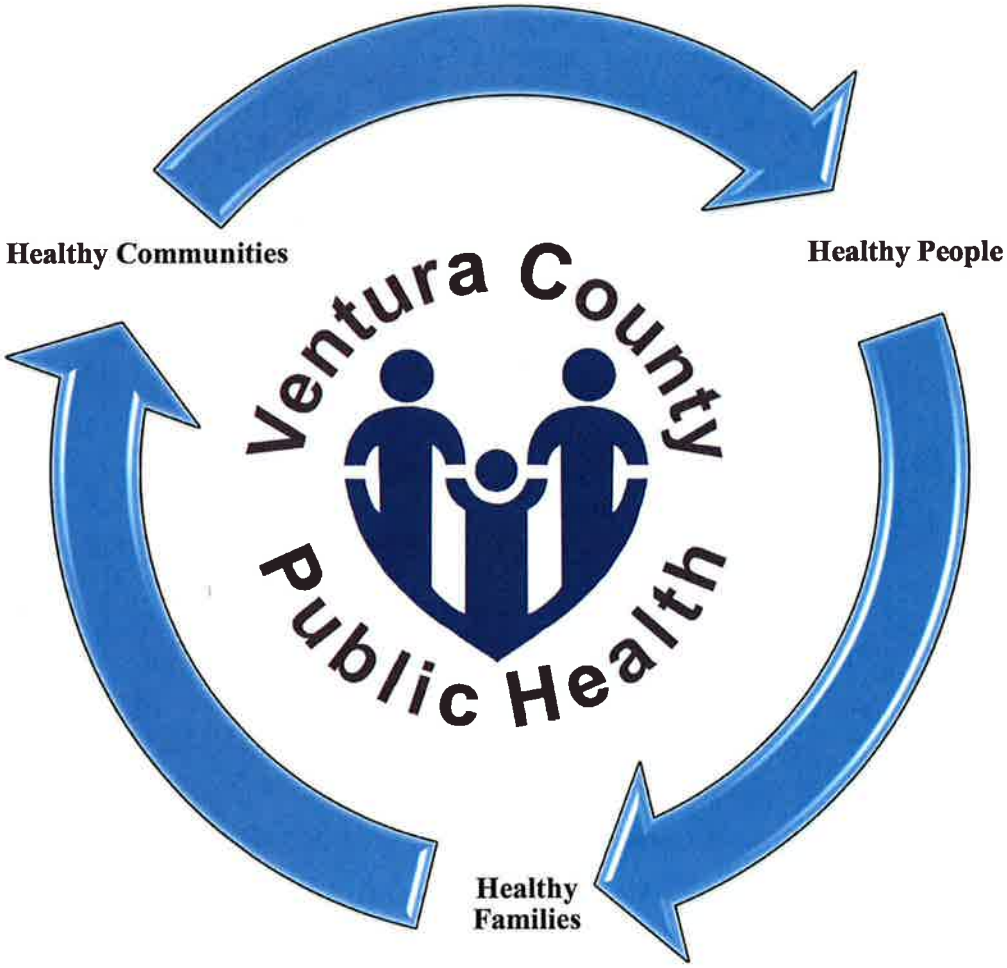
A Division of the Health Care Agency



2012 – 2014 Strategic Plan

http://www.vchca.org/public-health

County of Ventura

Public Health Department

2012-2014 Strategic Planning Process and Plan

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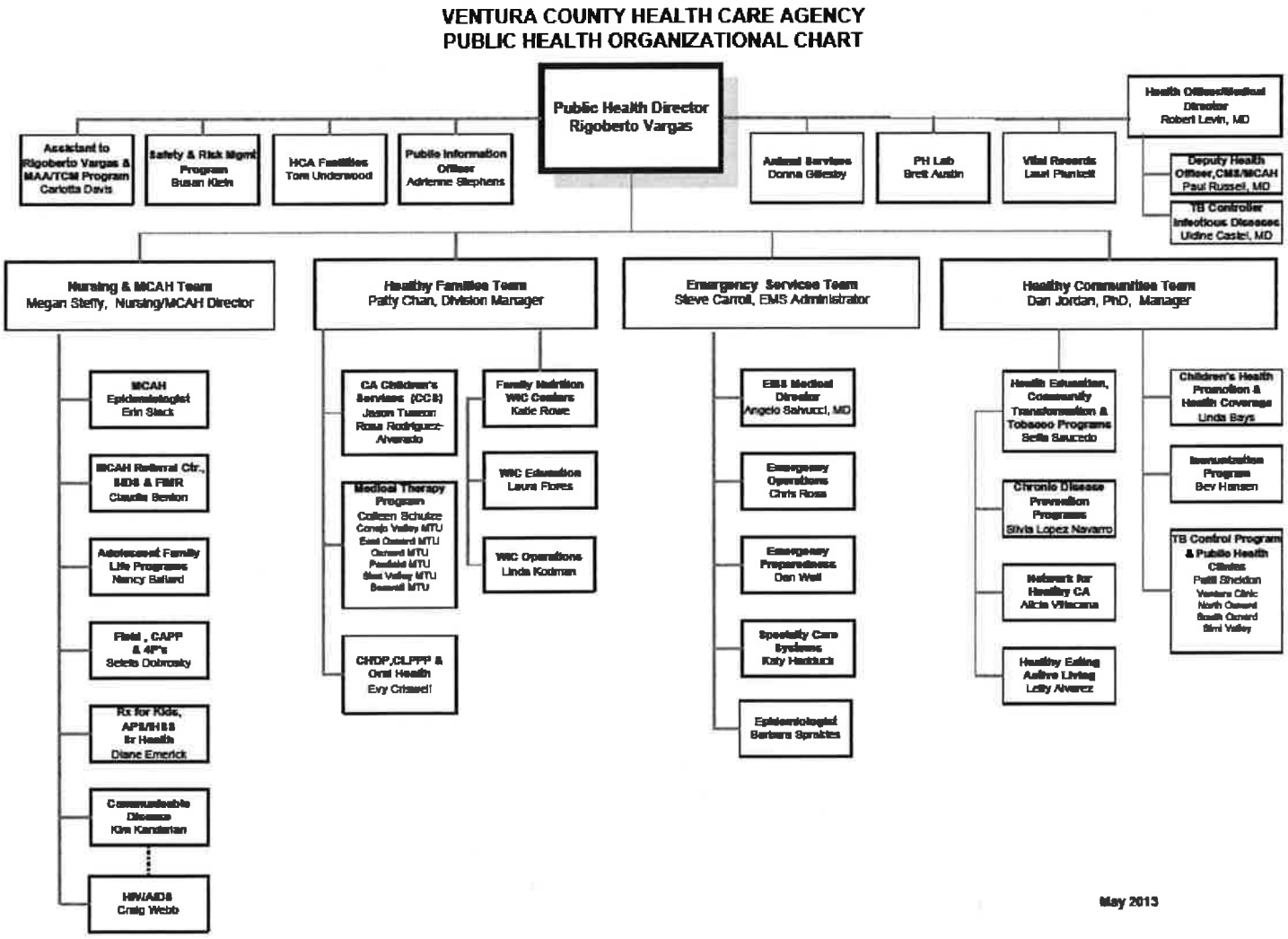
Department Overview:

