

# San Diego County Local Public Health System Assessment

Conducted November 2020



County of San Diego  
Health and Human Services Agency  
Public Health Services  
March 2022



This Local Public Health System Assessment (LPHSA) was conducted in November 2020 in virtual sessions on these days: November 6 (orientation); November 9, 10, 11, 12, 13, 16 and 17. A Debrief was held on: December 4, 2020.

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This assessment was developed under the General Management System of the County of San Diego, and in support of the *Live Well San Diego* vision.

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# County of San Diego

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February 7, 2022

The department of Public Health Services, in the County of San Diego Health and Human Services Agency, is pleased to release the *2020 Local Public Health Systems Assessment Report*, capturing the results of an Assessment conducted, in early November 2020, through a series of virtual sessions.

The Local Public Health System Assessment (LPHSA) is a unique opportunity to discuss how well the public health system is functioning. Participants across every sector in the public health system participate, not limited to the County's public health department or other parts of County government. The fundamental approach is to have an open but structured discussion of ways to move the public health system forward, referring to the entire system and all its partners, to be better positioned to meet the challenges of the future.

The LPHSA covers the newly updated *10 Essential Public Health Services*, as defined by the Centers for Disease Control and Prevention and other national public health organizations, in which equity was placed at the center of this framework. This LPHSA was also unique in that it was conducted in a virtual format, due to the COVID-19 pandemic, and this format proved advantageous in certain respects, particularly in terms of affording the 171 participants opportunity to engage in multiple *Essential Services* sessions. The virtual format also made it possible for this LPHSA to go forward during the most significant public health crisis of our time, and when our partners most wanted to share feedback on how well the system was coping.

This is the fourth LPHSA conducted by the County of San Diego. In certain areas, San Diego County scores continue to be relatively high or improve; in other areas the County faces ongoing challenges, such as linking people to care. While progress has been made in mobilizing community partnerships, and assuring a competent workforce, these two areas continue to need attention. The system consistently gets strong marks for monitoring health status, diagnosing and investigating health problems, and enforcing laws to improve and protect the public's health.

This assessment reflects the deepening partnerships that make up this successful *Live Well San Diego* collective impact effort. Together, we will draw upon what we learn through these assessments, and from each other, to improve the lives of all San Diegans so that they can be healthy, safe and thrive.

Live Well,

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Health and Human Services Agency

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Public Health Officer  
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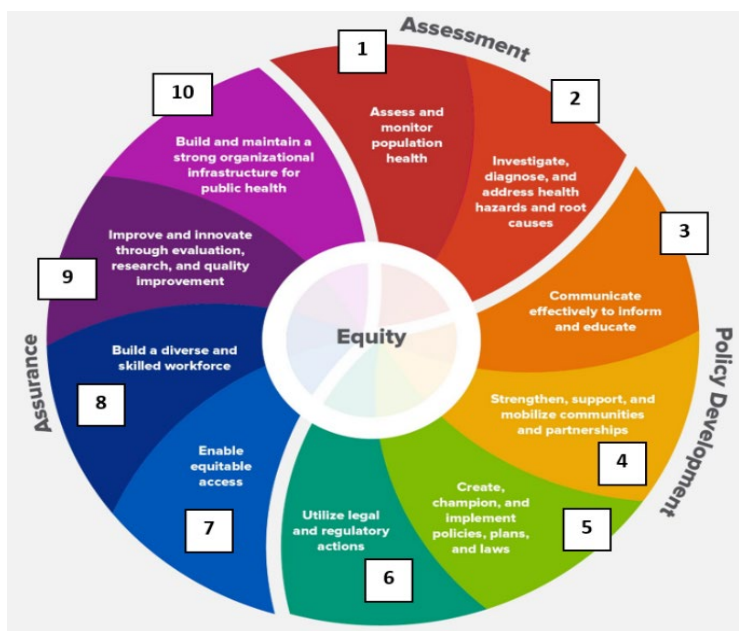
# Overview

## Purpose of the Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) improves community health by identifying strengths and weaknesses in the system and opportunities for improving services. The process includes the public, private, and voluntary entities that contribute to public health activities. By following a systems approach, the LPHSA ensures all entities are recognized in assessing the delivery of essential, local public health services, which leads to more effective policy decisions.

The LPHSA is based on National Public Health Performance Standards (NPHPS) developed by the Centers for Disease Control and Prevention (CDC) and other partners. The National Association of County and City Health Officials (NACCHO) designed tools for the LPHSA, as one of several assessments that are part of the community planning process called Mobilizing for Action through Planning and Partnership (MAPP). The NPHPS standards are used to assess a public health system's capacity and performance. Periodic assessments help ensure the system responds effectively to both routine needs and public health emergencies.

**Figure 1. The 10 Essential Public Health Services.**



Source: [Centers for Disease Control and Prevention. \(CDC\)](#). Originally released in 1994, the Essential Public Health Services framework was revised and re-released on September 9, 2020, because of a collaborative effort by the Public Health National Center for Innovations and the de Beaumont Foundation which convened a task force that included experts from federal agencies including the CDC.

The NPHPS are based on the original 10 Essential Public Health Services (Essential Services) (*Figure 1*), which provides a framework for public health to protect and promote the health of all people beginning with assessment and investigation and including communication, community engagement, development of policies and plans, enforcement, access to care, assuring a competent workforce, evaluating services and conducting research.

A new Essential Services framework was released in September 2020 by the Public Health National Center for Innovations and the de Beaumont Foundation.<sup>1</sup> The updated Essential Services framework has a renewed focus on equity and highlights the importance of promoting the health of all community members. The new framework combined the original Essential Service 9 (Evaluate) and 10 (Research) into one Essential Service 9 (Research and Evaluate). A new Essential Service 10 was created that focuses on building and maintaining a strong organizational infrastructure for public health.

San Diego County was the first to apply the newly defined Essential Services framework in conducting a LPHSA. County staff consulted with staff at NACCHO, the organization that had designed tools for the original LPHSA methodology, and CDC staff who were involved in the update of the Essential Services framework. County staff worked closely with the consultant Harder+Company Community Research to design a virtual LPHSA in which the NPHPS reflected the new Essential Services framework and was simplified in a fashion that enabled each Essential Service session to be conducted in a two-hour virtual discussion.

This report highlights findings from the fourth LPHSA conducted by the County of San Diego in November, through a series of virtual sessions. It presents the methodology and results, the general scores for each Essential Services and detailed scores for each "Performance Measure" within the Essential Service which correspond to "Elements" of the new Essential Services. It also includes highlights from Essential Services discussion sessions. Key takeaways from the LPHSA virtual sessions are summarized. The appendices capture important background discussion notes and detailed scores for each of the Essential Services Performance Measures.

Conducting a LPHSA is recommended for jurisdictions seeking national public health accreditation and as part of maintaining that status. Accreditation status was granted to the County of San Diego on May 17, 2016. The County's Public Health Services (PHS) included the 2012 LPHSA report with its 2016 public health accreditation application. The County is seeking reaccreditation in Spring of 2022 and its submission will reflect the process of and the findings from both the previous LPHSA (2016) and the 2020 LPHSA.

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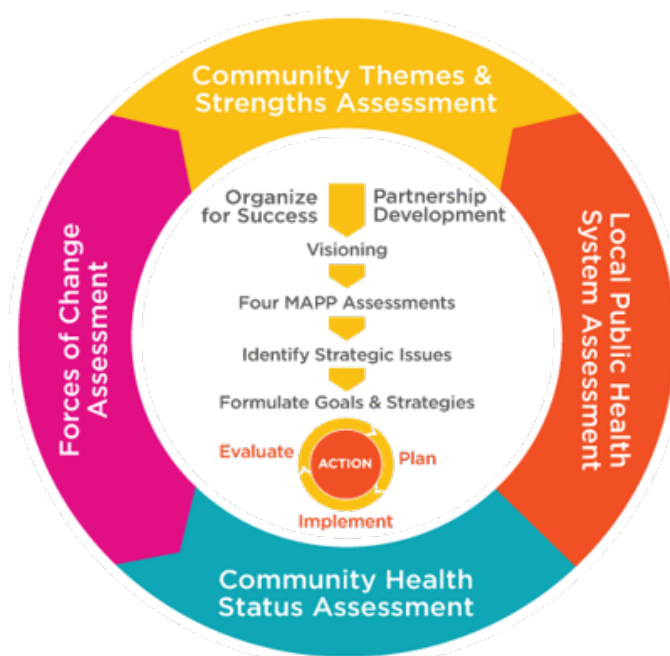
<sup>1</sup> <https://phnci.org/uploads/resource-files/EPHS-English.pdf>

# Methodology

## Community Engagement Approach

The Local Public Health System Assessment (LPHSA) is part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The MAPP process helps communities think strategically to gauge their most pressing public health issues and organize resources to address them. MAPP was created by the National Association of County and City Health Officials (NACCHO)<sup>2</sup> and the Centers for Disease Control and Prevention (CDC). The MAPP framework can improve the effectiveness and thus the performance of local public health systems.

**Figure 2. MAPP Diagram.**



*Source: [National Association for County and City Health Officials](#)*

The MAPP process (*Figure 2*) moves through six phases—starting with “Organize for Success & Partnership Development” and ending with an “Action Cycle” that links planning, implementation, and evaluation. The “Four MAPP Assessments” guide the identification of factors affecting the local public health system. The LPHSA is one of those assessments. At the time of the writing of this report, a national evaluation of the MAPP framework, spearheaded by NACCHO with funding from the CDC and Health Resources and Services Administration, is being undertaken to inform a redesign of the MAPP community planning process to promote stronger community engagement and equity.

The LPHSA asks participants questions about their activities and how well they are providing the Essential Services in their jurisdiction. It is a broad assessment, involving all the organizations and entities that contribute to local public health, including nonprofits, health service campaigns, education, and faith-based organizations. The LPHSA informs the development of the County’s Community Health Improvement Plan, which is comprised of five regional Community Enrichment Plans. The LPHSA also informs the Public Health Services Strategic Plan. All of these plans can be found on the Public Health Services (PHS) website: [Public Health Services \(sandiegocounty.gov\)](http://publichealthservices.sandiegocounty.gov)

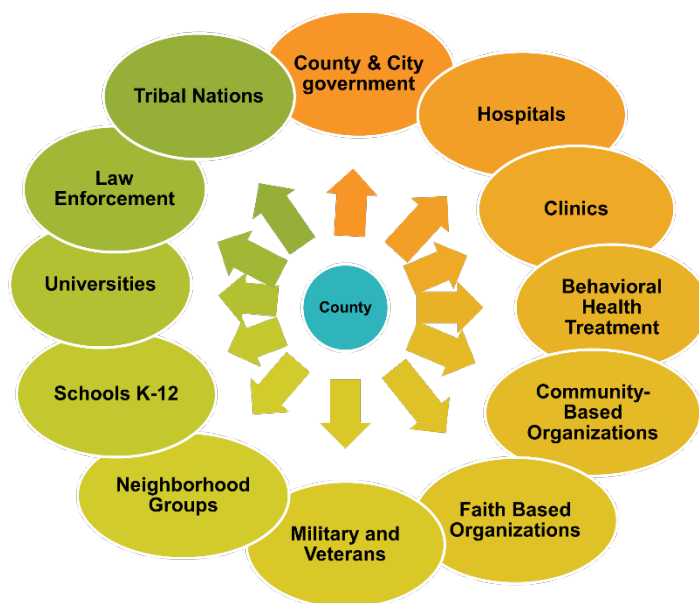
<sup>2</sup> Additional archived details can be found on the NACCHO website:  
<http://archived.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm>



## Participants

Representatives from all areas of local public health delivery were sought for participation in the LPHSA (Figure 3). By sharing their diverse perspectives, participating providers better understand the contributions and interconnectedness of all the public health system partners. **Importantly, this type of assessment seeks feedback on the entire system and is not limited to the County's public health department.** Participants received reminders of this throughout the virtual sessions

**Figure 3. Providers and Partners of Public Health Systems.**



Source: [Centers for Disease Control and Prevention \(CDC\)](#): The Public Health System adapted for Live Well San Diego collective impact effort, County of San Diego.

## Virtual Sessions

Originally an in-person workshop was planned for April 2020 at the Marina Village Conference Center. The “shelter at home” order due to the COVID-19 pandemic required that the PHS planning team regroup and design a virtual assessment and scheduled this as a series of sessions by Essential Services over the first two weeks of November of 2020. In addition to integrating the new Essential Services framework which came out in September, it was important to make sure that the questions and scoring methodology fit into a virtual format and would be easy enough for participants to follow along and be actively engaged throughout. Harder+Company Community Research was engaged to assist with the redesign of the Essential Services into this new virtual format and to facilitate the sessions.

To help participants prepare for the virtual sessions, each registrant was strongly encouraged to attend a special Opening & Orientation Session on November 6. Agency

Director Nick Macchione and Public Health Officer Dr. Wilma J. Wooten “Set the Virtual Stage” by explaining the value of the LPHSA. A special guest, Kaye Bender, Former President and CEO of the Public Health Accreditation Board, talked about current challenges and achievements in the public health arena from her national perspective, and County of San Diego Regional Directors Jennifer Bransford-Koons, Barbara Jiménez, and Chuck Matthews, shared their work in the Regions over the last few years. Finally, a detailed orientation of how the LPHSA had been adapted into a virtual format and what to do to prepare was provided by Jackie Werth, the Performance Improvement Manager in Public Health Services.

Based on what Essential Services sessions participants selected through a survey tool, materials were also sent to participants in advance to help them prepare, including the questions that would be asked and background on the respective Essential Service which include examples of the work of the County and its partners. Participants were regularly reminded that the assessment was for the local public health system in its entirety (*Figure 3* above) and not the local public health department of PHS.

### Assessment Tool

A nationally recognized tool called the National Public Health Performance Standards (NPHPS), a state and local assessment instrument, was used to analyze the results. The performance standards assess a public health system’s capacity and performance.

The approach was like what was previously recommended by CDC and NACCHO, however, the format of the LPHSA was tailored to fit the new Essential Services framework. “Model Standards” which were used in the NPHPS, did not exist within the new Essential Services framework, nor did “Performance Standards.” The Task Force that designed the Essential Services framework produced handouts which describe each Essential Service by listing items as to what each service includes. The PHS planning team organized these items into related groups or “Elements” to reduce redundancy in the conversation and make it easier to facilitate. Each item included in the Essential Service was turned into a question and a corresponding Performance Standard, organized by Element. Typically, several Performance Standards fell within each Element. Based on a video posted by the Task Force to orient the public health community to the new Essential Services framework, the PHS planning team wrote up a description of these Essential Services. Examples from the initiatives and activities of partners within San Diego County that best illustrate the service were included in the description.

The newly reframed 10 Essential Services are:

1. **Assess and monitor population health status**, factors that influence health, and community needs and assets.

2. **Investigate, diagnose and address** health problems and hazards affecting the population.
3. **Communicate effectively to inform and educate** people about health, factors that influence it, and how to improve it.
4. **Strengthen, support, and mobilize communities and partnerships** to improve health.
5. **Create, champion, and implement policies, plans, and laws** that impact health.
6. **Utilize legal and regulatory actions** designed to improve and protect the public's health.
7. **Assure an effective system that enables equitable access** to the individual services and care needed to be healthy.
8. **Build and support a diverse and skilled public health workforce.**
9. **Improve and innovate public health functions** through ongoing evaluation, research, and continuous quality improvement.
10. **Build and maintain a strong organizational infrastructure** for public health.

The NPHPS tool provides a framework to assess capacity and performance of public health systems, identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for providing the Essential Services. The revised Essential Services provide a framework for public health to protect and promote the health of all people in all communities. With a specific focus on equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.<sup>3</sup>

## Design

### Virtual Sessions Objectives and Format

The LPHSA was held virtually between November 6 and November 16, 2020. This was the fourth year that the Health and Human Services Agency (HHSA) conducted the LPHSA (2002, 2012, 2016 and 2020). The main goal of the virtual sessions was to bring key partners from across the local public health system together to complete the LPHSA and fulfill a key national Public Health Accreditation Board requirement for community planning. In addition to completing the LPHSA, the virtual sessions aimed to:

- Educate participants about public health and how activities are interconnected.

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<sup>3</sup> <https://phnci.org/uploads/resource-files/EPHS-English.pdf>

- Identify strengths and weaknesses to be addressed in quality improvement efforts.
- Provide a benchmark for public health practice improvements, by setting a “gold standard” to which public health systems aspire.
- Strengthen the diverse network of partners within the state and local public health systems.
- Sustain and continue to strengthen PHS performance as a nationally accredited public health department.

Due to the ongoing COVID-19 pandemic, the typical one- or two-day format was redesigned as a series of two-hour virtual sessions, each focusing on one of the 10 Essential Services. This ensured the safety of all participants and made it easier for local public health system employees and County staff to participate.

During the Opening & Orientation Session, HHSA Director Nick Macchione and Dr. Wilma J. Wooten, San Diego County Public Health Officer and Director of PHS, provided background on the purpose of the assessment. HHSA Regional Directors and their partners highlighted activities within their respective regions, guided by the Community Health Enrichment Plans developed and approved by each of the Regional *Live Well San Diego* Community Leadership Teams. All activities are aligned with the *Live Well San Diego*. Adopted in 2010, *Live Well San Diego* unites individuals and organizations under a shared vision of healthy, safe and thriving communities in San Diego County.

In addition, a debriefing session was held on December 2, 2020, shortly after the last Essential Public Health Services Session. This debrief provided an opportunity for participants to receive immediate feedback on the results of each session. In addition, feedback from participants that was compiled through a survey conducted after each virtual session was shared. Participants reported on how effectively the sessions were conducted, their level of engagement, the value of the discussion, and shared their ideas to improve on the assessment. Dr. Wooten was present to respond to any questions participants had, listen to the feedback, and to show her appreciation for their engagement.

## Virtual Breakout Sessions

The HHSA's Public Health Services invited key stakeholders from the local public health system to participate in the virtual LPHSA sessions. Participants were asked to sign up for breakout discussion sessions based on their expertise and experience with the 10 Essential Public Health Services (*Figure 4*).

Between November 6, 2020, and November 16, 2020, a two-hour virtual session was held for each of the 10 Essential Public Health Services.

Harder+Company Community Research staff facilitated discussions at each of the 10 virtual sessions, as well as the Opening & Orientation and the Debrief. County staff oversaw the overall design and coordination of the LPHSA and assisted with notetaking and the writing of the final report.

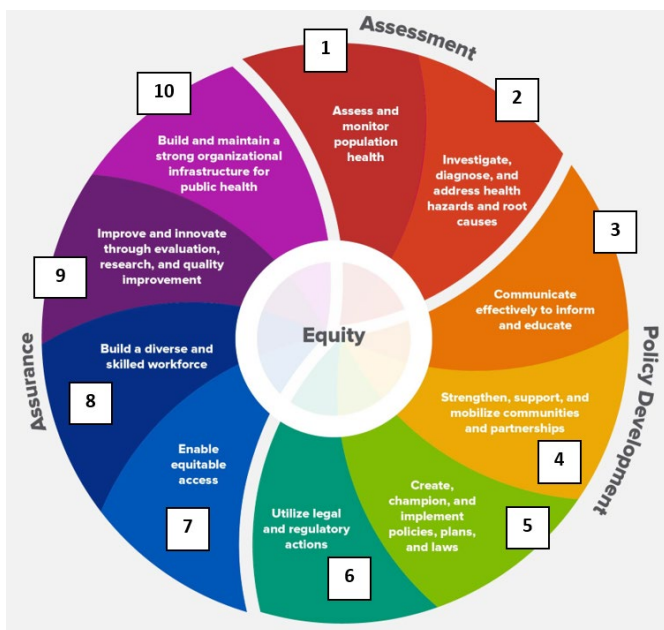
## Virtual Sessions Materials

To familiarize participants with the LPHSA process, an Opening & Orientation session was held on November 6, 2020. A total of 130 people attended the orientation session.

Virtual sessions materials were sent out ahead of time to all participants (*Figure 5, page 15*), including:

- Letter from the Public Health Officer that explained the purpose and importance of the LPHSA;
- A Schedule including details of the Opening & Orientation Session, featuring Kaye Bender, Former President & CEO, Public Health Accreditation Board, along with HHSA Leaders, and the days and times for each 2-hour virtual session by Essential Service;
- A one-pager from the Centers for Disease Control and Prevention for each of the new Essential Services describing what each Service includes. In addition, a one-page worksheet was created by County staff in which a description of each Essential Service was developed by pulling information from materials created by the Task Force and incorporating examples from activities conducted by partners

**Figure 4. The 10 Essential Public Health Services.**






Source: [Centers for Disease Control and Prevention](https://www.cdc.gov/publichealth/practice/essential-services/)



within the San County public health system to make these newly defined Essential Services more understandable. The questions that would be asked at the virtual session (reflecting the Elements of the Essential Service) were provided in advance through this worksheet, encouraging participants to think about their responses before the virtual session and make notes if possible.

Figure 5. Sample Virtual Sessions.

### San Diego County 2020 Virtual Local Public Health System Assessment (LPHSA)

**Opening & Orientation: Friday, Nov 6, 2020—1:30 to 3:30 pm**  
 Be sure you are already registered for the Opening and the link is in your Outlook Calendar; if not, go to:  
<https://zoom.us/join/register?j01f-2sr8vHNFNUGDRnd990tmdPozRqM>

Welcome and Setting the Virtual Stage	1:30 to 2:30
<ul style="list-style-type: none"> <li>Dr. Wilma Wooten, Public Health Office &amp; Director, Public Health Services, HHS</li> <li>Nick Macchione, Agency Director, HHS. Temp Assignment—Director, Test, Trace, Treat Strategy (T3) (1:35 to 1:40)</li> </ul>	
<b>Changing Times and Challenges: Moving Forward Together for a Healthy San Diego</b>	
<ul style="list-style-type: none"> <li>Kaye Bender, PhD, RN, FAAN, Former President and CEO, Public Health Accreditation Board (1:40 to 2:10)</li> </ul>	
<b>Highlights of What We Have Accomplished Together</b>	
<ul style="list-style-type: none"> <li>Jennifer Bransford-Koons, Director, East and North County Regions. Temp Assignment—T3 Public Testing Branch Director, County of San Diego (2:10 to 2:20)</li> <li>Barbara Jiménez, Director, Central and South Regions. Temp Assignment—Emergency Operations Center, County of San Diego (2:20 to 2:30)</li> <li>Chuck Matthews, Director, North County Regions. Temp Assignment—Emergency Operations Center, County of San Diego (2:30 to 2:40)</li> </ul>	
<b>Orientation to the Virtual Sessions</b>	
Jackie Werth, Performance Improvement Manager, PHS Allison Wolpoff and Courtney Huff of Harder + Company Community Research	2:40 to 3:30
<ul style="list-style-type: none"> <li>Adapting this LPHSA</li> <li>What We've Learned</li> <li>How to Prepare</li> </ul>	

**Essential Service Virtual Session Schedule: Nov 6 to Nov 16**  
 Facilitators: Allison Wolpoff, Partner, and Courtney Huff, Research Consultant, Harder + Company Community Research  
 Links by Session are provided after registering at: <https://www.surveymonkey.com/r/60LSN9V>

Date	Morning (9:30 to 11:30 am)	Afternoon (1:30 to 3:30 pm)
Friday, Nov 6		Opening and Orientation
Monday, Nov 9	#2 Diagnose and Investigate	#4 Mobilize Community Partnerships
Tuesday, Nov 10	#7 Link People to Care	#5 Develop Policies and Plans
Wednesday, Nov 11	Veteran's Day: No sessions	
Thursday, Nov 12	#1 Monitor Health Status	#6 Enforce Laws
Friday, Nov 13	#9 Evaluate	#8 Assure Competent Workforce
Monday, Nov 16	#3 Inform, Educate, and Empower	#10 Organizational Infrastructure

November 2020      Virtual Session Essential Service 1 – Participant Preparation

**Service Area 1: Monitor Health Status**

**What Are the Elements of this Essential Service?**

The new Essential Service #1 is “Assess and monitor population health status, factors that influence health, and community needs and assets.”

**THIS SERVICE INCLUDES:**

- Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- Using data and information to determine the root causes of health disparities and inequities
- Working with the community to understand health status, needs, assets, key influences, and narrative
- Collaborating and facilitating data sharing with partners, including multi-sector partners

- Using innovative technologies, data collection methods, and data sets
- Utilizing various methods and technology to interpret and communicate data to diverse audiences
- Analyzing and using disaggregated data (e.g., by race) to track issues and inform equitable action
- Engaging community members as experts and key partners

**A DESCRIPTION**

Essential Service #1 focuses on the importance of assessing and monitoring public health and in being data-driven in what we do in public health. This service comes first for a reason because so much of what we do in public health needs to be based on what the data tell us. This Essential Service has been, and continues to be, fundamental to the role of public health. At the same time, so many aspects have evolved. We now have a greater appreciation for the need to look at the social and structural determinants of health. The importance of looking for root causes of inequities and the use of disaggregated data is reflected. Listening to, and working with, the community to collect, analyze, share and interpret data is a new imperative. Another big change is informatics. Technology and information have brought new opportunities for data collection, analysis and visualization.

