



Orange County Health Care Agency  
Public Health Services  
**Strategic Plan**  
2014-2016



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# About This Plan

The role of Public Health Services is to coordinate and provide services that promote and protect the health of those who live, work, and play in Orange County. The *Public Health Services Strategic Plan* for 2014-16 will guide our strategic efforts in carrying out this role. The plan provides a vision and a road map for how we will strive to improve health in Orange County.

Though Orange County's health generally fares well compared to other areas, real health disparities and challenges exist within the county. A review of community health assessments and state and national initiatives led to the identification of key health focus areas where there are opportunities for Public Health Services to create significant improvements in health in the next three years. The planning process also identified strategies that will help enhance our system's programs and services. Public Health Services programs and issues not in this plan remain important, and will not stop simply because they are not discussed. The plan will be complemented by Division-level plans that provide detail into specific actions and timeframes for strategies identified in this plan.

## Message from the Deputy Agency Director

I am pleased to present the Orange County Health Care Agency *Public Health Services Strategic Plan* for 2014-16. This is a foundational plan for Orange County Public Health Services, providing direction for several strategic priority areas that we have chosen to focus on in coming years.

We are in a time of change for public health. The implementation of the Affordable Care Act and development of the National Prevention Strategy have offered opportunities for Public Health Services to forge new partnerships in protecting and promoting the health of our communities.

This plan highlights some of the great work that is already happening through our various programs, including some of our more recent quality improvement efforts. It also outlines some exciting new activities that we will undertake to expand upon our successes in optimizing the health of all who live, work, and play in Orange County.

We know that Public Health Services cannot fulfill our role and mission on our own. Public Health Services and its partners recently published the *Orange County Health Improvement Plan*, our first community health assessment and community health improvement plan. Our strategic planning process identifies opportunities for aligning our efforts with those in the community to maximize the use of resources to optimize health in Orange County.

I continue to be proud of the important work of our dedicated staff. I hope that this plan can serve as a living document that energizes us in working toward our vision of **"A safe and thriving Orange County where everyone has the opportunity for optimal health and quality of life."**



A handwritten signature in black ink, appearing to read "David Souleles". The signature is fluid and cursive.

David M. Souleles, MPH  
Deputy Agency Director, Public Health Services  
Orange County Health Care Agency

# Summary of Goals

## Focus Area 1: Optimal Birth Outcomes



**Goal 1:** Achieve optimal birth outcomes for all babies born in Orange County.

**Objective 1.1:** By 2017, increase the proportion of at-term births that are a **healthy birth weight** for clients served within Public Health Services (PHS) prenatal programs.

**Objective 1.2:** By 2017, reduce the proportion of **preterm births** by 2% for clients served within PHS prenatal programs.

## Focus Area 2: Chronic Disease Prevention



**Goal 2:** Eliminate preventable chronic disease in Orange County.

**Objective 2.1:** By 2017, reduce the proportion of **adolescents who smoke** by 3%.

**Objective 2.2:** By 2017, increase the proportion of children, adolescents, and adults eating the recommended amount of **fruits and vegetables** a day by 3%.

**Objective 2.3:** By 2017, increase the proportion of residents engaging in **physical activity** by 3%.

## Focus Area 3: Chronic Disease Management



**Goal 3:** Reduce disability and premature death by optimizing management of chronic diseases.

**Objective 3.1:** By 2017, reduce **avoidable hospitalizations or ED visits** related to hypertension, diabetes, or cardiovascular conditions by 2%.

**Objective 3.2:** By 2017, increase the proportion of individuals with chronic diseases that are comfortable with **self-management** of their chronic disease by 2%.

## Focus Area 4: Reproductive and Sexual Health



**Goal 4:** No new STD or HIV infections in Orange County.

**Objective 4.1:** By 2017, reduce three-year average **gonorrhea rates** by 3%.

**Objective 4.2:** By 2017, reduce the number of **new HIV infections** by 5%.

## Focus Area 5: Food Safety



**Goal 5:** Improve food safety and prevent foodborne illnesses.

**Objective 5.1:** By 2017, reduce the rate of **foodborne illnesses cases** in Orange County by 5%.

**Objective 5.2:** By 2017, reduce the number of restaurants and markets found to have violations related to **improper hand washing** during inspections by 10%.

**Objective 5.3:** By 2017, reduce by 50% the number of days required to complete **case investigations** on all cases of enteric illnesses where a patient can be contacted.

# Public Health Services

FY13-14 Budget: \$103,998,812

Total Positions (FTE): 695

## Who we are...

**Public Health Services** is the local health department serving Orange County, California. Public Health Services is one service area under the **Orange County Health Care Agency**; other service areas within the Health Care Agency include Behavioral Health Services, Correctional Health Services, Medical Services; and Administrative and Financial Services.

Public Health Services monitors the occurrence of disease, injury, and related factors in the community and develops preventive strategies to maintain and improve the health of the public. Below are the six divisions that make up Public Health Services.

### Disease Control and Epidemiology

Disease Control & Epidemiology protects the health of Orange County residents by **monitoring** reportable communicable diseases, **investigating** communicable disease outbreaks, and through **prevention and treatment programs**, such as for HIV and TB.

### Environmental Health

Environmental Health protects the public's health and safety from harmful conditions in the environment by **enforcing laws and regulations** and providing **education** to businesses and the community about environmental health issues.

### Family Health Services

Family Health promotes family-focused preventative health care through **developing community linkages** and integrated programs such as **clinical and community services** for maternal, child, and adolescent populations, **nutrition services**, and **dental services**.

### Health Promotion

Health Promotion protects the health and safety of Orange County residents by **providing health education** and **building the capacity** of individuals, organizations and communities to promote optimal health and prevent disease, disability, and premature death.

