

2017 – 2021
Placer County
Community Health Improvement Plan



Prepared by:
Placer County Public Health Division



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Message from the Local Health Officer

The Placer County Public Health Division, in partnership with many community stakeholders, is proud to present the 2017-2022 Placer County Community Health Improvement Plan (CHIP).

The Placer County CHIP is an action-oriented, living document created to help the community improve the strategic areas of Health and Wellness, Healthcare Access and Behavioral Health, and Communication and Collaboration. The strategic areas include goals and objectives for the next five years and work plans that will be updated periodically. If applicable, the goals and strategies are aligned with national standards such as Healthy People 2020.

Implementation of the Placer County CHIP will begin in September 2017 and comprises of a collaborative approach throughout the county. One goal of the Placer County CHIP is for community partners to work together with the Placer County Public Health Division and align program development, strategies, and resources to improve the health and quality of life for all. If you would like to be a part of this collective effort, please review page 8 for contact information. You may also refer to www.placerdashboard.org for updates on the CHIP.

Thank you for all of your support and help in advancing the health of Placer County residents. We look forward to working with you!

Be Well,

Rob

Robert L. Oldham, M.D., M.S.H.A.
Placer County Health Officer/ Division Director

Introduction to MAPP Process

MAPP Phase 1: Organizing for Success and Developing Partnerships

In April 2015, the Placer County Public Health Division decided to seek Public Health Accreditation, and it was agreed upon that following the Mobilizing for Action through Planning and Partnerships (MAPP) model would ultimately prepare the Division for Public Health Accreditation. The MAPP model was adapted from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), and provides a guide for community-driven strategic planning to improve the community's health. The group of individuals within the Public Health Division tasked with guiding the MAPP process was termed the MAPP Core Team.

In June 2015, individuals representing various community agencies and organizations convened at the Placer County Public Health Division to embark upon a comprehensive health improvement process for Placer County. The group was subsequently named the Be Well Placer MAPP Committee, and served to guide the MAPP process which would lead to the development of a community health improvement plan to address identified health concerns.

The Be Well Placer MAPP Committee agreed that no single entity provides public health services in Placer County, and all entities make important contributions to the local public health system. The committee further agreed that successful implementation of a well-coordinated community health plan requires a community-driven and community focused process that actively involves a variety of partners within the local public health system.

Representatives from following organizations participated in the Be Well Placer MAPP Committee:

Auburn Police Department	Placer People of Faith
Community Collaborative of Tahoe Truckee	Rocklin Police Department
First Five Placer	Roseville Joint Union High School District
Kaiser Permanente	Sierra College
Latino Leadership Council	Sutter Roseville
Placer County Public Health Division	Tahoe Forest Health System Foundation
Placer County Office of Education	
Placer County Children's System of Care	

MAPP Phase 2: Visioning

In July 2015, 21 representatives from various community agencies and organizations convened at the Placer County Public Health Division for a “MAPP Kickoff Meeting.” This meeting included a presentation on the MAPP phases, a discussion about member involvement and expectations, and finally a visioning activity.

Visioning is the second phase of MAPP and serves to guide the community through a collaborative, creative process with the ultimate goal of creating a community vision and common values. Vision and value statements provide focus, purpose, and direction to the MAPP process so that participants collectively achieve a shared vision for the future. A *shared community vision* provides an overarching goal for the community—a statement of what the ideal future looks like. The visioning exercise offers a useful mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases.

To conduct the visioning exercise, committee members were asked to join with a partner and write 2 words or ideas that describe “perfect health in Placer County” on provided sticky notes. The ideas were gathered, and the MAPP Core Team reviewed them in a subsequent meeting. Draft vision statements were prepared and distributed to Be Well Placer MAPP Committee Members for feedback. The Be Well Placer MAPP Committee agreed upon the following vision statement, which provided the framework and direction for the remainder of the community-driven strategic planning process.

Vision Statement

“We envision a Placer without barriers that fosters collaboration and opportunities where the health, welfare, and safety of everyone is promoted, enhanced, and protected.”

MAPP Phase 3: The Four Assessments

Between November 2015 and March 2016, the MAPP Core Team completed the four MAPP assessments: Community Themes and Strengths, Community Health Status, Forces of Change, and Local Public Health System Assessment. Assistance was requested from community members and key stakeholders when necessary.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) obtains insight from the community about important health and quality of life issues. The assessment seeks to answer the question: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The LPHSA is a broad assessment involving all of the organizations and entities that contribute to public health in the community. It uses a nationally recognized tool called the National Public Health Performance Standards Local Assessment Instrument to score the local public health systems performance with regard to the 10 Essential Public Health Services.

Community Health Status Assessment

The Community Health Status Assessment identifies priority community health and quality of life issues. The assessment is data-driven, and seeks to answer the questions: "How healthy are our residents?" and "What does the health status of our community look like?" The report includes data on life expectancies, social determinants of health, chronic disease, communicable disease, births and mortality, among other topics.

Forces of Change Assessment

The Forces of Change Assessment identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. The assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

MAPP Phase 4: Identify Strategic Issues

The fourth phase of the MAPP process consists of the identification of strategic issues. Strategic issues are critical challenges or political factors that must be addressed in order for a community to achieve its vision. Strategic issues are broad and serve as the foundation upon which actionable plans can be developed. This phase was conducted in two parts in March 2016, one by the MAPP Core Team and the other by the Be Well Placer MAPP Committee.

MAPP Core Team

The MAPP Core Team gathered in a two-meeting series. Core Team members were asked to read through the four MAPP assessments and identify the most prominent strategic issues within each report. Below is the list of all strategic issues identified, categorized by assessment.

Community Health Status Assessment	Local Public Health System Assessment
Food security Homelessness Provider shortages (Medi-Cal) Access to healthcare (rural locations) Healthy lifestyle choices Mental health Access to prenatal care Youth interventions (tobacco, bullying, teen pregnancy) Partnership establishment	Communication and information sharing Increase visibility of health promotion programs Partnership building Program evaluation (data) Community health improvement plan Monitor health statuses Lack of qualified public health work force Develop partnerships with higher education
Forces of Change Assessment	Community Themes and Strengths Assessment
Increasing aging population Mental health services Access to healthcare Community relations and partnership building Education for elected officials Emergency preparedness	Mental health Healthy lifestyle (obesity, nutrition, physical activity) Substance/drug abuse Lack of affordable housing Homelessness Barriers to healthcare Unsupportive built environment Poor environment for aging population Multi-county care/partnerships

Be Well Placer MAPP Committee

After the MAPP Core Team identified strategic issues from each assessment, the information was brought to the Be Well Placer MAPP Committee. Each strategic issue was written on a sticky note, and Be Well Placer MAPP Committee members participated in an affinity diagram exercise. Participants were asked to group the issues by topics of similarity. For example, "Healthy Lifestyle," "Substance/Drug Abuse," and "Healthy Lifestyle Choices" were all grouped together. Committee members then collectively selected a title for each group of issues identified. The example group above was coined "Health and Wellness Promotion and Intervention." In total, the Committee created and named 6

overarching groups of strategic issues. The committee then prioritized the strategic groups in the following order based on the desired need to address these issues within the community. The following list represents the strategic areas created by the Committee, with #1 being the area most prioritized:

1. Health and wellness promotion and intervention
2. Behavioral health
3. Healthcare access
4. Collaboration and communication
5. Basic needs
6. Environment for aging

Through discussions with other counties, it was recommended that Placer County select three strategic areas to incorporate into the Community Health Improvement Plan (CHIP). This would ensure that the CHIP included goals that were both feasible and reasonable given the size of Placer County and nature of our contributing partners. The MAPP Core team decided that Behavioral Health could be a subset of Healthcare Access, and the final three strategic areas that will be included in the CHIP are as follows:

1. Health and Wellness
2. Healthcare Access and Behavioral Health Services
3. Collaboration and Communication

MAPP Phase 5: Identify Strategic Issues

The fifth phase of the MAPP process consists of the formation of goals, outcome objectives, and process interventions to address the previously identified strategic areas and form the base of Placer County's Community Health Improvement Plan.

Between May and June 2016, the MAPP core team developed goals for each of the three strategic areas: 1) Health and Wellness, 2) Healthcare Access and Behavioral Health, and 3) Collaboration and Communication. The MAPP team generated outcome objectives and process interventions that would assist in achieving the established goal. The goals, objectives, and interventions include a combination of activities currently underway throughout the local public health system, as well as activities that the community would like to complete in the future while seeking a healthier environment.