Based on a video of the September launch event for the revised 2020 Essential Public Health Services, hosted by the de Beaumont Foundation and Public Health National Center for Innovations.

Now, Turn the Page and Take Some Notes About Your Observations to Prepare for Your Session

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November 2020      Virtual Session Essential Service 1 – Participant Preparation

**Service Area 1: Monitor Health Status**

**What Does Our System in San Diego County Look Like?**

**1.1. Data Collection, Monitoring and Analysis for Action**

Write down any current local practices, programs, policies that your organization is either a contributor to, or you are aware of:

1.1.1 Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health?	
1.1.2 Identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations?	
1.1.3 Use data and information to determine the root causes of health disparities and inequities?	
1.1.4. Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action?	

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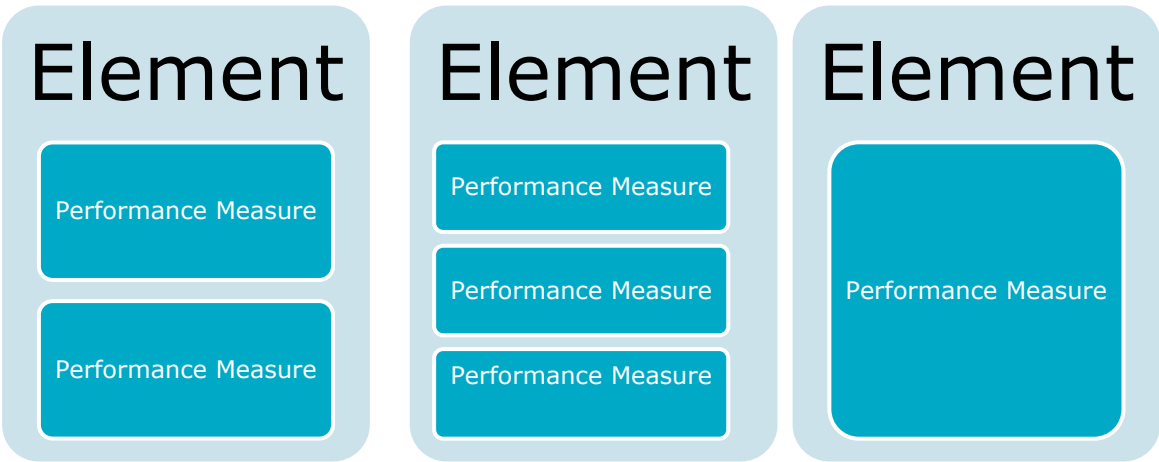
February 2022

Scoring

The LPHSA utilizes the nationally recognized tool called the National Public Health Performance Standards (NPHPS). The NPHPS Local Assessment Instrument takes participants’ input and calculates scores for each Performance Measure and overall assessment score by Essential Service. Because of the recent update to the Essential Services framework, the team manually updated the NPHPS tool to accommodate those changes.

The new Essential Services framework does not yet include specific Model Standards or Performance Measures. Therefore, the County planning team adapted the tool by organizing the items that appear on the one-pagers published for the new Essential Services framework into groupings and called these “Elements.” These Elements (like Model Standards) represented the major components for a successful public health system and a simple label was adopted that captured the theme of the grouping. For example, two items 1) “*Work with the community to understand health status, needs, assets, key influences, and narrative*” and 2) “*Collaborate and facilitate data sharing with partners, including multisector partners*” were grouped under a single Element **“Community Voice and Collaboration.”** (Table 1). Clustering or grouping items by Element made it easier to organize the discussion and facilitate. The individual items within each Essential Service were turned into questions. The questions became the Performance Measures (Figure 6), which participants voted on during the virtual sessions.

Figure 6. Scoring Hierarchy




Source: Adapted from the National Public Health Performance Standards for the new Essential Public Health Services framework. In the absence of Model Standards, Elements were combined into questions that corresponded to the Performance Measures for which responses were scored.

Source: Public Health Services. Agenda and virtual sessions materials are found in Appendix B and Appendix C.

During each virtual session, the facilitator led participants through a comprehensive discussion of each Element for the Essential Service. The facilitator highlighted revisions made to the new Essential Service with a focus on how equity was incorporated. A general brainstorming discussion of what is currently happening in the community related to the Essential Service helped to ground participants. Next, for each Element, participants were asked about the level of awareness regarding activities and outputs associated with the Element; the extent to which partners are involved; and the quality, comprehensiveness and usability of activities and outputs. After this general discussion, participants were asked to score each Performance Measure based on the strengths, weaknesses, and opportunities for improvement within local system practices. *Table 1* below provides an example of the Elements, the respective Performance Measures, and the questions used to facilitate and score those Measures.

**Table 1. Example Questions Used to Guide Facilitation and Scoring.**

Essential Public Health Service 1	ASSESS AND MONITOR POPULATION HEALTH STATUS, FACTORS THAT INFLUENCE HEALTH, AND COMMUNITY NEEDS AND ASSETS	
 <b>Getting Grounded</b>	<b>What is Essential Service 1?</b>  <i>Focuses on the importance of assessing and monitoring public health and in being data-driven in what we do.</i>	<b>What is the emphasis in the new Essential Services framework?</b> <ul style="list-style-type: none"> <li>• Recognition of root causes of inequities</li> <li>• Importance of community voice and disaggregated data</li> <li>• Concept of multi-sector collaboration</li> </ul>
<b>Brainstorming of Essential Service</b>	<i>What's happening in our community that relates to this Essential Service and its elements?</i>	
<b>Exploration by ELEMENT</b>	<i>For this Essential Service element, how would you characterize the following: Awareness, Involvement, Frequency, Quality, and Usability?</i>	
<b>Questions for each PERFORMANCE MEASURE</b>	<i>What are the Strengths? Weaknesses? Improvement opportunities? Equity considerations?</i>	
Element	Number	Performance Measure
<b>Data Collection, Monitoring and Analysis for Action</b>	<b>1.1.1</b>	Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health?
	<b>1.1.2</b>	Identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations?
<b>Data Analysis to Inform Equitable Action</b>	<b>1.2.1</b>	Use data and information to determine the root causes of health disparities and inequities?
	<b>1.2.2</b>	Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action?
<b>Community Voice and Collaboration</b>	<b>1.3.1</b>	Work with the community to understand health status, needs, assets, key influences, and narrative?
	<b>1.3.2.</b>	Collaborate and facilitate data sharing with partners, including multisector partners?

Essential Public Health Service 1	ASSESS AND MONITOR POPULATION HEALTH STATUS, FACTORS THAT INFLUENCE HEALTH, AND COMMUNITY NEEDS AND ASSETS	
	<b>1.3.2</b>	Engage community members as experts and key partners?
<b>Technology and Innovation</b>	<b>1.4.1</b>	Use innovative technologies, data collection methods, and data sets?
	<b>1.4.2</b>	Utilize various methods and technology to interpret and communicate data to diverse audiences?

Source: Adapted from the [National Public Health Performance Standards \(NPHPS\)](#), Local Implementation Guide, using the new Essential Public Health Services framework.

Using the scoring system displayed in *Table 2* below, each participant was asked to vote using the Poll feature in Zoom virtual meeting platform on each Performance Measure. Scores were tallied and displayed for the group. If there was a discrepancy in scores between participants, discussion of the Performance Measure continued, and a second vote was taken. The goal was to strive for consensus. However, if consensus was not reached after two votes, the score that the majority of the group assigned to the Performance Measure was utilized as the final score. This process was repeated for each Performance Measure.

Discussion notes were captured using a matrix that identifies strengths, weaknesses, and improvement opportunities for LPHSA partners to consider. Two facilitators from Harder+Company Community Research guided the discussion with the PHS Performance Improvement Manager assisting in explaining the methodology. A Subject Matter Expert for each Essential Service was identified to help describe the County's work and the work of other partners in the public health system that relates to the Essential Service as part of the general introductory discussion. Another County staff person took notes which were used along with a recording of each Session to capture details of the conversation that appear in this report.

**Table 2. Summary of LPHSA Scoring System.**

Scoring Category	Description
<b>Optimal Activity (76–100%)</b>	Greater than 75% of the activity described within the question is met.
<b>Significant Activity (51–75%)</b>	Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>Moderate Activity (26–50%)</b>	Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>Minimal Activity (1–25%)</b>	Greater than zero, but no more than 25% of the activity described within the question is met.
<b>No Activity (0%)</b>	0% or absolutely no activity.

Source: [National Public Health Performance Standards \(NPHPS\)](#)

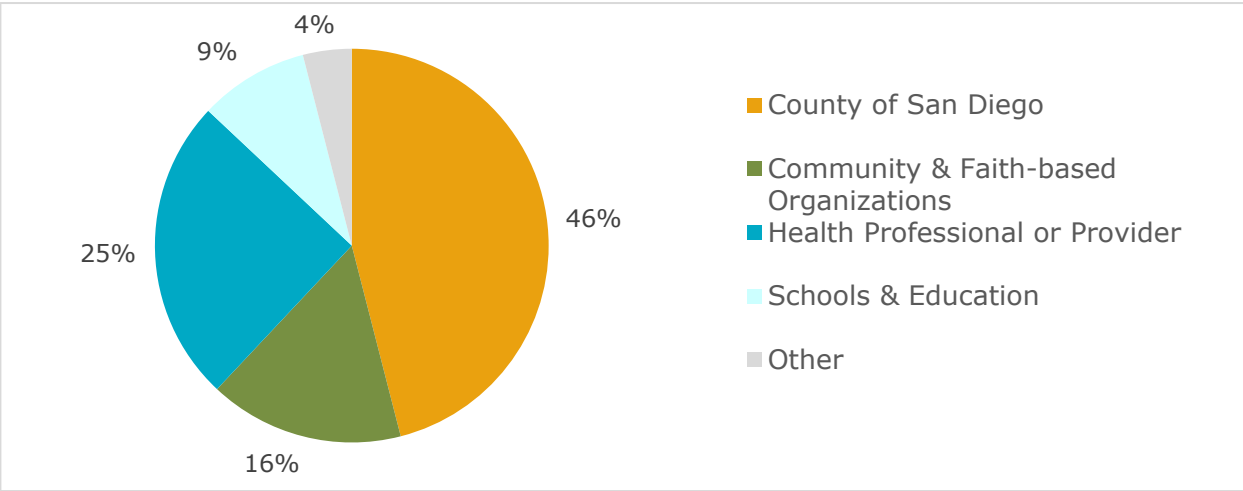


### Participant Profile

In total, 171 people participated in the LPHSA virtual sessions. Participants came from every sector. *Figure 7* below displays the breakdown of participants by sector and *Figure 8* illustrates how all sectors are integral to the *Live Well San Diego* vision.

Most participants represent community agencies and other organizations. Participants in the virtual sessions’ feedback survey reported an ongoing challenge with engaging community members in the LPHSA.

**Figure 7. Participant Breakdown by Sector (n=171).**



**Figure 8. Sectors of *Live Well San Diego*.**



Source: <http://www.livewellsd.org>

Table 3 shows how many participants attended each Essential Services discussion session. The sum of the number of participants across the sessions is greater than the 171 total participants because attendees were encouraged to attend multiple sessions. Many participants (41 percent) attended two or more. Figure 9 includes a summary of how many people attended more than one session.

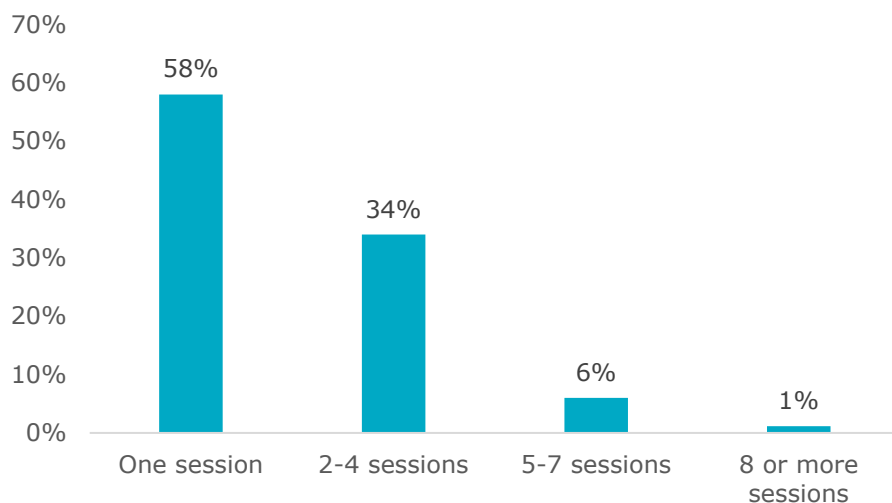
The virtual format provided unique advantages to this LPHSA. There was representation across sectors—mostly government, health professional, and community and faith-based. Participants could attend multiple sessions that would have otherwise overlapped during the previous years’ day-long, in-person workshops. As a result, an average of 40 participants attended each of the 10 Essential Services Sessions, compared to 29 at the 2016 in-person workshop.

**Table 3. Participants by Session.**

1 Monitor Health Status	2 Diagnose and Investigate	3 Inform, Educate, Empower	4 Mobilize Community Partnerships	5 Develop Policies and Plans
42	41	49	59	40
6 Enforce Laws	7 Link People to Care	8 Ensure Competent Workforce	9 Research and Evaluate Services	10 Organizational Infrastructure
25	47	20	38	37

*Note: This table describes the number of participants that participated in the virtual session for each of the 10 Essential Public Health Services.*

**Figure 9. Percent of Participants Who Attended One or More Session (n=171)**



*Source: Results of analysis of San Diego County 2020 Local Public Health System Assessment.*

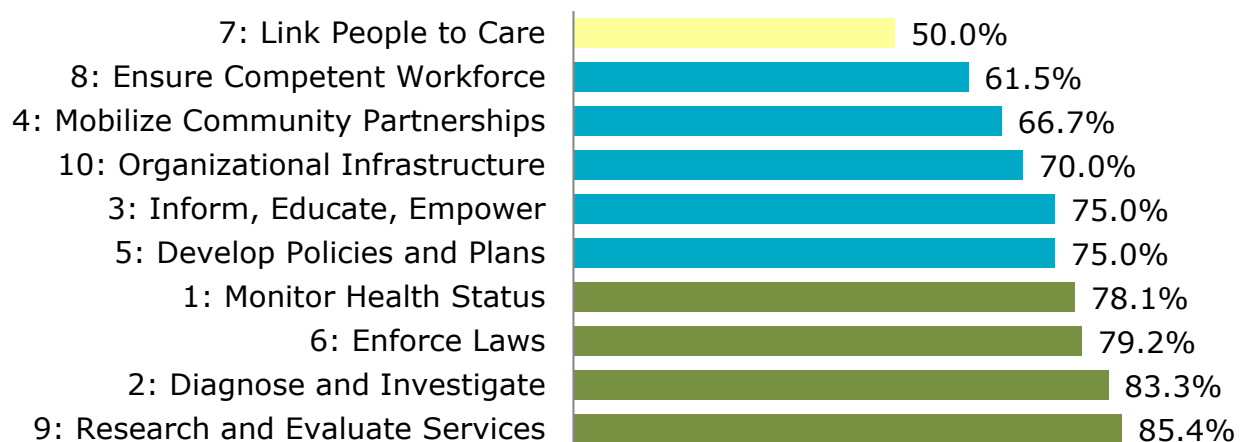
# Summary of Results

## 2020 Essential Public Health Services Scores

Results from the Local Public Health Systems Assessment (LPHSA) virtual sessions show there are many key areas of strength within the local public health system as well as opportunities for growth. The 10 Essential Public Health Services scores reflect the majority scores given by the discussion group for each Performance Measure rolled up and combined or averaged. In other words, the scores reflect how well the partners believe the system is performing in terms of fulfilling the activities expected based on Elements within each Essential Service.

Figure 10 summarizes the scoring in order of lowest to highest activity. Participants found that for four of the Essential Services, there was optimal activity (76-100%), for five of the Essential Services there was significant activity (51-75%), and for one Essential Service there was moderate activity (26%-50%). Scores for each Essential Service are generated using an adapted version of the National Public Health Performance Standards (NPHPS) Version 3.0 Local Assessment Data Sheets and Report.

**Figure 10. 2020 Essential Public Health Services Scores.**



<b>No Activity</b> (0%)	<b>Minimal Activity</b> (1–25%)	<b>Moderate Activity</b> (26–50%)	<b>Significant Activity</b> (51–75%)	<b>Optimal Activity</b> (76–100%)
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**Key to Figure 10**

Source: Results of analysis of San Diego County 2020 Local Public Health System Assessment.

## Comparison of 2020, 2016 and 2012 Essential Services Scores

*Table 4* (following page) captures the scores for the 2020 LPHSA compared to the 2016 and the 2012 LPHSA. Data from the 2002 LPHSA are not comparable and therefore not included here. In 2020, Public Health Services 1: Monitor Health Status, 2: Diagnose and Investigate, 6: Enforce Laws, and 9: Research and Evaluate Services scored above 75%, or in the optimal range, while Essential Public Health Service 7: Link People to Care scored in the moderate range (50-74%). The remaining five Essential Public Health Services scored in the significant range.

The following summary provides a high-level overview of results for each Essential Service. Detailed findings for each Essential Service can be found in *Appendix A*.

It is important to note that because of changes to the 2020 Essential Services framework, comparisons to 2012 and 2016 scores should be made with caution. The updated framework has a stronger focus on equity and may reflect higher expectations as public health environment and practice evolves. Therefore, some of the “decreases” seen in 2020 may be due in part to changes in the Essential Services framework.

Additionally, the unprecedented COVID-19 pandemic challenged our public health system. This stimulated thoughtful discussion at the virtual sessions about the capacity of our current and future system, especially as public health crises like climate change or a new pandemic loom large. The heightened awareness of strains across the public health system may have also contributed to the lower 2020 scores.

**Table 4. Essential Public Health Services Scores for 2012, 2016, and 2020 Local Public Health System Assessments.****New  
Scores!**

Essential Public Health Services	2012 Scores	2016 Scores	2020 Scores
ES 1: Monitor Health Status	72%	83%	78%
ES 2: Diagnose and Investigate	69%	90%	83%
ES 3: Inform, Educate, Empower	50%	67%	75%
ES 4: Mobilize Community Partnerships	47%	79%	67%
ES 5: Develop Policies and Plans	69%	94%	75%
ES 6: Enforce Laws	69%	84%	79%
ES 7: Link People to Care	65%	69%	50%
ES 8: Assure Competent Workforce	52%	54%	62%
ES 9: Research and Evaluate Services <i>*Prior to 2020, Evaluate and Research were ES9 and ES10 respectively. The top score is Evaluate; the bottom score is Research.</i>	67%	65%	85%
	50%	54%	
ES 10: Organizational Infrastructure*	NA	NA	70%

\*The new 10 Essential Public Health Service updates included a new Essential Service 10. Therefore, comparisons cannot be made to previous years. Essential Service 9 (Research and Evaluate) is a combination of the former Essential Service 9 (Evaluate) and 10 (Research).

Source: Results of scores comparing the 2012, 2016 and 2020 Local Public Health System Assessments.

Key to Scoring Categories for Table 4 Above				
<b>No Activity (0%)</b>	<b>Minimal Activity (1–25%)</b>	<b>Moderate Activity (26–50%)</b>	<b>Significant Activity (51–75%)</b>	<b>Optimal Activity (76–100%)</b>



# Results by Each Essential Public Health Service

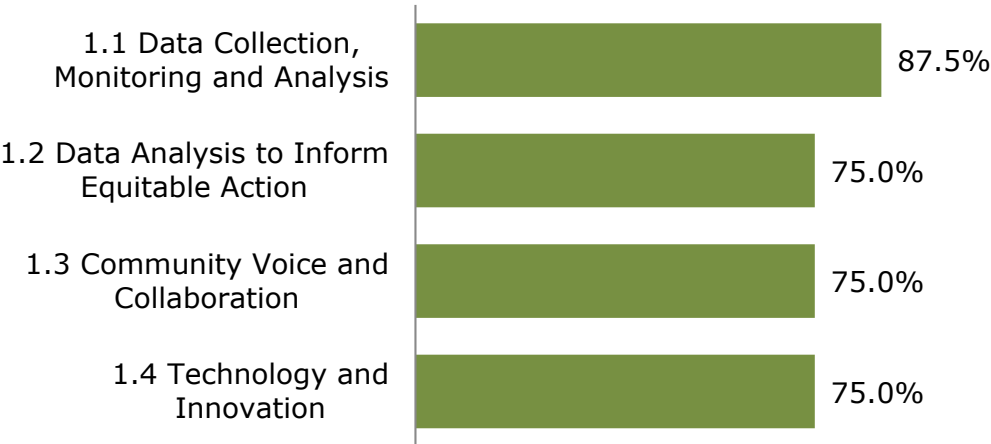
This section highlights strengths, weaknesses and opportunities, as well as the overall scoring for each Element and Essential Public Health Service. Detailed discussion notes and scores by individual Performance Measure can be found in Appendix A.

## Essential Public Health Service 1: Monitor Health Status

*Assess and monitor population health status, factors that influence health, and community needs and assets.*



Figure 11. Element Scores.



Assessing and monitoring population health status, factors that influence health, and community needs and assets encompass the following:

- **Maintaining an ongoing understanding of health** in the jurisdiction by collection, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular

- emphasis on disproportionately affected populations;
- **Using data and information to determine** the root causes of health disparities and inequities;
- **Working with the community** to understand health status, needs, assets, key influences, and narrative;
- **Collaborating and facilitating data** sharing with partners, including multi-sector partners;
- **Using innovative technologies**, data collection methods, and data sets;
- **Utilizing various methods and technology** to interpret and communicate data to diverse audiences;
- **Analyzing and using disaggregated data** (e.g., by race) to track issues and inform equitable action; and
- **Engaging community members** as experts and key partners.

Essential Service #1 focuses on the importance of assessing and monitoring public health and in being data driven. This service comes first for a reason, because so much of what we do in public health is based on what the data tell us. This Essential Service has been, and continues to be, fundamental to the role of public health. At the same time, many aspects of public health are evolving. There is now a greater focus on the social and structural determinants of health. There is more emphasis on looking for root causes of inequities and using disaggregated data to identify them. Listening to and working with the community to collect, analyze, share and interpret data is increasingly imperative. Another big change is informatics. Technology and information have brought new opportunities for data collection, analysis and visualization.

*Figure 11* provides scores for each of the Elements that make up Essential Public Health Service 1: Monitor Health Status. *Table 5* highlights key findings from discussions of Essential Public Health Service 1. Full details and notes can be found in *Appendix A*.

**Table 5. Key Findings – Essential Public Health Service 1: Monitor Health Status.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• The PHS Community Health Statistics Unit (CHSU) has a lot of data available on their website including data dashboards.</li> <li>• CHSU is very responsive to data requests.</li> <li>• Data is disaggregated to look at health inequities and disparities.</li> <li>• Hospital Association of San Diego and Imperial Counties (HASDIC) completes a Community</li> </ul>	<ul style="list-style-type: none"> <li>• Data available from State and National sources is often delayed or outdated.</li> <li>• Data are not always disseminated to community groups for use in their work.</li> <li>• Community members don't always have access to accurate data to make decisions (e.g. when getting misinformation on social media).</li> <li>• Many people aren't aware</li> </ul>	<ul style="list-style-type: none"> <li>• Expand successes from COVID-19 response to other diseases.</li> <li>• Examine environmental health and climate change data at the neighborhood level using a health disparities and inequities lens.</li> <li>• Increase promotion of data sources, particularly for community organizations that could utilize data.</li> <li>• Ensuring that people who</li> </ul>

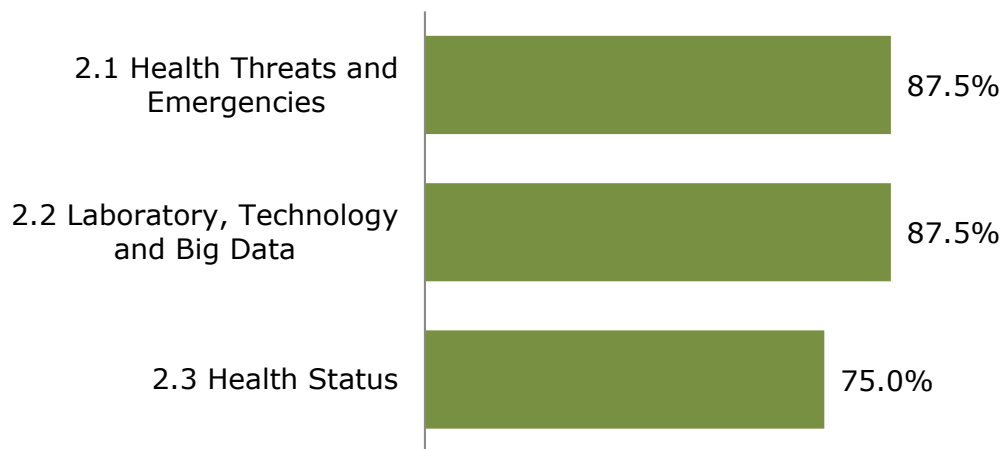
Strengths	Weaknesses	Opportunities
<p>Health Needs Assessment every three years. Other assessments related to HIV, Kindergarten Oral Health Assessment, and student tobacco use are completed regularly.</p> <ul style="list-style-type: none"> <li>• GIS used to examine community patterns and increase focus on health disparities.</li> <li>• <i>Live Well San Diego</i> Data Summit.</li> <li>• Use of California Healthy People index to examine regional level data.</li> <li>• Resident Leadership Academy and community-based leadership teams focus on issues in specific communities.</li> </ul>	<p>of the amount of data available, especially community-based organizations.</p> <ul style="list-style-type: none"> <li>• Not enough capacity to analyze high volume of data collected.</li> </ul>	<p>represent communities are messaging about data and public health issues.</p> <ul style="list-style-type: none"> <li>• Stakeholders would like to see more emerging research data used to inform equitable actions.</li> <li>• Moving toward innovative modalities like Tableau software, drones, data linking, etc.</li> <li>• Community Health Exchange to better share data across entities in San Diego.</li> </ul>

## Essential Public Health Service 2: Diagnose and Investigate

*Investigate, diagnose, and address health problems and hazards affecting the population*



**Figure 12. Element Scores.**



Investigating, diagnosing and addressing health problems and hazards affecting the population encompass the following:

- **Anticipating, preventing, and mitigating emerging health threats** through epidemiologic identification;
- **Monitoring real-time health status and identifying patterns** to develop strategies to address chronic diseases and injuries;
- **Using real-time data** to identify and respond to acute outbreaks, emergencies, and other health hazards;
- **Using public health laboratory capabilities and modern technology** to conduct rapid screening and high-volume testing;
- **Analyzing and utilizing inputs** from multiple sectors and sources to consider social, economic, and environmental root causes of health status; and
- **Identifying, analyzing, and distributing information** from new, big, and real-time data sources.

