



COMMUNITIES
LIFTING
COMMUNITIES

Strategic Plan 2019 – 2021

May 2019



Communities Lifting Communities Strategic Plan 2019 – 2021

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About Communities Lifting Communities

In January 2017, the board of the Hospital Association of Southern California (HASC) approved a new community health improvement initiative focused on reducing health disparities in the HASC region of Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. The initiative, Communities Lifting Communities (CLC), is working to advance significant systems change through a collective impact model involving hospitals and health systems, public health departments, community clinics, Medi-Cal Managed Care Plans, and community stakeholders.

In February 2018, HASC member hospitals and HASC's for-profit subsidiary, AllHealth, committed \$1 million to CLC over two years. This initial investment has allowed the CLC to hire an Executive Director and Project Manager and contract with subject matter experts to develop CLC priority areas and community health improvement initiatives.

Generous support from Blue Shield of California Foundation and The California Endowment, along with a sponsorship from Health Net, will fund planning and implementation of several CLC initiatives in 2019-2020. CLC initiatives include community health improvement projects to:

- Improve birth outcomes
- Reduce the incidence of diabetes and address food insecurity
- Support capacity building in hospitals and public health departments to advance systems change and health equity in Southern California

CLC ORGANIZATION

CLC is an affiliate organization of HASC, and HASC provides all administrative oversight of the organization. The California Health Foundation and Trust (CHFT) 501(c)3 serves as the fiscal agent. CLC has a 24-member Board of Directors comprised of hospital, health plan, community clinic, public health and related health association executives. The CLC Board of Directors advises the HASC Board on community health improvement initiatives and policy recommendations.

CLC was developed with input from three founding partners: HASC, HC2 Strategies and the Public Health Alliance of Southern California (Alliance).

Vision, Mission and Organizational Values

CLC Vision: Local coalitions will work as a cohesive network of stakeholders to achieve optimal community health improvement.

CLC Mission: To assist hospitals, public health departments, and other stakeholders to collectively move the needle on reducing health disparities and improving community health throughout Southern California.

CLC Organizational Values: Collaboration, Community, Integrity, Quality and Respect for People

The Strategic Planning Process

The CLC strategic planning process began in 2017 when CLC founding partners conducted an environmental scan and met with hospitals and local health departments to identify collective opportunities to improve community health and reduce health disparities. The CLC's June 16, 2017 kick-off meeting focused on three areas: diabetes prevention, reducing homelessness, and improving birth outcomes for African American women. The HASC Board approved these focus areas on September 21, 2017. Behavioral health was added as a focus area in response to the 2019 HASC Member Survey, which the Board approved November 15, 2018. The Strategic Plan was first presented to the CLC Board of Directors on January 19, 2019 and approved on April 17, 2019.

CLC PRIORITIES AREAS

2018 – 2021 CLC Initiatives include six priority areas:

- **Community Health Improvement Initiatives** maximize and support relationships between hospitals, public health departments and other stakeholders. These initiatives can also help develop quality improvement projects addressing clinical care, organizational change and community engagement. Initiatives will focus on improving birth outcomes, diabetes prevention, homelessness and behavioral health.
- **Hospital Advancements in Community Health Improvement** will showcase hospital efforts to improve community health and collaboratively create healthy communities through a variety of innovative population health strategies, initiatives and partnerships.
- **Hospital Strategic Leadership Training** builds knowledge and understanding of population health improvement strategies. This training can also increase institutional capacity and alignment, and achieve greater equity, while engaging diverse stakeholders to address the social determinants of health.
- **Innovative, Sustainable Financing Models for Prevention Initiative** researches and identifies best practices and emerging examples of innovative financing models in the HASC region. A Capstone Roundtable at the 2020 HASC Annual Meeting will convene experts on innovative financing, community development, health care and public health to discuss strategies and next steps for implementation.
- **Strategic Community Planning and Investment** facilitates regional convenings with health care, public health and community stakeholders to explore specific strategies for alignment based on community health data, health needs and community health improvement priority areas.
- **Data Analytics, Evaluation and Measurement Initiative** integrates community and clinical data to develop community profiles, evaluates improvement interventions and can be used to recommend policy solutions that advance healthy community conditions.

