



2011-2014 Strategic Plan

**Monterey County
Health Department**



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The 2011-2015 Strategic Plan was prepared by planning committee staff at the direction of the Health Department Director, under the auspices of the County Board of Supervisors, and with substantial input from the people of Monterey County

See companion document: Regional Realignment to Effectively Address Priorities (RREAP)



**Thanks to the 2011-2015
Strategic Planning Committee**

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**Get outside
and
Get active!**



Director's Message

Monterey County Health Department's mission is to enhance, promote, and protect the health of Monterey County's individuals, families, communities, and environment. We further work to assert leadership in policy and planning that optimizes opportunities for wellness. We know that health is much more than the absence of disease – a true state of well being incorporates physical, social, economic, mental and spiritual wellness.

To achieve our mission, the Health Department must fulfill the fundamental role of preventing and/or responding to imminent health threats such as food borne illness, disasters, hazardous materials exposure and preventable illness. We must also engage long-term strategies to prevent chronic diseases, poor nutrition, inadequate exercise, and tobacco use. To be successful in our efforts we must have a strategic plan that points out goals and provides the mapping needed for goal achievement. *Recognizing the diversity we have in Monterey County, the 2011-2015 plan includes specific strategies to address the current disparities in health status that exist on a regional basis.*



This plan will guide the Health Department in carrying out our work in the most effective and efficient means possible. We must effectively collaborate with community based organizations, cities, schools and the faith based community to put into practice "Health in All Policies." This plan, which incorporates input from four distinct regions of our County, is a first step to assuring success. It can be widely discussed and used as our guide for future efforts.

I truly appreciate the participation of all Monterey County residents who gave their time and input to aid us in this strategic planning process.

Sincerely,

Ray Bullick

Ray Bullick
Director of Health

September, 2011

Monterey County Health Department:
*Enhancing, promoting, and
protecting the health of Monterey
County's individuals, families,
communities, and environment*

Summary of Recommendations

The 2011-2015 Strategic Plan proposes a novel systems integration for Monterey County with a focus on prevention that advocates *Health in All Policies*, a “whole government” approach to health. Health in All Policies acknowledges that health and wellbeing are influenced by government sectors other than the health sector alone. By considering health impacts across all policy domains – such as agriculture, education, the environment, fiscal and planning policies, housing, and transportation – a community’s health can be improved and the growing economic burden of the health care system can be reduced.

In preparing this Strategic Plan, the Strategic Planning Committee presented health assessments and disparities analysis to more than 500 residents throughout the county over six months. Extensive community input was collected and analyzed, yielding distinct regional concerns, strengths, challenges, and solutions. For that reason, the Committee determined a regional approach to service delivery will increase access to care for more residents, reduce our documented health disparities, and provide health care and prevention services that address our specific, regional needs.

The Strategic Planning Committee’s recommendations are:

1. Adopt Three Strategic Initiatives:

- Empower the community to improve health through programs, policies, and activities
- Enhance community health and safety by emphasizing prevention
- Ensure access to culturally and linguistically appropriate, customer friendly services

2. Promote and practice “Health in All Policies” with traditional and non-traditional community partners

3. Take a Regional Approach:

- Create four regional, cross-Bureau Community Action Teams (CATs)
- Form conduits for regular communication
- Engage community service providers in implementation

4. Realign Programs and Resources:

- Eliminate duplicative work
- Formalize inter-Bureau information sharing
- Prioritize and fast-track top regional priorities
- Adopt cross-cutting evaluation measures

5. Document and evaluate systems changes; reassess

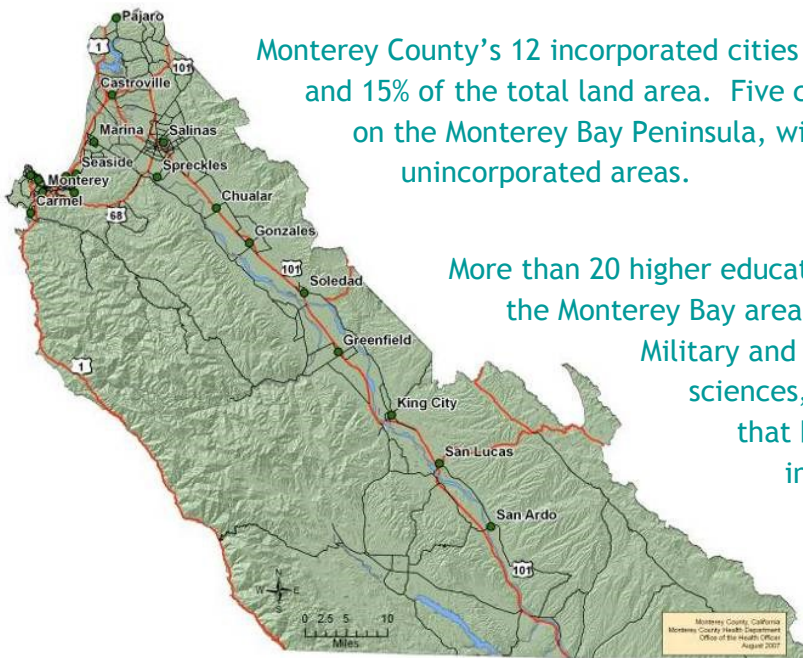
6. Continue involving residents and collaborating with community-based organizations, cities, schools, agencies, nontraditional groups, and faith based sectors





Today in Monterey County

Monterey County, located on California’s central coast, features beaches and seaside cliffs, estuaries, the Salinas Valley, the Gabilan Hills, and the Santa Lucia Mountain Range. The county’s 3,322 square miles are bounded by Santa Cruz County to the north, San Benito, Fresno, and Kings Counties to the east, San Luis Obispo County to the south, and the Pacific Ocean to the west.



Monterey County’s 12 incorporated cities comprise approximately 75% of the population and 15% of the total land area. Five cities are located in the Salinas Valley and seven on the Monterey Bay Peninsula, with small towns and housing areas located in unincorporated areas.

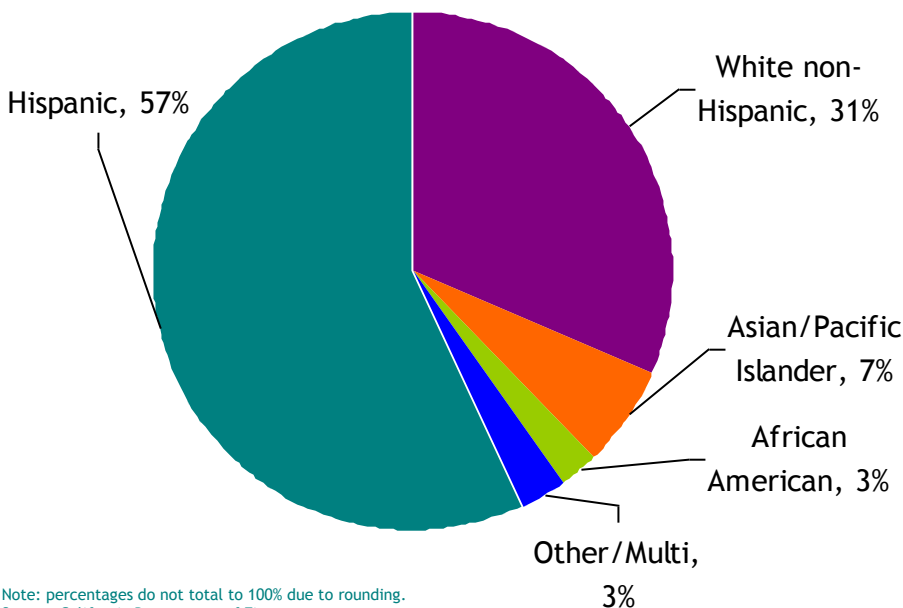
More than 20 higher education and research institutions are located within the Monterey Bay area, with an annual enrollment of 65,000 students. Military and language schools, marine and oceanographic sciences, and other disciplines offer unique programs that bring students, visitors, and other professionals into the region.

Selected Monterey County Assets, 2010	Quantity
Area (square miles)	3,322
Coastline (linear miles)	90
State parks (acres)	16,000
County parks (acres)	12,500
Agricultural/grazing land (acres)	1.25 million
Incorporated cities (number)	12
Unincorporated areas (number)	16
K-12 school districts (number)	24
Adult schools (number)	8
Colleges and universities (number)	6
City and county library branches (number)	23
Hospitals (number)	4
County-run health clinics (number)	8
County-run behavioral health clinics (number)	8

Sources: Monterey County Convention and Visitors Bureau. U.S. Census Bureau. County of Monterey Health Department.

