



# Annual Report

2019

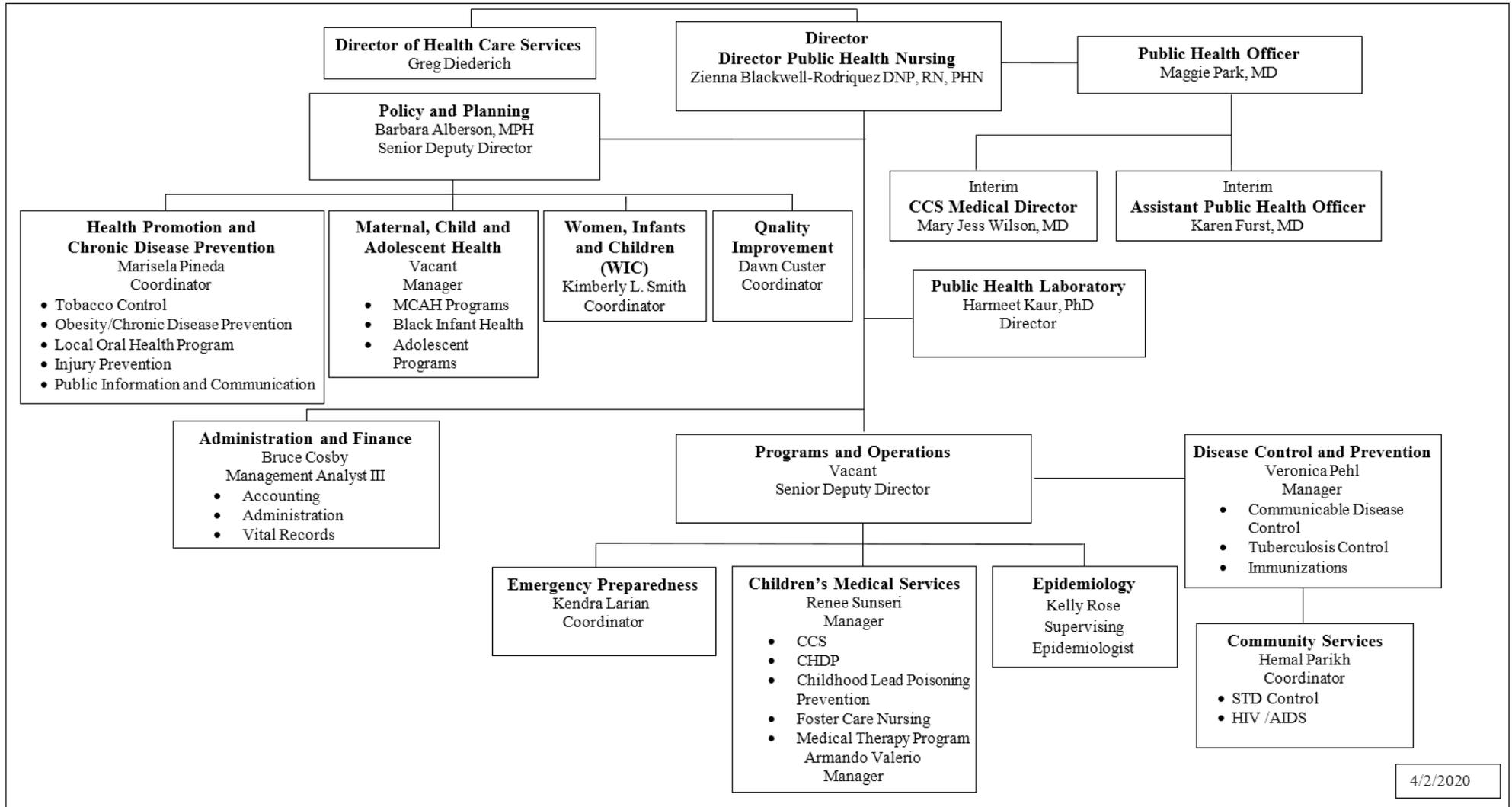
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## Organizational Chart



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# Introduction

San Joaquin County Public Health Services (PHS) provides critical programs and services that protect and promote the health and well-being of county residents. PHS is well regarded for its core programs, including a state-of-the-art Public Health Laboratory and an immunization registry that both serve surrounding counties. Its 225-member staff is multidisciplinary and includes epidemiologists, microbiologists, public health nurses, health educators, nutritionists, social workers, communicable disease investigators, and community health outreach workers among others. Staff also reflect the broad diversity of the county's population. Many PHS employees are bilingual and altogether, they speak a total of 25 different languages.

## PHS PROGRAMS AND SERVICES

- **Disease Control and Prevention** – Acute communicable diseases, sexually transmitted diseases, and Tuberculosis.
- **Health Promotion, Chronic Disease, and Injury Prevention** – Tobacco control, child passenger safety, pedestrian and bike safety, heart disease and diabetes prevention, nutrition education and promotion of physical activity, senior wellness, oral health, and prevention of opioid abuse.
- **Maternal, Child, Adolescent and Family Health** – Black Infant Health, Perinatal Equity Initiative, Home Visiting, CalLearn, and WIC
- **Clinical Services or Linkages with Care** – California Children's Services, Medical Therapies for Children, Child Health and Disability Prevention, Foster Care Nursing Services, and Childhood Lead Poisoning Prevention
- **Supportive Services** – Laboratory, Epidemiology, Public Information/Communications, Emergency Preparedness, and IT, as well as the issuing of Birth and Death Certificates.

## VISION AND MISSION

As set forth in the PHS Strategic Plan, 2017-2022:

*Vision* - All San Joaquin County communities are healthy, safe, equitable, and thriving.

*Mission* - To protect, promote, and improve health and well-being for all who live, work, and play in San Joaquin County

## HEALTH EQUITY APPROACH

Strategies laid out in the department's Strategic Plan reflect that PHS is also strongly committed to *health equity* and to finding ways to reduce the burden of disease and injury in our disadvantaged communities. PHS works with partner agencies and organizations across sectors to improve the social, economic and physical conditions that impact health. This collaboration includes both traditional and non-traditional partners (e.g., law enforcement, transportation, health care systems, environmental health, local government, education, housing and community services, faith-based organizations, as well as resident grassroots leaders) committed to improving the quality of life for our most vulnerable residents.

# Introduction Continued

## PRIORITIES OF THE BOARD OF SUPERVISORS

PHS strongly supports the priorities set forth by the Board of Supervisors. **Promoting Good Governance** continues to be a core driver for PHS in its journey to towards **Accreditation** by the national Public Health Accreditation Board (PHAB). Many of the standards and measures are specifically associated with governance. They call for local health departments to demonstrate how well they maintain administrative and management capacity as well as engage routinely with their governing entities. It is anticipated that PHS will submit the final documentation required to be considered for Accreditation in Fall 2020. PHAB will review PHS' materials and should make its decision shortly thereafter.

This year, special attention was also placed on **Increasing Organizational Capabilities**. For example, the department instituted *all* staff training events focused on building skills and abilities of staff at all levels in the organization. Needs were identified through a department-wide survey conducted as part of PHS' Workforce Development Plan. The two 2019 sessions focused on embedding health equity into everyday practice and on improving interpersonal communication skills. Training also occurred at the program level, e.g., the cross-training of communicable disease staff and HIV/STD staff to better serve clients of both programs. This approach has improved communication and collaboration among staff, providing flexibility to respond more holistically in evolving situations such as a communicable disease outbreak in a homeless encampment.

## OVERVIEW OF THE 2019 ANNUAL REPORT

On the following pages, PHS presents three department-level initiatives; shares selected highlights and metrics from its programs and services, displays trend data for a number of reportable diseases that affected our County this last year; and then provides a look forward to major activities to be undertaken in 2020. The report also provides a list of PHS programs with contact information. Because PHS has made **Performance Improvement** an overarching directive, this and future Annual Reports will now include the latest bi-annual PHS Strategic Plan progress report with examples of program activities that have achieved outcomes that exemplify Performance Improvement.



# Spotlight

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# Serving the Homeless: Building on the Success of the Triad Model

In 2019, PHS incorporated into practice the successful tenants from its Triad Project conducted the previous year. In the Triad model, a multi-disciplinary staff provided services to homeless individuals to prevent and treat hepatitis and influenza as well as opioid overdoses. It evolved to include syphilis treatment in the field.

This comprehensive approach has now been instituted in a number of settings where SJC's homeless individuals congregate, e.g., homeless encampments, shelters, drug treatment facilities, and meal programs.

Services are adjusted according to the health issues that need to be addressed. Of the 157 homeless individuals served in 2019, 22% tested positive for syphilis and 8% tested positive for tuberculosis. Hepatitis A vaccine was provided to 35% and influenza vaccine was administered to 36%. Drug use was reported by 73% of the individuals screened; 15% reported opioid use which resulted in 123 kits of the life-saving drug naloxone distributed.

## Innovations in Workforce Development

In our department-wide Workforce Development Survey, many PHS staff voiced interest in having all staff training events. We have routinely presented in-services and workshops in an incremental way since neither of our conference rooms can accommodate 200+ staff at one time. Easy fix! New all staff training events now take place bi-annually at the Cabral Ag Center and address the universal skill-building priorities set forth in our Workforce Development Plan. Training evaluations show that staff find this approach conducive to learning and they appreciate being able to share ideas and problem-solve with colleagues from other PHS programs.

In November 2019, PHS began piloting a year-long Leadership Development Program for its managers conducted by Max Potentials consultants. It includes monthly large-group training sessions, individual mentoring/coaching, and group projects for cooperative learning. It has been well-received. The pilot will be evaluated at the end of the year by County Human Resources. It is anticipated that the results will lead to rolling out the program to other County departments.

# Continuous Quality Improvement

The PHS Quality Improvement (QI) Plan guides department-wide efforts to embed QI into everyday practice. Each program area is now responsible for conducting at least one QI project each year to improve operations. A representative from each program serves on the QI Committee which provides oversight to ensure that projects reflect PHS priorities. Members meet monthly to hone ideas and share progress on their projects.

## Examples of Program-specific QI Projects Completed in July 2019

**Emergency Preparedness** worked with managers to update their entries in PHS' Continuity of Operations Plan (COOP). Each manager was asked to identify the essential services, equipment and staff needed to maintain and restore critical operations after any emergency or disaster. This included an analysis of key staff positions, what work must be done to maintain a critical level of service delivery, as well as the specific steps needed to restore operations to normal levels. As a result of this QI Project, 100% of PHS' programs completed their worksheets for inclusion in the COOP.

**WIC** collaborated with Community Medical Centers (CMC) to improve dental health of WIC participants. Prior to this QI project, dental health was not a routine part of the WIC program. The project was designed to educate and motivate WIC team members regarding the importance of offering a virtual dental home, in addition to learning how to provide in-depth oral health education. As a result, CMC provided 257 WIC youngsters with fluoride varnishing, including dental service referrals as needed. WIC staff provided caregivers of a total of 1,733 children ages 0-5 with complementary targeted education.

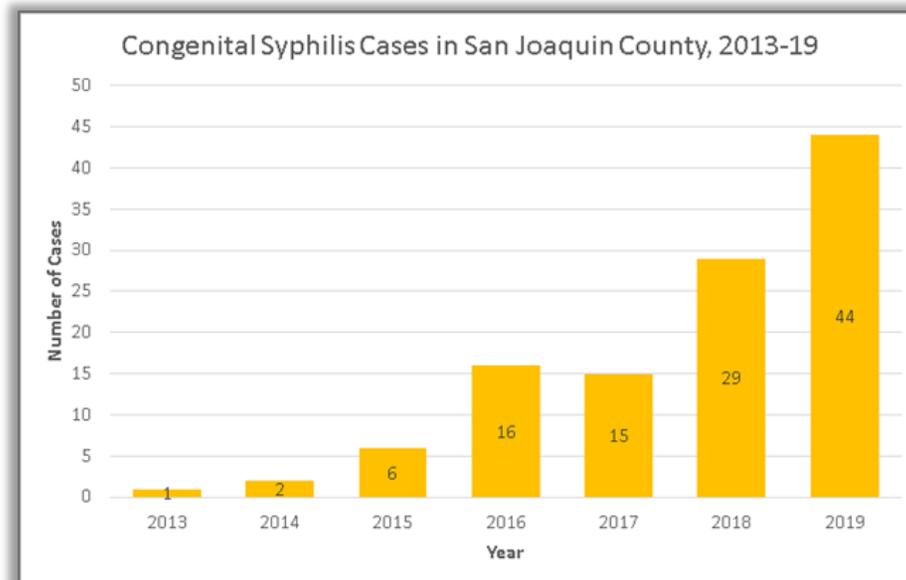
**Health Promotion** continued to lead the Department's efforts to strengthen its health equity lens. The QI project focused on creating a Race and Health Equity (RHE) Sub-committee to take more deliberate steps forward to enhance programs' ability to address racism and health inequities. This work was informed by the year-long Government Alliance on Race and Equity (GARE) training that Health Promotion staff representatives received as GARE cohort participants. The RHE Sub-committee is now a permanent and important driver of PHS' Workforce Development activities, e.g., arranging for expert presenters at two all-staff trainings.

# Continuous Quality Improvement Continued

## Example of a Cross-program QI Project

Over the last several years, California has experienced a steep increase in both syphilis among women and congenital syphilis. The situation in San Joaquin County mirrors the state data. This alarming rise creates an urgent public health priority that requires innovative strategies, multidisciplinary collaboration, and strategic partnerships. PHS' Disease Control and Prevention (DCP) Program collaborated with the Maternal, Child, and Adolescent Health (MCAH) Program to strategize on approaches for congenital syphilis prevention and control. As a result, they established a STD-MCAH workflow for case management of pregnant women with syphilis.

To start, the Communicable Disease Investigator (CDI) will conduct disease intervention activities, including ensuring treatment, conducting interview and partner services. Then the STD Program Case Management Team with a Community Health Navigator (CHN) and STD Public Health Nurse (PHN) will receive a warm hand-off from the CDI. High-risk cases will then be referred to MCAH case management programs. The impact of this collaboration is stronger case management for high-risk pregnant women, enhanced case review processes, and tools for better patient care.



