MENDOCINO COUNTY HHSA

Public Health Department

**STRATEGIC PLAN**

ROADMAP to 2023

# Table of Contents

# Message from the Public Health Director

It is with great pleasure that I am able to present our 2018-2023 Public Health Strategic Plan for Mendocino County. One of my priorities was to complete this plan within the first year of my tenure. I am looking forward to implementing the work with all of you that work in our Public Health Division.

# Introduction

Mendocino County Health and Human Services Agency (HHSA) began its journey toward national public health accreditation in 2014. Public Health initiated the process by assembling a team of community partners to undertake a community health improvement planning process. Using a modified version of Mobilizing for Action through Planning and Partnerships (MAPP) as the selected methodology for completing this task, they published the Community Health Needs Assessment (CHA) in May 2016. Work on the Community Health Improvement Plan (CHIP) began June 2016. The Healthy Mendocino Steering Committee, consisting of countywide partners and HHSA staff, is the governing body that guided this process.

The CHA, CHIP, and the Public Health Strategic Plan are all required for the application to the Public Health Accreditation Board (PHAB) for national, voluntary public health accreditation. With the CHA and CHIP completed in 2016, public health next pursued the development of a Public Health Strategic Plan in 2018. This document serves as the HHSA Public Health Strategic Plan, which completes the final document requirement for application to PHAB for public health accreditation.

The five-month planning process began in January 2018, and the document was released to staff in May 2018. Multiple levels of staff participated in developing the plan's content, which serves as a roadmap to an improved and strengthened public health division within HHSA. As with any strategic plan, this plan is a living document, which means that it shall be implemented, monitored, and reviewed on a regular basis as described in the section "Monitoring and Reporting Progress." Additionally, it will be updated to reflect changes that occur both externally and internally as progress is made throughout the 5-year cycle. Questions or comments about the plan should be directed to the Public Health Director.

# Executive Summary

Mendocino County Health and Human Services (HHSA), Public Health division began a three-month strategic planning process in January 2018. They hired a consultant to facilitate workshops and assist in the development of the strategic plan. Because HHSA has a vision, mission, and value-based operating principles (VBOPs), Public Health was able to spend more time on the analysis and planning functions of developing a strategic plan. This aided in an efficient process to complete the strategic plan in a timely manner.

The HHSA strategic vision is *Healthy People, Healthy Communities.* In partnership with the community, HHSA will support and empower families and individuals to live healthy, safe, and sustainable lives in healthy environments, through advocacy, services and policy development. The VBOPs that will guide the work of HHSA include:

- Organizational Operations
- Cultural Competency/Respecting Differences
- Accessible, Preventive, and Responsive Services
- Transparent and Effective Communication
- Employee Satisfaction and Retention
- Employee Involvement and Development
- Intra-Agency Education
- Collaborative Services
- Evidence-based Best Practices
- Strong Community Partnerships
- Program Accountability
- Fiscal Reinvestment
- Organizational Efficiency

Public Health Accreditation staff guided the development of the framework and strategic direction for Mendocino County Public Health over the five-year period beginning in 2018. All levels of subject matter experts within Public Health Services were engaged in the process via workshops to align program activities with strategic goals and identify performance measures to track progress.

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

- Kickoff session to conduct a 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.

Public Health staff identified six (6) strategic issue areas to focus their work over the next five years. These are: Emergency Preparedness, External Communication, Immunizations, Organizational Culture, and Prevention.

These improvement areas each have a set of goals as listed below:

### Emergency Preparedness
Goal 1.1:  Improve disease and syndromic surveillance
Goal 1.2:  Increase staff capacity to respond to emergencies
Goal 1.3:  Increase public health capacity for leadership in the Department Operational Center (DOC)
Goal 1.4:  Ensure operations are continued during emergencies (Continuity of Operations Plan - COOP)

### External Communication
Goal 2.1:  Increase external communications

### Immunizations
Goal 3.1:  Increase public perception of vaccine safety
Goal 3.2:  Increase immunization coverage rates in preschoolers
Goal 3.3:  Increase employee health and safety

### Organizational Culture
Goal 4.1:  Create a culture that invests in its employees
Goal 4.2:  Improve internal communications

### Prevention
Goal 5.1:  Prevent harmful use of substances
Goal 5.2:  Reduce factors that contribute to obesity

### Systems Approach
Goal 6.1:  Increase programs working together collaboratively

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 *Healthy Mendocino,* the Mendocino County Community Health Improvement Plan (CHIP) and highlight the areas that Public Health staff will contribute to the work in that plan in a model based 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 and shared measures.

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

- Annual influenza death rate of those under 65 years of age
- Time to implement countermeasures during a public health emergency
- Childhood immunization rate
- Death rate due to drug overdose
- Opioid prescription rate
- Youth alcohol use rate
- Youth cannabis use rate
- Youth tobacco use rate
- Adult obesity rate
- Child obesity 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 *Healthy People, Healthy Communities*.

# Mendocino County Public Health Division

Mendocino County Health and Human Services Agency (HHSA) is comprised of the following divisions:
- Public Health, including Environmental Health
- Behavioral Health Recovery Services, and
- Social Services
- HHSA 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 Mendocino County residents through the development and implementation of public health programs that use current best practice interventions.

Public Health provides services to residents of Mendocino 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 of all people in Mendocino County.

Public Health is comprised of the following program areas:
- Environmental Health
- Nursing
- Immunization Program
- HIV/AIDS Information and Resources
- Comprehensive Perinatal Services Program
- Child Health and Disability Prevention Program
- Communicable Diseases
- Prevention Programs
- California Children's Services
- Maternal, Child, Adolescent Health Programs
- Women, Infants & Children
- Public Health Administration: Vital Statistics
- Public Health Administration: Public Health Accreditation

# Vision, Mission, 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

**Value-based Operating Principles (VBOPs):**

1. **Organizational Operations:** In its internal operation and its delivery of services to the community, the Agency will use the approach that builds on the unique strengths of each individual. We will promote inclusive dialogue to support the most effective, engaged, and successful outcomes for clients, employees, and the Agency.

2. **Cultural Competency/Respecting Differences:** The Agency will support and develop the ability of staff to work effectively in diverse and multi-cultural environments, through policies, programs, and actions that communicate respect for the dignity of all people.

3. **Accessible, Preventive, and Responsive Services:**
   - Services provided by the Agency will by physically, culturally, and linguistically available to all clients, and appropriate to the identified needs of individuals and communities served.
   - To the extent possible, Agency services will be delivered at consolidated physical locations, with service hours reflective of community needs. Outreach will remain a key component of accessibility for clients unable to come to services.
   - The Agency will respond quickly and effectively to emergent issues and emergency situations.
   - The Agency promotes community prevention and education activities that effectively mitigate problems from reaching a stage where intervention and direct services are overwhelmed.