The population of Monterey County grew to 433,238 residents in 2010, according to forecasts estimated by the California Department of Finance. Hispanic/Latino residents were estimated to represent the largest percentage (57%) of Monterey County’s population. Nearly 44% of the population was under age 18; slightly more than 16% were over age 65. The 2005-2009 American Community Survey estimated that 14% of all Monterey County households were in linguistic isolation, that is, no member of the household over the age of 14 spoke English “very well.” Of those households that speak Spanish, 34% were estimated to be in linguistic isolation (n=15,370).

Monterey County Population by Race/Ethnicity, 2010



Note: percentages do not total to 100% due to rounding.
Source: California Department of Finance

“We are a walking town, so many people can get walking exercise; Can we create walking groups?”
North County Resident

“Mental health services are lacking, especially for teens & parents, retired people and those who need substance abuse programs; Parents and families need more education for anger management and depression.”
Coastal Region Resident

“Mucha gente no hacen chequeo de salud porque no tienen dinero o aseguranza.”
Residente de la Región de Salinas

“If you don’t speak English need to bring a family member to translate”
South County Resident

Race/Ethnicity	Number
Hispanic	246,849
White non-Hispanic	135,006
Asian/Pacific Islander	28,612
African American	10,955
Other/Multi-Race	11,861
TOTAL	433,328

Source: California Department of Finance

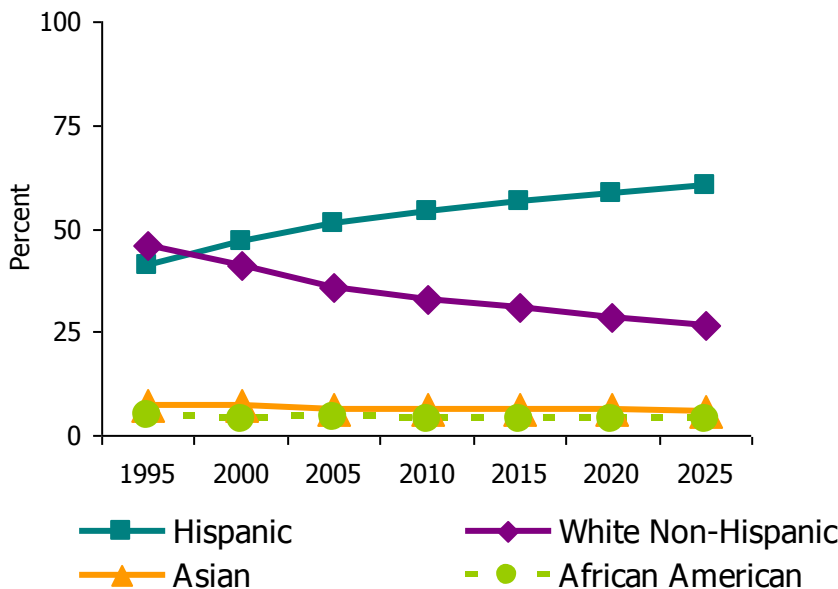
Families accounted for 71% of Monterey County households in 2009, and the average family size was 3.62 people per family. More than 3,000 households were composed of grandparents who had responsibility for raising their own grandchildren under age 18.

The population of Salinas increased by 9,912 residents from 2000 to 2008, accounting for nearly one-third of the county's population growth. The greatest percentage of population growth from 2000 to 2008 occurred in South County, representing a total increase of 11,395 residents (note that Soledad's population includes the Salinas Valley State Prison population).

In 2009, just over 80% of households were estimated to have lived in the same residence in the prior year. Seventy percent (70%) of the county population was born in the U. S., and 30% were foreign born. Nearly 80% of foreign born residents were from central (predominantly Mexico) and south America.

By 2025, Monterey County's Hispanic residents will grow to 61% of the entire population. White, non-Hispanic residents will decrease to 27%, while percentages for Asian/Pacific Islander and African American populations will remain about the same.

Monterey County Projected Population by Race/Ethnicity, 1995-2025



Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.

Monterey County Population Estimates by Jurisdiction, 2000-2008

Jurisdiction	2000	2008	Numeric Change	Percent Change
Carmel	4,081	4,037	-44	-1.1
Del Rey Oaks	1,650	1,632	-18	-1.1
Gonzales	7,564	9,025	1,461	19.3
Greenfield	12,648	17,547	4,899	38.7
King City	11,204	12,024	820	7.3
Marina	18,925	19,265	340	1.8
Monterey	29,696	29,244	-452	-1.5
Pacific Grove	15,522	15,536	14	0.1
Salinas	142,685	152,597	9,912	6.9
Sand City	261	312	51	19.5
Seaside	33,097	34,240	1,143	3.5
Soledad*	23,015	28,050	5,035	21.9
Unincorporated	101,414	108,383	6,969	6.9
County Total	401,762	431,892	30,130	7.5

*Includes Salinas Valley State Prison population.

Note: The State Department of Finance estimates the county population and the jurisdictional population in different a different manner which can cause a discrepancy between the two estimates. The Jurisdictional Population Estimate was based on estimates of occupied housing units, household size, household population, and group quarters population. Census 2000 data provide the baseline for these estimates, and revisions are made according to data provided to the State from local jurisdictions, military, and group quarter facilities. Data may be affected by the timeliness of reporting agencies.

Source: State of California, Department of Finance, E-1 Population Estimates for Cities, Counties and the State with Annual Percent Change, 2000 and 2008.

“Obesity occurs all around. It is not an individual problem, it is a problem in families. We need that to offer more education to the whole family to change habits.”

Salinas Resident

“People don’t feel safe; there is poor lighting, poor or no sidewalks; bushes are overgrown causing fire hazard; gangs. Dangerous for kids to walk to school, especially with no crossing guards, and most parents working so can’t walk with kids.”

South County Resident

13% of Monterey County residents (n=51,400) lived below the Federal Poverty income threshold of \$10,830 per person annually in 2009. While the Federal Poverty income threshold for a family of four was \$22,050 annually, the average Monterey County family income that year was \$84,815.

Of Monterey County's 51,400 residents living in poverty, 40% (20,200) were children under age 18; 73% (37,672) were Hispanic. For those living in poverty who were age 25 or older, 53% had not graduated from high school. Of those age 16 and older, 71% had worked full time, part time, or seasonally in the prior year.

For decades, researchers have known that poverty and health status are directly correlated; the lower a person's socioeconomic status, the greater are his or her chances of having some sort of health disorder.

“Every additional \$12,500 in a San Francisco Bay area household income buys one additional year of life expectancy.”

*Tony Iton, MD, JD, MPH
The California Endowment*

In 2010, slightly more than 71% of Monterey County infants (n=4,759) were born into poverty.

54% of these births (n=2548) occurred at Natividad Medical Center.

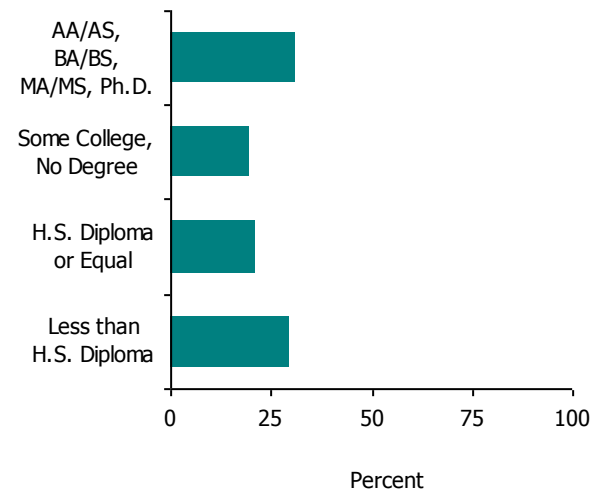


Educational attainment is an important factor in individual and community health. Lower educational attainment, when associated with lower income levels, is more likely to result in an individual or family having little or no health insurance. Low educational attainment has been associated with higher levels of risky health behaviors such as smoking, being overweight, or having a low level of physical activity. Studies have also shown that mental illness and emotional disturbance are contributing factors toward a significant percentage of dropouts.

In 2008-2009, more than 1 in 5 Monterey County 9th to 12th graders dropped out of school. By race/ethnic grouping, 22% of Hispanic students had dropped out, compared to 20% of African American students, 13% White non-Hispanic students, and 9% of Asian students.

