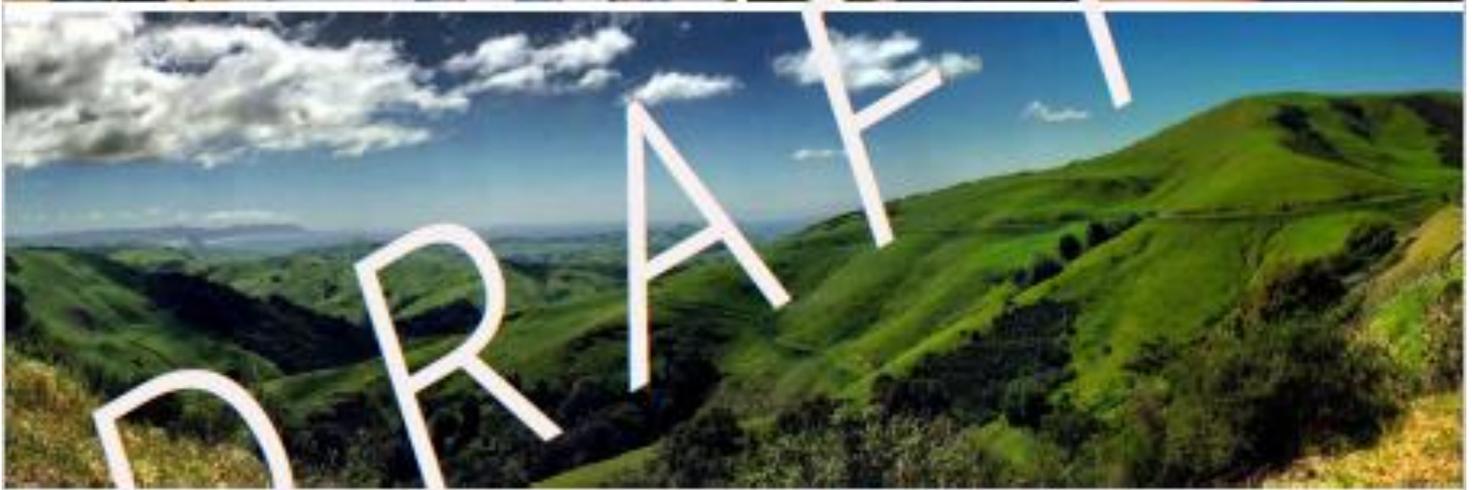


COMMUNITY HEALTH IMPROVEMENT PLAN



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

MAY 2018

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Letter from the Health Officer

Dear Colleagues:

It is with great enthusiasm that we present the County of San Luis Obispo Community Health Improvement Plan for 2018-2023. This plan includes a number of areas focused on traditional health issues like prevention of chronic diseases and controlling transmission of infectious diseases, however, it also moves beyond the realm of conventional public health to propose key solutions that include policy-level interventions and enhanced work with the social determinants of health. This kind of large-scale health and social change requires broad cross-sector partnerships – partnerships where we identify common goals, support each other's work, and collectively address unmet needs.

San Luis Obispo County is rich with organizations and individuals each performing amazing work to improve our community's health, environment, and lifestyle. This plan outlines our collective vision to achieve those aims together – amplifying each of our individual efforts and creating a healthier SLO County where each individual has a chance to thrive.

We look forward to our journey as we work together to create the opportunities and foster the environments needed for everyone to attain their full health potential.

To Health,



Penny Borenstein, MD, MPH
Health Officer / Public Health Director
County of San Luis Obispo

Introduction

The Community Health Improvement Plan (CHIP) for San Luis Obispo (SLO) County will guide our community's strategic directions and priorities over the coming five years. It highlights key areas where the Public Health Department and community partners want to make significant improvements in the health and well-being of our county's residents. The plan not only sets forth what we will strive to achieve—it provides a road map for how we plan to achieve it through the creation of a health improvement agenda that partners from different sectors (e.g. health, education, housing, transportation) can use as a framework for collaboration.

No single agency can achieve the health and neighborhood improvements envisioned in this plan. The CHIP provides a common vision and shared approach for local partners as we work towards healthy and vibrant communities. Of particular importance, the CHIP serves as a foundation to spur strategic new partnerships that can collectively work towards a healthier SLO County.

Planning Process

A meeting of community partners was held in February 2018 to discuss current community needs and the proposed strategies to address them. At the community meeting, 95 stakeholders from a variety of sectors participated, including hospitals, community health centers, the local school district, universities, law enforcement agencies, foundations, and other community-based organizations. As part of the community health improvement planning process, stakeholders provided information on the strategies they currently implement to improve health, their perceptions of gaps in services and policies to improve health, and ideas for better coordination among stakeholders.

Stakeholders determined top priorities in eight category areas, covering Access to Care, Social Determinants of Health, Chronic Disease and Health Behaviors, Infectious Disease, Maternal, Child and Adolescent Health, Injuries, Social and Emotional Wellness and the Environment. They developed draft goals, objectives and strategies, drawing from attendee input about the gaps in current work being conducted to address top health issues.

Participants judged these priority issues using the following considerations:

- Impacts a large # or high % of people
- Consequences of not acting are severe
- Health disparities or inequities exist
- Good chance of improvement if addressed
- Community support exists, including political will
- Sufficient local resources are available or obtainable
- Ability to track progress or impact
- Existing momentum to build upon

PLANNING CONTEXT

A variety of factors in our community and our nation affect our region's health outcomes. For this reason, the community health improvement planning process was conducted with several considerations in mind.

State and National Priorities

National priorities set by *Healthy People 2020* serve as a blueprint for improving health and well-being across the country and thus served as a natural guide in helping to guide the community's priorities. *Healthy People 2020* provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans and was developed by members from the U.S. Department of Health and Human Services, the Institute of Medicine, the Secretary's Advisory Committee on National Health Promotion and Disease Prevention, and the National Prevention Strategy.

Community members also looked to California's health improvement planning efforts, *Let's Get Healthy California*, which was started in 2012 with the purpose of developing a ten year plan to make California the healthiest state in the nation and collectively advancing the *triple aim* of better health, better care, and lower costs. Composed of California leaders in health and healthcare from both public and private sectors, the task force developed six goal areas and key indicators important to Californians.

Current Health Status

This CHIP is the culmination of a community health improvement planning process that began with a Community Health Assessment (CHA), a comprehensive report of the state of health in San Luis Obispo County. The CHA examines the health status, health behaviors, and social and environmental conditions affecting the health of all community members.

While San Luis Obispo County ranks well in many of the health indicators established by *Healthy People 2020* and *Let's Get Healthy California*, the county has portions of the population that have poorer health outcomes than the overall population. Additionally, there are other indicators that rate poorly overall, such as the county's rates of suicide, sexually transmitted diseases (STDs), binge drinking and substance use.

For these reasons, the countywide CHA provided a helpful guide in determining community priorities. Community partners considered many of the indicators included in the document, including the leading causes of death in our community, the county's rates of chronic disease, rates of communicable and vaccine-preventable disease, health behaviors (like tobacco use, physical inactivity, and poor diet), and indicators related to the physical environment. They also considered other indicators for health, including the far-reaching impacts of the social determinants of health, such as housing, violence, poverty, unemployment, and limited access to healthy foods.

Community Assets & Resources

Community partners were also asked to consider the local assets and resources currently available in the county that can be mobilized and employed to address health issues. These included both physical and non-physical assets and resources. Physical assets include parks, open space, markets, clinics and other aspects of a community can also impact a person's ability to get and stay healthy.

Non-physical assets include the skills of residents; the power of local associations, like service or professional associations; local institutions, like faith-based groups, local foundations, government institutions, and institutions of higher learning; social capital; community resilience; and a strong business community.

Community assets and resources are especially important for populations with the greatest health disparities – those who are most vulnerable and are experiencing the worst conditions for good health. For a local asset inventory compiled by partners and community members throughout the assessment process, see *Appendix A* or visit www.slohealthcounts.org/healthassets.

Vision & Values

In a January 2018 survey, community partners identified the vision and value statements that most aligned with their vision of a healthy SLO County. These statements will help guide the goals, objectives and strategies undertaken by the partnership in the coming years.

Vision

A county where community members will take responsibility for improving and sustaining health through shared leadership, strategic planning, meaningful community engagement, and coordinated action.

