San Bernardino County Department of Public Health

Strategic Plan 2015-2020




Revised August 2018

SAN BERNARDINO COUNTY
Public Health

Strategic Plan Revisions

Date	Revision	Description	Page number
6/30/2017	Change in Terminology	Term *objective* changed to *sub-goal*	14 - 18; 28 - 41
6/30/2017	Community Transformation Plan Icons	Corrected Economy and Education icons at bottom of pages	14 - 18
6/30/2017	Glossary of Terms	Change in definitions of objective and activity; addition of definition for sub-goal	23
6/30/2017	July 2017 Addendum	Addition of addendum	42
8/17/2018	County Letterhead	Update of County letterhead	4
8/17/2018	Public Health Core Functions	Correction of language under Public Health Core Functions	8
8/17/2018	Change in July 2017 Addendum	Change in language; addition of bullet point in description of objectives; update in objective language; addition of revision of column	46 - 51

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SAN BERNARDINO COUNTYWIDE VISION

IT'S UP TO US!

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

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

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

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

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

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

June 30, 2011

Contents

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SAN BERNARDINO COUNTY

Public Health
Administration

Trudy Raymundo
Director

Maxwell Ohikhuare, M.D.
Health Officer

Dear Department of Public Health Colleagues,

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

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

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

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

Sincerely,

Trudy Raymundo
Director

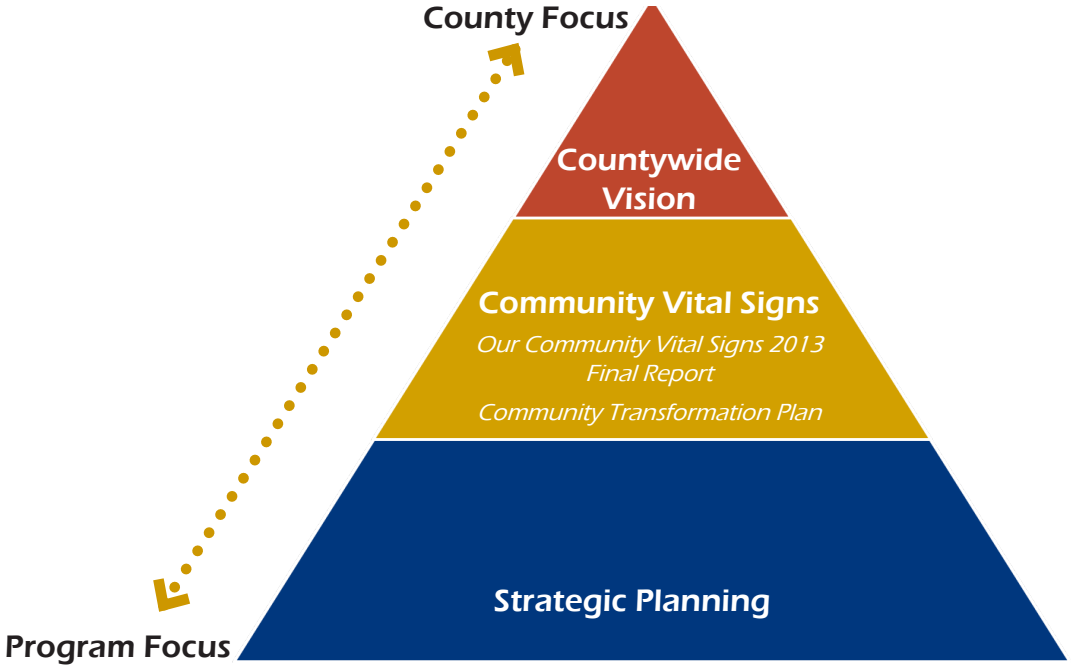
Maxwell Ohikhuare, M.D.
Health Officer

The Strategic Planning Context

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

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

Community Vital Signs Initiative. The Community Vital Signs Initiative is a community-driven effort established through a collaborative of early funders, including San Bernardino County Department of Public Health, Department of Behavioral Health, and Arrowhead Regional Medical Center in partnership with San Bernardino County to create a health improvement framework by



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

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

Education

Healthy Behavior

Economy

Community Safety

Access to Health Care

School Safety

Behavioral Health

About San Bernardino County

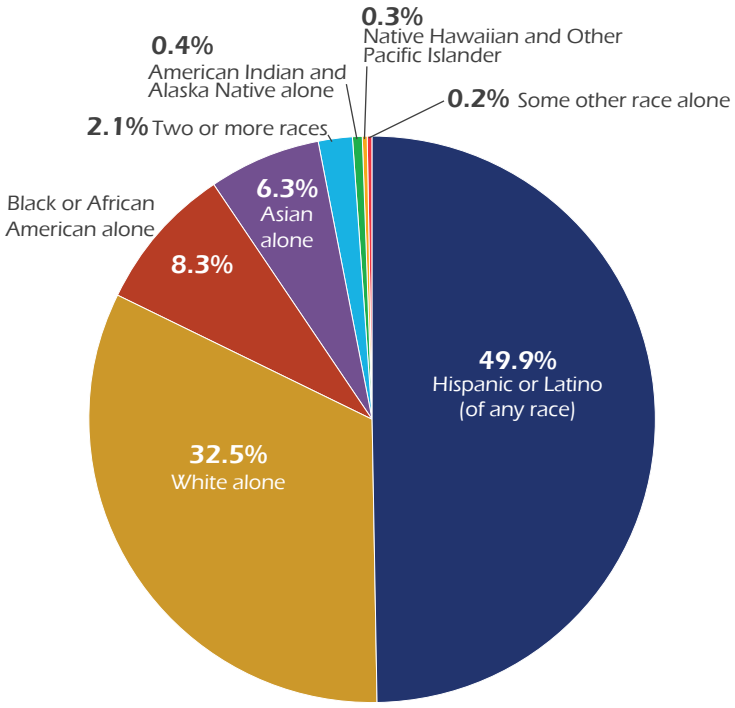
San Bernardino County is located in Southern California, east of Los Angeles and north of Riverside Counties. Encompassing more than 20,056 square miles, San Bernardino is the nation's largest county and is currently home to 2,056,915 residents.[1] San Bernardino is the fifth most populous county in California and the 12th most populous county in the nation.

San Bernardino County residents are younger than residents of California with a median age of 31.9 years compared to 35.4 years. At 68.9 births per 1,000 women, the county has a birthrate higher than the statewide average (63.6) and the highest among neighboring counties.[2] San Bernardino County was especially impacted by job losses in the recession. Since 2008, the county has had an unemployment rate higher than both California and the nation.[3] Nearly 20% of individuals live below the federal poverty threshold.[4] [5]

	San Bernardino County	California
Median Age	31.9	35.4
Birth Rate	68.9*	63.6*
Unemployment Rate	9.4%	7.9%

*per 1,000 women

Racial and Ethnic Diversity in San Bernardino County (n=2,056,915)[5]



[1] U.S. Census Bureau, 2009-2013, American Community Survey. Demographic and Housing estimates; Table DP05 2009-2013.
[2] Kidsdata.org, Birthrates, 2012. Retrieved on 4/14/2015.
[3] San Bernardino County Community Indicators Report, 2014. The Community Foundation of Riverside & San Bernardino Counties. http://cms.sbcounty.gov/Portals/21/Resources%20Documents/CIR_2014_Report.pdf
[4] San Bernardino County Community Vital Signs Final Report, 2013
[5] Ibid.

