

COUNTY OF FRESNO
ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 952-5380

**LIFETIME OF WELLNESS, COMMUNITIES IN ACTION
(LWCA) PROGRAM GRANT**

Issue Date: September 28, 2015

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON OCTOBER 19, 2015.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Gary E. Cornuelle**,
phone (559) 600-7114 or e-mail gcornuelle@co.fresno.ca.us.

NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5380 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN IN BLUE INK AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 952-5380

COMPANY NAME: _____
(PRINT)

SIGNATURE (In Blue Ink): _____

NAME & TITLE: _____
(PRINT)

PURCHASING USE: GEC; ssj

ORG/Requisition: 56201551/ 5621600254

QUESTIONS AND ANSWERS

Q1. What benefits must be included in the benefit rate in the Personnel section of the budget?

A1. Include only optional benefits (e.g., medical, dental, vision, retirement) in this rate. Do not include mandatory payroll costs such as taxes, workers' compensation and unemployment insurance.

Q2. How many sites are required for this program?

A2. At least three (3) sites are required with demonstrated community supports either through Fresno County Department of Public Health's (DPH) Nutrition Education Obesity Prevention program (NEOP), or through partner letters and other justifications in your proposal. A proposal identifying more than three sites will not be scored higher during evaluation. To learn more about the partners and activities in the NEOP communities, please contact Rosemarie Amaral at (559) 600-6449 or ramaral@co.fresno.ca.us.

Q3. Can this funding be used for chronic disease self-management programs?

A3. No, LWCA is only for prevention systems. Once a patient has been diagnosed, they are no longer eligible for programs under LWCA funding. Examples of prevention systems include increasing insurance coverage for primary preventative care, building internal capacity for tracking and referral systems, and training staff in prevention-focused patient care including lifestyle intervention programs.

Q4. What is LWCA's measureable goal?

A4. The goal is to establish prevention systems (policies, procedures and guidelines) in a clinic that are sustainable and reproducible. Success will be measured in the effectiveness of the systems put in place, not measured by patient numbers. These changes are required at LWCA sites and may extend to other sites within your clinic.

Q5. Is there a page limit for the proposal?

A5. No.

Q6. Is the bid security deposit required (page 22 of the RFP)?

A6. No, the deposit is not applicable to this RFP.

Q7. Can we make changes to the scope of work in Attachment A?

A7. Changes to the scope of work table in Attachment A are not allowed. Please provide a narrative for each of the three components of the program in Section XI of your proposal, not for individual activities within the components.

Q8. What types of letters of support should we include in the proposal?

A8. Include letters from individuals and organizations that you have worked with on projects similar to LWCA and community partners that you intend to work with during this contract.

Q9. What is the role of pharmacists in LWCA?

A9. The goal is to include pharmacists that provide services to clinic patients into your care team. Technical assistance is available from California Department of Public Health and CDC on how to incorporate pharmacists into your care team.

Q10. Will DPH consider funding more than one clinic?

A10. Joint proposals will be considered. However, the benefit of including two clinics over the systems change advantage of working within one clinic must be clear.

Q11. How much implementation of program activities is expected in year one?

A11. The Scope of Work (Attachment A) details the activities for year one. The environmental scans referenced in the scope of work will be completed by DPH by the start date of this contract. Copies of the scans are being provided with this addendum. Environmental scan data will be gathered from multiple clinics and other healthcare providers and shared with the clinic subcontractor. Supplemental data may be gathered by the clinic as necessary during year one, in addition to the required implementation activities as described in the scope of work in years one and two.

Q12. How many binders are required?

A12. Six (6) copies plus one original.

Q13. In the narrative Scope of Work section, in addition to describing how the vendor will address Components 1b, 2a, and 2b, should our proposal also address the other sections in the "Scope of Work" description (p. 23-25), e.g., those entitled:

- **Coordination with LWCA Evaluator**
- **Administration**
- **Reporting**
- **Subcontracting**
- **Equal Employment Opportunities**
- **Minimum Qualifications**

I am unclear on whether these sections are part of the program information, or whether we are to specifically address them in our Scope of Work response. Might we instead address these points in our Vendor Company Data section?

A13. Yes, the proposal should address all components listed in the Scope of Work (p.23-15) section of the RFP.

Q14. If funds are not fully expended in the first year may they be carried over into Year 2?

A14. We do not know. The request is made at the end of each year to CDPH and CDC. If the funding is approved for carried forward, it must be used to complete any activities from the first year, not for year 2 activities. I hope this makes sense.

Q15. In Appendix A, the strategies and activities involving pharmacists are the responsibility of the County. What roles might the vendors have in these activities beyond linking pharmacists into community engagement activities?

A15. No other role beyond that.

Q16. If funds are not fully expended in the first year may they be carried over into Year 2?

A16. DPH will submit carryover requests at the end of each year to CDPH and CDC. If the request is granted, funding must be used to complete any incomplete activities from the prior year, not to fund the coming year's activities.

Q17. In Appendix A, the strategies and activities involving pharmacists are the responsibility of the County. What roles might the vendors have in these activities beyond linking pharmacists into community engagement activities?

A17. Bidders are not asked to provide services beyond this role. Please see Q9.