Ventura County Public Health (VCPH) serves an estimated 823,318 (2010 census) residents in multiple centers located throughout the county. Our department includes vital records; a public health lab; Emergency Medical Services, and animal control.



Strategic Planning Process

Planning for the2012 -2014 Ventura County Public Health Strategic Plan began in 2009. A full staff survey was conducted to assess the strengths, weaknesses, opportunities, and threats (SWOT) facing our department. The emphasis in 2009 was our Public Health infrastructure. In 2009, we defined the foundation of VCPH by revising our vision, mission, and values. We established 4 goals to direct our programs. We also began a department wide campaign to increase the knowledge and functional application of the Public Health 3 Core Functions and 10 Essential Services.

In 2012 we reconfirmed our vision, mission, and values. VCPH actively follows Healthy People 2020 (HP 2020) because it creates a strategic framework that unites health promotion and disease prevention issues under a single umbrella. In preparation for the Executive Strategic Planning session, our Epidemiologist reviewed all of the HP2020 objectives and Leading Health Indicators (LHI) for which data was available for Ventura County. The Executive Planning Team focused on the LHI as well as those objectives where Ventura County was not meeting the baseline or the HP 2020 target. These health indicators helped to prioritize activities and actions taken by the department to formulate objectives and measures to meet our goals. During this activity, we continued our 4 goals and added a 5th to address the organizational needs to provide a leading public health department. We also added the value to eliminate health disparities.

The SWOT analysis revealed the greatest assets to VCPH are the staff and their willing to work together and learn. Identified weaknesses include the knowledge of technology, inter and intra-agency communication, and consistent strategies to communicate with our community. Our identified threats include funding cuts, public misinformation, concerns with available competent providers, and disease outbreaks. Our opportunities include access to social media, initiation of partnerships with more community based organizations and other county agencies. Our strengths and opportunities have the ability to address many of our weaknesses and threats.

In 2012, we brought our assessments and findings from our Transformation Grant to our community partners, such as juvenile justice and education or input. Input from our partners confirmed some of our goals as well as provided input to modify parts of our plan.

Performance Based

VCPH utilized Healthy People targets, concepts Public Health Accreditation Board, and National Public Health Performance Standards Program (Local Public Health System) to set objectives and activities for the strategic plan. Our plan results are intended to improve the health of all who reside in Ventura County.

Next Steps

Our plan is a performance-based plan, which relies on data. VCPH has defined our goals and objectives and collects data for each objective to measure our progress. Data collection regarding the measures from the plan will be the responsibility of the Team Leads from the Performance Excellence Council (PEC). Measures will be reported on a quarterly basis, if appropriate, and a communication plan to report progress and results is in development.

Ventura County Public Health Vision, Mission, and Values

Our vision, mission, and values are the foundation for this strategic plan. These define our purpose provide direction to our activities, and how we conduct our activities.

Vision

Healthy People, Healthy Families, and Healthy Communities

Mission

Empower the community to promote health and emergency preparedness; and prevent disease, injury, and disability.

Values

Teamwork: **We support each others' efforts, contributing and working together to achieve the common goals of the organization.**

Integrity: ***We conduct assessment, policy development and assurance while adhering to high professional principles and standards.***

Service Excellence: **We deliver excellent, accessible consumer-focused services through best practices offered by competent, innovative and empathetic people.**

Accountability: **We create an environment of responsibility where goals, processes and outcomes are evaluated, and readily available for review by internal and external partners. This transparency represents our commitment to continuous quality improvement.**

Communication: **We respectfully communicate clear, accurate, relevant, and consistent information within the Public Health Department and throughout the community.**

Advocacy: We speak on behalf of the community's health.

