residents
	● Acres of cropland converted to developed land
	● Tree canopy coverage (urban areas)
Minimized toxins, GHG emissions, and waste	● Pounds of toxic chemicals released by reporting facility per capita/geographic area
	● Reported pesticide use
	● Annual per capita greenhouse gas (GHG) emissions
	● Total waste diversion (per capita disposal rate)
Affordable and sustainable energy us	● Energy costs relative to household income
	● Percent of electricity from renewable sources

Aspirational Goal/Domain	Indicators
Adequate levels of economic, social development	
Living wage, safe, and healthy job opportunities for all	✓ Unemployment rate: percent of the population in the labor force who are unemployed
	✓ Overall, concentrated, and child (0 to 18 years of age) poverty rate
	● Number and rate of fatal and nonfatal occupational injuries by industry
	✓ Living wage and percent of families with incomes below the living wage
Support for healthy development of children and adolescents	● Percent of children who are kindergarten ready
	● Percent of resilient high school students
	● Number of licensed daycare center slots per 1,000 children aged 0-5 years
Opportunities for high-quality and accessible education	● Mean score of Academic Performance Index (API)
	✓ High school or greater educational attainment in the population aged 25 years and older
Health and social equity	
	● Race/ethnicity equity score as a composite of multiple core indicators, including median income
	✓ Distribution of household income relative to the number of households, expressed on a 0 to 1 scale (Gini Index)
	● Place-based equity score as a composite of multiple core indicators calculated for census tracts
Social relationships that are supportive and respectful	
Robust social and civic engagement	✓ Percent of adults (18 years or older) who are registered voters; percent of adults who voted in general elections
Socially cohesive and supportive relationships, families, homes, and neighborhoods	● Number of forcible rapes per 100,000 population
	● Percent of children (<18 years) reported with neglect or physical or sexual abuse
Safe communities, free from crime and violence	✓ Number of violent crimes per 1,000 population
	✓ Percent of the population within ¼ mile of alcohol outlets by type of establishment sales

✓ = available at www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx, October 31, 2014

Strategic Issues Identification Worksheet

Strategic issues are the fundamental policy choices facing an organization's or system's vision, mandates, values, services, clients, resources, or operations.

1. Identify the strategic issue. Phrase the issue as a <u>question</u>. (Example: *How can the public health community ensure access to population-based and personal health care?*)

2. Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?

3. What are the consequences of not addressing this issue?

5 – Roadmap to Improved Health Outcomes

5.1 Outline: Goals, Priorities, Focus Areas

The Overarching Goal of the Plan is Equity in Health and Wellbeing, with an emphasis on the elimination of preventable chronic disease. To attain this, the following Goals were determined by partners through a collaborative statewide process.

1. Healthy Communities

2. Optimal Health Systems Linked with Community Prevention

3. Accessible and Usable Health Information

4. Prevention Sustainability and Capacity

The Plan includes Priorities determined by the Let's Get Healthy California Taskforce (LGHCTF) in 2012. It fits within the LGHCTF overarching framework under the first Strategic Direction: "Health Across the Lifespan," and Goal 2, "Living Well: Preventing and Managing Chronic Disease." The Priorities establish California's chosen outcomes for the next 10 years. Statewide partners have proposed Focus Areas around which to align efforts for the next two years, to achieve synergy and greater impact.

Overarching Goal: Equity in Health and Wellbeing

<table>
<tr><td colspan="2">Goal 1: Healthy Communities
Healthy Environments: Healthy Choices</td></tr>
<tr><td colspan="2">Let's Get Healthy California Task Force Priorities</td></tr>
<tr><td>1.1</td><td>Increase health status
(Community Resilience, Education, Income, Life Expectancy, Equity)</td></tr>
<tr><td>1.2</td><td>Decrease adult and adolescent tobacco use</td></tr>
<tr><td>1.3</td><td>Increase adult and child fitness and healthy diets</td></tr>
<tr><td>1.4</td><td>Increase healthy food outlets</td></tr>
<tr><td>1.5</td><td>Increase walking and biking</td></tr>
<tr><td>1.6</td><td>Increase safe communities (Alcohol Misuse, Substance Abuse, Unintentional Injury, Violence, Water, Air Quality, Safe Worksites)</td></tr>
<tr><td>1.7</td><td>Decrease childhood trauma</td></tr>
<tr><td>1.8</td><td>Increase early learning</td></tr>
<tr><td colspan="2">Focus Area 2014 – 2015</td></tr>
<tr><td>1A</td><td>Create healthy, safe, built environments that promote active transport, regular daily physical activity, healthy eating, and other healthy behaviors, such as by adoption of health considerations into General Plans</td></tr>
<tr><td colspan="2">Goal 2: Optimal Health Systems Linked with Community Prevention
Quality Care at Lower Cost</td></tr>
<tr><td colspan="2">Let's Get Healthy California Task Force Priorities</td></tr>
<tr><td>2.1</td><td>Decrease the number of people without insurance</td></tr>
<tr><td>2.2</td><td>Increase access to primary and specialty care (Oral Health, Cancer, School Health Care, Arthritis, Alzheimer's Disease)</td></tr>
<tr><td>2.3</td><td>Increase coordinated outpatient care (Patient Centered Medical Home, Lifestyle Intervention Programs, Self-Management Programs)
Increase the number of people receiving care in an integrated system (Medical, Mental, Behavioral)</td></tr>
<tr><td>2.4</td><td>Increase mental health and wellbeing</td></tr>
<tr><td>2.5</td><td>Decrease adult and childhood obesity and diabetes</td></tr>
</table>

2.6	Increase controlled high blood pressure and high cholesterol
2.7	Decrease adult and childhood asthma
2.8	Increase vaccinations
2.9	Decrease infant deaths
2.10	Increase culturally and linguistically appropriate services
2.11	Increase advance care planning
2.12	Increase hospital safety and quality of care
2.13	Increase palliative care and hospice care Decrease hospitalization during the end of life

Focus Area 2014 – 2015

| 2A | Build on strategic opportunities, current investments, and innovations in the Patient Protection and Affordable Care Act, prevention, and expanded managed care, to create a systems approach to improving patient and community health |

GOAL 3: ACCESSIBLE AND USABLE HEALTH INFORMATION
Shared Knowledge is Power

Let's Get Healthy California Task Force Priorities

| 3.1 | Increase transparent information on cost and quality of care |

Focus Area 2014 – 2015

| 3A | Expand access to comprehensive statewide data with flexible reporting capacity to meet state and local needs |

GOAL 4: PREVENTION SUSTAINABILITY AND CAPACITY
Invest in Wellness

Let's Get Healthy California Task Force Priorities

4.1	Increase affordable care and coverage
4.2	Increase payment policies that reward value
4.3	Decrease rate of growth in health care spending

