Public Health Education Collaborative

March 2\textsuperscript{nd}, 2010
Overview & Introductions

Jackie Valenzuela
Director,
Health Education Administration

…Your one-stop shop for all your health education needs.
<table>
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<th>Timeframe</th>
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| 9:00am-9:30am     | Overview, and Introductions    | Presentation and Discussion    | Jackie Valenzuela  
Director,  
Health Education Administration |
| 9:30am-9:45am     | Committee Overview             | Presentation and Discussion    | Milan Hill  
Susan Srabian  
Health Communications Specialists,  
Health Education Administration |
| 9:45am-10:45am    | Program Update                 | Presentation and Discussion    | Rachel Tyree  
Project Director,  
Tobacco Control & Prevention Program |
| 10:45am-11:00am   | Wellness Activity              | Activity                       | Kim Harrison Eowan  
Wellness Manager & Deputy Director,  
Health Education Administration |
| 11:00am-12:00pm   | Program Update                 | Presentation and Discussion    | Yeira Rodriguez  
Senior Health Educator,  
Healthy Way L.A. |
| 12:00pm-1:00pm    | Lunch                          | On Your Own                    | All                                                                |
| 1:00pm-1:15pm     | Wellness Activity              | Activity                       | Erika Siever  
Workforce Development Specialist,  
Health Education Administration |
| 1:15pm-2:45pm     | Collaborative Committees       | PMC and SBC Workgroup Sessions | Milan Hill  
Susan Srabian  
Health Communications Specialists,  
Health Education Administration |
| 2:45pm-3:15pm     | Reconvene & Next Steps         | Overview and Discussion        | Milan Hill  
Susan Srabian  
Health Communications Specialists,  
Health Education Administration |
| 3:15pm-4:00pm     | Wrap-up & Evaluations          | Q & A, Evaluation completion   | Sylvia Estafan  
Workforce Development Specialist,  
Health Education Administration |
Housekeeping

- Bathrooms
- Sign-in/Sign-out
- CHES credits
- Snacks
Ground Rules

• Turn cell phone to vibrate mode
• Take phone calls outside, or hold returning calls until the end of the session
• Respect one another
• Agree to disagree
Today’s Objectives

By the end of this session, participants will be able to...

1. Describe at least one component of a health education program being implemented by the Tobacco Control & Prevention Program.
2. Describe at least one component of a health education program being implemented by Healthy Way L.A.
3. Determine Collaborative Committee priorities related to chronic diseases.
4. List two Collaborative Committee tasks related to chronic diseases.
The Speakers’ Bureau Committee (SBC)

1. Creating
2. Training
3. Tracking
4. Reviewing

Milan A. Hill, MPH
Speakers’ Bureau Coordinator,
Health Education Administration
What is the purpose of the Speakers’ Bureau Committee?

The purpose of the Speakers’ Bureau Committee is to organize and oversee the development of community-level presentations and supplemental materials on “hot” or “emerging” public health topics within Los Angeles County.
The Speakers’ Bureau Committee

• Department-wide committee
• Currently comprised of 8 active members
  – Co-Lead needed!
• Played a key role in the development of:
  – SB PowerPoint Rubric
  – Preconception Health
  – Public Health Working For You Every Day
  – Childhood Obesity (launching 2010)
  – Global Climate Change (launching 2010)
  – Physical/Social Environment (launching 2010)
SBC Membership: Expectations & Participation

• Committee is currently open to new members

• Committee members agree to:
  – Become familiar with the SB process (development, dissemination, tracking)
  – Attend the Collaborative meetings at least every other month for SBC workgroup sessions in the afternoon
  – Devote time to delegated tasks (i.e. brainstorming, editing materials, emails, feedback submission, etc.)
  – Attend Speakers’ Bureau presentation trainings
SBC: Pending Projects

• Review and revise presentations that haven’t been launched
  – Childhood Obesity
  – Physical/Social Environment
  – Global Climate Change

• Explore new ways to launch presentations, train staff, and evaluate effectiveness of materials

• Determine how library of materials, speaker deployment, and committee structure should work
SBC: Priorities for 2010

• Chronic Disease Focus
  – Begin building “library” of SB presentations with supplemental materials
  – *Five Topics:*
    • Diabetes
    • Cholesterol
    • Asthma
    • High Blood Pressure
    • Congestive Heart Failure
The Print Materials Committee (PMC)

Susan Srabian
Communications Specialist,
Health Education Administration

Jessica Marshall
Communications Specialist,
Service Planning Area 8
What is the PMC?