4. **Transparent and Effective Communication:** Open, honest, direct, and respectful communication will be the standard for interaction with each other, our clients, and the community. Transparency requires that information will be available to staff, and it will be clear how and why decisions are made.

5. **Employee Satisfaction and Retention:**
   - The Agency acknowledges the value of its employees and will seek to maximize those aspects of the work environment that support employee health, satisfaction, and positive morale.

- The Agency will aim to retain valued staff, through skills development opportunities, greater involvement in decision-making and expanded scope of responsibility.

6. **Employee Involvement and Development:**
   - Staff will have opportunities to participate in decisions related to their work, since their knowledge and understanding are valuable to the organization.
   - Staff will be provided training and work opportunities that support personal and professional growth.

7. **Intra-Agency Education:** The Agency will work with all staff to increase understanding of Public Health division programs, services provided, client eligibility, referral process, and desired outcomes for clients and the community.

8. **Collaborative Services:** Services will be provided to clients from all disciplines across the Agency based on the client's needs, not programmatic structure. Coordinated and efficient services will be provided to meet client needs using a multidisciplinary approach across the Agency, other County departments, and community partners.

9. **Evidence-based Best Practices:** In formulating responses to the service needs of our client populations or the community as a whole, the Agency will research, identify, and implement evidence-based best practices, where possible, which are culturally acceptable to the communities served. The Agency will also support appropriate use of innovative and emerging practices.

10. **Strong Community Partnerships:** We recognize that both the problems and the solutions addressed through our programs exist in the context of the communities we serve. We will work with formal and informal community groups to find solutions that are owned and supported by community partners and the Agency.

11. **Program Accountability:** Services will be provided through a system incorporating outcomes evaluation to ensure accountability for resource management and adherence to regulatory and statutory compliance.

12. **Fiscal Reinvestment:** All newly identified monies resulting from efficiencies and enhancements developed by the Agency will be reinvested into the health and human services system.

13. **Organizational Efficiency:** The internal functions of the Agency will be designed to achieve maximum administrative efficiency, while ensuring the Agency is able to support staff in providing services to clients and the community.

# Planning Process

Mendocino 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 January 2018. Mendocino County Public Health used a traditional planning process that included:

- 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 the Public Health Director. 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 8 months to complete. Details of the process are provided in Table 1: 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 1: Process Timeline*

| | |
|---|---|
| November/December 2017 | Held conference calls with the Public Health Accreditation Core Team to plan for the process of strategic planning. |
| January 2018 | Conducted a strategic planning kick-off workshop with the Public Health staff representing most program areas. They completed a SWOT analysis and environmental scan using data from the Mendocino County Community Health Needs Assessment. They also reviewed mandated public health programs and services. |
| | The second half of the workshop, they prioritized and selected areas that they wanted to impact over the next five years. The areas that were selected were: Emergency Preparedness, External Communication, Immunizations, Organizational Culture, Prevention, and Systems Approach. |
| February 2018 | Conducted a series of workshops with multiple levels of public health staff for each of the six areas for improvement. Staff that were considered subject matter experts were selected to participate in one or more of the following workshops: <ul><li>Emergency Preparedness</li><li>External Communication</li><li>Systems approach</li></ul> Results of the workshops included development of the goals, measurable objectives for each of the strategies, activities, and performance measures. |
| April 2018 | Draft Public Strategic Plan was sent to the Director for her to review with her team, and they provided input and clarification where requested. |
| May/June 2019 | Public Health leadership approved the Public Health Strategic Plan and released it to Public Health staff. |

# Environmental Scan

The environment scan included a review of the Mendocino County Community Health Needs Assessment (CHNA) and a list of mandated programs and services in addition to an analysis of organizational strengths and weaknesses along with external opportunities and threats, also know as a SWOT analysis. Lastly, the workshop participants 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.

## Capacity Issues to Consider

*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. Workshop participants would like to have training on how to use the systems that are currently available (leverage what is already in place), using QI to identify business processes that would benefit from automation, broader use of social media, and systems to provide timely data for better program management. Some of the specific requests center on implementing online appointment systems, using web-based meeting software so that staff don't have to spend so much time traveling to meetings, and using telephone texting for reminders.

*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, where salaries many times are insufficient when compared to the cost of housing and other basic living expenses. Also, nearby counties offer much higher salaries for select comparable positions, leading to staff leaving for better pay. 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*
External 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. The QI Council will implement the QI Plan that addresses the identification, selection, and assignment of staff to QI projects.

*Financial Stability*
Adequate financial resources are important limiting factors for public health in general. 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 and Human 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 QI Council will incorporate financial stability efforts in its oversight of the QI process.

As of the time this document was created, the following staff members participate on the QI Council:

Colleen Gorman
Karen Lovato
Kyree Klimist
Art Davidson
Trey Strickland

# SWOT Analysis Results

In January 2018, Public Health staff participated in a workshop where they were able to brainstorm and discuss internal strengths and weaknesses along with external threats and opportunities. This is known as a SWOT analysis. Results for organizational strengths and weaknesses are presented in Table 2. Results for external opportunities and threats are presented in Table 3.

*Table 2: Organizational Strengths and Weaknesses*

| Strengths | Weaknesses |
|---|---|
| **Leadership**<br>• New Public Health director<br>• New leadership and administrative support of media and public health initiatives<br>• Supportive leadership | **Emergency Preparedness**<br>• Inadequate emergency facilities countywide<br>• Resources get impacted when there are disasters, need to better prepare<br>• All levels of staff have limited time for training in emergency preparedness and response |
| **Staffing and Workforce**<br>• Smart staff with good situational application of knowledge<br>• Congeniality among most Public Health units and programs (no hostility)<br>• Staff are empowered at most levels<br>• Staff want to do well and want to make a difference<br>• Dedicated, close-knit staff<br>• There are health career paths for nurses (CNA, LVN, RN, BSN)<br>• There is a strong cultural identity<br>• There is monthly training for personal development and professional skills | **Staffing and Workforce**<br>• Challenges in attracting and retaining qualified staff<br>• Challenges in staff recruitment<br>• No local higher education institutions from which to recruit staff<br>• High vacancy rates and staff turnover<br>• No succession planning<br>• Lack of employee development<br>• Lack of a healthy workplace policy to drive change in the culture of Mendocino County (e.g., healthy food and beverage policy) |
| **Operations**<br>• Great Agency and community collaboration<br>• Strong relationships with community partners<br>• Stable funding for environmental health and emergency preparedness<br>• Have outside funding and grants<br>• Able to meet most legal requirements<br>• Some contracted services working well such | **Operations**<br>• Hours of operation limit public accessibility for direct services<br>• Not enough bilingual staff leading to language barriers<br>• Narrow focus funding<br>• Programs following the funding, which may not reflect the local needs<br>• Funding is not always data driven for the |

| Strengths | Weaknesses |
|---|---|
| as the laboratory<br>• Have a communication and social media policy<br>• Undergoing the public health accreditation process | local level<br>• Lack of overlapping or aligned goals between programs, need a more holistic approach<br>• Lack of communication between related programs leading to silos<br>• Lack of prevention messages in the media |

