

San Joaquin County Public Health Services

5-Year Strategic Plan Report
2023-2027



April 2023, Prepared by:



Table of Contents

- Letter From The Director And Health Officer..... 1
- I Strategic Plan Overview 2
- II Strategic Plan Summary..... 3
- III About San Joaquin County 6
 - a. Demographic Profile of the Community Served 6
 - b. Hospitalizations & Leading Causes of Death in San Joaquin County 8
- IV About PHS 9
- V PHS Health Equity Approach 10
 - a. Priority Neighborhoods 11
- VI SJC CHIP 11
- VII PHS Vision, Mission And Values 12
- VIII Strategic Planning Process 12
- IX Monitoring Strategic Plan Implementation 13
- X Strategic Plan Matrices 14

Letter From The Director And Health Officer

We enthusiastically present the San Joaquin County Public Health Services' Strategic Plan for 2023-2027. This plan describes the vision, mission, values, strategic goals and objectives that drive action on our commitment to help ensure conditions where all San Joaquin County communities can be healthy, safe, equitable and thriving. This plan also reflects our commitment to public accountability and effective community engagement. We look forward to implementing the Strategic Plan strategies and invite partners - County agencies, community organizations and community members - to actively collaborate with us to maximize progress on achieving our goals.

The Strategic Plan encompasses strategies that have the greatest impact on improving health and wellness for all San Joaquin County residents and particularly community members experiencing health inequities. The Plan is aimed at creating integrated approaches to disease and injury prevention and overall health and wellbeing to maximize efficiency and effectiveness, while expanding and enhancing our role in our communities and our relationships with partner agencies and organizations.

Health equity is infused throughout the Strategic Plan and Advancing Health Equity is also a strategic goal area to highlight specific actions to address health equity. Four other goal areas included in the plan are: Promote Health and Positive Impact, Data and Assessments to Measure Health Impact, Emergency Preparedness, and Workforce, Management and Organizational Culture.

We share our sincere gratitude to all partners, within and outside of Public Health Services, who assisted with the strategic planning process and who work with us every day to improve the health and wellbeing of our community. Your efforts are greatly valued and appreciated.



Matt Garber, JD
Interim PHS Director



Maggie Park, MD
Public Health Officer

I Strategic Plan Overview

This five-year Public Health Services (PHS) Strategic Plan (2023-2027) for San Joaquin County (SJC) leverages existing resources and initiatives and identifies key strategies and objectives for 5 strategic goal areas, which encompass core public health functions. The Strategic Plan includes strategies to: 1) advance health equity, 2) promote health and positive impact, 3) measure impact through data and assessments, 4) contribute to County emergency preparedness, and 5) improve day-to-day work through enhancing workforce, management and PHS organizational culture. The plan identifies specific areas where strategies will be linked to and outcomes measured by the PHS Performance Management (PM) System as well as the PHS's role contributing to operationalizing the Community Health Improvement Plan (CHIP) for SJC. Completing the Strategic Plan is an important component of maintaining PHS's national Public Health Accreditation.

A health equity approach is infused into the PHS Strategic Plan by integrating strategies and activities that address the root causes of poor health, including social, economic and physical/structural conditions that impact health.

Through the Strategic Plan, PHS builds on past experience to deepen and scale its work to promote good health for all residents, particularly communities with the heaviest burden of disease. The Strategic Plan will be reviewed and refined periodically to assess progress and capture emerging opportunities.

The PHS Framework (Figure 1) illustrates how the Goal Areas in the Strategic Plan are guided by the PHS Mission and Vision and based on the PHS Values. The model presents a comprehensive approach to progressing toward the PHS Vision.

Figure 1. PHS Framework



The strategic planning process was conducted from December 2021 through the first half of 2023, in partnership with consultants MaxPotentials and Ad Lucem Consulting.

II Strategic Plan Summary

This summary highlights the strategic goal areas, strategies and SMARTIE objectives contained in the 5-year SJC PHS Strategic Plan. SMARTIE objectives are specific, measurable, actionable, relevant, time-based, inclusive and equitable.



Strategic Goal 1: Advance Health Equity

Strategies	SMARTIE Objectives
1. Use the PHS Health Equity Action Plan to guide PHS programs and services in promoting racial and health equity.	By June 30, 2027, PHS will have implemented a Health Equity Action Plan as evidenced by PHS programs' adopted strategies prioritizing inclusion and promoting equitable health outcomes within priority population groups.
2. Expand PHS programs/services in Priority Neighborhoods with poor health outcomes (as identified in the CHNA/CHIP).	By June 30, 2027, PHS, in collaboration with County agency and community organization partners, will implement and document progress on at least one of the 2022-2026 SJC CHIP strategies, addressing physical and mental health in the Priority Neighborhoods and other SJC diverse population groups experiencing health disparities.



Strategic Goal 2: Promote Health and Positive Impact

Strategies	SMARTIE Objectives
1. PHS programs continually develop and refine programs/services to address priority health needs and increase reach, guided by the PHS Health Equity Plan and Evaluation Guidelines.	By June 30, 2027, PHS programs will have documented how reach increases from 2023-2027 in the Priority Neighborhoods and other communities at risk for inequities by using data and evaluation findings to guide deployment of resources.
2. Strengthen and expand strategic external marketing and communications to raise PHS visibility and influence and ensure transparency.	By June 30, 2027, information on PHS programs and services is accessible, transparent, and employs culturally aligned communications that advance health equity and inclusion.