Additional information:

DPH is currently working toward increasing insurance coverage among non-profit and for-profit insurance companies for programs identified in the RFP (TOPS and NDPP). Bidders are encouraged to identify additional vital preventative patient-care gaps in insurance coverage based on clinical expertise in your proposal. Identify factors that you can control, areas in which DPH can assist you, and supports and expertise you have in place. In your proposal, indicate where additional sources of funding would need to be identified for sustained changes.

In order to increase the sustainability of LWCA efforts and maximize the effect of this funding, please indicate the areas of the scope of work that should be prioritized based on maximizing patient outcomes, readiness of the sites to make the changes, and sustainability.

In your proposal, indicate what type and level of data you will share with DPH.

Environmental Scan
SURVEY OF HEALTH CARE DELIVERY ORGANIZATIONS/EHR'S

We are assessing the healthcare systems in our county. Would you mind answering a few questions about how your services are organized? This survey will take about 2 minutes.

Name of the healthcare system and contact information:

Please mark which best describe the organization you represent (may check more than one if applicable):

- a) ☐ Federally Qualified Health Center (FQHC)
- b) ☐ Rural Health Center (RHC)
- c) ☐ County Health Center
- d) ☐ Medical Group
- e) ☐ Health Insurance Plan (HMO, PPO)
- f) ☐ Accountable Care Organization (ACO)
- g) ☐ Independent Physician Association (IPA)
- h) ☐ Indian Health Service or Tribal Clinic
- i) ☐ Hospital system with large primary care systems
- j) ☐ Health Center Controlled Network (HCCN)
- k) ☐ Private Practice Clinic
- l) ☐ Faith-based Health Center
- m) ☐ Long-term Care Facility
- n) ☐ Pharmacy
- o) ☐ State or local government responsible for providing clinical care
- p) ☐ Other clinical group operating within the state
- q) ☐ Other _____

1. Do you currently use an Electronic Health Record System at your organization?

☐ yes ☐ no ☐ don't know ☐ does not apply

a. If yes: Is this system certified by the Office of the National Coordinator for Health Information Technology? ☐ yes ☐ no ☐ don't know

2. Do you participate or collaborate with a Health Information Exchange organization?

☐ yes ☐ no ☐ don't know ☐ does not apply

3. Does your organization currently have a policy or system in place to encourage patient self-management of high blood pressure?

☐ yes ☐ no ☐ don't know ☐ does not apply

Environmental Scan
SURVEY OF HEALTH CARE DELIVERY ORGANIZATIONS/EHR'S

4. Does your organization currently have a policy or system in place to encourage patient self-management of diabetes?
___ yes ___ no ___ don't know ___ does not apply
5. Does your organization currently use a team-based care approach to blood pressure control? (For example by including physicians, RNs, Pharmacists, dieticians, etc.)?
___ yes ___ no ___ don't know ___ does not apply
6. Does your organization currently use a team-based care approach to diabetes management? (For example by including physicians, RNs, Pharmacists, dieticians, etc.)?
___ yes ___ no ___ don't know ___ does not apply
7. Does your organization currently utilize or work with Community Health Workers?
___ yes ___ no ___ don't know ___ does not apply
8. Does your organization have a policy or practice to refer persons with pre-diabetes or at high risk for type 2 diabetes to a lifestyle intervention program?
___ yes ___ no ___ don't know ___ does not apply

a. If yes, what is the name of the program(s)?

Thank you for your time!

Environmental Scan
COMMUNITY HEALTH WORKERS (CHWs) – LIFETIME OF WELLNESS (1422)

Community Health Workers – CHWs are trusted individuals who share key elements of life experience with the people they serve. Serving in a non-physician role, CHWs provide a bridge between communities and the healthcare system, provide culturally appropriate health education and information, offer social support, informal counseling and coaching for self-management of chronic diseases, and connect people with the services they need.

- *may also be referred to as (1) Promotor(a) de Salud (health promoter), (2) community care coordinator, (3) community health information specialist, (4) community health worker hotline, (5) lay health advisor, (6) community health advocate/educator, and (7) community outreach worker.*
1. Does your organization currently utilize **Community Health Workers** (CHWs)?
 - i. ☐ Yes
 - ii. ☐ No
 - iii. ☐ Don't know
 2. If yes to Question 1, what term(s) does your organization use to refer to Community Health Workers (mark all that apply)?
 - i. ☐ Community Health Worker
 - ii. ☐ Promotor(a) de Salud (health promoter)
 - iii. ☐ Community Care Coordinator
 - iv. ☐ Community Health Information Specialist
 - v. ☐ Community Health Worker Hotline
 - vi. ☐ Lay Health Advisor
 - vii. ☐ Community Health Advocate/Educator
 - viii. ☐ Community Outreach Worker
 - ix. ☐ Other (specify): _____
 3. If yes to Question 1, how many CHWs are on staff? _____.
 4. If yes to Question 1, are the CHWs paid or volunteer employees?
 - i. ☐ Paid, salary (specify pay range): _____
 - ii. ☐ Paid, stipend (specify pay range): _____
 - iii. ☐ Volunteer
 5. If yes to Question 1, are the CHWs informally trained/have personal experience or formally trained?
 - i. ☐ Informally trained/personal experience
 - ii. ☐ Formally trained (specify type of formal training): _____

- iii. ☐ Both informally and formally trained CHWs are on staff (please specify type of formal training):

6. If yes to Question 1, select the following responsibilities performed by the CHWs at your organization:

- i. ☐ Link patients to community resources that promote self-management of high blood pressure

- i. Please explain the role of CHWs in the promotion of self-management of high blood pressure:

- ii. ☐ Link patients to community resources that promote prevention of type 2 diabetes

- i. Please explain the role of CHWs in the promotion of prevention of type 2 diabetes:

- iii. ☐ Other responsibilities performed by CHWs (specify):

7. If yes to Question 1, what barriers (if any) have you encountered in the past or are you encountering currently in regard to the implementation of CHWs within your organization?