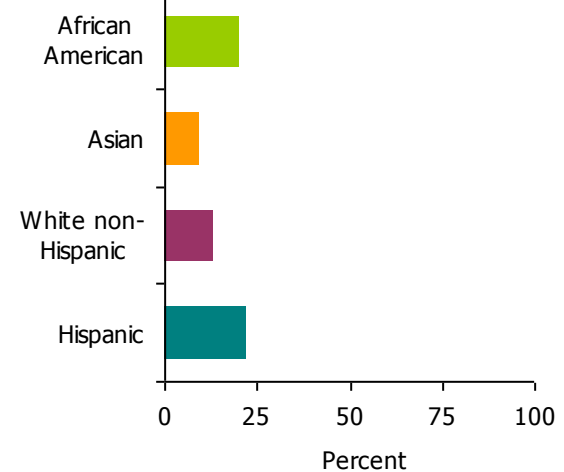
Approximately one-third of Monterey County adults over age 25 in 2006-2008 had not yet earned a high school diploma or equivalency. By race/ethnic grouping, the disparity is quite striking: 56% of Hispanic residents age 25 and older did not have a high school diploma in 2005-2009 compared to 7% of White non-Hispanic residents who did.

Educational Attainment for Monterey County Residents Ages 25 and older, 2005-2009



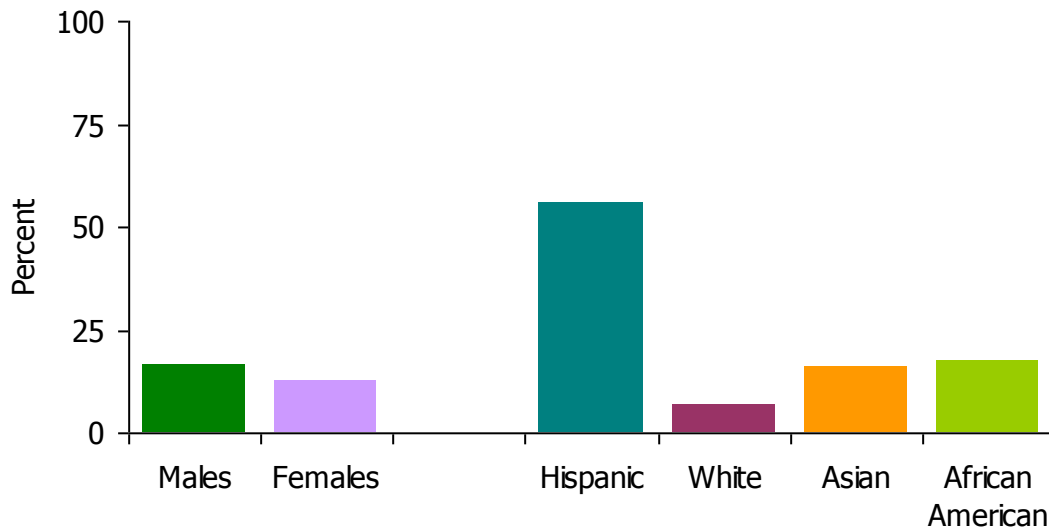
Source: U. S. Census Bureau American Community Survey 2005-2009.

Monterey County Dropouts by Race/Ethnicity, 2005-2009



Source: U. S. Census Bureau American Community Survey 2005-2009.

Monterey County Residents with Less than a High School Diploma, 2005-2009



Note: Includes residents age 25 or older.
 Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.

Health inequalities are health conditions that occur differently when comparing various segments of the population, which can be attributed to social factors such as socioeconomic status, race or ethnicity, cultural barriers, educational attainment, gender/sexual orientation, disability, or geographic location.

A study of Monterey County health disparities found these inequities when comparing predominant race/ethnic groups:

Hispanic

- Highest teen birth rate
- Highest late entry to prenatal care
- Highest motor vehicle-related death rate
- Highest homicide death rate

White non-Hispanic

- Highest cancer death rate (all cancers)
- Highest lung cancer death rate
- Highest suicide death rate

Asian/Pacific Islander

- Highest fetal death rate
- Increasing suicide death rates

Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.

*Margaret Whitehead
World Health Organization*

African American

- Highest infant death rate
- Highest low weight births
- Highest Chlamydia and gonorrhea rates
- Highest AIDS case rate
- Highest heart disease death rate
- Highest diabetes death rate
- Increasing stroke death rates
- Longest acute care hospital stays

Monterey County's Five Leading Causes of Death by Race/Ethnic Groups, 2005-2008

(Measured as age-adjusted rate per 100,000 people based on U.S. 2000 Standard Population)

#	Total for All Race/ Ethnic Groups	Hispanic	White, Non-Hispanic	Asian/ Pacific Islander	African American
1	Heart Disease 154	Heart Disease 125	Heart Disease 168	Heart Disease 120	Cancer 267
2	Cancer 135	Cancer 89	Cancer 156	Cancer 104	Heart Disease 249
3	Stroke 37	Stroke 31	CLRD 38	Stroke 39	Stroke 80
4	CLRD 31	Diabetes Mellitus 28	Stroke 36	Diabetes Mellitus 21	Diabetes Mellitus 61
5	Unintentional Injury 29	Influenza/ Pneumonia 25	Unintentional Injury 36	Influenza/ Pneumonia 17	CLRD 39

CLRD=Chronic Lower Respiratory Disease, which includes chronic bronchitis, emphysema, and asthma.

Note: Predominant Monterey County race/ethnic groups are shown; Total includes other and unspecified race/ethnicities.

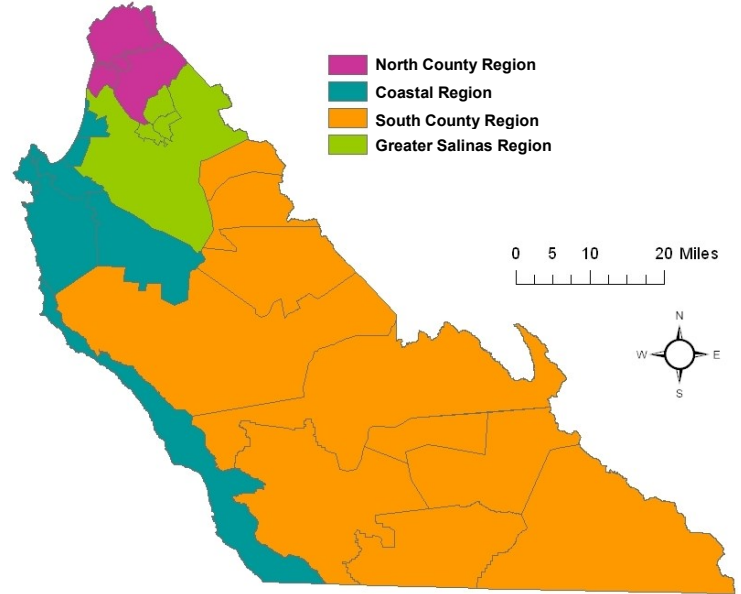
Source: California Department of Public Health, Health Information and Research Section, Death Statistical Master Files, 2005-2008.

Regional Health Disparities

Years of Potential Life Lost (YPLL) is an important measure of premature death. YPLL is calculated by subtracting the age at which death occurs from the average life expectancy (often age 75 is used). The total years of potential life lost due to various causes of premature death as a percentage of total YPLL are presented in the regional graphs below.

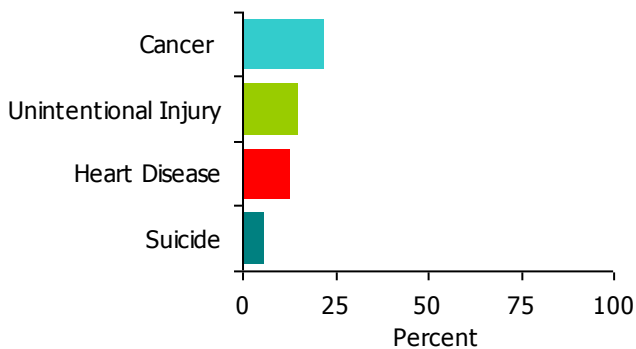
YPLL differences between four Monterey County regions appear to correlate with the unique socio-demographic differences found in each region. These analyses provide good reason to use a regional approach to plan and deliver public health education and services.

