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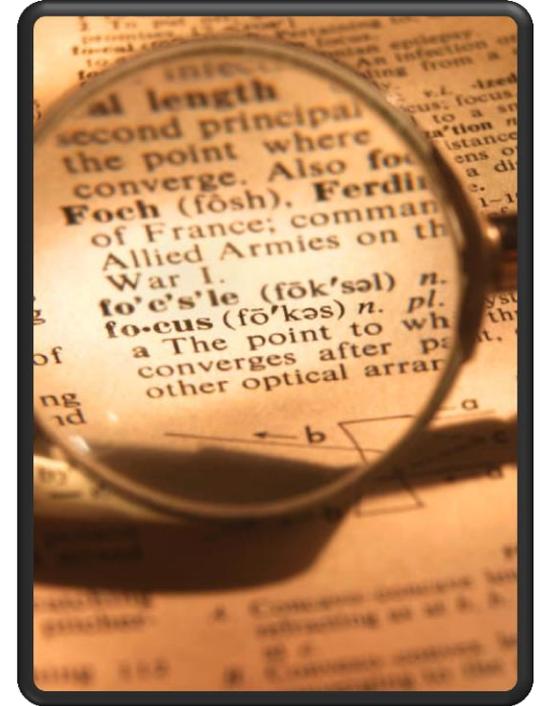
*San Diego County:
Advancing Population Health
through Live Well San Diego!*

June 13, 2013



Objectives

- Review Demographics of San Diego County
- Describe composition of HHSA
- Overview of Live Well San Diego!
- Describe ACA Supported Programs



San Diego Demographics

Who makes up the County?



 **LIVE WELL**
SAN DIEGO



COUNTY OF SAN DIEGO
 **HHSA**
HEALTH AND HUMAN SERVICES AGENCY

San Diego Demographics

- 3.2 million population; 4,261 square miles (larger than 21 U.S. States; same size as Connecticut)
- 5th largest U.S. County, 2nd largest CA County
- 18 municipalities; 17 unincorporated cities
- 2010 Census (10% growth)
 - 49% White
 - 31% Latino
 - 11% Asian/PI
 - 5% African American
 - 5% American Indian/other
- Region is very diverse

- Over 100 languages
- Large military presence
- 18 Indian reservations
- Largest refugee resettlement site in CA
- Busiest international border crossing in the world (San Ysidro/MX)



San Diego County Health & Human Services Agency

An Agency of One!



Agency Director
Nick Macchione



 **LIVE WELL**
SAN DIEGO



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Health and Human Services Agency (HHSA)

REGIONS

**North
Coastal**



North Inland

**North
Central**



East

Central



South

Regional Operations includes Eligibility Operations, Health Care Policy, Homelessness, Veterans Services, and others

Health and Human Services Agency

- One of the 5 County Business Groups
- Also composed of 5 Divisions
 - Aging Independence Services
 - Behavioral Health Services
 - Adult Mental Health
 - Children's Mental Health
 - Alcohol and Drug Services
 - Child Welfare Services
 - Public Health Services
 - Strategic Planning and Operational Support

Impact the general public (3.2M), those at risk, and those at high risk/need (~750K)



PH Branches and Programs

- **Epidemiology and Immunizations Services Branch**
 - Public Health Laboratory
 - Vital Statistics
- **Emergency Medical Services Branch**
 - Emergency Medical Services
 - Disaster Preparedness (Bioterrorism)
- **HIV, STD, and Hepatitis Branch**
- **Maternal, Children, and Family Health Services Branch**
 - Chronic Disease and Health Equity
 - Maternal and Perinatal Services (Adding Men's Health)
 - Oral Health
 - California Children's Services
 - Office of Violence Prevention
- **Public Health Nursing Administration Branch**
- **TB Control and Refugee Health Services Branch**
- **Public Health Services Administration**
 - Border Health
 - Medi-Cal Administrative Activities & Targeted Case Management



Live Well San Diego

Healthy, Safe, and Thriving Communities



 **LIVE WELL**
SAN DIEGO



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL SAN DIEGO

Building
Better
Health

Living
Safely

Thriving

Vision

A County that is Healthy, Safe, and Thriving



Live Well, San Diego!

