

2017-2022

Tulare County
Public Health Branch

STRATEGIC PLAN



HHSA
Public Health

The report was prepared by Public Health Institute's Quality Improvement Onsite Technical Assistance Program (QI-On-TAP) in collaboration with Tulare County Public Health. It was released November 13, 2017.



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Introduction

The Tulare County Public Health Branch Strategic Plan for 2017-2022 serves as a compass and a roadmap for the branch over this five-year period. It highlights key areas in both programs and support services where Public Health seeks to make significant improvements. This plan has elements that align with the Tulare County Community Health Improvement Plan (CHIP), where the Public Health Branch has a leading role.

Priorities have been set within the context of a rapidly changing public health environment. During the early part of 2017, Congress was revisiting health care reform known as the Affordable Care Act. At the time of this plan's release, there are still many unknowns about the impact of many proposed significant policy changes at the federal level. At the same time, the State of California was exploring the viability of single payer health care system for the state. With so many unknowns, public health professionals and decision-makers must remain nimble and flexible to position the organization for responding to the needs of Tulare County residents in an ever-changing policy environment, especially those that impact public health and health care.

This strategic plan emphasizes improvement of specific health issues within the purview of Tulare County Public Health Branch, including implementing strategies to support healthy lifestyles and interventions that will lead to reductions in both chronic and communicable disease; engaging community partners to address systemic health issues that affect the entire local public health system; examining the root causes of and addressing health disparities; and maintaining a focus on organizational excellence as a foundation of providing efficient and effective programs and services.

This plan does not offer a comprehensive listing of all of the essential programs and services provided by the Public Health Branch. Rather, it reflects the results of thoughtful analysis using the Tulare County Community Health Assessment (CHA) along with a comprehensive strengths, weaknesses, opportunities, and threats (SWOT) analysis to identify those strategic areas necessary to position the Public Health Branch to meet the needs of Tulare County residents. It also considers those strategies identified in the CHIP. All data provided in this document are taken from the CHA, where sources are cited. This public health strategic plan highlights those key areas that we prioritized and plan to effect significant change.

Executive Summary

Tulare County Health & Human Services Public Health Branch used a traditional strategic planning approach in creating this strategic plan. The Public Health Accreditation Team served as the source of expertise to guide the framework and strategic direction, and all levels of staff were included in the plan's development, including its vision, mission, and values. The mission of Tulare County Public Health Branch is to protect, promote, and improve the health and well-being of the people of Tulare County to achieve the vision of *Healthy Lives, Thriving Communities*.

Branch values include community engagement, compassion, equity, excellence/quality, integrity, and respect. These values are reflected in the five (5) strategic issue areas and strategies within this plan: chronic disease, communicable/infectious disease, community engagement and outreach, health disparities, and organizational excellence.

These strategic issue areas each have a set of goals. The strategic issues were developed in part within the framework of the CHA and CHIP, and in some cases overlap with issues addressed in the CHIP. In other cases the strategic issues emerged during the CHIP process and are being addressed in this document rather than the CHIP itself. Finally, there are measures associated with each goal, which will be incorporated into the performance management system.

The strategic issue area goals are as follows:

Chronic Disease

Goal 1.1: Prevent diabetes in pre-diabetics

Goal 1.2: Increase opportunities for healthy living

Communicable/Infectious Disease

Goal 2.1: Decrease STD rates

Goal 2.2: Increase awareness of Valley fever

Community Engagement and Outreach

Goal 3.1: Expand community engagement efforts across the branch

Goal 3.2: Utilize effective communication strategies to inform and educate communities

Health Equity

Goal 4.1: Decrease health disparities among the African-American population

Goal 4.2: Increase utilization of prenatal care

Goal 4.3: Decrease health disparities related to tobacco use

Organizational Excellence

Goal 5.1: Improve access to high quality training

Goal 5.2: Ensure all staff have opportunities for professional development

- Goal 5.3: Create a culture of quality improvement
Goal 5.4: Adhere to national standards
Goal 5.5: Ensure optimal fiscal health

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. Program measures are linked to a health indicator for the related goals. By the end of the five-year period, Tulare County Public Health Branch hopes to improve the following health indicators:

- Diabetes rates
- Age-adjusted diabetes death rate
- Percent of children and teens who drank soda or other sugary drink the previous day
- Percent of residents who ate fast food 4 or more times in past week
- Chlamydia rates
- Gonorrhea rates
- Early syphilis rates
- HIV/AIDS rates
- Low birth weight babies for singleton births
- Accessing prenatal care after the first trimester by race and ethnicity
- Accessing prenatal care after the first trimester by maternal age group
- Smoking rates by gender

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. Many 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 the documents where appropriate.

The team completed these steps in March 2017 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 *Healthy Lives, Thriving Communities*.

About Tulare County

Tulare County is centrally located in the southern region of California's San Joaquin Valley between San Francisco and Los Angeles, a 2.5 hour drive from California's central coast, and a short distance from Sequoia and Kings Canyon National Parks, Sequoia National Monument and Forests, and Inyo National Forest. State Highways 99 and 198 provide convenient access to these destinations.

Tulare County is situated in a geographically diverse region, covering 4,824 square miles of land area. Mountain peaks of the Sierra Nevada Range rise to more than 14,000 feet in its eastern half, comprised primarily of public lands within the Sequoia National Park, Sequoia National Forest, and the Mineral King, Golden Trout, and Domelands Wilderness areas.

Meanwhile, the extensively cultivated and very fertile valley floor in the western half has allowed the county to become 2015's leading producer of agricultural commodities in the United States. In addition to substantial packing/shipping operations, light and medium manufacturing plants are becoming an important factor in the county's total economic picture.

According to the California Department of Finance, Tulare County's estimated population in 2016 was 466,339, with one in three residents living in unincorporated areas. The county has eight cities: Dinuba, Exeter, Farmersville, Lindsay, Porterville, Tulare, Visalia, and Woodlake.

The largest city in the county is Visalia, with a population of 130,231. The cities of Porterville and Tulare have populations over 50,000, with the remaining five cities maintaining populations below 30,000. A significant proportion of the population (a total of 145,050) lives in small, rural, unincorporated communities, many of which lack services such as health clinics, parks, and grocery stores.

The majority of Tulare County residents are of Hispanic ethnicity (62.7%). The racial composition for non-Hispanics is 30.6% white, 3.2% Asian, 1.3% African American, 1.4% multi-race, and 0.8% Native American. A large percentage (23%) of residents are foreign-born.

The county is also home to the Tule River Tribe, a proud sovereign nation that strives to improve the livelihood of their members, their community and their surrounding environment. Established in 1873, the Tule River Indian Reservation is estimated to cover almost 85 square miles of rugged foothill lands of the Sierra Nevada Mountains. The reservation is located in a remote rural area approximately 20 miles from Porterville, the nearest city.

Tulare County Public Health Branch

Tulare County Health & Human Services Agency (HHS) is comprised of Public Health, Mental Health, and Human Services for an integrated approach to addressing the community's needs for overall wellness and well-being. The Public Health Branch protects and promotes the health status of Tulare County residents through the development and implementation of public health and primary care programs that use best practice interventions.

The Public Health Branch is comprised of the following four divisions:

- Public Health
- Health Services
- Environmental Health
- Public Health Administration

The Public Health Branch provides services to residents of Tulare County, Medi-Cal recipients, 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 Tulare County.

Public Health Branch Services include:

- California Children's Services (CCS)
- California Personal Responsibility Education Program
- Child Health and Disability Prevention Program (CHDP)
- Emergency Response Planning and Preparedness
- Environmental Health Services
- Environmental Quality Water Testing
- Health Assessments and Case Management
- Immunizations
- Infectious Disease Control
- Childhood Lead Poison Prevention Program
- National Diabetes Prevention Program
- Nutrition Education and Obesity Prevention Program (NEOP)
- Oversight of the Criminal Justice Health Services Contract
- Prenatal and Perinatal Wellness
- Primary, Specialty, and Preventive Health Care Center
- Public Health Laboratory Services
- Public Health Nursing
- Regulation of Production and Shipping of Milk for Tulare and Kings Counties
- Tobacco Awareness and Education
- Vital Statistics
- Special Supplemental Nutrition Program for Women, Infant & Children (WIC)

Vision, Mission, and Values

Mission: Protect, promote, and improve the health and well-being of the people of Tulare County

Tulare County Public Health Vision with Surrounding Values



Planning Process

Tulare County Health & Human Services Agency Public Health Branch began an eight-month strategic planning process in July 2016 in collaboration with a contracted facilitator. The Public Health Accreditation Team served as the source of expertise to guide the framework and strategic direction for Tulare County Public Health over the five-year period beginning in 2017.

Tulare County Public Health used a traditional planning process that included:

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

It is worth noting that all levels of staff were included in the development of this strategic plan. The Public Health Accreditation Team led the effort with input from all staff via a survey for selection of mission and values. Multiple levels of staff representing related programs also participated in the development of strategies and identification of program performance measures. Additionally, the Public Health Accreditation Team met in between the workshops noted in the timeline to review and edit prepared summary materials from the workshops.

The following timeline details when each of these steps was completed.