Four Regions of Disparate Health

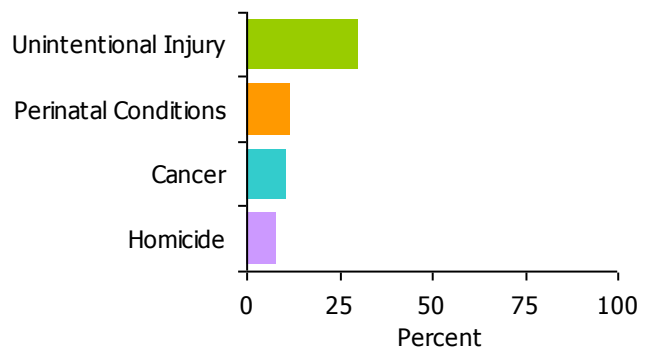


Top Causes of Premature Death as a Percent of Years of Potential Life Lost (prior to age 75) Monterey County Region, 2006-2008

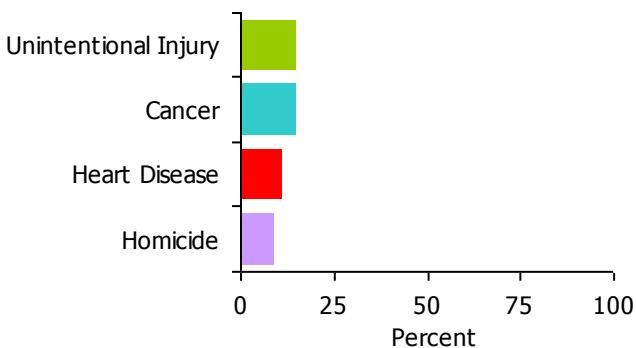
Coastal Region



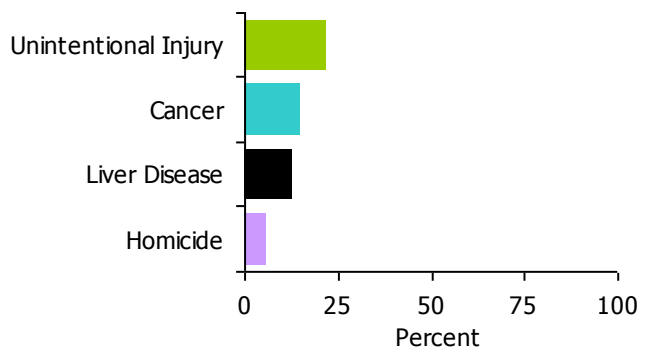
North County Region



Greater Salinas Region



South County Region



Source: Source: California Department of Public Health, Health Information and Research Section, Death Statistical Master Files, 2006-2008 and US Census Bureau.

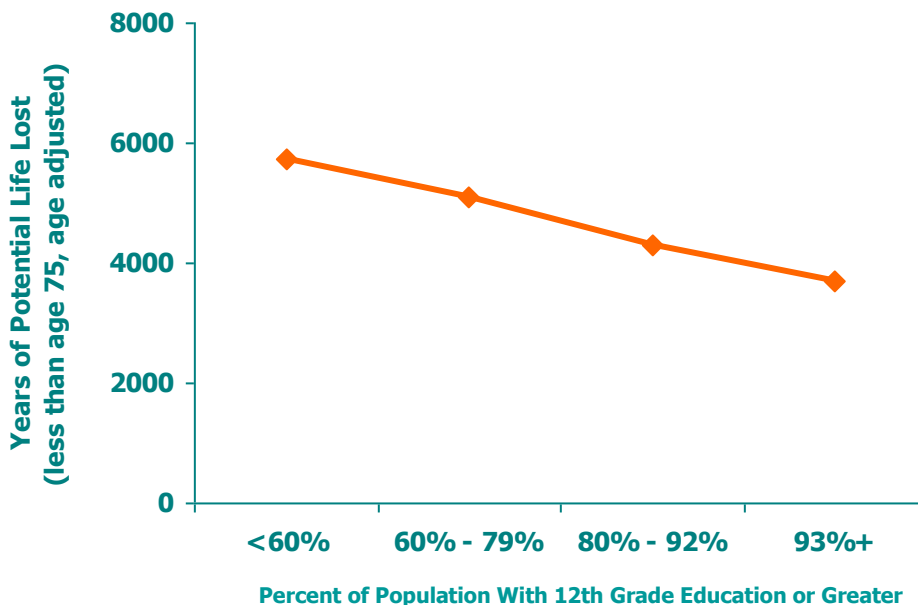
An example of YPLL disparities in Monterey County can be seen when comparing socio-economic data for the cities of Monterey and Greenfield. The chart below indicates that life expectancy is 3 years longer in the City of Monterey compared to the City of Greenfield. In Greenfield, residents experience 1,353 more years of potential life lost, representing a 29% increase over the number of years of potential life lost in Monterey.

Variables	A. City of Monterey	B. City of Greenfield	Differences Between the Two Cities
Median age	39 years	26 years	13 years
Under age 5	5%	11%	6%
Over age 64	15%	5%	10%
High School diploma or more	93%	49%	44%
Households in poverty	6%	18%	12%
Life expectancy	83 years	80 years	3 years
Years of life lost (less than age 75, age adjusted)	4,547 years of life lost per 100,000 people	5,900 years of life lost per 100,000 people	1,353 years of potential life lost

Source: California Department of Public Health, Health Information and Research Section, Death Statistical Master Files, 2005-2008 and US Census Bureau.

Research has repeatedly correlated lower educational attainment and shorter life expectancy. The graph below illustrates this direct correlation in Monterey County: residents with lower education levels suffer from the greatest rate of years of potential life lost.

Premature Death by Educational Attainment, Monterey County, 2008



“Castroville has no WIC center – we have to go to Salinas.”

North County Resident

“Teen pregnancy and access to birth control are important issues”

Coastal Region Resident

“Aunque hay falta de servicios, estamos abriendo puertas. Promotores pueden desarrollar confianza con la gente.”

Residente de la Región de Salinas

“There is agricultural run-off into the town of Chualar, and children play in those puddles.”

South County Resident

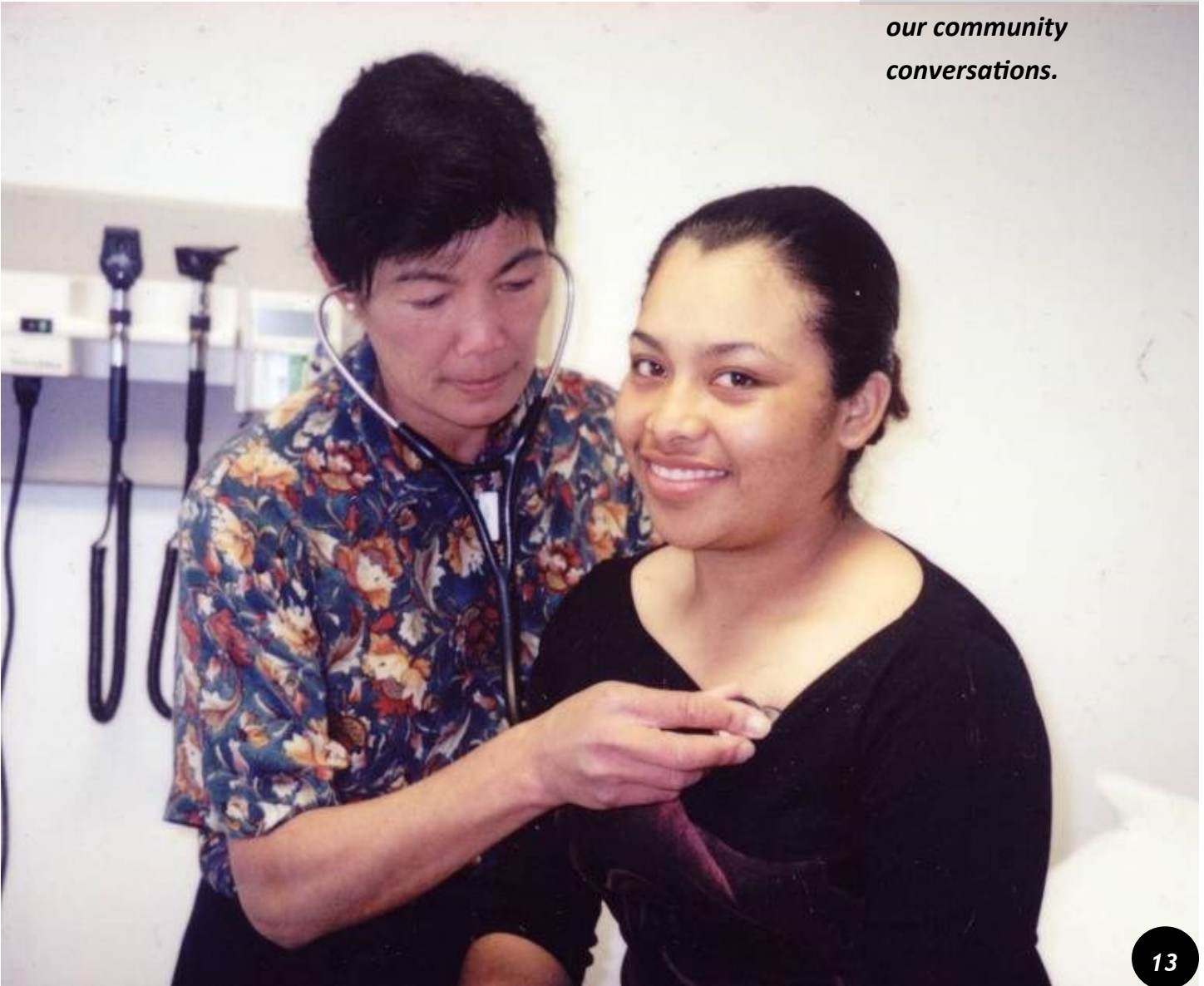
Source: California Department of Public Health, Health Information and Research Section, Death Statistical Master Files, 2005-2008, US Census Bureau, and ESRI.