Values

Partners identified the following values as important to achieving the vision above:

- access
- prevention
- quality
- collaboration
- affordability
- equity

Summary of Priority Issues & Goals

Access to Care

Improve coordination of care and services through improved information and communication.

Recruit and retain providers on the Central Coast.

Social Determinants of Health

Improve access to affordable, attainable, safe, supportive housing with proximate access to employment, services, and opportunities for recreation.

Increase CalFresh enrollment to reduce hunger and improve health among SLO County residents.

Maternal, Child & Adolescent Health

Improve the social and emotional support network for teens in SLO County

Infectious Disease

Reduce the rate of Hepatitis C in SLO County jail inmate population.

Reduce the rate of syphilis in SLO County population.

Reduce the rate of influenza in SLO County population.

Chronic Disease & Health Behaviors

Improve diets and increase physical activity in the environments where people eat, live, learn, work, and play.

Reduce smoking initiation, tobacco use, and exposure to secondhand smoke.

Reduce rates of chronic disease among county residents.

Injuries

Reduce the number of falls among older adults.

Reduce vehicle-related injuries by 10% by 2020.

Social & Emotional Wellness

Adopt a countywide Social and Emotional Wellness Standards of Care Policy

Environment

Increase awareness within the agriculture community of the risks associated with Valley Fever and prevention/treatment needed.

Improve water quality at high priority beach and creek interfaces.

Access to Care

Goals:

- **Improve coordination of care and services through improved information and communication.**
- **Recruit and retain providers on the Central Coast.**

An understanding of the availability of care options, and access to clinical care, is important to health. Individuals who lack a dependable source of health care often have more difficulties obtaining needed care, receive fewer preventive health services, and are more likely to wait until their conditions worsen before seeking treatment.

Dignity Health's 2016 Community Needs Assessment ranked access to health care as its number one significant community need. Reasons cited in the report included lack of providers, lack of walk-in clinics and clinics with extended hours, and lack of health insurance.

Recruiting and maintaining an adequate supply of physicians is greatly influenced by the bottom line. Physicians practicing on the Central Coast are paid less than their counterparts in Ventura, Los Angeles, or San Francisco. The Centers for Medicare and Medicaid Services (CMS) establishes Medicare reimbursement rates for each region based on an urban or rural cost formula. CMS has not updated the formula for 20 years, leaving San Luis Obispo County with a rural designation and lower reimbursement rate, despite our region's higher costs to operate a medical practice. In California, most private payer reimbursement rates are tied to Medicare rates. Therefore, Medicare rates impact all physicians and patients, not only seniors using Medicare.

*For more information on the data used to help create the goals/objectives in this priority area, see the Access to Health Services section of the **Community Health Assessment** and Appendix 4: Indicators at a Glance.*

Access to Care

Stakeholders

Amanda Getten (SLO County Behavioral Health), Sarah Reinhart (APA), Suzanne Russell (Tolosa Dental), Theresa Scott and Bob Freeman (CenCal Health), Lizeth Barretto (CHC), Abe Lincoln (SLO Noor Foundation), Mark Lisa (Tenet), Mary Jean Sage (Health Commission and Sage Associates), Michelle Shoresman (SLO County Public Health), Joel Diringer (Diringer Associates), Julie Fogelson/Alan Iftinuiik (Dignity), Rachel Cementina (United Way), Monica Anderson (United Way)

Who's missing? Some suggested entities to add might include Dignity Health and other large provider groups.

Priority Issue: Better coordination of care and services among service providers.

Goal: To improve coordination of care and services through improved information and communication.	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Increase number of hospitals, county depts and physicians participating in the County's Health Information Exchange (HIE), by December 2019.	# of entities "live" in HIE system	Nick Drews (Health Agency), HIE Stakeholders working group	HIE System	3 hospitals 0 physicians 0 county agencies (BH, PH, EMS) (as of 1/1/18)	5 hospitals (by Dec 2018) 25 physicians (by Dec 2019) 3 county agencies (BH, PH, EMS) (by Dec 2019)	Semi-Annual
Activity 1.1: Reach out to Lead Person/Organization to learn status to date of this initiative.		Michelle Shoresman	HIE Manager	n/a	Communication completed	Annual
Activity 1.2: Brainstorm gaps in types of providers and names of provider groups that should participate (including	# meetings held to discuss	Access to Care Group	HIE Manager	n/a	Two meetings held to discuss	Annual

assessing barriers to entry for providers)						
Activity 1.3: Develop outreach plan to increase provider participation in HIE	Outreach plan developed (Y/N)	Access to Care Group	HIE Database	n/a	Yes, outreach plan developed	Annual
Objective 2: Re-establish Care Coordination Group and hold at least quarterly meetings for remainder of 2018.	# of coordination meetings	CenCal /County/CAPSLO	MShoresman/ TScott/GMcIntosh	n/a	3 meetings (by 12/31/18)	Annual
Activity 2.1: Garner commitment from high-level managers/administrators in key stakeholder organizations.	# participating CEO/COO/CFO/CMO/Deputies/Division Managers or similar	CenCal /County/CAPSLO/ Hospitals/CHC/others	Committee Chair	n/a	6	Annual
Activity 2.2: Define charter, purpose, and membership of group.	charter, purpose and member list	CenCal/County/CAPSLO/Hospitals/CHC/others	Committee documents	n/a	Existence of charter, purpose, membership list	Annual
Activity 2.3: Schedule meetings with clear agenda.	# meetings scheduled	Committee Chair	Meeting minutes	0 meetings (as of 2/08/18)	3 meetings (by 12/31/18)	Annual
Activity 2.4: Create action plan to implement at least 1 care coordination project.	# of action plans	CenCal /County/CAPSLO/ Hospitals/CHC/others	Committee documents	0 action plans	1 action plan	Annual
Objective 3: Establish a recognized lead entity to coordinate consumer navigation services currently in place through a variety of healthcare and human services throughout the county, by Dec.	Lead entity acknowledged (survey)	PHD, CenCal, Center for Family Strengthening	Care Coordination Committee Chair	n/a	Lead entity named	Annual

2018.						
Activity 3.1: Work through Care Coordination Group to establish lead entity in consumer navigation services.	Lead entity acknowledged (survey)	PHD, CenCal, Center for Family Strengthening	Care Coordination Committee Chair	n/a	Lead entity named	Annual
Activity 3.2: Obtain sustainable funding for community-based health navigation program (e.g. <i>Promotores</i>).	Amount of funding committed	PHD, CenCal, Center for Family Strengthening	Lead Consumer Navigation entity	n/a	TBD	Annual
Activity 3.3: Train navigators in access to care linkages and referrals.	# navigators trained	Lead Consumer Navigation entity	Lead Consumer Navigation entity	n/a	5	
Objective 4: Ensure ongoing comprehensive and accurate referral information for providers and consumers through 211						
Activity 4.1: Review and update access referral information on 211	# updated records (added, updated, or verified as accurate)	United Way, Access to Care Team	United Way survey	3,766 records added, updated, or verified (2017)	4,000 records added, updated, or verified (2018)	Annual

Access to Care

Stakeholders

Amanda Getten (SLO County Behavioral Health), Sarah Reinhart (APA), Suzanne Russell (Tolosa Dental), Theresa Scott and Bob Freeman (CenCal Health), Lizeth Barretto (CHC), Abe Lincoln (SLO Noor Foundation), Mark Lisa (Tenet), Mary Jean Sage (Health Commission and Sage Associates), Michelle Shoresman (SLO County Public Health), Joel Diringer (Diringer Associates), Julie Fogelson/Alan Iftinuk (Dignity)

Who's missing? Some suggested entities to add might include Dignity Health and other large provider groups.

