



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN 2015-2021



Revised July 2019



Public Health

STRATEGIC PLAN REVISIONS

Date	Revision	Description	Page Number
6/30/2017	Change in terminology	Term <i>objective</i> changed to <i>sub-goal</i>	14-18, 28-41
6/30/2017	Community Transformation Plan Icons	Corrected Economy and Education icons at bottom of pages	14-18
6/30/2017	Glossary of Terms	Change in definitions for <i>objective</i> and <i>activity</i> ; addition of definition for <i>sub-goal</i> .	23
6/30/2017	Implementation Addendum	Addition of addendum	42
8/17/2018	County Letterhead	County Letterhead update	4
8/17/2018	Public Health Core Functions	Correction of Language under Public Health Core Functions	8
8/17/2018	Implementation Addendum	Change in language, addition of bullet points in description of objectives, update in objective language, and addition of <i>Revisions Made</i> column	46-51
7/31/2019	Title Page	The date on the title page was extended to 2021	Title page
7/31/2019	Board of Supervisors update	Update of Board of Supervisors' names	4
7/31/2019	Demographics	Update of demographics page	7
7/31/2019	Implementation Addendum	<ul style="list-style-type: none"> Removed date from Implementation Addendum title page Update of objectives, some have been extended to 2021 	42
7/31/2019	Tracking and Reporting	Updated Tracking and Reporting Progress	52

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WE ENVISION a *complete county* that capitalizes on the diversity of its people, its geography, and its economy to create a board range of choices for its residents in how they live, work, and play.

WE ENVISION a *vibrant economy* with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

WE ENVISION a *sustainable system* of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

WE ENVISION a *model community* which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach standard goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

*Adopted by San Bernardino County Board of Supervisors and
San Bernardino Associated Governments Board of Directors*

June 30, 2011

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Public Health Administration

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

Dear Department of Public Health Colleagues,

The Department of Public Health is committed to improving the overall wellness and quality of life in San Bernardino County, and it gives me great pleasure to present our Department's inaugural Strategic Plan for 2015-2020. The Strategic Plan lays out the goals and objectives for the department over the next five years. This plan provides a road map for our future and is intended to be a living document to spur innovation and drive alignment. With the Countywide Vision as our guide, we will accomplish so much more together than we ever could alone.

The completion of this plan achieves a major milestone towards our journey for national Accreditation; provides overarching priorities for departmental alignment; reaffirms our core functions and essential services; establishes core values to provide a blueprint to work together and with the public; and collectively addresses the health needs of our county.

Community Vital Signs published the Our Community Vital Signs 2013 Final Report and Community Transformation Plan, which serves as our first community health assessment and community health improvement plan. Our Strategic Plan identifies opportunities for aligning our work with Community Vital Signs to transform San Bernardino County into a healthier place to live, work, learn, and play.

As a next step to achieve the full potential of this plan, we will all need to work collectively, and in alignment, as we identify opportunities and focus our efforts to improve our public's health. Together, we will achieve our vision of **Healthy People in Vibrant Communities**.

Sincerely,

Trudy Raymundo
Director



Maxwell Ohikhuare, M.D.
Health Officer



BOARD OF SUPERVISORS

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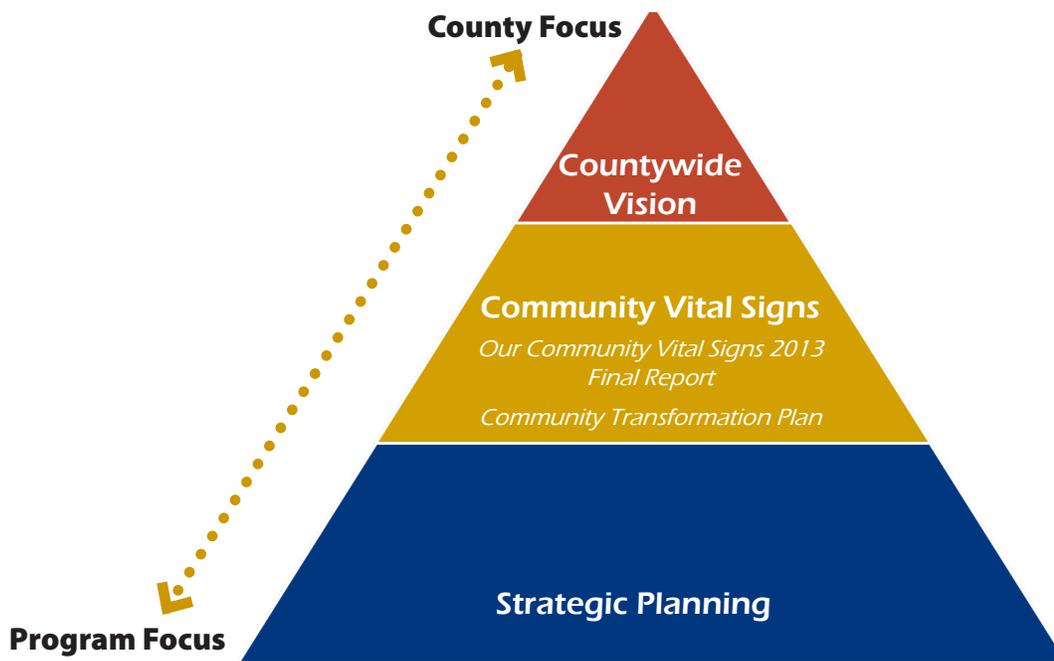
GARY MCBRIDE
Chief Executive Officer

THE STRATEGIC PLANNING CONTEXT

Strategic planning takes an organization outside the day-to-day activities to formulate the big, clear picture of what an organization is doing and where it is going. Rather than a plan of action for day-to-day operations, this plan is intended to serve as a road map to guide the work of the Department of Public Health (DPH) over the next five years. It has been created in the context of several other critical countywide efforts: the Countywide Vision and the Community Vital Signs Initiative.

Countywide Vision. In 2011, the San Bernardino County Board of Supervisors and the San Bernardino Associated Governments Board of Directors adopted the Countywide Vision. The Countywide Vision calls for collaboration across all sectors on creating a vibrant, physically, and economically healthy county in the next 20 years. This Vision is comprised of ten elements including: jobs/economy, education, housing, public safety, infrastructure, quality of life, environment, wellness, water, and image. The Vision elements outline how each is part of an inter-connected system that relies on all elements to work in concert to improve the quality of life for the county's residents. The Wellness and other Vision Elements are most directly relevant to this plan with their focus on health education and services, healthy lifestyles, and healthy city initiatives. However, the Vision's broad emphasis on creating a vibrant and healthy county also aligns with the spirit of this plan and will be seen not only in the Mission and Vision, but also the specific Goals and Objectives below.

Community Vital Signs Initiative. The Community Vital Signs Initiative is a community-driven effort established through a collaborative of early funders, including San Bernardino County Department of Public Health, Department of Behavioral Health, and Arrowhead Regional Medical



Center in partnership with San Bernardino County to create a health improvement framework by using data to help set goals and priorities for action to improve the quality of life in the county **Our Community Vital Signs 2013 Final Report** (released in November of 2013) provides a snapshot across a wide range of areas including education, employment, the environment, public safety, but especially in health. Data is provided for the county with city and state comparisons as well as the desired goals for population health as outlined by [Healthy People 2020](#). The Community Vital Signs Final report serves as Public Health’s Community Health Assessment (CHA), which is an assessment required for DPH accreditation that includes a comprehensive data collection and analytic process. The report can be viewed at <http://communityvitalsigns.org> (also see Appendix A for more information).

The **Community Transformation Plan** serves as a guide for partners to align their work to improve the health and well-being of county residents. Community Vital Signs used the Mobilizing for Action through Planning and Partnerships (MAPP) process to identify priority goals and actions to move the plan forward. This work included review of the Local Public Health System Assessment (LPHSA), creation of a Community Strengths and Themes analysis, a Forces of Change analysis, and wide scale community comment (more than 2,000 people participated in Community Forums to comment on priorities selected by the MAPP workgroup). The Community Transformation Plan serves as DPH’s Community Health Improvement Plan (CHIP), which is a plan required for DPH accreditation that uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health (please see Appendix A for more information). A table that details the alignment of the Strategic Plan with the Countywide Vision and Community Transformation Plan can be found in Appendix F. However the following icons from the Community Vital Signs 2013 Final Report/Community Transformation Plan have been used to indicate areas of alignment for quick visual reference throughout the Strategic Plan. The Community Transformation Plan can be viewed at <http://communityvitalsigns.org>.