<p>3. Facilitate engagement and collaboration in creating conditions for health and wellness.</p>	<p>By June 30, 2027, PHS will have documentation describing how at least 6-8 collaborations with community members, partner agencies and community organizations serving the Priority Neighborhoods and other SJC diverse population groups experiencing health disparities are improving community conditions for health and wellness and reducing inequities.</p>
---	---



Strategic Goal 3: Data and Assessments to Measure Health Impact

Strategies	SMARTIE Objectives
<p>1. Continually collect, analyze and disseminate San Joaquin County health data.</p>	<p>By June 30, 2024, 75% of data reports located on the PHS website will transition to an interactive public dashboard, focused on disparities and inequities, that can be easily understood by stakeholders including community members.</p>
<p>2. Implement the PHS Performance Management system to measure PHS outcomes/impact and identify areas for enhancement.</p>	<p>By June 30, 2027, 100% of PHS programs will have a PM measure that aligns with CHNA indicators to address health equity in SJC.</p>
<p>3. Enhance PHS internal data management systems.</p>	<p>By June 30, 2024, a gap analysis will be performed on 75% of PHS data systems to determine if they manage data that are inclusive and describe inequities to be addressed.</p>



Strategic Goal 4: Emergency Preparedness

Strategies	SMARTIE Objectives
<p>1. Sustain and strengthen systems to ensure SJC communities are ready and resilient to respond to public health emergencies and disasters.</p>	<p>By June 30, 2027, PHS will have integrated emergency preparedness strategies into PHS programs to support emergency response for diverse SJC communities (language, abilities, etc.) and to facilitate continued service delivery under adverse conditions.</p>



Strategic Goal 5: Workforce, Management and Organizational Culture

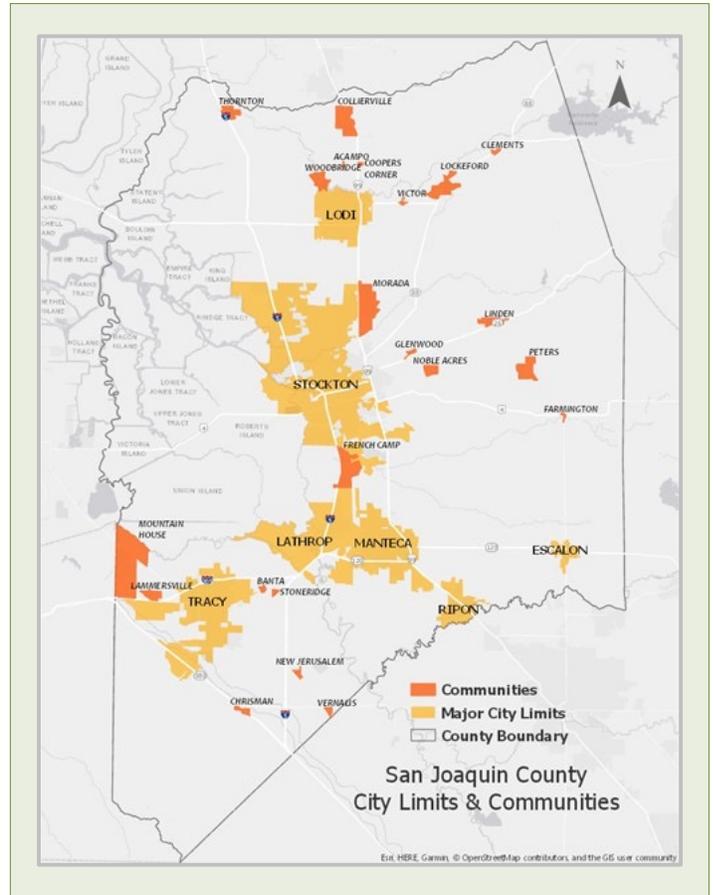
Strategies	SMARTIE Objectives
1. Use equitable and inclusive hiring and retention practices in building a strong, representative PHS workforce.	By June 30, 2027, PHS will document implementation of equitable and inclusive practices to 1) attract diverse, capable community members to become PHS employees and 2) retain those employees.
2. Sustain a PHS culture that supports employee success, engagement and empowerment.	By June 30, 2025, the proportion of staff identifying PHS as a workplace that supports employee success, engagement and empowerment will have increased as evidenced by staff survey results.
3. Review PHS policies, systems and practices to ensure they address employee health and wellness.	By June 30, 2027, PHS will have documentation of implementing 2-3 new or improved culturally competent and inclusive activities annually addressing staff health and wellness.
4. Sustain and enhance a comprehensive system for employee training and professional development per the PHS Workforce Development Plan.	By June 30, 2027, expand and maintain staff training opportunities, integrating health equity and meeting professional development standards as set forth in the PHS Workforce Development Plan.
5. Improve internal PHS communications to ensure respect and transparency.	By June 30, 2027, execute internal PHS communication strategies that are transparent, reflective of employee needs, and accessible to all staff.
6. Strengthen collaboration and coordination among PHS programs to provide seamless services.	By June 30, 2025, PHS Performance Management System will include measures of PHS program collaboration.

