Madera County Public Health Department

“On the Pulse of Change”

Melody Kellar & Myriam Alvarez
Madera County

Centrally located in the state
2 cities and 11 unincorporated areas
Rural and conservative
Population: 150,000
52% Hispanic
Unemployment Rate: 14% (Dec. 2010)
Agriculture is the primary industry
1. Change in Public Health Director
2. No relevant county specific data
3. No knowledge in line staff of health equities
4. Conservative organizational culture
5. Budget crisis
6. Low staff morale
7. Departments work in silos

Context

1. Executive Team
2. Management Team
3. Line Staff

Stakeholders

New Director = opportunity for change
(Staff contribution)

Adding new project team members
Ongoing training for Mid-Management
Line Staff trainings – MCAH / WIC

Pathways to Change

“New” mission statement
Relevant, county specific data
All Health Department staff gain knowledge

Desired Outcomes
Contex

1. Change in Public Health Director
2. No relevant county specific data
3. No knowledge in line staff of health equities
4. Conservative organizational culture
5. Budget crisis
6. Low staff morale
7. Departments work in silos

Stakeholders

1. Executive Team
2. Management Team
3. Line Staff
Current Situation

Archaic mission statement
March 17, 1988

Madera County Public Health Department
Mission Statement

The Madera County Department of Public Health protects and promotes the health of the community by means of preventative medical and educational services. The Department is also responsible for enforcing State and local Health laws.

Specific programs consist of public health administration, public health laboratory services, communicable disease control, child health, California Children’s services, immunization clinics, public health nursing, public health medical services and vital statistics. The Department also administers a Senior citizen’s Health program, the Dental Disease Prevention Program, a child Health and disability Prevention Program, an acquired immunodeficiency (AIDS) program and comprehensive perinatal services coordination.
Current Situation

- Archaic mission statement
- No relevant county data
Current Situation

Archaic mission statement

No relevant county data

No Line staff training

*Ongoing Mid-Management training*
Desired Outcomes

“New” mission statement

Relevant, county specific data

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March 17, 1988

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“Values” Results

What do you value in your work?

- Helping & Making a Difference: 27%
- Staff Support & Development: 12%
- Promoting Wellness: 11%
- Education & Prevention: 10%
- Our Mission & Performance: 10%
- Knowledge: 3%
- Family: 2%
- Community: 6%
- Respect: 4%
- Teamwork: 7%

Pathway to Change
Results Bulletin Board
We're on a Mission
To Create a Mission!

Pick one
1 2 3

The mission of the Madera County Public Health Department is to be a leader, partner, catalyst, and voice for the county of Madera in order to ensure the conditions that promote health and equity, prevent disease, and protect and improve the quality and length of life.

And..... smell the flowers

2010/09/13
We're on a Mission
To Create a Mission!

Pick one

1
2
3

The mission of the Madera County Department of Public Health is to improve the public's health by identifying community health needs, ensuring availability of quality services and working in partnership with our community to eliminate health disparities.

2010/09/13
We’re On A Mission
To Create a Mission!
Pick one

2010/09/13
The Madera County Department of Public Health protects, preserves, and promotes the health of the community by means of preventative medical and educational services to ensure the optimal health of the public.

The mission of the Madera County Public Health Department is to be a leader, partner, catalyst, and voice for the county of Madera in order to ensure the conditions that promote health and equity, prevent disease, and protect and improve the quality and length of all lives.

The mission of Madera County Department of Public Health is to improve the public health by identifying community health needs, assuring availability of quality services and working in partnership with our community to eliminate health disparities.
Your flower + your suggestions = Done!!!
Putting it all together...

The Madera County Public Health Department protects and promotes the health of our community by striving to prevent disease and eliminate health disparities.
Final Retooled Statement!

