



CREATING A **HEALTHIER** LA COUNTY

Key Community Stakeholder Meeting

Community Health Assessment

Community Health Improvement Plan

Los Angeles County Department of Public Health

November 6, 2013

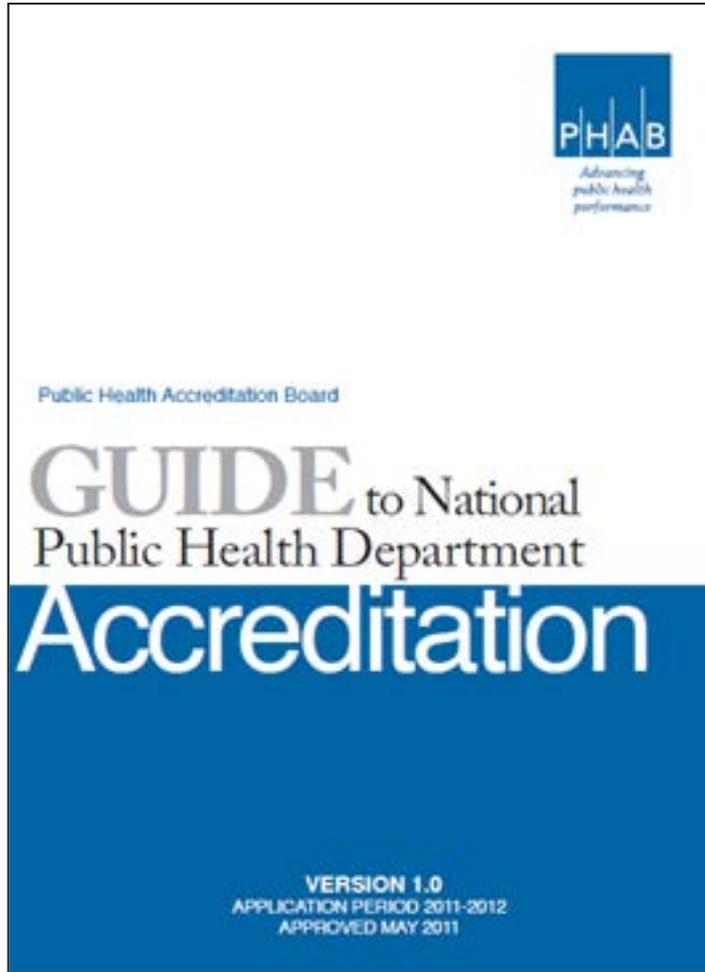


Strategic Planning for a Healthier Community

- **Community Health Assessment (CHA)**
 - A report on state of health in the County
- **Community Health Improvement Plan (CHIP)**
 - A strategic plan for improving health



Public Health Accreditation



Prerequisites to accreditation:

- Strategic Plan
- Community Health Assessment
- Community Health Improvement Plan



Improving Population Health

Key Social Determinants

Address root cause to prevent health issues

- Income & Poverty
- Education & Employment
- Housing
- Communication Environment
- Safety
- Community/Place



What is a CHA?

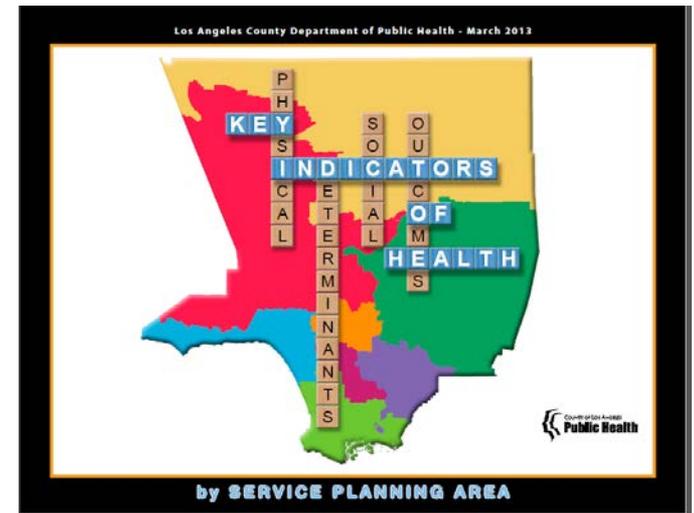
Community Health Assessment

- Describes the health status of our population
- Specifies areas for health improvement
- Identifies assets and resources that can be mobilized to improve population health
- Collaborative process

