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PUBLIC HEALTH INSTITUTE
WEBINAR

“Sharing Our Strengths, Maximizing Our Impact:
CDC Prevention Funding Opportunities”

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ROUGH DRAFT TRANSCRIPT
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>> Star Tiffany: Hello, and welcome to "Sharing Our Strengths, Maximizing Our Impact: CDC Prevention Funding Opportunities." My name is Star Tiffany, and along with my colleague Holly Calhoun, we will be running today's web forum. Closed captioning will be available throughout today's web forum. Steve Clark, with Home Team Captions, will be providing realtime captions. The closed captioning text will be available in the media viewer panel. The media viewer panel can be accessed by clicking an icon that looks like a small circle with a filmstrip running through it. On a PC this is in the top right-hand corner of your screen; on a Mac, in the bottom right-hand corner of your screen.

In the media viewer window on the bottom right-hand corner you will see the show/hide text link, and I want you to click on that in order for you to see more of the live captions at this time.

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The audio portion of the web forum can be heard through your computer speakers or a headset plugged into your computer. If at any time you are having technical difficulties regarding audio, please send a question in the Q&A panel, and Holly or I will provide the teleconference information to you.

Once the web forum ends today a survey evaluation will open in a new window. Please make a moment to complete the evaluation as we need your feedback to improve our web forum.
The recording and presentation slides will be posted on our website at www.Dialogue4Health.org.

We would like you to connect with us via Twitter and Facebook. Our handle is Dialogue4Health on Twitter and Facebook.

We are encouraging you to ask questions throughout today’s presentation. To do so, simply click the question mark icon, type your question in, and hit send. Please send your questions to all panelists. We will be addressing questions throughout and at the end of the presentation.

We will be using the polling feature to get your feedback during the event. Holly, can you bring up the first poll? Thank you.

With the first question, we'd like to know if you are attending this web forum individually, in a group of 2-5 people, in a group of 6-10 people, in a group of more than 10 people.

We have a second part to this question as well. We’d also like to know for which of the following do you intend to apply: Partnership to Improve Community Health; national implementation and dissemination for chronic disease prevention; Racial and Ethnic Approaches to Community Health, Prevention and Public Health Funds 2014; state and local health actions to prevent obesity, diabetes and heart disease and stroke; a comprehensive approach to good health and wellness in Indian country; programs to reduce obesity in high obesity areas; applying as a subcontractor with another organization as lead; not sure; or not applying.

Once you are done with your poll question, please be sure to click on the submit button in the bottom right-hand corner.
Again, since we opened the poll, your media viewer may have collapsed, and don't worry about that. Go ahead and click on that circle with the filmstrip; it will bring it back up.

It's my pleasure to introduce our moderator for the day, Robert Berger. Robert Berger serves as program director of California4Health, PHI's Community Transformation Grant focusing on policy systems and environmental change to improve community health in rural and small California counties. Robert previously served as project director of the LA County Department of Public Health's communities putting prevention to work tobacco grant. As Prop 99-funded county and state contractor Robert helped lead the movement to protect nonsmokers from second-hand smoke and tobacco litter in outdoor areas.

Robert, please go ahead.

>> Robert Berger: Thank you so much, Star, and welcome, everyone. Thank you for taking time out of, I'm sure, a very busy schedule. I'm seeing that most, if not all, of you are working on one or maybe more proposals. So thank you again for that. I think this will be a valuable addition to kind of your information and tools that you're going to reflect in your proposals.

The CDC's release of six new funding opportunities provides tremendous opportunity to continue building on solid foundation of efforts in California and across the country. Those efforts have advanced community health and have helped build greater equity for all.

The work certainly isn't done yet, and this funding will help get us further along towards that goal. They've also provided an opportunity to further engage with and leverage the strengths of a variety of stakeholders, including public health departments, national and local community-based
organizations, state and local government and staff, community coalitions, schools, local housing and transportation authorities, tribal partners, and many more.

Finally, we can learn from the past to ensure that moving forward there is a greater understanding among opinion leaders and policymakers of the importance and impact that these investments bring to building healthier, more equitable communities through a focus on collaboration and partnership.

