

# Stanislaus County Health Services Agency

## Annual Public Health Report April 2009



## FOREWARD

This annual report by the Public Health division of the Health Services Agency is presented to the Board of Supervisors at this time in recognition that April is National Public Health month.

In light of the complexity of public health, changes in demographics and community needs, the importance of preparing public health for emergencies and to function effectively in the 21<sup>st</sup> Century, is as necessary as educating the community to ensure continued health improvement in Stanislaus.

The 2009 Stanislaus County Health Services Public Health Division report is presented in four sections:

1. Emergency Preparedness Activities
2. A review of the current Health Status Profile (Profile) from State data,
3. Findings from the 2008 Community Health Assessment (CHA) and initial strategies for improvement,
4. Strategic Planning update to increase Public Health's ability to be responsive to complex local health needs – Assuring Quality and Efficiency

These sections were chosen to highlight Public Health's response to some activities undertaken over the last year that address the Board of Supervisor Priorities in addition to responding to and equipping the public health workforce to respond to the diverse needs of the community.

Safety and health are important concerns for every county, state and nation. The Emergency Preparedness section addresses both of those concerns and in this issue introduces two (2) key activities undertaken over the last year.

The Community Health Status Profiles illustrates improvement in health trends, and the Community Health Assessment identifies current health concerns as well as those that are attributed to the broader determinants of health. Most importantly this section illustrates the power and importance of partnerships.

The Community Health Assessment (CHA) raised greater awareness of the root causes or contributing factors of health issues. This assessment suggests attention beyond individual health problems/diseases and instead placing emphasis on these broader determinants of health. The determinants reach far beyond the Health Services Agency and the Public Health division. Expanding partnerships will be crucial to effectively impact the contributing factors of the health of our community.

The strategic planning section provides an update on efforts proposed to the Board of Supervisors during the 2008 report and the importance of the planning efforts to accreditation that is recommended for Public Health Departments by 2011.

More important than ever, public health recognizes the need to improve its infrastructure and capacity to address these escalating concerns through:

- Development and maintenance of effective partnerships;
- Assessment of health status and identification of best practices to address concerns;
- Development of an increasingly competent public health workforce;
- Education for the community, providers, individuals and policy makers regarding health issues, and potential strategies; and
- Improvement of business practices in order to provide more efficient and effective services.

Thus this report serves a dual purpose, by:

- Illustrating improvements and areas for improvement as shown in the Stanislaus County Profile and Community Health Assessment; and
- Demonstrating Public Health's efforts in developing staff to meet 21<sup>st</sup> Century health concerns in response to the CHA and other public health demands.

# EMERGENCY PREPAREDNESS ACTIVITIES

## **EMERGENCY PREPAREDNESS ACTIVITIES**

During the past year the Health Services Agency has coordinated multiple projects to enhance community preparedness for a health emergency. Two are briefly summarized below:

### Emergency Planning for Special Needs Populations

On December 11, 2008 the Emergency Preparedness section of Public Health and the County Office of Emergency Services co-sponsored a workshop to identify best practices to prepare for special needs. This was the culmination of an 18 month collaborative that included representation for the physically and emotionally impaired, older adults, infants and pregnant women, among others. The Appendix contains a list of the 44 participating organizations.

### Pandemic Influenza Preparedness

The avian influenza concerns of 2005 culminated in a local Pandemic Influenza Tabletop Exercise in May of 2006. Since that time there have been continuing initiatives including a two-year collaborative with the Stanislaus County Office of Education regarding pandemic preparedness for schools. In addition, federal funds were used to purchase two 25-bed trailers with equipment for an Alternate Care Site should our hospitals exceed capacity. In April 2008 multiple agencies participated in the deployment of the trailers during “Operation Turnkey”.

Additionally a full-scale field exercise was conducted at Johansen High School on April 16, 2009. This was the largest healthcare surge exercise thus far in our county. Participating organizations in the planning and execution of the exercise included county agencies, acute hospitals, clinic systems, ambulance providers, long-term care facilities, and community volunteers. The Appendix contains a list of the 24 participating organizations.

# STATE HEALTH STATUS PROFILE OF STANISLAUS COUNTY

## STATE HEALTH STATUS PROFILE OF STANISLAUS COUNTY

The Public Health division (Public Health) of the Health Services Agency strives to meet the Board of Supervisors' priority of *A healthy community* through *Effective partnerships* and *Efficient delivery of public services*. Public Health assesses and continuously monitors the health status of county residents using data from multiple sources, both internal and external. Assessing the health status of county residents is a fundamental function of Public Health and meets the following National Standards:

- Section 1: Conduct assessment activities focused on population health status and health issues facing the community,  
Standard 1.1 B: Collect and maintain population health data, and  
Standard 1.2 B: Analyze public health data.

### **County Health Status Profiles**

One external source of data used is the annual *County Health Status Profiles* report issued by the California Department of Public Health (CDPH). CDPH collates data from all 58 counties, then reviews and processes it to ensure reporting and coding is consistent. Due to this process, the data published in the *County Health Status Profiles* lags two years behind the current date. The report:

- Details the major causes of death, disability and illness in California counties, an excellent resource for comparing Stanislaus County's progress to that of the state and to national objectives;
- Highlights indicators that are predominately causes of mortality and indicators of the well-being of infants and children;
- Tracks the progress Stanislaus County is making on multiple health indicators;
- Enhances statistical stability and illustrates trends. CDPH aggregates the data for 3-year time periods. Table i in the Appendix shows the performance of Stanislaus County on 23 indicators from the 2008-2009 report;
- Illustrates declines in mortality rates of most of the major causes of death, both in Stanislaus County and in California as a whole. These declines likely have multiple causes, including increased health promotion and education by the public health community, changes in policy and law (e.g. no smoking policies, helmet laws, safety restraints), and implementation by providers and health insurance plans of best treatment practices;
- Outlines notable exceptions to the general trend in Stanislaus County, of declining age-adjusted mortality rates or death rates due to prostate cancer, Alzheimer's disease, and unintentional injuries (accidents);
- Demonstrates data that shows sexually-transmitted diseases continue to be an issue, both locally and statewide. For instance, the incidence of AIDS (in individuals aged 13 and older) declined between the two time periods shown, while the incidence of Chlamydia and Gonorrhea rose; and
- Indicates through recent data shown in Table i in the Appendix that Stanislaus County is making progress in dealing with infant mortality and teen births.