**Programs and Internal Collaboration**
- Collaboration between Public Health units
- Nurse-family visiting program (HFA early intervention)
- New prevention programs with funding (e.g., cannabis prevention and education)
- Programs already in place to support CHIP priority areas

**Technology** - Need to use more modern, 21$^{st}$ century, technology
- Train staff by using "how to" videos
- Develop FAQs (frequently asked questions)
- Expand the use of social media
- Create online appointment booking
- Using texting or notifications for reminders
- Use web-based meeting tools (e.g., Go To, WebEx, Skype)

*Table 3: External Opportunities and Threats*

| Opportunities | Threats |
|---|---|
| **Geography**<br>• Lots of land and open space<br>• Highway 101 corridor – beautiful scenery and easy access in and out of the area | **Geography**<br>• Geographically isolated<br>• Challenges traveling within the county from the valleys to the coast<br>• Limited public transportation resulting in limited access to services<br>• Geographical challenges can make transportation issues a barrier to accessing medical care and services<br>• Limited walkability, safe trails, and playgrounds (in cities and suburbs) |
| **Community**<br>• Active and engaged communities<br>• Community involvement<br>• Community partners willingness to collaborate with Public Health<br>• Lots of non-governmental organizations and non-profits<br>• Blues zones and the CHIP projects<br>• Perseverance<br>• Large retirement community interested in community improvement (untapped resource of potential community volunteers)<br>• Law enforcement collaboration and support when appropriate | **Housing**<br>• Housing supply shortage for staff and general public<br>• Housing stock is not affordable<br>• Spending more income on housing leaves little for food and other necessities<br>• Shortages impact ability to recruit and maintain qualified staff |
| **Behavioral Health/Cannabis**<br>• Expanding behavioral health resource services<br>• Potential tax revenue from the legalization of cannabis<br>• Cannabis revenue may stimulate the local economy<br>• Cannabis legalization may increase access and help some people with conditions or illnesses that respond favorably to it (treatment)<br>• Research suggests that cannabis use reduces opioid use | **Behavioral Health/Cannabis**<br>• Cannabis may be used and/or abused by pregnant women and adolescents<br>• Cannabis legalization potentially makes it easier for youth to access it<br>• Cannabis legalization could lead to other substance use disorders<br>• Opioid epidemic and its impact on health<br>• Untreated homelessness and mental health issues |

| Opportunities | Threats |
|---|---|
| **Politics** | **Politics** |
| • Political environment and climate<br>• Local Update of Census Addresses may be an opportunity to have more inclusion | • Unplanned policy changes that impact operations<br>• Vulnerable to unannounced or last minute announced funding cuts<br>• Political threats to programs<br>• Political environment and climate |
| **Climate** | **Employment** |
| • Mendocino County has a desirable climate<br>• Mendocino County is a vacation destination with its coastline and natural environment | • Lack of jobs and educational opportunities |
| **Other Neighboring Counties** | **Special Populations** |
| • Look to other counties for technical assistance<br>• Rising costs in other parts of California are leading people to move into Mendocino County<br>• Leadership in other counties could lead to recruiting quality staff that want to leave<br>• CASE (copy and steel everything) – don't reinvent the wheel if it already exists<br>• County's new joint planning: Benbow - Humboldt/Mendocino | • Lack of access for minority groups (language and cultural barriers)<br>• Competition from questionable sources of information<br>• Off-the-grid populations needing services: aging, communicable disease, immunizations, child welfare |
| | **Emergency Preparedness** |
| | • Being adequately prepared to respond to natural or manmade disasters |

# Selection of Strategic Issues

Following the environmental scan, those that participated in the Public Health workshop brainstormed strategic issues. They discussed the issues and worked together to narrow their list to the ones that they felt were important and achievable over the next five years. The Public Health Accreditation staff used this input to make the final selection of six (6) strategic issues for impact over the five-year period of this plan.

The strategic issues selected for the Public Health Strategic Plan are:
- Emergency Preparedness
- External Communication
- Immunizations
- Organizational Culture
- Prevention
- Systems Approach

# Goals & 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 each of the strategic issue areas.

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 4: Summary of Goals by Strategic Issue*

| Emergency Preparedness |
| --- |
| Goal 1.1:  Improve Disease and Syndromic Surveillance |
| Goal 1.2:  Increase Staff Capacity to Respond to Emergencies |
| Goal 1.3:  Increase Public Health Capacity for Leadership in the Department Operational Center (DOC) |
| Goal 1.4:  Ensure Operations Are Continued during Emergencies (Continuity of Operations Plan - COOP) |
| **External Communications** |
| Goal 2.1:  Increase External Communications |
| **Immunizations** |
| Goal 3.1:  Increase public perception of vaccine safety |
| Goal 3.2:  Increase immunization coverage rates in preschoolers |
| Goal 3.3:  Increase employee health and safety |
| **Organizational Culture** |
| Goal 4.1:  Create a culture that invests in its employees |
| Goal 4.2:  Improve internal communications |
| **Prevention** |
| Goal 5.1:  Prevent harmful use and abuse of substances |
| Goal 5.2:  Reduce factors that contribute to obesity |
| **Systems Approach** |
| Goal 6.1:  Increase programs working together collaboratively |

# Public Health Strategic Framework

## Emergency Preparedness

***Why is it important?***

We live in a world where emergencies arise, and it is imperative that the public health workforce is prepared to respond to those emergencies. The recent Redwood Fire Complex was fresh in the minds of the staff when this document was prepared. Public Health employees are not the first responders in natural disasters such as this one; however, they play a role in ensuring that those with resulting injuries and health ailments are receiving needed medical services. This is a shared role between Public Health and the Local Emergency Medical Services Agency (LEMSA). The LEMSA is responsible for pre-hospital patient care and transport.

During an emergency, Public Health is responsible for ensuring that those who have been evacuated have their health, medical, and wellness needs addressed while they are displaced from their homes. Public Health also has supplies and equipment stock-piled to distribute during an emergency. For example, N-95 masks are recommended for use when people enter into a smoke-filled area.

When the emergency is a biological agent such as a virus, Public Health should be the first to identify the issue and to organize an appropriate response. Identification depends on accurate and timely reporting of diseases from medical providers. A strong surveillance system uses current technology to report diagnosed illness electronically and collected by Public Health in order to run analytics on it.

The Public Health Emergency Preparedness (PHEP) Program is funded to assist in preparing Public Health staff for their response. There are specific target capabilities that must be met. These capabilities enable Public Health to respond quickly and efficiently as possible. Where feasible, this plan will link the program capabilities to the strategic goals and objectives.