Process Timeline

June/July 2016	Held conference calls with the Public Health Accreditation Core Team to plan for the process of strategic planning.
July 2016	Conducted a strategic planning kick-off workshop with the Public Health Accreditation Team. The team was oriented to the tasks required for completing the strategic plan. They began the planning process identifying the vision and brainstorming a list of mission statements and values for dissemination to all public health staff for their input.
August 2016	Disseminated a survey using SurveyMonkey to all public health staff as an opportunity to solicit their input into the public health mission and values. There were three mission statements for them to vote on with an opportunity for comments. They ranked a list of 12 value statements that included brief descriptions of each.
September 2016	Convened a workshop with the Public Health Accreditation Team to finalize the 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 Tulare County Community Health Assessment.

October 2016	Convened a workshop with the Public Health Accreditation Team to finalize the SWOT analysis results. They also worked in teams to prioritize and select strategic issue areas using a prioritization matrix tool.
November 2016	Convened a workshop with the Public Health Accreditation Team to review and prioritize strategic issue areas and determine approaches for addressing them. Once strategic issue areas were confirmed the group proceeded to develop goals and draft measures objectives for each of the goals.
January 2017	<p>Conducted a series of workshops with multiple levels of public health staff for each of the five strategic issue areas. 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"> • Chronic Disease • Communicable/Infectious Disease • Community Engagement and Outreach • Health Equity • Organizational Excellence <p>Results of the workshops included refinement of the measurable objectives each with strategies, activities, and performance measures for each of the goals created by the Public Health Accreditation Team.</p>
February 2017	Held Accreditation Team meeting to review the draft document, insert baseline numbers, and identify targets for the measurable objectives. Public Health managers consulted with their program line and subject matter expert staff for input to ensure that the goals were realistic and that numbers being used for measuring results were accurate.
March 2017	Held final meeting with the Public Health Accreditation Team to review input collected from staff and approve the strategic plan content.

Strengths, Weaknesses, Threats, and Opportunities (SWOT) Analysis Results

In September 2016, the Public Health Accreditation Team 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 1. Results for external opportunities and threats are presented in Table 2.

Table 1: Organizational Strengths and Weaknesses

Strengths	Weaknesses
Commitment of staff	Government structure impacts the ability to embrace or handle change quickly
Team-oriented (collaborative)	Professional and staff recruitment challenges (varies by program area)
Ownership of work (doing a good job)	Staff retention (varies by program area)
Being in a super agency (leverage)	Inconsistent community engagement
Good fiscal management	Lack of or inadequate documentation of procedures
Retention rates good in some programs areas	Silos
Stability (funding, structure, etc.)	Lack of existing performance management data
Top values from the survey [Staff participation in the selection mission statement and values]	Understaffed
Become an example for others to follow	Underfunded
Strive for excellence	Lack of communication between departments
Administration values public health	Non-competitive salaries
Size (medium, not as cumbersome as a large)	Program sustainability (many grant-funded programs)
Caring staff	Limitations of grant funding
Great diversity, equity, and inclusion	Managing funding stream volatility
Positive work environment	No comprehensive health education program
Strong partnerships	Limited community voices informing the work
Supportive leadership	Need for succession planning
Good relationship with BOS	Labor laws and county unions impact ability to embrace or handle change quickly

Table 2: External Opportunities and Threats

Opportunities	Threats
Opportunity to capitalize on improved air quality via cap and trade law	Cap and trade can push businesses to leave, leading to higher unemployment (disproportionally impacts small, local business more than corporations)
Social media's potential use in education and outreach to reach geographically isolated population	State is taking a close look at water resources and management statewide which may negatively impact the agriculture industry
Telemedicine's ability to reach geographically isolated population for care and services	Homelessness - challenges in connecting the homeless to services
Technology to track medical and health progress	Physicians retiring, resulting in vacant medical positions throughout the community
Marijuana legalization could increase revenue	Marijuana legalization may exacerbate community health similar to that of alcohol
Community residents motivated to address obesity and diabetes (exercise opportunities, etc.)	Regulatory authority for marijuana may be placed on public health potentially creating a new statewide mandate for Environmental Health
More funding may become available to address obesity and diabetes	Potential funding decreases for various programs and services
Election outcomes may lead to some opportunities at all levels of government	Election results and their impact at all levels of government
Overtime for farmworkers provides opportunity for farmworkers (may offset some poverty issues)	Overtime laws may result in decrease pay for farmworkers if hours are reduced
Improve fee-based billings, working toward more stable revenue streams	Funding stream volatility
Public health accreditation	Need to develop a higher-skilled labor force
	Labor laws impact ability to embrace or handle change quickly
	Access to specialty care is limited
	Civic engagement (voting) is low leading to lack of community voice in election outcomes
	Violent crime is worse in the county compared to the state
	Increasing population will lead to new demands for public health

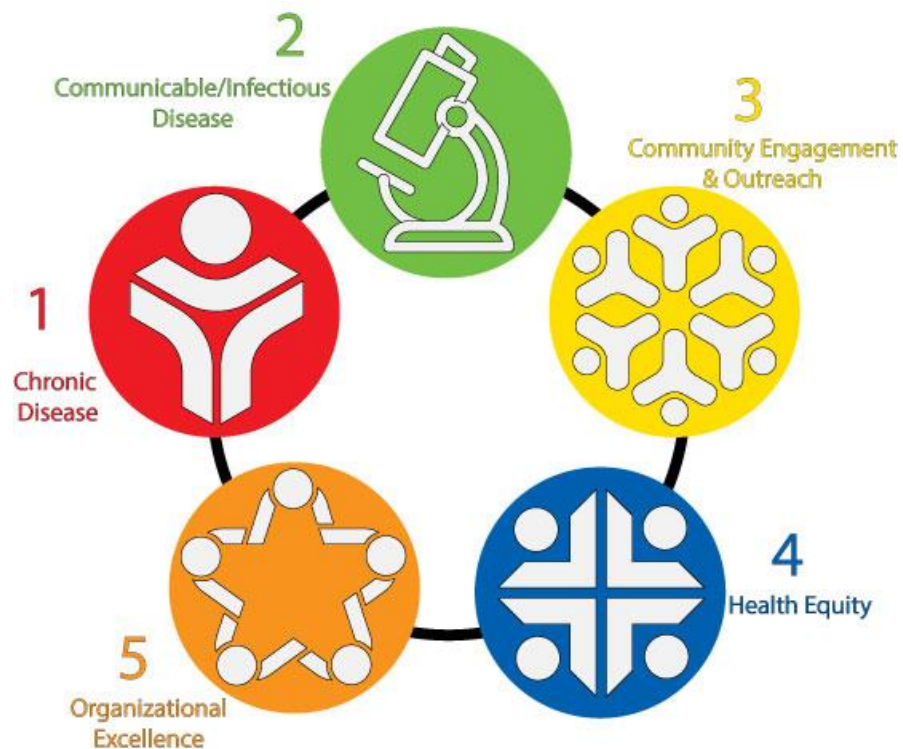
Environmental Scan

The environmental scan included the SWOT analysis and review of the Tulare County Community Health Assessment (CHA). The Public Health Accreditation Team determined that there were some areas in the CHA that should be addressed by the Public Health Branch in addition to the strategic areas found in the Tulare County Community Health Improvement Plan. They also considered the programs and services that are mandated when analyzing all of the information. This information guided them to formulate a list of strategic issues. This list was used to prioritize and select the strategic issues presented in this plan.

Selection of Strategic Issues

Following the environmental scan, the Public Health Accreditation Team listed 16 strategic issues. After undergoing a process of combining similar issues the list was further distilled to a list of nine (9). Those nine (9) were then placed into two prioritization matrices: one for financial feasibility and one for mission critical. The issues were evaluated against each other using a standard prioritization matrix scoring system. The score definitions and results from this exercise are located in Appendices A and B.

The results of these scores were used to engage the Public Health Accreditation Team in furthering discussion and enhancement of the issues, leading to the selection of five (5) strategies issue areas to address over the five-year period of this plan. These strategic issues are represented by the graphic to the right.



Public Health Goals

The Public Health Accreditation Team established goals for each strategic issue. Each issue has a minimum of two (2) goals. Table 3 consists of a summary of the goals by strategic issue.

Table 3: Summary of Goals by Strategic Issue

Chronic Disease
Goal 1.1: Prevent diabetes in pre-diabetics
Goal 1.2: Increase opportunities for healthy living
Communicable/Infectious Disease
Goal 2.1: Decrease STD rates
Goal 2.2: Increase awareness of Valley fever
Community Engagement and Outreach
Goal 3.1: Expand community engagement efforts across the branch
Goal 3.2: Utilize effective communication strategies to inform and educate communities
Health Equity
Goal 4.1: Decrease health disparities among the African-American population
Goal 4.2: Increase utilization of prenatal care
Goal 4.3: Decrease health disparities related to tobacco use
Organizational Excellence
Goal 5.1: Improve access to high quality training
Goal 5.2: Ensure all staff have opportunities for professional development
Goal 5.3: Create a culture of quality improvement
Goal 5.4: Adhere to national standards
Goal 5.5: Ensure optimal fiscal health



Public Health Strategic Framework

Chronic Disease

Goal 1.1: Prevent diabetes in pre-diabetics

Why is it important?

The diabetes rate is higher in Tulare County (13.7%) compared to California (8.6%) and so is the diabetes death rate (119 per 100,000 in Tulare County and 78 per 100,000 in California). Diabetes is the sixth leading cause of death in the county. Diabetes is a major contributing factor of heart disease and stroke. Diabetes is a strategic focus area within the Tulare County Community Health Improvement Plan (CHIP) 2017 – 2022.