• Department-wide committee
• Comprised of Health Educators and Public Health Nurses
  – Currently 10 members
  – New members are welcome
• Goal: To support DPH staff develop high quality and community-friendly print materials
What does the PMC do?

- Assist with development & review of print materials
- Design templates for fact sheets, brochures, posters, etc.
- Applies plain language standards
- Ensure community friendly products
- Coordinates the translation of DPH materials
Print Materials Committee (PMC)

• Expectations of PMC members:
  – Develop and review print materials; other duties as assigned
  – Work with Subject Matter Experts (SME) within the department
  – Attend 80% of PMC meetings

• Benefits of participation
  – Promotes teamwork and collaboration
  – Fosters creativity and enhances skills
  – Improves Plain Language expertise
  – Contributes to branding County materials
  – Letters of Recognition signed by Division Director
PMC: Pending Projects

• Finalize the Print Materials Inventory
• Advertise the inventory to internal and external customers
• Complete pending fact sheets
  – Environmental Health
  – ACD
  – STD
PMC: Priorities for 2010

- Create print materials for 5 chronic disease topics
  - Asthma
  - Diabetes
  - High blood pressure
  - Congestive heart failure
  - Cholesterol

- Design new materials on most commonly requested topics (i.e. Nutrition, Physical Activity)

- Discuss how we want to proceed with plain language trainings

- Standardize CHS clinic information pamphlets
Program Update

Rachel Tyree
Project Director,
Tobacco Control & Prevention Program
Wellness Activity

Kim Harrison Eowan

Wellness Manager & Deputy Director,
Health Education Administration
Program Overview
HWLA
Promotional Video
California Health Care Coverage Initiative (CI)

- Expansion of health care coverage to eligible low-income, uninsured adults in California

- 3-year program, started September 1, 2007

- Los Angeles County is 1 of 10 counties

- Types of services: primary care and preventive services; early intervention services; and chronic disease management
Healthy Way LA (HWLA)

The goal is to provide benefits and service enhancements to meet the needs of:

- Uninsured adults with chronic illness
- Older adults at risk for developing chronic conditions
- Chronic users of services provided by Department of Health Services (DHS) and Public-Private Partner (PPP) clinics
HWLA Enrollment Criteria

Members must meet the following criteria:

- Los Angeles County Resident
- U.S. Citizen or legal resident for 5 or more years
- Age 19-64
- Income at or below 133 1/3% of Federal Poverty Level
- Uninsured and not qualified for other programs

And one of the following three criteria:
HWLA Enrollment Criteria (cont’d)

- Chronic condition diagnosis
  - Diabetes
  - Hypertension (High Blood Pressure)
  - Asthma or Chronic Obstructive Pulmonary Disorder
  - Dyslipidemia (High Cholesterol)
  - Congestive Heart Failure

- Age 63 – 64 (pre-Medicare age)

- 2+ visits to a DHS or PPP facility within the past year
HWLA Documentation

- Citizenship or Permanent Residency (5+ years)
- Income
  - Proof of General Relief (GR is sufficient)
- Attestation
- Valid Photo ID
HWLA Service Network

- Department of Health Services (DHS)
  - 3 hospitals (12 primary care clinics total)
  - 17 non-hospital based clinics
    - 1 multi-service ambulatory care center (MACC)
    - 6 comprehensive health centers (CHC)
    - 10 health centers (HC)

- Public Private Providers (PPP)
  - a total of 38 contracted PPPs with approximately 100 sites throughout the County
HWLA Member Benefits

- Primary care medical home
- Preventive health services
  - Health education workshops
- Customer Service Line
- 24/7 Nurse Advice Line (NAL)
- Next-day appointments (if determined medically necessary by NAL)
- Disease management programs (diabetes, asthma, CHF)
  - Hypertension and dyslipidemia protocols
- Improved coordination of care via Encounter Summary Sheets (ESS) and Referral Processing System (RPS)
Not an Insurance Program