Essential Service #2 focuses on the role that public health plays in problems and hazards affecting the population. The importance of this Essential Service has been emphasized during the COVID-19 pandemic. Expanding the capacity of labs has been of critical importance across the country; and this is not limited to local public health labs but also hospital and private labs. Teams of epidemiologists have had to quickly identify where the virus was spreading so that information could reach local leaders working with

businesses, schools and hospitals to stop the spread. This new Essential Service #2 highlights the importance of real-time data, including data from other sectors.

Figure 12 provides scores for each of the Elements that make up Essential Public Health Service 2: Diagnose and Investigate. Table 6 below highlights key findings from discussions of Essential Public Health Service 2. Full details and notes can be found in Appendix A.

**Table 6. Key Findings – Essential Public Health Service 2: Diagnose and Investigate.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• Robust PHS Community Health Statistics Unit that provides data surveillance to mitigate disease in community.</li> <li>• Strong collaboration among organizations, as well as with other counties to reduce disease transmission and examine patterns such as drug-resistant bacteria.</li> <li>• Laboratories provide rapid, modern, highly accurate diagnostic testing.</li> <li>• Mosquito, tick, and rodent disease vectors are routinely trapped and tested for diseases and to some extent, pesticide resistance. These data are used to direct control efforts to reduce the chances of disease transmission.</li> <li>• Data to monitor real-time health status and patterns are available from multiple sources and are used to examine the intersection of social determinants of health.</li> <li>• COVID-19 response has increased data sharing across sectors.</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic Health Record system functionality may limit how quickly providers can report emerging disease patterns.</li> <li>• There is a need for more rigorous and granular risk analysis of vector disease transmission.</li> <li>• Investigation into zoonotic disease transmission is done in reaction to reports versus preventative/anticipatory actions to avert disease.</li> <li>• Health status data are not always current or real-time. There are limitations in ability to analyze some data at the neighborhood level.</li> <li>• Most population data are survey-based which limits sources of real-time health status data.</li> <li>• Proxy measures are often not sufficient to get to specifics of socio-economic data.</li> <li>• Limitations/barriers to sharing data across entities.</li> <li>• Residents' lack of trust with government and institutions may impact participation in</li> </ul>	<ul style="list-style-type: none"> <li>• More connections with health providers.</li> <li>• Strengthen provider reporting of disease patterns.</li> <li>• Expand examination of root causes of vector problems and integrate risk analysis into other health disparity and climate projects.</li> <li>• Diagnostics could be enhanced using next-generation sequencing technologies.</li> <li>• Address health equity and disparities between groups. Improve consideration of health conditions by various lenses of health equity.</li> <li>• Ensure that data are broken down by race and ethnicity, occupation, and housing status in reports.</li> <li>• Increase small area analysis (data available by census tract).</li> <li>• Increase access to real-time data.</li> <li>• Translate data into common language and ensure it is made available across communities and partners.</li> </ul>



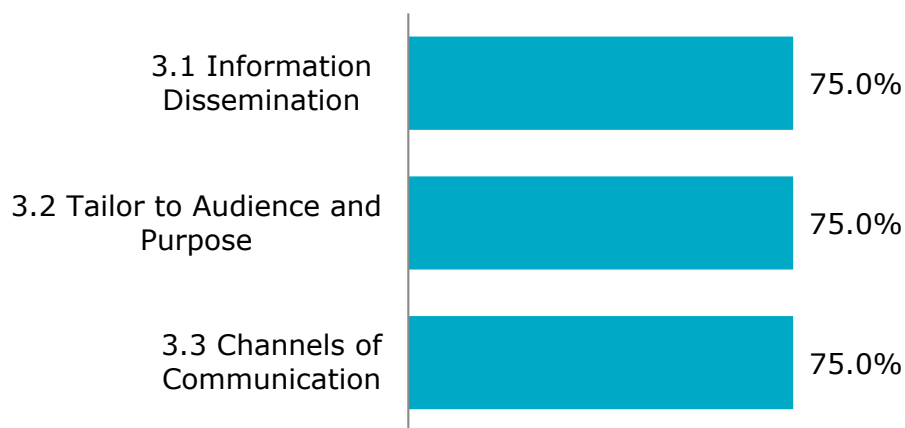
Strengths	Weaknesses	Opportunities
	immunization programs.	<ul style="list-style-type: none"><li>• Integrate vector-borne disease analysis with health disparity and climate projects.</li></ul>

## Essential Public Health Service 3: Inform, Educate, Empower

*Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.*



**Figure 13. Element Scores.**



Communicating effectively to inform and educate about health, factors that influence it, and how to improve it encompasses the following:

- **Developing and disseminating accessible health information** and resources, including through collaboration with multi-sector partners;
- **Communicating with accuracy and necessary speed;**
- **Using appropriate communications channels** (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations;
- **Developing and deploying culturally and linguistically appropriate and relevant communications** and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials;
- **Employing the principles of risk community, health literacy, and health education** to inform the public, when appropriate;
- **Actively engaging in two-way communication** to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies; and
- **Ensuring public health communication and education efforts are asset-based** when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations.

Essential Service #3 is about the importance of communicating and doing so effectively. It has always been important, but in some ways it is more essential now. Speed is more critical today because we live in a world of social media and 24/7 news. Communication channels are more diverse than they used to be. A range of new skills and connections are needed—no longer is it sufficient to work with the local newspaper. There are some core actions that public health always had as priorities but they are even more important now. Two-way respectful communication with community members is critical, as is working with other sectors. It is imperative that the system respects the culture and language of those in the community. Emphasizing health equity at all points is integral to this Essential Service.

Figure 13 provides scores for each of the Elements that make up Essential Public Health Service 3: Inform, Educate, Empower. Table 7 below highlights key findings from discussions of Essential Public Health Service 3. Full details and notes can be found in Appendix A.

**Table 7. Key Findings – Essential Public Health Service 3: Inform, Educate, Empower.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>County's response to pandemic was smoother because <i>Live Well San Diego</i> was in place.</li> <li>HIV Getting to Zero campaign worked with community partners and those with lived experiences to develop outreach campaign.</li> <li>Multiple examples of countywide health education campaigns include Love Your Heart, Know Your Mood, It's Up to Us, Be There San Diego Heart Attack and Stroke Free Zone, Aging &amp; Independence Services Age Well Initiative, 5210 Campaign, Grandparents Raising Grandkids.</li> <li>Engagement with faith-based organizations. Campaigns in concert with various churches successfully provided specific messages to their</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient funding for a robust public health communication campaign.</li> <li>County has developed a large toolbox for dissemination, but sometimes people don't have WIFI or computer access to use those tools.</li> <li>Trust is an issue in communities of color.</li> <li>Contracting process can make it challenging to disseminate information quickly. Hard for small organizations to tailor message to specific populations in light of County requirements.</li> <li>Limited health communication for certain populations (e.g. those who speak languages other than English or Spanish).</li> </ul>	<ul style="list-style-type: none"> <li>Potential to engage more volunteers, such as Kiwanis members, to disseminate health information.</li> <li>Opportunities for more materials in languages other than English and Spanish.</li> <li>Build trust with communities of color through trusted connections (such as religious leaders).</li> <li>Opportunities to convey information through faith-based organizations, which are trusted by homeless population and are more likely to be sought out by those with a mental health crisis.</li> <li>Ensure that County staff are representative of the communities they serve.</li> <li>Ensure that messaging does not propagate or promote microaggressions.</li> </ul>

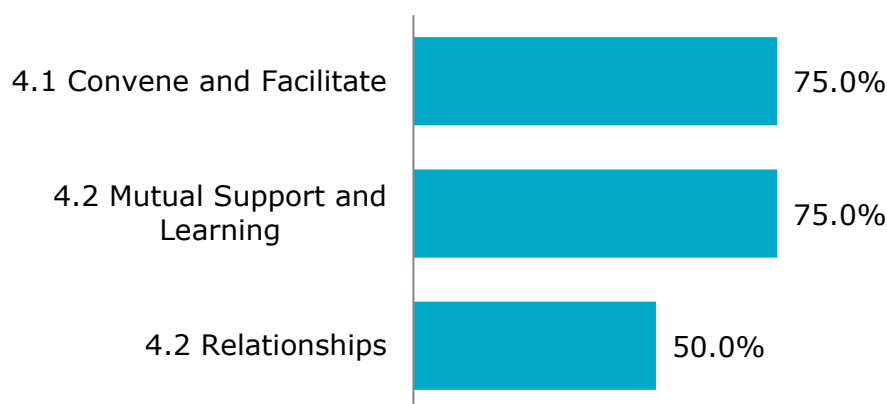
Strengths	Weaknesses	Opportunities
<p>communities.</p> <ul style="list-style-type: none"> <li>• Engagement with community-based health promotion specialists such as promotoras or Resident Leadership Academy participants.</li> <li>• First 5 San Diego home visiting program utilizes family support specialists who are representative of the communities they serve.</li> <li>• The "Dementia Friends" education campaign reaches communities where they are.</li> </ul>		<p>Ensure intrinsic bias is not coming through. There is an opportunity to "filter" these messages/ materials/ campaigns through communities.</p>

## Essential Public Health Service 4: Mobilize Community Partnerships

*Strengthen, support, and mobilize communities and partnerships to improve health.*



**Figure 14. Element Scores.**



Strengthening, supporting, and mobilizing community partnerships to improve health encompasses the following:

- **Convening and facilitating multi-sector partnerships** and coalitions, including sectors that influence health (e.g., planning, transportation, housing, education, etc.);
- **Fostering and building genuine, strengths-based relationships** with a diverse group of partners that reflect the community and the population;
- **Authentically engaging with community members** and organizations to develop public health solutions; and
- **Learning from, and supporting, existing community partnerships** and contributing to public health expertise.

Essential Service #4 reflects the broad nature of what creates health. The public health system must recognize that one sector alone cannot do the work of promoting health and equity. Health is influenced by all sectors—education, transportation, housing, and more. It is essential that our public health system include multi-sector partnerships whether informal or formal. The bottom line is the public health system must recognize the expertise of those who are most marginalized as being equal to ours. This new Essential Service #4 emphasizes the role public health can play in convening, facilitating, and contributing expertise to solutions. However, there is new emphasis on the importance of our local public health system advancing structures and systems that generate shared power and decision-making with humility.

Figure 14 provides scores for each of the Elements that make up Essential Public Health Service 4: Mobilize Community Partnerships. Table 8 below highlights key findings from discussions of Essential Public Health Service 4. Full details and notes can be found in Appendix A.

**Table 8. Key Findings – Essential Public Health Service 4: Mobilize Community Partnerships.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• <i>Live Well San Diego</i> and San Diego County Childhood Obesity Initiative bring together many sectors.</li> <li>• Collaborative efforts help support vulnerable populations.</li> <li>• There is mutual support and learning across collaborative efforts.</li> <li>• County and hospitals align their efforts.</li> <li>• Public health expertise and high-quality data contributions from across issues and regions.</li> <li>• There is strong collaboration within emergency preparedness and disaster response.</li> <li>• The County works to involve people and provide opportunities for collaboration and build relationships with community members.</li> <li>• Examples of other successful coalitions include SBCS San Diego Promise Neighborhood, Love Your Heart Day, Tobacco Control Coalition, Home Visiting Coalition, End Hep C, SD Nights, Community Health Improvement Partners' Suicide Prevention Council.</li> </ul>	<ul style="list-style-type: none"> <li>• It can be hard to keep track of all the different collaboratives.</li> <li>• Small organizations are sometimes overlooked.</li> <li>• Need to address harm reduction associated with drug misuse.</li> <li>• It can be challenging for those in rural communities to participate in community collaboratives.</li> <li>• Lack of representation from non-English, non-Spanish speaking communities.</li> <li>• Limits in types of programs/work the County can support.</li> <li>• More trust and consistency is needed to build strong partnerships.</li> <li>• Significant health disparities and disproportionality during this pandemic and that is due to inequity and social determinants of health.</li> <li>• Understanding health literacy to make sure the communities we work with understand the importance of the health education and opportunities available.</li> <li>• Staff turnover makes it difficult to establish relationships and difficult</li> </ul>	<ul style="list-style-type: none"> <li>• Build upon success of response to COVID-19.</li> <li>• COVID-19 has increased the usage of virtual meetings. Hybrid meetings between virtual and in-person meetings for coalitions can potentially be effective.</li> <li>• Bring together efforts that cross different sectors (e.g. regional planning and transportation, housing, tobacco control, etc.).</li> <li>• The concept of "health in all policies" is still new in many sectors and an idea that we can help promote and disseminate across sectors.</li> <li>• Include more community members in discussions.</li> <li>• Utilize existing community partnerships.</li> <li>• Support communities by providing more community-level data. Adopt NOTHING ABOUT US, WITHOUT US framework.</li> <li>• Seize new opportunities to hear the stories, understand people's barriers to optimal health - unpack the pain and stress that people are living with, to identify solutions/action steps.</li> </ul>

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>California Department of Public Health equity metrics is helping SD County to focus on communities heavily impacted by COVID-19.</li> </ul>	<p>to know who to talk to at the County for the specific need or request.</p>	

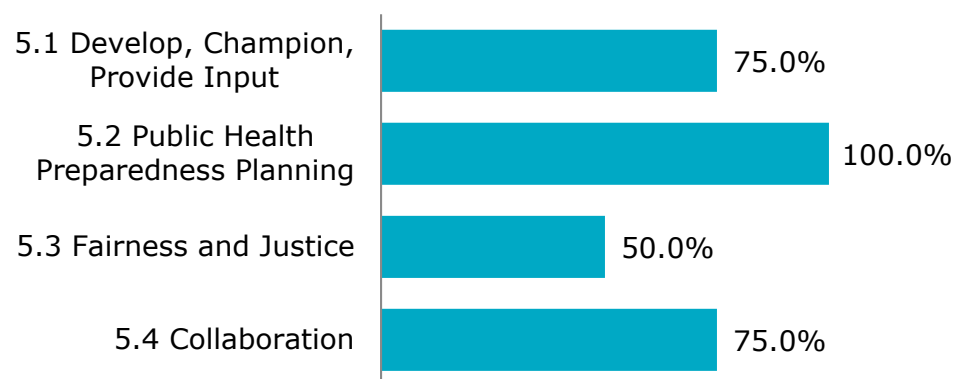


## Essential Public Health Service 5: Develop Policies and Plans

*Create, champion, and implement policies, plans and laws that impact health.*



**Figure 15. Element Scores.**



Creating, championing, and implementing policies, plans and laws that impact health encompasses the following:

- **Developing and championing policies, plans, and laws** that guide the practice of public health;
- **Examining and improving existing policies, plans and laws** to correct historical injustices;
- **Ensuring that policies, plans, and laws provide a fair and just opportunity for all** to achieve optimal health;
- **Providing input into policies, plans, and laws** to ensure that health impact is considered;
- **Continuously monitoring and developing policies, plans, and laws** that improve public health and preparedness and strengthen community resilience;
- **Collaborating with all partners**, including multi-sector partners, to develop and support policies, plans, and laws; and
- **Working across partners and with the community** to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans.

Essential Service #5 is about the public health system’s role in reviewing, developing, championing, and implementing plans, policies and laws that improve health and save lives. In fact, the most significant improvements in life expectancy in the United States are a result of policies and laws established by the public health system. Applying an equity lens to ensure all policies, laws and practices are fair and just and promote optimal health for all people, while working with diverse partners, is fundamental to this work. Community health improvement plans, collaboratively established in advance with

community members and organizations, are an important strategy for addressing the social determinants of health. There is nothing more important than building and supporting broad-based constituencies, working toward eliminating health inequities, and promoting policies, plans and laws that promote optimal health for everyone. Essential Service #5 also acknowledges the importance of health in all policies. Policies regarding preparedness and community resilience are part of Essential Service #5 as well.

Figure 15 provides scores for each of the Elements that make up Essential Public Health Service 5: Develop Policies and Plans. Table 9 below highlights key findings from discussions of Essential Public Health Service 5. Full details and notes can be found in Appendix A.

**Table 9. Key Findings – Essential Public Health Service 5: Develop Policies and Plans.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• “Getting to Zero” and similar efforts to eliminate HIV, Hepatis C and TB.</li> <li>• For food security and access to health care, community residents' ability to access benefits (Medi-Cal and CalFresh), especially during this pandemic, is essential and has been a focus of local advocacy.</li> <li>• Local tobacco control and prevention efforts.</li> <li>• Efforts to strengthen environmental policy.</li> <li>• Strong policies coordinate medical and behavioral care.</li> <li>• Multiple coalitions monitor and respond to emerging health emergencies and ensure preparedness plans are in place.</li> <li>• Live Well Communities focuses resources into previously underserved areas.</li> <li>• High level of collaboration among partners in all the Advisory Boards and</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding to develop plans and improve policies.</li> <li>• One-size-fits-all solutions are not tailored to individual community needs or designed to target health disparities.</li> <li>• Stigmatized issues may be overlooked when considering policy change.</li> <li>• Laws that decriminalize tobacco use among youth are currently at risk of being overturned.</li> <li>• Though County Eligibility Operations has been doing incredible work, more advocacy is needed to improve benefits and access to benefits.</li> <li>• Efforts to address health disparities/inequities via policy are still in early stages.</li> <li>• More work needs to be done to engage Black, Indigenous and people of color (BIPOC) communities and address mistrust due to past</li> </ul>	<ul style="list-style-type: none"> <li>• Increase advocacy and enrollment efforts to ensure those who qualify can access benefits such as Medi-Cal and CalFresh.</li> <li>• Continue examining health disparities to identify opportunities for promoting health equity.</li> <li>• Shift away from characterizing populations as “difficult to reach” and change systems to promote trust and reduce barriers to care.</li> <li>• Promote understanding about ways historical injustices have led to health disparities and health inequities.</li> <li>• Encourage relationships with sectors in collaboration efforts.</li> </ul>

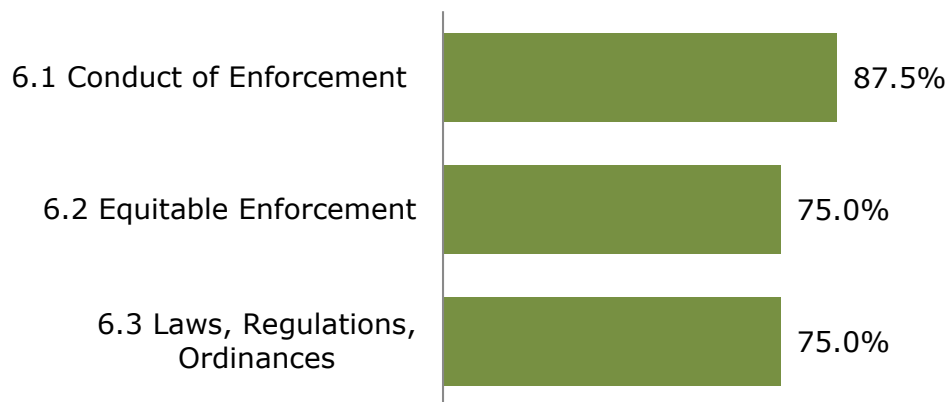
Strengths	Weaknesses	Opportunities
<p>special workgroups/committees</p> <ul style="list-style-type: none"> <li>• Work with student and youth groups, as well at Patient Advisory Groups.</li> </ul>	<p>injustices.</p> <ul style="list-style-type: none"> <li>• Not all non-health related sectors are present in collaborative efforts.</li> <li>• Lack of deep discussion and inclusiveness between partners during meetings; cross-sector collaboration.</li> </ul>	

## Essential Public Health Service 6: Enforce Laws

*Utilize legal and regulatory actions designed to improve and protect the public's health.*



**Figure 16. Element Scores.**



Utilizing legal and regulatory actions designed to improve and protect the public's health encompasses the following:

- **Educating and informing regulated entities or individuals of the law and compliance requirements;**
- **Conducting enforcement activities in a transparent and consistent fashion.** These activities may include, but are not limited to, sanitary codes, especially in the food industry; full protection of drinking water supplies; timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; and regulating healthcare facilities where hazardous waste is generated;
- **Ensuring that applicable laws are equitably applied** to protect the public's health;
- **Providing leadership, expertise, and information to the public concerning public health laws and their impact and value;**
- **Identifying local public health issues that are inadequately addressed in existing laws, regulations, and ordinances;**
- **Including health considerations in laws from other sectors** (e.g., zoning); and
- **Ensuring broad participation in either creating new or changing existing laws, regulations and ordinances, to protect and promote the public's health.**

Essential Service #6 emphasizes the responsibility of protecting the public and communities from unsafe food and water, and from disease agents. This includes

regulating healthcare facilities to protect both hospital staff and the environment from hazardous wastes. Laws and regulations governing public health are also addressed. This includes consideration for whether public health challenges are being met with new laws, regulations and ordinances, or with changes to existing ones. Public health has a special responsibility to conduct enforcement activities and to ensure laws are equitably applied. Public health as a system recognizes the unique needs of different communities and different people and, importantly, that every community should be protected from an unsafe environment and exposures that can cause health crises. It is why a resident, regardless of where he or she lives, should be able to go to their favorite restaurant and not worry, or live in housing where there is no fear that a child will be exposed to lead paint. This work may seem invisible, but it is actively behind the scenes using legal and regulatory actions to improve and protect the public's health.

*Figure 16* provides scores for each of the Elements that make up Essential Public Health Service 6: Enforce Laws. *Table 10* below highlights key findings from discussions of Essential Public Health Service 6. Full details and notes can be found in *Appendix A*.