About the San Bernardino County Department of Public Health (DPH)

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

Figure 1: Public Health Core Functions and 10 Essential Services

Public Health Core Functions and 10 Essential Services

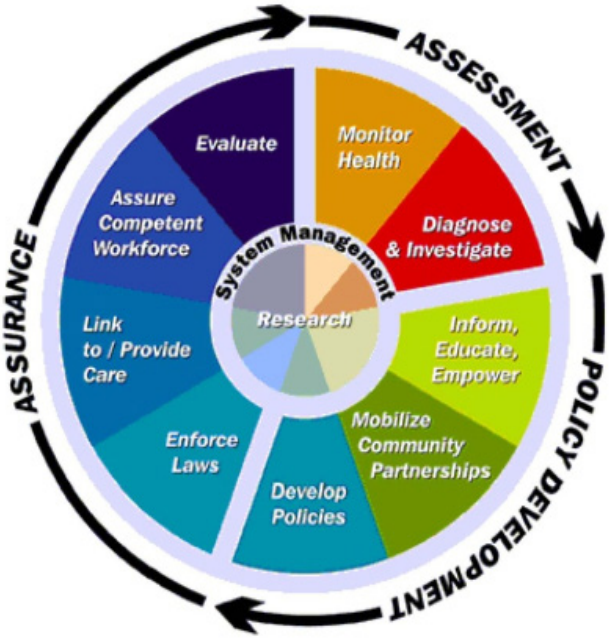
The three core functions and 10 Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibility of local healthy systems.

Core Function 1: Assessment

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

Core Function 2: Policy Development

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



Core Function 3: Assurance

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

The Strategic Planning Process

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

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

Figure 2:
Stakeholder Interviews- Key Findings

What does wellness look like?

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

What are the key issues going forward?

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

What role can Public Health play?

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

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

Key Health Indicators

Health Indicators from the Community Vital Signs Community Transformation Plan were selected to provide context to DPH's Strategic Plan. As previously described, this plan serves as DPH's CHA and CHIP. The Community Transformation Plan encompasses more comprehensive goals than those typically found in a CHA, so for the purposes of strategic planning, select health indicators from the CHA were reviewed and are presented here.[6]

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

Table 1. Accessing Medical Care

	San Bernardino County	California	US	HP 2020	County Trend
Residents who have a usual source of care*	84%	86%	87%	95%	↓
Residents with health insurance coverage**	81%	83%	86%	100%	↔
Residents who delayed or did not get medical care in the past year*	11%	12%	6%	4%	↓

→ A green arrow indicates trend is improving
→ A yellow arrow indicates trend is currently stable
→ A red arrow indicates trend is worsening
* Data obtained from the California Health Interview Survey, UCLA Center for Health Policy Research. (2012).
** Data obtained from the American Community Survey, United States Census Bureau. (2013).

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

As a nation, we spend 86% of our health care dollars on the treatment of chronic diseases. These conditions represent the nation's leading causes of death. Chronic disease results in deaths that could have been prevented, lifelong disability, compromised quality of life, and increased health care costs.[7] As illustrated in Table 2 below, San Bernardino County residents experience higher levels of chronic disease than residents of California, with the exception of heart disease and obesity. This data highlights the importance of managing chronic disease in San Bernardino County and educating residents on the importance of making healthy and active life choices. Positively, San Bernardino County outpaces California in the percentage of teens getting at least one (1 hour or more of physical activity a day (19.0% compared to 15.2%).[8] These issues are explicitly addressed in the Goals and Objectives in the following section (specifically, in the Community and Environment, Empowerment, Health Equity, and the Health Services and Protection Priority Areas).

Table 2. Select Chronic Disease Rates in San Bernardino County

	San Bernardino County	California	US	HP 2020	Trend
Diabetes* [+]	11%	9%	8%	NA	↑
High blood pressure*†	32%	27%	29%	26.9%	↑
Hospitalization rate for heart disease (per 10,000) ‡	98.83	81.44	121.00	NA	↓
Obese adults*	33%	25%	35%	31%	↑
Teens age 12-17 that are overweight/ obese€^	34.7%	32.4%	30.3%	NA	NA

→ A green arrow indicates trend is improving
→ A red arrow indicates trend is worsening
[+]National Source: Villarroel MA, Vahratian A, Ward BW. Health care utilization among U.S. adults with diagnosed diabetes, 2013. NCHS data brief, no 183. Hyattsville, MD: National Center for Health Statistics. 2015. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with diabetes, 2011-2012.
†National Source: Nwankwo T, Yoon SS, Burt V, Gu Q. Hypertension among adults in the US: National Health and Nutrition Examination Survey, 2011-2012. NCHS Data Brief, No. 133. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with high blood pressure, 2011-2012.
‡ National Source: http://www.cdc.gov/nchs/ nhds/nhds_tables. htm#number.
*National Source: CDC/NCHS, National Health and Nutrition Examination Survey. See Appendix I, National Health and Nutrition Examination Survey (NHANES).http://www. cdc.gov/nchs/data/hus/hus13.pdf#064. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Body Mass Index 4 level, Percent Obese.
€^ National Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA.2014;311(8):806-814. doi:10.1001/ jama.2014.732. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Body Mass Index 2 level, percent Overweight/Obese.

[7] www.cdc.gov/chronicdisease/
[8] 2011-12 California Health Interview Survey (CHIS). Retrieved from http://ask.chis.ucla.edu/main/DQ3/geographic.asp 5/1/2015.

Vision

Healthy people in vibrant communities

Mission

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

Values

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

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

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

INNOVATION: We implement creative solutions to address emerging problems.