How does Tulare County Health & Human Services Agency address this goal?

Public Health's Lifetime of Wellness program addresses diabetes prevention. Public Health's role is to provide leadership and convene community partners in these efforts, which will include strategies to identify those with pre-diabetes and diabetes and strategies to address behaviors related to healthy living as part of prevention. They will address diabetes and link with the community efforts found in the CHIP. Staff will conduct outreach and make referrals to the National Diabetes Prevention Program (NDPP) (or other certified program) and promote the use of the online resource testyourbloodsugar.org. Staff will expand access to NDPP and seek sustainable funding for continuation. They also will increase screening for pre-diabetes by 20% (using the screening at testyourbloodsugar.org and the existing blood test for A1C).

How is progress measured?

Health Indicators:

- Percent of adults ever diagnosed with diabetes
Source: California Health Interview Survey
- Rate of pre-diabetes
Source: N/A at this time

Objective 1.1.1 Increase the number of National Diabetes Prevention Program (NDPP) cohorts from seven (7) to 15, including internal programs, by 2018.

Objective 1.1.2 Increase the number of people attending NDPP classes from 100 to 300, by 2018.

Objective 1.1.3 Increase the number of clinical referrals to NDPP or other certified programs from zero (0) to 150 by 2018.

Objective 1.1.4 Screen 20% of adult patients encountered in county clinics for pre-diabetes by 2018.

Program Measures:

of sites offering National Diabetes Prevention Program (NDPP) classes

of people attending NDPP classes

of clinical referrals to NDPP

% of individuals screened for pre-diabetes in county clinics



Chronic Disease

Goal 1.2: Increase opportunities for healthy living

Why is it important?

Healthy living impacts chronic diseases such as diabetes. Diet and physical activity levels affect obesity rates, and obesity is a risk factor for multiple chronic diseases such as diabetes, hypertension, and heart disease. This goal aims to increase opportunities for county residents to participate in physical activity and to ensure easier access to healthy foods within their communities by increasing the number of stores and worksites offering healthy options. As part of the Tulare County community health assessment process, community partners and residents also voiced concerns about having healthier options and opportunities for physical activity readily available in their communities.

How does Tulare County Health & Human Services Agency address this goal?

Tulare County will implement a healthy worksite awareness program to increase the number of worksites in the county with healthy living concepts in their employee wellness policies. The Nutrition Education and Obesity Prevention Program (NEOP) will educate the community about healthy eating, and when the opportunity arises they will include information about active living. NEOP also will continue their work with local retailers to offer and promote healthy food options for their customers.

How is progress measured?

Health Indicators:

- Percent of Children and Teens Who Drank Soda or Other Sugary Drink the Previous Day
Source: California Health Interview Survey. Asked of children 2 and older and all adolescents
- Percent of Residents Who Ate Fast Food 4 or More Times in Past Week
Source: California Health Interview Survey.

Objective 1.2.1 Engage 12 businesses in adopting worksite wellness policies that address healthy living by 2018.

Objective 1.2.2 Increase the number of retail stores from six (6) to 10 that offer healthier options for their customers by 2019.

Objective 1.2.3 Increase the number of NEOP participants receiving nutrition education from 49,800 to 75,500 by 2019.

Objective 1.2.4 Increase the number of school sites allowing shared use of facilities via policy or practice from 88 to 100 by 2018.

Program Measures:

of employers that have adopted worksite wellness policies that address healthy living

of retail stores offering healthier options for their customers

of community residents receiving NEOP nutrition education

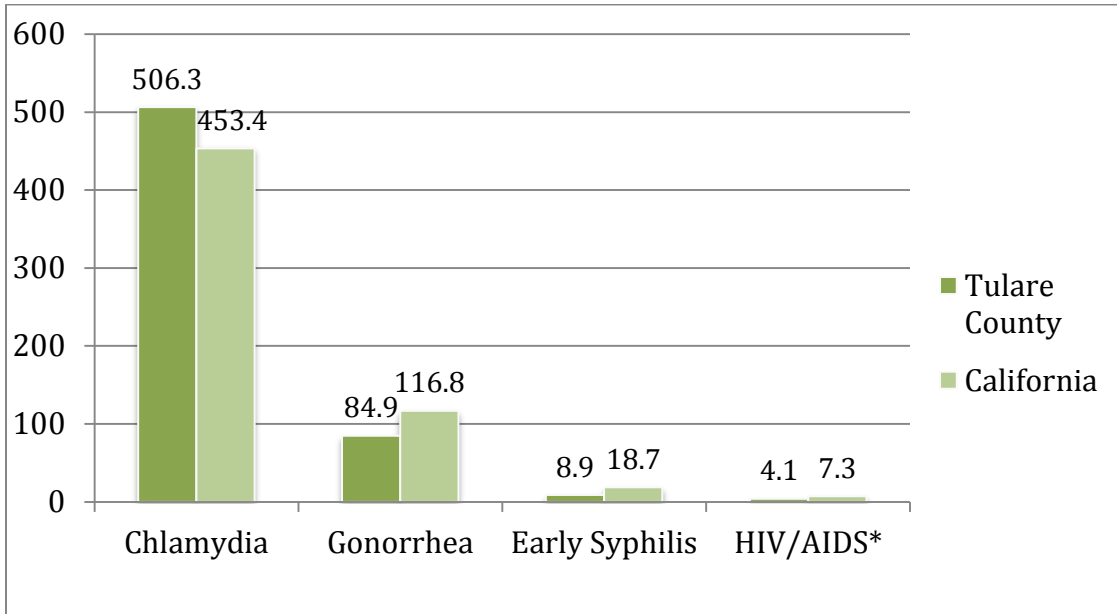
of school sites allowing shared use of facilities



Communicable/Infectious Disease

Goal 2.1: Decrease STD rates

Rates (per 100,000) of Sexually Transmitted Diseases (2014)



Why is it important?

Sexually transmitted diseases (STDs) are a significant public health concern affecting both men and women in the United States, and Tulare County is no different. Increases in the incidence rates of chlamydia, gonorrhea, and early syphilis have been mirroring those experienced both nationally and statewide. Chlamydia rates in Tulare County are slightly higher than the state while gonorrhea rates are slightly lower.

Chlamydia is a common STD. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb) or premature delivery.

Gonorrhea is another common STD, especially among young people aged 15-24 years. Pregnant women can give the infection to their babies during delivery, leading to serious health problems. Based on data from Confidential Morbidity Reports, it is estimated that less than 50% of those diagnosed are treated according to standards of care that require two antibiotics and a follow-up exam to check if the patient is clear.

Syphilis rates also have increased, though the rate is not as high as gonorrhea. Many times it goes undetected because of a lack of symptoms or subtle appearance of symptoms leading those infected to not seek treatment in a timely manner. Treatment statistics are better for syphilis than gonorrhea, with all but 10 probable and confirmed cases investigated by county clinics going untreated out of a total of 109 for 2015.

Also, men who have sex with men (MSM) are at increased risk for multiple sexually transmitted diseases including HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A. Medical providers throughout the county may not be aware of the types of tests to conduct if patients are not comfortable discussing their sexuality with them. Competency training for medical providers and their staff about working with LGBTQ+ (Lesbian, Gay, Transgender, Queer/Questioning, and others) patients is part of the work of the CHIP.

Untreated STDs may contribute to reproductive health problems, fetal and perinatal problems, cancer, and even premature death. For these reasons, screening and the use of condoms are often encouraged as preventive measures.

How does Tulare County Health & Human Services Agency address this goal?

Tulare County Public Health Branch will work with insurance providers Anthem Blue Cross and Health Net to conduct medical provider training on standard practices for testing, treatment, and follow-up. Public Health will provide annual data on the current STD rates to partners for use in program planning and education. The County also will develop a community-wide education campaign that will include health information and condom access sites in targeted areas. Campaign messages will be provided to partners for dissemination (e.g., schools, community-based organizations, and clinics).

How is progress measured?

Health Indicators:

- Chlamydia rates
- Gonorrhea rates
- Early syphilis rates
- HIV/AIDS rates

Source for all: California electronic reporting system

Objective 2.1.1 Identify the five (5) clinics with the most reported STD cases. Deliver culturally competent provider training on diagnosis and treatment to three of the top five clinics by 2022.

Note - Links with CHIP Access to Care Objective 1.1: Ensure that 50% of clinic staff/providers complete customer service and competency trainings by 2022.

Objective 2.1.2 Develop six (6) health messages about STDs per year to disseminate across the county in multiple formats through 2020.

Objective 2.1.3 Provide current STD data to 10 local partners annually through 2022, including schools, community-based organizations, and clinics.

Program Measures:

of clinics with medical providers receiving culturally competent STD training

of STD-related health messages developed and disseminated throughout the county

of local partners receiving current STD data



Communicable/Infectious Disease

Goal 2.2: Increase awareness of Valley fever

Why is it important?

The number of Valley fever (coccidioidomycosis) cases in Tulare County varies considerably from year to year. Between 2011 and 2015, an average of 172 cases were reported each year, ranging from 147 in 2013 to 194 in 2015. However, these numbers are likely an underestimate as many cases may either not be reported or may not have the appropriate laboratory tests reported to be confirmed as cases. It is the fifth most commonly reported communicable disease.