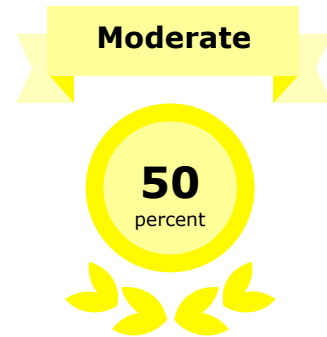
**Table 10. Key Findings – Essential Public Health Service 6: Enforce Laws.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• Collaborative partners report infectious disease outbreaks and information.</li> <li>• Focus of inspections on education and remediation is successful, as many times business owners aren't aware of current regulations and are willing to make necessary changes to stay in compliance.</li> <li>• Many organized efforts to develop positive, effective communication and increase trust with diverse communities.</li> <li>• Environmental Health regularly reviews regulatory policy to identify opportunities to address emerging issues.</li> <li>• Home visiting program with vulnerable families provides education on renters' rights,</li> </ul>	<ul style="list-style-type: none"> <li>• Information is not always provided in a timely manner so entities are not aware of the regulations they need to follow before they are inspected.</li> <li>• Communication does not always fully explain rationale for laws and how they support health and safety.</li> <li>• Lack of funding to support communication in multiple formats.</li> <li>• Addressing corporate interests can sometimes undermine public health efforts.</li> <li>• Gaps in existing regulatory programs can make it difficult to identify a mechanism to address emerging issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all sectors have consistent and regular enforcement and increase transparency.</li> <li>• Utilize data to inform and identify public health issues.</li> <li>• Improve focus on equity across all partners.</li> <li>• Increase community education and awareness so that residents feel comfortable identifying issues such as unsafe working conditions and so that small business owners and vendors are aware of the regulations they need to follow.</li> <li>• Emphasize making information available in more languages and in different media.</li> <li>• Enhance explanations of why existing laws are there, including public health implications.</li> </ul>

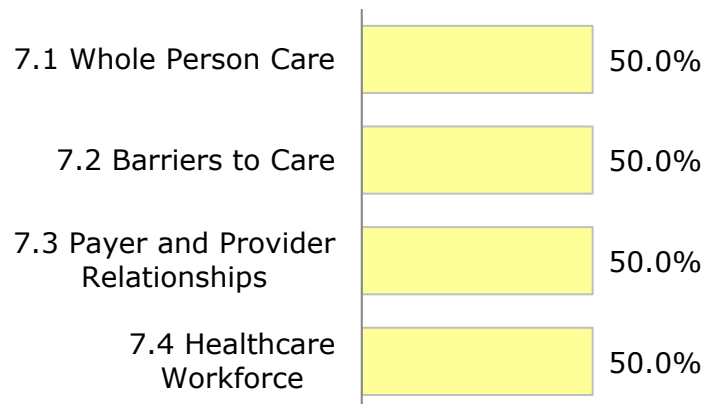
Strengths	Weaknesses	Opportunities
immigration rights, and community resources. <ul style="list-style-type: none"><li>Multiple county coalitions are focused on increasing resident engagement in policy.</li></ul>		

## Essential Public Health Service 7: Link People to Care

*Assure an effective system that enables equitable access to the individual services and care needed to be healthy.*



**Figure 17. Element Scores.**



Assuring an effective system that enables equitable access to the individual services and care needed to be healthy encompasses the following:

- **Connecting the population to needed health and social services** that support the whole person, including preventive services;
- **Ensuring access to high-quality and cost-effective healthcare and social services**, including behavioral and mental health services, that are culturally and linguistically appropriate;
- **Engaging health delivery systems** to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health;
- **Addressing and removing barriers to care**;
- **Building relationships with payers and healthcare providers**, including the sharing of data across partners to foster health and well-being; and
- **Contributing to the development of a competent healthcare workforce.**

Essential Service #7 focuses on the public health system's role in assuring equitable access to individual care services. "Assure" is an important word. Public health cannot and does not provide all the health care services the population needs. But public health stands ready to call out gaps and even stand in as needed. A good example is COVID-19 testing, in which public health is in a coordinating role and provides additional testing services along with other laboratories, and ensures access to vaccine by sponsoring or co-sponsoring vaccine stations. "Equitable access" is a key phrase. Health care that is out of reach because of language or transportation barriers is not health care at all. "Needed to be healthy" refers to health care that saves and extends lives, not health care



that is unnecessary and expensive. Smoking cessation, hypertension control, and treatment for substance abuse disorders are good examples. This essential public health service is something we all rely on. The scores for this essential service were lower because of the need to improve data sharing and enhance equity and representation.

*Figure 17* provides scores for each of the Elements that make up Essential Public Health Service 7: Link to/Provide Care. *Table 11* below highlights key findings from discussions of Essential Public Health Service 7. Full details and notes can be found in *Appendix A*.

**Table 11. Key Findings – Essential Public Health Service 7: Link People to Care.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• Telehealth has given people access to virtual healthcare.</li> <li>• Sharp Healthcare brings social workers in to work with physicians to connect emergency department high-utilizers to preventive care.</li> <li>• Shift in youth and family services to provide services where families are at and to link them to other needed resources.</li> <li>• The PHS Community Health Statistics Unit helps ensure data is shared across the public health system.</li> <li>• Full Service Partnership behavioral health program provides wraparound services.</li> <li>• No wrong door to connect people to services in any program.</li> <li>• Health Information Exchange, Community Information Exchange and 211.</li> <li>• Successes in expanding immunization registry.</li> <li>• University of California San Diego (UCSD) Health Careers Opportunity</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous barriers to access care, especially for those living in rural areas, such as transportation and availability of appointments on nights and weekends.</li> <li>• Not enough providers who reflect the communities being served.</li> <li>• No universal health record to connect people across the public health system.</li> <li>• No clear next step after universal screenings and a fragmentation of the community with resources.</li> <li>• Hospitals and providers don't always know how to work with people with dementia.</li> <li>• Oral health operating in silos.</li> <li>• Immigration status may be a barrier to care for some.</li> <li>• Corrections facility, and for immigrant detainees, need a secured portal since hard copy medical records are easily lost.</li> </ul>	<ul style="list-style-type: none"> <li>• Systematically screen clients for social determinants of health.</li> <li>• Explore streamlined method for health plans within Medi-Cal.</li> <li>• Better connect data systems across provider networks (including social service organizations).</li> <li>• Improve connection between universal screenings and connection to resources.</li> <li>• Improve health literacy among residents.</li> <li>• Continue to decrease stigma in accessing behavioral health care.</li> <li>• Share environmental health data across the sectors. Connect environmental data to health data.</li> <li>• Ensure there are providers who reflect communities they serve.</li> <li>• Increase outreach into middle and high schools to emphasize health career options.</li> <li>• Provide scholarships and reduce barriers for students with diverse backgrounds to enter</li> </ul>

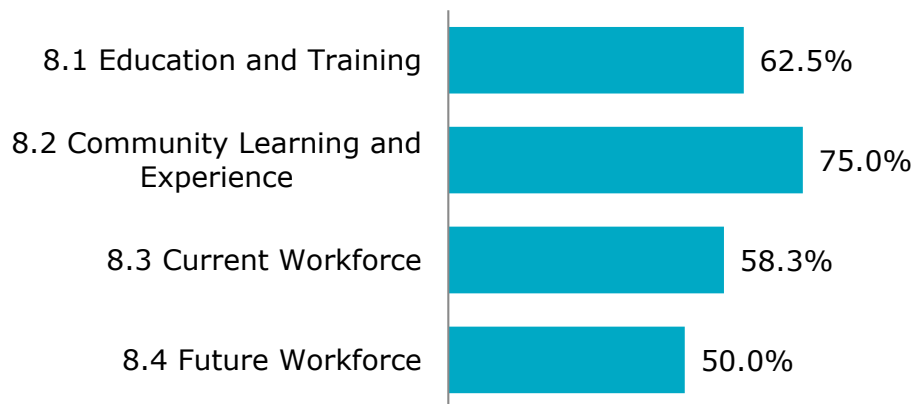
<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>
<p>Program, San Diego Regional Consortium—helps students of color enter community college and then health or allied health careers.</p> <ul style="list-style-type: none"> <li>Hispanic Center of Excellence funded by Health Resources and Services Administration.</li> </ul>		<p>health careers.</p> <ul style="list-style-type: none"> <li>Strengthen Medi-Cal through California Advancing and Innovating Medi-Cal (CalAIM) to advance care coordination and equity.</li> </ul>

## Essential Public Health Service 8: Assure Competent Workforce

*Build and support a diverse and skilled public health workforce.*



**Figure 18. Element Scores.**



Building and supporting a diverse and skilled public health workforce encompasses the following:

- **Providing education and training** that encompasses a spectrum of public health competencies, including technical, strategic and leadership skills;
- **Ensuring that the public health workforce is the appropriate size** to meet the public's needs;
- **Building a culturally competent public health workforce and leadership** that reflects the community and practices cultural humility;
- **Incorporating public health principles in non-public health curricula;**
- **Cultivating and building active partnerships with academia and other professional training programs** and schools to assure community-relevant learning experiences for all learners;
- **Promoting a culture of lifelong learning in public health;**
- **Building a pipeline of future public health practitioners;** and
- **Fostering leadership skills at all levels.**

Essential Service #8 reflects that the world is changing and becoming increasingly diverse. Communities of color across the country demand change and are looking for opportunities for meaningful engagement. We are coming to a greater understanding of the connection between public health and a variety of sectors that have lived outside the standard sphere of consideration. This presents unique opportunities for public-private partnerships. If the public health community is to maintain its drive toward quality outcomes for everyone, it is essential we support and cultivate a skilled workforce that is ready to navigate this new standard. That is, a workforce that at every level is

committed to cultural competence, genuine partnership with community stakeholders, and leadership focused on continuous learning, introspection and personal growth.

Figure 18 provides scores for each of the Elements that make up Essential Public Health Service 8: Assure Competent Workforce. Table 12 below highlights key findings from discussions of Essential Public Health Service 8. Full details and notes can be found in Appendix A.

**Table 12. Key Findings – Essential Public Health Service 8: Assure Competent Workforce.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>Public Health Services is assessing staff on core public health competencies to identify training needs.</li> <li>UCSD Center for Community Health offers more community-based training.</li> <li>Black Infant Health resident training program provides culturally competent care.</li> <li>Rady Children’s Hospital FACES for the Future program provides the CDC’s Public Health 101 Series at Hoover High School.</li> <li>Nurse Family Partnership working with California State University San Marcos Nursing Program.</li> <li>County is integrating core competencies for public health professionals into workforce development plan.</li> <li>County expanding trainings to include Mental Health First Aid, Public Health 101 Series and others.</li> </ul>	<ul style="list-style-type: none"> <li>Basic public health concepts are not regularly taught in all education programs.</li> <li>Turnover at the County can make it difficult to have continuity between Public Health Services and the community.</li> <li>Need to teach more cultural humility.</li> <li>There is not a robust enough public health pipeline.</li> </ul>	<ul style="list-style-type: none"> <li>Fostering leadership at all levels.</li> <li>Strengthening and anticipating future workforce.</li> <li>Opportunity for more partnerships between public safety and public health.</li> <li>Opportunity to improve the public health pipeline, especially in recruiting and retaining people of color.</li> <li>Seek opportunities to better convey key principles of public health to the community</li> <li>Engaging the community to increase cultural humility and enhance understanding of what services benefit them.</li> </ul>

## Essential Public Health Service 9: Research and Evaluate Services

*Improve and innovate public health functions through ongoing evaluation, research and continuous quality improvement.*



**Figure 19. Element Scores.**



Improving and innovating through evaluation, research, and quality improvement encompasses the following:

- **Building and fostering a culture of quality** in public health organizations and activities;
- **Linking public health research with public health practice;**
- **Using research, evidence, practice-based insights, and other forms of information to inform decision-making;**
- **Contributing to the evidence base** of effective public health practice;
- **Evaluating services, policies, plans, and laws continuously** to ensure they are contributing to health and not creating undue harm;
- **Establishing and using engagement and decision-making structures** to work with the community in all stages of research;
- **Valuing and using qualitative, quantitative, and lived experience as data and information** to inform decision-making.

Essential Service #9 recognizes that public health practitioners conduct research even though they may not recognize it as such. Every time we come up with a new innovative approach, we are generating a hypothesis. Every time we launch a new program, we are engaging in applied research. Every time we ask ourselves if we were successful, we are conducting an evaluation. This is an idea that we must embrace and be responsible for. As stewards of the public's trust, the public's treasure, and the public's health, we must hold ourselves to the highest standards. This means insisting that our decisions are informed by evidence. It means we seek out and listen to the voices in our communities.

It means we both use and contribute to the scientific knowledge base. And it means we must create a culture of quality within our organizations and without. With enthusiasm and humility, we learn and we grow.

Figure 19 provides scores for each of the Elements that make up Essential Public Health Service 9: Evaluate. Table 13 below highlights key findings from discussions of Essential Public Health Service 9. Full details and notes can be found in Appendix A.

**Table 13. Key Findings – Essential Public Health Service 9: Research and Evaluate Services.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• Most County-funded programs include an evaluation component.</li> <li>• Leadership provides a strong role in ensuring evaluations are not creating harm.</li> <li>• Strong focus of using evidence base to inform program development.</li> <li>• Strong collaboration between partners such as hospitals and Public Health Services on Community Health Needs Assessments.</li> <li>• Strong focus on sharing data and results with community members.</li> <li>• Public health fostered culture of quality and pursuing continuous improvement.</li> <li>• Identifying less-optimal outcomes early so as to improve services sooner.</li> <li>• Increasing transparency when mistakes occur.</li> <li>• <i>Live Well San Diego</i>, chronic disease management, and Whole Person Care all have strong quality improvement components.</li> <li>• 15-year history of</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation and research priorities established by HHSA may not be aligned with focus of community-based organizations.</li> <li>• Evidence-based practice is the gold standard, but with little opportunity to explore other practices tailored to community needs.</li> <li>• Funding and resources are not always sufficient to conduct research.</li> <li>• Unrealistic timelines to evaluate data so as to establish policies or system changes.</li> <li>• Reluctance to use unexpected or poor results.</li> <li>• Duplication of data collection efforts.</li> <li>• Program duration is not always long enough to measure outcomes or share results.</li> <li>• Community members are not always compensated for their contributions to evaluation and research activities.</li> <li>• External grants may be prescriptive in terms of which populations to focus on and which</li> </ul>	<ul style="list-style-type: none"> <li>• Maximize flexibility of County-funded programs so that community-based organizations can bring their best practices forward.</li> <li>• Provide opportunities to evaluate processes, rather than solely focusing on outcomes.</li> <li>• Evaluate how efforts are affecting population health in the community.</li> <li>• Improve consistency of data collection and reporting.</li> <li>• Provide more dental care assessments.</li> <li>• Publish findings more widely, particularly across communities who would benefit from best practices and other insights.</li> <li>• Communicate rationale for evaluation/research and share value of data across partners.</li> <li>• Increase transparency in how data informs decision-making.</li> <li>• Promote compensation to community members who contribute to data collection.</li> <li>• Increase community trust</li> </ul>

Strengths	Weaknesses	Opportunities
<p>examining health data by race, age, gender, etc. to identify health disparities.</p>	<p>activities to include.</p> <ul style="list-style-type: none"> <li>• Communities who have been harmed by past research may not trust current efforts.</li> <li>• Culture of quality improvement has not permeated all areas of Public Health Services.</li> </ul>	<p>in purpose of data collection and ensure results are shared back with target communities.</p> <ul style="list-style-type: none"> <li>• Engage communities of color to define indicators of quality in public health.</li> </ul>

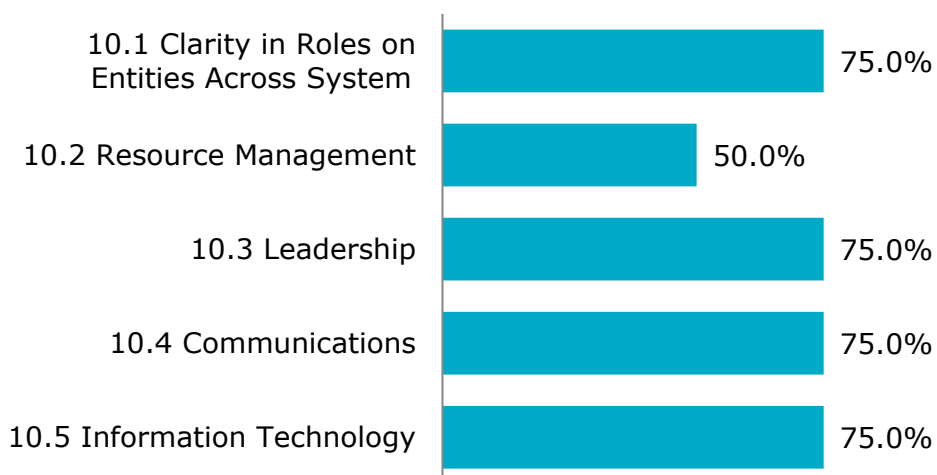


## Essential Public Health Service 10: Organizational Infrastructure

*Build and maintain a strong organizational infrastructure for public health*



**Figure 20. Element Scores.**



Building and maintaining a strong organizational infrastructure for public health encompasses the following:

- **Developing an understanding of the broader organizational infrastructures and roles** that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations);
- **Ensuring that appropriate, needed resources are allocated equitably** for the public's health;
- **Exhibiting effective and ethical leadership, decision-making, and governance;**
- **Managing financial and human resources effectively;**
- **Employing communications and strategic planning capacities and skills;**
- **Having robust information technology services** that are current and meet privacy and security standards; and
- **Being accountable, transparent, and inclusive** with all partners and the community in all aspects of practice.

Figure 20 provides scores for each of the Elements that make up Essential Public Health Service 10: Organizational Infrastructure. Table 14 below highlights key findings from discussions of Essential Public Health Service 10. Full details and notes can be found in Appendix A.

**Table 14. Key Findings – Essential Public Health Service 10: Organizational Infrastructure.**

Strengths	Weaknesses	Opportunities
<ul style="list-style-type: none"> <li>• <i>Live Well San Diego</i> is an example of a successful collective impact model.</li> <li>• 2-1-1 is “one-stop shop” for community partners and residents to access available services.</li> <li>• Long-standing collaboration across groups during times of crises - public and private sector and involvement with the community.</li> <li>• Incident Command System includes partners across sectors and ensures high level of preparedness to respond to natural disasters and other emergencies. Roles have been very clearly defined to ensure quick and effective emergency response.</li> <li>• There is high engagement across groups, regional community leadership teams and great coordination across planning efforts.</li> <li>• Infuse public health considerations into city planning.</li> <li>• Current push for health equity and commitment to obtaining it.</li> <li>• Consistent job of allocating resources through equity lens.</li> <li>• Regional Community Leadership Teams coordinate community health planning efforts in</li> </ul>	<ul style="list-style-type: none"> <li>• Analysts are sometimes moved into program coordination roles, leaving gaps in other areas.</li> <li>• We have fewer epidemiologists than other counties our size.</li> <li>• Staff do not always reflect communities being served.</li> <li>• Resources are often limited by federal and State allocations.</li> <li>• Staff or structural changes can make it challenging to find the correct contact person or information, and to make that information accessible to community partners.</li> <li>• Still need a lot more input from communities of color regarding goals and ways to advance <i>Live Well San Diego</i> vision, particularly in rural communities. Virtual meetings have helped promote engagement but there is still work to be done.</li> <li>• Barriers to sharing data still exist.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to make staff reporting structure nimbler to respond to emerging needs.</li> <li>• Use PHS’s Community Health Statistics Unit as model for navigating partners and collaborators to receive data.</li> <li>• Promote justice within social determinants of health to address root causes of health disparities.</li> <li>• Strong leadership among hospitals and large and small-scale organizations to collaborate with HHSA and each other; often put aside competitiveness to focus on needs of the community.</li> <li>• Continue to obtain community input on strategic goals and how to define success.</li> <li>• Seek more representation among rural residents at regional meetings.</li> <li>• Improve agility with identifying skills and services in most demand, especially during public health emergencies.</li> <li>• Continue to maximize staff with special skills.</li> <li>• Continue providing leadership opportunities to ensure diverse workforce.</li> <li>• Utilize volunteers more fully.</li> <li>• More collaboration in the future.</li> </ul>

Strengths	Weaknesses	Opportunities
<p>each region.</p> <ul style="list-style-type: none"><li>• Strong relationships with tribal leadership – recognition of their sovereignty and leadership.</li><li>• Resident Leadership Academies are important ways to cultivate community-level leadership.</li><li>• Strong collaboration in obtaining input on strategic priorities.</li><li>• Robust information technology services, several checks and balances processes to ensure data security.</li><li>• Biocom California integrates health technology and services.</li></ul>		

## Key Takeaways

Based on results from the virtual sessions and discussion notes, this section summarizes a few key takeaways from the 2020 Local Public Health System Assessment (LPHSA) virtual sessions.

- **Monitoring Health Status:** The local public health system is effective at monitoring health status and identifying health needs. The system encompasses robust programs using population data to inform decision-making and identify target communities for services. However, the system could more effectively link people to care and drill down data to examine root causes of health disparities.
- **Equity and Addressing Systemic Racism:** Centering equity across the 10 Essential Public Health Services led to rich conversations about how the local public health system can help ensure public health equity. Many participants said significant work is still necessary to ensure everyone in the county has access to services that support their health. Specifically, much work lies ahead to address the impact of systemic racism on health outcomes in communities of color. The public health system needs to address past injustices and promote health equity through its policies and practices.
- **Collaboration:** As in previous years, there continues to be a strong sense of collaboration across the local public health system to organize coalitions and implement programs. Participants commented on how the COVID-19 pandemic has highlighted the strength of partnership across the system, particularly in emergency preparedness and disaster response. *Live Well San Diego* has provided a strong foundation for collaboration that continues to be built upon.
- **Community Voice:** As was the case in the 2016 LPHSA, many felt the community voice was not adequately represented in this discussion. Some community perspective was captured through the community agencies that participated. However, to engage the community fully and authentically, participants suggested that another type of format or assessment be conducted, designed with input from community members. The LPHSA requires knowledge of the system about which most community members are unfamiliar or do not necessarily see how the system impacts their communities directly or how it could be made stronger to meet needs.
- **Organizational Infrastructure:** The newly defined Essential Public Health Service 10 focuses on organizational infrastructure. This Essential Service scored in the significant range (70 percent). Strengths for this Essential Service include reference to the successful collective impact model in *Live Well San Diego* that has contributed to robust collaboration among partners. Participants suggested that

more effort be made to gather community input on strategic goals and how to define success. Also, there is a need to improve the agility of public agencies to identify and respond to those skills and services in greatest demand, especially during public health emergencies, as was revealed during the response to the pandemic.

- **Comparisons to 2016:** Because of updates to the 10 Essential Public Health Services, comparisons to the 2016 results should be made with caution. Six of the 10 Essential Public Health Services were scored in the same categories as in 2016. For three Essential Public Health Services, there was a decrease in the scoring category (e.g., from optimal to significant). Essential Service 10 had a new focus; therefore, we did not include comparisons to previous years. Prior to 2020, Evaluate and Research were ES9 and ES10 respectively. The scores for these previous years appear in the table—the top score is Evaluate; the bottom score is Research.
  - **Strengths:** The local public health system is strong at monitoring health status, diagnosing and investigating health issues, enforcing laws, and research and evaluation of services. The local public health system is also improving in informing, educating and empowering the public and assuring a competent workforce as we have seen scores for these two Essential Services increase each from 2012 to 2016 and 2020. Research and evaluation also show improvement. When these two Essential Services were combined in 2020, and assessed together, performance was in the optimal range, compared to 2012 when Research as only in the moderate range.
  - **Weaknesses:** Partners across the local public health system should work together to improve scores for Essential Services that are lower in 2020 compared to 2016. The focus here is on Essential Services in which the 2020 scores declined, and the score fell below “Optimal Activity,” and not those Essential Services that declined but still scored within “Optimal Activity.” The former include linking people to care; mobilizing community partnerships; and developing policies and plans. Scores were the lowest in 2020 for linking people to care (50%). Improving these scores is critical to advancing equity. Unless all communities are linked to care and community partnerships are mobilized, the system will not be able to successfully meet the challenges of today or the future. Developing policies and plans to make it easier for all residents to live is one of the more effective strategies for improving upon the conditions in which people live and increasing the prospect of a healthy, safe and thriving life.

# Appendix A: Detailed Discussion and Notes

The following section provides detailed notes from the virtual sessions regarding each Essential Public Health Service, Element and Performance Measures, including their corresponding scores.