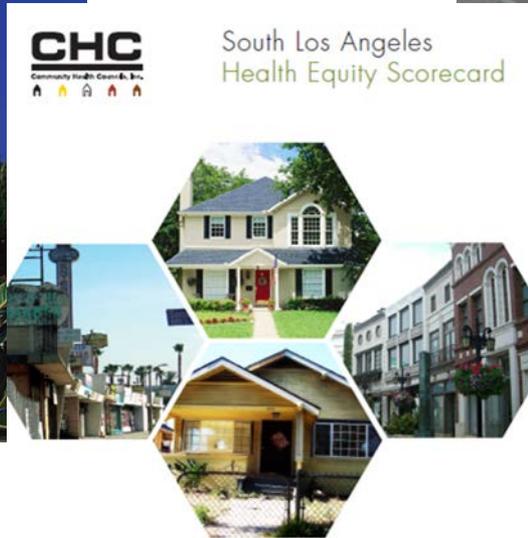
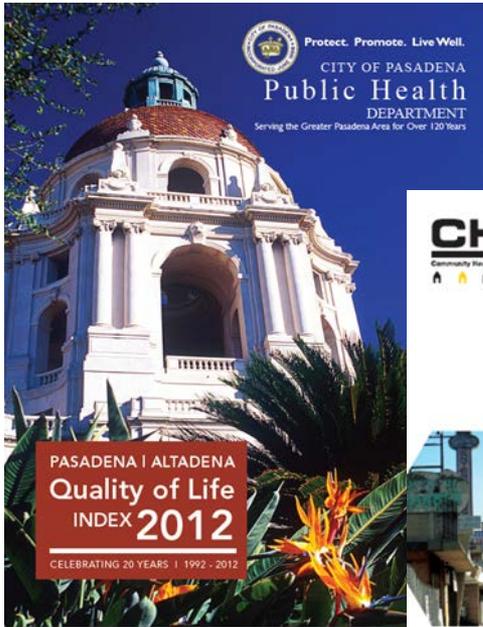


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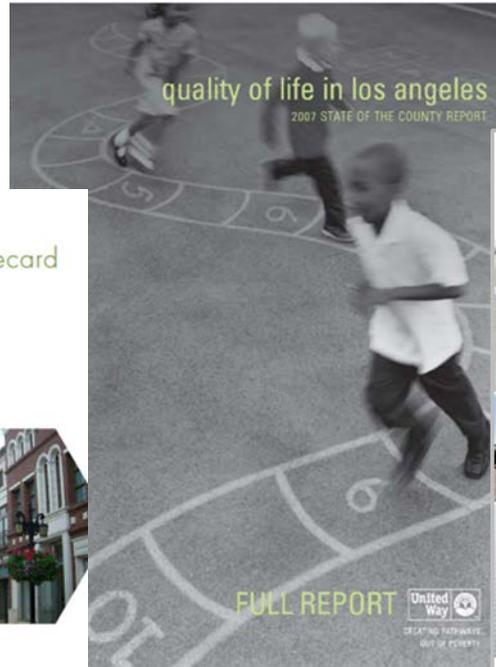
- Companion to the Key Indicators of Health
- Includes indicators on health, income, education, air quality, and housing
- Displays data in charts and graphs and written analysis
- Highlights disparities & unique issues in each area



Local Examples



Annie Park, MSW
Nancy Watson, MSW
Iark Galloway-Gilliam, MPA
December 2008



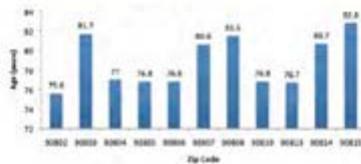
Inside a CHA (Long Beach)

Health Status

Within Long Beach, health status indicators vary widely across geography, racial/ethnic groups, gender and age. Among all the health status indicators, there is an overwhelming disparity in the health status of those in North (90805), West Central (90806 and 90810) and Southwest (90802, 90804 and 90813) Long Beach communities. Life expectancy for 2010 in these zip codes, 75.6-77 years, is lower by as much as 5 years, when compared to Southeast and East Long Beach zip codes (90808 and 90815) which have life expectancies of 81.5-82.8 years (Figure 3).