- 10-year strategic plan
- **Quality, efficiency, and results**
- Smarter **delivery of services** to everyone
- A better informed community that engages in **healthy behaviors** – general public, at-risk, and high-risk/high-need populations
- LWSD – 3 components: health, safety, thriving



*That will lead to
healthy San Diego
communities*

1. LWSD Health Strategies



Improving the
Culture from
Within County
Government



Building a
Better Service
Delivery
System



Supporting
Positive, Healthy
Choices



Pursuing Policy
and
Environmental
Changes

3

FOUR

50

BEHAVIORS

DISEASES

PERCENT

**TOBACCO USE
POOR DIET
NO EXERCISE**

**HEART DISEASE
TYPE 2 DIABETES
LUNG DISEASE
CANCER**

**PERCENT
OF
DEATHS**



San Diego: 56% of deaths (2009)

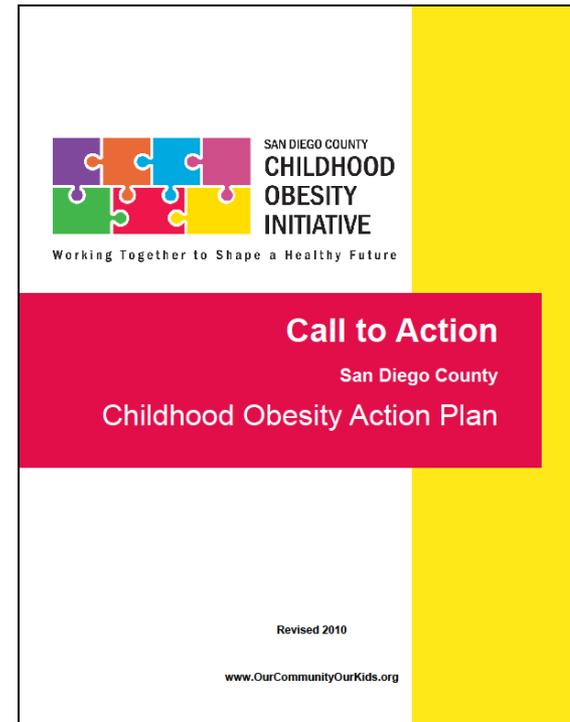
Total deaths= 19,312

“4” diseases = 10,742



Obesity Prevention

- Childhood Obesity Action Plan, 2004



- Started with REHDI + Coalition on Children & Weight, 2001

Obesity Prevention

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- Chronic Disease Agenda, 2008



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Obesity Prevention

- Childhood Obesity Action Plan, 2004
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- Chronic Disease Agenda, 2008
- Nutrition Security Plan, 2009
- CPPW (Healthy Works)

Working Together to

healthy
WORKS
Paths to Healthy Living

Chronic
Disease
Agenda

Health & Human Services Agency

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Obesity Prevention

- Childhood Obesity Action Plan, 2004
- Childhood Obesity Initiative, 2006
- Chronic Disease Agenda, 2008
- Nutrition Security Plan, 2009
- CPPW (Healthy Works)
- Live Well, San Diego!



LIVE WELL
SAN DIEGO

- Started with REHDI + Coalition on Children & Weight, 2001



**I want to
get involved.**



Healthy Places



Healthy Foods



Healthy Schools



Email Sign Up



En Español

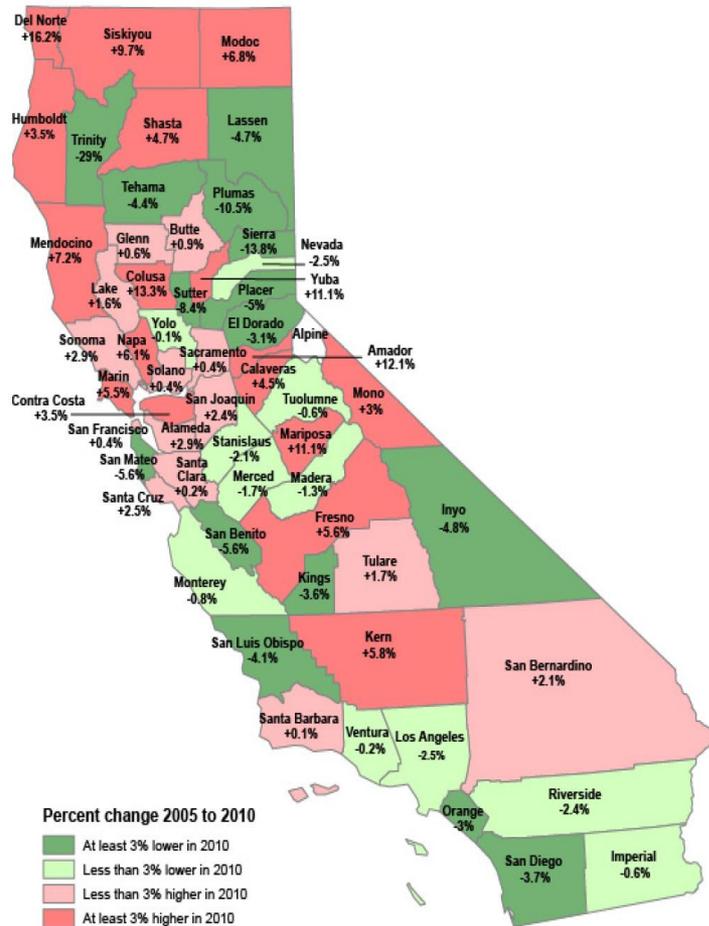
**Communities Putting Prevention to Work (CPPW)
→ Community Transformation Grant (CTG)**