## Essential Public Health Service 1: Monitor Health Status

Tables 1–4 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 1: Assess and monitor population health status, factors that influence health, and community needs and assets.**

**Table 1. Element 1.1 Data Collection, Monitoring and Analysis**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Community Health Statistics Unit –sdhealthstatistics.com – Uses disaggregate data to look at health inequities/disparities within the communities. Data is available for transparency for communities to see (<i>Live Well San Diego</i> Data Summit, dashboards, data analyses, etc.). Many available reports on topics such as economic burden, race, ethnicity, gender, socioeconomic status, in-depth reviews and publications online. Analyses are conducted as needed, response to informational inquiries for proper interpretation.</li> <li>Hospital Association of San Diego and Imperial Counties (HSDIC) – works with Community Health Statistics Unit to understand what is already in place and not reinvent the wheel. Also, looks at barriers for socioeconomic burden, however, uses zip codes to target vulnerable populations who are in need. Discusses, the California Health Families index – new tool to evaluate needs assessment to engage communities with most barriers by zip codes, census tracts by communities. <a href="https://hasdic.org/2019-chna">https://hasdic.org/2019-chna</a>, <a href="https://hasdic.org/wp-content/uploads/2019-CHNA-Executive-Summary.pdf">https://hasdic.org/wp-content/uploads/2019-CHNA-Executive-Summary.pdf</a></li> <li>HSDIC conducts a collaborative community health needs assessment (CHNA) to meet Internal Revenue Service regulatory requirements and to identify and prioritize the health needs of County residents, particularly those who experience health inequities. The CHNA is implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems. This committee reports to the HSDIC Board of Directors who provide policy direction and ensure that the interests of all member hospitals and health systems are met. HSDIC contracted with the Institute for Public Health (IPH) at San Diego State University to perform the needs assessment.</li> <li>Qualitative feedback from community, findings are available via website. Collaborations are essential for services.</li> <li>Over asking people all the time – challenge/barriers with problems people are already dealing with. Reducing double efforts and work with data.</li> <li>The economic cost of NOT breastfeeding is enormous, even in the USA.</li> <li>The San Diego County Breastfeeding Coalition has been unable to get private funding to do a needs assessment for the varied populations in our community. Needs to find way to access County support.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>1.1.1 Maintain an ongoing understanding of health in the jurisdiction by</b>	<b>60% Optimal</b> 40% Significant 0% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Environmental Health – Vector control/mosquitos</li> </ul>	<ul style="list-style-type: none"> <li>An abundance of population and health data are available to support needs of researchers and community leaders and</li> </ul>	<ul style="list-style-type: none"> <li>Too much time spent on data however, no capacity to analyze and use the data that was produced.</li> <li>Dissemination needs</li> </ul>	<ul style="list-style-type: none"> <li>Disproportionately affected populations – starting to look at this since it wasn't conducted in the past. Looking into data to learn how to</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
collecting, monitoring, and analyzing data on health and factors that influence health?			agencies. <ul style="list-style-type: none"> <li>Data is posted online and is therefore transparent for anyone to access.</li> <li>Data is available at the regional and subregional levels.</li> <li>Kindergarten Oral Health Assessment.</li> <li>California Student Tobacco assessment.</li> </ul>	to improve to leverage data with community groups.	target identified populations. <ul style="list-style-type: none"> <li>Would be helpful to see more data on environmental health and climate change at the neighborhood level.</li> </ul>
<b>1.1.2 Identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations?</b>	32% Optimal <b>68%</b> 0% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>For COVID-19, more details of how transmissions occur was requested when dealing with affected populations. (i.e. people riding in a car, household exposure, other close contacts, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>GIS overlays and patterns that can affect the community – increased focus on disproportion in communities.</li> <li>HIV, STD, Hepatitis Branch (HSBH) conducts a Needs Assessment to understand the needs of those living with or vulnerable to HIV/AIDS. Also a lot of data looking at other STDs.</li> <li>County has been exemplary in data collection for many elements, overall.</li> <li>Community Health Statistics Unit disaggregates data to identify health inequities or health disparities within our community.</li> <li><i>Live Well San Diego</i> Data Summit.</li> </ul>	<ul style="list-style-type: none"> <li>Delays of data</li> <li>Need more analyses and distributions on climate threats for upstream prevention.</li> </ul>	<ul style="list-style-type: none"> <li>So many people aren't aware of the amount of data, especially community organizations that could find this useful. Could there be more promotion of the data that is available? Even on the call today some folks were not aware of the paucity of data.</li> </ul>



**Table 2. Element 1.2 Data Analysis to Inform Equitable Action**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>None specified</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>1.2.1 Use data and information to determine the root causes of health disparities and inequities?</b>	28% Optimal <b>60% Significant</b> 12% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Contact Tracing – misinformation among families, contacts, and community. In tracing the use, the Community Health Workers (CHWs) are used to address issues, challenging to inform directly. Can this be an opportunity to inform health inequities?</li> </ul>	<ul style="list-style-type: none"> <li>Infant maternal mortality – uses analysis to break up into racial groups, equity process to route causes and addressing as a county.</li> <li>In addition to health disparities, data helps access to healthy food and services.</li> <li>HASDIC Community Health Needs Assessment looks at social determinants of health and health needs across the county.</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty ensuring community members have access to accurate data to make decisions (e.g. combatting misinformation on social media).</li> </ul>	<ul style="list-style-type: none"> <li>Environmental Health data is starting to be looked at through the health disparities and inequities lens.</li> </ul>
<b>1.2.2. Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action?</b>	12% Optimal <b>68% Significant</b> 20% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Father Joe's Villages – Zip code, Balboa Park, camps, moving, drugs, etc. used to guide efforts.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 has brought up many opportunities to work with testing and health outcomes.</li> <li>Use of California Healthy People index to look at data at a more specific regional level.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Does COVID-19 work help inform other approaches when thinking about health equity?</li> </ul>

**Table 3. Element 1.3. Community Voice and Collaboration****General Discussion Notes**

- County's high involvement with partnerships to use/share data.
- Promotoras or CHWs – the trusted messengers are working well.
- Community-based leadership teams – focus on real issues and work through them together as a community.

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>1.3.1. Work with the community to understand health status, needs, assets, key influences, and narrative?</b>	13% Optimal <b>65% Significant</b> 22% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident Leaders academy – activities based on neighbor/residential involvement has had a positive effect in the community.</li> <li>• HASDIC community health needs assessment includes qualitative data collection, engaging the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication in the age of misinformation on social media.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring that people who represent communities are messaging about data and public health issues.</li> </ul>
<b>1.3.2 Collaborate and facilitate data, sharing with partners, including multisector, partners?</b>	13% Optimal <b>57% Significant</b> 30% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Data Literacy within the County.</li> </ul>	<ul style="list-style-type: none"> <li>• In addition to the annual STD report, the HIV, STD and Hepatitis Branch (HSHB) is also producing STD monthly reports with the most current STD data available that is disseminated to healthcare providers and is also available on the website.</li> <li>• <i>Live Well San Diego</i> Data Summit.</li> <li>• Community-based leadership teams focus on issues in specific communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding/Interpreting the data is difficult for community members.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to train some County staff to understand and use data as they work with community-based organizations.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>1.3.3. Engage community members as experts and key partners?</b>	9% Optimal <b>57% Significant</b> 35% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration between the County and many organizations on data sharing.</li> <li>Collaboration between HASDIC and the County on CHNA.</li> <li>Sharing data through the Live Well Leadership Teams.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders would like to see more emerging research data used to inform equitable actions.</li> </ul>

**Table 4. Element 1.4. Technology and Innovation**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>ConnectWellSD is a central information hub with great capacity to expand to the community – has data on people who use services in the County and is as a resource for additional services they can utilize.</li> <li>Use comparison approach to determine who is being served who still needs to be served – and obtain services for those left behind.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>1.4.1 Use innovative technologies, data collection methods, and data sets?</b>	19% Optimal <b>57% Significant</b> 24% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Vector Control is investigating the use of drones to collect data on hidden pockets of water that could be breeding mosquitoes.</li> </ul>	<ul style="list-style-type: none"> <li>Community Health Statistics Unit has data available as dashboards on their website.</li> <li>County will roll out Tableau soon.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Moving toward innovative modalities like Tableau software, drones, data linking, etc.</li> <li>Community health exchange is an opportunity to better share data across entities in San Diego.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>1.4.2 Utilize various methods and technology to interpret and communicate data to diverse audiences?</b>	0% Optimal <b>67% Significant</b> 33% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Standardize data collection (use common language).</li> <li>For data identified the same way – easier to use (linkage for definitions and concepts)</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>

## Essential Public Health Service 2: Diagnose and Investigate

Tables 5-7 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 2: Investigate, diagnose, and address health problems and hazards affecting the population.**

**Table 5. Element 2.1 Health Threats and Emergencies**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"><li>• Quick ramp-up of COVID-19 contact tracing program and case investigation program; expanded laboratory capacity with additional staff and updated equipment. Already working closely with Hospital Association of San Diego and Imperial Counties to prepare for receipt and distribution of COVID-19 vaccines.</li><li>• TB contact tracing program sends nurses to patients’ homes to ensure they are receiving treatment and isolating properly.</li><li>• HIV &amp; STD surveillance monitoring data and providing support to patients to ensure they are accessing care.</li><li>• San Diego Health Disaster Coalition and County Emergency Medical Services task force use real-time data to ensure emergency preparedness.</li><li>• Vector control &amp; food investigation programs.</li></ul>				
Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>2.1.1 Anticipating, preventing, and mitigating health threats through epidemiologic identification?</b>	<b>48% Optimal</b> 43% Significant 10% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"><li>• The data and epidemiologic identification are only as strong as the data inputs and there are struggles getting quality information, whether due to perception barriers or physical barriers.</li><li>• For food and water, disease outbreaks and hazardous materials health issues, disease prevention occurs due to regulatory and field actions from environmental health specialists, but Epi investigation is purview of Public Health Services.</li></ul>	<ul style="list-style-type: none"><li>• Robust Health Statistics Unit that provides data surveillance to mitigate disease in community.</li><li>• County is part of national cohort looking at emergence of drug resistance infections, working closely with both public health and hospital laboratories to identify samples to send to CDC for analysis.</li><li>• CureTB reports active TB cases as they move between international borders to reduce the emergence of multi-drug resistant TB and eliminate the spread of infectious TB.</li><li>• For food and water disease outbreaks and hazardous materials health issues, disease prevention occurs due to regulatory and field actions from environmental health specialists.</li></ul>	<ul style="list-style-type: none"><li>• Electronic Health Record system functionality may limit how quickly providers can report emerging disease patterns.</li><li>• Residents’ lack of trust with government and institutions may impact participation in COVID-19 testing and other immunization programs.</li><li>• Risk analysis of data for mosquito-borne diseases could be more rigorous, and granular. This has been attempted in Strategic Response Plans but can be improved.</li><li>• Currently, investigation into zoonotic disease transmission or potentials is done as reaction to reports vs. preventive actions to avert disease.</li></ul>	<ul style="list-style-type: none"><li>• County has strong laboratory reporting; however, provider reporting can be challenging. The dual-reporting system in California that requires both provider and laboratory reporting assists but strengthening provider reporting would be helpful.</li><li>• Ensure that data are broken down by race and ethnicity, occupation, and housing status in reports.</li><li>• Public health laboratory conducted similar LPHSA-type of assessment and identified need to enhance communication and information sharing across the public the laboratory systems, including commercial and hospital-based laboratory partners.</li></ul>

**Table 5. Element 2.1 Health Threats and Emergencies**

<b>2.1.2 Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards?</b>	10% Optimal <b>80% Significant</b> 10% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• In some cases real-time data is not always available and there is strong demand. For example we get a multitude of requests for newer prevalence data for vaping, drug abuse, mental illness and certain chronic conditions that we are typically using survey data for that may be over too old.</li> <li>• There is real-time data for only half of health conditions and even then, State data systems that report data are often clunky.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengths noted in 2.1.1 also apply here as well as strong collaboration across systems to access and share data.</li> <li>• Mosquito, tick, and rodent disease vectors are routinely trapped and tested for diseases and to some extent, pesticide resistance. this data is used to direct control efforts to reduce the chances of disease transmission.</li> <li>• Data for response to vector-borne diseases is updated frequently and regularly. Mosquito traps are placed throughout the county at standardized locations and captured vectors are tested for pathogens (often within 24 hours of submission) to determine health risk.</li> </ul>	<ul style="list-style-type: none"> <li>• HIV, STD and Hepatitis Branch relies on a State database that doesn't have full functionality or ability to easily access data.</li> <li>• Zoonotic disease risk detection and risk analysis from domestic and wild animals should be strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>• Team preps and anticipates very well but the data piece, especially when reliant on outside systems, makes it challenging.</li> </ul>
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**Table 6. Element 2.2: Laboratory, Technology and Big Data****General Discussion Notes**

- County has modern technology that allows for rapid screening and high-volume testing.

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>2.2.1 Using public health laboratory capabilities and modern technology to conduct rapid screening and high-volume testing?</b>	<b>75% Optimal</b> 19% Significant 6% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>County laboratory has modern technology and is adaptable which allowed for rapid expansion of COVID-19 testing.</li> <li>Public Health laboratory also provides programs such as Tuberculosis Control &amp; Refugee Health (TBCRH) with rapid turnaround for high-volume sites. Their partnership and collaboration in disease investigations are essential.</li> </ul>	<ul style="list-style-type: none"> <li>Laboratory also has older equipment that can be difficult to find that can conduct dark-field microscopy.</li> <li>Strong partnership between Public Health and hospital-based laboratories.</li> <li>Adaptability with new technology such as genome sequencing for HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostics could be enhanced using next generation sequencing technologies.</li> </ul>	<ul style="list-style-type: none"> <li>Public Health Laboratory has developed a number of molecular tests which have replaced the “old technology” to more quickly culture bacterial and viral agents. This was used to identify patterns of various COVID-19 outbreaks and help inform control efforts.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>2.2.2 Identifying, analyzing, and distributing information from new, big, and real-time data sources?</b>	25% Optimal <b>69% Significant</b> 6% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Vector Control Programs Vector Disease and Diagnostic Laboratory provides rapid, modern, highly accurate diagnostic testing of vector specimens using PCR, serology, and genetic sequencing (when needed).</li> </ul>	<ul style="list-style-type: none"> <li>Have the only dark field capacity in San Diego County. Genome sequencing super important in HIV as well. especially for cluster analysis and investigations.</li> </ul>	<ul style="list-style-type: none"> <li>Limitations of some data sources to drill down to smaller geographies such as census tract.</li> <li>Vector control program relies on big data analysis coming from university groups. The need for rigorous analysis of multiple data sources will increase to inform future efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance community communication forums to quickly share information and data.</li> <li>There are a lot of varied sources of data but opportunity to analyze and distribute information more readily and frequently.</li> </ul>



**Table 7. Element 2.3: Health Status**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"><li>There is a high demand for real-time data analyzed at the zip-code level. Root cause analyses rely heavily on utilizing inputs across sectors, and while there has been progress on obtaining such data, additional sources are needed. Often, root causes are found where the behavior and economic status intersect.</li></ul>				
Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>2.3.1 Monitoring real-time health status and identifying patterns to develop strategies to address chronic diseases and injuries?</b>	8% Optimal <b>54% Significant</b> 31% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"><li>Real-time health status data is difficult to obtain.</li><li>Some participants said they rated as Moderate because of limited data input. Although it was acknowledged that everyone is dealing with data limitations.</li></ul>	<ul style="list-style-type: none"><li>Health Statistics Unit conducts analysis of multiple sources on an ongoing basis to identify and track disease and injury patterns.</li><li>Strong State and County-level data sources.</li><li>Medical encounter data are strong.</li><li>COVID-19 is a special example of strong data and can serve as a model for other sources of data.</li><li>This is accomplished well between regular, routine, and frequent vector surveillance and testing. Alerts from Public Health Services regarding confirmed and potential vector-borne disease detections in people is rapid and there is good coordination of efforts, in general.</li></ul>	<ul style="list-style-type: none"><li>Most population data are survey-based which limits sources of real-time health status data.</li><li>Additionally, not all surveys over sample smaller groups, limiting the ability to drill down data to community-specific levels.</li><li>Data coming from some sources (such as birth data) are sometimes delayed, limiting the availability of real-time health status data.</li><li>Limitations in data collection can mean that some sources may underrepresent certain communities.</li></ul>	<ul style="list-style-type: none"><li>Connect with health providers.</li><li>Would be critical to have real-time health status data.</li><li>Making sure the data is entered correctly.</li><li>Translating the data into common language and dispersing it.</li><li>Decision-making regarding relative risk of vector-borne disease detections and appropriate response could be better standardized with procedures, flow chart, and decision body that includes informed scientists and technicians in addition to policy makers.</li></ul>

**Table 7. Element 2.3: Health Status**

<b>2.3.2 Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root cause of health status?</b>	8% Optimal <b>61% Significant</b> 31% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Getting the data can be difficult but County is doing a great job with resources we have.</li> <li>Data sharing is a second, harder piece.</li> </ul>	<ul style="list-style-type: none"> <li>Data sets are combined across sectors and sources to analyze social, economic, and environmental data to examine root causes of health status.</li> <li>Intersection of behavior &amp; economic status, and measure of socioeconomic status, can be defined in various ways.</li> </ul>	<ul style="list-style-type: none"> <li>Many differing definitions can make things like socioeconomic status complicated to measure.</li> <li>Surveys are absolutely underrepresented. This often has to do with sampling methods biases in responses as well.</li> <li>Using proxy measures are often not sufficient to get down to specifics of the socio-economic data.</li> <li>Data sharing is limited by privacy concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to expand analysis of health conditions through multiple lenses of health equity</li> <li>Additional collaboration is needed to strengthen analysis of data across sources.</li> <li>Enhance data accessibility.</li> <li>There is a need to do more analysis from the vector-borne disease perspective. The resources are available (map layers: topography, weather, socioeconomics, vector abundance) to do some risk analysis and modeling but should be further integrated with other health disparity and climate projects.</li> <li>Some collaboration with promotores during outbreak situation, but vector planning could be enhanced with additional input from Public Health Services and HHSA especially regarding the social and economic root causes of vector problems.</li> </ul>
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## Essential Public Health Service 3: Inform, Educate, Empower

Tables 8–10 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 3: Inform, educate, and empower people about health, factors that influence it, and how to improve it.**

**Table 8. Element 3.1. Information Dissemination**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Health education and information campaigns include HIV Getting to Zero (GTZ), Know Your Heart, It's Up to Us, Accountable Communities for Health, Be There Heart Attack and Stroke Free Zone, Age Well San Diego, Check Your Mood, Childhood Obesity Initiative, 5210 Campaign, Grandparents Raising Grandchildren</li> <li>The County's Perinatal Equity Initiative</li> <li>San Diego County and San Diego County Office of Education partner on comprehensive sexual health education</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>3.1.1 Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners?</b>	34% Optimal <b>59% Significant</b> 3% Moderate 3% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>HIV, STD and Hepatitis Branch: Marketing campaign for Getting to Zero (2016 initiative) 10 years to eliminate (get to zero) new HIV infections.</li> <li>Getting the word out - launched campaign. Worked with community partners, members, lived experience. Response - desire for positive campaign. Posters - knowledge is power. Bus billboards/around town in communities with higher rates. Social media efforts. Proud of campaign - website, partner work.</li> <li>Collaboration partners for Love Your Heart (blood pressure screening), upwards of 50K screenings - can be very helpful to find health issues. Partners were churches, businesses, Mexico- screenings at locations. Also, Check Your Mood - collaboration with partners for similar actions for mental health</li> <li>UCSD - refugee communities to educate on COVID-19.</li> <li>5210 - grandparents/inter-generational.</li> <li>Regional Taskforce on</li> </ul>	<ul style="list-style-type: none"> <li><i>Live Well San Diego</i> structure - education and outreach - response to pandemic was smoother because this structure existed - regional groups, partner sectors.</li> <li>All of the campaigns listed as examples are important strengths.</li> </ul>	<ul style="list-style-type: none"> <li>Funding.</li> <li>Media campaigns are expensive</li> </ul>	<ul style="list-style-type: none"> <li>Reliance on technology. But not everyone has WiFi. Not everyone is associated with an organization. County has developed a large toolbox for dissemination but sometimes people don't have access to those tools.</li> <li>Remembering to attempt inclusivity such as Promotores. User-friendly info is key. Trust is a huge issue. Will be important to keep message consolidated.</li> <li>System doesn't realize the huge army of volunteers available - we are not utilizing army of volunteers to its potential: Kiwanis, women's groups with health care workers. Example: vax campaigns/ vax locations - help for staffing these locations, and a variety of other needs for volunteer service opportunities.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		<p>Homelessness.</p> <ul style="list-style-type: none"> <li>Partners Relay Network—Relays disaster information to vulnerable communities.</li> <li>Rollout of California health education.</li> <li>University of California San Diego Share the Care oral health program.</li> <li>It's Up to Us campaign.</li> <li>Sexual health, perinatal.</li> <li>Project ADAM- heart safe schools</li> <li>Access to health care - disseminating materials produced by experts to make usable. Education for social workers, community-based organizations for providing information to clients. Fear of public charge is a major threat to access. Affordable Care Act changes also.</li> <li>It's Up to Us campaign- multi-pronged approach- videos, collaboration with school districts, etc. Universal screenings for mental health for all ages. Great example of messaging.</li> <li>Be There San Diego - partner with heart health education - collaboration that reduced heart attacks by 22% - multiple collaborations - Heart Attack and Stroke Free Zone program, worked with churches to create plans for healthy diet, exercise. Accountable Communities for Health Initiative - equity as an approach to wellness - data-driven showing results.</li> <li>Diabetes prevention plan. Aging &amp; Independence Services-Age Well San Diego</li> </ul>			

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		initiative – work groups for aspects – dementia group with providers, stakeholders – educate public, normalize conversation around dementia, workshops/sessions to educate and help community respond better/inclusive. Dementia-friendly activities toolkit to help engage, especially during pandemic. Community buy-in as goal.			
<b>3.1.2 Communicating with accuracy and necessary speed?</b>	13% Optimal <b>59% Significant</b> 28% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Accuracy and speed-County can be accurate but not so speedy but can utilize partners to disseminate.</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate via partnerships and these can be more trustworthy than coming from the government.</li> </ul>	<ul style="list-style-type: none"> <li>Timeliness, speed of dissemination is not always easy. As a contractor-process is very slow. Challenging to figure out what County can support, what results will look like. Various regulations/rules for each department (media or materials examples). Review process takes a long time before org can disseminate the campaign - County staff comes up with campaign idea quickly but then the roll-out/implementation takes too long.</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities for more materials in languages other than English and Spanish</li> </ul>



**Table 9. Element 3.2: Tailor to Audience and Purpose**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• Promotoras provide COVID-19 education to refugee communities.</li> <li>• Getting to Zero campaign included input from the community.</li> <li>• Utilize the County's Resident Leadership Academies; civic organizations are untapped channels for information dissemination.</li> <li>• Partner Relay uses culturally appropriate channels to share emergency information with vulnerable communities - is great example of working with different communities to provide emergency communications. Perinatal Equity Initiative is great example of working with African American community on tough issues of discrimination in care for pregnant mothers, infants and families.</li> <li>• Approaches are tailored for language and Wi-Fi access and translation is provided at events, but tailoring to all language is challenging.</li> <li>• First 5 San Diego home visitors are from recipient family's community and communicate similarly.</li> <li>• Health materials need to include more visuals that reflect the various communities we serve, so as to demonstrate inclusivity and increase health literacy.</li> <li>• Region has many opportunities for collaborations and partnerships, allowing for further engagement across sectors and communities.</li> <li>• The County Public Health Services has developed materials in various languages and translated materials from the State and the Centers for Disease Control and Prevention.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>3.2.1. Employing the principles of risk communication, health literacy, and health education to inform the public, when appropriate?</b>	13% Optimal <b>71% Significant</b> 16% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Getting to Zero working with community to reduce stigma around the campaign/messaging.</li> <li>• Promotores.</li> <li>• Resident Leadership Academy used to disseminate information.</li> </ul>	<ul style="list-style-type: none"> <li>• Improving health communication for certain populations (e.g those who speak languages other than English or Spanish).</li> </ul>	<ul style="list-style-type: none"> <li>• Include more visuals in materials and more considerations around health literacy.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>3.2.2. Developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials?</b>	3% Optimal <b>71% Significant</b> 26% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>First 5 San Diego Home Visitors represent communities they are working with.</li> <li>Engaging faith-based communities in public health messaging.</li> </ul>	<ul style="list-style-type: none"> <li>When contracting with the County, it can be challenging for small organizations to tailor their messaging and approach to specific populations given the County's requirements for approval (guidelines, procedures, etc. that need to be followed).</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities for more materials in languages other than English and Spanish.</li> <li>Opportunity to ensure that County staff are representative of the communities they are serving.</li> </ul>
<b>3.2.3. Ensuring public health communications and education efforts are asset-based when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations?</b>	6% Optimal <b>61% Significant</b> 32% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Getting to Zero is asset-based program.</li> <li>The "Dementia Friends" program (part of the Dementia-Friendly initiative) is a great example of an education campaign that's reaching communities where they are.</li> </ul>	<ul style="list-style-type: none"> <li>Perinatal Equity Initiative - higher level of engagement. Surprises/discoveries about what was going on in community and what they would be receptive to. Maternal, Child and Family Health Services-media campaign used local community members to be representative. Campaign is about reaching out to healthcare providers, starting with OB-GYN, with room to expand. Teaching about implicit bias.</li> <li>Certain campaigns have worked with various churches/faith-based organizations to provide communities with specific messages.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Overcome barriers - it's a messaging issue as much as it is a language issue. Obtain community buy-in. Identify barriers to engaging communities.</li> <li>Trust is an issue in communities of color. It would be beneficial to go through trusted religious leadership in those communities.</li> <li>Suicide Prevention works with faith leaders and organizations because those needing mental health are more likely to reach out to their leaders before seeking professional help.</li> <li>For the COVID-19 response, the Education and Outreach Branch has a Faith-Based Organizations Sector where Faith Leaders meet weekly to discuss messaging and develop materials to message to communities through their</li> </ul>



Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
			<ul style="list-style-type: none"> <li>Meeting 20 years ago for translation of other languages - particularly isolated languages</li> <li>Census data is looked at to determine which languages most in demand for translation.</li> <li>Public Health Services is actively focusing on this, but many other areas are catching up. Always room for improvement.</li> <li>Recognize this County has been in forefront of health equity. Dr. Wooten started her career with this direction.</li> </ul>		<p>faith-based organizations.</p> <ul style="list-style-type: none"> <li>Be careful in looking at language with microaggressions, messaging that does not propagate this. Ensure intrinsic bias is not coming through. Need to "filter" these messages/materials/campaigns through communities.</li> <li>Faith-based also works with all the homeless providers, as they are such trusted messengers for this population, who are also more likely to reach out to these leaders for help or assistance...the cross threading is such a great opportunity...</li> </ul>

**Table 10. Element 3.3 Channels of Communication****General Discussion Notes**

- Reach communities where they are given the challenges of COVID-19.
- The local public health system should follow the CDC by sharing information on TikTok and Snapchat.
- Leverage the social media savvy and capacity of community partners.
- Appreciate that Governor Newsom's delivery of information through his press conferences includes analytics.
- Would be interesting to know how various communities, especially more vulnerable ones, rate these categories.

