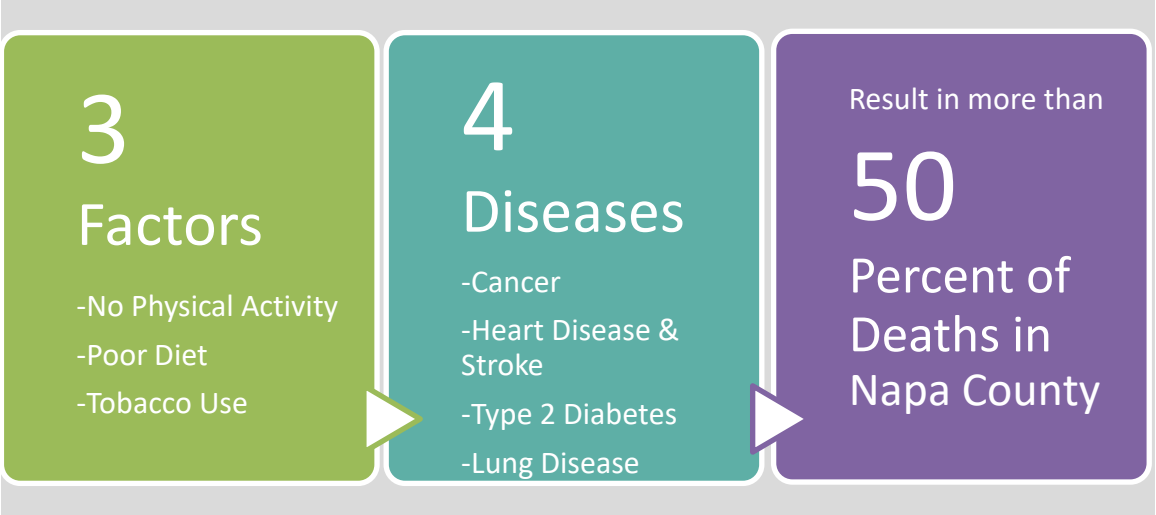
NAPA COUNTY PUBLIC HEALTH

Chronic Disease and Health Equity Program Outcomes Summary

PROGRAM SUMMARY

The mission of the Chronic Disease and Health Equity (CDHE) Unit is to improve chronic disease-related health outcomes by increasing health equity in Napa County. Health equity means that everyone has a fair and just opportunity to be healthier. CDHE is modeled after the World Health Organization's 3-4-50 framework.



The Chronic Disease and Health Equity Team work with a number of local, regional and State partners to provide relevant, accurate and accessible information and education. As a team, community partners and the CDHE Unit seek to address racial and health inequities, as these are inextricably linked. CDHE recognizes that our community health cannot improve until we all have the opportunities to be healthy and well.

MAIN ACTIVITIES

Programs within CDHE include:

- the Tobacco Control Program
- the Supplemental Nutrition Assistance Program – Education (SNAP-ED)
- Epidemiology and Surveillance
- Medi-Cal Administrative Activities (MAA)

Together, these programs aim to address the factors contributing to the leading causes of death in Napa County by 1) providing data to inform and educate the community and 2) working collaboratively with community partners on strategies related to improving policy, systems, and the environment to make healthy choices easier for all.

CDHE staff also provides support to the Live Healthy Napa County (LHNC) community collaborative, which has a strong focus on addressing social determinants of health to decrease health inequities in Napa County. LHNC, working with Public Health, develops the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). These plans are developed every 5 years and are available on the LHNC website.

TARGET POPULATIONS – AREAS OF FOCUS

The Tobacco Control Program is completely grant funded by the California Department of Public Health (CDPH). Grant deliverables include activities designed to promote changes in access and availability of tobacco products, as well as limit exposure to secondhand smoke. The main areas of focus for the current grant include decreasing exposure to secondhand smoke in multi-unit housing and the decreasing the availability of tobacco products, including electronic smoking devices, in youth sensitive areas. Program activities include education, outreach, community collaboration and engagement, and evaluation.

The Supplemental Nutrition Assistance Program – Education (SNAP-ED) is funded by the United States Department of Agriculture (USDA) and is intended to promote healthy eating and physical activity among recipients of SNAP. Along with direct nutrition education, the program supports community collaboration for policy, systems, and environmental changes that support access to nutritious food and consumption of healthy beverages.