Empowerment: We foster environments that provide tools, support decisions and allow innovation that facilitate making positive changes.

Eliminate Health Disparities: Identify groups, regions, and populations where health disparities are emerging and develop strategies to mitigate.

VCPH Ventura County Public Health

A Division of the Ventura County Health Care Agency

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ROBERT M. LEVIN, M.D.
Health Officer / Medical Director

February 14, 2012

To: Objective Champions for the Public Health Strategic Plan

From: Barry Fisher, Public Health Director B. Fisher

Subject: Thank you for your leadership

On September 13, 2011, our Board of Supervisors approved the first County-wide Strategic Plan. This plan will assist to guide our efforts for the next five years and serve to further strengthen our organization as we meet the challenges before us. In the Strategic Plan, the Board selected five Focus Areas, specifically Good Government/Financial Stability, County Workforce, Environment Land Use and Infrastructure, Community Well Being, and Public Safety. The Public Health Department has developed a two year strategic plan which will not only guide our department, but will address areas that are in the County-wide strategic plan.

To ensure that this plan is enacted, each objective will need a leader to shepherd it to success. You were selected as a Champion to lead one or more objectives by the Department Heads who developed them for each Focus Area.

I wish to thank you personally for your leadership and work that will make a direct impact to the success of this plan, and that will further enhance the services we provide to our community. We can all be proud of the work that got us to this point and for our commitment continuously pursue excellence.

Thank you for all your work!

OUR CORE VALUES

Teamwork: ***We support each others' efforts, contributing and working together to achieve the common goals of the organization.***

Integrity: ***We conduct assessment, policy development and assurance while adhering to high professional principles and standards.***

Service Excellence : ***We deliver excellent, accessible consumer-focused services through best practices offered by competent, innovative and empathetic people.***

Accountability: ***We create an environment of responsibility where goals, processes and outcomes are evaluated, and readily available for review by internal and external partners. This transparency represents our commitment to continuous quality improvement.***

Communication: ***We respectfully communicate clear, accurate, relevant, and consistent information within the Public Health Department and throughout the community.***

Advocacy: ***We act on behalf of the community's health.***

Empowerment: ***We foster environments that provide tools, support decisions and allow innovation that facilitate making positive changes.***

Eliminate Health Disparities: ***Identify groups, regions, and populations where health disparities are emerging and develop strategies to mitigate.***

COUNTY OF VENTURA
PUBLIC HEALTH DEPARTMENT
2012-2014 STRATEGIC PLAN

As the Director of the Ventura County Public Health Department, I am looking forward to working side by side with our staff and partners as we forge new and better ways to be responsive to the needs and challenges before us. As many of you may know, the County of Ventura recently launched its inaugural Strategic Plan in September of 2011. The County has made a commitment to work together to continuously improve the performance of our services to the people who live and work in the County of Ventura.

One way that the Public Health Department will contribute to meeting the County's goals is to raise our own performance bar by becoming accredited with the National Public Health Accreditation Board. National accreditation means that our local Public Health Department will adopt a set of standards that will measure and improve our performance, enhance management, develop leadership, and strengthen relationships with the members of our community. Every member of the Ventura County Public Health team, shares the vision of creating a *Healthy Ventura County*. It is our intention to continuously strive to challenge ourselves to find the best way to meet our mission which is, to "Empower community members and partner organizations to improve their health and emergency preparedness; and prevent disease, injury, and disability."

It is my privilege to present the County of Ventura Public Health Department's 2012-2014 Strategic Plan. This plan will stimulate innovations, raise the visibility of public health services, improve access, and promote the training of the next generation of public health leaders.

The strategic priorities described are designed to leverage the entire public health system and its stakeholders to secure the health of our County. I am grateful to the more than 250 passionate Public Health employees, from diverse backgrounds and disciplines each of whom are focused on developing and improving approaches to maintain strong community relationships that create a healthy Ventura County. The vision of the Ventura County Public Health Department is to have healthy people and healthy families in healthy communities. To do this, it is essential that we make a deliberate and collective effort through sound planning and determined implementation.

Sincerely,

Barry R. Fidler

HEALTHY *People*
HEALTHY *Families* and HEALTHY *Communities*

OUR MISSION

Empower the community to promote health and emergency preparedness; and prevent disease, injury, and disability.

Goal # 1 Measures by Objective

1) a-Number of child restraints inspected
   b-Number of SIDS presentations provided in 2013
   c-Number of media campaigns
2) a-CMR system is online and available by 2013
   b-Public Health Lab electronic reporting and results are available by 2013
3) Number of influenza vaccine clinics (target increase by 10% by 2014)

Goal # 1: Prevent illness, injuries and the spread of disease

OBJECTIVES

2012	1. All Public Health programs will promote child safety.
2013	2. All Public Health programs will be compliant with Centers for Medicare & Medicare Services (CMS)reporting Electronic Health Record (EHR)standards
2014	3. All Public Health programs will promote influenza vaccines.

Goal # 2: Assure highest quality and accessible health services

OBJECTIVES

2012	1. All Public Health programs will promote maternal health. 2. All Public Health programs will assess clients for health coverage and refer as needed.
2013	3. All Public Health programs will encourage dental and medical providers to promote regular oral exams per American Pediatric Academy standards.