Education



Healthy Behavior



Economy



Community Safety



Access to Health Care



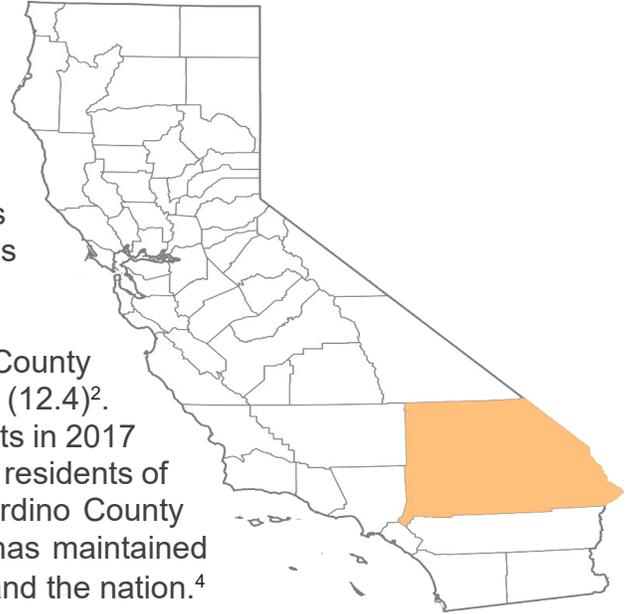
School Safety



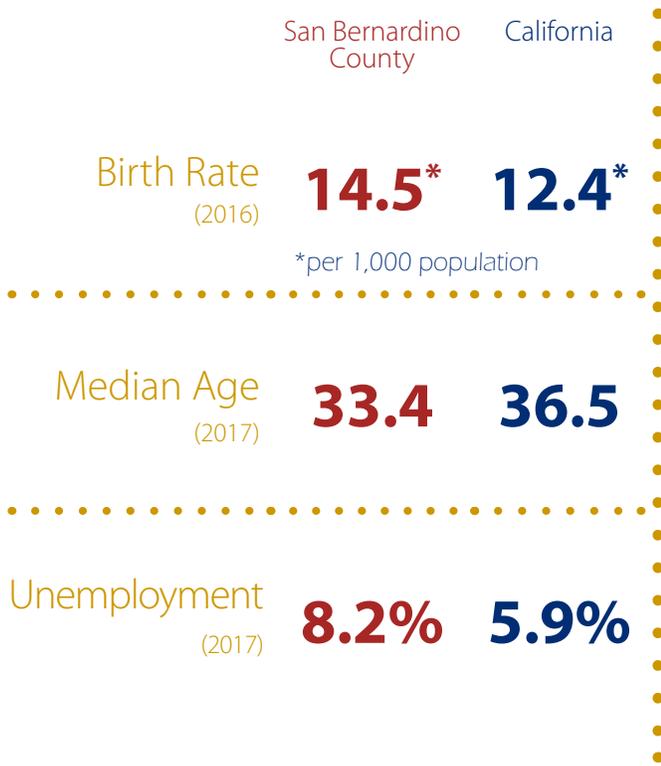
Behavioral Health

ABOUT SAN BERNARDINO COUNTY

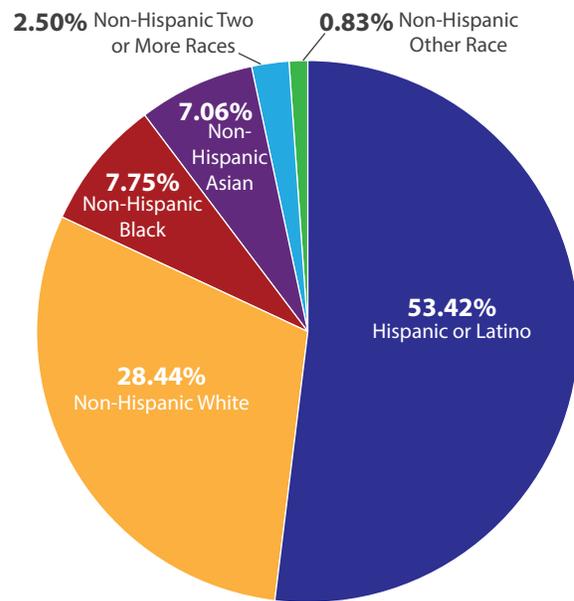
San Bernardino County is located in Southern California, east of Los Angeles and north of Riverside Counties. Encompassing more than 20,056 square miles, San Bernardino is the nation's largest county and is home to 2,157,404 residents¹. San Bernardino is the fifth most populous county in California and the 12th most populous county in the nation.



At 14.5 births per 1,000 population, San Bernardino County had a birthrate higher in 2016 than the statewide rate (12.4)². The average age of San Bernardino County residents in 2017 was younger, with a median age of 33.4 years, than residents of California which averaged 36.5 years³. San Bernardino County was deeply impacted by the 2008 recession and has maintained an unemployment rate higher than both California and the nation.⁴



RACIAL AND ETHNIC DIVERSITY IN SAN BERNARDINO COUNTY 2017 (N=2,157,404)¹



DATA SOURCES

¹ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table B03002

² Family Health Outcomes Project. San Bernardino County Databooks (2016), 3-L

³ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table S0101

⁴ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table S2301

ABOUT THE SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH)

DPH works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. Specifically, this work is organized around three core functions and 10 essential services detailed in Figure 1 below.

Figure 1: Public Health Core Functions and 10 Essential Services

PUBLIC HEALTH CORE FUNCTIONS AND 10 ESSENTIAL SERVICES

The three core functions and 10 Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibility of local healthy systems.

CORE FUNCTION 1: ASSESSMENT

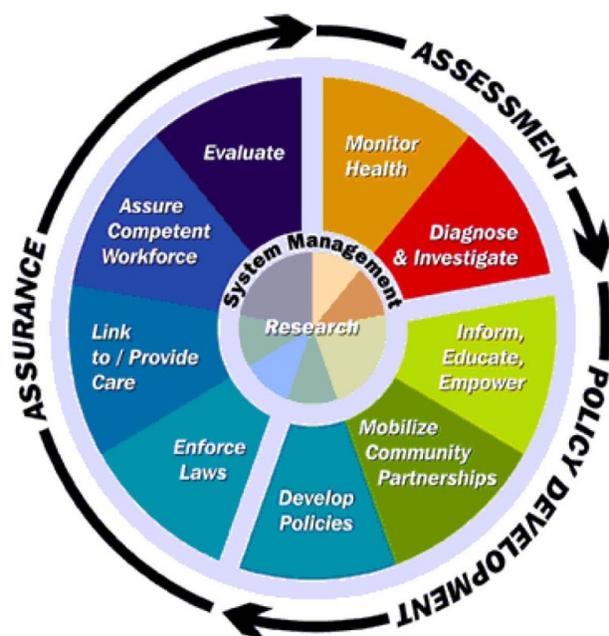
1. Monitor health status identify community health problems
2. Diagnose and investigate health problems and health hazards in the community

CORE FUNCTION 2: POLICY DEVELOPMENT

3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts

CORE FUNCTION 3: ASSURANCE

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems



THE STRATEGIC PLANNING PROCESS

Between September 2014 and April 2015, the strategic planning process included a staff survey, external stakeholder interviews, and five staff input sessions that involved nearly 200 DPH employees (for more details about the planning process, please refer to Appendix B). The Strategic Planning Steering Committee also reviewed two Strength, Weaknesses, Opportunities and Threats (SWOT) analyses of the Core Public Health Functions and Ten Essential Services to frame discussions about the goals and objectives for the strategic plan. The first was completed with DPH Program Managers in 2013 and can be found in Appendix C. The second was conducted in July 2014 as part of the Local Public Health System Assessment (LPHSA - one of four assessments that is part of the MAPP process). Information from the LPHSA, which involved a diverse group of Public Health partners and community members, can be found in the Community Transformation Plan on the [Community Vital Signs Website](#).

In addition to reviewing internal and external SWOT analyses, DPH interviewed six external stakeholders chosen to represent a diverse set of county agencies and health service providers at the beginning of the planning process to better understand countywide perspectives on health and wellness. Key findings from these interviews are displayed in Figure 2.

FIGURE 2:

STAKEHOLDER INTERVIEWS- KEY FINDINGS



What does wellness look like?

- + Healthy individuals- dealing with the person as a whole
- + Easy access to physicians especially primary care
- + Accessible network of providers
- + Healthy environment
- + Safe neighborhoods
- + Health in all policies



What are the key issues going forward?

- + Proper nutrition
- + Behavioral health
- + Poverty
- + Education and awareness
- + Economic development
- + Safety
- + Domestic violence
- + Clinically integrated network
- + Integrated social services
- + Connect people to health care



What role can Public Health play?

- + Hosting a central data repository
- + Ensuring access to health resources
- + Fill in service gaps and reach out to hard-to-reach communities
- + Raising awareness
- + Increase collaboration

The strategic planning process has included the County’s Board of Supervisors’ (BOS) engagement at multiple levels. The BOS (which serves as the Governing Entity for the County) adopted the Countywide Vision. The BOS also approved the development of the Community Health Assessment (CHA) – (Our Community Vital Signs 2013 Final Report), the Community Health Improvement Plan (CHIP) – (2015 Community Transformation Plan), and the Department of Public Health’s Strategic Plan. For the development of both the CHA and CHIP, each of the five BOS hosted a meeting in their district and actively participated in dialog with community members to garner input. The Countywide Vision, CHA, and CHIP were all foundational to the creation of the department’s Strategic Plan. The plan, along with implementation strategies developed from the plan, will be presented to the BOS through the annual budget performance measures for their review, comment, and approval.

KEY HEALTH INDICATORS

Health Indicators from the Community Vital Signs Community Transformation Plan were selected to provide context to DPH’s Strategic Plan. As previously described, this plan serves as DPH’s CHA and CHIP. The Community Transformation Plan encompasses more comprehensive goals than those typically found in a CHA, so for the purposes of strategic planning, select health indicators from the CHA were reviewed and are presented here.⁵

While the number of individuals who are insured has increased, San Bernardino County still lags behind California and the nation (Table 1). The Healthy People 2020 (HP 2020) target is for 100% of all individuals to be insured. The percentage of San Bernardino County residents with access to a usual source of care and the percentage of residents delaying medical care also fall short of the national average and HP 2020 targets. This data highlights the need to make sure services are accessible and address consumer needs, as well as the importance of educating consumers about health resources and the importance of utilizing those available to them. These issues are explicitly addressed in the Goals and Objectives in the following section (specifically, in the Empowerment, Health Equity, and the Health Services and Protection Priority Areas).

Table 1. Accessing Medical Care

	San Bernardino County	California	US	HP 2020	County Trend
Residents who have a usual source of care*	84%	NA	86%	95%	
Residents with health insurance coverage**	81%	86%	83%	100%	
Residents who delayed or did not get medical care in the past year*	11%	NA	12%	4%	
<p>  A green arrow indicates trend is improving  A yellow arrow indicates trend is currently stable  A red arrow indicates trend is worsening * Data obtained from the California Health Interview Survey, UCLA Center for Health Policy Research. (2012). ** Data obtained from the American Community Survey, United States Census Bureau. (2013). </p>					

⁵ The CHA was originally published in 2013; it included indicator data from 2012 or earlier. Indicator data here was updated to the most recent data available, which in most cases was 2013

As a nation, we spend 86% of our health care dollars on the treatment of chronic diseases. These conditions represent the nation’s leading causes of death. Chronic disease results in deaths that could have been prevented, lifelong disability, compromised quality of life, and increased health care costs.⁶ As illustrated in Table 2 below, San Bernardino County residents experience higher levels of chronic disease than residents of California, with the exception of heart disease and obesity. This data highlights the importance of managing chronic disease in San Bernardino County and educating residents on the importance of making healthy and active life choices. Positively, San Bernardino County outpaces California in the percentage of teens getting at least one (1 hour or more of physical activity a day (19.0% compared to 15.2%).⁷ These issues are explicitly addressed in the Goals and Objectives in the following section (specifically, in the Community and Environment, Empowerment, Health Equity, and the Health Services and Protection Priority Areas).

