Sequoia Healthcare District
FOR YOUR HEALTH

Priority Funding Areas 2019-20

I. Active and Healthy Living	
Strategic Focus	***To enhance the overall health of District residents and reduce chronic disease risk by supporting programs that provide opportunities for physical activity, stress management, nutrition education and health literacy.***
Key Indicators *(major health concerns)*	Proportion of District residents experiencing: 1. Unhealthy bodyweight 2. Type II Diabetes 3. High Blood Pressure 4. Cardiovascular Disease 5. Stress and poor emotional health 6. Certain cancers 7. Poor nutritional status 8. Poor health literacy
Key Objectives *Health literacy is a cornerstone of each of the Impact areas*	1. Increase knowledge and literacy regarding nutrition 2. Increase knowledge and literacy on key health topics 3. Increase opportunities for participation in physical fitness activities and weight management classes 4. Increase literacy of stress and emotional health 5. Increase reports of improved quality of life *Sequoia Healthcare District will seek innovative and data-driven approaches to meet the above objectives*
Potential Strategies	■ District residents will have access to recreation and physical fitness programs/classes ■ District residents will have access to programs that support emotional well-being (i.e., stress reduction, mindfulness, meditation, etc.) ■ District residents will have access to nutrition education and health literacy Health educators will: ○ Provide group presentations ○ Provide one-on-one sessions ○ Provide peer support ○ Lead workshops/classes
Priority Populations	■ Vulnerable populations ▪ Children ▪ Elderly ▪ Low income/underserved ▪ Homeless ▪ Homebound ▪ Undernourished

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2. Preventive Health and Safety Services	
Strategic Focus	*To prevent injury and the onset of disease or worsening of chronic diseases among District residents by providing access to disease screenings, nutritious food for the food insecure, health education and preventive health and safety services*
Key Indicators *(major health concerns)*	Proportion of District residents lacking access to: 1. Immunizations 2. Mental health screenings 3. Prenatal care 4. Reproductive healthcare/ screenings 5. Oral healthcare/screenings 6. Chronic disease management 7. Safe and healthy homes 8. Nutritious food provisions 9. Knowledge of how to access services Proportion of District residents whose behavioral habits include: 10. Tobacco use 11. Alcohol and Substance abuse 12. Risky sexual behavior 13. Lack of adequate physical activity 14. Choosing an unhealthy diet
Key Objectives *Health literacy is a cornerstone in each of the impact areas*	15. Increase knowledge and literacy regarding importance of preventive health and safety 16. Increase knowledge and literacy to help residents make informed health decisions 17. Increase use of preventive health services such as: 18. Mammograms 19. Oral health screenings 20. Blood pressure screenings 21. Weight: BMI screenings 22. Diabetes: glucose screenings 23. Reproductive health services (STD's, birth planning) 24. Vaccinations 25. Increased screening and identification of domestic violence, stress, isolation, depression and/ or substance use 26. Increased screening for home safety hazards and home repair 27. Increase food security for hungry and under-nourishe 28. Increase understanding of navigating through health care system/health plans), and accessing service 29. Decrease stress and improve emotional health 30. Increase compliance and completion of treatment plans/ medications 31. Reduce admissions to ER due to falls 32. Reduce medical costs per client 33. Increase reports of improved quality of life *Sequoia Healthcare District will seek innovative and data-driven approaches to meet the above objectives*

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Preventive Healthcare Services (continued)	
Potential Strategies *(Preventive Health and Safety Services continued)*	■ District residents will have access to: ○ Low cost/free screening programs ○ Certain mobile screening services (i.e., medical and dental) ○ Information on other screening services ■ District residents with behavioral health concerns will be identified via screenings ■ District residents will have access to case managers and will be referred to: ○ Transitional housing for mentally ill ○ Friendship centers ○ Bereavement counseling ○ Screenings for depression ■ District residents will be provided with home safety inspection services and repair ■ District residents needing food security will be identified by service providers ■ District residents will have increased access to food, through activities such as: ○ Mobile food banks/food delivery services ○ Farmers markets ○ Soup lines ○ Food "throw away" rescue ■ District residents will receive application assistance for WIC and Cal Fresh ■ District resident will have increased knowledge and literacy through health educators for managing chronic conditions, and accessing health services ■ Health educators will: ○ Provide group presentations ○ Provide one-on-one sessions ○ Provide peer support ○ Lead workshops/classes ■ District residents who need transportation will receive transportation to and from their medical appointment and/or health program ■ Increased use of case management for: ○ Diabetes management ○ Heart disease (CHF) ○ Cancer ○ Asthma/ COPD ○ Arthritis ○ Chronic pain ○ HIV
Priority Populations	■ Vulnerable populations ▪ Children ▪ Elderly ▪ Low income/underserved ▪ Homeless ▪ Homebound ▪ District residents discharged from public and private hospitals ▪ Linguistically isolated families

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3. Access to Treatment	
Strategic Focus	*To assure District residents have access to necessary medical treatment for priority health conditions*
Key Indicators *(major health concerns)*	Proportion of District Residents lacking access to necessary medical treatment of: 1. Emotional and Behavioral Health o Depression/ anxiety o Drug, alcohol, tobacco dependency o Effects of domestic violence o Trauma o Family members affected by the above o Transitional housing for mentally ill Proportion of District Residents lacking access to necessary medical or health maintenance support services such as: 1. In-home nursing care for frail elderly, physically or intellectually disabled, Hospice 2. Day care programs for elderly, physically or intellectually disabled 3. Oral health 4. Pre-natal 5. Diabetes 6. Cardiovascular health
Key Objectives *Health literacy is a cornerstone in each of the Impact areas*	1. Increase the number of non-insured and underinsured District residents who receive medical treatment for their health condition 2. Increase compliance and completion of treatment plans 3. Build prevention and education into every treatment plan 4. Decrease admissions or readmissions to hospital/ ER 5. Decrease number of preventable deaths
Potential Strategies	■ District residents will receive necessary medical treatment and support services and will complete their service plans ■ District residents discharged from public and private hospitals will be assigned Case Managers to ensure recommended follow-up care is received. ■ Care providers will build prevention and education strategies into treatment Plans
Priority Populations	■ Vulnerable populations ▪ Children ▪ Elderly ▪ Low income/underserved ▪ Homeless ▪ Homebound