Today's presenters will be able to offer their recommendations for how to best take advantage of those opportunities. I'd like to first thank the California Community Transformation Coordination Project, which is a project at Public Health Institute funded by The California Endowment, that started around, I guess at this point, when Community Transformation Grant proposals were being first developed to bring us all together and lift all boats for a healthier California. This is a continuation of that. So they're sponsoring today's event. In particular, I would like to thanks our friend and colleague, Genoveva Islas, who is the coordinator of the California CTC project. Not only have they sponsored this event, but Veva reached out to our two CTG representatives today. And thank you, Veva, for all you do.

So are we going to pull up the results for poll 2? OK, if we look, you will see on your screen the results, and it looks like the pitch proposal has gotten the highest number of responses, followed by the REACH FOA, and then a range across the others. So thank you for responding to that.

I want to briefly introduce our presenters. I'll preface their remarks with a little more background, and I think what you will see is we've pulled together representatives of important sectors in the prevention movement, and I think each bring a different and very valuable perspective.
First, Dr. George Flores from The California Endowment, and Dr. Flores has really been the visionary behind these types of coordinated efforts around these funding initiatives, and I think today's webinar is further evidence of that.

Jessica Nunez de Ybarra from the California Department of Public Health will be providing the state's perspective and ways to collaborate and add value from that perspective.

Community is represented by Caitlin Morley, who's speaking on behalf of the Toiyabe Indian Health Project, which was a two-year community transformation grant, tribal and territories grantee.

Patricia Erwin is with the San Francisco Department of Public Health, also a TG grantee. We'll be closed by Robert Ogilvie, representing ChangeLab Solutions who have had a major impact in terms of advancing the state of the art in terms of policy systems and environmental strategies. On a personal level, very instrumental partners in my own community organizing work in LA around smoke-free areas. So it's a fitting close.

All of these partners have social media, either Twitter or Facebook, and these slides will be available on the webinar page. But we certainly want to keep this dialogue going. So those active on social media, please feel free to do that. Just further representation. Of course, CA4Health is a project, but Public Health Institute as an organization is very active in that regard.

The objectives today are, first, to discuss ways to add value to all proposals, with the goal of maximizing the funding and community impact across California. I mentioned or used the term "lift all boats." There will be a net increase. Even though the early termination of Community Transformation Grants was upsetting news to all of us, there is significant new funding coming in through numerous streams. These FOAs, increases in block grant funding that will support PFC
work, and that will translate to good news, but I think also speaks to the need to coordinate and collaborate greater effort. I think that’s what we hope to keep going today. We want to review opportunities to enhance collaboration across the sectors and between community and government.

Lastly, to build on the lessons from relevant prior experience, and hopefully will be nuggets here that will inspire you in terms of your own proposals and some specific opportunities to get, I think, important letters of support.

As Star mentioned earlier, please submit questions via the Q&A feature on your screen. We’ll be able to respond to those, probably towards the end of the webinar. When you do submit, please specify all panelists. Also, click on the icon indicated on the slide to bring back the media viewer with closed captions.

With that, I’d like to turn it over to Dr. George Flores. Dr. Flores?

>> George Flores: Good afternoon. We are probably a bunch of policy wonks talking to each other, but for those of you that aren’t, I’ll try my best to speak plain English. This is really a tremendous opportunity for us to, again, win for California the maximum number of grants possible so that we can advance prevention, improve health, equity and chronic disease prevention here where we really, really have had some pioneering efforts previously in Communities Putting Prevention to Work and in Community Transformation Grants.

So we’re really quite excited about this opportunity and sharing it with you, but also to encourage you to build on lessons learned. This is what we mean by sharing our strengths and maximizing our impact, is by a collective effort to do better, better than an individual applying on their own for this federal funding opportunity by looking at the picture more broadly, doing more with what
you have, seeing the bigger picture, and recognizing that collective impact is really a better starting point and a better goal than just an individual application that disregards all the other efforts that have gone before, and all of the other partners that are out there really waiting to help you advance your grant and advance your proposal as best as possible. So it really is about sharing our strength and maximizing our impact.