### Public Health Laboratory

Public Health Laboratory provides clinical diagnostic and environmental **laboratory support services** for all programs within the Agency, **consultation services** to other laboratories and the medical community, and **biothreat agent testing** services for law enforcement.

### Public Health Nursing

Public Health Nursing provides community and in-home **health education**, **health assessments**, **case management**, and **health access support** to promote optimal health across the lifespan.





## Our Vision

A safe and thriving Orange County where everyone has the opportunity for optimal health and quality of life.

## Our Mission

Working with the community, we promote optimal health for all who live, work, and play in Orange County through assessment and planning, education and services, policy development, and regulatory activities.

## Our Values

Our work is guided by the following organizational values:

### Excellence

We strive to provide quality services that meet the needs and exceed the expectations of the individuals and communities that we serve. We promote efforts to continuously improve our services and outcomes through best practices and innovation.

### Integrity

We adhere to high ethical and professional standards in our work and interactions. We are conscientious stewards of the resources entrusted to us.

### Health Equity

We believe in promoting health and wellness for *all* who live, work, and play in Orange County regardless of social, economic, or cultural factors. We foster policies and programs that are respectful of our diverse communities, consider the social determinants of health, and incorporate practices that reduce health disparities.

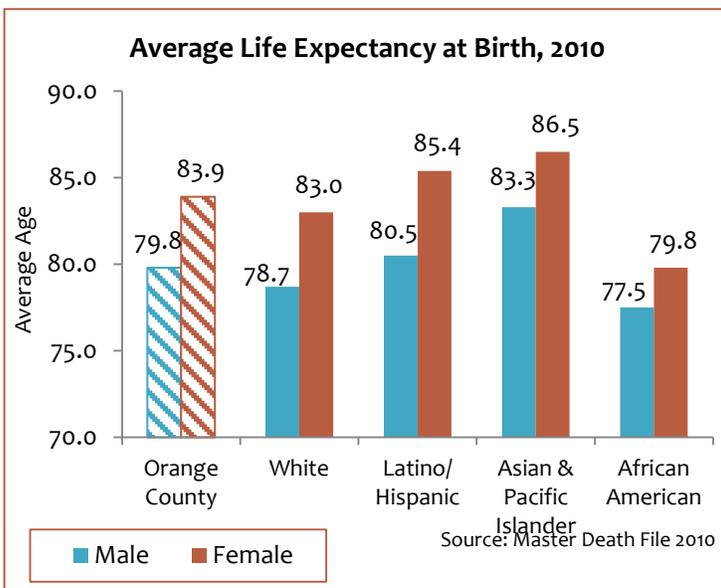


# About Orange County

Orange County is located in Southern California, between Los Angeles and San Diego counties, and is composed of 798 square miles of land with 34 cities and additional unincorporated areas.

The county is home to more than **3 million people** and is the 6<sup>th</sup> most populous county in the nation. Orange County is a **diverse** region, with no single racial/ethnic group making up a majority of the population. The population is approximately 43% White, 34% Hispanic, 19% Asian, and 1% African-American. Almost half (46%) of the county's population speak a language other than English at home.

Orange County's **cost of living** is higher compared to other regions. A family with two adults and two school-age children would need a total family annual income of \$65,761 to meet its basic needs. In 2011, one in four households had an annual income of less than \$35,000.



In general, Orange County's health fares well compared to other areas. The County Health Rankings ranked Orange County the **6<sup>th</sup> healthiest county in California**. However, an assessment of the county's health shows real **health disparities** and **challenges** in the county.

As shown (left), disparities in the health of the population are apparent when comparing **average life expectancy** among different racial/ethnic and gender groups. The average life expectancy of Asian & Pacific Islander females is nine years more than that of African-American males.

Most major **leading causes of death**, including heart disease, cancer, and stroke, have dropped dramatically over the past 10 years. However, deaths associated with Alzheimer's disease (the 4<sup>th</sup> leading cause of death in the county) have increased. Aging is the best known risk factor for developing Alzheimer's disease. The proportion of adults 65 and older in the population is projected to grow from 12% in 2012 to 20% in 2020 in Orange County.

One in four adults in Orange County is **obese**, which is lower than state and national averages. This rate is higher in some communities; with an obesity rates of 40%, Latina women are nearly twice as likely to be obese as compared to the overall population.

At 12%, adult **smoking rates** in Orange County are low compared to other areas. Among 11<sup>th</sup> graders, the smoking rate is 10% in Orange County. However, some regions experience much higher rates. For example, 21% of 11<sup>th</sup> graders in the Laguna Beach Unified School District reported smoking in the past 30 days compared to 6% in the Irvine Unified and Tustin Unified School Districts.

Select Health Indicators	
% of adults reporting good, very good, or excellent health California Health Interview Survey 2011-12	81.7%
Infant mortality rate Master Death File 2010	3.8 per 1,000
% of pregnant women in early prenatal care Master Birth File 2010	89.6%
% of adult who are obese California Health Interview Survey 2011-12	23.8%
% of adults who smoke California Health Interview Survey 2011-12	12.0%

# Our Planning Process

Between January and May 2014, Public Health Services (PHS) engaged in a planning process to create a *Public Health Services Strategic Plan* for 2014-16. The following describes the planning process.

## Strategic Planning Steering Committee

The Steering committee provided guidance on the strategic planning process. The committee was composed of 14 members, including the Public Health Director, Health Officer, Deputy Health Officer, Public Health Chief of Operations, Public Health Projects Manager, Public Health Division Managers, Disease Control and Epidemiology Medical Director, Family Health Medical Director, and the Agency Director's Office Administrative Manager.

## Strategic Planning Work Group

The Strategic Planning Work Group participated in an all-day and half-day strategic planning meeting to work on key elements of the plan. The group was composed of 50 individuals from throughout Public Health Services including managers, supervisors, support, and direct service staff. A full list of participants are listed on page 21 of this plan.

## Engaging Staff

The Public Health Services strategic planning process began with efforts to provide information for and involve staff at all levels. Two sessions of a **Managers and Supervisors Meeting** and two **Special All-Staff Forums** were held in January to provide an overview of strategic planning and how staff would be involved in the creation of the plan. During the All-Staff Forums, participants also discussed and voted on the core values of PHS. Staff continued to be engaged through e-mails and posts on a dedicated internal webpage. An all-staff survey about the Vision, Mission, and Values Statements and a comment period for a draft version of the plan allowed all staff to provide feedback regarding the plan at various stages.

## Defining Our Role

The Strategic Planning Work Group (see description in left panel) held an all-day meeting on February 18, 2014. The Work Group consisted of 50 individuals from throughout Public Health Services. During the one-day meeting, the group reviewed the **10 Essential Public Health Services** and **Health Care Agency Goals** to better define the role of Public Health Services. The group then agreed on the top three core values for Public Health Services based on the list and votes at the All-Staff Forums, and began work on vision and mission statements.

## Assessing Orange County's Health

The Strategic Planning Work Group reviewed extensive information during its one-day meeting to better understand the county's health and the larger context of health, including:

- Reviewing findings from the **Orange County community health assessment and community health improvement plan**
- Conducting **Strengths, Weakness, Opportunities, and Threats (SWOT)** analysis for the three core functions of Public Health
- Reviewing **state and national initiatives** including *Let's Get Healthy California*, CDC's *Winnable Battles*, and *National Prevention Strategy*

## Determining Priorities and Strategies

After assessing Orange County's health, the Strategic Planning Work Group voted on health issues that would be focus areas for this plan. The Work Group also identified strategies that could enhance the existing service system. Work groups were formed around each focus area and included members of the Strategic Planning Work Group and other PHS staff with expertise in that area. The topic-specific work groups convened in February and March to determine goals, objectives, and strategies for each focus area. The work groups considered best practices including those recommended in the Community Preventive Services Task Force's **Guide to Community Preventive Services**.

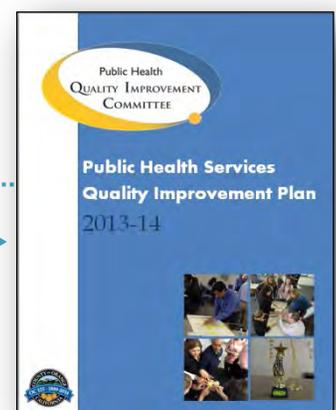
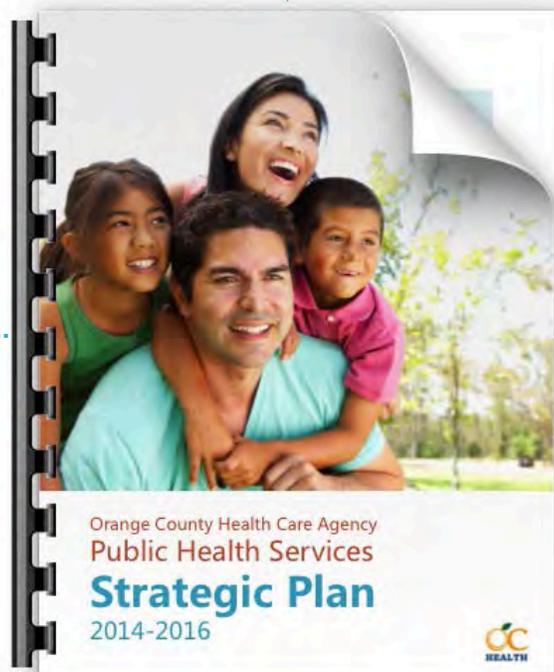
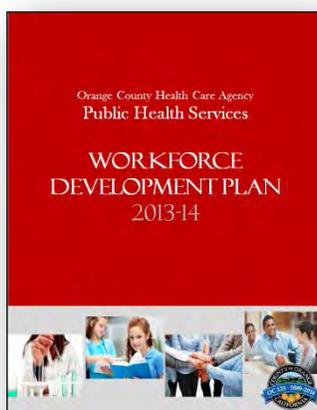
# Aligning Our Plans

The *Public Health Services Strategic Plan* carefully considered other plans that provide the context for health improvement for Orange County.



The *Orange County Health Improvement Plan* is Orange County's community health assessment and community health improvement plan. The plan was created by the Orange County Community Health Planning Advisory Group with Public Health Services as a key partner in leading and maintaining the plan.

The *Health Care Agency Business Plan* provided an overview of programs and services of the Health Care Agency as well as key goals and Balanced Scorecard performance measures. Public Health Services is one of five service areas within the Health Care Agency and contributes to all goals in the plan.



The *Public Health Services Workforce Development Plan* is the working plan outlining key assessment findings and training priorities for Public Health Services. The *Strategic Plan* helps to inform training needs and activities that contribute to a more proficient workforce to meet Public Health Services goals.

The *Public Health Services Quality Improvement (QI) Plan* provides the context and framework for QI activities within Public Health Services. Performance measures in the *Strategic Plan* are considered in the selection of QI projects and QI project outcomes contribute to meeting *Strategic Plan* goals.

# Strengths, Weaknesses, Opportunities, and Threats

At its meeting on February 18, 2014, the Strategic Planning Work Group conducted an analysis of Public Health Services' (PHS) internal strengths and weaknesses and external opportunities and threats (known as a SWOT analysis) for each of the three core functions of public health. The analysis contributed to the identification of health focus areas and strategies to enhance the existing service system.

## 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 public health systems.

### Core Function 1: Assessment

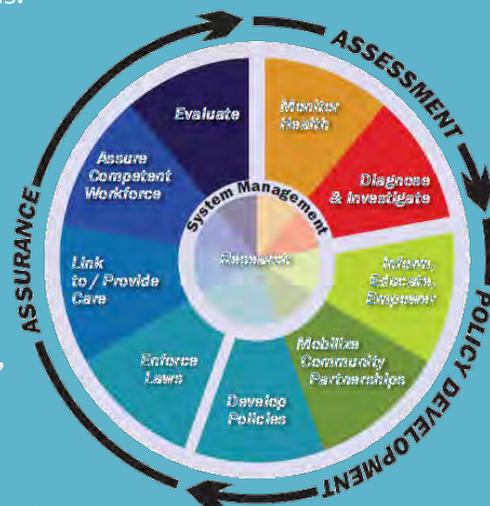
1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community

### 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 (a System Management function of all Essential Services)



Source: Core Public Health Functions Steering Committee, Fall 1994

## Core Function 1: Assessment

This figure (right) shows findings from the SWOT analysis on Public Health Services' ability to **monitor** the health status and **diagnose and investigate** health problems in the community.

Examples of these services within Public Health Services include:

- Disease Control & Epidemiology and Environmental Health monitoring and investigating foodborne illness outbreaks.
- Health Promotion monitoring trends in population health.
- Public Health Lab testing for water quality.

### Strengths

- PHS has access to robust internal and external health data.
- Balanced Scorecard performance measures help to monitor key health indicators.
- PHS has a strong and collaborative investigation process.
- PHS enjoys a diverse and well-educated workforce.

### Weaknesses

- There is missing, inconsistent, or inaccurate data for some health issues and hard-to-reach populations.
- Available online health data can be blocked by internal firewalls.
- Correlating health data with health outcomes can be a challenge.
- Not all staff are proficient in working with data.

### Opportunities

- Increased use of electronic data systems (e.g., medical records, labs) may allow for increased accuracy and data sharing.
- The Affordable Care Act may help to maximize resources for data.
- Community collaborations may allow for increased data sharing.

### Threats

- Reduced or insufficient funding or staffing may challenge the ability to monitor programs and collaborate around data.
- Transitions to new or differing data systems may jeopardize existing linkages and ability to share information.

# Strengths, Weaknesses, Opportunities, and Threats

## Strengths

- Some PHS staff have expertise to guide policy decisions.
- PHS enjoys strong community partnerships with organizations working on policy change.
- PHS staff participate in many state and national associations.

## Weaknesses

- There is a need for increased clarity about how staff can engage in policy work and what resources exist to support the work.
- Some staff feel they lack adequate expertise in policy development.
- Policy stances on issues can be unclear.

## Opportunities

- Community partners and coalitions can help to communicate and develop appropriate health policies.
- Existing assessments can be used to develop policies in collaboration with community partners.
- State and national-level support can help to bolster work at the local level.

## Threats

- There is growing misinformation about health and public health.
- Competition for limited funds can threaten community partnerships.
- Implementation of the Affordable Care Act can create a perception that public health is less needed.
- There are corporate interests that work against public health interests.
- Mistrust in government can impact the perceived legitimacy of public health.

## Core Function 2: Policy Development

This figure (left) shows findings from the SWOT analysis on Public Health Services' ability to **educate and empower** people, **mobilize** community partnerships, and **develop policies** and plans to address health.

Examples of these services within Public Health Services include:

- Family Health mobilizing partnerships through the Orange County Perinatal Council.
- Health Promotion providing education about alcohol and drug misuse that can help inform policy.
- Public Health Nursing providing education regarding chronic disease self management.

## Core Function 3: Assurance and Research

This figure (right) shows findings from the SWOT analysis on Public Health Services' ability to **enforce laws** that protect health, **link** people to services, **assure** a competent work force, **evaluate** health services, and **research** for innovative solutions.

Examples of these services within Public Health Services include:

- Disease Control & Epidemiology providing health assessments and referrals for refugees and asylees.
- Environmental Health enforcing regulations related to storage of hazardous materials.
- Family Health providing coordination and referrals for children with elevated blood lead levels.
- Public Health Nursing providing resources and linkages for homeless families and individuals.

## Strengths

- PHS has good working relationships with regulatory and legal agencies.
- PHS has strong relationships with health care providers, which allows for linkage to services.
- PHS staff bring knowledge and passion to their work.
- County programs such as certificate programs, lunch-and-learn seminars, and tuition reimbursement support professional development.
- PHS programs use a range of evaluation tools to assess services.

## Weaknesses

- Limitations in the availability and accessibility of health care services, including dental and mental health services, can restrict appropriate linkage to services.
- PHS is limited in its authority to regulate laws for many health issues.
- Processes can make it difficult to provide timely responses to changes in health issues and technology.
- Developing measures to evaluate the effectiveness of long-term behavioral outcomes can be challenging.

## Opportunities

- Implementation of the Affordable Care Act can increase availability and linkage of health care services.
- Working toward Public Health Accreditation may help to identify areas for improvement.
- New quality improvement efforts within PHS provides opportunities to identify innovative practices.
- Developing a strategic plan can assist in looking more at impact of services.

## Threats

- Lack of funding for enforcement activity can threaten existing or future levels and quality of service.
- Fewer numbers of medical providers can make it difficult to link clients to needed health services.
- Threats to salaries and benefits of staff make it difficult to recruit and maintain an optimal work force.

# Framework and Strategies

After the assessment process, the Strategic Planning Work Group identified five health issues that would be focus areas for this plan and six strategies to enhance the service system and help Public Health Services in meeting its goals.



The goal of public health is to reduce premature death and disability by preventing and lessening the impact of chronic diseases; reducing transmission of communicable diseases; and ensuring healthy and safe environments.

Orange County's Public Health Services framework (left) identifies **six enhancement strategies** that will be used to address the **five focus areas** in the *Public Health Services Strategic Plan*.

The five focus areas were identified because they represented unique opportunities for Public Health Services to significantly influence the health of the population over the next three years. The five focus areas include:

- 1) **Optimal Birth Outcomes**
- 2) **Chronic Disease Prevention**
- 3) **Chronic Disease Management**
- 4) **Reproductive and Sexual Health**
- 5) **Food Safety**

## Public Health Services Enhancement Strategies

The following are six strategies that were identified as capable of enhancing the service system and assisting Public Health Services in meeting its goals. Enhancement strategy types are indicated in brackets in summaries for each focus area.

**Integration:** Collaborating and integrating services and resources across Public Health Services.

**Collaboration:** Expanding partnerships and collaborative efforts with other community and County organizations that help to protect and promote health in Orange County.

**Communication:** Developing and promoting consistent messages about health issues across Public Health Services.

**Policy Development:** Improving understanding of health implications of policies and promoting policy platforms that protect and promote health.

**Community Engagement:** Listening to and working with community members and groups to understand and implement solutions to health problems.

**Evaluation:** Using best practices to assess needs and resources, monitoring work to ensure fidelity in program implementation, and measuring the impact of programs on the health of the community.

# Focus Area 1: Optimal Birth Outcomes



**Goal 1: Achieve optimal birth outcomes for all babies born in Orange County.**

## Why is this important?

Health begins with a healthy pregnancy (getting early prenatal care, preventing and managing gestational diabetes) leading to a healthy birth (healthy birth weight, birth at term) and continues with healthful practices such as breastfeeding, immunizations, physical activity, and proper nutrition through infancy and childhood. While almost 90% of Orange County women who gave birth in 2010 received early prenatal care, subgroups, including Latinas and younger women, were less likely to. Low birth weight has risen from 5.9% in 2001 to 6.4% in 2010, with higher rates in babies born to younger women (under 20 years old) and older women (35 and older).

## What are we doing now?

Public Health Services works in collaboration with community and hospital programs to improve maternal and child health. The **Orange County Perinatal Council**, led by Family Health, brings together community stakeholders and providers to improve birth outcomes. **Clinical services** are provided at Family Health’s Infant, Child, and Adolescent Health Clinic and Family Planning Clinic. Women, Infants, and Children (WIC) provides **nutrition education** and breastfeeding support to low-income women, infants, and children. Family Health provides **technical support** to the network of Comprehensive Perinatal Services Program (CPSP) providers to ensure access to quality perinatal services.

A variety of **case management** programs exist in Public Health Services to support healthy birth outcomes. Public Health Nursing’s Perinatal Substance Abuse Services Initiative/ Assessment and Coordination Team (known as “ACT”) provides home visitation to pregnant and parenting women who are substance using, HIV infected, and/or have mental health issues. Nurse Family Partnership® works with low-income first-time parents under 24 years of age who are less than 28 weeks pregnant. Family Health’s Adolescent Family Life Program (AFLP) and Cal-Learn Program provide case management for pregnant and parenting teens at any stage of pregnancy.



**Lead: Jennifer Sarin, Family Health**

Birth Outcomes Work Group:

- Robyn Baran
- Pauline Bui
- Angelica Galvan
- Elizabeth Jimenez
- Sarah Lopez
- Desiree Mares
- Phyliss Munoz
- David Núñez
- Karen Senteno
- Marcia Solomon



## Aligning with Community Goals

The goals, objectives, and strategies in this focus area align with those in the Infant and Child Health priority area of the **Orange County Health Improvement Plan**. The community health improvement plan calls for improving birth outcomes by addressing disparities in prenatal care among women in Orange County.

# Focus Area 1: Optimal Birth Outcomes

## What are we going to do?



**Objective 1.1:** By 2017, increase the proportion of at-term births that are a **healthy birth weight** (2,500-4,000 grams) for clients served within PHS prenatal programs.

**Objective 1.2:** By 2017, reduce the proportion of **preterm births** by 2% for clients served within PHS prenatal programs.

### Strategies

1. **Integrated Referral System:** Increase early linkages to targeted prenatal programs and services by creating a referral system to connect clients to the most appropriate PHS programs and other services and by disseminating information about them. [Integration, Collaboration]
2. **Consistent Messaging:** Increase knowledge and awareness about preconception/interconception health and prenatal care by disseminating consistent messages about preconception/interconception health and prenatal care to PHS clients, community partners, and health care providers. [Integration, Communication]
3. **Consistent Evaluation:** Improve Public Health Services' capacity to evaluate and measure birth outcomes by collecting uniform measures related to birth weight and gestational age at birth across all PHS prenatal programs. [Integration, Evaluation]



## Addressing Birth Outcomes through Quality Improvement

In 2013, Public Health Services engaged in a quality improvement project to improve **collection and reporting of birth outcome data** in an electronic record keeping system. The project team (right) identified improvements for the existing electronic system and lessons learned for future systems capturing maternal and child outcome data. Improving capacity to evaluate and measure birth outcomes across all PHS prenatal programs is a strategy highlighted in this plan.



# Focus Area 2: Chronic Disease Prevention



## Goal 2: Eliminate preventable chronic diseases in Orange County.

### Why is this important?

Chronic diseases such as heart disease, stroke, cancer, and diabetes, are among the most common, costly, and preventable of health problems in the United States. Smoking, insufficient physical activity, and poor diet are responsible for many of these preventable diseases. An estimated 12.0% of Orange County adults and 9.8% of youth smoke. In 2009, 27.4% of Orange County adults reported eating 5 or more fruits and vegetables a day. The current USDA recommendations are to “make half your plate fruits and vegetables.” In 2010, 21.1% of Orange County adults reported engaging in no leisure-time physical activity over the past 30 days. The CDC recommends at least 150 minutes of moderate activity a week and muscle-strengthening activity at least 2 days a week.



### What are we doing now?

Health Promotion’s Tobacco Use Prevention Program (TUPP) collaborates with community organizations, cities, and school officials to offer **tobacco prevention and cessation** services. **Personal counseling** for smoking cessation is offered in-person and by phone.

Family Health and Health Promotion participate in efforts to promote nutrition and physical activity. Family Health’s Women, Infants, and Children (WIC) offers **education and financial assistance** for healthful food for low-income residents. The Nutrition Education and Obesity Prevention (NEOP) program reaches low-income families and provides **nutrition education and support** in school and community settings. The Nutrition and Physical Activity Collaborative (NuPAC), led by Family Health, **brings together partners** to improve nutrition and physical activity.

Health Promotion engages in **capacity building** activities that create changes in the built environment or increase access to healthy choices. The *Fifteen in Twenty-twenty* initiative partners with jurisdictions to create **environments** that are walkable and include options for healthy eating. The Chronic Disease and Injury Prevention program works with community partners to assess walkability and bikeability and supports annual Walk to School Day activities.



Lead: Amy Buch, Health Promotion

Chronic Disease Prevention  
Work Group:

- Mary Agatha-Okpala
- Sarah Hoang
- Emily Bangura
- Travers Ichinose
- Janene Bankson
- Kasie Leung
- Kelly Broberg
- Anna Luciano
- Claudia Curiel
- Duc Quan
- Raphael Garstka

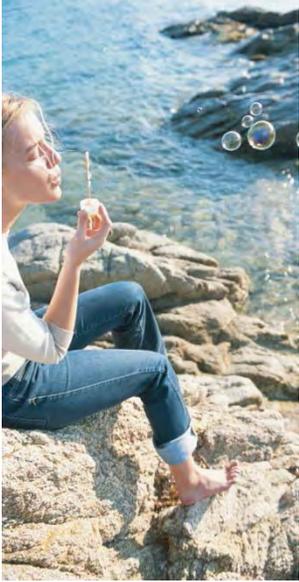


### Aligning with Community Goals

The goals, objectives, and strategies in this focus area align with those in the Obesity and Diabetes priority area of the *Orange County Health Improvement Plan*. The community health improvement plan calls for increasing the proportion of residents with healthy weight status and reducing rates of diabetes.

# Focus Area 2: Chronic Disease Prevention

## What are we going to do?



**Objective 2.1:** By 2017, reduce the proportion of **adolescents who smoke** by 3%.

### Strategies

1. **Targeted Interventions:** Target youth with highest rates of smoking with evidence-based prevention and cessation services. [Community Engagement, Evaluation]
2. **Reducing Youth Access to Tobacco:** Provide and promote the “Five Star Merchant” campaign, which publicly acknowledges merchants who follow existing laws and do not sell tobacco to minors. [Collaboration, Communication, Policy Development]
3. **Cessation Services:** Promote cessation services through a standard protocol for screening and referral to cessation services within PHS, mass media efforts, mobile phone options, and information for referrals. [Integration, Collaboration, Communication]
4. **Smoke-Free Environments:** Provide technical assistance and support to local government, communities, businesses, and organizations on smoke-free environments. [Collaboration, Policy Development, Community Engagement]

**Objective 2.2:** By 2017, increase the proportion of children, adolescents, and adults eating the recommended amount of **fruits and vegetables** a day by 3%.

### Strategies

1. **Consistent Messaging:** Increase knowledge and awareness about healthful food choices by aligning all PHS nutrition education messages with the national “My Plate” message and promoting similar messages in the community. [Integration, Communication]
2. **Access to Healthy Food Options:** Increase access to high-quality, low-cost, healthy food options through promotion and linkage to Cal Fresh and WIC. [Integration]
3. **Assess Food Environment:** Conduct assessments of local food environments (e.g., Healthy Retail Campaign, CX3) to better understand access-related needs. [Evaluation]



**Objective 2.3:** By 2017, increase the proportion of residents engaging in **physical activity** by 3%.

### Strategies

1. **Promotional Campaign:** Implement or adopt an already established physical activity promotional campaign that offers resources and tips promoting physical activity opportunities. [Communication]
2. **Web Resource:** Launch web resource for promoting physical activity, proper nutrition, and smoking. [Communication, Community Engagement]
3. **Land Use Planning:** Increase health-promoting environments by supporting local government and community land use planning-related activities. [Collaboration, Policy Development, Community Engagement]

# Focus Area 3: Chronic Disease Management



**Goal 3: Reduce disability and premature death by optimizing management of chronic diseases.**

## Why is this important?

A chronic disease is a long-lasting condition that can be controlled, but may not be cured, such as heart disease or stroke. Chronic diseases account for 7 in 10 deaths in Orange County. As a nation, 75% of our health care dollars are used to treat chronic diseases. Diabetes is a major contributing factor of heart disease and stroke, and is itself the 8<sup>th</sup> leading cause of death in Orange County. Over 7% of Orange County adults report being diagnosed with diabetes; of those, 64% reported being very confident that they could control and manage their diabetes. Of the estimated 8% of Orange County residents with heart disease, 60% reported being very confident that they could control and manage the disease. Management of conditions such as obesity, high blood pressure (hypertension), diabetes, and high cholesterol can help to decrease illness and death due to these conditions.



## What are we doing now?

Public Health Services has several programs that help individuals prevent and manage their chronic disease. Programs that address tobacco use, nutrition, and physical activity all help in management of chronic diseases and are discussed under **Focus Area 2: Chronic Disease Prevention**. In addition to those programs, Public Health Nursing's Adult Public Health Nursing Services (APHNS) provides **assessment and case management** services for adults with chronic illnesses and **group education** on chronic disease self-management. Public Health Nurses also work with families with children diagnosed with diabetes or asthma.



With the success of antiretroviral therapies in prolonging the lives of those living with HIV, the disease is increasingly treated as a chronic condition. Disease Control and Epidemiology provides **HIV ambulatory medical care** at 17<sup>th</sup> Street Testing, Treatment and Care and **support services** funded through HIV Planning and Coordination that help individuals living with HIV manage their disease.

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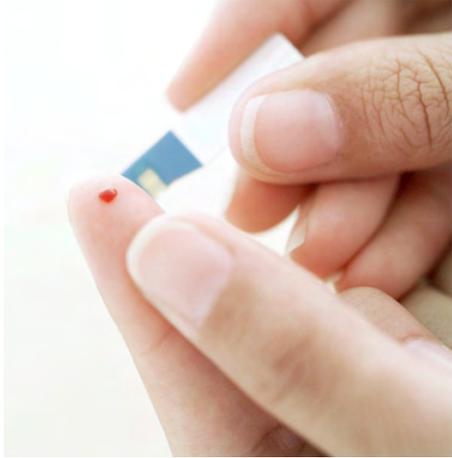


## Aligning with Community Goals

The goals, objectives, and strategies in this focus area align with objectives in the Older Adult Health priority area of the **Orange County Health Improvement Plan**. The community health improvement plan calls for reducing health complications associated with chronic diseases in older adults.

# Focus Area 3: Chronic Disease Management

## What are we going to do?



**Objective 3.1:** By 2017, reduce **avoidable hospitalizations or ED visits** related to hypertension, diabetes, or cardiovascular conditions by 2%.

**Objective 3.2:** By 2017, increase the proportion of individuals with chronic diseases that are comfortable with **self-management** of their chronic disease by 2%.

### Strategies

1. **Case Management:** Promote and expand case management for individuals who over-utilize emergency department services. [**Integration, Collaboration**]
2. **Self-Management:** Promote and expand evidence-based chronic disease self-management programs for individuals with chronic diseases. [**Communication, Community Engagement**]
3. **Patient Education:** Provide evidenced-based patient education services that build and strengthen self-efficacy skills that foster optimal disease management and healthy behaviors. [**Collaboration, Communication, Community Engagement**]
4. **Early Identification/Intervention:** Provide health care providers (in clinical and non-clinical settings) with resources useful for screening, diagnostic testing, monitoring, and/or managing select chronic diseases. [**Collaboration**]
5. **Public Information:** Create and publish public health messages promoting appropriate management of chronic diseases. [**Integration, Communication**]
6. **Mobilizing Partnerships:** Strengthen collaboration, coordination, and integrated continuum of care service linkages among community providers that will encourage each patients' active involvement in managing their chronic disease while maintaining healthy behaviors. [**Collaboration, Community Engagement**]

# Focus Area 4: Reproductive and Sexual Health



## Goal 4: No new STD or HIV infections in Orange County.

### Why is this important?

In 2013, there were about 8,500 cases of chlamydia, 1,400 cases of gonorrhea, nearly 300 cases of infectious syphilis, and over 200 new cases of HIV in Orange County. Sexually transmitted diseases (STDs) can lead to severe medical complications including reproductive health complications, such as infertility and ectopic pregnancy. STDs may also increase the likelihood of transmission of HIV. HIV is a virus that harms the body's immune system, which leads to more serious infections and causes AIDS.

### What are we doing now?

Disease Control and Epidemiology includes programs that monitor, prevent, treat, and provide linkages to services for STDs and HIV. Epidemiology and Assessment and HIV Surveillance **monitor** trends in STDs and HIV. HIV Planning and Coordination funds **HIV prevention, care, and support services** through County and community providers. **Clinical services**, including STD testing and treatment and HIV ambulatory care, are provided at 17<sup>th</sup> Street Testing, Treatment and Care. The Public Health Lab conducts tests for PHS clinics to **determine the type** and strains of disease. Health Promotion provides community and provider **education and training** through its STD Community Intervention Program (SCIP).

### What are we going to do?

**Objective 4.1:** By 2017, reduce three-year average **gonorrhea rates** by 3%.

#### Strategies

1. **Partner Services:** Provide services that help infected individuals in high-risk groups disclose exposure risks to sex partners. [**Community Engagement**]
2. **Medical Provider Education:** Educate community providers to improve screening, treatment, and referrals for at-risk individuals. [**Collaboration**]

**Objective 4.2:** By 2017, reduce the number of **new HIV infections** by 5%.

#### Strategies

1. **Linkage to Care:** Improve use of laboratory surveillance information to target linkage services to HIV-positive individuals who have fallen out of care in order to bring them back into care. [**Integration, Collaboration**]
2. **Routine HIV Testing:** Increase routine HIV testing in medical settings to identify and treat HIV-positive individuals. [**Collaboration**]
3. **Partner Services:** Promote and expand services that help infected individuals disclose exposure risks to their sex or needle-sharing partners, test for infection, and provide treatment and linkage services for partners testing positive for disease. [**Collaboration, Community Engagement**]

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# Focus Area 5: Food Safety



## Goal 5: Improve food safety and prevent foodborne illnesses.

### Why is this important?

Each year, the Orange County Health Care Agency receives 800-1,000 reports of foodborne illness, with a resulting 20-40 foodborne outbreaks. Foodborne illnesses can result from exposure to contaminated food prepared at home or at a restaurant or market. Many foodborne illnesses can be prevented with proper food handling and preparation.

