

Fallbrook Regional HEALTH DISTRICT

To: Board of Directors
Fallbrook Regional Health District

From: Bobbi Palmer, MBA, MSW
Chief Executive Officer

Date: March 12, 2018

Re: Status Report Based on Phase 1 Outcome

Collective Impact Strategy: Stanford University Model

“It is important to recognize that the initiative must build on any existing collaborative efforts already underway to address the issue. Collective impact efforts are most effective when they build from what already exists; honoring current efforts and engaging established organizations, rather than creating an entirely new solution from scratch”.

Phase 1: Month 2

Strategic Planning

Utilizing a variety of platforms an initial action plan was formulated to include both the Blue Zone Project as well as the concept of FRHD Wellness Center.

Community Engagement

- Convened a community forum held on February 14th from 5-6 PM. See attached Village News article February 22 invitation to public
- Bonsall Chamber of Commerce Presentation on Blue Zone Project and Wellness Center
- Collected comments, suggestions and recommendations from public based on public comment cards
- Coffee Chat at Brook Town Sandwich and Coffee Establishment
- Sun Downer, Fallbrook Chamber Event

- Media Tools used as “stuffers” at annual Fallbrook chamber Business Network event
- March 8 full page ad “Thanking public for their feedback” in Village News
- Convened a private showing of the 1636 property future site with North County Community Collaborative Health Initiative March 7: Fallbrook Food Pantry, Jack E. Johns Clinic, Smiles Project, Foundation for Senior Care, Fallbrook Senior Center and California University School of Nursing, San Marcos
- Presentation to Encore Club regarding Blue Zone Project and Wellness Center
- Pre-showing and invitation only March 14 at 1636 future site for Wellness Center
- Tri-City Wellness Center site visit
- Refined Community Engagement/Public Affairs/Government Affairs Plan; see attachment along with addendum list.

Upcoming and scheduled events:

Community Engagement

- Community Collaborative for Health and Wellness, CCH & W presentation Monday March 19th at FPUD
- Community Forum, FPUD Thursday March 22
- NCCCHI upcoming April 4 meeting; roll out of Community Health Contracts cycle for 2018-2019 outlining terms and conditions for future funding tied to Blue Zone and Wellness Center Initiatives
- Village News Advertisements for March 15, March 22, and March 29; Call for Proposals

Government Engagement

- ACHD Legislative Days, April 16, 17 in Sacramento. One-on-one meetings with Waldron and Anderson
- TBD, short meeting with Diana Dooley, Secretary of California Health and Human Services

- One Page advertisement in upcoming Source Book, Village News
- Media and Website presence at www.fallbrookhealth.org

Governance and Infrastructure

- FRHD Vision Change based on Blue Zone 2022
- Board Action on February 14, 2018

Developing Processes that are consistent with Strategic Plan and are Sustainable

- Collecting data across various platforms and sharing results
- Developed visuals which captured integrity of the Phase 1 process while sharing with key stakeholders
- Track Progress in coordination with Galvanized Strategies and CentraForce
- Utilization of “Grant Management” software tool consistent with capturing outcomes and results
- Developing a “Shared Measurement System”, monitoring performance, tracking progress towards achieving stated goals

*This page
intentionally
left blank*

**California Accountable Communities for Health Initiative (CACHI)
Request for Proposal**

Proposal Narrative

Applicant

a) Lead applicant and recipient of the grant as well as the designated Backbone organization: Fallbrook Healthcare District.

b. Collaborative participants:

- Government health entity partner: Fallbrook Healthcare District. Representative: Bobbi Palmer, Executive Director.
- Health care organization and Behavioral Health provider partner: Fallbrook Family Health Center. Representative: Daniel Avella, Facility Administrator.
- Health care sector partner: Fallbrook Smiles Project. Representative: Janine Loescher, Program Coordinator.
- Community organization and Food systems partner: Fallbrook Food Pantry. Representative: Jennifer Vetch, Executive Director.
- Schools and educational institution partner: California State University of San Marcos, School of Nursing. Representative: Madelyn Lewis, Community Health Nursing and Case Management Course Coordinator.
- Community organization partner: Fallbrook Senior Center. Representative: Phyllis Sweeney, Special Projects Manager.
- Foundation for Senior Care, Representative: Rachel Mason, Executive Director

c) Potential partners to include

County/city government leadership: Supervisor Bill Horn, Senator Joel Anderson and Assembly Member Marie Waldron

Parks and recreational agencies: Fallbrook Community Center as part of Parks and Recreation County of San Diego.

Feeding America San Diego, Jacobs and Cushman San Diego Food Bank, LifePointe Church, Christ the King Lutheran Church, Public Health Nurse, San Diego County

d)The unincorporated community of Fallbrook consists of 36,000 acres and is located south of Riverside County and east of Camp Pendleton. Its neighboring communities are

Bonsall to the south, Pala to the east and Rainbow to the northeast. The 2010 United States Census reported that Fallbrook had a population of 30,534, where 9,052 (26.3%) of the population is under the age of 19, 17,240 (56.5%) persons are between 20 to 64 years old and 4,242 (13.9%) is 65 years or over, with a median age of 34.7 years. Regarding race characteristics, 20,454 (67%) white, 489 (1.65) Black or African American, 233 (0.8%) American Indian and Alaskan Native, 592 (1.9%) Asian, 71 (0.2%) Native Hawaiian and Other Pacific Islander and 7,372 (24.1%) some other races. For those of Latino or Hispanic origin, Fallbrook has a total of 13,800 (45.2%) Latinos or Hispanics of any race. Income and Poverty numbers describe a median household income of \$51,765, a Per Capita income in past 12 months of \$25,565 and percent of persons in poverty of 18.3%.

Size of the community that will be the target: 100? And why?

Describe Bonsall, De Luz and Rainbow also?