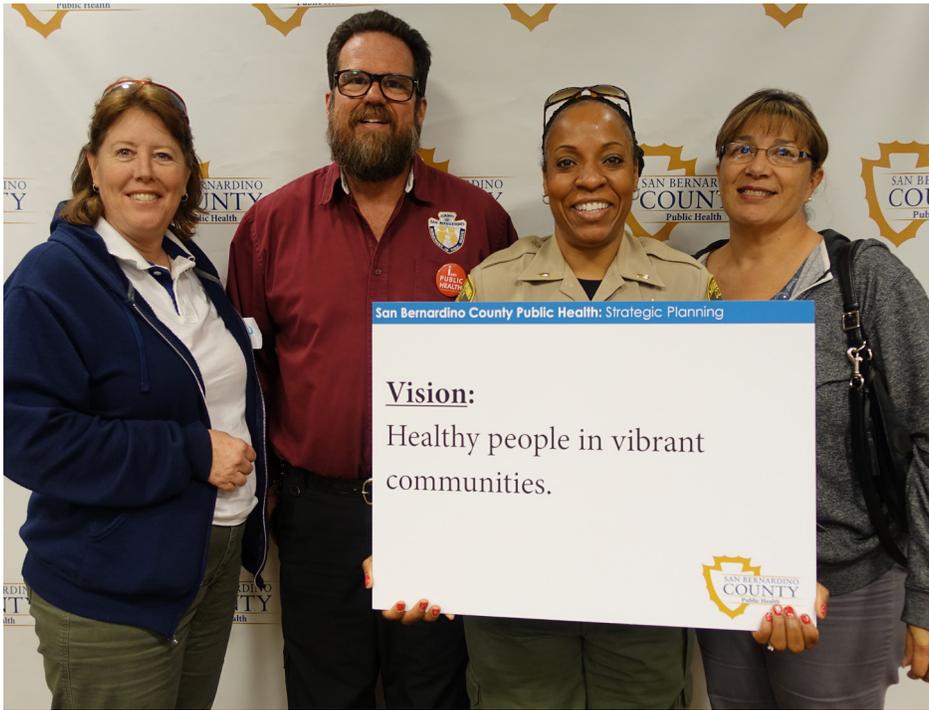
Table 2. Select Chronic Disease Rates in San Bernardino County

	San Bernardino County	California	US	HP 2020	Trend
Diabetes* +	11%	9%	8%	NA	↑
High blood pressure*†	32%	29%	27%	NA	↑
Hospitalization rate for heart disease (per 100,000) ‡	98.93	121.0	81.44	NA	↓
Obese adults*	33%	35%	25%	31%	↑
Obese children (ages 2-19) €^	15%	17%	12%	16%	NA

→ A green arrow indicates trend is improving
 → A red arrow indicates trend is worsening
 + Data obtained from the National Center for Health Statistics, 2015.
 † Data obtained from the National Center for Health Statistics, National Health and Nutrition Examination Survey, 2011-2012.
 ‡ Data obtained from the National Center for Health Statistics, National Hospital Discharge Survey, 2010.
 € Data obtained from the National Health and Nutrition Examination Survey, 2011-12.
 ^ Data obtained from the California Department of Health Care Services, Pediatric Nutrition Surveillance System.

⁶www.cdc.gov/chronicdisease/

⁷2011-12 California Health Interview Survey (CHIS). Retrieved from <http://ask.chis.ucla.edu/main/DQ3/geographic.asp> 5/1/2015.



Vision
 Healthy people in vibrant communities

Mission
 Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County





Values

COLLABORATION: We build and nurture partnerships to achieve mutual success.

DIVERSITY: We celebrate and respect the uniqueness of cultures, communities and beliefs.

EQUITY: We ensure that all individuals and communities have equal opportunity for health and well-being.

INNOVATION: We implement creative solutions to address emerging problems.

TRANSPARENCY: We are open, honest and accountable in our relationships, processes and actions.

1 Community and Environment

Communities and environments support healthy lifestyles

Goal 1

Support sustainable healthy communities



Sub-goal 1.1: Support healthy communities through policy, systems and environmental strategies

Sub-goal 1.2: Provide technical assistance and evaluation for community strategies

Goal 2

Promote healthy eating



Sub-goal 2.1: Improve access to healthy foods

Sub-goal 2.2: Promote healthy food and beverage options by increasing engagement with cities, businesses and community based organizations

Goal 3

Promote active living and safe environments



Sub-goal 3.1: Improve access to open space, parks, trails and recreation

Sub-goal 3.2: Promote access to exercise and wellness programs amongst all communities

Sub-goal 3.3: Reduce environmental hazards

Sub-goal 3.4: Support efforts to reduce violence



Education



Economy



Access to Health Care



Behavioral Health



Healthy Behaviors



Community Safety



School Safety

Priority Area

2 Empowerment

Educated individuals and communities make informed health decisions

Goal 1

Encourage all San Bernardino County residents to attain the highest level of health



Sub-goal 1.1: Support and provide tools for individuals and communities to make informed health choices

Sub-goal 1.2: Educate communities about the benefit of Public Health

Sub-goal 1.3: Support collaboration within the community to expand healthy opportunities strategies

Goal 2

Empower people to overcome obstacles to achieving health



Sub-goal 2.1: Assess community needs and issues

Sub-goal 2.2: Ensure that the community has an ongoing and valued voice



Education



Economy



Access to Health Care



Behavioral Health



Healthy Behaviors



Community Safety



School Safety

Priority Area

3 Health Equity

Each individual is able to achieve his or her full health potential

Goal 1

Improve access and availability to health services for both preventative care and treatment



Sub-goal 1.1: Ensure DPH facilities are located near public transportation

Sub-goal 1.2: Expand scope of services to ensure availability

Sub-goal 1.3: Ensure effective screening of all clients maximizing DPH resources

Goal 2

Support equal access to healthy options and environments



Sub-goal 2.1: Strengthen organizational capacity to implement health equity initiatives

Sub-goal 2.2: Adopt a "Health in All Policies" approach



Education



Economy



Access to Health Care



Behavioral Health



Healthy Behaviors



Community Safety



School Safety

Priority Area

4 Health Services and Protection

Health services address community health needs

Goal 1 Provide services to address community health needs



Sub-goal 1.1: Monitor and assess community health needs

Sub-goal 1.2: Improve the availability, use, quality and integration of health services

Sub-goal 1.3: Improve effectiveness in preventing and controlling chronic and infectious disease strategies

Goal 2 Plan, prepare, and recover from public health emergencies

Sub-goal 2.1: Develop, implement and test a plan for staff preparedness and response during emergencies

Sub-goal 2.2: Educate public on emergency plan and preparedness



Education



Economy



Access to
Health Care



Behavioral
Health



Healthy
Behaviors



Community
Safety



School
Safety

Priority Area

5 DPH Infrastructure

A department with the necessary tools to support healthy people and vibrant communities

Goal 1

Ensure the maintenance of a highly skilled, well-trained and culturally competent DPH work force



Sub-goal 1.1: Assess organizational skills and capacity at all levels

Sub-goal 1.2: Encourage training, competency achievement and educational advancement among DPH staff

Sub-goal 1.3: Attract, recruit, retain, and promote a competent workforce

Goal 2

Ensure external and internal partnership, systems, and processes to support organizational excellence

Sub-goal 2.1: Integrate Technologies

Sub-goal 2.2: Strengthen DPH infrastructure to support a culture of performance improvement

Sub-goal 2.3: Enhance effective communications

Sub-goal 2.4: Foster community support through multi-sectoral engagement

Goal 3

Ensure funding is aligned appropriately with the Vision and Mission

Sub-goal 3.1: Establish a cohesive and coordinated process and/or system for pursuing and securing more funding



Education



Economy



Access to
Health Care



Behavioral
Health



Healthy
Behaviors



Community
Safety



School
Safety

VISION, MISSION AND VALUES

The Vision, Mission and Values represent the center of the strategic plan. The Vision articulates DPH's long-term desire for the community. The Mission identifies DPH's role in helping the Vision become reality. Values are intended to communicate how DPH will approach the work required to achieve the Mission.

STRATEGIC PRIORITY AREAS & GOALS

Using the Vision and Mission as a guide, the Steering Committee identified five strategic priority areas to organize the department's goals and sub-goals and objectives. Goals represent the long term target or outcome. Objectives represent short term outcomes that will ultimately lead to achievement of objectives.

NEXT STEPS: IMPLEMENTING THE PLAN

This high level plan lays out what DPH would like to achieve in the next five years and beyond. The next step in the planning process will get us to specific details about how and by when the goals and objectives will be met. In the next phase of this work, the Steering Committee will determine the metrics by which progress towards each of these goals will be measured and divisional work groups will develop more detailed work plans for how they will meet objectives. However, through the work of the Steering Committee and the Input Sessions, some strategies for achieving the goals and objectives outlined here were identified. Appendix E contains a matrix that displays these strategies and activities. This information may be helpful to DPH as the plan is used to develop specific implementation strategies.

The Steering Committee will link evaluation of progress towards the Strategic Plan goals and objectives with the Department's Quality Improvement Plan that will be developed in accordance with DPH accreditation efforts. These findings will be updated annually. The Strategic Planning Steering Committee will review the Plan annually to ensure it continues to reflect the needs, goals and priorities of the Department. The Plan is fluid may be updated at any time necessary.

ACKNOWLEDGMENTS

Steering Committee Members

Matt Baca*

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Special Projects Coordinator

Brandon Camacho

Staff Analyst II

Heather Cockerill*

Program Coordinator

Brian Cronin

Division Chief

Joshua Dugas

Program Manager

Meaghan Ellis

Division Chief

Leandre Green

Secretary

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Program Manager

Paula Harold*

Supervising Environmental Health Specialist

Charlotte Hill*

Supervising Office Specialist

Ken Johnston*

Division Chief

Emerita Meily*

Supervising Accountant

Maxwell Ohikhuare

Public Health Officer

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Program Coordinator

Danny Perez*

Division Chief

Corwin Porter*

Division Chief

Trudy Raymundo

Director

Scott Rigsby*

Program Coordinator

Suzie Soren

Human Resource Officer

Amanda Trussell*

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Esila Williams*

Accountant II

Kelly Welty

Chief Financial Officer

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Program Manager

Greg Beck

Program Manager

Melanie Bird

Nurse Manager

Ruben Brambila

Program Manager

Raymond Britain

Program Manager

Theresa Fox

Supervising Accountant II

Stewart Hunter

Administrative Supervisor

Ken Johnston

Division Chief

Winfred Kimani

Program Coordinator

Joseph Krygier

Supervising Environmental Health Specialist

Vanessa Long

Program Manager

Jose Marin

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Program Specialist I

Linda Ward

Program Manager

Heather Wellons-Blum

Program Manager

Asuncion Williams

Clinic Supervisor

Jamie Yanik

Supervising Nutritionist

* Input Session Facilitator

Thank you to all those staff who participated in the Strategic Plan Input sessions! Your input was invaluable to developing and finalizing this plan.