San Diego Communities Putting Prevention to Work (CPPW) Impacts

San Diego CPPW work consisted of policy, system, & environmental (PSE) changes supporting healthy eating & increased physical activity across 3 broad areas with selected accomplishments listed below:

- **Healthy Food:** farm to institution relationships with 20 institutions; 8,050 individuals enrolled to receive Fresh Fund incentives; 5 garden education centers hosted courses; & 59,475 employees reached with lactation policies
- **Healthy Schools:** 8 school districts enhanced wellness policies to increase student physical activity; 5 districts implemented breakfast in the classroom; 11 mini grants awarded for Safe Routes to School planning
- **Healthy Places:** adopted a Regional Transportation Plan including public health policy supporting active and public transportation; 28 automated bicycle counters installed across 13 jurisdictions; 7 jurisdictions & 2 tribes received grants to implement PSE changes; 51 community residents participated in leadership academies initiating 13 improvement projects

Encouraging Trends: 10 Years of Obesity Prevention Work



Between 2005 and 2010, the percentage of our children that are overweight or obese **decreased 3.7%** in San Diego County--the biggest decline out of all Southern California counties.

Source: Babey SH, Wolstein J, Diamant AL, Bloom A, Goldstein H. A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th-, 7th-, and 9th-Graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011.

Changing the Culture From Within

Employee Wellness



GOALS

- Engage Employees
- Reduce Employee Health Risk Factors
- Sustain a Vital and Healthy Workforce

STRATEGIES

- Quarterly Themes
- Wellness challenges
- Lunch & Learn classes
- Fitness classes
- Fitness programs
- Health risk assessments
- Biometric screenings
- Resources

METRICS

- Participation
- Activity
- Satisfaction
- Biometrics

2. LWSD Safety Strategies

PSG

Living Safely



Residents are *protected* from crime or abuse



Neighborhoods are *safe* to work, live and play



Communities are *resilient* to disasters and emergencies

3. LWSD Thriving Strategies

- In development
- To present to Board of Supervisors in mid to late 2014
- Championed by:

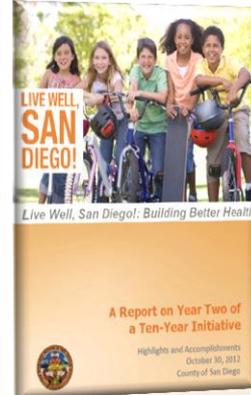


Thriving

Live Well, San Diego!



START



Thriving

2008 2010 2012 2012 2014 2020

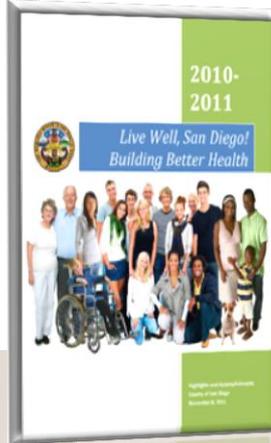


2009



Community Engagement

2011



2013
Evaluation



10 indicators across 5 areas

2015 2019





LIVE WELL SAN DIEGO

10 INDICATORS

To answer this question...

WHAT DIFFERENCE ARE WE MAKING?