### *Goal 1.1: Improve Disease and Syndromic Surveillance*

***How does Mendocino County Public Health address this goal?***

Per PHEP program requirements, Mendocino County must maintain a surveillance system for reporting severe (hospitalized) and fatal cases of laboratory-confirmed influenza in those under the age of 65 years. Reporting must be by electronic means or by fax during both the regular influenza season and in a pandemic. Public Health also must continue developing epidemiological processes to gather and analyze data from other sources such as environmental conditions, hospital discharge statistics, information from mental/behavioral health agencies, population-based surveys, disease registries, immunization registries, and active case findings.

This will be accomplished through the provision of trainings to the local medical providers, including hospitals, to ensure that they know how and when to report diseases per the California State Confidential Morbidity Reporting (CMR) requirements. The communicable disease nurse will work with the Senior Public Health Analyst to ensure that these data are monitored and analyzed for trends and early warning of a more significant event that could lead to an epidemic or more serious public health emergency. Public Health staff will create reports using the collected data and package them for dissemination to the public based on epidemiological and health status monitoring statistical principals.

### How is progress measured?
Health Indicators:
- Annual influenza death rates of those under 65 years of age

### Objective 1.1.1
100% (3) of hospitals in Mendocino County will participate in reporting communicable disease data to Public Health within the specified time of the specific diseases in the CMR on an ongoing basis.

### Objective 1.1.2
Conduct a meeting to discuss reporting data to Public Health with the community partners by March 2019.

**Program Measures:**
- Number of hospitals reporting communicable disease to Public Health within the time limits for the specific diseases in the CMR
- Number of medical providers completing training
- Percent of disease reported on schedule according the CMR

### Goal 1.2: Increase Staff Capacity to Respond During an Emergency

### How does Mendocino County Public Health address this goal?
Public Health must maintain a sufficient number of public health response personnel trained to the CDC definitions of Responder Training levels Tier 1-4 to meet the needs of Mendocino County during an unusual event and emergency system activation. All new County staff members are required to complete Incident Command System (ICS) and NIMS training (IS 100 and 700), and this requirement will be continued in the foreseeable future. County staff members in leadership roles must complete additional ICS training (300/400) or other EOC/DOC training determined by OES or Public Health Leadership. Public Health must provide training opportunities that focus on accessing the Medical Health Operation Area Coordinator (MHOAC) and planning/coordination meetings with the AFN Coordinator, behavioral health, and Office of Emergency Services to address preparedness, response, and recovery.

Another area that would benefit from more training is the use and response to the California Health Alert Network (CAHAN) notifications. Public Health will explore expanding participation in the system and identifying additional ways to use the system on a regular basis so that staff and community members are adept at using it. Public Health will look to other jurisdictions for

examples of how this is operationalized.  In addition to training, Public Health will also provide opportunities for staff to practice what they learn via drills and exercises.

**How is progress measured?**
Health Indicators:
- Time to implement countermeasures during a public health emergency

**Objective 1.2.1**
100% of Public Health staff will complete IS 100 and IS 700 training within the first two days of employment on an ongoing basis.

**Objective 1.2.2**
80% of Public Health staff will reply to CAHAN notifications within four hours on an ongoing basis.

**Objective 1.2.3**
Conduct a minimum of three exercises with Public Health staff on an annual basis through 2023.

> **Program Measures:**
> - Percent of new County Public Health staff complete IS 100 and 700 training
> - Percent of Public Health staff that reply to CAHAN notifications within four hours
> - Number of exercises in which Public Health participated
> - Percent of inventory available in the trailer cache

**Objective 1.2.4**
Ensure the cache in the trailer is fully stocked (100%) with materials that are not expired according to the inventory list on an annual basis.


***Goal 1.3: Increase Public Health Capacity for Leadership in the Department Operational Center (DOC)***

**How does Mendocino County Public Health address this goal?**
During emergencies it is sometimes necessary to open a Department Operational Center (DOC) to specifically coordinate the health and human services response. It is necessary for those in Public Health leadership positions to have a solid understanding of how the DOC functions under the four areas: finance, logistics, operations, and planning. Public Health leaders need to be trained and practice opening and running the DOC to be prepared to respond during an emergency. Public Health will ensure that leaders are trained in ICS 300/400, and that they will have opportunities to practice their skills during exercises or real events that occur through 2023.

**How is progress measured?**
Health Indicators:
- N/A

**Objective 1.3.1**
Train a minimum of 10-12 Public Health leaders in ICS 300/400 to prepare them for DOC leadership roles in finance, logistics, operations, and planning by March 2019.

**Program Measures:**
- Number of Public Health leaders completing ICS 300/400
- Number of exercises that include opening and running the DOC

**Objective 1.3.2**
Conduct at least one exercise per year to practice skills learned in ICS 300/400 through 2023.

## Goal 1.4: Ensure Operations Are Continued during Emergencies (Continuity of Operations - COOP)

### How does Mendocino County Public Health address this goal?
Public Health many times must continue offering programs and services during emergencies. Having a Continuity of Operations Plan (COOP) is important for staff to know where to report for work when their normal work site may not be usable as a result of the disaster or in a situation where they are unable to access their regular work site due to transportation barriers. Staff that are familiar with the plan and have exercised the plan will be better prepared for situations where the COOP may be activated. Public Health will develop and exercise a COOP for these purposes.

### How is progress measured?
Health Indicators:
- N/A

**Objective 1.4.1**
Develop a COOP by December 2018.

**Program Measures:**
- Number of COOP exercises or activations per year

**Objective 1.4.2**
Conduct annual COOP exercises through 2023.

# External Communication

***Why is it important?***

In the era of information free flowing over rapid communications media using modern technology, it is vital to ensure that information available to the public is verifiably factual. With the digital age and information more readily available, false or partially false information is available to the public via the Internet on a 24/7 basis. 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. Public Health Information also should be consumable by the community; therefore, major public health campaigns should have community feedback into the messaging and the method of dissemination.

Another issue around public information is timely communication during emergencies and communicating public health threats and risks to prevent the spread of disease. The State of California has the California Health Alert Network (CAHAN) available to local health departments within the state. Although the original intent of this system is to alert the health emergency response network of situations that may lead to activated response, the CAHAN system can also be used on a more regular basis to notify those in the system to non-emergency types of information in addition to the emergency alerts. Models for this exist in other California counties.

***Goal 2.1: Increase External Communications***

***How does Mendocino County Public Health address this goal?***

Public Health currently creates press releases, but they are not always picked up by traditional media sources. Public Health would like to increase the reach of its press releases by creating and maintaining a presence on social media such as Facebook and Twitter. The County Executive Office has a policy for the use of social media. Public Health would like to use that as a basis for creating its own policies, procedures, and protocols for developing a system to manage information dissemination via social media accounts. A staff member will be assigned the role of Public Information Officer (PIO) to coordinate the media messaging with the Public Health Director's and/or Public Health Officer's guidance and approval. The use of social media would enable the community to provide feedback and comments on the posted material.

