

Healthy Eating Active Living Regional Planning Meeting December 4th, 2017

Margaret Wacker, WCPHP Coordinator



Agenda

1:00 pm- 4:00 pm

1:00 pm Introductions/Icebreaker (30 mins)

1:30 pm HEAL Strategy Areas (60 mins)

- ▶ Partner Roles

2:30 pm Break (15 mins)

2:45 pm Health Equity (30 mins)

3:15 pm Public Health Improvement Plan Process Update (30 mins)

3:45 pm Next Steps (15 mins)

Meeting Goals

- ▶ Community consensus on strategy areas
- ▶ Develop agreed on partner roles
- ▶ Increase understanding of health equity
- ▶ Update on Public Health Improvement Plan Process

Introductions

- ▶ Name
- ▶ Agency
- ▶ One thing you/your family is doing this holiday season to foster Healthy Eating Active Living



2017 Regional Health Priorities

1. Behavioral Health

- Mental Health/Substance Abuse/Suicide Prevention

2. Healthy Eating Active Living

- Active Transport/Built Environment

3. Healthy Housing

- Radon, Water Quality, Lead

Regional Planning Meetings

▣ Strategies:

- ▶ Community Stakeholder Input
- ▶ Evidence Based Strategies
 - ▶ CO Public Health Plan
 - ▶ Existing CDPHE funded strategies
 - ▶ CCPD, STEPP, OBH, SIM, CTC, OHD

Community Health Improvement Meeting Outcomes

► HEAL Strategy Areas

- Built Environment
 - Safe Routes to School, Pedestrian Friendly Pathways (walking and biking)
- Access to rec opportunities and healthy food
 - Rec center passes, Transportation (Liberty Mobility), Youth focused, Community Gardens, WIC and Farmers Markets
- Education
 - Targeted toward Latino population, Cooking Matters, Schools

To Consider:

- Infrastructure & Capacity
- Collaboration
- Data
- Health Equity

CO State Plan 2015-2019:

Healthy Eating, Active Living & Obesity Prevention

- ▶ Goal: Reverse upward obesity trend by aligning and intensifying efforts to develop a culture of health and creating conditions for Coloradoans to achieve a healthy weight across the lifespan.
 - ▶ Strategies that align with WCPHP:
 - ▶ Develop policies and programs that promote and support **breastfeeding-friendly environments**
 - ▶ Increase access to **worksite wellness programs** by developing a statewide strategic plan
 - ▶ Advance health in all policies as widespread philosophy ...develop **policy and environmental strategies that focus on increasing access to physical activity and promoting health equity.**
- ▶ Goal: Increase statewide capacity for coordinated obesity surveillance and for creating conditions to achieve health weight across the life span.
 - ▶ Strategies include improve data collection