Figure 3. LBDH-CO, 2010

Life Expectancy at Age 1 by Zip Code
Long Beach, 2010



Hospitalization rates in these communities are at or above the Long Beach total of 1,437 per 10,000 population with rates of 1,367 per 10,000 for 90810 and rates of 1,464-1,907 per 10,000 population for the other North, West Central and Southwest zip codes. Within these zip codes, 21.7-24.3 percent of the population has been diagnosed with diabetes accompanied by high rates of hospitalization for diabetes. Asthma hospitalization rates are high in these communities as well with rates of 14.1-28.3 per 10,000 population compared to 5.5-9.6 for other zip codes within Long Beach. In addition, over the three-year period, 2006-2008, Long Beach zip codes in the North (90805), West Central (90806, 90807, 90810) and Southwest (90802, 90804, 90813, 90814) have homicide rates by firearm higher than the 2006, 2007 and 2008 Los Angeles County rates (8.3, 6.7, 6.4 per 100,000 population) or California rates (5.1, 4.5, 4.2 per 100,000 population) for at least two of the three years.

With respect to the other Long Beach zip codes, Southeast (90803) and East (90808 and 90815) have seen a rise in diabetes hospitalizations rates since 2007 while all others have seen a decline. East zip codes, 90808 and 90815 also have the second

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and fourth highest alcohol-drug induced mental illness hospitalization rate at 167.4 and 158.6 respectively per 100,000 population as compared to 254.1 per 100,000 for 90802 and 46.5-159.6 per 100,000 for all other zip codes.

Racial/ethnic disparities exist as well. Asians have a hypertension mortality percentage (3.2%) that is one and one-half to twice that of the other races/ethnicities. Asians and Pacific Islanders represent the largest number of tuberculosis cases in Long Beach (50%). Blacks or African Americans have the highest rate of low birth weight births, while Asians have seen a trend upward of infants being born with low birth weight since 2006 (Figure 4).

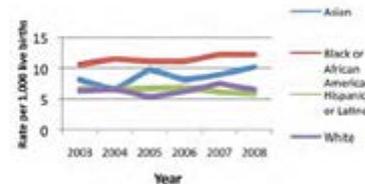
The Black or African American community in Long Beach has the highest rate of heart disease hospitalization (2007) with 303 per 10,000 population, nearly twice to two and one-half times that of the other races/ethnicities (125-168 per 10,000). Black or African Americans also have the highest diabetes hospitalization rate (64.9 per 10,000) nearly two times that of all other groups (35.4-17.0 per 10,000). Blacks or African Americans have an asthma hospitalization rate (39.2 per 10,000) that is nearly three to four times that of the other races/ethnicities, and over two and one-half times that of Long Beach as a whole (15.0 per 10,000). Cancer death rates for this group in 2007 were 226.6 per 100,000 versus 132.8-158.7 per 100,000 for all other races/ethnicities. They also have assault injury hospitalizations rates (24-46 per 100,000) from 1997-2007 that are twice that of the other racial/ethnic groups.

This community also has the highest rates of sexually transmitted infections (gonorrhea, chlamydia and syphilis) as well as the highest rates of infant deaths, preterm births and low and very low birth weight babies. Blacks or African Americans

also have the lowest life expectancy of 72.9 years as well as the

Figure 4. UCSF, PHOP, 2008

Low Birth Weight by Race/Ethnicity
Long Beach, 2003-2008



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Draft Health Indicator Categories

- **Demographics**
 - Population, Race/Ethnicity, Marital Status
- **Social Determinants**
 - Education Level, Income, Access to Healthy Food
- **Physical Determinants**
 - Use of Parks, Air Quality
- **Health Status**
 - Physical & Mental Health Status
- **Access to Care**
 - Insurance Status, Regular Source of Care
- **Preventive Services**
 - Immunizations, mammograms
- **Health Behaviors**
 - Tobacco Use, Physical Activity
- **Health Outcomes**
 - Incidence of Infectious Disease, Overweight & Obesity



Community Health Assessment Data

Data Sources

- Department of Public Health LA County Health Survey
- Los Angeles County Department of Public Health Reports
- California Health Interview Survey (CHIS)
- Centers for Disease Control
- California Department of Education