Healthy Way LA is a county program, not an insurance program

- It does not cover medical care services provided by private hospitals
- However, it does cover medical care including emergency room/urgent care visits at any LA County Department of Health Services facilities
HWLA Accomplishments

- Enrolled about 54,544 members as of 3/1/10
- Membership packets, including I.D. cards
- HWLA marketing materials (brochures, banners, posters)
- 38 Public Private Providers contracted
  - approximately 100 clinic sites throughout LA County
- IT infrastructure developed
- California birth record match
- HWLA & DPSS GROW collaboration
  - DPSS GROW Referral Pilot Program
HWLA Accomplishments (cont’d)

- Member Services hotline: multi-lingual
  - Handles over 1,000 calls per month

- Nurse Advice Line: multi-lingual
  - Available 24/7, toll-free
  - Approx. 120 calls per month, increasing
  - 84% of calls are for current symptoms
  - Most common symptoms are:
    1. Upper respiratory illness
    2. Abdominal pain
    3. Chest pain
HWLA Accomplishments (cont’d)

- HWLA Newsletter
  - Issued quarterly to providers & staff
- Encounter Summary Sheets (ESS) rolled-out to DHS & PPP facilities
- Preventative Services
  - Seasonal flu vaccine purchased and provided to members
  - Information on H1N1 prevention & care
  - Smoking cessation referrals
Preventive Services: Health Education/Promotion Plan

- Goal 1: to explore opportunities for partnership that leverage expertise and resources to improve coordination of preventative health education activities
  - Determine extent of activities taking place and explore opportunities for collaboration
Preventive Services: Health Education/Promotion Plan

- Goal 2: To increase the availability and quality of health promotion and education activities to meet members’ specific health needs
  - Assess existing patient education and health promotion activities taking place at DHS & PPP
  - Implement a minimum of 5 health education/promotion classes by network/cluster
  - Identify and explore distribution of screening/preventative guidelines to members
  - Develop and distribute 2 member newsletters
Preventive Services: Health Education/Promotion Plan

Goal 2 (continued):

- Complete HWLA tool kit (e.g. 5 chronic diseases)
- Identify a health risk assessment tool & encourage DHS & PPP facilities to adopt its use
- Provide coordinated health ed/promotion messages (e.g. health observances calendar)
- Provide direction and technical support on health education/promotion activities (e.g. 14 Health Education Assistants)
- Share best practices on documentation of preventative care services and patient education activities
- Encourage facilities and partner agencies to evaluate the effectiveness of their educational programs
Preventive Services: Health Education/Promotion Plan

Goal 3: To provide culturally, linguistically and literacy-level appropriate health education services, information and materials to members’

- Provide direction and technical support on preparation and presentation of culturally, linguistically and literacy-level appropriate health education activities and materials
- Draft and disseminate guidelines and protocols for production and use of linguistically sensitive and appropriate reading-level material
HWLA Challenges

- Program
  - Existing resources
  - Specialty Care capacity
  - Primary Care capacity
  - IT infrastructure
  - Onerous enrollment requirements
  - DHS & PPP facilities are different
What’s in the Future for DHS and its Partners?

- More patients will be covered
- Fundamental changes in the way DHS receives funding
- Greater emphasis on medical homes, preventive medicine, care coordination
- Greater emphasis on quality of care and cost containment
- IT improvements
Any questions?
Lunch
Wellness Activity

Erika Siever
Workforce Development Specialist,
Health Education Administration
Collaborative Committees

Print Materials Committee

Susan Srabian
Communications Specialist,
Health Education Administration

Jessica Marshall
CHS Health Educator,
Service Planning Area 8

Speakers’ Bureau Committee

Milan Hill
Communications Specialist,
Health Education Administration
Next Steps
Wrap-Up & Evaluations

Sylvia Estafan

Workforce Development Specialist
# Upcoming Collaborative

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>April 6, 2010</td>
<td>9:00am – 4:00pm</td>
<td>Ferguson 2&lt;sup&gt;nd&lt;/sup&gt; floor, Suite 220, Conf. Rm. A, #2081</td>
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Thank You!