Who are we that are audacious enough to suggest that collective impact and coordinating a response from California could get a better response? Well, it's those of us that actually made this work previously, again, with community putting prevention to work and the Community Transformation Grants, where California got more grant money and more number of grants than any other state in the nation. Because, we did go through that effort of a coordinated response, and we indicated how we would have added benefit from working with each other toward this coordinated response, added benefits in different ways we'll describe today. Learning, advocacy, movement building, all of those things really, by working together, can benefit a bigger picture, more than just the singular grant alone.

By coordinated response, we really don't mean we want just a single response from the state as a whole or ditto, ditto, ditto on everybody's application, and we don't want to discourage anybody from applying, but show you how to benefit from working with each other for common strengths, common understandings of the issues, common principles, and maybe even as work goes forward you will find some goals and policy goals that you share that you could work for collectively.

Our objective here today is to talk about how a coordinated response that aims for broad collective impact as well as individual project goals can get you further with your application. We
want to help as many of you as possible to win awards for federal funding, and encourage you to include in your strategy some core principles that could lead to greater learning and impact throughout the state.

These principles are collaborating across sectors, between community and with government. In other words, reach out, pull in partners, strategic partners, and work with them, recognizing that no one entity can do it alone, and go for those that have the strengths that maybe your organization doesn't have to get the job done.

Equity should be an underlying element of all of our strategies. We’re looking at targeting the communities most in need, focusing the resources that we gain, focusing the efforts in those places where the biggest gains can be made, and looking at the strategies and making sure that every single strategy stands the test of equity, the litmus test, that it’s not going to make things worse or create greater disparities, but actually improve the situations and look upstream at the social determinants of health, not just at the terminal kinds of things like health education and brochures, but look more closely at really what drives health conditions in these communities and create strategies that build on relevant prior experience, such as lessons that are going to be shared with you today from Community Transformation Grants. Then, in real time, share your lessons and tools widely.

The California Endowment is very interested in the success we've seen with the Community Transformation Grant network, CA4Health and other efforts that have come out of the California Department of Public Health, California Conference of Local Health Officers around collaboration in chronic disease prevention, planning and scaling up these activities, by sharing lessons and tools across health departments, across communities, across organizations and in real
time, so that we can do the best with what we have by sharing it amongst each other, even though it
maybe didn’t get funding out of this opportunity.

And then supporting agreements to coordinate the response will net us things like technical
resource sharing, statewide learning and advocacy network that we can construct around that so that
there would be webinars and learning opportunities or even regional conversations that can go on
about, again, taking the lessons and moving them into a broader territories and new areas, making
the movement go more quickly. Linking it to complementary programs, programs on diabetes and
cancer prevention and maybe even injury prevention that could learn from the same kinds of
approaches and benefit, then scaling up and sustaining it. These are all benefits of a coordinated
response.

I’d like to refer, then, to Prevention Institute’s webinar they held recently for all of the applicants
throughout the nation. A shameless plug for Prevention Institute, but I want you to consider going to
their website and following through on maybe this e-mail that you got about looking at a checklist of
strategies, green prescriptions, community referrals, sharing data, the workforce, collaboration
framework and healthy organizational practices and so forth, and consider putting those elements into
your proposal. Because, PI did go through the trouble of meeting with the folks that have developed
these FOAs and know that these are of interest and can gain a lot of good attention if you do include
them.

The last thing I want to mention is about letting us know that you're applying for this funding
opportunity, so that we can drive the boat that includes everybody together in learning opportunities
and resource sharing opportunities, and Prevention Institute is collecting this information through this questionnaire that you fill out, the tracker that they're calling it. So be sure to pay attention to that.

Lastly, Robert did mention letters of support. In years past, The California Endowment and other organizations offered letters of support to those organizations that did agree to the tenets, the principles mentioned previously. I would say we would be in a position to do that again.

For those of you that agree to collaborate, agree with this kind of shared approach and agree with the principles we mentioned previously, if you simply write to me and let me know you're applying and you've agreed to those principles, I'd be glad to consider getting a letter of support for you from The California Endowment. My e-mail address is gflores@calendow.org.