After the potential strategic area goals, outcome objectives, and process interventions had been identified, the MAPP Core Team hosted three workgroups, one for each strategic area, and invited partners to attend and provide feedback. Local partners and community members were invited based on their areas of expertise. During the meetings, each goal, objective, and process intervention was discussed, and participants were asked to provide their open and honest feedback. All comments were documented and incorporated in the Community Health Improvement plan when appropriate. Together, these three strategic areas and their accompanying objectives and interventions will serve as roadmap to guide Placer's local public health system on how to best improve the health and quality of life of its community members.

Representatives from the organizations below participated in one or more of the three workgroups:

First Five Placer
Kids First
Latino Leadership Council
Placer County Office of Education
Placer County California Children's Services
Placer County Health and Human Services
Placer County Immunization Program
Placer County Public Health
Placer County Women's Infants and Children (WIC)
Tahoe Forest Hospital

MAPP Phase 6: Action Cycle

The sixth phase of the MAPP process consists of the planning, implementation, and evaluation of the Community Health Improvement Plan (CHIP).

To guide the CHIP, the Placer County Accreditation Team has assigned lead programs throughout the Placer County Health and Human Services Department (pg. 37-39). While the assigned leads serve as guides, community members and stakeholders throughout Placer County will assist in implementing the CHIP. Once a year, the Placer County Public Health Division Accreditation team will release a report detailing the progress made on the CHIP.

If you've identified any strategic goals of the CHIP that you would like to help implement, contact Cassie Call at (530) 886-3632, ccall@placer.ca.gov or the Placer County Public Health Division at (530) 889-7274.

2017 – 2021
Placer County
Community Health Improvement Plan

Strategic Area One: Health and Wellness

Strategic Area Goal: Create a community environment which provides access, opportunities, and encouragement for healthy lifestyles in Placer County.

Strategic Issue 1-A: Healthy Lifestyle Choices

Description of the health problem. Two areas were identified as key areas for healthy lifestyle choice intervention: 1) overweight and obesity and 2) physical activity. Overweight and obesity is a health condition that occurs when a person's Body Mass Index is over 25.0. A Body Mass Index above 25.0 "appears to be strongly correlated with various adverse health outcomes consistent with these more direct measures of body fatness"¹ Overweight and obesity can be the result of several contributing factors and behaviors. The issue is a concern because it is "associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the United States [from chronic disease]...including diabetes, heart disease, stroke, and some types of cancer."²

One of the many contributing factors to overweight and obesity is the lack of physical activity. Regular physical activity can reduce the risk for several chronic diseases (e.g., heart disease, stroke, diabetes) as well. Physical activity will also strengthen muscles, improve one's mental health and mood, and increase one's chances of living longer.³ The *2008 Physical Activity Guidelines for Americans* recommend 150 minutes of brisk walking every week for adults ages 18 and older.⁴

Data relevant to the health problem. The vast majority of Placer County youth in the 5th grade (74%) and 9th grade (75%) were at a healthy weight or underweight.⁵ However, 56% of Placer County adults ages 18 and older reported being overweight or obese.⁶ Over 43% of respondents in the "Placer County Community Themes and Strengths Assessment" stated 'obesity' as a public health concern in Placer County. Two factors for overweight and obesity

¹ Centers for Disease Control, "Defining Adult Overweight and Obesity." Accessed June 2017.

² Centers for Disease Control, "Adult Obesity Causes and Consequences." Accessed June 2017.

³ Centers for Disease Control, "Physical Activity and Health." Accessed June 2017.

⁴ Centers for Disease Control, "How much physical activity do adults need?" Accessed June 2017.

⁵ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 97

⁶ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 95

listed as a public health concern were “poor eating habits [nutrition]” (37%) and “not enough sidewalks or bike paths [built environment for physical activity]” (36%).⁷

About 78% of 7th grade students in Placer County reached the Healthy Fitness Zone in the California Physical Fitness Test, which means they have a high level of physical fitness.⁸ However, like the case between youth and adults in overweight and obesity, Placer County adults also regress in the area of physical fitness. From 2013-2014, only one-third of Placer County adults walked the recommended 150 minutes per week. The built environment may be a contributing factor to the low walking rates, according to the “Placer County Community Themes and Strengths Assessment.” Respondents reported the top three environmental concerns in Placer County are: speeding and traffic (45%), air pollution (38%), and not enough sidewalks or bike paths (36%).⁹

Relationship to Healthy People 2020 objectives.

Weight Status

NWS-8 Increase the proportion of adults who are at a healthy weight

NWS-9 Reduce the proportion of adults who are obese

Physical Activity

PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity

PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity

PA-13 Increase the proportion of trips made by walking

PA-15 Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities

Target populations. Target populations include, but aren’t limited to: Youth (Ages 12-17), Adult population (Ages 18 and older) who are currently obese or overweight, Healthcare service providers, and Adult population (Ages 18 and older).

⁷ Call, C. “Placer County Community Themes and Strengths Assessment.” (2017). pp. 7-8

⁸ Holland, A. “Placer County Community Health Status Assessment.” (2017). p. 103

⁹ Call, C. “Placer County Community Themes and Strengths Assessment.” (2017). pp. 7-8

Outcome objective (5+ years): By August 2022, decrease the prevalence of overweight and obese adults aged 18 and older by 5%. (Baseline data: 56% of adults reported being overweight or obese; California Health Interview Survey, 2014).

By August 2022, increase the rate of adults who self-report walking more than 150 minutes per week by 5%. (Baseline data: 30% of adults reported walking at least 150 minutes per week; California Health Interview Survey, 2013-2014).

Process interventions (1-4 years):

- 1) Identify specific populations within Placer County that may be priority areas
- 2) Ask healthcare service providers to talk to overweight and obese patients about options for losing weight and improving dietary and physical activity habits
- 3) Teach youth and adolescents how to prevent overweight and obesity in adulthood
- 4) Reduce barriers for obtaining nutritious fruits and vegetables and provide recipes and advice for utilizing the fruits and vegetables in a healthy manner
- 5) Offer worksite nutrition and physical activity programs to help employees of participating companies improve dietary and physical activity habits
- 6) Work with applicable parties (Planning Division, City Council, etc.) to increase walkability scores throughout Placer County
- 7) Encourage those involved with the County of Placer Parks and Trails Master Plan to map out walking trails in the county
- 8) Note barriers for walking safely in Placer County (i.e., sidewalk condition, streetlights working at night, crime rates)
- 9) Host a “Walk with a Cop” event
- 10) Educate youth and adolescents on the importance of continuing to be physically active into adulthood

Strategic Issue 1-B: Immunizations and Vaccinations

Description of the health problem. Immunizations and vaccinations can prevent and eradicate certain diseases. Childhood immunizations and vaccinations can protect children from illness and death. When a child is born, they have some immunity from diseases due to antibodies received from their mother. However, the immunity will decrease the first year of their life, which makes it important for children to receive immunizations and vaccinations in

order to reduce the chance of contracting certain illnesses. In fact, there are over 14 different vaccines that children should receive before the age of 6.¹⁰

According to the Placer County Public Health Division, "Seasonal influenza (also known as the flu) can lead to serious illness, including pneumonia."¹¹ The flu is contagious and serious flu cases can lead to hospitalization or death. While the flu can affect people of all ages, the elderly, young children, and people with particular health conditions are at a higher risk for developing complications from the flu. The most regarded tactic for not contracting the flu is to receive the seasonal influenza vaccine. Community members should receive the seasonal influenza vaccine as soon as it becomes available to help protect the health of the community, especially the previously mentioned vulnerable populations.

Data relevant to the health problem. In Placer County, only 77% of children entering preschool or childcare received all required immunizations. This is one of the lowest county-wide vaccination rates for children in the state and is significantly lower than the overall California state rate (91%). While 'California Senate Bill 277 Public Health: Vaccinations' require students to have required vaccinations before entering preschool or daycare, "medical exemptions may still be issued by a physician and students may still be allowed to attend school while catching up the delayed immunizations."¹²

In 2014, "53% of Placer County [adults] reported being vaccinated against [the] seasonal flu."¹³ While this is a 50% increase from reported numbers in 2012, an additional one-third of Placer County adults will need to receive their seasonal influenza vaccine to meet the Healthy People 2020 standards. In fact, both of the vaccination rates were significantly below the Healthy People 2020 target goal for pre-kindergarten students (85% vaccinated by ages 19 to 35 months old and 95% by Kindergarten) and the influenza vaccination rates for adults (70%).

Relationship to Healthy People 2020 objectives.

Immunization and Infectious Diseases

IID-7 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children

¹⁰ Placer County Public Health Division, "Children's Vaccines." Accessed June 2017.

¹¹ Placer County Public Health Division, "Vaccines and Immunization." Accessed June 2017.

¹² Holland, A. "Placer County Community Health Status Assessment." (2017). p. 44

¹³ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 46

- IID-8 Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV)
- IID-9 Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 19 to 35 months
- IID-10 Maintain vaccination coverage levels for children in kindergarten
- IID-12 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza

Target populations. Target populations include, but aren't limited to: Healthcare service providers, Children (Ages 2 and older), Parents of children (Ages 2 and older), Childcare/preschool staff, Adults (Ages 18 and older), and Pharmaceutical staff.

