



HIGHLIGHTS OF ANNUAL REPORT

TO THE PUBLIC HEALTH ACCREDITATION BOARD

*Presentation to the Health Services Advisory Board
County of San Diego, Health and Human Services Agency
Public Health Services
September 21, 2017*

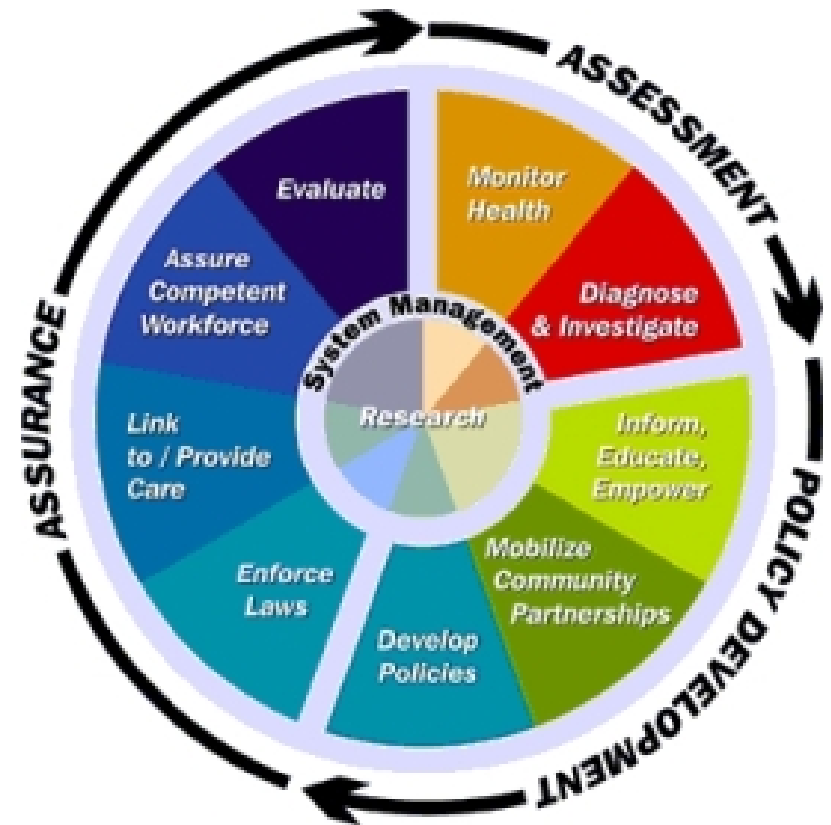




- Public Health Accreditation status was conferred on the County of San Diego on May 17, 2016
- This was based on submission of more than 1,100 documents and interviews and observations from a Site Visit conducted on February 22-23, 2016



- An organization seeking accreditation needs to demonstrate conformity for 100 measures across 12 domains
- The standards address the full array of public health functions set forth in the 10 Essential Public Health Services