Comparing the time periods 2002-2004 and 2005-2007, Stanislaus has made improvements in 21 indicators but suffered setbacks in 5 indicators (see Table 1 below).

**Table 1: Stanislaus County Improving and Worsening Health Status Indicators (2002-2004 vs. 2005-2007)**

Improving Indicators	Worsening Indicators
Deaths due to	Deaths due to
All causes	Prostate cancer
All types of cancer	Alzheimer's disease
Colorectal (colon) cancer	Accidents (unintentional injuries)
Lung cancer	Reported incidence of
Breast cancer (in women)	Chlamydia
Diabetes	Gonorrhea
Coronary heart disease	
Cerebrovascular disease (stroke)	
Influenza/pneumonia	
Chronic lower respiratory disease	
Liver disease and cirrhosis	
Motor vehicle traffic	
Suicide	
Homicide	
Firearm	
Drugs	
Adequacy of prenatal care	
Births to teens (15-19)	
Infant mortality	
Low birth weight infants	
Reported incidence of AIDS (≥13 years)	

**Reportable Communicable Conditions**

Communicable disease trends must be continuously monitored so that Public Health can fulfill its responsibility to investigate and control emerging issues. One way to track communicable diseases is to analyze mandated reports of Title 17 conditions from medical providers.

- Communicable Disease nurses continuously monitor the number of reports received.
- Reasons for the changes, particularly increases in reporting, are investigated so they can be addressed.
- Public Health uses the web-based WebCMR system to track and analyze data internally to monitor current trends in the community's health. Community providers directly enter data into the WebCMR system.
- On an annual basis, the rate per 100,000 residents for the current year is compared to the rate for the previous 5-year period. The conditions for which a statistically significant change in reporting has occurred in 2008 are shown in Table 2.

**Table 2: Reportable Communicable Conditions (Title 17)  
with a Significant Increase or Decrease, 2002-2008**

Conditions with Decreasing Trend	Conditions with Increasing Trend
Pertussis	Chlamydia
Hepatitis A	Hepatitis C, Carrier
Hepatitis C, Acute	
Gonorrhea	
WNV, Fever	
Meningitis, viral	

- Table 2 demonstrates that two vaccine preventable diseases are decreasing in incidence (Pertussis and Hepatitis A).
- 2008 marks the first year that Hepatitis C is lab reportable
- Pertussis incidence peaked in 2005. Recent declines are attributed to a booster vaccine now available for adolescence and adults.
- Both the CDPH *County Health Status Profiles* and local internal communicable disease data indicate that Chlamydia is an increasing problem. Chlamydia is the most frequently reported disease in Stanislaus County, and its incidence is higher throughout the San Joaquin Valley compared with other areas of California.
- A study is now under way through the Public Health division to examine the reasons why Chlamydia is increasing in this county in order to identify possible improvement strategies.
- Examining both the *County Health Status Profiles* and the internal communicable disease data reveals that the incidence of Gonorrhea was a problem (through 2005), but has since been controlled. The recent decline is at least partially attributed to the reopening of the Sexually Transmitted Disease clinic at Public Health.
- Internal communicable disease data also shows that food borne diseases (e.g. Listeriosis and Campylobacteriosis) are a rising problem in the county.

## **State Health Status Profile**

Trends in the recently released State of California data are encouraging. However, the Stanislaus County rankings, when compared with other counties in the State, suggest improvement efforts remain necessary to decrease the rate of some major health conditions/diseases.

Of significant concern is the increase in disparities in health as related to race, income, education, demographics and the broader determinants of health, or those factors that influence health. These trends existed prior to the current downturn in the economy, thus the subsequent decrease in employment, access to health care and other social determinants cause additional concern and underscore the importance for the Public Health division and its partners to plan and act effectively in our quest for a Healthy Community.

Table i in the Appendix shows Stanislaus County’s health indicators, compared to the State of California.

# 2008 COMMUNITY HEALTH ASSESSMENT

## 2008 COMMUNITY HEALTH ASSESSMENT

Every several years, Public Health conducts a thorough assessment of the County's health by reviewing existing data sources and collecting new local data when existing sources are insufficient. In October 2007, Public Health's Community Assessment, Planning, and Evaluation (CAPE) Unit began to explore a data-sharing project to collect existing data from local organizations. Through discussions in January 2008, local partners expressed an immediate need to ascertain the most current assessment of the County's "health". A steering committee was formed and by June, the committee decided to conduct a formal survey, and engage a consultant to analyze and present the data. Several partner organizations contributed funding and Applied Survey Research was engaged by the Health Services Agency through a contract approved by the Board of Supervisors on June 8, 2008.

### Process

- The project was coordinated by Public Health's CAPE Unit and funded by Memorial Medical Center, Doctors Medical Center, Kaiser Permanente, Stanislaus County Children and Families Commission, Health Services Agency, Community Services Agency, Behavioral Health and Recovery Services, Department of Aging & Veterans Services, and Anthem Blue Cross.
- The report takes into account over 70 social, economic, health and behavioral determinants of health.
- Public Health used the Mobilizing for Action through Planning and Partnership (MAPP) infrastructure to coordinate the assessment.
- The CHA of 2008 is part of an established cycle of surveying that began with the MAPP stakeholders in 2002. The previous assessment, completed in 2004 set the visionary groundwork to actively work together for improving the health of this community.
- Data for this report included secondary (pre-existing) data collected from a variety of sources and primary data using a face-to-face survey of residents. Secondary data included the California Health Interview Survey (CHIS), a widely used data source. CHIS is produced by the UCLA Center for Health Policy Research, funded by the California Endowment and draws upon the responses of more than 50,000 Californians – the largest state health survey in the United States. CHIS data is available by County.
- Secondary data were collected from a variety of sources, including but not limited to: the U.S. Census, federal, state and local agencies.
- The face-to-face self-administered survey component enabled the assessment to cover diverse groups including those without a landline telephone, those living in rural areas, and those with lower incomes who may not have been accessible through a telephone survey.
- English and Spanish surveys were available, and took an average of 10 minutes to complete.