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

Priority Area 1 Community and Environment

Communities and environments support healthy lifestyles

Goal 1
Support sustainable healthy communities

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

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

Goal 2
Promote healthy eating

Sub-goal 2.1: Improve access to healthy foods

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

Goal 3
Promote active living and safe environments

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

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

Sub-goal 3.3: Reduce environmental hazards

Sub-goal 3.4: Support efforts to reduce violence


Education


Economy


Access to Health Care

Behavioral Health


Healthy Behaviors

Community Safety


School Safety

Priority Area 2 Empowerment

Educated individuals and communities make informed health decisions

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

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

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

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

Goal 2
Empower people to overcome obstacles to achieving health

Sub-goal 2.1: Assess community needs and issues

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

Priority Area 3 Health Equity

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

Goal 1

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

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

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

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

Goal 2

Support equal access to healthy options and environments

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

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

Priority Area 4 Health Services and Protection

Health services address community health needs

Goal 1
Provide services to address community health needs

Sub-goal 1.1: Monitor and assess community health needs

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

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

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

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

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


Education


Economy


Access to Health Care

Behavioral Health


Healthy Behaviors

Community Safety


School Safety

Priority Area 5 DPH Infrastructure

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

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

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

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

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

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

Sub-goal 2.1: Integrate Technologies

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

Sub-goal 2.3: Enhance effective communications

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

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

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

Vision, Mission and Values

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

Strategic Priority Areas, Goals & Objectives

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

Next Steps: Implementing the Plan

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

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

Acknowledgments

Steering Committee Members

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Division Chief

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Clinic Supervisor

Jamie Yanik
Supervising Nutritionist

* Input Session Facilitator

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



Appendices

Appendix A. Glossary of Terms

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

Appendix B. The Planning Process

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

At the outset of the planning process DPH surveyed staff to assess the readiness and need for a strategic plan across the department. A total of 281 staff members completed a brief online questionnaire to assess the need for a strategic planning process.[9] The questionnaire included items that asked employees about their knowledge and understanding of key elements of strategic plans, for example the clarity of mission and vision, and the degree to which values, goals, and objectives are shared across the organization. Scores fell into a range indicative of the need for a strategic planning process. For example, 55% of respondents indicated that the current mission statement adequately reflects what the department does, 44% indicated that the department had a clear vision, roughly a third indicated that there are shared values (33%) and 35% reported that the department has clear goals. This activity provided important information and raised awareness about the strategic planning process across the organization.

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

Strategic Planning Steering Committee

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

Strategic Planning Advisory Group

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

Facilitation Team

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

Figure 3:
Strategic Planning Groups and Responsibilities

[9] Civicus, 2011, Strategic Planning Toolkit. http://civicus.org/index.php/en/media-centre-129-strategic-planning

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

Table 3: Strategic Plan Timeline and Activities

Month(s)	Activities
September 2014	• DPH convenes the Steering Committee and Facilitation Team • Facilitation Team outlines planning process and timeline
October-November 2014	• Facilitation Team surveys Public Health staff to assess readiness and need for a strategic plan (281 staff responded to this survey) • Facilitation team interviews San Bernardino County stakeholders about their perspective on health and wellness in the County (stakeholders included representatives from the county Probation Office, Sheriff's Department, Superintendent of Schools, San Bernardino Associated Governments, United Way, and Inland Empire Health Plan.)
November 2014	• Steering Committee and Advisory Group develop preliminary Mission, Vision and Value statements
December 2014	• Steering Committee finalizes working Mission and Vision statements • Steering Committee reviews LPHSA and Program Manager SWOT along with staff survey and external stakeholder interview findings • Steering Committee backward maps the Vision Statement (Healthy People in Vibrant Communities) to better unpack Healthy People and Vibrant Communities
December 2015-January 2015	• Steering Committee finalizes working Value statements • Steering Committee drafts Strategic Priority Areas, Goals, Objectives and Activities
February 2015	• Working Mission, Vision, Value, Strategic Priority Areas, Goals and Objective statements are presented for comment to DPH staff at five input sessions in three different areas of the county (over 190 staff participated in these Input Sessions)
March 2015	• Steering Committee reviews the suggestions from the Input Sessions, and finalizes Mission, Vision, Value, Goal, Objective and Activity statements
April 2015	• Advisory Group reviews final statements and discusses the content and messages to be disseminated to the Department • Steering Committee plans next dissemination steps
May 2015	• Facilitation Team submits final Strategic Plan document to DPH

Appendix C. Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis

Commonalities Among SWOT Analysis for Core Functions and Essential Services

Positive

Internal

Strength

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

External

Opportunity

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

Negative

Internal

Weakness

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

External

Threat

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

Appendix D. Strategic Planning Input Sessions By Location

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

Appendix E. Strategic Plan Goals, Objectives and Sample Activities

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

Community and Environment

Goal 1: Support sustainable healthy communities	
Sub-goals	**Sample Activities**
1.1 Support healthy communities through policy, systems and environmental strategies	1. Collaborate with transportation and planning departments to incorporate a health component into community and general plans 2. Promote health in all policies 3. Partner with cities and nonprofit organizations to get funding for healthy communities
1.2 Provide technical assistance and evaluation for community strategies	1. Create an inventory of best practices to help communities implement strategies 2. Educate community about healthy communities and health policies

Goal 2: Promote healthy eating	
Sub-goals	**Sample Activities**
2.1 Improve access to healthy foods	1. Promote farmers' markets 2. Promote community/school gardens 3. Promote healthy foods on school menus
2.2 Promote healthy food and beverage options by increasing engagement with cities, businesses and community based organizations	1. Recognize businesses that offer healthy menu options 2. Promote smaller portion options through restaurant industry 3. Identify incentives for markets in food deserts to provide fresh fruits and vegetables

Goal 3: Promote active living and safe environments	
Sub-goals	**Sample Activities**
3.1 Improve access to open space, parks, trails and recreation	1. Promote Joint Use Agreements 2. Facilitate relationships between schools and cities to encourage children to access city parks 3. Promote walking trails
3.2 Promote access to exercise and wellness programs amongst all communities	1. Promote increased physical education opportunities at the schools 2. Promote increased opportunities for physical activity for seniors 3. Support cities to write grants to improve services for active living
3.3 Reduce environmental hazards	1. Address illegal food activities that pose health risks through multi-agency approach 2. Identify funding and support for efforts that increase safe food, water and air 3. Enhance community preparedness to ensure community resiliency during an emergency 4. Encourage evidence-based strategies to prevent motor vehicle, pedestrian and bicyclist injuries 5. Promote safe routes to school
3.4 Support efforts to reduce violence	1. Promote anti-bullying education 2. Encourage law enforcement to participate in healthy community discussions and efforts 3. Promote anti-gang education 4. Address abuse-related crimes

Empowerment

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

Sub-goals	Sample Activities
1.1 Support and provide tools for individuals and communities to make informed health choices	1. Educate communities on healthy food options 2. Educate consumers regarding availability of and access to nutritional information 3. Educate and promote farmers' markets and community gardens 4. Educate communities on physical activity options 5. Educate and promote bicycle and walking paths and recreational areas 6. Educate consumers to understand health information and make healthy decisions 7. Educate consumers about health issues, options and resources 8. Educate individuals on the importance of health, vision and dental screenings 9. Market 211 resources and encourage community agency participation in 211 10. Educate individuals on environmental hazards and how to proactively address them
1.2 Educate communities about the benefit of Public Health	1. Collaborate with other County and community agencies to expand access to programs and resources 2. Support the communities' understanding of Public Health funding and its focus 3. Inform and educate communities on availability of resources to improve their health
1.3 Support collaboration within the community to expand healthy opportunities	1. Support and provide tools to affect policy change and policy decisions 2. Provide the necessary support, tools and data to increase the capacity of partnering entities

Goal 2: Empower people to overcome obstacles to achieving health	
Sub-goals	**Sample Activities**
2.1 Assess community needs and issues	1. Conduct regular outreach and community meetings to gather feedback regarding ongoing issues 2. Leverage the Community Health Assessment and Community Health Improvement Plan to guide departmental strategic priorities
2.2 Ensure that the community has an ongoing and valued voice	1. Sustain Community Vital Signs efforts 2. Conduct Healthy Communities quarterly meetings 3. Utilize social media 4. Deploy community suggestion boxes at all locations