Public Health Accreditation Board
Standards & Measures, Version 1.5

Includes detailed requirements,
number of examples needed, and
time frames

Fully Demonstrated

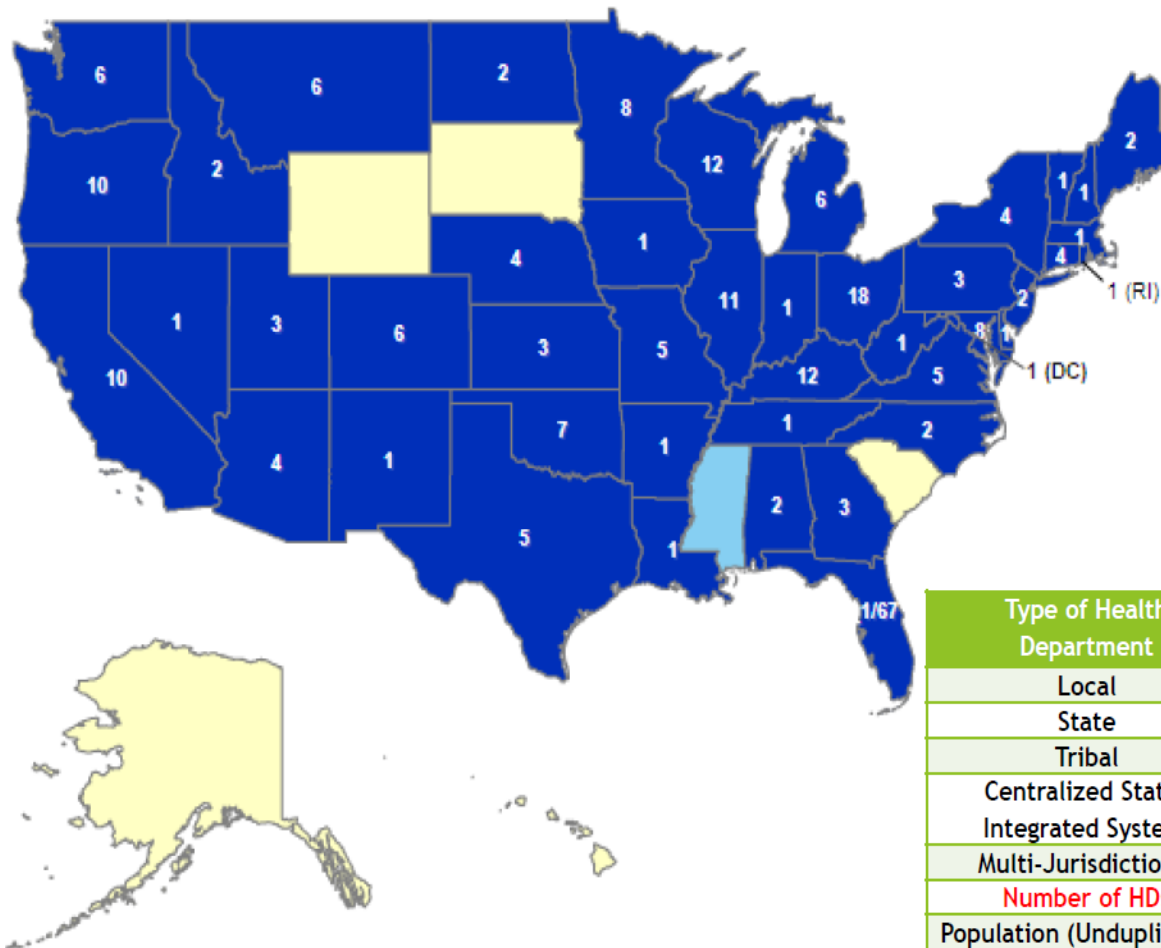
Largely Demonstrated

Slightly Demonstrated

Not Demonstrated

Each of the 100 measures is assessed in
terms of degree to which the documentation
demonstrates conformance to requirements

ACCREDITATION ACTIVITY AS OF AUGUST 7, 2017



Type of Health Department	Accredited	In Process	Total in e-PHAB
Local	162	137	299
State	26	13	39
Tribal	1	4	5
Centralized States Integrated System ⁱ	1/67	.	1/67
Multi-Jurisdictional	.	8	8
Number of HDs	189+1 system	162	352
Population (Unduplicated)	197,960,071	69,449,903	267,409,974

Nine accredited local health departments in California: Humboldt, Long Beach, Los Angeles, Orange, Pasadena, San Diego, San Francisco, Santa Clara, Ventura and the State (CDPH).