- The survey used a convenience sample approach. Agency members and community volunteers went to different areas in the County and asked residents attending events or visiting agencies to complete the survey.
- Surveys were also distributed by multiple agencies over a one month period.
- Over 2,800 valid face-to-face surveys were collected at many different sites and community agencies throughout the County.
- The respondent sample of the face-to-face survey does include a higher proportion of lower income individuals and Hispanics than the county as a whole (as determined by the 2000 US Census).

### Assessment Results

The 2008 CHA project resulted in several products: a comprehensive three hundred (300) page report, an executive summary, a PowerPoint presentation highlighting major assessment findings, and a public website at [www.healthierstanislaus.org](http://www.healthierstanislaus.org) where all the assessment data is downloadable for free. The project continues to unfold benefits to organizations, students, and the general public as they use consistent credible data in one location for grant writing, program planning and sustainability development. Details on results can be viewed on the executive summary and PowerPoint presentation located on [www.healthierstanislaus.org](http://www.healthierstanislaus.org).



Major findings from the face to face survey include:

- Forty-two percent (42%) of survey respondents said they went without basic needs in the past 12 months: mainly food, housing, utilities and clothing (number of respondents (n) =2,815);
- One-third of survey respondents needing health care in the past 12 months were unable to receive it (n=2,485);
- Sixty-three percent (63%) of survey respondents did not have health insurance (n=2,751);
- Twenty-one percent (21%) of survey respondents reported spending less than 30% of their income on housing (n=2,613);
- Over one-third of survey respondents were overweight and one-third were obese;
- Nearly one-quarter (24%) of senior survey respondents (ages 60+) reported feeling so sad or hopeless almost every day for 2 weeks or more in a row, that they stopped doing some usual activities; and
- Forty-seven percent (47%) of the respondents reported that they have been treated for or advised by a doctor that they have “high blood pressure” (n=1,588).

### Moving the Data to Action

Public Health’s CAPE Unit assured the 2008 CHA Steering Committee and other county stakeholders that the assessment would be moved forward into action to improve the health of the county. The report was not merely to assess the health of the community but to create a community health improvement plan (CHIP). Major findings from the assessment were reviewed and categorized under ***broad determinants of health***, community factors that influence health. This also aligns with the overarching national goals for Healthy People 2020 that help address the environmental factors that contribute to the collective health and illness by placing particular

emphasis on the determinants of health. This resulted in the four broad determinants of health for Stanislaus County listed below.

1. **Access to Care-** addressing uninsured, provider shortage, coordination of care and education of healthy behaviors;
2. **Education-** addressing drop out rates, truancy, job readiness and promotion of life skills and healthy behaviors in Kindergarten through grade 12;
3. **Basic Needs-** addressing hunger, limited food choices, housing and shelter, child care shortage and assistance with utilities; and
4. **Built Environment-** addressing land use, planning, transportation and the effect on chronic diseases.

The first Stakeholder Data to Action Workshop, titled *Positioning for Change: Key Stakeholders Moving the Data to Action* was held on January 22, 2009.

- Over a hundred (111) participants representing 55 agencies were in attendance.
- Public Health was asked to coordinate additional half-day follow-up workshops on each broad determinant to continue discussions and strategy development.
- The series of workshops have shown phenomenal synergy and reinvigoration of stakeholders to improve the well being of Stanislaus County residents.
- Through these Data to Action Workshops, identification of all activities being done towards these goals will help identify gaps and reduce duplication of efforts.
- The CHIP will include multi-sectoral activities and programs working toward improving county health in the four broad determinants of health. Activities will be monitored by metrics and indicators over periods of three to five years to ensure accountability.
- The goal is to develop a comprehensive plan (CHIP) by January 2010.



# STRATEGIC PLANNING UPDATE – ASSURING QUALITY AND EFFICIENCY

## ASSURING QUALITY AND EFFICIENCY

The role of public health for the 21st century has been the topic of considerable and productive discussion within the public health community largely based upon the following:

- 1) The Institute of Medicines (IOM) report of 1988 where attention was brought to the public health service-delivery systems. An earlier shift to focus on comprehensive personal clinical services resulted in decreased attention to public health issues affecting the population as a whole. The IOM report addressed the condition of the nation's public health system, highlighted the gaps and shortfalls in the public health system and its partners. The public health mission was defined more precisely. The core functions of public health were identified as: assessment, assurance, and policy development;
- 2) The 1992-1993 National Profile of Local Health Departments that reinforced the IOM report and documented the dwindling capacity of local public health departments;
- 3) The healthcare reform debate of 1994, where the 10 Essential Public Health Services, which elaborated on the three core functions identified in the IOM report, were identified by the Core Public Health Functions Steering Committee;
- 4) The new recognition of public health in the wake of 911 and Katrina; and
- 5) A dramatic shift in demand for services sparked by the formulation of Core Public Health competencies and responsibilities.

Local Public Health Agencies (LPHA) remain responsible for monitoring and improving the health of entire communities and for fulfilling the core public health functions, under Titles 17 and 22. In order to develop and sustain healthy communities, local public health agencies are expected to:

- Address the social determinants of health as defined by the World Health Organization (WHO), which emphasizes physical, mental and social well-being,
- Serve the whole community,
- Involve community members in identifying and understanding priority health concerns,
- Develop new competencies among staff,
- Apply systems thinking to the implementation of programming,
- Create partnerships with social services, criminal justice, mental health and education,
- Integrate environmental health thinking and practice into public health programming,
- Perform epidemiological research,
- Invite other agencies to participate in plans and determine community needs,
- Involve partners in strategic planning,
- Maintain sound surveillance systems, and
- Evaluate outcomes to assure effectiveness.

A common set of Standards and Measures for LPHA is currently being discussed through public “vetting” as part of the nationwide movement toward accreditation for Local Public Health Agencies.

- By June 2009 the first “beta test sites” will begin using these standards in order to assess their readiness for accreditation.
- It is anticipated that voluntary accreditation will be implemented by 2011.

