

Santa Cruz County Health Services Agency
Public Health Division

Strategic Plan

2018-2023





Public Health
Prevent. Promote. Protect.

Santa Cruz County

Santa Cruz County Public Health is a division of the Health Services Agency. This strategic plan is part of preparing for nation public health accreditation from the Public Health Accreditation Board. For more information about Santa Cruz County’s public health accreditation activities, please visit by clicking [here](#).



The Public Health Institute’s Quality Improvement Onsite Technical Assistance Program (QI On-TAP) prepared this strategic plan in collaboration with Santa Cruz County Public Health staff. The plan was adopted in March 2018.

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Introduction

Santa Cruz County Health Services Agency (HSA) began its journey toward national public health accreditation in July 2015. The Public Health Division initiated the process by assembling a team of community partners to undertake a community health improvement planning process. Mobilizing for Action through Planning and Partnerships (MAPP) was the selected methodology for completing this task. The group became known as the MAPP Steering Committee.

The Community Health Assessment (CHA) was completed in the fall of 2017 followed by the completion of the Community Health Improvement Plan (CHIP) in the winter of 2018. These two documents are required for Public Health to submit its application to the Public Health Accreditation Board (PHAB). In addition to the CHA and CHIP, PHAB requires Public Health to also have a strategic plan that is aligned with the CHIP. This document serves as the HSA Public Health Strategic Plan.

The twelve-month planning process began in April 2017, and was released to staff in March 2018. Multiple staff participated in developing the plan's content. This plan serves as a roadmap to an improved and strengthened public health division. As with any strategic plan, this plan is a living document, which means that as it is implemented, monitored, and reviewed. It will be updated to reflect changes that occur both externally and internally. Questions or comments about the plan should be directed to the Public Health Manager.

Executive Summary

Santa Cruz County Health Services Public Health Division began a twelve-month strategic planning process in April 2017. A consultant was hired to facilitate workshops and assist in the development of the strategic plan. Public Health Accreditation Managers guided the development of the framework and strategic direction for Santa Cruz County Public Health over the five-year period beginning in 2017. Public Health staff members were engaged in the process via electronic surveys and workshops to align program activities with strategic goals.

Santa Cruz County Public Health used a traditional planning process that included:

- Kickoff session to develop vision, mission, and values;
- Strengths, weaknesses, opportunities, and threats (SWOT) analysis;
- Identification and selection of strategic issues;
- Goal setting and development of measurable objectives; and
- Alignment of strategies, activities, and performance measures.

Staff members were provided the opportunity to offer input and feedback into the Public Health vision, mission and values statements. The vision of Santa Cruz County Public Health is *Better Health Every Day for Everyone*. The mission of Santa Cruz County Public Health is to collaborate with the community to protect, promote, and improve the health and well-being of the people of Santa Cruz County. Division values include collaboration, community-focus, compassion, equity, quality, and respect. These values are reflected in the four (4) strategic issue areas and their related strategies within this plan: access to health care and dental care; data and technology; public awareness and education; and obesity and diabetes prevention.

These improvement areas each have a set of goals:

Access to Health Care & Dental Care

Goal 1.1: Increase access to culturally appropriate, quality, and affordable primary care

Goal 1.2: Increase access to oral health services

Data and Technology

Goal 2.1: Participate in a coordinated health data resource for the county using the most currently technology available

Public Awareness and Education

Goal 3.1: Improve Public Health branding so that the community knows what Public Health does

Goal 3.2: Increase positive perception of the role of Public Health in the community

Obesity and Diabetes Prevention


Goal 4.1: Shift food and beverage consumption from unhealthy to healthy

Goal 4.2: Increase physical activity

Each goal contains measurable objectives to track and monitor progress. The performance metrics will become part of the performance management system and aid in quality improvement work. Program measures are linked to health indicators within each of the related goals. Some of these overlap with the Santa Cruz County Community Health Improvement Plan (CHIP) and highlight the areas that the County Public Health staff will contribute to the work in that plan in a model focusing on Collective Impact. Collective Impact is the commitment of a group of individuals from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

By the end of the five-year period, Santa Cruz County Public Health Division hopes to improve the following health indicators by working with their community partners:

- Percent reporting that they have a regular source of health care
- Percentage of children 0-17 with comprehensive health care coverage
- Percentage of kindergartners with all required immunizations
- Dental care utilization
- Dental disease rates
- Percent reporting that they eat five or more servings of fruits and vegetables for at least five of the past seven days
- Percent reporting engaging in 30 minutes or more of physical activity five or more times per week
- Percentage of students achieving physical fitness goals in at least five out of six fitness areas
- Percent overweight or obese
- Diabetes rates
- Age-adjusted diabetes death rate



Select subject matter expert staff members also participated in aligning programs and services to the strategic issue goals and identifying program measures to track and monitor progress. Some of the strategies and activities within this plan are linked with the CHIP. Those goals that contain contributions in both this plan and the CHIP are highlighted within each of the documents where appropriate.

The team completed these steps in March 2018 when they approved the final content and framework for the Public Health Strategic Plan. We look forward to continuing to grow our partnership to achieve our vision of *Better Health Every Day for Everyone*.