Priority Issue: Shortage of Providers (Primary Care, Specialty Care, Psychiatry, Dental)

Goal: Recruit and retain providers on the Central Coast.	Performance Measures	Lead Person/Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Increase # of healthcare provider training program slots by 10%, by July 2020.	# of healthcare provider training program slots	Marian (David Duke), CHC (Lizeth Barretto)	personal correspondence	[#] program slots (18 for Marian + [#] for CHC)	10% above baseline	Annual
Activity 1.1: Retain Marian residency program	# of healthcare provider training program slots	Dignity Health	personal correspondence	18 program slots	18 program slots	Annual
Activity 1.2: Apply to ACGME for additional program slots in Marian residency program	# of healthcare provider training program slots	Dignity Health	personal correspondence	18 program slots	20 program slots	Annual

Activity 1.3: Retain/expand CHC Physician Assistant teaching program	# of physician assistant training program slots	CHC	personal correspondence	[#] program slots	[#] program slots	Annual
Activity 1.4: Investigate development of a (clinic-based) Teaching Health Center residency program in SLO County	# of clinic-based residency program slots	CHC	personal correspondence	0	1	Annual
Activity 1.5: Investigate creation of a Dental Residency Program	# of dental residency programs	Tolosa Dental	personal correspondence	0 dental residency programs	1 dental residency program	Annual
Objective 2: Create at least two incentive programs to retain providers, by December 2019.	# of incentive programs	SLO Medical Association, Tenet, Dignity, CHC	personal correspondence	0 incentive programs	2 incentive programs	Annual
Activity 2.1: Create a local recognition (awards) program for providers	# of recognition programs	SLO Medical Association, Tenet, Dignity, CHC	personal correspondence	0 recognition programs	1 recognition program	Annual
Activity 2.2: Create tools/resources to assist with practice management.	# of practice management toolkits	SLO Medical Association, Tenet, Dignity	personal correspondence	0 practice management toolkits	1 practice management toolkit	
Activity 2.3: Create “welcome wagon” program for new providers	# practicing providers in County	SLO Medical Association, Tenet, Dignity	personal correspondence	n/a	Program created	

Activity 2.4: Create incentives for Registered Dental Hygienist/Registered Dental Assistant students to receive certification	# RDH/RDAs in SLO County	SLO Public Health, Oral Health Program	personal correspondence ; MOUs with Alan Hancock Community College, Community Foundation	n/a	Program created	Annual
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Social Determinants of Health

Goals:

- Increase CalFresh enrollment to reduce hunger and improve health among SLO County residents.
- Improve access to affordable, attainable, safe, supportive housing with proximate access to employment, services, and opportunities for recreation.

Health is about more than just medical care. Safe affordable housing, clean drinking water, healthy affordable food, access to education and employment that offers a livable wage are essential components for a healthy life. Recent studies examining diseases in the context of social conditions are generating a better understanding of how poverty, substandard housing conditions, and other stresses can contribute to illnesses, like asthma, high blood pressure and others.

Two critical issue areas within this category are housing and food security. Access to safe, quality, affordable housing - and the supports necessary to maintain that housing - constitute one of the most basic and powerful social determinants of health. In particular, for individuals and families trapped in a cycle of crisis and housing instability due to poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can entirely dictate their health and health trajectory. For these populations, housing is a necessary precursor of health.

Similarly, access to affordable, healthy food is a critical component for health and well-being. Food insecurity is associated with malnutrition, particularly as it relates to inadequate consumption of nutritious foods such as fresh fruit and vegetables. Individuals living in food insecure households face more health challenges and are more likely to suffer from chronic diseases such as obesity, Type 2 diabetes, and pulmonary disease.

*For more information on the data used to help create the goals/objectives in this priority area, see the Social Determinants of Health section of the **Community Health Assessment** and Appendix 4: Indicators at a Glance.*

Social Determinants of Health

Stakeholders

Kathleen Karle (Public Health), Chuck Stevenson (Planning Commission), Stephanie Teaford (HomeShare SLO), Janna Nichols (5Cities Homeless Coalition), Biz Steinberg (CAPSLO), Sally Rogow (CAPSLO), Laurel Weir (DSS), Geoffrey Chiapella (SLOCOG), Chris Barnickel (Libraries), Jessica Thomas (Office of Education), Amy Kleinman (People’s Self Help Housing), Kris Kington-Barker (Hospice SLO)

Priority Issue: Food Access

Goal: Increase CalFresh enrollment to reduce hunger and improve health among SLO County residents	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Increase enrollment of eligible individuals within SLO County to 85%, by June 30, 2022.	CalFresh Enrollment	CalFresh Alliance (Food Bank, DSS, Public Health, CAPSLO, Cal Poly, Catholic Charities, First 5)	CDSS Cal Fresh Data	41% (CA 70% US 83%)	85%	Annual
Activity 1.1: Integrate text and email notifications for applicants to give notice of upcoming renewals and to reduce “churn” (disruption of services)	Process documentation	DSS	DSS correspondence	---	---	Annual

Activity 1.2: Reach out to individuals on MediCal who are not enrolled in CalFresh to encourage their enrollment.	# of individuals who received outreach	DSS	DSS correspondence	---	---	Annual
Activity 1.3: Review “My Benefits CalWin” data on approvals and denials to troubleshoot barriers to online application process.	assessment	DSS	DSS correspondence	---	---	Annual
Activity 1.4: Continue CalFresh Outreach grant to increase student enrollment in CalFresh at Cuesta and Cal Poly.	# of students enrolled	Cal Poly	Cal Poly correspondence	---	---	Annual
Activity 1.5: Work with community based organizations to integrate GetCalFresh.org as an alternate application method.	outreach to community partners	DSS	DSS correspondence	---	---	Annual
Activity 1.6: Work with local school districts to add CalFresh enrollment to free/reduced lunch enrollment forms.	enrollment form	DSS	DSS correspondence	---	---	Annual

Social Determinants of Health

Stakeholders

Kathleen Karle (Public Health), Chuck Stevenson (Planning Commission), Stephanie Teaford (HomeShare SLO), Janna Nichols (5Cities Homeless Coalition), Biz Steinberg (CAPSLO), Sally Rogow (CAPSLO), Laurel Weir (DSS), Geoffrey Chiapella (SLOCOG), Chris Barnickel (Libraries), Jessica Thomas (Office of Education), Amy Kleinman (People’s Self Help Housing), Kris Kington-Barker (Hospice SLO)

Priority Issue: Lack of housing

Goal: Improve access to affordable, attainable, safe, supportive housing with proximate access to employment, services, and opportunities for recreation.	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Support the development of very low income, low income, moderate and above moderate housing units throughout SLO County, with a goal of staying on track annually with regional housing targets (RHNA).	# of permits issued for housing units in the County	Healthy Communities Workgroup; SLO Chamber of Commerce; Adult Services Policy Council; Commission on Aging; CAPSLO; HomeShare; 5Cities Homeless Coalition; HASLO; Peoples’ Self-Help Housing; EVC; SLOCOG	CA Dept of Housing and Community Development’s Regional Housing Needs Allocation (RHNA)	VLI 23.7% LI 29.7% MD 47.1% AMD 80.7% (as of Mar 2018)	VLI 100% LI 100% MD 100% AMD 100% (by July 2019)	Annual

Activity 1.1: Speak at public comment (e.g. during city council, Board of Supervisor meetings, etc.) to encourage elected officials to support new housing, modify existing development standards, and expand housing options for the region.	# of times someone spoke	---	tracking sheet	0x per year	5-8x per year	Annual
Activity 1.2: Reach out to, or meet on-on-one, with elected officials in all 8 jurisdictions (7 cities plus County) (and extend invitation to attend Healthy Communities workgroup).	# of jurisdictions contacted	---	tracking sheet	0x per year	2x per year	Annual
Activity 1.3: Speak at service clubs (Rotary, etc.) and community groups to develop community support on housing issues and to introduce alternative housing solution (home share, etc.)	# of talks given per year	---	tracking sheet	0x per year	5x per year	Annual
Activity 1.4: Advocate with local employers to support housing development and augment rental housing supply to help recruit and retain employees.	# of employers contacted	---	tracking sheet	0x per year	5x per year	Annual
Activity 1.5: Develop a fact sheet on the impacts of housing stability on health and gather other educational materials that support YIMBY.	Fact Sheet	Healthy Communities workgroup	---	0 fact sheets	1 fact sheet (reviewed annually)	Annual
Activity 1.6: Sponsor an event on housing and health for the public, community partners and elected officials during <i>Healthy Communities</i> month.	Event	Healthy Communities workgroup	---	0 events	1 event (by Oct 2018)	Once
Activity 1.7: Submit letters of support when new housing developments come	# of letters submitted	Healthy Communities	workgroup records	0x per year	5x per year	Annual

before government bodies (planning commissions, city council meetings etc.)		workgroup				
Activity 1.8: Utilize the <i>Healthy Communities Project Checklist</i> for assessing housing-related development projects from a healthy community's perspective.	# of project reviews	Healthy Communities workgroup	workgroup records	0 project reviews	5 project reviews	Annual
Activity 1.9: Participate in housing needs methodology discussion with SLOCOG before next cycle's RHNA allocation determination.	participation records	---	participation records	0 discussions	1 discussion	Once

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Maternal, Child and Adolescent Health

Goal:

- Improve the social and emotional support network for teens in SLO County.