Regardless of whether this Agency seeks to become accredited, the value in using this tool as part of the public health strategic plan is immeasurable as Public Health positions itself to strengthen its capacity and ability to meet the growing needs of residents in Stanislaus County. A trained Public Health Workforce, capable of providing credible information to the public and policy makers, prepared to partner with others and provide efficient services is paramount to efforts needed as continued improvement in the health status of the county are sought.

The following section depicts some of the improvement efforts Public Health has engaged in over the last year to improve services, fiscal responsibility and quality improvement, while identifying those areas that are in alignment with the National Standards and the Board of Supervisor’s Priorities.

## **2008 Public Health Quality Improvement Efforts**

Public Health at the Health Services Agency presented the 2008 Public Health Report to the Board of Supervisors on April 8, 2008, detailing the history, challenges and plan for restructuring the division through strategic planning efforts.

The initial effort in developing the strategic action plan addressed the need for a new Vision, Mission, and Values that would be articulated throughout the division.

The management team developed the following in 2008.

**Vision: Healthy People in a Healthy Stanislaus!**

**Mission: To promote, protect, and improve the health of the community through leadership, partnership, and innovation**

**Values: Ethical, Evidence-based Information and Practices, Respectful, Responsive, Adaptive, Inclusive, Teamwork, Committed, Flexible, Competent, and Credible**

To prepare Public Health to be responsive to an increasingly diverse population (age, gender and ethnicity), staff developed a strategic plan to serve as an ongoing 5 year planning document designed to improve capacity and effectiveness within the following four areas.

- I. Business Organizational Development
- II. Development of a Competent Public Health Workforce
- III. Development of the CAPE- Community Assessment Planning and Evaluation Unit
- IV. Communications & Marketing Plan Development

National accreditation requirements are planned to be unveiled and piloted starting in 2009 with full accreditation implementation to follow in 2011. It is anticipated that accreditation will be linked to funding in future years. In order to ensure the Public Health strategic plan aligns with these pending standards, Public Health participated as one of 60 “Pilot Sites” throughout the United States in the National Association of County and City Officials accreditation evaluation projects for local health departments. The following were completed as result of serving as a pilot site:

- Assessment of the department’s capacity using the National Association of County and City Officials (NACCHO) Standards (for local public health).
- Identification of department strengths and areas for improvement. As part of the pilot sponsored by NACCHO, a consultant was provided to assist in the identification of internal process improvement issues. These issues were applied to the four strategic plan focus areas and employed the Plan-Do-Check-Act process. Like the Question, Understand, Identify, Change (QUIC) method, the Plan-Do-Check-Act (PDCA) cycle has a series of steps that help objectively identify problem areas and short-term process improvements. It is similar to the Before and After method used in QUIC, however, the

PDCA cycle requires the use of detailed analysis to identify the root problems. By using fishbone analysis, flow charts, team charters, and an aim or purpose statement, sources of inefficiency can be isolated in the “Plan” phase.

- Development and use of Quality Improvement tools in identifying, addressing and evaluating process improvement opportunities.

The following outlines the operational activities undertaken by Public Health and the improvements made and/or the improvement efforts planned.

## **I. Business Organizational Development**

*Financial Management activities support the National Standards A 2.4B, and the Board of Supervisor’s Priority of Efficient Delivery of Public Services.*

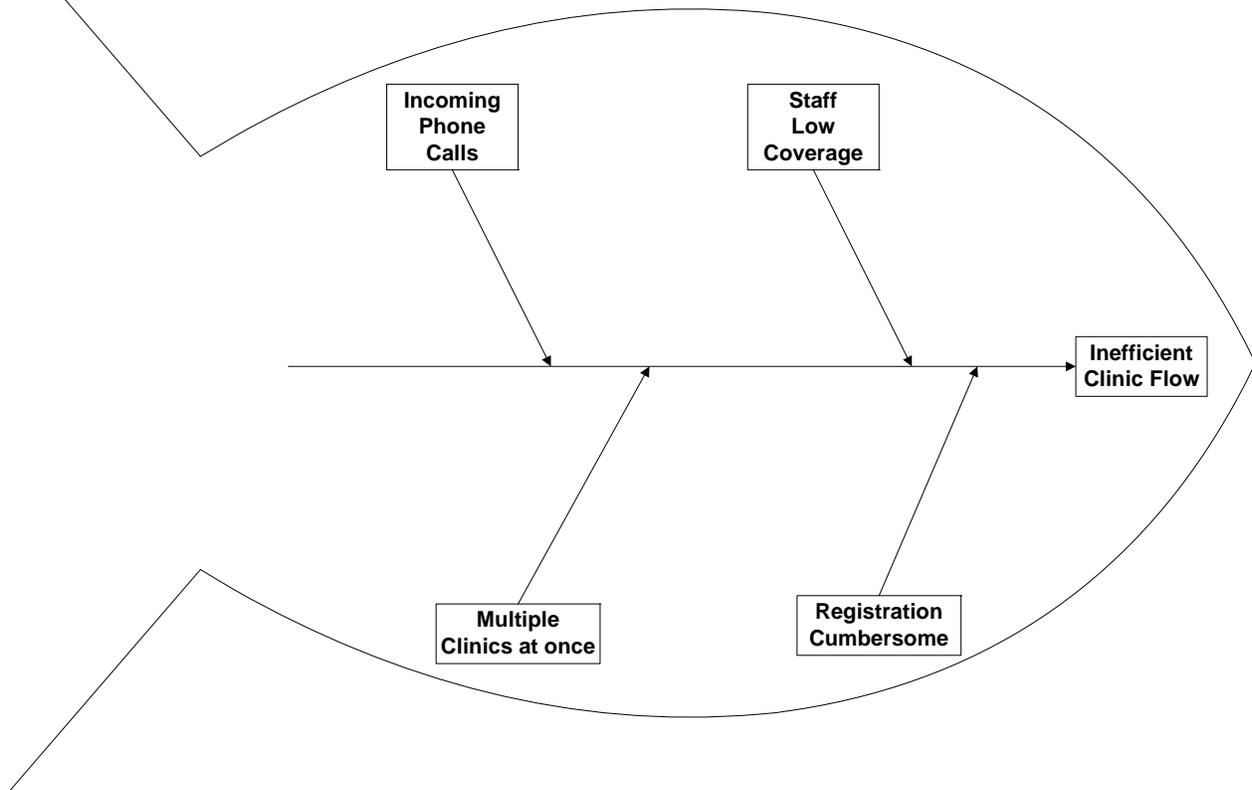
### **A. Improving Clinic Operations**

Improve Immunization Clinic Customer Service and Working Environment by replacing the current telephone tree with a “live operator” during business hours.