Summary of Priority Areas and Goals

Priority Area 1: Community Health Improvement Initiatives	
<p>Goal 1: Develop and implement a comprehensive community prevention strategy to address diabetes and a social determinant of diabetes in Ventura County.</p> <p>Partners:</p> <ul style="list-style-type: none"> • Ventura County Community Health Needs Assessment (CHNA) Collaborative • HealthBegins <p>Funded by:</p> <ul style="list-style-type: none"> • Communities Lifting Communities (CLC) 	<p>Objective 1.1: By December 31, 2018, engage Ventura County stakeholders and gain organizational commitment to participate in a quality improvement strategy to address pre-diabetes and food insecurity.</p> <p>Objective 1.2: By March 31, 2019, hospitals, health plans, community clinics and partners will develop an upstream quality improvement campaign and strategies to address food insecurity in pre-diabetic patients.</p> <p>Objective 1.3: By May 31, 2019, develop a report for the diabetes prevention project in Ventura County, including lessons learned during the design phase and opportunities for implementation support and distribute report to stakeholders.</p> <p>Objective 1.4: By June 30, 2019, develop an upstream quality improvement project implementation plan, identify technical assistance needs and funding opportunities.</p> <p>Objective 1.5: By December 31, 2019, apply for funding to support and sustain the diabetes prevention project.</p>
<p>Goal 2: Improve birth outcomes for African American Women in Los Angeles County.</p> <p>Partners:</p> <ul style="list-style-type: none"> • Public Health Alliance of Southern California (Alliance) <p>Sponsored by:</p> <ul style="list-style-type: none"> • Health Net • CLC 	<p>Objective 2.1: By June 30, 2019 establish an African American Birth Outcomes Project Advisory Team and two Service Planning Area (SPA) Implementation Teams (SPA1 and 6/8).</p> <p>Objective 2.2: By December 31, 2019, develop birth outcomes data report for hospitals in SPA 1 and 6/8, identify clinical and/or organizational Quality Improvement interventions and present to Teams.</p> <p>Objective 2.3: By December 31, 2019, develop Implicit Bias Training curricula and conduct one workshop for health care executives and clinical leaders.</p> <p>Objective 2.4: By June 30, 2020, a minimum of 4 hospitals and stakeholders will develop implementation plans and receive technical assistance and support.</p> <p>Objective 2.5: By December 31, 2020, conduct two Implicit Bias Training workshops.</p> <p>Objective 2.6: By December 31, 2020, one pilot site will examine return on investment (ROI), share data dashboard findings and identify implementation steps for future phase of the project.</p> <p>Objective 2.7: By June 20, 2021, develop final project report and distribute to collaborative partners.</p>

Priority Area 1: Community Health Improvement Initiatives (Continued)	
<p>Goal 3: Support enrollment of homeless patients into the Coordinated Entry System (CES).</p> <p>Partners:</p> <ul style="list-style-type: none"> National Health Foundation (NHF) Hospital Association of Southern California (HASC) 	<p>Objective 3.1: By December 31, 2019, identify opportunities to support National Health Foundation (NHF) efforts to develop a service for hospitals to facilitate patient enrollment into the CES in Los Angeles County.</p>
<p>Goal 4: Support HASC regional behavioral health needs assessment.</p> <p>Partners:</p> <ul style="list-style-type: none"> HASC SpeedTrack 	<p>Objective 4.1: By December 31, 2019, CLC will participate in HASC's regional behavioral health needs assessment to identify opportunities to support hospitals and community partners.</p> <p>Objective 4.2: By December 31, 2019, identify opportunities to support HASC member hospitals with behavioral health emergency department trends data, analysis and reporting in partnership with SpeedTrack.</p>