Outcome objective (5+ years): By August 2022, increase the rate of vaccinated childcare/preschool students ages 2 and older by 10%. (Baseline data: 77% of children ages 2 and older who were enrolled in childcare/preschool received all required immunizations, California Department of Public Health, 2015).

By August 2022, increase the rate of adults who self-report receiving an influenza vaccination by 15%. (Baseline data: 53% of residents reported being vaccinated against the seasonal flu; California Health Interview Survey, 2014).

Process interventions (1-4 years):

- 1) Provide education to daycares and preschools about current immunization laws, specifically "California Senate Bill No. 277, Chapter 35 Public Health: Vaccinations"
- 2) Encourage pediatricians and other healthcare service providers to talk to parents about the importance of childhood immunizations
- 3) Reduce barriers to obtaining pre-kindergarten vaccinations
- 4) Create innovative programming to achieve timely immunization of pre-kindergarten children and to dispel myths surrounding immunizations
- 5) Promote Childhood Immunization Schedules and the Placer County Vaccines and Immunization Team at community events
- 6) Conduct mass community clinics for the seasonal influenza vaccine
- 7) Offer education and resources to adults about the seasonal influenza vaccine (specifically focus on dispelling the myths surrounding the seasonal

influenza vaccine, the benefits of receiving the vaccine, and upcoming flu clinics if applicable)

- 8) Find subsidies to cover the cost of the seasonal influenza vaccine for undocumented immigrants
- 9) Obtain data from applicable community partners on the number of seasonal influenza vaccines available, distributed, and administered each year
- 10) Have the Placer County Immunization Coalition provide resources and assistance for community partners interested in promoting the seasonal influenza vaccine

Strategic Issue 1-C: Youth Prevention

Description of the health problem. Youth ages 12 to 21 are key age groups to implement health intervention topics to reduce risky behaviors. The MAPP Committee noticed two crucial areas for youth interventions: tobacco usage and teen pregnancy.

The harmful effects of tobacco use have been well-documented for the past 60 years. Despite the known detrimental effects, tobacco use is still the leading preventable cause of death in the United States. While usage rates for cigarette use have decreased amongst teens, rates have increased in other areas of tobacco use, recognizably the use of electronic nicotine delivery systems (better known as e-cigarettes). Approximately 9 out of 10 tobacco users began using tobacco products before the age of 18, and continued the tobacco addiction into adulthood.¹⁴

Teen pregnancy can create difficult circumstances for adolescents. Females who give birth before the age of 19 are more likely to drop out of high school, and 25% of young, unmarried mothers go on welfare within three years of giving birth.¹⁵ Furthermore, the “children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.”¹⁶

¹⁴ Centers for Disease Control. *Youth and Tobacco Use*. Accessed June 2017.

¹⁵ National Conference of State Legislatures. *Teen Pregnancy Prevention*. Accessed June 2017.

¹⁶ Hoffman SD. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: The Urban Institute Press: 2008.

Data relevant to the health problem. From 2000-2015, the largest age group in Placer County was ages 0-19 years old, which encompassed 25-29% of the total population.¹⁷ In the “Placer County Community Themes and Strengths Survey,” 80.9% of respondents either agreed or strongly agreed that the community is a good place to raise children.¹⁸ The MAPP Committee focused on youth prevention due to the large youth population (especially ages 12 to 21) in the county and the knowledge that intervention at a young age will likely prevent health issues as an adult. The two areas that need an immediate focus for youth prevention in Placer County are tobacco and teen pregnancy.

In recent years, tobacco usage by teens (particularly e-cigarettes) has become an area of concern. In Placer County, over 88% of tobacco retail stores surveyed in the 2016 Healthy Stores, Healthy Community Survey sold electronic nicotine delivery devices (commonly referred to as e-cigarettes). The 2016 California Student Tobacco Survey revealed that 23% of youth in Northern California used tobacco products in the past 30 days. This is significantly higher than the statewide youth tobacco usage rate of 13%. (Note: Northern California comprises of 27 counties, including Placer County. Data specific to Placer County is not available.)¹⁹ One tactic for decreasing youth tobacco rates is to instate tobacco retail zoning policies, which help decrease the accessibility of tobacco for youth. As of June 2017, only one incorporated city in Placer County (Rocklin) implemented a tobacco retail zoning policy limiting the number of tobacco retailers near schools.

The second area of focus was teen pregnancy. In Placer County, the birth rate for all races ages 15 to 19 years old was 6.6 live births per 1,000 population. While this was one of the lowest adolescent birth rates in the state, there was a great difference amongst some race/ethnicity groups. Specifically, there were 14.8 live births per 1,000 population amongst Latina females ages 15 to 19 years old compared to 4.8 live births amongst white females ages 15 to 19 years old.²⁰ Therefore, the MAPP Committee decided to focus on minimizing the disparity between race/ethnic groups by reducing the teen birth rate for Latinas ages 15 to 19 years old. As an aside, the “Placer County Community Themes and Strength Survey: Latino Leadership Council Analysis” revealed that over one-

¹⁷ Holland, A. “Placer County Community Health Status Assessment.” 2017. p. 15.

¹⁸ Call, C. “Placer County Community Themes and Strengths Survey.” 2017. p. 8.

¹⁹ Holland, A. “Placer County Community Health Status Assessment.” 2017. p. 104.

²⁰ Holland, A. “Placer County Community Health Status Assessment.” 2017. p. 66.

third of Latino respondents believe there are not enough interesting activities for youth in Placer County.²¹

Relationship to Healthy People 2020 objectives.

Tobacco Use

- TU-2 Reduce tobacco use by adolescents
- TU-3 Reduce the initiation of tobacco use among children, adolescents, and young adults
- TU-8 Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco marketing
- TU-19 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors

Family Planning

- FP-7 Increase the proportion of sexually experienced persons who received reproductive health services
- FP-8 Reduce pregnancies among adolescent females
- FP-9 Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse
- FP-10 Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both prevent pregnancy and provide barrier protection against disease
- FP-11 Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both prevent pregnancy and provide barrier protection against disease
- FP-12 Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old
- FP-13 Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old
- FP-15 Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies

²¹ Call, C. "Placer County Community Themes and Strengths Assessment: Latino Leadership Council Analysis." 2017. p. 10

FP-16 Increase the percentage of women aged 15 to 44 years that adopt or continue use of the most effective or moderately effective methods of contraception

Target populations. Target populations for this strategic issue include but aren't limited to: Youth and young adults (ages 12-21), Parents of youth, School educators, Health care and social service providers, Latino population, and Latino community groups.

Outcome objective (5+ years): By August 2022, increase the number of tobacco retail zoning policies in Placer County to 3 jurisdictions. (Baseline data: 1 incorporated city in Placer County implemented a tobacco retail zoning policy; Placer County Tobacco Prevention Program, June 2017).

By August 2022, decrease the birth rate amongst Latina adolescents ages 15-19 by 10%. (Baseline data: 14.8 births per 1,000 population; California Department of Public Health, Birth Statistical Files, 2014).

Process interventions (1-4 years):

- 1) Meet with elected officials to review tobacco retail zoning policies
- 2) Create youth-focused media campaigns detailing the dangers of e-cigarettes and other tobacco products
- 3) Educate youth, parents of youth, and teachers on tobacco-related issues
- 4) Conduct a Youth Tobacco Purchase Survey
- 5) Reduce availability of tobacco-related products to youth
- 6) Conduct culturally appropriate, comprehensive sex education for Latino adolescents and parents of Latino adolescents with a focus on addressing any social, cultural, and religious barriers regarding this topic
- 7) Build a referral network for Latino adolescent health care and sexual health services
- 8) Develop and coordinate culturally appropriate media messaging and social marketing for Latinos to initiate community dialogue about sexual health and the impact of teen pregnancy
- 9) Ensure equitable access to contraceptive services for Latino adolescents
- 10) Work with Latino community groups to reduce risky health behaviors among Latino adolescents through community programming

Strategic Area Two: Healthcare Access and Behavioral Health

Strategic Area Goal: Increase access to and utilization of comprehensive health and behavioral health services in Placer County.

Strategic Issue 2-A: Healthcare Coverage and Utilization of Services

Description of the health problem. The California Medical Assistance Program (Medi-Cal) is a California Medicaid program which serves low-income individuals whose income is below 138% of the federal poverty level. Medi-Cal benefits include mental health and substance use disorder services, ambulatory services, emergency services, hospitalization, maternity and newborn care, prescription drugs, rehabilitative services, laboratory services, preventative care, chronic disease management, and pediatric services.²² In 2014, the Medi-Cal model was expanded to include dental care (Denti-Cal).