Tulare County has one of the top rates for Valley fever in California because the fungus that causes the disease naturally lives in the soil in areas such as the Central Valley of California. The average rate from 2012-2014 in Tulare County was 27.2 per 100,000 compared with the state average of 8.5 per 100,000. Areas at most risk are the southern part of the county and some areas in the foothills or low elevation mountain areas. Those working outdoors are at increased risk.

Symptoms of Valley fever are similar to many other infections such as influenza or pneumonia. Early in the illness laboratory tests may not be able to identify the fungus for a correct diagnosis. It may take multiple visits to a medical care provider before a patient is tested for Valley fever. Not all providers may have experience in testing for and treating Valley fever, especially atypical cases or patients who are at most risk for severe disease.

How does Tulare County Health & Human Services address this goal?

Tulare County Public Health Branch staff will implement medical provider training to bridge the gap in knowledge about treating it. They will promote nationally developed training on treating Valley fever through Public Health partners in the community. In addition, they will develop and implement a community education campaign to raise awareness among community members. The campaign will include one to two messages about Valley fever and those most at risk. Educational and informational materials will be delivered to four sites with individuals at greatest risk of exposure on an annual basis.

How is progress measured?

Health Indicators:

- TBD

Objective 2.2.1 Promote through our partners nationally developed training on diagnosing and treating Valley fever.

Objective 2.2.2 Disseminate Valley fever education materials and information to four (4) sites on an annual basis for a total of 20 by 2022.

Program Measures:

- # of clinics participating in the Valley fever medical provider training
- # of sites receiving Valley fever educational materials and information



Community Engagement and Outreach

Goal 3.1: Expand community engagement efforts across the branch

Why is it important?

The health of a population goes beyond individual behaviors and includes community conditions that either enhance health or diminish it. Community engagement is an essential component in tackling enormous community health burdens such as diabetes that require a coordinated effort across many sectors in the community. These partnerships allow for a collective approach to solving complex community health issues.

How does Tulare County Health & Human Services Agency address this goal?

Tulare County Public Health Branch has a long history of engaging with partners representing a variety of sectors across the community, and its staff participates in and/or leads a number of community coalitions and collaboratives. Some have existed for many of years, while others have recently formed as a result of the community health improvement process. The coalitions and collaborations require participation from multiple sectors across the community to maximize the positive impact on the health of the community.

Community-based coalitions or collaboratives included as part of this goal are:

- Alliance for Teen Health,
- Breastfeeding Coalition,
- CHIP Access to Care Subcommittee,
- CHIP Diabetes Coalition,
- Community Health Achievement through eNGagement and Empowerment (CHANGE),
- Healthy Visalia Committee,
- Healthy Retailer Committee,
- HIV Advisory Committee,
- Tobacco Coalition, and
- Tulare County Health Emergency Coalition (TCHEC).

Public Health Branch staff also would like community feedback and input for the purpose of program planning, implementation, and assessment. Identified public health programs will use feedback forms by making them available to the community in order to obtain input from them about the functioning of the program or service. Input can be obtained many ways including focus groups or surveys. Surveys will include a few standard questions across all programs and services, and they will assess preferred modes of communication.

How is progress measured?

Health Indicators:

N/A

Objective 3.1.1 Increase number of organizations participating in a minimum of 50% of meetings in existing public health coalitions by 10% by March 2020.

Objective 3.1.2 Increase the number of programs soliciting community input for purposes of planning and implementation by one (1) by 2022.

Objective 3.1.3 Increase from two (2) to 10 the number of public health programs which will use program-developed community feedback forms by 2022.

Objective 3.1.4 Train 100% of Public Health Branch supervisory staff and above on Health & Human Services Agency (HHSA) communication policies and available channels of communication by 2018.

Program Measures:

- % growth in community partnerships for existing collaboratives
- # of programs soliciting community input for their program planning, implementation, and assessment
- # of public health programs which use program-developed community feedback forms
- % of supervisory staff and above who have been trained on HHSA communications policies



Community Engagement and Outreach

Goal 3.2: Utilize effective communication strategies to inform and educate communities

Why is it important?

Effective communication strategies are necessary to ensure health messaging is correct and consistent. During the Local Public Health System Assessment, participants provided recommendations to improve the effectiveness and consistency of health messages across the entire public health system in Tulare County.

How does Tulare County Health & Human Services Agency address this goal?

As the leader of the local public health system, Tulare County Public Health Branch will identify communication strategies to be coordinated across the county.

How is progress measured?

Progress is measured at the program level.

Health Indicators:

N/A

Objective 3.2.1 Identify best practices with regard to soliciting community input and feedback on health department messaging.

Objective 3.2.2 Identify best practices in health messaging and communication.

Objective 3.2.3 Determine ways of disseminating best practices to staff through training, policies, and other means.

Objective 3.2.4 Determine ways of implementing best practices.

Objective 3.2.5 A minimum of two (2) programs will conduct community input activities regarding their health education and information materials with their targeted population(s) periodically (to be determined at the program level).

Program Measures:

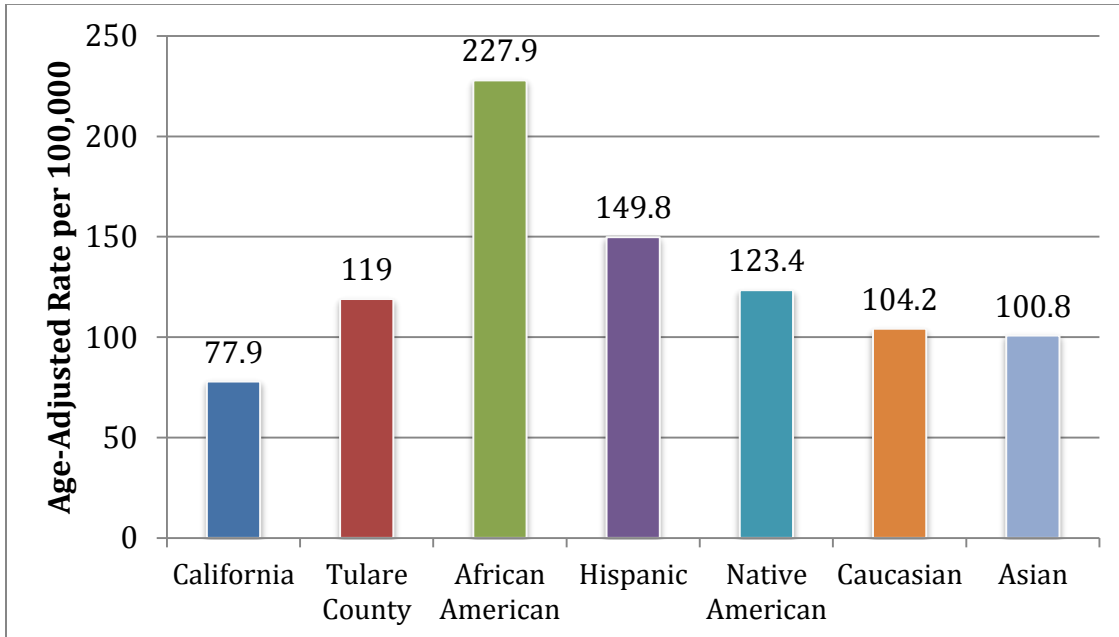
- # of communication best practices identified
- # of programs conducting community input activities on their health education and information materials