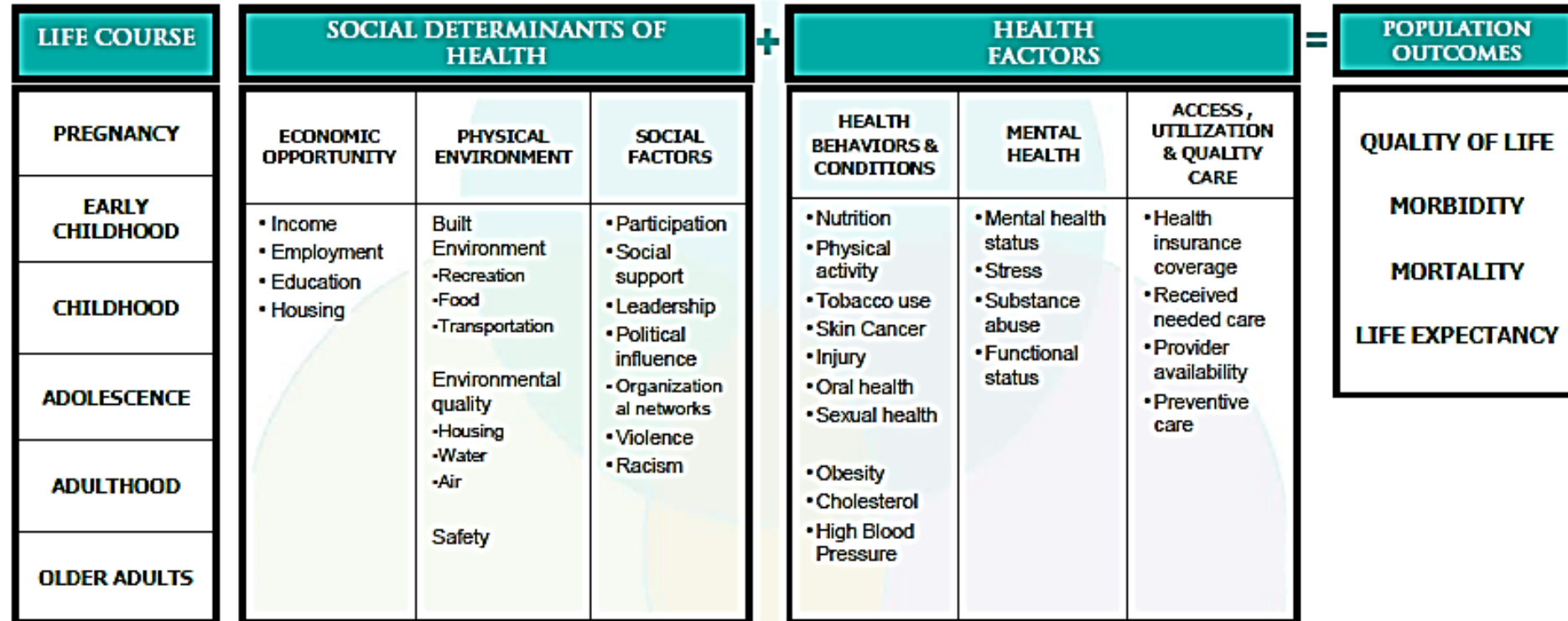
2013 PHIP: Healthy Eating Active Living

CHAPS Action Plan					
Name of LPHA or Regional Collaborative: West Central Public Health Partnership					
PRIORITY: Obesity Prevention		STRATEGY: Increase community awareness of positive eating behaviors			
Major Indicator: BRFSS, CDPHE Health Indicators					
Lead Entity: West Central Partnership		Supporting Entities: Delta, Hinsdale, Gunnison, San Miguel, Ouray & Montrose Counties			
Five Year Goal(s)	SMART* Objectives	Action Steps (Activities)	Organization(s) Responsible	Completion Date	Action Completed
Develop or improve strategies to increase positive eating behaviors through awareness and consumption of fresh and safe produce.	By December 31 st , 2013 all 6 counties will have farmer’s market/local retailers’ information on their websites or other appropriate links.	Develop a list of farmer’s market and local retailers in the region who offer locally grown and/or fresh produce, add to WCPHP Excel Spreadsheet.	Each individual county	July 31, 2013	X
		Develop a page or link on county website and or social media outlets to promote access to fresh fruits and vegetables. Send email to WCPHP coordinator when done.	Each individual county	December 31, 2014	X
		Make contact with local food organizations and CSU Extension offices (e.g. Mountain Roots and Valley Food) about promotion activities through Public Health.	Each individual county & West Central Partnership	July 31, 2013	X
	By December 31 st , 2013 all 6 counties will make outreach efforts to fresh fruit and vegetable partners.	Research proven strategies to promote consumption of fresh fruits and vegetables (e.g. Harvest of the month, WIC vouchers) to inform next steps.	West Central Partnership	November 15th, 2013	X
		Obesity group will work with Food Safety group in addressing food safety issues of growing and accessing local produce.	Obesity group of WCPHP	ongoing	X