Beginning life as a healthy baby, child and young adult provides one of the best opportunities for lifelong health. For this reason, health within the first years of life is closely analyzed, including such factors as prenatal care, childhood vaccinations, and teen risk behaviors.

Analysis and intervention during the adolescent years in San Luis Obispo County has largely been neglected in favor of programs aimed at earlier interventions (birth to 5 years). While these earlier interventions will still be a central focus for local agencies, community partners have decided to focus on teen issues as its key priority area for this planning effort.

*For more information on the data used to help create the goals/objectives in this priority area, see the Maternal, Child and Adolescent Health section of the **Community Health Assessment** and Appendix 4: Indicators at a Glance.*

Maternal, Child, and Adolescent Health

Stakeholders

Sandi Miscovich (Public Health); Wendy Wendt (First 5 SLO County); Kathy Gremel (Public Health); Patti Fox (Alpha); Shana Paulson; Cherie Fields; Maria Jauregui-Garcia; Yolanda Robles; Bridgette Hernandez; Lisa Fraser (Center for Family Strengthening, The Link); Melinda Sokoloski (CAPSLO); Suzanne Phelan (Cal Poly STRIDE)

Who's missing? Teen Task Force, County Office of Education, school homeless student liaisons, middle and high school counselors, SLO Partners, Eckerd, County Library, SELPA

Priority Issue: Lack of Social and Emotional Supports for Teens

Goal: Improve the social and emotional support network for teens in SLO County.

	Performance Measure	Lead Person/Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
<p>Objective 1: Reduce percent of teens who report chronic sad or hopeless feelings in the past year by 5%, by Dec 2023.</p>	<p>% of 11th graders who self-report chronic sad or hopeless feelings</p> <p>(CHKS table A8.4)</p>	<p>Public Health</p>	<p>California Healthy Kids Survey</p>	<p>33%</p> <p>(2015-2016)</p>	<p>28%</p> <p>(2023)</p>	<p>Annual</p>
<p>Activity 1.1: Create campaign to promote career and technical training for high school aged youth.</p>	<p># of campaigns</p>	<p>Public Health</p>	<p>--</p>	<p>0</p> <p>webpage; brochures; postcards</p>	<p>1 webpage complete;</p> <p># cards distributed</p>	<p>Annual</p>

Activity 1.2: Conduct analysis of current mentoring opportunities for middle and high school aged youth in SLO County.	analysis	Public Health	--	0 analysis	1 analysis (by 2023)	Annual
Activity 1.3: Host a conference or workshop on available youth supports for middle/high school counselors, mental health providers, and staff who work with youth.	# workshops	Public Health	--	0 workshops	1 workshop (by 2023)	Annual

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Infectious Disease

Goals:

- Reduce the rate of syphilis in SLO County population.
- Reduce the rate of influenza in SLO County population.
- Reduce the rate of Hepatitis C in SLO County jail inmate population.

Infectious, or communicable, diseases have a significant influence on morbidity and mortality in a community and are largely preventable or treatable. Examples of communicable diseases include those transmitted from human to human, from vectors (e.g., infected ticks or mosquitoes) to humans, and from contaminated food or water to humans.

*For more information on the data used to help create the goals/objectives in this priority area, see the Infectious Disease section of the **Community Health Assessment** and Appendix 4: Indicators at a Glance.*

Infectious Disease

Stakeholders

ASN, Dr. Taylor, Dr. Bollay, Dr. Mulkerin (County Jail)

Who's missing? CHC, Central Coast Pathology, Inmates, Pharmacy, Insurance

Priority Issue: High Hepatitis C rates among jail population

Goal: Reduce the rate of Hepatitis C in SLO County jail inmate population	Performance Measure [activity target]	Lead Person/Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Increase testing, treatment, and referrals of Hep C in jail population by 60%, by Dec 2020.	# of referrals	ASN, Public Health, Jail	jail records	[current #?]	[current # + 60%]	Annual
Activity 1.1: Create screening algorithm for determining high-risk patients to test.	# of algorithms	ASN, Public Health, Jail	--	0	1 screening algorithm	Annual
Activity 1.2: Create process for referrals to care at ASN.	# of processes	ASN, Public Health, Jail	--	0	1 referral process	Annual
Activity 1.3: Create policy/procedure for who and how to treat patients.	# of policies	ASN, Public Health, Jail	--	0	1 policy	Annual
Activity 1.4: Research affordable testing and treatment options (grants, reimbursement strategies, insurance).	# of lists	ASN, Public Health, Jail	--	0	1 list of funding options	Annual
Activity 1.5: Conduct testing for high-risk inmates.	# of tests conducted	ASN, Public Health, Jail	--	[current #?]	[current # + 60%]	Annual

Infectious Disease

Stakeholders

Public Health, Planned Parenthood, CHC, Urgent Cares, Cuesta, Jail, CAPSLO, The Center

Who's missing? Infectious disease doctors, Sonia (Public Health), Family Planning clinics, OB/GYN docs

Priority Issue: Increasing Syphilis rates in SLO County (confusing & underappreciated infection)

Goal: Reduce the rate of syphilis in SLO County population	Performance Measure [activity target]	Lead Person/Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Decrease the rate of new syphilis cases/100,000 population to < ____, by [Month YR].	Newly diagnosed cases/100k pop	PHD	State STD Surveillance Report	3.6/100k pop. (2015)	___/100k pop. (YR)	Annual
Activity 1.1: Encourage/assist universities and OB/GYN providers to offer routine, opt-out testing.	# clinical settings adopting routine opt-out testing		--			Annual
Activity 1.2: Increase patient education about the importance of testing and treatment.	# of brochures? # of campaigns? # of trainings?		--			Annual

Infectious Disease

Stakeholders

Community providers, pharmacies, hospitals, schools, businesses (small, large)

Priority Issue: Influenza severity on the rise

Goal: Reduce the rate of influenza in SLO County population	Performance Measure [activity target]	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Increase the rate of those receiving their annual flu vaccine by 3%, by Dec 2020.	vaccination rates	PHD	CHIS	41.0% (2014-2016)	44.0% (2020)	Annual
Activity 1.1: Determine target audiences most in need of flu messaging.	list of target audience groups	PHD	--	0	1 list of target audience groups	Annual
Activity 1.2: Create tailored messaging for different audience groups.	# of campaigns? # of press releases? # of social media posts?	PHD	--	0		Annual

Chronic Disease & Health Behaviors

Goals:

- Improve diets and increase physical activity in the environments where people eat, live, learn, work, and play.
- Reduce smoking initiation, tobacco use, and exposure to secondhand smoke.
- Reduce rates of chronic disease among county residents.

Chronic diseases and conditions—such as cardiovascular diseases (like heart attacks and stroke), cancers, respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes—are among the most common, costly, and preventable of all health problems. Because of this, the burden of chronic disease is a commonly used measure of community health status.

In 2015, the top five leading causes of death in the U.S. were heart disease, cancer, chronic lower respiratory diseases, accidents (unintentional injuries), and stroke. A little over half (55%) of deaths from 2005-2013 were due to three leading causes: heart disease, cancer, and stroke. According to the Centers for Disease Control and Prevention, four health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness and death related to chronic diseases, including heart disease, cancer and stroke. For these reasons, chronic disease and health behaviors are combined for the purposes of this planning effort.