Rural healthcare comes with many challenges due to geographic, demographic, socioeconomic, and personal health factors. The factors often lead to provider shortages, which mean rural residents may have difficulty accessing preventative primary, dental, or mental health care. Compared to urban residents, rural residents are at a greater risk of death from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.²³ The Centers for Disease Control has seven recommendations for improving rural health, but all seven interventions involve healthcare providers.²⁴ This further addresses the importance of increasing access to service providers in rural areas of Placer County.

Data relevant to the health problem. In September 2016, 17% of the population in Placer County (63,492) were eligible for coverage under the Medi-Cal Model of Care. Access to Medi-Cal providers can be difficult to determine as Medi-Cal providers may not be accepting new patients. As of April 2016, 46,762 Medi-Cal enrollees were covered by Anthem Blue Cross, California Health and Wellness, and Kaiser Permanente. In addition to these Medi-Cal managed care plans, 179 physicians in Placer County provided primary care for Medi-Cal

²² California Department of Health Care Services, "What are the Medi-Cal Benefits?" Accessed June 2017.

²³ Centers for Disease Control, "Rural Health." Accessed June 2017.

²⁴ Centers for Disease Control, "Rural Health Basics." Accessed June 2017.

enrollees.²⁵ The health educator for the Placer County Oral Health Program found 14 dental providers in Placer County were enrolled to provide Denti-Cal services in 2017. Additional assessments in Placer County listed a shortage of providers that accept Medicaid, a shortage of primary care providers²⁶, and a need to increase the number of healthcare service providers.²⁷

An estimated 120,125 residents (32%) of Placer County reside in rural areas of the county.²⁸ Four rural areas in Placer County (Foresthill, Truckee, Dollar Point, and Colfax) are designated as Healthcare Provider Shortage Areas (HPSA) for primary care by the Health Resources and Services Administration. The eastern portion of Placer County is rural and consists of 13 census tracts designated as short in primary care providers.²⁹

Relationship to Healthy People 2020 objectives.

Access to Health Services

- AHS-3 Increase the proportion of persons with a usual primary care provider
- AHS-4 (Developmental) Increase the number of practicing primary care providers
- AHS-5 Increase the proportion of persons who have a specific source of ongoing care
- AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
- AHS-7 (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services
- AHS-8 (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services

Target populations. Target populations include, but aren't limited to: Healthcare providers, Dental providers, Mental healthcare providers, and Residents of rural areas.

²⁵ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 49
²⁶ Johnson, J. "Placer County Local Public Health System Assessment." (2016). pp. 20-21
²⁷ Hagen, S. "Placer County Forces of Change Assessment." (2016). p. 4
²⁸ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 9
²⁹ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 49

Outcome objective (5+ years): By August 2022, increase the number of medical providers who actively accept Medi-Cal and the number of dental providers who actively accept Denti-Cal by 5%. (Baseline data: Three available Medi-Cal managed care plans and 179 physicians provide primary care under the Medi-Cal model; California Department of Healthcare Services, 2016; 14 dental providers provide Denti-Cal care under the Medi-Cal model; California Department of Healthcare Services, 2017)

By August 2022, host 4 Community Wellness Days to provide medical, dental, or behavioral health services to underserved populations in rural areas of Placer County.

Process interventions (1-4 years):

- 1) Find and confirm number of primary care physicians actively accepting Medi-Cal and Denti-Cal in Placer County through claims, outreach, etc. (If number differs than that reported by the California Department of Health Care Services, update baseline to reflect new findings)
- 2) Group Medi-Cal and Denti-Cal providers into specialty care groups and map locations of these groups (i.e., Specialty Care Providers in Roseville and Rocklin versus Specialty Care Providers in the Foothills)
- 3) Determine the perceived barriers and correct myths in the medical community towards the Medi-Cal model through education
- 4) Meet California Department of Health Care Services standards for time and distance of care
- 5) Address lack of access to specialty care and overall difficulty obtaining services. Collaborate with the Placer County Health Officer, Hospital Council, Managed Care Plans, and other key stakeholders to strategize how to address this concern.
- 6) Gather details of current Community Wellness Days events in the Gold Country Region (Nevada County, Placer County, El Dorado County, and Amador County)
- 7) Determine gaps in Community Wellness Days (such as communities and populations served and services offered)
- 8) Create network of service providers and community volunteers who want to participate in Community Wellness Days
- 9) Obtain funding to support Community Wellness Days or collaborate with partners to provide services free of charge

- 10) Gather data from participants at the Community Wellness Days to assess satisfaction of services provided and recommendations for future Community Wellness Days

Strategic Issue 2-B: Maternal and Infant Health in Kings Beach

Description of the health problem. Pregnancy and childbirth have lasting health impacts on women and their families. Many health outcomes in pregnancy are influenced by the mother's health and her decisions to access care and make healthy lifestyle choices. Prenatal care is a preventative measure that is an important part of remaining healthy throughout the pregnancy. Prenatal care occurs when a pregnant woman visits a doctor, nurse, or midwife in the first three months of their pregnancy. Prenatal care can involve screenings and tests that help detect and monitor the health of the baby and mother.

Low birth weight occurs when a newborn weighs less than 5 pounds, 8 ounces. Low birth weight is often influenced by the mother's health and genetics, and can be a predictor of "premature mortality and/or morbidity over the [baby's] life course and for potential cognitive developmental problems."³⁰ Babies born with a low birth weight are more likely to have certain health conditions later in life, such as diabetes, heart disease, high blood pressure, and obesity.³¹ Many times low birth weight can be prevented by monitoring the health of the baby and mother through prenatal care.

Data relevant to the health problem. In 2013, approximately 83% of pregnant women in Placer County began prenatal care in the first trimester. However, from 2010 to 2012 only 63% of pregnant women in Kings Beach began prenatal care in the first trimester. This was the lowest rate throughout Placer County. The Healthy People 2020 national health goal for early prenatal care is 78%.³²

From 2010 to 2012, over 14% of babies born in Kings Beach had a low birth rate. This is a significantly higher rate than the 2014 county-wide 5.7% birth rate and is

³⁰ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 64

³¹ March of Dimes, "Low Birth Weight." Accessed June 2017.

³² Holland, A. "Placer County Community Health Status Assessment." (2017). p. 61

almost double the 2014 United States low birth rate of 8%. The Healthy People 2020 national health goal for low birth weight is 7.8%.³³

Relationship to Healthy People 2020 objectives.

Maternal, Infant, and Child Health

- MICH-8 Reduce low birth weight (LBW) and very low birth weight (VLBW)
- MICH-9 Reduce preterm births
- MICH-10 Increase the proportion of pregnant women who receive early and adequate prenatal care
- MICH-16 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors
- MICH-27 Reduce the proportion of children with cerebral palsy born low or very low birth weight

Target populations. Target populations for this strategic issue include but aren't limited to: Women in Kings Beach of a child-bearing age, Infants in Kings Beach, and Healthcare providers.

Outcome objective (5+ years): By August 2022, increase the percentage of women in Kings Beach who begin prenatal care in the first trimester of their pregnancy by 10%. (Baseline data: 63% of women in Kings Beach; California Department of Public Health, 2010-2012).

By August 2022, decrease the percentage of babies born with a low birth weight in Kings Beach by 10%. (Baseline data: 14% of babies born in Kings Beach; California Department of Public Health, 2010-2012).

Process interventions (1-4 years):

- 1) Collect qualitative data to determine why mothers are not accessing prenatal care
- 2) Work with healthcare providers to discuss preconception health and prenatal care with applicable female patients
- 3) Create educational materials and/or a social media campaign detailing what to expect in a prenatal visit and the importance of prenatal visits

³³ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 64

- 4) Offer educational materials to the Tahoe Forest Health System, WIC, and other healthcare providers in the region to promote preconception health and prenatal care at the clinics and community events
- 5) Provide education about family planning services to help increase early awareness of pregnancy
- 6) Conduct screenings of the mother for certain medical conditions that may increase the risk of a Low Birth Weight
- 7) Increase access to adequate prenatal care which will help reduce the risk of a low birth weight
- 8) Improve the mother's general health during the pregnancy
- 9) Help women of a child-bearing age with fertility planning
- 10) Assess lack of Obstetrics and Gynecology providers in all of Placer County, as this issue extends beyond Kings Beach. Collaborate with the Placer County Health Officer, Hospital Council, Managed Care Plans, and other key stakeholders to strategize how to address this concern.