Health Equity

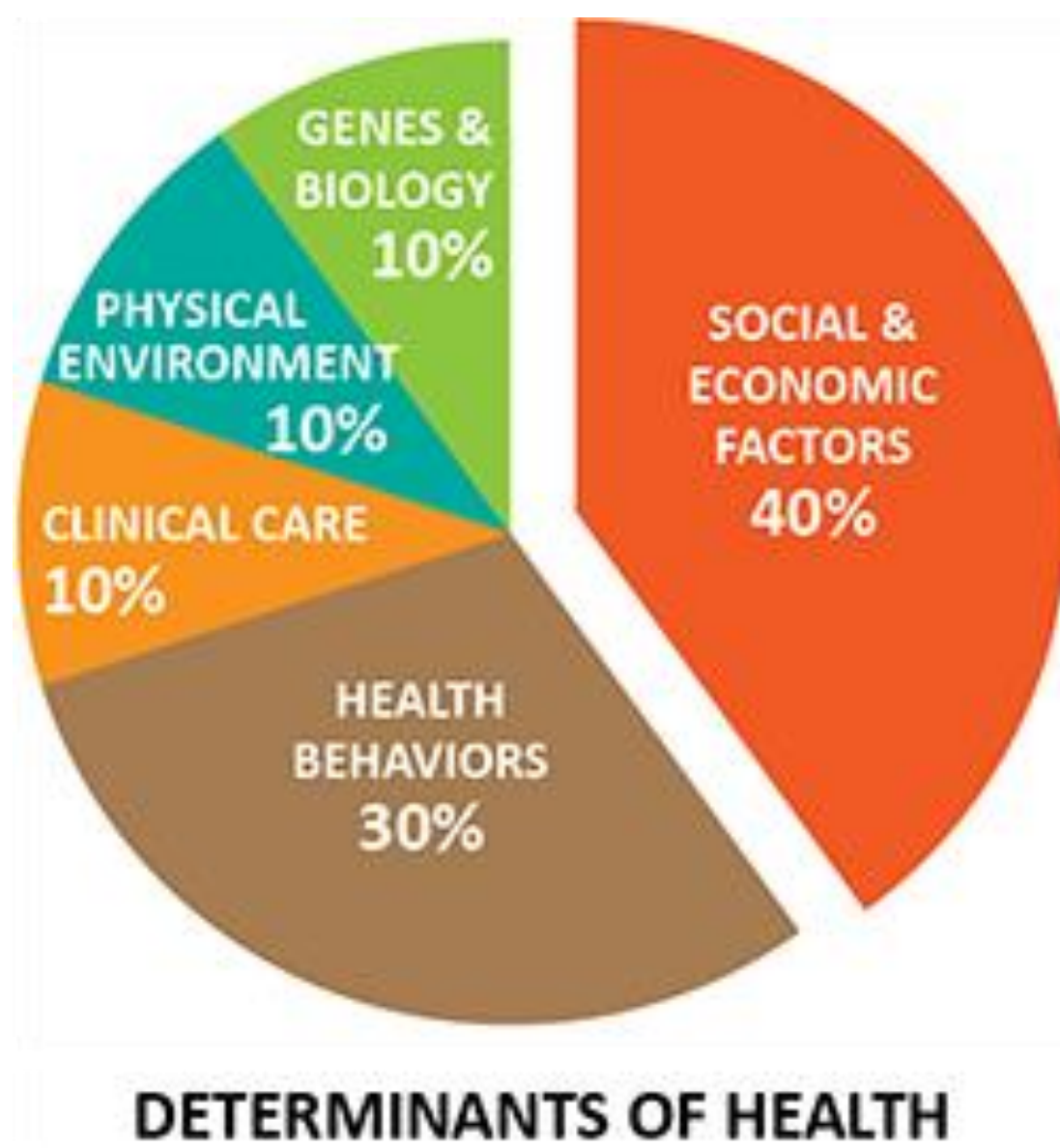
AN EXPLANATORY MODEL FOR CONCEPTUALIZING THE SOCIAL DETERMINANTS OF HEALTH

NATIONAL INFLUENCES
GOVERNMENT POLICIES
U.S. CULTURE & CULTURAL NORMS



Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change
- Data collection, monitoring and surveillance
- Population based interventions to address health factors
- Community engagement and capacity building