*For more information on the data used to help create the goals/objectives in this priority area, see the following sections of the **Community Health Assessment: Chronic Diseases (p. 57), Health Behaviors (p. 67), Access to Health Services (p. 27), and Appendix 4: Indicators at a Glance (p. 123).***

Chronic Disease and Health Behaviors

Stakeholders

Jen Miller (Public Health); Jim Glinn (San Luis Sports Therapy); Deb Jeffers; Shannon Klisch (UC Cooperative Extension); Julie Dodson; Patty Herrera (Dignity Health); Inger Appanaitis (Public Health); Jean Raymond; Monica Grant (YMCA); Kevin Drabinski (Food Bank); Sandy Underwood (Dignity Health); Tamar Sekayan

Who's missing? Other HEAL SLO members, County Office of Education

Priority Issue: Healthy weights among children and adults

Goal: Improve diets and increase physical activity in the environments where people eat, live, learn, work, and play.	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Reduce rates of adult obesity by 2% (to 18.1%), by Dec 2022.	% of adults who are obese	Public Health / HEAL SLO / hospitals	CHIS	20.1% adult obesity (2014-2016)	< 18.1% adult obesity	Annual
Activity 1.1: Create communications plan between stakeholders to share targeted, coordinated messaging around healthy eating and active living.	# of communications plans	Public Health / HEAL SLO / hospitals	---	0 communications plans	1 communications plan	Annual
Activity 1.2: Create tool kit for educating policy/decision makers about healthy eating and active living issues (e.g. health element in general plans, sugar sweetened beverage policy, zoning for fast food, etc.)	# of tool kits	Public Health / HEAL SLO / hospitals	---	0 tool kits	1 tool kit	Annual

Activity 1.3: Educate community groups about upcoming healthy eating active living related topics to enhance capacity for providing public comment on local policies.	# of community groups	UCCE / HEAL SLO / Public Health	---	0 groups	6 groups	Annual
Activity 1.4: Increase the review of proposed land use projects, ordinance and general plan amendments from a healthy community's perspective.	# of project reviews/referrals	Healthy Communities workgroup	workgroup records	[#] project reviews/referrals	[#] project reviews/referrals	Annual
Activity 1.5: Identify priority communities with higher rates of obesity.	# of target communities	Public Health / HEAL SLO / hospitals	---	0 target community lists	1 target community list	Annual
Objective 2: Achieve national goal (Healthy People 2020) metric of <14.5% for childhood obesity, by Dec 2022.	% of children and adolescents who are obese	Public Health / HEAL SLO / hospitals	CDE / NHANES	17.0% child obesity (2015-2016) percentage of 7th graders who scored in the Physical Fitness test category 'Needs Improvement - Health Risk'.	<14.5% child obesity	Annual
Activity 2.1: Support the establishment of school wellness councils at school sites to improve, enhance and implement districts' school wellness policies.	# of schools with active school wellness councils	School districts/ UCCE / Public Health / HEAL SLO	---	4 schools	12 schools	Annual
Activity 2.2: Partner with school districts to implement school garden programs.	# of schools adopting school garden programs	One Cool Earth/UCCE/PH D/COE/HEAL SLO	---	18 schools	43 schools	Annual
Activity 2.3: Conduct nutrition and exercise educational programs during school and after school.	# educational sessions held	YMCA / UCCE/ Public Health / HEAL SLO	---	25 sessions/year	50 sessions/year	Annual

Chronic Disease and Health Behaviors

Stakeholders

Tobacco Control Program, Drug & Alcohol

Priority Issue: Tobacco use among adults and adolescents in San Luis Obispo County

Goal: Reduce smoking initiation, tobacco use, and exposure to secondhand smoke	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Increase the number of smoke-free outdoor spaces in the County by 25%, by June 30, 2021.	# of smokefree outdoor "places" (dining, entryways, public events, recreation areas, service areas, sidewalks, worksites) in the county	PH	"State of Tobacco Control"	25 (2017)	31	Annual
Activity 1.1: Provide trainings for a minimum of 10-20 youth (e.g. local leadership classes, Friday Night Live chapters) to increase leadership, capacity, and skills to address tobacco control issues in their community.	# of trainings with local youth	PH, Behavioral Health	Activity Log	2 (2017)	3	Annual
Activity 1.2: Conduct presentations or public comment with youth leaders to city council in targeted jurisdictions to educate local policymakers about the	# of presentations to city council	PH	Activity Log	2 (2017)	3	Annual

public health benefits of creating and strengthening smokefree outdoor spaces.						
Activity 1.3: Place paid advertisements in local media outlets to educate the public on secondhand smoke and the importance of comprehensive local policies.	# of paid advertisements	PH	Activity Log	---	4	Annual
Objective 2: Decrease the percent of youth in the County who use e-cigarettes by 30%, by June 30, 2021.	% of Grade 11 Students that have used electronic cigarettes or other vaping devices in the past 30 days	PH, Behavioral Health, Office of Education	California Healthy Kids Survey	19% (2013-2014)	12%	Bi-annual
Activity 2.1: Develop and distribute educational packets per year in targeted jurisdictions designed to educate policymakers and other key stakeholders on the harmful effects of e-cigarettes, youth access to tobacco, and/or tobacco industry marketing.	# of education packets distributed	PH	Activity Log	---	20	Annual
Activity 2.2: Conduct onsite inspections of tobacco retailers in targeted jurisdictions to assess illegal sales to young adults, ages 18-20, and compliance with other local and state retail laws (with a focus on flavored tobacco).	# of stores inspected	PH, local law enforcement	Young Adult Tobacco Purchase Survey	---	50	Annual
Activity 2.3: Conduct presentations to community organizations involved in alcohol and drug prevention, other public health programs, local law enforcement, and professional organizations (30-45 minute presentations will focus on the harmful effects of e-cigarettes, youth access to tobacco, and/or tobacco industry	# of presentations to community organizations	PH	Activity Log	---	6	Annual

marketing).						
Objective 1: Increase the number of smoke-free outdoor spaces in the County by 25%, by June 30, 2021.	# of smokefree outdoor "places" (dining, entryways, public events, recreation areas, service areas, sidewalks, worksites) in the county	PH	"State of Tobacco Control"	25 (2017)	31	Annual
Activity 1.1: Provide trainings for a minimum of 10-20 youth (e.g. local leadership classes, Friday Night Live chapters) to increase leadership, capacity, and skills to address tobacco control issues in their community.	# of trainings with local youth	PH, Behavioral Health	Activity Log	2 (2017)	3	Annual

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Chronic Disease and Health Behaviors

Stakeholders

Jen Miller; Jim Glinn; Deb Jeffers; Shannon Klisch; Julie Dodson; Patty Herrera; Inger Appanaitis; Jean Raymond; Monica Grant; Kevin Drabinski; Sandy Underwood; Tamar Sekayan

Who's missing? Physicians, Tenet, CHC, community members at risk of chronic disease

Priority Issue: Large impact of chronic disease to health of SLO County residents.

Goal: Reduce rates of chronic disease among county residents.	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Reduce prevalence of Type II diabetes among adults in SLO County by 1%, by 2022.	% of adults with diabetes	FMMC/AGCH	CHIS	5.6% of adults with diabetes (2014-2016)	4.6%	Annually
Activity 1.1: Engage maximum number of participants in chronic disease self-management program (CDSMP) workshops, aimed at reducing subsequent ER visits.	# workshops attendees % of adults who attend workshop will be called 3 months post intervention	FMMC/AGCH	FMMC/AGCH database		40%	Annually
Activity 1.2: Partner with physician champions to support hard referrals to chronic disease self-management workshops.	# physicians who will champion the program	FMMC/AGCH			5 physicians/groups	Annually

Activity 1.3: Partner with health care providers to make hard referrals to chronic disease self-management workshops.	# HCP participating/making referrals (will need release form)	FMMC/AGCH				Quarterly
Activity 1.4: Partner with county agencies to promote chronic disease workshops and share fliers on social media/website to their clients.	# fliers, # times shared	UCCE, PHD, HEAL SLO				Quarterly
Objective 1: Reduce prevalence of Type II diabetes among adults in SLO County by 1%, by 2022.	% of adults with diabetes	FMMC/AGCH	CHIS	5.6% of adults with diabetes (2014-2016)	4.6%	Annually
Activity 1.1: Engage maximum number of participants in chronic disease self-management program (CDSMP) workshops, aimed at reducing subsequent ER visits.	# workshops attendees % of adults who attend workshop will be called 3 months post intervention	FMMC/AGCH	FMMC/AGCH database		40%	Annually
Activity 1.2: Partner with physician champions to support hard referrals to chronic disease self-management workshops.	# physicians who will champion the program	FMMC/AGCH			5 physicians/groups	Annually
Activity 1.3: Partner with health care providers to make hard referrals to chronic disease self-management workshops.	# HCP participating/making referrals (will need release form)	FMMC/AGCH				Quarterly
Activity 1.4: Partner with county agencies to promote chronic disease workshops and share fliers on social media/website to their clients.	# fliers, # times shared	UCCE, PHD, HEAL SLO				Quarterly

Injuries

Goals:

- Reduce the number of falls among older adults.
- Reduce vehicle-related injuries by 10% by 2020.