Regional Strengths, Concerns, & Solutions

Regional Community Meetings were held for 6 months throughout Monterey County to present residents with the strategic planning process, current community health assessment data, and the evident health disparities found among the four Monterey County regions.

Residents of each region were asked to name their most urgent health concerns and talk about the improvements they would like to see. In all, from November 2010 to April 2011, more than 500 people attended meetings in 21 locations and/or responded to an online survey.

Community input was used to develop this 2011-2015 Strategic Plan, which is a living document that will be discussed and refined over the years to reflect our community conversations.



North County Region Community Input Results

Top Concerns:

Perinatal mortality **Access to health care**
Limited recreation programs **Limited health services**

Strengths: Local Programs... Castroville Com. Center, Migrant parent program
Basic healthcare... Local clinic, Natividad Medical Center
Healthy food... free lunch at Castroville Community Center

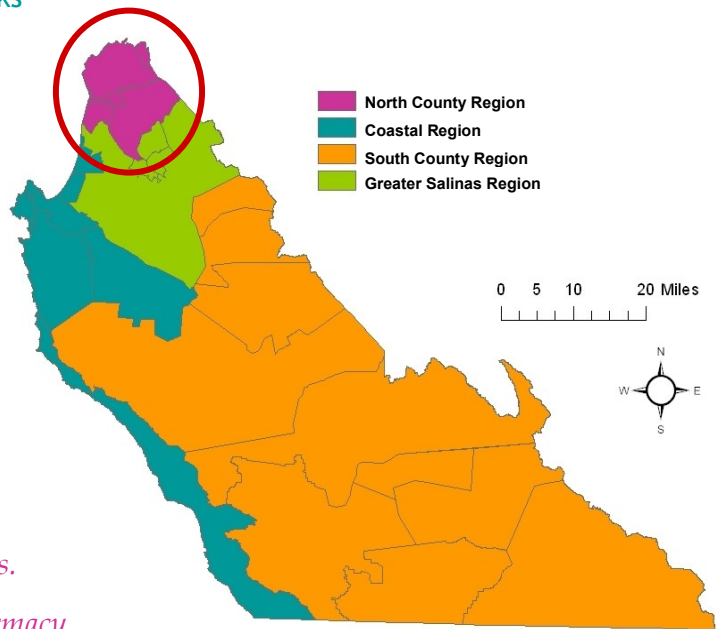
Challenges: Availability of healthcare services... need more appointment times
Access to healthcare... distance to hospital, no local pharmacy
Cost of healthcare... not qualified for Healthy Families
Healthy food... need better school lunches

Solutions: Affordable Healthcare... low cost clinics for pregnant women
Outdoor Activities... more bike paths & parks
Health Education... after school programs



Examples of Comments from Community Meeting Participants:

- *Castroville Senior Center provides food (breakfast and lunch) and has activities.*
- *We are a walking town, so many people can get walking exercise; Can we create walking groups?*
- *We need more after school activities like sports, cooking, art, dancing, drill teams, field days.*
- *We also need a farmers market and cooking healthy classes.*
- *There is no pharmacy in Castroville; We need a local pharmacy.*
- *Dental services (for care and prevention) are inadequate.*
- *Lighting and sidewalk conditions are poor in Castroville; I don't feel safe walking at night.*
- *There are not enough fields, parks, bike trails, and other locations that are free and accessible for sports and recreation.*
- *What are causes of premature death due to perinatal conditions?*
- *I think we need more prevention services because it's too late when they get sick.*
- *Many people here don't qualify for Healthy Families insurance and other programs but they still need services.*
- *Castroville has no WIC center – we have to go to Salinas.*
- *Our library, community center, and Migrant Parent Program are our strengths.*



Coastal Region Community Input Results

Top Concerns:

- | | |
|-------------------|-------------------|
| Healthcare access | Childhood asthma |
| Mental health | Childhood obesity |
| Teen births | School bullying |



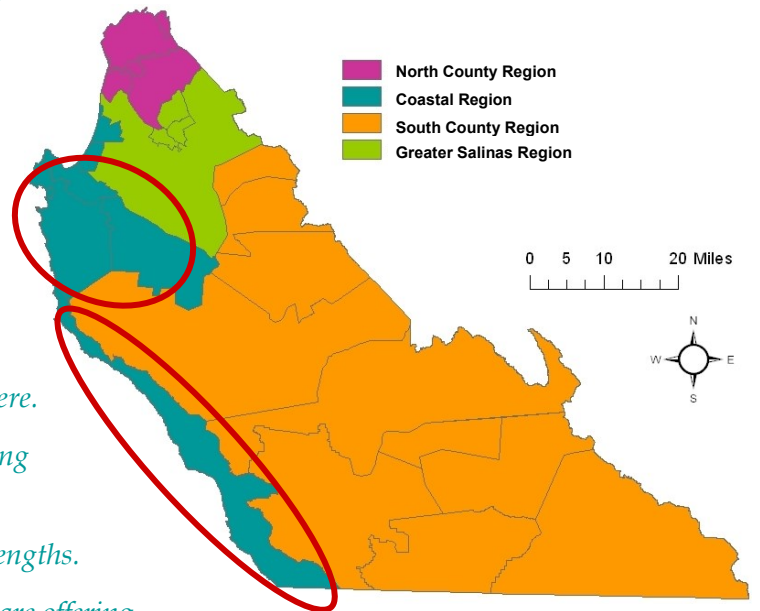
Strengths: Local Programs... YMCA, Grief Busters, Sticks & Stones, school nurses
Outdoor Activities... Sports Center, bike trails, parks

Challenges: Cost of healthcare... insurance programs for middle-income folks
Community safety... unsafe parks, dangerous roads, school zones
Physical Activity... funds for child/teen programs, affordable gyms

Solutions: Safety programs... Neighborhood Watch, after school programs
Empowerment programs... health & nutrition workshops for parents
Healthcare access... elder assistance, school counseling, bus vouchers, incentives for maintaining good health

Examples of Comments from Community Meeting Participants:

- *Our neighborhoods are pretty safe; people in Monterey know their neighbors; We have good police presence and the schools and parks are safe.*
- *We need more parks and recreation activities in Seaside; The parks we have are not safe and there's graffiti everywhere.*
- *Seniors need more access to health care and all types of living assistance.*
- *Libraries, churches, and lots of youth programs are our strengths.*
- *Fewer doctors accept Medi-Cal and Medi-Care, employers are offering less insurance coverage, and many people don't qualify for health services.*
- *Mental health services are lacking, especially for teens & parents, retired people and those who need substance abuse programs; Parents and families need more education for anger management and depression.*
- *More nutrition, and exercise, and healthy living programs are needed in schools and for the public – especially for non-English speaking residents.*
- *More health education and safety programs are needed in the schools, especially about depression, alcohol & drug use, smoking, and safe driving.*
- *Teen pregnancy and access to birth control are important issues.*
- *Free or affordable after school activities of all types are needed for children & youth to keep them safe and healthy.*



South County Region Community Input Results

Top Concerns:

Teen births
Diabetes
Healthcare access

Obesity
Injuries
Drug & alcohol use



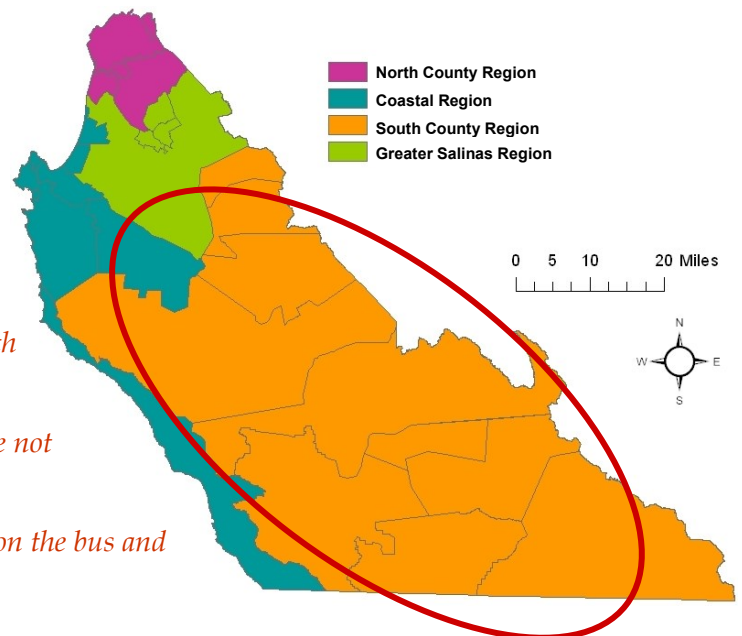
Strengths: Basic healthcare... clinics, hospitals
Outdoor Activities... Little League, parks, swimming pools
Safety Programs... crossing guards, gang task force, fire department