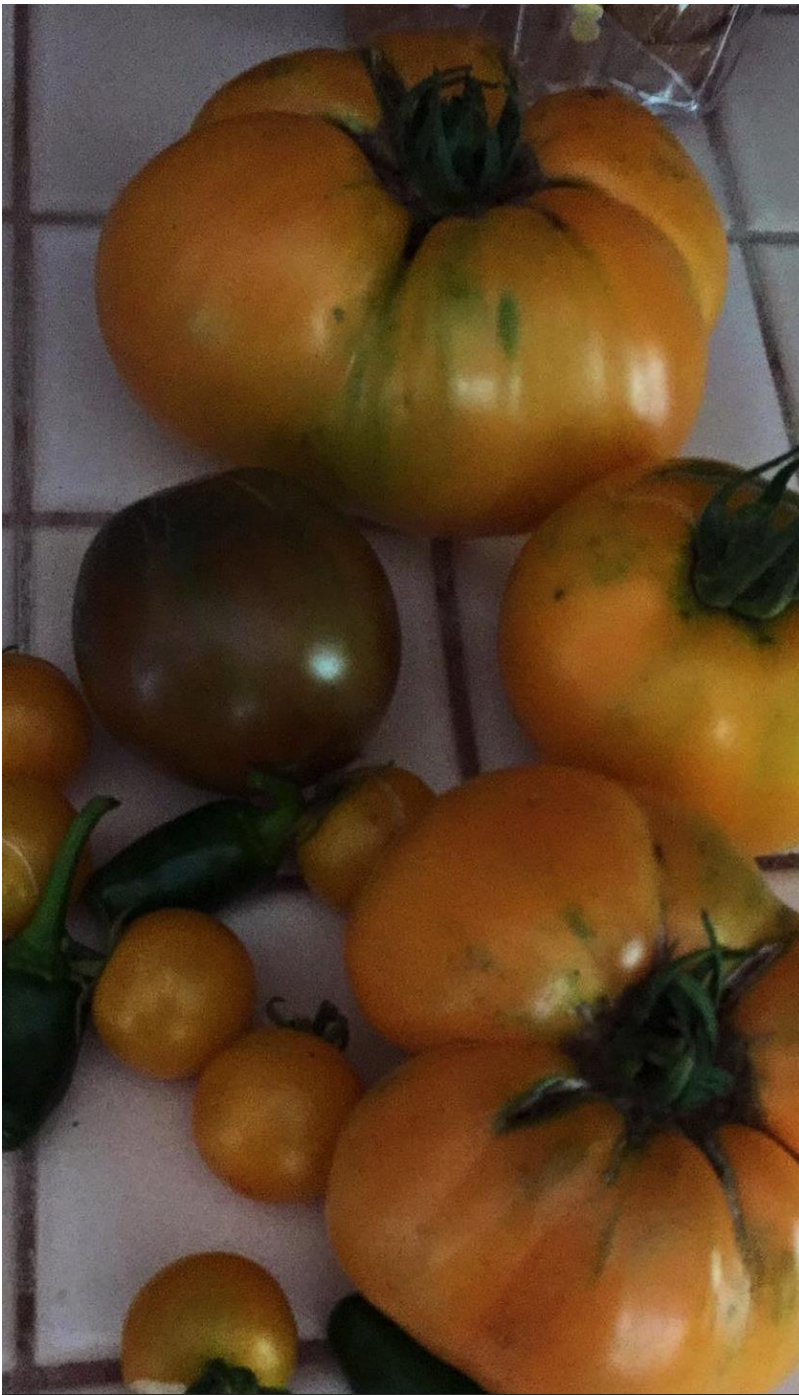
Santa Cruz County Public Health Division

Santa Cruz County Health Services Agency (HSA) is comprised of five divisions: Public Health, Behavioral Health, Clinics, Environmental Health, and HSA Administration for an integrated approach to addressing the community's needs for overall health and well-being. Public Health protects and promotes the health status of Santa Cruz County residents through the development and implementation of public health and primary care programs that use current best practice interventions when available.

Public Health provides services to residents of Santa Cruz County, Medi-Cal beneficiaries, and indigent clients. Services are provided with the intention of protecting health, preventing disease, and promoting the health and well being for all persons in Santa Cruz County.

Public Health is comprised of the following program areas:

- Birth and Death Certificates
- Childhood Lead Poisoning Prevention Program
- Children's Medical Services
- Communicable Disease Control
- Community Health Education
- Emergency Medical Services
- Public Health Readiness and Emergency Planning Team
- Family Health Programs
- HIV/AIDS Services
- Immunizations and Vaccines
- Medical Marijuana Identification Card
- National Public Health Week



- Public Health Accreditation
- Public Health Core Functions
- Public Health Field Nursing
- Syringe Services Program

Table 1 summarizes Public Health Core Functions and provides a high level overview of what the Santa Cruz County Health Services Agency Public Health Division does.

Public Health

Table 1: Public Health Core Functions

<p>To Prevent Epidemics</p>	<p>The Communicable Disease Unit is composed of highly skilled professional staff that perform epidemiological surveillance, investigation, and follow-up of contagious diseases. Field Public Health Nurses go into the Santa Cruz County community to provide direct disease control in the home and other settings.</p>
<p>To Promote Healthy Behaviors</p>	<p>We provide programs promoting human immunodeficiency virus (HIV) Education and Prevention, Dental Disease Prevention, Pedestrian and Bicycle Safety, Tobacco Use Prevention, Nutrition Education, Child Passenger Restraint Promotion, and Comprehensive Perinatal Care, Well-Child Care.</p>
<p>To Monitor the Health Status of the Population</p>	<p>We maintain Vital Statistics for County with monitoring of birth and death statistics, and issuance of burial permits. Special surveillance of tuberculosis (TB) and HIV incidence and outcomes. Reports to State on incidence of reportable diseases.</p>
<p>To Mobilize Community Action for Health</p>	<p>We help create and participate in community partnerships including:</p> <ul style="list-style-type: none"> • Go for Health Obesity Prevention Collaborative • HIV Community Response Planning • Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee • Pediatric Death Review Committee • Prenatal Care Access Task Force • Reproductive Rights Network • Ryan White HIV Care Consortium • Tobacco Education Coalition