#### ***PLAN:***

Baseline data was collected on a one hour clinic flow rate to assess areas of bottleneck. Throughput queuing formulas were used to identify variability and ideal number of registration clerks. It was determined that registration was the bottleneck causing patients long wait times and employee inefficiency/frustration. This data was then used to convene a group of registration clerks to provide practical information behind the data. A fishbone cause and effect diagram was developed based on the feedback. An example of the diagram on the following page identifies root cause and effect.

Stanislaus County Public Health Clinical Services  
Clinic Issues



The project area to be addressed was further defined; the registration clerks prioritized the incoming calls as a process on which to focus. Additional staff and clients were interviewed and the issues of concern were identified and a subsequent plan was developed. The project team proposed to revise the phone tree prompt options and to reassign clerical staff as appropriate.

**B. Improving Quality and Efficiencies in Public Health – Vital Records**

Improve the impact of QuickBooks point-of-sale on vital records

***Rationale for Project/PLAN:***

As Health Services Agency Public Health (PH) actively evaluates approaches to achieving increased levels of efficiency, productivity, and customer service, its Vital Records unit, which provides services touching the lives of all socioeconomic groups in Stanislaus County, was the area of focus for improvement. In 2005, Stanislaus County had a population of 510,612, with:

- 8,445 births , and
- 3,627 deaths

As the population of the county increases, so will births and deaths, hence increases in document requests; i.e. Birth Certificate, Death Certificate, Fetal Death Certificate, Permit of Disposition, Certificate of Still Birth-including duplicate document requests. Currently, PH Vital Records

(VR) processes over 3,000 requests per month or 36,000 requests per year, including duplicate document requests.

Given stringent state regulations concerning the types of documents that can be released to specified individuals, PH continues to process document requests using processes that ensure compliance with state regulations. PH has however evaluated many additional internal VR processes and found many that resulted in duplicative efforts and inefficiencies, which could be addressed and improved through the incorporation of technology.

To assist in understanding the conditions under which duplication and inefficiency occurs in the Vital Records Unit, the “fishbone” diagram was again used to graphically display all possible causes of inefficiency and illustrate general concerns relating to the VR unit and processes.

Of the four categories identified in the fishbone, the two having the most significant impact on expediting document requests are:

- (1) Staffing levels, and
- (2) Accounts receivable system associated with manual processing.

To address staffing level issues, PH has:

1. Permanently reassigned a bilingual staff member to VR, and
2. Designated additional staff from outside of vital records to be cross-trained to provide additional staffing for VR unit as needed.

Feedback from internal and external agency customers has been particularly positive regarding these staffing related changes.

In assessing the five year old manual accounts receivable system used in the VR Unit, many duplicative processes that could be streamlined using technology were revealed. One example of duplicative processes included the recording of the same transaction information, by hand, into:

- 1<sup>st</sup>: a sales ledger,
- 2<sup>nd</sup>: a receipt book, and
- 3<sup>rd</sup>: a spreadsheet for the agency’s finance department.

A computer-based accounts receivable system, implemented by PH Vital Records, has eliminated this duplication and decreased overall request processing time from 16.4 minutes to 14.6 minutes per request, enabling shorter wait times and more requests processed in a shorter period of time. The difference between the manual accounts receivable system and the computer based receivable system has also generated a time saving of 16.0 minutes per day.

By evaluating Public Health Vital Records for efficiency opportunities the following improvements were achieved.

- Higher levels of customer service via decreased waiting times and a bilingual personnel reassignment;
- Increased levels of personnel productivity and system efficiencies as illustrated via timesaving and fewer duplicative processes; and
- Increased levels of infrastructure for improved security and protection.

## II. Developing a Competent Public Health Workforce

Develop minimum annual standards for staff development. Implement one area of training need for the 2008-2009 budget years.

This process affords an opportunity to expand on existing efforts and respond to the *National Standards Domain 8: Maintain a competent public health workforce*. This also supports the Board of Supervisors Priority of *A well-planned infrastructure system*.

Categorical funding has created categorical thinking within Public Health. However, Public Health is about preventive health care for the population within Stanislaus, not specific programs within the department. The question persists on how to eliminate that "silo" mentality and create an environment where every staff member understands the vision, mission, values and services of Public Health. Important to determining the knowledge, gaps and areas for improvement was the initiation of a department-wide assessment. Following is the result of the assessment and subsequent actions.

### **PLAN:**

The Staff Development team had the following goals for the period of this project:

- Identify areas of training needs from staff and leadership perspective
- Develop and test one strategy to address key need
- Begin development of minimum staff development standards, time allocated, and topic areas

During the self-assessment process, the area of staff development and training was identified as the major need. Although broad county and departmental training was standard, detailed PH functional training was not routine. Rather, each manager or coordinator was individually responsible for arranging orientation for new employees and ongoing staff training.

Through use of questionnaires, staff and supervisors were queried about subject areas for training needs. The results of these assessments were analyzed. The key area identified by staff was a need to learn more about other public health programs and how they interface. A fishbone cause and effect diagram was used to identify reasons why staff members are not informed about other programs. The team brainstormed which barriers could be addressed and developed a plan to increase employee knowledge of all Public Health Programs.

Improvement will be measured by:

- Development of a standard PH program orientation list with contacts
- New hires completing a cycle of meetings with representatives from each program area within 6 weeks of hire
- Feedback from key informants such as the trainees and the PH coordinators

### **DO:**

The team developed a plan to be added to the new employee orientation of each new Public Health employee. During the first month to 6 weeks of employment, each new employee will be responsible for scheduling a meeting for 10-15 minutes with each key program lead or their designee to learn the basic responsibilities of that program and how it may relate to the

employee's own program. This meeting will take place at the program site so that the new employee will be familiar with the locations of all Public Health programs. To test this plan, three recently hired Public Health Nurses (PHNs) had this process added to their orientation. The following list of key programs was developed by the team and provided to each new employee along with contact name for each of the 15 program areas.