Priority Area 2: Hospital Advancements in Community Health Improvement	
<p>Goal 1: Showcase hospital community health improvement efforts utilizing a variety of innovative population health strategies, initiatives and collaborative partnerships.</p> <p>Partners:</p> <ul style="list-style-type: none"> HASC CHA UHA CLC <p>Funded by:</p> <ul style="list-style-type: none"> CLC 	<p>Objective 1.1: By June 30, 2019, collaborate with HASC, California Hospital Association (CHA) and United Hospital Association (UHA) to develop a CLC Communications Plan to showcase hospital community health improvement efforts utilizing a variety of innovative population health strategies, initiatives and collaborative partnerships (Attachment I).</p> <p>1.1.a. Communications Plan will align and support CLC priority areas, initiatives and projects.</p> <p>1.1.b. Communications Plan will utilize multiple media channels including print publications, website, social media, webinars, learning community formats and other channels to reach target audiences.</p> <p>1.1.c. Communications Plan activities will inform and enhance communication and collaboration with HASC members, CLC partners, policy makers, community members and funders.</p> <p>1.1.d. A population health strategies survey will be sent to HASC member hospitals and will identify hospital-specific and regional health priorities, health improvement programs and initiatives, data utilization to identify high-need populations and strategies to address social determinants of health.</p> <p>Objective 1.2: By July 1, 2019 begin to implement the CLC Communications Plan activities and review annually.</p>

Priority Area 3: Hospital Strategic Leadership and Health Equity Training	
<p>Goal 1: Build hospital executive and board member knowledge and understanding of population health strategies and how to achieve greater equity.</p> <p>Partners:</p> <ul style="list-style-type: none"> • Public Health Institute (PHI) • Alliance <p>Funded by:</p> <ul style="list-style-type: none"> • The California Endowment (TCE) • Blue Shield of California Foundation (BSCF) • CLC 	<p>Objective 1.1: By December 31, 2020, conduct 5 half-day regional <i>Alliance of Governance and Leadership in Health Care: Building Momentum for Transformation</i> trainings in 2019 and in 2020 with hospital executive and board level teams, including an organizational self-assessment and opportunities for technical assistance.</p> <p>Objective 1.2: By December 31, 2020, produce a summary report of regional trainings with input shared by HASC members and stakeholders based upon analyses to date and emerging opportunities.</p> <p>Objective 1.3: By December 31, 2020, develop curriculum and conduct three two-day <i>Health Equity & Healthcare Opportunities: Inside and Outside Clinical Walls</i> workshops for hospital executive and clinical teams to learn about systemic barriers to optimal health and opportunities to address implicit bias in clinical settings.</p> <p>Objective 1.4: By December 31, 2020, evaluate the <i>Health Equity & Healthcare Opportunities: Inside and Outside Clinical Walls</i> workshops and modify curriculum as necessary.</p>

Priority Area 4: Innovative Financing Models for Prevention	
<p>Goal 1: Research, identify and share best practices and emerging examples of innovative financing models for prevention.</p> <p>Partners:</p> <ul style="list-style-type: none"> • Alliance <p>Funded by:</p> <ul style="list-style-type: none"> • TCE • BSCF • CLC 	<p>Objective 1.1: By December 31, 2020, research best practices and emerging examples of innovative financing models, interview implementers and develop a research brief and presentation.</p> <p>Objective 1.2: By December 31, 2020, conduct local engagement to envision opportunity areas and assess feasibility of a place-based financing model.</p> <p>Objective 1.3: By December 31, 2020, plan and host a three-hour Capstone Roundtable of experts on innovative financing, health care and public health to discuss best practices, strategies and next steps for implementation.</p>