<p>To Respond to Disasters</p>	<p>We maintain an active Emergency Medical Services Unit whose staff works closely with emergency medical care providers in the County. They plan and coordinate emergency medical response to individual emergencies as well as to external and environmental disasters.</p>
<p>To Reach Out to Link High-risk Disadvantaged People to Needed Services</p>	<p>Special Programs in place to provide:</p> <ul style="list-style-type: none"> • Homeless people • Case Management and treatment • High-risk infants home follow-up • Pregnant and parenting teens case management • Teens at risk for pregnancy, outreach, counseling, birth control • Comprehensive Case Management for persons with HIV and AIDS • Special outreach for persons at high-risk for HIV, (testing and counseling) • Directly observed therapy for TB patients with poor compliance • Child Health Disability Program (CHDP) promotes periodic health exams and follow-up for MediCal and low income children

<p>To Provide Medical Care When Needed</p>	<p>Our three clinics are located in Santa Cruz and Watsonville, open over 40 hours a week, with on-site lab, and x-ray. In addition to family practice, services are for low-income persons with wide array of conditions including TB, HIV, high-risk pregnancy, and sexually transmitted diseases. Medical services are provided to juvenile hall. Medi-Cruz finances care for county responsible (indigent) patients in the clinics and in the private sector. Immunization clinics provide free childhood vaccinations. California Children's Services (CCS) provides physical therapy to children with an eligible diagnosis. Pays for diagnosis and treatment of low-income children.</p>
<p>To Secure a Skilled Public Health Work Force</p>	<p>Provide clinical and educational placement opportunities for students in preventive medicine residencies, nursing school programs and graduate students in various community health study program.</p>
<p>To Lead the Development of Sound Health Policy and Planning</p>	<p>Lead role in:</p> <ul style="list-style-type: none"> • Establishment of State's toughest tobacco control ordinances for all local jurisdictions (cities and County). <p>Work with Statewide health organizations on legislation and regulations concerning health policy.</p>

Vision, Mission, and Values

Vision:

- Better Health Every Day for Everyone

Mission:

- To collaborate with the community to protect, promote, and improve the health and well-being of all

Values:

1. Collaboration

- Working in teams and partnering with others to achieve our goals and vision

2. Community-focus

- Ensuring that community members are able to participate and have a voice in our work

3. Compassion

- Demonstrating understanding, empathy, and kindness with patients, clients, colleagues, and the community

4. Equity

- Ensuring full and equal access to programs and services that enable people to lead healthy lives

5. Quality

- Striving toward excellence through the use of evidence-based practices and process improvement in all service and program areas

6. Respect

- Addressing everyone with politeness and dignity while demonstrating value of individual needs and cultural diversity

Planning Process

Santa Cruz County Public Health hired a consultant to facilitate the strategic planning process. There were a series of planning conference calls to prepare and plan for the strategic planning process before the kick-off in April 2017. Santa Cruz County Public Health used a traditional planning process that included:

- Visioning session,
- Strengths, weaknesses, opportunities, and threats (SWOT) analysis,
- Identification and selection of strategic issues,
- Developing goals and measurable objectives, and
- Identifying and aligning strategies, activities, and performance measures.

The Public Health Accreditation Team led the effort with direction and input from managers. All staff members were invited to participate in the selection of vision, mission, and values using an electronic survey. Multiple levels of staff representing related programs also participated in the development of strategies and identification of program performance measures for each of the selected strategic issues areas. The entire planning process took 12 months to complete. Details of the process are provided in Table 2: Process Timeline. The Public Health Accreditation Team met in between the workshops noted in the timeline to review and edit prepared summary materials from the workshops.

Table 2: Process Timeline

March/April 2017	Held conference calls with the Public Health Accreditation Core Team to plan for the process of strategic planning.
April 2017	Conducted a strategic planning kick-off workshop with the Public Health Managers. The group was oriented to the tasks required for completing the strategic plan. They began the planning process by brainstorming vision, mission, and values statements. The ideas were synthesized and disseminated to all Public Health Division staff for their input.
May 2017	Disseminated a survey to all public health staff as an opportunity to solicit their input into the public health mission and values, using an online web-based survey tool. They were asked whether or not they liked the proposed vision and mission statements. If they did not like those statements, they were asked to provide feedback for improvements in a comments box. They also were asked to rank a list of 21 value statements that included brief descriptions of each. A total of 48 (58%) staff completed the survey.
May 2017	Convened a workshop with the Public Health Managers to finalize the vision, mission and values statements based on the results of the staff survey. They also completed a SWOT analysis and environmental scan using data from the Santa Cruz County Community Health Assessment.
June 2017	Convened a workshop with the Public Health Managers to finalize the SWOT analysis results. They also prioritized and selected areas that they wanted to impact over the next five years. The areas that were selected were Access to Health Care and Dental Care; Data and Technology; Public
August - September 2017	<p>Conducted a series of workshops with multiple levels of public health staff for each of the five areas for improvement. Staff that were considered subject matter experts were selected to participate in one or more of the following workshops:</p> <ul style="list-style-type: none"> • Access to Health and Dental Care • Data and Technology • Public Awareness and Education • Obesity and Diabetes <p>Results of the workshops included development of the goals, measurable objectives for each of the strategies, activities, and performance measures.</p>
October 2017 – February 2018	Public Health staff reviewed the information gathered during the workshops and fine-tuned it to reflect their work.
March 2018	Held final meeting with the Public Health Managers to review input collected from staff and approve the strategic plan content.

Table 3: Organizational Strengths and Weaknesses

The environmental scan included the SWOT analysis and review of the Santa Cruz County Community Health Assessment (CHA). The Public Health Managers determined that there were some areas in the CHA that should be addressed by the Public Health Division (such as obesity and diabetes) in addition to the strategic areas that align with the Santa Cruz County MAPP Steering Committee selected for the Santa Cruz County Community Health Improvement Plan (such as access to dental care). They also considered the programs and services that are mandated (such as providing public health information). Lastly, the managers considered the public health core functions, which rely on quality data and current technology. The information from the environmental scan guided them to formulate a list of areas that they would like to impact. This list was used to prioritize and select the strategic issues presented in this plan.