8. Do you have a strategic plan to either recruit or increase the capacity of CHWs in your organization?

- i. ☐ Yes (please explain how):

- ii. ☐ No (please explain why not):

9. Are you interested in receiving technical assistance to recruit and/or increase the capacity of CHWs in your organization?

- i. ☐ Yes

- i. If yes, please explain what kind of technical assistance would be useful to you:

- ii. ☐ No

- ii. If no, please explain why not:

- iii. ☐ Maybe

- iii. Please explain what kind of technical assistance might be useful to you:

Environmental Scan
COMMUNITY HEALTH WORKERS (CHWs) – PREVENTION FIRST LOCAL HEALTH
DEPARTMENTS (1305)

Survey DSME programs

1. Does your organization's DSME program currently use CHWs in the delivery of education/services?
 - i. ☐ Yes
 - ii. ☐ No
 - iii. ☐ Don't know
2. If yes to Question 1, what term(s) does your organization use to refer to Community Health Workers (mark all that apply)?
 - i. ☐ Community Health Worker
 - ii. ☐ Promotor(a) de Salud (health promoter)
 - iii. ☐ Community Care Coordinator
 - iv. ☐ Community Health Information Specialist
 - v. ☐ Community Health Worker Hotline
 - vi. ☐ Lay Health Advisor
 - vii. ☐ Community Health Advocate/Educator
 - viii. ☐ Community Outreach Worker
 - ix. ☐ Other (specify): _____
3. If yes to Question 1, how many CHWs are on staff? _____
4. If yes to Question 1, are the CHWs paid or volunteer employees?
 - i. ☐ Paid, salary (specify pay range): _____
 - ii. ☐ Paid, stipend (specify pay range): _____
 - iii. ☐ Volunteer
5. If yes to Question 1, are the CHWs informally trained/personal experience or formally trained?
 - i. ☐ Informally trained/personal experience
 - ii. ☐ Formally trained (specify type of formal training):

 - iii. ☐ Both informally and formally trained CHWs are on staff (please specify type of formal training):

6. If yes to Question 1, what type of training is available to the CHWs on staff?
- i. ☐ Level 1 Associate Diabetes Educators (ADEs)
 - ii. ☐ On the job training
 - iii. ☐ Other (specify): _____
7. If yes to Question 1, select the following responsibilities performed by the CHWs for the DSME program:
- i. ☐ Program delivery (individual/group counseling/CHW led or supported adhering to guidance in Standard 5, National Standards for Diabetes Self-Management Education and Support)
 - ii. ☐ Outreach to bring participants into DSME program
 - iii. ☐ Liaison for referral from health systems/health care providers to DSME program (access to patient EHRs to do follow ups; patient reminders)
 - iv. ☐ Support for program participants (linkage to needed community and social resources)
8. If yes to Question 1, what barriers (if any) have you encountered in the past or are you encountering currently in regard to the implementation of CHWs as part of the DSME program?
- _____
- _____
- _____
9. Do you have a strategic plan to increase the capacity of CHWs as part of the DSME program?
- i. ☐ Yes (please explain how):
- _____
- _____
- _____
- _____
- ii. ☐ No (please explain why not):
- _____
- _____
- _____
- _____

10. Are you interested in receiving technical assistance to increase the capacity of CHWs in as part of the DSME program?

i. ☐ Yes

a. If yes, please explain what kind of technical assistance would be useful to you:

ii. ☐ No

b. If no, please explain why not:

iii. ☐ Maybe

c. Please explain what kind of technical assistance would be useful to you:

Environmental Scan
SURVEY OF HEALTH CARE DELIVERY ORGANIZATIONS/EHR'S

You are receiving this survey because you are a Health Care Delivery Organization in (*county name*) County. The County supports the use of Electronic Health Records (EHRs), and this survey helps us assess to what degree health care delivery organizations are using EHRs, what successes they have had, and what barriers they may have encountered in the adoption process. We appreciate your participation in this assessment.

1. Please provide the name of your organization:

2. What is your position at your health care organization?

3. What is your contact information?

a) Phone: _____

b) E-mail: _____

4. Please mark which best describe the organization you represent (may check more than one if applicable):

a) ☐ Federally Qualified Health Center (FQHC)

b) ☐ Rural Health Center (RHC)

c) ☐ County Health Center

d) ☐ Medical Group

e) ☐ Health Insurance Plan (HMO, PPO)

f) ☐ Accountable Care Organization (ACO)

g) ☐ Independent Physician Association (IPA)

h) ☐ Indian Health Service or Tribal Clinic

i) ☐ Hospital system with large primary care systems

j) ☐ Health Center Controlled Network (HCCN)

k) ☐ Private Practice Clinic

l) ☐ Faith-based Health Center

m) ☐ Long-term Care Facility

n) ☐ Pharmacy

o) ☐ State or local government responsible for providing clinical care

p) ☐ Other clinical group operating within the state

q) ☐ Other _____

5. Approximately how many adult patients (18+) is your organization currently serving?

i. _____

6. Is your organization recognized as a patient-centered medical home?

i. ☐ Yes, level 1 recognition

- ii. ☐ Yes, level 2 recognition
- iii. ☐ Yes, level 3 recognition
- iv. ☐ No
- v. ☐ Don't know
- vi. ☐ Not applicable