Injuries affect everyone, regardless of age, race, or economic status. Each year, millions of people across the country are injured. They are faced with life-long mental, physical, and financial problems that can impact long-term quality of life and economic stability. Unintentional injuries are the leading cause of death for Americans ages 1 to 44.

Injuries can result from a variety of causes, intentional or unintentional, including motor vehicle accidents, poisonings, falls, bike accidents, fires, near-drownings, firearms, and other causes. The leading cause of non-fatal hospitalization from injuries in the county is falls, followed by injuries related to motor vehicle accidents.

*For more information on the data used to help create the goals/objectives in this priority area, see the Injuries section of the **Community Health Assessment and Appendix 4: Indicators at a Glance.***

Injuries

Stakeholders

SLOCOG, Movement for Life, Injury Prevention Coalition, Public Health

Priority Issue: Falls cause the most unintentional injury-related deaths in San Luis Obispo County.

Goal: Reduce the number of falls among older adults.	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Raise awareness of potential causes of falls.	# of people reached	Fall Prevention Health Education Specialist (Public Health)	Public Health	120/year	150/year	Annual
Activity 1.1: Create marketing materials to inform older adults about risk factors.	# of marketing materials created	Fall Prevention Health Education Specialist (Public Health)			3/year	Annual
Activity 1.2: Conduct in-home assessments.	# of in-home assessments conducted	Fall Prevention Health Education Specialist (Public Health)	Public Health	2/month	3/month	Annual
Activity 1.3: Recommend medical assessments for older adults if fall risk factors are identified.	# of older adults recommended for medical assessment	Fall Prevention Health Education Specialist (Public Health)			As needed	Annual

Objective 2: Identify available resources to prevent falls.	# of resources identified	Injury Prevention Coalition			25	Quarterly
Activity 2.1: Hold quarterly Injury Prevention Coalition meetings.	# of meetings held	Injury Prevention Coalition	IPC	4/year	4/year	Quarterly
Activity 2.2: Develop a resource directory for San Luis Obispo County.	# of resource directories created	Injury Prevention Coalition			1/year	Quarterly
Objective 3: Create standard protocol for post-fall injuries.	# of standard protocols created	Medical providers			1/year	Annual
Activity 3.1: Conduct medical evaluation of older adult after a fall.	# of medical evaluations conducted	Medical providers			As needed	Annual
Activity 3.2: Refer older adult to specialist, as deemed necessary by evaluation.	# of referrals submitted	Medical providers			As needed	Annual
Activity 3.3: Follow-up with older adult.	# of follow-up calls made/appointments conducted	Medical providers			As needed	Annual

Injuries

Stakeholders

SLOCOG, Movement for Life, Injury Prevention Coalition, Public Health

Who's missing? Bike SLO County, the San Luis Obispo County Office of Education, San Luis Obispo Bike Club, Central Coast Distracted Driving Awareness Partnership (CCDDAP)

Priority Issue: High vehicle-related injuries (VRI) (including motor vehicle occupants, pedestrians & cyclists)

Goal: Reduce vehicle-related injuries by 10% by 2020.	Performance Measures	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Reduce number of <u>bicycle</u> involved collisions by 10%, by December 2022.	# of victims killed or injured in bicycle-involved collisions	Injury Prevention Coalition	CA Office of Traffic Safety	109 (2015)	98 (2022)	annual
Activity 1.1: Promote intersection improvement/traffic calming improvements at high frequency collision sites (utilize UC Berkeley's Transportation Injury Mapping System to inform)	# of intersection improvements	Bike SLO County	lead agency correspondence	0	2 (2022)	bi-annual
Activity 1.2: Expands safe routes program to middle/high schools	# of schools engaged	SLOCOG Safe Routes to School	lead agency correspondence	[# of schools currently] (2017)	[# + 5?] (2022)	bi-annual

Activity 1.3: Add bike lanes/rumble strips in high frequency collision sites	# of added	Bike SLO County	lead agency correspondence	0	2 (2022)	bi-annual
Objective 2: Reduce number of <u>pedestrian</u> involved collisions by 10%, by December 2022.	# of victims killed or injured in bicycle-involved collisions	Injury Prevention Coalition	CA Office of Traffic Safety	65 (2015)	58 (2022)	annual
Activity 2.1: Promote intersection/traffic calming improvements at high frequency collision sites	# of intersection improvements	Bike SLO County	lead agency correspondence	0	2 (2022)	bi-annual
Activity 2.2: Encourage distracted pedestrian education through CCDDAP classes.	# of individuals taking distracted pedestrian classes	Central Coast Distracted Driving Awareness Partnership (CCDDAP)	lead agency correspondence	0	[#] (2022)	bi-annual
Objective 3: Reduce number of <u>motor vehicle</u> involved collisions by 10%, by December 2022.	# of victims killed or injured in motor vehicle-involved collisions	Injury Prevention Coalition	CA Office of Traffic Safety	1,499 (2015)	1,349 (2022)	annual
Activity 3.1: Promote intersection improvement/traffic calming improvements at high frequency collision sites	# of intersection improvements	Bike SLO County	lead agency correspondence	0	2 (2022)	bi-annual
Activity 3.2: Encourage distracted driving awareness through CCDDAP public information campaign.	campaign	Central Coast Distracted Driving Awareness Partnership (CCDDAP)	lead agency correspondence	0	1 campaign (2022)	bi-annual

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Social and Emotional Wellness

Goal:

- Adopt a countywide Social and Emotional Wellness Standards of Care policy.

Mental health is essential to overall health. Mental health problems affect thinking, mood, and behavior and can be caused both by biological factors (such as genetics) and life experiences (such as trauma or abuse). They affect how we cope with the normal stresses of life, work productively and fruitfully, and contribute to our community. Adults, children and adolescents with untreated mental illness are at higher risk for unsafe behaviors, including alcohol or drug abuse, suicide, and other self-destructive behaviors.

*For more information on the data used to help create the goals/objectives in this priority area, see the Social and Emotional Wellness section of the **Community Health Assessment** and Appendix 4: Indicators at a Glance.*

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Social & Emotional Wellness

Stakeholders

Frank Warren County of San Luis Obispo Behavioral Health; Jill Bolster-White Transitions-Mental Health Association (TMHA); Jennifer Adams RISE; Cyndi Barnett Family Care Network; Genie Kim Cal Poly; Richard Benitez Latino Outreach Council; Christina Chow County of San Luis Obispo Social Services; Grace McIntosh CAPSLO; Amelia Abernathy Dignity Health; Susan Warren Health Commision; Jason Wells, First 5

Priority Issue: No agreed-upon standard of care for providers to provide consistency of best practices across the continuum of social and emotional wellness services.

Goal: Adopt a countywide Social and Emotional Wellness Standards of Care policy.	Performance Measure [activity target]	Lead Person/ Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Convene three - five stakeholder focus group sessions to begin developing common needs, standards of care (SOC), training and development best practices before December 31, 2018.	# of stakeholder sessions, preliminary write-ups	Frank Warren/SLOBHD	Stakeholders/Focus Groups	0	3	Quarterly
Objective 2: Establish Policy Development Committee to collect findings and draft standards of care policy, by June 30, 2018	Draft Policy, # of meetings	Frank Warren/SLOBHD	Stakeholders/Focus Groups	0	3	Monthly
Objective 3: Begin introducing concept of SOC policy to system leaders and providers via staff trainings, meetings, media, and information campaign.	# of Flyers, training docs, press releases	Jill Bolster-White/TMHA; Cynthia Barnett/FCN; Frank Warren/SLOBHD	Meeting rosters, info notices, etc.	0	15	Monthly

Environment

Goals:

- Increase awareness within the agriculture community of the risks associated with Valley Fever and prevention/treatment needed
- Improve water quality at high priority beach/creek interfaces.