APPENDICES & ADDENDUM

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APPENDIX A. GLOSSARY OF TERMS

Term	Definition
Goal	A general statement expressing an organization’s aspirations or intended effect on one or more health programs, often stated without limits.
Sub-goal	Secondary goal statement needed to achieve primary goal.
Objective	A target for achieving all, or a portion, of a goal through specific interventions. Objectives should always be assessed for the following “SMART” criteria: Specific, Measurable, Achievable, Relevant, Time-bound.
Activity	Outputs needed to achieve objectives.
Strategic Plan	Strategic planning takes an organization outside the day-to-day activities to provide the big, clear picture of what it is doing and where it is going. Strategic planning gives clarity about what an organization actually wants to achieve and how to go about achieving it. Rather than a plan of action for day-to-day operations, strategic planning enables an organization to answer the following questions: “Who are we? What capacity do we have/what can we do? What problems are we addressing? What difference do we want to make? Which critical issues must we respond to? Where should we allocate our resources? What should our priorities be?” Only once these questions are answered, is it possible to answer the following: “What should our immediate objective be? How should we organize ourselves to achieve this objective? Who will do what when?”
LPHSA	Local Public Health System Assessment (LPHSA). The LPHSA is a broad assessment, involving all of the organizations and entities that contribute to public health in the community. It aims to answer the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?” Follow this link for more information: http://www.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm
MAPP	Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. Follow this link for more information: http://www.naccho.org/topics/infrastructure/mapp/
CHA	Community Health Assessment. The CHA provides information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function. Follow this link for more information: http://www.cdc.gov/stltpublichealth/cha/plan.html
CHIP	Community Health Improvement Plan (CHIP). The CHA and the CHIP are part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a CHIP. Follow this link for more information: http://www.naccho.org/topics/infrastructure/CHAIP/
Community Vital Signs	The Community Vital Signs Initiative is a community-driven effort in partnership with San Bernardino County to establish a health improvement framework by using data to help set goals and priorities for action to improve the quality of life in the county.
Community Transformation Plan	The Community Transformation Plan was created by a work group of cross-sector representatives, including several from DPH, working as part of Community Vital Signs. The Community Transformation Plan serves as Public Health’s CHA and CHIP.
Our Community Vital Signs 2013 Final Report	A data report that provides a snapshot across a wide range of areas including education, employment, the environment, public safety, but especially in health. Data is provided for the county with city, state and Healthy People 2020 comparison.
Countywide Vision	In 2011, the San Bernardino County Board of Supervisors and the San Bernardino Associated Governments Board of Directors adopted the Countywide Vision. The Countywide Vision calls for collaboration across all sectors on creating a vibrant, physically, and economically healthy county in the next 20 years. This Vision is comprised of ten elements including: jobs/economy, education, housing, public safety, infrastructure, quality of life, environment, wellness, water, and image.

APPENDIX B. THE PLANNING PROCESS

Between September 2014 and April 2015, the strategic planning process aimed to engage staff from all levels of the department.



At the outset of the planning process DPH surveyed staff to assess the readiness and need for a strategic plan across the department. A total of 281 staff members completed a brief online questionnaire to assess the need for a strategic planning process.⁸ The questionnaire included items that asked employees about their knowledge and understanding of key elements of strategic plans, for example the clarity of mission and vision, and the degree to which values, goals, and objectives are shared across the organization. Scores fell into a range indicative of the need for a strategic planning process. For example, 55% of respondents indicated that the current mission statement adequately reflects what the department does, 44% indicated that the department had a clear vision, roughly a third indicated that there are shared values (33%) and 35% reported that the department has clear goals. This activity provided important information and raised awareness about the strategic planning process across the organization.

DPH leadership emphasized the desire to gather broad input from staff throughout the planning process to lay the foundation for Department-wide “buy-in” and “ownership” of the final strategic plan. Three different strategic planning groups were created in order to effectively maximize engagement:

Strategic Planning Steering Committee

The Steering Committee was comprised of management and leadership from across the department. This group was responsible for the bulk of the work in the planning process, and worked to create the elements of the strategic plan.

Strategic Planning Advisory Group

The Advisory Group represented a cross-section of staff from various DPH Divisions. Members of the Advisory Group provided input on the work of the Steering Committee. The group met twice during the planning process.

Facilitation Team

Harder+Company Community Research was responsible for planning the content of strategic planning sessions and leading processes in close collaboration with DPH leadership.

Figure 3:
Strategic Planning Groups and Responsibilities



⁸ Civicus, 2011, Strategic Planning Toolkit. <http://civicus.org/index.php/en/media-centre-129-strategic-planning>

DPH also hosted five Strategic Plan Input Sessions in February 2015 that offered an opportunity for staff to review and provide feedback on the draft Mission, Vision, Values, Goals and Objectives. Nearly 200 DPH Staff members (which represents nearly 30% of DPH employees countywide) participated in these Input Sessions which were held in three locations throughout the county. Steering Committee members played an integral role in facilitation during input sessions, so that DPH employees engaged in dialogue with one another (rather than external facilitators) during these important forums. A list of forum dates and locations can be found in Appendix E. Feedback from all sessions was thoroughly reviewed and summarized by the facilitators and extensively considered by the Steering Committee.



Table 3: Strategic Plan Timeline and Activities

Month(s)	Activities
September 2014	<ul style="list-style-type: none"> DPH convenes the Steering Committee and Facilitation Team Facilitation Team outlines planning process and timeline
October- November 2014	<ul style="list-style-type: none"> Facilitation Team surveys Public Health staff to assess readiness and need for a strategic plan (281 staff responded to this survey) Facilitation team interviews San Bernardino County stakeholders about their perspective on health and wellness in the County (stakeholders included representatives from the county Probation Office, Sheriff’s Department, Superintendent of Schools, San Bernardino Associated Governments, United Way, and Inland Empire Health Plan.)
November 2014	<ul style="list-style-type: none"> Steering Committee and Advisory Group develop preliminary Mission, Vision and Value statements
December 2014	<ul style="list-style-type: none"> Steering Committee finalizes working Mission and Vision statements Steering Committee reviews LPHSA and Program Manager SWOT along with staff survey and external stakeholder interview findings Steering Committee backward maps the Vision Statement (Healthy People in Vibrant Communities) to better unpack Healthy People and Vibrant Communities
December 2015- January 2015	<ul style="list-style-type: none"> Steering Committee finalizes working Value statements Steering Committee drafts Strategic Priority Areas, Goals, Objectives and Activities
February 2015	<ul style="list-style-type: none"> Working Mission, Vision, Value, Strategic Priority Areas, Goals and Objective statements are presented for comment to DPH staff at five input sessions in three different areas of the county (over 190 staff participated in these Input Sessions)
March 2015	<ul style="list-style-type: none"> Steering Committee reviews the suggestions from the Input Sessions, and finalizes Mission, Vision, Value, Goal, Objective and Activity statements
April 2015	<ul style="list-style-type: none"> Advisory Group reviews final statements and discusses the content and messages to be disseminated to the Department Steering Committee plans next dissemination steps
May 2015	<ul style="list-style-type: none"> Facilitation Team submits final Strategic Plan document to DPH

APPENDIX C. STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS (SWOT) ANALYSIS

Commonalities Among SWOT Analysis for Core Functions and Essential Services

Positive

Strength

Internal

- Workforce understanding their role is vital to the services Public Health provides
- Strong Workforce
- Offer skilled services and technical support to the community
- DPH has staff that are dedicated to serve and not salary driven
- Technology utilized
- Representing diverse workforce
- Cross Training of Staff
- Providing the Public with information

Opportunity

External

- Community Vital Signs Initiative – will tell the community our story, our needs in providing community services
- Partnering with organizations related to healthcare
- Develop a plan to do something with data; set goals/objectives/action planning/problem solving
- Develop and maintain database system
- Bringing external stakeholders together via Community Vital Signs Initiative
- Education – use internship opportunities, Public Health Lab has ongoing internship opportunities
- Strong Relationships-external
- Utilize Social Media

Negative

Weakness

Internal

- Decentralized data
- Lack of funding for programs and services
- Poor coordination of resources
- Lack of methodology for quality improvement
- Decrease in FTE,
- Staff is not aware of all of the available services to refer to residents
- Disconnect with how we obtain and share data across Public Health Lab programs
- Geographical issues to attract work force; High desert
- Underutilized resources
- Partner with other counties/academia

Threat

External

- Realization on the need to improve; complacency; need for paradigm shift
- Aging workforce
- Unknowns of the Affordable Care Act
- Geographic size of the county
- Funding – reliant on external sources
- Prevention is hard to measure in the short term
- San Bernardino County consumers don't really know what Public Health Lab services are offered
- Realignment
- Ability to market ourselves / decrease reductions

APPENDIX D. STRATEGIC PLANNING INPUT SESSIONS BY LOCATION

Input Session Date and Time	Input Session Location
February 11, 2015 9:30 AM - 11:00 AM	High Desert Victorville TAD (Oasis Conference Room) 15010 Palmdale Rd, Victorville, CA 92392
February 11, 2015 1:00 PM - 2:30 PM	San Bernardino Inland Regional Center 1425 S. Waterman Ave, San Bernardino, CA 92408
February 11, 2015 3:00 PM - 4:30 PM	San Bernardino Inland Regional Center 1425 S. Waterman Ave, San Bernardino, CA 92408
February 12, 2015 9:00 AM - 10:30 PM	Ontario Clinic 150 E. Holt Blvd, Ontario, CA 91761
February 12, 2015 10:30 AM - 12:00 PM	Ontario Clinic 150 E. Holt Blvd, Ontario, CA 91761

APPENDIX E. STRATEGIC PLAN GOALS & SAMPLE ACTIVITIES

Work at the Steering Committee, Advisory Group and staff Input Sessions resulted in a list of many activities that could lead towards meeting the identified goals and objectives. These are not meant to be restrictive, but offer a starting point for next steps that include identifying and implementing activities that will support the goals and objectives.