Recap of San Diego County's Journey



Seven Step Process

Step 1

Pre-application
(preparations
began in 2011)

Step 2

Submit
Application and
3 Prerequisite
documents
(July 2014)

Step 3

Documentation
Selection &
Submission
(July 2015)

Step 4

Site Visit
(Feb 22-23, 2016)

Step 5

Decision
(May 17, 2016)

Step 6

Annual Reports
(due every year
for 5 years)

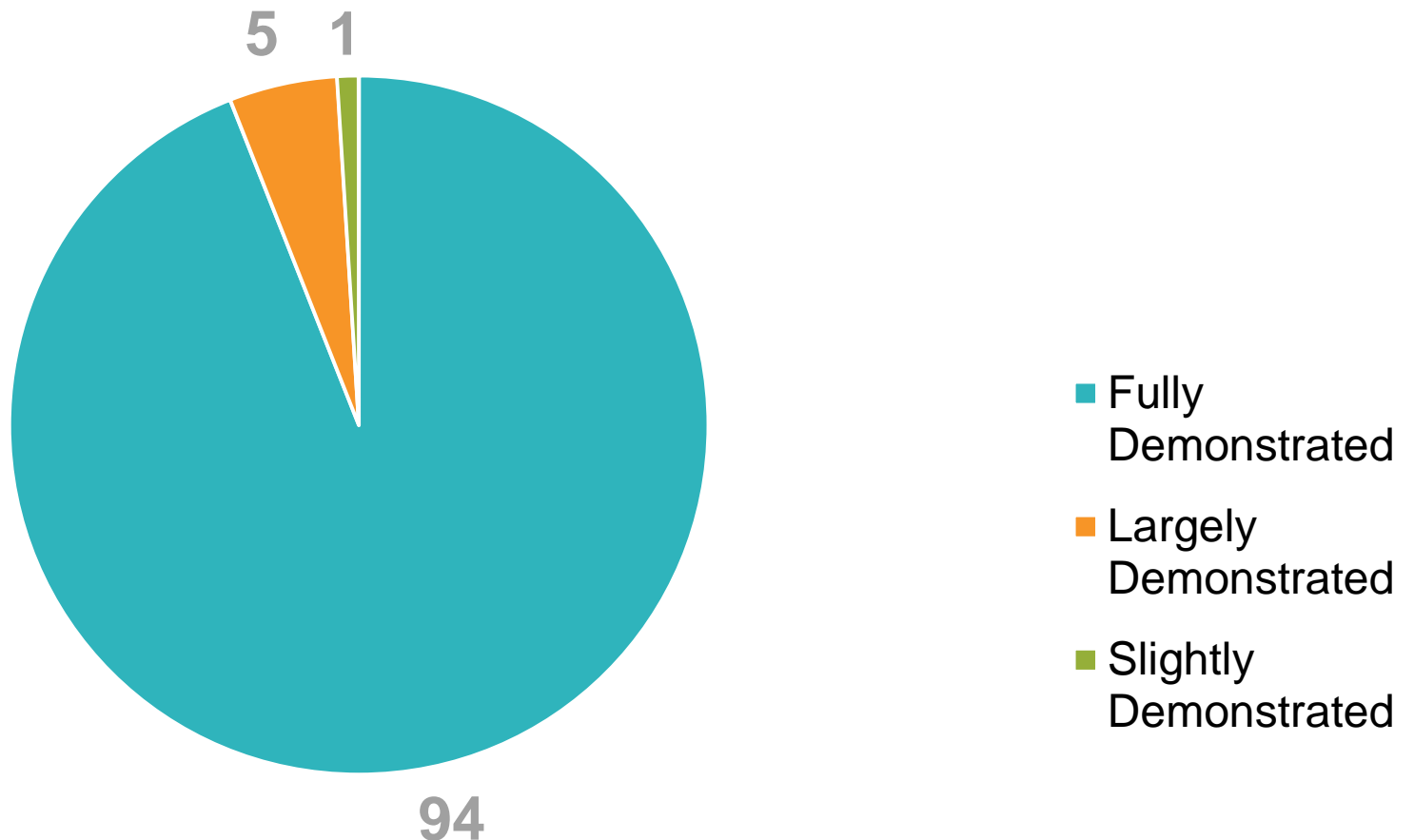
Step 7

Reaccreditation
(2021)