Goal # 2 Measures by Objective:

1. a-Number of WIC client screened for maternal depression
   b-Increase the number providers using 4P's Plus screening tool by 10%.
2. Program managers will ensure that each program has implemented a health insurance referral system. Plans will be in place by 2012.
3. a-Percentage of children utilizing their dental coverage increases 1% in each measured age group by the end of fiscal year 2012-2013
   b-Identify a partner(s) who will provide 100 dental screens for youth without dental coverage.

Goal # 3: Promote and model healthy behaviors

OBJECTIVES

2013	1. All Public Health programs will incorporate physical activity, healthy eating in their messaging to the public by 12/2013.
2014	2. Public Health will influence partners to implement healthy living strategies and initiatives.

Goal # 3 Measures by Objective:

1. Program managers will ensure that each program has implemented a messaging system by 2013.
2. a-Cities with increased number of farmers markets.
   b- Schools with increased offering salad bar programs and/or vegetable garden plots
   c- Neighborhoods with increased number of community gardens and/or walking clubs

Goal # 4: Prepare for and respond to emergencies and disasters and assist communities in recovery

OBJECTIVES

2013	1. Improve preparedness, responsiveness, and recovery to threats to the well being and health of the public.

Goal # 4 Measures by Objective

1. a) Develop an HCA emergency preparedness committee to foster better communication and joint training opportunities among departments.
   b) Activate the DOC within 60 minutes of initial call 24 hours a day, 7 days a week
   c) Number of media messages educating the public about nuclear threats.

Goal # 5: Develop structures and systems to enhance a high performing organization

Goal # 5 Measures by Objective

1. Number of Public Health employees nominated
2. 100% of Performance evaluations are completed on time
3. a) All Public Health programs are represented in the department CQI committee.
   b) Each program reports one improvement a year.
4. a- Public Health Core competencies are incorporated in performance evaluations by 2012
   b-Accredited by PHAB within 12 months of application
   b-

OBJECTIVES

2012	1. Recognize employee accomplishments by nominating employees for county-wide awards
2013	2. All Public Health program managers will comply with performance evaluation timelines. 3. All Public Health staff are engaged with department process improvement efforts.
2014	4. Meet all requirements for PHAB accreditation

Goals and Objectives/Portfolio

TITLE	CHAMP/LEAD	BASELINE	TARGET
1) a-Number of child restraints inspected	Erin/Monique		
b-Number of SIDS presentations provided in 2013	Erin/Claudia		
c-Number of media campaigns	Erin/TBD (PIO)		
2) a-CMR system is online and available by 2013	Barry/Kim		
b-Public Health Lab electronic reporting and results are available by 2013	Rigo/Brett		
3) Number of influenza vaccine clinics (target increase by 10% by 2014)	Rigo/Bev		
Goal # 2 Measures by Objective: 1. a-Number of WIC clients screened for maternal depression	Erin/Claudia		
1. b-Increase the number providers using 4P's Plus screening tool by 10%.	Erin/Seleta		
2. a-Program managers will ensure that each program has implemented a health insurance referral process. Plans will be in place by 2012.	Barry/program mangers		
3. a-Percentage of children utilizing their dental coverage increases 1% in each measured age group by the end of fiscal year 2012-2013	Evy/Lety		
3- b-Identify a partner(s) who will provide 100 dental screens for youth without dental coverage.	Evy/Lety		
3 Measures by Objective: 1. Program managers will ensure that each program	Barry/managers		

has implemented a messaging system by 2013.			
2. a-Cities with increased number of farmers markets.	Selfa/Alicia		
b-Schools with increased offering salad bar programs and/or vegetable garden plots c- Neighborhoods with increased number of community gardens and/or walking clubs	Selfa/Sylvia		
Goal # 4 Measures by Objective 1. a) Develop an HCA emergency preparedness committee to foster better communication and joint training opportunities among departments. b) Activate the DOC within 60 minutes of initial call 24 hours a day, 7 days a week	Steve/Barbara		
c) Number of media messages educating the public about nuclear threats.	Dr. Levin/Barbara		
Goal # 5 Measures by Objective 1. Number of Public Health employees nominated for county awards.	Barry/managers		
2. 100% of Performance evaluations are completed on time	Barry/managers		
3. a) All Public Health programs are represented in the department CQI committee.	Barry/managers		
4. a) Each program reports one improvement a year.	Dan/managers		
b) Public Health Core competencies are incorporated in performance evaluations by 2012	Barry/Domain 8		

c-Accredited by PHAB within 12 months of application	Barry/Steering committee		
Process Improvement Goal Policies and Procedures	Patty/Susan Klein	Please see below	

Process improvement for policies and procedures

Champion	Lead	Belt	Baseline	targets
Patty Chan	Susan Klein	n/a	1. 0% PH programs are fully compliant to have: policy/procedure documents with review dates less than 5 years 2. 30% PH programs have policies/procedures available electronically 3. 0% PH programs document employee acknowledgement of policy/procedure implementation	4. 100% PH programs will have system in place for employee acknowledgment of policy/procedure changes by end 2012 5. 100% of PH programs have policies/procedures accessible electronically by end 2013 6. 100% of PH programs will have policies/procedures with review dates that are scheduled at a maximum of 5 years 7. 75% of employees employed at .75 FTE will have acknowledged review of policies/procedures that are available electronically by beginning 2014