Focus Area 2014 – 2015

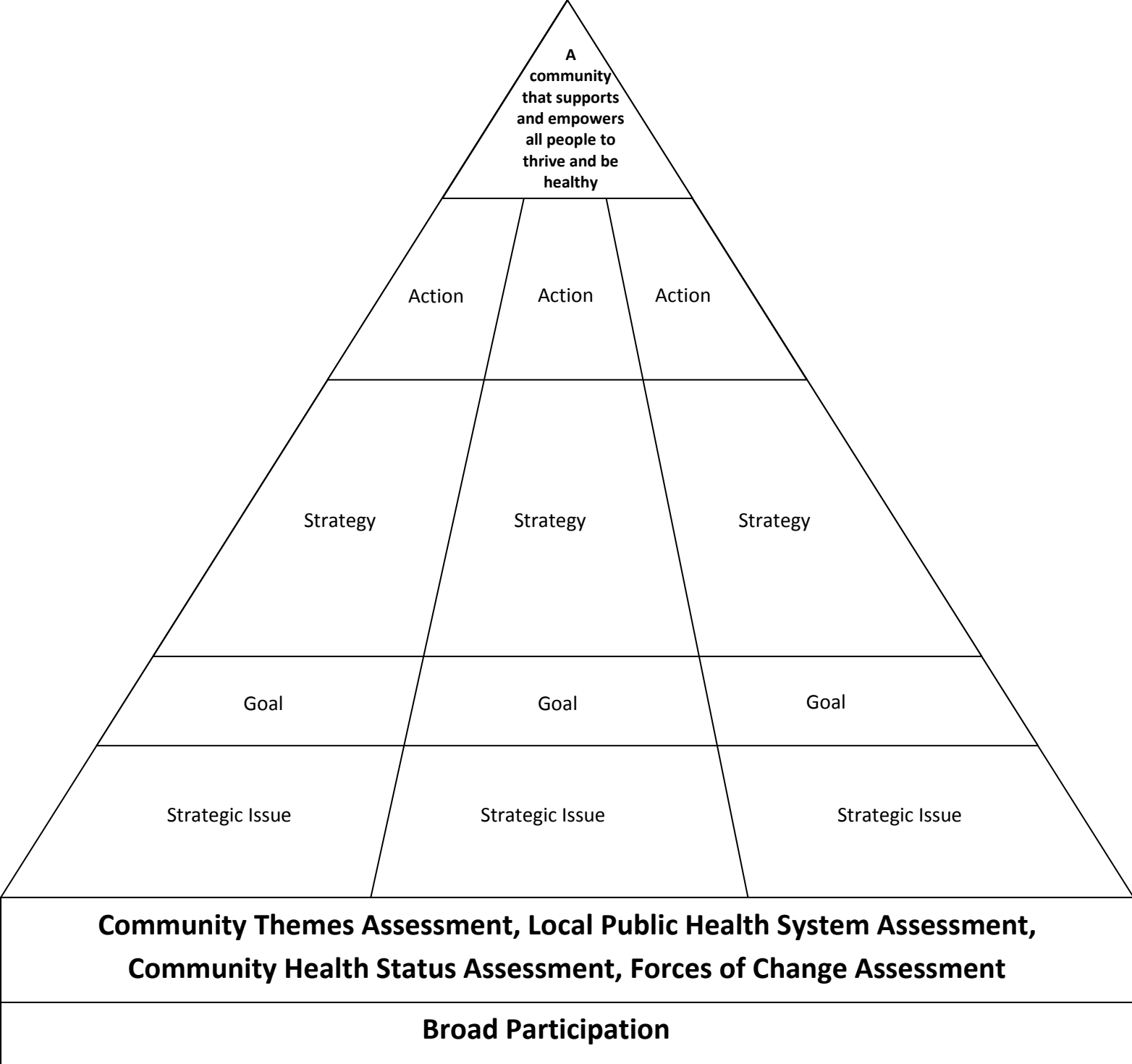| 4A | Collaborate with health care systems, providers, and payers to show the value of greater investment in community–based prevention approaches that address underlying determinants of poor health and chronic disease |

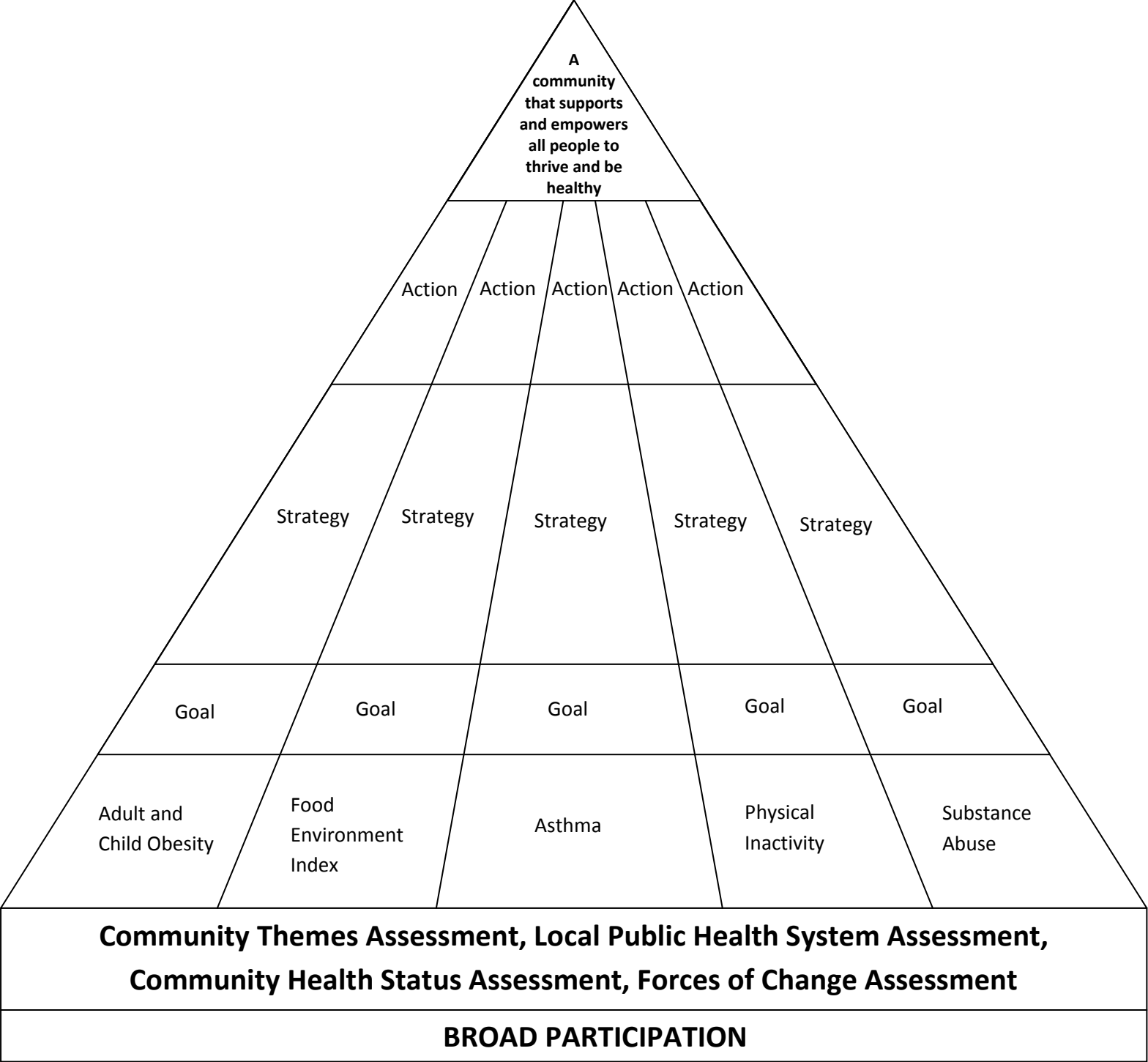| 4B	Explore dedicated funding streams for community-based prevention
4C	Align newly secured and existing public health and cross-sectoral funding sources to support broad community-based prevention

5.2 Outline: Strategies and Objectives

Strategies were informed by the National Prevention Strategy and statewide partner input. Evidence-based strategies from the U.S. Preventive Services Task Force and the Community Guide are listed in Appendix D.

Objectives developed by CDPH programs and statewide partners comprehensively identify chronic disease prevention program focus for activities, based on program resources and statutory authority. They include performance measure baselines and targets, and may align with partner activities. Each Goal has Strategies and Objectives that can be measured and reported on regularly and will serve as a guideline for California's current and future efforts.

