

California Department of Aging

California Department of Public Health

America's Physician Group

San Francisco Department of Aging & Adult Services

Dignity Health

OCCR Office on Aging

Camarillo Health Care District

The People Concern

# WELCOME TO THE CALIFORNIA HEALTHIER LIVING COALITION MEETING

Partners in Care Foundation

WISE & Healthy Aging

County of Humboldt DHHS

County of San Diego Health & Human Services  
Agency, Aging & Independence Services (AIS)

**Kaiser Permanente**

Health Services Advisory Group

Dignity Health , Mercy and Memorial Hospitals

Dignity Health -Health Education Center at CHSB

San Joaquin Public Health

California Hospital Medical Center

Kaweah Delta Healthcare District

Dignity Health St. Mary Medical Center

Alameda County Emergency Medical Services

Venice Family Clinic

Mt. San Antonio College

LAACHA/OWH/DPH

LA County Department of Public Health,  
Office of Women's Health

# CALIFORNIA HEALTHIER LIVING COALITION

## In-Person Meeting

Monday, November 5, 2018

9:00 AM – 3:00 PM

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C A L I F O R N I A  
**HEALTHIER LIVING**

Living Your Best Life...

This project was supported, in part by grant number 90FPSG0005-01-02 and 90CSSG005, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

# Announcements

- Please sign-in at the registration table
- Silence cell phones
- Restrooms

# CA HEALTHIER LIVING COALITION MEETING

November 5, 2018

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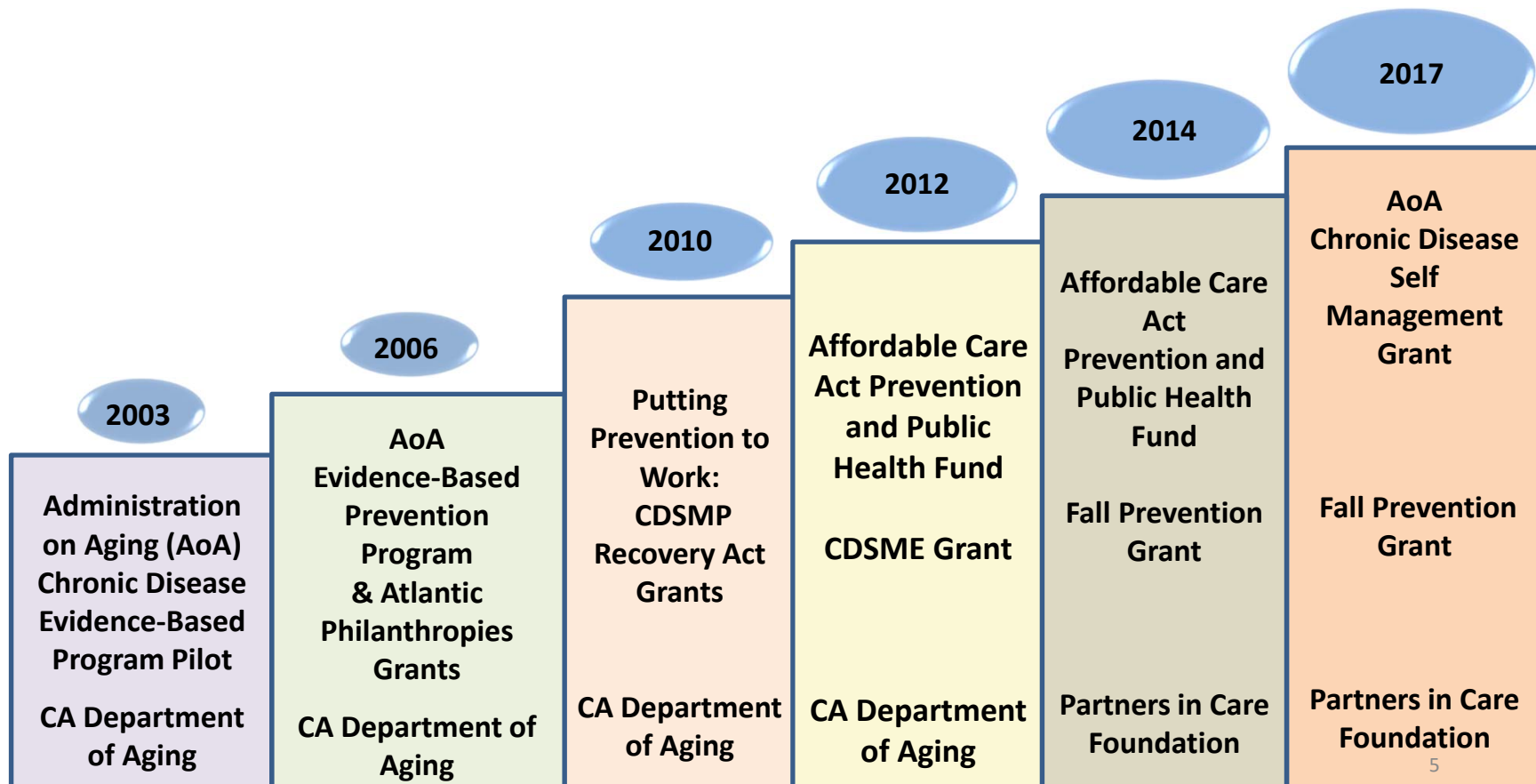
LORA CONNOLLY, CALIFORNIA DEPARTMENT OF AGING

C A L I F O R N I A  
**HEALTHIER LIVING**

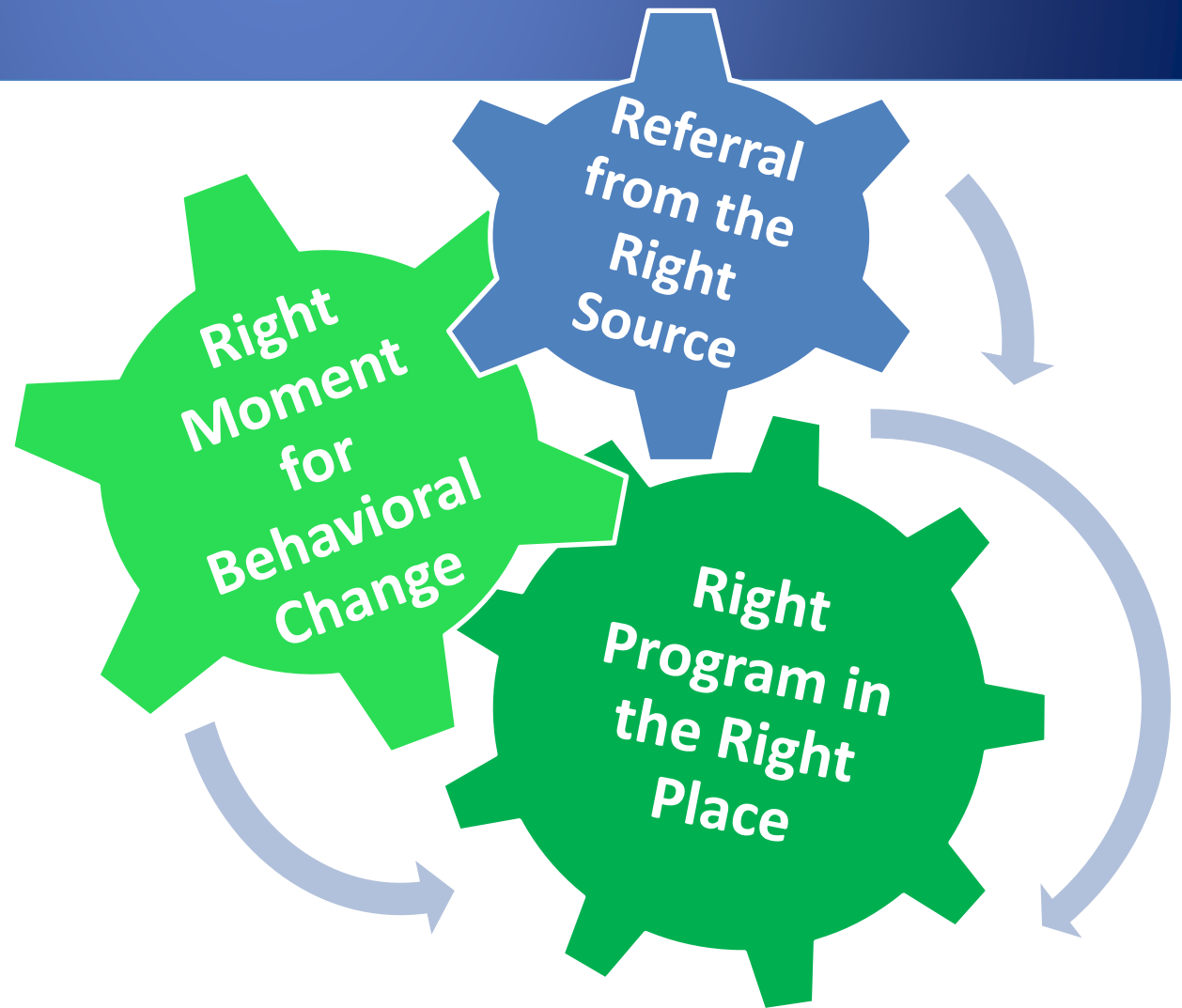
Living Your Best Life...



