There can be no keener revelation of a society’s soul than the way it treats its children.

--- Nelson Mandela
Health Impact Table Co-Chairs and Project Management

• Julie Hadnot, Director, Alameda County Interagency Children’s Policy Council
• Melanie Moore, Director, ALL IN Alameda County
• Sherry Novick, Managing Director, Community Benefits, Northern California Kaiser Permanente
• Tracey Schear, Director, Alameda County Center For Healthy Schools and Communities
• Rachel Richman, Project Manager/Consultant
Bringing Together Public, Private, Nonprofit, Neighborhood and School Practitioners and Leaders for Collective Impact*

- Ms. Radawn Alcorn, Transition Age Youth Division Dir., Child & Young Adult System Care, Alameda Cty. Behavioral Health Services
- Ms. Tuere Anderson, Clinical Dir., Center for Healthy Schools & Communities, Alameda Cty.
- Dr. Bahar Amanzadeh, Dental Health Administrator, Alameda Cty. Department of Public Health
- Sara Bedford, Dir., Department of Human Services, Oakland,
- Ms. Shawana Booker, Dir., Health & Wellness, Youth Uprising
- Ms. Kathryn Boyle, Community Benefits, Kaiser Permanente
- Ms. Tangerine Brigham, CAO, Population Services, Alameda Health Systems
- Mr. Hassan Brown, Community Schools Manager, Garfield School, OUSD/EBAYC
- Ms. Andrea Bustamante, Dir., Community Schools, OUSD
- Ms. Kate Cheyne, Research Manager, Alameda County Community Food Bank
- Ms. Stephanie Clark, Manager, Child Health & Nutrition, Community Childcare Council of Alameda Cty. 4Cs
- Shannon Banks, Transitional Age Youth System of Care, Alameda County
- Mr. Scott Coffin, CEO, Alameda Alliance for Health
- Ms. Mary Collett, Dental Health, AC Department of Public Health
- Ms. Amanda Feinstein, Program Dir., Oakland Promise Brilliant Baby Program, Office of the Mayor
- Ms. Angela Harris, Dir. of Clinic Operations, Asian Health Services
- Ms. Haleh Hatami, Advocacy Manager, Alameda Health Consortium
- Mr. David Kakishiba, Executive Dir., East Bay Asian Youth Center
- Ms. Mara Larsen-Fleming, Coordinator, School-Based Health Centers, OUSD
- Ms. Annette Laverty, Specialist, Nutrition Services, Alameda Cty. Public Health
- Mr. Terry Lightfoot, Dir., Public Affairs & Community Engagement, Alameda Health System
- Dr. Dayna Long, Dir., Health Equity Initiatives & Community Engagement, UCSF Benioff Children’s Hospital
- Dr. Bert Lubin, Associate Dean of Children’s Health & Community Champion, UCSF Benioff Children’s Hospital
- Ms. Viola Lujan, Dir. of Business & Community Relations, La Clinica de la Raza
- Ms. Christina (Kiko) Malin, Division Dir., Family Health Services, Alameda County
- Ms. Barbara McClung, Dir., Behavioral Health, OUSD
- Ms. Sara Nuno-Villa School Governance Specialist, Family Engagement, Office of Equity, Community Schools & Student Services, OUSD
- Ms. Michelle Oppen, Coordinator, Wellness, OUSD
- Ms. Susanna Osorno-Cranall, Community Benefits Manager, Kaiser Permanente
- Ms. Allison Pratt, Dir. of Strategic Partnerships, Alameda Cty. Community Food Bank
- Ms. Kelly Robinson, Coordinator, Behavioral Health Care, Alameda Cty. Behavioral Health Care Services
- Ms. Kimi Sakashita, Associate Dir., School & Community Health Services, Center for Healthy Schools & Communities, Alameda County
- Mr. Ralph Silber, Executive Dir., Alameda Health Consortium, CEO, Community Health Center Network
- Ms. Kristen Spanos, Chief Operating Officer, First 5 Alameda Cty.
- Ms. Laura Stark, Management Analyst, Alameda Cty. Interagency Children’s Policy Council
- Ms. Sandy Taylor, Manager, Fund for Children & Youth, City of Oakland
- Ms. Jessica Travenia, Specialist, Roots, Community Health Center
- Ms. Jenny Wang, Senior Program Specialist, Nutrition & Physical Activity, Alameda Cty. Public Health Department
- Ms. Tracy Ward, Project Manager, Community Benefits, Kaiser Permanente, Northern California Region
- Dr. Lisa Warhaus, Associate Director, Center for Healthy Schools & Communities, School-Based Behavioral Health, Alameda Cty.
- Dr. Calvin Wheeler, Director, UME/GME, Physician, Kaiser Permanente