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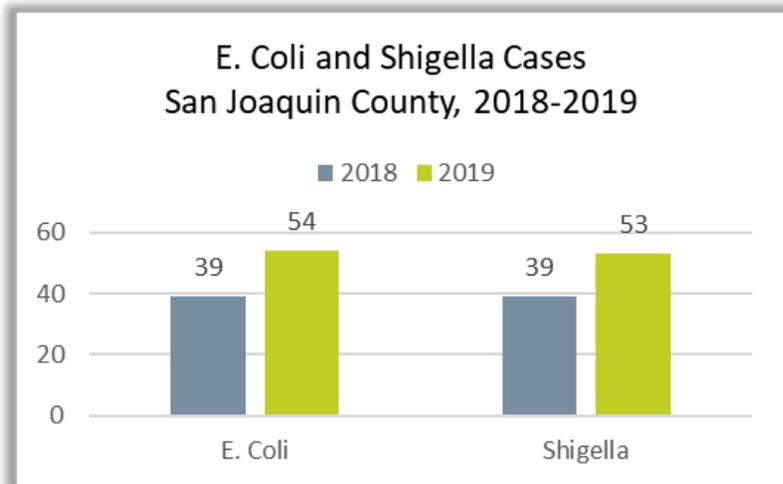
**Selected Program  
Highlights and  
Metrics**

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# Disease Control and Prevention

## General Communicable Disease (CD)

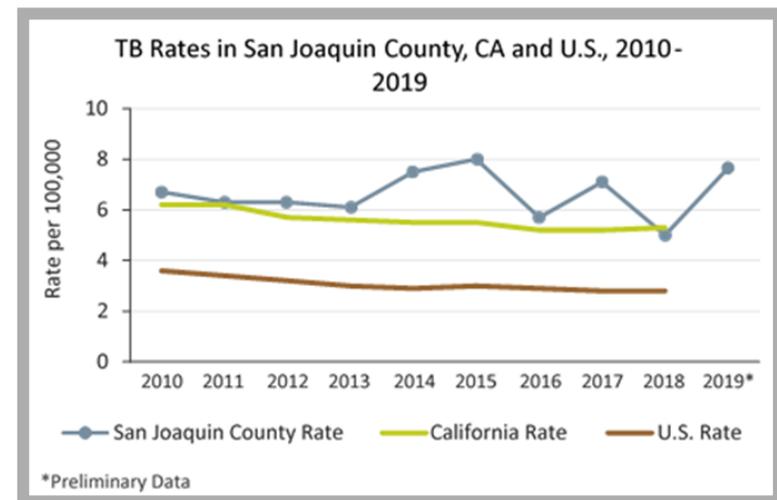
Approximately 500 gastrointestinal disease reports were received by PHS in 2019. Approximately half of these were found to be cases: 54 E. coli, 53 Shigella, and 142 Salmonella. While the number of Salmonella cases have remained fairly constant since 2018, both E. coli and Shigella cases have each increased by over 35%.



## Tuberculosis (TB)

The rate of tuberculosis in San Joaquin County has been higher than the state and national rates for the past 10 years. In 2019, 59 cases were evaluated, with over 500 contacts evaluated and several hundred more identified and pending investigation.

The TB program implemented video directly observed therapy (VDOT) in April 2019 using the Sureadhere platform. Patients record themselves taking their TB meds using their own smartphone and public health staff observe the recordings from the office. Patients are able to take their medication at the time and place more convenient for them. This method has been a flexible, less invasive option to help ensure TB patients complete their treatment successfully. Currently there are 26 TB patients on VDOT.



# Health Promotion, Chronic Disease, and Injury Prevention

## Older Adult Fall Prevention

Trained 12 lay leaders as Matter of Balance (MOB) fall prevention coaches and hosted 5 MOB workshops reaching 103 senior participants. Sixty percent (60%) of participants reported that the program helped to reduce their fear of falling, and 100% said they feel more satisfied with life.

## Booster Seat Challenges

Conducted 4 Booster Seat Challenges at 8 elementary schools in low-income areas in Stockton, Tracy, and Lodi. Provided booster seat education, and facilitated student pledge campaigns poster contests. Hosted booster seat checkup events where certified Child Passenger Safety Technicians checked 617 booster seats or car seats and provided 434 free booster seats or car seats. Challenge results showed a 105% average increase in booster seat usage.

## Healthy Retail Recognition

Assessed 8 small convenience/corner grocery stores through the Refresh San Joaquin Project using criteria on access, availability, and promotion of nutritious foods, while limiting the same for tobacco and alcohol products. Awarded 5 bronze level awards and 3 silver level awards to grocery stores in Refresh's inaugural Healthy Retail Recognition Program.

## Prescription Drug Take Back

Coordinated 3 National Prescription Drug Take Back Day events in partnership with Safe Kids Coalition of San Joaquin and local law enforcement agencies. Collected approximately 900 pounds of medications and disseminated information on year-round drop off sites throughout the county.

## Oral Health Education

Provided oral health education to 279 kindergarten and preschool students. Contracted dental hygienists to provide 21 dental screening sessions at 4 elementary schools. 50 children were screened; 44 received fluoride varnish to protect their teeth; and 4 were referred for urgent oral health services.

# Maternal, Child, Adolescent and Family Health

## Women, Infants, and Children (WIC)

Provided nutrition education and issued checks for healthy supplemental foods. WIC also provided 1:1 counseling to encourage breastfeeding and made many referrals to health care and community services. Altogether, WIC served a total of 14,242 individuals in 2019.

The PHS WIC Program began its preparations to launch the California WIC Card in March 2020. This new approach will simplify how food benefits are issued. Up until now, WIC staff have printed out paper food “vouchers” for participants that they submitted to the grocery store. The new WIC Card will function much like an easy-to-use debit card.



## Home Visits for High-risk Families

Maternal, Child, and Adolescent Health (MCAH) programs conducted nearly 1,239 home visits with high-risk families; received 982 referrals from hospitals and community agencies; provided 15,564 educational materials to families; and screened more than 300 case managed families for insurance coverage.

Nurses also assessed homes and provided referrals and recommendations to 700 families served by In-Home Supportive Services.

MCAH staff have also begun preparing for a major expansion in home visitation services.

- ◆ The Black Infant Health (BIH) program has added another case management intervention model in addition to its current group education sessions and resource referral networks for African American pregnant and parenting women.
- ◆ The new Perinatal Equity Initiative complements BIH with expansion of community supports for young African American women to help improve birth outcomes. PEI will be conducted in collaboration with community partners that are trusted in the African American community.
- ◆ MCAH has started the process to be certified to conduct the Healthy Families America program. Being awarded funding to implement this nationally evidenced-based home visiting program is very welcome. It will substantially build the capacity and reach of MCAH’s current efforts to support young families at risk.

# Clinical Services and Linkages with Care

## STDs/HIV/AIDS Program

Provided counseling, education, and prevention services to over 500 individuals newly diagnosed with syphilis and HIV/AIDS.

Received and investigated 1,801 reports of syphilis, and identified 1,221 new cases. 449 of these new cases were early stage syphilis, which indicates recent infection. From the 1,221 cases, over 200 contacts were elicited and investigated, and approximately 50% were positive for syphilis. Also investigated 71 reports of individuals newly diagnosed with HIV/AIDS and referred them to case management and partner services. Within our county, 83% of those diagnosed with HIV/AIDS in 2019 were linked to care within 30 days of diagnosis, and 57% have already achieved viral load suppression. Provided case management for 234 people living with HIV/AIDS; provided safe housing for 84 HIV/AIDS clients to prevent homelessness.

## California Children's Services (CCS)

Connected 1,691 newly diagnosed critically/chronically ill children to higher-level care who otherwise would not have access. Overall, CCS coordinated and paid for medical care and therapies for more than 3,700 children across the county.

## Medical Therapies Unit (MTU)

Hoover Elementary School in Stockton launched Telemedicine visits as part of a multi-county pilot being conducted in concert with UC Davis. This new model of care uses telemedicine to deliver pediatric physiatrist medical direction for MTUs serving children with disabilities. Of the 164 parents who completed a recent Parent Satisfaction Survey, 79.2% reported that they felt that their child definitely received the same quality of care as in-person care.

## Foster Care Nursing

Public Health Nurses provided medical consults on over 1,600 cases that assisted Social Workers to make informative decisions about the overall well-being of children. As a result, children were connected with medical and dental services more expediently.

# Support Services

## Laboratory

California State- and federally-certified facility provides high complexity testing services for San Joaquin County and also serves 8 neighboring counties. Lab staff conducted 31,289 billable tests in 2019.

## Emergency Preparedness

Collaborated with San Joaquin County Office of Emergency Services (OES) in a successful National Preparedness Month campaign in September. During the month, a total of 84 unique messages were distributed to PHS staff, community stakeholders, and the public via email, website, and social media postings with over 37,000 views. EP staff also presented at 10 PHS unit meetings on the role of a Disaster Service Worker and Personal Preparedness, reaching 140 employees; and conducted 4 Hands-only CPR Trainings for PHS staff at various locations.

## Epidemiology

Provided surveillance and monitoring of health data systems (*e.g., CalREDIE, Healthy Futures*) to stay abreast of disease outbreaks or “upticks” in numbers of community members becoming ill beyond expected norms. Also supported the growing number of individual PHS program and community partner requests for health-related data. There were 431 such requests in 2019, each averaging 11 hours of staff time to complete.

## Public Information and Communication

Coordinated external communications and maintained media relations. In 2019, more than 87,124 unique visitors viewed the PHS website 248,743 times. PHS’ social media reach included 66,558 Facebook page views with 45,187 Twitter impressions. PHS issued 32 media releases: 8 of its own and 24 from other agencies such as CDC posted under “Health Notices”. Additionally, PHS issued 9 healthcare provider advisories.

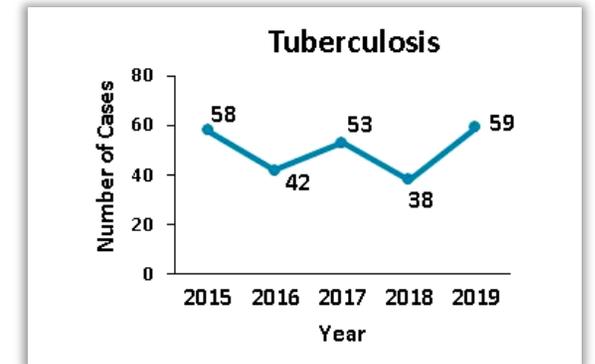
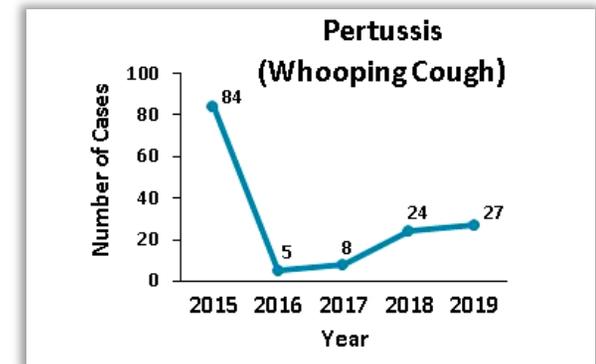
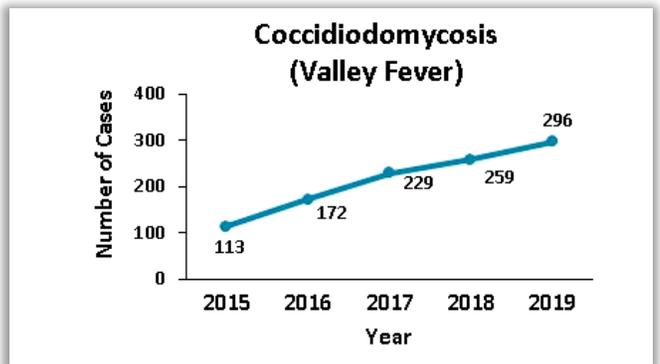
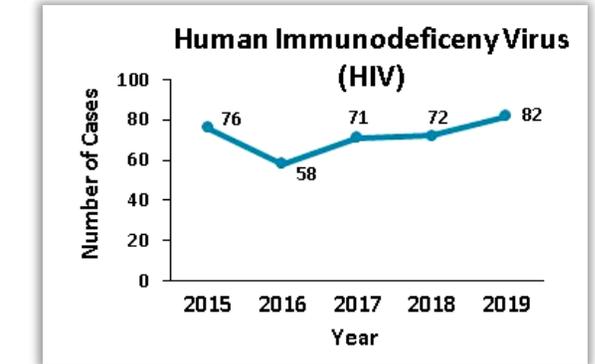
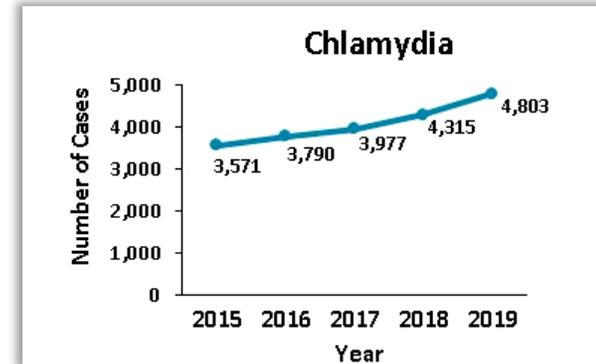
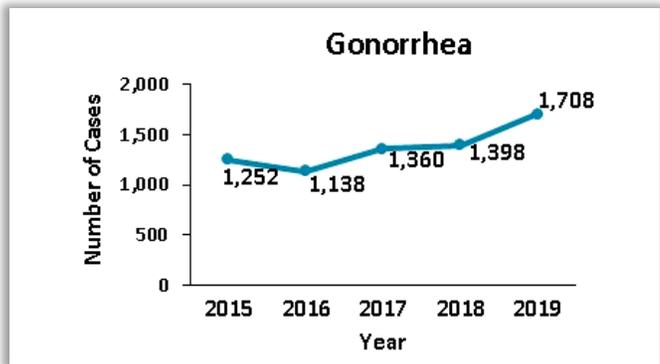
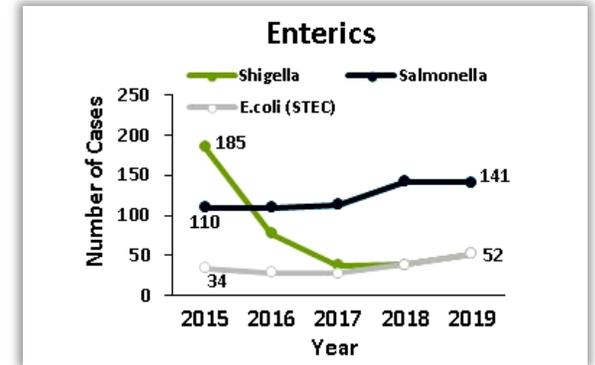
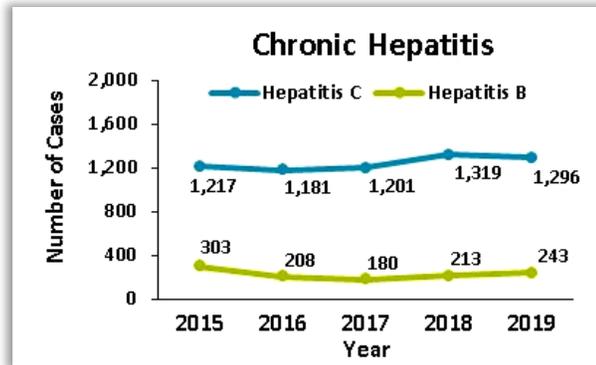
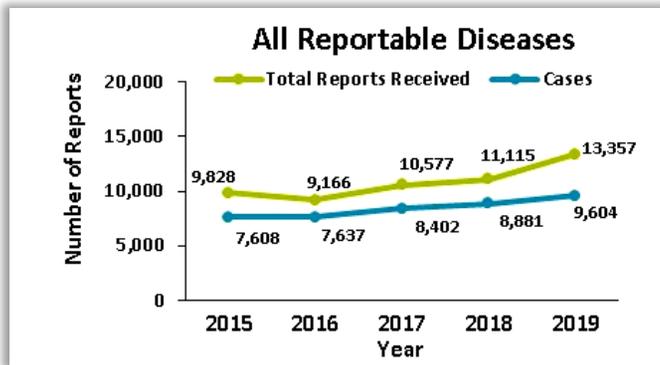
## Birth Certificates and other Vital Records

Provided certified birth and death certificates as well as burial permits. In 2019, there were 21,433 documents issued.