When appropriate, Public Health will obtain community input and feedback into its health messaging campaigns. This will be limited to major communication campaigns or messaging areas that need more community vetting because of the amount of effort that goes into focus groups, community dialogues, and surveys to solicit this kind of input. The use of social media may also be a source of community feedback. When information or articles are shared with the public, they can include open-ended questions to encourage followers to comment and provide their input.

Sharing data with the public is also a priority for Public Health. Obtaining data and creating access to that information is important for decision-makers when determining budgets and areas for improvement. Public Health would create an online data warehouse or "Epi Center" for the public to access more "real-time" local data. Access to data would be available online 24/7. Public Health will use social media to advertise their existence and instruct the community on how to access them.

Public Health will also address the area of risk communication during disasters and public health emergencies. With the recent 2017 Redwood Complex Fire, lessons learned will be incorporated into improving the risk communication from Public Health as with other parts of the County government. Staff will explore expanding the use of CAHAN and creating templates that can be modified to meet the information that is appropriate for the given situation. Mendocino County will increase its use of the CAHAN system by dedicating a staff member to administer its use. Policies, procedures, and protocols for using CAHAN at the local level will be developed and/or modified based on lessons learned in the 2017 Redwood Complex Fire. Drills to practice using the system are addressed in Goal 1.

***How is progress measured?***
Health Indicators:
N/A

### Objective 2.1.1
A minimum of 5 Public Health programs will establish a social media presence through the administration of a Facebook, Twitter, SnapChat, Instagram, or other social media platform for Public Health issues by posting to these sites a minimum of twice per month through June 2023

### Objective 2.1.2
Increase community feedback and cultural appropriateness of Public Health messages and materials by ensuring community feedback is included in the development of a minimum of one health information campaign per year

### Objective 2.1.3
100% of the Public Health content on the website is updated and current, by June 2019.

**Program Measures:**
- Number of Facebook posts per fiscal year
- Number of tweets released during each fiscal year
- Number of health information campaigns that utilized community feedback and cultural appropriateness in its messaging
- Number of press releases distributed each fiscal year
- Number of public health messages disseminated
- Number of community partners participating in CAHAN

### Objective 2.1.4
100% of restaurants in Mendocino will have a health and safety ranking placard on display, by June 2023.

**Objective 2.1.5**

A minimum of 60 public health messages will be disseminated through various media channels (e.g., press releases, advertising, responses to media requests), by June 2023.

**Objective 2.1.6**

Increase community partner participation by 50% in the CAHAN System by June 2020.

# Immunizations

***Why is it important?***
Many diseases are preventable with vaccination, which is why they are known as vaccine-preventable diseases. Immunizations are a hallmark of effective public health prevention practice. However, childhood immunization rates have been dropping due to misinformation spread in alternative health communities and by celebrities. This is why we have experienced an insurgence of some vaccine-preventable disease such as measles and pertussis over the past few years.

Childhood immunizations are not only determined to be safe, but they also prevent needless death and illness severity among children. They provide proper protection when the vaccine schedule is followed. This is another area of misinformation in the public. Many people believe that too many vaccines at once will overwhelm their children's immune system, leading them to modify the Center for Disease Control and Prevention's (CDC's) immunization schedule. If a parent misses a subsequent appointment, this could lead to a missed opportunity and leave the child susceptible to disease.

California recently passed Senate Bill 277, removing personal belief exemptions for school entry vaccination requirements. Under the California Health and Safety Code Section 120325-120380, children in California are required to receive certain immunizations in order to attend public and private elementary and secondary schools, child care centers, family day care homes, nursery schools, day nurseries, and developmental centers. Schools, child care centers, and family child care homes are required to enforce immunization requirements, maintain immunization records of all children enrolled, and submit reports.

Per the data on the Healthy Mendocino website, only 88.7% of kindergartners had the required immunizations for school in 2016.[1] This was much lower than the California rate, 95.6%. Mendocino County has a high anti-vaccination population, which is reflected in the data; however, survey data are not available to determine the extent of the population that believes vaccines are not healthy or safe.

***Goal 3.1:  Increase public perception of vaccine safety***

***How does Mendocino County Public Health address this goal?***
Public Health plans to utilize the newly created Facebook page to post information about vaccine safety and encourage parents to immunize their children. They will research materials that are already available online to vet with local officials and share with the public. If desired materials are not available, staff members will create new ones to address these gaps. Public Health staff will work with other County programs and offices that have waiting rooms or

---

[1]http://www.healthymendocino.org/indicators/index/indicatorsearch?module=indicators&controller=index&action=indicatorsearch&doSearch=1&i=295&l=&primaryTopicOnly=&subgrouping=2&card=0&handpicked=1&resultsPerPage=150&showComparisons=1&showOnlySelectedComparisons=&showOnlySelectedComparisons=1&grouping=1&ordering=1&sortcomp=0&sortcompIncludeMissing=

lobbies, in addition to their own programs such as WIC, to encourage including immunization information as part of their video sequence.

**How is progress measured?**

Health Indicators:

- N/A – Perception is not currently being assessed in the communities of Mendocino County.

### Objective 3.1.1

Implement a vaccine safety awareness campaign by June 2019 that includes:

- Information posted and shared at least once per year on newly created Public Health Facebook page, and
- A minimum of two YouTube videos disseminated via various media on an annual basis.

**Program Measures:**

- Number of social media posts related to immunizations
- Number of videos used to convey vaccine safety information
- Number of County facilities including immunization videos in their lobbies or waiting rooms
- Number of doctor-signed waivers

## Goal 3.2: Increase immunization coverage rates in preschoolers

**How does Mendocino County Public Health address this goal?**

Public Health staff working with immunizations conducted a quality improvement (QI) project in 2017 to look at increasing the percentage of kindergarten students in compliance with the California law changes to school immunization requirements. They were able to work with those schools that had the highest numbers of students with personal exemptions that were at risk of not enrolling students due to a lack of compliance. Now the team would like to look at increasing immunization rates with the preschool population through parent and provider education and information. They will identify preschools that have more challenges in getting parents to conform with the state law and work with them by providing educational materials to the care givers and the parents to increase awareness about vaccine safety and where to obtain immunizations for their children.

**How is progress measured?**

Health Indicators:

- Childhood immunization rates

### Objective 3.2.1

Increase immunization compliance to 90% with preschools throughout Mendocino County.