- The program lead or partner for the Objective is listed by acronym in the second column; the Program Descriptions and List of Acronyms can be found in Appendices E and A, respectively. Disclaimer: agencies, programs and/or partners identified with an objective may be either data stewards and/or engaged in activities to achieve the target, but may not have adequate resources for statewide activities.
- Some Objectives do not have program leads, data sources, baselines, and/or targets at this time, but are included because they were a result of CDPH program or partner input and were felt to be important to the reduction of chronic disease incidence, prevalence, and health disparities. These Developmental Objectives will be updated as information becomes available, and invoke no obligation on local agencies.
- Healthy Community Indicators are a project of the CDPH Office of Health Equity and are a standardized set of statistical measures and tools that a broad array of sectors can use for planning healthy communities and evaluating the impact of plans, projects, policy, and environmental changes on community health.[30] Healthy Community Objective baselines and targets will vary according to locality, and are indicated by **HC**.
- LGHCTF performance measures are indicated by **LGH**.
- To focus efforts on those sub-groups that are most affected and often underrepresented, stratification by sub-population (race/ethnicity, gender, sexual orientation, language, geographic area, immigration status, language proficiency, etc.) is ideal if feasible to address health disparities.
- If the far left column is highlighted in grey, this indicates that over 75 percent of partners who responded to Plan surveys are working on or planning activities to meet this Strategy or Objective.
- All Objectives in the California Wellness Plan are as funding allows.

A
community
that supports
and empowers
all people to
thrive and be
healthy

Action   Action   Action

Strategy   Strategy   Strategy

Goal   Goal   Goal

Strategic Issue   Strategic Issue   Strategic Issue

**Community Themes Assessment, Local Public Health System Assessment,
Community Health Status Assessment, Forces of Change Assessment**

Broad Participation

A community that supports and empowers all people to thrive and be healthy

Action   Action   Action   Action   Action

Strategy   Strategy   Strategy   Strategy   Strategy

Goal   Goal   Goal   Goal   Goal

Adult and Child Obesity   Food Environment Index   Asthma   Physical Inactivity   Substance Abuse

Community Themes Assessment, Local Public Health System Assessment, Community Health Status Assessment, Forces of Change Assessment

BROAD PARTICIPATION

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County Community Health Assessment
& Health Improvement Partnership
December 17, 2015
10 a.m. to 12 p.m.
Public Health Department Training Center
935 Broadway, El Centro
Please use the building's main south entrance
We have exterior renovations in process and the Training Center entrance
Is temporarily an emergency exit only
We will have Public Health staff at the main south entrance to help navigate
Everyone to the Training Center

Agenda

1. Welcome/Review of Minutes
2. Review of Draft Strategic Issues – Goals – Indicators
3. Next Steps
4. Selecting Next Meeting Date

Imperial County Community Health Assessment
& Health Improvement Partnership
December 17, 2015
Minutes

Present:

Member	Agency
Afshan N. Baig, MD	Clinicas de Salud del Pueblo/Imperial County Local Health Authority Council
Amy Binggeli-Vallarta	Imperial County Public Health
Andrea Bowers	Imperial County Public Health
Cathy Kennerson	El Centro Regional Medical Center
Cheryl Anderson	March of Dimes
Diana Gamboa	California Department of Corrections and Rehabilitation
Helina Hoyt	San Diego State University
Humberto Lugo	Comite Civico
Janette Angulo	Imperial County Public Health Department
Kathleen Lang	California Health& Wellness
Margaret Sauza	Sure Helpline Crisis Center
Robin Atedero	Pioneers Memorial Hospital Dist.
Robin Hodgkin	Imperial County Public Health Department
Sara Griffen	Imperial Valley Food Bank

Welcome/Review of Minutes

Robin welcomed those in attendance and provided and overview of the agenda. Minutes from the previous meeting were approved as presented.

Review of Draft Strategic Issues-Goals-Indicators

A discussion related to the benefits of collective input versus collaboration was held. It was noted that our community has a longstanding history of coming together around shared work plans, grants and collaborating in a more traditional sense. The group recognized both the need and the advantages of local partners to be able to come together around a shared vision, a coordinated approach for addressing issues and agreements on the ways that progress should be measured and reported. Partnership members engaged in a robust discussion regarding the strategic issues that have been selected as focus areas for the Community Health Improvement Plan. The focus areas are: 1) Health

Eating and Active Living 2) Community Prevention Linked with High Quality Healthcare and 3) Health and Safe Communities and Living Environment. It was noted that this breakdown will allow for many of the priority health issues identified initially to included as strategies toward community wide improvement in one or more of the focus areas. This may serve to reengage some of the partners who were at the table earlier in the CHA/CHIP Process.

Next Steps
Three workgroups, one for each priority of the three priority areas were selected. Each group will be comprised of two chairpersons and will be responsible for assembling submitted matter experts for the purpose of identifying interventions, strategies and lead agencies for each of the priority areas. The three workgroups and their respective co-chairs are as follows:

Priority Area 1	Priority Area 2	Priority Area 3
Healthy Eating/Active Living	Community Prevention Linked w/ High Quality Healthcare	Healthy and Safe Community and Living Environments
Sara Griffen	Dr. Afshan Baig	Rosyo Ramirez
Julio Rodrigue	Kathleen Lang	Cheryl Walker

Each workgroup will receive a list of data sources, relevant resources including evidence based strategies and Public Health Department staff support. The workgroups will convene throughout the months of January and early February.

Next Meeting Date
The next full Partnership Meeting will convene February 10, 2016.

Collective Impact

The Difference Between Collaboration and Collective Impact

Collaboration		Collective Impact
Convene around programs and initiatives	→	Work together to move outcomes
Prove	→	Improve
In addition to what you do	→	Is what you do
Advocate for ideas	→	Advocate for what works

Strategic Issues - Goals - Indicators

Priority 1	Priority 2	Priority 3
Healthy Eating and Active Living	**Community Prevention Linked with High Quality Healthcare**	**Healthy and Safe Communities and Living Environment**

Priority 1: Healthy Eating and Active Living

Consumption of affordable, accessible, and nutritious foods
- Percent of children, teens and adults eating recommended servings of fruits and vegetables each day
- Food environment index
- Soda or sugary drinks consumed in previous day
- Fast food eaten how many times in past week

Engagement in affordable and safe opportunities for physical activity
- Percent of adults reporting no leisure time activity
- Percent of population with adequate access to locations for exercise/physical activity
- Percent of children scoring 6 of 6 on Fitnessgram
- Number of days physically active at least one hour in past week

Achieve and maintain healthy weight
- Percent of children who score within the High Risk category for composition on Fitnessgram
- Percent of adults with BMI <30

Priority 2: Community Prevention Linked with High Quality Healthcare

Optimal asthma detection, management and education
- Rate of hospital emergency department visits
- Rate of hospitalizations
- Percent of population provided a written asthma management plan
- School days missed due to asthma

Optimal Reproductive Health
- Proportion of pregnant women who receive prenatal care beginning in the first trimester
- Percent receiving adequate/adequate plus prenatal care
- Teen pregnancy rate
- Percent of parenting teens completing education

Optimal diabetes detection, management and education
- Percent ever diagnosed with diabetes
- Death rate due to diabetes
- Percent of hospitalizations for diabetes age 35+
- Rate of preventable hospitalizations for uncontrolled diabetes; long-term complications; and short-term complications

Priority 3: Healthy and Safe Communities and Living Environment

Engagement in improving air quality
- Number of times local Air Quality Index web-site accessed
- Number of schools using EPA Air Quality Flag Program
- Prevalence of smoking
- Participation in air quality State Implementation Plan and Salton Sea restoration/mitigation efforts

Integration of efforts to prevent drug use
- Prescription drug abuse prevention plan
- Enhanced integration of drug and alcohol services and youth services
- Number of patients served through an integrated health provider

Mobilize community efforts to support and link seniors and caregivers across systems
- System linking seniors and caregivers into support networks and community resources
- Number of membership associations per 10,000 population
- Percent of Medicare/Medicaid beneficiaries with depression

**Imperial County Community Health Assessment
& Health Improvement Partnership
Wednesday, February 10, 2016
10 a.m. to 12 p.m.**

Agenda

1. Welcome/Review of Minutes
2. Reports from Priority Issue Workgroups
    a. Health Eating and Active Living
    b. Community Prevention Linked with High Quality Healthcare
    c. Healthy and Safe Communities and Living Environment
3. Accountable Communities for Health Initiative
4. Next Steps
5. Selecting Next Meeting Date

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

Imperial County Community Health Assessment
& Health Improvement Partnership
Wednesday, Feburary10, 2016
10 a.m. to 12 p.m.

