

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Live Well San Diego

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input checked="" type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Collective Impact

Is this practice evidence based, if so please explain. :

Live Well San Diego strives to connect organizations of every kind—cities and governments, businesses, healthcare organizations, schools, and community- and faith-based organizations—through a shared purpose. School district partners have the potential to reach children and families throughout San Diego County. Working together, partner school districts are sharing best practices and advancing evidence-based policies and programs that support healthy, safe and thriving students, teachers and families through updated wellness programs, farm-to-cafeteria programs, school gardens, safe routes to schools, disaster preparedness and environmentally conscious buildings.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|---|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input checked="" type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Larger than 4,000 square miles (the fifth largest county in the United States), San Diego County is diverse with 3.3 million residents living in coastal neighborhoods, rural farms and everywhere in between. There are 18 cities, 36 towns, 18 tribal nations, 42 school districts and more than 100 languages spoken. There is a large military presence, and the region is home to the largest refugee resettlement site in California, as well as the second largest Iraqi resettlement site. The county also includes the busiest national border crossing, with more than 32% of residents identifying as Latino. In 2008, like rest of the nation, San Diego County was dealing with some profound challenges: a growing number of adults and children struggling with chronic disease, and rising healthcare costs. The skyrocketing cost of “sick care,” childhood obesity, diabetes, heart disease, respiratory problems and more was costing billions of dollars within our County alone. Yet so much of these health problems are not predetermined by genetics—the vast majority are about behavior, and the environment in which people live. This “problem” is what started the County of San Diego down the path towards Live Well San Diego. Working with the public, the County has found that it is critical to connect residents with simple, actionable messages. For example, “3-4-50” shows how three unhealthy behaviors—poor nutrition, lack of exercise, and tobacco use—are leading to over fifty percent of deaths countywide. Adopted by the San Diego County Board of Supervisors in 2010, Live Well San Diego is a regional vision that aligns the efforts of County government, community partners in every sector – business, government, education and community and faith-based organizations – and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life. Live Well San Diego encompasses community engagement on all levels. It starts with individuals and families who are leading efforts to be healthy, safe and thriving and grows through County-community partnerships to convene working groups, conduct program activities, and leverage each other’s resources and capabilities to improve the health, safety and overall well-being of residents throughout San Diego County. The Live Well San Diego Indicators are a set of 10 primary data points and 24 expanded data points that define what it means to live well in San Diego County. Measured across the lifespan among all residents, the Live Well San Diego Indicators capture the collective impact of programs, services and interventions using evidence-based practices. Trends are starting to emerge that demonstrate progress in many of these Indicators. Live Well San Diego is based on the Stanford Social Innovation Review’s Collective Impact framework, with all engaged parties aligned under the premise that “together we can do more than we could ever do alone.” Live Well San Diego is the first time County of San Diego government has engaged with community partners in such depth, actively seeking participation and input every step of the way in both planning the strategic agendas for the vision and in implementation. In addition, the focus is on health and social determinants of health, which engages all sectors in these efforts. Visit LiveWellSD.org to learn more.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
 - What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
 - What has been done in the past to address the problem?
 - Why is the current/proposed practice better?
 - Is current practice innovative? How so/explain?
 - Is it new to the field of public health
- OR**
- Is it a creative use of existing tool or practice:
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO’s Toolbox etc.)
 - Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