**Program Measures:**

- Number of preschools receiving immunization educational materials
- Percent of children enrolled in partner preschools that are current with their immunizations

## Goal 3.3: Increase employee health and safety

**How does Mendocino County Public Health address this goal?**

Public Health would like to partner with the County Human Resources Department (HR) to ensure that all Public Health employees are properly screened for tuberculosis (TB), trained in how to properly use an N-95 mask, and administered annual influenza (flu) shots. Public Health will work with HR to identify which staff need annual TB testing and develop a calendar so that staff can receive notification about the need to fulfill this requirement and how to obtain a proper TB test and reading of results. Public Health Nurses will provide annual training on the proper use of N-95 masks to ensure staff safety in a situation where the air may be unsafe to breath without it. Lastly, Public Health will provide educational materials to disseminate to staff in the fall every year to encourage all to get their flu shots.

*How is progress measured?*
Health Indicators:
- Percent of Public Health employees on schedule with annual TB testing
- Percent of Public Health staff that demonstrate proper usage of N-95 masks
- Percent of Public Health employees receiving flu shots

**Objective 3.3.1**
Ensure a minimum of 95% of Public Health employees that are on schedule for annual TB testing through June 2023.

**Objective 3.3.2**
Train a minimum of 10 Public Health employees on the proper use of N-95 masks by June 2020.

**Objective 3.3.3**
Ensure a minimum of 90% of Public Health staff receive flu vaccine on an annual basis.

**Program Measures:**
- Number of employees needing TB testing per month
- Number of staff trained on properly using N-95 masks and demonstrating competency
- Number of employees receiving flu shots at work
- Number of employees receiving flu shots through their health care providers

# Organizational Culture

***Why is it important?***
The culture of an organization impacts the organization's effectiveness. Gallup has described the twelve core elements that distinguish the strongest departments of a company from the rest.[2] These are referred to as Gallup's Q12, and they best predict employee and workgroup performance. Well-run organizations are able to address the following items with its employees:

1.  I know what is expected of me at work.
2.  I have the materials and equipment to do my work right.
3.  At work, I have the opportunity to do what I do best every day.
4.  In the last seven days, I have received recognition or praise for doing good work.
5.  My supervisor, or someone at work, seems to care about me as a person.
6.  There is someone at work who encourages my development.
7.  At work, my opinions seem to count.
8.  The mission/purpose of my company makes me feel my job is important.
9.  My associates (fellow employees) are committed to doing quality work.
10.  I have a "best friend" at work.
11.  In the last six months, someone at work has talked to me about my progress.
12.  In the last year, I have had opportunities to learn and grow.

The first two are considered base camp because they form the foundation for a workforce that is engaged. It is impossible to perform a job well without knowing what is expected and not having all of the necessary materials and equipment to do that job. Many of these other concepts are also part of the MAGIC concept adopted by Mendocino County and discussed in the next section.

***Goal 4.1: Create a culture that invests in its employees***

***How does Mendocino County Public Health address this goal?***
Mendocino County Public Health would like to foster an organizational culture that encourages workforce development and builds off of the countywide effort to increase employee satisfaction. The County has implemented a program that utilizes the acronym MAGIC to guide offices on actively encouraging employee engagement. MAGIC stands for meaning, autonomy, growth, impact, and connection. Public Health staff would like to be seen as leaders in implementing this practice and will create a committee dedicated to implementing strategies to add MAGIC concepts.

---

[2] Buckingham, M., & Coffman, C. (1999). *First, break all the rules: What the world's greatest managers do differently*. New York, NY.: Simon & Schuster.

Public Health will focus on growth, impact, and connection as part of this effort. Training opportunities will be supported and encouraged. These trainings can be for job skill growth or area of personal development that assist employees with work-life balance. Wellness opportunities such as healthy eating and physical activity will also be encouraged. Additionally employees will be offered opportunities to provide input into his or her program goals, objectives, and activities. Environmental Health will inspire the rest of Public Health to provide supportive office environments where everyone checks in with each other in a meaningful way that increases employee connection.

Employee recognition is another area that Public Health would like to improve upon. It was part of a QI project in 2017. The form and process created for this project has not been fully implemented due to many changes in staffing over the past year. Once key vacancies have been filled, this effort will be restarted.

***How is progress measured?***
Health Indicators:
- N/A

**Program Measures:**
- Percent of employees reporting that they feel valued at work
- Number of employees receiving recognition on a monthly basis

**Objective 4.1.1**
Implement the strategies to address the concepts of MAGIC by December 2018.

**Objective 4.1.2**
Increase employee engagement by 10% each year through June 2023 after establishing a baseline in 2018.

**Objective 4.1.3**
Increase employee recognition so that a minimum of 20% of the workforce receives recognition by June 2023.

### *Goal 4.2: Improve Internal Communications*

***How does Mendocino County Public Health address this goal?***
Public Health would like to improve its internal communications by reinstating the HHSA *Health Shop*. These meetings have been seen as a good way for staff to learn about other programs and services both across HHSA and within Public Health. Public Health will reinstate quarterly all staff meetings and will encourage HHSA to hold one or two all staff meetings each year. The Public Health meeting can be used to share program information, QI projects, data, progress on Healthy Mendocino, and progress on this plan.

**Program Measures:**
- Number of HHSA all staff meetings
- Number of Public Health all staff meetings

***How is progress measured?***
Health Indicators:
- N/A

**Objective 4.2.1**
80% of Public Health staff will receive Public Health-related information on a regular basis.

# Prevention

## *Why is it important?*

Prevention is key to reducing the burden of substance use and chronic disease in the community. Public Health has always tried to focus on prevention, moving further toward root causes when appropriate. The main burden in Mendocino County is substance use disorder. The data found on the Healthy Mendocino website[3] show that 38.7% of adults binge drink and 15.3% of adults smoke in Mendocino County; both are higher than the State rates (34.7% and 12.4%, respectively). Deaths due to drug use have increased from 23.3 per 100,000 (2013-2015) to 26.2 per 100,000 (2014-2016). The death rate due to drug poisoning was at 26.6 per 100,000 (2014-2016). Opioid prescription rates were at 711.3 per 10,000 in November 2017. Given the rising rates of opioid addiction and deaths, there has been a national effort to address this epidemic with treatment and prevention.

Most adults that use or abuse substances such as alcohol, tobacco, and other drugs begin using these substances in their youth. That is why it is important to build youth resiliency and decrease their risk factors to prevent them from starting a deadly habit. Youth alcohol and marijuana use rates are 37.0% and 24.0%, respectively. Both of these are higher than the State's rates, which are 29.1% and 20.1%, respectively. On a positive note, the percent of teens (11th graders) that smoke tobacco is 8.0%, although the data are quite a bit older than the data for alcohol and marijuana use. Substance use disorders are related to a variety of health and mental health issues. They are linked with violence, poor quality of life, and a shorter life expectancy. All of these data support a need to address the prevention of substance use disorder in Mendocino County communities. Healthy Mendocino Community Health Improvement Plan (CHIP) addresses childhood trauma. Preventing substance use in families is one strategy that should decrease the amount of childhood trauma experienced in Mendocino County.