# California Evidence Based Chronic Disease Self Management Grants



- These programs need lots of networking to identify the **right** participants
- And the **right** program to motivate personal engagement and behavioral change...





- ❖ Evidence Based Health Promotion and Fall Prevention Programs require significant programmatic resource coordination.
- ❖ Program licensing, master trainers, committed workshop leaders, convenient locations for workshops, enrollment scheduling, and a community “lead” in doing outreach and workshop scheduling...
- ❖ These are all key to Sustainability...and key to why we formed the CA Healthier Living Coalition to support our collective efforts.

# CDSME Workshop Snapshot

CDSME Programs	Workshops	Participants	Retention Rates
Year 1 (8-2015-16)	236	2,707	73%
Year 2 (8-2016-17)	116	1,323	72%
Year 3 (8-2017-18)	165	2,048	71%



# Chronic Disease Self Management Programs

Program Types	Workshops	Participants	Retention Rates
Chronic Disease Self-Management Program	324	3774	71%
Tomando Control de su Salud	86	1050	75%
Diabetes Self Management Program	43	497	70%
Programa de Manejo Persona de la Diabetes	27	325	77%
Chronic Pain Self-Management Program	31	394	69%
Positive Self Management Program	2	27	89%
<b>Total</b>	<b>516</b>	<b>6,078</b>	<b>72%</b>

# Fall Prevention Programs (8/2015-8/2018)

Workshop Type	Workshops	Participants	Retention Rates
Matter of Balance	209	2,703	80.5%
Tai Chi for Arthritis	8	171	50.3%
Tai Ji Quan	2	22	68%
<b>Total</b>	<b>219</b>	<b>2,896</b>	<b>78.6%</b>

# Fall Prevention Workshops Snapshot

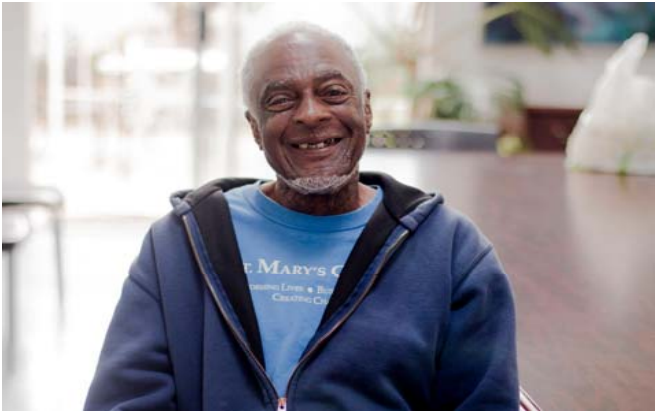
Fall Prevention Programs	Workshops	Participants	Retention Rates
Year 1 (8/2015-16)	57	771	82%
Year 2 (8/2016-17)	67	822	81%
Year 3 (8/2017-18)	95	1,303	75%
<b>Total</b>	<b>219</b>	<b>2,896</b>	<b>79%</b>



Entitled  
it enacted by the  
United States of America in  
**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**  
(a) **SHORT TITLE.**—This Act may be cited as the **Affordable Care Act**.  
(b) **TABLE OF CONTENTS.**—  
as follows:  
1. Short title; table of contents.  
2. QUALITY, AFFORDABLE  
3. Private Improvement  
4. The P.



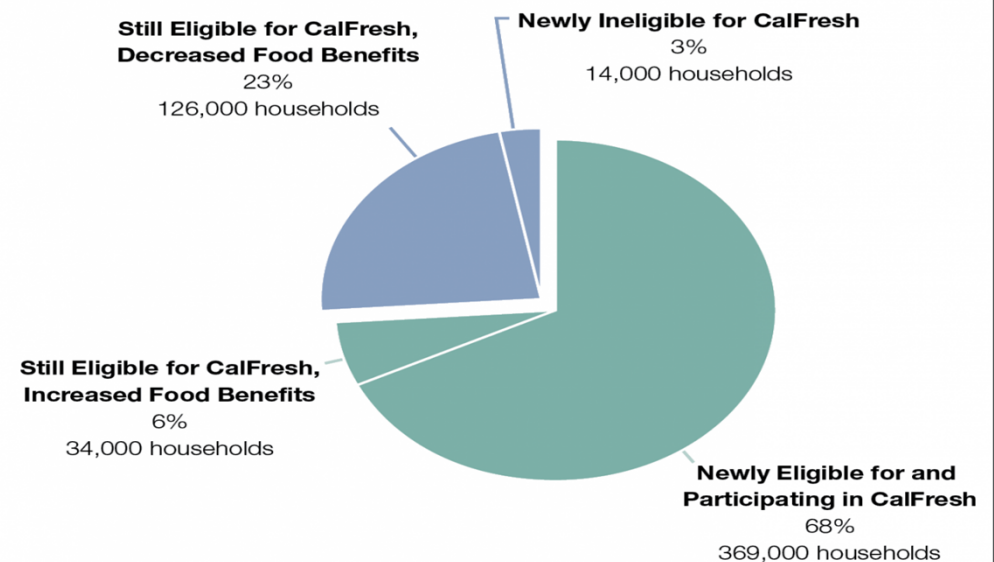
# Coming in Spring 2019...



In 2019, Californians on SSI/SSP and age 65+ or disables will be eligible for CalFresh, which provides a month amount toward purchasing food. But eligible individuals must sign up for the benefit.

In Spring 2019, the CA Dept of Social Services & sister departments, county human services agencies will be launching grass roots sign up efforts. Stay tuned....

## Majority of Households Affected by Ending the SSI Cash-Out Expected to Benefit



# CA DEPT OF PUBLIC HEALTH UPDATES

KARISSA ANDERSON & RENATO LITTAUA



# California Older Adult Falls Data

Karissa Anderson

Older Adult Injury Prevention Program  
Safe and Active Communities Branch  
California Department of Public Health



## 10 Leading Causes of Death by Age Group, United States – 2015

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,825	Unintentional Injury 1,235	Unintentional Injury 755	Unintentional Injury 763	Unintentional Injury 12,514	Unintentional Injury 19,795	Unintentional Injury 17,818	Malignant Neoplasms 43,054	Malignant Neoplasms 116,122	Heart Disease 507,138	Heart Disease 633,842
2	Short Gestation 4,084	Congenital Anomalies 435	Malignant Neoplasms 437	Malignant Neoplasms 428	Suicide 5,491	Suicide 6,947	Malignant Neoplasms 10,909	Heart Disease 34,248	Heart Disease 76,872	Malignant Neoplasms 419,389	Malignant Neoplasms 595,930
3	SIDS 1,568	Homicide 369	Congenital Anomalies 181	Suicide 409	Homicide 4,733	Homicide 4,863	Heart Disease 10,387	Unintentional Injury 21,499	Unintentional Injury 19,488	Chronic Low. Respiratory Disease 131,804	Chronic Low. Respiratory Disease 155,041
4	Maternal Pregnancy Comp. 1,522	Malignant Neoplasms 354	Homicide 140	Homicide 158	Malignant Neoplasms 1,469	Malignant Neoplasms 3,704	Suicide 6,936	Liver Disease 8,874	Chronic Low. Respiratory Disease 17,457	Cerebro-vascular 120,156	Unintentional Injury 146,571
5	Unintentional Injury 1,291	Heart Disease 147	Heart Disease 85	Congenital Anomalies 156	Heart Disease 997	Heart Disease 3,522	Homicide 2,895	Suicide 8,751	Diabetes Mellitus 14,166	Alzheimer's Disease 109,495	Cerebro-vascular 140,323
6	Placenta Cord. Membranes 910	Influenza & Pneumonia 88	Chronic Low. Respiratory Disease 80	Heart Disease 125	Congenital Anomalies 386	Liver Disease 844	Liver Disease 2,861	Diabetes Mellitus 6,212	Liver Disease 13,278	Diabetes Mellitus 56,142	Alzheimer's Disease 110,561
7	Bacterial Sepsis 599	Septicemia 54	Influenza & Pneumonia 44	Chronic Low Respiratory Disease 93	Chronic Low Respiratory Disease 202	Diabetes Mellitus 798	Diabetes Mellitus 1,986	Cerebro-vascular 5,307	Cerebro-vascular 12,116	Unintentional Injury 51,395	Diabetes Mellitus 79,535
8	Respiratory Distress 462	Perinatal Period 50	Cerebro-vascular 42	Cerebro-vascular 42	Diabetes Mellitus 196	Cerebro-vascular 567	Cerebro-vascular 1,788	Chronic Low. Respiratory Disease 4,345	Suicide 7,739	Influenza & Pneumonia 48,774	Influenza & Pneumonia 57,062
9	Circulatory System Disease 428	Cerebro-vascular 42	Benign Neoplasms 39	Influenza & Pneumonia 39	Influenza & Pneumonia 184	HIV 529	HIV 1,055	Septicemia 2,542	Septicemia 5,774	Nephritis 41,258	Nephritis 49,959
10	Neonatal Hemorrhage 406	Chronic Low Respiratory Disease 40	Septicemia 31	Two Tied: Benign Neo./Septicemia 33	Cerebro-vascular 166	Congenital Anomalies 443	Septicemia 829	Nephritis 2,124	Nephritis 5,452	Septicemia 30,817	Suicide 44,193

**Data Source:** National Vital Statistics System, National Center for Health Statistics, CDC.  
**Produced by:** National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



## 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2015

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 1,125	Unintentional Drowning 390	Unintentional MV Traffic 351	Unintentional MV Traffic 412	Unintentional MV Traffic 6,787	Unintentional Poisoning 11,231	Unintentional Poisoning 10,580	Unintentional Poisoning 11,670	Unintentional Poisoning 7,782	Unintentional Fall 28,486	Unintentional Poisoning 47,478
2	Homicide Unspecified 135	Unintentional MV Traffic 332	Unintentional Drowning 129	Suicide Suffocation 234	Homicide Firearm 4,140	Unintentional MV Traffic 6,327	Unintentional MV Traffic 4,686	Unintentional MV Traffic 5,329	Unintentional MV Traffic 5,008	Unintentional MV Traffic 6,860	Unintentional MV Traffic 36,161
3	Homicide Other Spec., Classifiable 69	Homicide Unspecified 153	Unintentional Fire/Burn 72	Suicide Firearm 139	Unintentional Poisoning 3,920	Homicide Firearm 3,996	Suicide Firearm 2,952	Suicide Firearm 3,882	Suicide Firearm 3,951	Suicide Firearm 5,511	Unintentional Fall 33,381
4	Unintentional MV Traffic 64	Unintentional Suffocation 131	Homicide Firearm 69	Homicide Firearm 121	Suicide Firearm 2,461	Suicide Firearm 3,118	Suicide Suffocation 2,219	Suicide Suffocation 2,333	Unintentional Fall 2,504	Unintentional Unspecified 5,204	Suicide Firearm 22,018
5	Undetermined Suffocation 50	Unintentional Fire/Burn 100	Unintentional Other Land Transport 32	Unintentional Drowning 87	Suicide Suffocation 2,119	Suicide Suffocation 2,504	Homicide Firearm 2,197	Suicide Poisoning 1,835	Suicide Poisoning 1,593	Unintentional Suffocation 3,837	Homicide Firearm 12,979
6	Unintentional Drowning 30	Unintentional Pedestrian, Other 75	Unintentional Suffocation 31	Unintentional Other Land Transport 51	Unintentional Drowning 504	Suicide Poisoning 769	Suicide Poisoning 1,181	Homicide Firearm 1,299	Suicide Suffocation 1,535	Unintentional Poisoning 2,198	Suicide Suffocation 11,855
7	Homicide Suffocation 24	Homicide Other Spec., Classifiable 73	Unintentional Natural/Environment 24	Unintentional Fire/Burn 41	Suicide Poisoning 409	Undetermined Poisoning 624	Undetermined Poisoning 699	Unintentional Fall 1,298	Unintentional Suffocation 777	Adverse Effects 1,721	Unintentional Unspecified 6,930
8	Unintentional Fire/Burn 22	Homicide Firearm 50	Unintentional Pedestrian, Other 20	Unintentional Poisoning 36	Homicide Cut/Pierce 312	Unintentional Drowning 445	Unintentional Fall 492	Undetermined Poisoning 828	Unintentional Unspecified 696	Unintentional Fire/Burn 1,171	Unintentional Suffocation 6,914
9	Undetermined Unspecified 21	Homicide Suffocation 31	Unintentional Poisoning 17	Unintentional Suffocation 26	Undetermined Poisoning 234	Homicide Cut/Pierce 399	Unintentional Drowning 374	Unintentional Suffocation 469	Homicide Firearm 681	Suicide Poisoning 1,005	Suicide Poisoning 6,816
10	Four Tied 12	Unintentional Fall 30	Unintentional Struck by or Against 17	Suicide Poisoning 23	Unintentional Fall 217	Unintentional Fall 324	Homicide Cut/Pierce 291	Unintentional Drowning 450	Two Tied: Undet. Poisoning, Unint. Fire/Burn 585	Suicide Suffocation 908	Unintentional Drowning 3,602

**Data Source:** National Center for Health Statistics (NCHS), National Vital Statistics System.

**Produced by:** National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

# National Falls Prevalence

## OLDER ADULT FALLS Startling Statistics



**1 second**

An older adult falls every  
second of every day.



**1 in 4**

One in four older adults  
reported a fall in 2014.



**#1 cause**

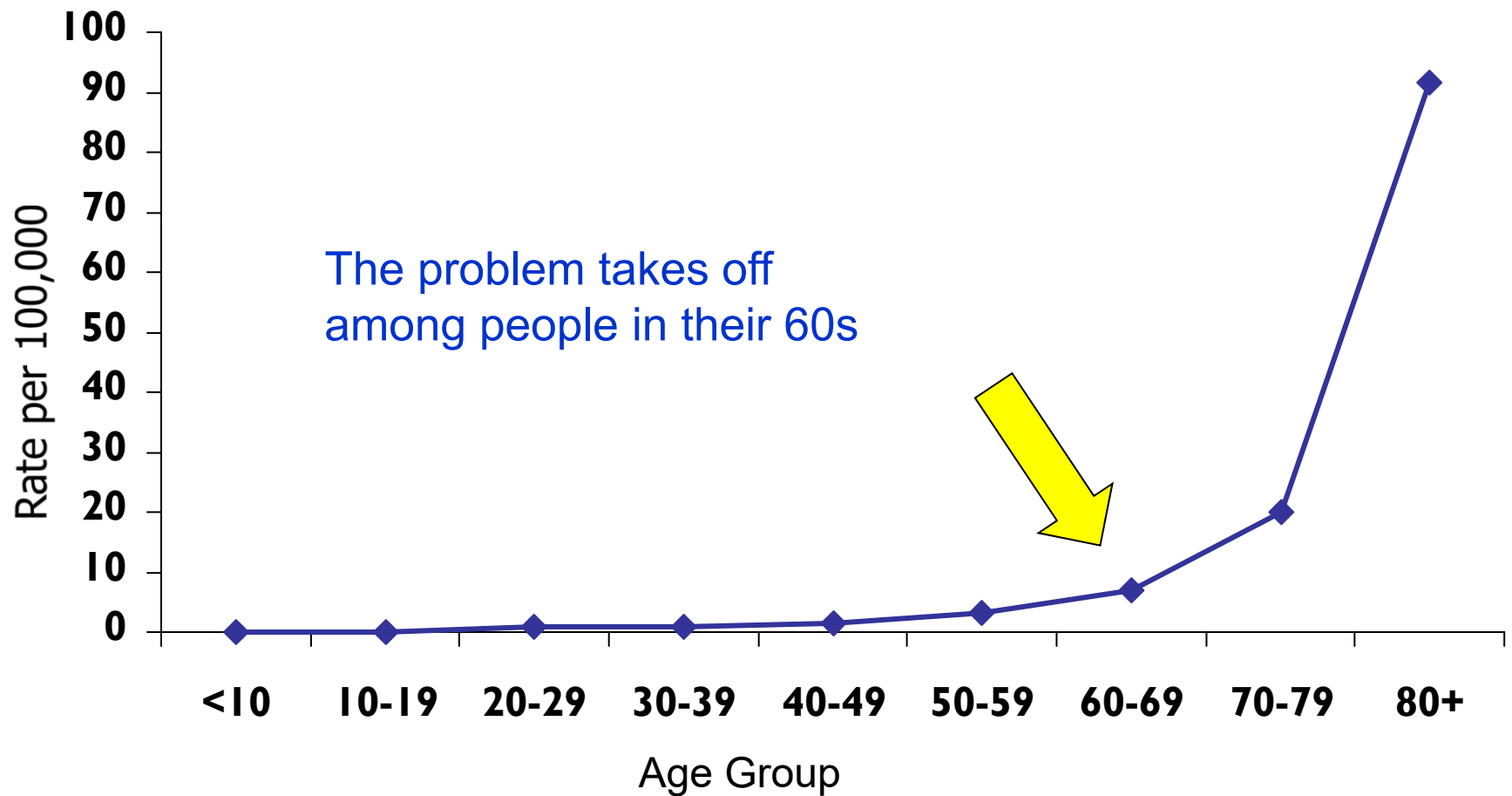
Falls are the #1 cause  
of hip fractures.

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

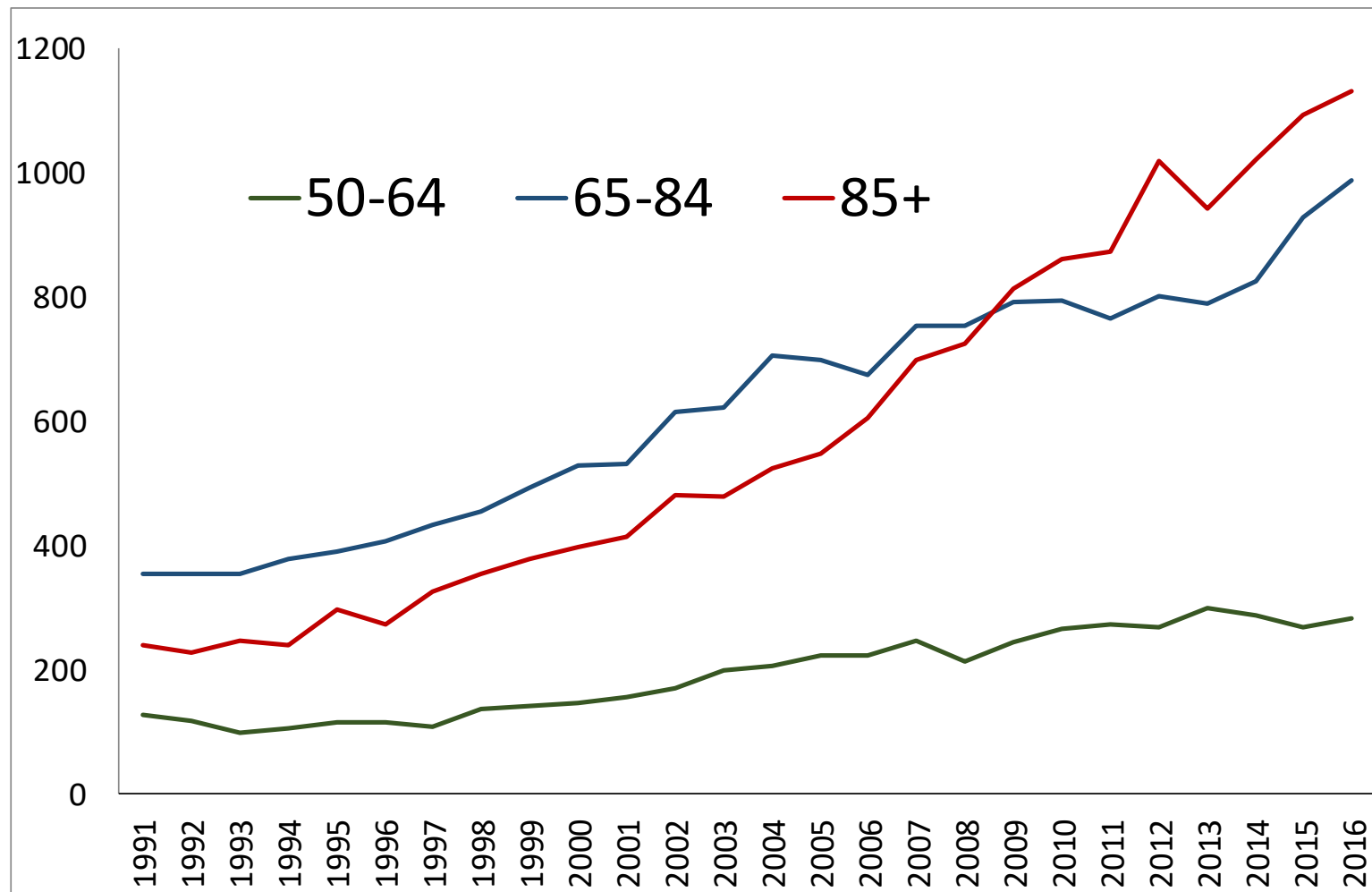
[www.cdc.gov/steady](http://www.cdc.gov/steady)



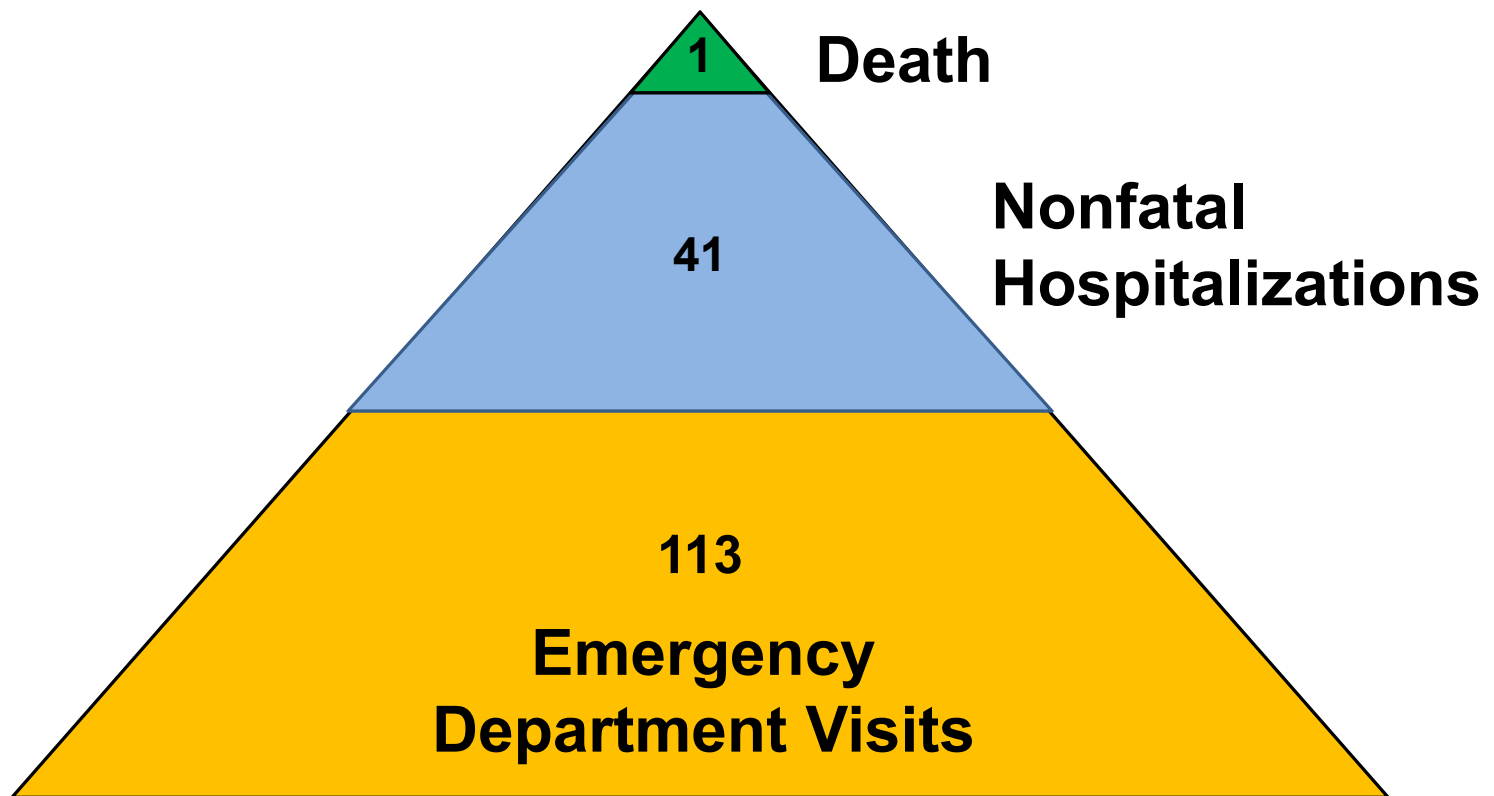
## Fall Death Rates by Age California, 2016



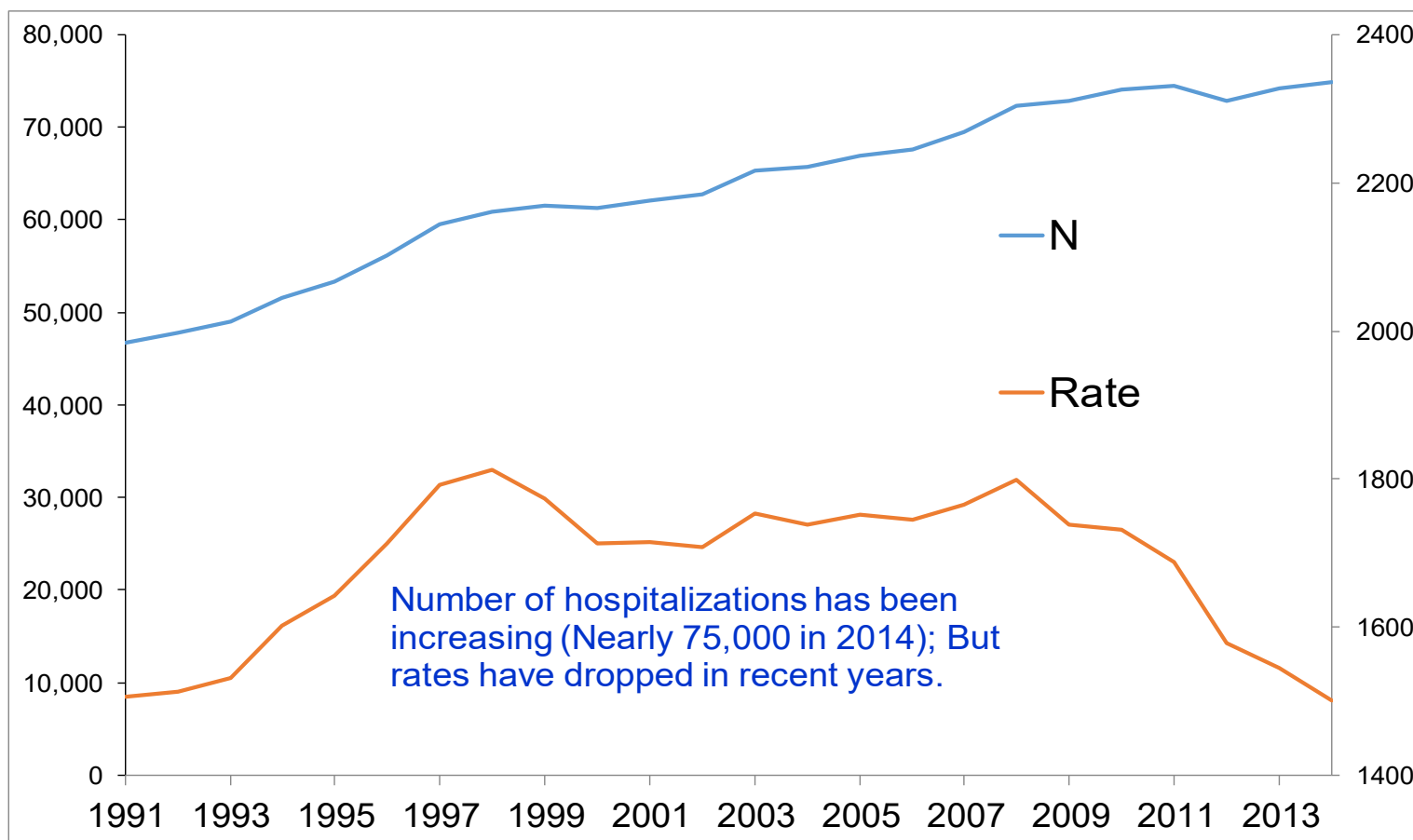
## Deaths due to Fall Injuries by Age Group, California, 1991-2016 (Numbers)



## Fall Injury Pyramid, Age 65+ California, 2014



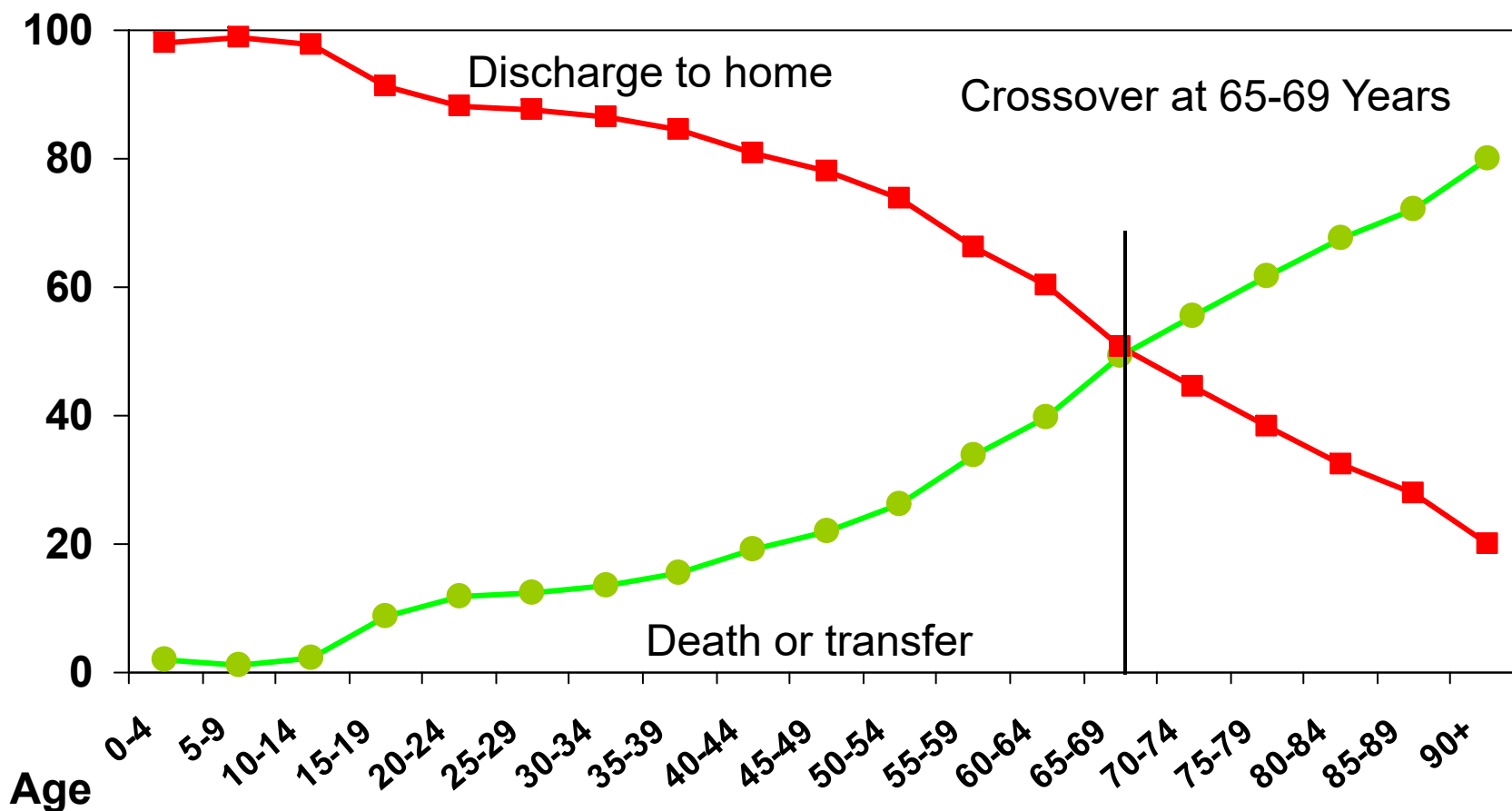
## Nonfatal Fall Hospitalizations, California Age 65+, 1991-2014



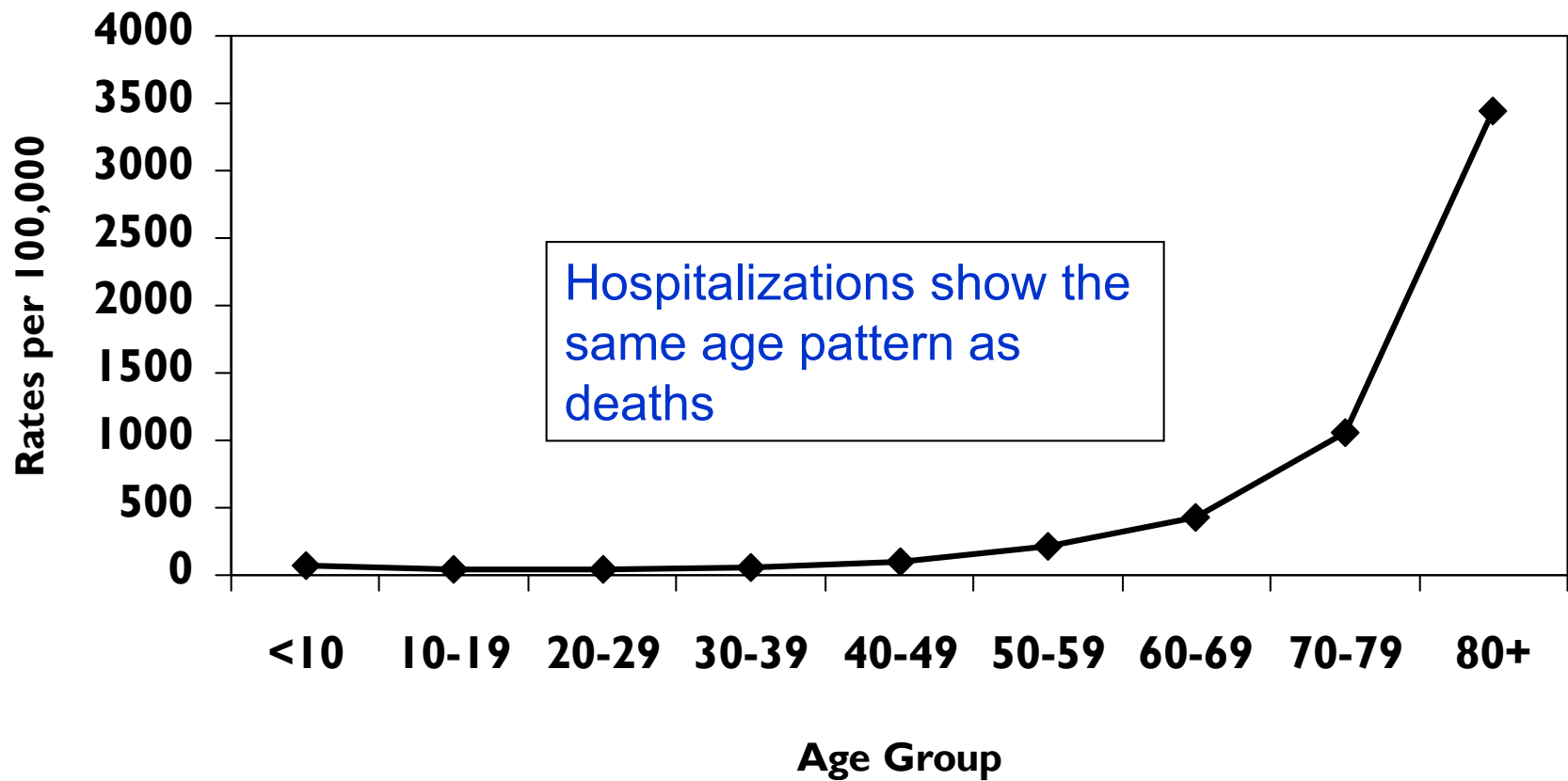
Source: California Office of Statewide Health Planning and Development, Inpatient Discharge Data  
 Prepared by: California Department of Public Health, Safe and Active Communities Branch  
 Report generated from <http://epicenter.cdph.ca.gov> on: April 25, 2018

## Explosion in Need: Fall Hospitalization Discharge Disposition, by Age, California 2014

Percent

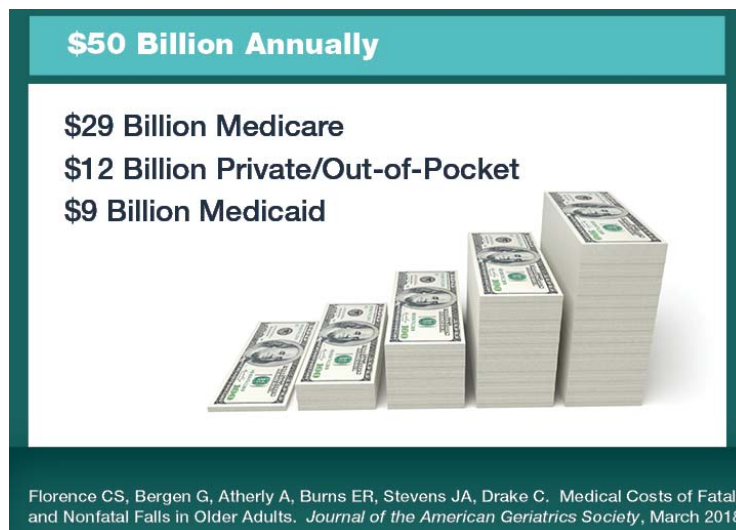


## Nonfatal Fall Hospitalization Rates by Age, California 2014





## Cost of Older Adult Falls



- California Cost Estimates – 2014 (based on CDC methods):
- ED Treat & Release: \$ 973 million
  - Hospitalization: \$5.3 billion
  - Deaths: \$289 million
  - **TOTAL California Estimated Costs of Fall Injuries: \$6.6 billion**

[Epicenter.cdph.ca.gov](http://Epicenter.cdph.ca.gov)

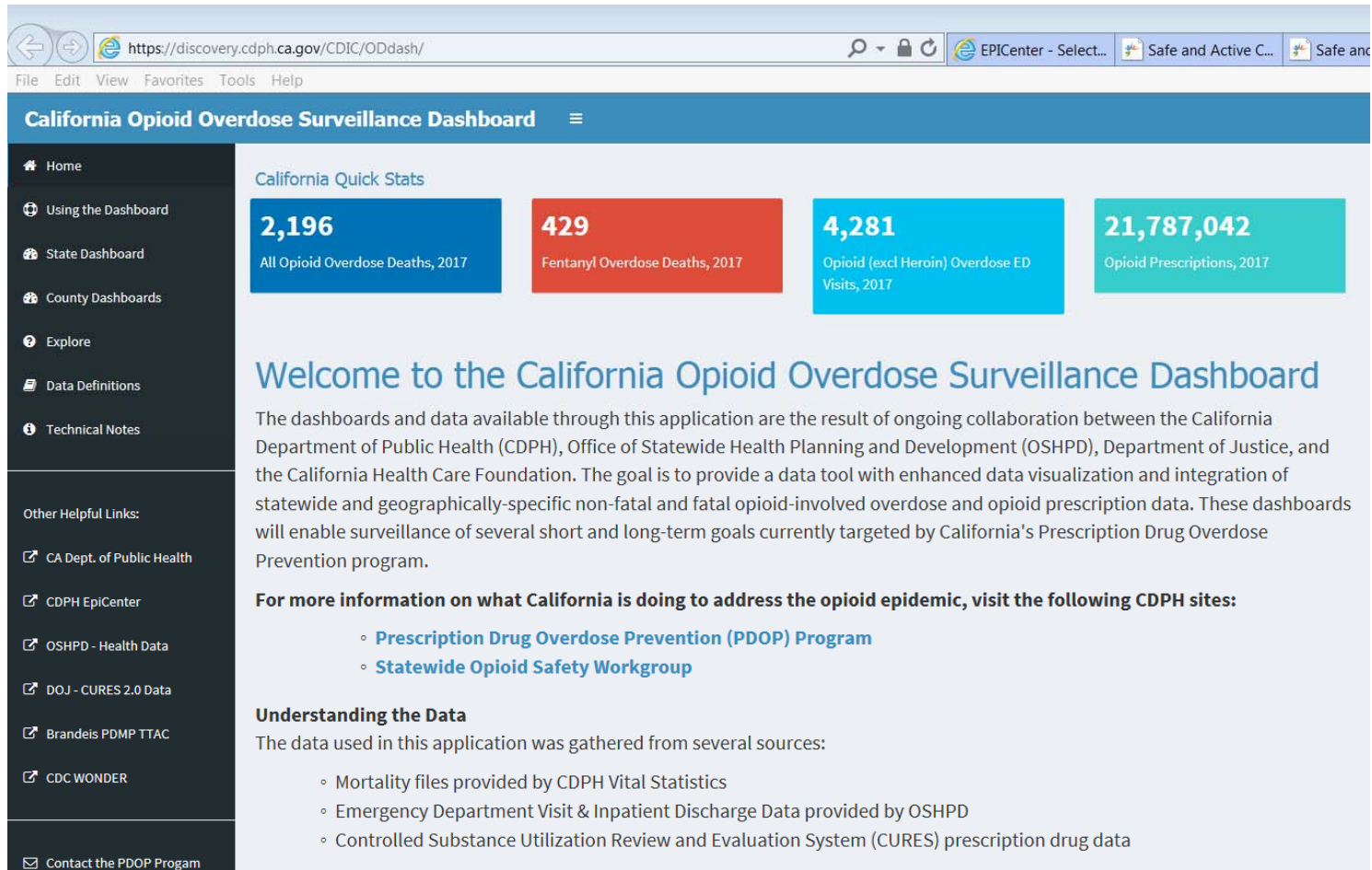
- Data can be viewed for California or by county
- Death data available through 2016
- Non-fatal Hospitalization and Non-fatal Emergency Department Visit data are available through 2014



## Past Local Health Department Funding

- Alameda County
- Humboldt County
- City of Long Beach
- San Diego County
- San Mateo County
- Santa Clara County
- Solano County
- Ventura County

# CDPH Opioid Dashboard



<https://discovery.cdph.ca.gov/CDIC/ODdash/>

# CDPH Opioid Dashboard

## California Opioid Overdose Surveillance Dashboard

[Help using this Dashboard](#)

- Home
- Using the Dashboard
- State Dashboard
- State Report
- County Dashboards
- Explore
- Data Definitions
- Technical Notes

### Other Helpful Links:

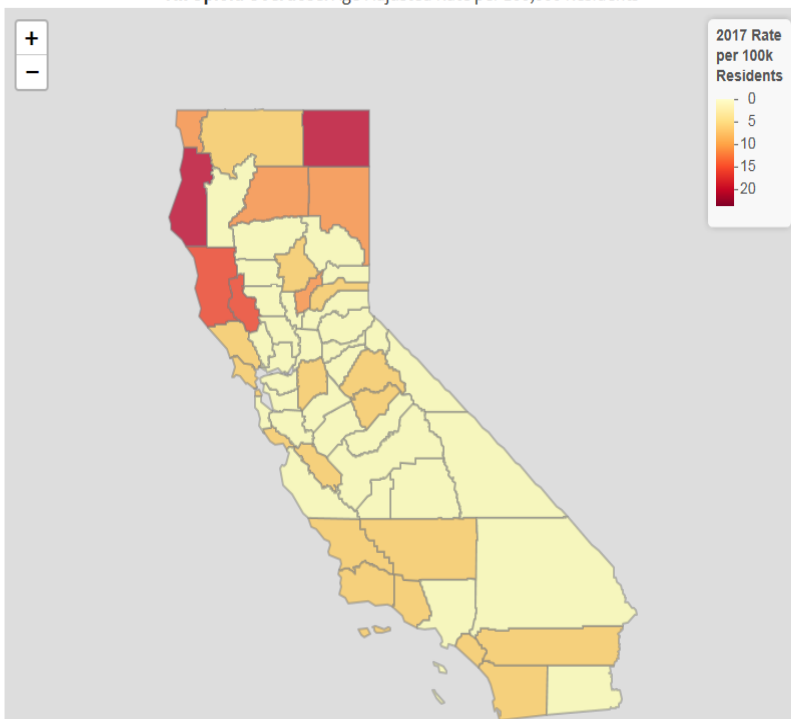
- CA Dept. of Public Health
- CDPH EpiCenter
- OSHPD - Health Data
- DOJ - CURES 2.0 Data
- Brandeis PDMP TTAC
- CDC WONDER

- Contact the PDOP Program
- Find a bug? Report it!

### California Dashboard

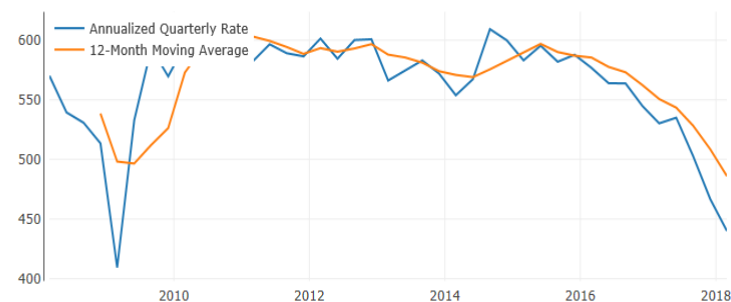
Map Graph Table Download data as .csv file

California Deaths - Total Population - 2017  
All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents



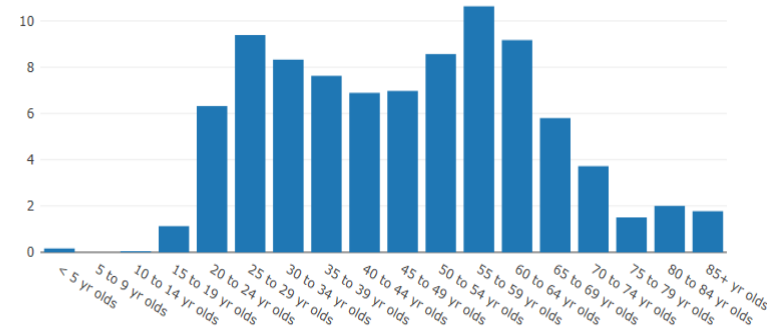
Graph Table Download data as .csv file

Total Population : Opioid Prescriptions (excl bup) : Age-Adjusted Rate per 1k Residents



Bar Chart Table Graph Download data as .csv file

2017 : Age Groups : All Opioid Overdose Deaths : Crude Rate per 100k Residents





# CDPH Opioid Dashboard

## California Opioid Overdose Surveillance Dashboard

Help using this Dashboard

Home

Using the Dashboard

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Select County

Alameda

County Report

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CDPH EpiCenter

OSHPD - Health Data

DOJ - CURES 2.0 Data

Brandeis PDMP TTAC

CDC WONDER

Contact the PDOP Program

Find a bug? Report it!

Alameda Numbers at a Glance Count (Age-adjusted Rate)

37 ( 2 /100k)

All Opioid Overdose Deaths in Alameda, 2017

144 ( 8 /100k)

Opioid (excl Heroin) Overdose ED Visits in Alameda, 2017

115 ( 6.2 /100k)

Opioid Overdose Hospitalizations in Alameda, 2017

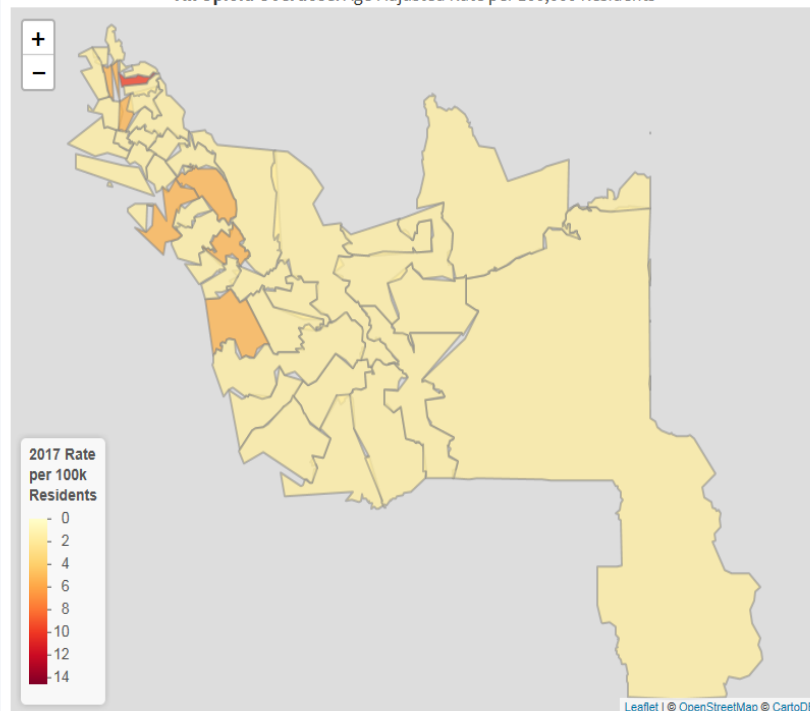
759,873 ( 414.7 /1k)

Opioid Prescriptions in Alameda, 2017

Map Graph Table Download data as .csv file

Alameda Deaths - Total Population - 2017

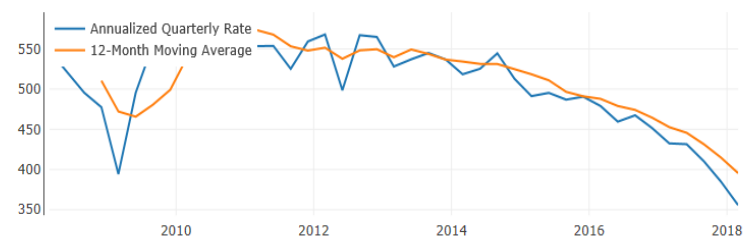
All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents



Graph Table Download data as .csv file

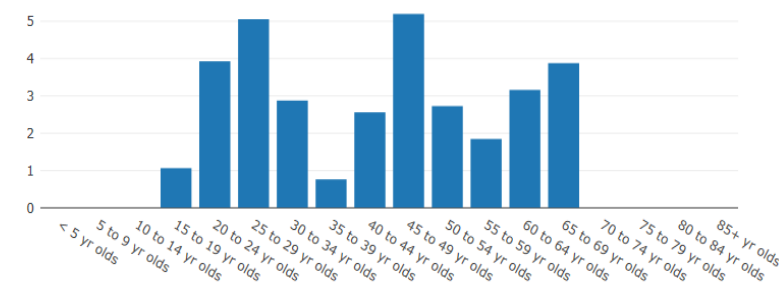
Total Population : Opioid Prescriptions by Patient Location : Age-Adjusted Rate per 1k Residents

Alameda County



Bar Chart Table Graph Download data as .csv file

2017 : Age Groups : All Opioid Overdose Deaths : Crude Rate per 100k Residents





# **Karissa Anderson**

Older Adult Injury Prevention Program  
Safe and Active Communities Branch  
California Department of Public Health  
[karissa.anderson@cdph.ca.gov](mailto:karissa.anderson@cdph.ca.gov)

# California Department of Public Health

We May Be Living Longer in California,  
But Not All Of Us Are Living Well





# Chronic Disease Control Branch

## Mission

To Prevent and Optimally Manage Chronic Disease in California

## Values

Chronic Disease Control Branch (CDCB) supports evidence-based programs that promote healthy behaviors and healthy communities, and improve the prevention, diagnosis, and management of chronic disease.



# Key Program Partners

- ✓ Prevent Diabetes – Screen, Test, Act, Today™ (PDSTAT)
- ✓ Healthy Hearts California Alliance
- ✓ Heart Education and Resource Team (HEART) Workgroup



# Key Heart Disease & Diabetes Programs

- ✓ Prevention Forward 1815 CDC Grant  
(2018 to 2023)
- ✓ Diabetes Awareness and Outreach  
Campaign (2018 to 2020)
- ✓ Preventive Health and Health  
Services Block Grant (2018 – 2019)



# Partnership Opportunities

- ✓ Healthy Hearts CA Alliance- contact [Linda.Dornseif@cdph.ca.gov](mailto:Linda.Dornseif@cdph.ca.gov)
- ✓ Heart Education and Resource Team – contact [Robert.Thurman@cdph.ca.gov](mailto:Robert.Thurman@cdph.ca.gov)
- ✓ CA PDSTAT™- contact [Lisa.Rawson@cdph.ca.gov](mailto:Lisa.Rawson@cdph.ca.gov)
  - promote Diabetes Self-Management Education/Programs in California
  - Help recruit employers to offer the Diabetes Prevention Program as a covered benefit
  - Promote Diabetes Prevention Program and Diabetes Self-Management Education clinical referrals



# Resources

## ✓ The 2014 California Wellness Plan

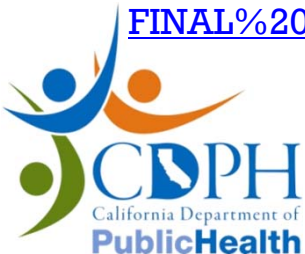
[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/CDPH-CAWellnessPlan2014\\_FINAL%202-27-14\\_PDF%204.3%20MB.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/CDPH-CAWellnessPlan2014_FINAL%202-27-14_PDF%204.3%20MB.pdf)

## ✓ The 2016 Burden of Cardiovascular Disease in California

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/CDPH-CAWellnessPlan2014\\_FINAL%202-27-14\\_PDF%204.3%20MB.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/CDPH-CAWellnessPlan2014_FINAL%202-27-14_PDF%204.3%20MB.pdf)

## ✓ The 2014 Burden of Diabetes in California

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/FINAL%20Rpt%20\(1877\)%20DM%20burden%202014\\_9-04-14MNR3.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/FINAL%20Rpt%20(1877)%20DM%20burden%202014_9-04-14MNR3.pdf)



# Contact Information

**Thank You!**

Renato A. Littaua, DVM, MPVM  
Chief, Health Information and Statistics Section  
Chronic Disease Control Branch  
California Department of Public Health  
Email: [Renato.Littaua@cdph.ca.gov](mailto:Renato.Littaua@cdph.ca.gov)



# NATIONAL TRENDS

DIANNE DAVIS

Bringing medicine,  
patients and  
community-based services  
together.





# Partners in Care Foundation Self-Management Technical Assistance Center

Supported by:



# National Talk

## Grant Makers

### **Current topics of interest:**

- Medically Indicated Food / Culinary Medicine
- Social Isolation and Loneliness
- Homelessness



## *Tulane University Goldring Center for Culinary Medicine*

- The Center provides hands-on training for medical students through culinary medicine classes in the form of electives and seminars, as well as continuing education for the healthcare and foodservice industries.

# Kitchen Divas, Black Women for Wellness

- **Kitchen Divas objectives include:**
  - Enhance knowledge, attitudes and behavior about cardiovascular, heart, and breast health and cancer risk reduction.
  - Expand healthful food preparation knowledge and skills (food purchase and cooking practices) and
  - Increase nutrition (increase fruits, vegetable and fiber and decrease fats and preserved meats)
- **Used with Diabetes Self-Management Program:**
  - Celebratory add-on to Diabetes Self-Management Program
  - Groceries sourced from the local community
  - Healthy recipes to take home
  - Tasting after cooking demonstration

# Social Isolation & Loneliness

- Social isolation has an equivalent effect to smoking 15 cigarettes a day
- Significantly increases risks for:
  - high blood pressure
  - anxiety
  - over dependence on pain medication
  - depression and
  - even premature mortality



# Medicare Spends More on Socially Isolated Older Adults

AARP Foundation

Based on Medicare spending data, “a lack of social contacts among older adults is associated with an estimated *\$6.7 billion in additional federal spending annually.*”\*

## ***What can be done?***

\*AARP Real Possibilities, Public Policy Institute, November 2017.



# Wellness Club

- Free t-shirt and loyalty card upon sign-up
- Colored button for every workshop completed
- Free reusable grocery bag when a three workshop series is completed



# Homelessness

## ***LA Times Headlines:***

- L.A.'s homelessness surged 75% in six years.
- Three out of four homeless people [in Los Angeles] — 41,000 — live in cars, campers, tents and lean-tos
- 22% surge in number of older homeless people
  - Currently 5,000 homeless older adults in Los Angeles
  - an additional 8,000 people in their mid-50s to early 60s are living on the county's streets and in shelters
- People trained to work with homeless populations are not generally trained to work with older adults and different issues need to be addressed in different populations
- Once people are placed in stable housing our programs can help to develop community and empower people to address their chronic conditions . . . *But stable affordable housing comes first!*

LA Times, 2018



# Helps to Develop Community!



# Thank you!

Dianne Davis, MPH, Vice President

Health Self-Management Services

Partners in Care Foundation

818.837.3775 116

[ddavis@picf.org](mailto:ddavis@picf.org)

[www.picf.org](http://www.picf.org)

[WWW.CAHEALTHIERLIVING.ORG](http://WWW.CAHEALTHIERLIVING.ORG)



# UNDERSTANDING YOUR REAL COSTS

ALEXIS CISNEROS & DIANNE DAVIS

# Brainstorm

**What are some costs associated with Evidence Based Programs?**

- One scribe for each table
- List costs on the left side of the paper

<u>Costs</u>	

# Brainstorm

Have you offset costs on  
anyway  
and with what?

- One scribe for each table
- List each way you have offset one or more of these costs on the right side of the paper

<u>Costs</u>	<u>Savings</u>

# Think Through All The Hidden Costs!

Some examples of hidden costs are:

- Mileage
- Staff time to document and report
- Marketing and promotion

*When implementing think of all aspects of the program from staffing, administrative cost, training, to fidelity monitoring and evaluation.*

# Partnerships and Other In-Kind Donations

To offset cost think through other possible funding including donated snacks, donated space, or small community grants and sponsorships.

Think of cost that can't be covered with federal funds like food or drinks and develop a fundraising strategy.

Be creative on how you reach out to funders.

## **Dianne Davis**

Vice President, Health Self-Management Services  
Partners in Care Foundation

## **Alexis Cisneros**

Vice President of Finance  
Partners in Care Foundation



# CREATING PARTNERSHIPS TO IMPLEMENT EVIDENCE-BASED PROGRAMS WITH SPECIAL POPULATIONS

LORA CONNOLLY

# Panelists

- Blair Craddock, Camarillo Health Care District
- Linda Lau, San Francisco Department of Aging & Adult Services
- Senoia Rios, The People's Concern

# HONORARY PRESENTATION

JUNE SIMMONS

*Please join us for  
a group photo*



Gold Level Sponsor



**KAISER PERMANENTE®**

*Please reconvene by*  
*1:10 p.m.*

# RETENTION OF WORKSHOP LEADERS

DIANNE DAVIS

# Panelists

- Carol Powers, Alameda Health Services Agency
- Lucia Ramirez, Dignity Health
- Allison Goforth, Partners in Care Foundation



# RETENTION OF WORKSHOP PARTICIPANTS

CHRISTY LAU

# Panelists

- Romala Ramkisson , Dignity Health
- Tye Amy, Partners in Care Foundation
- Blair Craddock, Camarillo Health Care District

# MEETING EVALUATION

CHRISTY LAU

# CLOSING REMARKS & ADJOURNMENT

LORA CONNOLLY

**THANK YOU**