Health Equity

Goal 1: Improve access and availability to health services for both preventative care and treatment	
Sub-goals	**Sample Activities**
1.1 Ensure DPH facilities are located near public transportation	1. Collaborate with key stakeholders to ensure geographic parity
1.2 Expand scope of services to ensure availability	1. Determine what community services are needed 2. Support partnerships with all sectors to ensure that all services are being offered within the community 3. Ensure that all DPH staff has necessary information to assist all residents with cross referral and linkage 4. Improve accessibility and quality of resources and services 5. Expand mobile health services 6. Local programs in outlying areas 7. Target outreach and services to bridge gaps in under-served areas and reach marginalized populations
1.3 Ensure effective screening of all clients maximizing DPH resources	1. Ensure eligibility screening of all clients 2. Ensure DPH fiscal responsibility and accountability throughout all programs increasing the likelihood of affordable services for all county residents

Goal 2: Support equal access to healthy options and environments	
Sub-goals	**Sample Activities**
2.1 Strengthen organizational capacity to implement health equity initiatives	1. Provide health equity data 2. Provide reports and information highlighting the impact of social determinants of health 3. Increase staff understanding of health equity and social determinants of health 4. Conduct trainings and presentations for staff and utilize the intranet, newsletters, and other sources of communication to increase staff understanding 5. Increase staff capacity to effectively communicate information on health equity, social determinants, and social and physical environment issues to a variety of audiences
2.2 Adopt a "Health in All Policies" approach	1. Review and update all policies to ensure that health equity is included 2. Advocate for health in all policies with key community stakeholders and policy makers 3. Advocate for Master Plan to include public transit and pedestrian/bicycle-friendly infrastructure

Health Services and Protection

Goal 1: Provide services to address community health needs	
Sub-goals	**Sample Activities**
1.1 Monitor and assess community health status	1. Conduct Community Health Assessments 2. Collect health-related data from local, regional, state and federal resources to plan the next generation of preventative health services 3. Prioritize community health needs 4. Develop and maintain Community Health Improvement Plan 5. Identify diseases and at-risk populations
1.2 Improve the availability, use, quality and integration of health services	1. Develop and implement policy that ensures effective and consistently delivered services 2. Evaluate and mitigate barriers to accessing healthcare 3. Build strategic partnerships that promote awareness, availability, access to and integration of services 4. Increase client awareness of services from which they would benefit by delivering culturally and linguistically appropriate educational messages
1.3 Improve effectiveness in preventing and controlling chronic and infectious disease	1. Utilize evidence based strategies to identify and address emerging Public Health concerns 2. Ensure the ability of DPH to respond to communicable disease 3. Increase testing capability of DPH lab and decrease reliance on outside testing agencies 4. Educate the public on the importance of vaccines 5. Educate providers on vaccination, administration, storage and schedule

Goal 2: Plan and prepare to recover from public health emergencies	
Sub-goals	**Sample Activities**
2.1 Develop, implement and test a plan for staff preparedness and response during emergencies	1. Coordinate and update the Department Emergency Operations Plan to be utilized during a public health Emergency - from Activation through the Demobilization process 2. Coordinate the Risk Communication Plan to be used for media dissemination and educational messages to promote individual/community preparedness, as well mechanism/tools for responding to emergencies 3. Coordinate with the Volunteer Organizations Active in Disasters to enhance collaborative partnerships during disaster response 4. Identify available resources to aid during a disaster and disaster recovery 5. Identify population and agencies with special needs, such as health facilities, and develop plans to provide safe food, water, medications and medical resources during public health emergencies 6. Coordinate with the County Office of Emergency Services as an Emergency Operations Center Responder, and for coordination of the Medical Health Operations Coordinator program 7. Institute regular Public Health emergency training and drills for staff at all levels
2.2 Educate public on emergency plan and preparedness	

DPH Infrastructure

Goal 1: Ensure the maintenance of a high skilled, well-trained and culturally competent DPH work force	
Sub-goals	**Sample Activities**
1.1 Assess organizational skills and capacity at all levels	1. Contract with outside agency to conduct an assessment 2. Utilize assessment results to inform the development and implementation of a Workforce Development Plan 3. Ensure ongoing evaluation efforts are used to inform Workforce Development Plan modifications and/or enhancements
1.2 Encourage training, competency achievement and educational advancement among DPH staff	1. Provide periodic cross-training workshops between programs 2. Encourage tuition reimbursement and other educational resources 3. Create and encourage professional mentorship opportunities
1.3 Attract, recruit, retain and promote a competent workforce	1. Target recruitment efforts at personnel with the appropriate skill sets - specifically toward those skill sets that are lacking 2. Create a Department diversity outreach plan to ensure diverse and demographically representative workforce 3. Ensure the retention of highly competent staff by being responsive to staff needs 4. Provide workplace environments that recognize the value of staff through coordinated and formalize employee recognition efforts 5. Prepare individuals for promotional opportunities 6. Establish a succession plan that reflects the needs and future direction of the department 7. Implement a coordinated workplace health promotion program within DPH 8. Develop internal job posting site 9. Develop internships and partnerships to recruit at local schools of Public Health 10. Provide employees with information and resources detailing specific position functions, and potential career paths and ladders

Goal 2: Ensure external and internal partnership, systems and processes to support organizational excellence	
Sub-goals	**Sample Activities**
2.1 Integrate Technologies	1. Evaluate internal and external communication tools and resources 2. Educate staff regarding available technologies
2.2 Strengthen the DPH infrastructure to support a culture of performance improvement	1. Create a Quality Improvement workgroup to identify and address practices and projects to ensure the department utilizes evidence based best practices in program/department operations 2. Develop and implement an evaluation plan to track progress and outcomes of the Community Health Assessment, Community Transformation Plan and Strategic Plan 3. Where feasible, gather input for decision-making from relevant DPH staff and or impacted staff on the development of responses to emerging priorities or issues or on the development of initiatives 4. Assess DPH Programs to identify and reduce duplication of efforts to improve performance
2.3 Enhance effective communications	1. Develop communications to disseminate to all staff quickly and accessibly 2. Increase the use of social media to respond quickly to breaking issues and to proactively advance DPH goals 3. Ensure systems for clearly and broadly communicating Department priorities, initiatives and accomplishments to all DPH staff 4. Ensure systems for encouraging feedback from DPH staff on department initiatives 5. Department wide staff meeting 6. Training all staff to promote two-way communication 7. Implement SharePoint to allow central access to Departmental information
2.4 Foster community support through multi-sectoral engagement	1. Establish system or culture that will ensure community involvement, where possible, in program development, implementation, and evaluation 2. Increase promotion of the benefit of DPH services across all sectors including the political sector 3. Strengthen organizational value of collaboration 4. Streamline processes to get media information approved

Goal 3: Ensure funding is aligned appropriately with the Vision and Mission	
Sub-goals	**Sample Activities**
3.1 Establish a cohesive and coordinated process and/or system for pursuing and securing more funding	1. Provide grant writing training

Appendix F. Strategic Plan Alignment with Community Transformation Plan

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

Community and Environment

Goal 1: Support sustainable healthy communities	
Sub-goals	**Alignment with Community Transformation Plan**
1.1 Support healthy communities through policy, systems and environmental strategies	Education Economy Behavioral Health Healthy Behaviors
1.2 Provide technical assistance and evaluation for community strategies	