Social Determinants of Health Definition

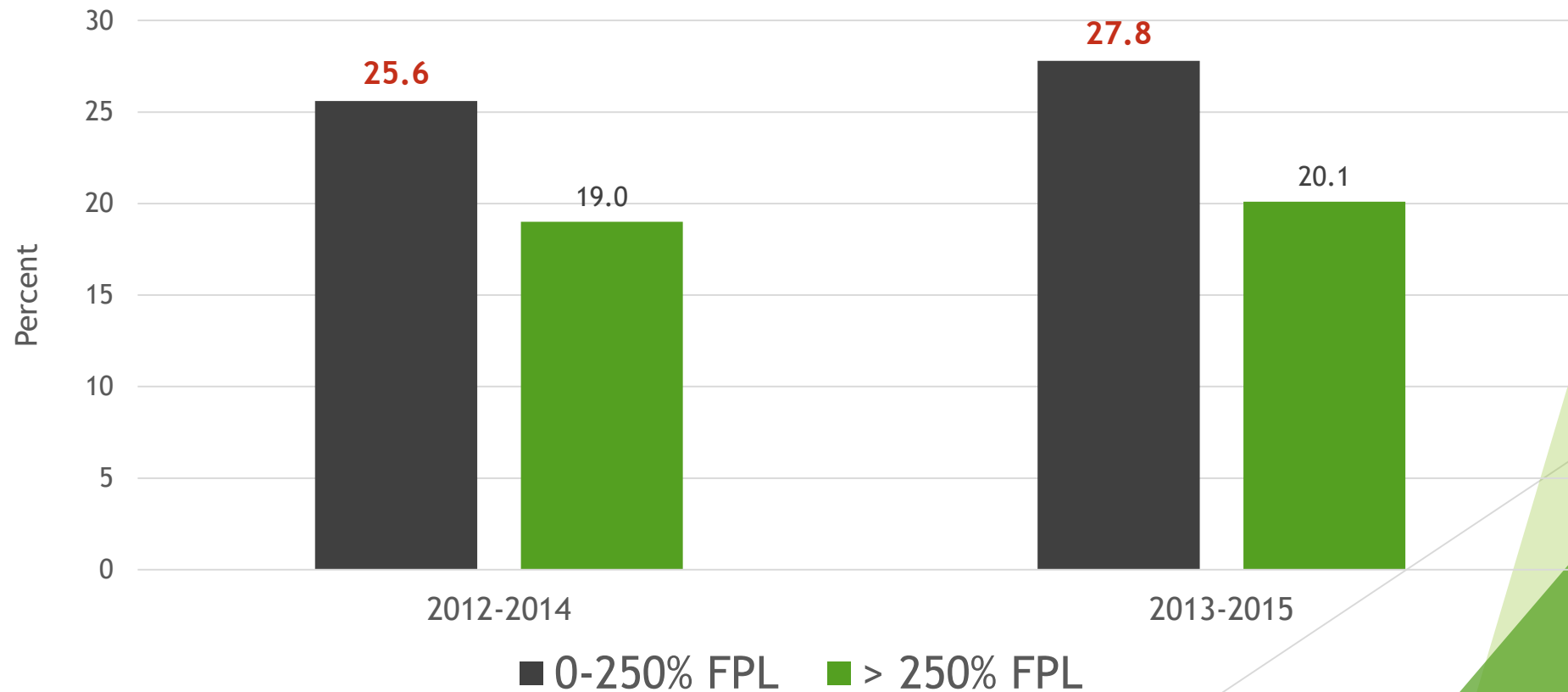
“Social determinants of health are life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education and health care, whose distribution across populations effectively determines length and quality of life.”