Year #1
Annual
Report
submitted
August
2017



FULLY DEMONSTRATED FOR 94 OF 100 MEASURES





STRENGTHS

- PHS is “**mission-driven**” and strong alignment to Live Well San Diego
- Strong ties to **community residents** as well as community partners
- Strong commitment to a **culture of improvement**

OPPORTUNITIES

- Expand our ability to meet the **needs of a diverse population** and engage our community partners to a greater degree
- Implement a **workforce development plan** to build staff competencies
- Embed **training in QI** tools and principles

SECTION I: ORGANIZATIONAL CHANGES



- Transfer of certain functions to new Medical Care Services Division
- Disaster preparedness function kept in Public Health Services as Public Health Preparedness and Response Branch
- Community Health Statistics Unit (formerly in the EMS Branch) was moved to PHS Administration
- California Children Services now its own branch, whereas used to be part of Maternal Child & Family Health Services Branch



FINDING:

Slightly Demonstrated:
Implementation of PHS
Strategic Plan (5.3.3.)

- Branches need to monitor progress for all Branch strategic plans on a more frequent basis

ACTIONS:

- Tracking all key measures by Branch with an automated performance management tool and quarterly status report sent to management team
- Metrics Workshops convened for each Branch to enhance and expand on measures and design dashboards
- Performance Improvement Management (PIM) Committee, the governance body, continues to advance performance monitoring within each Branch.



QUALITY IMPROVEMENT

- Continue to elevate QI projects with target of 8 QI Projects per year in Operational Plan
- Featured QI Project, **Linking Foster Children to Medical and Dental Care**, at request of HSAB
 - Medical Exam timeliness increased by 4 percentage points (92% in December 2015 to 96% in June 2017), and Dental Exam timeliness increased by 8 percentage points (84% to 92%) during same time period, well above the State target of 90%
 - Piloted in South and East Regions, rolling out to all Regions in January 2018



HEALTH EQUITY INTERNALLY AND IN THE COMMUNITY

- **Health Equity Coordinator and Committee:** 90% of staff received 3-4 hour training on both Customer Service and Cultural Competency. Ongoing efforts to improve access to interpretation and translation services.
- **Live Well Communities Project:** Addressing inequities by engaging with four communities struggling to achieve outcomes to live well.
- **Healthy Cities, Healthy Residents:** Providing technical assistance to CBOs in low-income communities to bring about policy, systems and environmental changes with coalitions including residents.
- **Resident Leadership Academies:** Trained 135 community residents in practical ways to promote community change. New effort has provided 6 RLA graduates with extended training and tools to advocate for sustainable change in the Live Well Communities.



BRAIDING OF FUNDING STREAMS TO ACHIEVE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

- **Live Well Community Market Program** (live well where you shop) in which technical assistance provided to retailers to promote healthier options
 - 17 markets in underserved neighborhoods were offered advice on products, placement, price, and promotions
- **Live Well @ Work** (live well where you work) in which technical assistance was provided to employers to establish or enhance their workplace health programs
 - 48 employers served since FY 15-16, with focus on employers with low wage workers (hospitality, casinos, retail, nurseries, schools)