Goal 2: Promote healthy eating	
Sub-goals	**Alignment with Community Transformation Plan**
2.1 Improve access to healthy foods	Education Healthy Behaviors
2.2 Promote healthy food and beverage options by increasing engagement with cities, businesses and community based organizations	

Goal 3: Promote active living and safe environments	
Sub-goals	**Alignment with Community Transformation Plan**
3.1 Improve access to open space, parks, trails and recreation	Education Economy Behavioral Health Healthy Behaviors Community Safety School Safety
3.2 Promote access to exercise and wellness programs amongst all communities	
3.3 Reduce environmental hazards	
3.4 Support efforts to reduce violence	

EMPOWERMENT

Goal 1: Encourage all San Bernardino County residents to attain the highest level of health	
Sub-goals	**Alignment with Community Transformation Plan**
1.1 Support and provide tools for individuals and communities to make informed health choices	Education Economy Access to Health Care Behavioral Health Healthy Behaviors Community Safety School Safety
1.2 Educate communities about the benefit of Public Health	
1.3 Support collaboration within the community to expand healthy opportunities	

Goal 2: Empower people to overcome obstacles to achieving health	
Sub-goals	**Alignment with Community Transformation Plan**
2.1 Assess community needs and issues	Education Economy Access to Health Care Healthy Behaviors Community Safety School Safety
2.2 Ensure that the community has an ongoing and valued voice	

Health Equity

Goal 1: Improve access and availability to health services for both preventative care and treatment	
Sub-goals	**Alignment with Community Transformation Plan**
1.1 Ensure DPH facilities are located near public transportation	Economy Access to Health Care Healthy Behaviors Community Safety School Safety
1.2 Expand scope of services to ensure availability	
1.3 Ensure effective screening of all clients maximizing DPH resources	

Goal 2: Support equal access to healthy options and environments	
Sub-goals	**Alignment with Community Transformation Plan**
2.1 Strengthen organizational capacity to implement health equity initiatives	Behavioral Health Healthy Behaviors Community Safety School Safety
2.2 Adopt a “Health in All Policies” approach	

Health Services and Protection

Goal 1: Provide services to address community health needs

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

DPH Infrastructure

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

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

IMPLEMENTATION ADDENDUM

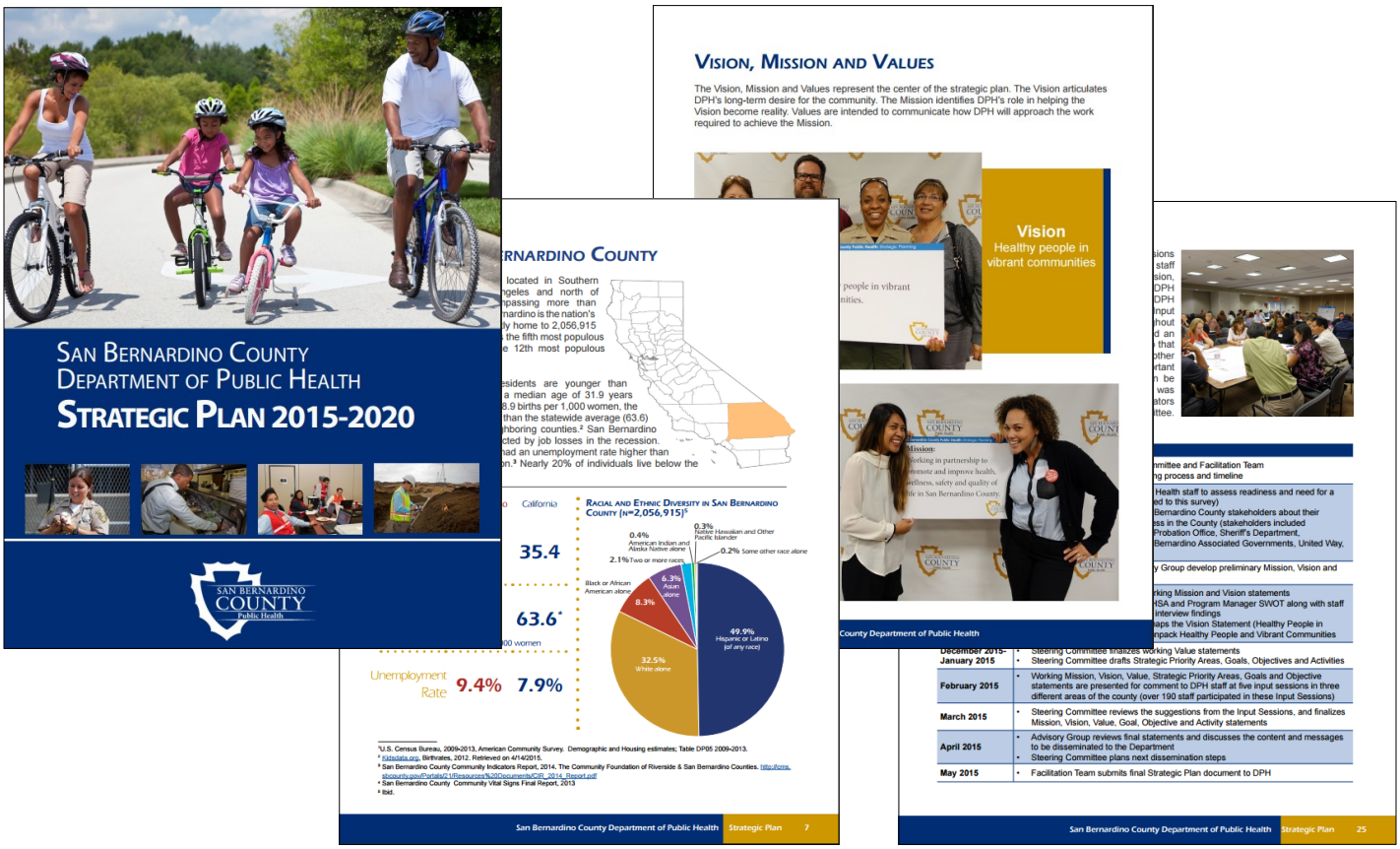
June 2017

Purpose of Addendum & Change in Terminology

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

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

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



Measurable Objective Development

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

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

ACKNOWLEDGEMENTS

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STRATEGIC PLAN OBJECTIVES 2017 - 2020

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

- Objectives are organized by priority area, with timeframes for implementation between January 2017 and June 2020.
- When applicable, priority areas are aligned with specific long-term goals from the Community Transformation Plan.
- Each objective listed indicates if objective language has been revised.