COMMUNITY AND ENVIRONMENT

Goal 1: Support sustainable healthy communities	
Sub-goals	Sample Activities
1.1 Support healthy communities through policy, systems and environmental strategies	<ol style="list-style-type: none"> 1. Collaborate with transportation and planning departments to incorporate a health component into community and general plans 2. Promote health in all policies 3. Partner with cities and nonprofit organizations to get funding for healthy communities
1.2 Provide technical assistance and evaluation for community strategies	<ol style="list-style-type: none"> 1. Create an inventory of best practices to help communities implement strategies 2. Educate community about healthy communities and health policies

Goal 2: Promote healthy eating

Sub-goals	Sample Activities
2.1 Improve access to healthy foods	<ol style="list-style-type: none"> 1. Promote farmers' markets 2. Promote community/school gardens 3. Promote healthy foods on school menus
2.2 Promote healthy food and beverage options by increasing engagement with cities, businesses and community based organizations	<ol style="list-style-type: none"> 1. Recognize businesses that offer healthy menu options 2. Promote smaller portion options through restaurant industry 3. Identify incentives for markets in food deserts to provide fresh fruits and vegetables

Goal 3: Promote active living and safe environments

Sub-goals	Sample Activities
3.1 Improve access to open space, parks, trails and recreation	<ol style="list-style-type: none"> 1. Promote Joint Use Agreements 2. Facilitate relationships between schools and cities to encourage children to access city parks 3. Promote walking trails
3.2 Promote access to exercise and wellness programs amongst all communities	<ol style="list-style-type: none"> 1. Promote increased physical education opportunities at the schools 2. Promote increased opportunities for physical activity for seniors 3. Support cities to write grants to improve services for active living
3.3 Reduce environmental hazards	<ol style="list-style-type: none"> 1. Address illegal food activities that pose health risks through multi-agency approach 2. Identify funding and support for efforts that increase safe food, water and air 3. Enhance community preparedness to ensure community resiliency during an emergency 4. Encourage evidence-based strategies to prevent motor vehicle, pedestrian and bicyclist injuries 5. Promote safe routes to school
3.4 Support efforts to reduce violence	<ol style="list-style-type: none"> 1. Promote anti-bullying education 2. Encourage law enforcement to participate in healthy community discussions and efforts 3. Promote anti-gang education 4. Address abuse-related crimes

EMPOWERMENT

Goal 1: Encourage all San Bernardino County residents to attain the highest level of health

Sub-goals	Sample Activities
<p>1.1 Support and provide tools for individuals and communities to make informed health choices</p>	<ol style="list-style-type: none"> 1. Educate communities on healthy food options 2. Educate consumers regarding availability of and access to nutritional information 3. Educate and promote farmers' markets and community gardens 4. Educate communities on physical activity options 5. Educate and promote bicycle and walking paths and recreational areas 6. Educate consumers to understand health information and make healthy decisions 7. Educate consumers about health issues, options and resources 8. Educate individuals on the importance of health, vision and dental screenings 9. Market 211 resources and encourage community agency participation in 211 10. Educate individuals on environmental hazards and how to proactively address them
<p>1.2 Educate communities about the benefit of Public Health</p>	<ol style="list-style-type: none"> 1. Collaborate with other County and community agencies to expand access to programs and resources 2. Support the communities' understanding of Public Health funding and its focus 3. Inform and educate communities on availability of resources to improve their health
<p>1.3 Support collaboration within the community to expand healthy opportunities</p>	<ol style="list-style-type: none"> 1. Support and provide tools to affect policy change and policy decisions 2. Provide the necessary support, tools and data to increase the capacity of partnering entities

Goal 2: Empower people to overcome obstacles to achieving health

Sub-goals	Sample Activities
2.1 Assess community needs and issues	<ol style="list-style-type: none"> 1. Conduct regular outreach and community meetings to gather feedback regarding ongoing issues 2. Leverage the Community Health Assessment and Community Health Improvement Plan to guide departmental strategic priorities
2.2 Ensure that the community has an ongoing and valued voice	<ol style="list-style-type: none"> 1. Sustain Community Vital Signs efforts 2. Conduct Healthy Communities quarterly meetings 3. Utilize social media 4. Deploy community suggestion boxes at all locations

HEALTH EQUITY

Goal 1: Improve access and availability to health services for both preventative care and treatment

Sub-goals	Sample Activities
1.1 Ensure DPH facilities are located near public transportation	<ol style="list-style-type: none"> 1. Collaborate with key stakeholders to ensure geographic parity
1.2 Expand scope of services to ensure availability	<ol style="list-style-type: none"> 1. Determine what community services are needed 2. Support partnerships with all sectors to ensure that all services are being offered within the community 3. Ensure that all DPH staff has necessary information to assist all residents with cross referral and linkage 4. Improve accessibility and quality of resources and services 5. Expand mobile health services 6. Local programs in outlying areas 7. Target outreach and services to bridge gaps in under-served areas and reach marginalized populations
1.3 Ensure effective screening of all clients maximizing DPH resources	<ol style="list-style-type: none"> 1. Ensure eligibility screening of all clients 2. Ensure DPH fiscal responsibility and accountability throughout all programs increasing the likelihood of affordable services for all county residents

Goal 2: Support equal access to healthy options and environments

Sub-goals	Sample Activities
2.1 Strengthen organizational capacity to implement health equity initiatives	<ol style="list-style-type: none">1. Provide health equity data2. Provide reports and information highlighting the impact of social determinants of health3. Increase staff understanding of health equity and social determinants of health4. Conduct trainings and presentations for staff and utilize the intranet, newsletters, and other sources of communication to increase staff understanding5. Increase staff capacity to effectively communicate information on health equity, social determinants, and social and physical environment issues to a variety of audiences
2.2 Adopt a “Health in All Policies” approach	<ol style="list-style-type: none">1. Review and update all policies to ensure that health equity is included2. Advocate for health in all policies with key community stakeholders and policy makers3. Advocate for Master Plan to include public transit and pedestrian/bicycle-friendly infrastructure

HEALTH SERVICES AND PROTECTION

Goal 1: Provide services to address community health needs

Sub-goals	Sample Activities
<p>1.1 Monitor and assess community health status</p>	<ol style="list-style-type: none"> 1. Conduct Community Health Assessments 2. Collect health-related data from local, regional, state and federal resources to plan the next generation of preventative health services 3. Prioritize community health needs 4. Develop and maintain Community Health Improvement Plan 5. Identify diseases and at-risk populations
<p>1.2 Improve the availability, use, quality and integration of health services</p>	<ol style="list-style-type: none"> 1. Develop and implement policy that ensures effective and consistently delivered services 2. Evaluate and mitigate barriers to accessing healthcare 3. Build strategic partnerships that promote awareness, availability, access to and integration of services 4. Increase client awareness of services from which they would benefit by delivering culturally and linguistically appropriate educational messages
<p>1.3 Improve effectiveness in preventing and controlling chronic and infectious disease</p>	<ol style="list-style-type: none"> 1. Utilize evidence based strategies to identify and address emerging Public Health concerns 2. Ensure the ability of DPH to respond to communicable disease 3. Increase testing capability of DPH lab and decrease reliance on outside testing agencies 4. Educate the public on the importance of vaccines 5. Educate providers on vaccination, administration, storage and schedule

Goal 2: Plan and prepare to recover from public health emergencies

Sub-goals	Sample Activities
<p>2.1 Develop, implement and test a plan for staff preparedness and response during emergencies</p>	<ol style="list-style-type: none"> 1. Coordinate and update the Department Emergency Operations Plan to be utilized during a public health Emergency - from Activation through the Demobilization process 2. Coordinate the Risk Communication Plan to be used for media dissemination and educational messages to promote individual/community preparedness, as well mechanism/tools for responding to emergencies 3. Coordinate with the Volunteer Organizations Active in Disasters to enhance collaborative partnerships during disaster response 4. Identify available resources to aid during a disaster and disaster recovery 5. Identify population and agencies with special needs, such as health facilities, and develop plans to provide safe food, water, medications and medical resources during public health emergencies 6. Coordinate with the County Office of Emergency Services as an Emergency Operations Center Responder, and for coordination of the Medical Health Operations Coordinator program 7. Institute regular Public Health emergency training and drills for staff at all levels
<p>2.2 Educate public on emergency plan and preparedness</p>	

DPH INFRASTRUCTURE

Goal 1: Ensure the maintenance of a high skilled, well-trained and culturally competent DPH work force

Sub-goals	Sample Activities
1.1 Assess organizational skills and capacity at all levels	<ol style="list-style-type: none"> 1. Contract with outside agency to conduct an assessment 2. Utilize assessment results to inform the development and implementation of a Workforce Development Plan 3. Ensure ongoing evaluation efforts are used to inform Workforce Development Plan modifications and/or enhancements
1.2 Encourage training, competency achievement and educational advancement among DPH staff	<ol style="list-style-type: none"> 1. Provide periodic cross-training workshops between programs 2. Encourage tuition reimbursement and other educational resources 3. Create and encourage professional mentorship opportunities
1.3 Attract, recruit, retain and promote a competent workforce	<ol style="list-style-type: none"> 1. Target recruitment efforts at personnel with the appropriate skill sets - specifically toward those skill sets that are lacking 2. Create a Department diversity outreach plan to ensure diverse and demographically representative workforce 3. Ensure the retention of highly competent staff by being responsive to staff needs 4. Provide workplace environments that recognize the value of staff through coordinated and formalize employee recognition efforts 5. Prepare individuals for promotional opportunities 6. Establish a succession plan that reflects the needs and future direction of the department 7. Implement a coordinated workplace health promotion program within DPH 8. Develop internal job posting site 9. Develop internships and partnerships to recruit at local schools of Public Health 10. Provide employees with information and resources detailing specific position functions, and potential career paths and ladders

Goal 2: Ensure external and internal partnership, systems and processes to support organizational excellence