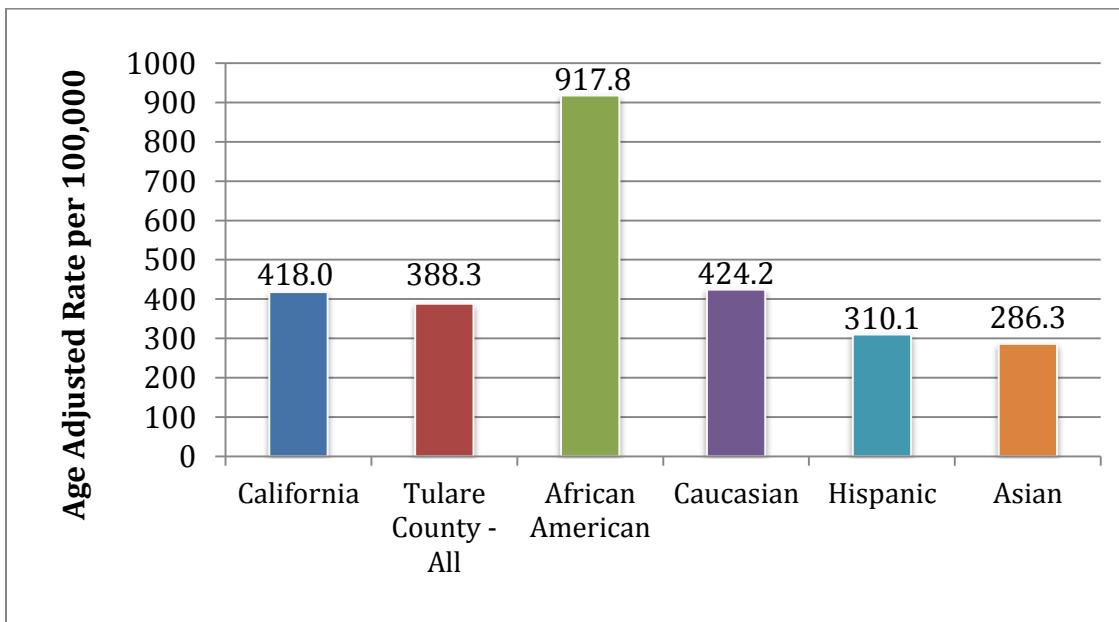
Health Equity

Goal 4.1: Decrease health disparities among the African-American population

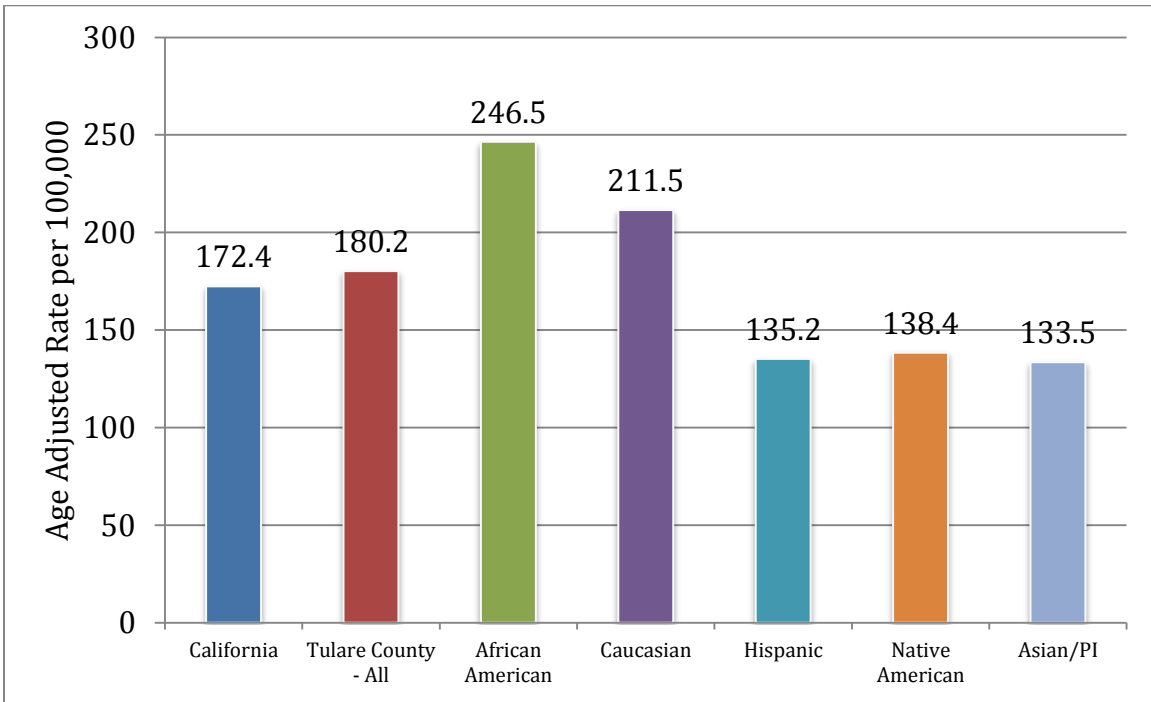
Diabetes Death Rate



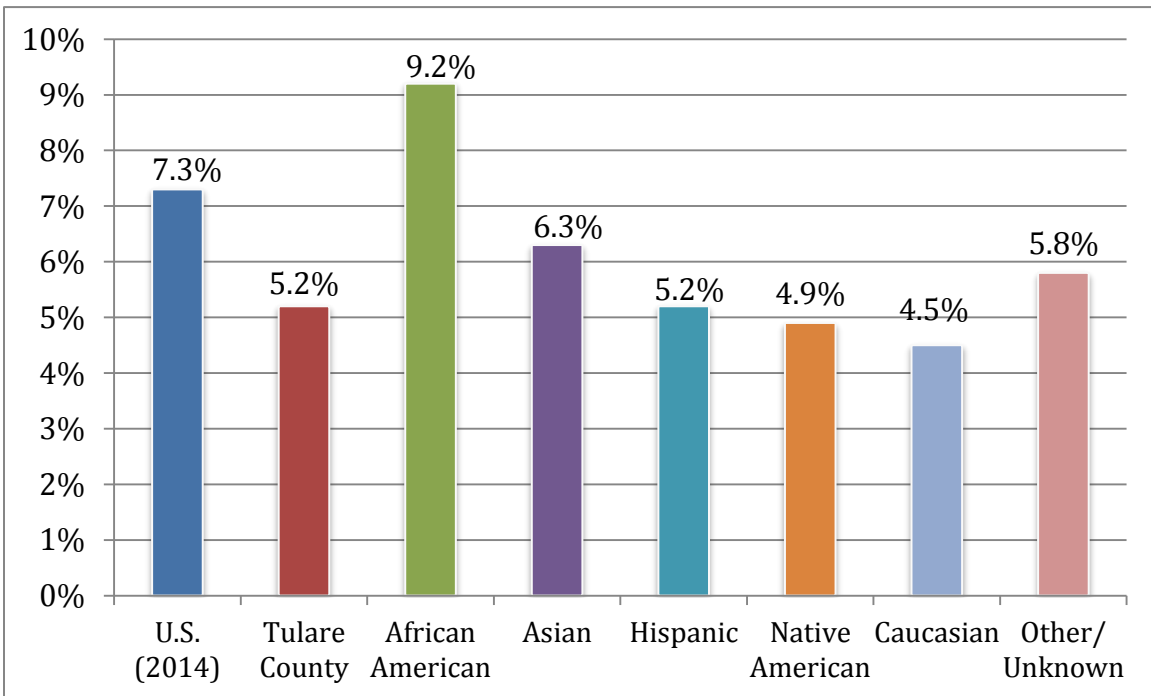
Rate of Cancer Diagnosis



Rate of Cancer Deaths



Percent Low Birth Weight Babies for Singleton Births



Why is it important?

According to the Health Resources and Services Administration, health disparities are defined as “population-specific differences in the presence of disease, health outcomes, or access to healthcare.” Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation. Some of the disparities that became apparent during the community health assessment in Tulare County include many health issues among the African-American population. These health concerns consist of higher diabetes death rates, higher cancer diagnosis and death rates, and greater rates of low birth weight babies.

How does Tulare County Health & Human Services Agency address this goal?

The African-American population is relatively small as a percent of the overall population in Tulare County (1.3%). This results in a limited amount of available data and information about this community. Public Health Branch would like to conduct focus groups/town hall meetings with members of the African American community and key informant interviews to gain a better understanding of their health needs and root causes for observed disparities in the community level health indicators. They propose to conduct at least three (3) focus groups/key informant interviews in a variety of geographic areas and venues. Once more information is known, strategies can be identified or developed to tackle the root causes with the intention of improving their health outcomes.

Public Health Branch also will identify appropriate and relevant health education and information materials to increase awareness within the African-American community. Staff will integrate efforts to promote and encourage cultural competency training for their staff and clinical staff as part of the CHIP Access to Care strategic area. Efforts to promote diabetic screenings will link with the CHIP Diabetes strategic area.

How is progress measured?

Health Indicators:

- Age-adjusted diabetes death rate
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death on CDC WONDER Online Database
- Age-adjusted cancer diagnosis rate
Source: California Cancer Registry
- Age-adjusted cancer death rate
Source: CDC Wonder, Multiple Cause of Death database
- Percentage of low birth weight babies for singleton births
Source: Tulare County Birth Statistical Master File, National Vital Statistics Reports, and California Health Profiles



Objective 4.1.1 Conduct three (3) public health town hall meetings or key informant interviews with the African-American community to provide insight on this issue by 2018.

Objective 4.1.2 Identify and implement culturally appropriate educational campaigns/materials/media to facilitate increased screening rates or other needed interventions by 2020.

Objective 4.1.3 Implement needed interventions in the African-American community based on 4.1.1 and 4.1.2 by 2022.

Program Measures:

- # of public health town hall meetings/key informant interviews conducted with African-American population to obtain a better understanding of the issue(s)
- # of culturally appropriate educational campaigns, materials, and/or media created to promote screenings or other needed interventions
- # of needed interventions implemented to address health disparities in the African-American community