In 2008, like rest of the nation, San Diego County was dealing with some profound challenges: a growing number of adults and children struggling with chronic disease, and rising healthcare costs. The skyrocketing cost of “sick care,” childhood obesity, diabetes, heart disease, respiratory problems and more was costing billions of dollars within our County alone. Yet so much of these health problems are not predetermined by genetics—the vast majority are about behavior, and the environment in which people live. This “problem” is what started the County of San Diego down the path towards Live Well San Diego. Working with the public, the County has found that it is critical to connect residents with simple, actionable messages. For example, “3-4-50” shows how three unhealthy behaviors—poor nutrition, lack of exercise, and tobacco use—are leading to over fifty percent of deaths countywide. Larger than 4,000 square miles (the fifth largest county in the United States), San Diego County is diverse with 3.3 million residents living in coastal neighborhoods, rural farms and everywhere in between. There are 18 cities, 36 towns, 18 tribal nations, 42 school districts and more than 100 languages spoken. There is a large military presence, and the region is home to the largest refugee resettlement site in California, as well as the second largest Iraqi resettlement site. The county also includes the busiest national border crossing, with more than 32% of residents identifying as Latino. Live Well San Diego reflects one of the most robust and inclusive planning processes the County government has ever undertaken to address the above challenges facing all 3.3 million residents in San Diego County. This process started with a series of “futuring” and innovation forums where national experts came together to both educate and challenge existing assumptions and thinking. Several hundred employees from many County departments attended these sessions; and subject matter experts and major stakeholders participated in shaping the evaluation framework. A comprehensive community planning process followed these visioning sessions. In order to appropriately address the needs of the large and diverse San Diego County population, Regional Leadership Teams or planning groups were formed in November 2010 to bring the community together to initiate changes to help residents live healthy, safe, and thriving lives. Regional planning groups followed the Mobilizing for Action through Planning and Partnership (MAPP), a community health improvement planning model adapted from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). All four MAPP assessments were conducted and include 1) Community Health Status Assessment, 2) Forces of Change Assessment, 3) Community Themes and Strengths Assessment, and 4) a Local Public Health System Assessment. The first three assessments were conducted at the regional level because demographics, culture, and health outcomes vary among regions. This process allowed each region to assess the health status of its community by determining the root causes of health that influence their residents. Root causes include health behaviors, social factors, health services, and policy change. Each MAPP assessment contributed to the overall County assessment and provided the framework for developing the Live Well San Diego Community Health Improvement Plan with regional priorities and leadership teams to address them. Live Well San Diego strives to connect organizations of every kind—cities and governments, businesses, healthcare organizations, schools, and community- and faith-based organizations—through a shared purpose. School district partners have the potential to reach children and families throughout San Diego County. Working together, partner school districts are sharing best practices and advancing evidence-based policies and programs that support healthy, safe and thriving students, teachers and families through updated wellness programs, farm-to-cafeteria programs, school gardens, safe routes to schools, disaster preparedness and environmentally conscious buildings. Healthy Schools initiatives and tools improve the health of students across the region, and driver education programs help keep new high school drivers safe. Best practice toolkits provide resources for schools to implement programs and policies that address student health, safety and well-being. For example, The “Tools for Schools” toolkit equips school districts and individual schools with the tools and best practices to implement programs aimed at reducing childhood obesity and creating healthier school environments for all students. It highlights innovative and practical programs for school policy makers and other key stakeholders to adopt and tailor to meet the needs of their unique student population and community. Superintendents throughout the county and their key staff provided input on policies, programs and partnerships most important to them, which are included in the toolkit. In addition, Recognized Partner Chula Vista Elementary School District revamped its school wellness policies in 2007 to provide more nutritious school lunches and increase physical activity. They began monitoring and tracking progress in 2010 by measuring Body Mass Index (BMI), a metric for obesity, of more than 24,000 K-sixth grade students. They measured again in 2012 and 2014 and found a 5% reduction in unhealthy weight and a 5% increase into the normal weight range over the four-year period. Developed in 2013, the BMI Toolkit includes measurement tools and worksheets to help create healthier school environments. The Faith-Based Wellness Program is another example of evidence-based practice. In collaboration with numerous San Diego County faith-based organizations, the program provides free nutrition education and physical activity programming for SNAP eligible families. This program aims to reduce the risk of diet-related conditions and chronic diseases including obesity, heart disease, hypertension, type 2 diabetes and cancer. Implemented by the University of California, San Diego (UCSD) Center for Community Health through the County of San Diego Health and Human Services Agency, the Faith-Based Wellness Program promotes environments that support healthy lifestyles in faith-based settings by implementing policy, systems and environmental changes, creating physical activity opportunities, promoting nutrition education, and improving health outcomes and food access for San Diego County’s most vulnerable families through a comprehensive faith-based wellness approach. The Faith-Based Wellness Program implements evidence-based, culturally sensitive nutrition education and establishes meaningful partnerships with a diverse array of San Diego County faith-based organizations. Among the current successes of the program is the establishment of church policies that encourage healthy food, beverage and physical activity habits. These policies, and the support provided by the program, are designed to meet the cultural needs of all kinds of faith groups, including but not limited to African-American, Latino and Muslim communities. Along with cultural sensitivity, collaboration is essential to the success of improving church health. The Faith-Based Wellness Program engages several other stakeholders that impact community health, such as businesses, direct health service providers, decision makers, community organizations and other community partners.