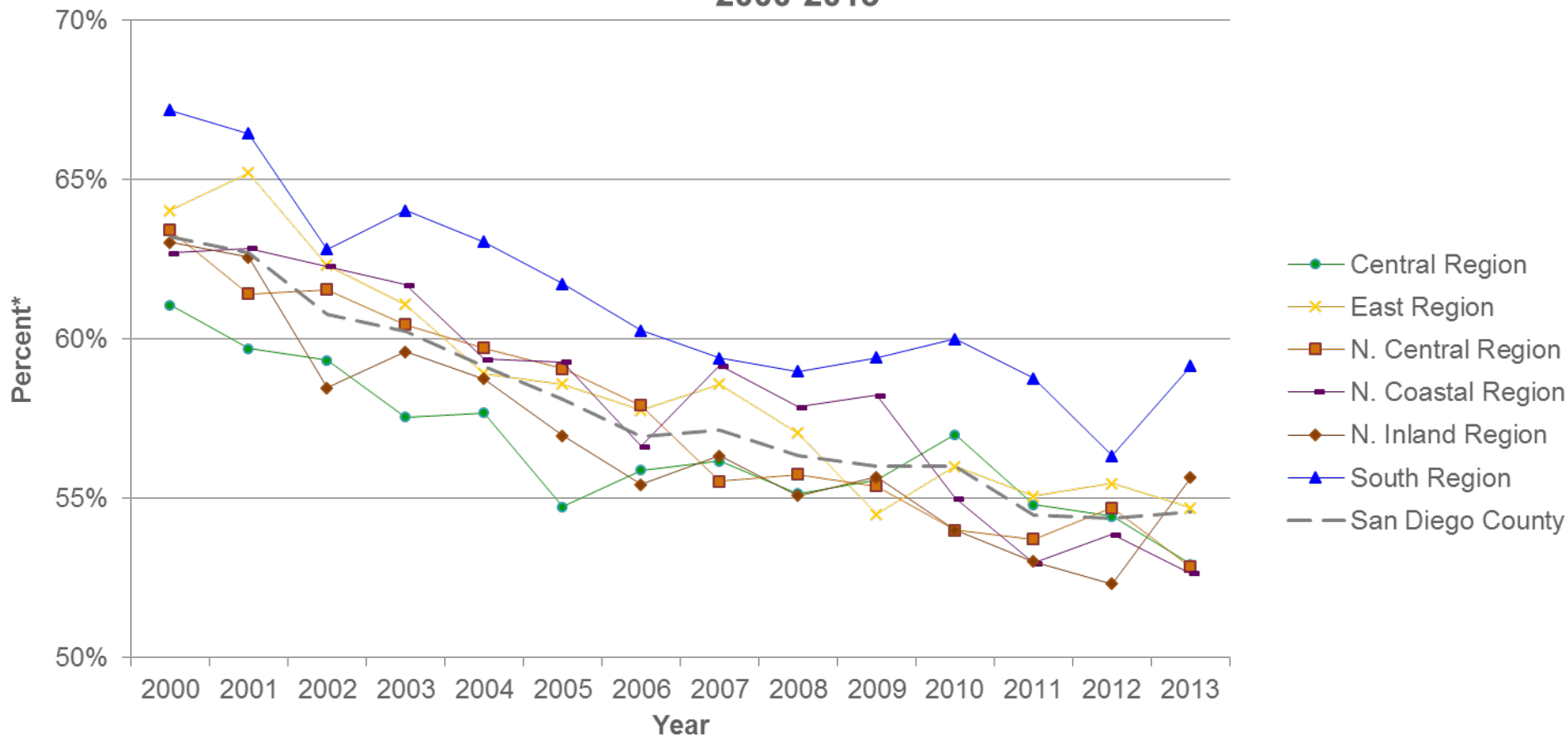
PROTECTING THE COMMUNITY

- **Getting to Zero Project to eliminate new HIV infections**
 - Identifying everyone who is living with HIV (those aware of status or those at high-risk) and linking them to care
 - Implementing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- **Enhancements to the Lab and benefit to response to new disease threats**
 - Incorporating refinements to tests for Zika infection to ensure quicker results, including genetic sequencing equipment

SECTION II: HEALTH STATUS OUTCOMES



3-4-50 Death† Percentages* Among San Diego County Residents, 2000-2013



*3-4-50 deaths as a percentage of all cause deaths.

†3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.