Challenges: Availability of healthcare services... more options are needed
Cost of healthcare... lack of insurance & eligibility
Community safety... poor lighting, dangerous streets

Solutions: Empowerment programs... youth serving programs and activities
Safety Programs... activities that prevent and address violence
Healthcare access... payment plans, free clinics, bus vouchers

Examples of Comments from Community Meeting Participants:

- *Our strengths include schools, youth serving organizations, local clinics and hospital.*
- *Neighbors here watch out for each other.*
- *There are no services for our youth who are struggling with emotional issues such as depression and drugs.*
- *The community has grown in numbers, but resources have not grown to match the need.*
- *Getting to health care is a challenge – it takes a long time on the bus and walking is dangerous.*
- *We need more health care options in South County.*
- *Getting medications refilled is challenging. It takes a few weeks to get refills.*
- *Need translation services in clinics or for doctors.*
- *Not feeling safe outside because of gang members, don't go outside to play*
- *There is agricultural run-off into the town of Chualar; children play in those puddles.*
- *Families lack knowledge to help make healthy choices.*
- *Joining gangs, dropping out of school, and pregnancy are youth options. Concerned about increased teen birth rate. Need educational support for better jobs and more after-school options for youth.*



Greater Salinas Region Community Input Results



Top Concerns:

- | | |
|-----------------------|-------------|
| Mental health | Diabetes |
| Dental care | Violence |
| Obesity | Teen births |
| Access to health care | |

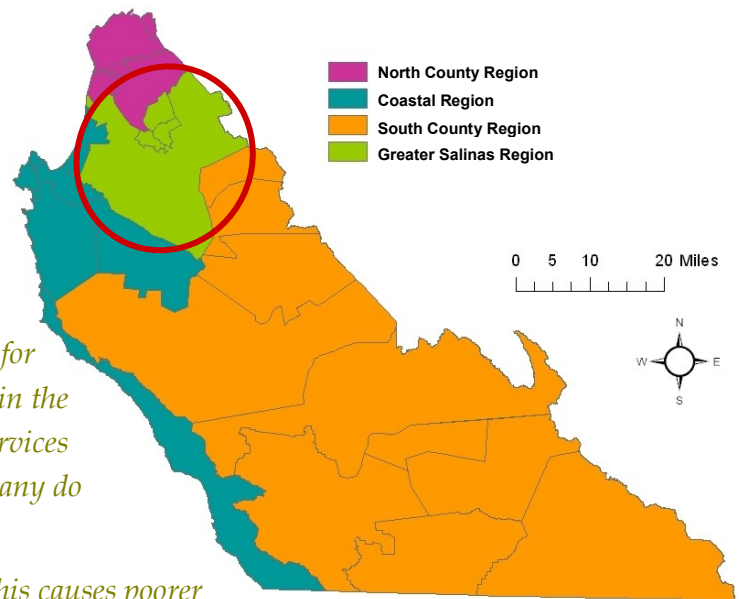
Strengths: Basic healthcare... clinics, hospitals
Local Programs... social supports, high school clubs
Outdoor Activities... soccer fields, parks

Challenges: Cost of healthcare... medical, dental, vision
Limited health knowledge... more chronic disease education
Violence and risk behaviors... gangs, shootings, alcohol, drugs

Solutions: Universal coverage, affordable prescriptions, free health screenings
Safety... crossing guards, sobriety checks, Neighborhood Watch
Health education... after school programs, gang prevention

Examples of Comments from Community Meeting Participants:

- We have many strengths, including hospitals, clinics, prevention programs, Healthy Families, parks, gyms, schools, no tolerance at schools for gangs, and 2-1-1.*
- There is great need for mental health services, especially for those without Medi-Cal or other insurance and services in the schools for children. The children are eligible for these services but they aren't offered. The parents have to insist, but many do not know, or do not want to cause problems.*
- There are long wait times for a doctor's appointment – this causes poorer health because you can't get an appointment and then the condition gets worse.*
- Promotores can develop trust with the people. Developing a low income clinic with only \$20 per visit (no matter what the visit for) would help because when Promotores send a person to a clinic and they end up being charged a lot for the visit, the person loses heart and that leads to less trust of the Promotores.*
- As parents we need provide the education of prevention. The schools need to share the information to the parents not only to the children /girls. Education for the parents is basic – the schools need to teach to parents to share the information.*



2011-2015 Strategic Initiatives

Monterey County Health Department's 2011-2015 Strategic Initiatives developed by planning committee reflect overarching community objectives that span the regionally specific needs and solutions identified in the six-month community input process. It is important to note that other recent community assessments had identified similar overarching concerns and objectives – these are:

- Public Health Regional Teams data, 2010
- MCHD annual Health Profiles, 2005-2009
- MCHD Maternal, Child, & Adolescent Health Assessment, 2011
- Women and Girls' Quality of Life Report, 2011
- Building Healthy Communities planning documents, 2010
- MoRe Health studies
- Public input at community meetings
- Federal health care reforms
- Castroville LULAC study, 2009

Initiative 1: Empower the community to improve health through programs, policies, and activities.

In 5 years, Monterey County Health Department will increase opportunities for community participation in public health dialogues.

- **Objective 1: Promote a health focus in public policy and planning.**
- **Objective 2: Develop and support a network of volunteers and peers that advocate for and support community health-oriented solutions.**



2011-2015 Strategic Initiatives (continued)

Initiative 2: Enhance community health and safety through prevention.

In 5 years, Monterey County Health Department will strengthen the community's ability to respond to health and safety issues.

- Objective 1: Increase opportunities for community-led primary prevention safety efforts through family and youth engagement.
- Objective 2: Support social networks working to address and respond to public health and safety risks.
- Objective 3: Engage community organizations, businesses and other governmental agencies in assessing and preventing violence & reducing injuries in the community.

Initiative 3: Ensure access to culturally and linguistically appropriate, customer-friendly, quality health services.

In 5 years, Monterey County Health Department will ensure access to health care through culturally and linguistically appropriate customer service and by aligning public health, primary care, behavioral health, and community resources with health care reforms.

- Objective 1: Maximize prevention and wellness opportunities as funded by health care reform.
- Objective 2: Support integrated primary care, including clinical preventive services.
- Objective 3: Incorporate bridges linking clinical and community-based prevention activities.
- Objective 4: Ensure access to appropriate health care resources, especially specialty care and ancillary (such as diagnostic and therapeutic) services, regardless of a person's ability to pay.

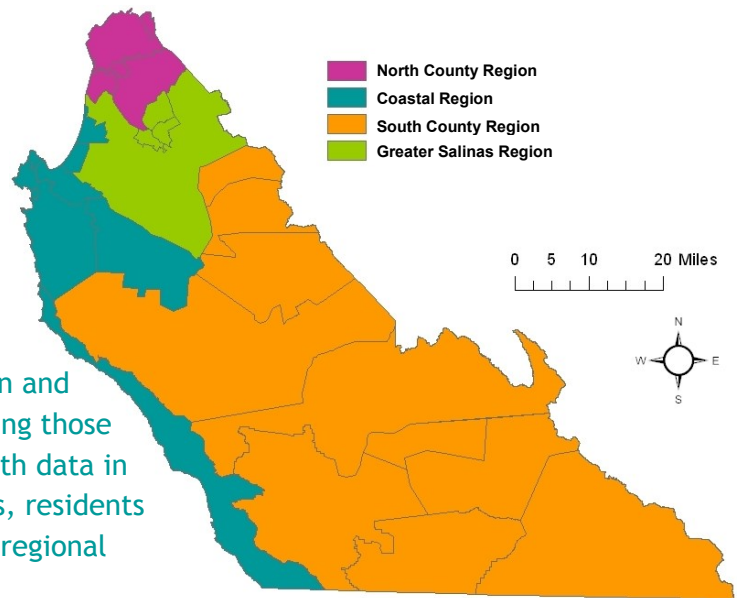
Moving Forward: A Regional Team Approach