S. A. James in *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*, CDC, 2008

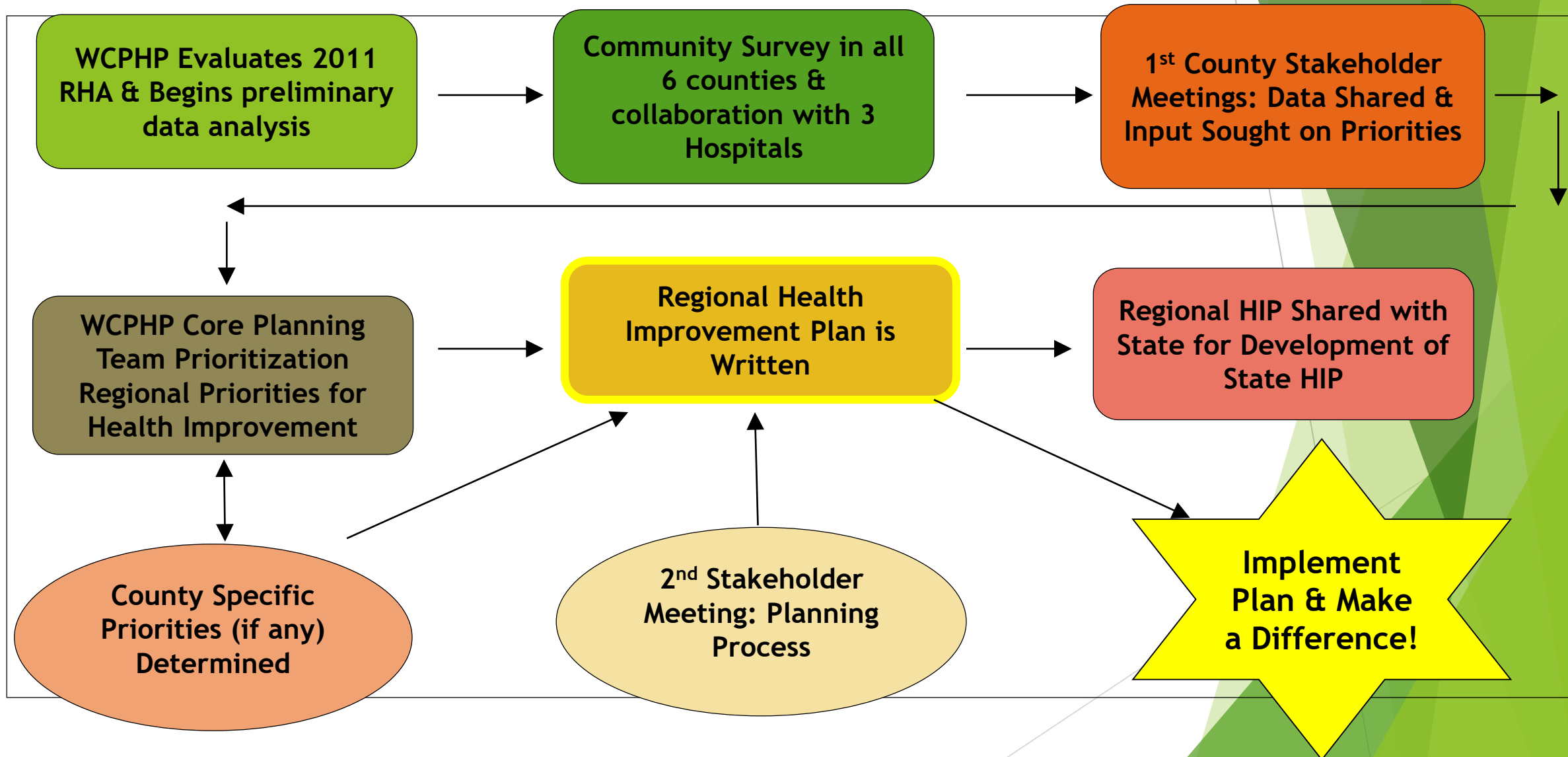
Health Equity Data for Healthy Eating Active Living

CO Children in poverty more likely to be Overweight or Obese

Percent children 5-14 years overweight or obese



Overview of Regional Planning Process



WCPHP Internal Capacity Assessment

I. Ability to provide Colorado Core Public Health Services

- a) Assessment, Planning, Communications
- b) Vital Records and Statistics
- c) Communicable Disease Prevention, Investigation, Control
- d) Prevention and Population Health Promotion
- e) Emergency Preparedness and Response
- f) Environmental Health
- g) Administration and Governance

II. Ability to participate in regional work, grants, and regional collaboration

- a) Central Fiscal Agent
- b) Staff
- c) Reporting/Billing
- d) WCPHP Meetings
- e) Community Partners/Coalitions
- f) Gaps/Barriers to Participating
- g) Additional Services to Share