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>3.3.1 Actively engaging in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies?</b>	0% Optimal <b>88% Significant</b> 12% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• County emergency alerts are a good example of quick messaging.</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 forced the County to adapt quickly to get messaging out in new ways and get creative.</li> <li>• The County also offered a summer internship for youth (aged 16-22 years old) to create youth-focused messaging about COVID-19 and emergency preparedness. They created messaging through Instagram and TikTok!</li> <li>• Fine arts utilization around marijuana use with high school students.</li> </ul>	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of mass media - some free opportunities - local news outlets for spreading of messages. Getting interviews on news programs, market research - where are the populations we are targeting? Radio users? TV users? Facebook? Who is our target audience and how can we find them?</li> <li>• Analytics for what we push out - who we are engaging with? What devices are being used to access? What gets them engaged? Online platforms.</li> <li>• Messaging around vaccinations especially with growing vaccine hesitancy.</li> </ul>
<b>3.3.2 Using appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach</b>	0% Optimal <b>69% Significant</b> 31% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• The County uses the California Health Alert Network to send health alerts/notifications to almost 4,000 of San Diego's healthcare and public safety workers. We work with the County</li> </ul>	<ul style="list-style-type: none"> <li>• Working with San Diego State University analysis of Twitter, working with students to identify COVID-19 messaging with other platforms. This social media education will carry forward after COVID-19 as well. Learning about who influences and where</li> </ul>	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Great opportunity to better utilize social media - especially for reaching younger populations. Ever-changing makes this challenging. Focus on this moving forward. Where are people getting their information? County has attempted to utilize</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
the intended populations?		Medical Society, hospitals and other groups to get this targeted information out in a timely basis. Especially during COVID-19, this has been an important source of information.	people get their info. How to reach the right people with social media. Example: kids likely aren't going to follow a County page, but how can we disseminate these messages so certain populations will see them?		<p>social media more recently. Rely on community partners to do so as well.</p> <ul style="list-style-type: none"> <li>• Targeting of variety of sectors, demographics - getting people where they are instead of trying to force them to find us.</li> <li>• When County posts RFPs, include some of these messages/creative ideas/language, etc.</li> <li>• <i>Live Well</i> Neighborhoods - get recommendations from community members, asking for feedback from who it may affect.</li> </ul>

## Essential Public Health Service 4: Mobilize Community Partnerships

Tables 11–13 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 4: Strengthen, support and mobilize communities and partnerships to improve health.**

**Table 11. Element 4.1 Convene and Facilitate**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• Wide range of representatives – majority from community-based organizations/nonprofits and other</li> <li>• Discussed how Essential Public Health Service 4 is related to what's happening in the community, community relationships and partners; Discussed the Perinatal Equity Initiative – it addresses impacts of racism and systemic bias in maternal and child health services.</li> <li>• Prevention of chronic disease, behavioral health, Suicide Prevention Council, suicide prevention plan (health equity framework providing targeted strategies to at-risk groups); Resident Leadership Academy (RLA); aim to achieve sustainable health leadership; emphasize education.</li> <li>• Helping connect community to services they need; Library's engagement in County health initiatives; University of California San Diego (UCSD) Center for Community Health - Dental Health Initiative/Share the Care – how can they work together with the County to provide the best services and make the community aware of what is available; regional community leadership teams.</li> <li>• Looking from an equity lens think we have room for improvement – can do more to address systemic racism and improve outcomes for people of color and rural areas.</li> <li>• Opportunities for improvement: need more cross-sectional collaboration/work → partnerships are too isolated; small organizations can be overlooked and consequently are not involved in the conversation.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>4.1.1 Convening and facilitating multisector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.)?</b>	3% Optimal <b>78% Significant</b> 19% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• <i>Live Well San Diego</i> regional leadership teams are a great example of convene and facilitate, cross threads, collaborate, envision, plan for goals and objectives, and working together to make changes to better our community.</li> <li>• SBCS Promise Neighborhoods, San Diego Promise Zone; Youth Will.</li> <li>• Love Your Heart Day.</li> <li>• Tobacco Control Coalition.</li> <li>• Home visiting coalition in north</li> </ul>	<ul style="list-style-type: none"> <li>• County covers such a wide range of issues/topic areas.</li> <li>• A lot of collaboration, mutual support and learning across collaborative efforts.</li> <li>• Don't hear about "turf issues."</li> <li>• Many collaboration and coalitions meetings throughout the County.</li> <li>• Sector response for COVID-19.</li> <li>• Collaborative efforts help support vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li>• May be too many partnerships – can be hard to keep track.</li> <li>• So many different things impact health – we have partnerships for all of these things separately – can be hard to merge.</li> <li>• In-person meetings are not easily accessible to organizations in rural communities.</li> <li>• Small organizations sometimes overlooked - e.g. Perinatal Equity Initiative forgot to</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 has increased the usage of virtual meetings. Hybrid meetings between virtual and in-person meetings for coalitions can potentially be effective.</li> <li>• We are seeing significant health disparities and disproportionality during this pandemic and that is due to inequity and social determinants of health. We need to look upstream at our systems, policies, environment and structures and consider how they impact health. The concept of "health in</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		<p>county to develop warm handoffs for birth through parenting opportunities.</p> <ul style="list-style-type: none"> <li>San Diego Association of Governments (SANDAG) has included a health focus in their land use and regional growth planning efforts.</li> <li>Eliminate Hep C San Diego County Initiative, numerous working groups, town halls.</li> <li>SD Nights (with city recreation departments).</li> <li>Aging &amp; Independence Services - strong collaborators with the library.</li> <li>SD County Childhood Obesity Initiative...brings together many sectors.</li> <li>San Diego Immunization Coalition.</li> <li><i>Live Well San Diego</i> and <i>Age Well San Diego</i>.</li> <li>Regional Task Force on Homelessness, East County Homeless Task Force, East Region Collaborative Network, San Diego</li> </ul>		<p>invite Breastfeeding Coalition.</p> <ul style="list-style-type: none"> <li>Representation from non-English or non-Spanish speaking communities is limited due to language, access. Most collaboratives are focused on administrators making decisions for the representative groups.</li> <li>There is not much discussion around harm reduction and people who use drugs in terms of health, outside of treatment.</li> <li>Understanding health literacy to make sure the communities we work with understand the importance of the health education and opportunities available.</li> </ul>	<p>all policies" is still new in many sectors and an idea that we can help promote and disseminate across sectors.</p> <ul style="list-style-type: none"> <li>More community members rather than strictly organizations. Would be great to see more involvement from parents, students, and children.</li> <li>Bring together efforts that cross different sectors (e.g. regional planning and transportation, housing, tobacco control, etc.).</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		<p>Military Family Collaborative, Mental Health Systems, Childhood Obesity Initiative represent many cross-sector collaborations.</p> <ul style="list-style-type: none"> <li>• Coalition efforts fit under <i>Live Well San Diego</i>.</li> <li>• Community Health Improvement Partners' Suicide Prevention Council.</li> <li>• Community Action Partnership.</li> <li>• Perinatal Equity Initiative.</li> <li>• <i>Live Well San Diego</i> regional leadership teams are a great example of convene and facilitate, cross threads, collaborate, envision, plan for goals and objectives, and working together to make changes to better our community.</li> </ul>			

**Table 12. Element 4.2: Mutual Support and Learning**

<b>General Discussion Notes</b>	<p>Regarding poll choices:</p> <ul style="list-style-type: none"> <li>Some moderate votes resulted from discussion of challenges faced by smaller organizations who deal with suboptimal support/funding.</li> <li>County is very large with quite dispersed priorities - hard to do something for the sole reason that County policies require it - can be obstacle to doing quality work.</li> <li>Some "moderate" voters thought more work is necessary to support communities by providing community-level data. "Significant" voters agreed but still think public health systems are more than halfway there.</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>Participants are interested and eager to learn more about the County's Mobile Crisis Response Team.</li> <li><i>Live Well San Diego</i> regional meetings: can't justify attending if the focus doesn't match the contracted scope of work with the County.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>4.2.1 Learning from, and supporting, existing community partnerships and contributing public health expertise?</b>	0% Optimal <b>53% Significant</b> 47% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Border Symposium with non-governmental organizations, County, State, community partners (focus on HIV and TB), Tabletop exercises for preparedness with the County, CDC, other Federal partners including law enforcement, Emergency Medical Services planning/coordination during Ebola outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>Good collaboration with emergency preparedness and disaster response.</li> <li>Regional leadership teams use epidemiology to focus strategies and goals.</li> <li>County aligns efforts with hospitals community needs assessment. Hospitals use County's public health in their reports.</li> <li>Contributing public health expertise - there are great data sources, expert participation across issues and regions, access to research and best practices.</li> <li>California Department of Public Health equity metrics are helping all of us in the County to focus on disparate communities heavily impacted by COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>County contracting process favors large organizations or areas - regional coalitions make it harder to receive financial support.</li> <li>The County is sometimes limited or very structured in how they can support approaches for working with the most vulnerable populations, due to County policies, processes, regulations, limitations. May prevent County from supporting more hands-on or unique, workable approaches for reaching vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li><i>Live Well Advance</i> is a great learning opportunity.</li> <li>Utilizing existing community partnerships is important because they're experts in that topic.</li> <li>Support communities by providing more community level data.</li> </ul>

**Table 13. Element 4.3 Relationships**

<b>General Discussion Notes</b>	<p>Regarding poll choices:</p> <ul style="list-style-type: none"> <li>• A lot more opportunity for investment – businesses, hospitals, trauma-informed care, <i>Live Well San Diego</i> incorporated in a more cross-sectional way, believe thriving component can be especially expanded.</li> <li>• There is a lot of mistrust of government and a disconnect with many communities. Building bridges to communities through trusted community partners is the best way to improve engagement. The County is hiring trusted community-based agencies for outreach and support to communities disproportionately impacted by COVID-19. It is also doing this emergency and public health preparedness through the Partner Relay network.</li> <li>• One voter for optimal explained we cannot achieve anything without building relationships. To create those partnerships you have to let people speak and feel involved, and to provide opportunities for collaboration.</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>• Many good connections made with individuals and programs, but county employees have many priorities and cannot always follow through as initially promised - reliability would be hard for new collaborators to understand.</li> <li>• County employees can only complete so much work, that's why building partnerships is important - need community input but there is community fatigue from repeatedly being asked similar questions.</li> <li>• Relationship building is integral to our programs, but challenging if a public health service program does not have direct contact with the public.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>4.3.1. Fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population?</b>	3% Optimal 41% Significant <b>55% Moderate</b> 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Recovery event that took place at Waterfront Park.</li> <li>• SAY San Diego hosts the annual San Diego Unity Games - a softball tournament with law enforcement, community and faith-based organizations. City and County entities set up tables to provide resources and activities.</li> <li>• Grandparents raising Grandchildren Relative Caregiver Symposium.</li> <li>• Census 2020 outreach/engagement offers an interesting example...trusted messengers.</li> </ul>	<ul style="list-style-type: none"> <li>• Authenticity and trust – County works to involve people and provide opportunities for collaboration and build relationships with community members.</li> <li>• Strengths-based leadership to maximize strengths of others.</li> </ul>	<ul style="list-style-type: none"> <li>• Upholding promises</li> <li>• Poor consistency - poor trust and reliability which are needed to build strong partnerships.</li> <li>• Don't spend enough time authentically engaging with community, need to do this outside of 9-5 work week.</li> <li>• Every County in California is supposed to have a "Breastfeeding Coordinator." The last one we had said she was given no time (or no percentage of time) to devote to that "job."</li> <li>• Challenging to get</li> </ul>	<ul style="list-style-type: none"> <li>• Get people to see themselves as equal partners, motivate other individuals/organizations to become community leaders.</li> <li>• Go to/engage rural communities and understand their reality - It's critical to include the community because they live there, they are a part of the focus group. If organizations don't include the community within conversations then we could miss something crucial.</li> <li>• I would love to see the County reach out, instead of us always reaching in.</li> <li>• NOTHING ABOUT US, WITHOUT US should be a framework for much of</li> </ul>



Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
				<p>community participation for these broad, planning exercises - we experience similar challenges with SANDAG. Residents will want to know why their voice is wanted, how it would be used.</p> <ul style="list-style-type: none"> <li>• Need to work through community brokers in some cases to gain trust.</li> <li>• The County model to continually move employee into different positions makes it difficult to establish relationships even for those of us contracting with the County, much less with community members. Then difficult to know who to talk to at the County for the specific need or request.</li> </ul>	<p>this.</p> <ul style="list-style-type: none"> <li>• Next time or for the remaining sessions, we can ask our partner agencies who have already been invited to invite someone that their agency serves in order to capture the community voice.</li> <li>• Seize new opportunities to hear the stories, understand people's barriers to optimal health - unpack the pain and stress that people are living with, to identify solutions/action steps.</li> <li>• Engagement community in assessments including the LPHSA.</li> </ul>
<b>4.3.2. Authentically engaging with community members and organizations to develop public health solutions?</b>	3% Optimal 17% Significant <b>76% Moderate</b> 3% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• None specified</li> </ul>	<ul style="list-style-type: none"> <li>• None specified</li> </ul>	<ul style="list-style-type: none"> <li>• None specified</li> </ul>	<ul style="list-style-type: none"> <li>• None specified</li> </ul>

## Essential Public Health Service 5: Develop Policies and Plans

Tables 14–17 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 5: Create, champion, and implement policies, plans, and laws that impact health.**

**Table 14. Element 5.1: Develop, Champion, Provide Input**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• Strong countywide policy to eliminate HIV pandemic, TB, and Hepatitis C</li> <li>• Many counties look to San Diego as a model of best practice for developing and championing health policies</li> <li>• Funding to support policy development is limited in some areas</li> <li>• Not all efforts are well-documented or shared with the public, perhaps community doesn't have enough opportunities to learn about County's efforts and engage with policy work</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>5.1.1 Developing and championing policies, plans, and laws that guide the practice of public health?</b>	8% Optimal <b>69% Significant</b> 23% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• "Getting to Zero" and similar efforts to eliminate HIV, TB, and Hepatitis C.</li> <li>• Tobacco policy efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts to strengthen environmental policy such as air/water quality.</li> <li>• Tobacco control efforts have progressed this year with new policies passed in Escondido, Imperial Beach, and Oceanside. Additional tobacco retail licensing policy change underway in unincorporated areas of County.</li> <li>• Strong policies are in place to coordinate medical and behavioral health care.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding to support organizing and other efforts to develop plans and improve policies.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase advocacy and enrollment efforts to ensure those who qualify can access benefits such as Medi-Cal and CalFresh.</li> </ul>

<b>5.1.2 Providing input into policies, plans, and laws to ensure that health impact is considered?</b>	8% Optimal <b>54% Significant</b> 38% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None specified.</li> </ul>	<ul style="list-style-type: none"> <li>None specified.</li> </ul>	<ul style="list-style-type: none"> <li>Issues that are more stigmatized areas may be overlooked in policy change efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to examine health disparities to identify opportunities to promote health equity.</li> <li>Improve community awareness of policy efforts and ability to provide input.</li> </ul>
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**Table 15. Element 5.2: Public Health Preparedness Planning**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>COVID-19 response plan is a strong case for responding to public health emergencies.</li> <li>Multiple coalitions monitor and respond to emerging health emergencies and ensure preparedness plans are in place.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>5.2.1 Continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience?</b>	<b>67% Optimal</b> 20% Significant 13% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>COVID-19 response plan provides consumers and businesses with information and resources to mitigate virus spread.</li> <li>Provision of PPE to healthcare workers at start of COVID-19 pandemic.</li> <li>Multiple coalitions such as Health Services Capacity Task Force and San Diego Health Disaster Coalition.</li> </ul>	<ul style="list-style-type: none"> <li>Working with health care professionals to provide PPE.</li> <li>Multiple coalitions monitor and respond to emerging health emergencies and ensure preparedness plans are in place.</li> <li>County Resiliency Plan.</li> <li>Office of Emergency Services convenes planning group to develop Hazard Mitigation Plan.</li> <li>County General Plans now require examination of environmental justice and specific plans to address neighborhoods disproportionately impacted by environmental issues.</li> </ul>	<ul style="list-style-type: none"> <li>None specified.</li> </ul>	None specified.

**Table 16. Element 5.3: Fairness and Justice**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Health equity is central to <i>Live Well San Diego</i> campaign: The focus of Live Well Communities is putting more County resources into underserved areas. It improves opportunities for residents of those areas if not actually redressing past injustices.</li> <li>Laws that decriminalize tobacco use among youth are currently at risk of being overturned.</li> <li>Work to promote health equity and address past harms is emerging, yet more can be done at a policy level.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>5.3.1 Examining and improving existing policies, plans, and laws to correct historical injustices?</b>	0% Optimal 13% Significant <b>74% Moderate</b> 13% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Increasing minimum wage living.</li> <li>Public tobacco possession law was reversed because Black, Indigenous and people of color (BIPOC) youth were being disproportionately penalized for tobacco possession.</li> </ul>	<ul style="list-style-type: none"> <li>Expanding conversations are happening at the organizational and city level to address inequities.</li> <li>Board of Supervisors quickly voted to prevent evictions at the start of the COVID-19 pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>One-size-fits-all solutions are not tailored to individual community needs or designed to target health disparities.</li> <li>Some communities are examining reinstating public tobacco possession policies which have potential to impact BIPOC communities.</li> </ul>	<ul style="list-style-type: none"> <li>More can be done to push conversations into actions and to examine ways to address past injustices.</li> <li>Shift away from characterizing populations as “difficult to reach” and change systems to promote trust and reduce barriers to care.</li> <li>Need to consider how we can engage people with a system they think has failed them in the past.</li> </ul>
<b>5.3.2 Ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health?</b>	0% Optimal 20% Significant <b>60% Moderate</b> 13% Minimal 7% No Activity	<ul style="list-style-type: none"> <li>Movement for smoke-free residences</li> </ul>	<ul style="list-style-type: none"> <li><i>Live Well</i> Communities focuses resources into previously underserved areas.</li> </ul>	<ul style="list-style-type: none"> <li>Mistrust among BIPOC communities because of historical injustices and mistreatment in prior research efforts (i.e., Tuskegee Syphilis Study).</li> <li>Individual community programs can feel transactional and focused on extracting data and not giving information back to the community.</li> </ul>	<ul style="list-style-type: none"> <li>Promote understanding about ways historical injustices have led to health disparities and health inequities.</li> </ul>

**Table 17. Element 5.4: Collaboration**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Public Health Services is part of the San Diego Regional Climate Collaborative.</li> <li>High level of cross-sector involvement and collaboration.</li> <li>There are opportunities to strengthen engagement with some sectors.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>5.4.1 Collaborating with all partners, including multi-sector partners, to develop and support policies, plans, and laws?</b>	31% Optimal <b>56% Significant</b> 13% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Local leadership teams promote regional cross-sector collaboration on policy efforts.</li> <li>Tobacco Control Coalition includes diverse stakeholders focused on policy efforts.</li> <li>San Diego Regional Climate Collaborative.</li> <li>Work a lot with student and youth groups, as well as Patient Advisory Groups.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple cross-sector Advisory Boards and special workgroups/committees collaborate on policy (e.g., Whole Person Care, Alzheimer's Association Research Roundtable, BHS Councils, etc.).</li> <li>Multiple sectors contributed to tobacco retail license policy in unincorporated areas.</li> <li>San Diego HIV Planning Group provides input on HIV system of care.</li> </ul>	<ul style="list-style-type: none"> <li>Depth of discussion and inclusiveness between partners during meetings; cross-sector collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>Build relationships with sectors not always at the table in collaboration efforts.</li> </ul>
<b>5.4.2 Working across partners and with the community to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans?</b>	25% Optimal <b>38% Significant</b> 31% Moderate 6% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Community health needs assessment and planning conducted every three years to examine/address health issues.</li> </ul>	<ul style="list-style-type: none"> <li>Community health needs assessment process includes survey among frontline health workers and regional perspectives.</li> </ul>	<ul style="list-style-type: none"> <li>None specified.</li> </ul>	<ul style="list-style-type: none"> <li>None specified.</li> </ul>

## Essential Public Health Service 6: Enforce Laws

Tables 18–20 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 6: Utilize legal and regulatory actions designed to improve and protect the public's health.**

**Table 18. Element 6.1: Conduct of Enforcement**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Environmental Health Department of the County is the branch of public health with a very high workload</li> <li>Hazardous Materials, Food and Housing and then Land and Water Quality Divisions - some of them look at the laws and regulations pertaining to each one of these sectors and do enforcement inspections. For example, the Community Health Division comprises several different programs including vector-borne disease surveillance and control services.</li> <li>Institute for Public Strategies focuses on upstream environmental protection by looking at the whole system and how do we work with communities.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>6.1.1 Educating and informing entities or individuals who engage in regulated activities of the law and compliance requirements?</b>	23% Optimal <b>69% Significant</b> 8% Moderate 6% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Environmental Health Department conducts inspections of restaurants and housing.</li> <li>The Tobacco Control Resource Program serves as the backbone organization for tobacco prevention and cessation efforts and includes cross-sector members.</li> <li>Regulations focused on social determinants of health such as transportation education, housing.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative partners report infectious disease outbreaks and information.</li> <li>Inspections to support restaurants in following COVID-19 protocols were ramped up quickly.</li> <li>Inspections focus on education and give the entity a chance to fix what was found. Trying to achieve compliance, not conviction.</li> <li>Tobacco prevention efforts focus on disseminating information and education regarding current laws.</li> </ul>	<ul style="list-style-type: none"> <li>Residents are not fully aware of the extent of these efforts. May also not understand purpose of regulations, particularly how supports in areas such as housing or transportation can support health.</li> </ul>	<ul style="list-style-type: none"> <li>Expand communication efforts so that communities are aware of County efforts to ensure safety.</li> <li>Increase capacity for affordable housing.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>6.1.2 Conducting enforcement activities in a transparent and consistent manner—including carrying out regular inspections and addressing complaints fairly?</b>	<b>62% Optimal</b> 23% Significant 15% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Multiple countywide forces focus on underage drinking, marijuana, and prescription drug use. Engage experts from multiple sectors, including enforcement agencies to inform and educate communities.</li> </ul>	<ul style="list-style-type: none"> <li>Focus of inspections on education and remediation is successful, as many times business owners aren't aware of current regulations and are willing to make necessary changes to stay in compliance.</li> <li>All activities are reviewed and approved by County Counsel to ensure appropriate checks and balances before any action is taken.</li> </ul>	<ul style="list-style-type: none"> <li>New marijuana use laws do not include enforcement mechanisms.</li> <li>Information is not always provided in a timely manner, so entities are not aware of the regulations they need to follow before they are inspected.</li> </ul>	<ul style="list-style-type: none"> <li>Balance enforcement priorities based on public health impacts, particularly with regard to youth tobacco and marijuana use.</li> <li>Ensure all sectors have consistent and regular enforcement.</li> <li>Increase transparency about enforcement efforts.</li> <li>Ensure enforcement is done in equitable way that addresses historical disparities and inequities.</li> </ul>

**Table 19. Element 6.2: Equitable Enforcement**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• Department of Environmental Health conducts home visiting programs with vulnerable families, a lot of education about renters' rights and immigrant rights.</li> <li>• Tobacco retail laws focus on holding retailers accountable for selling to minors as opposed to penalizing youth.</li> <li>• Public Health Strategies focus on partnerships between business associations and resident associations and community groups to address issues before they involve law enforcement.</li> <li>• State laws that aren't always known at the local level. And so we do a good bit of that education in our community and with other sectors.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>6.2.1 Ensuring that laws are equitably applied so that the public's health is protected in every community?</b>	17% Optimal <b>58% Significant</b> 17% Moderate 8% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Environmental Health conducted community needs assessment that examines data at the census-track level to identify communities that bear higher burden of environmental hazards or where there are chronic violations to address.</li> <li>• Vector control conducts public outreach campaigns focused on communities with highest levels of complaints.</li> <li>• Tobacco Retail Licensing policies.</li> </ul>	<ul style="list-style-type: none"> <li>• Field and inspection forms identify individual's preferred language to enhance communication.</li> <li>• Staff training for employee resource groups to increase capacity to work with diverse communities - focus on building trust.</li> <li>• Positive working relationships with the various Tribal nations - do a lot of outreach and information sharing.</li> </ul>	<ul style="list-style-type: none"> <li>• None specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize data to inform and identify public health issues.</li> <li>• More intentional focus on equity is needed across all partners.</li> <li>• Increase community education and awareness so that residents feel comfortable identifying issues such as unsafe working conditions, and so that small business owners and vendors are aware of the regulations they need to follow.</li> </ul>