Minutes

Present

Member	Agency
Amy Binggeli-Vallarta	Imperial County Public Health
Cheryl Anderson	March of Dimes
Ignaela Avila	Neighborhood House of Calexico
Diana Gamboa	California Department of Corrections and Rehabilitation
Janette Angulo	Imperial County Public Health
Julio Rodriguez	Imperial County Children Family First Commission
Paula Kriner	Imperial County Public Health
Robin Atedero	Pioneers Memorial Hospital District
Robin Hodgkin	Imperial County Public Health
Rosyo Ramirez	Department of Social Services
Sara Griffen	I.V. Food Bank
Guillermo Espares	U.S. Border Patrol

Welcome/Review of Minutes
Robin Hodgkin opened the meeting by welcoming those in attendance and reviewing the agenda. Minutes from the previous meeting were approved as submitted.

Reports from the Priority Issue Workgroups

Over the past few weeks the workgroups which were established to address the three selected priorities, met to begin working on their respective areas of focus:

- Healthy Eating and Active Living
- Community Prevention Linked with High Quality Healthcare
- Health and Safe Communities and Living Environment

Each group presented a variety of items that they have been working on. Each group shared Environmental Scans which take into consideration a review of current and anticipated environmental factors that impact each priority area. Portfolios of Interventions which provide an overview of current and proposed strategies and interventions that address health conditions related each of the priority areas. Efforts were made to list interventions for five key domains: clinical care, community programs and social services, community care linkages, environment, and public policy and systems. One of the challenges reported by the workgroups was the ability to identify lead agencies within some of the interventions. Finally, each group developed Cause and Effect (Fishbone) diagrams, for the purpose of identifying root causes for each of the strategic issues.

Accountable Communities for Health Initiative

Robin shared with the group information about the Accountable Communities for Health Initiative currently being considered by the Local Health Authority for submission. The purpose of CACHI is to bring together key community partners in order to collectively address a common health goal. It is a three year initiative in an amount up to $250,000 for the first year. Recipients who achieve significant milestones within the first year will be eligible for two additional years of funding for up to $300,000 each year. The Local Health Authority has directed the CHA/CHIP Steering Committee to serve as the lead in completing the application for this initiative. Findings made as part of the CHA/CHIP process will be used to support the application. Asthma has been selected as the Priority Area for our County's CACHI application.

Next Steps/Next Meeting Date

The three Priority Area workgroups agreed to reconvene over the next month to continue to work on developing documentation for their individual areas. One of the goals will be to reach out to additional community partners for participation in order to gain a broader perspective of some of the current interventions and strategies related to the focus areas that currently exist within the community. Additional focus will be given to the Community Prevention Linked with High Quality Healthcare priority area in order to develop additional strategies and measures to better inform the CACHI proposal. The next Stakeholder meeting will be scheduled for Mid March.

Physician Asthma Care Education (PACE)

Salton Sea Restoration and Renewable Energy Initiative

ED Diversion Program

Chronic Care Model & Patient-Centered Medical Home Model

State Implementation Plan for Non-Attainment

Health Education at Home Program

Border 2020 Taskforce

FLARE Plan Emergency Department Discharge

Air Quality Index

Open Airways for Schools

Community Air Monitoring System

Managing Asthma Guide for Schools

IVAN

Environmental Health & Asthma Awareness in Low-Income Housing Communities

School Flag Alert Program

Imperial Valley Child Asthma Project

Respira Sano

Healthy Homes, Healthy Breathing Project
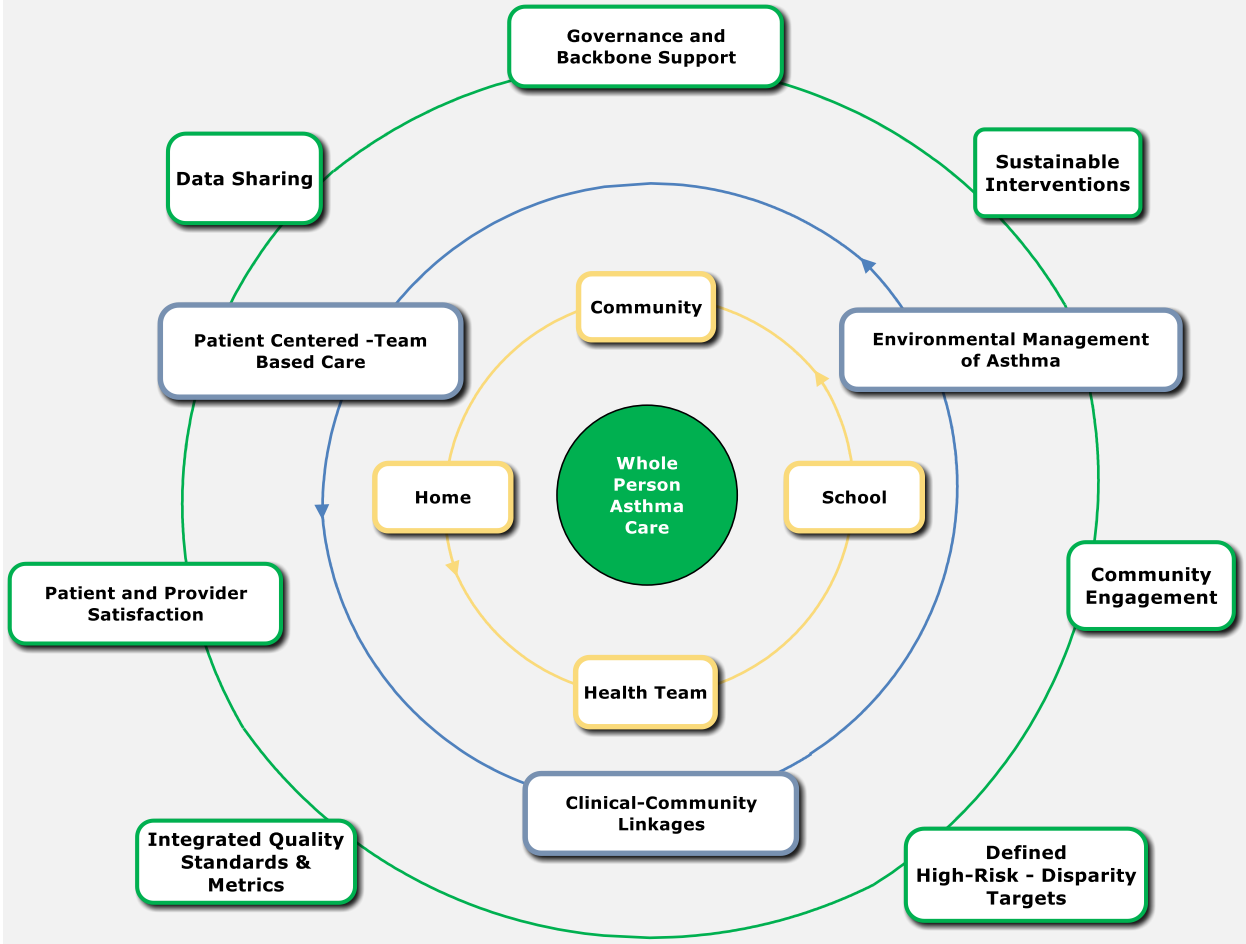
Optimal Detection and Management of Asthma in Children

Environment System & Policy

Healthy Homes

Air Quality

Family Centered Wellness Assessment and Service Linkage

Clinical-Community Linkages

Environmental & Comorbidity Factors

Accountable Community for Asthma

Medications

Assessment & Monitoring

ED-Primary-Specialty Care Linkages

Chronic Care Model Patient Centered Medical Home Asthma Wellness Center

Clinical

Education Partnership

Physician/Nurse Asthma Care Education

School Based Asthma Management

Environmental Monitoring Systems

Community Programs

Integrated Quality Standards & Metrics

High-Risk/Disparity Targets Defined

Clinical-Community and Clinical Spectrum Linkages

Sustainability Model

Patient/Provider Satisfaction

Imperial County Community Health Assessment
& Health Improvement Partnership
March 31, 2016

10 a.m. to 12 p.m.