III About San Joaquin County

Among the fastest growing counties in California, San Joaquin is mostly rural, with one large urban core (Stockton) and several smaller cities (Tracy, Manteca, Lodi, Lathrop, Ripon and Escalon) as well as many ranching and farming communities (Figure 2). The County’s diverse population is primarily Hispanic and White, with substantial Asian and African American populations. While noteworthy progress has been made, a number of health disparities and economic/ social inequities are experienced by county residents of color.

SJC’s growth brings opportunities and challenges. Some neighborhoods have links to well-paying jobs in nearby counties, while residents in other neighborhoods struggle to find local living wage jobs and cope with high crime rates. As described in the SJC 2022 Community Health Needs Assessment, SJC residents are more likely to be enrolled in Medi-Cal or other public insurance, which is beneficial but related to overall poverty. People of color, especially Latinx children and adults, are the most likely to be uninsured. A health care provider shortage within the county can lead to poor health outcomes and community members experience a number of disease related challenges and health disparities.

Figure 2: San Joaquin County Map



a. Demographic Profile of the Community Served

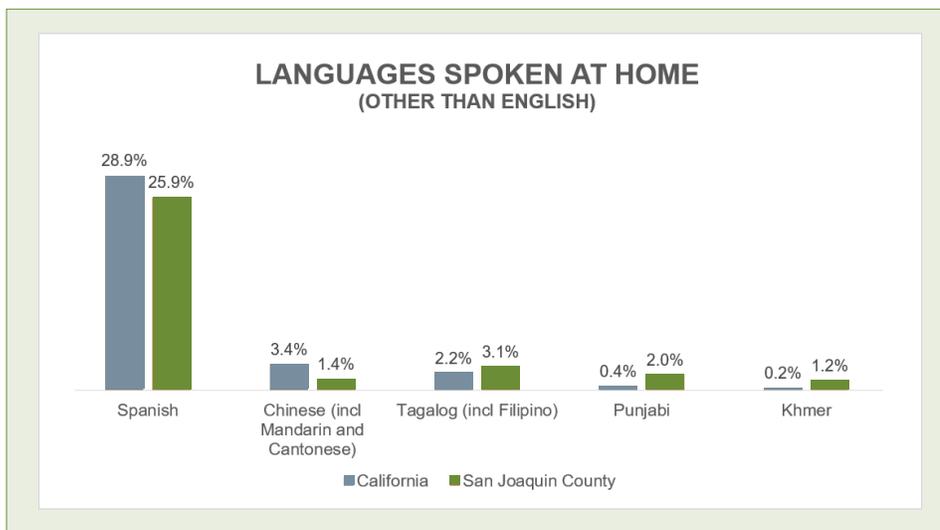
Nearly 15% of SJC residents live in poverty and SJC resident educational attainment is much lower than California residents; only 18.8% of County residents aged 25 and older have a bachelor’s degree or higher, compared to 33.9% of Californians aged 25 and older that have a bachelor’s degree or higher (Table 1). A quarter of SJC’s residents are foreign-born and many residents speak languages other than English at home (Figure 3).

Table 1. Demographic Profile - San Joaquin County

Race/ethnicity	
Total Population	742,603
Asian	15.2%
Black/African American	6.7%
Latinx	41.4%
Native American/Alaska Native	0.2%
Pacific Islander/Native Hawaiian	0.5%
Multiple races	3.9%
White	31.9%
Socioeconomic Data	
Living in poverty (<100% Federal poverty level)	14.5%
Children in poverty	16.6%
Older adults (ages 65+) in poverty	9.9%
Employed (ages 20-64 years)	52.6%
Insured (ages 19-64 years)	90.5%
Adults with no high school diploma	20.7%
Bachelor's Education or higher	18.8%

Source: US Census, 2019

Figure 3. Languages Spoken at Home (California and San Joaquin County)



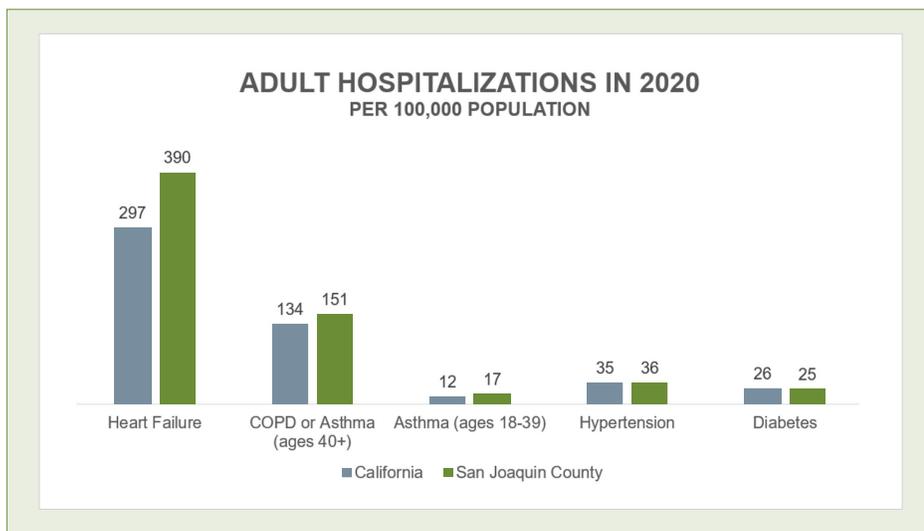
Source: US Census Bureau, ACS 2017

b. Hospitalizations and Leading Causes of Death in San Joaquin County

SJC had higher (risk-adjusted) rates of adult hospitalization for heart failure, COPD/asthma (ages 40+), asthma (ages 18-39) and hypertension in 2020 than California overall (Figure 4). Many of these hospitalizations could potentially be avoidable through access to high-quality outpatient care.