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# Selected Reportable Diseases

There are over 80 diseases and conditions that are reportable to PHS. The total number of reports increased 36% in the past five years from 9,828 in 2015 to 13,357 in 2019 due to electronic lab reporting. While not all reports are cases, some diseases have decreased in 2019, while other diseases, such as HIV and Valley Fever, continue to increase especially in the last three years.



Note: Data are provisional and may change as additional information is received

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# Moving Forward

## Electronic Performance Management System: Taking a More Proactive Approach

PHS is building an electronic performance management system that will enable the department to be more proactive in ensuring that our programs and services remain efficient and effective. Working with VMSG, a data software company that has developed such systems for health departments across the country, PHS' new system will be launched in phases. First will be the development of a high-level department-wide strategic dashboard. Then, our disease prevention and control programs will initiate program-specific performance management, identifying key measures and metrics to track productivity. Currently, PHS has workload indicators to analyze outputs, but the new granular data will allow us to find specific gaps and to re-define or re-distribute workload to improve practices. Importantly, the metrics will be based on national benchmarks to better demonstrate outcomes. This system will also be foundational to our ability to achieve and maintain national accreditation status.

## California Perinatal Equity Initiative (PEI): Expanding Services to Serve the African American Community

The rate of mortality among black infants continues to be two to four times higher than the rates for other groups statewide. As a result of these disparities, the California Legislature established the California Perinatal Equity Initiative (PEI). PEI expands our current Black Infant Health program with evidence-based interventions to help prevent black infant mortality, preterm births and improve the health of the mother (before, during and between pregnancies). Public Health Services will be contracting with community-based partners in 2020 to implement two interventions that our PEI Community Advisory Board has selected based on quantitative and qualitative data. The first is perinatal personal support advocates ("*SistaCoaches*") to assist with relationships, education and employment, health care, mental health and substance use. The second is a fatherhood initiative designed to enhance mom's support system. It incorporates life skills workshops, support groups and individualized case management through implementation of the *24/7 Dad* curricula. Funds will also support a public awareness campaign to bring focus to the disparities.

# Moving Forward Continued

## Women, Infants and Children Supplemental Nutrition Program (WIC): Moving from Paper to Plastic

The Healthy, Hunger-Free Kids Act of 2010 mandated all WIC agencies to implement electronic benefit transfers (EBT) by October 1, 2020. The PHS WIC Program began its preparations to launch the California WIC Card in March of 2020. This new approach aims to reduce barriers to participation by simplifying how food benefits are issued. Up until now, WIC staff printed out paper food “vouchers” for participants that they then submitted to cashiers at the grocery store. The new WIC Card functions much like a debit card, streamlining the shopping experience; it will allow families to shop conveniently and check out confidently. A signature is no longer required, thereby removing the stigma often associated with the use of paper vouchers at the checkout stand. The card also provides greater security, as families will not lose benefits if it is lost, stolen, or damaged. The addition of the California WIC Card will eliminate the production and delivery of paper vouchers to more than 80 agencies statewide, significantly reducing the carbon footprint. Transitioning to this form of payment improves the overall effectiveness and efficiency of WIC service delivery – and we anticipate that it will encourage more families to participate.

## Trauma Informed Care: Taking a Collective Approach

This year, PHS will work in concert with community partners to implement a new SJC Trauma Informed Services Initiative. This is a multi-agency collaborative that is using a public health approach to create a shared vision for a trauma informed community. Community partners from all sectors have come together to address the underlying traumatic events in life that can damage a person’s ability to be healthy and thrive. Recently, the group collectively developed a strategic plan which included goals and objectives as well as specific outcomes. Foundational to the success of the initiative will be its systems approach that recognizes and supports individuals – and communities – dealing with long-term impacts of trauma. This will include identifying programs and services to help address unresolved emotional and behavioral challenges stemming from the original adverse experiences. Early on, strategies will focus on provider trainings, but later will also include train-the-trainer workshops and a community conference. MCAH is leading PHS efforts and will help us to identify opportunities to incorporate trauma informed care into our programs and policies.

# Moving Forward Continued

## PHS Staffing Levels

PHS will explore options for increasing staffing levels for core functions, e.g., communicable disease control which leads the department's response to outbreaks like COVID-19 or Tuberculosis. Part of the impetus for revisiting staffing levels stems from fact that PHS is still 90 positions shy of 2008 Recession levels. This does include the loss of 21 clinic positions last July. Public Health closed its Hazelton clinic when the more full-service SJGH's FQHC Look Alike Clinic opened in its stead. Those 21 staff were transferred to become SJGH employees. (These same staff had also previously rotated among PHS' three satellite clinics before they closed.) The staffing analysis will also take a close look at Public Health 3.0, the national movement directing health departments to engage fully in collective impact. This entails strengthening the capacity of our community partners to work together on initiatives to improve complex social, economic, and environmental conditions that impact health and health equity.

## Responding to COVID-19 Pandemic

Early in 2020, containment quickly evolved into mitigation. Public Health activated its Department Operations Center (DOC) to help lead a comprehensive response. The work is intensive and far reaching. All PHS employees are designated "Disaster Workers" and have been working in essential/critical roles. Maintaining capacity to respond is and will continue to be problematic as the Pandemic moves into the spring and summer despite PHS calling back retirees and submitting resource requests.

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# **List of PHS Programs and Services**

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# List of PHS Programs

<p><b>Administration</b> Supports major functions of the Department such as department management, health statistics and reporting, personnel, accounts payable, purchasing, payroll processing, expense reimbursement claims.</p>	(209) 468-3411
<p><b>Black Infant Health Program (BIH)</b> Provides social support, education, and referrals for African-American women who are pregnant or have given birth in last 6 months; empowerment-focused group sessions and individual case management.</p>	(209) 953-7074
<p><b>Birth Certificates and Other Vital Records</b> Registers births, deaths and fetal deaths occurring in the county. Provides certified paper copies of birth certificates and other vital records (e.g., burial permits and death certificates).</p>	(209) 468-8600
<p><b>California Children's Services (CCS)</b> Statewide program that coordinates and pays for medical care and therapy services for eligible clients under 21 years of age.</p>	(209) 468-3900
<p><b>Cal-Learn</b> Provides support, education, and referrals via home visits for pregnant and parenting teens receiving CalWORKs cash aid to help them finish high school or get a GED. A Maternal, Child and Adolescent Health (MCAH) program.</p>	(209) 468-3880
<p><b>Child Health and Disability Prevention Program (CHDP)</b> Provides oversight to CHDP medical providers and community clinics as well as connects low-income children and children in foster care to community resources in relation to preventative health care, treatment services and diagnostic referrals for ages 0 - 21.</p>	(209) 468-8335
<p><b>Child Passenger Safety Program</b> Provides car seat installation assistance on Wednesdays by appointment, conducts car seat education presentations at community locations including pre-schools and parent cafes, holds large-scale car seat check-up events around the county, and trains Child Passenger Safety Technicians.</p>	(209) 953-7309
<p><b>Childhood Lead Poisoning Prevention Program (CLPPP)</b> Provides education and resources to the community and medical providers in order to raise awareness of the dangers of lead poisoning. Home visitation and inspections are also available for children found to be severely lead-poisoned.</p>	(209) 468-2593
<p><b>Chronic Disease and Injury Prevention Programs</b> Works with community partners across the County on strategies to reduce the risks associated with diabetes, hypertension, and other chronic conditions (e.g., healthier diets, more physical activity, monitoring blood pressure, appropriate medications). Also, works with traditional and non-traditional partners on the prevention of injuries (e.g., as a result of traffic, pedestrian, and bike crashes, senior falls, drowning, suffocation, poisoning, etc.).</p>	(209) 468-3368

# List of PHS Programs Continued

<p><b>Communicable Disease Control Program</b>            Conducts case investigation of reportable communicable diseases, outbreak management, contact identification, patient and community education, and consultation to physicians, infectious disease practitioners, nursing facilities, schools, and day care programs.</p>	(209) 468-3822
<p><b>Emergency Preparedness Program (EP)</b>            Provides education and training to improve public health emergency readiness for individuals, families and the community-at-large. The EP Program reached more than 21,000 people during National Preparedness Month in September 2018.</p>	(209) 468-9361
<p><b>Epidemiology</b>            Provides surveillance and monitoring of health data as well as supporting programs' needs for health-related data (e.g., social determinants of health); shares health information with the community through data reports and requests.</p>	(209) 468-9841
<p><b>Fetal Infant Mortality Review Program (FIMR)</b>            Coordinates a Countywide multi-disciplinary team that reviews fetal and infant deaths to identify, develop, and implement recommendations that will improve community resources and health service delivery systems for women and infants. The goal is to reduce the overall number of fetal and infant deaths.</p>	(209) 468-3004
<p><b>In Home Supportive Services (for Elderly, Blind and Disabled)</b>            Nurses assess clients to determine the need for in-homes care, and provide referrals and recommendations to families.</p>	(209) 468-2202
<p><b>Laboratory</b>            California State and Federally certified facility that provides high-complexity testing services for San Joaquin as well as a number of neighboring Counties.</p>	(209) 468-3460
<p><b>Local Oral Health Program</b>            Provides activities that support State oral health plan and works with community partners to build capacity for children's oral health education, prevention, linkage to treatment, surveillance, and case management services in the community. The LOHP works in partnership with the San Joaquin Treatment + Education for Everyone on Teeth + Health (SJ TEETH) Collaborative.</p>	(209) 953-7309
<p><b>Maternal, Child, and Adolescent Health Program (MCAH)</b>            Set of integrated programs designed to improve the health of California's women of reproductive age, infants, children, and adolescents, and their families. Last year, MCAH conducted nearly 1,200 home visits, received 800 referrals, provided nearly 16,000 educational materials to families, and screened more than 40,000 people for insurance coverage.</p>	(209) 468-3004
<p><b>Medical Therapy Program</b>            Provides Physical Therapy and Occupational Therapy for children with physical disabilities up to age 21 years with a qualifying medically eligible condition. Served more than 500 children and provided 577 prescriptions for Durable Medical Equipment in 2018.</p>	(209) 943-6361
<p><b>Nurse Home Visiting Program</b>            Conducts home visits for anyone who is pregnant or has a baby up to 1 year old. Nurses provide parent education, case management, weight checks, developmental screening, and more. Some children with complex medical issues can be referred up to age 5.</p>	(209) 468-3004

## List of PHS Programs Continued

<p><b>Nutrition Education and Obesity Prevention Program (NEOP)</b>            Conducts education, outreach, as well as policy, systems, and environmental changes to promote increased access to and consumption of healthy foods and beverages, physical activity, and food security with the goal of preventing obesity and related chronic diseases.</p>	(209) 953-7309
<p><b>Opioid Safety Program</b>            Facilitates the San Joaquin County Opioid Safety Coalition, serving as a community venue to discuss strategies and interventions to address the opioid overdose epidemic, increasing access and awareness to treatment options, educating prescribers, and reducing stigma associated with opioid use in the public.</p>	(209) 953-7309
<p><b>Public Information and Communication</b>            Develops and coordinates communication and outreach strategies from PHS to the community (e.g., programs' educational materials, social media activities) as well as maintains media relations.</p>	(209) 468-3571
<p><b>STDs/HIV/AIDS Programs</b>            Coordinates STD and HIV/AIDS related services. Provides counseling as well as education and prevention services that include street-based outreach and activities at schools and correctional facilities. Tested over 800 people for HIV /STDs and performed over 2,000 STD investigations. Provided case management for more than 370 people living with HIV/AIDS.</p>	(209) 468-3820
<p><b>STOPP Smoking Prevention Program</b>            Works in partnership with the Smoking &amp; Tobacco Outreach and Prevention Coalition to promote a tobacco-free county.</p>	(209) 468-8637
<p><b>STOPP Helpline* (local number)</b>            Makes referrals to community programs to help stop smoking.</p>	(209) 468-2415
<p><b>Sudden Infant Death Syndrome Program (SIDS)</b>            Provides supportive services, referrals, and education for families experiencing the death of an infant due to SIDS. A MCAH program.</p>	(209) 468-3004
<p><b>Tuberculosis (TB) Control Program</b>            Provides support and treatment for clients with active TB, as well as seeking out others in contact with that person to assess if they, too, have been infected and need treatment, referral, and monitoring.</p>	(209) 468-3828
<p><b>WIC Program (Supplemental nutrition program for women, infants, and children)</b>            Helps families by providing nutrition education and breastfeeding support, issuing benefits for healthy supplemental foods, and making referrals to healthcare and other community services. In 2018, WIC served a total of 15, 121 individuals.</p>	(209) 468-3280
<p><b>Quality Improvement (QI) Program</b>            Guides QI activities within PHS. Applies the principles of continuous QI to enhance the quality of PHS services to the community as well as internal day-to-day operations. QI efforts rely on teamwork to solve problems together.</p>	(209) 468-2183

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# **Appendices**

- 1. PHS Strategic Plan (Annual Work Plan) Mid-year Progress Report (December 2019)**
- 2. PHS Workforce: Regaining or Losing Capacity?**

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**Five-year Strategic Plan**  
**Annual Work Plan Year 3**  
**July 2019 - June 2020**

***Mid-Year Progress Report – December 2019***

## STRATEGIC PLAN - Annual Work Plan (July 2019- June 2020)

### Domain 1: Assessment and Data

*Mid-Year Progress Report – December 2019*

DOMAIN 1 – GOAL 1: Enhance data collection and analysis to prioritize greatest health needs					
OBJECTIVE #1: Three PHS programs will be trained on program evaluation by June 2022.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop protocols on data collection and reporting for PHS programs	02/2020	Computer classroom	Managers/Epidemiology (?)	Protocol	COMPLETED. <ul style="list-style-type: none"> <li>Evaluation Protocol has been developed. Ready to roll out for program use.</li> </ul>
Train PHS staff on program evaluation	06/2022	Computer classroom	Epidemiology (?)	Training	No activity during this period due to research for best practices.
<b>Assessment of Performance and Areas for Improvement</b> The seminal activity under this goal has been completed. PHS now has an evaluation protocol/manual on how to gather, analyze, and employ evaluation data in program planning and implementation. Next step to improve performance will be for Epidemiology staff to train and provide coaching to programs to guide them in putting formal evaluation methods into practice. Outcome will use of evaluation findings to improve the effectiveness and efficiency of programs. [Supports Board Priority 2d. Promote good governance by supporting investments in healthcare-related infrastructure to contribute to improvements in public's physical and mental health]					

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 1: Assessment and Data

*Mid-Year Progress Report – December 2019*

<b>DOMAIN 1 – GOAL 2: Enhance PHS data management systems to support program management and evaluation</b>					
<b>OBJECTIVE #1: Three PHS programs will have developed two measurable program evaluation indicators by June 2022.</b>					
<b>ACTION PLAN</b>					
Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Develop two program evaluation indicators	06/2022	Staff, software systems	Managers/Epidemiology (?)	Program Evaluation Indicators	No activity during this time period. Training on program evaluation to be scheduled this next reporting period.
<b>DOMAIN 1 – GOAL 2: Enhance PHS data management systems to support program management and evaluation (Continued).</b>					
<b>OBJECTIVE #2: Healthy Futures – TB Tracker will be used for TB contact management by June 2022.</b>					
<b>ACTION PLAN</b>					
Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Revise TB Tracker data fields	06/2022	IT programming	Epidemiology, IT	TB Tracker System	IN PROCESS: <ul style="list-style-type: none"> <li>Revisions being made due to a new system called Tuberculo. Development and testing to be completed by end of 2019.</li> </ul>
Develop TB Tracker reports	06/2022	IT programming	Epidemiology, IT	TB Tracker Reports	ON GOING.
Develop TB Tracker manual	06/2022	Staff	Epidemiology, IT	TB Tracker Manual	IN PROCESS Observe it in practice for a while to inform guidance.
Train all TB/CD staff on Healthy Futures and TB Tracker	06/2022	Staff, computer class, Healthy Futures, protocols	IT, Epidemiology	Trained staff	COMPLETED.