2 History of Collaboration

a. The Fallbrook, Bonsall, Rainbow, De Luz area has a long history of community collaboration and volunteerism. There are 190 non-profit organizations, several of which are members of North County Communities Collaborative Health Initiative (NCCCHI). NCCCHI collaborative members include the Fallbrook Health Care District, Community Health Systems, Fallbrook Food Pantry, Fallbrook Smiles Project, Fallbrook Senior Center, and Foundation for Senior Care and Cal State University San Marcos, School of Nursing.

The Fallbrook Healthcare District (FHD) is a government entity under the Local Health Care District Law (Statutes 1945, Chapter 932; Health and Safety Code, Division 23, Sections 32000 et seq., of the State of California). The District serves residents of the Fallbrook, Bonsall, Rainbow and De Luz areas of northern San Diego County. Each year the district awards grants to local non-profit organizations that provide services to minimize health disparities. The FHD granted \$600,000 to 22 non-profits for the year 2015-2016.

Community Health Systems, Inc. (CHS) is a non-profit 501 (c) (3) 330 HRSA Grantee with Federally Qualified Health Center (FQHC) status. Services are offered to the neediest in the community - the un-insured and under-insured, the working poor, those with limited ability to pay, the homeless, and the indigent. Services are provided at discounted (sliding fee scale) rates for those who qualify based on gross annual income and family size.

Fallbrook Food Pantry (FFP) is a nonprofit 501 (c) (3) established in 1991 to aid those in need of food assistance and clothing serving Fallbrook, Rainbow, Pala, Bonsall, and De Luz.

Fallbrook Food Pantry issues up to eleven tons of food a week to the hungry, with no request for repayment, work or attending lectures. FFP relies on donations, grants, fundraisers and over 14,500 hours of volunteer work a year to carry forth its mission.

Fallbrook Smiles Project (FSP) is a 501 (c) (3) non-profit organization formed to improve the communities of Fallbrook, Rainbow and Bonsall by increasing access to care by addressing barriers and conducting health promotion activities with an overall goal of reversing the negative trends of immediate healthcare issues. Services provided include individual and group education regarding nutrition, diabetes and breastfeeding, health screenings in the community and schools, dental and vision screening, restorative dental program, provision of eyeglasses for military dependents and facilitates a monthly CATCH meeting (Community Access to Child Health – a program of the American Academy of Pediatrics) for community organizations.

Fallbrook Senior Citizens Service Club, Inc. (FSCSC) is a 501(c)(3) Non-Profit organization. The Fallbrook Senior Center mission is to improve the quality of life and promote independence and enhance wellness. It is a recreational and social location for people 55 and above. Services provided include Nutrition with weekly lunches and Health education and exercise classes

Foundation for Senior Care is a non-profit organization serving seniors in the Fallbrook, Bonsall, Rainbow and De Luz area. Services provided include Senior Care Advocacy, Care Vans, Senior/Adult Day Care Center and Senior Computer Learning Center.

Cal State University San Marcos is one of 23 campuses of the California State University system. The mission of faculty of the School of Nursing is to prepare students for a career in professional nursing that focuses on assisting patients/clients to achieve health-related goals and to transition from a disease oriented to a health oriented system of healthcare. In the community settings, students practice community-based and population-focused public health nursing to assist identified high-risk or vulnerable populations within the community maintain their optimum level of health through community collaboration.

The partners of the NCCCHI have long worked together towards improving the health through eliminating health disparities that add to the growing chronic diseases of Diabetes and Heart Disease. Despite the efforts of NCCCHI and other partners all have seen growing numbers of Diabetes and Heart Disease. It has been acknowledged that a primary missing component has been a case manager, to insure clients do have access and are able to follow through with suggested interventions. Additionally other components of the program that are outlined in the Program Section have previously been discussed but never implemented due to over stressed resources. Ultimately, all previous collaboration efforts will continue although changes based on the proposed program will be implemented.

Currently the partners of NCCCHI work together in the following collaborations which are held regularly.

Fallbrook Food Pantry, Community Health Systems, Fallbrook Smiles Project and Cal State University San Marcos School of Nursing: CHS, FSP, and CSUSM conduct blood pressure, glucose and BMI screening, education and referral during the FFP produce distribution. Other community partners are San Diego Food Bank, LifePointe Church, San Diego Sherriff's Department Senior Volunteer Patrol and Fallbrook Pharmacy.

Fallbrook Senior Center, Community Health Systems, Fallbrook Smiles Project, Cal State University school of Nursing: CHS, FSP and CSUSM conduct blood pressure, glucose and BMI screening, education and referral during the monthly birthday party congregate meals.

Fallbrook Food Pantry and Cal State University San Marcos School of Nursing: CSUSM conducts blood pressure and glucose screening and education at Food Pantry distribution site.

Fallbrook Food Pantry and Community Health Systems: During FFP distribution onsite CHS facilitates various education, referrals and information based on clinical services available.

Community Health Systems, Fallbrook Smiles Project, Cal State University San Marcos, School of Nursing conduct various education and screening events based on national awareness campaigns and client needs.

Fallbrook Smiles Project and Cal State University San Marcos School of Nursing conduct BMI and Glucose screening for all 5th and 7th graders in the district. This is in coordination with School Nurses and with follow up and referrals by the school.

Foundation for Senior Care provides transportation for senior aged residents that include the Fallbrook Food Pantry distributions on its routes. FSC Care Advocates include food insecurity screenings during home visits. Reciprocal referrals are made between agencies for services.

Fallbrook Healthcare District facilitates monthly Community Collaborative Committee meetings to identify, discuss, gain and/or give information and to initiate or recommend action on matters of concern to health and well-being of the community. Representatives of CHS, FFP, FSP, FSCSC, and CSUSM attend regularly. Its published Community Resource Directory provides a valuable resource tool for both providers and residents.