Goals and Objectives/Portfolio		
TITLE	**BASELINE**	**TARGET**
Goal # 1: Prevent illness, injuries and the spread of disease		
1. a- Number of child restraints inspected		
b- Number of SIDS presentations in 2013		
c- number of media campaigns		
2. a- CMR system is online and available by 2013		
b- Public Health Lab electronic reporting and results are available by 2013		
3. Number of influenza vaccine clinics (target increase by 10% by 2014)		
Goal # 2: Assure highest quality and accessible health services		
1. a-Number of WIC client screened for maternal depression		
b-Increase the number providers using 4P's Plus screening tool by 10%.		
2. Program managers will ensure that each program has implemented a health insurance referral system. Plans will be in place by 2012.		
3. a-Percentage of children utilizing their dental coverage increases 1% in each measured age group by the end of fiscal year 2012- 013		
b-Identify a partner(s) who will provide 100 dental screens for youth without dental coverage.		
Goal # 3: Promote and model healthy behaviors		
1. Program managers will ensure that each program has implemented a messaging system by 2013.		
2. a-Cities with increased number of farmers markets.		
b Schools with increased offering salad bar programs and/or vegetable garden plots		
c Neighborhoods with increased number of community gardens and/or walking clubs		

Goals and Objectives/Portfolio		
TITLE	**BASELINE**	**TARGET**
Goal # 4: Prepare for and respond to emergencies and disasters and assist communities in recovery		
1. a) Develop an HCA emergency preparedness committee to foster better communication and joint training opportunities among departments.		
b) Activate the DOC within 60 minutes of initial call 24 hours a day, 7 days a week		
c) Number of media messages educating the public about nuclear threats.		
Goal # 5: Develop structures and systems to enhance high performance organization		
1. Number of Public Health employees nominated		
2. 100% of Performance evaluations are completed on time		
3. a) All Public Health programs are represented in the department CQI committee.		
b) Each program reports one improvement a year.		
4. a- Public Health Core competencies are incorporated in performance evaluations by 2012		
b-Accredited by PHAB within 12 months of application		
c- Policy and Procedure process improvement	1-0% PH programs are fully compliant to have Policy/procedure documents with review dates less than 5 years. 2- 30% of PH programs have electronically available policy and/or procedures. 3- 0% PH programs document employee acknowledgement of	1-100% PH programs will have a system in place for employee acknowledgement of policy/procedure changes by end 2012 2-100% of PH programs have policies/procedures accessible electronically by end 2013. 3- 100% of PH

	policy/procedures implementation	programs will have policies/procedures with review dates that are scheduled at a maximum of 5 years. 4-75% of employees employed at .75 FTE will have acknowledged review of policies/procedures that are electronically available by Feb 2014.

Healthy People 2020 Objectives for Ventura County - Leading Health Indicators

#	TopicArea	Strategic Goal	Strategic Goal	LHI	ObjectiveText	BaselineDataTypeDescription	Actual Source	Year for VC Data	VC	Rank (Counties)	CA	BaseLine Measurement	Base Line Data Type	Target Measurement	Target Data Type	Target Data Type Description	DataSource - Ventura County	Data Note	DataSource - National	Base Line Year	TargetSetting Methodology
3	Access to Health Services	3	4	Y	All ages (Have usual place to go to when sick or need health advice)	of persons of all ages had a specific source of ongoing care in 2008	CHIS - California Health Interview Survey	2009	86.5%	25 of 44	85.8%	86.4	percent	95.0	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	10 percent improvement
4	Access to Health Services	3	4	Y	Children and youth aged 17 years and under (Have usual place to go to when sick or need health advice)	of children and youth aged 17 years and under had a specific source of ongoing care in 2008	CHIS - California Health Interview Survey	2009	94.4%	15 of 44	92.2%	94.3	percent	100	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	6.0 percent improvement
5	Access to Health Services	3	4	Y	Adults aged 18 to 64 years (Have usual place to go to when sick or need health advice)	of persons aged 18 to 64 years had a specific source of ongoing care in 2008	CHIS - California Health Interview Survey	2009	83.8%	27 of 44	81.5%	81.3	percent	89.4	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	10 percent improvement
6	Access to Health Services	3	4	Y	Adults aged 65 years and older (Have usual place to go to when sick or need health advice)	of persons aged 65 years and older had a specific source of ongoing care in 2008	CHIS - California Health Interview Survey	2009	96.6%	24 of 44	95.0%	96.3	percent	100	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC	2008	3.8 percent improvement
7	Access to Health Services	3	4	Y	Medical insurance (Health Insurance Coverage Status)	of persons had medical insurance in 2008	ACS - 1 year estimate - American Community Survey	2010	83.7%	N/A	81.9%	83.2	percent	100	percent		http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S2701&prodType=table		National Health Interview Survey (NHIS), CDC, NCHS	2008	Total coverage
14	Cancer	1	4	Y	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines (Colorectal cancer screening compliance)	of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)	CHIS - California Health Interview Survey	2009	68.5%	18 of 44	67.2%	54.2	percent	70.5	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	Modeling/projection
19	Educational and Community-Based Programs	4	6	Y	Increase the proportion of the population that completes high school education (High school graduate or higher population 25+ years)	of persons aged 18 to 24 years old had completed high school in 2007	ACS - 1 year estimate - American Community Survey	2010	82.1%	N/A	80.7%	89.0	percent	97.9	percent		http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table	Population group is 25+ years rather than 18-24 years.	Current Population Survey, U.S. Department of Commerce, Bureau of the Census	2007	10 percent improvement
48	Immunization and Infectious Diseases	2	6	Y	4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine by 19 to 35 months	of children aged 19 to 35 months received 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens in 2008						85	percent	90	percent				National Immunization Survey (NIS), CDC, NCIRD	2008	Consistency with national programs
53a	Injury and Violence Prevention	2	6	Y	Reduce homicides (all assault fatalities)	100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)	CDPH Vital Statistics Death Statistical Master Files	2009	2.9	N/A	5.2	6.1	deaths from homicide	5.5	deaths	per 100,000 population	http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx		National Vital Statistics System--Mortality (NVSS--M), CDC, NCHS	2007	10 percent improvement
55a	Injury and Violence Prevention	2	6	Y	Reduce fatal injuries	deaths per 100,000 population were caused by injuries in 2007 (age adjusted to the year 2000 standard population)	CDPH Vital Statistics Death Statistical Master Files	2009	41.3	N/A	43.6	59.2	deaths	53.3	deaths	per 100,000 population	http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx		National Vital Statistics System--Mortality (NVSS--M), CDC, NCHS	2007	10 percent improvement
65	Maternal, Infant, and Child Health	2	6	Y	Total preterm births	of live births were preterm in 2007	FHOP - CDPH - Birth Statistical Master File	2008	9.5%	N/A	10.7%	12.7	percent	11.4	percent		http://familymedicine.medschool.ucsf.edu/fhop/fhop_covered/Birth_Weights/2008/BTOB_03_05_56VN.xls		National Vital Statistics System (NVSS), CDC, NCHS	2007	10 percent improvement
68	Maternal, Infant, and Child Health	2	6	Y	All infant deaths (within 1 year).	per 1,000 live births occurred within the first year of life in 2006.	CDPH, Birth and Death Records	2009	4.3	N/A	4.9	6.7	infant deaths	6.0	infant deaths	per 1,000 live births	http://www.apps.cdph.ca.gov/vsq/screen_all.asp?cntr_cd=56&Year_Data=2009&Stats=4		National Vital Statistics System (NVSS), CDC, NCHS	2006	10 percent improvement