## *Goal 5.1: Prevent harmful use and abuse of substances*

## *How does Mendocino County Public Health address this goal?*

Public Health's Community Health Education and Engagement manages a variety of prevention programs that address these issues. The SafeRx program identifies the top prescribers of opioids in the county by reviewing the Controlled Substance Utilization Review and Evaluation System (CURES) database. CURES stores Schedule II, III, and IV controlled substance prescription information reported as dispensed in California. CURES contains the following information: patient name, patient date of birth, patient address, prescriber name, prescriber DEA number, pharmacy name, pharmacy license number, date prescription was filled, prescription number, drug name, form, quantity and strength, refill number, and number of days supplied. Data

---

[3] http://www.healthymendocino.org/indicators/index/indicatorsearch?module=indicators&controller=index&action=indicatorsearch&doSearch=1&i=62_8_2370_7411_495_445_506&l=&primaryTopicOnly=&subgrouping=2&card=0&handpicked=1&resultsPerPage=150&showComparisons=1&showOnlySelectedComparisons=&showOnlySelectedComparisons=1&grouping=1&ordering=1&sortcomp=0&sortcompIncludeMissing=

contained in CURES is reported to the California Department of Justice by pharmacies and direct dispensers.

Educational materials will be sent to the top providers to encourage them to change their prescribing practices by reducing opioid prescriptions and providing prescription for alternative medications. CURES will be monitored on a regular basis to determine if the educational materials are effective at reducing opioid prescription behavior. Those prescribers who are not receptive to changing their practice will be reported to the Medical Board of California.

Naloxone, sold under the brand name Narcan, is a medication used to block the effects of opioids, especially in overdose situations. The SafeRx program will distribute Narcan along with educational materials on its usage to providers, emergency providers, users, and their families throughout the community in order to reduce the number of deaths due to opioid overdose. Referrals for addiction treatment will be included.

The *Lock It Up* campaign was developed by the Partners in Community Wellness (PICW) Regional Network to raise awareness of the issues of prescription drug abuse and underage drinking. As part of this campaign, Public Health staff will distribute lock bags for prescription drugs and marijuana, and research effective messaging around responsible storage, and develop a local campaign to include marketing and broader distribution of lock bags.

Although youth tobacco smoking rates have been decreasing, there are always new methods for an old habit. Over the last decade, the use of electronic nicotine delivery systems (ENDS), including the electronic cigarette or e-cigarette, has grown rapidly. Due to the newness of their use, it is challenging to obtain good data on its usage and its effects on the lungs. Youth surveys have only recently begun to collect this information. The ingredients of the product inhaled are mostly unknown. The U.S. Surgeon General has concluded that e-cigarettes can expose users to several potentially harmful chemicals, including nicotine, carbonyl compounds and volatile organic compounds.[4] This is why tobacco control efforts must continue. The tobacco control program will work with local government officials to ensure that ENDS are included in the local smoking ordinances. The program also will continue with local compliance checks with vendors to ensure that youth are not able to purchase tobacco-related products and adult use marijuana products.

***How is progress measured?***
Health Indicators:
- Death rates due to drug overdose
- Opioid prescription rate
- Opioid prescription patients
- Rates of youth alcohol use

---

[4] U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. 2016

- Rates of youth cannabis use
- Rates of youth tobacco use

**Objective 5.1.1**
Decrease opioid prescriptions by 20%, by June 2023.

**Objective 5.1.2**
Reduce the number of opioid overdose deaths by 20%, by June 2023.

**Objective 5.1.3**
Implement the Lock It Up responsibility campaign for up to 3 issues (e.g., cannabis, prescription drugs, alcohol) through 2023.

**Objective 5.1.4**
Reduce sales of tobacco products to youth in retail establishments by 50%, by June 2023.

*Goal 5.2: Reduce factors that contribute to obesity*

*How does Mendocino County Public Health address this goal?*
Public Health has a Supplemental Nutrition Assistance Program Education (SNAP-Ed) program, a federally funded grant program that supports evidence-based nutrition education and obesity prevention interventions and projects for persons eligible for CalFresh, California's name for SNAP. One of the strategies of SNAP-Ed is to educate consumers about the sugar-sweetened beverages along with other nutrition education information. Staff members will participate in community events to disseminate educational materials. The ultimate goal would be to reduce obesity rates in both adults and children.

*How is progress measured?*
Health Indicators:
- Adult obesity rates
- Child obesity rates
- Adults who drink sugar-sweetened beverages

**Objective 5.2.1**

**Program Measures:**
- Number of identified top opioid prescribers
- Percent of top opioid prescribers reported to the State
- Number of prescribers receiving educational materials about prescribing opioids
- Percent of prescribers that change prescribing behaviors as a result of education
- Percent of prescribers that make alternative prescriptions available
- Number of prescribers reported to the Medical Board of California
- Number of Narcan doses distributed
- Number of lock bags distributed
- Number of educational materials disseminated about securing prescriptions, alcohol, and cannabis from minors
- Number of compliance checks to ensure youth are not able to purchase tobacco-related and adult use marijuana products

**Program Measures:**
- Number of events with nutrition promotion
- Number of individuals receiving information about the harmful consequences of sugary beverages
- Percent of those receiving the nutrition information changing what they drink

Increase awareness of harmful consequences of sugary beverages by at least 3,000 individuals each year through June 2023.

# Systems Approach

*Why is it important?*

With the constant decrease for public health program funding, it is becoming increasingly important for existing programs and services to collaborate and work together so that they are better able to leverage their program funding and staffing. Successful leadership and organizational strength depends upon collaboration. The inference is that this will lead to better community health outcomes.

Systems thinking methodology acknowledges that programs, workforce, political landscapes, culture, etc. do not function independent of each other. For Public Health Services to be successful, it must use systems thinking when addressing its mission. Leaders must consider funding and its requirements; workforce development and engagement; performance measurement and quality improvement; community values and social norms; and the legal and political landscape in which it operates programs and services.

*Goal 6.1: Increase programs working together collaboratively*

*How does Mendocino County Public Health address this goal?*

Public Health will revamp its Health Shop events by creating a committee that will select the topics and all related logistics such as venue, date, and time. Health Shop is designed to increase awareness among all Public Health staff of other programs and services provided by their colleagues. Health Shop will be used to identify areas for potential collaboration between various Public Health programs and services. The Health Shop committee will be responsible for assigning which program presents, and will work with the programs to ensure a standard method is used for sharing information.

*How is progress measured?*

Health Indicators:
- N/A

**Objective 6.1.1**

Public Health Services will host 6 Health Shop events for all Public Health staff, by June 2023.