Safe air, soil, and water are fundamental to a healthy community environment. An environment free of hazards, such as secondhand smoke, carbon monoxide, allergens, lead, and toxic chemicals, helps prevent disease and other health problems. Implementing and enforcing environmental standards and regulations, monitoring pollution levels and human exposures, building environments that support healthy lifestyles, and considering the risks of pollution in decision-making can improve health and quality of life.

In 2016, surveyed residents in San Luis Obispo County were most concerned about the following environmental issues: water quality (76%), building in open space (63%), traffic congestion (62%), pesticide use near homes (55%), and air pollution (53%). These have remained the top rated community concerns among residents since 2010.

*For more information on the data used to help create the goals/objectives in this priority area, see the Environment section of the **Community Health Assessment** and Appendix 4: Indicators at a Glance.*

Environment

Stakeholders: County Agriculture Weights and Measures (AWM), County Environmental Health Services (EHS), County Air Pollution Control District (APCD)

Who's missing? City/County Planning and Building, The Agricultural Community (i.e., growers, farm workers, residents of rural areas), Farm Bureau

Priority Issue: Valley Fever Incidents Increasing

Goal: Increase awareness within the agriculture community of the risks associated with Valley Fever and prevention/treatment needed	Performance Measure	Lead Person/Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: Provide outreach information to 95% of County AWM permittees by July 1, 2019	% of AWM permittees contacted	Agriculture Weights and Measures (AWM)	AWM database	0% of AWM permittees contacted	95% of AWM permittees contacted (by July 1, 2019)	July 2, 2019
Activity 1.1: Develop public message and outreach brochure/ material in English and Spanish for the Agricultural Community	# of outreach brochures	Public Health Communications	Public Health Epidemiologist	0 brochures	5000 copies (by January 1, 2019)	Annual
Activity 1.2: Create map of hot spots for Valley Fever with an overlay of AWM permitted facilities	map of Valley fever hot spots	EHS	County Epidemiology and AWM	0 maps	1 map (by July 1, 2018)	Every 3 years
Activity 1.3: Explore whether dust mitigation conditions should be expanded for permits that require a CEQA evaluation process and are located in hot spot areas.	Review of Dust Mitigation Conditions	County APCD/Planning and Building	Public Health Epidemiologist	0 Existing Dust Mitigation Conditions	Complete Review of Dust Mitigation Conditions for Hot Spot areas (by July 1, 2019)	July 2, 2019

Environment

Stakeholders: Surfrider, County Environmental Health, County Public Works Stormwater Coord. & Water Resources Division, CleathHarris

Who's missing? RWQCB, Morro Bay National Estuary Program, Dr. Kitts/Cal Poly, Cities/Wastewater Facility Owners

Priority Issue: Water Quality at the Beach/Creek Interface

Goal: Improve water quality at high priority beach/creek interfaces.	Performance Measure [activity target]	Lead Person/Organization	Data Source	Data Baseline	Improvement Target	Frequency of Reporting
Objective 1: By January 1, 2019, collaborate with organizations that collect surface water quality data relevant to the goal so that information collected can be shared regularly.	Identify way to connect the public with available data on regions water quality	Environmental Health Services and Department of Public Works	Websites: ~County Public Works ~SurfSafeSLO.org ~Cal Poly Center for Coastal Marine Sciences ~Regional Water Quality Control Board	activity-based (outlined below)	activity-based (outlined below)	TBD
Activity 1.1: Identify the surface water quality constituents of concern and identify and contact organizations that collect the data.	list of water quality pollutants	Environmental Health Services and Department of Public Works	partner websites	Water Quality Testing Results	1 list (by July 1, 2018)	TBD
Activity 1.2: Collaboratively determine the platform and procedure for sharing data.	# platforms	Environmental Health Services and Department of Public Works	partner websites	0 platforms	1 platform (by January 1, 2019)	TBD

Activity 1.3: Establish the platform and implement the procedure.	# platforms for collecting and sharing water quality data	Environmental Health Services and Department of Public Works	Partner Websites	0 platforms	1 platform (by January 1, 2019)	TBD
Objective 2: By January 1, 2023, seek grant funding for a study to determine the cause of exceedances so they can be corrected where possible.	# grants pursued for water quality at beach/creek interfaces	Department of Public Works	Grants Pursued	0 grants pursued	___ grants pursued (by January 1, 2023)	TBD
Activity 1.1: Identify where exceedances occur and what contaminant it is.	Beach Sampling Location exceedances	Environmental Health Services	SurfSafeSLO.org	0 lists	1 list	TBD
Activity 1.2: Apply for grants to fund source study(ies) including appropriate dedicated monitoring equipment and identification of feasible prevention solutions.	# grants pursued	Department of Public Works	Grants Pursued	0 grants pursued	___ grants pursued	TBD
Activity 1.3: Coordinate with applicable organizations to implement feasible prevention solutions through grants, best management practices, education and other cooperative efforts.	# coordinating meetings held after study is completed	Department of Public Works	Study Findings	0 meetings held	TBD	TBD

Next Steps

The strategies and metrics described above will be tracked on a quarterly basis. A report on the progress made in implementing these strategies will be released annually and made available to the community at the SLO Health Counts website at www.SLOhealthcounts.org. The report will document the effectiveness of the proposed strategies, any changes in priorities or the strategies to address them, additional resources and community assets needed to address them, and any challenges that groups faced in achieving their selected goals.

Acknowledgements

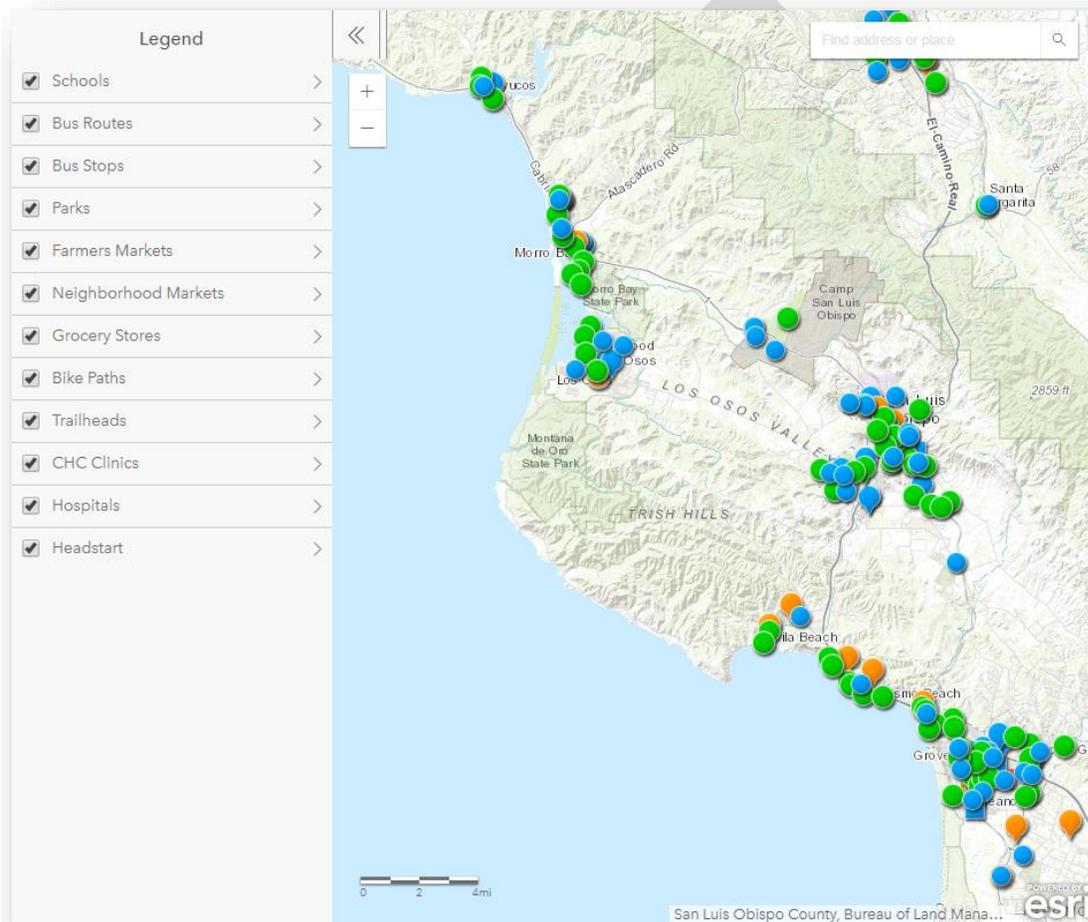
Close to 100 community partners representing a wide variety of organizations attended a February 2018 community meeting (and ensuing follow-up meetings) to develop the CHIP. Other organizations submitted important feedback on the draft plan when we posted it for public comment. We list these organizations here to show our appreciation for your participation. Thank you for sharing your expertise and commitment to shape this plan. We look forward to partnering with you to achieve the plan's goals of healthy people and healthy communities.

