**California Healthier Living Coalition**

**Membership Information**

TheCalifornia Healthier Living Coalitionseeks to expand the availability of evidence-based chronic disease self-management education (CDSME) programs proven to significantly help individuals living with a chronic disease.[[1]](#footnote-1)

The Coalition is sponsored by the California Department of Aging and the California Department of Public Health. Coalition members include state, county and regional agencies; public and private organizations; and individuals committed to making these programs more broadly available. Partners in Care Foundation, a subgrantee of both state agencies, serves as the Technical Assistance Center for CDSME programs such as the Chronic Disease Self-Management Program (also known as *Healthier Living*), the Diabetes Self-Management Program, and Walk with Ease. Partners in Care also manages the Healthier Living Coalition.

Coalition members receive technical assistance and support in implementing CDSME programs and share tools, resources and strategies as we collectively seek to sustain and expand the reach of these programs. Membership is voluntary. Members include organizations and individuals at various points in implementation, from those in the early planning stages to those who have been offering these programs in their community for many years.

**Coalition Meetings/Subcommittees**

The Coalition meets quarterly. Three of these meetings occur via teleconference. At least one meeting is scheduled as an annual in-person meeting. All members are encouraged to attend the quarterly meetings; however, meeting notes are also made available. Program updates/news are sent out to all members in a timely manner.

Coalition subcommittees are being formed that focus on three critical areas that are essential in building California’s infrastructure to support CDSME programs. Regular subcommittee updates will be incorporated in quarterly Coalition meetings.

**Sub****committees**

**Health Disparities**

Health inequities due to social circumstances are reflected in differences in length or quality of life; rates of disease, disability, and death; and access to treatment or services that support health. This Subcommittee focuses on increasing access to (“the reach of”) evidence based programs to support health in local communities. This Subcommittee’s objectives include: 1) developing culturally appropriate outreach materials; 2) identifying promising practices to increase workshop accessibility and enrollment for adults who are ethnically diverse, low-income, and/or have limited English or are non-English speaking; 3) sharing promising practices with Coalition members.

**Quality Assurance & Fidelity**

This Subcommittee focuses on Quality Assurance (QA) and Fidelity. This Subcommittee’s objectives include: 1) recommending fidelity procedures and continuous quality improvement guidelines to monitor the delivery of programs consistent with evidence base; 2) reviewing performance indicators and fidelity monitoring efforts and share with the Coalition; and 3) developing ongoing Leader skill building seminars.

**Sustainability**

This Subcommittee focuses on developing a sustainability framework for evidence-based programs in California that include the following core elements: (1) partnerships; (2) infrastructure and delivery system; (3) financing; (4) outreach; (5) quality assurance; and (6) advocacy.

**Types of Membership**

1. **Organizational Membership**: Current organizational members include, but are not limited to, area agencies on aging, public health departments, health plans, housing providers, health care systems, foundations, and other organizations that are currently hosting/providing CDSME programs on a county or multi-county level.

We encourage organizations that are implementing CDSME programs at their individual site(s) within their city or area of a county to join their local CDSME coordination efforts and/or to join the statewide Coalition as an Associate Member. If you are not sure which level of membership is right for you, please contact the Partners in Care staff (see Membership Application below).

Each Organizational Member will have at least one individual designated to

* Represent their organization on the Coalition;
* Act as a liaison between their agency/organization and Coalition; and
* Actively participate in Coalition meetings and subcommittee(s) (most of which are by teleconference).
1. **Associate Membership:** This level of Membership is available to individuals or local agencies/organizations who are involved in implementing CDSME programs at their site(s), but do not have a lead role in program implementation or do not wish to perform the responsibilities of an Organizational Member but want to be kept informed, receive updates on Coalition activities, and contribute to the Coalition efforts on an ad hoc basis.

**Membership Process**

Any organization (or individual) interested in joining the Coalition may apply. An individual, agency, or Coalition member can nominate an organization and representative for membership by submitting an application as well.

The leadership of the California Healthier Living Coalition will review and approve completed membership applications. Coalition leadership includes the California Department of Aging and the California Department of Public Health, who serve as Co-Chairs of the Coalition, and Partners in Care Foundation.

**California Healthier Living Coalition**

**Membership Application**

If you are interested in joining the California Healthier Living Coalition either as an Organizational or Associate Member, please complete the appropriate application below and submit it by email to Christy Lau at Partners in Care Foundation--clau@picf.org. If you have questions, you can reach Christy at (818) 837-3775 x159.

Your responses will assist the Coalition leadership in identifying members with specific types of expertise and interest. This will enable Coalition members to identify and collaborate with other members on particular topics of interest.

\*Asterisks denote required fields.

**Organizational Membership Application**

|  |  |
| --- | --- |
| Name of Organization:  | Click here to enter text. |
| Organization Type: | Choose an item. |
| Address 1: | Click here to enter text. |
| Address 2: | Click here to enter text. |
| City: | Click here to enter text. |
| State:  | Click here to enter text. |
| Zip Code: | Click here to enter text. |

|  |  |
| --- | --- |
| Designee First Name:  | Click here to enter text. |
| Designee Last Name: | Click here to enter text. |
| Job Title:(if applicable) | Click here to enter text. |
| Credentials:(if applicable) | Click here to enter text. |
| Telephone Number: | Click here to enter text. |
| Email Address: | Click here to enter text. |

|  |  |
| --- | --- |
| Please briefly describe your organization’s areas of expertise: | Click here to enter text. |
| Please briefly describe your organization’s areas of interest: | Click here to enter text. |
| Is your organization presently implementing evidence-based programs?  | [ ]  Yes [ ]  No |
| If yes, please list each program: | Click here to enter text. |
| What is your organization’s role in implementing and/or coordinating these programs? (i.e. actively offers programs, has staff who are trained leaders, hosts workshops, coordinates programs at county/local level, etc.) | Click here to enter text. |

Please also submit a brief letter from your organization designating you as their representative on the California Healthier Living Coalition\*

**Associate Membership Application**

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| --- | --- |
| Name of Organization: (if applicable)  | Click here to enter text. |
| Organization Type:(if applicable)  | Choose an item. |
| Address 1: | Click here to enter text. |
| Address 2: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip Code: | Click here to enter text. |

|  |  |
| --- | --- |
| First Name: | Click here to enter text. |
| Last Name: | Click here to enter text. |
| Job Title:(if applicable) | Click here to enter text. |
| Credentials:(if applicable) | Click here to enter text. |
| Telephone Number: | Click here to enter text. |
| Email address: | Click here to enter text. |

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| How did you hear about the California Healthier Living Coalition? | Click here to enter text. |
| Please describe your organizations areas of expertise: |  Click here to enter text. |
| Please describe your areas of interest: | Click here to enter text. |

1. http://www.cdc.gov/arthritis/docs/asmp-executive-summary.pdf [↑](#footnote-ref-1)