Strengths, Weaknesses, Threats, and Opportunities (SWOT)

In May 2017, Public Health Managers participated in a workshop where they were able to brainstorm and discuss internal strengths and weaknesses along with external threats and opportunities. Results for organizational strengths and weakness are presented in Table 3. Results for external opportunities and threats are presented in Table 4.



Strengths	Weaknesses
<p>Staffing</p> <ul style="list-style-type: none"> • Dedicated, passionate, & knowledgeable (subject matter experts) staff • Diverse staff • Accepting of diversity • Influx of new ideas with younger people becoming more involved • Access to volunteers/interns 	<p>Funding</p> <ul style="list-style-type: none"> • Public health net county cost allocations are stagnant (while COLA's increase) • Lack of funding for technological advancements • Insufficient staff levels, including leadership/management/administrative • Grant funding restricts flexibility • Funding limitations for innovation (linked to staffing)
<p>Partnerships & Collaboration</p> <ul style="list-style-type: none"> • Strong community partnerships • Collaborative in most program areas • Cross-departmental/internal & countywide relationships • Sexually Transmitted Disease Taskforce • Opioid Taskforce 	<p>Planning & Process</p> <ul style="list-style-type: none"> • Need current, clear, and implemented policies & procedures that are useful/updated easily • Bureaucratic process hinders efficiency & some collaboration • Need support for professional development • Difficulty in staff retention, recruitment, & hiring • Limited opportunities for advancement • Excessive oversight throughout the agency/need to streamline approval process to allow programs to run more efficiently
<p>Enabling Factors</p> <ul style="list-style-type: none"> • Have necessary authority • Epidemiology capacity • Supportive Board of Supervisors • Access to software & certain technologies, including social media • Potential changes to syringe services program 	<p>Communication</p> <ul style="list-style-type: none"> • Need clearer lines of communication within the agency/division • Need clearer expectations for approval/chain of command • Too little staff involvement in decision-making • Need better transparency • Mixed messages/lack of unified vision

Table 4: External Opportunities and Threats

Opportunities	Threats
<ul style="list-style-type: none"> • Whole-Person Care grant potential (mental health & clinics & EMS) • Nurse-family partnership program • National public health accreditation • Thrive by Three (marijuana sales tax funding) • Additional tobacco funding from state • California sanctuary state movement • Partnership for Accountability Connection and Treatment (PACT) program changes • Whole-Child model for California Children’s Services (CCS) • Presidential Impeachment/resignation leading to a more supportive federal government • Trailer bill that defines Medical Therapy Program relationship with education • EMS system Request For Proposal • Kaiser entered Santa Cruz • Mobile device grant for EMS system • Mobile hospital, resources and materials, from state for any emergency need • Electronic case management (going paperless) • Health information exchange • CA Healthy Youth Act for comprehensive sex education • CMS Emergency Preparedness rule to demonstrate collaboration with the county • Core investments 	<ul style="list-style-type: none"> • Whole-Child model • Presidential Impeachment/resignation leading to more uncertainty and insufficient public health funding from the federal government • Affordable Care Act repeal/significant changes=reduction in or loss of prevention funding • Block grant Medicaid • Reimbursement in Emergency Medical Services (EMS) funding may be decreased or eliminated • Atmosphere for undocumented people (fear of seeking care), deportations • Competition to provide services and for funding • Planned parenthood budget cuts could lead to increase in reproductive health problems in the community • Increased threats of terrorism, possible natural disasters, emerging infectious disease, leading to a demand in emergency response • Increasing Sexually Transmissible Infection (STI) threats • Future representation in Sacramento for CCS program • High and increasing cost of living & housing (impacts staffing) • Increased substance use & lack of resources to address it • Negative public perception of public health • Decreasing amount of vendors and their ability to provide medically necessary devices for CCS clients • Paramedic shortage

Capacity Issues

Information Management

During many of the planning phases staff discussed the need for improved information technology especially when it concerns the quality and timeliness of data. There are inconsistencies with disease reporting that lead to challenges in obtaining quality information about the health status of the community. By working with an existing information management committee, public health aims to make it easier for data to be collected and reported in a timely manner. As data collection and integration improves, there will be better information used in decision-making processes to ensure timely offerings of programs and services to the community. One of the strategic areas of this plan will address data and technology needs and improvements.

Workforce Development

Workforce capacity is an area of concern, as it is for many public health organizations across the country. Some of the challenges are due to the high cost of living in the county. Salaries many times are insufficient when compared to the cost of housing and other basic living expenses. Public Health will be working on creating a Workforce Development Plan as part of the Public Health Accreditation Domain 8 activities. They will look at areas of recruitment and retention within the budgetary constraints of the agency and determine other types of incentives to encourage new hires and retain existing staff members.

Communication

Communication with partners and the community at large is an area that the Public Health staff would like to see improved. Many of the concerns around public awareness and education led to the identification of this strategic issue area for this plan. Staff also noted that internal communications might be cumbersome in some instances. Quality improvement (QI) efforts in studying workflow processes will be used to alleviate some of the unnecessary or redundant steps taken in the area of administration. A QI Council will be formed to develop a plan that addresses the identification, selection, and assignment of staff to QI projects.

Financial Stability

Financial resources are a key limiting factor in public health. At the time that this plan was written, there were many uncertainties about funding of public health programs and services at the federal level. Managing limited and uncertain resources is a priority for the Health Services Agency and its divisions, including Public Health. Using QI techniques in creating efficiencies will enhance the ability of the Public Health Division to conduct its mandated services and programs in the most cost-effective and efficient manner. The newly formed QI Council will incorporate financial stability efforts in its oversight of the QI process.