That's it. Now I pass to Jessica to talk about what the state is doing.

>> Jessica Nunez de Ybarra: Thank you very much. It's a pleasure to be here with you all today, and I want to alert you that my presentation will namely be a presentation that our director, Dr. Ron Chapman at the California Department of Public Health, provided to stakeholders. It is available on our website. If you have questions about finding it, please let me know. My contact information is listed at the end of this presentation.

So the California Wellness Plan, if you've never heard of it, is California's chronic disease prevention and health promotion plan. We are thrilled that it is available online, and had substantial input from important partners.

The desired outcomes were to understand chronic disease and the multiple factors that contribute toward it, specifically for California and the frame that you've heard today from our partner. We are interested in being more transparent with all of you in our activities, and we believe that the
plan itself is a roadmap for collaboration between we at the state level and many of you at the local, regional and statewide level, outside of government and inside government.

We also feel that the plan is important because it includes measured improvement in chronic disease outcomes and in equities as well as costs. In other words, getting to be able to actually show and demonstrate value of prevention.

I want to quickly review this information, and if you have further questions please go to the plan itself. I want to also inform you that something substantial about the plan is that we incorporated the priorities developed by the secretary in our state for Health and Human Services, alongside partners that formed the Let's Get Healthy California Task Force. They developed the report in September 2012. We've incorporated most of the priorities within the wellness plan, and have framed those priorities under the following goals. Obviously, the overarching plan is equity in health and wellness. Then we, number 1, want to look at healthy communities, basically primary prevention. Number 2, optimal health systems linked with community prevention. Number 3, accessible and usable health information. And finally, sustainability and capacity of our prevention efforts in the state.

I want to let you know that the department is committed in each of these goal areas to a few activities, and I will share them briefly with you now. Again, all information is on our website, if you want to explore this or haven't heard of these concepts before.

For healthy communities, the department is interested in working with others to develop a compendium of best practices to help local health departments engage community planning and development agencies, and we are interested actually in better coordination for planners, school districts and local health departments to encourage a collaborative approach to equitable planning.
This will allow opportunities to develop co-benefits of healthy land use in school facilities, citing decisions, etc., that lead to physical activity, transportation, safe routes to school, all of that kind of thing.

I’m sharing that with you because I see half of the folks on the line are interested in community and then racial and ethnic applications, the REACH program.

For number 2, I want to also make you aware we are interested in convening a statewide workgroup to increase integration of public health in the healthcare sector. We’re also looking at specific staff to support this work and innovation.

Number 3, in terms of health data, we are very excited at the department that we have an effort ongoing for health information exchange gateways as well as open data portal opportunities that will be launched in the coming months, where folks can look at data that’s available, and that’s been an initiative in partnership with the California Healthcare Foundation. We’re very excited about that.

We’ve also committed to work internally to develop an online toolkit to guide local access to online population health data. In other words, when you look at the health plan and see the measures we’ve described, or the wellness plan, I should say, and want to know where that data is, how can I get it for my region, we'll be developing over the next year a toolkit to tell you about how to get that data, mainly from the perspective of local health departments, but we hope in your applications you're all working with them substantially.

Finally, goal 4, for sustainability and capacity we’re really looking to partner with the agency secretary on the California state innovation model application moving forward in terms of looking at
wellness trusts for the state and prevention. Please speak with Lynn Silver; she's heading a group of our partners in looking at that more substantially.

I do want you to know that internally, within the department, we have different ways of coming together around policy, data and information, communications, evaluation, the health systems linkage group I've described with communities prevention, and looking at how we will monitor the wellness plan objectives.

If you see the term P21, I want you to be aware that back in February many partners were brought together to inform places of focus, and what I've described to you is a lot about that kind of work.

I want to let you know we do intend to continue to communicate. I'm now recently assigned as the director of coordination for the work in regard to the wellness plan. Please do not hesitate to contact me for opportunities. I'm here to serve. You can read there in the slide some of the other ways that we intend to coordinate with you moving forward.

I want to also inform you of an exciting toolkit online now at our department website at the link listed. It allows many folks to craft language, communication messaging that's consistent and is readily available. There's no permissions required. You can download it and use it and make it your own.