Sub-goals	Sample Activities
2.1 Integrate Technologies	<ol style="list-style-type: none"> 1. Evaluate internal and external communication tools and resources 2. Educate staff regarding available technologies
2.2 Strengthen the DPH infrastructure to support a culture of performance improvement	<ol style="list-style-type: none"> 1. Create a Quality Improvement workgroup to identify and address practices and projects to ensure the department utilizes evidence based best practices in program/department operations 2. Develop and implement an evaluation plan to track progress and outcomes of the Community Health Assessment, Community Transformation Plan and Strategic Plan 3. Where feasible, gather input for decision-making from relevant DPH staff and or impacted staff on the development of responses to emerging priorities or issues or on the development of initiatives 4. Assess DPH Programs to identify and reduce duplication of efforts to improve performance
2.3 Enhance effective communications	<ol style="list-style-type: none"> 1. Develop communications to disseminate to all staff quickly and accessibly 2. Increase the use of social media to respond quickly to breaking issues and to proactively advance DPH goals 3. Ensure systems for clearly and broadly communicating Department priorities, initiatives and accomplishments to all DPH staff 4. Ensure systems for encouraging feedback from DPH staff on department initiatives 5. Department wide staff meeting 6. Training all staff to promote two-way communication 7. Implement SharePoint to allow central access to Departmental information
2.4 Foster community support through multi-sectoral engagement	<ol style="list-style-type: none"> 1. Establish system or culture that will ensure community involvement, where possible, in program development, implementation, and evaluation 2. Increase promotion of the benefit of DPH services across all sectors including the political sector 3. Strengthen organizational value of collaboration 4. Streamline processes to get media information approved

Goal 3: Ensure funding is aligned appropriately with the Vision and Mission

Sub-goals	Sample Activities
3.1 Establish a cohesive and coordinated process and/or system for pursuing and securing more funding	1. Provide grant writing training

APPENDIX F. STRATEGIC PLAN ALIGNMENT WITH COMMUNITY TRANSFORMATION PLAN

The Community Vital Signs Initiative is intended to implement the Wellness Element of the Countywide Vision by setting evidence-based goals and priorities for actions that encompass policy, education, environment, and systems change to ensure quality of life; improve and sustain education and workforce; and attract economic development. The Community Vital Signs Final Report (2013) serves as the county’s Community Health Assessment (CHA). The Community Transformation Plan serves as a guide for partners to align their work to improve the health and well-being of SBC residents. Long-term goals, short-term goals, objectives, and cross cutting strategies were developed for the plan’s four Priority Areas: Economy, Education, Health and Wellness, and Safety informed by the CHA and community engagement efforts. The group utilized the MAPP (Mobilizing Action through Planning and Partnerships) process to create the plan which also serves as the county’s CHA and Community Health Improvement Plan (CHIP).

COMMUNITY AND ENVIRONMENT

Goal 1: Support sustainable healthy communities	
Sub-goals	Alignment with Community Transformation Plan
1.1 Support healthy communities through policy, systems and environmental strategies	 Education  Economy
1.2 Provide technical assistance and evaluation for community strategies	 Behavioral Health  Healthy Behaviors
Goal 2: Promote healthy eating	
Sub-goals	Alignment with Community Transformation Plan
2.1 Improve access to healthy foods	 Education  Healthy Behaviors
2.2 Promote healthy food and beverage options by increasing engagement with cities, businesses and community based organizations	

Goal 3: Promote active living and safe environments

Sub-goals	Alignment with Community Transformation Plan
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3.1 Improve access to open space, parks, trails and recreation

 Education

3.2 Promote access to exercise and wellness programs amongst all communities

 Economy

 Behavioral Health

3.3 Reduce environmental hazards

 Healthy Behaviors

3.4 Support efforts to reduce violence

 Community Safety

 School Safety

EMPOWERMENT

Goal 1: Encourage all San Bernardino County residents to attain the highest level of health

Sub-goals	Alignment with Community Transformation Plan
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1.1 Support and provide tools for individuals and communities to make informed health choices

 Education

 Economy

1.2 Educate communities about the benefit of Public Health

 Access to Health Care

 Behavioral Health

1.3 Support collaboration within the community to expand healthy opportunities

 Healthy Behaviors

 Community Safety

 School Safety

Goal 2: Empower people to overcome obstacles to achieving health

Sub-goals	Alignment with Community Transformation Plan
2.1 Assess community needs and issues	 Education  Economy  Access to Health Care
2.2 Ensure that the community has an ongoing and valued voice	 Healthy Behaviors  Community Safety  School Safety

HEALTH EQUITY

Goal 1: Improve access and availability to health services for both preventative care and treatment

Sub-goals	Alignment with Community Transformation Plan
1.1 Ensure DPH facilities are located near public transportation	 Economy  Access to Health Care
1.2 Expand scope of services to ensure availability	 Healthy Behaviors
1.3 Ensure effective screening of all clients maximizing DPH resources	 Community Safety  School Safety

Goal 2: Support equal access to healthy options and environments

Sub-goals	Alignment with Community Transformation Plan
2.1 Strengthen organizational capacity to implement health equity initiatives	 Behavioral Health  Healthy Behaviors
2.2 Adopt a “Health in All Policies” approach	 Community Safety  School Safety

HEALTH SERVICES AND PROTECTION

Goal 1: Provide services to address community health needs

Sub-goals	Alignment with Community Transformation Plan
1.1 Monitor and assess community health status	 Economy
1.2 Improve the availability, use, quality and integration of health services	 Access to Health Care
1.3 Improve effectiveness in preventing and controlling chronic and infectious disease	 Behavioral Health  Healthy Behaviors

DPH INFRASTRUCTURE

Goal 1: Ensure the maintenance of a high skilled, well-trained and culturally competent DPH work force

Sub-goals	Alignment with Community Transformation Plan
1.1 Assess organizational skills and capacity at all levels	 Education
1.2 Encourage training, competency achievement and educational advancement among DPH staff	 Access to Health Care
1.3 Attract, recruit, retain and promote a competent workforce	 Behavioral Health

IMPLEMENTATION ADDENDUM

PURPOSE OF ADDENDUM & CHANGE IN TERMINOLOGY

The Department of Public Health (DPH) Strategic Plan 2015 - 2020 was formally released in July 2015. The initial planning process resulted in a set of high level goals and objectives organized under five priority areas. This addendum summarizes (1) continued planning efforts conducted by DPH to add measurable and time-framed targets (2) list of updated 2017 - 2020 objectives and (3) the process by which objectives will be monitored.

In Fiscal Year (FY) 2016 - 2017, DPH Administration determined the addition of measurable and time-framed targets was the next phase in the strategic planning process. In addition, to ensure clarity and consistency throughout the implementation process, changes were made to terminology.

- The 31 statements originally labeled as objectives in the initial planning process will now be referred to as sub-goals.
- Complete statements with measurable and time-framed targets will be referred to as objectives. These objectives will be updated annually to reflect the changing needs of the community and Department, work completed and changes in available resources.



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN 2015-2020



Revised August 2019

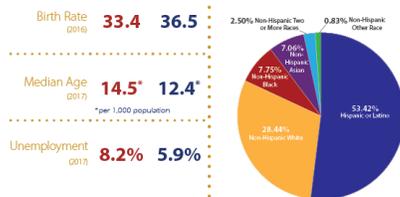
SAN BERNARDINO COUNTY

San Bernardino County is located in Southern California, between Los Angeles and north of San Francisco. San Bernardino County is the fifth most populous county in California with 2,157,404 residents in 2017, making it the 12th most populous county in the United States.



San Bernardino County has a population of 2,157,404, which is 12.4% higher than the statewide rate (12.4% of the population). San Bernardino County is the fifth most populous county in California with 2,157,404 residents in 2017, making it the 12th most populous county in the United States.

RACIAL AND ETHNIC DIVERSITY IN SAN BERNARDINO COUNTY 2017 (n=2,157,404)



Data Sources:
 * U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table B03002
 † Family Health Outcomes Project, San Bernardino County Dashboard (2016), 3-4
 ‡ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table S0101
 †† U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table S2001

VISION, MISSION AND VALUES

The Vision, Mission and Values represent the center of the strategic plan. The Vision articulates DPH's long-term desire for the community. The Mission identifies DPH's role in helping the Vision become reality. Values are intended to communicate how DPH will approach the work required to achieve the Mission.



Vision
Healthy people in vibrant communities.



Sessions for staff to review the Mission, Vision and Values. Input from staff throughout the process played an important role, so that the Vision and Mission can be more relevant to the community.



Steering Committee and Facilitation Team

to review the Mission, Vision and Values and to provide input on the planning process and timeline.

Public Health staff to assess readiness and need for a strategic plan (responded to this survey).

San Bernardino County stakeholders about their interest in the County (stakeholders included:

Superintendent of Schools, San Bernardino Probation Office, Sheriff's Department, and Inland Empire Health Plan.)

Month	Key Events
November 2014	Steering Committee and Advisory Group develop preliminary Mission, Vision and Value statements
December 2014	Steering Committee finalizes working Mission and Vision statements Steering Committee reviews LPHSA and Program Manager SWOT along with staff survey and external stakeholder interview findings Steering Committee backward maps the Vision Statement (Healthy People in Vibrant Communities) to better unpack Healthy People and Vibrant Communities
December 2015 - January 2015	Steering Committee finalizes working Value statements Steering Committee drafts Strategic Priority Areas, Goals, Objectives and Activities
February 2015	Working Mission, Vision, Value, Strategic Priority Areas, Goals and Objective statements are presented for comment to DPH staff at five input sessions in three different areas of the county (over 150 staff participated in these Input Sessions)
March 2015	Steering Committee reviews the suggestions from the Input Sessions, and finalizes Mission, Vision, Value, Goal, Objective and Activity statements
April 2015	Advisory Group reviews final statements and discusses the content and messages to be disseminated to the Department Steering Committee plans next dissemination steps
May 2015	Facilitation Team submits final Strategic Plan document to DPH

MEASURABLE OBJECTIVE DEVELOPMENT

To create measurable and time-framed objectives, Strategic Plan workgroups were convened between October 2016 and May 2017.