* Initial invitation list drawn from FSG
The Health Impact Table has three Working Groups. Each group is focusing on what we can do together that we cannot do alone. At the last meeting we began cross-learning between Working Groups to break down silos to better collaborate.
Strategies and Alignment

The Health Impact Table seeks to align existing programs to maximize collective impact. The Table has adopted six strategies, two from each Working Group to reach this goal.

Access to Healthcare
- Improve access to healthcare by building an integrated system of care
- Collaborative and practical approach to Electronic Health Records and social factors that impact health

Mental Health and Wellness
- Decrease mental health stigma, increase public understanding, training across sectors. Link anti-stigma programs at the neighborhood level
- Identify ways existing programs can contribute to a healing environment in neighborhoods

Healthy Food/Healthy Families
- Align current programs: access to healthy food and healthy living activities.
- Public messaging campaign on healthy eating and activities that is culturally appropriate and affirmative
Why A Targeted Local Strategy?

This is where the three strands of the Working Groups come together. We are building on the work of Oakland Community Schools and other programs through a targeted local approach in the Fruitvale/San Antonio neighborhood to create a full-service Community and Neighborhood School model that can be replicated in other neighborhoods and citywide.

Starting out in one neighborhood will encourage innovation and collaboration that can be tested and fine tuned before expanding.
Health Impact Table’s Commitment to Our Chosen Indicators - Starting With Those Most Relevant to our First Phase

<table>
<thead>
<tr>
<th>ESTABLISHED HEALTH INDICATORS</th>
<th>HIT CHOSEN INDICATORS</th>
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</thead>
<tbody>
<tr>
<td><strong>HEALTH</strong></td>
<td><strong>HEALTH IT</strong></td>
</tr>
<tr>
<td>Children and youth are physically, socially, and emotionally healthy</td>
<td>Children and youth are physically, socially, and emotionally healthy</td>
</tr>
<tr>
<td>• % babies born at a <strong>low birth weight</strong></td>
<td>• % at a healthy weight</td>
</tr>
<tr>
<td>• % children and youth with <strong>asthma</strong></td>
<td>• % usual source of healthcare</td>
</tr>
<tr>
<td>• % children and youth at a <strong>healthy weight</strong></td>
<td>• % with chronic mental health issues</td>
</tr>
<tr>
<td>• % children and youth with a <strong>usual source of health care</strong></td>
<td>• % attending school regularly**</td>
</tr>
<tr>
<td>• % children and youth experiencing <strong>chronic mental health issues</strong>*</td>
<td>• % with a relationship with a caring, supportive adult</td>
</tr>
</tbody>
</table>

*About the indicators:
The indicators were chosen because of their relevance to the first phase of our work. We are able to look at some but not all of the indicators through an equity lens due to the availability and depth of the data.

*Additional health indicators listed by FSG for future work.

**Shared with Education and Safety Tables**
# Health Impact Table’s Indicators, Long Term Goals and Benchmarks

## Children and youth are physically, socially and emotionally healthy.

<table>
<thead>
<tr>
<th>HIT CHOSEN FSG INDICATORS</th>
<th>LONG TERM GOAL</th>
<th>BENCHMARKS FOR LONG TERM GOALS</th>
<th>FSG DATA COMPARISON</th>
</tr>
</thead>
</table>
| % at a healthy weight     | Children and their families have access to healthy food and physical activities. | Align current programs: access to healthy food and healthy living activities. Public messaging campaign on healthy eating and activities that is culturally appropriate and affirmative. Establish community-based Food Farmacies, building on partnerships with community clinics, Community Schools, parent organizations and service providers. Garfield School/La Clinica/Native American Health Center collaboration underway. First planning meeting for a neighborhood HIT scheduled for next week. Funding obtained from Hellman Foundation and Kaiser. | FSG: 53%/59.4  
  All children: 59.4%  
  African-American: 52.5%  
  Latino: 52%  
  Asian-American: 70%  
  Pacific Islander: 26%  
  Caucasian: 82.5%  
  Data also available by gender and economic status |