I also wanted to, finally, just announce that the Office of Health Equity within our California Department of Public Health should have, by August, a statewide plan to promote health and mental health equity. So keep posted on that. We are partnering with them in regard to some of the monitoring of wellness.
In terms of letters of support, that was described earlier, if folks who have not received the required letter from the state of California require one, we need to get those requests in from you no later than next week, Monday, July 14, close of business. You should send to us a letter template, with everything that you’d need per the requirements and per your information in the letter template, but then also list the areas where you believe you’d like to collaborate with us, and as many as you’d like, many options for us to think about. And we’ll get the appropriate approvals and get you that letter back next week, because we know that the applications are due promptly, like around July 22.

You should e-mail these requests to Shirley Sheltier. Her e-mail is listed there. She’s out of the office this week, but will be back Monday, early, July 14, to collect all the information and to work on those letters of support for you.

I do want to alert you that we have received many letters of support, requests already from the state. So I apologize if this is redundant or none of the folks on the phone required this.

My contact information is here. Thank you so much.

>> Robert Berger: Thank you so much, Dr. Nunez de Ybarra. I just want to correct you on one statement you made. You talked about planning on being more transparent, but I think you’ve been really delivering on that. We were -- it was a pleasure to have you participate, not in this most recent action institute for our CA4Health counties but the year before, to help introduce and discuss the wellness plan in front of that important audience. And the letters that George and Jessica talk about, I think, are great to include, because all of this funding makes reference to the need to demonstrate coordination with ongoing efforts, both CDC funded and others, and I think by having support at that level really helps deliver that, on top of it being mandatory in some cases. Certainly, the coordination
has been a big asset to our rural and smaller county efforts. So we can certainly attest to the power of that.

I would like to next introduce Caitlin Morley, who is the community wellness program coordinator with Toiyabe Indian Health Project. It really is a looking through a community lens at this type of funding. And Caitlin was kind enough to join us to provide some of their key lessons learned that might inform where you go with elements of your own proposals. Kate?

>> Kate Morley: Thank you, Robert, very much, and I’m flattered to have been asked to speak with everyone on the call today about some of the work that Toiyabe Indian Health Project has been doing. We were awarded a capacity building Community Transformation Grant three years ago, and we’re now in the stages of wrapping up, because that funding is ending, but we’re very excited that there are so many applicants around the state who are considering applying for these new funding opportunities.

I’m pleased to be able to hopefully share a couple of tips with some of our lessons learned that focus on the core objectives for today’s webinar, but that have a tribal focus, because that’s the work that I am currently doing.

So, without further ado, I wanted to start out with a bit of a demographic snapshot of Native Americans and Alaska Natives in the state of California. California has 107 federally recognized tribes plus an additional 40 tribes that do not currently have federal recognition.

We have the greatest number of American Indians/Alaska native residents in our state. We have more than any other state, next to Texas, but we are -- we far and away have the most, with almost a quarter of a million residents. That translates to about 1 in 7 Native Americans living in
California. I set the stage, because chances are good whatever your work, wherever it is, whether in a very rural context or inner city, it's very likely it touches Native Americans.

In terms of collaboration across sectors and between communities and governments, one of the things that we found to be very helpful in our CTG work is to reach out to partners at a variety of engagement levels. So certainly, you want to have key advisory members, you are going to want to have community members involved and casual one-time partners are also very valuable. So that's one of the things we're crafting into our current applications, is making sure we have a real range of involved partners.

I also just want to put out there that tribal councils are governments, so sometimes that's not specifically written into FOA language. But if you read between the lines a little bit and you're looking to reach out to governmental partners, keep tribal councils in mind, because many times they're a fabulous partner, and they will meet some of those requirements in FOAs.

Along those same lines, many tribes and then smaller counties or cities have parallel organizations, organizing like WIC, like TANF or SNAP, often they'll have parallel organization systems. There can be a lot of overlap, and it will behoove all of us to reach out and collaborate in those parallel organizations.

In terms of health equity, I would make the first point that it's important to take a community where it is, so our starting points are different. General strategy, there's good work to be done wherever you are, and that can be written into FOAs.