The top five causes of death are heart disease, cancer, COVID-19, stroke and lung disease (Table 2). According to 2021 County Health Profiles, out of 58 counties, SJC had the 14th highest death rate from diabetes, 26th highest coronary heart disease death rate, and the 5th highest stroke death rate in the state. The top five causes of death differ by race/ethnicity. Heart disease and cancer are among the top five causes of death for all racial/ethnic groups; diabetes is among the top five causes of death for Asian and Native Hawaiian/Pacific Islander residents, and unintentional injuries appears in the top five causes of death for Black/African American, Latinx (Hispanic), Native Hawaiian/Pacific Islander and multiethnic residents. COVID-19 was the number one cause of death for Asian and Latinx (Hispanic) residents.

Figure 4. Adult Hospitalizations (California and San Joaquin County)



Source: CA Health and Human Services Open Data Portal

Table 2. Top Five Causes of Death – San Joaquin County*

Leading Causes of Death	County	Asian	Black	Hispanic	American Indian Alaska Native	Native Hawaiian Pacific Islander	White	Multiple Races	Other Unknown
1	Heart Disease	COVID-19	Heart Disease	COVID-19	Cancer	Cancer	Heart Disease	Heart Disease	Cancer
2	Cancer	Cancer	Cancer	Cancer	Heart Disease	Heart Disease	Cancer	Cancer	Heart Disease
3	COVID-19	Heart Disease	COVID-19	Heart Disease	Stroke	Stroke	COVID-19	COVID-19	Deaths of Despair
4	Stroke	Stroke	Unintentional Injuries	Unintentional Injuries	Deaths of Despair	Diabetes	Lung Disease	Motor Vehicle Traffic Crashes	Diabetes
5	Lung Disease	Diabetes	Stroke	Deaths of Despair	Lung Disease	Unintentional Injuries	Stroke	Unintentional Injuries	Unintentional Injuries

Source: San Joaquin County Public Health Services

*The death data is a 5-yr average, age-adjusted rate, 2016-2020 except for COVID. COVID is only 1 year, 2020.

IV ABOUT PHS

PHS provides a broad array of programs and services to protect and promote the health and wellbeing of County residents. The multi-disciplinary professional workforce reflects the broad diversity of the County’s population. PHS’s programs and services are organized into the following areas:

-  **Clinical Services or Links with Care:** California Children’s Services, Medical Therapies for Children, Child Health and Disability Prevention, Foster Care Nursing Services, Childhood Lead Poisoning Prevention, and Whole Person Care Program
-  **Disease Control and Prevention:** Acute communicable diseases, sexually transmitted diseases, and tuberculosis
-  **Emerging Diseases Program:** Collaborations with community partners and county agencies, to prepare and respond to emerging/re-emerging disease outbreaks and public health emergencies
-  **Health Promotion, Chronic Disease, and Injury Prevention:** Tobacco control, child passenger safety, pedestrian and bike safety, heart disease and diabetes prevention, nutrition education and promotion of physical activity, senior wellness, oral health, and prevention of opioid abuse
-  **Maternal, Child, Adolescent and Family Health:** Black Infant Health, Perinatal Equity Initiative, home visiting, and WIC
-  **Support Services:** Laboratory, epidemiology, public information/communications, emergency preparedness, Information Technology (IT), issuing birth and death certificates

V PHS Health Equity Approach

Health equity is a state in which every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of socioeconomic or environmental conditions or policies. Individual and community health is linked to geography-based conditions that tend to concentrate resources and opportunities for healthful living in some places while bypassing others. Life span is foreshortened by 20+ years in the most impoverished neighborhoods throughout SJC.

Research has shown that racial and ethnic minority groups experience higher rates of illness and death due to a variety of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease. Examining population and community data by race/ethnicity is the first step to identify racial disparities and address how to close the gaps.

Addressing health disparities and inequities is a guiding PHS priority. PHS programs and services use a health equity approach and PHS works with partner agencies and organizations across multiple sectors to improve the social, economic and physical conditions that impact health. PHS's Resilient Community Advisory Committee (RCAC), created in 2020, brings together community partners who serve the most vulnerable populations throughout SJC. Using a collective action approach, the RCAC meets monthly to engage community partners and members in developing health messages for the community, establishing community outreach and disease mitigation activities, and gathering feedback on planned activities.

Example SJC racial health disparities

Black SJC residents have the highest rates of hospitalization for cardiovascular disease and are 40% more likely to be admitted for heart disease and almost 70% more likely to be admitted for stroke than White residents.