Data Analysis

- SPA
- Los Angeles County



Healthy Communities Coalition of Los Angeles

- Coalition of DPH, California Hospital
- Dashboard of health indicators
- HP2020 comparisons
- Web based

| Exercise, Nutrition, & Weight | | |
|---|--|--|
| 7th Grade Students who are Physically Fit | County: Los Angeles | |
| Adult Fast Food Consumption | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Adult Fruit and Vegetable Consumption | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Adults Engaging in Moderate Physical Activity | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Adults Engaging in Vigorous Physical Activity | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Adults who are Obese | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Adults who are Overweight or Obese | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Child Fruit and Vegetable Consumption NEW | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Teens who Engage in Regular Physical Activity NEW | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Teens who Participate on a Sports Team | Service Planning Area (SPA): SPA 3 - San Gabriel | |
| Family Planning | | |
| Teen Birth Rate | County: Los Angeles | |
| Heart Disease & Stroke | | |
| Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | Community: Greater Pasadena | |



What is a CHIP?

Community Health Improvement Plan

- A strategic plan for improving health for all residents of Los Angeles County
- Sets health priorities and will form a policy agenda
- Outlines evidence-based activities and strategies to improve health
- A partnership between DPH and community partners
- Makes us accountable as a community- measurable performance measures tied to health outcomes



What does a CHIP look like?

- Determine Priority Areas
 - Examples: Active Living, Violence Prevention
- Develop Implementation Plan
 - Actionable
 - Measurable
 - Strategies at various levels, for example:
 - Policies government can adopt
 - Programs or policies organizations can implement
 - Actions individuals can take





TRANSFORMING THE HEALTH OF OUR CITY
CHICAGO ANSWERS THE CALL



Adolescent Health

GOAL

Improve the health, safety, and well-being of adolescents.

OVERVIEW

In Chicago, adolescents ages 10 to 19 years comprise nearly 13% of the total population. It is during this transition from childhood to adulthood that behavioral patterns are established that will determine both their current and future health status.¹ Some adolescent behaviors and lifestyle choices may have more immediate health effects, such as pregnancy; sexually transmitted infections, including human papillomavirus (HPV); and dating violence. Other behaviors, such as tobacco use, physical inactivity and poor nutritional choices may increase the risk for developing chronic diseases later in life.

Family, peer groups, schools and neighborhoods can play an important role in supporting adolescents' well-being. Positive development can reduce risk behaviors and foster the adoption of healthy behaviors that can last a lifetime.

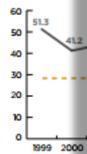
ADOLESCENT HEALTH IN CHICAGO

According to the 2009 Youth Risk Behavior Survey, 39% of Chicago high school students reported being sexually active. Just over one-third, 35%, reported they had not used a condom at the time of last intercourse. These behaviors contribute to Chicago's teen birth rate and sexually transmitted infections.

In 2008, about 32 out of every 1,000 girls aged 10-19 years in Chicago gave birth.² The overall teen birth rate in the city has declined by 37% in the past decade; however, the decreases have been significantly greater among Whites (70%) than among Blacks (38%) and Hispanics (23%).

Sexually transmitted most notably chlamydia. In 2009, 8,630 cases were reported among teens aged 10 to 19 years.

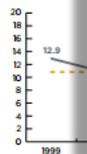
BIRTH RATE (Chicago, 1999-2009)



SOURCE: BIRTH RATE

For some young women, pregnancy leads to premarital sex. In a 2009 Youth Risk Behavior Survey, 23% of Chicago high school students reported being a victim of dating violence.

PERCENT OF EXPERIENCED



SOURCE: YRBS 2009, YRBS Dept of Public Health

CHIP Examples

In Chicago, there are currently 32 school-based health centers. Importantly, these centers facilitate student access to quality health care services.

TARGETS

- » Reduce the teen birth rate by 10% to 29 per 1,000.
- » Reduce the rate of chlamydia among youth by 10%.
- » Reduce the percent of youth experiencing teen dating violence by 10% to 11%.
- » Increase the percent of adolescents ages 13-17 receiving 3 doses of HPV vaccination from 15.6% to 60%.

POLICIES

Develop and implement a policy requiring all health department staff who interact with youth to receive annual teen dating violence professional development.

Extend the Intergovernmental Agreement between CDPH and the Chicago Public Schools to allow for continued STI and immunization services.

Seek funding to expand a school-based vaccination program and develop and evaluate a self-sustaining model where community vaccinators can bill public and private insurance companies for the administration of adolescent vaccines.

PROGRAMS

Establish an Office of Adolescent and School Health to better coordinate services to children and youth.

Increase the number of school-based health centers.

Promote medically accurate sex education in public schools.