Priority Area 5: Strategic Community Planning and Investment	
<p>Goal 1: Explore and align regional strategies for community planning and investment to improve community health and reduce health disparities.</p> <p>Partners:</p> <ul style="list-style-type: none"> • HASC • HC2 Strategies • Collaboratives <p>Funded by:</p> <ul style="list-style-type: none"> • TCE • BSCF • CLC 	<p>Objective 1.1: By May 1, 2019, support the development of the 2019 Inland Empire Regional Community Health Needs Assessment (CHNA) project in partnership with HC2 Strategies and participating hospitals.</p> <p>Objective 1.2: By December 31, 2020, facilitate five regional convenings with health care and public health stakeholders to explore strategies for alignment based upon review of community health data, health needs and community health improvement priority areas.</p> <p>Objective 1.3: By December 31, 2020, develop five regional collective action plans to improve population health for a specific health priority; report on progress made and disseminate report to health care, public health and other stakeholders.</p>

Priority Area 6: Data Analytics, Evaluation and Measurement	
<p>Goal 1: Integrate community and clinical data to develop community profiles, support the evaluation of quality improvement interventions and recommend policy solutions to advance healthy community conditions.</p> <p>Partners:</p> <ul style="list-style-type: none"> • SpeedTrack • HASC • Alliance 	<p>Objective 1.1: By December 30, 2018, develop and approve an agreement between SpeedTrack and HASC to access and analyze clinical data for the purposes of measuring and reporting quality outcomes for HASC members.</p> <p>Objective 1.2: By March 31, 2019, HASC staff will attend SpeedTrack training session and develop various reports to support CLC Initiatives.</p> <p>Objective 1.3: By June 30, 2019, HASC, CLC, Alliance and SpeedTrack will convene to discuss opportunities to utilize the Alliance's California Healthy Places Index (HPI) with SpeedTrack overlays to develop relevant social and economic community factors that impact health.</p>

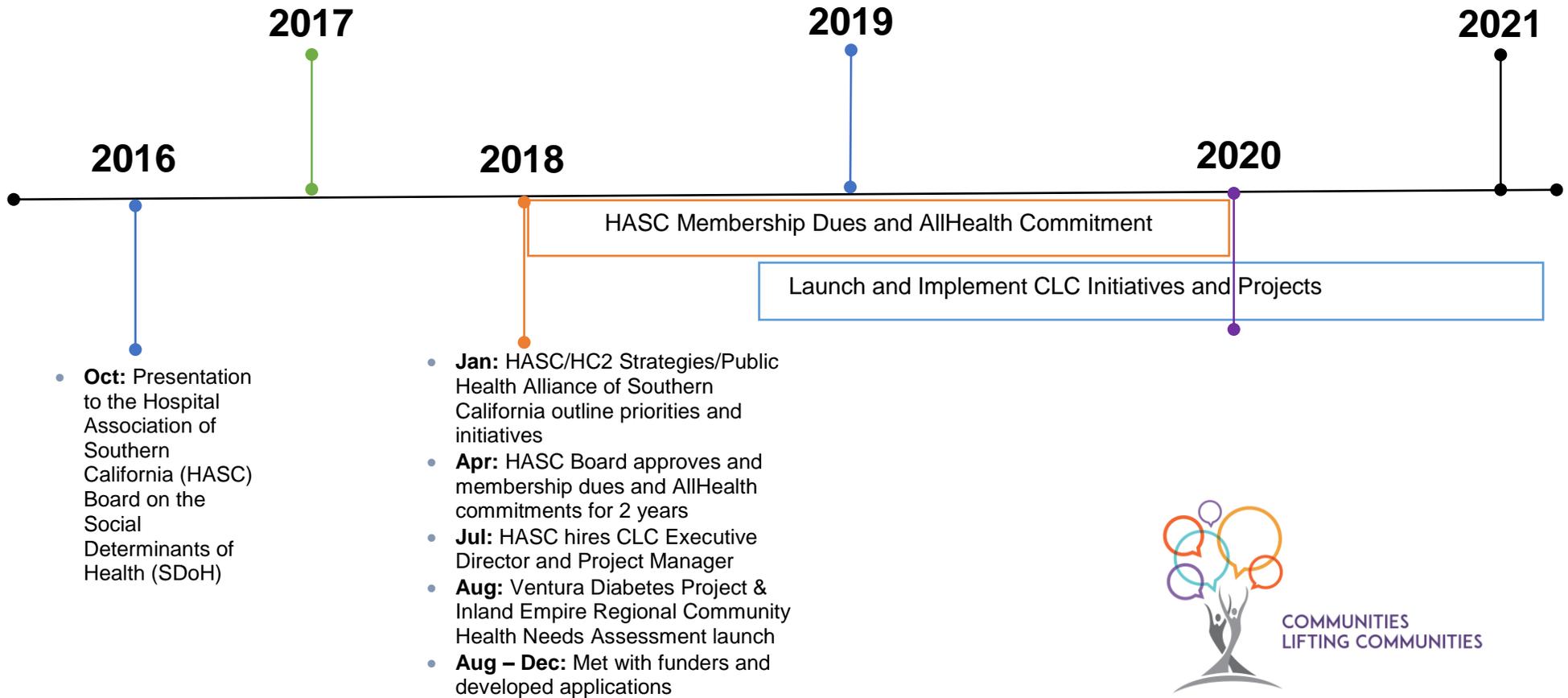
CLC Organizational Goals and Objectives 2019-2021