## STRATEGIC PLAN - Annual Work Plan (July 2019- June 2020)

### Domain 1: Assessment and Data

*Mid-Year Progress Report – December 2019*

**DOMAIN 1 – GOAL 3: Disseminate and generate discussions of San Joaquin County health data**

**OBJECTIVE #1: Synthesize PHS catalogue of data reports by June 2018.**

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Remove outdated reports from SJCPHS website	02/2018	IT	Epidemiology	Updated website	Completed on 04/2018.
Update data request form on SJCPHS website	06/2020	IT	Epidemiology	Revised data request form	IN PROCESS: The form is complete and needs approval at the managers meeting. Will be reviewed at a managers meeting in 02/2020. Once approved it will be uploaded to website before 06/2020. Development of form was a Quality Improvement project to improve ability to respond to data requests more efficiently and in a timely way.

#### Assessment of Performance and Areas for Improvement

Uniform data request form has now been developed and will be put into practice next reporting period. This will streamline the process for seeking epidemiologic support. It will also guide staff requesting epi support to be more specific in defining their data needs. Outcomes include the ability to prioritize requests in a more efficient manner and to improve responses since programs will now be required to do more “upfront” thinking about what data they need, drilling down to essential questions. [Supports Board Priority 1c. Ensure fiscal responsibility by establishing measurable outcomes for new or expanding programs]

<b>DOMAIN 1 – GOAL 3: Disseminate and generate discussions of San Joaquin County health data (Continued).</b>					
<b>OBJECTIVE #2: Publish PHS Annual Report by March 2018, and yearly thereafter.</b>					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Update the PHS Annual Report	2/1/2018	Staff	Managers	PHS Annual Report	<ul style="list-style-type: none"> <li>• The 2017 annual report completed/presented to Board of Supervisors in 04/2018.</li> <li>• The 2018 annual report completed/presented to Board in 4/2019.</li> <li>• Work on the 2019 annual report has commenced.</li> </ul>
<p><b>Assessment of Performance and Areas for Improvement</b>          PHS develops an Annual Report that is provided to the SJC Board of Supervisors in conjunction with National Public Health celebration each April. Our Health Officer provides the Board with hard copies and conducts a PPT presentation/discussion. It is well-received. To increase conformity with National Public Health Accreditation standards and measures, this year PHS will begin adding the latest semi-annual PHS Strategic Plan Progress Report to this presentation/package. The progress report to include an assessment of performance and areas of improvement where useful. Outcome will be better communication with Board on Performance Improvement activities. [Supports Board Priority 2a. Promote good governance by encouraging collaboration]</p>					

## STRATEGIC PLAN - Annual Work Plan (July 2019- June 2020)

### Domain 1: Assessment and Data (IT) (Network Infrastructure/Performance)

Mid-Year Progress Report – December 2019

DOMAIN 1 – (IT) NETWORK INFRASTRUCTURE GOAL 1: Enhance data collection and analysis to prioritize greatest health needs.					
OBJECTIVE #1: Data cannot be collected or analyzed when the network is suffering an outage due to firewall failure. Implement a High Availability firewall configuration to avoid service interruptions to the PHS network, Internet, County WAN, State, or other networks in the event of a firewall failure or maintenance.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Update Check Point firewalls and supporting systems to current R80.10 version	11/30/17	Dataway	Keith Early / IS Ops	Bring firewalls to current version in advance of enabling HA.	ONGOING: <ul style="list-style-type: none"> <li>Management server, log server and presentation server upgraded to R80.10 to meet Kaspersky replacement mandate in advance of HA roll-out. Full HA now forecast to be 2018-19.</li> </ul>
Reconfigure HZ Server Room to DR rack fiber optic for Internal network connectivity between Top-Of-Rack switches	12/31/17	Acquired	Keith Early / IS Ops	All Internal connections available from both firewalls.	COMPLETED.
Install/configure network switches for External connections	12/31/17	Cisco switches (on order)	Keith Early / IS Ops	All External connections available from both firewalls.	IN PROCESS: Hardware in place and operational. Some VLAN configuration still pending (anticipate completion end of July). 80% complete at this time.
Enable High Availability, set appropriate policies	1/15/18	Dataway	Keith Early / IS Ops	With policies in place, either firewall can fail or be taken down for maintenance; the other will continue without disrupting services.	IN PROCESS: Waiting on R80.10 upgrade to both core firewall. Testing and adjustment of new policies should be completed within a month of upgrades.

**DOMAIN 1 – (IT) NETWORK INFRASTRUCTURE GOAL 1: Enhance PHS data collection and analysis to prioritize greatest health needs (Continued).**

**OBJECTIVE #2: Increased data collection and analysis will put more stress on the PHS network backbone. Upgrading the Hazelton/Wilson Way campus network to a 10 Gigabit Ethernet fiber optic backbone (10X current speed) will support this increased bandwidth usage.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Install/configure/integrate 2 x 10GbE Top-Of-Rack switches in Hazelton Server Room and DR rack	11/30/17	ISD/Committee for configuration; fiber cables	Keith Early / IS Ops	Upgrade network infrastructure to support 10Gbps for the HZ/WW network backbone.	COMPLETED.
Workgroup Switch Replacements	12/31/17	Acquired	Keith Early / IS Ops	Improved network speeds throughout HZ/WW campus.	IN PROGRESS: <ul style="list-style-type: none"> <li>90% completed; a few switches at Wilson Way still awaiting replacement.</li> </ul>
Upgrade fiber optic cable run between Hazelton Server Room and Hazelton "Monster" Room to 10GbE	1/30/18	Need to contract with vendor to install 12 pair fiber bundle	Keith Early / IS Ops	Improved network speeds for Admin and Clinic.	COMPLETED.

**STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)**  
**Domain 1: Assessment and Data (IT) (Program-specific Data)**  
*Mid-Year Progress Report – December 2019*

DOMAIN 1 – (IT) PROGRAM-SPECIFIC DATA GOAL 2: Enhance PHS data management systems to support program management and evaluation.					
<p><b>OBJECTIVE #1:</b> In order to properly manage staff workloads and client service levels, it is critical that PHS managers and staff have appropriate, secure access to program-specific client and service data. Implementing Data Collection Modules specific to each PHS program will allow staff to quickly access and update client information, record services rendered, make referrals, and perform many other common tasks within a secure HIPAA-compliant environment. PHS managers will be able to analyze staff workloads, client service levels, and generate required reports. IS staff will work with program managers to document, analyze, and break down program-specific workflow to create data entry forms and reports. IS staff will train program users to appropriately use, protect, and maintain the program-specific Module.</p>					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
TB Tracker Module – Phase 1	12/31/17	Acquired	Justin Labadie / IS Apps	Healthy Futures module to collect TB Contact Investigation data.	IN PROGRESS: Assistant Health Officer requested change to deliver case mgmt. revision before contact investigation. Case management module is in production but additional forms requested.
California Lead Prevention Program (CLPPP) Module – Phase 1	12/15/17	TBD	Sukhnandan Bal / IS Apps	Healthy Futures module to collect CLPPP data.	COMPLETED.
Medical Therapy Program (MTP) Module – Implementation	12/31/17	Acquired	Michael Sarmiento / IS Training	Healthy Futures module to collect MTP data.	IN PROCESS: In production but MTP staff have not completed transition away from spreadsheets.

**DOMAIN 1 – (IT) PROGRAM SPECIFIC DATA GOAL 2: Enhance PHS data management systems to support program management and evaluation (Continued).**

**Objective #1:** To properly manage staff workloads and client service levels, it is critical that PHS managers and staff have appropriate, secure access to program-specific client and service data. Implementing Data Collection Modules specific to each PHS program will allow staff to quickly access and update client information, record services rendered, make referrals, and perform many other common tasks within a secure HIPAA-compliant environment. PHS managers will be able to analyze staff workloads, client service levels, and generate reports. IS staff will work with program managers to document, analyze, and break down program-specific workflow to create data entry forms and reports. IS staff will train program users to appropriately use, protect, and maintain the program-specific Module.

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
TB Tracker Module – Phase 2	2/1/18	TBD	Justin Labadie / IS Apps	Extend module to support case management data.	IN PROCESS: <ul style="list-style-type: none"> <li>• Due to Assistant Health Officer’s direction, Phase 2 is now be contact investigation.</li> <li>• PHS director has put 5 items as higher priority:</li> <li>• Immunization registry data exchange with State, modality and program updates to Harvest LIS, new release of Healthy Futures (completed 6/19), Cerner vaccine inventory issues for clinic, IZ Registry algorithm updates.</li> </ul>
CD Tracker Module – Phase 1	4/1/18	TBD	Justin Labadie / IS Apps	Healthy Futures module to support CD data.	ON HOLD:

**Assessment of Performance and Areas for Improvement**

The TB Tracker module is in production and being used for case management and contact investigation activities by the Disease Prevention and Control staff. While we still have some improvements and requested changes in the queue, it is functionally complete. Areas of improvement include more staff training and monitoring to ensure that data put into the system are accurate and timely; IT will also assist in development of additional program-specific data entry forms and reports. Outcomes will be many but significantly, PHS managers will be able to analyze staff workloads, client service levels, and generate required reports; the analyses will enable them to better track and monitor workflow. [Supports Board Priority 2d. Promote good governance by supporting investments in health care-related infrastructure and service delivery to contribute to improving public’s physical and mental health]

**STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)**  
**Domain 1: Assessment and Data (IT) (Document Imaging)**  
*Mid-Year Progress Report – December 2019*

DOMAIN 1 – (IT) DOCUMENT IMAGING GOAL 2: Enhance PHS data management systems to support program management and evaluation.					
<p><b>OBJECTIVE #1:</b> One of the biggest challenges to managing PHS programs is appropriately and securely providing staff access to client documentation while addressing the HIPAA compliance mandate. Implementing a document imaging system to serve as a repository for program-specific documentation will provide a secure environment for staff to maintain current paper records. IS staff will work with program managers to identify, analyze, index, and acquire program-specific documents. IS staff will train program users to appropriately use, protect, and maintain scanned documents.</p>					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Specify, order, install, configure Questys CMx application, database, etc.	N/A	Questys licenses (acquired)	Justin Labadie / IS Apps	Questys CMx ready for document import.	COMPLETED.
TB/CD Legacy Chart imaging	11/15/17	Ikon scanning contract (acquired)	Justin Labadie / IS Apps	TB/CD legacy charts available for lookup by staff.	COMPLETED.
CLPPP Chart imaging	1/15/17	TBD	IS Apps	CLPPP charts available for lookup, update, creation by staff	Pending vendor contract; no activity this reporting period.

**DOMAIN 1 – (IT) DOCUMENT IMAGING GOAL 2: Enhance PHS data management systems to support program management and evaluation (Continued).**

**OBJECTIVE #1:** One of the biggest challenges to managing PHS programs is appropriately and securely providing staff access to client documentation while addressing the HIPAA compliance mandate. Implementing a document imaging system to serve as a repository for program-specific documentation will provide a secure environment for staff to maintain current paper records. IS staff will work with program managers to identify, analyze, index, and acquire program-specific documents. IS staff will train program users to appropriately use, protect, and maintain scanned documents.

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
TB/CD Current Chart imaging	3/15/17	TBD	IS Apps	TB/CD current charts available for lookup, update, creation by staff.	IN PROCESS: System is ready to accept scanning; documents are being prepared and indexed.
Per Program document imaging process	N/A		IS Apps		IN PROCESS: Several programs have been engaged and necessary folder/file structure in Questys has been created for them. Estimate this is 10-15% complete at this time.

**Assessment of Performance and Areas for Improvement**  
 This process is progressing as anticipated but an improvement to increase capacity would be the addition of a Department Applications Analyst to focus on assessment, indexing, import, etc. for multiple PHS programs at once. Seeking the funding to support adding this position. [Supports Board Priority 2d. Promote good governance by supporting investments in healthcare-related infrastructure to contribute to improvements in the public’s physical and mental health]

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 1: Assessment and Data (IT) (Internet)

*Mid-Year Progress Report – December 2019*

#### DOMAIN 1 – INTERNET GOAL 2a: Adopt and implement systems to coordinate PHS programs and provide seamless services

**OBJECTIVE #1:** Implement an Intranet that provides focused program pages where users update majority of content, features a policies and procedures library that meets accreditation requirements, supports e-forms with basic workflow and test communication tools for improved program coordination.

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Build test Intranet environment and LDAP authorization capability	08/15/17	Dept. ISA II One VM server and SAN storage	James Marcum – IS Ops	Hospital Portal Intranet for feature evaluation and testing	IN PROCESS: <ul style="list-style-type: none"> <li>Project transferred to Zannah at HCS Admin.</li> <li>Test environment and LDAP connectivity previously completed.</li> <li>Version update installed by Zannah.</li> </ul>
Identify at least four individuals from other PHS programs willing to serve as content advisors	09/12/17	Dept. ISA II plus four additional PHS staff	James Marcum – IS Ops	Have a committee offering non-IS perspective of layout for PHS pages on Intranet	IN PROCESS: <ul style="list-style-type: none"> <li>Public Health Accreditation activities and other PHS projects have had priority over Intranet build.</li> <li>Once that PHAB document collection completed, will reestablish committee meetings.</li> </ul>
Implement policy and procedures module and workflow of policy creation, approval and maintenance	12/18/2017	DAA III Management input on role assignments	Zannah Ward- Browne – IS Apps	An accreditation compliant policy library and process meeting the needs of PHS, BHS and other HCS units.	IN PROCESS: <ul style="list-style-type: none"> <li>Feature is in Test environment and waiting on action by the steering committee.</li> </ul>

**DOMAIN 1 – (IT) INTERNET GOAL 2a: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #1: Implement an Intranet that provides focused program pages where users update majority of content, features a policies and procedures library that meets accreditation requirements, supports e-forms with basic workflow and test communication tools for improved program coordination.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product/Result	Progress Notes
Identify two paper forms that would benefit by being converted to eforms and implement digital workflow	1/22/2018	DAA III	Zannah Ward-Browne – IS Apps	Improve efficiency in two forms processes by eliminating the paper and digitally managing workflow	Not Started – feature is in place within Test environment.
Intranet has several communication tool options – service requests, blogs, “social” messaging, resource calendar scheduling, etc. Test one or more to improve communication for specific PHS needs	1/22/2018	DAA III	Zannah Ward-Browne – IS Apps	Offering secure, centralized communication options that operate differently than email should convey information more efficiently.	Not Started – feature is in place within Test environment.
Provide centralized Emergency Response resources for entire HCS agency	2/28/2018	DAA III PHS Emergency Response guidance on layout	Zannah Ward-Browne – IS Apps	Simplifies staff’s ability to locate and understand Emergency Response policies and general information	Not Started – feature is in place within Test environment.