1. Women Infant Children/Nutrition Program and Network
2. Medical Therapy Unit (MTU)
3. Health Promotion/Tobacco/KBS/Coalitions
4. Field Services, High Risk Maternal Child Health(HRMCH), Adolescent Family Life Program (AFLP/Ca-LEARN), Healthy Birth Outcomes (HBO), AIDS Case Management, Sudden Infant Death Syndrome (SIDS)
5. Sexually Transmitted Diseases (HIV/STD)
6. Maternal Child Adolescent Health/Comprehensive Perinatal Services Program (MCAH/CPSP)/Outreach
7. Refugee Health
8. California Children Services (CCS)
9. Community Assessment Planning & Evaluation/Mobilizing for Action Through Planning & Partnerships (CAPE/MAPP)/Community Collaboratives
10. Community Services Agency (CSA based services)
11. Immunizations, IZ Registry, Clinic
12. Emergency Preparedness (EP)
13. Tuberculosis (TB)
14. Communicable Disease (CD/Perinatal Hep B)
15. Child Health & Disability Prevention (CHDP/Lead/Foster Care)

**CHECK:**

Three newly employed Public Health Nurses were given the list of program leads to contact and arrange a short orientation meeting. All three staff successfully completed the visits individually, and in some cases as a group, within a 30 day period. Feedback, both from the managers/supervisors and the employees, was positive. The employees especially felt that the information gained about the broad spectrum of county public health services will be useful.

Feedback generated additional suggested strategies to improve the process:

- Provide e-mail addresses for all those to be contacted.
- Provide new staff with a sample template email to contact programs.
- Standardize the information given so all staff receive the same information.
- Create a resource document summarizing PH programs.
- Have staff attend orientation meetings in small groups, when possible, to improve efficiency.
- Develop a post-training evaluation to ensure that training was completed and effective.

**ACT:**

The process will be implemented as a standard expectation for all newly hired Public Health employees. The next step will be to provide this opportunity for currently employed staff since

knowledge about other programs within public health was identified as an area in need of improvement. Group visits to the various public health sites will be scheduled over the next 9 months.

A second cycle with two new staff was implemented shortly after the PHN's completed their meetings. The supervisor set up all orientation meetings. This resulted in PH program orientation with all but three of the listed programs within PH. The added benefit from this cycle was that it was coordinated in advance for the new employees and it was done in a group to be less disruptive to the program coordinators. Orientation was completed within 1 week, shortening the orientation period by 3 weeks.

Improvement was additionally measured by comparing PH program knowledge of the newly hired epidemiologist to a veteran epidemiologist that has been employed for two years, but never had the PH program orientation. The veteran epidemiologist confirmed that new hire was knowledgeable about program focus areas that were not as well known to her.

### **III. Develop the (CAPE) Community Assessment Planning Evaluation Unit:**

While continuing to meet the demands of the categorically funded programs through which CAPE positions are based, the goal is to “stretch” the expertise and vision within this unit to serve as the supportive unit to other public health services. One of the primary needs of internal and external customers is that of adequate and timely data depicting the health status of Stanislaus County residents. Two Epidemiologists make up half of the unit staff and assume the responsibility of identifying health needs, risks, outcomes and evidence based practices. *This meets Standard 1.1B and 1.2 B of the national standards required for local public health departments as related to “conduct assessment activities focused on population health status and health issues facing the community”.*

This unit also provides the skills necessary to meet the goal of expanding partnerships, recognizing that Public Health will never amass the finances or capacity to as effectively meet the growing community needs, as can be achieved through partnering with community, non-profit organizations and other county and city organizations. *This meets Part A. Domain 4.1 of the national standards required for local public health departments as related to engaging with the community to identify and solve health problems and supports the Board of Supervisors' Priority of Effective partnerships.*

One focus of the unit this last year was to identify the data needs of the internal customers while also working with external partners in conducting a comprehensive Community Health Assessment.

#### **Data Availability and Accessibility**

Understand data needs of internal program staff and develop a mechanism to make data available and usable.

#### ***PLAN:***

The availability and use of data was identified as a deficiency. A fishbone analysis was used to identify the root causes. Focus was on reducing the burden of data requests by proactively

providing the data that was needed. Members of this team assessed PH staff to determine workable solutions. After much brainstorming, the team decided to create a data matrix that listed the recurring data needs of internal PH program coordinators. This matrix would then be used to prioritize data analysis by proactively and routinely making that data available before it requested. Feedback determined the most effective distribution method was to employ a publications page on the PH website so that it would also be accessible to the public as well. Staff determined access rates of existing website information to establish a baseline from which to measure. The resulting plan consisted of prioritizing the data needed from the established matrix, posting the data on the website in a usable format, and then communicating that this data was available. Improvement would be measured by increased web hits/downloads demonstrating awareness of data availability for the following month and interviewing a few key staff about the usability of data format.

***DO:***

The team developed a 3-item questionnaire to be filled out by all PH program coordinators and managers that had data needs. Examples were provided for each question as well.

1. Do you need data on a re-current basis? If yes, please specify.
2. Do you have data needs at certain times of the year?
3. Does your program collect your own data/have a separate database? If yes, please specify.

A total of 36 new data files were posted on the PH data and publications web page. As an added bonus, the CAPE coordinator worked with the webmaster to create a truncated URL for easy recall and direct data access ([www.hsahealth.org/data](http://www.hsahealth.org/data)). To communicate the newly available data, the CAPE program coordinator sent out emails through the agency and external stakeholder distribution lists. This new data can be utilized by anyone for activities such as program planning, grant proposals and assessment.

***CHECK:***

Within a one week period of the data being posted, the webpage went from not making the top 50 list to being the 21<sup>st</sup> most popular page with 197 unique user hits. This was a significant improvement in the access to data for internal and external customers.

Several staff provided positive feedback on the use of the data and how easily accessible it was. The results exceeded the expectations.

***ACT:***

The newly developed data matrix will be implemented as a baseline standard of the recurrent data needed. Additional policies and procedures will continue to be developed to address the data that is not currently available as necessary and appropriate.