CLC Organizational Goals and Objectives	
<p>Goal 1: Achieve measurable improvement in community health and reduce health disparities in Southern California.</p>	<p>Objective 1.1: By March 31, 2019, develop a Phase II funding and sustainability plan; identify funding from various sources for CLC capacity building, initiatives and projects (Attachment II).</p> <p>Objective 1.2: By December 31, 2019, identify grant(s), apply and secure funding to support four Community Environmental Scans to identify upstream, sustainable, local community interventions that address the social determinants of health and support strategic community benefit investments in partnership with National Health Foundation.</p> <p>Objective 1.3: By December 31, 2019, support the development of community profiles, evaluation of quality improvement interventions and recommend policy solutions to advance healthy community conditions in partnership with Hospital Quality Institute, SpeedTrack and the Public Health Alliance of Southern California (California Healthy Places Index).</p> <p>Objective 1.4: By December 31, 2020, invest in leadership training to strengthen hospitals' commitment to an integrated and effective community health strategy; and identify health equity and health care opportunities to support healthier patients and communities.</p> <p>Objective 1.5: By December 31, 2020, explore innovative strategies and opportunities to finance upstream prevention efforts and develop a sustainable financial model for CLC.</p> <p>Objective 1.6: By December 31, 2021, support partnerships and collaborations with hospitals, public health departments, community clinics, Medi-Cal Managed Care Plans and community stakeholders to advance significant systems change through a collective impact model demonstrating the value of prevention in achieving greater equity.</p> <p>Objective 1.7: By December 31, 2021, support community health improvement initiatives focusing on improving birth outcomes, diabetes prevention, homelessness and behavioral health.</p> <p>Objective 1.8: By December 31, 2021, support regional hospital and public health partnerships to identify collective impact strategies to improve community health and reduce health disparities.</p> <p>Objective 1.9: By December 31, 2021, develop applications and apply for funding from various sources to support CLC capacity building and initiatives.</p>

CLC Milestone Timeline

- **Jan:** HASC Board adopts a 3-year SDoH project concept that becomes CLC
- **Jun:** CLC Kick-off Event with public health and hospital stakeholders
- **Sept:** HASC Board approves CLC initiative focus areas
- **Sept:** Building a Community Birth Plan Summit

- **Jan:** The California Endowment and Blue Shield of California Foundation fund and Health Net sponsors CLC initiatives for 2019 – 2020



Evaluation

CLC is committed to measuring the effectiveness of the CLC Strategic Plan 2019 – 2021 and measuring outcomes for the CLC Initiative priority area goals and objectives.

PURPOSE AND FOCUS OF EVALUATION

The purpose of evaluating the work of the CLC Strategic Plan is to determine if goals and objectives are met, and report on implementation process. CLC goals and objectives will be measured with the guidance of the CLC Evaluation Plan.