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

Priority Area 1
Community and Environment

Goal 1 Support sustainable healthy communities		
Sub-goal	**Objective**	**Revisions Made**
1.1 Support healthy communities through policy, systems and environmental strategies	1.1.1 Engage at least 160 residents throughout San Bernardino County using nutrition and physical activity policy, systems & environmental change (PSE) strategies to influence community change towards obesity prevention by September 30, 2019.	**None**
	1.1.2 Increase the number of neighborhoods/communities that have implemented at least one PSE strategy from five to eight by September 30, 2019.	**None**
1.2 Provide technical assistance and evaluation for community strategies	1.2.1 Review results of the Healthy Communities evaluation with all seven participating cities and at a Healthy Communities quarterly meeting or local conference for wider distribution by July 31, 2017.	**None**
	1.2.2 Develop and disseminate a Healthy Communities strategic plan to at least 20 community partners that will include evidence-based strategies to support their efforts to improve access to healthy foods and active living within the county by December 31, 2017.	**None**
Goal 2 Promote healthy eating		
Sub-goal	**Objective**	**Revisions Made**
2.1 Improve access to healthy foods	2.1.1 Increase the percentage of WIC infants at 6 months of age who are exclusively breastfed from 12% (baseline 06/2017) to 20% by June 30, 2020.	**None**
	2.2.1 Increase annually by 5% the number of sites that provide summer meals to individuals 18 years old and younger throughout San Bernardino County, starting September 1, 2017 (baseline) to August 31, 2019.	**None**
	2.2.2 Develop and pilot a Healthy Retail Recognition Program to promote healthy food and beverage options in two qualifying neighborhood retailers, by September 30, 2019.	**None**
Goal 3 Promote active living and safe environments		
Sub-goal	**Objective**	**Revisions Made**
3.1 Improve access to open space, parks, trails and recreation	3.1.1 Promote the Vision2BActive initiative and website via at least 20 local events throughout the county in order to increase awareness of physical activity resources, options, and opportunities within the county by December 31, 2017.	**None**
3.2 Promote access to exercise and wellness programs amongst all communities	3.2.1 Partner with 100 qualifying school and afterschool sites to train teachers to implement curricula in the classroom that increases the nutrition and/or physical activity education offered to students by September 30, 2017.	**None**
	3.2.2 The Ontario and Hesperia Federally Qualified Health Centers will offer at least one ongoing fitness class at their location by June 30, 2018.	**None**
3.3 Reduce environmental hazards	3.3.1 Increase the percentage of food facilities in an elevated risk tier, that demonstrated overall improvement in critical practices to 85% by June 30, 2019.	**Language and target revised**
	3.3.2 Conduct 40 Health Education Liaison Program collaborative inspections at food facilities to assist operators in complying with food regulations and developing strategies to improve food safety by June 30, 2018.	**None**
	3.3.3 Implement at least 1 risk-based strategy based on vector assessment findings to reduce exposure to vectors and promote safe open spaces and trails to support the Vision2BActive initiative by June 30, 2019.	**None**
3.4 Support efforts to reduce violence		**Sub-goal will be reviewed FY 18-19**

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

Priority Area 2
Empowerment

Goal 1 Encourage all San Bernardino County residents to attain the highest level of health		
Sub-goal	**Objective**	**Revisions Made**
1.1 Support and provide tools for individuals and communities to make informed health choices	1.1.1 Launch DPH website with updates of all DPH programs by June 30, 2017.	**None**
	1.1.2 Develop a DPH Annual Report and publish on DPH website every year starting October 31, 2017.	**None**
	1.1.3 Increase traffic to DPH website by 5% every year starting July 1, 2018.	**None**
1.2 Educate communities about the benefit of Public Health	1.2.1 Publish a health promotion video in a visual storytelling format on DPH website at least twice a year starting July 1, 2018.	**None**
	1.2.2 Increase DPH participation in community health fairs and other community events every year by 10% by June 30, 2020.	**None**
1.3 Support collaboration within the community to expand healthy opportunities strategies	1.3.1 Convene a Community STD taskforce with at least one representative from the healthcare, schools and universities, faith-based, and adolescent and young adult (ages 15-29) communities to help address the current rise in Sexual Transmitted Disease (STD) rates by June 30, 2017.	**None**
	1.3.2 Starting July 1, 2017, the Community STD taskforce will meet at least once every quarter.	**None**
	1.3.3 Establish and maintain a roster of Public Health Professional Speakers (DPH staff) who can be utilized to deliver presentations to the community by June 30, 2018.	**None**
	1.3.4 Increase the number of high schools participating in the Friday Night Live program to expand healthy opportunities strategies among youth by two every year by June 30, 2020.	**None**
	1.3.5 At least 50% of all Healthy Communities partners will have actively participated in one or more quarterly Healthy Communities meetings, by sharing, and/or presenting best practices on strategies by June 30, 2020.	**None**
Goal 2 Empower people to overcome obstacles to achieving health		
Sub-goal	**Objective**	**Revisions Made**
2.1 Assess community needs and issues		**Sub-goal canceled**
2.2 Ensure that the community has an ongoing and valued voice	2.2.1 At least 90% of DPH programs will have a routine annual mechanism for collecting consumer feedback such as: satisfaction survey, community advisory groups, suggestion box, and others by June 30, 2020.	**None**
	2.2.2 At least 75% of qualifying programs will have successfully completed at least one Plan, Do, Act, Study, Act (PDSA) cycle in response to consumer recommendations by June 30, 2020.	**None**

Community Transformation Plan Alignment	
Long-Term Goals	**Priority Area**
Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)	Access to Health and Wellness
Increase the number of residents engaged in active living activities	
Reduce the misuse and abuse of alcohol, prescription, and other drugs in the community	

Priority Area 3
Health Equity

Goal 1 Improve access and availability to health services for both preventative care and treatment		
Sub-goal	**Objective**	**Revisions Made**
1.1 Ensure DPH facilities are located near public transportation	1.1.1 Develop and implement an assessment to identify the percentage of DPH facilities and subcontractors that provide direct services located within walking distance from a public transportation option including bus stops, bus stations, and Metrolink stations by June 30, 2018.	**None**
1.2 Expand scope of services to ensure availability		**Sub-goal will be reviewed FY 18-19**
1.3 Ensure effective screening of all clients maximizing DPH resources	1.3.1 Increase screening of unduplicated registered primary care patients for one or more of the following, Domestic Violence, Mental Health, Alcohol & Drug Abuse, and Child Abuse at all DPH clinics to 100% as measured quarterly by December 31, 2018.	**Objective revised and moved to priority area 4**
	1.3.2 At least 50% of Comprehensive Perinatal Program (CPSP) providers and Federally Qualified Health Centers/RHCs will adopt and implement Maternal Mental Health screening and referral into their practices when providing preconception, perinatal and postpartum services by June 30, 2018.	**None**

Goal 2 Support equal access to healthy options and environments		
Sub-goal	**Objective**	**Revisions Made**
2.1 Strengthen organizational capacity to implement health equity initiatives	2.1.1 At least 50% of DPH staff will complete a cultural competency assessment by November 30, 2017.	**None**
	2.1.2 At least 25 DPH staff will complete a cultural competency and health equity Training-of-Trainers (TOT) by December 31, 2017.	**None**
	2.1.3 Starting July 1, 2018, at least 75% of flyers and brochures developed internally by the DPH Health Education Section will be translated into the threshold languages of the county.	**Language and target revised**
	2.1.4 Starting July 1, 2018, at least 60% of flyers and brochures developed internally by the DPH Health Education Section will be developed according to "plain language guidelines".	**Language and target revised**
	2.1.5 Utilize the 2018 Community Health Assessment to prioritize at least three (3) health disparities in the county that Public Health will address, track and report for improvement by June 30, 2019.	**Language and timeframe revised**
2.2 Adopt a "Health in All Policies" approach	2.2.1 Review and revise the DPH Health Equity In All Policies policy (DPH 02-020) by June 30, 2018.	**Language revised**
	2.2.2 Starting July 1, 2018, all new and updated DPH policies will include a completed Health Equity checklist as part of the development and approval process.	**None**