Electronic Health Records

7. Do you currently use an Electronic Health Record system at your organization?

- a. ☐ Yes
 - i. Name of system: _____
 - ii. In which year did you go live with this EHR (if known)? _____
 - iii. Rate your satisfaction on a scale from 1-5 (1=not satisfied, 5=very satisfied)

1 2 3 4 5
- b. ☐ No, but we are in the process of adopting an EHR system
 - i. When will the system go live? (month/year)_____
- c. ☐ No, and we currently have no plans to adopt an EHR system

8. If yes to question 7, is your EHR certified by the Office of the National Coordinator for Health Information Technology (ONC) for the EHR Meaningful Use incentive program?

- a. ☐ Yes
- b. ☐ No
- c. ☐ Don't know

9. If yes to question 7, is your organization participating in the EHR Meaningful Use incentive program?

- i. Yes, we are in the Adopt, Implement, Upgrade (AIU) phase for our first year in 2015
- ii. Yes, we are working toward Stage 1 in 2015
- iii. Yes, we are working toward Stage 2 in 2015
- iv. No, we are not in the Meaningful Use program at this time
 - i. Please explain why you are not in the Meaningful Use program at this time:

- v. Don't know

10. If yes to question 7 – Do you conduct electronic reporting of clinical quality measures (e.g. reporting to CMS) via your EHR or a reporting tool that receives data from your EHR?

a. ☐ Yes

i. If yes, which organizations do you report measures to?

b. ☐ No (skip to question 12)

c. ☐ Don't know (skip to question 12)

11. Do you report on the following hypertension clinical quality measure (also known as National Quality Forum measure 18) - The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year .

i. ☐ Yes

ii. ☐ No

i. If no, do you have the capability to track this measure internally?

☐ Yes ☐ No ☐ Don't know

ii. Do you track this measure internally?

☐ Yes ☐ No ☐ Don't know

12. Do you report on the following diabetes clinical quality measure (also known as National Quality Forum measure NQF 59) - The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.

i. ☐ Yes

ii. ☐ No

i. If no, do you have the capability to track this measure internally?

☐ Yes ☐ No ☐ Don't know

ii. Do you track this measure internally?

☐ Yes ☐ No ☐ Don't know

13. Do health care providers in your organization exchange patient health information electronically with other health care providers outside your organization?

i. ☐ Yes

ii. ☐ No

14. Do you participate or collaborate with a Health Information Exchange (HIE) organization?
- i. ☐ Yes
 - ii. ☐ No
15. What barriers (if any) have you encountered in the past or are you encountering currently with the adoption or use of an EHR system?
- a) ☐ Justifying the expense
 - b) ☐ Lack of training for staff
 - c) ☐ Difficulty in changing workflow patterns
 - d) ☐ The technology is not user friendly
 - e) ☐ Disagreements about the usefulness of the system
 - f) ☐ Other _____
 - g) ☐ We have not encountered any barriers
16. Have you received technical assistance to support the adoption or use of an EHR system from any organization besides your vendor?
- i. ☐ Yes
 - a) If yes, from which organization? _____
 - ii. ☐ No
2. Are you interested in receiving technical assistance to support the adoption or use of an EHR system?
- a. ☐ Yes
 - i. If yes, please explain what kind of technical assistance would be useful to you:

 - b. ☐ No
 - i. If no, please explain why not:

 - c. ☐ Maybe
 - i. Please explain what kind of technical assistance might be useful to you:

National Diabetes Prevention Program

Background:

The Diabetes Prevention Program (DPP) was a [clinical research study](#) led by the National Institutes of Health and supported by the Centers for Disease Control and Prevention (CDC). This research was published in the February 7, 2002 issue of the New England Journal of Medicine. The National Diabetes Prevention Program (NDPP) is an evidence-based lifestyle change program for the prevention of type 2 diabetes led by the CDC with curriculum based on the DPP research¹.

How:

The yearlong program helps participants make lifestyle changes by providing information on healthy eating and how to incorporate physical activity into daily schedule. It also improves participants' problem-solving and coping skills. The proven program can help people who have prediabetes or at risk for type 2 diabetes make achievable and realistic lifestyle changes. It can also cut the risk of developing type 2 diabetes by 58 percent (CDC, 2015).

Cost:

The American Diabetes Association (ADA) estimates that the total cost of medical expenditures for people diagnosed with diabetes was **\$13,700 per year** in 2012².

The start-up cost of implementing an NDPP is \$5,000-\$7,500 per year, depending on the type of training for a lifestyle coach. This cost covers at least one cohort of participants and training for a lifestyle coach. The cost for **NDPP is about \$500 per participant** enrolled in the program.

Return on Investment:

According to the study in the New England Journal of Medicine, "lifestyle changes and treatment with metformin both reduced the incidence of diabetes in persons at high risk. The lifestyle intervention was more effective than metformin"³.

According to the National Institutes of Health, the lifestyle intervention programs in the past 10 years have shown reduced costs of inpatient and outpatient care and economically make sense from a health care payer perspective⁴.