CLC partners and contractors will meet quarterly, at a minimum, to document progress on CLC initiatives. Semi-annual and annual progress reports will be provided to the CLC Board of Directors, HASC Board of Directors, HASC members, public health departments, Public Health Alliance of Southern California, community stakeholders, contracted partners, funders and sponsors. At the end of 2021, CLC will report on progress made, differences in target goals and best practices to inform and influence future CLC Strategic Plans.

EXPECTED PROJECT OUTCOMES

Community Health Improvement Initiatives

Improving African American Birth Outcomes in Los Angeles County

- With a long-range goal of reduced preterm births and infant mortality in Los Angeles County's Service Planning Area (SPA) 6, SPA 8 and SPA 1, this project will develop effective partnerships of local hospital system leaders, public health officials, and health care providers to examine clinical, payment and community level birth outcomes data, as well as systemic changes and prevention practices.
- Establish a minimum of four consensus agreements among participating hospitals, public health officials and health care providers. Build on quality improvement interventions to better serve African American women and families in SPA 6/8 and SPA 1.
- Effectuate positive change within hospitals. This will be accomplished by providing Implicit Bias and Health Equity training workshops for hospital executives and key clinical leaders and addressing both organizational changes and systemic barriers to optimal health.

Preventing Pre-diabetes and Addressing the Social Determinants of Diabetes

- Ventura County Community Health Needs Assessment (CHNA) Collaborative partners will design an upstream Quality Improvement campaign to address food insecurity in pre-diabetic patients.
- Project report will describe lessons learned, plans for quality improvement project implementation, technical support needs and identify options for sustainable funding.

Homelessness

- Identify opportunities to support the National Health Foundation and HASC's project to increase enrollment of homeless patients into the Los Angeles County Coordinated Entry System (CES).

Behavioral Health

- Identify opportunities to support behavioral health initiatives in Southern California.

Hospital Advancements in Community Health Improvement

- Showcase hospital community health improvement efforts utilizing a variety of innovative population health strategies, initiatives and collaborative partnerships through multiple media channels.
- Inform and enhance communication and collaboration on community health improvement strategies and outcomes with HASC members, CLC partners, policy makers, community members and funders.

Hospital Strategic Leadership and Health Equity Training

- Help ensure hospital executives, hospital board members, and clinical and public health leadership understand population health elements; strengthen organizational commitments to an integrated and effective community health and investment strategy.
- Explore community conditions affecting patient populations, social determinants of health and implicit bias in clinical settings.

Innovative Financing Models for Prevention

- Increase awareness, commitment, leadership capacity and investment in innovative financing models for upstream prevention.

Strategic Community Planning and Investment

- Improve cross-sector engagement and collaboration among hospitals and health systems, hospital boards and public health departments to identify regional health needs and disparities and develop collective impact strategies to improve community health.

Data Analytics, Evaluation and Measurement

- Develop new data analytics that integrate and analyze real-time (or near real-time) granular data in defined geographies to inform, evaluate and optimize community health improvement interventions.

EVALUATION ACTIVITIES 2018 – 2021

The following process indicators will be used to measure progress toward achieving the CLC Strategic Plan goals and objectives:

2018 – 2021 Process Indicators		2018 Progress
2018	1. By July 31, 2018 , hire CLC Executive Director, CLC Project Manager.	Completed
	2. By August 15, 2018 , develop CLC 2018 – 2020 Priorities and Initiatives Document and promotional brochure.	Completed
	3. By December 31, 2018 , meet with foundations and health plans to present CLC Priorities and Initiatives, identify areas of alignment and submit applications for funding.	Completed
	4. By December 31, 2018 receive approval for funding and sponsorships for CLC Initiatives.	Completed: \$900,000 approved for 2019-2020 from The California Endowment (TCE), Blue Shield of California Foundation (BSCF), Health Net
2019	5. By January 31, 2019 , develop CLC Strategic Plan and present to CLC Board of Directors for approval.	
	6. By January 31, 2019 , establish service and consulting agreements with contractors for CLC Initiatives.	
	7. By February 28, 2019 , begin meeting with partners and contractors to implement CLC Initiatives and monitor progress.	
	8. By June 30, 2019 , meet with various foundations and health plans to present CLC Priorities and Initiatives, identify areas of alignment and submit applications for funding.	
	9. By December 31, 2019 , evaluate and update Strategic Plan.	
2020	10. By January 1, 2020 , receive approval for funding and sponsorships for CLC Initiatives.	
	11. By December 31, 2020 , meet with partners and contractors to implement CLC Initiatives and monitor progress.	
	12. By December 31, 2020 , evaluate and update Strategic Plan.	
2021	13. By February 1, 2021 , complete final report to TCE and BSCF.	
	14. By June 30, 2021 , complete final report to Health Net.	
	15. By December 31, 2021 , meet with partners and contractors to implement CLC Initiatives and monitor progress.	
	16. By December 31, 2021 , evaluate and update Strategic Plan.	