**Assessment of Performance and Areas for Improvement**  
 Good initial progress has been made in designing the Intranet to serve PHS employees’ needs. Department policies and procedures have been uploaded into an easy-to-find set of folders as a first step (i.e. pilot). An area for improvement will include training and practice for staff so that they become more familiar with how Intranet works. Outcome will be that Intranet becomes an integral tool in conducting program activities, easy access by all staff will provide more transparency and opportunities for cross-program efforts. [Supports Board Priority 2d. Promote good governance by supporting investments in healthcare-related infrastructure to contribute to improvements in public’s physical and mental health]

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 2: Policy, Programs, and Systems

Mid-Year Progress Report – December 2019

**DOMAIN 2 - GOAL 1: Infuse health equity into PHS programs and services.**

**OBJECTIVE #1: By June 2022, PHS will explicitly link goals of each PHS program to health equity.**

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop a shared vision of health equity	7/1/2017-6/30/2022	Internal training, continued involvement in health equity leadership courses, etc.	Department managers	Internal trainings complement shared vision of health equity (e.g., webinars, in-person, etc.)	<p>IN PROGRESS:</p> <ul style="list-style-type: none"> <li>Continued participation in Government Alliance on Racial Equity (GARE).</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>Incorporation of health equity concept into PHS new employee orientation.</li> <li>PHS Race and Health Equity Committee established; Committee members piloted GARE training.</li> </ul>
PHS programs will develop health equity program objectives or incorporate health equity into program policies.	7/1/2017-6/30/2022		Department managers	<p>PHS program objectives include health equity</p> <p>PHS program scopes of work include health equity strategies</p>	<p>IN PROCESS:</p> <ul style="list-style-type: none"> <li>MCAH is developing a new Perinatal Equity Initiative which addresses African-American disparities in infant outcomes.</li> <li>Health Promotion is incorporating health equity into programs' scopes of work (i.e. Tobacco Control Program, Nutrition Education and Obesity Prevention (NEOP), and Oral Health Program).</li> </ul>

**DOMAIN 2 – GOAL 1: Infuse health equity into PHS programs and services (Continued)**

**Objective #1: By June 2022, PHS will explicitly link goals of each PHS program to health equity.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product/ Result	Progress Note
PHS programs will develop or make available program materials in key languages.	7/1/2017-6/30/2022	Managers will assess existing program materials to determine what languages necessary for translation.	Department managers	Educational and promotional materials available in multiple languages	<p>IN PROGRESS:</p> <ul style="list-style-type: none"> <li>Various PHS programs (e.g., nutrition, tobacco, and injury prevention programs) have curriculum, handouts, and/or support materials available in English and Spanish.</li> <li>Health Promotion QI project involved development of low-literacy satisfaction survey using emoji's and translated into Spanish to be used in car seat classes and other programs.</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>Health Promotion and MCAH developed Safe Sleep materials in English and Spanish with input from target audience.</li> </ul>
PHS programs will identify resources and develop a way to respond to transportation, housing and other needs that impact health.	7/1/2017-6/30/2022	Resource guide, or referrals to 211 or insurance providers.	Department managers	RTD referral forms and associated promotional materials; Strengthen partnerships (e.g., STAND, HAS, and housing authority; Continued involvement in coalitions	<p>ONGOING:</p> <ul style="list-style-type: none"> <li>PHS staff participate in numerous groups that address determinants that impact health, e.g., Healthy Neighborhoods Coalition, Homeless Task Force, Reinvent South Stockton Coalition, Healthy Community Coalition, etc.</li> <li>Community Services continues to employ innovative use of Uber for transporting HIV clients.</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>PHS staff presented on the newly established bus lines as part of the Non- Emergency Medical Transportation project developed in partnership with COG at the 5 C's conference.</li> <li>MCAH updated its community Mental Health Resource Guide.</li> </ul>

**Assessment of Performance and Areas for Improvement**

PHS staff continue to be active members of important community coalitions and committees working to address the many social, economic, and environmental conditions that impact health. Area of improvement will be to have these efforts more explicitly defined as issues that affect health disparities. Outcome to be better understanding among partners as to how determinants differentially affect low-income and/or communities of color. [Supports Board Priority 3e. Improve public safety by addressing quality of life, health, public safety, and homelessness issues]

**DOMAIN 2 - GOAL 1: Infuse health equity into PHS programs and services (Continued).**

**OBJECTIVE #2: By June 2022, PHS will incorporate a trauma-informed care approach and/or address adverse child experiences (ACEs) within appropriate PHS programs and services.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Research best practices for incorporating trauma informed care approaches to address ACEs.	7/1/2017-6/30/2022	Access to relevant journal articles.  Contact other counties using ACEs approaches. Contact with existing ACEs resources	MCAH	Increased knowledge about ACEs among PHS staff	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS staff attended the Health Net "Community Forum on ACEs" on 5/4/18 and ACEs training hosted by CCLHO and MCAH.</li> <li>MCAH now representing PHS on newly convened group of key stakeholders launching a Stockton Trauma Initiative.</li> <li>PHS all staff trainings provide ongoing opportunities to communicate facets/importance of ACEs and trauma-informed care (e.g., presentation by Dr. Floraune Cofer)</li> </ul>
Determine which PHS programs are best suited to incorporate ACEs.	7/1/2017-6/30/2022	Convene managers to determine appropriate programs.	All managers	List of appropriate programs.	No activity this reporting period.
Incorporate ACEs strategies into program plans or service delivery methods, as applicable.	7/1/2017-6/30/2022	Examples of program objectives, activities, approaches that incorporate ACEs.	All managers	PHS programs adopt evidence-based models and practices and ACEs approaches to address trauma and improve health equity	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS looking at all programs to find out where best to embed trauma/ACEs (e.g., emergency preparedness, oral health, tobacco prevention, and other areas as well).</li> </ul> COMPLETED. <ul style="list-style-type: none"> <li>MCAH incorporated trauma screening question into intake form for nurse home visiting clients.</li> <li>PHS staff viewed documentary titled, "Resilience: The Biology of Stress and the Science of Hope."</li> </ul>

**DOMAIN 2 - GOAL 1: Infuse health equity into PHS programs and services (Continued).**

**OBJECTIVE #3: By June 2022, PHS will adopt and implement program evaluation frameworks that measure efficacy of interventions aimed at promoting health equity.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Research evaluation frameworks that measure outcomes of interventions that promote health equity.	7/1/2017-6/30/2022	Work with Quality Improvement (QI) Committee to identify frameworks.	All managers and QI Committee		IN PROGRESS: PHS staff are looking into using Results-Based Accountability to measure outcomes that promote health equity.
Incrementally adopt and implement program evaluation strategies measuring outcomes of interventions that promote health equity.	7/1/2017-6/30/2022		All managers	Adoption or implementation of program evaluation measuring health equity outcomes	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS epidemiology staff are working with Perinatal Equity Initiative program to develop RBA for evaluation purposes.</li> <li>PHS Epidemiologists are developing a program evaluation policy/manual that will include strategies to measure how well interventions address health equity.</li> </ul>

**Assessment of Performance and Areas for Improvement**

Addressing health equity has always been a foundational element of public health practice and PHS does excellent work in serving vulnerable communities. For example, PHS epidemiologists were instrumental in creating the 10 Priority Neighborhoods maps for the recent countywide Community Health Needs Assessment. These provide explicit (descriptive data) on the unequal burden of disease as well as conditions that impact health. There is room for improvement, however. Outcomes to include more RBA to show results of interventions as they affect health equity issues. [Supports Board Priority 3e. Improve public safety by addressing quality of life, health, public safety, and homelessness issues; Priority 4c. Promote economic development by improving the factors that are inhibitors to creating vibrant communities]

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 2: Policy, Programs, and Systems

Mid-Year Progress Report – December 2019

**DOMAIN 2 - GOAL 2: Direct resources and expertise to address priority health issues and monitor indicators.**

**OBJECTIVE #1: By June 2022, PHS will identify and implement priority health indicators related to communicable disease, chronic disease, and maternal, child and adolescent health.**

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify priority health indicators by assessing, data, resources, partnerships, capacities, and progress made	7/1/2017-6/30/2022	Review CHNA and CHIP	All applicable programs		<p>COMPLETED.</p> <ul style="list-style-type: none"> <li>PHS staff reviewed the Community Health Improvement Plan (CHIP) and are conducting activities in concert with community partners to address health priorities (e.g., NEOP program addressing healthy eating &amp; active living activities).</li> <li>Oral Health Program conducted an oral health needs assessment which informed the objectives developed by the Advisory Group in its new oral health strategic plan.</li> <li>MCAH collaborated with partners to complete a MCAH needs assessment that determined indicators for their 5-year plan.</li> </ul>
Align indicator prioritization with countywide priority indicators (CHIP: S1, S2, S3, S4), e.g. Chronic Disease Prevention prioritizes improving healthy eating and physical activity	7/1/2017-6/30/2022		All applicable programs	Work plans that incorporate priorities	<p>IN PROGRESS:</p> <ul style="list-style-type: none"> <li>PHS pursues funding that aligns with CHIP priorities.</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>CHIP strategies and strengthening relationships with community partners to implement strategies are included in NEOP program scope of work.</li> </ul>

#### Assessment of Performance and Areas for Improvement

This is a work in progress. PHS has made rebuilding its performance management system a top priority for 2020. It will have indicators that reflect best practices/national benchmarks. The selected indicators will also be tailored to community needs. For example, Health Promotion Unit has already aligned its major programs so that key indicators sync with the countywide priority Community Health Improvement Plan (CHIP) indicators being addressed in concert with community partners. Area for improvement is to begin to explicitly measure progress in achieving CHIP strategies. Outcomes will be measureable changes such as knowledge, perceptions, policies adopted and environmental changes implemented. [Supports Board Priority 1c. Ensure fiscal responsibilities by establishing measureable outcomes for new or expanding programs; Priority 2a. Increase organizational capabilities by encouraging collaboration among governmental entities and community organizations that provide opportunities for residents]

**DOMAIN 2 – GOAL 2: Direct resources and expertise to address priority health issues and monitor indicators (Continued)**

**OBJECTIVE #1: By June 2022, PHS will identify and implement priority health indicators related to communicable disease, chronic disease, and maternal, child and adolescent health.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Program/ Organization	Anticipated Product or Result	Progress Notes
Measure progress on improving health indicators, including precursors to health behavior and health outcome changes such as knowledge, perceptions, policies adopted and environmental changes implemented.	7/1/2017-6/30/2022	Work with epidemiology to ID benchmarks  Review state and local data	All applicable programs	Benchmarks  Trend charts/graphs	IN PROGRESS: <ul style="list-style-type: none"> <li>NEOP is using PEARS online platform as a tool to capture benchmarks to measure healthy eating, active living related policy, system and environmental changes.</li> <li>WIC and NEOP routinely measure improvements in healthy eating knowledge, attitudes, or behavior change.</li> </ul>
Implement plans to address priority indicators, e.g., effective Safe Routes to School and Healthy Retail campaigns to promote healthy eating and physical activity (CHIP: S6, A4), and support healthy community design for equitable access to everyday physical activity opportunities (CHIP: S4)	7/1/2017-6/30/2022	Review priorities and program plans/strategies	All applicable programs		IN PROGRESS: <ul style="list-style-type: none"> <li>NEOP to issue RFP for Safe Routes to School Trainer/Technical Assistance to increase internal capacity to address walkability.</li> </ul> COMPLETED. <ul style="list-style-type: none"> <li>CHIP priorities are included in NEOP scope of work.</li> <li>October 2017 - June 2018, NEOP conducted 10 Safe Routes to School and Bike to School month activities (e.g., bike rodeos, walk and roll to school events).</li> <li>NEOP, and STOPP participated in healthy retail campaign, Refresh San Joaquin. Established guidelines for retail site selection and criteria for healthy retail recognition. Refresh has provided technical assistance to 11 local retailers.</li> <li>NEOP completed Healthy Retail assessment of 8 small local grocery stores; resulting in 5 bronze and 3 silver awards for promoting healthy produce and beverages, reducing the focus on tobacco and alcohol products.</li> <li>Injury prevention staff trained three new trainers to conduct Older Adult Mobility classes through senior centers.</li> <li>Health Promotion sponsored 3<sup>rd</sup> annual <i>Making Safe Strides</i> symposium to promote walkability/active transportation among older adults.</li> </ul>

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 2: Policy, Programs, and Systems

*Mid-Year Progress Report – December 2019*

**DOMIAN 2 - GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services.**

**OBJECTIVE #1: By June 2022, PHS will develop and implement PHS cross-program collaboration guidelines.**

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify the programs/ initiatives that would benefit from cross-program collaboration.	7/1/2017 – 6/30/2018	Health Promotion staff, CHDP staff, WIC staff, and MCAH staff meet to discuss possible collaboration for oral health program	Oral Health Program Coordinator/CHDP Nurse/ MCAH Nurse	Attendance at Oral Health Coalition or inclusion in Oral Health Community Improvement Plan	<p>IN PROGRESS:</p> <ul style="list-style-type: none"> <li>Disease Prevention and Disease Control and MCAH are collaborating to reduce congenital syphilis cases and improve outcomes</li> <li>PHS's Opioid Safety Coalition recently received a grant in partnership with the Harm Reductions Coalition to work on joint efforts to address harm reduction.</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>The new Oral Health Program was identified as a program that would benefit from cross-program collaboration. Staff from Health Promotion, CHDP and PHS senior leadership participate in the San Joaquin TEETH Collaborative and staff from WIC and MCAH have been invited to an oral health strategic planning session.</li> <li>The Opioid Safety Coalition and Naloxone Programs were identified as efforts that could benefit from cross-program collaboration. Naloxone staff have joined Opioid Safety Coalition and are now meeting regularly for planning purposes.</li> </ul>
	7/1/2017 – 6/30/2018	Health Promotion, EP, Community Services, MCAH and CD staff meet to discuss collaboration on opioid prevention and naloxone.	Injury Prevention Health Educator/ Opioid Prevention Consultant	Attendance at Opioid Prevention Coalition or inclusion in strategic plan	

**DOMAIN 2 – GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #1: By June 2022, PHS will develop and implement PHS cross-program collaboration guidelines.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Include cross-program activities in scope of work	7/1/2017 – 6/30/2018	Health Promotion staff, CHDP staff, WIC staff, MCAH staff collaborate on Oral Health program.	Oral Health Program Coordinator/CHDP Nurse/ MCAH Nurse	Inclusion in Oral Health scope of work activities. Cross-program collaboration on agenda for monthly managers' meetings.	<p>COMPLETED.</p> <ul style="list-style-type: none"> <li>Oral Health Program scope of work includes cross-program activities. Staff from CHDP, Health Promotion, PHS senior leadership and First 5 meet regularly as part of San Joaquin TEETH Collaborative.</li> <li>Staff from MCAH and WIC are invited to participate in the Oral Health strategic planning process.</li> <li>Oral Health provides educational materials and supplies (e.g., toothbrushes) to MCAH nurse home visiting program.</li> </ul>
	7/1/2017 – 6/30/2018	Health Promotion staff, EP staff, Community Services staff, MCAH staff and CD staff meet to discuss opioid prevention and naloxone program outreach strategies.	Injury Prevention Health Educator/Health Education Program Coordinator	Inclusion of other PHS programs as part of the opioid prevention outreach plan. Cross-program collaboration on agenda for monthly managers' meetings.	<p>COMPLETED.</p> <ul style="list-style-type: none"> <li>Opioid Safety Program scope of work includes cross-program activities with the Naloxone Program. Naloxone staff have joined the Opioid Safety Coalition and are beginning to meet regularly to coordinate activities.</li> </ul>

**DOMAIN 2 – GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #1: By June 2022, PHS will develop and implement PHS cross-program collaboration guidelines.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product/Result	Progress Notes
Apply lessons learned from successful cross-program collaborations.	7/1/2018 – 6/30/2021	Health Promotion staff will disseminate findings from program reporting and evaluation with PHS partners (e.g., CHDP staff, WIC staff, MCAH staff)	Oral Health Program Coordinator/CHDP Nurse/ MCAH Nurse	Dissemination of Oral Health Program Report.	<p>IN PROGRESS:</p> <ul style="list-style-type: none"> <li>Oral Health provides program updates and reports during SJ TEETH Collaborative meetings, which include internal and external partners from public and private sectors.</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>PHS’s Triad project, funded by HealthNet, consisted of 9 outings where PHS staff went to homeless camps in Lodi and Stockton to provide syphilis testing and treatment, TB screening, Hepatitis A and Influenza vaccines, and Naloxone distribution. Staff from TB/CD, HIV/STD, MCAH, Immunizations, Epidemiology, Emergency Preparedness, Health Promotion and the PHS Laboratory all participated.</li> <li>Through collaboration between Health Promotion and MCAH, a safe sleep toolkit has been developed that will be used by programs that serve young families with infants at risk of suffocation. It is on the PHS website for community partners. .</li> </ul> <p>ONGOING:</p> <ul style="list-style-type: none"> <li>PHS incorporated into practice the successful tenants of the Triad Project with a multi-disciplinary staff proving services; now instituted in settings where SJC’s homeless congregate.</li> </ul>
	7/1/2017 – 6/30/2019	Health Promotion staff will disseminate findings from program reporting and evaluation with PHS partners (e.g., CHDP)	Injury Prevention Health Educator/ Health Education Program Coordinator	Dissemination of Opioid Prevention final report.	