Public Health Department Training Center
935 Broadway, El Centro
Please use the building's main south entrance
We have exterior renovations in process and the Training Center entrance
is temporarily an emergency exit only
Public Health staff will be available at the main south entrance to help navigate
everyone to the Training Center

Agenda

1. Welcome/Review of Minutes
2. CHA/CHIP Project Roadmap: Timeline and Milestones
3. Priority Area Workgroups' Final Report
4. CHA/CHIP Final Document Development
5. Resource Document Sharing

Imperial County Community Health Assessment
& Health Improvement Partnership
Wednesday, March 31, 2016
10 a.m. to 12 p.m.
Minutes

Member	**Agency**
Afshan N. Baig, MD	Clinicas de Salud del Pueblo, Inc.
	Imperial County Local Health Authority Council
Amy Binggeli-Vallarta	Imperial County Public Health
Andrea Bowers	Public Health
Cedric Ceseña	El Centro Fire Department
Cheryl Anderson	March of Dimes
Christina Olson	Imperial County Public Health
Diana Gamboa	California Department of Corrections and Rehabilitation
Helina Hoyt	San Diego State University
Janette Angulo	Imperial County Public Health
Julio Rodriguez	Imperial County Children Family First Commission
Nora Faine, MD	Molina Healthcare
Paula Kriner	Imperial County Public Health
Robin Hodgkin	Imperial County Public Health
Rosyo Ramirez	Department of Social Services

Welcome/Review of Minutes
Robin Hodgkin opened the meeting by welcoming those in attendance and reviewing the agenda. Minutes from the previous meeting were approved as submitted.

CHA/CHIP Project Roadmap: Timeline and Milestones:
A retrospective overview of the timeline and progress made towards completing the local Community Health Assessment and Community Health Improvement Plan. The overview covered the period of June 2015 to the present time. Milestones reviewed included completion of each of the four MAPP assessments, selection of the top three priorities with expanded goals and indicators as well as the development being conducted by the Priority area workgroups.

Priority Area Workgoups' Final Report

Each of the Priority workgroups provided an update along with copies of documents reflecting the work completed over the past few months.

The Priority Area 1; Health Eating, Active Living workgroup shared the three goals that they selected to focus on. They are:
- Consumption of affordable, accessible, and nutritious foods;
- Engagement in affordable and safe opportunities for physical activities;
- Achieve and maintain a healthy weight.

Goals selected for Priority Area 2 Community Prevention Liked with High- Quality Health Care are:
- Optimal Asthma Detection, management and education;
- Optimal Reproductive Health;
- Optimal Diabetes Detection, Management and Education

For Priority Area 3, Healthy and Safe Communities and Living Environment the selected goals are:
- Engagement in Improving Air Quality;
- Integration of Efforts to Prevent Drug Use;
- Mobilize Community Efforts to Support and Link Seniors and Caregivers Across Systems.

As reported in the February Partnership Meeting., each workgroup, comprised of a number of local stakeholders, completed environmental scans, cause and effect diagrams as well as Portfolios of Interventions for each of the respective priority areas. At that time, it was agreed that the three Priority Area workgroups would reconvene over the next month to continue working on documentation for their individual areas. During that time the goal was to reach out to additional community partners for participation in order to gain a broader perspective of some of the current interventions and strategies related to the focus areas that currently exist within the community. In the current meeting, representatives from each workgroup presented a revised and consolidated version of their Portfolio of Interventions which provided an overview of current and proposed strategies and interventions that address health conditions related each of the priority areas. The consolidated version of the document identifies strategies that are overlapping and shared across the priority areas.

CHA/CHIP Final Document Development

A lengthy discussion was held regarding next steps and the need to begin developing a draft of the CHA/CHIP document. Those present were reminded of the groups earlier agreement to develop a combined Community Health Assessment and Community Health Improvement Plan, noting that the findings from four completed MAPP assessment as well as the work conducted by each of the workgroups is what is being used to develop the improvement plan. It was agreed that Public Health Department staff would take on the task of developing the document, reaching

out, as needed, to other members for any additional information or feedback required.   The goal is to return to the group with a draft document by June.

Resource Document Sharing
A discussion was held regarding the most efficient way to share electronic documents.   Although a Microsoft SharePoint has been setup to store and share resource documents, it was determined that some members may not be able to access them due to their agencies network security restrictions. Alternative methods of document sharing will be researched.

Steering Committee Agenda's & Minutes

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, June 23, 2015

<u>Agenda</u>

1. Welcome
2. Steering Committee: Structure, Meetings, Members
3. Community Assessment Methodologies
4. Partnership Meeting Agenda

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

**Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, June 23, 2015**

Minutes

Present

Name (Print)	Organization	Initials	
Amy Binggeli-Vallarta	Imperial County Public Health		
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	*via conference live*	
Helina Hoyt	San Diego State University		
Julio Rodriguez	California Families, Children First Commission		
Kathleen Lang	California Health & Wellness	(via conference line)	
Robin Hodgkin	Imperial County Public Health		
Paula Kring	ICPHD		
Daniel Miller	SDSU		

Robin Hodgkin welcomed the steering committee. She explained that the purpose of this group would be to support the stakeholder process of the Imperial County Community Assessment and Health Improvement Partnership by providing leadership, technical assistance, and establishing priorities on behalf of the full stakeholder group.

Steering Committee: Structure, Meetings, Members
The steering committee agreed to meet monthly, the week prior to the larger stakeholder meeting. A discussion regarding the current number of steering committee member was held and whether those present felt that additional members were needed. Dr. Baig stated that in the interest of efficiency she felt the present number of members was sufficient, but stated that the group should remain open, should others voice an interest in serving as part the committee. All other members agreed. A report out from the Steering Committee will be added as a standing agenda item for future Stakeholder meetings.

Steering Committee Members are as follows:

Amy Binggeli-Vallarta	Imperial County Public Health
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council
Helina Hoyt	San Diego State University
Julio Rodriguez	California Families, Children First Commission
Kathleen Lang	California Health & Wellness

Community Assessment Methodologies
Various methods for garnering community input into the CHA/CHIP process were discussed, including the potential of inviting an interested, active community member to serve as a part of the Stakeholder group. The committee acknowledged the challenges associated with having a single individual represent and speak on behalf of the community as a whole. Additional methods discussed, along with the inherent strengths and weakness of each, included focus groups, key informant interviews and surveys. A survey, because they tend to be less time and resource intensive than focus groups, was identified as being the most effective method for getting community input at this time. Key informant interviews were identified a methodology that may prove useful later in the process as a way to collect more open ended, qualitative feedback. Public Health Department Staff (Amy Binggeli-Vallarta and Paula Kriner) will begin developing a draft community survey to present at the next Stakeholders meeting. It was agreed that a discussion item to gather ideas for survey facilitation and venues for distribution will be included on the agenda.

Sample Completed Documents
The steering committee reviewed Community Health Assessment/Health Improvement Planning (CHA/CHIP) documents completed by two other jurisdictions. The examples provide two different combinations of methodologies and layouts that both resulted in comprehensive yet relatively succinct and user friendly CHA/CHIP documents. The decision was made to share these documents in electronic format with the full stakeholder group.