% usual source of healthcare  
Source: CA Health Interview Survey 2014  

Improve access to healthcare by building an integrated system of care.  
Future policy discussion to address the fact that while children on Medi-Cal are assigned a ‘medical home’, that knowledge is not widely shared with others in healthcare who come in contact with the child, which may lead to delays in referrals and follow-up.  
FSG 81%/96%  
Challenge: Data disaggregation by County level, gender and economic status |

% with chronic mental health issues  
Source: CA Healthy Kids Survey 2015-16  

Children and their families should have access to clinical and nonclinical sources of support and care.  
Begin discussion of aligning mental health services and anti-stigma programs in Fruitvale/San Antonio to develop replicable models. Explore the creation of healing spaces.  
FSG 31%/25%  
Oakland high school students by grade:  
9th: 25% yes  
10th: 27% yes  
11th: 31% yes  
12th: 31% yes  
Data available by race/ethnicity, gender,
# Health Impact Table’s Indicators, Long Term Goals and Benchmarks (cont.)

## Children and youth are physically, socially and emotionally healthy.

<table>
<thead>
<tr>
<th>HIT CHOSEN FSG INDICATORS</th>
<th>LONG TERM GOAL</th>
<th>BENCHMARKS FOR LONG TERM GOALS</th>
<th>FSG DATA COMPARISON ADDITIONAL DATA DATA CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>% attending school regularly</td>
<td>Children should attend school at least 95% of the time</td>
<td>Planning for appropriate interventions and targeted local approach in Fruitvale/San Antonio to develop replicable models. Garfield school has a program focused on families of 34 chronically absent children that may serve as a model.</td>
<td>% students regularly attending school (95% + satisfactory) 56% African-Americans 65.5% Latino 85% Asian-American 56% Pacific Islander 78.5% Caucasian Data available by gender and economic status</td>
</tr>
<tr>
<td>'Indicators for consideration for future work’ FSG</td>
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<td></td>
<td></td>
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<tr>
<td>Source: OUSD Dashboard 2016-17</td>
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<tr>
<td>% with a relationship with a caring, supportive adult*</td>
<td>Children have a caring, supportive adult in their lives</td>
<td>Planning for appropriate interventions and place-based approach in Fruitvale/San Antonio to develop replicable models is part of creating Full-Service Community Schools.</td>
<td>21% yes, very true 38% pretty much true 31% a little true 10% not at all true Data available by gender, but not economic status</td>
</tr>
<tr>
<td>Source: CA Healthy Kids Survey 2015-16</td>
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<tr>
<td>% Child diabetes rate</td>
<td>Children are identified earlier for prediabetes for appropriate intervention.</td>
<td>Most prediabetic or diabetics are not diagnosed until early adulthood or later. We will measure using healthy weight as a proxy.</td>
<td>All adults: 8.6% African-American: 12.8%, Latino: 9.7%, Asian-American: 8.9%, Caucasian: 7.5%, Two or more races: 5% Data disaggregation countywide for adults and young adults.</td>
</tr>
<tr>
<td>'Indicators for consideration in future work.’ FSG</td>
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<tr>
<td>Source: Health Interview Survey 2014-15</td>
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</table>
Health Impact Table’s Indicators, Long Term Goals and Benchmarks (cont.)

