

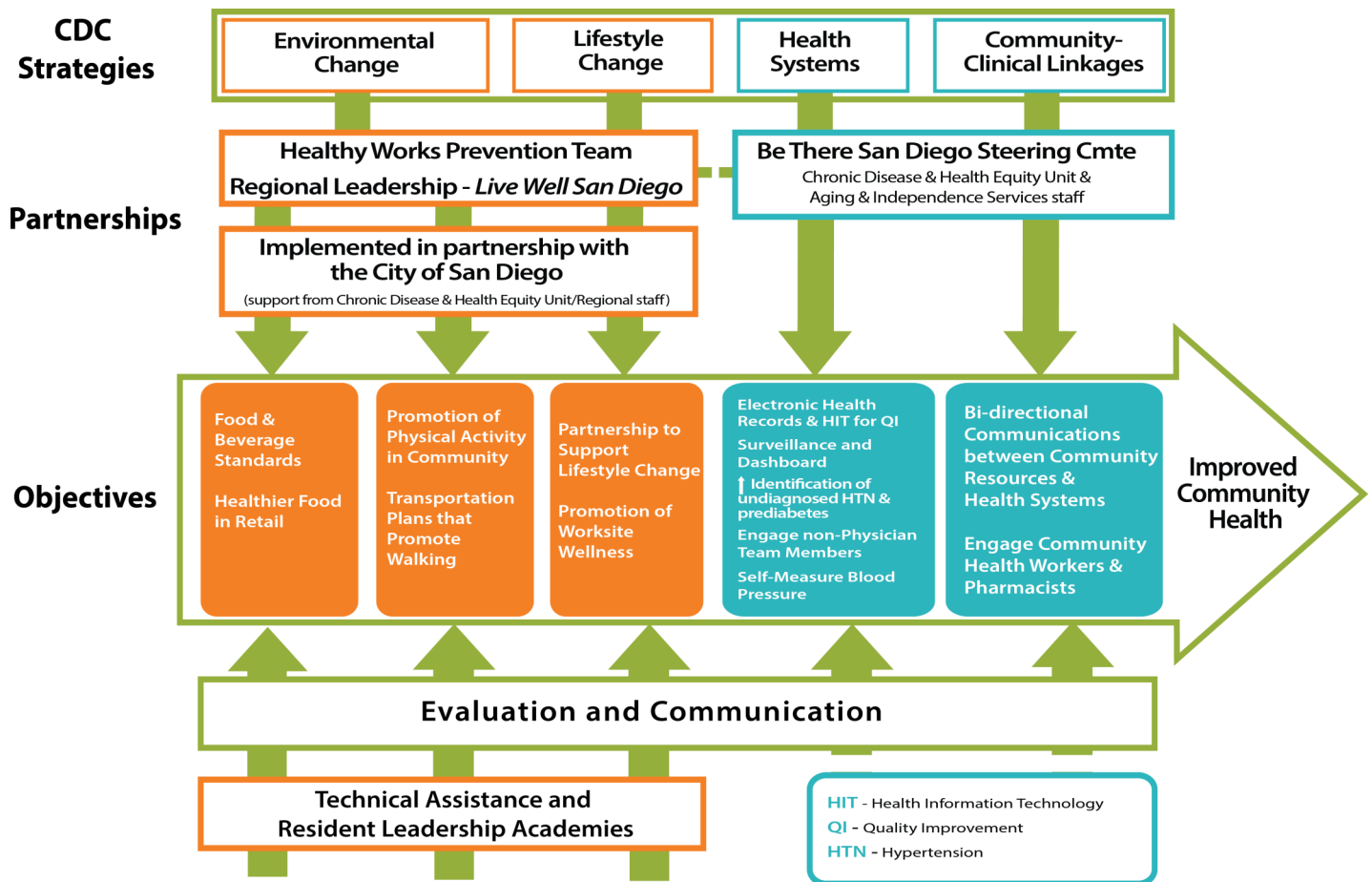
Healthy Works: Prevention Initiative

The County of San Diego Health and Human Services Agency’s Chronic Disease and Health Equity Unit (CDHE), under Public Health Services, will lead the implementation of a \$14 million federal grant, *Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke*, locally known as Healthy Works: Prevention Initiative. This four-year initiative is funded by the Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion. It will be implemented in the **City of San Diego** as funding is designated for large cities.