**Program Measures:**
- Number staff members participating in the Health Shop committee
- Number of Health Shop Events

# Monitoring and Reporting 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 Sr. Analyst in Quality Improvement/is responsible for coordinating the Public Health Performance Management System. Measures will be tracked monthly, bimonthly, quarterly, semi-annually, or annually depending on how frequent the data are available and practicality based on operational needs.

The Public Health Performance Improvement Manager will conduct an annual review of progress. All Public Health Managers will be responsible for reporting on their areas of the plan supported by their programs. During this review, areas for improvement shall be identified and referred to the Quality Improvement (QI) Council to determine whether or not a QI team should be assembled to conduct a QI project. The QI Council 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 Director's office is responsible for producing the Strategic Plan Annual Report.

# Acknowledgements

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

## Public Health Accreditation Team

Barbara Howe
Jessica Martinez
Julie Beardsley

## Public Health Program Staff Support and Participation

Anne Molgaard
Brian Hoy
Cindy Roper
Colleen Gorman
Fabiola Ruiz
Heather Criss
Jean Cunnington
Kirk Ford
Kyree Klimist
Laura Vandewarker
Lucila Martinez

Lynette Mitchell
Megan Van Sant
Natalie Levchenko
Ruth Lincoln
Rachel Ebel-Elliot
Sarah Downey
Sharon Convery
Trey Strickland
Vince Hawkins
Waldi Helm

## Contract Support from Public Health Institute

Tamara Bannan
Susan Watson

## Mendocino County Board of Supervisors

District One:    Carre Brown
District Two:    John McCowen
District Three:  Georgeanne Croskey
District Four:   Dan Gjerde
District Five:   Dan Hamburg

# Appendix A

Performance Measures Linked with Performance Management System and Quality Improvement Efforts

| Health Indicators | Program Performance Measures |
| --- | --- |
| **Emergency Preparedness** | |
| Goal 1.1: Improve Disease and Syndromic Surveillance | |
| Annual influenza death rates of those under 65 years of age<br>*Source: California Department of Public Health - Healthy Mendocino website* | # of hospitals reporting communicable disease to Public Health within the time limits for the specific diseases in the CMR |
| | # of medical providers completing training |
| | % of disease reported on schedule according to the State CMR requirements |
| Goal 1.2: Increase Staff Capacity to Respond to Emergencies | |
| Time to implement countermeasures during a public health emergency<br>*Source: County of Mendocino PHEP Program* | % of new County Public Health staff complete IS 100 and 700 training |
| | % of Public Health staff that reply to CAHAN alerts/notifications within four hours |
| | # of exercises in which Public Health participated |
| | % of inventory available in the trailer cache |
| Goal 1.3:Increase Public Health Capacity for Leadership in the Department Operational Center (DOC) | |
| | # of Public Health leaders completing ICS 300/400 |
| | # of exercises that include opening and running the DOC |
| Goal 1.4: Ensure Operations Are Continued during Emergencies (Continuity of Operations Plan - COOP) | |
| | # of COOP exercises or activations per year |
| **External Communication** | |
| Goal 2.1: Increase External Communications | |
| | # of Facebook posts per fiscal year |
| | # of tweets released during each fiscal year |
| | # of health information campaigns that utilized community feedback and cultural appropriateness in its messaging |
| | # of press releases distributed each fiscal year |
| | # of public health messages disseminated |
| | # of community partners participating in CAHAN |

| Health Indicators | Program Performance Measures |
|---|---|
| **Immunizations** | |
| Goal 3.1: Increase public perception of vaccine safety | |
| | # of social media posts related to immunizations |
| | # of videos used to convey vaccine safety information |
| | # of County facilities including immunization videos in their lobbies or waiting rooms |
| | # of doctor signed waivers |
| Goal 3.2: Increase immunization coverage rates in preschoolers | |
| Childhood immunization rates<br>*Source: CDPH - Immunization Branch - Healthy Mendocino Website* | # of preschools receiving immunization educational materials |
| | % of children enrolled in partner preschools that are current with their immunizations |
| Goal 3.3: Increase employee health and safety | |
| % of Public Health employees on schedule with annual TB testing<br>*Source: Mendocino County Human Resources* | # of employees needing TB testing per month |
| % of trained Public Health staff that demonstrate proper usage of N-95 masks<br>*Source: Public Health PHEP Program* | # of staff trained on properly using N-95 masks and demonstrating competency |
| % of all Public Health employees receiving flu shots from any source<br>*Source: Mendocino County Human Resources and Public Health* | # of employees receiving flu shots at work |
| | # of employees receiving flu shots through their health care providers |
| **Organizational Culture** | |
| Goal 4.1: Create a culture that invests in its employees | |
| | % of employees reporting that they feel valued at work |
| | # of employees receiving recognition on a monthly basis |
| Goal 4.2: Improve internal communications | |
| | # of HHSA all staff meetings |
| | # of Public Health all staff meetings |
| **Prevention** | |
| Goal 5.1: Prevent harmful use and abuse of substances | |
| Death rates due to drug overdose<br>*Source: CDPH - Healthy Mendocino website* | # of identified top opioid prescribers |
| Opioid prescription rate<br>*Source: CA Controlled Substance Utilization Review and Evaluation System (CURES) - Healthy Mendocino website* | % of top opioid prescribers reported |

| Health Indicators | Program Performance Measures |
|---|---|
| Goal 5.1: Prevent harmful use and abuse of substances (continued) | |
| Opioid prescription patients<br>*Source: CA CURES - Healthy Mendocino website* | # of prescribers receiving educational materials about prescribing opioids |
| Rates of youth cannabis use<br>*Source: CA Healthy Kids Survey – Healthy Mendocino website* | % of prescribers that change prescribing behaviors as a result of education |
| Rates of youth alcohol use<br>*Source: CA Healthy Kids Survey – Healthy Mendocino website* | % of prescribers that make alternative prescriptions available |
| Rates of youth tobacco use<br>*Source: CA Healthy Kids Survey – Healthy Mendocino website* | # of prescribers reported to the Medical Board of California |
| | # of Narcan doses distributed |
| | # of lock bags distributed |
| | # of educational materials disseminated about securing prescriptions, alcohol, and cannabis from minors |
| | # of compliance checks to ensure youth are not able to purchase tobacco-related products |
| Goal 5.2: Reduce factors that contribute to obesity | |
| Adult obesity rates<br>*Source: CA Health Interview Survey – Healthy Mendocino website* | # of events with nutrition promotion |
| Childhood obesity rates<br>*Source: CA Department of Education – Healthy Mendocino website* | # of individuals receiving information about the harmful consequences of sugary beverages |
| | % of those receiving the nutrition information changing what they drink |
| **Systems Approach** | |
| Goal 6.1: Increase programs working together collaboratively | |
| | # staff members participating in the Health Shop committee |
| | # of Health Shop Events |