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

Priority Area 4
Health Services and Protection

Goal1 Provide services to address community health needs		
Sub-goal	**Objective**	**Revisions Made**
1.1 Monitor and assess community health needs	1.1.1 Complete community-specific health assessments in partnership with community collaboratives for all DPH Federally Qualified Centers (FQHCs) by December 31, 2018.	**Objective canceled**
	1.1.2 Increase colorectal cancer screening by 5% for FQHC adults 50-75 years of age using an appropriate screening tool by February 15, 2019.	**Language, target, and timeframe revised**
	1.1.3 Complete the Community Vital Signs (CVS), Community Health Assessment 2018 Update, in collaboration with the CVS Steering Committee, by surveying stakeholders, special populations, and utilizing open performance data by June 30, 2018.	**None**
	1.1.4 Increase depression screening for Federally Qualified Health Center patients aged 12 years and older for clinical depression using an age appropriate standardized depression screening tool by 5% by February 15, 2019.	**Objective added from priority area 3**
1.2 Improve the availability, use, quality, and integration of health services		**Sub-goal will be reviewed FY 18-19**
1.3 Improve effectiveness in preventing and controlling chronic and infectious disease strategies	1.3.1 At least 80% of all clients who tested positive for Gonorrhea and Chlamydia by the DPH Mobile Testing Unit will initiate treatment within 14 days by June 30, 2020.	**Language and timeframe revised**
	1.3.2 At least 80% of clients who were treated for Gonorrhea (GC) or Chlamydia (CT) at the DPH Mobile Testing Unit will be retested at a FQHC within three months following a positive test for GC or CT by June 30, 2018.	**Objective canceled**
	1.3.3 At least 80% of clients who were treated for STDs at the DPH Mobile Testing Unit will receive the Patient-Delivered Partner Therapy at the time of diagnosis by June 30, 2020.	**Language and timeframe revised**
	1.3.4 Starting July 1, 2018, at least 90% of patients who test positive for Gonorrhea (GC) or Chlamydia (CT) at any DPH FQHC or Clinic will be counseled about Patient-Delivered Partner Therapy (PDPT).	**Language and timeframe revised**
	1.3.5 Starting July 1, 2018, at least 50% of females aged 15 to 24 years who test positive for Chlamydia (CT) at any DPH FQHC or Clinic will be re-tested by DPH within three months after receiving treatment. (HP2020: STD-1.1, STD-3.1, STD-3.2)	**Language, target and timeframe revised**
	1.3.6 Starting July 1, 2018, at least 50% of all patients aged 15 to 44 years who test positive for Gonorrhea (GC) at any DPH FQHC or Clinic will be re-tested by DPH within three months after receiving treatment. (HP2020: STD-6.1, STD-6.2)	**New objective added**

Goal 2 Plan, prepare, and recover from public health emergencies		
Sub-goal	**Objective**	**Revisions Made**
2.1 Develop, implement and test a plan for staff preparedness and response during emergencies	2.1.1 The Department Emergency Operations Plan including all annexes will be reviewed and updated if necessary to include lessons learned and best practices annually by June 30.	**None**
	2.1.2 By the end of FY 17/18 and every FY thereafter, at least 33% of DPH staff employed on the last day of the previous fiscal year will receive Public Health emergency training on workplace preparedness and their roles as Disaster Service Workers.	**Language revised**
	2.1.3 At least 85% of all Public Health Department Operations Center responders will by trained as a FEMA Tier 4 (IS 100, 200, 700, 800; ICS 300, 400) level by June 30, 2017.	**None**
	2.1.4 By June 30, 2020, 75% of Public Health Administrative staff, who have been identified to work in the Department Operations Center (DOC) will have participated in one or more functional exercises working in their assigned role according to the Department Emergency Operations Plan (DEOP).	**Language and timeframe revised**
	2.1.5 At least 60% of Public Health responders will complete the required Incident Command System classes according to their Federal Emergency Management Agency (FEMA) tier by June 30, 2018.	**None**
2.2 Educate public on emergency plan and preparedness	2.2.1 At least 85% of emergency response partner attendees who attend the Health Emergency Local Planning Partners (HELPP) quarterly meetings will report an increase in their knowledge of local public health emergency planning and preparedness after every meeting starting June 2017.	**None**