The goal of the Healthy Works: Prevention Initiative is to support implementation of general and specific population approaches to prevent obesity, diabetes, heart disease and stroke, as well as reduce adult health disparities. Specific populations being addressed include residents experiencing racial, ethnic or socioeconomic disparities with uncontrolled high blood pressure or at high risk for type 2 diabetes.

Environmental and Lifestyle Change Strategies: Promotes and supports healthy lifestyles to reinforce healthful behaviors, particularly for those populations with uncontrolled high blood pressure and those at risk for developing type 2 diabetes.

Health Systems and Community-Clinical Linkage Strategies: Supports heart disease, stroke, and diabetes prevention efforts to improve the quality of health care delivery to populations with the highest hypertension and prediabetes disparities.



HealthyWorks.org

Healthy Works: Prevention Initiative Strategies, Activities and Partnerships

Environmental Strategies	Activities	Partnerships
1. Implement nutrition and beverage standards, including sodium 2. Strengthen healthier food access and sales in retail and community venues	⇒ Develop and implement Nutrition Standards Action Plan. ⇒ Adopt nutrition standards for public institutions & private worksites. ⇒ Create an economic development plan to attract new healthy food retailers. ⇒ Designate healthy retailers & healthy restaurants. ⇒ Adopt & implement a nutrition policy for community venues (e.g., food banks).	♦ City of San Diego ♦ UCSD Center for Community Health
3. Strengthen community promotion of physical activity in communities 4. Develop and implement transportation and community plans that promote walking	⇒ Implement signage, social supports, and adoption of worksite policies. ⇒ Develop and adopt pedestrian plans for a community planning area benefiting priority populations. ⇒ Engage local Resident Leadership Academies (RLA) in target pedestrian planning areas.	♦ City of San Diego ♦ UCSD Center for Community Health ♦ Community Engagement Contractor (TBD)
Lifestyle Change Strategies	Activities	Partnerships
5. Plan and execute data-driven actions via partner network to build support for lifestyle change 6. Implement engagement strategies 7. Increase coverage for lifestyle change programs	⇒ Conduct environmental scan to gauge local interest & readiness to implement CDC-recognized Diabetes Prevention Program (DPP), and adopt DPP as a covered program. ⇒ Target employees of worksites which may later adopt the DPP, and other high-risk individuals. ⇒ Provide technical assistance to local organizations to implement DPP, to worksites and their insurance carriers to include DPP as a covered health benefit. ⇒ Develop and implement a marketing plan for DPP participant recruitment.	♦ Aging & Independence Services ♦ UCSD Center for Community Health
Health Systems Strategies	Activities	Partnerships
8. Utilize health information technology to improve performance 9. Increase automated reporting of quality measures 10. Increase engagement of non-physician team members 11. Increase self-measured blood pressure monitoring tied with clinical support 12. Increase identification of patients with undiagnosed hypertension and prediabetes	⇒ Develop recommendations for clinical decision support to improve hypertension management, and develop support tools to promote identification, diagnosis, and management of hypertension and prediabetes. ⇒ Develop a Regional Clinical Quality Indicators Reporting System. ⇒ Incorporate pharmacists and other non-physician team members into hypertension management. ⇒ Promote adoption of self-measured blood pressure monitoring. ⇒ Develop regional guidance for health systems to identify patients with undiagnosed hypertension and prediabetes.	Be There San Diego
Community-Clinical Strategies	Activities	Partnerships
13. Engage Community Health Workers (CHWs) 14. Engage community pharmacists 15. Facilitate bi-directional communication between health systems and community resources	⇒ Develop capacity of San Diego health care organizations to utilize CHWs to advance program goals. ⇒ Increase engagement of community pharmacists in the provision of medication/self-management of hypertension. ⇒ Implement bi-directional referral system to promote referrals between health systems and community organizations.	Be There San Diego