#### **IV. Communications and Marketing**

Develop and implement a standardized and consistent process for all press releases and media inquiries.

Providing information for internal and external stakeholders regarding public health issues and functions is an important responsibility of public health, and include, as an example:

- Providing written communication procedures that provide for timely and appropriate dissemination of information,
  - Maintaining a current contact list of media and key stakeholders,
  - Description of communication strategies,
  - Developing health messages, and
  - Expectations of all staff in interacting with the news media and public as appropriate.

This responsibility meets *Standard 3.1-3.1.B of the national standards for local public health departments related to “Communicate Information on Public Health Issues and Functions”*.

**PLAN:**

Communications and marketing was identified as one of the focus areas for improvement, as a result of the Public Health strategic planning process, as well as the PH accreditation assessment process. Some overall considerations in the area of communications and marketing include 1) public and internal awareness of the functions, services, and responsibilities of Public Health, 2) communications guidelines relating to the provision of consistent and professional health information and publications, and 3) timely response to community health concerns. A workgroup was established to develop an improvement plan.

As identified by the workgroup, the first step is to develop a communications and marketing plan, with clear goals and intervention strategies for each of the goal areas. A draft of this marketing plan was completed, with the following goals:

1. Establish/develop stronger organizational identity;
2. Increase internal and external awareness of PH identity, vision, mission, and services;
3. Promote identified PH priorities to address the community’s health needs;
4. Respond effectively to emergent community health issues;
5. Maintain consistent identity and messaging of PH services; and
6. Promote PH as the public health expert in the community.

This plan outlines the target audience and specific activities for the respective audience under each goal area.

With regard to press releases, although a policy exists on press releases and media inquiries, it was found to be too brief, and without step by step procedures. Objectives for improvement were identified as follows:

1. Timely and well planned press releases;
2. Newsworthy, with accurate information and data;
3. Timely and authoritative response to media inquiries;
4. Well trained spokespersons to respond to media inquiries; and
5. Published articles that project a positive HSA image.

To achieve these outcomes, the following activities were to be completed

1. Expand the comprehensive policy and procedure process;

2. Identify the public information team members, with specific job descriptions for each position/function;
3. Identify additional subject matter experts and spokespersons;
4. Provide updated training, and new training as appropriate to staff regarding policy and job functions; and
5. Develop an events calendar.

***DO:***

Activities were completed as listed in an action plan. Included were:

- A flow chart on the new and improved process
- Reformed Policy and Procedure on press release and media inquiry, including templates and forms;
- Job descriptions for each PIO team member;
- List of spokespersons; and
- An events calendar.

The revised Policy and Procedure was approved by Agency's senior management team and communicated to the leadership team. It was then tested with the issuance of a press release on the community flu clinics on October 6, 2008. This generated a news article, a live radio interview, and a section for the locally broadcasted county news magazine.

***CHECK:***

This revised process had been an improvement with the following results:

- Flu clinic press release sent on a timely manner, with sufficient planning time and consultation with subject matter experts;
- PIO was able to contact media to deliver key messages; and
- PIO was able to meet with spokespersons to strategize key messages for interviews.

***ACT:***

With the revised Policy and Procedure in place and the PIO team identified, this new process is currently being implemented. The Agency PIO will continue to monitor outcomes for process improvement opportunities.

In addition to this specific process improvement, other completed activities listed in the PH communications and marketing plan include:

- Development and implementation of the Graphics Standards Policy, including a Handbook for Graphics Standards and Materials Development Strategies;
- Media training provided to identified spokespersons;
- Begin re-organization of the HSA website to be more user friendly;
- Development and implementation of a Policy on Posting Information on the Agency Web; and
- Distribution of timely and coordinated health information to the public and the media as planned.

## CONCLUSION

Yearly trended data produced and recently distributed by the State is encouraging as many of the significantly concerning rankings are improving when compared with other counties. Concurrently however, the CHIS data and local Community Health Assessment survey data evidence growing disparities and a call to focus on broader determinants of health for long term, sustainable improvements in community health status.

The development of a Public Health strategic plan and the four quality improvement projects detailed in this report represent some of the key accomplishments within Public Health for the 2008-2009 year. Challenges to full implementation of quality improvements persist, including funding and workforce capacity and development. New opportunities and interest exist however in the form of stronger and expanded partnerships, motivated staff, supportive administration and an environment that is receptive to change.

The primary responsibilities for Public Health are to (1) create conditions within a community where residents can be healthy, through collaboration and partnerships; (2) assess the needs of the community, developing creative strategies to meet those needs while responding to the fiscal reality of the PH Department, (3) assure that services/systems are in place to address health and social problems, and (4) develop or promote the development of policies to promote health and prevent disease.

Accreditation as a tool in designing and implementing the strategic plan.

- The value of focusing on accreditation is that it supports the local governmental health departments, and is a key strategy for strengthening the public health infrastructure.
- Accreditation fosters greater public trust and Public Health credibility and accountability, which also supports the Board of Supervisors Priorities of *A Healthy Community and Efficient delivery of public services, and*
- Future funding opportunities may rest on being accredited, as according to the National Association of City and County Health Officials and the Public Health Accreditation Board; “accreditation” ultimately is a stronger constituency for public health funding and infrastructure.

Over the next five years, Public Health will focus on continuing to prepare for the associated implications of accreditation on local public health departments, and the subsequent priority areas established as a result of the strategic plan:

- Organizational Business Development (Funding sustainment, cost reduction, revenue maximization and administrative policies and procedures)
- Communications/Marketing (Implementing and reviewing communication activities for improvement and publication)
- Community Assessment, Planning and Evaluation (CAPE) Unit Development (Community training, grant writing assistance, assessing health status, strategic planning and publishing)
- Public Health Workforce Development (Developing and sustaining a competent public health workforce).

The greatest threat to a strong local public health department has been the lack of dedicated and stable funding and the flexibility to design programs and services to meet the increasing diversity and needs of the population. Preparing for accreditation of public health supports the department's efforts to meet the Board of Supervisors Priorities of *A healthy community and Effective partnerships*.