Success Stories:

Available through the National Association of Chronic Disease Directors

http://www.chronicdisease.org/?NDPP_tools

Locations:

No locations are available in Fresno County, but there are established programs throughout California and the United States.

https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

1. The Centers for Disease Control and Prevention, (2015). National diabetes prevention program. Retrieved from <http://www.cdc.gov/diabetes/prevention/about.htm>
2. American Diabetes Association, (2015). Statistics about diabetes. Retrieved from <http://www.diabetes.org/diabetes-basics/statistics/>
3. The Diabetes Research Group, (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin, The New England Journal of Medicine, 346(6), 393-403. Retrieved from <http://www.nejm.org/doi/pdf/10.1056/NEJMoa012512>
4. National Institutes of Health, (2013). NIH study finds interventions to prevent type 2 diabetes give good return on investment. Retrieved from <http://www.nih.gov/news/health/mar2012/niddk-22.htm>

Environmental Scan
NUTRITION

Survey public institutions, worksites, and other key locations (i.e. hospitals)

1. How many employees does your institution/organization/company have?

2. Does your organization serve food and beverages to non-employees? (for example in hospitals)?
___ Yes
___ No
3. If yes to 2, approximately how many people does your organization serve daily?

4. Does your institution/organization/company currently have nutrition and beverage standards?
 - i. ___ Yes, including sodium standards
 - ii. ___ Yes, not including sodium standards
 - iii. ___ Not at this time
 - iv. ___ Don't know
5. If sodium standards have been established, please mark the areas in which **sodium standards** have been implemented:
 - i. ___ Cafeteria
 - ii. ___ Vending machines
 - iii. ___ Snack shops/bars
 - iv. ___ Other (specify): _____
6. Please provide a description of the nutrition and beverage standards implemented by your organization/company:

7. What barriers (if any) have you encountered in the past or are you currently encountering with the implementation of nutrition and beverage standards at your organization/company?

8. Do you have a strategic plan to implement or enhance nutrition and beverage standards at your organization/company?

i. ☐ Yes (please explain how):

ii. ☐ No (please explain why not):

9. Are you interested in receiving technical assistance to assist you in implementing nutrition and beverage standards at your organization/company?

i. ☐ Yes

a. If yes, please explain what kind of technical assistance would be useful to you:

ii. ☐ No

b. If no, please explain why not:

iii. ☐ Maybe

a. Please explain what kind of technical assistance would be useful to you:

Environmental Scan
PHYSICAL ACTIVITY/WALKING/INSTITUTIONS

Survey public institutions, worksites, and other key locations (i.e. hospitals)

1. Check the following physical activity policies or practices implemented by your organization/company:
 - i. ☐ Signage to take stairs
 - ii. ☐ Policy to take stairs
 - iii. ☐ Paid time or flex time to exercise
 - iv. ☐ Subsidize health club memberships
 - v. ☐ Other (specify): _____

Survey school district(s)

1. Name of school district: _____
2. Please provide a list of the schools in this school district with joint-use agreements:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____
 - vi. _____
 - vii. _____
 - viii. _____
 - ix. _____
 - x. _____
3. For each school listed, provide responses to the following questions regarding the joint-use agreement:
 - i. What facilities may be used? (check all that apply)
 - a. ☐ Facilities generally
 - b. ☐ School buildings and ground generally
 - c. ☐ Gymnasium
 - d. ☐ Fields
 - e. ☐ Playground
 - f. ☐ Track
 - g. ☐ Other (specify): _____

- ii. Who can use the facilities? (check all that apply)
 - a. ☐ School-sponsored or school-affiliated groups
 - b. ☐ Community groups (may include groups not explicitly mentioned, such as Boys & Girls Clubs or other organizations)
 - c. ☐ City of municipal
 - d. ☐ Athletic/other recreational groups
 - e. ☐ Groups generally
 - f. ☐ Individuals generally
 - g. ☐ Parks and recreation department
 - h. ☐ YMCA
 - i. ☐ Other (specify): _____
- iii. When can they use the facilities? (check all that apply)
 - a. ☐ Anytime that does not interfere
 - b. ☐ Weekends
 - c. ☐ Vacations
 - d. ☐ After school
 - e. ☐ Holidays
 - f. ☐ Before school
- 4. Would you like to receive any technical assistance related to physical activity, for instance joint-use agreements with schools?
 - i. ☐ Yes
 - ii. ☐ No

Environmental Scan
SELF-MANAGEMENT AND MONITORING OF HIGH BLOOD PRESSURE

Encourage – promote or support by offering or providing patient self-management services.

Patient self-management – The systematic provision of education and supportive interventions by staff to increase patients’ skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, regular measurement of BP by the patient outside the clinical setting, either at home or elsewhere and problem-solving support.

Self-measured blood pressure monitoring tied with clinical support: Types of additional support include educational materials, Web resources, telephone monitoring with electronic transmission of blood pressure data, nurse or pharmacist visits, calendar pill packs and/or compliance contracts, and behavioral management and/or medication management.

Self-Management Plan – Documentation or notation by a health care provider, non-physician team member, or community health care extender in a patient’s medical record or client file confirming that the patient has developed a self-management plan to manage their high blood pressure. The plan may include goals related to any of the following: medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious foods and beverages, increased physical activity, maintaining medical appointments etc.

