Overview

- Update of MAPP Process
- Vision Statement
- Forces of Change Assessment Findings
- Community Themes and Strengths Assessment Findings
- Community Health Status Assessment
- Identifying Areas for Community Health Improvement
Mobilizing for Action through Planning and Partnerships
From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing

MAPP Steering Committee Vision Statement
Values

Accountability
Collaboration
Equitable
Evidence Informed and Data Driven
Responsiveness
Questions Addressed in the Four MAPP Assessments

<table>
<thead>
<tr>
<th>Forces of Change Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ What forces affect how to take action?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Themes and Strengths Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Why do health conditions exist?</td>
</tr>
<tr>
<td>➢ What assets are available in the community?</td>
</tr>
<tr>
<td>➢ What is the quality of life in the community?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health Status Assessment (Indicators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ What health conditions exist in the community?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Public Health System Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ What system weaknesses must be improved?</td>
</tr>
<tr>
<td>➢ What system strengths can be used?</td>
</tr>
<tr>
<td>➢ What short-term or long-term system performance opportunities are there?</td>
</tr>
</tbody>
</table>
Forces of Change
Assessment: Key Findings

HELD DECEMBER 2, 2015
What is occurring that will affect the local public health system or community?

21 members of the MAPP Steering Committee participated

We captured opportunities and/or threats for each one

The top four responses based on number of groups are:

- 2016 presidential election (8)
- No action to improve the affordability of housing (5)
- Senior/aging population and workforce (5)
- Climate change (5)
What is occurring that will affect the local public health system or community? (continued)

Movement to increase the minimum wage
Access to broadband telecommunications data
Affordable Care Act – volume to value payment model
Immigration reform
Increase use and dependency of technology
Decrease in educational achievement

Attention to equity and closing gaps
El Niño (flooding)
County North-South divide
Increase in the ratio of rich to poor (economic disparities)
Increase in diverse populations, especially Mexican indigenous population leading to a shift in demographics
What is occurring that will affect the local public health system or community? (continued)

<table>
<thead>
<tr>
<th>Community level politics/Take Back Santa Cruz</th>
<th>Legalization of medical marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trending issues such as e-cigarettes</td>
<td>Right to die</td>
</tr>
<tr>
<td>Integrated behavioral health</td>
<td>Decreasing opportunities for college graduates</td>
</tr>
<tr>
<td>Disease outbreaks (includes novel infectious agents)</td>
<td>Combination of political campaigning and terrorism</td>
</tr>
<tr>
<td>Natural disasters</td>
<td>Shortage of agriculture workers</td>
</tr>
<tr>
<td>Inconsistent funding opportunities</td>
<td>Changes in the agriculture industry</td>
</tr>
<tr>
<td></td>
<td>Proposition 47 and other criminal justice reforms</td>
</tr>
</tbody>
</table>
What is occurring that will affect the local public health system or community? (continued)

Narrative of who is deserving of services

Increase in Obesity

Homelessness (increase)

Economic Opportunity

Public health accreditation

1115 MediCal/drug expense waiver and newly insured

Many strategic plan initiatives in Santa Cruz County

Staff recruitment and changes in leadership
Community Themes and Strengths Assessment: Community Dialogues

WHAT IS IMPORTANT TO OUR COMMUNITY?
PERCEPTIONS ABOUT QUALITY OF LIFE?
WHAT ASSETS DO WE HAVE?
Conducted 11 Community Dialogues across the County

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (&lt;18 years)</td>
<td>8</td>
<td>13.1%</td>
</tr>
<tr>
<td>Adults (18-59 years)</td>
<td>31</td>
<td>50.8%</td>
</tr>
<tr>
<td>Seniors (&gt;60 years)</td>
<td>22</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>14</td>
<td>23.0%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>35</td>
<td>57.3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Native American/Indian</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>More than one race/ethnicity</td>
<td>5</td>
<td>8.2%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6.6%</td>
</tr>
<tr>
<td>Refused</td>
<td>1</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
Conducted 11 Community Dialogues across the County

<table>
<thead>
<tr>
<th>Language</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>51</td>
<td>83.6%</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>English/Spanish</td>
<td>8</td>
<td>13.1%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>44</td>
<td>72.1%</td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>26.2%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children Living at Home</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>26.2%</td>
</tr>
<tr>
<td>No</td>
<td>43</td>
<td>70.5%</td>
</tr>
<tr>
<td>Refused</td>
<td>2</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
Five Most Frequent Themes