Building
Better
Health

Living
Safely

Thriving



Philanthropists



Faith Community



Hospitals

Schools

Cities



Community Clinics



**Business
Community**

Military

Non-Profits



Community Transformation Efforts

Steps to an Accountable Care Community



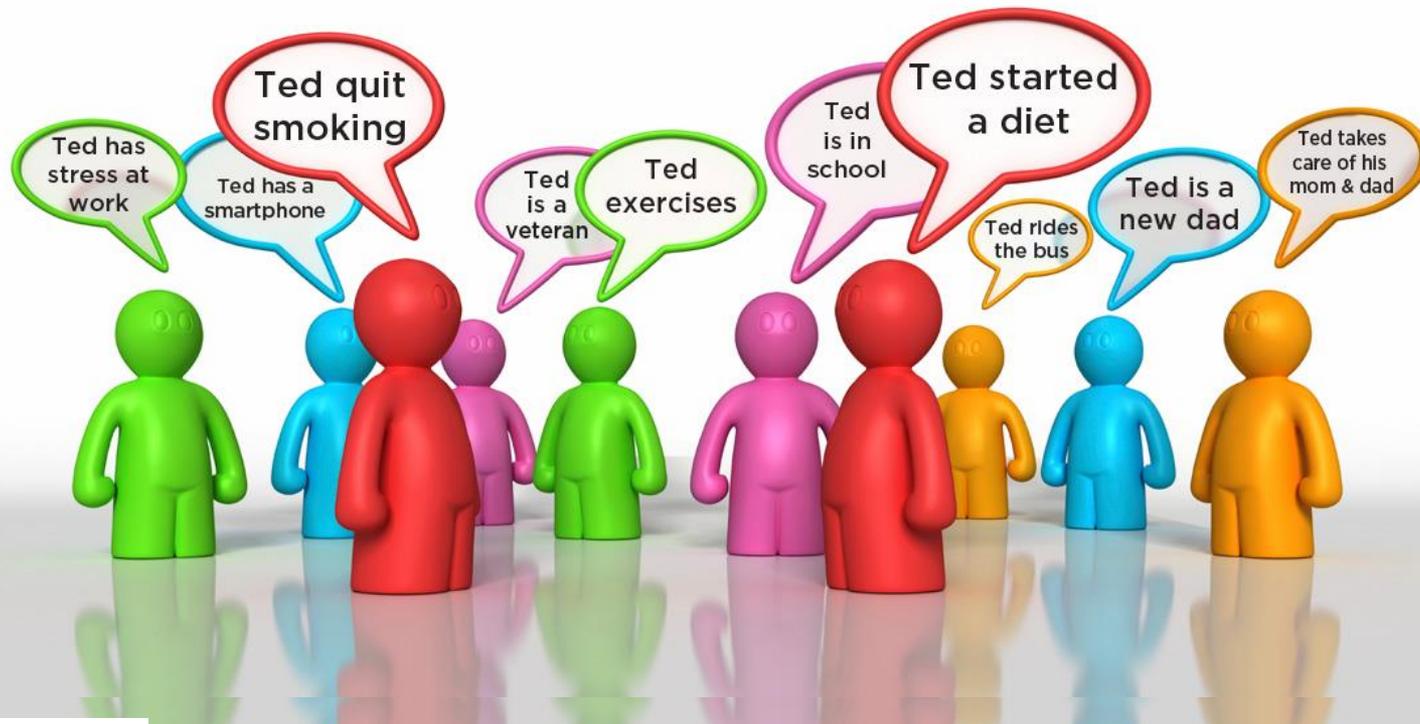
 **LIVE WELL**
SAN DIEGO



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HHSA
HEALTH AND HUMAN SERVICES AGENCY

From Silos to Collaboration

- In 1998, HHSA formed as we know it, bringing together health and social services.
- Collaboration has increased as we become an “Agency of One” – and as we work with the other County Groups.



What is KIP?

To support the County's "*Live Well, San Diego!*" strategy, HHSA has initiated the development of the Knowledge Integration Program, which includes:

- An **electronic information exchange** for County health, social service, behavioral health, physical health, and probation data;
- **Service delivery improvements** to support person-centered, strengths-based, and trauma-informed practice using the integrated information.