Healthy People 2020 Objectives for Ventura County - Leading Health Indicators

#	TopicArea	Strategic Goal	Strategic Goal	LHI	ObjectiveText	BaselineDataTypeDescription	Actual Source	Year for VC Data	VC	Rank (Counties)	CA	BaseLine Measurement	Base Line Data Type	Target Measurement	Target Data Type	Target Data Type Description	DataSource - Ventura County	Data Note	DataSource - National	Base Line Year	TargetSetting Methodology
79	Mental Health and Mental Disorders	2	1	Y	Reduce the suicide rate	per 100,000 occurred in 2007	FHOP - CDPH Vital Statistics Death Statistical Master Files	2007-2009	10.6	27 of 58	9.6	11.3	suicides	10.2	suicides	per 100,000	http://familymedicine.medschool.ucsf.edu/fhop/docs/pdf/mcah/profile2011.pdf		National Vital Statistics System (NVSS), CDC, NCHS	2007	10 percent improvement
80	Nutrition and Weight Status	2	6	Y	Children aged 2 to 5 years (24-59 months)	of children aged 2 to 5 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	18.7%	N/A	17.0%	10.7	percent	9.6	percent		http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
81	Nutrition and Weight Status	2	6	Y	Children aged 6 to 11 years (5-11 years)	of children aged 6 to 11 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	24.5%	N/A	28.4%	17.4	percent	15.7	percent		http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
82	Nutrition and Weight Status	2	6	Y	Adolescents aged 12 to 19 years	of adolescents aged 12 to 19 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	24.1%	N/A	22.6%	17.9	percent	16.1	percent		http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
83	Nutrition and Weight Status	2	6	Y	Children and adolescents aged 2 to 19 years	of children and adolescents aged 2 to 19 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	21.4%	N/A	20.7%	16.2	percent	14.6	percent		http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
85	Nutrition and Weight Status	2	3	Y	Reduce the proportion of adults who are obese (Body Mass Index = 4 level = Obese)	of persons aged 20 years and over were obese in 2005–08 (age adjusted to the year 2000 standard population)	CHIS - California Health Interview Survey	2009	23.6%	20 of 44	23.0%	34.0	percent	30.6	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
99	Substance Abuse	2	6	Y	Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days (Only asked of 12-17 year olds including marijuana, cocaine, sniffing glue, other drugs)	of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2008	CHIS - California Health Interview Survey	2009	13.0%*	N/A	13.5%	18.3	percent	16.5	percent		http://www.chis.ucla.edu/main/default.asp	*Data from all counties except Los Angeles is statistically unreliable. Question was not asked of adults.	National Survey on Drug Use and Health (NSDUH), SAMHSA	2008	10 percent improvement
101	Substance Abuse	2	6	Y	Reduce the proportion of persons engaging in binge drinking during the past month—Adults aged 18 years and older	of adults aged 18 years and older reported that they engaged in binge drinking during the past month in 2008	CHIS - California Health Interview Survey	2005	14.9%	4 of 44	17.6%	27	percent	24.3	percent		http://www.chis.ucla.edu/main/default.asp	Data is available for 2009, adults were asked if they engaged in binge drinking in the past year.	National Survey on Drug Use and Health (NSDUH), SAMHSA	2008	10 percent improvement
109	Tobacco Use	2	6	Y	Cigarettes (past month)	of adolescents in grades 9 through 12 smoked cigarettes in the past 30 days in 2009	California Healthy Kids Survey (WestEd)	2006-2008	11th (F) - 12.9%, 11(M) - 15.0%	N/A	11th (F) - 11.6%, 11(M) - 15.0%	19.5	percent	16.0	percent		http://www.kidsdata.org/data/topic/table/cigarette-use-gender.aspx	Data is not available by age group, but rather by grade level. I have a request into VCOE for further information.	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP	2009	Retain Healthy People 2010 target of 16 percent
110	Tobacco Use	2	6	Y	Cigarette smoking (not age-adjusted)	of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population)	CHIS - California Health Interview Survey	2009	12.1%	12 of 44	13.6%	20.6	percent	12.0	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	Retain Healthy People 2010 Target of 12 percent

Data is not available or pending request from source.