- Substance use
- Mental health
- Homelessness
- Food and nutrition
- Public safety
Perceived relationships among themes as discussed by community dialogue participants.
Community Health Status Assessment: Key Findings

- WHAT HEALTH CONDITIONS EXIST IN THE COMMUNITY?
Categories of Indicators

Economic
Educational Factors
Social Environment Factors
Safety Factors
Healthcare Access and Quality
Quality of Life
Behavioral Risk Factors
Environmental Factors

Social and Mental Health Factors
Maternal and Child Health Factors
Death, Illness, and Injury
Infectious Disease
Economic Factors

- Percent Unemployed
- Percent of Households below Self-sufficiency Income Standards
- Percent of Children under 18 below 100% Federal Poverty Level
Percent Unemployed, Santa Cruz County and California, 2006-2016 (May)

Source: Bureau of Labor Statistics — Local Area Unemployment Status Map
Percentage of Households Below Self-Sufficiency Income Standards, Santa Cruz County, 2012

- Total Households
- White
- Latino
- Bachelor's degree or higher
- Some college
- High school diploma
- Less than high school

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

SOURCE: ???
Educational Factors

- Percent of Public School 3rd Grade Students Tested Who Score Proficient or Advanced on Reading Test
- Percent High School Students Who Graduate in 4 Years (including GED/special certificate)
- Percent of Children Eligible for Subsidized Preschool Who Are Not Enrolled
### English Language Arts/Literacy Achievement Level, Santa Cruz County, 2015

<table>
<thead>
<tr>
<th>Grade</th>
<th>Standard Not Met</th>
<th>Standard Nearly Met</th>
<th>Standard Met</th>
<th>Standard Exceeded</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Grade</td>
<td>40%</td>
<td>40%</td>
<td>35%</td>
<td>16%</td>
</tr>
<tr>
<td>4th Grade</td>
<td>35%</td>
<td>28%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>5th Grade</td>
<td>30%</td>
<td>28%</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>6th Grade</td>
<td>27%</td>
<td>34%</td>
<td>30%</td>
<td>23%</td>
</tr>
<tr>
<td>7th Grade</td>
<td>23%</td>
<td>30%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>8th Grade</td>
<td>21%</td>
<td>34%</td>
<td>34%</td>
<td>28%</td>
</tr>
<tr>
<td>11th Grade</td>
<td>15%</td>
<td>28%</td>
<td>34%</td>
<td>28%</td>
</tr>
<tr>
<td>All</td>
<td>15%</td>
<td>28%</td>
<td>34%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: California Assessment of Student Performance and Progress, 2015. Test Results for English Language Arts/Literacy and Mathematics.
High School Graduation Percentage, by School District, Santa Cruz County, 2010-2014

Source: California Department of Education, via Santa Cruz County CAP Report 2015
Students Eligible for Subsidized Pre-School, but not Served, by Zip Code, Santa Cruz County, 2015

Source: Santa Cruz County Child Care Planning Council Priorities Report, 2015, via CAP Report
Social Environment Factors

• Number of Homeless
• Number of People Who Receive CalFresh “Food Stamps”
• Percent of People Who Feel that “the People in Your Neighborhood often Help Each Other”
Average Number of People Served Monthly by CalFresh, Santa Cruz County, 2008-2015

Source: County of Santa Cruz Human Services Department Annual Report 2015
"Do People In Your Neighborhood Help Each Other Out?" – by Ethnicity, 2015

Source: Applied Survey Research. 2015 Santa Cruz County Community Assessment Project, Telephone Survey.
Safety Factors

- Violent Crimes per 100,000 People
- Substantiated Cases of Child Abuse per 1,000 Children under 18
Violent Crimes, Santa Cruz County, 2005 - 2014

SOURCE: Crimes and Clearances https://oag.ca.gov/crime/cjsc/stats/crimes-clearances; CA Highway Patrol - Santa Cruz & Cabrillo College & Capitola & Pajaro Coast DPR & Santa Cruz & Santa Cruz Co. Sheriff's Department & Santa Cruz Mtns. DPR & Scotts Valley & Union Pacific RR - Santa Cruz & Watsonville
Rate of Substantiated Cases of Child Abuse per 100,000 Children, Ages 0-17, Santa Cruz County and CA, 2008 - 2014