Building
Better
Health

Living
Safely

Thriving

“Person-Centered” Takes a Team



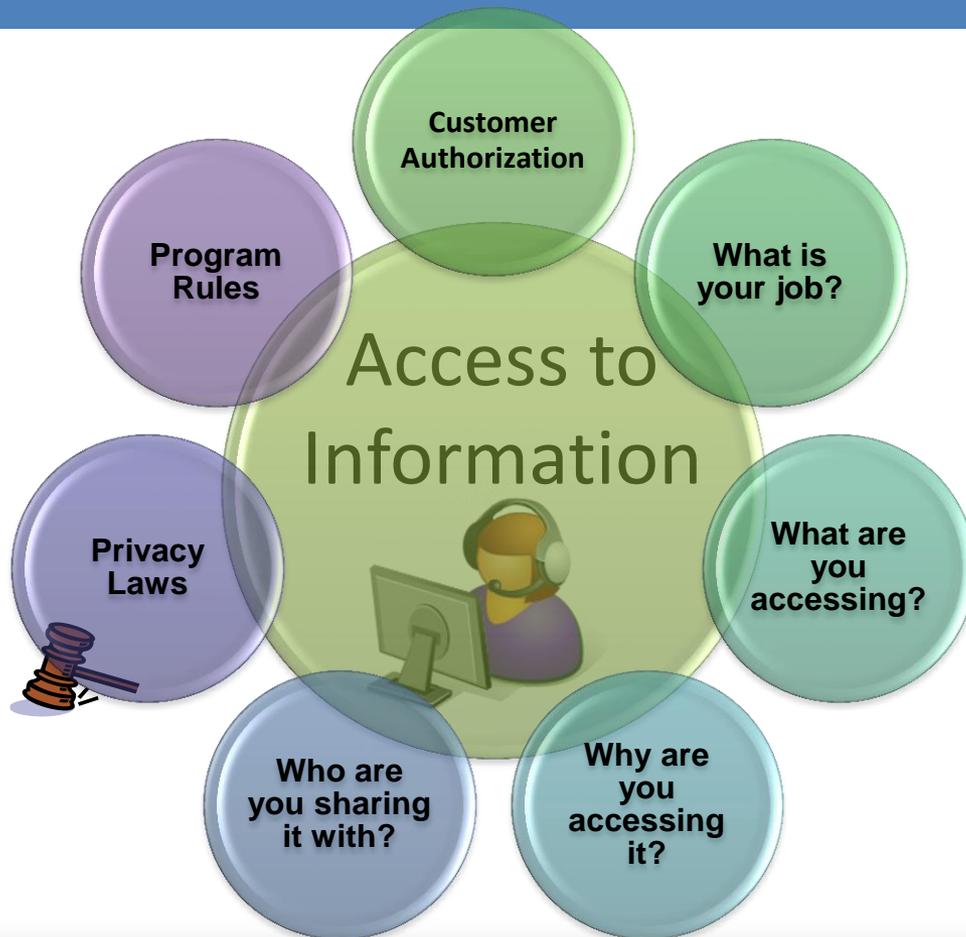
5 Functional Capabilities of KIP

KIP will implement new technologies and policies to enable automated or improved abilities to perform:

1. Look-up, Search and View Query Results
2. Referral Management
3. Collaborative Service Delivery
4. Notifications and Alerts
5. Population-based Shared Analytics



KIP: Protecting Privacy



KIP will allow a worker to see information from multiple program databases as needed and help them provide better customer service.

But, staff can only see what they are allowed to see, depending on their role, laws, and customer approval.