| HIT CHOSEN FSG INDICATORS | LONG TERM GOAL | BENCHMARKS FOR LONG TERM GOALS | FSG DATA COMPARISON
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<tr>
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<tbody>
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<td>% access to healthy food</td>
<td>Children and their families have access to healthy food and activities.</td>
<td>The first Food Farmacy will launch later this year. Planning is underway with La Clinica and Native American Health Services to write 'healthy food prescriptions'.</td>
<td>HIT Members are working to identify a proxy since this data is not tracked.</td>
</tr>
<tr>
<td>'Indicators for consideration in future work' FSG</td>
<td></td>
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</tr>
<tr>
<td>% primary care utilization</td>
<td>Children receive regular checkups from their primary health provider.</td>
<td>We will begin using immunizations as a benchmark for care utilization while working with partners to gather more information about why a child may not be seeing a health provider regularly.</td>
<td>About 1/3 of children do not see a doctor in any given year.</td>
</tr>
<tr>
<td>'Indicators for consideration in future work' FSG</td>
<td>No data available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% with tooth decay</td>
<td>Children will have a dental home and regularly see a dentist</td>
<td>Collaboration among HIT members with the new Alameda County dental health initiative to reach the maximum number of children who have no 'dental home'.</td>
<td>Available for kindergarten and third grade students in 2018. The last full survey was in 2009. In 2015, an analysis by Children Now revealed that 33% of children age 0 – 20 received dental care in their first year of Medi-Cal. Data available on a statewide level.</td>
</tr>
<tr>
<td>'Indicators for consideration in future work' FSG</td>
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Note: All indicators are FSG except where noted. The indicators were chosen because of their relevance to the first phase of work. Five of the chosen indicators were recommended for 'consideration for future work by FSG'. *Bloomberg MBK
Indicator: Racial/Ethnic and Economic Status Disparities Among Students at a Healthy Weight*

**RACE/ETHNICITY**

- African American: 59%
- Asian American: 53%
- Pacific Islander: 70%
- Latino: 52%
- Caucasian: 83%

**ECONOMIC STATUS**

- Low income: 53%
- Not low income: 76%

*Numbers represent % of students at a healthy weight. Source: Ca Physical Fitness Report, OUSD 2016-17*
Health IT North Star Accomplishments

- Bringing together diverse leaders and practitioners from the community, nonprofit, private, and public sectors to work together for collective impact. In a number of cases, they represent organizations or constituencies that have rarely, if ever had the opportunity to meet, talk and collaborate together.

- Participating in the Kaiser PwC simulation of long-term impact of our "Food as Medicine" strategy. This will help inform our work.

- Obtained anchor support in Fruitvale/San Antonio from the Hellman Collaborative Change Initiative & Kaiser Leadership grant to launch a place-based strategy on healthy food and activities.

- First 5 grant opportunity which if approved, will fund a family hub for children 0-5 and their families that will be an integral part of our place-based strategy in Fruitvale/San Antonio for Full-Service Community and Neighborhood Schools.
Health Impact Opportunities in the Oakland Landscape – Trends & Promising Programs

✓ The Health Impact Table is fostering both formal collaboration through the Table as well as informal efforts among people who meet at the Table and continue important discussions and work about healthcare outside.

✓ Completed Children's Hospital six-week study of the impact of providing healthy food boxes to 60 prediabetic children. The results along with the PwC Kaiser simulation will provide essential information to move forward using best practices.

✓ Strengthening OUSD partnerships including meeting with the new Superintendent to discuss building on Community Schools to establish Full Service Community and Neighborhood Schools to maximize collaboration

✓ The first Fruitvale/San Antonio Neighborhood Health Impact Table planning meeting is set for later this month. They will start with Healthy Food/Healthy Families.

✓ Collaborating with the school district to install water stations to increase drinking water instead of sugar sweetened beverages
This is an exciting time for healthcare collaboration. Looking towards our work in 2018, we aim to:

✓ Begin the planning process for Full Service Community and Neighborhood Schools in Fruitvale/San Antonio to leverage and align existing resources for stronger collective impact and to build on existing programs to create replicable collaborations. The first planning meeting is in late February.

✓ Continue cross-learning among Health Impact Table Working Groups to build common understanding and practical connections to each other's work

✓ Begin discussions with other Tables for cross-Table collaboration.

✓ Implement the first phase of Access to Healthy Food and clean water