### What are we doing now?

Various programs within Public Health Services are involved in the prevention, reporting, and investigation of foodborne illnesses. Environmental Health operates a **Foodborne Illness Hotline**, which takes calls from individuals who believe they have a foodborne illness. Epidemiology and Assessment within the Disease Control and Epidemiology Division receives **reports** of reportable diseases that are foodborne and, when appropriate, works with Environmental Health to conduct **investigations** to determine the source and risk of the outbreak. The Public Health Laboratory provides clinical testing to help to determine specific pathogens causing disease and whether individual illnesses may be related. Environmental Health works with restaurants by providing **education** and conducting **inspections** to ensure that staff are adhering to health and safety codes regarding food handling. When appropriate, Public Health Services also alerts the public to **inform** them about possible exposures to a foodborne illnesses.



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## Addressing Foodborne Illnesses through Quality Improvement

In 2013-14, Public Health Services engaged in two quality improvement projects related to foodborne illness investigations:

One project focused on **decreasing the number of days for foodborne illness investigations**. The project identified bottlenecks in the case investigation process and explored changes in staffing structures to improve work flow. As a result of this project, Public Health Services has streamlined the process to complete case investigations on enteric illnesses (generally due to food) where the patient can be contacted.

The second project focused on **improving communication in the conduct of foodborne illness investigations**. The project brought together key stakeholders and decision makers to identify their needs during an investigation. The team is now developing a protocol for foodborne illness outbreak communications.

# Focus Area 5: Food Safety

## What are we going to do?



**Objective 5.1:** By 2017, reduce the rate of **foodborne illnesses cases** in Orange County by 5%.

### Strategies

1. **Food Worker Education:** Improve education for food workers to stay home when ill through written and web-based materials. [**Communication**]
2. **Restaurant Education Programs:** Implement restaurant education programs that address education about food handling and staying home when ill. [**Collaboration**]
3. **State Certification Curriculum:** Ensure that the subject of illness notification and prevention is addressed in the food handler State certification curriculum. [**Collaboration, Policy Development**]
4. **Education in Schools:** Work with Department of Education to provide safe food handling information to children. [**Collaboration, Communication**]
5. **Community Partnerships:** Coordinate with supermarkets and cities to provide education about food handling. [**Communication, Community Engagement**]
6. **HCA Partnerships:** Partner with Health Care Agency programs to distribute safe food handling information. [**Integration, Collaboration, Communication**]

**Objective 5.2:** By 2017, reduce the number of restaurants and markets found to have violations related to **improper hand washing** during inspections by 10%.

### Strategies

1. **Educational Materials in Food Facilities:** Develop and distribute improved educational materials on proper hand washing to food facilities consistent with the FDA's *Oral Culture Learner Project*. [**Communication**]
2. **Reinforced Messaging During Inspections:** Emphasize proper hand washing with workers during inspections. [**Communication, Community Engagement**]



**Objective 5.3:** By 2017, reduce by 50% the number of days required to complete **case investigations** on all cases of enteric illnesses where a patient can be contacted. (See description of Quality Improvement Project One on previous page)

### Strategy

**Efficient Investigations:** Using quality improvement processes, identify and address delays and obstacles in current processes. Align existing resources of various divisions working on foodborne illness investigations within Public Health Services. [**Integration, Collaboration**]

# Acknowledgements

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# Reference Documents

The following are reference documents that are helpful in providing context to this plan.

## Orange County Assessments and Plans



The **Orange County Health Improvement Plan** is Orange County's community health assessment and community health improvement plan. Available at: <http://ohealthinfo.com/about/admin/pubs/OHealthimprovementplan>



The **Orange County Health Profile** shows trends and disparities in more than 70 key health and health-related indicators. Available at: <http://ohealthinfo.com/about/admin/pubs/hp>



The **Health Care Agency Business Plan** provides an overview of programs, services, and goals of the Orange County Health Care Agency. Available at: <http://media.ocgov.com/gov/health/about/admin/business.asp>

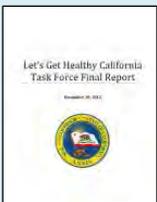


The **Public Health Services Quality Improvement (QI) Plan** provides the context and framework for QI activities within Public Health Services. Available on the Health Care Agency Employee Intranet at: [http://intranet/docs/phs/qi/PHS\\_QI\\_Plan\\_2014.pdf](http://intranet/docs/phs/qi/PHS_QI_Plan_2014.pdf)



The **Public Health Services Workforce Development Plan** is the working plan outlining key assessment findings and training priorities for Public Health Services. Available on the Health Care Agency Employee Intranet at: <http://intranet/phs/training>

## State and National Resources



**Let's Get Healthy California** is a 10-year plan for improving the health of Californians. More information available at: <http://www.chhs.ca.gov/pages/LGHCTF.aspx>



The **CDC's Winnable Battles** are the Centers for Disease Control and Prevention's public health priorities with large-scale impact on health and with known effective strategies to address them. More information available at: <http://www.cdc.gov/winnablebattles/>



The **National Prevention Strategy** identifies strategic directions and targeted priorities to guide the nation's prevention efforts. More information available at: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/>



The **Guide to Community Preventive Services** is a website that houses the official collection of all Community Preventive Services Task Force findings and reviews for interventions aimed at improving community health. More information available at: <http://www.thecommunityguide.org>

Orange County Health Care Agency  
Public Health Services

# Strategic Plan

2014-2016

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