Leading cause of death and/or premature death.

Meets baseline but not HP 2020 Target.

Does not meet baseline or HP 2020 Target.

Healthy People 2020 Objectives for Ventura County -
VC Does not Meet Baseline or Target_PH Edits

#	TopicArea	Strategic Goal	Strategic Goal	ObjectiveText	BaselineDataTypeDescription	Actual Source	Year for VC Data	VC	Rank Counties)	CA	BaseLine Measurement	Base Line Data Type	Target Measure-ment	Target Data Type	Target Data Type Description	DataSource - Ventura County	Data Note	DataSource - National	Base Line Year	TargetSetting Methodology
2	Access to Health Services	3	4	Individuals: medical care (Delayed or didn't get other medical care)	of all persons were unable to obtain or delayed in obtaining necessary medical care in 2007	CHIS - California Health Interview Survey	2009	12.1%	20 of 44	12.5%	4.7	percent	4.2	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	Medical Expenditure Panel Survey (MEPS), AHRQ	2007	10 percent improvement
19	Educational and Community-Based Programs	4	6	Increase the proportion of the population that completes high school education (High school graduate or higher population 25+ years)	of persons aged 18 to 24 years old had completed high school in 2007	ACS - 1 year estimate - American Community Survey	2010	82.1%	N/A	80.7%	89.0	percent	97.9	percent		http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table	Population group is 25+ years rather than 18-24 years.	Current Population Survey, U.S. Department of Commerce, Bureau of the Census	2007	10 percent improvement
29	Heart Disease and Stroke	2	4	Reduce coronary heart disease deaths	per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)	State of California, Department of Public Health, Death Records	2007-2009	127.8	38 of 58	128.0	126.0	coronary heart disease deaths	100.8	deaths	per 100,000 population	http://familymedicine.medschool.ucsf.edu/fhop/docs/pdf/mrath/pmfiles2011.pdf		National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS	2007	Projection (20 percent improvement)
38	Immunization and Infectious Diseases	2	3	Reduce new hepatitis C infections	per 100,000 population were reported in the past 12 months in 2007	VCPH Confidential Morbidity Report	VC (2010)	0.36	N/A	N/A	0.3	new symptomatic hepatitis C cases	0.2	new cases	per 100,000		Ventura County Data is from the VCPH Confidential Morbidity Report. 3 acute cases of HepC were reported in 2010. Was not able to differentiate between chronic and acute cases for CA.	National Notifiable Disease Surveillance System (NNDSS)	2007	Consistency with national programs
39	Immunization and Infectious Diseases	2	3	Reduce hepatitis A	of hepatitis A virus per 100,000 population were reported in 2007	California Department of Public Health, Immunization Branch	VC (2006-2010) CA (2010)	1.1	N/A	0.6	1.0	cases	0.3	cases	per 100,000 population	http://www.cdph.ca.gov/programs/immunize/Documents/NumberandIncidenceofVaccinePreventableDiseases-California2010.pdf	Ventura County Data is from the VCPH Confidential Morbidity Report.	National Notifiable Diseases Surveillance System (NNDSS), CDC	2007	Projection
41	Immunization and Infectious Diseases	2	6	Children aged 5 to 12 years (Had flu shot in past 12 months)	of children aged 5 to 12 years were vaccinated against seasonal influenza in 2008	CHIS - California Health Interview Survey	2007	20.2%	30 of 44	26.3%	26	percent	80	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	Consistency with national programs
46	Immunization and Infectious Diseases	2	3	Noninstitutionalized adults aged 65 years and older (Vaccinated for flu in past 12 months)	of noninstitutionalized high-risk adults aged 65 years and older were vaccinated against seasonal influenza in 2008	CHIS - California Health Interview Survey	2009	63.8%	21 of 44	65.8%	67	percent	90	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey (NHIS), CDC, NCHS	2008	Retention of Healthy People 2010 Target
49	Immunization and Infectious Diseases	2	6	DTaP vaccine (4 or more doses)	of children enrolled in kindergarten received 4 doses of DTaP vaccine in the 2007–08 school year	California Department of Public Health, Immunization Branch	2010	91.0%	N/A	N/A	95	percent	95	percent		http://www.cdph.ca.gov/programs/immunize/Documents/2010K8AttrTable.pdf	This data only includes schools with 10 or more kindergarten students enrolled, but does include public and private.	School Immunization Assessment Survey, CDC, NCIRD	2007-2008	Consistency with national programs
80	Nutrition and Weight Status	2	6	Children aged 2 to 5 years (24 -59 months)	of children aged 2 to 5 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	18.7%	N/A	17.0%	10.7	percent	9.6	percent		http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
81	Nutrition and Weight Status	2	6	Children aged 6 to 11 years (5-11 years)	of children aged 6 to 11 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	24.5%	N/A	29.0%	17.4	percent	15.7	percent		http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement

Healthy People 2020 Objectives for Ventura County -
VC Does not Meet Baseline or Target_PH Edits

#	TopicArea	Strategic Goal	Strategic Goal	ObjectiveText	BaselineDataTypeDescription	Actual Source	Year for VC Data	VC	Rank (Counties)	CA	BaseLine Measurement	Base Line Data Type	Target Measurement	Target Data Type	Target Data Type Description	DataSource - Ventura County	Data Note	DataSource - National	Base Line Year	TargetSetting Methodology
82	Nutrition and Weight Status	2	6	Adolescents aged 12 to 19 years	of adolescents aged 12 to 19 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	24.1%	N/A	22.6%	17.9	percent	16.1	percent		http://www.dhcs.ca.gov/services/ch/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
83	Nutrition and Weight Status	2	6	Children and adolescents aged 2 to 19 years	of children and adolescents aged 2 to 19 years were considered obese in 2005–08	Pediatric Nutrition Surveillance System (PedNSS)	2009	21.4%	N/A	20.7%	16.2	percent	14.6	percent		http://www.dhcs.ca.gov/services/ch/Pages/PedNSS2009.aspx	Data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program and not representative of the entire county.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	2005-08	10 percent improvement
87	Oral Health	3	6	Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth	children aged 6 to 9 years received dental sealants on one or more of their first permanent molars in 1999–2004	VCPH Oral Health Program, 2010 Census	2009	0.29%	N/A	N/A	25.5	percent	28.1	percent		K:\HEO\Oral Health\APHA - Leticia Alvarez, Oral Health Program Coordinator	Only includes children that received fluoride varnish treatments from medical providers participating in the VCPH Oral Health program and is not representative of the county as a whole.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	1999-2004	10 percent improvement
89	Physical Activity	2	3	Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination (Indicated Moderate or Vigorous Physical Activit	of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2008	CHIS - California Health Interview Survey	2009	34.9%	33 of 44	36.3%	43.5	percent	47.9	percent		http://www.chis.ucla.edu/main/default.asp	Some Counties have been grouped together for statistical purposes in CHIS which is why there are only 44 counties included in the ranking.	National Health Interview Survey, CDC, NCHS	2008	10 percent improvement
102	Substance Abuse	2	6	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol (Reported ever having ridden)	of students in grades 9 through 12 reported that they rode, during the previous 30 days, with a driver who had been drinking alcohol in 2009	California Healthy Kids Survey (WestEd)	2006-2008	11th (F) - 33.6%, 11(M) - 30.0%	N/A	11th (F) - 30.1%, 11(M) - 28.2%	28.3	percent	25.5	percent		http://www.kidsdata.org/data/topic/table#drunk_driving,gender,asc	Data is not available by age group, but rather by grade level. I have a request into VCOE for further information.	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP	2009	10 percent improvement
108	Substance Abuse	2	3	Reduce cirrhosis deaths	per 100,000 population occurred in 2007 (age adjusted per 100,000 standard population)	FHDP - CDPH Vital Statistics Death Statistical Master Files	2007-2009	9.4	19 of 58	10.8	9.1	cirrhosis deaths	8.2	deaths	per 100,000 population	http://familymedicine.medschool.ucsf.edu/fhop/docs/pdf/mcah/profile2011.pdf		National Vital Statistics System (NVSS), CDC, NCHS	2007	10 percent improvement

Data is not available or pending request from source.	Leading cause of death and/or premature death.		Meets baseline but not HP 2020 Target.	Does not meet baseline or HP 2020 Target.

SWOT

STRENGTH

1. Passionate people
2. Diverse people and disciplines
3. Talents and knowledge (fresh and seasoned)
4. Flexible
5. Teamwork
6. Accessible to each other
7. Open to new ideas / innovation
8. Looking to develop technology / tools
9. Focus on improvement
10. Strong evaluation process
11. Always seek to partner/collaborate
12. Strong community presence

WEAKNESS

1. Need to develop technology competency
2. Need better understanding of technology capabilities and basic competency
3. Need to increase training time. Ex. Software applications (Excel, GW, ...)
4. Valuing training time (make time)
5. Barriers to working with other County depts
6. Need clinical expertise at top of IZ. ***(Patty)
7. Inconsistent expectations of people
8. Need better organizational timeline skills
9. Improve people skills for community facing interactions (some staff)
10. Improve structure and communication of evaluations (break dept silos)

SWOT

OPPORTUNITIES

1. Media, public information
2. Social media (Facebook, Twitter..)
3. Community partners – more services
4. Rating foods
5. Participating in policy change
6. Bring public health related matters to the table with other organizations (Ex. Roads, APCD…)
7. CEO Analyst as conduit
8. Explore bringing legal services into community clinics
9. Partner with Public Defender on drug and alcohol prevention opportunities
10. Develop innovative programs and seek funding

THREATS

1. Media, public information
2. Funding cuts (HIV, AIDS, Gonorrhea)
3. Infectious disease outbreak
4. Less providers who accept Medi-CAL or Medi-CARE.
5. Disasters (Tsunami, Earthquake..)
6. Poor economy creating more demand for services
7. Potential prescription drug shortages
8. Public mistrust/misinformation – ex. Vaccinations
9. Factors contributing to obesity (more fast foods, super size)
10. Factors contributing to preventable deaths