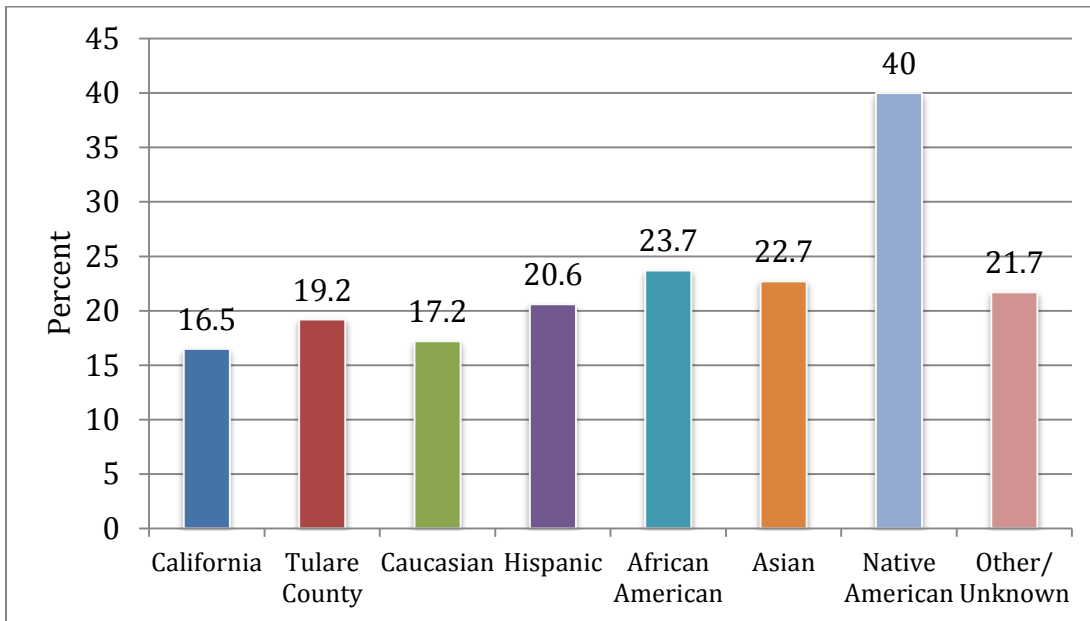


Health Equity

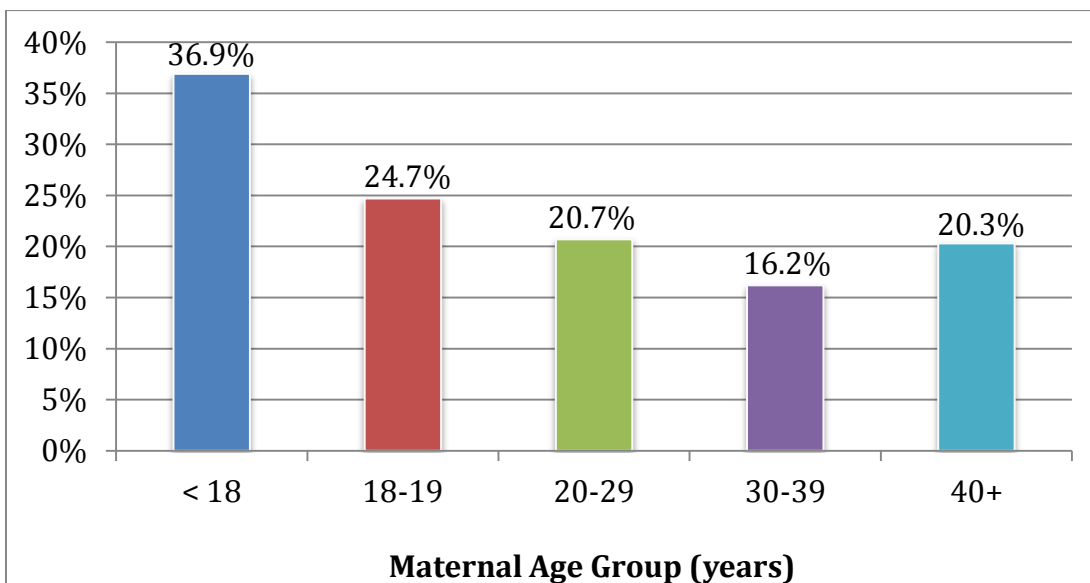
Goal 4.2: Increase utilization of prenatal care in the first trimester of pregnancy

Accessing Prenatal Care after the First Trimester by

Race/Ethnicity (2012 – 2014)



Accessing Prenatal Care after the First Trimester by Maternal Age Group (2012 – 2014)



Why is it important?

Optimally, an expectant mother begins prenatal care during her first trimester of pregnancy. This helps the medical provider identify any complications early so that there is time to intervene when necessary and to ensure a healthy pregnancy.

In Tulare County, 19.2% of expectant mothers did not access prenatal care until after the first trimester (2012 - 2014, three-year average), which is above the state average of 16.5% but is below (meets) the national Healthy People 2020 goal of 22.1%.

As noted in the Tulare County Community Health Assessment, other factors that influence early prenatal care include age of the mother, type of health insurance, and race/ethnicity. Native Americans, younger women, and those without private insurance are most prone to not receiving prenatal care in the first trimester.

How does Tulare County Health & Human Services Agency address this goal?

Public Health Branch will meet with Tule River tribal representatives to gain a better understanding of the issues experienced by their pregnant women that may be barriers to them receiving prenatal care during the first trimester.

Public Health Branch also needs more information about younger women that are under the age of 18 to determine whether it is an access to care issue, self-awareness issue, or a social issue that keeps them from seeking prenatal care during the first trimester. Access to care issues will be coordinated with the activities that are part of the CHIP.

How is progress measured?

Health Indicators:

- Accessing prenatal care after the first trimester by race and ethnicity
 - Accessing prenatal care after the first trimester by maternal age group
- Source for both: Birth Statistical Master File, California Department of Public Health*

Objective 4.2.1 Conduct focus groups/key informant interviews to determine barriers to receiving prenatal care in first trimester among women under 18 and Native American women by 2019.

Objective 4.2.2 Increase the percent of Native American women receiving prenatal care in the first trimester by 2022 based on information obtained in objective 4.2.1.

Objective 4.2.3 Increase the percent of women under the age of 18 receiving prenatal care in the first trimester by 2022 based on information obtained in objective 4.2.1.

Program Measures:

- # of focus groups/key informant interviews held to determine barriers to receiving prenatal care in the first trimester for Native American women and women under 18
- % of women under 18 receiving prenatal care in the first trimester
- % of Native American women receiving prenatal care in the first trimester



Health Equity

Goal 4.3: Decrease health disparities related to tobacco use

Smoking (2011-2014)

Current Smokers	Tulare County	California
Males	24.3%	14.8%
Females	11.7%	9.4%
Total	18.2%	12.0%

Why is it important?

Tobacco use is the leading cause of preventable illness and death in the United States. It causes many different cancers as well as chronic lung diseases such as emphysema and bronchitis, heart disease, pregnancy-related problems, and many other serious health problems. There has been significant progress over the past few decades in reducing cigarette smoking. However, with the advent of new, well-marketed related products such as electronic nicotine delivering devices used for vaping, young people may be increasingly led to start smoking.

Tulare County male residents experience relatively high smoking rates compared to females and the rest of California. There is plenty of room for improvement by addressing this gender disparity.

How does Tulare County Health & Human Services Agency address this goal?

Public Health Branch will conduct key informant interviews to gain a better understanding about the male smoking disparity. Based on these interviews, program staff will work with the media department of the California Tobacco Control Program to develop a campaign to encourage males not to smoke or to quit smoking if they do.

Public Health Branch also plans to promote the use of the California Smokers' Helpline, a free telephone counseling service complete with self-help materials and online help in six languages to help people quit smoking. Part of the campaign would target medical care providers to encourage them to screen their patients for tobacco

use and refer to cessation programs as necessary. Medical providers may not be aware that the Smokers' Helpline service is available without a cost to the caller.

Tulare County 2-1-1 is a referral and information system that is accessed via telephone, website, or mobile phone app. This resource can be used to disseminate information about smoking cessation. Tulare County 2-1-1 has the capability to obtain data for tracking system inquiries. The United Way runs the 2-1-1 services and can report on the number of people searching for tobacco cessation services.

How is progress measured?

Health Indicators:

- Smoking rates by gender

Source: California Health Interview Survey. Asked of adults and teens

Objective 4.3.1 Increase the number of annual presentations on risk of tobacco use to community groups from eight (8) per year to 10 per year by 2022.

Objective 4.3.2 Conduct a minimum of two (2) media campaigns targeted to male smokers in Tulare County on smoking cessation by 2022.

Objective 4.3.3 Conduct a minimum of two (2) visits per year to clinics or offices of primary care providers to educate staff on discussing smoking cessation to patients and promote the California Smoker's Hotline for a total of 10 by 2022.

Program Measures:

- # of annual presentations on risk of tobacco use
- # of media campaigns targeted to male smokers on smoking cessation
- # of training visits to providers regarding cessation options



Organizational Excellence

Goal 5.1: Improve access to high quality training

Why is it important?

Training is essential to maintaining a skilled and competent workforce. Many clinical positions require continuing education units to maintain licensure status. However, many public health positions do not have a formal requirement. Managing staff training and skills development has become easier with the use of technology.

With proper planning and management of staff training, Public Health Branch staff members will have more opportunities for professional development. Career paths can be managed with both the supervisor and staff member taking an active role in achieving training and skills development goals.

How does Tulare County Health & Human Services Agency address this goal?

Public Health Branch uses an electronic training management system called *Relias*. However, many staff members are not using the system for various reasons. HHSA will expand the capabilities of *Relias* so that more training options are available.

Public Health Branch will train supervisors on how to use the system to manage the training and skills development needs of the staff they supervise. This will be used as part of a broader employee professional development plan. Training completion and compliance rates are trackable through the *Relias* system.

How is progress measured?

Health Indicators:
N/A

Objective 5.1.1 Increase number of trainings available and applicable for public health staff by placing and/or tracking all training through the *Relias* system by March 2020.

Objective 5.1.2 Increase the percent of supervisors trained on using the *Relias* system at the supervisory level to more than 80% by 2018.

Objective 5.1.3 Increase the percent of supervisors actively using *Relias* with their staff as part of an employee professional development plan to at least 80% by March 2022.