LHD and Community Collaboration

The LHD should have a role in the practice’s development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other

outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

San Diego County has a rich history of regional collaboration, so it was primed to be receptive to an undertaking as innovative as Live Well San Diego. The broad reach and seriousness of issues facing the region—chronic disease, rising healthcare costs, and other challenges—helped further prime both the County government and broader community to be receptive to the Live Well San Diego vision. Additionally, because the community and County government was actively engaged to shape Live Well San Diego, this helped ready both the County government and the community to be a part of Live Well San Diego implementation. The Live Well San Diego vision was designed taking into account insights that came from county residents, community partners, and employees. Long term sustainability and success demands collaboration, co-investment and shared knowledge and responsibility. Through advisory board meetings, regional forums and community leadership teams, the County continuously solicits community input and reports out on progress. An annual Partners Report and the LiveWellSD.org website provide platforms for community partners to share information, learn from each other, and stay connected. Partnerships with local television and radio stations help spread the word on a much larger scale. And regular internal meetings with leadership and staff create opportunities for collaboration, progress updates and cross-functional work plans. The Live Well San Diego vision is becoming a reality thanks to the dedication and commitment of more than 240 formally Recognized Partners, along with hundreds of community partners. This is the power of collective impact—working together to accomplish far more than the County could ever do alone. Live Well San Diego involves partners in all sectors—from cities and government, to businesses and media, to schools and education, to community and faith-based organizations. Live Well San Diego Recognized Partners have a deep and broad reach in the communities they serve. They are going above and beyond in their commitment to a region that is living well. They are thinking about the future by seeking long-term solutions to local challenges. And they are measuring their progress through numerical data and personal success stories. In their pursuit of policy, systems or environmental changes, they are helping to improve the well-being of all 3.3 million residents in the San Diego region. The number of committed partners has grown tremendously since Live Well San Diego launched in 2010. The first partner, a city government, was recognized in 2012. As of December 5, 2016, 245 organizations have become Live Well San Diego Recognized Partners comprised of 14 cities & government partners, 44 business & media partners, 39 schools & education partners, and 144 community & faith-based organization partners. Recognized Partners collectively advance the Live Well San Diego vision by each contributing in unique ways to help move the dial in at least one, if not all the three components of the vision—health, safety and thriving. Based on city and county jurisdiction participation alone, the reach of these collective efforts has grown to 2.3 million residents. The County of San Diego's Health and Human Services Agency reallocated existing staff and funding for direct support, including realignment of Agency programs to the Live Well San Diego vision. The support team consists of communication and analytic specialists who work together to support strategies and outcomes both among County departments and regions as well as for the community partners.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed

- Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

There are many different factors that influence the well-being of an individual. Areas of Influence—Health, Knowledge, Standard of Living, Community, and Social - were identified to capture the well-being of an individual across the life span, from infancy, to adolescence, to older adulthood. The Live Well San Diego Top 10 Indicators span across these five Areas of Influence measuring the collective impact of our efforts and the work of our partners over the long term, to create a region where all residents are healthy, safe and thriving. The Indicators were carefully selected with input gathered from community leaders and data experts. These subject matter experts selected Indicators that were easy to understand, ensuring that data is available to compare progress in the San Diego County to other communities, the state, and the nation. The Top 10 Indicators allow County government, providers and partners to focus their collective efforts on those activities that research shows will have the greatest impact. With this framework, the County can track whether collective efforts under Live Well San Diego are truly making a difference, as reflected in changes in one or more Indicators. The majority of Live Well San Diego strategies were built upon CDC and SAMSHA evidence-based as well as evidence-informed practices that provide a wealth of data and information for analysis and comparison. County government and community partners continue to be data-driven, outcome-focused organizations, and the data portal is an integrated data hub that is integral to decision-making and identification of successful initiatives. Local, state-wide and national data sources inform evaluation metrics, including: Open Data Portal, CHIS, BRFSS, Healthy Communities Indicators, CalEnviroScreen, American Community Services, CDC, AHRQ, HEDIS, Other: Air Pollution Control, School District Data, Hospital Discharge, Emergency Department Discharge, Medical Examiner, Air Pollution Control, Office of Education, ESRI Community Analyst, and ESRI Market Potential. Live Well San Diego is a long-term vision that is ongoing, where collective efforts are being made to move the dial on each Indicator. The selected Indicators are population-based, and are designed to track progress over the long term: 20-30 years out and beyond. We continue to learn and grow. Current trends related to the Top 10 Indicators show initial improvement in the areas of: • Life Expectancy, from 81.7 years in 2010 to 82.3 years in 2013. • Education, with the percent of the population with at least a high school diploma or equivalent increasing by nearly 1% since the adoption of Live Well San Diego. • Income Spent on Housing, with the percent of the population spending less than one third of household income on housing increasing by 1% since 2010. • Overall Crime Rate, with the overall rate of crimes, both property and violent, decreasing 486.6 crimes per 100,000 people since 2010. • Volunteerism, with the percent of the population volunteering in their communities increasing from 23.9% in 2010 to 31.2% in 2014.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Partnerships with local organizations make progress towards the Live Well San Diego vision possible in a region as diverse as San Diego County. New systems are underway, including the development and expansion of a Partner Engagement System including a dedicated Partner Portal website, to support the continued engagement of existing partners and well as growth to welcome new partners in every sector. This system allows partners to login, update their profile, share best practices, report out on results and connect with other partners within and across sectors. Paired with region-wide events hosted each year that bring partners together, the Partner Portal is facilitating meaningful connections that serve to strengthen alignment under the shared vision. Six years into Live Well San Diego, we recognize the necessity of collaboration with community partners who are spearheading positive change on the ground level in our diverse communities. To sustain these relationships over the long term, the County is active in creating new opportunities for partners to engage. We hosted a Live Well San Diego Advance in November 2016, a half-day conference where more than 700 partners and stakeholders came together to learn and frame the direction of future initiatives. Partnerships with local media, including a television station and AM radio, create platforms for partners to share their best practices and reach new audiences. Year after year we continue to see growth in awareness and engagement, measured by increased traffic to the LiveWellSD.org website as well as a steady increase in recognized partners coming on board. New partners create new opportunities for expansion. Over the past year and continuing, the County has scaled and expanded school wellness initiatives and partnerships with school districts, with a focus on reducing childhood obesity and supporting positive learning environments through changes in school wellness policies, farm-to-school initiatives, and trauma-informed systems integration. The County is also working with longstanding partners to expand the Resident Leadership Academy program, thereby encouraging direct leadership from community members in adopting and implementing the community advocacy training curriculum. As one of 50 counties and cities selected to participate in the Healthiest Cities and Counties Challenge, San Diego County has the opportunity to address population health and health equity in the historically underserved southeastern San Diego region and surrounding communities through the Live Well Communities initiative. A mutually reinforcing set of interventions has been selected to span multiple areas of influence—health, safety, community and economic well-being—and to leverage the strengths of partners in multiple sectors. The goal of Live Well Communities is to address long-standing inequities in select communities by focusing on key interventions that will engage residents, strengthen services, and produce measurable results.

Additional Information

How did you hear about the Model Practices Program?: *

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference | <input checked="" type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch | <input type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange | | | | |