Live Well Madera County CHIP: At-A-Glance

Priority: Diabetes and Heart Disease
Workgroup: Healthy People Strong Communities

Goal 1:

Prevent and manage rates of diabetes and heart disease through education and awareness.

Strategies:

- Establish partnerships with local organizations.
- Diversify program formats.
- Incentivize participation.
- Collaborate with Resident Champions.
- Establish clear guidelines and protocols for referrals.
- Enhance communication between referring entities.
- Organize health education events.
- Launch multimedia campaigns.
- Implement school-based health education programs.

Goal 2:

Implement policy, systems, and environmental changes that support a healthy community and address the social determinants of health.

Strategies:

- Build relationships and conduct outreach to local businesses.
- Offer training and resources to worksites.
- Foster collaboration and consensus-building among stakeholders.
- Develop/amend biking and pedestrian plans.
- Expand smoke-free environments.
- Advocate for policy changes to support healthier lifestyles.
- Increase the number and availability of farmers markets and mobile markets.
- Partner with food assistance programs.
- Engage Resident Champions/CHWs in support of healthy food access.

Goal 3:

Enhance access to affordable prevention services.

Strategies:

- Establish partnerships to facilitate access to assistance programs.
- Increase community awareness about the importance and availability of services.
- Expand the community's awareness about financial assistance programs.

Workplan:

Healthy People Strong Communities- Diabetes and Heart Disease

CHIP Goal 1	Prevent and manage rates of diabetes and heart disease through education and awareness.		
SMARTIE Objectives	**Objective 1:** By 2028, increase the availability of diabetes and chronic disease prevention and management classes or programs.	**Objective 2:** By 2028, increase referrals from providers and community organizations to appropriate services.	**Objective 3:** By 2028, increase awareness of diabetes and heart diseases and risk factors among youth and adults.
Measures	• Number of classes • Number of sites • Attendance/retention rates	• Number of providers receiving and/or giving referrals • Number of community based organizations (CBOs) receiving and/or giving referrals • Number of referrals that access services	• Number of social media/multi-media campaigns • Number of outreach/education events • Number of schools/youth sites receiving education
Strategies We will implement these approaches to achieve our objectives and goal	• Establish partnerships with local organizations (CBO's churches, clinics, etc). • Diversify program formats and delivery methods. • Incentivize participation. • Collaborate with Residents Champions/Community Health Workers (CHWs) to promote classes.	• Establish clear guidelines and protocols for referrals. • Enhance communication and collaboration between referring entities. • Promote community resources to providers. • Collaborate with Resident Champions/CHWs to increase referrals.	• Organize regular community workshops and health education events. • Launch multimedia campaigns. • Implement school-based health education programs.
Activities	1. Deploy the Madera County Department of Public Health (MCDPH) mobile health team to underserved areas within the community. 2. Develop and promote online classes for diabetes and chronic disease management. 3. Partner with diverse organizations to expand access. 4. Partner with health insurance companies to offer reimbursement or discounts for employees or members.	1. Create standardized referral forms or electronic referral systems to streamline the referral process. 2. Host regular meetings where providers and community organization representatives can discuss patient needs, available services, and collaboration opportunities. 3. Develop resource directories or databases listing community organizations, support groups, and services available to patients.	1. Annually host a "Know Your Numbers" Event focused on diabetes and chronic disease management. 2. Utilize media channels such as websites, radio, ads, social media, newsletters to disseminate information and spread awareness of resources. 3. Offer parent workshops and family events to involve parents in discussions about health promotion and disease prevention. 4. Integrate curriculum focused on nutrition and physical activity into schools to reduce obesity.
Priority Population	• African American/Black • Hispanic/Latino • Asian & Pacific Islanders • City of Madera • Eastern Madera County		
Objective Leaders	• Anthem Blue Cross • CalViva • Camarena Health • MCDPH (Diabetes Prevention Program Staff)	• Anthem Blue Cross • CalViva • Camarena Health • MCDPH (Mobile Health team)	• Anthem Blue Cross • CalViva • Camarena Health • Madera Unified School District

Workplan:

Healthy People Strong Communities- Diabetes and Heart Disease

CHIP Goal 2	Implement policy, systems, and environmental changes that support a healthy community and address the social determinants of health.		
SMARTIE Objectives	**Objective 1:** By 2028, increase number of worksite wellness programs and or policies.	**Objective 2:** By 2028, implement community policies and environmental changes that expand smoke free environments and places for physical activity.	**Objective 3:** By 2028, increase access points for healthy food such as farmers markets, food banks, swap meets, full-service grocery stores, community supported agriculture, etc.
Measures	• Number of worksites/ businesses with worksite wellness programs or policies • Number of policies at worksites	• Number of land use, park or active transportation plans with Live Well Madera County/community input • Number of smoke free policies/ environments	• Number of new/updated food sites • Number of people serviced
Strategies We will implement these approaches to achieve our objectives and goal	• Build relationships and conduct outreach to local businesses. • Offer training and resources to worksites.	• Foster collaboration and consensus-building among stakeholders through regular meetings, and collaborative decision-making processes. • Develop/amend biking and pedestrian plans to improve infrastructure, safety, and accessibility for active transportation. • Expand smoke-free environments to reduce secondhand smoke risk. • Advocate for policy changes to support healthier lifestyles and create environments that facilitate healthy choices. • Engage Resident Champions/ Community Health Workers (CHWs) in support of healthy land use and smoke-free policies.	• Identify underserved neighborhoods and areas with limited access to healthy food options. • Increase the number and availability of farmers markets and mobile markets in underserved areas to provide convenient access to fresh, locally grown produce. • Partner with food banks and other food assistance programs to distribute food to underserved populations. • Engage Resident Champions/CHWs in support of healthy food access.
Activities	1. Design brochures, flyers, and presentations highlighting the benefits of worksite wellness programs/policies. 2. Plan and host webinars/ workshops to educate worksite representatives about worksite wellness best practices and available resources. 3. Offer one-on-one consultations, toolkits, and technical assistance to worksites interested in implementing or enhancing their wellness programs/ policies.	1. Establish a multi-sectoral task force or advisory committee for the development of community-wide plans. 2. Conduct a comprehensive assessment of existing plans and engage planning experts to implement changes based on community insight. 3. Advocate for the adoption of smoke-free policies in indoor and outdoor public spaces. 4. Collaborate with policymakers, legislators, and community leaders to develop and enact policies that promote active transportation.	1. Implement nutrition education and cooking classes to empower individuals to make healthy food choices. 2. Establish new farmer markets and/or mobile markets to increase access. 3. Partner with local food banks, pantries, and community organizations to increase the availability of fresh fruits, vegetables.
Priority Population	• African American/Black • Hispanic/Latino • Asian & Pacific Islanders • City of Madera • Eastern Madera County		
Objective Leaders	• CalViva • County Board of Supervisors • Resident Champions	• Behavioral Health • City Parks and Recreation • Madera Unified School District • Resident Champions	• First 5 • Madera County Department of Public Health • University of California Cooperative Extension Fresno • Women, Infants, Children (WIC) program

Workplan:

Healthy People Strong Communities- Diabetes and Heart Disease

CHIP Goal 3	Enhance access to affordable prevention services.	
SMARTIE Objectives	**Objective 1:** By 2028, increase availability of screenings and preventive care services for diabetes and cardiovascular disease.	**Objective 2:** By 2028, increase access to Medi-Cal and other healthcare financial assistance programs.
Measures	• Percent of increase in screening services (A1C, high blood pressure) • Number of preventive care services performed • Number of mobile health visits	• Percent of increase in the use of financial assistance programs • Number of outreach events and presentations about Medi-Cal
Strategies We will implement these approaches to achieve our objectives and goal	• Establish partnerships to expand access and availability. • Increase community awareness about the importance and availability of services.	• Expand the community's awareness about financial assistance programs. • Establish partnerships to facilitate access to assistance programs.
Activities	1. Partner with providers to increase access to screenings and preventive care services. 2. Collaborate with local organizations (e.g., community centers, churches) to host screening events and health clinics. 3. Promote mobile health services available through Madera County Department of Public Health (MCDPH), Camarena Health, and other providers. 4. Conduct community presentations and workshops to educate residents about the benefits of early screening and preventive care. 5. Collaborate with Resident Champions/ Community Health Workers to increase awareness of screening services.	1. Develop and distribute informational materials for community members to learn about available resources (e.g., free or low-cost preventative services). 2. Partner with community organizations to conduct workshops and presentations for residents, including assistance with Medi-Cal enrollment.
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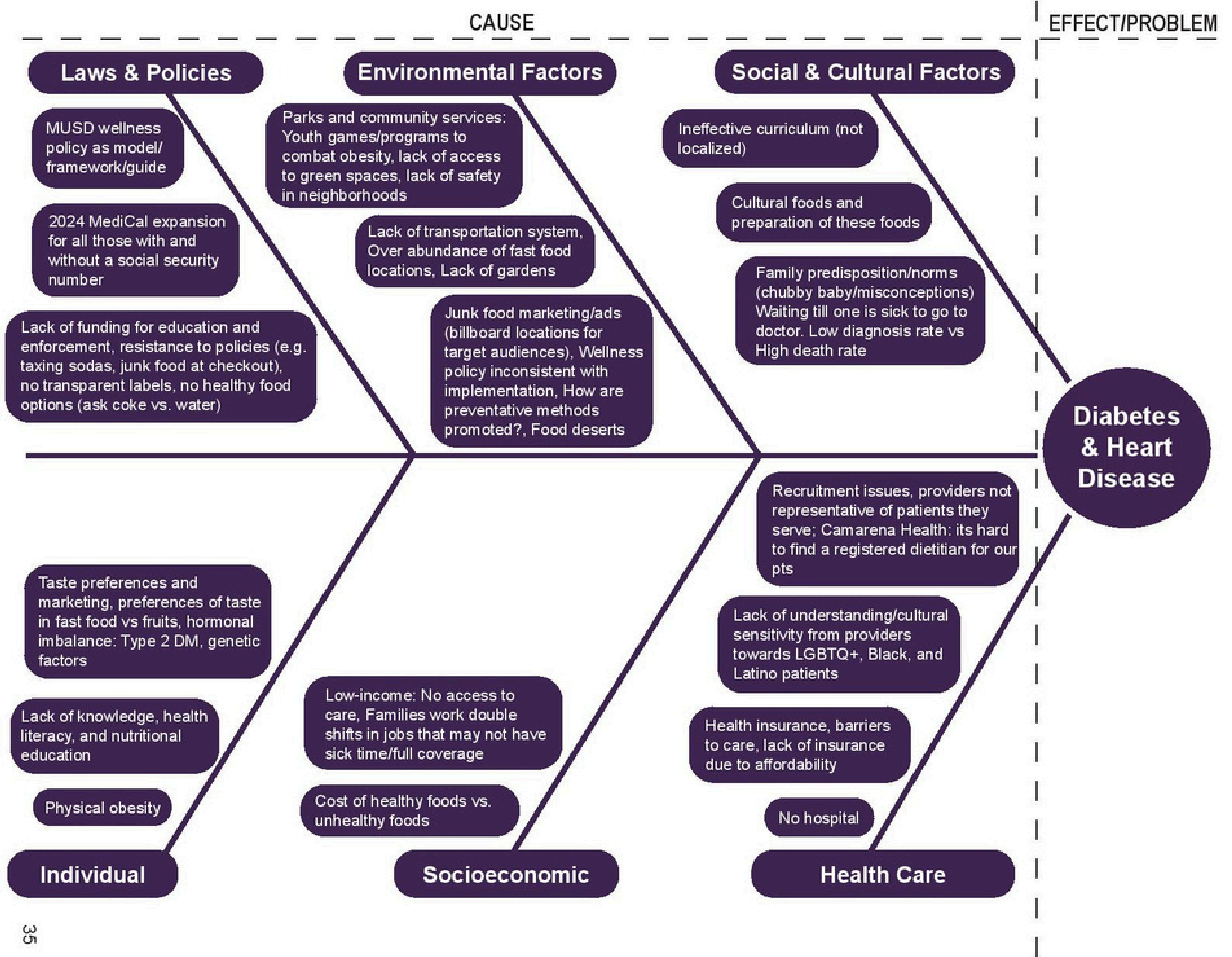
Objective Leaders	• Anthem Blue Cross • CalViva • Camarena Health • MCDPH	• Anthem Blue Cross • CalViva • Camarena Health • Madera County Department of Social Services • MCDPH • Resident Champions


CAUSE
EFFECT/PROBLEM
Laws & Policies
MUSD wellness policy as model/ framework/guide
2024 MediCal expansion for all those with and without a social security number
Lack of funding for education and enforcement, resistance to policies (e.g. taxing sodas, junk food at checkout), no transparent labels, no healthy food options (ask coke vs. water)
Environmental Factors
Parks and community services: Youth games/programs to combat obesity, lack of access to green spaces, lack of safety in neighborhoods
Lack of transportation system, Over abundance of fast food locations, Lack of gardens
Junk food marketing/ads (billboard locations for target audiences), Wellness policy inconsistent with implementation, How are preventative methods promoted?, Food deserts
Social & Cultural Factors
Ineffective curriculum (not localized)
Cultural foods and preparation of these foods
Family predisposition/norms (chubby baby/misconceptions) Waiting till one is sick to go to doctor. Low diagnosis rate vs High death rate
Diabetes & Heart Disease
Taste preferences and marketing, preferences of taste in fast food vs fruits, hormonal imbalance: Type 2 DM, genetic factors
Lack of knowledge, health literacy, and nutritional education
Physical obesity
Individual
Low-income: No access to care, Families work double shifts in jobs that may not have sick time/full coverage
Cost of healthy foods vs. unhealthy foods
Socioeconomic
Recruitment issues, providers not representative of patients they serve; Camarena Health: its hard to find a registered dietitian for our pts
Lack of understanding/cultural sensitivity from providers towards LGBTQ+, Black, and Latino patients
Health insurance, barriers to care, lack of insurance due to affordability
No hospital
Health Care

Asset Inventory: Diabetes and Heart Disease

Prevention Level	Intervention Level: Individual		Intervention Level: Interpersonal
Primary	Medical Assistant Health Coach Education / Camarena Health	Promotores de Salud / Home Interventions – CalViva	Nutrition Education Seniors & Family Center / UC CalFresh
Primary	Parent Nutrition Edu (UC CalFresh & Dairy Council, MCDPH, & MUSD)	Promotores de Salud / 4 Series Nutrition Classes – CalViva	Walk to School Events (UC CalFresh & Dairy Council & MCDPH & MUSD)
Primary	Camarena Health store tours	Promotores de Salud / Promotoras Ahead of Childhood Obesity (Coming soon) – CalViva	Direct Nutrition Education to Seniors/Family Centered -UC CalFresh
Primary	Rethink your drink food demos / MCDPH & UC CalFresh	All ages PA programs. Card-free activities	
Primary	National Diabetes Prevention Program classes / MCDPH	PA Education CATCH Program / UC CalFresh for After School K-12	
Primary	K-12 Nutrition ed. (UC CalFresh & Dairy Council & MCDPH & MUSD & Camarena Health)	Parent/Child Health Education / Adult Camarena Health and UC CalFresh. AAA (aging)	
Primary	Health Fairs / Outreach Events DM Education / UC CalFresh/Camarena Health	Youth Center Education/Cooking Classes / Parks and Rec, DSS, Juvenile	
Primary	Direct Nutrition Education to Youth and Adults – UC CalFresh	Asthma Basics & Asthma Action Plan: Promotora Charla (1 class) - CalViva	
Primary	Nutrition Label: Promotora Charla (1 class) CalViva	Social Media Outreach - MCDPH	
Primary	Indirect Edu. (Health Fairs, Community Events, etc.) – UC CalFresh	Fit Families for Life Weight Mgmt. Class Series (1 Class & 3 classes) - CalViva	
Primary	Promtoroes Health Network Bailoterapia: Promotora lead physical activity (1 class) - CalViva		
Secondary	BMI - Family Health Services, Rapid Care, Chowchilla MC	DM Support Group English / Camarena Health	
Secondary	Diagnostic Testing / Outpatient Laboratory	DM Clinical Support Group Spanish / Camarena Health	
Secondary	Parent/Child Health Education for Dx / Camarena Health	Access to Clinicians / Family Health Services, Rapid care, Chowchilla MC	
Secondary	Patient DM Health Education for Dx Camarena Health. Maternal Fetal Care Services at Valley Children's Hospital	DPP, Anthem, and MCDPH: DM Onset (12 months)	
Tertiary	Patient DM Health Education for Dx Camarena Health	Project Dulce: Diabetes Mgmt. Classes /Camarena Health	School Nurses at MUSD
Tertiary	Anthem: Mail A1C tests	Camarena Health: Self-measured blood pressure program with remote patient monitoring	
Tertiary	Treatment and Surveillance Access to Medical Specialists Medical Specialty Clinic	Comprehensive Diabetes Care / Family Health Services, Rapid Care, Chowchilla MC	

Asset Inventory: Diabetes and Heart Disease (cont.)		
INTERVENTION LEVEL		
Organizational	Community	Public Policy
MC Food Bank – Brown bag and SNAP Store	SNAP-Ed Partnership Coalition (MCDPH)	SSB policy at Head Start Centers, only low-fat milk, and water
Senior meals Program (Sites and Homebound) - inactive	Community Gardens – UC CalFresh (1 Senior site, 1 City –Madera Coalition for Community Justice)	Build parks / Community Develop Dept.
School Gardens - UC CalFresh, Library, and MCDPH	Diabetes Basics & Know Your Numbers forum: diabetes, blood pressure, cholesterol, BMI (screenings) - CalViva	
Mobile Food Vendor at School	Promotores Health Network Walking Club: Promotora lead physical activity (1 class) - CalViva	
Walking Club at MUSD – Students, Staff at 2 sites	School Meals / Summer Lunch Program Access green spaces	
Smarter Lunchrooms (UC CalFresh & Dairy Council & MCDPH & MUSD)	Development of a new Farmers Market Parks. Food Bank – Farm to Table. MCC Food Pantry	
Summer Meal Programs – National School / Lunch & Breakfast	Parks and Rec. – Activity and Wellness classes	
Local School Wellness Policy advising, adoption and implementation (UC CalFresh & Dairy Council & MCDPH & MUSD)	CalFresh Parks Service – Medical Mile Pilot Program (Access to parks for certain populations)	
Alliance for Healthier Generations	Trails in Madera with fitness equipment Connecting with underground passing	
Peaceful playgrounds – MUSD/Climate Dept		
MCC Nutritional standards, policies, and or protocols. Anthem: Send Medically tailored meals		
MUSD Food pantry/clothing AED Access at schools/public buildings		
	MCDPH Mobile Van – DM Screenings	
Camarena Health – More Specialists		
MUSD – Mental Health Specialists		
MCSOS – Navigator Program		