Source: San Joaquin County 2022 Community Health Needs Assessment

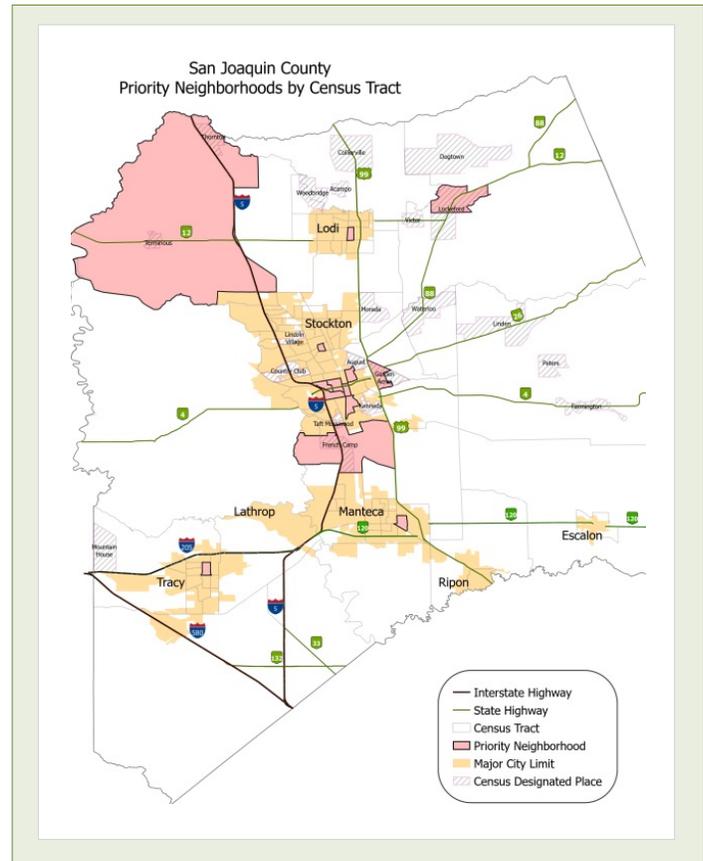
“The first thing I think of is social economic factors, pollution, higher mortality rate. Those living below federal poverty level.”

~ SJC COMMUNITY MEMBER

a. Priority Neighborhoods

The 2022 SJC Community Health Needs Assessment (CHNA) identifies 14 Priority Neighborhoods. These communities (Figure 5) experience disproportionately poor health outcomes across multiple health needs due to a variety of contributing factors and social determinants of health. Residents of the Priority Neighborhoods are primarily non-white, low income and lack access to a variety of services. The Priority neighborhoods are the focus of the SJC Community Health Improvement Plan (CHIP) and the PHS Strategic Plan indicates a number of approaches in the Priority Neighborhoods to reduce health disparities and advance health equity for the County's diverse racial/ethnic populations at highest risk for poor health.

Figure 5. Map of 14 Priority Neighborhoods



VI SJC CHIP

Building on the 2022 CHNA, SJC created its CHIP with an approach aimed at achieving maximum collective impact. The CHIP focuses on two prioritized health needs and presents a select list of key strategies aimed at working at the intersection of these needs. CHIP strategies will be implemented jointly by multiple collaborators. Public agencies, hospital/health care systems, and community organizations will be encouraged to coordinate and target resources in the Priority Neighborhoods identified in the CHNA. See the Strategic Plan Matrices for PHS strategies related to the CHIP.

CHIP Health Needs:

- Chronic Disease/Healthy Eating, Active Living (HEAL)
- Mental/Behavioral Health (including substance use)

Goal: Make parks in priority neighborhoods appealing and easy to use to create equitable and safe opportunities to improve physical, mental and community well being

VII PHS Vision, Mission And Values

VISION: All San Joaquin County communities are healthy, safe, equitable, and thriving.

MISSION:

Protect, promote, and improve health and the conditions that impact well-being for all in San Joaquin County.

VALUES:

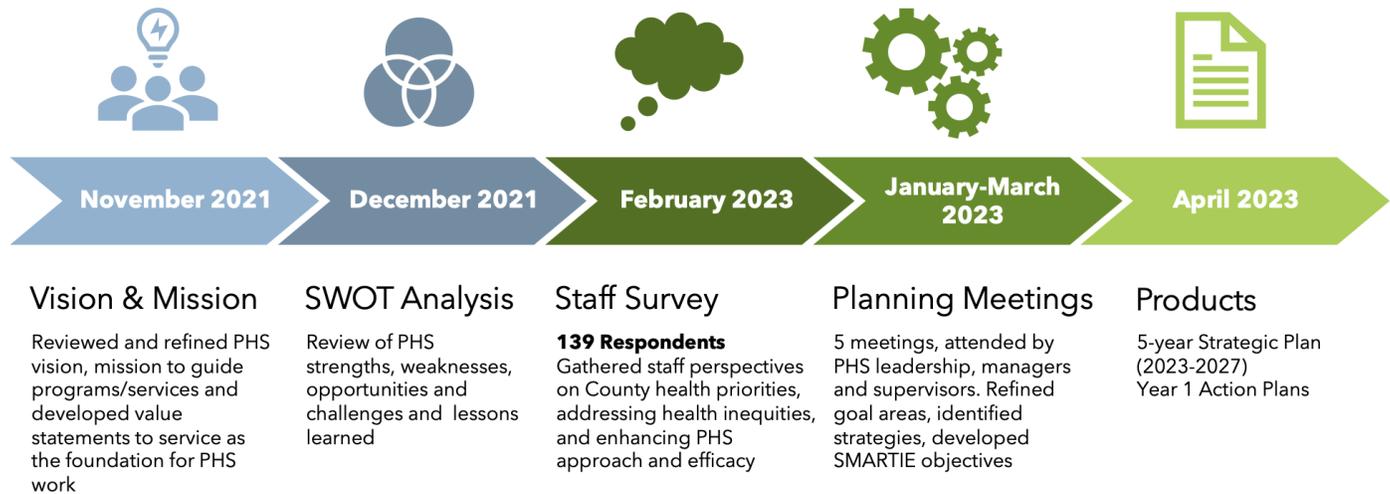
Collaboration	We develop, nurture, and leverage partnerships with community organizations, key stakeholders, and community members who all have a critical role in achieving health equity
Compassion	We treat each other and those we serve with kindness and empathy.
Diversity, Equity and Inclusion	We honor diversity and inclusion; we strive to foster policies and programs that address injustices and structural inequities to reduce health disparities.
Evidence-based	We look to best practices with evidence that demonstrates effectiveness; we also explore promising practices that come from testing new ideas and approaches.
Teamwork	We combine our skills and talents to provide quality programs and services that meet the needs and exceed the expectations of the communities that we serve.
Service	We provide exceptional service with professionalism and respect.
Respect	We model the way to ensure that all Individuals are treated with fairness, respect, and dignity in a culturally and linguistically appropriate way.