This is a little bit more of a specific point, and it may be a new term, but I want to put out there that work that counteracts historical trauma can be woven into many community health strategies.
Historical trauma is the cumulative social and emotional and psychological trauma that can build up in individuals and in communities. It is fairly common in Native American communities, and there’s a reference there that’s a bit of an introduction, but I would encourage anyone who is working with Native Americans or working in Native American communities to just learn a little bit about the term and the backgrounds, and I think there is really positive work that can be done regardless of what other public health strategies you’re going to use.

I’m also going to put on the table that tribal communities are very used to broken promises, so it’s important that in our work we don’t become another one, and that we follow through. Certainly, that’s true in all communities, but there’s such an oppressive history in tribal communities of that not happening, that it’s particularly important to keep in mind. Also, generally using our work to break down barriers that can exist between tribal communities and nontribal communities or between any communities where barriers have developed and grown over the years. We can use our public health work to break that down.

In terms of building on past experience, I think it’s important to recognize that a lot of times the same good work just goes by a different name. So our safe routes to schools work, our county called it road repair and maintenance. Fine. They can call it what they want. It’s the same public health benefit to us. Just being aware of that when you’re reaching out to partners, and when crafting grant applications, just another reminder not to reinvent the wheel.

A lot of times there are existing groups that you can join, and it can be very beneficial. In all, the focus many of the FOAs have on creating partnership coalitions, we sometimes need to create
new ones, sometimes a great group is out there that you don't know about, that you can become a part of.

There's a lot of state momentum, and I know that's been touched on before. Even if groups are individually funded there is momentum out there that we can build on, and quite often there is work that, even if funding isn't there, there are lower-cost strategies and these can include joint events, sharing resources and some policy changes that can be made.

Just a couple of final references. The California Tribal Epidemiology Center and the California area Indian Health Service websites are good starting places for demographic and health information regarding Native Americans.

Then two community organizations, Healthy Native Communities Partnership is a capacity-building organization that we have really enjoyed working with over the three years we've had the grant. Then the First Nations Development Institute is an organization that focuses on healthy and sustainable traditional foods.

That is what I have. Thanks very much.

>> Robert Berger: Thank you so much, Kate. And we're going to move through to the next presentation, just in the interest of time. If we don't end up having enough time for some questions that are left unanswered, we'll find a way to get those answered offline.

I would like to turn it over. You know, Kate referenced meeting the community where it's at, and that's certainly, I think, my experience going from Communities Putting Prevention to Work in LA County to working with California’s most rural and small communities under CTG really drove that
home for me. But I think we've made tremendous progress in advancing community health based on that level of sensitivity, adaptation. So I think we're definitely heading in the right direction.

Patricia Erwin is with the San Francisco Department of Public Health. She's deputy director of Community Health Equity and Promotion Branch. Also a CTG manager. I would like to turn it over to Patricia.

>> Patricia Erwin: Thank you, Robert. So I wanted to share, just briefly, some of our experiences, hopefully helpful to others on the call. We were awarded implementation grant three years ago and, similar to Kate and others, are working on really looking at sustainability right now. But just in terms of thinking about some of the things that were really helpful for us, and we are a local health department so we are in the city and county of San Francisco, however, we're also disconnected in a lot of ways. We're not able to be as closely connected to the community as ideally we would like to be in many ways.

So one of the key strategies that we use was really full engagement of community partners, not just in a way of how do we distribute funds through these resources that we have, but really looking at what are our long-term, longstanding relationships where there's already effective work happening, and we know that there's good connection with the community, people working with those agencies are actually from the community and have a lot of wisdom about the community, and were able to -- actually had current work happening that we could partner with them, provide minimal resources and work with them to really take action.

So all of those things together really made our community partnerships very effective and were a lot of the reason for the successes that we had in the relatively short period of time. We all had
three years, as we know, but we had at least a year. I mean, it took us almost a year and a half just to get one fully paid staff person onboard. So there was a lot of time where we were doing planning and engagement, and it really feels like we had two years to really do a lot of the work with our funded resources. So it was really those community partners that were so important.