Letter of Partnership
The Steering Committee agreed it would be beneficial to have Stakeholders sign a Letter of Partnership on behalf of their respective organizations. The purpose of the Letter of Partnership would be to formalize their agencies commitment to participate in the CHA/CHIP Partnership, identifying those individuals with authority to make decisions on behalf of the represented agencies and to acknowledge a general understanding of the process as well as their role in the process. A draft Letter of Partnership will be presented at the next Stakeholder meeting for review.

The meeting was adjourned at 2:35 p.m.

County of Imperial
PUBLIC HEALTH DEPARTMENT

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Tuesday, July 28, 2015

Agenda

1. Welcome
2. Survey Update
3. Health Status Report – Key Indicators
4. Mobilizing for Action through Planning and Partnership (MAPP): Visioning
5. Partnership Meeting Agenda

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, July 28, 2015
Minutes

Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	ABV
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	(via conference line)
Helina Hoyt	San Diego State University	
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	(via conference line)
Robin Hodgkin	Imperial County Public Health	RH
Janett Angulo	ICPHD	JA
Paula Kriner	ICPHD	PK

Welcome
Robin Hodgkin welcomed the Steering Committee members, reviewed minutes from the previous meeting and provided and overview of the agenda.

Survey Update
Amy Binggeli-Vallarta provided a status update regarding distribution of the Imperial County Community Survey, sharing the number of electronic surveys that have been completed to date. She also shared the list of agencies to which drop boxes and survey packets had been provided.   Also discussed was idea of issuing a news release announcing the efforts of the partnership and the availability of the Community Survey. The Imperial County Public Health Information Officer will be contacted to assist with developing the News Release and coordinating media inquiries.

Health Status Report- Key Indicators
Paula Kriner addressed the fact that in an important step of the CHA/CHIP development process is to gain a general understanding of the health status of Imperial County and to ensure that strategic planning activities includes prioritizing health status issues specific to our local Community. Findings from the Draft

Imperial County Health Status Report including local health indicators were discussed. These findings will be shared with the larger stakeholder group during the upcoming meeting.

Mobilizing for Action through Planning and Partnership (MAPP): Visioning
The Steering Committee, recognizing the importance of identifying a set of shared values that would support the mission and focus of the CHA/CHIP Partnership, addressed Phase II of the MAPP process; Visioning.   Sample vision statements from other successful CHA/CHIP Processes were reviewed.   Both Dr. Baig and Kathleen Lang voiced a desire to develop a statement that was broad and representative of the vision of all of the community stakeholders. Following a significant amount of brainstorming, the following statement was drafted to be shared at the upcoming Partnership meeting: *"A community that supports and empowers all people to thrive and be healthy"*

Partnership Meeting Agenda
The following agenda items were proposed for the Imperial County Community Health Assessment and Improvement Planning Partnership meeting, scheduled for August 6, 2015.
1. Community Survey Status Update
2. Steering Committee Report
   - Draft Vision Statement
3. Transitioning to Assessment Phase
   - Key Health Indicators for Imperial County
4. Next Steps

**Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, August 25, 2015, 1:30 p.m.
Public Health Department Conference Room
935 Broadway, El Centro**

Agenda

1. Welcome/Review of Minutes
2. Survey Update
3. CHA/CHIP Process Timeline Review
4. Guiding Values and Operating Principles
5. Health Indicators Prioritization
6. Partnership Agenda

COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

**Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, August 25, 2015**

Minutes

Present

Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	
Helina Hoyt	San Diego State University	
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	
Robin Hodgkin	Imperial County Public Health	
Paula Kriner	Imperial County Public Health	

Welcome

Robin Hodgkin welcomed the members and provided an overview of the agenda. Meeting minutes from the previous meeting were reviewed and approved as submitted.

Survey Update

Amy Binggeli-Vallarta provided an update on the number of the Imperial County Community Surveys completed. As of August 25, 2015 1:36 pm, a total of 1,241 English online and 110 Spanish online surveys had been submitted. The deadline to submit surveys online or via drop boxes or packets is August 31, 2015. Amy will follow-up with agencies on August 26, 2015. There are 22 sites with boxes; 14 agencies are represented. Once surveys are collected, they will be entered into SPSS.

CHA/CHIP Process Timeline Review

Robin Hodgkin reviewed the CHA/CHIP Timeline. She mentioned that we're on schedule with the August, and that the Steering Committee members would be preparing today for the September 3, 2015, Stakeholder Meeting. The only update to the timeline at this time was the confirmation of the Community Forum date of September 23, 2015.

Guiding Principles and Shared Values

Amy Binggeli-Vallarta introduced the Guiding Principles and Shared Values to the Steering Committee members. She explained that they are part of the visioning phase, indentified in the MAPP document, and it. Several examples were provided.

Steering Committee members agreed on the following guiding/operating principles:
- Using a systems approach that incorporates evidence-based and best practices
- Open dialogue to ensure respect for diverse voices and perspectives during the collaborative process
- To foster a proactive response to the issues and opportunities to promote wellness in our community.
- Build on existing activities to "dove-tail" needs and resources

Steering Committee members also agreed on the following shared values:
- Fairness
- Transparency
- Inclusiveness
- Commitment

Health indicators Prioritization

Robin Hodgkin introduced the Key Indicators document prepared by Paula Kriner. Paula Kriner provided a brief overview of the document. The document includes information on several indicators, why the indicators are important and/or meaningful, and evidence-based strategies that can be matched with the indicator. It was mentioned that when working with one indicator, other indicators could be impacted. Steering Committee members acknowledged understanding and supporting the methodology. It was also discussed that the prioritization would be done in phases, and would need to consider Steering Committee, CHA/CHIP Stakeholder feedback, as well as Imperial County Community Survey and Community Forum findings. It was asked that the Steering Committee agree on the methodology for selecting the indicators and the number of indicators to be selected. The Steering Committee members agreed to utilize the Key Indicators document with the Stakeholder Group and that 3 indicators were manageable. For the Stakeholder Group, it was suggested that there be a 'private' process and then there be a use of dots to identify the top indicators. During the September 3, 2015 Stakeholder meeting, the intent will be to provide a blank card where stakeholders can write down their top 6 priorities. The cards will be submitted and staff would write the top indicators on large sheets. Once the sheets are posted around the room, each stakeholder will be provided with 3 dots. They will place the dots in their top 3 indicators.

The Steering Committee members had an opportunity to select their top 6 priorities during the meeting. The top 6 priorities included:

- Food Environment Index
- Physical Inactivity
- Diabetes
- Asthma
- Late/No Prenatal Care
- Obesity

Community Forum

Amy Binggeli-Vallarta provided a copy of the draft Community Forum flyer. The forum will take place in the Martin Luther King Pavilion's gym on September 23, 2015. The County Nutrition Action Plan Workgroup will meet at 10:30 am and before the community forum. Food will be provided. Julio Rodriguez provided information about the Community Outreach Contribution grant available and will send Amy Binggeli-Vallarta information about it.

COUNTY OF IMPERIAL

PUBLIC HEALTH DEPARTMENT

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Tuesday, September 22, 2015
1:30 p.m.

Agenda

1. Welcome & Review of Minutes
2. Added Stakeholder Meeting Dates and Scheduling of Steering Committee
   - October 22, 2015
   - *November 19, 2015
3. Community Forum/Survey Updates
4. Health Indicators – Top 7
5. MAPP Assessment: Local Public Health System Assessment
6. Partnership Meeting Agenda
7. Next Steps

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
September 22, 2015
<u>Minutes</u>

Welcome & Review of Minutes
Robin Hodgkin called the meeting to order. Minutes from the previous meeting were reviewed and approved as submitted.

Meeting Schedule for October and November
In order to meet the target date for completion of CHA/CHIP document and provide the necessary information (survey results, forum feedback and additional assessments) needed to select priority health indicators, members of the stakeholder group selected an additional meeting date for October 13th to coincide with the October 22nd Partnership meeting. A date will be selected for an additional November Steering Committee meeting pending confirmation of November Partnership meeting dates.