Cases per 1000 Children

2008: Santa Cruz Co. - 12.2, California - 9.7
2009: Santa Cruz Co. - 9.2, California - 9.1
2010: Santa Cruz Co. - 8.7, California - 7.6
2011: Santa Cruz Co. - 10.6, California - 9.4
2012: Santa Cruz Co. - 9.2, California - 8.0
2013: Santa Cruz Co. - 9.1, California - 7.4
2014: Santa Cruz Co. - 9.0, California - 6.8

SOURCE: ???
Health Care Access and Quality

• Percent Uninsured (18-64)
• Ratio of Population to Primary Care Physicians
• Percent of Population Who Received Dental Care in Past 12 Months
Percentage of Adults (18-64) Currently Insured, Santa Cruz County, 2010-2014

Source: California Health Interview Survey, via Santa Cruz County CAP Report 2015
Primary Care Provider Ratio (PCPs per 100,000 Population), Santa Cruz County and California, 2010-2013

Source: http://www.healthindicators.gov/Indicators/Primary-care-providers-per-100000_25/Profile
Percentage Receiving Dental Care in Last 12 Months, Santa Cruz County, 2013 & 2015

Source: Santa Cruz County Community Assessment Project, Telephone Survey
Quality of Life

• Percent Who Report Health Is Excellent, Very Good, or Good
• Average Number of Days during Past 30 Days when Mental Health Was “Not Good”
Percentage of Adults (18+) Reporting “Good,” “Very Good,” or “Excellent” General Health Status, Santa Cruz County and California, 2003-2011/12

SOURCE: CHIS, restricted to 18+
Average Number of Days When Physical or Mental Health Was “Not Good” During Past 30 Days, Santa Cruz County and California, 2006-2012

Behavioral Risk Factors

- Percent of Overweight or Obese Adults
- Percent of 11\textsuperscript{th} Graders Who Report Cigarette Smoking in Last Month
Obesity Trends Among U.S. Adults

*Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥30, or ~30 lbs. overweight for 5’4” person*)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends Among U.S. Adults

*Obesity Trends* Among U.S. Adults
BRFSS, 2010
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person*)

Source: Behavioral Risk Factor Surveillance System, CDC.
Overweight and Obesity Trends Among Adults, CA and U.S. 1990-2013

SOURCE: ???
Percentage of 11th Grade Students Who Smoked Within the Last Month, Santa Cruz County, 2010-2014

School years shown are for Santa Cruz County; time periods for California overlap, but match only approximately.

Source: California Healthy Kids Survey, via Santa Cruz County CAP Report 2015
Environmental Health Factors

- Percent of Air Quality Complaints
- Average Commute Time to Work
Commute Time to Work, Santa Cruz County, 2008-2014

Social and Mental Health Factors

- Age-adjusted Suicide Rate
- Percent Who Think It Is Acceptable for Adults to Provide Alcohol to Persons under 21, Other than Own Children, in Their Home
Suicides per 100,000 Residents, Santa Cruz County, California, and U.S., 1995-2014

Maternal and Child Health Factors

- Percent of Births for which Mother Received Prenatal Care in First Trimester
- Percent of Mothers Who Exclusively Breastfeed at Birth
- Percent of Child Care Center and Kindergarten Entrants Who Receive All Immunizations
Percent Early Prenatal Care, CA Compared to Santa Cruz County, 1994 - 2013

Percent Early Prenatal Care, White Compared to Latina Mothers, Santa Cruz County, 1994 - 2013

Percentage of Mothers Exclusively Breastfeeding at Birth, by Infant Ethnicity, Santa Cruz County and California, 2013

Percentage of Mothers Exclusively Breastfeeding at Birth, by Infant Ethnicity, Santa Cruz County, 2010-2013

- **White:**
  - 2010: 92.3%
  - 2011: 90.6%
  - 2012: 95.0%
  - 2013: 94.3%

- **Latino:**
  - 2010: 65.3%
  - 2011: 65.0%
  - 2012: 78.3%
  - 2013: 80.5%
Percentage of Child Care Attendees Fully Vaccinated or With Personal Belief Exemptions (PBE), Santa Cruz County and California, 2014-15

Fully Vaccinated

Santa Cruz Co: 0.7648
California: 89.4%

PBE

Santa Cruz Co: 0.0759
California: 2.7%

Percentage of Kindergartners Fully Vaccinated or With Personal Belief Exemptions (PBE), Santa Cruz County and California, 2014-15

Death, Illness, and Injury

- Leading Causes of Death
Age-Adjusted Rates of Death per 100,000 Population by Cause, 2012 - 2014