Selection of Strategic Issues

Following the environmental scan, the Public Health Managers brainstormed strategic issues. The results of these scores were used to engage the Public Health Accreditation Team further discussion and enhancement of the issues, leading to the selection of four (4) strategic issues for impact over the five-year period of this plan. These strategic issues are:

- Access to Health Care and Dental Care
- Data and Technology
- Public Awareness and Education
- Obesity and Diabetes

Public Health Goals and Measurable Objectives

Teams of staff with expertise in each of these areas met to establish goals for each strategic issue area. The teams considered assessment data information and information gathered from the SWOT analysis. Table 5 consists of a summary of the goals established by these teams. These are organized by strategic issue area.

These same teams formed measurable objectives for each goal, and those can be found in the following sections of this plan that is organized by strategic issue. Performance metrics used to track this plan's progress will become part of the Public Health Division's Performance Management System. Appendix A contains a list of performance measures that will be linked to the Public Health Performance Management System.

Table 5: Summary of Goals by Strategic Issue

Access to Health Care and Dental Care	
Goal 1.1:	Increase access to culturally appropriate, quality, and affordable primary care
Goal 1.2:	Increase access to oral health services
Data and Technology	
Goal 2.1:	Participate in a coordinated health data resource for the county using the most current technology available
Public Awareness and Education	
Goal 3.1:	Improve Public Health branding so that the community knows what Public Health does
Goal 3.2:	Increase positive perception of the role of Public Health in the community
Obesity and Diabetes	

Public Health Strategic Framework

Access to Health and Dental Care

Why is it important?

This plan defines access to health care as having health insurance, access to regular medical care, access to preventive services, and access to dental care. It also includes other social and environmental determinants that impact the ability to access health care and dental care, such as transportation, languages spoken, financial stability, culture, and clinic hours. Public Health strives to address those barriers to make it easier for people to have access to the services that they need.

According to the Santa Cruz County Community Assessment Project (CAP) 2017 community telephone survey, 5% (40 respondents) reported that they were unable to seek medical care over the past 12 months.¹ Of those that were unable to receive care, 39.6% (15 respondents) reported that having no insurance was the reason, followed by 24.2% (9 respondents) stating that insurance would not cover it, and 11.8% (4 respondents) claiming issues with Medi-Cal or MediCruz.¹ Other reasons given included too expensive, could not afford it, lost or changed jobs, clinic would not take insurance, and transportation. According to the Centers for Disease Control and Prevention (CDC), adults 18–64 years old who have a chronic disease and who do not have health insurance are more likely to skip or delay medical care because of cost.² This can be risky, especially for those needing to maintain a regular course of medical care and treatment to manage their chronic diseases.

Having a source of regular medical care is also important for the ongoing maintenance and treatment of chronic medical conditions as well as for maintaining prevention-related medical care such as immunizations, screenings, and prenatal care. The CAP community telephone survey found that 12% (96 respondents) do not have a regular source of medical health care.¹ Over half of those (59) were Latino. Additionally, 31% (244 respondents) reported not having dental care in the past 12 months.¹

Over half of those (126) were Latino. This is noteworthy because oral health has been linked to many health conditions such as diabetes and heart disease. Regular oral care not only ensures teeth and gums are healthy, but it also includes screening for other conditions such as oral cancers.

¹ Santa Cruz County Community Assessment Project (CAP) 2017 community telephone survey results: Retrieved on 12/01/2017 https://public.tableau.com/views/SCCCAP17-HHC/HealthandHealthCareDashboard?:embed=y&:display_count=yes&:showVizHome=no

² CDC Vital Signs. November 2010. Retrieved 11.30.2017 <https://www.cdc.gov/vitalsigns/healthcareaccess/index.html>

Public Health Strategic Framework

Goal 1.1: Increase access to culturally appropriate, quality, and affordable primary care

How does Santa Cruz County Public Health address this goal?

The County Health Services Agency recently implemented the Nurse-Family Partnership (NFP) Program, an evidence-based practice demonstrated through extensive research. NFP works by having specially trained nurses visit young, first-time moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday. New mothers develop a close relationship with a nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for them both.

In addition to the implementation and expansion of the NFP, nurse home visits will be offered to moms that do not qualify for the NFP program. Nurses will also refer moms and other family members to programs offering health insurance in addition to medical, dental, mental, and behavioral health programs and services. Activities in the plan also will ensure children complete yearly preventive care visits and are up-to-date with their immunizations. Both NFP and nurse home visits deliver primary and preventive care directly to mothers and their children in their homes, thus, reducing transportation barriers to accessing health care.

The Health Services Agency offers programs and services to assist the public in obtaining health insurance and linking them to medical care providers that ultimately enables them to have a regular source of care. The Health Services Agency provides a Public Health Nurse bilingual telephone line to link community members with health care providers to ensure access to care for those that need it. Public Health also plans to promote available services to eligible populations and their service providers via the CHDP quarterly newsletter.

Public Health staff members plan to address quality of care by conducting provider trainings in program compliance as well as conducting site visits with family practice provides and pediatricians on an annual basis. This is important in ensuring that those who need services are receiving them and that they meet quality measures set by national, state, and local standards.

Many of the activities for this goal link with the Santa Cruz County Community Health Improvement Plan (CHIP) Goal 1: increase access to culturally appropriate preventive health services for families with children ages 0-5. The difference is that Public Health Division offers programs and services to a broader range of individuals and families that may or may not have children ages 0-5.

How is progress measured?