Strategic Issue 2-C: Behavioral Health

Description of the health problem. Homelessness occurs when "people lack safe, stable, and appropriate places to live."³⁴ Examples of homelessness include people who are sheltered and unsheltered, who reside in overcrowded living situations, motels, and tents, or those who 'couch-surf.' A chronically homeless person is "defined as either an unaccompanied homeless individual with a disability who has been continuously homeless for a year or more, or an unaccompanied individual with a disability who has had at least four episodes of homelessness in the past three years."³⁵ The act of being homeless creates stressful life situations which may either create new health problems or intensify existing health issues. Health issues may be either physical or mental. Individuals who experience homelessness are shown to have higher rates of hospitalizations, poor physical health, higher rates of mental health illnesses, and a lower life expectancy.

Across the United States, 1 in 8 emergency room visits involved mental health issues. Mood disorders were the most frequent mental health reason for a visit to the emergency room, followed by anxiety disorders and alcohol related conditions. The wait times in the emergency room often add to the distress of

³⁴ American Psychiatric Association, "Health and Homelessness." Accessed July 2017.

³⁵ Holland, A. "Placer County Community Health Status Assessment." (2017). p. 30

the individual in a mental health crisis and once admitted, the American College of Emergency Physicians found long wait times of one to two days for in-patient psychiatric beds.³⁶ The Institute for Healthcare Improvement suggested that “preventative care and delivery of more timely care can prevent unnecessary emergency room visits and admissions for patients who are most at risk.”³⁷ In other words, an increase in health education and health prevention for populations who are diagnosed with mental health illnesses may decrease the visits to emergency rooms due to mental health.

Data relevant to the health problem. The 2015 Point in Time homeless counts of homeless individuals found 321 unsheltered homeless people and 196 sheltered homeless people in Placer County (Total count of homeless people: 517). Further analysis of the Point in Time count revealed that 59% of the surveyed homeless were severely mentally ill, 40% experienced substance abuse disorders, 10% were veterans, and 15% were children. Additionally, 45% of Placer County’s adult homeless population was chronically homeless.³⁸ One common belief for becoming homeless is the lack of affordable housing. In Placer County, 40% of households with a mortgage spent more than 30% of income on housing and 55% of households renting spent more than 30% on housing. An analysis of renters who earned less than \$35,000 per year showed that 93% of this population spent more than 30% of their income on housing. The median monthly rent in Placer County in 2015 was \$1,303.³⁹

From 2009 to 2014, Placer County experienced a 21% increase in the rate of adults utilizing emergency room services due to mental health. From 2012-2014, the highest rates of mental health visits to the emergency room were in zip codes 95603 (Auburn; 168 per 10,000 population), zip code 95681 (Sheridan; 167 per 10,000 population), and zip code 95678 (Roseville; 159 per 10,000 population). In all of Placer County, 114 per 10,000 residents visited the emergency room for mental health from 2012-2014.⁴⁰ Placer County’s rate is

³⁶ American Psychiatric Association, “Emergency Room Visits for Mental Health Conditions.” Accessed July 2017.

³⁷ Institute for Health Care Improvement, “HealthPartners: Care plans reduce preventable emergency room visits, admissions.” Accessed July 2017.

³⁸ Holland, A. “Placer County Community Health Status Assessment.” (2017). pp. 30-31

³⁹ Holland, A. “Placer County Community Health Status Assessment.” (2017). p. 29

⁴⁰ Be Well Placer Community Dashboard, “Age-adjusted ER Rate due to Mental Health.” Accessed July 2017.

higher than the California state rate of 89 per 10,000 residents visiting the emergency room due to mental health.

Relationship to Healthy People 2020 objectives.

Social Determinants of Health

- SDOH-3 Proportion of persons living in poverty
- SDOH-4 Proportion of households that experience housing cost burden

Mental Health and Mental Disorders

- MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment
- MHMD-10 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- MHMD-12 Increase the proportion of homeless adults with mental health problems who receive mental health services

Target populations. Target populations for this strategic issue include but aren't limited to: Residents living in poverty, Landlords, Homeless populations, Veterans, At-risk populations, Residents who experience mental illness, Residents who experience substance abuse, Healthcare providers, and Mental healthcare providers.

Outcome objective (5+ years): By August 2022, reduce the rate of chronically homeless adults by 5%. (Baseline data: 45% of adults are chronically homeless; Homeless Resource Council of the Sierras, 2015).

By August 2022, reduce the rate of emergency room visits due to mental health by 5%. (Baseline data: 114 per 10,000 population ages 18 years old and older; California Office of Statewide Health Planning and Development, 2012-2014).

Process interventions (1-4 years):

- 1) Provide housing coordination services to county residents who are at risk of becoming homeless or who have already become homeless

- 2) Educate landlords and tenants about respective rights and responsibilities to decrease eviction rates
- 3) Offer employment opportunity and skills training for low-income persons
- 4) Coordinate county-wide programs related to homelessness and educate homeless about programmatic services to utilize
- 5) Engage the chronically homeless population⁴¹
- 6) Create transition processes for those who visit the emergency room for mental health and do not currently have a primary care or specialty care physician
- 7) Disseminate educational materials about appropriate settings for health care services
- 8) Employ community health workers to help patients visiting the emergency room for mental health navigate the health system and seek more appropriate healthcare interventions
- 9) Ensure that the targeted patients have insurance coverage to help with more appropriate care
- 10) Organize a collaboration of healthcare providers and social service providers to ensure clients receive the proper follow-up care

⁴¹ Placer Consortium on Homelessness and Affordable Housing, "Ten-Year Plan to End Homelessness in Placer County." (2004). pp. 8-12

Strategic Area Three: Communication and Collaboration

Strategic Area Goal: Foster an environment of cross-sector collaboration and communication in Placer County.

Strategic Issue 3-A: Communication and Information Sharing

Description of the health problem. The third Essential Public Health Service is to “inform, educate, and empower people about health issues.” Since the creation of the Essential Public Health Service framework in 1994, tactics for informing, educating, and empowering the public about health issues has changed. Specifically, social marketing (also known as health communication) has become an expanding component of health promotion as a way to inform, educate, and empower the public. Like other areas in health promotion, a goal of social marketing is to “promote health changes in individuals and communities,” but specifically through marketing processes.⁴²

While social marketing does allow for new innovations towards health status change, it comes with challenges. The emerging technology has changed the way consumers obtain their information. It has also made it difficult to differentiate between expert and peer-to-peer health information.⁴³ Social marketing also needs to consider internet accessibility, while crafting culturally and age appropriate health messaging for its target audience. The MAPP Committee noted the increasing presence of social marketing and its respective challenges in the health field.

The MAPP Committee additionally wanted to focus on increasing the awareness of the Placer County Public Health Division. During a MAPP Committee planning meeting, participants discussed a need for public health education for community members and elected officials. Education for these groups is crucial for community support and for public health interventions via policy adoption and implementation, promotion of healthy behaviors, or services provided to the community.

⁴² Centers for Disease Control, “Gateway to Health Communication and Social Marketing Practice.” Accessed June 2017.

⁴³ Healthy People, “Health Communication and Health Information Technology.” Accessed June 2017.

Data relevant to the health problem. In the “Placer County Local Public Health System Assessment,” participants believed that “connecting information to the public in a comprehensive fashion is an area where the system could significantly improve.” Participants also reported that dissemination of public health information is a priority in Placer County, and that minimal activity was focused towards using the relationships with different media channels to share health information tailored towards the target audience.⁴⁴

Participants in the “Placer County Forces of Change Assessment” noted the following opportunities for the Placer County Public Health Division and its partners in regards to communication and information sharing:

- Increase transparency of public health program intentions; and,
- Engage the community in activities to change perception; and,
- Educate people on community resources for available health services; and,
- Enhance communication system between healthcare providers, local public health department, and community; and,
- Educate in school, home, and community.⁴⁵

Relationship to Healthy People 2020 objectives.

Health Communication and Health Information Technology

HC/HIT-1 Improve the health literacy of the population

HC/HIT-8 Increase the proportion of quality, health-related websites

HC/HIT-12 Increase the proportion of crisis and emergency risk messages intended to protect the public’s health that demonstrate the use of best practices

HC/HIT-13 Increase social marketing in health promotion and disease prevention

Target populations. Target populations include, but aren’t limited to: Residents, Community stakeholders, and Elected officials.

Outcome objective (5+ years): By August 2022, implement 5 social media or mass media campaigns educating the public on health topics applicable to the local public health system and Placer County Public Health Division programming. (Baseline data is not applicable).

⁴⁴ Johnson, J. “Placer County Local Public Health System Assessment.” (2016) pp. 12-13.

⁴⁵ Hagen, S. “Placer County Forces of Change Assessment.” (2016) pp. 3-5.

By August 2022, the local public health system will collectively conduct 50 presentations regarding programming and health issues to community programs, community stakeholders, or elected officials. (Baseline data is not applicable).