EVALUATION PROGRESS, DOCUMENTATION AND REPORTING

Progress made on implementing the CLC Strategic Plan will be documented in Semi-annual Progress Reports and the Annual CLC Report to the CLC Board of Directors, partners and community stakeholders.

Timeline for Evaluation Activities				
Evaluation Activities	Timing of Activities for 2018 – 2021			
	August – December 2018	January 2019 – 2021	Semi-annually from 2019 – 2021	Annually 2019 – 2021
Evaluation Plan Outline	X			
Implementation and monthly meetings with partners and contractors		X	X	
Analysis and Interpretation			X	X
Report and Dissemination			X	X

CLC Board of Directors 2019

Dora Barilla, DrPH, Group Vice President, Community Health Investment, Providence St. Joseph Health

Elaine Batchlor, MD, Chief Executive Officer, Martin Luther King, Jr. Community Hospital

David Batista, Executive Vice President, AHMC Healthcare Inc.

Katy Bazylewicz, Vice President, Marketing and Population Health, Cottage Health

Janelle Blanco, Executive Director, United Hospital Association

John Calderone, PhD, Retired Hospital Chief Executive Officer, 2019 CLC Board Chair

Tracy Delaney, PhD, Executive Director, Public Health Alliance of Southern California

Karen Descent, Chief Nursing Officer, Parkview Community Hospital Center

Mark Gamble, Senior Vice President/Chief Operating Officer, Hospital Association of Southern California

Will Garand, Vice President, Planning/Managed Care, Community Memorial Health System

Bradley Gilbert, MD, Chief Executive Officer, Inland Empire Health Plan

Susan Harrington, Executive Director, Communities Lifting Communities

Amber Kemp, Vice President, Health Care Coverage, California Hospital Association

Carol Kim, Vice President of Community Investments & Public Affairs, Health Net

Marcia Manker, Chief Executive Officer, Orange County Region, MemorialCare Health System

Barbara Masters, Director, California Accountable Communities for Health Initiative

Louise McCarthy, President/Chief Executive Officer, Community Clinic Association of Los Angeles County

Tom Priselac, President/Chief Executive Officer, Cedars-Sinai Health System

Rick Rawson, Adventist Health and Rideout

Richard Seidman, MD, M.P.H., Chief Medical Officer, L.A. Health Care Plan

Julie Sprengel, Senior Vice President, Operations, Southern California Service Area, Dignity Health – Southern California Division

Scott Twomey, President, AllHealth & Senior Vice President/Chief Financial Officer, Hospital Association of Southern California

John Yamamoto, Vice President, Legal, Government, Community Relations & Community Benefit, Kaiser Permanente, Southern California

CLC Partners

Communities Lifting Communities (CLC) acknowledges the following partners and thanks them for their leadership and subject matter expertise.

HC2 Strategies, Inc.

HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect the medical and social aspects necessary to improve community health and reduce health disparities.

HealthBegins

HealthBegins is a social enterprise, mission-driven consulting firm specialized in helping clinical and community partners move upstream with strategic consulting, expert coaching and facilitation, technical assistance and tools, and educational and quality improvement programs.