The Madera County Public Health Department protects the health of our community by preventing disease and promoting health equity.
“New” mission statement

Relevant, county specific data
Chronic Disease Data

Pathway to Change
“New” mission statement

Relevant, county specific data

All Health Department staff gain knowledge
## Overweight Children in California Counties & Communities, 2004

### Madera County

#### The Problem

The California Center for Public Health Advocacy analyzed the 2004 California Physical Fitness Test of 5th, 7th and 9th graders. The analysis shows that among students in Madera County, 33.3% were overweight; in the city of Madera, 35.1% were overweight. The analysis also shows:

<table>
<thead>
<tr>
<th>County</th>
<th>All Students Tested</th>
<th>Gender</th>
<th>5th Graders</th>
<th>7th Graders</th>
<th>9th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera</td>
<td>28.1%</td>
<td>Girls</td>
<td>27.6%</td>
<td>33.9%</td>
<td>31.1%</td>
</tr>
<tr>
<td>California</td>
<td>33.3%</td>
<td>Boys</td>
<td>35.5%</td>
<td>33.3%</td>
<td>31.1%</td>
</tr>
</tbody>
</table>

#### The Effect

- Overweight children face a greater risk of developing many health problems during childhood, including type 2 diabetes, high blood pressure, asthma, orthopedic problems and gallstones, as well as low self-esteem, poor body image, and depression.
- Overweight children are more likely to become obese as adults, putting them at a much higher risk for heart disease, cancer, stroke, and diabetes later in life.
- Overweight, obesity and physical inactivity are estimated to cost California $28 billion during 2005 for medical care, worker’s compensation, and lost productivity.

#### What Can Be Done

To address the epidemic of overweight children, state and local leaders must address the conditions in schools and communities that contribute to this crisis and that undermine parents’ efforts to protect their children’s health. The California Center for Public Health Advocacy recommends the following actions:

- Implement healthy food and beverage standards for products sold in schools and other public facilities.
- Ensure quality physical education for all children in grades K-12.
- Eliminate advertising of unhealthy foods and beverages on public property.
- Make school recreation facilities available for after-hours use.
- Ensure public access to all public facilities that provide physical activity programs.
- Provide financial incentives that bring grocery stores and recreation facilities to low-income communities.
- Provide safe roadway access for walking and biking.
- Require health insurance to cover nutrition counseling and physical activity.

### Notes

- The term overweight as used in CPHAv’s analysis of the California Physical Fitness Test data is based on assessment standards described in CPHAv’s report, The Growing Epidemic: Child Overweight Rates on the Rise in California Assembly Districts, released in August 2005. This fact sheet includes the only city in this county with a population of at least 10,000 and a total enrollment of 5th, 7th and 9th graders of at least 1,000.
- All data are from the 2000 Census, except data that are from the California Department of Education 2003-2004 public school enrollment data.

Support for this project was provided by a grant from The California Vitamin C Case Consumer Settlement Fund.

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The California Center for Public Health Advocacy is a nonprofit, nonpartisan organization established by the Northern and Southern California Public Health Associations.

Post Office Box 2309, Davis CA 95617
(530) 297-6600 http://www.publichealthadvocacy.org
# Madera County Nutrition Profile

## Demographics

<table>
<thead>
<tr>
<th>Total Population: 146,345</th>
<th>Child Population (0-17): 40,930</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population in Poverty: 24,064</td>
<td>Child Population in Poverty: 10,096</td>
</tr>
<tr>
<td>% of Total Population in Poverty: 18%</td>
<td>% of Children in Poverty: 8.4%</td>
</tr>
</tbody>
</table>

## Health Indicators

### Food Insecurity Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Madera County</th>
<th>County Rank (1 = Worst)</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Low-Income Adults in Food Insecure Households (HII)</td>
<td>12,000</td>
<td>N/A</td>
<td>2,486,000</td>
</tr>
<tr>
<td>Rate of Food Insecurity Among Adults in Low-Income HII</td>
<td>30%</td>
<td>27</td>
<td>30%</td>
</tr>
</tbody>
</table>