- Each workgroup was organized by priority area with staff from a variety of programs throughout the Department.
- Workgroups were tasked with developing objectives for each of the sub-goals within their assigned priority area.
- To ensure alignment and consistency with the work of the Steering Committee and Advisory group, each workgroup carefully reviewed the goals, sub-goals, and the sample activities and strategies produced in the initial planning process.
- Alignment with the Community Transformation Plan (which serves as the county's Community Health Improvement Plan) was revised. Long-term goals from the Community Transformation Plan were reviewed to develop objectives that address the needs of the San Bernardino County community.
- Workgroups used the Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) criteria to guide the process of developing objectives.
- Executive leadership provided guidance and feedback on final objectives.
- Over 40 staff participated in the workgroup process.



ACKNOWLEDGEMENTS

WORKGROUP MEMBERS

Priority Area 1

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Quality and Compliance Officer

Jennifer Osorio
Program Manager

Trudy Raymundo
Director

Scott Rigsby
Program Manager

Priority Area 2

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GIS Technician

Bernadette Beltran
Health Education Specialist II

Heather Cockerill
Program Coordinator

Joshua Dugas
Division Chief

Maxwell Ohikhuare, MD
Health Officer

David Pratt
Epidemiologist

Asuncion Williams
Clinic Supervisor

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Frank Becerra
Health Education Specialist II

Heather Cockerill
Program Coordinator

Brian Cronin
Division Chief

Silas Molino
Program Specialist I

Uloma Nwogu
Health Education Specialist II

Daniel Perez
Division Chief

Edgar Romo
Registered Dietician

David Yleah
Medical Emergency Planning Specialist

Priority Area 4

Ashley Congjuico
Medical Emergency Planning Specialist

Meaghan Ellis
Division Chief

Melissa German
Program Coordinator

Lea Morgan
Program Coordinator

John Papp
Supervising Animal Control Officer II

Claudia Ponce
Health Education Specialist

Priority Area 5

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GIS Technician

Brandon Camacho
Staff Analyst II

Steve Danlag
Supervising Pediatric Rehabilitation Therapist I

Starlet Garcia
Program Specialist I

James Hakala
Business Applications Manager

Jenny Hernandez
Clinic Supervisor

Matthew Higgins
Supervising Program Specialist

Jennifer Pennell
Program Coordinator

Corwin Porter
Assistant Director

Andrea Rodriguez
Senior Statistical Analyst

Kelly Welty
Chief Financial Officer

STRATEGIC PLAN OBJECTIVES

2017-2021

Currently, a total of 68 objectives make up the Strategic Plan.

- Objectives are organized by priority area, with timeframes for implementation between January 2017 and June 2021.
- When applicable, priority areas are aligned with specific long-term goals from the Community Transformation Plan.
- Each objective listed indicates if objective language has been revised.
- Objectives marked with an asterisk (*) indicate those published on HealthStat, the open performance site used by DPH.

The following pages provide a list of all Strategic Plan objectives organized by priority area.

PRIORITY AREA 1

Community and Environment

Goal 1: Support sustainable healthy communities		
Sub-goal	Objective	Revisions Made
1.1 Support healthy communities through policy, systems and environmental strategies	1.1.1 Engage at least 160 county residents to use nutrition and Policy, Systems and Environmental strategies to encourage community behavior change in preventing obesity by September 30, 2019.*	Language revised
	1.1.2 At least eight neighborhoods/communities will have implemented at least one Policy, Systems and Environmental strategy by September 30, 2019.*	Language revised
1.2 Provide technical assistance and evaluation for community strategies	1.2.1 Review and distribute results of the Healthy Communities evaluation with all seven participating cities by July 31, 2017.*	Language revised
	1.2.2 Develop and disseminate a Healthy Communities strategic plan focused on improving access to healthy foods and active living to 20 community partners by December 31, 2017.*	Language revised
Goal 2: Promote healthy eating		
Sub-goal	Objective	Revisions Made
2.1 Improve access to healthy foods	2.1.1 Develop a breastfeeding performance metric dashboard by June 30, 2020.*	Language and focus revised
	2.2.1 Increase by 5% the number of sites that provide summer meals to individuals 18 years of age and younger throughout the county by August 31, 2019.*	Language revised
	2.2.2 Develop and pilot a Healthy Retail Recognition Program to promote healthy food and beverage options in two qualifying neighborhood retailers, by September 30, 2019.*	None
Goal 3: Promote active living and safe environments		
Sub-goal	Objective	Revisions Made
3.1 Improve access to open space, parks, trails and recreation	3.1.1 Promote the Vision2BActive initiative and website to at least 20 local events throughout the county by December 31, 2017.*	Language revised
3.2 Promote access to exercise and wellness programs amongst all communities	3.2.1 Partner with 100 qualifying school and afterschool sites to train teachers to implement curricula in the classroom that increases the nutrition and/or physical activity education offered to students by September 30, 2017.*	None
	3.2.2 The Ontario and Hesperia Federally Qualified Health Centers will offer at least one ongoing fitness class at their location by June 30, 2018.*	None
3.3 Reduce environmental hazards	3.3.1 Increase the percentage of food facilities in an elevated risk tier that demonstrate improvement in their safe food handling practices to 85% by June 30, 2021.*	Language and target revised
	3.3.2 Conduct 40 Health Education Liaison Program (HELP) collaborative inspections at food facilities per fiscal year by June 30, 2021.*	Language revised
	3.3.3 Based on vector assessment results, implement and sustain at least one risk-based strategy to reduce exposure to vectors and promote safe open spaces/trails to support the Vision2BActive initiative by June 30, 2021.*	Language revised

Community Transformation Plan Alignment	
Long-Term Goals	Priority Area
Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)	Access to Health and Wellness 
Increase the number of residents engaged in active living activities	
Reduce the crime rate across San Bernardino County	Safety 

* Objective has been published on HealthStat

PRIORITY AREA 2

Empowerment

Goal 1: Encourage all San Bernardino County residents to attain the highest level of health		
Sub-goal	Objective	Revisions Made
1.1 Support and provide tools for individuals and communities to make informed health choices	1.1.1 Launch DPH website with updates of all DPH programs by June 30, 2017.	None
	1.1.2 Create and publish an Annual Report each year by June 30, 2021.*	Language revised
	1.1.3 Increase traffic to DPH website by 5% every year starting July 1, 2018.	Objective canceled
1.2 Educate communities about the benefit of Public Health	1.2.1 The Public Information Office will release 6 public facing videos per fiscal year by June 30, 2021.*	Language and target revised
	1.2.2 Increase participation in community events by 10% every year by June 30, 2021.*	Language revised
1.3 Support collaboration within the community to expand healthy opportunities strategies	1.3.1 Convene a Community STD taskforce with at least one representative from the healthcare, schools and universities, faith-based, and adolescent and young adult (ages 15-29) communities to help address the current rise in STD rates by June 30, 2017.*	Language revised
	1.3.2 The Community STD taskforce will meet biannually by June 30, 2021.*	Language revised
	1.3.3 Establish and maintain a roster of Public Health Professional Speakers (DPH staff) who can be utilized to deliver presentations to the community by June 30, 2018.	None
	1.3.4 Increase the number of chapters participating in the Friday Night Live program by two every year by June 30, 2020.*	Language revised
	1.3.5 Achieve a partner attendance rate of at least 50% annually for Healthy Communities meetings by June 30, 2021.*	Language revised
Goal 2: Empower people to overcome obstacles to achieving health		
Sub-goal	Objective	Revisions Made
2.1 Assess community needs and issues		Sub-goal canceled
2.2 Ensure that the community has an ongoing and valued voice	2.2.1 Develop and implement a standard department-wide consumer feedback mechanism by June 30, 2020.*	Language revised
		Objective moved to Priority Area 5
Community Transformation Plan Alignment		
Long-Term Goals		Priority Area
Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)		Access to Health and Wellness  
Increase the number of residents engaged in active living activities		
Reduce the misuse and abuse of alcohol, prescription, and other drugs in the community		

* Objective has been published on HealthStat

PRIORITY AREA 3

Health Equity

Goal 1: Improve access and availability to health services for both preventative care and treatment		
Sub-goal	Objective	Revisions Made
1.1 Ensure DPH facilities are located near public transportation	1.1.1 Develop an assessment to identify the percentage of department facilities and subcontractors that provide direct services located within walking distance from public transportation options by June 30, 2018.	Language revised
1.2 Expand scope of services to ensure availability		Sub-goal canceled
1.3 Ensure effective screening of all clients maximizing DPH resources	1.3.1 Increase screening of unduplicated registered primary care patients for one or more of the following, Domestic Violence, Mental Health, Alcohol & Drug Abuse, and Child Abuse at all DPH clinics to 100% as measured quarterly by December 31, 2018.	Objective revised and moved to Priority Area 4
	1.3.2 At least 50% of Comprehensive Perinatal Program (CPSP) providers and Federally Qualified Health Centers/Rural Health Centers will adopt and implement Maternal Mental Health screening and referral into their practices when providing preconception, perinatal and postpartum services by June 30, 2018.*	None
Goal 2: Support equal access to healthy options and environments		
Sub-goal	Objective	Revisions Made
2.1 Strengthen organizational capacity to implement health equity initiatives	2.1.1 At least 50% of DPH staff will complete a cultural competency assessment by November 30, 2017.	None
	2.1.2 At least 25 department staff will complete a cultural competency and health equity training by December 31, 2017.	Language revised
	2.1.3 At least 50% of brochures in circulation and developed by the Health Education Section will be translated into the threshold languages of the county by June 30, 2020.*	Language and target revised
	2.1.4 At least 60% of brochures in circulation and developed by the Health Education Section will be according to "plain language guidelines" by June 30, 2020.*	Language and target revised
	2.1.5 The Department of Public Health, using the Community Health Assessment (CHA), will prioritize at least three health equity issues to address by June 30, 2020.*	Language and timeframe revised
2.2 Adopt a "Health in All Policies" approach	2.2.1 Review and revise the DPH Health Equity In All Policies policy (DPH 02-020) by June 30, 2018.	Objective canceled
	2.2.2 Starting July 1, 2018, all new and updated DPH policies will include a completed Health Equity checklist as part of the development and approval process.	Objective canceled

Community Transformation Plan Alignment	
Long-Term Goals	Priority Area
Increase the percentage of residents who have regular access to care	Access to Health and Wellness  
Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)	
Increase access to behavioral health services	