Justification for a Regional Team Approach

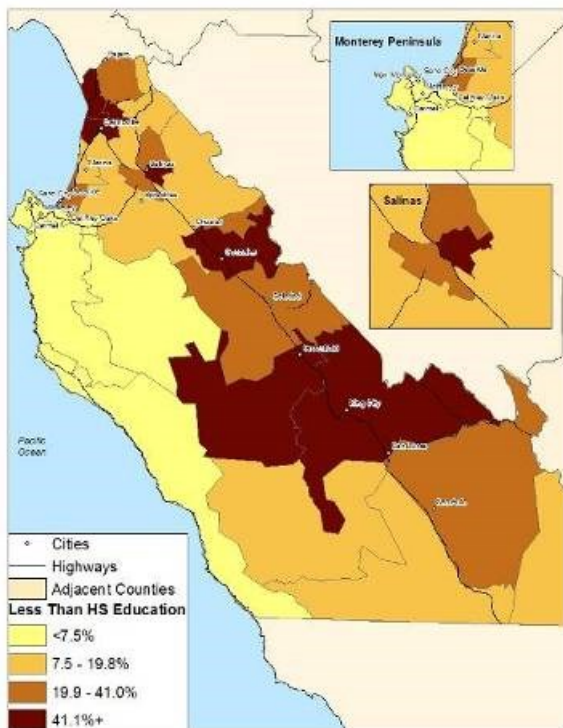
From very early in the Strategic Planning Committee’s process, the group worked to identify the best approach for compiling data regarding the health indicators of the County. Committee members insisted on ensuring that the data presented to the community was relevant and helpful in engaging Monterey County residents in meaningful conversations about health assets, challenges and their community’s specific needs.

Because of distinct differences found between four county regions (north, coastal, Salinas, and south), the Strategic Planning Committee members agreed upon a regional approach to addressing health conditions and disparities.

The regional approach is documented* as being relevant and promising in reducing health inequities. This approach examines how thinking, communication and culture interact, and offers assistance in understanding those interactions. In regionalizing socioeconomic and health data in conjunction with our community engagement process, residents were able to associate the data with their concerns, regional strengths, challenges, and appropriate solutions.



Distribution of Monterey County Residents with Less than High School Diploma



Distribution of Monterey County Residents Living in Poverty



*Wallack, Lawrence (2008). *You can get there from here*; Social Equity and Opportunity Forum, Portland University.

Next Steps: Promoting Health in All Policies

Health in All Policies (HiAP) is a collaborative approach that has been used internationally to create greater access to health, diminish disparities, and focus on preventive aspects of public health.

HiAP recognizes that health and prevention are impacted by policies that are managed by both non-health government and non-government entities, and that many strategies for improving health also help to meet the policy objectives of other agencies. **The biggest opportunities we have to address remaining large disease/illness burdens are often in the policy realm.**

Policies have Yielded Many of our Biggest Improvements in Public Health

Problems	Policies	Outcomes
High Lung Cancer Prevalence & Mortality	Smoking Bans Tobacco Tax	Significantly less Lung Disease & Death Significantly less 2nd Hand Smoke
Motor Vehicle-Related Injuries & Deaths	Seat belt Laws Helmet Laws Car Seat Laws	Significantly Fewer Injuries & Deaths
Measles, Mumps, Rubella, Influenza, Diphtheria Prevalence & Deaths	Immunization Requirements No/Low Cost IZs	Significantly Less Disease Prevalence

With Collaboration and Cooperation, Health in All Policies Can Get Us



Problems	Policies	Outcomes
Access to Health Care Obesity Heart Disease Stroke Poor Birth Outcomes Violence Premature Death	Health in All Policies	Improved Access Decreased Obesity Decreased heart Disease Decreased Stroke Improved Birth Outcomes Increased Safety Decreased YPLL

Samples of Health in All Policies Goals from Other Communities

Sample: California

- All residents have the option to safely walk, bicycle, or take public transit to school, work, and essential destinations.
- All residents live in safe, healthy, affordable housing.
- All residents have access to places to be active, including parks, green space, and healthy tree canopy.
- All residents are able to live and be active in their communities without fear of violence or crime.
- All residents have access to healthy, affordable foods at school, at work, and in their neighborhoods.
- Decision makers are informed about the health consequences of various policy options during the policy development process.

Sample: East Palo Alto

- Improved access to safe public transportation
- Expanded neighborhood resources, including access to fresh produce
- Increased opportunities for physical activity and active transportation
- Decreased pedestrian and bicyclist injuries
- Increased access to safe, high quality public spaces
- Increased social networks

Sample: Pacifica

- Using the Health System to access data on local health issues
- Educating the community about how general plan policies impact long-term health outcomes
- Engaging the community, especially vulnerable populations, to develop a common vision that health policies will support
- Drafting internally consistent health policies or an entire health element
- Providing sample language of promising practices





“Castroville Senior Center provides food (breakfast and lunch) and they have activities.”

“We also need a farmers market and cooking healthy classes.”

North County Residents

“We need more parent education, especially for how to change bad nutrition habits.”

“High schools don't open their track to the public.”

Coastal Region Residents

What Can MCHD do to Promote Health in All Policies?

- Support and promote Health in All Policies county-wide.
- Draft internally consistent health policies or an entire health element for the county (see Appendix 1 Draft Health Element for Monterey County’s General Plan).
- Focus on policies and services related to three Strategic Initiatives: Empower our Community, Enhance Safety, Ensure Access.
- Educate other county departments, decision makers, and our residents about ways policies can improve health outcomes.
- Engage our residents, especially vulnerable populations, to develop a common vision that health policies will support.
- Engage community partners, organizations, and agencies in health issues.

“We need to put more vegetables & fruits in schools and make them cheaper than junk food.”

“Estuviera bien en las ferias de salud de incluir mas juegos y actividades de nuestra cultura, esto le llamara el interes a toda la familia.”

Residentes de la Región de Salinas

“Mee Memorial provides a summer day program for kids up to age 18, with nutrition education and free lunches.”

“Necesitamos una casa de refugio para mujeres que son abusadas en la casa y servicios educacionales.”

South County Residents

Appendix 1: Draft Health Element for Monterey County's General Plan

As an increasing number of Americans suffer from chronic diseases like obesity, diabetes, and asthma, research is showing that the built environment—the way American communities are developed—contributes to the epidemic rates of these diseases.

Planning and public health professionals across the country have begun to promote design and development policies that facilitate physical activity and neighborly interactions as antidotes.

Health-supporting policies also serve to institutionalize interdisciplinary partnerships and ensure that implementation strategies are embedded in policies from the beginning.

The Health Element for Monterey County's General Plan is organized by health issue (e.g., easy access to nutritious foods for all residents) as opposed to general plan element (e.g., land use, circulation).

Draft Health Element for Monterey County's General Plan

Vision

Monterey County is committed to promoting the health and well-being of all its residents. We strive to be an active, inclusive, and responsive county, where healthy habits are encouraged rather than discouraged by the environments we build. Achieving our vision requires acknowledging previously ignored links between built environments and health, particularly the influence that patterns of land use, density, transportation strategies, and street design have on chronic diseases and health disparities.

Goal 1: Foster all residents' health and well-being.^{1,2}

Objective 1.1: Build relationships and implement procedures that make community health a priority for the community.

Goal 2: Work collaboratively with the community to develop and achieve the general plan's vision for a healthy community.³

Objective 2.1: Provide opportunities for community participation in the county's planning process.

Goal 3: Create convenient and safe opportunities for physical activity for residents of all ages and income levels.⁴

Objective 3.1: Ensure that residents will be able to walk to meet their daily needs.

Objective 3.2: Build neighborhoods with safe and attractive places for recreational exercise.⁵

Objective 3.3: Create a balanced transportation system that provides for the safety and mobility of pedestrians, bicyclists, those with strollers, and those in wheelchairs at least equal to that of auto drivers.⁶

Adapted from “How to Create and Implement Healthy General Plans by Planning for Healthy Places, a program of Public Health Law and Policy and Raimi + Associates.

For more detail and policies associated with each goal, see http://www.phlpnet.org/healthy-planning/create_implement_gp

Goal 4. Provide safe, convenient access to healthy foods for all residents.⁷

Objective 4.1: Provide safe, convenient opportunities to purchase fresh fruits and vegetables by ensuring that sources of healthy foods are accessible in all neighborhoods.

Objective 4.2: Encourage healthy eating habits and healthy eating messages.

Objective 4.3: Avoid a concentration of unhealthy food providers within neighborhoods.⁸

Objective 4.4: Provide ample opportunities for community gardens and urban farms.⁹

Objective 4.5: Preserve regional agriculture and farmland as a source of healthy, local fruits and vegetables and other foods, and connect local food markets to local agriculture.¹⁰

Goal 5: Pursue a comprehensive strategy to ensure that residents breathe clean air and drink clean water.¹¹

Objective 5.1: Reduce residents' reliance on cars.

Objective 5.2: Protect homes, schools, workplaces, and stores from major sources of outdoor air pollution.

