High Level Recommendations for CDPH's Center for Healthy Communities to Support an Integrated Chronic Disease Prevention Approach in LHDs

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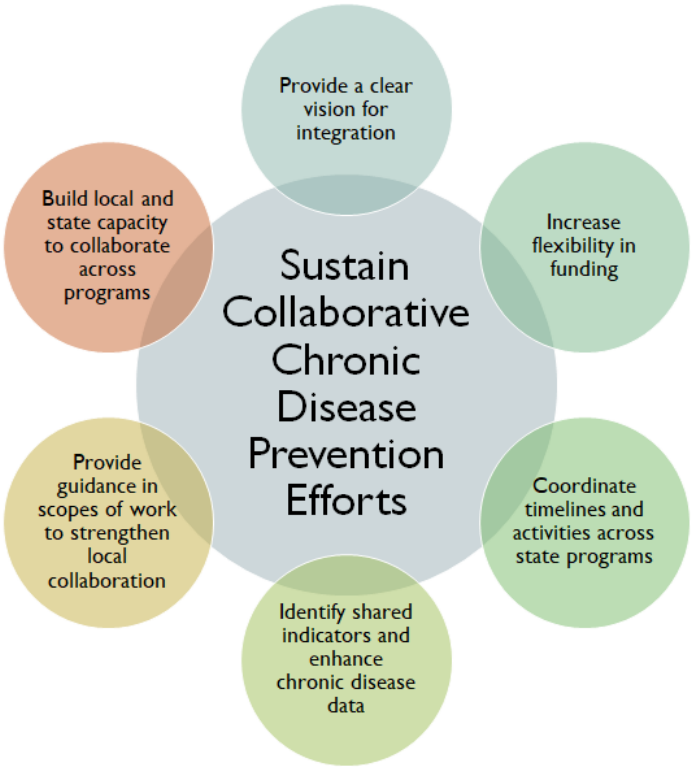
This document highlights recommendations from local health departments (LHDs) about how the California Department of Public Health (CDPH) can support local efforts to work across and beyond categorical chronic disease prevention programs to improve the social determinants of health. Integration requires a broad commitment across the state, and the CDPH's Center for Healthy Communities is a key partner in advancing an integrated approach.



1. **Develop and provide a clear, consistent vision and message about what an integrated chronic disease prevention approach looks like, including:**
    - Alignment around the social determinants of health (SDOH); Example: expand tobacco control SDOH model to other programs. Establish working group of state/local staff, including a partnership with the Office of Health Equity, to identify how the various categorical programs reflect the fundamental determinants of health
    - Goals and strategies for an integrated and more comprehensive upstream program framework, including partners such as healthcare; maternal, child and adolescent health (MCAH); mental/behavioral health; and Health in All Policies

- How public health accreditation can advance an integrated approach
- Where integration can be supported across categorical funding and through braided funding
- Common messaging locals can use, e.g., the value of PH to policy makers

2. **Build local and state capacity to collaborate across programs:**
   - Pilot an "All-LHD" conference call of state/LHD staff leads from multiple chronic disease programs to clarify and discuss cross-cutting, categorical issues
   - Host periodic joint, cross-categorical project directors' meetings to do local level planning (e.g., tobacco, NEOP, oral health), including how to align around the SDOH
   - Provide trainings on how bigger picture issues can be addressed through categorical programs (e.g., ACEs, equity, community engagement)
   - Provide trainings to fiscal staff on how to braid funding appropriately
   - Provide training and evidence-based strategies for effective collaboration
   - Lift up examples and share approved scope of work language of where integration around SDOH is happening (example: Santa Clara Healthy Cities Dashboard)
   - Create communication channels for chronic disease managers around the state to network and share strategies

3. **Increase braiding and flexibility in funding for tobacco, NEOP, oral health, CDC chronic disease prevention, active transportation and other relevant programs:**
   - Pilot innovative strategies, braided funding, shared goals at state and local levels
   - Build into timelines time for LHDs to engage with/respond to community priorities before selecting strategies
   - Work together in advance to do integrated planning
   - Allow time for LHDs to foster public-private partnerships
   - Create flexibility to respond to emerging issues
   - Provide funding for strategic planning, especially for LHDs that do not get realignment funding for chronic disease prevention

4. **Coordinate timelines and activities among state chronic disease prevention programs, around shared strategies and with common target communities:**
   - Coordinate an integrated needs assessment processes (Example: tobacco CX and NEOP CX3)
   - Phase in cross-categorical activities aimed at shared target communities
   - Coordinate work plan submissions to align and build upon each other
   - Coordinate advocacy efforts (e.g., tobacco, oral health and NEOP)
   - Involve LHDs in providing input to the above

5. **Identify shared indicators and enhance upstream chronic disease data for surveillance:**
    - Identify indicators multiple chronic disease programs will address collaboratively
    - Develop standards for chronic disease surveillance that incorporate upstream indicators
    - Provide epidemiology support from CDPH to LHDs to both compile and communicate chronic disease data ("tell the data story")
    - Work with delivery system on data sharing

6. **Provide explicit guidance in scopes of work to strengthen and support local collaboration:**
    - Increase flexibility to adjust funding and deliverable timelines to allow collaboration (including with community) at the beginning of planning
    - Require discussion of collaboration and integration efforts in annual work plan updates and include evaluation measures for this activity
    - Provide Health Officers and Public Health Directors with a crosswalk of the chronic disease categorical funds, i.e., focus, restrictions, timelines

7. **Sustain and expand collaborative activities:**
    - Fund sustainability of collaborations once they are established
    - Include explicit outcomes, expected deliverables
    - Be the lead partner in engaging other centers, departments and sectors beyond the categorical chronic disease prevention programs to identify strategies to advance an integrated prevention approach

Proposed Areas for Action:

1. **Action 1: Identify how the categorical programs reflect the social determinants of health.** Establish a working group of state/LHD lead staff, including a partnership with the Office of Health Equity and Department of Accreditation, to identify how the various categorical programs reflect the fundamental social determinants of health (SDOH); out of it comes a list of specific opportunities for integration.

2. **Action 2: Provide training on how to braid funding.** Support integration across chronic disease prevention categorical funding through braided funding, including by providing guidelines and training to LHD fiscal staff on how to do so legitimately and in a defensible way.

3. **Action 3: Create a mechanism/venue for sharing within CDPH and with LHDs approved scope of work language, integration best practices and ways to braid funding.**

4. **Action 4: Pilot an "All-LHD" conference call.** Pilot a call of state/LHD staff leads from various chronic disease programs to discuss how their work can and does intersect.

Sources:

1. Survey of NEOP Project Directors, Fall 2016: 60 responses from LHDs
2. Regional workshop in the Far North, September 2017: 16 LHDs
3. Bay/Sacramento regional workshop, June 2018: 17 LHDs
4. Statewide electronic survey of LHD senior leadership, Spring 2018: 57 LHDs
5. Key informant interviews, Summer 2018: 8 LHDs
6. Draft recommendations reviewed with Leadership Team, November 2018: 12 LHDs; CHEAC General Membership, December 2018: ~30 LHDs; CCLDHE, CCLHDME, CCLHDN, MCAH, DPHN affiliate representatives, December 2018

Prepared by the California Chronic Disease Prevention Leadership Project:
http://www.chronicdiseaseleadershipproject.com

For questions or comments, please contact: Lindsey McDermid at lindsey@healthyplacemaking.com