Fallbrook Healthcare District hosts an annual Health and Fitness fair in which community non profits and healthcare agencies disseminate information regarding health, nutrition, exercise activities and wellness.

d. The County of San Diego conducted a needs assessment in 2010. The report titled 3-4-50: Chronic Disease in San Diego County was published in July 2010 which reports that 3 behaviors, poor nutrition, lack of exercise and smoking cause 4 diseases Diabetes, Heart Disease and stroke, cancer and respiratory disease causing 50 percent of deaths in San Diego County. Further the Fallbrook Health Care District conducted a local Needs Assessment, 2015. The results of that needs assessment were that Fallbrook Health Care District service area had substantially greater rates of Diabetes and Hypertension and Cancer than the County of San Diego: Diabetes 8.2% compared to 4.6%, Hypertension 34.4% compared to 14.7%, and Cancer 12.5% compared to 9.2%.

e. The Fallbrook Health Care District has supported the efforts of all of the other NCCCHI partners except for CSUSM SON by providing grants assisting them in their community efforts. Data has been collected by each of these partners for their grants to the FHD. Additionally the FHD has assisted CSUSM SON by providing a clinical meeting place as well as supplies for their community education projects.

It is understood that a central database be established where all involved can enter results of interventions. The database is proposed to be managed by the Case Manager who will be housed at the FHD administration building.

NCCCHI does not function without the assistance of other organizations outside themselves. For example, the FHD and CSUSM have partnerships with the County of San Diego that support NCCCHI. The Fallbrook Food Pantry collaborates with the San Diego Food Bank and Feeding America. The Fallbrook Senior Center holds congregate meals at the Fallbrook Community Center. (I don't know how else to write this section so ...) Fallbrook Smiles Project collaborates with the Fallbrook School District. I have no idea how to answer these questions A 3 and 4 and any other information puts us over the page limit and I do not see that we can cut out any other information- Madelyn

3. Infrastructure Governance

a. The proposed structure of governance consists of 7 (seven) member organizations; each of whom shall have equal decision-making rights. Meetings will be scheduled monthly with rotating leadership/facilitating responsibilities. Agendas are created amongst the collaborative organizations. A majority of the members within the collaborative shall constitute a quorum to conduct business. Decisions will be made based by consensus and of the 7 organizations. Operational decision making and overall direction of NCCCHI are conducted equally by the 7 members. The collaborative shall be responsible for reviewing the budgetary and financial matters related to NCCCHI on a monthly basis. The collaborative will schedule long range planning sessions when needed however: quarterly reports will be conducted to determine what is working well and what is not to insure any problems can be addressed quickly. As it relates to the ongoing status of additional grant opportunities, public policy and healthcare legislation that would impact current program design; it will be the responsibility of the collective. When appropriate

those areas of focus would be assigned and agreed upon by the members. It is to be noted that the collaborative was selected and designed to include community leaders with expert knowledge in various areas related to community health.

Community advisors and presenters can be invited to provide expertise in a pertinent area to meet with the collaborative. Such participation of an advisory would not have voting rights. Each monthly meeting would be recorded and minutes taken to retain the integrity of the work.

Participation of monthly meetings would be defined as face-to-face. Within a period of a year (12 months) one teleconference call in lieu of physical presence allowed. A preamble and commitment document would be signed and dated by each collaborative organizational head at the inception clearly stating individual roles and responsibilities. Each year of the funding commitment letters would be reviewed.

The Backbone Organization

b. The Backbone entity is Fallbrook Healthcare District. Fallbrook Healthcare District, (FHD) originally formed in 1950 as a hospital district to build and operate Fallbrook Hospital. In November of 1998 the District re-organized to become a healthcare district, operating under the Local Health Care District Law of the State of California. Fallbrook Healthcare District is one of 3,400 special districts in the state with fire, sanitation, water and health directed services.

Fallbrook Healthcare is an independent district, which means that the five members of the board have been elected by the district's voters or have been appointed by the County Board of Supervisors. Our defined geographic area includes Fallbrook, Bonsall, Rainbow and De Luz. In the 2015, Fallbrook Healthcare District awarded twenty-two (22) programs serving Senior Care and advocacy, home delivered meals, Asperger support, children's services through the local Boys and Girls Clubs, Water Safety, Screenings for Children's Sight through a collaborative with the University of California San Diego State University, just to name a few.

The service area is approximately 110.5 square miles located between San Diego and Los Angeles. There are approximately 57,000 residents within this boundary. Through property taxes, Fallbrook Healthcare District is able to distribute approximately \$620,000.00 for health and wellness grants annually to serve the needs of the community area. Through a collaborative effort and by identifying health disparities prevalent in our area we have supported a wide range of healthcare needs in community health. As a local service agency we are directly accountable to our residents at the critical level; delivering quality services and shared resources in the most efficient and effective manner.

The governing body that governs and represents Fallbrook Healthcare District is the Association of California Healthcare Districts in Sacramento. Fallbrook Healthcare is one of 78 California Healthcare Districts within the State and of which the Association has representation within 38 counties. There are approximately 400 District Trustees elected statewide. There are 44 Healthcare Districts operating Hospitals with 34 Healthcare Districts providing population

health and related services in their community. Fallbrook Healthcare District is a member of both the Association of Healthcare Districts (ACHD) as well as California Special Districts Association. As CEO I was selected to serve on the California State Legislative Committee, (CSDA) and selected to the Board of Directors for the California State Association of California Healthcare Districts.