Process interventions (1-4 years):

- 1) Identify existing media campaigns and/or craft health messages for social media postings or mass media campaigns
- 2) Conduct focus groups on health messaging
- 3) Ensure culturally appropriate social media postings or mass media campaigns
- 4) Promote unified messaging with other health departments or community partners
- 5) Collect metrics on each social media post or mass media campaign
- 6) Form relationships with community partners and promote availability for community presentations
- 7) Learn what health issues community groups and stakeholders would like to receive presentations on
- 8) Check with community partners when creating local public health system presentations to ensure it makes sense, promotes current and applicable data, and creates a unified message
- 9) Gather feedback on presentations and see which areas of the presentation could be improved, if applicable
- 10) Create one standardized presentation about the Placer County Public Health Division, including information on: the history and background of the Division, and what program and services are offered through the Division

Strategic Issue 3-B: Data Collection

Description of the health problem. Two public health activities identified in the 10 Essential Public Health Services framework are: 1) monitor health status to identify and solve community health problems and 2) evaluate effectiveness, accessibility, and quality of personal and population-based health services. The MAPP Committee selected data collection as a strategic issue of focus due to a community-wide need for updated health data which will help drive informed decision-making, essential services, and applicable health interventions across the county. Essentially, data collection is a tool used to help public health programs know where prevention and intervention measures are most needed.

While local hospitals and the Maternal, Child, and Adolescent Health program within the Placer County Public Health Division complete their respective community health status assessments, the Placer County Public Health Division did not update their Community Health Status Assessment in 18 years. This was problematic because a comprehensive Community Health Status Assessment created by the Placer County Public Health Division is a community-owned approach and creates a coordinated effort amongst community stakeholders.⁴⁶ The Placer County Public Health Division now has an Epidemiologist on staff, who completed the Community Health Status Assessment in 2017.

Data relevant to the health problem. The “Placer County Local Public Health System Assessment” found that participants needed a centralized location for stakeholders to obtain pertinent community health data. The “Placer County Forces of Change Assessment” also identified an opportunity for the Placer County Public Health Division to strengthen surveillance systems to track disease progression.⁴⁷ At the time the “Placer County Local Public Health System Assessment” was completed, the “Be Well Placer” community dashboard had not been available. The community dashboard needs to be promoted at events and presentations to show that there is progress towards the community-wide request for more centralized, quantitative data.

Additionally, participants in the “Placer County Local Public Health System Assessment” identified a high need to continuously update and promote the community health assessment among community members and partners.⁴⁸

Relationship to Healthy People 2020 objectives.

Health Communication and Health Information Technology

HC/HIT-1 Improve the health literacy of the population

HC/HIT-8 Increase the proportion of quality, health-related websites

Public Health Infrastructure

PHI-13 Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive

⁴⁶ Johnson, J. “Placer County Local Public Health System Assessment.” (2016). p. 9

⁴⁷ Hagen, S. “Placer County Forces of Change Assessment.” (2017). p. 5

⁴⁸ Johnson, J. “Placer County Local Public Health System Assessment.” (2016). p. 9

	epidemiology services to support essential public health services
PHI-15	Increase the proportion of Tribal, State, and local public health agencies that have developed a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan
PHI-14	Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards

Target populations: Target populations include, but aren't limited to: Community stakeholders and Staff from health-oriented programs.

Outcome objective (5+ years): By August 2022, the "Be Well Placer" community dashboard will be promoted at a minimum of 10 public health community events or community presentations. (Baseline data is not applicable).

By August 2022, the Placer County Community Health Status Assessment will be updated at least one time. The updated Placer County Community Health Status Assessment will be promoted at a minimum of 5 community events. (Baseline data is not applicable).

Process interventions (1-4 years):

- 1) Gather metrics from the "Be Well Placer" community dashboard
- 2) Update applicable indicators and new data reports a minimum of one time per year
- 3) Ensure gaps in data are filled
- 4) Create innovative ways to promote the "Be Well Placer" community dashboard through educational materials, programming, training, etc.
- 5) Obtain funding to maintain the "Be Well Placer" dashboard
- 6) Continue to promote the Placer County 2017 Community Health Status Assessment
- 7) Gather feedback from community stakeholders to see how the Placer County 2017 Community Health Status Assessment was utilized
- 8) Conduct a community-wide meeting to collect input on which indicators should be included in the updated Community Health Status Assessment

- 9) Incorporate data from new healthcare issues and Placer County Public Health Division programming into the updated Placer County Community Health Status Assessment
- 10) Compare data trends to the Placer County 2017 Community Health Status Assessment on appropriate indicators

Strategic Issue 3-C: Partnership Building

Description of the health problem. Health coalitions allow communities to promote coordination and collaboration amongst partners across multiple sectors while making effective use of community resources.⁴⁹ As of June 2017, the Placer County Public Health Division had a multitude of individual health coalitions, committees, or alliances (e.g., Placer Partnership for Public Health, Oral Health Alliance, Placer County Nutrition Action Partnership, Immunization Coalition). In addition, there are numerous health and social coalitions throughout Placer County operated by different organizations (e.g., Breastfeeding Coalition of Placer County, Campaign for Community Wellness, Coalition for Placer Youth, Rx Drug Safety, Coalition for Auburn and Lincoln Youth). While this shows a wide range of health issues and community interventions, it may also mean that community partners are spread thin, and cannot attend each meeting. The Placer Partnership for Public Health aims to include representatives from a variety of public health coalitions and programming. By being involved in the Placer Partnership for Public Health, the representatives can give updates on their respective coalitions and programming in an all-encompassing, county-wide coalition meeting. This will allow for broad information sharing in one setting, which was repeatedly stated as a need in the Placer County assessments.

Another way to strengthen coordination and collaboration is through community engagement. The Indiana University Bloomington School of Public Health defines community engagement as:

“...the framework within which groups and organizations work together with community members to bring about positive health impact. The overarching goal is to improve community health through collaboration across and within various communities.”⁵⁰

⁴⁹ Community Anti-Drug Coalitions of America. “Start a Coalition.” Accessed June 2017.

⁵⁰ Indiana University Bloomington School of Public Health. “Community Engagement.” Accessed June 2017.

An important component of community engagement is to involve the community members directly affected by health issues and the proposed policies and strategies to address the health issues. Every community (e.g., age, race/ethnicity, culture, sexual orientation, gender, religion, socioeconomic status, zip code) is unique and will have different solutions for resolving health issues. Listening to and including the directly affected communities in policies or strategies will strengthen and empower communities throughout Placer County.

Data relevant to the health problem. Participants in the “Placer County Local Public Health System Assessment” noted room for improvement in establishing community partnerships and assessing the quality of community partnerships. The author of the report noted, “The lack of a unified comprehensive approach to health [issues] presents an opportunity to come together for collective impact.”⁵¹ Participants in the “Placer County Forces of Change Assessment” also stated opportunities for Placer County to strengthen community partnerships, including partnerships with health care administration.

The Placer County Public Health Division encouraged community engagement through the “Community Themes and Strength Survey” administered in 2016. The “Placer County Community Themes and Strengths Assessment” report outlines what community members perceive to be the biggest concerns in regards to health issues, health behaviors, social and economic circumstances, and environmental concerns. The report also reviews barriers to healthcare services. This was the first time the Placer County Public Health Division distributed a survey assessing community beliefs on health-related issues. Sub-analysis was completed for Hispanic/Latino respondents and interestingly different responses came up for each category compared to the analysis of all survey respondents. This verifies the importance of reaching out to affected communities because the perceptions and beliefs will be different.⁵²

Additional reports such as the “Placer County Forces of Change Assessment” and the “Placer County Local Public Health System Assessment” stress opportunities in the community for “crafting interventions that balance public interest with individual autonomy,” “engaging the community in activities that

⁵¹ Johnson, J. “Placer County Local Public Health System Assessment.” (2016). p. 15

⁵² Call, C. “Placer County Community Themes and Strengths Assessment.” (2017).

change perception,”⁵³ and for “engaging the communities throughout the process of setting priorities, developing plans and implementing...health promotion activities.”⁵⁴

Relationship to Healthy People 2020 objectives.

Educational and Community-Based Programs

ECBP-10 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas: (injury prevention, violence prevention, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease, nutrition, physical activity).

Target populations. Target populations for this strategic issue include but aren't limited to: Community stakeholders and Identified populations in the community.

Outcome objective (5+ years): By August 2022, the Placer Partnership for Public Health will be a thriving coalition addressing at least 4 health issues with a minimum of 40 members representing different community sectors. (Baseline data: 3 health issues, 26 members; Placer Partnership for Public Health, June 2017).

By August 2022, the local public health system will engage members of 5 specific populations in the community that will be affected by a policy or strategy. (Baseline data is not applicable).