VIII Strategic Planning Process

To ensure that the Strategic Plan accurately incorporated the full spectrum of perspectives and lessons learned, all members of the PHS management and supervisory team had the opportunity to participate in the strategic planning process (Figure 6). MaxPotentials facilitated meetings in 2021/2022 in person and virtually to conduct a SWOT analysis and refine the PHS mission, vision and values. From January through March 2023, Ad Lucem Consulting worked with PHS to conduct a staff survey and series of five virtual meetings with PHS managers and supervisors that completed development of the Strategic Plan. The draft Strategic Plan was shared with Miguel Villapudua, member of the SJC Board of Supervisors, for review and to initiate discussion on partnership for making progress on the Strategic Plan objectives.

PHS experienced many challenges as well as opportunities to learn and develop as an organization during the COVID-19 pandemic, all while maintaining ongoing programs and instituting many new COVID-19 related efforts. The Strategic Plan builds on these learnings and addresses SJC needs that became apparent during the pandemic.

Figure 6. PHS Strategic Planning Process



IX Monitoring Strategic Plan Implementation

PHS leadership, managers/supervisors and staff will engage in Strategic Plan implementation and monitoring through the following activities:

-  Managers/supervisors will discuss the Strategic Plan and annual Action Plans at staff meetings to orient staff members to SMARTIE objectives and the strategies to achieve the objectives.
-  As indicated in the Strategic Plan, performance management indicators will be developed and tracked to capture progress on Strategic Plan strategies.
-  Every six months, PHS leadership will provide managers/supervisors with a template for reporting progress on the strategies and actions specified in the Strategic Plan and Action Plans.
-  Annually, the managers/supervisors will review the Strategic Plan and create a new annual Action Plan for each strategic goal area. Action Plans will build on progress made during previous years and identify specific actions that should be continued, or new actions needed to achieve the SMARTIE objectives.

X Strategic Plan Matrices

The Strategic Plan is organized into five Strategic Goal areas. Each area includes a set of SMARTIE objectives and the strategies that will be implemented to achieve the objectives. SMARTIE objectives are specific, measurable, actionable, relevant, time-based, inclusive and equitable.

 STRATEGIC GOAL 1: ADVANCE HEALTH EQUITY	
Strategies 2023 - 2027	SMARTIE/SMART Objectives
<ol style="list-style-type: none"> 1. Use the PHS Health Equity Action Plan to guide PHS programs and services in promoting racial and health equity. <ol style="list-style-type: none"> a. Enhance PHS policies/systems/practices to address equity. b. Improve PHS equity focused data collection, analytic capacity, evaluation and reporting to be more inclusive. c. Use data to drive ongoing formulation of health equity goals and approaches for PHS programs/services. d. Co-create equity focused public health strategies with communities to ensure PHS programs/services are designed to reduce health disparities and meet the needs of diverse population groups (language, ethnicity/race, age, gender identification, sexual orientation, abilities, belief systems). e. Strengthen community capacity to lead equity focused work by supporting partner organizations' ability to attract funding and grow programs. f. Sustain and increase participation in internal and external groups working on health equity, social determinants of health, and mental/behavioral health for underserved and marginalized populations. g. Expand and maintain equity-centered trainings for PHS staff that provide guidance on applying an equity approach to everyday interactions. 2. Expand PHS programs/services in Priority Neighborhoods with poor health outcomes (as identified in the CHNA/CHIP). <ol style="list-style-type: none"> a. Strengthen collaboration with trusted community organizations and stakeholders working in the Priority Neighborhoods to address health disparities, including supporting CHIP implementation. b. Evaluate impact of CHIP activities and PHS programs/services to assess equity and outcomes in Priority Neighborhoods. 	<ol style="list-style-type: none"> 1. By June 30, 2027, PHS will have implemented a Health Equity Action Plan as evidenced by PHS programs' adopted strategies prioritizing inclusion and promoting equitable health outcomes within priority population groups. 2. By June 30, 2027, PHS, in collaboration with County agency and community organization partners, will implement and document progress on at least one of the 2022-2026 SJC CHIP strategies, addressing physical and mental health in the Priority Neighborhoods and other SJC diverse population groups experiencing health disparities.