Deliver the evidenced-based Teen Outreach Program to 9,500 ninth graders annually at 23 high schools in communities with high teen birth and STI rates.

Annually provide targeted chlamydia and gonorrhea education and screening to students in at least 16 high schools in communities with high STI prevalence.

Provide HPV vaccine to 56 adolescent healthcare providers annually, including school-based health centers and Planned Parenthood.

EDUCATION AND PUBLIC AWARENESS

Coordinate with the Illinois Chapter of the American Academy of Pediatrics to provide at least 20 immunization educational sessions annually at high-volume adolescent healthcare provider offices.

Develop a Teen Health website and Teen Health hotline.

Launch an adolescent health social media campaign.

Provide dating violence, pregnancy prevention and immunization information to adolescent clients of City-operated Sexually Transmitted Infections clinics.

Promote webinar and other electronic training opportunities for teen dating violence prevention.



1 National Research Council and Institute of Medicine. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention and Healthy Development. Adolescent health services: Missing opportunities. Lawrence, RS, et al., editors. Washington: National Academies Press, 2009.

2 Chicago Department of Public Health, Office of Epidemiology, 2011.

3 Silverman, J.G., et al. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*, 286(5), 572-579.



CHIP Examples



A Policy for a Healthier New York City
September 2009

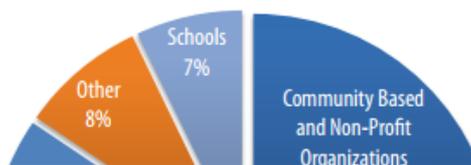


Partnership Highlights

Take Care New York 2012 set an ambitious agenda to help New Yorkers live longer, healthier lives. This agenda took the commitment of more than 600 partners, including businesses, community and faith-based groups, health care organizations and other city agencies to improve health outcomes, decrease health disparities and prevent premature illness and death.

Ideas for Action – innovative, measurable and achievable actions tied to each priority area – were adopted by these partners. As of 2012, the majority of Take Care New York partners had implemented one or more Ideas for Action to help the city reach its goals.

Take Care New York Partnership Profile



Ideas for Action are innovative and achievable actions that partners can implement to help Take Care New York reach its goals. Some activities and ideas include:

- Join the Coalition for a Smoke-Free City to raise awareness about tobacco control issues.
- Adopt a healthy food policy to promote healthy eating in your organization.
- Advertise free mental health helplines to your employees, members and patients.
- Distribute free NYC condoms.

Examples of successful Take Care New York activities and programs:

The Bronx Knows and Brooklyn Knows HIV Testing Initiatives

The Health Department launched The Bronx Knows and Brooklyn Knows HIV testing initiatives after data revealed high concentrations