Process interventions (1-4 years):

- 1) Create a coalition membership packet for recruitment of new members
- 2) Assess coalition membership satisfaction on an annual basis
- 3) Research various health coalitions and streamline or renovate the Placer Partnership for Public Health if applicable
- 4) Promote the Placer Partnership for Public Health at community events
- 5) Standardize a meeting time and location for the Placer Partnership for Public Health

⁵³ Hagen, S. "Placer County Forces of Change Assessment." (2017). p. 3

⁵⁴ Johnson, J. "Placer County Local Public Health System Assessment." (2016). p. 12

- 6) Track upcoming health-oriented policies or strategies
- 7) Seek feedback and community perception of the proposed health issue surrounding the policy or strategy
- 8) Gather data, research, and other information as needed on the policy or strategy
- 9) Determine if the proposed policy or strategy will harm or promote the public's health
- 10) Coordinate efforts with affected populations from the beginning to strengthen engagement and community ownership for health policies and strategies

Appendix A: Community Health Improvement Plan Outline

Strategic Area One: Health and Wellness					
<i>Goal: Create a community environment which provides access, opportunities, and encouragement for healthy lifestyles in Placer County.</i>					
Objective	Performance Measures	Baseline	Goal Change	Data Source	HHS Lead Program
Strategic Issue 1-A: Healthy Lifestyle Choices					
Decrease prevalence of overweight and obese adults aged 18 and older	% of adults aged 18 and over whose BMI is 25 or greater	56%	-5%	California Health Interview Survey, 2014	Nutrition Education and Obesity Prevention
Increase rate of adults who self-report walking more than 150 minutes/week	% of adults who self-report walking more than 150 minutes/week	30%	-5%	California Health Interview Survey, 2013-2014	Nutrition Education and Obesity Prevention
Strategic Issue 1-B: Immunizations and Vaccinations					
Increase rate of vaccinated childcare/preschool students ages 2 and older	% of vaccinated children ages 2 and older who are enrolled in childcare/preschool	77%	+10%	California Department of Public Health, 2015	Immunization
Increase rate of adults who self-report receiving an influenza vaccination	% of residents who report being vaccinated against the seasonal flu	53%	+15%	California Health Interview Survey, 2014	Immunization
Strategic Issue 1-C: Youth Prevention					
Increase number of tobacco retail zoning policies in Placer County	Number of jurisdictions with tobacco retail zoning policies	1 jurisdiction	3 jurisdictions	Placer County Tobacco Prevention Program, June 2017	Placer County Tobacco Prevention
Decrease birth rate amongst Latina adolescents ages 15-19	Number of births per 1,000 Latina adolescents ages 15-19	14.8 births/1000 population	-10%	California Department of Public Health, Birth Statistical Files, 2014	Maternal, Child, and Adolescent Health

Strategic Area Two: Healthcare Access and Behavioral Health

Goal: Create a community environment which provides access, opportunities, and encouragement for healthy lifestyles in Placer County.

Objective	Performance Measures	Baseline	Goal Change	Data Source	HHS Lead Program
Strategic Issue 2-A: Healthcare Coverage and Utilization of Services					
Increase number of medical providers actively accepting Medi-Cal and number of dental providers actively accepting Denti-Cal	Number of providers reporting active acceptance of Medi-Cal or Denti-Cal	179 (Medi-Cal) 14 (Denti-Cal)	+5%	California Department of Healthcare Services, 2017	California Children's Services/Child Health and Disability Prevention
Host 4 Community Wellness Days to provide medical, dental, or behavioral health services to underserved populations in rural areas of Placer County.	Number of Community Wellness Days	0	4 Community Wellness Days	N/A	Public Health Accreditation Team
Strategic Issue 2-B: Maternal and Infant Health in Kings Beach					
Increase rate of women in Kings Beach who begin prenatal care in the first trimester of their pregnancy	Number of women in Kings Beach who begin prenatal care during first trimester of pregnancy	63%	+10%	California Department of Public Health, 2010-2012	Maternal Child and Adolescent Health
Decrease rate of babies born with a low birth weight in Kings Beach	Number of babies born in Kings Beach weighing less than 5 pounds, 8 ounces	14%	-10%	California Department of Public Health, 2010-2012	Maternal Child and Adolescent Health
Strategic Issue 2-C: Behavioral Health					
Reduce rate of chronically homeless adults	Number of chronically homeless adults	45%	-5%	Homeless Resource Council of the Sierras, 2015	Whole Person Care
Reduce rate of emergency room visits due to mental health	Number of ER visits reportedly due to mental health issues	114 per 10,000; age 18 years old and older	5%	California Office of Statewide Health Planning and Development, 2012-2014).	Whole Person Care

Strategic Area Three: Communication and Collaboration

Goal: Foster an environment of cross-sector collaboration and communication in Placer County.

Objective	Performance Measures	Baseline	Goal Change	Data Source	HHS Lead Program
Strategic Issue 3-A: Communication and Information Sharing					
Implement social media or mass media campaigns educating the public on health topics applicable to the local public health system and Placer County Public Health Division programming.	Number of social media or mass media campaigns	0	5 social media or mass media campaigns	N/A	Public Information Specialist
Conduct presentations regarding programming and health issues to community programs, community stakeholders, or elected officials.	Number of presentations given by local public health system partners	Unknown	50 presentations	N/A	Public Health Employees
Strategic Issue 3-B: Data Collection					
Promote the "Be Well Placer" community dashboard at public health community events or community presentations	Number of events in which the Placer Dashboard was promoted	0	10 events	N/A	Public Health Epidemiology
Update the Placer County Community Health Status Assessment (CHSA) and promote at community events	Number of updated versions of CHSA Number of events in which the CHSA was promoted	0	1 updated to CHSA 5 promotional events	N/A	Public Health Epidemiology
Strategic Issue 3-C: Partnership Building					
Ensure the Placer Partnership for Public Health is a thriving coalition	Number of health issues addressed by PPPH Number of members	1	4 health issues 40 members	N/A	Public Health Accreditation
Engage priority populations	Number of priority populations engaged	1	5 populations	N/A	Public Health Accreditation

Appendix B: Health and Wellness Action Plan

Strategic Area One: Health and Wellness

Strategic Area Goal: Create a community environment which provides access, opportunities, and encouragement for healthy lifestyles in Placer County.

Strategic Issue 1-A: Healthy Lifestyle Choices

Outcome Objective	Strategies	Health Status Outcomes and Indicators
By August 2022, decrease the prevalence of overweight and obese adults aged 18 and older by 5%. (Baseline data: 56% of adults reported being overweight or obese; California Health Interview Survey, 2014).	<ul style="list-style-type: none"> Identify specific populations within Placer County that may be priority areas Reduce barriers for obtaining nutritious fruits and vegetables and provide recipes and advice for utilizing the fruits and vegetables in a healthy manner 	<ul style="list-style-type: none"> Meetings and collaborations with healthcare providers Cooking classes Collaborations with food pantries or other community services
By August 2022, increase the rate of adults who self-report walking more than 150 minutes per week by 5%. (Baseline data: 30% of adults reported walking at least 150 minutes per week; California Health Interview Survey, 2013-2014).	<ul style="list-style-type: none"> Work with applicable parties (Planning Division, City Council, etc.) to increase walkability scores throughout Placer County Note barriers for walking safely in Placer County (i.e., sidewalk condition, streetlights working at night, crime rates) 	<ul style="list-style-type: none"> Meetings and collaboration with planning divisions Map of walking trails Community events Youth-focused curriculum

Strategic Issue 1-B: Immunizations and Vaccinations

Outcome Objective	Strategies	Health Status Outcomes and Indicators
By August 2022, increase the rate of vaccinated childcare/preschool students ages 2 and older by 10%. (Baseline data: 77% of children ages 2 and older who were enrolled in childcare/preschool received all required immunizations, California Department of Public Health, 2015).	<ul style="list-style-type: none"> Provide education to daycares, preschools, pediatricians, and other healthcare service providers about current immunization laws, specifically "California Senate Bill No. 277, Chapter 35 Public Health: Vaccinations" Promote Childhood Immunization Schedules and the Placer County Vaccines and Immunization Team at community events 	<ul style="list-style-type: none"> Educational materials Research and data analysis Meetings and collaborations with healthcare service providers Curriculum
By August 2022, increase the rate of adults who self-report receiving an	<ul style="list-style-type: none"> Obtain data from applicable community partners on the number of seasonal influenza vaccines available, distributed, and 	<ul style="list-style-type: none"> Details on mass community clinics Educational materials

<p>influenza vaccination by 15%. (Baseline data: 53% of residents reported being vaccinated against the seasonal flu; California Health Interview Survey, 2014).</p>	<p>administered each year</p> <ul style="list-style-type: none"> • Have the Placer County Immunization team provide technical assistance for community partners interested in promoting the seasonal influenza vaccine 	<ul style="list-style-type: none"> • Grant funding • Technical assistance
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Strategic Issue 1-C: Youth Prevention