Community Forum/Survey Updates
Amy Binggeli provided a preliminary review of the Imperial County Community Survey findings. She shared that there are still surveys that need to be input and analyzed, however she did not anticipate there being a significant change in the overall findings. Initial review of survey results indicated that some responses were, for the most part, positive, but also some areas where concern and desire from improvement were noted.

The top 7 health risks noted from the surveys are:
1. Obesity
2. Air Quality
3. Drug Use
4. Diabetes
5. Poor Nutrition
6. Inactive lifestyle
7. Teen Pregnancy

Discussion was held around areas where the group felt that additional information was needed in order to fully understand some of the results. Most notably, in areas of the survey where responses seemed to not be in line with responses in other areas of the survey. For example, while respondents felt that the County is a good place to raise children, they also noted a gap in needed recreational areas and key resources. It was agreed that the community forum would provide a good opportunity to ask follow up questions in order to gain better insight into these types of responses. Preliminary findings and feedback from the forum will be shared in the next Partnership meeting and will be used to conduct the second phase of the Health Indicator Prioritization, narrowing t top five most important (refer to slides).

Health Indicators – Top 7

Paula Kriner presented an updated version of the list of indicators along with information regarding each indicator and examples of interventions and evidence-based projects. The indicator list was reviewed and the committee agreed that it was good information and liked that the breadth of ideas regarding evidence based projects was helpful. She accepted feedback from the group regarding the need to provide additional information as it relates to dementia and Alzheimer's and to provide further details on the link between nutrition and asthma.   Paula stated she would make the changes and provide an updated version at the next meeting.

MAPP Assessment: Local Public Health System Assessment

Robin introduced the Local Public Health System Assessment of the four assessments recommended as part of the MAPP process. The Local Public Health System Assessment aims to answer the following questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the 10 Essential Public Health Services being provided to our community?" Robin shared that in order to expedite completion of the assessment and to obtain broader input; the 10 individual sections of the assessment will be shared across five separate workgroups comprised of public health staff and local public health system partners. She asked that the Steering Committee complete the assessment for Essential Public Health Services (EPHS) 8-10. The Steering Committee agreed and completed Essential Public Health Service 8-Assure a Competent Public Health and Personal Healthcare Workforce.   The committee will complete the remaining two sections as part of the October 13th meeting.

Next Meeting: The next meeting is scheduled of October 13, 2015.

**Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Tuesday, October 13, 2015
1:30 p.m.**

Agenda

1. Welcome/Review of Minutes
2. Forces of Change Stakeholder Process
3. Additional November Partnership Meeting
   - November 18th or 23rd
4. Top 5 Health Indicators
5. Role of key Informant Interviews
6. Local Public Health System Assessment
   - Essential Service 9
   - Essential Service 10
7. Next Steps

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, October 13, 2015

Minutes

Present:

Member Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	
Helina Hoyt	San Diego State University	
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	
Other Attendees	**Organization**	**Initials**
Robin Hodgkin	Imperial County Public Health	
Paula Kriner	Imperial County Public Health	
Janette Angulo	Imperial County Public Health	
Andrea Bowers	Imperial County Public Health	
Kristi Gillespie	SDSU Student	

Welcome/Review of Minutes
Robin Hodgkin opened the meeting, welcomed those present and reviewed the agenda. The minutes from the last stakeholder meeting were reviewed and approved as submitted.

Forces of Change Stakeholder Process
It was explained to the group that the Forces of Change process, one of the four MAPP assessments, was designed to help community stakeholders answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Once local stakeholders have identified the potential forces and their corresponding threats and opportunities for Imperial County, these findings will be used in reviewing and narrowing the current five priority indicators down to three. Using a sample of completed Forces of Change process as well to tools from the MAPP handbook the Steering Committee selected the following categories for consideration.

- **Place** – (Environment, geographic location, climate)
- **Technological & Scientific** (Social media, advances in diagnostics and treatment EMR/Health Information Exchange, medical home, prevention)
- **Political/Legal/Ethical** (Elected officials, policy, regulations (making/implement) equity, transparency, governance, representation, judicial)
- **People** (Education, culture, relationships, social associations, literacy, and language)
- **Economics** (Those medically underserved, access to care, safe and healthy housing, education pathways/school systems, P-16 Council)

Calendaring - Additional Partnership Meetings

A review of the upcoming dates for both the CHA/CHIP Steering Committee and Stakeholder Meetings were reviewed, included the finalization of the date of the second meeting for November. The committee agreed on Wednesday the 18th for that meeting. Additionally, given the number of tasks that still need to be completed prior to the development of the CHA/CHIP document draft, it was felt that an additional meeting will need to be scheduled for December as well. December 17, 2015 was identified as a potential meeting date. These dates will be discussed with members at the next Stakeholders Meeting.

Top 5 Health Indicators

The five indicators selected by the group were reviewed. They are:

1. Obesity
2. Food environment
3. Asthma
4. Inactive Lifestyle
5. Drug Use

Role of key Informant Interviews

The group discussed their earlier decision to use key informant interviews as a means to gain additional outside perspective and input into the CHA/CHIP process. Ways in which key informants would be most helpful were considered. It was felt that they should be consulted prior to the end of the process and December and would most likely be asked their input on the final selection of indicators and to weigh in on strategies developed to address the top three indicators.

Local Public Health System Assessment

In the interest of time, this item was tabled until the next meeting.

Next Meeting: October 27, 2015

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Tuesday, October 27, 2015
1:30 p.m.

Agenda

1. Welcome/Review of Minutes
2. Local Public Health System Assessment
   - Essential Service 9
   - Essential Service 10
3. Review Ongoing Forces of Change Stakeholder Process
4. Next Steps

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Tuesday, October 27, 2015
1:30 p.m.

<u>Minutes</u>

Present

Member Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	Joined via conference line
Helina Hoyt	San Diego State University	
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	
Other Attendees	**Organization**	**Initials**
Robin Hodgkin	Imperial County Public Health	
Paula Kriner	Imperial County Public Health	
Janette Angulo	Imperial County Public Health	
Andrea Bowers	Imperial County Public Health	

Welcome/Review of Minutes
*R*obin kicked off the meeting by welcoming members; go over the agenda for the day and reviewing minutes from the previous meeting. The minutes were approved as submitted.

Local Public Health System Assessment - Continued
Having previously completed the, Essential Service 8, Assure a Competent Public Health and Personal Healthcare Workforce, portion of the Local Public Health System Assessment, the Steering Committee focused attention to the completion of the following sections:

- **Essential Service 9** - Evaluate Effectiveness, Accessibility and Quality of Personal and Population -Based Health Services

- **Essential Service 10** – Research and New Insights and Innovative Solutions to Health Problems
-

Once all sections of the Local Public Health System Assessment have been completed a draft analysis and report will be provided for review.

Ongoing Forces of Change Stakeholder Process

For those steering committee members who had not be present at the previous stakeholder meeting, Robin provided an overview of the progress that had been made in conducting the Forces of Change Assessment. As of that point, the stakeholder group had successfully identified potential forces of change, threats and opportunities in the Political, Legal and Ethical category and had worked on identified the potential forces of change for each of the other categories (Technical & Scientific, People, Economics and Place). The group process to identify existing threats and opportunities for these areas will be continued during the next Stakeholder meeting.

Next Steps

In discussing the next steps for both the Steering Committee as well as the full Stakeholder group, dates the remaining 2015, meeting dates were discussed. Robin shared that given the extra time that is being put into conducting comprehensive Local Public Health System and Forces of Change Assessments, she felt that the original of call of having all completed by the end of December, would be feasible. Dr. Baig shared that she felt it was well worth the investment of additional time in order to conduct more thorough assessments, resulting in much more meaningful data for the CHA/CHIP Documents. Each of the members agreed. A calendar of the remaining 2015 meeting dates will be shared and the schedule for 2016 meetings dates will be discussed at a later date.