Epidemiology and Surveillance offers support, data and education to all programs to ensure decisions are data-driven. This includes data support for community coalitions such as the Napa Opioid Safety Coalition, Live Healthy Napa County, the HIV Providers' meeting, Tobacco Free Napa, and the Suicide Prevention Council. A contractor coordinates HIV surveillance activities. The epidemiologist also assists with GIS mapping for other Agency Divisions, such as Mental Health and Alcohol and Drug Services.

LHNC is currently working on completing the 2019 Community Health Improvement Plan. Top areas of focus that impact community health include Respect and Social Inclusion, Food Insecurity, Housing, and Transportation. LHNC is working to ensure interventions are community-driven and designed.

Staff within CDHE coordinate the Medi-Cal Administrative Activities (MAA) program. MAA allows Napa County to receive federal reimbursement for the cost of performing activities that support efforts to enroll individuals into Medi-Cal, connect individuals with covered services, and provide accessible and effective Medi-Cal covered services. Through MAA, Napa County promotes access to health care for clients, minimizes healthcare costs and long-term health care needs for at-risk populations, and coordinates client needs with other providers. For FY 16/17, $1,068,927.00 in federal reimbursement was claimed for MAA.

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PERFORMANCE MEASURES

In 2018, CDHE staff:

- Worked with the City of St. Helena to update their municipal code to include electronic smoking devices in the definition of tobacco product. Inclusion of new and emerging tobacco products in the definition strengthens existing smoke-free laws and protects the community from exposure to all secondhand smoke.
- Supported LHNC in order to engage over 25 healthcare and community based organizations and over 350 community members in developing the Community Health Assessment and Emergency Food System Study.
- Coordinated monthly Free Produce Markets at HHSA, providing free fresh fruits and vegetables to 1405 households.
- Published the 2018 Community Health Assessment, which includes extensive local data on health outcomes and social determinants of health such as housing, transportation and social participation.
- Established six MAA (Medi-Cal Administrative Activity) subcontracts with Community Based Organizations (FY17/18), which resulted in Medi-Cal outreach activities that reached over 38,000 individuals (duplicated) and 2,600 Medi-Cal applications and/or renewals facilitated.

ADMINISTRATIVE INFORMATION

The CDHE budget in FY17-18 was $960,410. Specific functions of this program are required of Public Health Departments under Title 17 CCR § 1276, including:

- (a) Collection, tabulation and analysis of all public health statistics, including population data, fatality, mortality and morbidity records, as well as evaluation of service records.
- (h) Services in chronic disease, which may include case finding, community education, consultation, or rehabilitation, for the prevention or mitigation of any chronic disease.
- (i) Services directed to the social factors affecting health, and which may include community planning, counseling, consultation, education, and special studies.

Funding for CDHE programs comes from CDPH (tobacco and HIV surveillance), the USDA (SNAP-ED), IGT funds (LHNC support), County general funds, and small grants to support LHNC work.

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Position	FTE
CDHE Manager	0.9FTE
Supervising Staff Services Analyst	1 FTE
Epidemiologist	0.5 FTE
Staff Services Analyst II	1 FTE
Health Education Specialist	1 FTE
Epidemiology Fellow	Contractor
HHSA Tech	0.5 FTE
HIV Surveillance Coordinator	Contractor

GOALS FOR UPCOMING FY:

- Complete the Community Health Improvement Plan with community input and LHNC Collaborative support, using Respect and Social Inclusion as a lens for strategy development.
- Work collaboratively with the Local Food Advisory Council and other community partners on strategies to address food insecurity.
- Build capacity within the adult and youth tobacco coalitions to increase public awareness around tobacco control issues, with the intent of preventing youth use.
- Provide current data on community health by updating key indicators within the 2018 Napa County Community Health Assessment.
- Complete the Healthy Stores for Healthy Communities survey and conduct a media campaign to bring awareness to the local tobacco, alcohol and food retail environments and their influence on health.

FOR PROGRAM INFORMATION, PLEASE CALL:

PHONE: (707) 253 –4231

OR VISIT: https://www.countyofnapa.org/672/Chronic-Disease-Health-Equity

NAPA COUNTY CALIFORNIA

A Tradition of Stewardship
A Commitment to Service