**Assessment of Performance and Areas for Improvement**

The Triad Pilot project is excellent example of seamless cross-program collaboration and the development of a new model of service delivery based on lessons learned. This comprehensive model has been instituted in a number of settings such as homeless encampments, shelters, drug treatment facilities, and meal programs. Services are adjusted according to the health issues that need to be addressed. Area for improvement could include funding to grow program to serve other vulnerable populations that do not access mainstream services. Outcome was that the successful pilot project now an ongoing resource that serves needs of homeless individuals. [Supports Board Priority 1c. Ensure fiscal responsibilities by establishing measureable outcomes for new or expanding programs; Priority 2a. Promote good governance by encouraging collaboration]

**DOMAIN 2 – GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #1: By June 2022, PHS will develop and implement PHS cross-program collaboration guidelines.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Explore how current funding and new grants can support cross-program collaboration.	7/1/2018 – 6/30/2022	Oral Health partners will discuss possible funding streams or ways to continue to support cross-program collaboration.	Oral Health Program Coordinator/CHDP Nurse/ MCAH Nurse	Oral Health Sustainability Plan and/or list of alternate funding sources	IN PROGRESS: <ul style="list-style-type: none"> <li>The Oral Health Strategic Plan is exploring ways to sustain oral health cross-program collaboration.</li> </ul>
	7/1/2018 – 6/30/2019	Opioid Prevention program partners will discuss other possible funding streams or ways to continue to support cross-program collaboration.	Injury Prevention Health Educator/ Health Education Program Coordinator	Opioid Prevention Sustainability Plan and/or list of alternate funding sources	COMPLETE. <ul style="list-style-type: none"> <li>The Opioid Safety Coalition applied for and was awarded a 2-year grant from CDPH to provide opioid safety education, awareness, and support in alignment with the Coalition's Strategic Plan.</li> </ul> COMPLETED. Other examples of recent grant funding: <ul style="list-style-type: none"> <li>Health Promotion applied and received CDPH Kids Plates funding which will support childhood injury prevention efforts in partnership with MCAH BIH program, local schools and community-based programs. Number of mini-grants for child passenger safety have also been awarded by Safe Kids Worldwide and AAA.</li> </ul>

**Assessment of Performance and Areas for Improvement**

Programs have been successful in garnering grant funding to continue to support/expand cross-program activities. No improvement really needed here since seeking external funding to augment and grow services and programs is a traditional strength of the department. Outcomes will be new and expanded multi-faceted, jointly conducted projects that improve health and well-being of residents. [Supports Board Priority 1a. Ensure fiscal responsibility by maintaining a structurally-balanced budget; Priority 2d. Increase organizational capabilities by supporting investments in health care-related information and service delivers to improve the public's physical and mental health].

**DOMAIN 2 - GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #2: By June 2022, PHS will develop and utilize a comprehensive approach for coordinating multiple PHS services and referrals**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Ensure all program staff attend PHS orientation covering PHS programs/services	7/1/2017-6/30/2022	PHS orientation	All program managers	Increased knowledge of existing PHS programs and services to support improved cross-program collaboration/referrals	COMPLETED. <ul style="list-style-type: none"> <li>PHS hosted a new employee orientation on May 1, 2018. PHS orientation provided an overview of public health, health equity, and highlights of PHS programs and services. New employee orientation will be hosted on a quarterly basis and all staff are invited to participate. Next training is scheduled for August 2018.</li> </ul>
Develop and implement a comprehensive PHS assessment tool to direct clients to all PHS programs/services that would be beneficial. Comprehensive assessment conducted at clients' first contact with the PHS system.	7/1/2017-6/30/2022	Review of similar tools/ systems  Google Innovation project with HSA  Research with IT	All program managers	Dissemination of PHS program listing and referrals to 211	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS will be looking at outcomes and lessons learned from the newly developed online ICAN application. This online system was developed through a collaboration between the County's Department of Probation, Human Service Agency and ISD. The application integrates information from various social service assessment tools/forms and assists with child placement and referrals.</li> </ul>
Explore adding the comprehensive assessment into electronic health records.	7/1/2017-6/30/2022	Research with IT	All program managers		No activity this reporting period.

**DOMAIN 2 – GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #2: By June 2022, PHS will develop and utilize a comprehensive approach for coordinating multiple PHS services and referrals**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Utilize findings from the Healthy Home assessment to streamline services; integrate WIC with MCAH and Black Infant Health programs to increase enrollment and service delivery efficiency.	7/1/2017-6/30/2022	Review assessment findings for service referrals	All program managers		No activity this reporting period.
Disseminate the PHS service directory to facilitate access to services.	7/1, 2018 – 6/30/2022		All program staff		<p>COMPLETED.</p> <ul style="list-style-type: none"> <li>All staff received copies of the PHS program list which includes brief program summaries.</li> <li>CHDP includes PHS program list in their outreach materials.</li> </ul>
Explore channels to extend PHS programs to SJC communities beyond Stockton area through schools and other community venues	7/1/2018 – 6/30/2022		All program managers and staff	Increased program enrollment or client success stories	<p>IN PROCESS:</p> <ul style="list-style-type: none"> <li>STOPP program working with CDE TUPE to expand tobacco prevention outreach.</li> <li>Oral Health joined with First 5 San Joaquin to develop a SJ TEETH website to promote oral health messages and resources.</li> <li>Health Promotion participates in school wellness committees, chambers of commerce, health collaboratives.</li> </ul> <p>COMPLETED.</p> <ul style="list-style-type: none"> <li>RTD to promote PHS program information/event promotion via social media.</li> <li>PHS programs facilitate or partner with various coalitions to promote programs or services (e.g., Obesity and Chronic Disease Prevention Taskforce, Healthy SJ, Safe Kids Coalition, San Joaquin Teeth Collaborative, etc.).</li> <li>PIO disseminates information to faith-based and community-based organizations, medical providers, and media.</li> </ul>

**DOMAIN 2 - GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #3: By June 2022, PHS will design and implement a "Healthy Home Initiative."**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create a comprehensive home assessment that includes measures from multiple PHS programs including: lead exposure, food security, asthma and safety.	7/1/2017-6/30/2022	Review of existing assessment forms	Applicable PHS programs		IN PROGRESS: <ul style="list-style-type: none"> <li>PHS has found that EP also uses a home safety checklist.</li> <li>PHS will look into the feasibility of creating a comprehensive home assessment methodology.</li> </ul>
Share home assessment results among programs to support referrals.	7/1/2017-6/30/2022	Review HIPPA rules to ensure no violations during share out	Applicable PHS programs	Share out during manager meetings	No activity this reporting period.
Assure that Information sharing conforms to HIPPA.	7/1/2017-6/30/2022		Applicable PHS programs	Assessment tool is reviewed and approved by Administration	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS developed the Transporting and Use of Protected Health Information in the Field policy to assure information sharing conforms to HIPPA.</li> </ul>
Obtain client data releases as needed.	7/1/2017-6/30/2022		Applicable PHS programs	Repository of client data releases	No activity this reporting period.

**DOMAIN 2 - GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #4: By June 2022, PHS will design and implement a “Healthy Retail Initiative” using a comprehensive approach to assessment.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Use a comprehensive healthy retail assessment that includes measures from multiple PHS programs including: healthy foods and beverages, tobacco, alcohol and condoms.	7/1/2017 – 6/30/2018	Revised CX3 assessment tool; data collection volunteers, and handheld devices for data collection	NEOP and <i>Refresh San Joaquin (Refresh)</i> committee members	Over 130 retailer survey results from eight neighborhoods across SJC	COMPLETED. <ul style="list-style-type: none"> <li>Revised assessment tool (CX3) was approved by CDPH. Staff completed assessment of 115 retailers.</li> <li>NEOP will be conducting presentations of new CX3 findings in 2018/19.</li> </ul>
Recruit potential Health Retail Program participants based on CX3 survey findings.	7/1/2017 – 6/30/2018	Completed CX3 assessments; updated <i>Refresh</i> pitch packet	NEOP staff and program sub recipients and <i>Refresh</i> subcommittee	List of participating stores	ONGOING:: <ul style="list-style-type: none"> <li>NEOP continues to recruit new retail partners to participate in the <i>Refresh San Joaquin</i> program. Participant receive training and technical assistance to foster a healthy retail environment.</li> <li>New CX3 findings will help inform 2018- 2022 retail recruits</li> </ul> COMPLETED. <ul style="list-style-type: none"> <li><i>Refresh</i> staff continue to use CX3 findings as part of their recruitment criteria.</li> <li>Previous retail partners will continue to receive technical assistance, as needed.</li> </ul>
Share retail assessment results with other PHS programs.	7/1/2017 – 6/30/2018	Progress reports on participating retailers and farmers/food distributors	NEOP staff and sub recipients and <i>Refresh</i> subcommittee	Updates during managers meetings	COMPLETED. <ul style="list-style-type: none"> <li>NEOP provides program updates to sister programs (e.g., PHS Tobacco, WIC) and community partners such as Hunger Task Force, and other SNAP-ED funded programs.</li> </ul>

**DOMAIN 2 – GOAL 3: Adopt and implement systems to coordinate PHS programs and provide seamless services (Continued).**

**OBJECTIVE #4: By June 2022, PHS will design and implement a “Healthy Retail Initiative” using a comprehensive approach to assessment.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create Healthy Retail Recognition criteria based on CX3 survey to highlight successes of participating retail sites.	7/1/2017-6/30/2022	Convening <i>Refresh</i> meetings; gathering examples from other counties; and incorporating input from past	NEOP staff and program sub recipients and <i>Refresh</i> subcommittee	Healthy Retail Recognition criteria	COMPLETED. <ul style="list-style-type: none"> <li>Refresh completed the creation of the Healthy Retail Recognition criteria. Participating retail sites are now to be recognized on an annual basis.</li> </ul>
Implement Healthy Retail Recognition Program and share success with local decision makers and community partners.	7/1/2018 – 6/30/2022	Coordination with community partners and PHS PIO	NEOP staff and program sub recipients and <i>Refresh</i> subcommittee members	News release or media advisory  Community celebration of participating retailers	COMPLETED. <ul style="list-style-type: none"> <li>In fall 2019, Refresh San Joaquin assessed 11 grocery stores and awarded 5 bronze level and 3 silver level award in its inaugural Healthy Retail recognition program. A press release was sent to local media sources; the Lodi Sentinel wrote an article on 10/11/2019.</li> </ul>

**Assessment of Performance and Areas for Improvement**

The new Refresh Healthy Retail recognition program is proving to be an excellent way to publically showcase—and increase consumer interest and support—for small neighborhood stores that are working to institute product changes to improve the health of their community. Area for improvement would be to offer additional incentives to residents to shop at these stores (e.g., discount coupons, innovative marketing campaigns) to increase sales. This approach is already being considered and progress will be noted next reporting period. Outcome: it is economically feasible for store owners participating in Refresh to offer healthier foods and beverages in low-resource neighborhoods. [Supports Board Priority 4d. Promote economic development by encouraging and fostering innovation]

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 2: Policy, Programs, and Systems

*Mid-Year Progress Report – December 2019*

**DOMAIN 2 - GOAL 4: PHS maintains and expands close working relationships with partner agencies/organizations.**

**OBJECTIVE #1: Identify a set of key partners with which to deepen relationships annually.**

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Define PHS role in implementing solutions to priority issues e.g. National Preparedness Month campaign	7/1/2017 – 6/30/2018	PHS staff across all programs. Partners in government departments including but not limited to: Office of Emergency Services Healthcare Coalition, Office of Education; Human Services Agency, Local and county law enforcement; local fire departments.	PHS leadership including PHS managers	After Action Report generated to record the statistical impact of partnerships and collaborative work with organizations centered on public health, safety and preparedness by mid-year. Report shall be presented to PHS  Managers and leadership. Edits and comments shall be incorporated with final document delivered to PHS Director/Health Officer.	COMPLETED. <ul style="list-style-type: none"> <li>In addition to the EP National Preparedness month campaign, PHS worked closely with COG via the 5C's project to implement the Non- Emergency Medical Transportation project.</li> <li>PHS LOW program took the lead in coordinating a systemic approach to address pre-diabetes in the county. They strengthened relationships with health care providers (CMC), health plans (Health Plan of San Joaquin and HealthNet), community-based organizations (YMCA) and the County of San Joaquin to develop a referral system and establish in-person and online Diabetes Prevention Programs.</li> </ul>