Proposed Data Collection

c. The ACH share data system would be a joint effort between the California State San Marcos and in association with the Registered Nursing program, Jack E. Johns Medical Clinic, Fallbrook Food Pantry and in coordination with Sharp HealthCare's Transitions Program. The North County Communities Collaborative Health Initiative, (NCCCHI) is making efforts to develop new mechanisms to share data. Most recently, as the Backbone organization and a 2015 recipient of Live Well San Diego, FHD continues to align member entities with San Diego County and the California Department of Public Health. Also, to be noted is Fallbrook Healthcare District's commitment to the importance of shared data and contracted with CentraForce Health in 2015 to extract, maintain and provide updated data to expand and identify community and population centric health data management. In responding to this grant opportunity, the collaborative has already conducted a community assessment, shared best practices and hope to expand our data-sharing systems.

Vision, Mission and Goals

d. and e. The NCCCHI goal is to "Decrease the incidence of diabetes, hypertension, and heart disease in the area we are serving by educating, screening, referring, advocacy, and community outreach." Key to our mission and vision is to "Integrate our program design to include community classes, exercise and physical activity so others may thrive." The Wellness Fund would develop as an integrated and ongoing process with the other 7 collaborative organizations. As the Backbone organization the collective approach to increase our funding streams, seeking additional grants at the state and federal level is a priority for sustainability. Through the District's grant program more directed and specific health disparities would be identified yearly with a preference to prevalent health disparities. The collaborative is currently seeking a mechanism through other sources to have a designated grant writer as part of the sustainability plan.

In-Kind Resources and Financial Sustainability

f. The collaborative brings in-kind resources to the initiative. Cal State San Marcos and through the RN program will provide up to 10 RN students per semester. A MOU has already been executed and will be effective for 3 years. The Backbone organization has already entered into a MOU relationship with Palomar College for 3 years as well. Fallbrook Healthcare District and the collaborative have already utilized one student intern for the last 3 months as administrative support and community outreach. NCCCHI is seeking additional student support for Dental Assistants at Palomar College to conduct screenings as a part of the clinical-community linkages given the program design.

Capacity and Operational Gaps

g. Remaining gaps in capacity and operations not clearly defined fall under the category of overall oversight; since the budget reflects the need for a case manager utilized part-time and dedicated for the initiative.

4 Programs

a. North County Communities Collaborative Health initiative was founded with the stated goal to decrease incidence in diabetes, hypertension, and heart disease in the area we are serving by education, screening, referring, advocacy, and community outreach as well as integrating community classes, exercise/physical activity so others may thrive. NCCCHI

envisions a community where residents have access to an adequate nutritious supply of food, wellness activities, education resources and medical care through an integrated referral system that addresses the preventative healthcare needs of our community members.

b. Rates of diabetes, hypertension and heart disease continue to rise. In California, the incidence of diabetes has increased by 32% in the past decade, one in seven adults has diabetes. The fiscal impact to the State of California was over \$35.9 billion in 2010. Diabetes left untreated can lead to serious and costly complications as well as reduced lifespan. Many complications can be delayed or avoided with early diagnosis, effective patient self-care and improved awareness. The NCCCHI is a collaborative of organizations working together to decrease the incidence of these health issues in the geographic areas of Bonsall, De Luz, Fallbrook and Rainbow.

Utilizing a comprehensive 2015 health assessment study generated by CentraForce Health for FHD, data was analyzed to determine the specific needs of our community. Prevalent health disparities were identified and statistics were compared in our region against the occurrences countywide. Incidences of diabetes in North County were determined to be 8.2% compared to 4.6% in San Diego County. Hypertension rates were alarmingly high at 34.4% in North County compared to 14.7% in the county. 52% of the residents in the Fallbrook Healthcare District are 55 years old and older. A general lack of physical activity and poor eating habits were identified as preventative measures to address. These population centric insights fill in critical gaps essential to all types of healthcare decisions and integrated data platform solutions. Data produced by the study will be used to create interventions, manage care and reduce financial risk. For example, this data was used as a springboard for the FHD initiative, Call to Activity Wellness One Step at a Time. The NCCCHI was formed in response to the need for an integrated approach to preventative health.

Research studies correlating the cycle of food insecurity and diabetes indicate that lack of access to nutritional food sources must be addressed. Self-management of health disparities such as diabetes is susceptible to failure if to access to medical supplies are compromised. Through screening, nutrition education and engaging peer support to encourage healthy activity and eating habits, NCCCHI intends to bridge the gap that can be paralyzing to those who face social isolation in the battle against preventable diseases.

Community Health Improvement Plans (CHIP) data results published by Live Well San Diego revealed that approximately 1 in 3 San Diego County residents live in North County. Approximately 12% of this population is living below poverty level. The findings identified risks of 3-4-50 outcomes in rural areas compared to all geographic areas. Diabetes was the

highest rated health risk statistic. Other data revealed as high as 68.2% of children in North County engaged in fewer than 5 days of physical activity lasting one hour per week compared to 48.2% county wide. As many as 1 in 9 North County residents ate fast food three or more times in the past week compared to 1 in 5 in San Diego.

c. Building on current partner agency collaborations, NCCCHI program components will include individual and group education, health screenings, grocery store tours, physical activities, case management and assistance with supplies and medications. Program goals are to incorporate further support from additional agencies to increase the impact and outreach in our community.