In terms of thinking about health equity, they were also what really helped us keep a focus and a lens on health equity. So we had the approach in our proposal, and in our work generally we have the approach of recognizing where there are disparities and inequities, and how we can address those and in what ways we can work towards those. But it's really through those community partnerships that real opportunity was happening.

Another way that we were able to move forward fairly quickly, and with our initial bureaucratic and administrative challenge, was using what we call strategic leads. Basically, our whole proposal, besides what I described with the community partners, in terms of -- the strategic leads essentially are people within the Department of Public Health who are leading efforts that are very tied to the work that we have in our CTG proposal. So we leveraged that work, and actually leveraged them, in most cases, in kind to help us move the work forward through the partnerships and in connection to other work that they are currently doing, that we have other resources for, etc.

So almost nothing that we did in CTG was a brand-new opportunity. It was more what are we already doing that we can leverage within DPH and within the community. As a result of that, like I said, we are able to really have some pretty -- you know, some accomplishments.

In terms of the strategic leads, I think another thing, and thinking about partnerships, is that we actually had strategic leads, Department of Public Health staff from three different branches within our
public health division. We call that the Population Health Division. That way we could leverage
where, again, that idea of leveraging, but we had a partnership from environmental health, maternal
child and adolescent health, then our branch, which is more generally community health equity and
promotion. We could leverage the strengths and additional resources each of us has within our
branches as welling.

In terms of other partnerships, we really strengthened our partnerships with other city
agencies, or maximized those. So examples are with the metropolitan -- I'm sorry, the Municipal
Transportation Agency, which is really our local transportation agency where we do a lot of work
around the safe walking; the Department of Children, Youth and Their Families; and the
San Francisco Unified School District, as well as Department of Park and Rec.

Four key partners that we really had substantial, significant, concrete work we did
together, and very little resources that actually directly went to them. So again, thinking about what
are those, like my predecessor Caitlin had said, what are some of the partnerships that we already
have in existence where a little bit of additional resources, even in the sense of leveraging the funded
staff and the initiative behind community transformation, really went so much further than the actual
resources we were getting in terms of dollars.

I just want to finish by saying that we really found it valuable to have the linkage to the
California CTG that was happening through the Public Health Institute, The California Endowment,
and the state. So all of that together really helped us strengthen and broaden and deepen
connections that we have with other counties and throughout the state. And also to learn from others.
Lots of times we are thinking more within the Bay Area or urban centers. This was an opportunity to think about and learn from others as well, from areas that we don't as closely connect to.

I think with that I'll close and turn it back to Robert.

>> Robert Berger: OK. Thank you so much, Patricia. We learn from you as well. I want to let folks know we may go over a couple minutes. We certainly will understand if you need to sign off, but we want to make sure we hear from all of our presenters and we'll take a couple of questions.

With that, I'd like to turn it over to Robert Ogilvie. Dr. Ogilvie is the VP of ChangeLab Solutions. Robert?

>> Robert Ogilvie: Thanks, Robert. Thank you, everyone, for listening through this. They've asked me to keep it to five minutes, and I will do. I think you've heard a lot of great information from all of the presenters today, from Kate, Jessica and George.

I just want to touch on a few things to help people think about the content of their proposals. As Dr. Flores noted at the beginning, the goal here is to ensure that California applicants are as successful as possible, and I think that one way to do that is to build on the history of the good work that a lot of you all and others have already done to put California really at the forefront of building healthier places. And to think about how to really focus on these three unhealthy behaviors, diet, physical activity and tobacco use, that cause over 50% of the premature deaths.

One thing that Robert Berger noted to me earlier in an e-mail is that there are a couple basic strategic directions that cut across the funding opportunities: Tobacco use and exposure being one; poor nutrition being another; physical activity being a third. And then lack of access to chronic disease prevention, risk reduction and management opportunities.
Because of that, I think that it's really important to ground the proposal in the policies sphere. A lot of people have done a lot of work here in California. I really love what was just said from San Francisco about being able to reach out to others and learn from them, and listen to what they've done and really stand on their shoulders. I think that's really important. Because, some of the most innovative public policy work for building healthier places is being done in this state, funded by the endowment, for one, by Kaiser, being shepherded through CTG grants by the Public Health Institute. So there are a lot of connections who've been on the line today, and those of us can also connect you to others to really learn about how to ground your proposal in public policy.