# Appendix

## **Participating Agencies on Emergency Planning for Special Needs Population**

Advancing Vibrant Communities  
Amador County OES  
American Red Cross  
Another Way  
Area 12 Agency on Aging  
Brandel Manor  
Calaveras County Sheriff OES  
California Department of Social Services  
California office of Emergency Services  
Calaveras County Public Health  
Center for Independent Living  
Center Valley Training Center, Inc.  
CERT Program  
Children & Families Commission  
City of Riverbank  
Community Catalysts of California  
Community Hospice, Inc.  
DMC Foundation  
Doctors Medical Center  
DRAIL  
Golden Valley Health Centers  
In Home Supportive Services  
Madera County Public Health Department  
Merced County EMS Agency  
Merced County Health Department  
Migrant Education - Merced County Office of Education  
Modesto City Schools  
Modesto Fire Department  
Project YES  
San Joaquin County Behavioral Health Services  
San Joaquin County Public Health Services  
Stanislaus County Aging & Veterans Services  
Stanislaus County Behavioral Health and Recovery Services  
Stanislaus County CEO's Office  
Stanislaus County Community Services Agency  
Stanislaus County Health Services Agency  
Stanislaus County IHSS  
Stanislaus County Office of Education  
Stanislaus County Office of Emergency Services  
Tuolumne County  
United Cerebral Palsy  
United Way  
Valley Mountain Regional Center  
Yosemite Community College District

## **Pandemic Flu Full Scale Exercise Participating Agencies**

Acacia Park Nursing & Rehabilitation Center  
Advancing Vibrant Communities  
American Medical Response  
American Red Cross  
Bel Air Lodge Convalescent Hospital  
Brandel Manor  
Doctors Medical Center  
Elness Convalescent Hospital  
Evergreen Rehabilitation Care Center  
Golden Valley Health Centers  
Ha-Le Aloha Convalescent Hospital  
Kaiser Permanente  
Memorial Medical Center  
Modesto Police Department  
Mountain Valley Emergency Medical Services Agency  
Oak Valley Hospital District  
ProTransport-1  
Riverbank Nursing Center  
Stanislaus County Behavioral Health and Recovery Services (BHRS)  
Stanislaus County General Services Agency (GSA)  
Stanislaus County Office of Education (SCOE)  
Stanislaus County Office of Emergency Services (OES)  
The Stanislaus County Health Services Agency (SCHSA)  
Vintage Faire Nursing & Rehabilitation Center

Table i: Most Recent Stanislaus County Health Status Indicators<sup>1</sup>

HEALTH STATUS INDICATOR	2005-2007		Local Trend <sup>3</sup>
	Stanislaus	California	
<i>Causes of Death (age-adjusted rates per 100,000 population)</i>			
All causes of death	835.8	683.5	7.4% decrease
Cancer (all)	177.0	159.3	6.8% decrease
Colorectal cancer	18.5	15.1	4.1% decrease
Lung cancer	49.1	39.2	11.4% decrease
Female breast cancer	23.4	21.7	9.7% decrease
Prostate cancer	25.0	22.5	9.6% increase
Cerebrovascular disease (Stroke)	47.7	43.5	16.3% decrease
Coronary heart disease	197.1	145.2	18.2% decrease
Chronic Liver Diseases & Cirrhosis	11.1	10.6	20.1% decrease
Diabetes	24.9	21.9	13.2% decrease
Alzheimer's disease	24.5	24.0	8.4% increase
Influenza/Pneumonia	25.8	21.0	22.5% decrease
Unintentional injuries (all)	54.1	30.4	9.7% increase
Motor vehicle crashes	17.5	11.1	8.9% decrease
Suicide	9.3	9.0	22.5% decrease
Homicide	5.3	6.6	14.5% decrease
Firearm-related <sup>4</sup>	7.6	8.9	19.1% decrease
Drug-Induced <sup>4</sup>	17.9	10.5	8.2% decrease
<i>Causes of Illness (Crude rates of reported conditions per 100,000 population)</i>			
AIDS incidence (13+ years) <sup>5</sup>	5.5	12.1	23.6% decrease
Chlamydia incidence	369.2	364.1	16.2% increase
Gonorrhea incidence	100.3	88.3	50.8% increase
<i>Child Health and Wellbeing (rate per 1,000 live births)</i>			
Infant death rate <sup>6</sup>	6.7	5.3	8.2% decrease
Births to mothers aged 15-19	44.2	37.3	5.6% decrease

<sup>1</sup>Only indicators with a statistically stable estimate and a local change of at least 4% are listed.

<sup>2</sup>Healthy People 2010 objectives: "--" indicates that there is no Healthy People 2010 objective for an indicator or the objective is not comparable to California numbers due to methodological differences.

<sup>3</sup>Most recent time period (2005-2007) compared to last non-overlapping period (2002-2004).

<sup>4</sup>Deaths due to firearm or drugs may also be classified as suicides, homicides, or accidents.

<sup>5</sup>Reporting requirements for AIDS changed in April 2006, thus the rates from these two time periods are not fully comparable.

<sup>6</sup>The infant mortality rate is from 2004-2006 and is compared to the 2001-2005 rate.

## **Stanislaus County Board of Supervisors**

Jim DeMartini, Chairman, District Five

Jeff Grover, Vice Chair, District Three

William O'Brien, District One

Vito Chiesa, District Two

Dick Monteith, District Four

## **Health Services Agency/Public Health Administration**

Mary Ann Lee, B.S., M.B.A. – Managing Director, Health Services Agency

Cleopathia L. Moore, P.H.N., N.P., M.P.A. – Associate Director, Public Health

John Walker, M.D. – Health Officer, Stanislaus County

Janwyn Funamura, M.D., M.P.H. – Assistant Health Officer, Stanislaus County

Phoebe Leung, B.S., R.D. – Assistant Director, Public Health, Public Information Officer

Nancy Fisher, B.S., P.H.N. – Assistant Director, Public Health, Director of Nursing

## **ACKNOWLEDGEMENTS**

A special thank you to the following Public Health staff who contributed to the publication of this document:

Eric Cubillo  
Nancy Fisher  
Sharon Hutchins  
Phoebe Leung  
Laura Long  
Cle Moore  
Olivia Tong