DOMAIN 2 – GOAL 4: PHS maintains and expands close working relationships with partner agencies/organizations (Continued).					
OBJECTIVE #1: Identify a set of key partners with which to deepen relationships annually.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Strengthen collaboration with other County agencies	7/1/2017 - 6/30/2018	PHS Emergency Preparedness (EP) Coordinator collaborates with OES Director to request that the SJC Board of Supervisors (BOS) proclaim September 2017 National Preparedness Month.	EP Coordinator; OES Director		<p>COMPLETED.</p> <p>PHS has strengthened relationships with the following County agencies:</p> <ul style="list-style-type: none"> <li>• First 5 to coordinate and implement the new Local Oral Health Program,</li> <li>• COG in the development of the Non- Emergency Medical Transportation,</li> <li>• Local cities' Community Development Departments by providing public health technical assistance in support of their ATP grant applications, and</li> <li>• Environmental Health through CHDP program efforts.</li> </ul> <p>PHS also participates on various local collaborations which include other County agencies to address different issues (e.g., Homeless Taskforce, Obesity and Chronic Disease Prevention Task Force).</p>
Identify shared goals and specific activities for working together.	7/1/2017 – 6/30.2018	CMS Medical Director, MTU Manager, EP Coordinator, EP Planner, Health Promotion staff, PHS PIO, Accounting staff, Administration, County Office of Education, MCAH staff, CD staff and WIC staff	PHS CMS Medical Director and staff	<p>PHS CMS, MTU and EP staff met to plan activities for the focus areas of Pediatrics and Pets. A second planning meeting was held to select materials.</p> <p>Training offered on Pediatric Disaster Response to partners across disciplines September 13-14, 2017. CMS and Health Promotion programs assisted EP in tabling at the annual Family Day at the Park</p>	<p>COMPLETED.</p> <ul style="list-style-type: none"> <li>• First 5 and PHS have a MOU for Oral Health Program.</li> <li>• Community Services has established MOUs in support of collaborative activities.</li> </ul>

**DOMAIN 2 – GOAL 4: PHS maintains and expands close working relationships with partner agencies/organizations (Continued).**

**OBJECTIVE #1: Identify a set of key partners with which to deepen relationships annually.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Coordinate PHS services with partner agency services	7/1/2017 – 6/30/2018	PHS EP staff, PHS Director, HCS Director, IT services, Health Promotions	PHS EP Coordinator, PHS Director, HCS Director	<p>PHS EP staff met with Ag Commission staff and CBO – 4 H and private stable owners to determine coordinating with existing services.</p> <p>PHS Health Promotions/PIO coordinated with EP staff and IT to produce multiple NPM campaign messages to staff and public.</p> <p>HCS Director encouraged partner agencies to send personnel to FEMA training on Pediatric Disaster Response.</p>	<p>COMPLETD.</p> <ul style="list-style-type: none"> <li>PHS provides oral health preventative and educational services that complement First 5's oral health treatment services. Both agencies are working together on the development of marketing messages and promotion of the San Joaquin TEETH Collaborative.</li> </ul>

**DOMAIN 2 - GOAL 4: PHS maintains and expands close working relationships with partner agencies/organizations (Continued).**

**OBJECTIVE #2: By 2022, PHS will strengthen partnerships with health care providers.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
PHS will develop and implement plans to strengthen linkages between community clinics and PHS programs.	7/1/2017-6/30/2022		All program managers and PIO	Partnerships' shared goals and work plans in place	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS continues to co-lead implementation of the 2019-2022 Community Health Improvement Plan (CHIP) in concert with core team of made up of all of SJC's non-profit hospital systems, the Medi-Cal managed care plans, and the federally qualified health centers.</li> <li>Community Services working directly with providers (e.g., CMC) to receive relevant data and program updates.</li> <li>Health Promotion working with Health Plan of San Joaquin, CMC, Health Net, and San Joaquin County on Pre-Diabetes Prevention program referrals, educational materials, and program delivery.</li> </ul>
PHS will outreach to health care providers to inform them of PHS programs and services.	7/1/2017-6/30/2022	CHDP provider list	All program managers and PIO	CHDP newsletter, PHS bulletins and/or press releases  Provider trainings (e.g. lead, audiometry, and vision screenings)	IN PROGRESS: <ul style="list-style-type: none"> <li>CHDP continues to develop quarterly provider newsletters and conducts provider audiometry trainings.</li> <li>Health Promotion has written articles for the SJ Medical Society magazine and conducted presentations on chronic disease for Medical Society members.</li> <li>MCAH, CHDP and Lead CHOWs conduct visits to physician offices and participate at community health fairs.</li> <li>Oral Health Program and Opioid Safety Coalition outreach to providers to educate them on campaign messages.</li> </ul>

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 2: Policy, Programs, and Systems

*Mid-Year Progress Report – December 2019*

DOMAIN 2 - GOAL 5: PHS will utilize strategic external marketing plan to raise PHS visibility.					
OBJECTIVE #1: By 2022, PHS will design and implement a PHS marketing campaign to educate San Joaquin County local elected officials, community leaders, and residents about PHS services, activities and accomplishments.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify audiences.	7/1/2017-6/30/2022	PPT Presentations, annual reports, etc.	All program managers and PIO		IN PROGRESS: <ul style="list-style-type: none"> <li>Annual report presented to the Board of Supervisors.</li> <li>PHS will explore other audiences and strategies to educate/inform decision makers about PHS services, activities and accomplishments (e.g., annual state of health address by leadership).</li> </ul>
Identify communication channels (e.g., website, social, traditional media, and presentations).	7/1/2017-6/30/2022	PHS will work with IT to identify appropriate social media strategies	All program managers and PIO	PHS using multiple communications access point	COMPLETED. <ul style="list-style-type: none"> <li>PHS staff have access to Facebook, Twitter, YouTube and the PHS website to promote programs and services and disseminate information.</li> </ul>
Develop communications tools and messages on what PHS does and what programs are available.	7/1/2017-6/30/2022		All program managers and PIO	External marketing campaign and communications tools in place (e.g., PHS brochure)	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS developed a Welcome Checklist for community members/clients.</li> <li>PHS is interested in formalizing MCAH CHOW resources into a PHS program packet for CHOWs.</li> <li>PHS is also reviewing information provided by MCAH on relevant PHS programs.</li> </ul>
Develop creative marketing strategies to encourage residents to access PHS services.	7/1/2017-6/30/2022		All program managers and PIO	Use of new logo and affiliated materials	No activity this reporting period.

**DOMAIN 2 – GOAL 5: PHS will utilize strategic external marketing plan to raise PHS visibility (Continued)**

**OBJECTIVE #1: By 2022, PHS will design and implement a PHS marketing campaign to educate San Joaquin County local elected officials, community leaders, and residents about PHS services, activities and accomplishments.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Highlight PHS activities that address health equity and upstream/root causes of health.	7/1/2017-6/30/2022		All program managers and PIO	Inclusion in PHS annual report	No activity this reporting period...
Implement marketing campaign.	7/1/2017-6/30/2022	PHS Communication Plan	All programs and PIO		No activity this reporting period.
Assess effectiveness	7/1/2017-6/30/2022		QI Committee	Marketing campaign evaluation assesses impact on PHS' visibility  Awards/acknowledgements received by PHS are tracked	No activity this reporting period.

## STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)

### Domain 2: Policy, Programs, and Systems

Mid-Year Progress Report – December 2019

**DOMAIN 2 - GOAL 6: PHS will facilitate community engagement in creating conditions for optimal health.**

**OBJECTIVE #1: By 2022, PHS will implement educational and environmental change activities that build a culture of health.**

#### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate community on “optimal health” including individual and community-level factors that contribute to health (CHIP: S2, S3, S6), e.g., access to healthy food and physical activity and how to incorporate these into daily activities.	7/1/2017-6/30/2022	PHS staff will actively participate in community meetings/coalitions to present on contributing factors to optimal health	All program managers	PHS staff participating in community coalitions, taskforces, etc.	<p>IN PROGRESS:</p> <ul style="list-style-type: none"> <li>PHS continues to participate in many community collaborations (e.g., First 5 Advisory Committee, Obesity and Chronic Disease Prevention Taskforce, Hunger Taskforce, Homeless Taskforce, Child and Youth Taskforce, San Joaquin TEETH Collaborative, Healthy Communities Collaborative, a number of city Chambers of Commerce, Safe Kids, Reinvent South Stockton/Magnolia District, Healthy San Joaquin, etc.) to provide updates and build awareness of resources in alignment with CHIP strategies involving access to healthy food and physical activity.</li> <li>MCAH Nurse Home Visitation program and BIH program continue to reinforce CHIP priorities by providing referrals and education.</li> <li>PHS also participates in CHIP meetings to provide updates on healthy eating and active living priorities</li> </ul>

#### Assessment of Performance and Areas for Improvement

PHS programs remain actively engaged with community partners on efforts to improve the health and well-being of residents; these joint activities continue to be stellar. Area of improvement is one that was voiced by our Community Health Improvement Plan (CHIP) Steering Committee: to work together to grow and strengthen relationships with the business sector since they are often missing from health discussions. Outcomes will be increase in number of successful collaborations on planning and implementation of initiatives (e.g., partnering on grants to maximize scarce resources). [Supports Board Priority 2a. Promote good governance and increase organizational capabilities by encouraging collaborations that provide opportunities for residents]

**DOMAIN 2 – GOAL 6: PHS will facilitate community engagement in creating conditions for optimal health (Continued)**

**OBJECTIVE #1: By 2022, PHS will implement educational and environmental change activities that build a culture of health.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Strengthen/expand successful public health education programs.	7/1/2017-6/30/2022	Epidemiology unit's assistance with the development of surveys or other tools  QI Committee involvement	All program managers	Customer satisfaction surveys or other tools to elicit client input on services (e.g., key informant interviews, focus groups, etc.).	PHS Tobacco Program conducts key informant interviews to assess program strategies.  IN PROGRESS: <ul style="list-style-type: none"> <li>PHS programs are seeking assistance from the Epidemiology Unit to assess program activities.</li> <li>MTU has explored Tele-med program in partnership with UC Davis, to be held at MTU school sites.</li> <li>PHS hired an epidemiologist to assist Health Promotions with program planning and evaluation.</li> </ul>
Assist communities to identify their goals and strategies for changing community conditions to improve health.	7/1/2017-6/30/2022	Epidemiology unit's assistance with the development of surveys or other tools	All program managers	Surveys, key informant interviews or focus groups to assess community's needs (targeting community members – e.g., those serving on advisory boards)  Community members serve on advisory boards and task forces	IN PROGRESS: <ul style="list-style-type: none"> <li>PHS Epidemiologists continue to provide data support and technical assistance to communities and programs within the department.</li> </ul>
Assure community involvement in program planning.	7/1/2017-6/30/2022	Invite community members or leaders to program planning discussion	All program managers	Community members take leadership role in policy, systems and environmental change efforts to create conditions for optimal health	
Collaborate with community members to take action to improve health.	7/1/2017-6/30/2022	Participation in community	All program managers	Community members take leadership role in policy, systems and environmental changes to create conditions for health.	

**STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)**  
**Domain 3: Workforce, Management and Quality Improvement**  
*Mid-Year Progress Report – December 2019*

<b>Domain 3 – Goal 1: Develop and adopt comprehensive QI practices</b>					
<b>OBJECTIVE #1: Hire QI Manager</b>					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Conduct selection process to hire the QI Manager	7/31/2017	General Fund	ADMIN	QI Unit established	COMPLETED. <ul style="list-style-type: none"> <li>QI Manager hired 6/26/2018.</li> </ul>
<b>Domain 3 – Goal 1: Develop and adopt comprehensive QI practices (Continued)</b>					
<b>OBJECTIVE #2: Convene QI teams</b>					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Convene Standing Department wide QI Committee	11/30/2017	Existing resources only; 2-year time commitment required	Each program manager/coordinate or to designate 1 representative to serve	Committee in place	ONGOING: <ul style="list-style-type: none"> <li>First meeting held 9/9/2017.</li> <li>Regular monthly meetings now held.</li> </ul>
Convene programmatic teams to conduct QI activities	1/31/2017	Manager to assign staff for first QI Project	Program managers/ coordinators	Program teams in place	ONGOING: <ul style="list-style-type: none"> <li>PHS Program Teams were formed November and December 2017. The Teams developed first set of "Rapid QI Projects". Teams are now in third cycle.</li> <li>Report out to Management on the 2018-19 projects occurred on 7/30/2019.</li> </ul>

**Domain 3 – Goal 1: Develop and adopt comprehensive QI practices (Continued)**

**OBJECTIVE #3: Develop and implement QI Plan with action plan that meets accreditation requirements**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop PHS QI Plan	10/31/2017	QI Coordinator	QI Coordinator Sr. Deputy	PHS QI Plan	COMPLETED. <ul style="list-style-type: none"> <li>Department-wide QI Plan completed 9/25/2017.</li> </ul>
Identify Annual QI goals, objectives and interventions for each PHS program	12/1/2017 - 1/31/2018	Programs do at least one QI project (plan-do-study-act)	Program Managers and staff	Annual QI goals for each program	ONGOING. <ul style="list-style-type: none"> <li>Each Program QI Committee member and team develop QI Project to be completed each spring.</li> <li>The 2018-19 QI Projects were completed by 6/30/2019.</li> <li>Cycle 3 projects initiated in summer 2019.</li> </ul>
Identify best QI methods and tools	12/1/2017 - 5/31/2018	Program Manager and staff = QI Committee to assist as needed	QI Committee QI Coordinator Program Managers	QI methods and tools that best suit programs' QI projects	ONGOING: <ul style="list-style-type: none"> <li>Each individual PHS Program utilizes Plan Do Study Act approach and validated QI tools to complete their particular project.</li> </ul>
Operationalize the QI plan; incorporate successful interventions into program practices (e.g., streamline administrative processes).	7/1/2018 - Ongoing		All PHS staff	Increased efficiency and effectiveness throughout PHS	ONGOING.