**Table 20. Element 6.3: Laws, Regulations, Ordinances**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Many County efforts in public health and environmental health to look for ways to enhance education and inclusion of health considerations in policy.</li> <li>Multiple county coalitions are in place focused on increasing resident engagement in policy.</li> <li>Communication does not always fully explain rationale for laws and how they support health and safety.</li> <li>Addressing corporate interests can sometimes undermine public health efforts. For example, this tension is seen related to marijuana and vaping prevention efforts.</li> <li>Gaps in existing regulatory programs can make it difficult to address all public health concerns. Many existing programs are paid for by fees collected through regulatory action so as new issues emerge (i.e. the Hepatitis A outbreak), there may not be a mechanism in place to address the issue.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>6.3.1 Providing leadership, expertise, and information to the public concerning public health laws and their purpose, and using multiple communication channels to do so?</b>	25% Optimal <b>75% Significant</b> 0% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>There are multiple county listservs and websites that provide information to businesses and residents.</li> <li>Tobacco prevention educates State lawmakers about tobacco policies, the challenges, and current trends.</li> </ul>	<ul style="list-style-type: none"> <li>Home visiting program with vulnerable families provides education on renters' rights, immigration rights, and community resources.</li> </ul>	<ul style="list-style-type: none"> <li>Limited tools to support compliance (example not enough PPE for essential workers during COVID-19).</li> <li>Communication does not always fully explain rationale for laws and how they support health and safety.</li> <li>Lack of funding to support communication in multiple formats.</li> </ul>	<ul style="list-style-type: none"> <li>Emphasize making information available in more languages and in different media.</li> <li>Enhance explanations of why existing laws are there, including public health implications.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>6.3.2 Identifying local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?</b>	17% Optimal <b>42% Significant</b> 42% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Department of Environmental Health and Quality (DEHQ) regularly reviews regulatory policy to identify opportunities to address emerging issues.</li> </ul>	<ul style="list-style-type: none"> <li>San Diego County is at the forefront to push the State for evidence-based regulations.</li> <li>Health Services Advisory Board reviews gaps in health policies on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>Addressing corporate interests can sometimes undermine public health efforts. For example, this tension is seen related to marijuana and vaping prevention efforts.</li> <li>Gaps in existing regulatory programs can make it difficult to identify a mechanism to address emerging issues.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen partnerships between organization to mobilize resources and information.</li> <li>Ensure public health information is considered in DEHQ's review of regulatory policies.</li> </ul>
<b>6.3.3 Ensuring broad participation in either creating new—or changing existing—laws, regulations and ordinances, to protect and promote the public's health?</b>	17% Optimal <b>58% Significant</b> 25% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Cross-sector engagement particularly related to tobacco policy.</li> <li>Multiple county coalitions are in place focused on increasing resident engagement in policy.</li> </ul>	<ul style="list-style-type: none"> <li>DEHQ and Environmental Health Advisory Board have cross-sector participation.</li> </ul>	<ul style="list-style-type: none"> <li>None specified.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen opportunities to address health in policies related to land use and other sectors.</li> </ul>
<b>6.3.4 Including health considerations in laws from other sectors (e.g., zoning)?</b>	0% Optimal <b>63% Significant</b> 37% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>County meets with sector leaders to provide information about health considerations in laws.</li> <li>Tobacco Control Resource Program's efforts to include smoke-free policy language in the Housing Element of cities' General Plans and cessation plans in Behavioral Health.</li> </ul>	<ul style="list-style-type: none"> <li>Use of California Healthy Places Index to inform placement of COVID-19 testing sites.</li> </ul>	<ul style="list-style-type: none"> <li>None specified.</li> </ul>	<ul style="list-style-type: none"> <li>Utilize California Healthy Places Index to inform decision-making in other sectors such as zoning laws.</li> </ul>

## Essential Public Health Service 7: Link People to Care

Tables 21–24 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy.**

**Table 21. Element 7.1: Whole Person Care**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• There is not a one size fits all.</li> <li>• Lauren Brookshire: HIV services: HIV testing, link them to medical care, act as quickly as possible to be quickly virally suppressed, linking to prevention, if high risk get them to preexposure prophylaxis, getting to zero is the goal.</li> <li>• University of California San Diego: Board of Supervisors approved to oversee opioid programs, including Federally Qualified Health Centers (FQHCs) training primary care physicians on medication assistant treatment, but since Feb they haven't heard anything from the County, (needs to be followed up).</li> <li>• Moving oral health out of the silos, single biggest childhood infectious disease is dental cavities, all Medicaid patients are now required to get a fluoride varnish treatment, bring it to school, bring oral health into primary health, screen diabetes and hypertension among adults at the dentist, oral health is cavity and gum disease prevention vs. dentist which is tooth care.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>7.1.1 Connecting the population to needed health and social services that support the whole person, including preventive services?</b>	4% Optimal 43% Significant <b>50% Moderate</b> 4% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Mammograms and pap tests for residents with low income and little to no insurance or access that care - if diagnosed with breast or cervical cancer, can receive free treatment.</li> <li>• Correctional facilities provide screening for behavioral and substance abuse and care for chronic conditions, oral health, primary care services, women and prenatal services. Provides linkages to care for HIV and TB. Utilize bilingual staff.</li> <li>• Sharp Healthcare engages with social workers and with</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal for all children.</li> <li>• Telehealth has allowed for people to receive healthcare virtually.</li> <li>• Behavioral health Full Service Partnership provides wraparound services.</li> <li>• No wrong door to connect to services in any program.</li> <li>• Health Information Exchange, Community Information Exchange and 211.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't do enough to help parents to understand how to access care and set up seeing a physician, and need health literacy.</li> <li>• Access to local specialty care, especially in rural areas.</li> <li>• Transportation system (lack of) can affect access to care.</li> <li>• Not all community health centers have hours after 6pm, which makes it difficult for vulnerable populations to get the access they need - have to choose between work and health care.</li> </ul>	<ul style="list-style-type: none"> <li>• Linking parents and health literacy.</li> <li>• Systematically screen patients with social determinants of health and provide next steps.</li> <li>• Further develop a pathway of follow-up for those who screen positive on the Adverse Childhood Experience Screen.</li> <li>• Explore a streamlined method for navigating different health plans within Medi-Cal - possibly based on qualification criteria.</li> <li>• Better streamline Health Homes Program.</li> <li>• Integrate Community Information Exchange and Health Information Exchange with Electronic Health Records.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		<p>medical groups and health plans. Patients making multiple visits to Sharp Healthcare's emergency departments are connected to community organizations and social services related to patients' social determinants of health. The Community Information Exchange (CIE) is being tailored to health care settings.</p> <ul style="list-style-type: none"> <li>• Courage to Call.</li> <li>• California Children's Services.</li> <li>• Perinatal Care Network.</li> </ul>		<ul style="list-style-type: none"> <li>• Ability to systematically screen patients for social determinants of health.</li> <li>• Public health system that is not sufficiently interconnected to provide whole person care, though individual service groups are working hard toward that.</li> </ul>	
<b>7.1.2 Ensuring access to high-quality and cost-effective healthcare and social services, including behavioral and mental health services, that are culturally and linguistically appropriate?</b>	<p>0% Optimal 25% Significant <b>68% Moderate</b> 7% Minimal 0% No Activity</p>	<ul style="list-style-type: none"> <li>• Mammograms and pap tests for residents with low income and little to no insurance or access that care - if diagnosed with breast or cervical cancer, can receive free treatment.</li> <li>• Correctional facilities provide screening for behavioral and substance abuse and care for chronic conditions, oral health, primary care</li> </ul>	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't do enough to inform parents how to access care, and schedule physician appointments.</li> <li>• Hospitals and providers don't always know how to work with people with dementia.</li> <li>• Local public health system not focused on having providers who reflect the communities we serve.</li> </ul>	<ul style="list-style-type: none"> <li>• Linking parents and health literacy.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		services, OB/GYN and prenatal care. Provide linkages to care for HIV and TB. Utilize bilingual staff.			

Table 22. Element 7.2 Barriers to Care

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Rural populations, transportation, hours of business, representation, culturally linguistic</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>7.2.1 Engaging health delivery systems to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health?</b>	4% Optimal 37% Significant <b>56% Moderate</b> 4% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Starting to pay medical providers to do Adverse Childhood Experience screening.</li> </ul>	<ul style="list-style-type: none"> <li>Continued efforts with community integration - there is a large shift to how youth and family services are delivered. Services are where the people are and linkages to resources are provided.</li> <li>Successes in expanding immunization registry.</li> </ul>	<ul style="list-style-type: none"> <li>Engaging health delivery systems to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health</li> <li>Immigration status may be a barrier to care for some.</li> </ul>	<ul style="list-style-type: none"> <li>Apply the community's amazing work in response to COVID-19 pandemic across health issues so as to serve San Diego County residents more effectively.</li> <li>Opportunity to further decrease the stigma in accessing behavioral health care.</li> </ul>
<b>7.2.2 Addressing and removing barriers to care?</b>	0% Optimal 19% Significant <b>74% Moderate</b> 7% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Representation in medical workforce</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>

**Table 23. Element 7.3 Payer and Provider Relationships**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>None specified</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>7.3.1 Building relationships with payers and healthcare providers, including the sharing of data across partners to foster health and well-being?</b>	4% Optimal 12% Significant <b>54% Moderate</b> 27% Minimal 4% No Activity	<ul style="list-style-type: none"> <li>Immigrant detainees, need a secured portal, hard copy medical records are easily lost, working on web access, and hope to release in the next month or two.</li> <li>Housing data meaningfully to help patients? Matching data on a monthly basis and ready to develop integration strategies. Trust is a huge issue when integrating data across different sectors.</li> <li>For the Immunization program, over the past few years there have been increases in the immunization registry.</li> </ul>	<ul style="list-style-type: none"> <li>A lot of data is shared by the Community Health Statistics Unit.</li> </ul>	<ul style="list-style-type: none"> <li>Oral health operating in the silos.</li> <li>Immigrant detainees, need a secured portal, hard copy medical records are easily lost.</li> <li>Environmental health data is not shared across the sectors, though climate change/air pollution contributes to some of the large portion of disparities that we see.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a comprehensive health record to link people to care.</li> <li>Improve data sharing.</li> </ul>

**Table 24. Element 7.4 Healthcare Workforce****General Discussion Notes**

- None specified

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>7.4.1</b> <b>Contributing to the development of a competent healthcare workforce?</b>	0% Optimal 46% Significant <b>50% Moderate</b> 4% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Competency resource team - pushing forward with workforce education and training to engage people who are coming into the behavioral health workforce.</li> <li>• Sharp HealthCare has pipeline programs: Certified Nursing Assistant program - provides clinical work experience. SHARP places them in good positions allowing them to rise above entry level.</li> <li>• Health careers opportunity program (pipeline with high school students) to get students of color into community college and enter health and medicine careers. Hispanics Center of Excellence pipeline program focused on helping medical students and also</li> </ul>	<ul style="list-style-type: none"> <li>• Hispanic Center of Excellence funded by Health Resources and Services Administration.</li> <li>• UCSD programs to increase students/staff of color.</li> </ul>	<ul style="list-style-type: none"> <li>• San Diego State University is not allowing unpaid internships that are not in person. Internships are unpaid or limited.</li> <li>• The majority of positions are filled by people who are close to retirement, and the pipeline has not been able to keep up with the demand.</li> </ul>	<ul style="list-style-type: none"> <li>• Representation in the workforce.</li> <li>• Outreach into middle and high schools with emphasis on what these careers could look like. Increase scholarships and reduce barriers for people with diverse backgrounds to enter programs.</li> <li>• Ensure we have providers who reflect populations we serve.</li> <li>• To address stigma and increase awareness, acceptance and willingness to access and use services.</li> <li>• Realign the thinking how do we provide an academic environment that best suits the healthcare environment. It has to be both public and private and what is academically driving the preparation of students.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		<p>junior faculty of color navigate the UCSD system. UC PRIME program focuses on cultural competence and encourages medical students to go into primary care in underserved communities.</p>			



## Essential Public Health Service 8: Assure Competent Workforce

Tables 25–28 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 8: Build and support a diverse and skilled public health workforce.**

**Table 25. Element 8.1 Education and Training**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>8.1.1 Providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills?</b>	27% Optimal <b>53% Significant</b> 20% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>County is integrating core competencies for public health professionals into workforce development plan.</li> <li>Health equity to be included in the core competencies for public health professionals. Senior staff to plan training on concepts and strategies for addressing health inequities in development.</li> <li>UCSD Internal Medicine Residency Program recruits and trains physicians of color.</li> <li>Hoover and Crawford High Schools involved in FACES for the Future Coalition, referring to program based at the Public Health Institute, which seeks to mentor young people to help address healthcare shortages.</li> <li>Nurse Family Partnership and Maternal Child Health home visiting program.</li> <li>Nurse-Family Partnership working with California State University Nursing Program.</li> <li>County expanding trainings to include Mental Health First Aid, Public Health 101 Series, and others.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of diversity in the public health workforce.</li> </ul>	<ul style="list-style-type: none"> <li>Setting a tone at the top and making sure leaders are prepared for diversity and inclusion, negotiations and other interpersonal intelligence to prepare leadership and support staff.</li> <li>Fostering leadership at all levels.</li> <li>Strengthening and anticipating future workforce.</li> <li>Opportunity for more partnerships between public safety and public health departments.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>8.1.2 Incorporating public health principles in non-public health curricula</b>	13% Optimal 13% Significant <b>60% Moderate</b> 13% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Public Health 101 Series provides training across sectors.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Might be dissecting public health too much by making it part of professionals' toolkits, whether or not they go into a direct healthcare profession. Example: basic health literacy courses.</li> <li>Incorporating public health principles into non-public health curricula.</li> </ul>	<ul style="list-style-type: none"> <li>Expanded to include history of public health, health equity, etc., especially for staff members with no public health background.</li> <li>The COVID-19 pandemic highlights how public health knowledge can result in healthier individual choices. Seek opportunities to better convey key principles of public health to the community.</li> <li>Expand avenues for public health education and training for nurses.</li> </ul>

**Table 26. Element 8.2 Community Learning and Experience**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• Education is the variable. Level and consistency of education is not known. While professional guidelines are in place, actual practice may not always be congruent.</li> <li>• Licensed professions have standardized rules, yet certifications are not standardized. Furthermore, standards have also been set by each agency and can change from organization to organization.</li> <li>• Education does not always include the Essential Public Health Services of what one needs to know to be effective in the community.</li> <li>• All partners within the local public health system provide regular performance reviews.</li> <li>• Public health nurse role is not well defined overall. Different educational institutions use a variety of educational credits to meet the goals of the degree. Curriculum is undeveloped or undefined.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>8.2.1 Cultivating and building active partnerships with academia and other professional training programs and schools to assure community-relevant learning experiences for all learners?</b>	7% Optimal <b>71% Significant</b> 21% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Science, technology, engineering and mathematics (STEM) supports local children with ongoing projects, while the project itself grows knowledge to identify population health concepts.</li> <li>• Many who are trained in or studying clinical settings do not have community experience - UCSD Center for Community Health programs provide this for a large number of students from several universities and disciplines.</li> <li>• Black Infant Health Program (BIH) partnership with UCSD Pediatricians and Community Collaborating Together (PACCT)- provides residents</li> </ul>	<ul style="list-style-type: none"> <li>• Point Loma Nazarene University has a partnership with the County for Public Health Nurse Residency Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Need more wraparound system to get people of color that will affect public and population health.</li> </ul>	<ul style="list-style-type: none"> <li>• Bring public health concepts into primary and secondary education.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		with community experience outside of clinical setting. Residents do a rotation through the BIH program with home visits, community meetings and community tours to better understand the environment and patients' needs.			

**Table 27. Element 8.3 Current Workforce**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>
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<b>Performance Measures</b>	<b>Rating</b>	<b>Examples</b>	<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>
<b>8.3.1 Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility?</b>	0% Optimal 38% Significant <b>54% Moderate</b> 8% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Collaborations with academic institutions that create opportunities for medical residents to learn about delivering culturally competent health care. The residents come from California and beyond. These partnerships provide them with better understanding of the families they serve so they can properly change their approach.</li> <li>Ongoing partnerships with high schools expose them to various aspects of public health.</li> <li>Funding to train community workers, public health nurses, and community clinic staff to become certified lactation educators and increase public health resources to meet needs of community.</li> <li>Working with various nursing students and public health students across different regions, helping them have</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Frequent staff changes can add challenges - readjustments, reteaching and relearning are required with each change.</li> </ul>	<ul style="list-style-type: none"> <li>Magnify and deepen the work the County and its partners are doing to address racial and ethnic bias in the public health workforce. Training, recruiting, and hiring people from underrepresented communities will diminish the challenges of bias and increase the quality of care.</li> <li>Find innovative methods for recruiting community members from widely diverse backgrounds, and do so using culturally-appropriate communication.</li> <li>Increase outreach with community members to improve cultural humility and be better able to properly provide services. A public health perspective alone will not provide this knowledge.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
		<p>competent and interested groups of individuals/ pipelines for public health nurses.</p> <ul style="list-style-type: none"> <li>MA program with Vista Community Clinic attracts communities of color.</li> <li>Point Loma Nazarene University School of Nursing is adding preceptorship training utilizing different public health nurses across the County.</li> <li>UCSD School of Medicine residencies include summer orientation into the County, and leadership rotation during the winter. UCSD residents also complete a preceptorship with the County.</li> </ul>			
<b>8.3.2 Promoting a culture of lifelong learning in public health</b>	0% Optimal 46% Significant <b>54% Moderate</b> 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of available time to engage in the community.</li> <li>Underutilization of community organizations as resources for continued learning.</li> </ul>	<ul style="list-style-type: none"> <li>Increase community engagement to improve public health literacy, so residents can better understand what practices benefit their health.</li> <li>Provide steps that encourage lifelong learning through access to education. Promote educational resources that already are available.</li> <li>Engrain the need to practice cultural humility within educational resources rather than presenting the concept as a requirement.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>8.3.3 Fostering leadership skills at all levels?</b>	8% Optimal <b>46% Significant</b> 31% Moderate 23% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>County identifies educational and training needs and has a policy on tuition reimbursement.</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral health staff across the system need better support.</li> <li>Financing for physicians is prioritized over financing for other staff.</li> <li>Minimal opportunities for higher salaries discourage leadership growth.</li> <li>Inflexibility among health providers and partners in giving staff opportunities to attend leadership development classes (especially if it means having to adjust work hours).</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>

**Table 28. Element 8.4 Future Workforce****General Discussion Notes**

- None Specified.

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>8.4.1 Ensuring that the public health workforce is the appropriate size to meet the public's needs?</b>	0% Optimal 0% Significant <b>54% Moderate</b> 46% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• The entire public health infrastructure needs a boost of resources, and it did even before COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>• PHN Manager - COVID-19 has shown that the workforce is not enough, from infectious disease to social determinants of health PH professionals. The standards for PH professionals exist but it is likely not met.</li> <li>• Need for more competitive salaries.</li> </ul>
<b>8.4.2 Building a pipeline of future public health practitioners?</b>	0% Optimal 0% Significant <b>77% Moderate</b> 23% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Collaborating with Rady Children's Hospital-San Diego FACES for the Future program - Hoover High School – providing Public Health 101 Series to high school students.</li> </ul>	<ul style="list-style-type: none"> <li>• None Specified.</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce pipelines have not been filled. Need to know what it's like to have a strong and resilient public health workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve pipelines for public health professionals to enter this workforce.</li> </ul>



## Essential Public Health Service 9: Research and Evaluate Services

Tables 29–32 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Essential Public Health Service 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.**

**Table 29. Element 9.1: Evidence-Based Practice**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>Many State- and federally funded programs have evaluation requirements built-in.</li> <li>Even though there are a lot of evidenced-based programs, services sometimes lack ability in sharing the benefit across communities. Services see this as an opportunity to educate the community and provide them with the knowledge of evidence-based practices and promote it in the communities.</li> <li>Hypersegmentation of data and data in silos limit the ability to evaluate that data.</li> <li>Outside community-based organizations (CBOs) are limited in their work with the County due to funding requirements and high staff turnover.</li> <li>Conduct evaluation activities to look at the services and trainings and classes that are provided to measure knowledge, awareness or access to services.</li> <li>There is a need to share evidence-based practices with the community.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>9.1.1 Linking health research with public health practice?</b>	42% Optimal <b>54% Significant</b> 4% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Using existing data to improve operations.</li> <li>Partnerships with local universities and colleges on research.</li> </ul>	<ul style="list-style-type: none"> <li>Most County-funded programs include evaluation component.</li> <li>Inform own practice with existing research.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation and research priorities established by HHSA may not be in line with focus of CBOs.</li> </ul>	<ul style="list-style-type: none"> <li>Maximize flexibility of County-funded programs so that CBOs can bring their best practices forward.</li> </ul>
<b>9.1.2 Evaluating services, policies, plans and laws continuously to ensure they are contributing to health and not creating undue harm?</b>	38% Optimal <b>58% Significant</b> 4% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Pre- and post-policy observations surveys are used to evaluate policy implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership provides a strong role in ensuring evaluations are not creating harm.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based practice is seen as the gold standard with little opportunity to explore other practices and tailor to community needs.</li> </ul>	<ul style="list-style-type: none"> <li>Provide opportunities to evaluate processes, rather than solely focusing on outcomes.</li> <li>Evaluate how efforts are affecting population health in the community.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>9.1.3 Contributing to the evidence base of effective public health practice?</b>	38% Optimal <b>58% Significant</b> 4% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Physical and Occupational Therapy program recently presented at the American Academy for Cerebral Palsy and Developmental Medicine.</li> <li>Working with partners and contractors.</li> </ul>	<ul style="list-style-type: none"> <li>Sharing evaluation findings at conferences and webinars with others in the public health field and local health departments.</li> <li>Strong focus on using evidence base to inform program development.</li> </ul>	<ul style="list-style-type: none"> <li>Limitations in ability to add to or modify evidence-based practices, particularly for County-funded programs.</li> <li>Funding and resources are not always sufficient to conduct research.</li> <li>Data across programs are not collected in a single place.</li> </ul>	<ul style="list-style-type: none"> <li>Seek opportunities to contribute to evidence-based practice more proactively.</li> <li>Publish findings more widely, particularly across communities who would benefit from best practices and other insights.</li> <li>Communicate rationale for evaluation/research and share value of data across partners.</li> </ul>

**Table 30. Element 9.2: Data-Informed Decision Making****General Discussion Notes**

- Even though public health qualitative data can be difficult to collect, they are able to do a number of focus groups or include verbal feedback/discussions.
- Sometimes data outcomes and indicators are not defined well.
- Using data to inform decision-making can be political and lack transparency.
- Percentages of Optimal and Significant ratings were similar across measures; there was general agreement that the local public health system is performing well in these areas and that the overall focus on continuous quality improvement is a key element.