Organizations Involved

5 Cities Homeless Coalition
Alzheimer's Association
American Cancer Society
Aegis Treatment Centers, LLC
Alliance for Pharmaceutical Access
Big Brothers Big Sisters SLO
CalFresh Nutrition Education
CalFresh Alliance
California State Parks
Cambria Community Healthcare District
Casa Solana Inc.
CenCal Health
Central Coast Dental Society
City of Paso Robles
Cayucos Elementary School District
Coast Smiles on Wheels
Commission on Aging
Community Action Partnership of SLO County (CAPSLO)
Conifer Health
Community Health Centers (CHC)
County Dept of Social Services
County Environmental Health
County Planning
County Public Health
County Public Libraries
County Probation
County Health Commission
Cuesta College
Cal Poly University
Dentists
Dignity Health
Diringer & Associates
District Attorney's Office
First 5 of SLO County
Health Navigator Project
HomeShareSLO
Integrated Waste Management Authority (IWMA)
Long-term Care Ombudsman
Noor Foundation
People's Self Help Housing
Physicians
Planned Parenthood CA Central Coast
Promotoras
Public Defender
RISE
Senior Nutrition
San Luis Chamber of Commerce
San Luis Coastal Unified School District
San Luis Obispo Council of Governments
San Luis Sports Therapy
St. Timothy's Church
SLO Food Bank
United Way
Transitions Mental Health Association (THMA)
Latino Outreach Council

Appendix A: Health Assets & Resources Identified by Partners

Access to parks, open space, markets, clinics and other aspects of a community can all impact a person's ability to get and stay healthy. The map at the link above contains just a few of the physical assets that impact health in San Luis Obispo County, as well as a listing of non-physical assets that also impact health. Visit www.SLOHealthCounts.org/health-assets for an interactive map of health assets.



Non-Physical Assets

Non-physical assets and resources can be mobilized in a community to address health issues. These include the skills of residents; the power of local associations, like service or professional associations; local institutions, like faith-based groups, local foundations, government institutions, institutions of higher learning; social capital; community resilience; and a strong business community.

Community members mentioned the following when asked what non-physical assets were present in SLO County:

- School staff that values kids’ mental and physical wellness.
- A community of individuals who are passionate about promoting health in the built environment.
- A community focused on giving
- Resources that increase accessibility and resources for an aging population.
- A positive, open attitude of the medical community in delivering care
- Engaged and empowered service clubs, like Rotary
- Volunteers committed to addressing issues like food insecurity and hunger
- Robust and well-funded evidenced-based health communication and prevention media campaigns
- Food service directors at several districts that are enthusiastic about scratch cooking
- Environmentally-focused NGO's
- A community of 1st adopters
- Strong business associations and Chamber of Commerce
- Committed public health staff
- Connected and resilient citizens
- Engaged health care providers
- Accessible mental health practitioners
- An incredible community foundation
- Collaborations with Cal Poly and Cuesta that benefit the community
- Excellent city and county government services
- Strong senior citizen organizations
- High quality K-12 schools
- Skills of residents & institutions of higher learning
- Healthy levels of non-profit and government collaboration
- Caring and passionate community-members
- Charming, small town environment
- Local associations and coalitions that focus on emerging needs
- Strong social networks that keep residents connected
- Socially conscious businesses -- e.g. family friendly employers
- Health care providers set up to serve regardless of patient ability to pay
- Government that prioritizes community health -- including attention to the environment, equitable access to care, focus on early prevention and health promotion
- A strong culture of volunteerism
- A strong nonprofit network
- A community with strong values and culture
- Strong faith-based organizations

Physical Assets

Access to parks, open space, markets, clinics and other aspects of a community can also impact a person's ability to get and stay healthy.

Community members mentioned the following when asked what physical assets were present in SLO County:

- Quality, accessible doctors, clinics and hospitals
- Neighborhood schools with walkable routes
- Neighborhood grocery stores on walkable/bus-able routes
- Farmers Markets and produce stands that are accessible to lower income neighborhoods and families
- Recreational trails
- Mobile and accessible social services
- Partner agencies of the Food Bank with the capacity to store and distribute food
- Mobile food sources for aging population
- Community parks
- Rec centers for youth
- Neighborhood markets and corner stores
- Lots of open space
- Farmer's markets and community gardens
- Clean air and water
- Regional parks and hiking trails
- Safe and enjoyable walking trails, good for families
- Safe sidewalks, bike lanes, trails
- Easy access to beaches and ocean
- Clean water and air
- Safe walking streets that invite me to ditch my car
- Walkable & wheelchair friendly outdoor paths & city sidewalks
- Senior housing close to activity & shopping centers with access by walking
- Respite Care Centers
- Dog-accessible parks and beaches
- Grocery stores in rural areas
- Walkable towns
- Bike friendly in some areas (less so in others)
- Class 1 bike lanes
- High frequency bus routes
- Parks with playgrounds
- Walking routes and bikeways separate from roads
- Affordable, accessible quality grocery stores
- Free Healthcare Clinics
- K-12 schools, pre-schools and higher education
- Charity care facilities (health care, food access, etc)
- Farmer's Markets and grocery stores that sell affordable fresh foods
- Parks with exercise equipment
- Schools in close proximity to neighborhoods
- Many public and private facilities: gymnasiums, pools, schools, bike lanes, etc.
- Transportation hubs
- Free Clinics, like Community Health Centers
- Senior Community Centers
- Safe places to walk, bike and be outside - many with separate paths along major roadways
- Parklets and car free plazas
- Accessible natural spaces
- Creek access more than just downtown SLO
- Trails near urban space in North & South county
- WIC centers
- Public transportation
- Potable water supply infrastructure
- Localized, accessible social services, like Prado Road
- Uncrowded stress-free living
- Free mental health clinics
- Skate parks
- Nipomo Park (natural area) for dog walking and horse riding.
- Transportation
- Colleges, Cuesta, Cal Poly
- Sports fields
- Walk-in medical clinics
- Lakes
- Early Care and Education Programs
- Local Libraries
- Affordable, accessible urgent care clinics
- Safe, well maintained child play areas
- Golf Courses
- Recreation Centers for children
- After school centers
- Adult day care centers
- Safe bike lanes

Appendix B: Other Issues Discussed

Additional topics were considered during planning sessions that were not ultimately chosen as top priorities, but will factor into later discussions in community health improvement planning efforts, and may be added as objectives in later years. These include:

Access to Care	Social Determinants of Health	Maternal, Child & Adolescent Health	Infectious Disease
<ul style="list-style-type: none"> - Other incentives to recruit/retain providers (tax relief, housing, job assistance for spouse, practice mngmt, loan reimbursement) - Infrastructure (brick + mortar) needs (FQHC expansion, Tolosa, Noor, Detox center, recuperative care) 	<ul style="list-style-type: none"> - Adverse Childhood Experiences (ACEs) - Built environment and walkability 	<ul style="list-style-type: none"> - Substantiated child abuse and neglect - Late start to prenatal care - Teen births/unintentional pregnancy - Safe, affordable child care - Child social-emotional health - Equitable access to services - NAS babies - SIDS 	
Chronic Disease & Health Behaviors	Injuries	Social & Emotional Wellness	Environment
<ul style="list-style-type: none"> - Oral health needs - Sugar-sweetened beverage policy - Fast food density - Promotion of transit-oriented development - Agricultural education - Nutrition and school garden education - Age-friendly health systems (improved care for aging SLO population) - Active transportation and walk to school days - CHC Medi-Cal Diabetes Prevention Program 			