Hospital Association of Southern California

The Hospital Association of Southern California (HASC), founded in 1923, is a not-for-profit 501(c)(6) regional trade association. HASC is dedicated to effectively advancing the interests of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. HASC is comprised of 184-member hospitals and 40 health systems, plus numerous related professional associations and associate members, all with a common goal: to improve the operating environment for hospitals and the health status of the communities they serve.

National Health Foundation

National Health Foundation (NHF) is a nonprofit 501(c)3 corporation that works within communities to eliminate barriers to health, address the root causes of poor health, and advocate and empower under-resourced communities to find solutions that lead to lasting change. NHF's advocacy and work focuses on four key areas: housing, food access, built environments, and education.

Public Health Alliance of Southern California

The Public Health Alliance of Southern California (Alliance) is a coalition of the executive leadership of local health departments in Southern California. Collectively, Alliance members have statutory responsibility for the health of 50% of California's population. The Alliance advances multi-sector policy, systems and environmental change to improve upstream population health and equity.

Public Health Institute

Public Health Institute (PHI) is one of the largest public health institutes in the United States and home to a broad range of established projects, emerging initiatives and diverse leaders. PHI brings together experts to develop new, collaborative approaches that address our greatest public health challenges around the globe.

Attachment I: CLC Communications Plan 2019-2021

CLC Communications Plan 2019-2021 Goals and Objectives	
<p>Goal 1: Showcase hospital community health improvement efforts utilizing a variety of innovative population health strategies, initiatives and collaborative partnerships.</p>	<p>Objective 1.1. By June 30, 2019, collaborate with HASC, California Hospital Association (CHA) and United Hospital Association (UHA) to develop a CLC Communications Plan to showcase hospital community health improvement efforts utilizing a variety of innovative population health strategies, initiatives and collaborative partnerships.</p> <p>1.1.a. Communications Plan will align with and support CLC priority areas, initiatives and projects.</p> <p>1.1.b. Communications Plan will utilize multiple media channels including print publications, website, social media, webinars, learning community formats and other channels to reach target audiences.</p> <p>1.1.c. Communications Plan activities will inform and enhance communication and collaboration with HASC members, CLC partners, policy makers, community members and funders.</p> <p>1.1.d. A population health strategies survey will be developed and sent to HASC member hospitals and will identify hospital-specific and regional health priorities, health improvement programs and initiatives, data utilization to identify high-need populations and strategies to address social determinants of health.</p> <p>Objective 1.2. By July 1, 2019, begin to implement the CLC Communications Plan activities and review annually.</p>
<p>Goal 2: Disseminate CLC initiative and project outcomes to HASC members, CLC partners and other key stakeholders.</p>	<p>Objective 1.1. By December 31, 2020, disseminate reports, research briefs and workshop curricula to HASC members, CLC partners and other key stakeholders.</p> <p>Objective 1.2. By December 31, 2020, develop presentations on the progress and results for CLC initiatives and present at HASC Area Meetings, Public Health Alliance of Southern California (Alliance) meetings and other health care and public health convenings.</p>

Attachment II: CLC Phase II Funding Plan 2019-2021

CLC Phase II Funding Plan 2019-2021 Goals and Objectives	
Goal 1: Identify funding sources, develop applications and apply for funding from various sources to support CLC capacity building, initiatives and projects.	Objective 1.1. By March 31, 2019, develop a Phase II funding and sustainability plan; identify funding opportunities from various sources for CLC capacity building, initiatives and projects.
	Objective 1.2: By December 31, 2019, identify grant(s), apply and secure funding to support four Community Environmental Scans to identify upstream, sustainable, local community interventions that address the social determinants of health and support strategic community benefit investments in partnership with National Health Foundation.
	Objective 1.3: By December 31, 2019, identify grant(s), apply and secure funding to support and sustain the diabetes prevention project(s) in Ventura County and other HASC regions.
	Objective 1.4: By December 31, 2021, develop applications and apply for funding from various sources to support CLC capacity building, initiatives and projects.