Through public health screenings, 100 participants who present pre diabetic, diabetic, or hypertension conditions will be identified as program participants the first year. Fallbrook Smiles Project, Community Health Systems, and Cal State San Marcos School of Nursing will conduct screenings and referrals. Referrals will be made to primary care providers or Community Health Systems for care based on participant need. Encouraging education, exercise opportunities, and wellness support group activities will be offered to participants at various locations in the community to include Fallbrook Senior Center. Food insecurity screenings will identify those who need referral to Fallbrook Food Pantry assistance or grocery store tours with Cal State San Marcos School of Nursing students. Through Fallbrook Smiles Project, a registered dietitian will facilitate diabetes and hypertension self-management education. Assistance with medical supplies will be provided based on individual participant needs. Basic nutrition education, healthy recipes, and fresh produce will be offered to the community at no cost through FFP's Neighborhood Distribution. Encouraging local restaurants to feature healthy meal choices that are indicted on their menus will give residents on the go options that support a healthy lifestyle. Long-term planning strategies incorporate cooking classes and gardening opportunities into the education and activities of the program.

d. According to the 2010 US Census, the combined population of the Health Care District is 50,985. Under 19: 45.7 %, 20-64 75.03%, over 64 27.33 %.

white 38322
black 1030
american indian 763
asian 1877
hispanic 18146

ages
 under 19 45.7 %
 20-64 75.03%
 over 64 27.33

c. d. e. Portfolio of Interventions Matrix

	Intervention or Program	Timeframe	Potential metrics to measure outcome
<p>Clinical services (services delivered in the health care setting, including primary prevention, and secondary prevention)</p>	<ul style="list-style-type: none"> • Diabetes screening. • Individual and group health education about the seriousness of diabetes, its risks factors and complications. Nutritional counseling for diabetics and at-risk population. 	Short	<ul style="list-style-type: none"> • Decrease in levels of A1c?
<p>Community programs, social services, etc. (programs that provide support to community members and take place outside of the health care system in community settings, schools,</p>	<ul style="list-style-type: none"> • Healthy cooking classes program. • Exercise programs e.g. Call to Activity – Wellness – One Step at a Time; adult fitness in community center. 	Short	<ul style="list-style-type: none"> • Decrease in weight and/or BMI? • Increase in number of participants?

CBOs, etc.)			
<p>Community-clinical linkages (programs or activities that connect clinical services with community programs or social services e.g. community health workers; referral systems; screening for social determinants of health)</p>	<ul style="list-style-type: none"> • Script for Food Pharmacy Program if positive for food insecurity. • Referral to human and health services agency for medical coverage. • Referral to behavioral health services. • Grocery Shopping Education Tour program. • Case management to work in care teams with RD and Primary Care Providers. 	Short-medium	<ul style="list-style-type: none"> • Number of participants in programs • Satisfaction Survey rates from participant
<p>Public policy and system change (public and private practices, rules, laws, and regulatory changes, e.g. zoning rules, health plan incentives, etc.)</p>	<ul style="list-style-type: none"> • Policies for local restaurants to incorporate healthier menu options. • Incentives from fitness businesses for residents to 	Long	<ul style="list-style-type: none"> • Number of restaurants adopting policies. • Number of fitness businesses implementing incentives.

	encourage enrollment and adherence to exercise routine.		
Environments (changes in social, community, or physical environments that support healthy behaviors, e.g. walking and biking trails)	<ul style="list-style-type: none"> • Business and organizations collaboration to open community gardens. 	Long	Number of gardens?

f. A federal prevention initiative such as Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people.” Following San Francisco State University Health Equity Institute examples NCCCHI will mirror its plan. To achieve health equity, we must eliminate avoidable health inequities and health disparities requiring short-and long-term actions. Focused attention on the root causes of health determinants, groups experiencing major obstacles associated with socio-economic disadvantages, and the distribution of resources needed to be healthy will aid in attaining the highest level of health possible. Continuous efforts promoting equal opportunities for all people to eliminate health inequities and health disparities must be maintained.

g. North County Communities Collaborative Health Initiative program will be open to all community members regardless of age, gender, sexual orientation, ethnicity, religion, citizenship, veteran status, or any other legally protected class. Residents will be engaged to improve their own health and the health of family members and friends through peer support and case management. Residents will be directly involved in shaping the program through written and oral surveys providing feedback throughout the process. Modifications will be made as to the delivery of program materials based on successful interventions. The volunteers of grassroots organizations will be an impactful component to the program by delivering services to neighbors in need. Be it time, talent or treasure, giving of oneself to benefit another human need at the most basic level engages the community as a tight knit unit. Encouragement from all NCCCHI partners will interconnect support and resources for participants furthering successful health outcomes.

h. The proposed portfolio of interventions relationship with other existing programs such as PICH, REACH, CMMI, grants, health homes, section 1115 Waiver, etc

Budget Narrative Form

How will grant dollars be used to accomplish your program goals? In the sections provided, please tell us – briefly – the story behind the budgeted numbers. Requested CACHI funding should not exceed \$250,000 and is for one year only. Subsequent year funding requests will require a new budget.

Income

What other funding sources will be supporting this work? Have the funds already been committed or are they projected? Are there partners who will be providing in-kind support (meeting space, loaned personnel, refreshments for meetings, printing and copying, etc.)? Although matching funds are not required, an ACH collaborative generally relies on resources from partners and related initiatives that may be braided to support the portfolio of interventions.

Personnel Expenses (including benefits)

Who will be carrying out the work for this project? List job titles, whether the position(s) will be filled by current staff or new hire(s), and briefly summarize each person's responsibilities related to the CACHI project.

Non-Personnel/Other Expenses

What other non-personnel expenses (including consultants and sub-grants to partner organizations) are you budgeting for this project? Briefly describe them and how they will support advancing your goals.

Indirect/Overhead Costs

How will the general operations and finance/administrative arms of your organization support this project and help it move forward?

Other

Anything else we should know about your budget or how you will use CACHI funds?