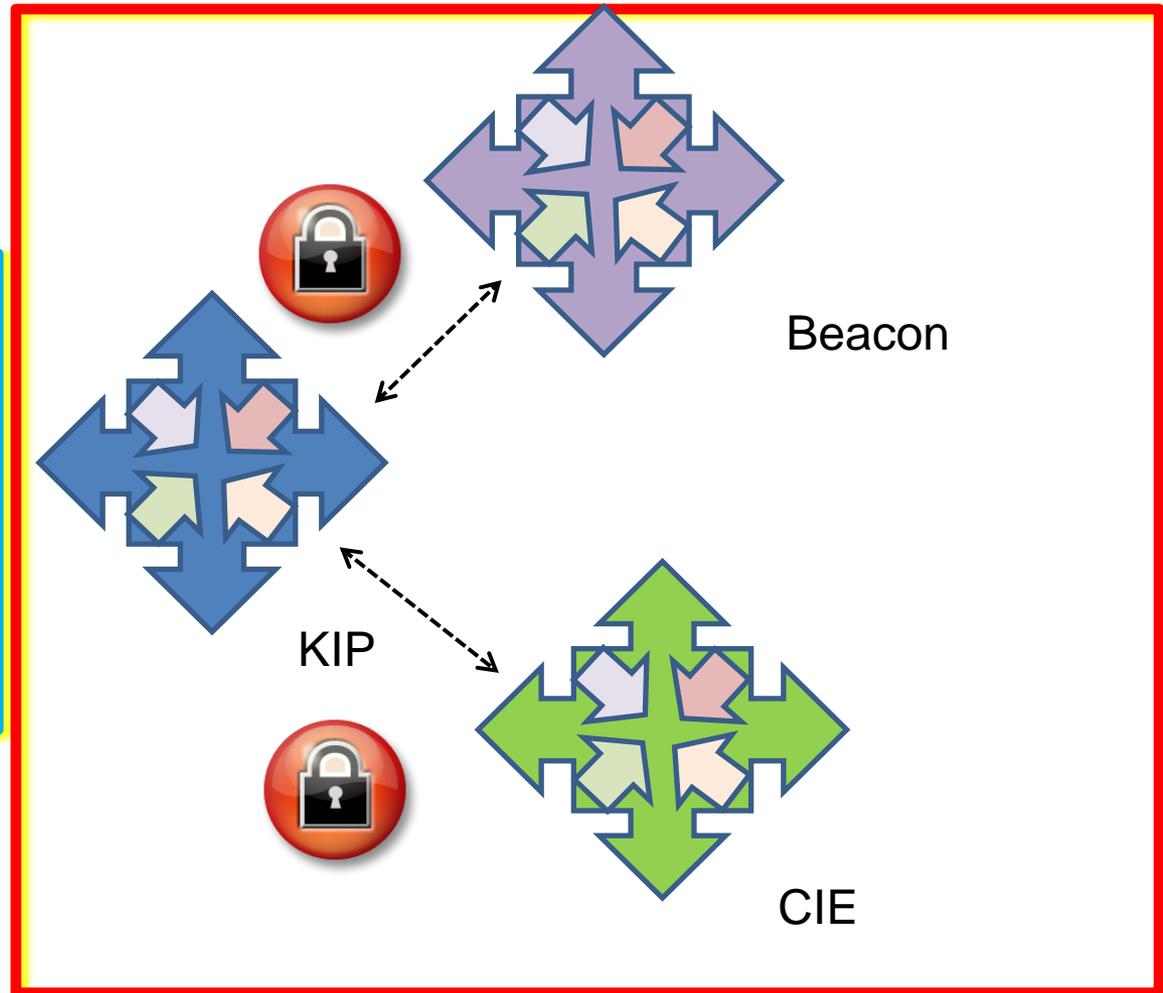
Privacy Laws:

- 42cfr – Federal Mental Health
- 14400 – State Medi-Cal enrollment
- Confidentiality of Medical Information Act (CMIA) – State medical information – adults and minors
- Health Insurance Portability and Accountability Act (HIPAA)
- Health and Safety Code 121025A – HIV
- WIC 827 – State CWS
- WIC 5328 – State Mental Health
- WIC 10850 – State Social Services (eligibility, AIS, CWS)
- State Penal Code
- Title 17 CCR – Public Health

Future Regional Information Sharing



User can access available information about their customer via Portal.



ACA Funded Programs



- Home Visitation Program (CHVP)
- Community Transformation Grant (CTG)
- Community-based Transition Program (CCTP)
- National Public Health Improvement Initiative (NPHII)

CALIFORNIA HOME VISITING PROGRAM (CHVP)



CHVP is a result of the Patient Protection and Affordable Care Act of 2010. The program provides comprehensive, coordinated in-home services to support positive parenting and improve outcomes for families residing in at-risk communities.

San Diego County received CHVP funding from April 2011 to June 2013 in the amount of \$1.2 million to expand Nurse Family Partnership in the North Coastal and North Inland Regions. For fiscal year 2013-2014, program will receive \$842,022.

Goals:

- Promote maternal health & well-being
- Improve infant & child health development
- Cultivate strong communities
- Strengthen family functioning

Program Services:

- Case management to 100 first-time moms & their children up to age 2
- Coordinate with community agencies to decrease gaps in services & improve referral pathways
- Provide education & assessments to:
 - Prevent childhood injuries & abuse
 - Reduce ED visits
 - Improve school readiness
 - Improve family economic self-sufficiency

Community Transformation Grant



- Funded by Prevention and Public Health Fund of the ACA
- Chronic disease prevention
- 22 interventions, including continuation of 11 from CPPW
- Strategic Directions:
 - Tobacco Free Living,*
 - Active Living & Healthy Eating,*
 - Clinical Preventive Services,*
 - Social & Emotional Wellness, and
 - Healthy and Safe Physical Environments.