Next Meeting: November 24, 2015

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Thursday, November 12, 2015
11:30 a.m.

Agenda

1. Welcome/Review of Minutes
2. Local Public Health System Assessment
   - Essential Service 7
3. Review Ongoing Forces of Change Stakeholder Process
4. Next Steps

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
November 12, 2015
Minutes

Present

Member Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	An Baig Mo
Helina Hoyt	San Diego State University	
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	KLang
Other Attendees	**Organization**	**Initials**
Robin Hodgkin	Imperial County Public Health	RRH
Paula Kriner	Imperial County Public Health	
Janette Angulo	Imperial County Public Health	JA
Andrea Bowers	Imperial County Public Health	AB

Welcome/Review of Minutes
Robin Hodgkin opened the meeting by welcoming everyone, reviewing the agenda and reviewing the minutes from the previous meeting. The minutes were approved as submitted.

Next Steps:
Robin outlined the activities and tasks that need still need to be completed in order to develop the Community Health Assessment and Health Improvement Plan.   Among the tasks identified for completion are the narrowing of the top 5 indicators down to 3 and completing key informant interviews that will be used to inform the selection of local health priorities and improvement strategies. Prior to stakeholders being asked to identify the top three indicators a synthesized summary of the completed assessments, along with the community feedback that was collected and then used to select the current indicators will need to be presented. The goal is provide information in such a way that it serves as a summary of the process to date and as a transition to the next steps without opening each step for reconsideration. Also discussed was the need to review the California State Health Improvement Plan to identify opportunities to align local goals and objectives with state goals and objectives. The State plan may also serve as a guide as the group begins to restructure the wording

around the development of strategic issues, in an effort to move away for describing health conditions and focusing more on the critical challenges and conditions that must be addressed in order to improve the health of the community.

Local Public Health System Assessment
In the interest of time the Local Public Health Systems Assessment, Essential Service 7, was not completed during this meeting.

**Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Wednesday, December 9, 2015
1:30 p.m.**

Agenda

1. Welcome/Review of Minutes
2. Selection of Strategic Issues/Health Indicators
3. Calendaring: Potential Dates for January and February
   - December 29th Steering Committee/January 7th Stakeholder
   - January 12th Steering Committee/January 21st Stakeholder
   - January 26th Steering Committee/February 4th Stakeholder
4. Next Steps

Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
Public Health Department Conference Room
935 Broadway, El Centro
Wednesday, December 9, 2015
1:30 p.m.

Minutes

Present:

Member Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	Afshain N. Baig, MD
Helina Hoyt	San Diego State University	
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	Lang

Other Attendees	Organization	Initials
Robin Hodgkin	Imperial County Public Health	RRH
Paula Kriner	Imperial County Public Health	(via conference line)
Janette Angulo	Imperial County Public Health	
Andrea Bowers	Imperial County Public Health	Andrea Bowers

Welcome/Review of Minutes

Robin Hodgkin opened the meeting by welcoming those present and connecting Paula Kriner via conference line. Minutes from the previous meeting were reviewed and approved. .

Selection of Strategic Issues/Health Indicators

The benefits of local stakeholders selecting and addressing strategic issues using a collective input approach versus the more traditional collaborative approach were discussed. Noted benefits include local partners developing common goals, agreement on a system of measurement and progress reporting, conducting mutually reinforcing activities, ultimately achieving a system of ongoing improvement.

In follow up from the December 9th Partnership Meeting, Robin Hodgkin presented an updated layout of the Strategic Issues, Goals and Indicators, including, as requested, rewording the asthma priority section from "Coordinated Outpatient Care" to "Community Prevention Linked with High Quality Healthcare. The selected focus areas are:

- Healthy Eating and Active Living
- Community Prevention Linked with High Quality Healthcare
- Health and Safe Communities and Living Environment.
-

Robin explained that the way in which these priority areas have been grouped to allow for many of the priority health issues identified initially to be incorporated as strategies toward community wide improvement in one or more of the focus areas. It was suggested that this may serve to reengage some of the partners who were at the table earlier in the CHA/CHIP Process.

Next Steps

Steering committee members discussed meeting schedules through February 2016, as well as the work that will need to occur in order to the complete the CHA/CHIP document by mid 2016. It was agreed that work for the priority area sections may best be accomplished through work groups. This will be discussed with stakeholders during the next Partnership Meeting. The Steering Committee agreed to present the following tentative meeting schedule at the next partnership meeting for feedback.

- December 29th Steering Committee/January 7th Stakeholder
- January 12th Steering Committee/January 21st Stakeholder
- January 26th Steering Committee/February 4th Stakeholder

Next Meeting Date:

The next Stakeholder Meeting will be determined based on the January Partnership meeting date selected during the December 17, 2015 Partnership Meeting.

**Imperial County
Community Health Assessment and Health Improvement Partnership
Steering Committee
California Health and Wellness**

**Monday, February 29, 2016
10:00 a.m.**

<u>Minutes</u>

Present

Member Name (Print)	Organization	Initials
Amy Binggeli-Vallarta	Imperial County Public Health	
Afshain N. Baig, MD	Clínicas de Salud del Pueblo/ Imperial County Local Health Authority Council	
Helina Hoyt	San Diego State University	Via confence call *s
Julio Rodriguez	California Families, Children First Commission	
Kathleen Lang	California Health & Wellness	KLang
Other Attendees	**Organization**	**Initials**
Robin Hodgkin	Imperial County Public Health	RRH
Paula Kriner	Imperial County Public Health	pak
Janette Angulo	Imperial County Public Health	JA
Andrea Bowers	Imperial County Public Health	AB
Christina Olsen	Imperial County Public Health	CO

Welcome

Robin Hodgkin welcomed everyone and discussed the purpose of the meeting. Because the Steering Committee has been tasked with serving the leadership team for the CHA/CHIP process and for completing the proposal for the for the California Accountable Communities for Health Initiative (CACHI), consideration will need to be given to how the two obligations will be balanced.

In addition to assigning the Steering Committee to complete the CACHI proposal, the Local Health Authority Commission also made the following decisions:

- The County would not apply for the federal portions of this initiative;
- The Public Health Department serve as the backbone agency and Robin Hodgkin put together the letter of intent; and
- Asthma be the priority health issue selected for our community.

RFP Development

The group discussed requirement for the California Accountable Communities for Health Initiative (CACHI) application as well as some of the questions addressed as part of the CACHI Bidder's Conference. According to the funders, there are no specific elements being called in the narrative portion of the application.   Because each community is different, it is expected that health issues and community profiles will be described in a variety of ways. In selecting priority issues, communities are encouraged to select a health need, chronic condition, set of related conditions, or community condition that has broad support among collaborative partners and residents and with which members already have experience. Letters of support should not be generic, but instead demonstrate the level of commitment and partnership among agencies and provide meaningful information regarding the work that is occurring.   According to CACHI, there is no expectation that all planned interventions be in place or operational at the time of the application, however the proposal should describe the communities plan to identify gaps and implement interventions over the next three years. Robin noted that a couple of key requirements for funding have already been met locally in that the through the Local Health Authority Commission we have the required governance structure and that a Wellness fund has been established.

CHA/CHIP - Required Documentation

Also discussed was the need to keep the CHA/CHIP development process alive and active during this time and how to best complete those portions of the CHIP that are needed to inform the CACHI process. The group looked a developing the portfolio of interventions in a more uniform way, including determining common definitions for short term, long term, and medium term indicators and ways in which to start combining and prioritizing interventions.   Because there have been numerous interventions identified, the group will need to begin the process of narrowing them down. Robin suggested that a list of criteria or questions be developed to assess each intervention to determine that will be most effective.

It was decided that the workgroups should come together, prior to the next Steering Committee meeting to work on the items listed above.

The next Steering Committee was scheduled for March 7, 2016.