California Accountable Communities for Health Initiative (CACHI)

Budget Template

Applicant:
Budget Contact Name & Phone:

PROJECT BUDGET		Funding Request from CACHI	Other Funding Sources	In Kind Support	Total Annual Budget
INCOME					
CACHI Requested Funding	Projected				\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL INCOME		\$ -	\$ -	\$ -	\$ -
PERSONNEL EXPENSES (List positions)					
					\$ -
					\$ -
					\$ -
					\$ -
Subtotal Personnel		\$ -	\$ -	\$ -	\$ -
Benefits (___ % of Personnel)*		\$ -	\$ -	\$ -	\$ -
Total Personnel		\$ -	\$ -	\$ -	\$ -
NON-PERSONNEL/OTHER EXPENSES					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Non-Personnel/Other Expenses		\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES (excluding Indirect/Overhead)		\$ -	\$ -	\$ -	\$ -
INDIRECT/OVERHEAD EXPENSE (___ % of Expenses)**		\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES (Personnel + Non-Personnel/Other + Indirect Costs)		\$ -	\$ -	\$ -	\$ -
BALANCE (Total Revenues - Total Expenses)		\$ -	\$ -	\$ -	\$ -

*Maximum of 32% of total personnel costs
 **Maximum of 15% of total expenses

C. Workplan

Please fill out the workplan template below. For each major objective, identify key activities as well as outcomes and indicators at both the 6-month and 12-month timeframe.

Three Year Objectives and Year 1 Activities	Outcomes and Indicators	
Objective 1: Develop and implement the infrastructure and governance of the ACH		

Activity 1.1: Activity 1.2:	Month 6:	Month 12:
Objective 2: Develop a financing and sustainability plan for the ACH		
Activity 2.1: Activity 2.2:	Month 6:	Month 12:
Objective 3: Develop and implement a comprehensive plan that includes a portfolio of interventions to address the selected health issue		
Activity 3.1: Activity 3.2:	Month 6:	Month 12:

D. Other attachments

1. **Audited financial report of lead applicant.** If the lead applicant is a government agency, then an audited financial report is not required.
2. **Support letters** from collaborative partners, potential partners, civic and elected leaders outlining their commitment to participate in the ACH as well as any specific contributions to the ACH.

*This page
intentionally
left blank*

Activity 1.1: Activity 1.2:	Month 6:	Month 12:
Objective 2: Develop a financing and sustainability plan for the ACH		
Activity 2.1: Activity 2.2:	Month 6:	Month 12:
Objective 3: Develop and implement a comprehensive plan that includes a portfolio of interventions to address the selected health issue		
Activity 3.1: Activity 3.2:	Month 6:	Month 12:

D. Other attachments

1. **Audited financial report of lead applicant.** If the lead applicant is a government agency, then an audited financial report is not required.
2. **Support letters** from collaborative partners, potential partners, civic and elected leaders outlining their commitment to participate in the ACH as well as any specific contributions to the ACH.

*This page
intentionally
left blank*

2018 Public Affairs Plan

A Strategic Guide to Government Affairs, Public Relations, and Community Engagement Activities for Fallbrook Regional Health District

Summary

The 2018 Public Affairs Plan for Fallbrook Regional Health District (FRHD) is intended to provide clarity for the District's elected Board of Directors and staff pertaining to stakeholder and community education and engagement related to FRHD's broader and more targeted initiatives related to wellness.

Areas of focus for outreach include:

Government Affairs

Outreach, engagement, and partnership with elected and agency officials at the local, state, and federal level to elevate awareness of and support for FRHD activities.

Public Relations

Broad and targeted outreach via various media channels such as earned media (news stories), Opinion-Editorial pieces, and various social media channels such as Facebook and Twitter.

Community Engagement

Outreach and engagement among key community stakeholders via presentations, speeches, educational forums, townhall meetings, and various other public activities.

Goals

- Inform and engage key stakeholders and the broader community to:
 - Educate about the Vision and Mission of FRHD
 - Promote the Fallbrook Regional Blue Zones® Project, which will work with residents and local organizations to pursue measurable improvement of the nine variables of healthier living and higher quality of life
 - Inform about the importance of wellness to the future of District-wide initiatives and activities
 - Cultivate participation in FRHD programs

Outreach Efforts

Government Affairs

Level	Elected Official	Projects	Information/Ask	✓
Local	County Supervisor Bill Horn	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support within County Health and Human Services Agency (HHSA) for the effort	
Local	Mayor Jim Desmond (candidate for supervisor)	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support	
Local	Councilman Jerry Kern (candidate for supervisor)	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support	
Local	Other candidates for supervisor	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support	
State	Assemblymember Marie Waldron	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support in promotion of District activities	
State	Senator Joel Anderson	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support in promotion of District activities	
Federal	Congressman Duncan D. Hunter	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support in promotion of District activities	
Region IX, US Health and Human Services Agency	Region IX Director, Capt. Ram Kappoka, MD, MPH	Fallbrook Regional Blue Zones® Project	Provide overview of project; solicit support from US HHS Region IX	

Public Relations

Level	Media	Projects	Narrative	✓
Local Paper	Fallbrook Village News	Fallbrook Regional Blue Zones® Project	Earned media story outlining Blue Zones and the compelling reason for Blue Zones Project adoption in Fallbrook region	
Local Paper	Fallbrook Village News	Wellness Center	Ongoing updates related to the development of the Wellness Center and various wellness programs	
Local Paper	Fallbrook Village News	Urgent Care project	Compelling story about the partnership to provide Urgent Care services under the FRHD name	
Regional Paper	San Diego Union-Tribune	Fallbrook Regional Blue Zones® Project	Fallbrook undertaking an effort that is wellness focused and is an international model	
Local Television News	Fox 5, NBC 7/39, CW 8, KUSI 9/51, 10, KPBS 15	Fallbrook Regional Blue Zones® Project	Fallbrook undertaking an effort that is wellness focused and is an international model	
Local/Regional Paper	Fallbrook Village News, San Diego Union-Tribune	Fallbrook Regional Blue Zones® Project	Opinion-Editorial piece by Board of Directors Chair (or other appropriate member) to describe project	