Program Measures:

- # of trainings available and applicable for public health staff

- % of Public Health Branch supervisors trained in using *Relias* at the supervisory level
- % of supervisors actively using *Relias* with their staff as part of an employee professional development plan



Organizational Excellence

Goal 5.2: Ensure all staff have opportunities for professional development

Why is it important?

Most people come to work wanting to do a good job and find it rewarding to further develop their skills and talents in the workplace. By providing professional development opportunities, organizations convey through this type of investment how much they value their staff and talent pool.

How does Tulare County Health & Human Services Agency address this goal?

In conjunction with the training and employee development activities, Public Health Branch will conduct an annual staff survey that will be disseminated to staff during the month of December. This assessment will be used to gauge staff engagement and morale, and the data will be used to guide activities to increase those metrics.

Public Health Branch will share existing tools used by supervisors to help guide the development of the staff that report to them. A standard tool to be used as a template will be provided. Supervisors will be encouraged to hold regular ongoing meetings with their direct reports to discuss employee job performance and career goals. Human Resources has a series of professional development sessions to encourage professional growth that may be used for this endeavor.

How is progress measured?

Health Indicators:

N/A

Objective 5.2.1

One hundred percent of Public Health Branch supervisors will have completed Health & Human Services Agency (HHS) professional development training (i.e. Professional Growth Sessions) for supervisors by 2018.

Objective 5.2.2

Develop and implement annual survey including aspects related to staff professional development, morale, and retention by 2018.

Objective 5.2.3

Develop action plan based on information gathered from 5.2.2 by 2018.

Objective 5.2.4

Fifty percent of staff survey respondents will have regular professional growth meetings with their supervisor to discuss professional development activities and goals by 2018.

Program Measures:

- % of Public Health Branch supervisors completing HHSA professional development training
- % of Public Health Branch staff responding to professional development survey
- % of action steps implemented from developed action plan
- % of Public Health Branch staff respondents to survey holding regular professional development sessions with supervisors



Organizational Excellence

Goal 5.3: Create a culture of quality improvement

Why is it important?

The public has increasing expectations placed upon government organizations to operate both effectively and efficiently. Quality Improvement (QI) is a formal approach that guides public health practitioners in achieving intended outcomes with efficient use of resources. QI is the analysis of performance and systematic efforts using data to improve programs and services.

How does Tulare County Health & Human Services Agency address this goal?

The Tulare County QI Plan will provide the details of how the performance management system works, how to identify QI projects, the role and responsibilities of the QI Council, and the reporting process for QI project progress. Appendix C consists of a list of performance measures to be included in the performance management system. Whenever relevant, these measures may be used in conducting QI projects.

Performance measures are tracked using Excel spreadsheets. Staff members are responsible for maintaining their measures in this system. Regular ongoing reports will be provided to the QI Coordinator, as outlined in the QI Plan.

Public Health Branch uses the Deming model for continuous process improvement; also known as Plan-Do-Study-Act (PDSA). Staff members will be trained how to use the model in their daily work to improve outcomes of their programs and services as well as to create efficiencies that will result in prudent management of limited resources.

Public Health Branch will conduct annual assessments of progress toward a culture of quality using the National Association of County and City Health Officials (NACCHO) QI Roadmap. These assessments inform the QI Council in their decision-making process for annual planning purposes in order to assure sustainability.

How is progress measured?

Health Indicators:

N/A

Objective 5.3.1 Ninety percent (90%) of measures will be reported in performance management system as required by specified timeframes by December 2018.

Objective 5.3.2 Eighty percent of Public Health Branch staff will complete basic QI training by December 2018.

Objective 5.3.3 Tulare County Public Health Branch will advance toward achieving a culture of quality improvement as shown by annual self-assessments.

Program Measures:

- % of measures reported in PM system
- % of all staff trained on QI
- Improvement on annual self-assessment scores



Organizational Excellence

Goal 5.4: Adhere to national standards

Why is it important?

It is important that various programs within HHSa adhere to standards in their industry. For example, the Public Health Laboratory must maintain a certificate of compliance in accordance with the Clinical Laboratory Improvement Amendments (CLIA), which establishes quality standards for laboratories to ensure the accuracy, reliability, and timeliness of patient test results. Other examples of industry standards include national Public Health Accreditation Board (PHAB) Standards and Measures, Federally Qualified Health Centers (FQHC) compliance criteria, and California Department of Food and Agriculture (CDFA) inspection and compliance.

How does Tulare County Health & Human Services Agency address this goal?

Public Health Branch's various programs recognize the importance of adhering to industry standards. As an example, the Public Health Laboratory maintains their certificate of compliance by adhering to applicable CLIA requirements, including participation in proficiency testing programs and on-site inspections of the laboratory every two years.

The following is a list of recognitions, certifications, and/or accreditations that will be considered part of this strategy:

- Federally Qualified Health Center (FQHC)
- Patient-Centered Medical Home (PCMH)
- Clinical Laboratory Improvement Amendments (CLIA)
- Environmental Laboratory Approval Program (ELAP)
- California Department of Food and Agriculture (CDFA)
- National Diabetes Prevention Program (NDPP)

Public Health Branch is also currently finalizing the pre-requisites for PHAB accreditation, including the Community Health Assessment, Community Health Improvement Plan, and Strategic Plan. Substantial progress has been made on the other pre-requisite areas, such as branding, emergency operations, performance management/quality improvement (PMQI) and workforce development. HHSa Public Health is currently planning on submitting their application for accreditation in December, 2017. Once the application is submitted, the process can take between one to two years to complete before an accreditation decision is reached.

How is progress measured?

Health Indicators:

N/A

Objective 5.4.1 Achieve/maintain specified recognitions, certifications, and/or accreditations through 2022.

Objective 5.4.2 Achieve PHAB accreditation by 2020.

Program Measures:

- % of programs recognized, certified, or accredited by specified accredited bodies as applicable
- Receive national public health accreditation from PHAB by 2020



Organizational Excellence

Goal 5.5: Ensure optimal fiscal health

Why is it important?

Sound financial management is the foundation for sustaining Public Health Branch's existence and ensuring all of the other goals are well resourced for success. Financial management involves being proactive in monitoring state and federal changes to funding and seeking grant opportunities that align with Public Health Branch's goals. It also includes ensuring maximum value in contracted services and conducting quality improvement to reduce waste and reduce the cost of doing business.

How does Tulare County Health & Human Services Agency address this goal?

Public Health Branch will address this goal by having administrative staff work with Public Health Branch program staff and Public Health Branch fiscal/accounting staff to ensure that fiscal audits are sound, resulting in few to no negative findings.

Public Health Branch will develop and provide grant-writing training for staff and encourage staff to apply for grant funding opportunities that align with Public Health Branch goals. To further support this work, Public Health Branch will develop a grant writing tool kit that will provide appropriate resources. The number of grant proposals will be tracked and reported. A target for the number of proposals submitted is challenging to establish because many grant opportunities cannot be predicted in advance. However, there will be staff dedicated to monitoring specific sites to ensure that when one becomes available and aligns with Public Health Branch and/or CHIP goals, there is enough time for program staff to respond.

How is progress measured?

Health Indicators:

N/A

Objective 5.5.1 Maintain good standing for receiving funding by ensuring at least 80% Public Health Branch annual audits result in no fiscal audit findings resulting in corrective actions.

Objective 5.5.2 Increase capacity to seek and obtain competitive grant funding opportunities by training and supporting staff in grant writing.

Program Measures:

- % of audits with no fiscal audit findings resulting in corrective action
- # of staff trained in grant writing
- # of grant proposals submitted annually

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The County of Tulare Health & Human Services Agency would like to acknowledge the following individuals for their time and thoughtful contribution to the making of this strategic plan.

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District Two: Pete Vander Poel (Chairman)

District Three: Amy Shuklian

District Four: Steve Worthley (Vice Chair)

District Five: Mike Ennis

APPENDICES

Appendix A: Glossary of Terms and Acronyms (Taken from PHAB's Standards and Measures Version 1.5 Glossary of Terms)

Chronic Diseases are diseases that have one or more of the following characteristics: they are permanent, leave residual disability, are caused by a nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require long period of supervision, observation, or care. (Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett, 2009.)

A coalition is a union of people and organizations working to influence outcomes on a specific problem. They involve multiple sectors of the community that come together to address community needs and solve community problems. (Scutchfield, FD, and CW Keck. *Principles of Public Health Practice*. Delmare CENGAGE Learning. 2009.)

Community Health Assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. (Source: Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett, 2009.)

Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. (Source: <http://www.cdc.gov/stltpublichealth/cha/plan.html>)

Goals are general statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits. (Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett, 2009.)

Health disparities are differences in population health status (incidence, prevalence, mortality, and burden of adverse health conditions) that can result from environmental, social and/or economic conditions, as well as public policy. These differences exist among specific population groups in the United States and are often preventable. (Adapted from: National Association of County and City Health Officials (US). *Operational Definition of a Functional Local Health Department* [online]. 2005 [cited 2012 Nov 8]. Available from URL <http://www.naccho.org/topics/infrastructure/accreditation/OpDef.cfm>. National Cancer Institute (US). *Health Disparities Defined* [online]. 2010 [cited 2012 Nov 8] <http://crchd.cancer.gov/disparities/defined.html>)

Infectious Diseases are diseases caused by the entrance into the body of organisms (such as bacteria, protozoans, fungi, or viruses) that grow and multiply there, often used synonymously with communicable disease. (Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett, 2009.)