1. Does your organization currently have a **policy or system** in place to **encourage patient self-management** of high blood pressure?

a. ☐ Yes

- i. If yes, please describe the policy or system:

- ii. If yes, which year was the policy or system implemented (if known): _____

b. ☐ No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure

- i. Please describe the policy or system:

- ii. When will the policy or system be implemented? (mm/yyyy) _____

c. ☐ No, and we have no plan to implement such a policy or system

- i. Please explain why not:

-
-
- d. ☐ Don't know
2. If yes to Question 1, do patients with high blood pressure in your health care delivery organization have a **documented self-management plan** in place to manage their high blood pressure?
- a. ☐ Yes
- i. Do primary care providers or non-provider teams follow-up with patients about this documented self-management plan?
1. ☐ Yes, primary care providers follow-up
2. ☐ Yes, non-provider teams follow-up
3. ☐ No
4. ☐ Don't know
- b. ☐ No
- c. ☐ Don't know
3. What barriers (if any) have you encountered in the past or are you encountering currently with the implementation of a policy or system to encourage self-management of high blood pressure?
-
-
-
4. Does your health care delivery organization utilize any of the following resources/strategies to support self-management and monitoring of blood pressure among your patients? (Check all that apply)
- a. ☐ The American Heart Association's *Check. Change. Control.* Blood Pressure Program:
http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/HighBloodPressureToolsResources/Check-Change-Control-Blood-Pressure-Program_UCM_449318_Article.jsp
- b. ☐ The *Million Hearts* Initiative: <http://millionhearts.hhs.gov/index.html>
- c. ☐ The American Medical Group Foundation's *Measure Up/Pressure Down* Program: <http://www.measureuppressuredown.com/>
- d. ☐ Others, Please specify: _____
5. Are you interested in receiving technical assistance to move towards implementing a policy or system to encourage self-management of high blood pressure?

- a. ☐ Yes
- i. If yes, please explain what kind of technical assistance would be useful to you:
- _____
- _____
- _____
- b. ☐ No
- i. If no, please explain why not:
- _____
- _____
- _____
- c. ☐ Maybe
- i. Please explain what kind of technical assistance might be useful to you:
- _____
- _____
- _____

Environmental Scan

**SURVEY OF DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS –
COMMUNITY HEALTH WORKERS (CHWs)**

You are receiving this survey because your organization has a recognized/accredited DSME program in (*county name*) County. The County Public Health Department supports the engagement of Community Health Workers (CHWs) to link patients to community services and resources, and this survey helps us assess to what degree DSME programs are using CHWs, what successes you have had, and what barriers you may have encountered in the implementation process. We appreciate your participation in this assessment.

1. Please provide the name of your health care organization:

2. What is your position at your health care organization?

3. What is your contact information?

a) Phone: _____

b) E-mail: _____

4. Please mark which best describe the organization you represent (may check more than one if applicable):

a) ☐ Durable Medical Equipment

b) ☐ Extended Care Facility

c) ☐ Government Agency/Public Health

d) ☐ Home Health Agency

e) ☐ Hospital/Health Care System

f) ☐ Managed Care/HMO Provider

g) ☐ Pharmacy

h) ☐ Physician Office or Group

i) ☐ Religious Establishment

j) ☐ Other (specify): _____

5. Does your organization's DSME program currently use CHWs in the delivery of education/services?

Definitions:

Community Health Workers – CHWs are trusted individuals who share key elements of life experience with the people they serve. Serving in a non-physician role, CHWs provide a bridge between communities and the healthcare system, provide culturally appropriate health education and information, offer social support, informal counseling and coaching for self-management of chronic diseases, and connect people with the services they need.

- *may also be referred to as (1) Promotor(a) de Salud (health promoter), (2) community care coordinator, (3) community health information specialist, (4) community health worker hotline, (5) lay health advisor, (6) community health advocate/educator, and (7) community outreach worker.*

Delivery of education/services – *Assisting DSME program staff with teaching and various tasks associated with improving patient health and access to participation in DSME programs, including but not limited to, language and cultural translation, scheduling appointments, and transportation for both intervention and prevention efforts.*

a) ☐ Yes

The following questions are specific to your organization's DSME program and CHWs:

a.1.a) How many CHWs are on staff? _____

a.1.b) Are the CHWs paid or volunteer employees?

a) ☐ Paid

b) ☐ Volunteer

a.1.c) In which year did your organization's DSME program begin utilizing CHW's in the delivery of education/services? _____

a.1.d) Are the CHWs informally trained/personal experience or formally trained?

a) ☐ Informally trained/personal experience

b) ☐ Formally trained

i. If yes, please specify what type of formal training or certifications the CHW's have received;

c) ☐ Both informally and formally trained CHWs are on staff

i. If yes, please specify what type of formal training or certifications some the CHW's have received;

a.1.e) What type of training is available to the CHWs on staff?

a) ☐ Level 1 Associate Diabetes Educators (ADEs)

b) ☐ On the job training

c) ☐ Other (specify): _____

a.1.f) Mark which activities the CHWs currently complete (check all that apply):

- a) ☐ Program Delivery (individual/group counseling/CHW led or supported adhering to guidance in Standard 5, National Standards for Diabetes Self-Management Education and Support)
- b) ☐ Outreach to bring participants into DSME program
- c) ☐ Liaison for referral from health systems/ health care providers to DSME program (access to patient EHRs to do follow ups; patient reminders)
- d) ☐ Support for program participants (linkage to needed community and social resources)

a.1.g) How many adult participants (18+) are you currently serving? _____

b) ☐ No, but we are in the process of implementing CHWs as part of the DSME program.