Community Engagement

Level	Group	Projects	Goal/Narrative	✓
Regional	North County Fall Prevention Task Force	Door-Through-Door Program	Overview of the project, qualitative and quantitative outcomes, promotion as a best practice	
State	Association of California Health Districts (ACHD)	Door-Through-Door Program	Overview of the project, qualitative and quantitative outcomes, promotion as a best practice	
Local	TBD	Fallbrook Regional Blue Zones® Project	Provide overview of the project and solicit engagement	
Local	TBD	Wellness Center	Provide overview of the project and solicit engagement	
TBD (insert information about presentations/outreach already made)				
TBD (insert information about presentations/outreach already made)				
TBD (insert information about presentations/outreach already made)				

Key Contacts

Erica Holloway

Founder

Galvanized Strategies

(619) 917-1651 Mobile

erica@galvanizedstrategies.com

Aaron Byzak, MBA, FACHE

Chief Strategist

Galvanized Strategies

(760) 889-3609 Mobile

aaron@galvanizedstrategies.com

Galvanized Strategies

Houston | San Diego

galvanizedstrategies.com

Appendix

Elected and Agency/Department Official Bios

Federal

US House of Representatives

- Duncan D. Hunter (R-50)..... 7

State

California State Senate

- Joel Anderson (R-38)..... 8

California State Assembly

- Marie Waldron (R-75)..... 9

Local

County Board of Supervisors

- Bill Horn (R-5)..... 10

- County Health & Human Services Agency..... 11

Congressman Duncan D. Hunter (R-50)

Congressman Duncan D. Hunter's stated legislative priorities include preserving individual liberty, national security and strong border controls, job creation, reduction of tax burdens, and energy independence. In the area of healthcare, he is opposed to the Affordable Care Act (ACA), and has voted to repeal it multiple times.

Duncan D. Hunter is a San Diego Native whose father, Duncan L. Hunter, was the former Member of the House of Representative of his district for fourteen terms. He attended San Diego State University, and earned his Bachelor's degree in Business Administration. Hunter lives in Alpine with his wife, Margaret, and three children: Duncan, Elizabeth, and Sarah.

Washington, DC Office

223 Cannon House Office Building
Washington, DC 20515
Phone: (202) 225-5672

District Office

1870 Cordell Court, Suite 206
El Cajon, CA 92020
Phone: (619) 448-5201



Elected: 2008

Term: Fifth (2-year terms)

Previous Experience: Marine Corps, Marine Reserve, and Business Analyst

Committees:

House Armed Services

Education and the Workforce

Transportation and Infrastructure

District Coverage: Eastern and Northern San Diego County, including cities of Ramona, San Marcos, Escondido, Fallbrook, Alpine, Jamul, El Cajon, and Santee, and the Anza-Borrego State Park.

Senator Joel Anderson (R-38)

Senator Joel Anderson's primary legislative priorities include preventing new taxes and government spending, as well as reducing state regulation, in order to stimulate job growth. He has also campaigned on the issues of border security, reducing illegal immigration, and his most publicized legislative initiative was aimed at forcing the California Public Employees' Retirement System (CalPERS) and the California State Teachers' Retirement System (CalSTRS) to divest from companies doing business in Iran.

Anderson has been named the third most independent member of the Senate, based on votes against his own party, has been named 2008 Young Republican Federation of California's Legislator of the Year, won the 2009 Lakeside Chamber of Commerce Legislator of the Year Award, and the 2009 Pacific Water Quality Association's Legislator of the Year Award. He has also received a 100% rating by the California Taxpayers Association, a group with a mission of reducing unnecessary taxation and improving government efficiency. In addition, he acts as California State Chair in the American Legislative Exchange Council.

Anderson is a graduate of Grossmont Community College, and received a Bachelor's degree in Finance and Business Administration from California Polytechnic University, Pomona. He lives in Alpine with his wife, Kate, and has three children - Mary, Maura and Michael.

Sacramento Office

State Capitol, Room 5052
Sacramento, CA 95814
Phone: (916) 651-4036

District Office

500 Fesler Street, Suite 201
El Cajon, CA 92020
Phone:(619) 596-3136



Elected: 2010

Term: Second (Limit: two, 4-year terms)

Previous Experience: CA State Assemblyman, President, Padre Dam Board, and Director of Proceedings for Alpine Chamber of Commerce.

Committees (PAST):

Budget and Fiscal Review

Elections and Constitutional Amendments, Vice Chair

Judiciary, Vice Chair

Public Safety, Vice Chair

District Coverage: Sections of eastern San Diego and Riverside Counties, including the cities of El Cajon, Fallbrook, La Mesa, Poway, Ramona, Santee, Spring Valley, and Temecula.

Assemblywoman Marie Waldron (R-75)

Assemblywoman Marie Waldron was elected on a platform of support for businesses, and opposition to tax increases; her campaign frequently highlighted her 1999 signature of the Taxpayer Protection Pledge to never vote to increase taxes. She favors state financial reform and debt reduction, as well as the establishment of a state spending cap. She strongly opposes providing benefits and driver's licenses to illegal immigrants, has stated support for strengthening penalties for convicted criminals, and advocated increased investment in highways and roads in North County.

Waldron served for 14 years on the Escondido City Council and multiple boards and agencies. Waldron also served as Escondido's Deputy Mayor, on the Board of Directors and the Budget subcommittee for the North County Transit District, the city's representative to the League of California Cities, the Regional Solid Waste Association Board, and Escondido's Investment, public works and public safety subcommittees.

She is a member of the San Diego Lincoln Club, the Howard Jarvis Taxpayers Association, the San Diego Taxpayers Association, and a founding member of the California Women's Leadership Association.

Waldron earned her BS in Athletic Administration and Communications from St. John's University, has done some graduate work at UC San Diego and SDSU, and her family has lived in Escondido for over 38 years. She and her husband, Steve Waldron, have owned Top End Tees Screenprinting and Apparel in Escondido for 15 years, and also established the family-oriented hotrod event, "Crusin' Grand." The couple has one son.