§Percents not calculated for fewer than 5 events. Percents not calculated in cases where zip code is unknown.

Source: Death Statistical Master Files (CA DPH), County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Branch: SANDAG, Current Population Estimates, 10/2013.

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHS), Community Health Statistics, 2015.



Live Well San Diego Top 10 Indicators

Annual Progress

October 2016



How Are We Doing?	Indicator: Measure	We want to increase this We want to decrease this	San Diego County		California		United States	
			Baseline	Current Year	Baseline	Current Year	Baseline	Current Year
HEALTH - Enjoying good health and expecting to live a full life								
	Life Expectancy: Length of life expected at birth in years	↑	81.5 (2009)	82.3 (2013)	81.4 (2009)	81.2 (2012)	78.5 (2009)	78.8 (2013)
	Quality of Life: Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions)	↑	95.0% (2009)	94.9% (2014)	94.8% (2009)	97.0% (2014)	94.4% (2009)	96.9% (2014)
KNOWLEDGE - Learning throughout the lifespan								
	Education: Percent of population ages 25 and over with at least a High School Diploma or Equivalent	↑	84.0% (2009)	85.2% (2014)	80.6% (2009)	82.1% (2014)	85.3% (2009)	86.9% (2014)
STANDARD OF LIVING - Having enough resources for a quality life								
	Unemployment Rate (5-Yr. Trend): Percent of the total labor force that is unemployed (based on ACS Table S2301, 1 and 5-yr estimate data)	↓	7.0% (2009)	9.8% (2014)	11.3% (2009)	11.0% (2014)	9.9% (2009)	9.2% (2014)
	Unemployment Rate (Point-in-Time Unadjusted): Percent of the total labor force that is unemployed (based on State of CA Employment Development Dept. Labor Market Information Division data)	↓	9.4% (2009)	5.2% (2015)	11.2% (2009)	6.2% (2015)	9.3% (2009)	5.3% (2015)
	Income: Percent of population spending less than 1/3 of income on housing	↑	49.7% (2009)	50.9% (2014)	50.3% (2009)	54.3% (2014)	60.7% (2009)	63.4% (2014)
COMMUNITY - Living in a clean and safe neighborhood								
	Security-Overall Crime Rate: Number of crimes per 100,000 people (all crimes, including violent and property)	↓	2,740.5 (2009)	2,253.9 (2015)	3,203.5 (2009)	3,044.6 (2015)	3,473.2 (2009)	2,859.6 (2015)
	Physical Environment-Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations	↓	13.4% (2009)	11.2% (2015)	9.2% (2009)	7.4% (2015)	N/A -	N/A -
	Built Environment-Distance To Park: Percent of population living within a half mile of a park	↑	50.0% (2010)	N/A -	58.0% (2010)	N/A -	36.8% (2010)	N/A -
SOCIAL - Helping each other to live well								
	Vulnerable Populations-Food Insecurity: Percent of population with income of 200 percent of poverty or less, who have experienced food insecurity	↓	35.1% (2009)	38.1% (2014)	40.4% (2009)	38.4% (2014)	N/A -	N/A -
	Community Involvement-Volunteerism: Percent of population who volunteer	↑	29.3% (2009)	31.2% (2014)	24.6% (2009)	24.4% (2014)	26.8% (2009)	25.3% (2014)

Moving in the right direction
 Moving in the wrong direction
 No change due to data not being available

HOW WILL REACCREDITATION BE DIFFERENT?



- Greater emphasis on demonstrating impact by implementing each standard and measure
 - Fewer documents required
 - Narratives explaining “how” the measure was implemented and “what” was the result
- Requirement to Report Health Outcomes
 - 5 to 10 over time, which fits nicely with *Live Well San Diego* Indicators



Annual Report Due to PHAB every summer through 2020

Re-constitute Domain Leads & Co-Leads to strengthen conformance

Prepare for Reaccreditation in 2021