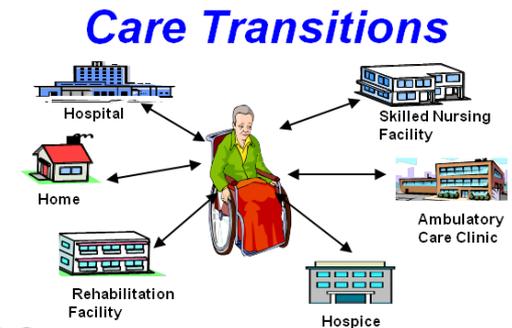
Community-based Care Transitions Program (CCTP)



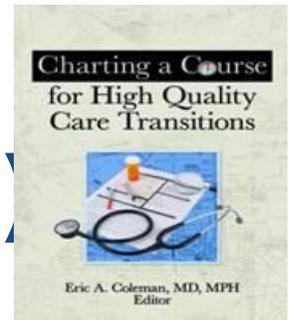
- Section 3026 of the Affordable Care Act.
- CCTP provides \$500 million to test models for improving care transitions for high risk FFS Medicare patients by using services to manage patients' transitions effectively.
- CCTP supports the three-part aim of: better health for the population, better care for the patient, and lower cost for all Americans.

CCTP Goals

- Improve transitions of patients from the inpatient hospital setting to home or other care settings
 - Improve quality of care
 - Reduce readmissions for high risk beneficiaries
 - goal is to reduce readmissions by 20% in two years
 - Document measureable savings to the Medicare program



Community-based Care Transitions Program (CCTP)



- Preferred Applicants:
 - Hospitals with high readmission rates who partner with an eligible community-based organization (CBO)
 - AoA/CMS funded AAA/ADRCs partnering with multiple hospitals
- Participants are awarded two-year agreements that may be extended annually through the duration of the program based on performance
- CBO is paid an all-inclusive rate per eligible discharge based on the cost of care transition services provided at the patient level and systemic changes at the hospital level
- CBO is only paid once per eligible patient in a 180-day period of time

San Diego Care Transitions Partnership (SDCTP)



- Partnership between
 - the HHSA/AIS and Palomar Health,
 - Scripps Health,
 - Sharp HealthCare
 - UC San Diego Health System
- Total of 11 hospitals with 13 campuses
- To provide innovative care transitions services to up to 21,390 high-risk Medicare patients
- Each year throughout San Diego county beginning in January 2013

San Diego Care Transitions Partnership (SDCTP)



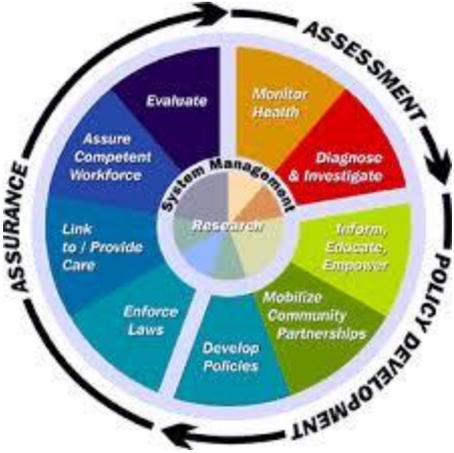
Aim is to:

- improve care coordination and communication during the hospitalization and handoff to other providers upon discharge,
- provide medication education and reconciliation,
- activate patients and their caregivers to better manage chronic health conditions,
- provide short-term care coordination; and
- transition patients with advanced chronic diseases into palliative care and hospice.

[thru the Care Transitions Intervention (CTI) Program]

National PH Improvement Initiative

Supports Voluntary Public Health Accreditation



- NPHII is a grant that supports “accreditation readiness.” (5-year funding)
- Measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- Recognition upon achievement of accreditation within a specified time frame by a nationally recognized entity (PHAB) every 5 years).
- Application requirements: community health assessment (CHA), community health improvement plan (CHIP), and strategic plan.
- The goal is improve and protect public health by advancing continuous quality improvement and performance.