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>9.2.1 Using performance data to learn and to share information about the effectiveness of programs and services?</b>	<b>52% Optimal</b> 48% Significant 0% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Operational plan's key indicators utilize performance data.</li> <li>• Looking at internal practices in the evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• County has long history of using performance data to improve programs.</li> <li>• Continuous evaluation.</li> <li>• Benchmarking to measure change.</li> </ul>	<ul style="list-style-type: none"> <li>• Programs are often required to enter data into local systems due to limitations in federal data systems.</li> <li>• Unrealistic timelines to use data to inform policies or system-level changes.</li> <li>• There are inconsistencies with regard to how data are collected and reported.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance shared data systems.</li> </ul>
<b>9.2.2 Using research, evidence, practice-based insights, and other forms of information to inform decision-making?</b>	<b>48% Optimal</b> 43% Significant 9% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Used data from HIV National Strategic Plan to transform and improve practice for residents.</li> <li>• Safe Routes to School data used to inform neighborhood safety.</li> <li>• Community health needs assessment informs much of public health work.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration with external evaluators to evaluate programs.</li> <li>• Improved internal practices.</li> <li>• Strong collaboration between partners such as hospitals and Public Health Services on community health needs assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Not every qualified community member is involved in programs that distributing benefits, which might limit research findings.</li> <li>• Unrealistic timelines for looking at data to make decisions.</li> <li>• Reluctance to use unexpected or poor results.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide information to the community.</li> <li>• Need for more assessments around dental care.</li> </ul>

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>9.2.3 Valuing and using qualitative, quantitative, and lived experience as data and information to inform decision-making?</b>	39% Optimal <b>44% Significant</b> 17% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Focus groups and discussions with community.</li> <li>Using program data to inform best practices.</li> <li>Use of participatory methods such as photovoice.</li> <li>Many initiatives modeled after "Getting to Zero."</li> </ul>	<ul style="list-style-type: none"> <li>Use of mixed methods data collection.</li> <li>Strong focus on sharing data and results with community members.</li> </ul>	<ul style="list-style-type: none"> <li>Duplication of data collection efforts.</li> <li>Program duration is not always long enough to measure outcomes.</li> <li>Not all contracts allow for sufficient time to evaluate and share results.</li> <li>Historical impact of research can cause trauma and harm for community members.</li> </ul>	<ul style="list-style-type: none"> <li>None Specified.</li> </ul>

**Table 31. Element 9.3: Involving Community**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• There continues to be a strong focus on obtaining community input on programs and activities, but community members may not be actively included in all stages of research and evaluation.</li> <li>• Challenges arise in equity, because programs are paid to do the work but community members are not compensated for their time.</li> <li>• Community members may have trauma and lack of trust of research. Examples include the Tuskegee Syphilis Study and U.S. Immigration and Customs Enforcement.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>9.3.1 Establishing and using engagement and decision-making structures to work with the community on all stages of research?</b>	12% Optimal <b>52% Significant</b> 32% Moderate 4% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Resident Leadership Academies help build community capacity and decision-making.</li> <li>• Needs assessments conducted across communities and issue areas such as HIV, oral health, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on bringing data back to the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Community members are not always compensated for their contributions to evaluation and research activities.</li> <li>• External grants may be prescriptive in terms of which populations to focus on and which activities to include.</li> <li>• Communities who have been harmed by past research may not trust current efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase opportunities for community members to engage in data collection.</li> <li>• Increase transparency in how data informs decision-making.</li> <li>• Promote compensation to community members who contribute to data collection, though need to be attentive to possible bias to results.</li> <li>• Increase community trust in purpose of data collection and ensure results are shared back with target communities.</li> </ul>

**Table 32. Element 9.4: Culture of Quality**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• <i>Live Well San Diego</i> is focused on quality.</li> <li>• Public Health Accreditation process focuses on ongoing quality improvement.</li> <li>• Efforts are focused on infusing quality improvement into existing activities to reduce bureaucracy and link quality and performance data.</li> <li>• Programs are committed to fostering a culture of quality.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>9.4.1 Building and fostering a culture of quality in public health organizations and activities?</b>	<b>61% Optimal</b> 26% Significant 13% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Quality improvement program in public health.</li> <li>• Working closely with community.</li> <li>• <i>Live Well San Diego</i>, Chronic Disease Management and Whole Person Care all have strong quality improvement components.</li> </ul>	<ul style="list-style-type: none"> <li>• Public health fostered culture of quality and pursuing continuous improvement.</li> <li>• Identifying negative or less than successful outcomes early to improve early on.</li> <li>• Increasing transparency when mistakes are made.</li> <li>• Fifteen-year history of examining health data by race, age, gender, etc., to identify health disparities.</li> </ul>	<ul style="list-style-type: none"> <li>• Culture of quality improvement has not permeated all areas of Public Health Services.</li> <li>• There can sometimes be tension when there are unexpected or poor results.</li> <li>• Little engagement with communities of color in quality improvement processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to make process less bureaucratic.</li> <li>• Target communities of color to increase their health literacy and build their trust for providers.</li> <li>• Engage communities of color to define indicators of quality in public health.</li> </ul>

## Essential Public Health Service 10: Organizational Infrastructure

Tables 33–37 provide detailed notes and scores about each of the Elements and Performance Measures that make up **Build and maintain a strong organizational infrastructure for public health**

**Table 33. 10.1 Clarity in Roles of Entities Across System**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>The current pandemic has highlighted both our strengths and weaknesses. Past public health emergencies have strengthened infrastructure and clarification of roles across the system.</li> <li>Changes within departments or organizational structures can make it difficult to find the right person for the right information.</li> <li>Tools such as County Health Statistics Unit and 2-1-1 are important central sources for information and referrals.</li> <li>Incident Command System ensures quick and effective emergency response.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>10.1.1 Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g. government agencies, elected officials, and non-governmental organizations)?</b>	24% Optimal <b>57% Significant</b> 14% Moderate 5% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>Public Health 3.0 uses Collective Impact (<i>Live Well San Diego</i>) to build a stronger infrastructure.</li> <li>Incident Command System is a great example for infrastructure – includes navigation of County Fire Department, County Sheriff's Department, and hospitals to coordinate emergency response such as during recent wildfires.</li> <li>Investments during prior outbreaks such as Hepatitis A strengthened leadership protocols; as a result, pursued Kresge Foundation's Emerging Leaders in Public Health grant which provides leadership training and communication system. Those investments have helped support COVID-19 response.</li> </ul>	<ul style="list-style-type: none"> <li>Long-standing collaboration – across public and private sector and with the community – during times of crises.</li> <li>Incident Command System includes partners across sectors and ensures high level of preparedness in response to natural disasters and other emergencies. Roles have been very clearly defined to ensure quick and effective emergency response.</li> <li>Intentional effort to infuse public health considerations into city planning.</li> <li>Community Health Statistics Unit (CHSU) established to be a "one stop shop" to answer data questions.</li> <li>2-1-1 is a "one stop shop" for community partners and for residents to access services and supports.</li> </ul>	<ul style="list-style-type: none"> <li>Analysts are sometimes moved into program coordination roles, which can leave gaps in other areas.</li> <li>Staff turnover or structural changes to departments can make it challenging to know who to contact for what or how to find information and make it accessible to community partners.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to make staff reporting structure more nimble to respond to emerging needs.</li> <li>Community Health Statistics Unit navigates partners and collaborators so they can receive data – could use that model and unit structure.</li> </ul>

**Table 34. Element 10.2: Resource Management**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• Our ability to address needs in terms of roles were fulfilled temporary staff for COVID-19 response.</li> <li>• Entry-level analysts take more time because of training - pulling seasoned staff to train new staff.</li> <li>• Need to be nimble throughout HHSA and San Diego County. Need easier ways to determine what services that can be put aside to focus on the emergency.</li> <li>• Helpful to bring on temporary staff but doesn't improve management infrastructure - we don't have adequate, trained public health staff.</li> <li>• Need to utilize staff with special skills for their roles, maximizing their technical skills.</li> <li>• Need public health professionals that match our community – need diversity.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>10.2.1 Ensuring that appropriate, needed resources are allocated equitably for the public's health?</b>	9% Optimal 39% Significant <b>43%</b> <b>Moderate</b> 9% Minimal 0% No Activity  Noted moving toward significant activity.	<ul style="list-style-type: none"> <li>• Health equity metric in COVID-19 tracking and response – use of Healthy Places Index to identify communities that need resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Current push for health equity and commitment to obtaining it.</li> <li>• COVID-19 has highlighted ability to serve entire public while still learning.</li> <li>• Consistently allocate resources through equity lens.</li> </ul>	<ul style="list-style-type: none"> <li>• We have fewer epidemiologists compared to other counties our size.</li> <li>• Staff do not always reflect communities being served. Lack of representation of Black, Indigenous and people of color throughout the system.</li> <li>• Resources are often limited by allocation at the State or federal level.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to consider systemic racism when assessing health equity - continue to promote justice within social determinants of health to address root causes of health disparities.</li> </ul>
<b>10.2.2 Managing financial and human resources effectively?</b>	0% Optimal 41% Significant <b>55%</b> <b>Moderate</b> 5% Minimal 0% No Activity  Noted moving toward significant activity.	<ul style="list-style-type: none"> <li>• Within the County we have multiple groups -- mental health, general regional health promotion specialists - and have been able to pivot and manage human resources effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to hire temporary workers to respond to emerging needs such as COVID-19 contact tracing.</li> <li>• Ability to put things aside to focus on where resources are most needed.</li> <li>• Health promotion experts can be important source of information across sectors.</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers may not be utilized to the fullest extent possible.</li> <li>• "Just-in-time" staffing limits knowledge and quality across the system. Too much emphasis on running lean instead of running prepared.</li> <li>• Bringing in entry-level workers may not enhance knowledge or experience throughout the system.</li> </ul>	<ul style="list-style-type: none"> <li>• Be more nimble throughout local public health system to identify needed skills and services, particularly during public health emergencies.</li> <li>• Continue to provide training and leadership opportunities to ensure diverse workforce at all levels.</li> <li>• Continue to maximize and retain staff with specialized technical skills.</li> </ul>



**Table 35. Element 10.3: Leadership**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• High engagement across groups. Regional community leadership teams coordinate planning efforts. Organizational leaders collaborate to put needs of communities in front of individual and organizational priorities.</li> <li>• Great inclusivity of Tribal leadership.</li> <li>• CAO Helen Robbins-Meyer has been a great leader during COVID-19 pandemic.</li> <li>• Resident Leadership Academies are an important place to cultivate community-level leadership.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>10.3.1 Exhibiting effective and ethical leadership, decision-making, and governance?</b>	24% Optimal <b>48% Significant</b> 24% Moderate 0% Minimal 5% No Activity	<ul style="list-style-type: none"> <li>• Leadership training grant and communication system with cities.</li> <li>• County as a whole is dedicated to serving the public.</li> <li>• Regional leadership teams coordinate community health planning in each region.</li> <li>• Strong relationships with Tribal leadership – recognition of their sovereignty and authority.</li> </ul>	<ul style="list-style-type: none"> <li>• Strong leadership among hospitals and large and small-scale organizations to collaborate with HHSA and each other – the community's needs are placed above the individual organization's.</li> </ul>	<ul style="list-style-type: none"> <li>• None specified.</li> </ul>	<ul style="list-style-type: none"> <li>• None specified.</li> </ul>
<b>10.3.2 Being accountable, transparent, and inclusive with all partners and the community in all aspects?</b>	24% Optimal <b>48% Significant</b> 24% Moderate 0% Minimal 5% No Activity	<ul style="list-style-type: none"> <li>• Resident Leadership Academies are important ways to cultivate community-level leadership.</li> </ul>	<ul style="list-style-type: none"> <li>• High engagement across groups and regional leadership teams - great planning coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• Not enough representation among rural residents at regional meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• More resources for Resident Leadership Academy to leverage community resources to change built environment and allocation of neighborhoods resources.</li> <li>• Extend accountability, inclusivity, and transparency across all communities.</li> </ul>

**Table 36. Element 10.4: Communications**

<b>General Discussion Notes</b>	<ul style="list-style-type: none"> <li>• <i>Live Well San Diego</i> is countywide strategic planning vision and communication plan to the public. Everything is aligned to <i>Live Well San Diego</i> goals and strategies.</li> <li>• Served as important communication platform during COVID-19 response.</li> </ul>
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Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>10.4.1 Employing communications and strategic planning capacities and skills?</b>	21% Optimal <b>63% Significant</b> 16% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• <i>Live Well San Diego</i> is countywide strategic planning vision and communication plan to the public.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic planning and budget allocations are shared transparently.</li> <li>• Strong collaboration in obtaining input on strategic priorities.</li> <li>• Strong community engagement, particularly in Central Region.</li> </ul>	<ul style="list-style-type: none"> <li>• Still need a lot more input from communities of color regarding goals and ways to advance <i>Live Well San Diego</i> vision, particularly in rural communities. Virtual meetings have helped promote engagement but there is still work to be done.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to obtain community input on strategic goals and how to define success.</li> </ul>

**Table 37. Element 10.5: Information Technology****General Discussion Notes**

- Robust information technology (IT) system with multiple checks and balances to ensure security and data protection.
- Multiple community sources of data and information analysis.
- Communication system ensures robust communication between County and the cities to track and respond to public health issues such as outbreak information.

Performance Measures	Rating	Examples	Strengths	Weaknesses	Opportunities
<b>10.5.1 Having robust information technology services that are current and meet privacy and security standards?</b>	35% Optimal <b>50% Significant</b> 15% Moderate 0% Minimal 0% No Activity	<ul style="list-style-type: none"> <li>• Public Health 3.0 is a new framework in which leaders serve as Chief Health Strategists, partnering across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity.</li> <li>• San Diego Supercomputer Center at UCSD is support for analyzing social determinants of health data.</li> <li>• 211 is a national model and extensive source of community information.</li> </ul>	<ul style="list-style-type: none"> <li>• IT products in place are interoperable across other services.</li> <li>• Robust IT services, several checks and balances, processes to ensure data security among data vendors.</li> <li>• Our hospital systems have resilient, information protection.</li> <li>• Biocom integration of health technology and services.</li> <li>• Social media search engine allows HHSA to identify opportunities to target communication around COVID-19.</li> <li>• High percentage of population has access to internet/ smart phone service.</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers to sharing data still exist.</li> </ul>	<ul style="list-style-type: none"> <li>• More collaboration in the future.</li> </ul>

# Appendix B: Local Public Health System Assessment Agenda



## San Diego County 2020 Virtual Local Public Health System Assessment (LPHSA)

### Opening & Orientation: Friday, Nov 6, 2020—1:30 to 3:30 pm

Be sure you are already registered for the Opening and the link is in your Outlook Calendar; if not, go to:

<https://zoom.us/join/zoom/register/tJlIf-2srj8vHNFJNGDRrdd9OtmPozNpM>

Welcome and Setting the Virtual Stage	1:30 to 2:30
<ul style="list-style-type: none"> <li><b>Dr. Wilma Wooten</b>, Public Health Office &amp; Director, Public Health Services, HHS (1:30 to 1:35)</li> <li><b>Nick Macchione</b>, Agency Director, HHS. Temp Assignment—Director, Test, Trace, Treat Strategy (T3) (1:35 to 1:40)</li> </ul>	
Changing Times and Challenges: Moving Forward Together for a Healthy San Diego	
<ul style="list-style-type: none"> <li><b>Kaye Bender</b>, PhD, RN, FAAN, Former President and CEO, Public Health Accreditation Board (1:40 to 2:10)</li> </ul>	
Highlights of What We Have Accomplished Together	
<ul style="list-style-type: none"> <li><b>Jennifer Bransford-Koons</b>, Director, East and North County Regions. Temp Assignment—T3 Public Testing Branch Director, County of San Diego (2:10 to 2:20)</li> <li><b>Barbara Jiménez</b>, Director, Central and South Regions. Temp Assignment—Emergency Operations Center, County of San Diego (2:20 to 2:30)</li> <li><b>Chuck Matthews</b>, Director, North County Regions. Temp Assignment—Emergency Operations Center, County of San Diego (2:30 to 2:40)</li> </ul>	
Orientation to the Virtual Sessions	2:40 to 3:30
Jackie Werth, Performance Improvement Manager, PHS	
Allison Wolpoff and Courtney Huff of Harder + Company Community Research	
<ul style="list-style-type: none"> <li>Adapting this LPHSA</li> <li>What We've Learned</li> <li>How to Prepare</li> </ul>	

### Essential Service Virtual Session Schedule: Nov 6 to Nov 16

Facilitators: Allison Wolpoff, Partner, and Courtney Huff, Research Consultant,

Harder + Company Community Research

Links by Session are provided after registering at <https://www.surveymonkey.com/r/6QL5N9V>

Date	Morning (9:30 to 11:30 am)	Afternoon (1:30 to 3:30 pm)
Friday, Nov 6		Opening and Orientation
Monday, Nov 9	#2 Diagnose and Investigate	#4 Mobilize Community Partnerships
Tuesday, Nov 10	#7 Link People to Care	#5 Develop Policies and Plans
Wednesday, Nov 11	Veteran's Day: No sessions	
Thursday, Nov 12	#1 Monitor Health Status	#6 Enforce Laws
Friday, Nov 13	#9 Evaluate	#8 Assure Competent Workforce
Monday, Nov 16	#3 Inform, Educate, and Empower	
Tuesday, Nov 17		#10 Organizational Infrastructure

The Opening and Orientation was moved to the afternoon on November 6, resulting in changes to #1 Monitor Health Status. This is the final schedule.

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November 2020

Overview – Participant Preparation

## Public Health System Performance Assessment of San Diego County

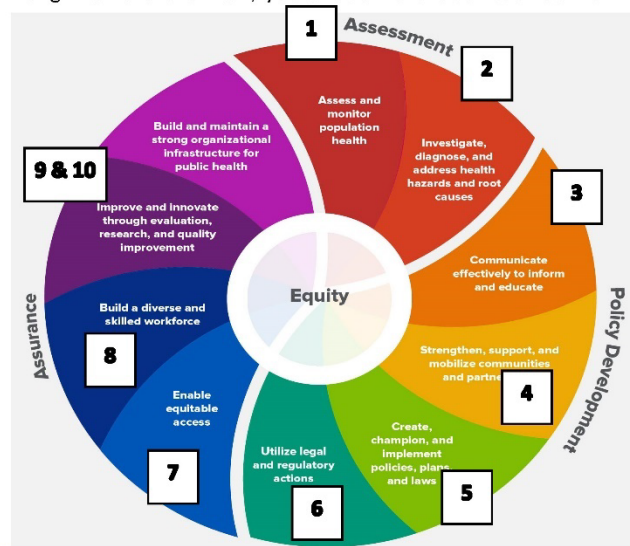
### Materials to Prepare for Virtual Sessions

### Welcome

We are very pleased that you will be participating in the Local Public Health System Assessment. The “virtual” sessions you have registered for will take place beginning November 6 through November 16. The schedule appears below. You will **receive a link prior to the session(s)** for which you registered, including a link to the **Opening Session** which everyone is asked to attend. Along with this overview, you should have also received worksheets to help you prepare.

### Background Information

Just recently, the 10 Essential Public Health Services Framework was revised to bring it in line with current and future public health practice. This new framework is what will be used to guide the virtual sessions. It is the result of a collaborative effort by the Public Health National Center for Innovations and the de Beaumont Foundation, involving experts from the Centers for Disease Control and Prevention and other federal agencies that were instrumental in establishing the original framework in 1994. To learn more about the revised 10 Essential Public Health Services, go to this [link](#) on the CDC website.



**Guiding Principles for the New Essential Public Health Services:** Equity-Driven, Transparent, Inclusive, Data-Informed/Evidence-Driven, Futuristic, Relevant.

### Schedule for Virtual Sessions

Date	Morning (9:30 to 11:30 am)	Afternoon (1:30 to 3:30 pm)
Fri, Nov 6		<b>Opening and Orientation</b> <i>*everyone asked to attend</i>
Mon, Nov 9	#2 Diagnose and Investigate	#4 Mobilize Community Partnerships
Tues, Nov 10	#7 Link People to Care	#5 Develop Policies and Plans
Wed, Nov 11	Veteran's Day: No sessions	
Thurs, Nov 12	#1 Monitor Health Status	#6 Enforce Laws
Fri, Nov 13	#9 Evaluate	#8 Assure Competent Workforce
Mon, Nov 16	#3 Inform, Educate, and Empower	
Tues, Nov 17		#10 Organizational Infrastructure





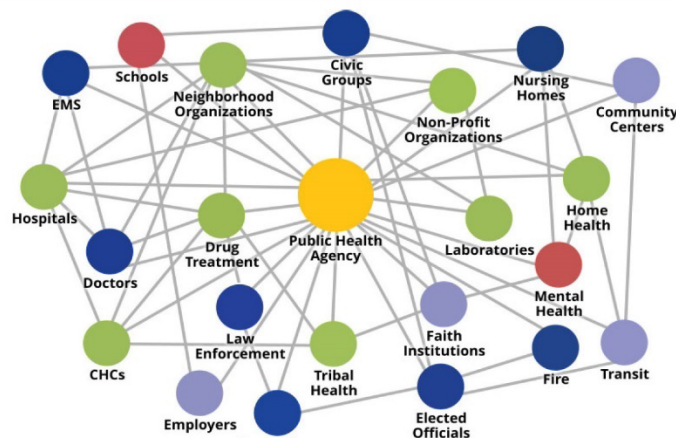
## INSTRUCTIONS for Preparing for Your Session

You will be provided a Worksheet for each Essential Services session(s) for which you registered. These questions will help to ground everyone prior to begin assessing the system's performance. **Complete the Worksheet** by making notes of practices/examples from your own organization, or practices/examples from other organizations with which you are familiar, if you believe they are consistent with the elements of these Essential Services. By thinking about these questions ahead of time, we will have a better and more inclusive discussion. Also, pay attention to what elements are included in this updated version of the Essential Service as there have been changes compared to the original framework. We realize that you may not be familiar with each topic area at this time and that is okay. And **don't forget to attend the Opening Session on Friday, November 6** where you will hear from local leaders and learn more about what to expect at your session(s).

## REMINDER!

### You Are Assessing the Entire Public Health System across San Diego County

This assessment is not only about the performance of Public Health Services within the County of San Diego. **It is an assessment of the entire local public health system (LPHS)**, defined as **"ALL public, private and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."** These systems are a network of entities with differing roles, relationships, and interactions that all contribute to the health and well-being of the community. Examples of organizations and sectors involved in the public health system include public health agencies, healthcare providers, public safety agencies, human service and charity organizations, education and youth.













November 2020

Overview – Participant Preparation

## The 10 Essential Public Health Services

The 10 Essential Public Health Services are aligned with the first ten Domains of Public Health Accreditation. On May 17, 2016, the County of San Diego was accredited by the Public Health Accreditation Board, and recognized for its commitment to a culture of improvement, being mission-driven, and strong ties to community partners who acknowledge and “own” the *Live Well San Diego* vision.

Essential Service	10 Essential Public Health Services Updated for 2020
	ES 1 - Assess and monitor population health status, factors that influence health, and community needs and assets
	ES 2 - Investigate, diagnose, and address health problems and hazards affecting the population
	ES 3 - Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
	ES 4 - Strengthen, support, and mobilize communities and partnerships to improve health
	ES 5 - Create, champion, and implement policies, plans, and laws that impact health
	ES 6 - Utilize legal and regulatory actions designed to improve and protect the public's health
	ES 7 - Assure an effective system that enables equitable access to the individual services and care needed to be healthy
	ES 8 - Build and support a diverse and skilled public health workforce
 	ES 9 and ES 10 - Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
<b>NEW: Not included in this assessment</b>	NEW ES 10 - Build and maintain a strong organizational infrastructure for public health



# Appendix C: Virtual Sessions

November 2020
Virtual Session Essential Service 1 – Participant Preparation



Service Area 1 : Monitor Health Status

### What Are the Elements of this Essential Service?

The new Essential Service #1 is “Assess and monitor population health status, factors that influence health, and community needs and assets.”

**THIS SERVICE INCLUDES:**

- **Maintaining an ongoing understanding of health** in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- **Using data and information** to determine the root causes of health disparities and inequities
- **Working with the community** to understand health status, needs, assets, key influences, and narrative
- **Collaborating and facilitating data sharing** with partners, including multi-sector partners
- **Using innovative technologies**, data collection methods, and data sets
- **Utilizing various methods and technology** to interpret and communicate data to diverse audiences
- **Analyzing and using disaggregated data** (e.g., by race) to track issues and inform equitable action
- **Engaging community members** as experts and key partners

**A DESCRIPTION**

Essential Service #1 focuses on the importance of assessing and monitoring public health and in being data-driven in what we do in public health. This service comes first for a reason because so much of what we do in public health needs to be based on what the data tell us. This Essential Service has been, and continues to be, fundamental to the role of public health. At the same time, so many aspects have evolved. We now have a greater appreciation for the need to look at the social and structural determinants of health. The importance of looking for root causes of inequities and the use of disaggregated data is reflected. Listening to, and working with, the community to collect, analyze, share and interpret data is a new imperative. Another big change is informatics. Technology and information have brought new opportunities for data collection, analysis and visualization.

*Based on a video of the September launch event for the revised 2020 Essential Public Health Services, hosted by the de Beaumont Foundation and Public Health National Center for Innovations.*

Now, Turn the Page and Take Some Notes About Your Observations to Prepare for Your Session





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## Materials

The following section provides examples of the materials provided to Local Public Health System Assessment attendees.



November 2020

Virtual Session Essential Service 1 – Participant Preparation



## Service Area 1 : Monitor Health Status

What Does *Our System in San Diego County* Look Like?

## 1.1. Data Collection, Monitoring and Analysis for Action

	Write down any current local practices, programs, policies that your organization is either a contributor to, or you are aware of:
1.1.1 Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health?	
1.1.2 Identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations?	
1.1.3 Use data and information to determine the root causes of health disparities and inequities?	
1.1.4. Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action?	



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November 2020

Virtual Session Essential Service 1 – Participant Preparation



## Service Area 1 : Monitor Health Status

What Does *Our System in San Diego County* Look Like?

## 1.2. Community Voice and Collaboration

	Write down any current local practices, programs, policies that you are either a contributor to, or aware of:
1.2.1. Work with the community to understand health status, needs, assets, key influences, and narrative?	
1.2.2 Collaborate and facilitate data, sharing with partners, including multisector, partners?	
1.2.3. Engage community members as experts and key partners?	



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November 2020

Virtual Session Essential Service 1 – Participant Preparation



Service Area 1 : Monitor Health Status

What Does *Our* System in *San Diego County* Look Like?

1.3. Technology and innovation

	Write down any current local practices, programs, policies that you are either a contributor to, or aware of:
1.3.1 Use innovative technologies, data collection methods, and data sets?	
1.3.2 Utilize various methods and technology to interpret and communicate data to diverse audiences?	



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