Health Indicators:

- Health insurance coverage rates
- Percent of population with regular source of medical care
- Early prenatal care
- Immunization rates

Objective 1.1.1

Increase by 20% prevention services provided to families with children by 2023

Objective 1.1.2

100% of children receive a yearly preventive medical visit

Objective 1.1.3

Conduct 12 CHDP provider trainings in program compliance to increase the quality of care by December 2018, and a minimum of 4 trainings annually thereafter

Objective 1.1.4

Conduct a minimum of 6 CHDP site visits with family practice providers and pediatricians to assess quality of care, annually

Program Measures:

- Percent of PM357 referrals that are already connected to Medi-Cal
- Percent of PM357 referrals not connected to Medi-Cal that were contacted
- Percent of clients linked to a community or Medicaid service
- Percent of those receiving temporary Medical that convert to managed care Medi-Cal by contacting them on an ongoing basis
- Percent of children that receive a yearly preventive medical visit
- Number of children receiving a yearly preventive medical visit by zip code and by parents' primary language
- Percent of CHDP provider trainings in program compliance offered
- Percent of CHDP provider site visits to assess quality of care

Public Health Strategic Framework

Access to Health and Dental Care

Goal 1.2: Increase access to oral health services

Why is it important?

As described in the previous section, access to Dental health is important to overall health, which is why it was specifically called out in this strategic issue area. Results of the April 2016 assessment *Increasing Access to Dental Services for Children and Adults on the Central Coast* found that there is a dental health provider shortage, especially for low-income and underserved populations. The assessment also found that about 1 in 4 children in Santa Cruz County had untreated dental decay. Lack of insurance and cost were identified as some of the key barriers to dental care.

How does Santa Cruz County Public Health address this goal?

Working with Dientes Community Dental Care, public health will increase awareness and dental screenings. In addition to coordinating with the work in the Santa Cruz County CHIP that addresses dental screening and services for children ages 0-5, the collaboration will also provide oral health education, hygiene and general dentistry on a sliding fee scale for low-income residents. Outreach services are provided to address two of the largest barriers to care: cost and transportation.

How is progress measured?

Health Indicators:

- Percent of population that visited a dentist in the past 12 months
- Rates of dental disease

Objective 1.2.1

Increase the percentage of Denti-Cal recipient's ages 0-3 that have seen the dentist in the past year from 43% to 60% by 2023

Objective 1.2.2

Decrease rates of dental disease in Denti-Cal Program participants by 10% by 2023

Objective 1.2.3

Increase by 30% the number of primary care offices applying fluoride varnish during a CHDP well-child check by 2023

Program Measures:

- Percentage increase in Denti-Cal utilization rates
- Percentage of children ages 0-3 that have seen the dentist by First Tooth, First Birthday
- Percentage of Primary Care Providers applying fluoride varnish during the well-child visit
- Percentage decrease dental disease

Public Health Strategic Framework

Data and Technology

Why is it important?

Data is the foundation to public health program planning. However, there are multiple challenges when it comes to data. If data are available, sometimes it is difficult to find data that matches the need for information about a health issue or concern. Also, many data used in public health are relatively old, some as much as two to three years. It is challenging to plan for the implementation of public health programs and services when needs are assessed using old information. Lastly, there is no incentive for healthcare providers to report state mandated reportable diseases, which adds challenges to containing the spread of infectious disease.

Goal 2.1: Participate in a coordinated health data resource for the county using the most current technology available

How does Santa Cruz County Public Health address this goal?

By June 30, 2018, Santa Cruz County Public Health will establish a data and planning task force that will assess the data sources that are currently available and identify gaps and issues around them. The gaps report will provide the foundation for planning and prioritizing next steps.

Members of the newly formed data and planning task force also will participate in existing data forums and meetings throughout the community so that they can utilize and maximize already established data platforms as appropriate.

In addition to forming the task force, Public Health will evaluate the need and cost of additional staffing resources to support this effort with the goal of hiring a full-time staff person to fulfill this role.

How is progress measured?

Health Indicators:

- N/A

Objective 2.1.1

Assess available data sources and identify gaps by December 2018

Objective 2.1.2

Establish or work with other community stakeholders who are establishing a data platform for collecting, accessing, analyzing, and presenting community data by 2023

Objective 2.1.3

Establish recognition as a source/hub of community-wide health data as represented by at least 3 partners providing their data into and using the platform by 2023

Program Measures:

- Percent of identified gaps with mitigation plans or strategies to address them
- Number or percent of programs represented with staff participation on the task force
- Number of community partners providing data for the new platform
- Number or percent of public health programs using the new data platform

Public Health Strategic Framework

Public Awareness and Education

Why is it important?

Now, more than ever, it is vital to ensure that information available to the public is verifiably factual. With the digital age and information more readily available, there has been an overwhelming amount of false or partially false information available to the public via the Internet. There are many health claims that people believe because they read about them on the Internet or heard their favorite celebrity talk about them. One of the roles of public health is to ensure that the public has timely access to health information that is reliable and backed by scientific evidence.

Another issue around public information is that the public does not have a clear idea of what public health does. This is a challenge for health departments throughout the country. Branding is a strategy that can help departments become more recognized in their communities. This focus is so important that Public Health Accreditation Board emphasizes departments having a branding strategy within its Standards and Measures Domain 3. A department branding strategy ensures that staff and community residents have a clear understanding of what the department does. It also allows public health departments to market their work and information.

Goal 3.1: Improve Public Health branding so that the community knows what Public Health does

How does Santa Cruz County Public Health address this goal?

The Public Health Division will create a task force to develop a Communication Plan and branding strategy. This task force will include members that represent all of the programs and services offered by the division. They will be responsible to developing the products, obtaining leadership approval, publishing the information, and disseminating it to all Public Health staff. The task force will also work with leadership to increase their knowledge of public health issues and how to brand them for marketing purposes.