Mobilizing for Action through Planning and Partnership (MAPP) provides the framework for convening the variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. (Source: National Association of County and City Health Officials (US).)

Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives. (Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett, 2009.)

Performance Improvement is shown through positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision-making. It includes both performance management and quality improvement (Source: National Public Health Performance Standards Program. Available from URL <https://www.cdc.gov/stltpublichealth/nphps/index.html>. [cited 2017 May 19])

Performance Management is the practice of actively using performance data to improve the public's health. This involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization or system level. (Source: Turning Point Performance Management Collaborative, 2003.)

Public Health Accreditation Board (PHAB) is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. *Guide to National Public Health Department Accreditation*. Ver. 1.0. Alexandria, VA, May 2011.)


Quality Improvement (QI) in public health is the use of a deliberate and defined improvement process, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and

ongoing effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Source: Riley et al, "Defining Quality Improvement in Public Health", *JPHMP*, 2010, 16(10), 5-7.)

Strategic Plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Linda E., W. Jack Duncan, and Peter M. Ginter. *Strategic Management of Health Care Organizations*. 6th ed. San Francisco: Wiley/Jossey-Bass, 2008.)

Appendix B: Results of the Prioritization Matrix Exercise


Financial Feasibility Matrix Results

 Criteria: Financial Feasibility	Cohesive & Broad Health Education Programs	Population Growth Management	Cultural Competence	Collective Impact	Community Engagement & Collaboration	Chronic Disease Prevention (Diabetes Priority)	STDs	African American Disparities	Workforce	Attribute Criteria Weight	Percent of Total Criteria
	Cohesive & Broad Health Education Programs	0.1	0.2	0.1	0.1	5.0	1.0	5.0	1.0	12.50	5.7%
Population Growth Management	10.0	1.0	0.2	0.2	10.0	5.0	10.0	10.0	46.40	21.1%	
Cultural Competence	5.0	1.0	1.0	1.0	5.0	5.0	10.0	10.0	38.00	17.2%	
Collective Impact	10.0	5.0	1.0	1.0	5.0	5.0	10.0	10.0	47.00	21.3%	
Community Engagement & Collaboration	10.0	5.0	1.0	1.0	5.0	5.0	10.0	10.0	47.00	21.3%	
Chronic Disease Prevention (Diabetes Priority)	0.2	0.1	0.2	0.2	0.2	1.0	5.0	5.0	11.90	5.4%	
STDs	1.0	0.2	0.2	0.2	1.0	5.0	5.0	5.0	12.80	5.8%	
African American Disparities	0.2	0.1	0.1	0.1	0.2	0.2	1.0	1.0	2.00	0.9%	
Workforce	1.0	0.1	0.1	0.1	0.2	0.2	1.0	1.0	2.80	1.3%	

100.0%

10	Attribute in green column is extremely more financially feasible than the attribute in white column
5	Attribute in green column is slightly more financially feasible than the attribute in white column
1	Attributes are equal in financial feasibility
0.2	Attribute in green column is slightly less financially feasible than the attribute in white column
0.1	Attribute in green column is extremely less financially feasible than the attribute in white column

Mission Critical Matrix Results

		Cohesive & Broad Health Education Programs	Population Growth Management	Cultural Competence	Collective Impact	Community Engagement & Collaboration	Chronic Disease Prevention (Diabetes Priority)	STDs	African American Disparities	Workforce	Attribute Criteria Weight	Percent of Total Criteria
Criteria: Mission Critical												
Cohesive & Broad Health Education Programs		10.0	1.0	1.0	0.2	1.0	1.0	0.1	0.2	14.50	7.3%	
Population Growth Management	0.1		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.80	0.4%	
Cultural Competence	1.0	10.0		1.0	1.0	0.2	0.2	1.0	1.0	15.40	7.8%	
Collective Impact	1.0	10.0	1.0		1.0	5.0	5.0	0.2	1.0	24.20	12.2%	
Community Engagement & Collaboration	5.0	10.0	1.0	1.0		0.2	0.2	0.2	1.0	18.60	9.4%	
Chronic Disease Prevention (Diabetes Priority)	1.0	10.0	5.0	0.2	5.0		1.0	0.2	5.0	27.40	13.9%	
STDs	1.0	10.0	5.0	0.2	5.0	1.0		0.2	5.0	27.40	13.9%	
African American Disparities	10.0	10.0	1.0	5.0	5.0	5.0	5.0		10.0	51.00	25.8%	
Workforce	5.0	10.0	1.0	1.0	1.0	0.2	0.2	0.1		18.50	9.4%	

100.0%

- 10 Attribute in green column is extremely more mission critical than the attribute in white column
- 5 Attribute in green column is slightly more mission critical than the attribute in white column
- 1 Attributes are equal in mission critical
- 0.2 Attribute in green column is slightly less mission critical than the attribute in white column
- 0.1 Attribute in green column is extremely less mission critical than the attribute in white column

Appendix C: Performance Measures Linked with Performance Management System and Quality Improvement Efforts

Health Indicators	Program Performance Measures
Chronic Disease	
Percent of adults ever diagnoses with diabetes <i>Source: California Health Interview Survey</i>	# of sites offering National Diabetes Prevention Program (NDPP) classes
Rate of pre-diabetes <i>Source: N/A at this time</i>	# of people attending NDPP classes
Percent of Children and Teens Who Drank Soda or Other Sugary Drink the Previous Day <i>Source: California Health Interview Survey</i>	# of clinical referrals to NDPP
Percent of Residents Who Ate Fast Food 4 or More Times in Past Week <i>Source: California Health Interview Survey</i>	% of individuals screened for pre-diabetes
Percentage of adults aged 20 and over reporting no leisure-time physical activity. <i>Source: County Health Rankings, using the National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three years of data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program</i>	
	# of employers that have adopted worksite wellness policies that address healthy living
	# of retail stores offering healthier options for their customers
	# of community residents receiving NEOP nutrition education
	# of school sites allowing shared use of facilities
Communicable/Infectious Disease	
Chlamydia rates <i>Source: California electronic reporting system</i>	# of clinics with medical providers receiving culturally competent STD training
Gonorrhea rates <i>Source: California electronic reporting system</i>	# of STD-related health messages developed and disseminated throughout the county
Early syphilis rates <i>Source: California electronic reporting system</i>	# of local partners receiving current STD data
HIV/AIDS rates <i>Source: California electronic reporting system</i>	# of clinics participating in the Valley Fever medical provider training

Health Indicators	Program Performance Measures
TBD: Health Indicator for Valley fever	# of sites receiving Valley fever educational materials and information
Community Engagement and Outreach	
	% growth in community partnerships for existing collaboratives
	# of programs soliciting community input into their program planning, implementation, and assessment
	# of public health programs which use program-developed feedback forms
	% of supervisory staff and above who have been trained on HHSA communications policies
	# of communication best practices identified
	# of programs conducting community input activities on their health education and information materials
Health Equity	
Age-adjusted diabetes death rate <i>Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death on CDC WONDER Online Database</i>	# of public health town hall meetings/key informant interviews conducted with African-American population to obtain a better understanding of the issue(s)
Age-adjusted cancer diagnosis rate <i>Source: California Cancer Registry</i>	# of culturally appropriate educational campaigns, materials, and/or media created to promote screenings or other needed interventions
Age-adjusted cancer death rate <i>Source: CDC Wonder, Multiple Cause of Death database</i>	# of needed interventions implemented to address health disparities in the African-American community
Percentage of low birth weight babies for singleton births <i>Source: Tulare County Birth Statistical Master File, National Vital Statistics Reports, and California Health Profiles</i>	# of focus groups/key informant interviews held to determine barriers to receiving prenatal care in the first trimester for Native American women and women under 18
Accessing prenatal care after the first trimester by race and ethnicity <i>Source: Birth Statistical Master File, California Department of Public Health</i>	% of women under 18 receiving prenatal care in the first trimester
Accessing prenatal care after the first trimester by maternal age group <i>Source: Birth Statistical Master File, California Department of Public Health</i>	% of Native American women receiving prenatal care in the first trimester
Smoking rates by gender <i>Source: California Health Interview Survey. Asked of adults and teens</i>	# of annual presentations on risk of tobacco use

Health Indicators	Program Performance Measures
	# of media campaigns targeted to male smokers on smoking cessation
	# of training visits to providers regarding cessation options
Organizational Excellence	
	# of trainings available and applicable for public health staff
	% of Public Health Branch supervisors trained in using <i>Relias</i> at the supervisory level
	% of supervisors actively using <i>Relias</i> with their staff as part of an employee professional development plan
	% of Public Health Branch supervisors completing HHSA professional development training
	% of Public Health Branch staff responding to professional development survey
	% of action steps implemented from developed action plan
	% of Public Health Branch staff respondents to survey holding regular professional development sessions with supervisors
	% of measures reported in PM system
	% of all staff trained on QI
	Improvement on annual self-assessment scores
	% of programs recognized, certified, or accredited by specified accredited bodies as applicable
	Receive national public health accreditation from the Public Health Accreditation Board (PHAB) by 2020
	% of audits with no fiscal audit findings resulting in corrective action
	# of staff trained in grant writing
	# of grant proposals submitted annually