Public Health Accreditation Board

STANDARDS & Measures

VERSION 1.0
APPLICATION PERIOD 2011-2012
APPROVED MAY 2011

**32 Standards/
102 Measures**

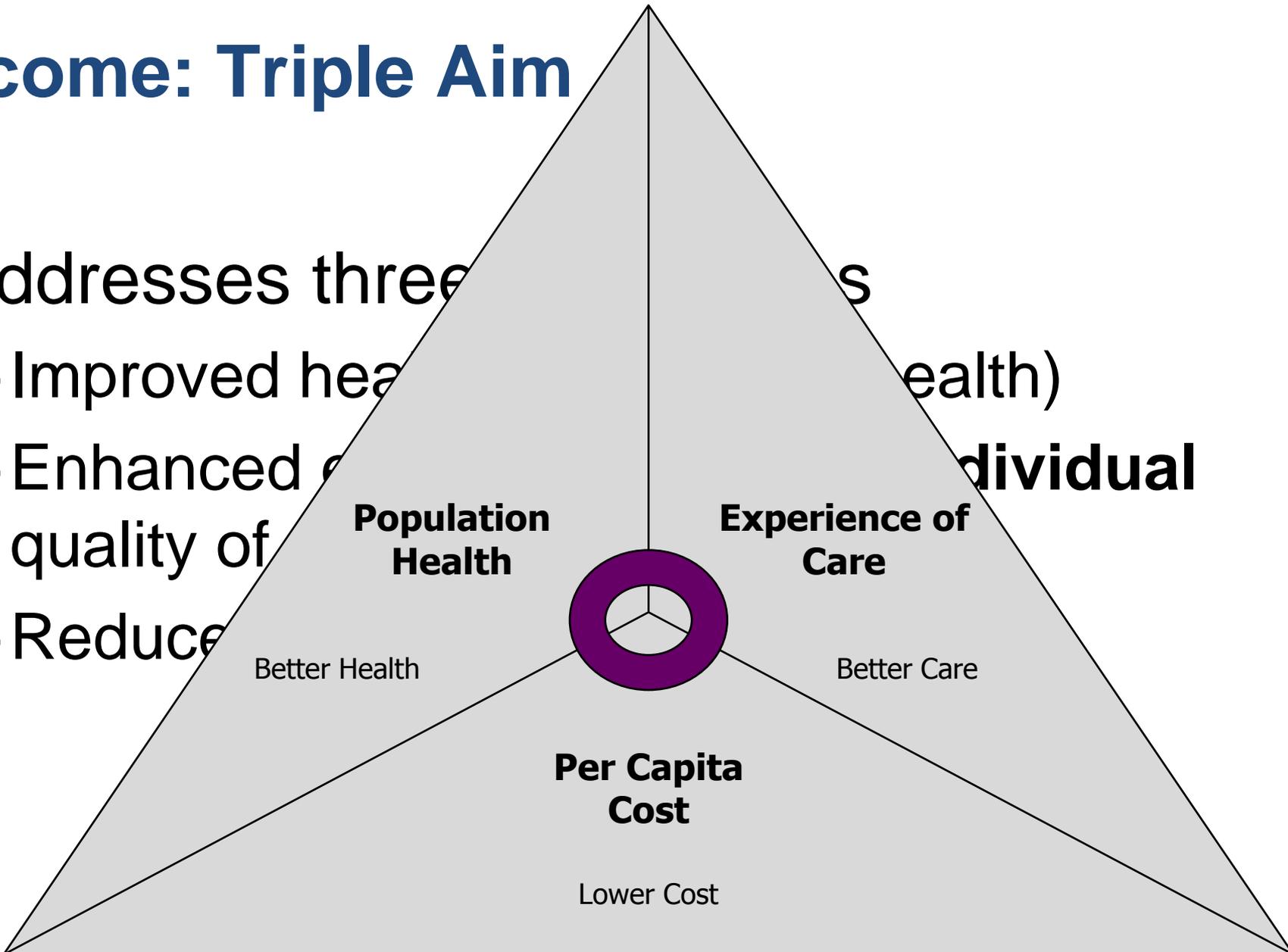


Outcome: Triple Aim

- Addresses three core values
 - Improved health (**population** health)
 - Enhanced experience of care (**individual** quality of care)
 - Reduced/Controlled **costs**

Outcome: Triple Aim

- Addresses three aims
 - Improved health (population health)
 - Enhanced experience of care (individual)
 - Reduce costs (per capita cost)



For More Information

**San Diego County HHSA
Public Health Services**

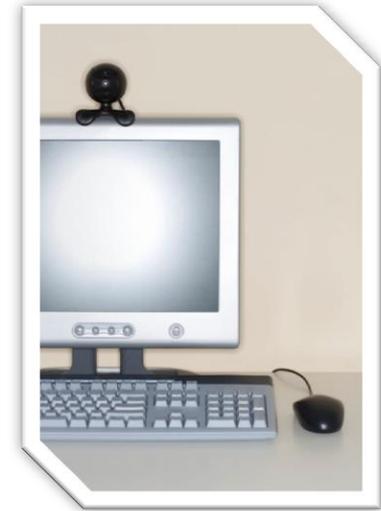
www.sdcounty.ca.gov/hhsa

(619) 542-4181

Community Health Statistics Unit

www.sdhealthstatistics.com

(619) 285-6479



Question & Answer