Sacramento Office

State Capitol, Room 4130
Sacramento, CA 94249-0075
Phone: (916) 319-2075

District Office

350 W. 5th Avenue, Suite 110
Escondido, CA 92025
Phone: (760) 480-7570



Elected: 2012

Term: Second (2-year term, limit 12 years in legislature)

Previous Experience: Deputy Mayor and City Councilmember, Escondido; Owner of Waldron Enterprises LLC, Board of Directors of North County Transit District, Operations Manager at NBC Sports

Committees (PAST):

Public Employees, Retirement and Social Security (Vice Chair)

Governmental Organization

Health

Local Government

Rules

District Coverage: Northeast San Diego County, and a portion of Riverside County, including the cities of Escondido, Fallbrook, San Marcos, Temecula, and Valley Center.

Supervisor Bill Horn (R-5)

Supervisor Bill Horn’s primary interests include transportation, public safety, border security, quality of life improvements in his district and supporting business, agriculture and the military. Horn is also very committed to “securing the border” and faith-based initiatives.

Horn entered public office in 1992 with his election to the Escondido Union High School District Board. As a County Supervisor, Horn has worked to reduce traffic congestion by supporting the extension of the TransNet Sales Tax.

Horn has been involved with the creation and support for North County Gang Task Force, Child Assessment Network – North (CANN), and the Psychiatric Emergency Response Team (PERT) in North County.

Supervisor Horn received his undergraduate degree from SDSU, and is a decorated Vietnam veteran and retired from the military as a Captain. Horn is a businessman and avocado and citrus rancher as well. He lives in Valley Center with his wife, Kathy, and the couple has three children.

County Administration Center
1600 Pacific Highway
San Diego, CA 92101
Phone: (619) 531-5555



Elected: Since 1995

Term: Fifth (Limit: two, 4-year terms – established 2010)

Previous Experience: Board member of the San Diego County Farm Bureau; School board member

District Coverage: The 5th district includes Camp Pendleton and the areas of Carlsbad, Oceanside, San Marcos, Fallbrook, Rancho Santa Fe, Vista, Valley Center and Borrego Springs. District 5 encompasses almost 1,800 square miles and a population of approximately 619,992.

San Diego County Health and Human Services Agency

The County Health & Human Services Agency was established, in its current form, by the San Diego Board of Supervisors in 1996, merging the formerly separate agencies of:

- The Department of Health Services
- The Department of Social Services
- The Department of Veterans Services
- The Area Agency on Aging
- Commission on Children Youth and Family

In 1998, the Public Administrator and Public Guardian Agency was merged with Health & Human Services.

The agency offers seven categories of programs: Aging and Independence Services, Behavioral Health Services, Children's Public Administrator/Public Guardian, Public Health Services, and Self-Sufficiency Programs (which include CalWORKS, Cash Assistance for Immigrants, County Medical Services, CalFresh, and General Relief).

Major Initiatives:

Live Well San Diego: The current major initiative of the HHSA is a multi-faceted ten-year plan to increase the health of the community. It includes increasing and improving service delivery by the HHSA, Support of Healthy Choices (including nutritional, exercise, and drug and tobacco choices), Pursue Policy Change for a Healthy Environment, and Improve the Culture from Within (improvement of the health of the HHSA's own employees)

2011-2016 Strategic Initiative: A five-year plan concentrating on key areas: Children, Environment, Safe and Livable Communities

County Administration Center

Director's Office, HHSA
1600 Pacific Highway
San Diego, CA 92101
Room 206, MS-P501
Phone: (619) 515-6555



Director Nick Macchione, MS, MPH, FACHE

Time with County: Since 1997

Previous Experience: HHSA Deputy Director, Executive with former County Department of Public Health

Other HHSA Leaders:

Nick Yphantides, MD
Chief Medical Officer

Dean Arabatzis, Chief Operating Officer

Michael Van Mouwerik,
Executive Finance Director

Wilma J. Wooten, MD, MPH,
Public Health Officer

Debra Zanders-Willis, Director,
Child Welfare Services

*This page
intentionally
left blank*

2018 Public Affairs Plan: Addendum

Wellness Center and Blue Zone Project

Prior to developing a tool to capture community, public affairs & government presentations

1. Facilitated Community Forum February 14th;
2. Bonsall Chamber of Commerce Invitation to present on the Wellness Center
3. Coffee Chat at the Brooktown Sandwich and Coffee establishment
4. Sun Downer, Fallbrook Chamber Event
5. Media tools provided at annual Fallbrook Chamber Business Network event held in February
6. Village News Front Page March 1st
7. Village News Full Page Thank You March 8th
8. Facilitated site visit and tour of 1636 E. Mission; Future Home of Wellness Center scheduled for Wednesday March 7th; Invitation Only NCCCHI
9. Facilitated site visit and tour of 1636 E. Mission, March 14; Invitation Only
10. Media and Website presence: www.fallbrookhealth.org, Community Health Systems, Wellness Directory, Fallbrook Chamber of Commerce, Bonsall Chamber of Commerce, Foundation for Senior Care
11. Upcoming presentation on Monday March 19th ;FPUD CCH & W collaborative consisting of upwards of 26 organizations
12. March 6th; Encore Club Presentation at Fellowship Hall/Bender Room
13. One Page Advertisement in upcoming Source Book- Village News
14. ACHD Legislative Days April 16th and 17th ; Sacramento. One-on-One meetings scheduling with Anderson and Waldron.
15. Scheduling meeting with Diana Dooley, Secretary of California Health and Human Services TBD; April 16 or April 17 ACHD Legislative Days
16. Scheduled 2nd Community Wellness Forum March 14, from 5-6 PM