Outcome Objective	Strategies	Health Status Outcomes and Indicators
<p>By August 2022, increase the number of tobacco retail zoning policies in Placer County to 3 jurisdictions. (Baseline data: 1 incorporated city in Placer County implemented a tobacco retail zoning policy; Placer County Tobacco Prevention Program, June 2017).</p>	<ul style="list-style-type: none"> • Meet with elected officials to review tobacco retail zoning policies • Incorporate youth and adolescents into tobacco-related activities • Reduce availability of tobacco-related products to youth 	<ul style="list-style-type: none"> • Media campaigns • Educational materials • List of tobacco retail policies enacted
<p>By August 2022, decrease the birth rate amongst Latina adolescents ages 15-19 by 10%. (Baseline data: 14.8 births per 1,000 population; California Department of Public Health, Birth Statistical Files, 2014).</p>	<ul style="list-style-type: none"> • Conduct culturally appropriate, comprehensive sex education for Latino adolescents and parents of Latino adolescents with a focus on addressing any social, cultural, and religious barriers regarding this topic • Build a referral network for Latino adolescent health care and sexual health services 	<ul style="list-style-type: none"> • Referral network • Comprehensive sexual education curriculum • Culturally appropriate media campaign

Appendix C: Healthcare Access and Behavioral Health Action Plan

Strategic Area Two: Healthcare Access and Behavioral Health

Strategic Area Goal: Increase access to and utilization of comprehensive health and behavioral health services in Placer County.

Strategic Issue 2-A: Healthcare Coverage and Utilization of Services

Outcome Objective	Strategies	Health Status Outcomes and Indicators
<p>By August 2022, increase the number of medical providers who actively accept Medi-Cal and the number of dental providers who actively accept Denti-Cal by 5%. (Baseline data: Three available Medi-Cal managed care plans and 179 physicians provide primary care under the Medi-Cal model; California Department of Healthcare Services, 2016; 14 dental providers provide Denti-Cal care under the Medi-Cal model; California Department of Healthcare Services, 2017)</p>	<ul style="list-style-type: none"> Group Medi-Cal and Denti-Cal providers into specialty care groups and map locations of these groups (i.e., Specialty Care Providers in Roseville and Rocklin versus Specialty Care Providers in the Foothills) Meet California Department of Health Care Services standards for time and distance of care 	<ul style="list-style-type: none"> List of medical and dental providers who accept Medi-Cal and Denti-Cal Research and data analysis Educational materials
<p>By August 2022, host 4 Community Wellness Days to provide medical, dental, or behavioral health services to underserved populations in rural areas of Placer County. (Baseline data: 0 Community Wellness Days hosted by the Placer County Public Health Division, 2017)</p>	<ul style="list-style-type: none"> Gather details and determine gaps in Community Wellness Days (such as communities and populations served and services offered) Create network of service providers and community volunteers who want to participate in Community Wellness Days 	<ul style="list-style-type: none"> Community Wellness Day events Participant survey Network of service providers

Strategic Issue 2-B: Maternal and Infant Health in Kings Beach

Outcome Objective	Strategies	Health Status Outcomes and Indicators
<p>By August 2022, increase the percentage of women in Kings Beach who begin prenatal care in the first</p>	<ul style="list-style-type: none"> Collect qualitative data to determine why mothers are not accessing prenatal care Work with healthcare providers to discuss preconception health and prenatal care with 	<ul style="list-style-type: none"> Research conducted and analyzed Meetings and collaborations with

trimester of their pregnancy by 10%. (Baseline data: 63% of women in Kings Beach; California Department of Public Health, 2010-2012).	applicable female patients	healthcare providers • Educational materials
By August 2022, decrease the percentage of babies born with a low birth weight in Kings Beach by 10%. (Baseline data: 14% of babies born in Kings Beach; California Department of Public Health, 2010-2012).	<ul style="list-style-type: none"> • Reduce risk factors associated with low birth weight • Increase access to adequate prenatal care which will help reduce the risk of a low birth weight 	<ul style="list-style-type: none"> • Research conducted and analyzed • Educational materials • Identified barriers to care and solutions for identified barriers • Healthcare screenings

Strategic Issue 2-C: Behavioral Health

Outcome Objective	Strategies	Health Status Outcomes and Indicators
By August 2022, reduce the rate of chronically homeless adults by 5%. (Baseline data: 45% of adults are chronically homeless; Homeless Resource Council of the Sierras, 2015).	<ul style="list-style-type: none"> • Coordinate county-wide programs related to homelessness and educate homeless about programmatic services to utilize • Engage the chronically homeless population 	<ul style="list-style-type: none"> • Housing coordination plans • Employment and skills training curriculum • Community-wide collaborations
By August 2022, reduce the rate of emergency room visits due to mental health by 5%. (Baseline data: 114 per 10,000 population ages 18 years old and older; California Office of Statewide Health Planning and Development, 2012-2014).	<ul style="list-style-type: none"> • Employ community health workers to help patients visiting the emergency room for mental health navigate the health system and seek more appropriate healthcare interventions • Organize a collaboration of healthcare providers and social service providers to ensure clients receive the proper follow-up care 	<ul style="list-style-type: none"> • Hospital transition processes • Educational materials • Hospital navigation processes

Appendix D: Communication and Collaboration Action Plan

Strategic Area Three: Communication and Collaboration

Strategic Area Goal: Foster an environment of cross-sector collaboration and communication in Placer County.

Strategic Issue 3-A: Communication and Information Sharing

Outcome Objective	Strategies	Health Status Outcomes and Indicators
By August 2022, implement 5 social media or mass media campaigns educating the public on health topics applicable to the local public health system and Placer County Public Health Division programming. (Baseline data is not applicable).	<ul style="list-style-type: none"> • Conduct focus groups on health messaging • Ensure culturally appropriate social media postings or mass media campaigns • Promote unified messaging with other health departments or community partners 	<ul style="list-style-type: none"> • Media campaigns • Culturally appropriate media campaigns • Focus groups • Summary report of focus group feedback • Metrics
By August 2022, the local public health system will collectively conduct 50 presentations regarding programming and health issues to community programs, community stakeholders, or elected officials. (Baseline data is not applicable).	<ul style="list-style-type: none"> • Form relationships with community partners and promote availability for community presentations • Create one standardized presentation about the Placer County Public Health Division, including information on: the history and background of the Division, and what program and services are offered through the Division 	<ul style="list-style-type: none"> • Meetings and collaborations • Presentations • Community feedback

Strategic Issue 3-B: Data Collection

Outcome Objective	Strategies	Health Status Outcomes and Indicators
By August 2022, the "Be Well Placer" community dashboard will be promoted at a minimum of 10 public health community events or community presentations. (Baseline data is not applicable).	<ul style="list-style-type: none"> • Gather metrics from the "Be Well Placer" community dashboard • Create innovative ways to promote the "Be Well Placer" community dashboard through educational materials, programming, training, etc. 	<ul style="list-style-type: none"> • "Be Well Placer" community dashboard metrics • Community trainings • Grants and funding sources
By August 2022, the Placer County Community Health	<ul style="list-style-type: none"> • Gather feedback from community stakeholders to see how the Placer County 2017 Community 	<ul style="list-style-type: none"> • Community Health Status Assessment

<p>Status Assessment will be updated at least one time. The updated Placer County Community Health Status Assessment will be promoted at a minimum of 5 community events. (Baseline data is not applicable).</p>	<p>Health Status Assessment was utilized</p> <ul style="list-style-type: none"> • Incorporate data from new healthcare issues and Placer County Public Health Division programming into the updated Placer County Community Health Status Assessment 	
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Strategic Issue 3-C: Partnership Building

Outcome Objective	Strategies	Heath Status Outcomes and Indicators
<p>By August 2022, the Placer Partnership for Public Health will be a thriving coalition addressing at least 4 health issues with a minimum of 40 members representing different community sectors. (Baseline data: 3 health issues, 26 members; Placer Partnership for Public Health, June 2017).</p>	<ul style="list-style-type: none"> • Create a coalition membership packet for recruitment of new members and promote the Placer Partnership for Public Health at community events • Assess coalition membership satisfaction on an annual basis 	<ul style="list-style-type: none"> • Coalition membership packet • Coalition membership satisfaction data
<p>By August 2022, the local public health system will engage members of 5 specific populations in the community that will be affected by a policy or strategy. (Baseline data is not applicable).</p>	<ul style="list-style-type: none"> • Track upcoming health-oriented policies or strategies • Seek feedback, community perception, and community engagement regarding the proposed health issue surrounding the policy or strategy 	<ul style="list-style-type: none"> • Meetings and collaborations with community members and community groups • Research conducted and analyzed • Policy work