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

Priority Area 5
DPH Infrastructure

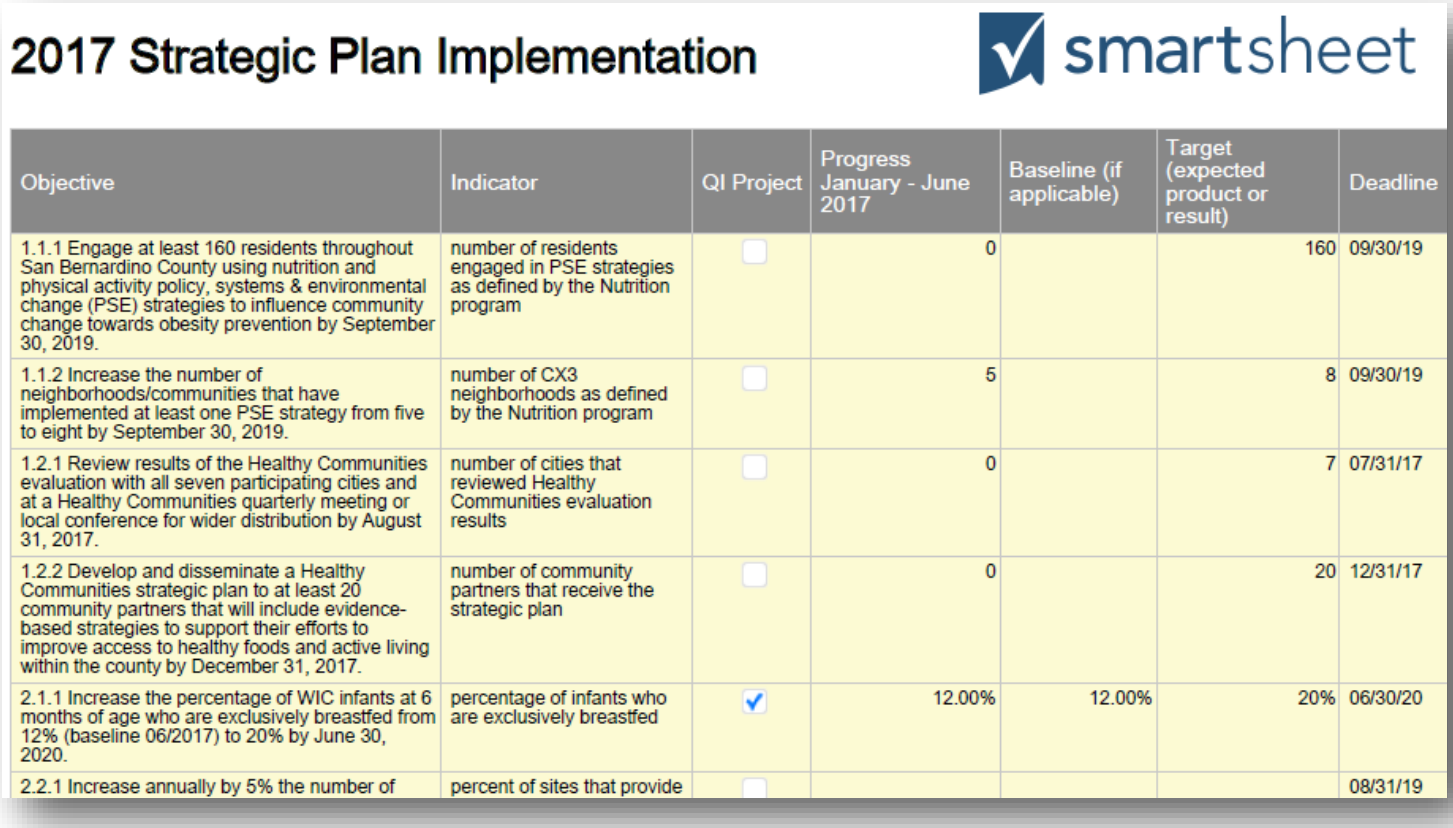
Goal 1 Ensure the maintenance of a highly skilled, well-trained and culturally competent DPH work force		
Sub-goal	**Objective**	**Revisions Made**
1.1 Assess organizational skills and capacity at all levels	1.1.1 At least 75% of DPH staff will complete a workforce assessment as described in the Workforce Development Plan and according to Accreditation standards by June 30, 2018.	**None**
1.2 Encourage training, competency achievement and educational advancement among DPH staff	1.2.1 At least 85% of DPH staff who attend the New Employee Orientation (NEO) every month will show an increase in knowledge in Public Health programs and services starting April 2017.	**Objective canceled**
	1.2.2 A total of 120 eligible unduplicated DPH staff will have completed the Mentoring Program by June 30, 2020.	**None**
	1.2.3 Increase the number of Education Assistance Proposals (EAP) completed by DPH staff for training by 5% every year starting July 1, 2018.	**Language, target, and timeframe revised**
	1.2.4 At least 5% of DPH staff will have created an Individualized Professional Development Plan (IPDP) with supervisory input by June 30, 2018.	**New objective added**
1.3 Attract, recruit, retain and promote a competent workforce	1.3.1 The Diversity and Health Equity Committee will meet at least eight times each year starting July 1, 2017.	**None**
	1.3.2 Create a diversity outreach action plan to meet the county's Equal Opportunity Commission requirements to improve department recruitment efforts by October 31, 2017.	**None**
	1.3.3 Identify at least 10 evidence-based strategies to attract and recruit a competent workforce by December 31, 2017.	**None**
	1.3.4 100% of Work Performance Evaluations (WPE) due will not be outstanding by more than two pay periods for all employees not on leave, as defined by the EMACS WPE report starting July 1, 2017.	**Language and timeframe revised**
Goal 2 Ensure external and internal partnership, systems and processes to support organizational excellence		
Sub-goal	**Objective**	**Revisions Made**
2.1 Integrate technologies	2.1.1 Launch open data platform with at least 10 performance indicators with public access by October 31, 2017.	**None**
	2.1.2 All DPH clinics (total 8) will utilize an Electronic Health Record system by June 30, 2018.	**None**
2.2 Strengthen DPH infrastructure to support a culture of performance improvement	2.2.1 Starting July 1, 2017, each Strategic Plan goal will have at least one objective that includes a defined performance indicator.	**None**
	2.2.2 Data will be collected, analyzed and reported for 100% of defined Strategic Plan performance indicators by July 1, 2019.	**Language and timeframe revised**
2.3 Enhance effective communications	2.3.1 Develop a plan to assess the need for program-specific policies and standard practices to meet accreditation standards by June 30, 2017.	**None**
	2.3.2 Publish and distribute a department-wide communications and branding plan by August 31, 2017.	**None**
	2.3.3 Publish the Department of Public Health newsletter at least twice a year starting July 1, 2017.	**None**
2.4 Foster community support through multi-sectoral engagement	Increase number of non-profit animal rescue group partners (RGPS) from 500 to 525 as listed on the Rescue Group Partner report by June 30, 2019.	**New objective added**
Goal 3 Ensure funding is aligned appropriately with the Vision and Mission		
Sub-goal	**Objective**	**Revisions Made**
3.1 Establish a cohesive and coordinated process and/or system for pursuing and securing more funding	3.1.1 Develop a policy and a standard practice to standardize the department budget process for requesting funds for the department by June 30, 2018.	**None**

Tracking & Reporting Progress

A web-based tracking tool has been developed to monitor implementation progress. The tracking tool was designed to facilitate the reporting process for program staff responsible for providing updates on work completed. The tool closely monitors indicators, activities, and targets for each objective.

- Objective Owners (program staff) are responsible for providing updates on work completed during the specified reporting period.
- Each reporting period consists of six months and progress is reported biannually.
- Objectives in need of improvement are considered in the selection of quality improvement (QI) projects as indicated in the Department's Performance Management and Quality Improvement Plan.

The picture below shows a snapshot of a small section of the web-based tracking tool. This tool also links objectives to QI projects when applicable.



2017 Strategic Plan Implementation

smartsheet

Objective	Indicator	QI Project	Progress January - June 2017	Baseline (if applicable)	Target (expected product or result)	Deadline
1.1.1 Engage at least 160 residents throughout San Bernardino County using nutrition and physical activity policy, systems & environmental change (PSE) strategies to influence community change towards obesity prevention by September 30, 2019.	number of residents engaged in PSE strategies as defined by the Nutrition program	☐	0		160	09/30/19
1.1.2 Increase the number of neighborhoods/communities that have implemented at least one PSE strategy from five to eight by September 30, 2019.	number of CX3 neighborhoods as defined by the Nutrition program	☐	5		8	09/30/19
1.2.1 Review results of the Healthy Communities evaluation with all seven participating cities and at a Healthy Communities quarterly meeting or local conference for wider distribution by August 31, 2017.	number of cities that reviewed Healthy Communities evaluation results	☐	0		7	07/31/17
1.2.2 Develop and disseminate a Healthy Communities strategic plan to at least 20 community partners that will include evidence-based strategies to support their efforts to improve access to healthy foods and active living within the county by December 31, 2017.	number of community partners that receive the strategic plan	☐	0		20	12/31/17
2.1.1 Increase the percentage of WIC infants at 6 months of age who are exclusively breastfed from 12% (baseline 06/2017) to 20% by June 30, 2020.	percentage of infants who are exclusively breastfed	☑	12.00%	12.00%	20%	06/30/20
2.2.1 Increase annually by 5% the number of	percent of sites that provide	☐				08/31/19

Support Functions for Implementation

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

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