STRATEGIC GOAL 2: PROMOTE HEALTH AND POSITIVE IMPACT

Strategies 2023 - 2027	SMARTIE/SMART Objectives
<ol style="list-style-type: none"> 1. PHS programs continually develop and refine programs/services to address priority health needs and increase reach, guided by the PHS Health Equity Plan and Evaluation Guidelines. <ol style="list-style-type: none"> a. Expand reach of PHS programs/services to San Joaquin County underserved communities, particularly in Priority Neighborhoods and in unincorporated areas of the County and other communities at risk for inequities and specific health disparities. 2. Strengthen and expand strategic external marketing and communications to raise PHS visibility and influence and ensure transparency. <ol style="list-style-type: none"> a. Expand communication on PHS roles, responsibilities, accomplishments and available programs/services to community members, stakeholders and leaders, using culturally appropriate approaches. <ol style="list-style-type: none"> i. Build trust for public health information and data and increase uptake of services. ii. Develop clear, concise and consistent messaging to convey PHS mission/vision and position PHS as the leading trusted source in the County for health data/information. iii. Refine communications strategies to employ proactive rather than reactive communications. iv. All PHS programs share PHS messaging, in addition to program specific messages, with clients and partners. b. Improve and regularly update PHS website, social media and other communications channels to communicate accurate, easily accessible information, including data and programs/services. c. Include communications in performance management to continually assess marketing and communication strategy results to improve effectiveness. 3. Facilitate engagement and collaboration in creating conditions for health and wellness. <ol style="list-style-type: none"> a. Utilize network of Community Health Workers (CHW) to strengthen/ expand public health efforts to educate community members in Priority Neighborhoods on maximizing health and wellness, including action at individual and community levels. b. Continue supporting community members' involvement in program planning and action for changing community conditions to improve health, including implementation of CHIP strategies in the Priority Neighborhoods c. Maintain and expand close working relationships with partner agencies, community organizations and stakeholders. <ol style="list-style-type: none"> i. Work with collaborators to define roles and jointly act on solutions to priority health needs, including strategies for funding to sustain outcomes. ii. Continue participation in County task forces and coalitions to build PHS leadership/partnership with a variety of County stakeholders. 	<ol style="list-style-type: none"> 1. By June 30, 2027, PHS programs will have documented how reach increases from 2023-2027 in the Priority Neighborhoods and other communities at risk for inequities by using data and evaluation findings to guide deployment of resources. 2. By June 30, 2027, information on PHS programs and services is accessible, transparent, and employs culturally aligned communications that advance health equity and inclusion. 3. By June 30, 2027, PHS will have documentation describing how at least 6-8 collaborations with community members, partner agencies and community organizations serving the Priority Neighborhoods and other SJC diverse population groups experiencing health disparities are improving community conditions for health and wellness and reducing inequities.



STRATEGIC GOAL 3: DATA AND ASSESSMENTS TO MEASURE HEALTH IMPACT

Strategies 2023 - 2027	SMARTIE/SMART Objectives
<ol style="list-style-type: none"> 1. Continually collect, analyze and disseminate San Joaquin County health data. <ol style="list-style-type: none"> a. Utilize public health informatics, including data dashboards, to monitor local population health trends and emerging patterns of diseases to inform real-time response. b. Expand public health data sharing (in understandable formats and language, including the PHS Annual Report) with County agencies, community organizations, stakeholders and community members. <ol style="list-style-type: none"> i. Increase awareness of health disparities and inequities. ii. Guide long-term County wide planning with agency and other partners. iii. Continue providing health indicator data for the CHNA and CHIP. c. Broaden the use of data science techniques, including predictive modeling, for improved PHS outreach to and preparedness for vulnerable populations. 2. Implement the PHS Performance Management system to measure PHS outcomes/impact and identify areas for enhancement. <ol style="list-style-type: none"> a. Continue to refine indicators to include population based metrics, address health equity and align with CHNA priority health needs and the CHIP. b. Continue implementing the PHS QI plan to facilitate improvements in program/service efficiency, effectiveness, performance and accountability guided by outcome measures. c. Train PHS programs to utilize PHS Evaluation Guidelines to drive their work. 3. Enhance PHS internal data management systems. <ol style="list-style-type: none"> a. Implement systems for sharing data across/within PHS programs. b. Identify and address gaps in data systems and data collection methodologies. c. Invest in modernizing information technology infrastructure to foster data sharing, exchange, and use across systems. d. Establish and maintain a PHS data warehouse to serve as a central repository of health data collection and analysis to support proposal development, decision making, quality assurance, forecasting and reporting. 	<ol style="list-style-type: none"> 1. By June 30, 2024, 75% of data reports located on the PHS website will transition to an interactive public dashboard, focused on disparities and inequities, that can be easily understood by stakeholders including community members. 2. By June 30, 2027, 100% of PHS programs will have a PM measure that aligns with CHNA indicators to address health equity in SJC. 3. By June 30, 2024, a gap analysis will be performed on 75% of PHS data systems to determine if they manage data that are inclusive and describe inequities to be addressed.