1) When will this component be implemented? (mm/yyyy) _____

c) ☐ No, and we currently have no plans to implement CHWs as part of the DSME program.

6. What term(s) does your organization use to refer to Community Health Workers (mark all that apply)?

- a. ☐ Community Health Worker
- b. ☐ Promotor(a) de Salud (health promoter)
- c. ☐ Community Care Coordinator
- d. ☐ Community Health Information Specialist
- e. ☐ Community Health Worker Hotline
- f. ☐ Lay Health Advisor
- g. ☐ Community Health Advocate/Educator
- h. ☐ Community Outreach Worker
- i. ☐ Other (specify): _____

7. What barriers (if any) have you encountered in the past or are you encountering currently with the implementation of CHWs into DSME programs in the delivery of education/services for both intervention and prevention efforts?

8. Are you interested in receiving technical assistance to move towards implementing CHWs in your DSME program?

a) ☐ Yes

Please explain what kind of technical assistance would be useful to you:

b) ☐ No

c) ☐ Maybe

Environmental Scan TEAM-BASED CARE

Definitions

Team-based care – (also referred to as coordinated care or integrated care) established by adding new staff or changing the roles of existing staff to work with a primary care provider. Each team includes the patient, the patient’s primary care provider, and other non-physician professionals such as nurses, pharmacists, dietitians, social workers, patient navigators, and/or community health workers. Team members provide process support such as team huddles and share responsibilities of hypertension care to complement the activities of the primary care provider. These responsibilities include medication management, patient follow-up, and adherence and self-management support).

Policy or system - includes laws, regulations, procedures, protocols, quality improvement processes, structures, arrangements, administrative actions, incentives, or voluntary practices of governments and other institutions to encourage a multi-disciplinary team approach to blood pressure control.

Encourage – promote through sharing of promising practices, recognition efforts, establishing partnerships and teams, providing technical assistance, or other ways to support a multi-disciplinary team approach to blood pressure control.

1. Does your organization currently use a **team-based care** approach to blood pressure control?

- a. ☐ Yes

- i. Check the following members represented on the team:

☐ Physician

☐ RN

☐ Nurse Practitioner or Physician’s Assistant

☐ Pharmacist

☐ Dietician

☐ Community Health Worker

☐ Care Manager

☐ Administrators

☐ Other (specify): _____

2. If yes to Question 1, is there a policy, system, or procedure to encourage a team-based care approach to blood pressure control?

a. ☐ Yes

i. If yes, please describe the policy, system or procedure:

ii. If yes, which year was the policy, system or procedure implemented (if known): _____

b. ☐ No, but we are in the process of establishing a policy, system or procedure to encourage a team-based approach to blood pressure control

i. Please describe the policy or system:

ii. When will the policy, system or procedure be implemented? (mm/yyyy)

c. ☐ No, and we have not plan to implement such a policy, system or procedure

i. Please explain why not:

d. ☐ Don't know

3. What barriers (if any) have you encountered in the past or are you encountering currently with the implementation of a policy, system or procedure to encourage a team-based care approach to blood pressure control?

4. Are you interested in receiving technical assistance to move towards implementing a policy, system or procedure to encourage a team-based care approach to blood pressure control?
- a. ☐ Yes
- i. If yes, please explain what kind of technical assistance would be useful to you:
-
-
-
- b. ☐ No
- i. If no, please explain why not:
-
-
-
- c. ☐ Maybe
- i. Please explain what kind of technical assistance might be useful to you:
-
-
-

Taking Off Pounds Sensibly ® chapters in Fresno County**Grace United Methodist Church**

(TOPS CA 1437)

3362 E. Balch Avenue, Social Hall

Fresno, CA 93702-3206

Fri: 9:00/9:30 AM

Clovis Veterans Memorial Building

(TOPS CA 2118)

808 4th Street

Clovis, CA 93612-1317

Wed: 8:30/9:30 AM

Thurs: 8:15/9:30 AM

Member's Home (Leader)

(TOPS CA 1135)

334 Oxford Avenue

Clovis, CA 93612-0923

Tues: 5:00/5:30 PM

Northwest Church of Christ

(TOPS CA 0844)

4150 N. Polk Avenue, Fellowship Hall

Fresno, CA 93722-9764

Thurs: 9:45/10:20 AM

Sierra Heights Baptist Church

(TOPS CA 1432)

6385 N. Fresno Street, Multi-Purpose Room

Fresno, CA 93710-5211

Mon: 5:15/6:15 PM

Trinity South Baptist Church

(TOPS CA 2268)

4890 E. Holland Avenue, Room 114

Fresno, CA 93726-3097

Thurs: 5:15/6:30 PM

Environmental Scan TRANSPORTATION SYSTEM/WALKABILITY/ALL JURISDICTIONS

Indicator 1.4:

- Number of communities that develop and/or implement a transportation plan that promotes walking
- Number of adults who have access to communities that develop and/or implement plans to promote walking

The CDC indicators only require assessment of whether or not a transportation plan that promotes walking is in place but does not require details on the plan. The environmental scan proposed here shows the minimum scanning activities required to fulfill the requirements, and, if desired, it provides instructions for assessing the quality of the plans. For working with specific communities, see also the separate walkability scan.