The Communication Plan shall include strategies for multiple media outlets that include social media to provide messages about the role of Public Health Division in health promotion, protection, and prevention.

How is progress measured?

Health Indicators:

- N/A

Objective 3.1.1

Develop a communication plan by December 2018

Objective 3.1.2

Implement and evaluate communication plan annually

Objective 3.1.3

Establish and implement a branding policy by December 2018, where:

- 100% of staff members receive it by email
- Branding policy will be reviewed annually at 7 staff meetings

Program Measures:

- Completed and implemented Communication Plan
- Number of Facebook posts per month (target 2)
- Number of Twitter posts per month (target 2)
- Percent of staff received branding policy via email
- Number of staff meetings where branding policy was provided and reviewed

Public Health Strategic Framework

Public Awareness and Education

Goal 3.2: Increase positive perception of the role of Public Health in the community

How does Santa Cruz County Public Health address this goal?

The task force that will be formed to create and publish the marketing strategy will be responsible for working on public messaging and marketing in a manner that creates a positive perception of the role of Public Health in the community. Public Health will evaluate the need and cost of additional staffing resources to support this effort with the goal of hiring a full-time staff person to fulfill the Public Information Officer (PIO) role. The Health Services Agency has a PIO to coordinate and release health information as required, but Public Health needs someone to ensure their role in HSA is portrayed appropriately. This position will be responsible for chairing the public information committee, reviewing materials before they are released to the public, developing communication plan, responding to community concerns, and ensuring that the messaging portrays a positive image of public health services in the community.

How is progress measured?

Progress is measured at the program level.

Health Indicators:

N/A

Objective 3.2.1

Increase county leadership and community knowledge of public health issues by presenting public health topics to the Board of Supervisors once per quarter and posting online

Objective 3.2.2

Promote 2 community events related to public health, annually

Objective 3.2.3

Proactively promote the services provided by public health with a minimum of 2 messaging strategies per year

Program Measures:

- Number of public health items presented to the Board of Supervisors
- Number of health education updates distributed per quarter (target 1)
- Health education material will contain information about a health topic from the previous health report.
- Number of community events promoted each year
- Number of messaging strategies (press release, social media) disseminated each month

Obesity and Diabetes

Why is it important?

Diabetes is a major contributing factor to the increasing costs of healthcare in addition to its impact on quality of life for those diagnosed with it. Although the diabetes rate in Santa Cruz County (7.6%) is lower than that of California (9.8%), the prevalence of diabetes has been steadily increasing over the recent past.³ Type 2 diabetes is the main culprit in this increase, and it is largely preventable with lifestyle changes such healthy eating and active living. When developing the CHIP, the MAPP Steering Committee did not select diabetes and obesity prevention due to a number of other pressing community health issues. However, Public Health staff determined that the trend in increasing prevalence of diabetes is sufficiently significant to include in this plan.

As part of the community health assessment process, community members participated in community dialogues throughout the county. Results are reported in the Santa Cruz County Community Health Assessment, and they show that most of the community dialogue groups discussed diet-related chronic conditions such as obesity, diabetes, and heart disease. Participants were primarily concerned about obesity and diabetes risk among youth, and felt that there is a need for further access and opportunities to engage in physical activity and to ensure that youth are eating a healthy diet. Poverty was mentioned as a barrier to eating healthy food and getting enough physical activity. Healthy food, competitive sports, gym memberships are all expensive. They also mentioned the importance of CalFresh utilization and nutrition education as important resources toward improving diets.

Obesity has been linked to chronic disease, including diabetes. The rates of obesity and overweight have been increasing over time. The CDC has published data that illustrates the increasing trends in obesity and diabetes.⁴ Data in the 2017 CAP also contains data about obesity rates collected via a telephone survey in Santa Cruz County. The 2017 survey results show that 21.0% of adult respondent are overweight or obese, down from 23.9% in 2013.⁵ However, when further examining the data, there is a disparity between the White (16.0%) and Latino (29.2%) populations.⁵ Public Health staff noted this disparity and plan to address it.

³ Santa Cruz County Community Assessment Project (CAP) 2017 Comprehensive Report: page 90. Note that data for Santa Cruz County is statistically unstable; however, there is reason to expect that it is on the same trajectory of steadily increasing over time, as observed with rates for other part of the country including California.

⁴ Maps and Trends in Diagnosed Obesity and Diabetes. April 2017. CDC's Division of Diabetes Translation. https://www.cdc.gov/diabetes/statistics/slides/maps_diabetesobesity_trends.pdf

⁵ Santa Cruz County Community Assessment Project (CAP) 2017 Comprehensive Report: page 88.

Public Health Strategic Framework

Lifestyle changes have been implicated in the increasing rates of diabetes and obesity. Dietary intake and physical activity levels are two behaviors with the largest impact on obesity and diabetes. Policy, systems, and environmental changes impact food choices and active commuting lifestyles. Education also is important so that the community understands what types of foods are healthier choices and how to properly prepare them for full enjoyment.

Goal 4.1: Shift food and beverage consumption from unhealthy to healthy

How does Santa Cruz County Public Health address this goal?

Public Health's Community Health Education program will address health inequities, including the behaviors that lead to them. They implement the Supplemental Nutrition Assistance Program (SNAP) Education program, utilizing California's Champions for Change tools to improve the health status of low-income residents through increased fruit and vegetable consumption and daily physical activity. The target population for the SNAP Ed program are individuals and families who are on CalFresh or are eligible for CalFresh. CalFresh is a federally mandated, state-supervised, and county-operated government entitlement program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels.