STRATEGIC GOAL 4: EMERGENCY PREPAREDNESS

Strategies 2023 - 2027	SMARTIE/SMART Objectives
<ol style="list-style-type: none"> 1. Sustain and strengthen systems to ensure SJC communities are ready and resilient to respond to public health emergencies and disasters. <ol style="list-style-type: none"> a. Maintain and contribute to situational awareness with County agencies, community organizations and County residents to facilitate collaboration to address community needs during emergencies. <ol style="list-style-type: none"> i. Ensure emergency communications are accessible to diverse communities (language, abilities, etc.) b. Contribute to emergency preparedness through implementing After Action Reports/Improvement Plans by incorporating lessons learned into PHS emergency response plans. <ol style="list-style-type: none"> i. Collaborate with County stakeholders to update County emergency response plans and define PHS role in emergencies. c. Integrate Emergency Preparedness into all PHS programs to effectively respond to public health emergencies. d. Support community organization partners' capacity to engage in emergency response and continue service delivery under adverse conditions and during emergency recovery. <ol style="list-style-type: none"> i. Empower community organizations to collaborate with County agencies to address needs during emergencies. 	<ol style="list-style-type: none"> 1. By June 30, 2027, PHS will have integrated emergency preparedness strategies into PHS programs to support emergency response for diverse SJC communities (language, abilities, etc.) and to facilitate continued service delivery under adverse conditions.



STRATEGIC GOAL 5: WORKFORCE, MANAGEMENT AND ORGANIZATIONAL CULTURE

Strategies 2023 - 2027	SMARTIE/SMART Objectives
<ol style="list-style-type: none"> 1. Use equitable and inclusive hiring and retention practices in building a strong, representative PHS workforce. <ol style="list-style-type: none"> a. Build the PHS workforce pipeline by recruiting community members from the priority neighborhoods and other SJC populations experiencing health disparities and collaborating with local schools and colleges. b. Provide internal and external internship opportunities to build skills and capacity. c. Collaborate with SJC Human Resources to determine how to participate in adjusting testing and hiring practices that speak to specific PHS program required staffing skill levels. <ol style="list-style-type: none"> i. Ensure testing/interview questions are accessible and inclusive. d. Expand individual capacities and cover staffing gaps through on-the-job learning, cross-training and rotating staff. e. Maximize employee retention through: <ol style="list-style-type: none"> i. Ensuring clear and inclusive career pathways for PHS staff members ii. Succession planning, mentoring and stay-interviews. iii. Periodically assessing telework and flex schedule policies. iv. Ensuring staff meet regularly via all staff/Town Hall meetings and program meetings to foster staff cohesion and shared vision/purpose. 2. Sustain a PHS culture that supports employee success, engagement and empowerment. <ol style="list-style-type: none"> a. Refine/develop core competencies and job function statements for all staff roles and relate to the Public Health Core Competencies and 10 Essential Services. b. Continue to Inform staff of PHS policies, procedures and programs through the on-boarding process and PHS overview refreshers for current staff. c. Refine mechanisms for employee input to understand facilitators and barriers to employee success and satisfaction. 3. Review PHS policies, systems and practices to ensure they address employee health and wellness. <ol style="list-style-type: none"> a. PHS Health and Wellness Committee regularly identifies opportunities to support a healthy workplace and puts culturally competent and inclusive employee health and wellness activities in place. b. Review and strengthen PHS Health and Wellness policies to maximize opportunities for behaviors that support physical and mental health. 4. Sustain and enhance a comprehensive system for employee training and professional development per the PHS Workforce Development Plan. <ol style="list-style-type: none"> a. Integrate health equity into all professional development activities b. Continue to develop and implement employee trainings to meet accreditation requirements, build core competencies, and respond to emerging conditions c. Sustain and enhance investment in employee engagement in external professional development opportunities for staff at all levels that are linked to achieving PHS outcomes. 	<ol style="list-style-type: none"> 1. By June 30, 2027, PHS will document implementation of equitable and inclusive practices to 1) attract diverse, capable community members to become PHS employees and 2) retain those employees. 2. By June 30, 2025, the proportion of staff identifying PHS as a workplace that supports employee success, engagement and empowerment will have increased as evidenced by staff survey results. 3. By June 30, 2027, PHS will have documentation of implementing 2-3 new or improved culturally competent and inclusive activities annually addressing staff health and wellness. 4. By June 30, 2027, expand and maintain staff training opportunities, integrating health equity, and meeting professional development standards as set forth in the PHS Workforce Development Plan. 5. By June 30, 2027, execute internal PHS communication strategies that are transparent, reflective of employee needs, and accessible to all staff. 6. By June 30, 2025, PHS Performance Management System will include measures of PHS program collaboration.



STRATEGIC GOAL 5: WORKFORCE, MANAGEMENT AND ORGANIZATIONAL CULTURE

Strategies 2023 - 2027

SMARTIE/SMART Objectives

5. Improve internal PHS communications to ensure respect and transparency.
 - a. Consistently utilize multiple written and verbal communications channels to promote shared understanding of PHS goals, policies and procedures and facilitate transparency.
 - i. Periodically assess staff communication needs to improve internal communication strategies.
 - b. Sustain PHS employee newsletter to foster staff relationships.
6. Strengthen collaboration and coordination among PHS programs to provide seamless services.
 - a. Continue to develop and implement PHS cross-program collaboration guidelines and shared activities in scopes of work.
 - i. Include cross-program objectives in the Performance Management System.
 - ii. Continue to attract funding to support cross-program collaboration.
 - iii. Continue to streamline PHS assessments and services to facilitate multiple programs sharing outreach, data, and contacts with diverse community members.



facebook.com/SJCPHS



twitter.com/SJCPHS



instagram.com/SJCPHS



youtube.com/user/SJCPHS

WWW.SJCPHS.ORG