1. Create a spreadsheet that lists all jurisdictions in your county in rows. Create columns for address and phone numbers of the transportation and/or planning departments. Add columns for walkability and year it has been implemented or will be implemented. Column 2 to 4 provide the information needed to answer the CDC required information. Column 4 provides additional information that can be used to determine which jurisdiction you want to work with on a walkability plan.

Table 1: Sample table/Spreadsheet

	Planning Department Address and phone number	Walkability/physical activity plan has been developed (Y/N); If Y, add the year it was implemented or will be implemented	Number of city residents	Notes. If yes to walkability plan: does the plan include provisions for a. walking on sidewalks? b. Safe routes to school? c. Public transportation? d. Bike lanes/trails? e. Recreational physical activity? f. Other?
City 1		Y, 2004	25,000	a. No b. Yes c. Yes, light rail extension to from downtown to xyz area d. No e. Yes, added three play grounds to parks f. no
City 2		N	64,500	
City 3		Y, 2017	124,600	Only f: add a skate rink to city park by 2017.

Environmental Scan
CITY/NEIGHBORHOOD WALKABILITY SCAN

1. Is there enough room on the sidewalk for multiple people to walk?

☐ Yes ☐ No

a. If no, please explain:

2. Is it easy to cross the street?

☐ Yes ☐ No

a. If no, please check all that apply:

- i. ☐ Road was too wide
- ii. ☐ Traffic signals did not provide adequate time to cross
- iii. ☐ Lack of pedestrian signalization
- iv. ☐ Traffic signals made you wait too long to cross
- v. ☐ Street needed striped crosswalks
- vi. ☐ Blocked line of sight (parked cars, trees blocked view etc.)
- vii. ☐ Curb ramps were needed or ramps need repair
- viii. ☐ Drivers seem to be speeding
- ix. ☐ Other issue:

3. Are curb cuts/ramps that allows pedestrians and people with strollers/wheelchairs to navigate sidewalk present?

☐ Yes ☐ No

a. If no, please explain:

4. Is the sidewalk accommodating for strollers, wheelchairs and other assistive mobility devices?

☐ Yes ☐ No

a. If no, please explain:

5. Is there a barrier between pedestrians and traffic (ex. Grass, trees, fence etc.)?

☐ Yes ☐ No

a. If yes, please explain what type:

Environmental Scan
CITY/NEIGHBORHOOD WALKABILITY SCAN

6. Do you feel safe walking?

☐ Yes ☐ No

a. If no, please explain :

7. What destinations are present along the sidewalk?

a. ☐ Small Grocery/ Convenience Store

b. ☐ Farmers Market

c. ☐ Food Establishment

d. ☐ Supermarket

e. ☐ Library

f. ☐ School

g. ☐ Park/Playground

h. ☐ Indoor Fitness Facility

i. ☐ Pharmacy

j. ☐ Church/Temple/Mosque

k. ☐ Retail Store

l. ☐ Other, please specify: _____

8. Is walking pleasant in the area?

☐ Yes ☐ No

a. If no, please explain:

9. Are there parks in the area? If so, how many?

☐ Yes ☐ No

a. Number of Parks: _____

10. Do you participate in Safe Routes to Schools?

☐ Yes ☐ No

a. If no, please explain:

11. Are schools used for other purposes? (ex. Parks, Community Center/Event, Fitness Center).

☐ Yes ☐ No

Environmental Scan
CITY/NEIGHBORHOOD WALKABILITY SCAN

- a. If yes, please explain other purposes:

12. Are there bike lanes?

☐ Yes ☐ No

13. Are store fronts bike friendly? (ex. Bike racks in front of stores etc.)

☐ Yes ☐ No

- a. If yes, please explain:

14. Are bike trails/paths available to cyclist?

☐ Yes ☐ No

15. Is public transportation available in the area?

☐ Yes ☐ No

- a. If yes, please specify (check all that apply)

- i. ☐ Bus
ii. ☐ Train
iii. ☐ Light Rail
iv. ☐ Other: _____

16. Are there parks, shopping centers, schools, hospitals etc. within 5 minutes from public transportation stops?

☐ Yes ☐ No

- a. If no, how far away (in time) are these locations from public transportation?

17. Is the public transportation in the area affordable?

☐ Yes ☐ No

- a. If no, please explain:

18. Is public transportation accessible for individuals with strollers or in wheelchairs?

☐ Yes ☐ No

- a. If no, please how this can be improved:

Environmental Scan
CITY/NEIGHBORHOOD WALKABILITY SCAN

References and Resources

Healthy Communities: The Walkability Assessment Tool

<http://www.ipa.udel.edu/healthyDEtoolkit/docs/WalkabilityAssessmentTool.pdf>

Walkability Checklist

<http://www.saferoutesinfo.org/sites/default/files/walkabilitychecklist.pdf>

Built Environment and Physical Activity Promotion: Place-Based Obesity Prevention Strategies

https://www.aslme.org/media/downloadable/files/links/j/1/jlme-41-4-suppl_trowbridge.pdf

National Trails Training Partnership

<http://www.americantrails.org/resources/index.html>

A Healthy City is an Active City: A Physical Activity Planning Guide

http://www.euro.who.int/_data/assets/pdf_file/0012/99975/E91883.pdf

Active Living Research- MOVE! A Blog about Active Living

<http://activelivingresearch.org/blog/2012/09/free-online-course-assessing-built-environment-physical-activity>

Walk [Your City]

<https://walkyourcity.org/>