* Objective has been published on HealthStat

PRIORITY AREA 4

Health Services and Protection

Goal 1: Provide services to address community health needs		
Sub-goal	Objective	Revisions Made
1.1 Monitor and assess community health needs	1.1.1 Complete community-specific health assessments in partnership with community collaboratives for all DPH Federally Qualified Centers (FQHCs) by December 31, 2018.	Objective canceled
	1.1.2 Increase colorectal cancer screening by 5% for FQHC adults 50-75 years of age using an appropriate screening tool by February 15, 2019.	Objective canceled
	1.1.3 The Department of Public Health, in collaboration with Community Vital Signs (CVS), will produce an updated Community Health Assessment (CHA) by January 1, 2020.*	Language and timeframe revised
	1.1.4 Increase depression screening for Federally Qualified Health Center patients aged 12 years and older for clinical depression using an age appropriate standardized depression screening tool by 5% by February 15, 2019.	Objective canceled
1.2 Improve the availability, use, quality, and integration of health services		Sub-goal canceled
1.3 Improve effectiveness in preventing and controlling chronic and infectious disease strategies	1.3.1 The Mobile Testing Unit will perform at least 200 screenings for Gonorrhea (GC), Chlamydia (CT), HIV and/or Syphilis each fiscal year by June 30, 2021.	Language and timeframe revised
	1.3.2 At least 80% of clients who were treated for Gonorrhea (GC) or Chlamydia (CT) at the DPH Mobile Testing Unit will be retested at a FQHC within three months following a positive test for GC or CT by June 30, 2018.	Objective canceled
	1.3.3 At least 80% of clients who were treated for STDs at the DPH Mobile Testing Unit will receive the Patient-Delivered Partner Therapy (PDPT) at the time of diagnosis by June 30, 2020.	None
	1.3.4 At least 80% of patients who test positive for Gonorrhea (GC) or Chlamydia (CT) at any DPH FQHC or Clinic will be counseled about Patient-Delivered Partner Therapy (PDPT) by June 30, 2020.	None
	1.3.5 At least 50% of females aged 15 to 24 years who test positive for Chlamydia (CT) at any DPH FQHC or Clinic will be re-tested by DPH within three months after receiving treatment by June 30, 2020.	None
	1.3.6 At least 50% of all patients aged 15 to 44 years who test positive for Gonorrhea (GC) at any DPH FQHC or Clinic will be re-tested by DPH within three months after receiving treatment by June 30, 2020.	None
Goal 2: Plan, prepare, and recover from public health emergencies		
Sub-goal	Objective	Revisions Made
2.1 Develop, implement and test a plan for staff preparedness and response during emergencies	2.1.1 At least 66% of all annexes in the Department Emergency Operations Plan will be reviewed and updated if necessary by June 30, 2020.*	Language revised
	2.1.2 At least 80% of current staff will have Public Health emergency training on workplace preparedness and their roles as Disaster Service Workers by June 30, 2020.*	Language revised
	2.1.3 At least 85% of all Public Health Department Operations Center responders will be trained as a FEMA Tier 4 (IS 100, 200, 700, 800; ICS 300, 400) level by June 30, 2017.*	None
	2.1.4 At least 60% of Public Health Department Operations Center responders will have participated in at least one discussion or operations-based exercise in their assigned role according to the Department Emergency Operations Plan by June 30, 2021.*	Language and timeframe revised
	2.1.5 At least 60% of Public Health responders will complete all required emergency trainings by June 30, 2021.*	Language and timeframe revised
2.2 Educate public on emergency plan and preparedness	2.2.1 At least 85% of emergency response partner attendees who attend the Health Emergency Local Planning Partners (HELPP) quarterly meetings will report an increase in their knowledge of local public health emergency planning and preparedness after every meeting until June 30, 2021.	Language and timeframe revised

Community Transformation Plan Alignment	
Long-Term Goals	Priority Area
Increase the percentage of residents who have and regularly access a usual source of care	Access to Health and Wellness  
Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)	

* Objective has been published on HealthStat

PRIORITY AREA 5

DPH Infrastructure

Goal 1: Ensure the maintenance of a highly skilled, well-trained and culturally competent DPH workforce		
Sub-goal	Objective	Revisions Made
1.1 Assess organizational skills and capacity at all levels	1.1.1 At least 75% of staff will complete a workforce assessment as described in the Workforce Development Plan by June 30, 2018.	Language revised
1.2 Encourage training, competency achievement and educational advancement among DPH staff	1.2.1 At least 85% of DPH staff who attend the New Employee Orientation (NEO) every month will show an increase in knowledge in Public Health programs and services starting April 2017.	None
	1.2.2 A total of 70 unduplicated mentees will have enrolled in the Mentoring Program by June 30, 2021.*	Language and target revised
	1.2.3 Increase the number of Education Assistance Proposals (EAP) completed by DPH staff for training by 5% every year starting July 1, 2018.	Objective Canceled
	1.2.4 At least 100 of current staff will have created an Individual Development Plan (IDP) by June 30, 2021.*	Language, timeframe, and target revised
1.3 Attract, recruit, retain and promote a competent workforce	1.3.1 All four department wide committees will meet at least eight times each fiscal year.*	Language revised
	1.3.2 Create a diversity outreach action plan to meet the county's Equal Opportunity Commission requirements to improve department recruitment efforts by October 31, 2017.	Objective canceled
	1.3.3 Identify at least 10 strategies to attract and recruit a competent workforce by December 31, 2017.	Language revised
	1.3.4 The Department of Public Health will distribute a list of open Work Performance Evaluations (WPE) each pay period to program leadership through June 30, 2021.*	Language and timeframe revised
Goal 2: Ensure external and internal partnership, systems and processes to support organizational excellence		
Sub-goal	Objective	Revisions Made
2.1 Integrate technologies	2.1.1 Launch open data platform with at least 10 performance indicators with public access by October 31, 2017.	None
	2.1.2 All department clinics and health centers will utilize an Electronic Health Record system by June 30, 2018.	Language revised
2.2 Strengthen DPH infrastructure to support a culture of performance improvement	2.2.1 Each Strategic Plan goal will have at least one objective that includes a defined performance indicator by July 1, 2017.	Language revised
	2.2.2 Data will be collected, analyzed and reported for 80% of quantitative Strategic Plan objectives by June 30, 2020.*	Objective canceled
	2.2.3 At least 33% of programs will complete at least one Plan, Do, Act, Study, Act (PDSA) cycle per quarter by June 30, 2021.*	Objective added from Priority Area 2
2.3 Enhance effective communications	2.3.1 Develop a plan to assess the need for program-specific policies and standard practices to meet accreditation standards by June 30, 2017.	None
	2.3.2 Publish and distribute a department-wide communications and branding plan by August 31, 2017.	None
	2.3.3 The Department of Public Health newsletter will be published at least twice a year through June 30, 2021.	Language revised
2.4 Foster community support through multi-sectoral engagement	2.4.1 Increase the number of non-profit animal rescue group partners by 5% annually by June 30, 2021.*	Target and language revised
Goal 3: Ensure funding is aligned appropriately with the Vision and Mission		
Sub-goal	Objective	Revisions Made
3.1 Establish a cohesive and coordinated process and/or system for pursuing and securing more funding	3.1.1 Create a department policy and standard practice for requesting budget funding by June 30, 2018.	Language revised

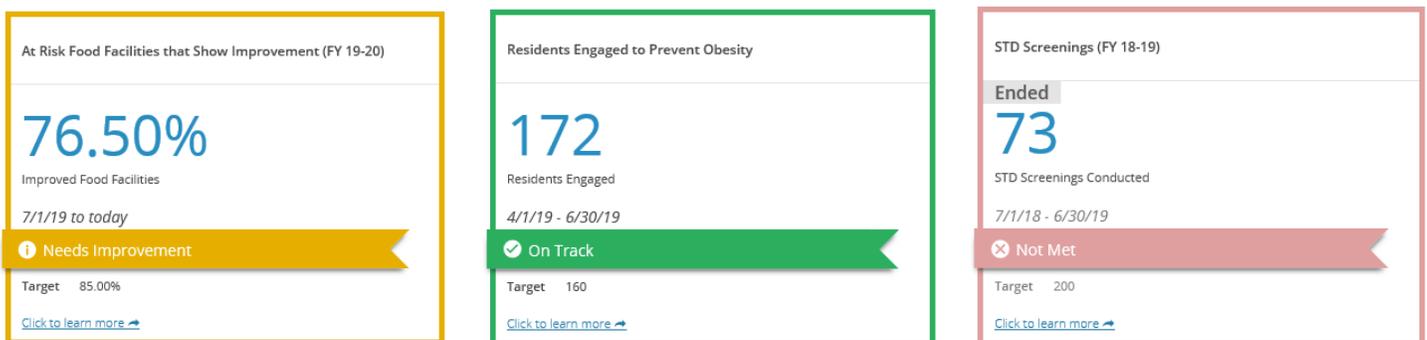
* Objective has been published on HealthStat

TRACKING & REPORTING PROGRESS

The process to track and report progress of Strategic Plan objectives was revised in June 2019. Objective owners (program staff) are responsible for updating objective data on SharePoint, an internal web-based collaborative site. Data stored on SharePoint is used to classify objectives as Completed, Active, or Inactive and to identify objectives that will be showcased on HealthStat.

HealthStat is an open performance portal powered by the Socrata Connected Government Cloud platform. The site provides advanced tracking and monitoring tools for key performance indicators tied to departmental goals and objectives (including those from the Strategic Plan). HealthStat data is made available to the public as a way to share the department’s hard work, success and areas for improvement. All data on HealthStat has two components:

- Infographics titled “Metric Cards,” which show the target, timeframe and progress for the objective tracked.
- A story which explains why the data is being tracked and what is being done to achieve progress.



HealthStat metric cards showing the status of Strategic Plan objectives

To learn more about our Department’s performance efforts, go to healthstat.dph.sbcounty.gov.

SUPPORT FUNCTIONS FOR IMPLEMENTATION

DPH is dedicated to enhancing existing infrastructures to support implementation. These infrastructure functions are addressed in the DPH infrastructure Priority Area and include, but are not limited to, workforce development, integration of technologies and performance improvement (information management), and effective communication. The Department will also allocate resources to staffing and other initiatives to sustain implementation efforts (financial sustainability). DPH will closely monitor implementation progress and will revise the plan annually to ensure it is on track to meeting its targets.

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