In addition to providing nutrition education, Public Health staff will work with community partners to create environments that have healthy food options, making the healthy choice the easy choice. They will work with schools to update and implement school wellness policies to ensure healthy, fresh food and beverages are served on school campuses. For youth and adults, they will work with food pantries, faith-based organizations, local government, community organizations, businesses and community gardens to adopt and implement policies and/or physical site changes that encourage youth and adult to choose healthy foods and beverages. Lastly, they will work with local retailers and farmers markets to get fresh food and healthy beverages into communities that may not have easy access to them. These type of communities are often called food deserts because healthy food and beverage options are not available to purchase locally.

Lastly, Public Health will encourage residents to be screened for diabetes. By knowing the blood levels of H1C, an indicator of blood sugar levels over time, residents can be motivated to learn how to adopt healthier lifestyles to prevent themselves from becoming diabetic.

How is progress measured?

Health Indicators:

- Diabetes type 2 rates
- Obesity rates
- Rates of fruit and vegetable consumption

Objective 4.1.1

Partner with two or more school districts (and schools) to promote school wellness policies and create environmental changes to increase choice of healthy foods and beverages by 2023

Objective 4.1.2

Increase youth and adult access to healthy foods and beverages through adopted and implemented policies and/or physical sites changes in at least 3 settings by 2023

Objective 4.1.3

Increase the availability and choice of healthy food and beverages by making sustainable environmental changes in a minimum of 3 food retailers, such as farmers markets, corner markets, and restaurants by 2023

Objective 4.1.4

Increase screening rates for diabetes type 2

Program Measures:

- Number of school districts (or schools) partnering to promote school wellness policies
- Total number of promotional efforts for a Policy System and Environmental (PSE) change
- Number of partners adopting and implementing policies to promote health eating and drinking
- Number and proportion of partners that make at least one change in writing or practice to expand access or improve appeal for healthy eating
- Number of food retailers working to provide healthier foods and beverages to their customers
- Total number of environmental changes
- Number of individuals screened for diabetes

Obesity and Diabetes

Goal 4.2: Increase physical activity

How does Santa Cruz County Public Health address this goal?

Both the SNAP Education and Safe and Active Transportation programs also addresses physical activity. Public Health staff will focus their efforts on policy, systems, and environmental changes by working with schools, parks, faith-based organizations, and community organizations to incorporate physical activity and active transportation whenever feasible.

How is progress measured?

Health Indicators:

- Rates of physical activity

Objective 4.2.1

Partner with two or more school districts (and schools) to promote school wellness policies and create environmental changes to increase opportunities for children to be physically active and practice healthy sleeping habits by 2023

Objective 4.2.2

Partner with two or more school districts (and schools) to encourage more youth to commute to school via active transportation by supporting Safe Routes to Schools (SRTS) programming by 2023

Program Measures:

- Number of school districts (or schools) partnering to promote school wellness policies that include physical activity
- Total number of promotional efforts for a PSE change
- Number of schools with SRTS educational programs and SRTS action plans
- Percentage of students who pass the FitnessGram test in 5th, 7th and 9th grades

Monitoring and Reviewing Progress

Public Health Managers will be responsible for tracking progress related to their program areas. The performance metrics used to track progress in this plan will be monitored in the Public Health Performance Management System. The Public Health Manager is responsible for coordinating the Public Health Performance Management System. Measures will be tracked monthly, bimonthly, quarterly, semi-annually, or annually depending on how frequently the data are available and practicality based on operational needs.

The Public Health Manager will conduct an annual review of progress. Managers will be responsible for reporting on the areas of the plan supported by their programs. During this review, areas for improvement shall be identified and referred to the Quality Improvement (QI) Committee to determine whether or not a QI team should be assembled to conduct a QI project. The QI Committee is responsible for the overall guidance and support in the area of QI to Public Health staff.

As plan implementation proceeds over time, it may be necessary to add, delete, or revise some of the strategies. These revisions will be reflected in the annual report. Annual reports will be produced in August of every year. The Public Health Manager's office is responsible for producing the Strategic Plan Annual Report.

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Appendix A

Performance Measures Linked with Performance Management System

Health Indicators	Program Performance Measures
Access to Health and Dental Care	
Health insurance coverage rates <i>Source: CAP</i>	% of PM357 referrals that are already connected to Medi-Cal
Percent of population with regular source of medical care <i>Source: CAP</i>	% of PM357 referrals not connected to Medi-Cal that were contacted
Early prenatal care <i>Source: CAP</i>	% of clients linked to a community or Medicaid service
Immunization rates <i>Source: CAP</i>	% of those receiving temporary Medical that convert to managed care Medi-Cal by contacting them on an ongoing basis
Percent of population that visited a dentist in the past 12	% of children that receive a yearly preventive

Health Indicators	Program Performance Measures
Data and Technology	
	% of identified gaps with mitigation plans or strategies to address them
	# or % of programs represented with staff participation on the task force
	# of community partners providing data for the new platform
	# or % of public health programs contributing to the implementation of the plan
Public Awareness and Education	
	# of Facebook posts
	# of Twitter posts
	% of staff receiving the branding policy via email
	# of staff meetings where branding policy was reviewed
	# of public health items presented to the Board of Supervisors
	# of community events promoted each year
	# of messaging strategies (press release, social media) disseminated each month
Obesity and Diabetes	
Diabetes rates <i>Source: CAP</i>	# of individuals screened for diabetes
Obesity rates <i>Source: CAP</i>	# of partners adopting and implementing policies to promote health eating and drinking
Rates of fruit and vegetable consumption <i>Source: CAP</i>	# of food retailers working to provide healthier foods and beverages to their customers
Rates of physical activity <i>Source: CAP</i>	% of students that pass the FitnessGram test
	# of school districts (or schools) partnering to promote school wellness policies that include physical activity
	# of schools with active transportation SRTS educational programs and SRTS action plans



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