### Obesity Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Madera County</th>
<th>County Rank (1 = Worst)</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Babies Born with Low Birth Weight</td>
<td>5.9%</td>
<td>36</td>
<td>6.7%</td>
</tr>
<tr>
<td>% of 7th Graders with Unhealthy Weight</td>
<td>38.8%</td>
<td>6</td>
<td>32.3%</td>
</tr>
<tr>
<td>% of 7th Graders with Unhealthy Aerobic Capacity</td>
<td>33.7%</td>
<td>33</td>
<td>37.8%</td>
</tr>
<tr>
<td># of Overweight or Obese Adults</td>
<td>12,000</td>
<td>N/A</td>
<td>14,800,000</td>
</tr>
<tr>
<td>% of Overweight/Obese Adults</td>
<td>63.9%</td>
<td>12</td>
<td>56.1%</td>
</tr>
<tr>
<td># of People with Type II Diabetes</td>
<td>7,000</td>
<td>31</td>
<td>1,516,000</td>
</tr>
<tr>
<td># of Diabetes Related Deaths, Annually</td>
<td>32</td>
<td>38</td>
<td>6,997</td>
</tr>
<tr>
<td>Breastfeeding Rates</td>
<td>82.3%</td>
<td>14</td>
<td>83.7%</td>
</tr>
</tbody>
</table>

## Food Assistance Programs

<table>
<thead>
<tr>
<th>Program</th>
<th># Eligible</th>
<th># Eligible but Not Participating</th>
<th>% Eligible but Not Participating</th>
<th>County Rank (1 = Worst)</th>
<th>Loss of Federal $ due to Underutilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamp Program</td>
<td>31,823</td>
<td>17,185</td>
<td>54.0%</td>
<td>N/A</td>
<td>$20,405,017</td>
</tr>
<tr>
<td>School Lunch Program</td>
<td>17,796</td>
<td>4,427</td>
<td>24.9%</td>
<td>45</td>
<td>$517,489</td>
</tr>
<tr>
<td>Summer Food Programs</td>
<td>14,949</td>
<td>12,628</td>
<td>84.5%</td>
<td>20</td>
<td>$733,434</td>
</tr>
<tr>
<td>WIC Program</td>
<td>13,441</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note: # of participants - only data available at time of release*

## Madera County School Breakfast Highlights

- Public Schools in Madera County: 72
- Public Schools in Madera County WITHOUT a School Breakfast Program: 17 (of 2,599 in California)
- Students Eligible for Free or Reduced Price School Breakfast in Madera County: 17,796
- Eligible Students Not Getting Free or Reduced Price School Breakfast in Madera County: 12,727 (of 2,216,6681 in California)
- Loss of Federal Dollars due to Underutilization of the School Breakfast Program in Madera County: $2,938,040 ($512,620,875 total in California)
- County Rank in School Breakfast: 28 (1=worst, based on # eligible but not served)

For more on the Breakfast First Campaign, go to [www.breakfastfirst.org](http://www.breakfastfirst.org).
Emerging Concept: Life Course Model
Sample: Overweight/Obesity

- Overweight Mother
  - Obese Mother
  - Diabetic Mother

- Infant born large for gestational age with abnormal glucose tolerance

- Adolescent with increased # fat cells with increasingly abnormal glucose tolerance

- School with no PE
  - Unsafe parks far from home
  - Latchkey child watches TV
  - Child becomes more overweight

- Working mother
  - Infant formula fed

- Family Culture
  - Diet high in fat and high in sugar
  - Child is overweight
### Six Ways To Talk About Social Determinants of Health

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health starts long before illness in our homes, schools and jobs</td>
</tr>
<tr>
<td>2</td>
<td>All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.</td>
</tr>
<tr>
<td>3</td>
<td>Your neighborhood or jobs shouldn’t be hazardous to your health</td>
</tr>
<tr>
<td>4</td>
<td>Your opportunity for health starts long before you need medical care.</td>
</tr>
<tr>
<td>5</td>
<td>Health begins where we live, work and play.</td>
</tr>
<tr>
<td>6</td>
<td>The opportunity for health begins in our families, neighborhoods, schools and jobs.</td>
</tr>
</tbody>
</table>
Lessons Learned

• Capitalize on opportunities
• Change takes time
• Build partnerships
• Change is constant
Next Steps

• Public Health Week 2011
• Ongoing Health Equity trainings
• Chronic Disease Program proposal
• Grants / Funding Opportunities
Check your pulse. Are you alive? Ready for change?

WE ARE!!!!!!!
Questions??

Thank you