SOURCE: ???
Infectious Disease

- Rates of Chlamydia, Gonorrhea, and Syphilis
- Rates of Measles, Pertussis, and Other Vaccine Preventable Diseases
Average Annual Numbers of Selected Reportable STIs, Santa Cruz County, 2011-12 and 2013-14

* Infectious syphilis includes primary, secondary, and early latent stages.
Infectious Syphilis Rates by Year of Diagnosis, United States (2007-2013), California, and Santa Cruz County, 2007-2014

Source for Santa Cruz data: County of Santa Cruz, Public Health Department, Communicable Disease Unit (unpublished data). Accessed through CalREDIE on April 22, 2015
Pertussis Incidence Rates per 100,000 Population, Santa Cruz County and California, 2010-2014

Identifying Areas for Improvement
Next Step: Create a Community Health Improvement Plan
The Community Health Improvement Plan (CHIP) is the roadmap that directs the partners toward its vision. From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing.

The CHA describes the current status of the community’s health.

Community Health Improvement Planning
Discuss Strategic Issues

• What issues are critical to the success of the local public health system?
• What fundamental policy choices or critical challenges must be addressed in order for the community to achieve its vision?

*From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing*
Determine if an Issue is Strategic

Is the issue related to our community’s vision?
Will the issue affect our entire community?
Is the issue something that will affect us now and in the future?
Will the issue require us to change the way we function?
In order to address the issue, do we need leadership support?
Are there long-term consequences if we do not address this issue?
Does the issue require the involvement of more than one organization?
Create List of Strategic Issues
Prioritization

Uses an agreed upon set of criteria
Helps to identify which issues are most pressing
Aids in coordinating and focusing efforts

Note that there are quality tools available to make the process more objective
Prioritization Criteria

Feasibility: Is it realistically doable given the available resources?

Seriousness: To what degree does this issue lead to death, disability, or impairment to quality of life?

Community Reach: To what extent are we reaching all communities?
Using the Prioritization Matrix

Issues are placed in both the column (x) and row (y) headers

Using predetermined criterion, compare x with y

- Does x contribute more than y to the goal, using the specified criterion
- 1: x and y are equally important
- 5: x is significantly more important
- 10: x is exceedingly more important
- 1/5 or 0.2: x is significantly less important
- 1/10 or 0.1: x is exceedingly less important
Prioritization Matrix (cont’d)

Assign a value to the issue contributing more and the reciprocal score to the other issue.

Total the scores by row and prioritize the issues, highest to lowest.

Calculate the relative decimal value by adding the row total column then take each row total and divide by the grand total.

Create a list in order of priority (highest values have highest priority).
### Criteria: Financial Feasibility

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesive &amp; broad health education programs</td>
<td>0.1 0.2 0.1 0.1 5.0 1.0 5.0 1.0</td>
<td>12.50</td>
</tr>
<tr>
<td>Population Growth Management</td>
<td>10.0 1.0 0.2 0.2 10.0 5.0 10.0 10.0</td>
<td>46.40</td>
</tr>
<tr>
<td>Cultural Competance</td>
<td>5.0 1.0 1.0 1.0 5.0 5.0 10.0 10.0</td>
<td>38.00</td>
</tr>
<tr>
<td>Collective Impact</td>
<td>10.0 5.0 1.0 1.0 1.0 5.0 5.0 10.0 10.0</td>
<td>47.00</td>
</tr>
<tr>
<td>Community Engagement &amp; Collaboration</td>
<td>10.0 5.0 1.0 1.0 1.0 5.0 5.0 10.0 10.0</td>
<td>47.00</td>
</tr>
<tr>
<td>Chronic Disease Prevention (Diabetes priority)</td>
<td>0.2 0.1 0.2 0.2 0.2 1.0 5.0 5.0 10.0</td>
<td>11.90</td>
</tr>
<tr>
<td>STDs</td>
<td>1.0 0.2 0.2 0.2 0.2 1.0 5.0 5.0</td>
<td>12.80</td>
</tr>
<tr>
<td>African American Disparities</td>
<td>0.2 0.1 0.1 0.1 0.2 0.2 1.0</td>
<td>2.00</td>
</tr>
<tr>
<td>Workforce</td>
<td>1.0 0.1 0.1 0.1 0.2 0.2 1.0</td>
<td>2.80</td>
</tr>
</tbody>
</table>
FACILITATED SMALL GROUP WORK

Review Your Group’s Issues to Prioritize them
Next Steps