Domain 3 – Goal 1: Develop and adopt comprehensive QI practices (Continued)					
OBJECTIVE #4: QI team regularly communicates QI activities, including Plan-Do-Study-Act (PDSA) process, to PHS staff					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Incorporate staff input on QI process and outcomes	3/31/2018	QI program team/managers and QI Coordinator	Program lead QI Coordinator PHS Leadership	Staff are engaged and invested in QI Staff improve work flow Improved program operations/effectiveness and customer satisfaction	ONGOING: <ul style="list-style-type: none"> <li>Each PHS program engaged staff in a QI Project.</li> <li>QI Committee provided 2018-19 report out for Management on 7/30/2019.</li> <li>Success Stories completed 6/30/2019; shared with Sr. Staff/posted for department wide use.</li> </ul>
<b>Assessment of Performance and Areas for Improvement</b> Continuous QI is becoming part of everyday practice. PHS QI Team is becoming proficient at using QI assessment tools and processes to assist them in conducting projects. Performance improvements are now being realized. Each project finishes by preparing a “QI Success Story” added to a new PHS QI compendium to track progress over time and as an ongoing resource for generating ideas. One outcome is that the PHS Annual Report shared with Board of Supervisors now includes a section to showcase improvements as a result of QI processes. [Supports Board Priority 2d. Promote good governance and increase organizational capabilities by supporting investments in health care-related infrastructure and service delivery that continues to improvements of the public’s physical and mental health]					
Domain 3 – Goal 1: Develop and adopt comprehensive QI practices (Continued)					
OBJECTIVE #5: Apply QI assessment findings to periodic Strategic Plan reviews and refinement					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Review QI findings and update or revise the Strategic Plan	Annually; next by 6/30/2018	Staff time	PHS Leadership	Refined and updated goals and objectives	ONGOING: <ul style="list-style-type: none"> <li>QI Committee reports out quarterly on results; QI Coordinator also reports to leadership quarterly.</li> </ul>

**STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)**  
**Domain 3: Workforce, Management and Quality Improvement**  
*Mid-Year Progress Report –December 2019*

<b>Domain 3 – Goal 2: Adopt and implement comprehensive system for staff training and professional development</b>					
<b>OBJECTIVE #1: Engage staff in external professional development opportunities that are clearly linked to achieving PHS outcomes</b>					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Determine the appropriate number/types of staff to send to professional development opportunities	6/30/2018	Funding Available  Staff time, program coverage while out of the office	PHS Program Manager Deputy Directors Director	Employee satisfaction  Staff skills enhanced  Improved QI projects or plans  Improved customer satisfaction	ONGOING: <ul style="list-style-type: none"> <li>• Requests are routinely submitted by programs throughout the year.</li> </ul>
Share key learnings among staff and discuss applying learnings to enhance PHS programs.	6/30/2018	Leadership support  Staff time Managers support of this activity  IT/EPI survey data	QI Committee  Managers  Leadership	Program Managers to share with staff – at monthly meetings  Program staff/manager to share at manager meeting – presentations  QI Committee to provide updates  Success stories produced as a result of QI Projects	ONGOING: <ul style="list-style-type: none"> <li>• Managers are encouraged to share learning at program staff meetings.</li> <li>• QI Project Success Stories are shared with Leadership, Program staff and PHS employees.</li> </ul>

**Domain 3 – Goal 2: Adopt and implement comprehensive system for staff training and professional development (Continued).**

**OBJECTIVE #2: Develop and implement a staff training program tailored to job responsibilities.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<p>PHS Management to coordinate and develop trainings</p> <ul style="list-style-type: none"> <li>• Emphasis on skill building but also team building and practical strategies for cross program work</li> </ul>	Ongoing	Staff time IT assistance Research/data Finances Support to proceed	PHS Management	Appropriate trainings tailored to job responsibilities	<p>ONGOING:</p> <ul style="list-style-type: none"> <li>• Workforce Development Plan completed.</li> <li>• Managers and staff are provided with information about training opportunities, and the training catalog on the San Joaquin County website. SJC Engage.</li> <li>• ALL STAFF meetings that were initiated last year are now a routine part of professional development for employees across the department. The training this reporting period focused on Health Equity and took place at SJC Ag Center.               <ul style="list-style-type: none"> <li>○ Evaluation conducted to garner feedback regarding all staff meetings and found that staff enjoyed this opportunity, and offered ideas for future topics and training activities.</li> </ul> </li> </ul>

**Assessment of Performance and Areas for Improvement**

Conducting periodic all staff training events is now a formal department function and the sessions held in 2019 were well-received and helpful. Area for improvement will be to convene an ongoing planning group responsible for orchestrating this learning opportunity. Training outcome achieved in that staff demonstrated increased ability to embed health equity into program planning. They submitted several successful grant applications (i.e. Perinatal Equity Initiative) in which equity was key measure. [Supports Board Priority 2d. Support investments in health care-related infrastructure and service delivery to improve public's physical and mental health]

**Domain 3 – Goal 2: Adopt and implement comprehensive system for staff training and professional development (Continued).**

**OBJECTIVE #2: Develop and implement a staff training program tailored to job responsibilities.**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
<p>New Employee Orientation or PHS 101 to describe core functions, 10 essential services, PHS Orientation, PHS/Health Care Services Agency decision-making structures and job responsibilities, PHS Strategic Plan, Addressing Health Inequities.</p> <ul style="list-style-type: none"> <li>Other topics as surfaced through QI projects</li> </ul>	6/30/2018	Staff time, Research time IT assistance	QI Coordinator  Program Managers  Health Promotion staff	Staff will be familiar with PHS 101 Core Functions, Domains, 10 Essential services	<p>ONGOING:</p> <ul style="list-style-type: none"> <li>New Employee Orientation now provided on a quarterly or PRN basis to all new PHS staff.</li> <li>Workforce Development Committee develops priority topics on an ongoing basis. Other topics surface through QI projects.</li> <li>Continue to provide QI Trainings for all PHS staff.</li> </ul>

**STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)**  
**Domain 3: Workforce, Management and Quality Improvement**  
*Mid-Year Progress Report – December 2019*

Domain 3 – Goal 3: Develop internal PHS communications protocols					
OBJECTIVE #1: Consistently utilize multiple written and verbal communications channels to promote shared understanding of PHS goals, policies and procedures and facilitate transparency.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Assess staff communication needs and effective communication mechanisms	6/30/2018	Survey monkey (electronic query capacity)	ADMIN – HR Staff	Completed staff survey analyzed with findings on most effective ways for 2-way communication (e.g., including feedback and idea generation)	<p>ONGOING:</p> <ul style="list-style-type: none"> <li>Email informational alerts sent to staff.</li> <li>Initial Workforce Development Survey of staff completed.</li> <li>Leadership has developed a mechanism, an electronic “suggestion box” that staff can use to submit anonymous comments or questions to be addressed by Management.</li> </ul> <p>IN PROCESS</p> <ul style="list-style-type: none"> <li>Series of eBlasts to all PHS staff being developed</li> </ul>

**STRATEGIC PLAN - Annual Work Plan (July 2019 - June 2020)**  
**Domain 3: Workforce, Management and Quality Improvement**  
*Mid-Year Progress Report – December 2019*

<b>Domain 3 – Goal 4: Establish PHS policies, systems and practices that support staff health and wellness</b>					
<b>OBJECTIVE #1: PHS Health and Wellness Committee identifies and pursues a set of objectives to support a healthy workplace</b>					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Review and update all of the PHS Wellness related policies (e.g., Healthy Food, Meeting Stretch Breaks)	6/30/2018	Administrative support	Health Promotion Unit	Culture of wellness embedded in everyday practice	IN PROGRESS: <ul style="list-style-type: none"> <li>• Policies being reviewed and updated; Continue to implement across PHS.</li> </ul>
Share workplace wellness activities shared with other county agencies (e.g., present at Engage – Lunch & Learn sessions)	6/30/2018	Collaboration with SJ County Wellness Program	Health Promotion Unit	Sharing of good ideas and promising practices to improve wellbeing of staff and healthy workplace	IN PROGRESS: <ul style="list-style-type: none"> <li>• First PHS sponsored Lunch and Learn on healthy eating by PHS’s NEOP program was on 1/25/2017.</li> <li>• Workforce Development Wellness Group has committed to orchestrating “Wellness Wednesdays” on a monthly basis.</li> <li>• The SJC HR Representative has come to observe these activities and came to a PHS Managers meeting to discuss SJC classes and wellness activities. The HR Representative attended the “Wellness Wednesday” activity on 7/17/2019. SJC HR is looking at PHS Wellness group as a model for other County departments.</li> </ul>

**Domain 3 – Goal 4: Establish PHS policies, systems and practices that support staff health and wellness (Continued).**

**OBJECTIVE #2: Expand PHS Health and Wellness Policies to maximize opportunities for healthy eating and physical activity**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<p>Evaluate implementation of PHS health and wellness policies: 1) Identify most effective activities            2) Disseminate lessons learned from PHS Health and Wellness activities to other County agencies</p>	<p>Ongoing</p>	<p>Staff time; access to online survey tool</p>	<p>Health Promotion Unit            Administration support            Managers' support</p>	<p>Staff input on what works best; Identify Gaps            Other agencies encouraged to replicate improve wellbeing of county employees throughout SJC.</p>	<p>ONGOING:</p> <ul style="list-style-type: none"> <li>Working with SJC HR Wellness Coordinator to implement activities countywide in the future. They are considering PHS group as a leader and example for other county agencies.</li> <li>Wellness Activities held each month. Examples of topics have included: Walking for Health, Stress Management, Healthy Food Competition "PHS Master Chef", Heart Health, Tai Chi, and Zumba.</li> </ul>

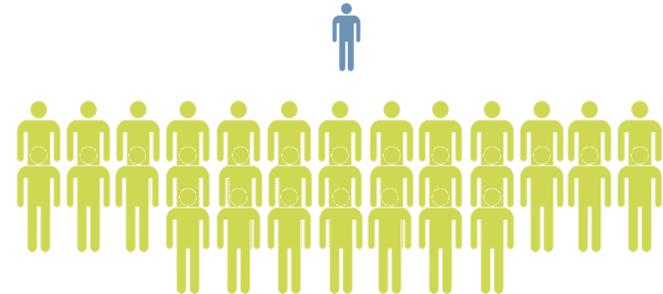
# PHS Workforce: Regaining or Losing Capacity?

PHS lost 40% of its workforce in the 2008 Recession. PHS still 90 positions shy of 2008 levels + this does not reflect county population growth.

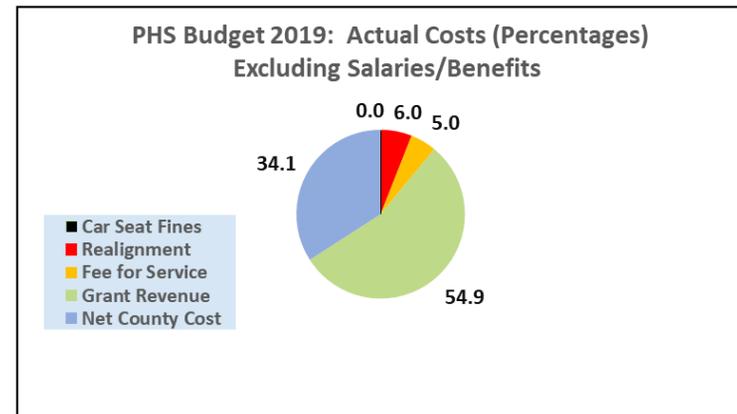
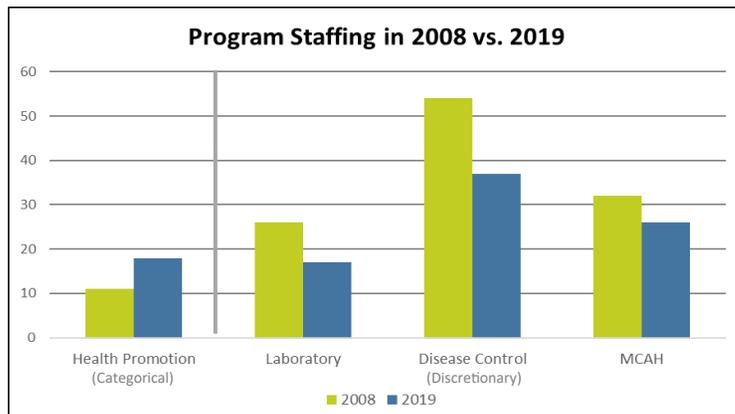
**2008:** 1 PHS Staff per ~2130 residents



**2019:** 1 PHS Staff per ~3300 residents



Categorical projects have added staff, but Discretionary Programs and Services (core functions) unable to recover staffing levels. As a result, ability to respond is jeopardized. Categorical projects (grant revenue) remain the largest percentage of the PHS budget.



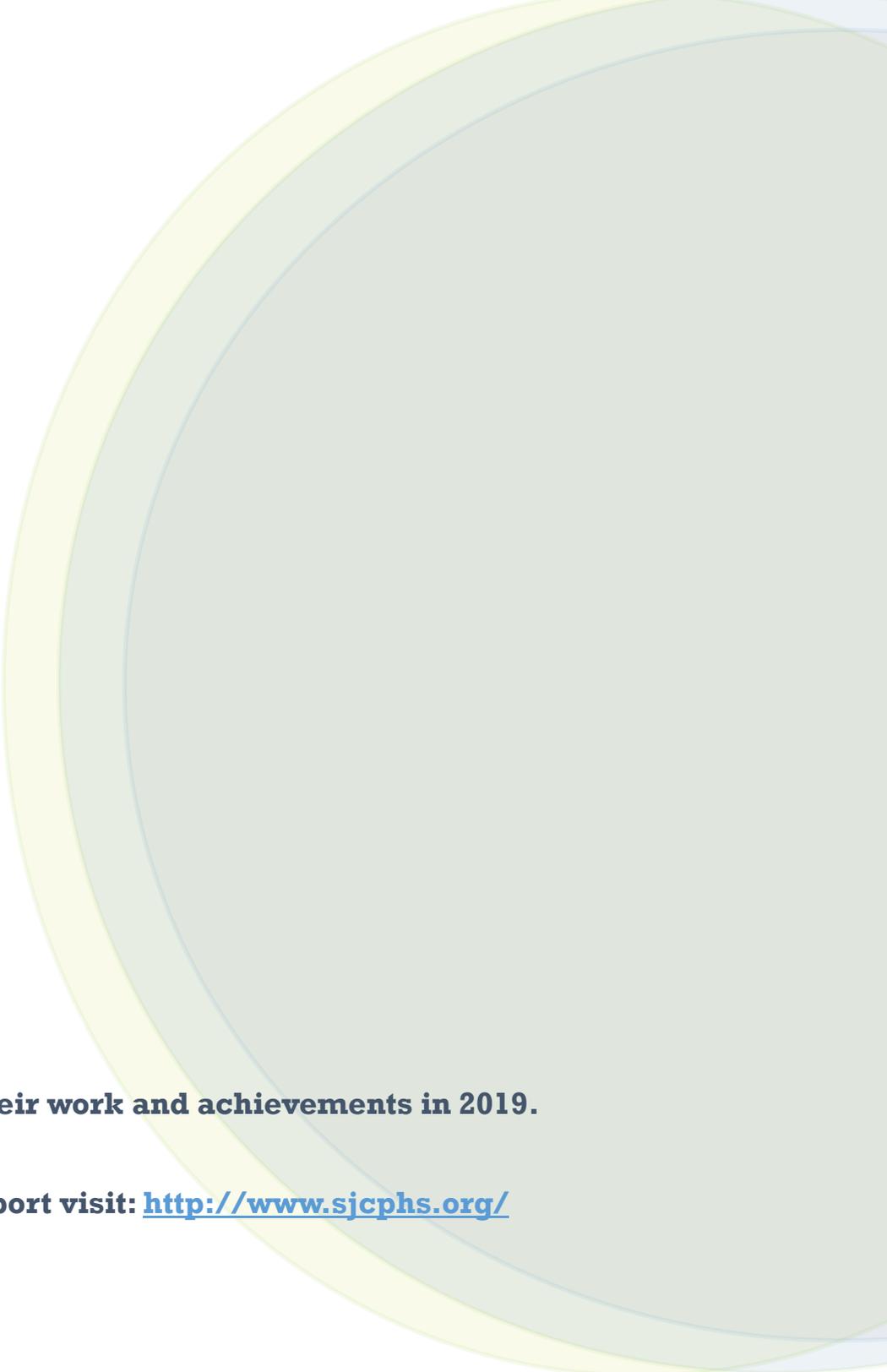
Ongoing efforts to contain and treat Tuberculosis (TB) illustrate a chronic shortfall in staffing. The TB rate in San Joaquin County has been consistently higher than both the state and national rates for the past 10 years. *In 2019, there were 54 active cases with over 400 contacts evaluated and several hundred more pending investigation.*

**Community Health Rankings<sup>1</sup>:** Factors that significantly impact health are outside the purview of Public Health and require multi-sectorial collaboration to improve outcomes. SJC ranks as compared to other counties in California:

- 44<sup>th</sup> overall in terms of health outcomes (Poor general health, low birth weights, premature deaths, etc.)
- 45<sup>th</sup> in terms of social and economic factors (Unemployment, children in poverty, crime, etc.)
- 47<sup>th</sup> in terms of physical environment (Severe housing problems, air pollution, long commutes-driving alone, etc.)

<sup>1</sup>Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. *County Health Rankings Roadmaps: 2020*

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**Special thanks to the PHS staff for all their work and achievements in 2019.**

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