I really want to emphasize that there are many different ways to do this that are context sensitive, and creative ways. One of the things that I see having been successful through CTG, and before that in CPPW, is to think across multiple contexts, to think about the range of policy decisions that can potentially be taken, that can affect health in your community, and to ground that in data and to really think creatively. I just want to say that.

I have a list here of some of the types of policy decisions that can affect health. Dr. Nunez de Ybarra talked about the state wellness plan. I would refer to that as well, because the state wellness plan really covers a number of these bullet points as well as many more.

I just want to really emphasize the grounding in health in all policies. This will bring it back to the California focus, because this is where California is really clearly leading the nation. We've got a statewide Health in All Policies task force that operates out of the Strategic Growth Council. I know that The California Endowment is really emphasizing health in all policies, in their 14 communities and around the state.
I think it would behoove those of us who are supporting and writing proposals to think in the health in all policies framework, because it really enables you to think about how to build coalitions across some of the sectors listed here in this slide. I could have listed many more, but then the type would be too small for it to be legible. And to think about how a citywide or townwide or whatever your geography is, countywide, sorry, health in all policies movement can really be seeded and advanced by this proposal.

I think this is clearly the direction the state is going in, hopefully the direction other states are going in. I think this is language that could help set your proposals apart from many of the others in this very competitive environment, and hopefully be successful. So I want to do that.

I want to end off by just highlighting a number of technical assistance resources; some of them ours, some of them from the Centers for Disease Control. The ones at the Centers for Disease Control, really I've got the links in here. Sorry, they aren't live, but you can copy them and go to them. They tend to link to a number of other technical assistance materials that have been created by experts around the country. I just want to say that ChangeLab Solutions is here to partner with. We are partnering with many, and I know Prevention Institute, mentioned already today, are partnering on a number of proposals.

We wish everybody the best of luck, and we are really honored to be asked to participate with this great panel, and to help share information with you in what I hope will be your successful proposal.

There's my contact information, if you're trying to figure out how to get in contact with me. I'm going to turn it back over to you, Robert. By my clock, we still have one minute left.
Robert Berger: Thank you so much, Robert. It will be exciting to see what the landscape looks like come October, but we do know that that coordination and collaboration will continue. It must continue. The folks that are participating here are on a workgroup that represents a larger community, and we're all committed to that. It's really a responsibility we feel we have for all Californians.

Q&A feature, actually, I read there were a couple -- some questions had come in. They were more of the very specific about the tie to specific concepts within proposals. So let me let you know they will be responded to offline. I think that will be more helpful. If there are additional questions, certainly feel free to submit those. We're going to end with two quick poll questions that will help us get information in terms of planning future activities to assist you in your efforts, both now and as you move forward to implement your wonderful plans. I'll echo Robert's point and say thank you, and it's also been an honor to be part of this and keeping this movement moving forward.

Thank you all, and thanks to the panelists again and the folks at Dialogue4Health for doing such a great job. We have two questions. As you complete your proposals and plan your program work moving forward, what additional resources or support do you need? We have collaboration on strategies across sectors and between community and government; equity as an underlying element of all strategies; strategies that build on lessons learned from prior efforts; development of work and action plans. I could use help with that right now. Media and communications; evidence-based policy, systems and environmental change strategies; evaluation plan; other technical assistance and training. That feedback will, as I said, help us plan this group's activities moving forward.
If a learning community is established, and I'm going to go out on a limb, George, and say it will be and it needs to be, which areas would you like that learning community to focus on? Information sharing and collaboration across grantees and initiatives; policy, systems and environmental change strategies exchange; collective action around PSE change; advocates for sustainable funding; or other areas that you -- that aren't represented here you think are critical.

With that, thank you again. All the best to everyone. and we'll regroup and continue the dialogue and continue to move forward together.

Have a great day. Bye.

[Webinar concluded at 1:34 p.m. PT, 4:34 p.m. ET]