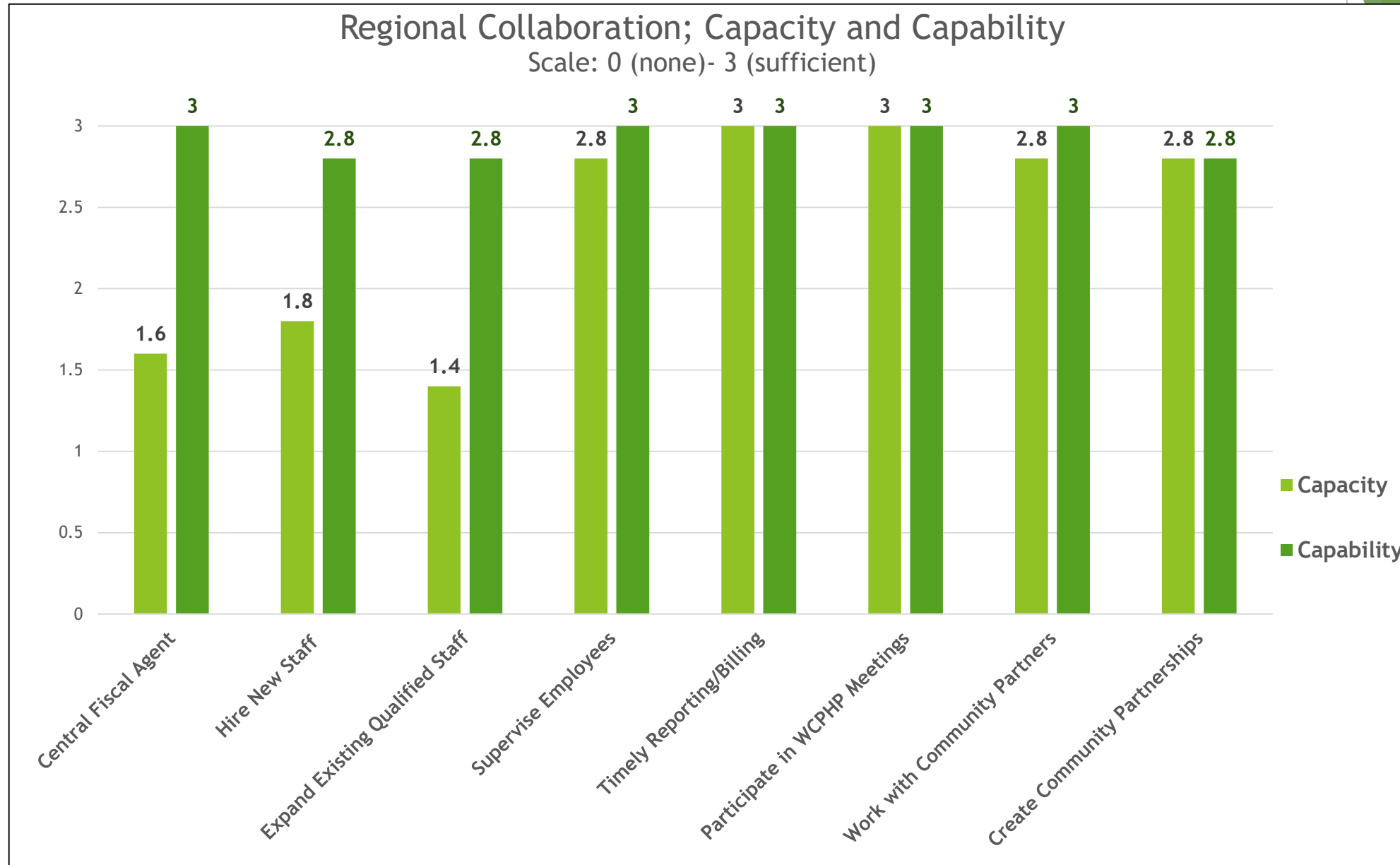
WCPHP Internal Capacity Assessment

- ▶ **Capacity** is a measure of how much of something can be done. Does the health department have the appropriate amount of staff, time, and funding to fulfill the level of need for this service in the community?
- ▶ **Capability** is a measure of whether or how well something can be done. Are the skills, knowledge, and expertise in place that are needed to perform the task?

Scale:

- 0- None
- 1- Minimal
- 2- Some
- 3- Sufficient

WCPHP Internal Capacity Assessment



WCPHP Internal Capacity Assessment

"My health department is currently able to perform the components necessary for regional grant collaboration."

- ▶ 80% reported Strongly Agree
- ▶ 20% reported Somewhat Agree

WCPHP Internal Capacity Assessment

What are some **barriers** that contribute to a current gap in capacity or capability for regional grant collaboration?

- ▶ Ability to hire additional FTE
- ▶ Additional meeting requirements
- ▶ Difficulty developing regional coalitions with regional organizations
- ▶ Ability to cover costs before regional grant reimbursement
- ▶ Overlapping programs, current contracts

WCPHP Internal Capacity Assessment

What services could be shared by the WCPHP outside of the core public health services?

Grant Writer

Grant Management

PIO

Data Collection

Family Planning/STD

Next Steps for Planning Process

- ▶ Capacity Assessment - Fall 2017
 - ▶ Internal WCPHP
- ▶ Regional Health Planning Meetings-Winter 2017
- ▶ Public Health Improvement Plan- Spring 2018
 - ▶ Share with communities and regional partners
- ▶ Regional Health Assessment Document- Spring 2018