Core Indicators, 2012 Targets and Five-Year Progress

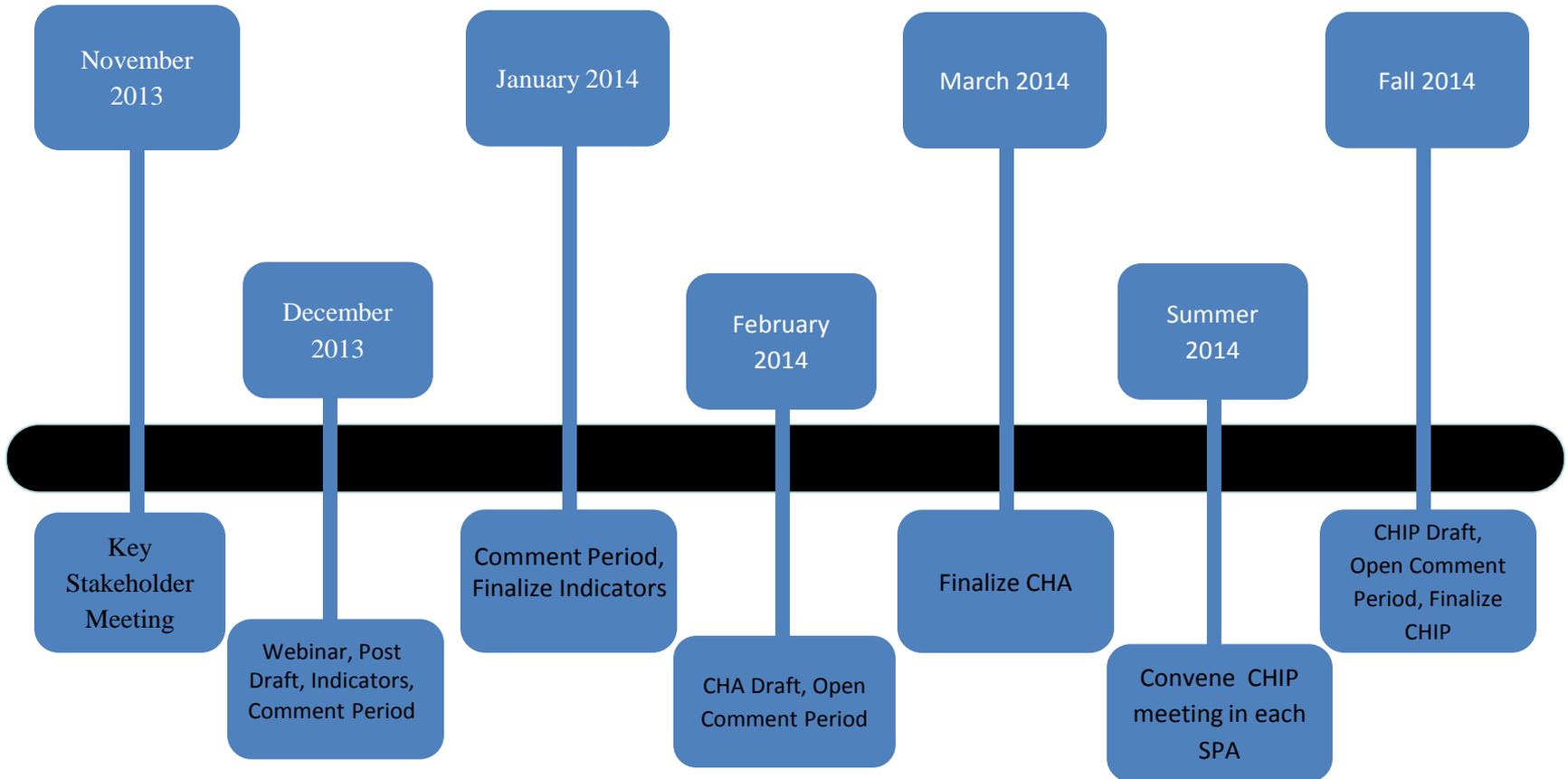
| Take Care New York Area | Core Indicator | Baseline [†] | Five-year Progress [‡] | 2012 Target | Progress |
|--|---|----------------------------|---------------------------------|---------------------|----------|
| 1 Promote Quality Health Care for All | Preventable hospitalizations | 2,044.2 per 100,000 (2006) | 1,772.9 per 100,000 (2010) | 1,694.0 per 100,000 | + |
| 2 Be Tobacco Free | Adults who currently smoke | 16.9% | 15.5% ^{††} | 12.0% | + |
| 3 Promote Physical Activity and Healthy Eating | Adults who consume one or more sugar-sweetened beverages per day | 35.9% | 28.2% | 29.0% | ✓ |
| 4 Be Heart Healthy | Premature deaths from major cardiovascular disease | 54.3 per 100,000 | 44.2 per 100,000 (2011) | 43.0 per 100,000 | + |
| 5 Stop the Spread of HIV and Other Sexually Transmitted Infections | Men who have sex with men who report using a condom every time they have anal sex | 56.5% | 57.6% ^{††} | 66.0% | + |

Strategies for a Successful CHIP

- Set measurable targets
- Develop a menu of evidence-based interventions
- Follow progress and revise as needed
- **Strong community participation**



Time Line and Activities



How Can You Be Involved in the CHA & the CHIP?

- Join our email list
- Participate in a webinar to discuss draft indicators and data sources
- Stay tuned to our website
http://publichealth.lacounty.gov/plan/Highlights/CHA_CHIP/CHA.htm
- Provide input
- Be involved in selecting CHIP priorities and be a partner in implementation



Contact Us

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Questions?



Discussion Questions

- Are there any gaps in the current health assessments that have been developed in LA County? If so, what can we include in the CHA that would fill in these gaps?
- Are there any gaps in current health improvement plans that have been developed in LA County? If so, what can we include in the CHIP that would fill in these gaps?
 - How do we make the CHIP a useful plan for stakeholders in LA County?
- What are your lessons learned from conducting assessments and making health improvement plans, so that DPH learns from your experiences?