Objective 5.3: Prioritize "greening" efforts to keep air and water clean.

Objective 5.4: Promote healthy indoor air quality.

Goal 6. Encourage neighborhoods that sustain mental health and promote social capital.¹²

Objective 6.1: Prioritize affordable housing and the ability to live near work.

Objective 6.2: Support cohesive neighborhoods and lifecycle housing to promote health and safety.

Objective 6.3: Build diverse public spaces that provide pleasant places for neighbors to meet and congregate.

Objective 6.4: Pursue an integrated strategy to reduce street crime *and violence*.

Goal 7. Locate health services throughout the community and especially close to those who need them the most.

1 For good examples of broadly oriented health language, see Ventura's general plan and Benicia's health element.

2 The Healthy Development Measurement Tool (HDMT) is a good collection of health-based rationales and findings, as well as measurable health-oriented standards, available at www.TheHDMT.org.

3 South Gate's general plan includes language on citizen participation in the general planning process (not specific to health-related policies).

4 See the general plans for the cities of Ventura, Sacramento, Azusa, and Oakland.

5 See Ventura's park standard, and Richmond's forthcoming park standard.

6 See the general plans for Marin County and Azusa, as well as San Jose's traffic calming guidelines.

7 See the general plans for Chula Vista, Marin County, and Oakland.

8 See Calistoga's restrictions on "formula" restaurants, and Carmel-by-the-Sea's restrictions on liquor stores.

9 See Seattle's community gardens standard.

10 See Davis' general plan (chapter 15, Agriculture, Soils and Minerals) for policies on agricultural preservation (does not include a health and nutrition rationale). The city of Madison's comprehensive plan includes policies supporting rural-urban market connections.

11 The Sacramento Air Quality Management District has written a model air quality element (<http://airquality.org/lufran/ModelAQElement.pdf>). Concord has adopted language in its general plan to eliminate exposure to secondhand smoke. See Ventura's general plan for its goal to reduce vehicle miles traveled, and Seattle's "healthy homes" effort to improve indoor air quality.

12 See San Francisco's support for inclusive public housing and the San Francisco Department of Health's Healthy Development Measurement Tool, which include support for HDMT citizen participation and affordable housing. See Sacramento's design guidelines for mitigating crime, and Benicia's general plan language emphasizing mental health.



Appendix 2: Strategic Planning Process

In 2010, Monterey County Board of Supervisors adopted Strategic Initiative #4 to “Ensure the ability to provide accessible, quality health care and human services throughout Monterey County.” To meet this Initiative, MCHD undertook diligent, community-inclusive efforts over a 6-month period. The resulting 5-year Plan focuses on prevention and equal access to health care.

Strategic Planning Approach

MCHD’s Strategic Planning Workgroup conducted a three-phase approach:

1: Process and Vision

- What’s the ultimate goal for the health of Monterey County?
- Who needs to be involved in this plan?
- What’s our process for input?

2: Look at Challenges & Opportunities

- Analyze data over the past decade
- Identify strengths, challenges, & opportunities
- Summarize top concerns to be addressed

3: Implementation

- Set MCHD internal goals and goals for the health of Monterey County
- Set realistic timelines
- Track progress and outcomes
- Report results to our community members



2011-2015 MCHD Strategic Plan

Purpose and Objectives

This strategic plan provides guidelines for:

- MCHD public health priorities
- Program planning and delivery
- Outreach and disparity reduction

Because community members participated in creating this plan, MCHD can:

- Make better-informed decisions
- Proactively address community concerns
- Prioritize health programs and activities
- Document community needs when applying for grant funds
- Improve health services in meaningful ways
- Increase collaboration with community partners
- Further increase our community awareness of public health issues
- Better understand what is needed to reduce health disparities

Appendix 3: Community Input Process and Meeting Schedule

MCHD staff attended community meetings held over six months throughout Monterey County to present residents with MCHD’s strategic planning process, the Health Equity Framework (see Appendix 4), current community health assessment, and regional disparity data.

MCHD and Natividad Medical Center staff visited a variety of community groups—from Migrant Farm Workers’ Parents Group to the Junior League.

Residents were asked to name their most urgent health concerns and talk about the improvements they would like to see. In all, from November 2010 to April 2011, more than 500 people attended meetings in 21 locations and responded to an online survey.



Community Meeting Participant Demographics, November 2010-April 2011

Community Meetings	County Region ¹				
	North County	Coast Region	Salinas Region	South County	Total
Meeting Locations	2	6	7	6	21
Meeting Participant home community	60	159	136	183	545
On-line survey respondent home community	3	12	5	3	23
Participant Demographics					
Female	78%	82%	75%	70%	76%
Age (average years)	44	39	40	29	36
Age range (years)	15-66	12-87	16-87	15-73	12-87
Race/Ethnicity					
Hispanic	73%	22%	57%	88%	58%
White	19%	54%	21%	4%	25%
African American	2%	8%	7%	0%	4%
Asian/Pacific Islander	3%	10%	11%	1%	6%
Other	2%	3%	0%	8%	4%
Unknown	2%	3%	4%	0%	2%

Note: The counts of meeting participants was collected from the meeting sign-in sheets. It is estimated that approximately 15% of meeting attendees did not use the sign-in sheet.

¹North County = Prunedale, Aromas, Pajaro, Moss Landing, Royal Oaks, Elkhorn

Coast Region = Monterey, Carmel, Carmel Valley, Big Sur, Marina, Seaside, Highway 68 Corridor

Salinas Region = City of Salinas and immediate unincorporated surrounds

South County = All communities south of Salinas in Salinas Valley

Appendix 3: Community Input Process and Meeting Schedule (continued)

Community Group	Date	Time	Location	Audience Demographic	Communities Represented
Hartnell Psychology Class 1	11/16/2010	6:00 PM	King City	Young Adults, Low Income, Hispanic	Greenfield, King City, Soledad
Hartnell Psychology Class 2	11/18/2010	6:00 PM	Soledad	Young Adults, Low Income, Hispanic	King City, Gonzales, Soledad, Greenfield, Castroville
Hartnell Psychology Class 3	11/20/2010	6:00 PM	King City	Young Adults, Low Income, Hispanic	King City, Greenfield, Salinas, San Lucas, San Ardo,
Salinas Adult School ESL Class	12/8/2010	2:00 PM	Salinas	Young Adults, Low Income, Multi-race	Salinas
Junior League	1/20/2010	7:00 PM	Salinas	Women, Moderate to High Income, White	Salinas, Monterey, PG, Seaside, Carmel Valley, Royal Oaks, Carmel
Center for Community Advocacy Promotores	1/29/2010	7:00 PM	Salinas	Low Income, Hispanic	Salinas, Castroville, Carmel
Soledad Catholic Church Youth Group	1/27/2011	6:00 PM	Soledad	Youth, Young Adults, Parents, Hispanic	Soledad
Emmanuel Church of God in Christ	2/8/2011	6:00 PM	Seaside	Adults, African American	Seaside, Marina, Salinas, Moss Landing
Big Sur Multi-Agency Advisory Council*	2/11/2011	10:00 AM	Big Sur	All Residents of Big Sur	Big Sur
Castroville LULAC	2/12/2011	10:30 AM	Castroville	Adults, Moderate Income, Hispanic	Castroville, Moss Landing, Prunedale
Souled Out Christian Center	2/12/2011	12:00 PM	Salinas	African American	Salinas
California State University Monterey Bay Public Health Class	2/14/2011	4:00 PM	Marina	Young Adults, Multi-race	CSUMB University students
Neighborhood Watch Monterey Park	2/16/2011	6:00 PM	Salinas	Parents, Moderate to High Income, Multi-race	Salinas
Latino Network Luncheon*	2/17/2011	12:00 PM	Salinas	Moderate to High Income, Hispanic	Salinas
Migrant Parent Group	2/23/2011	5:30 PM	Castroville	Parents, Low Income, Hispanic	North County
Chualar School Board	2/23/2011	6:00 PM	Chualar	Parents, Hispanic	Chualar
Parenting Group Seaside - King Elementary	2/24/2011	5:30 PM	Seaside	Parents, Hispanic	Seaside
Natividad Medical Center Volunteers	3/2/2011	5:30 PM	Salinas	Adults and Older Adults, Asian American	Salinas
Parent's Place	3/8/2011	10:00 AM	Pacific Grove	Parents, Multi-race	Monterey, Pacific Grove, Seaside
Chualar Parent's Group	3/2/2011	6:00 PM	Chualar	Parents, Hispanic	Chualar
MCHD Employees	3/28/2011	12:00 PM	Salinas	Adults, Moderate Income, Multi-race	Monterey County
Greenfield Farm Worker's Institute	3/20/2011	3:00 PM	Greenfield	Adults, Low Income, Oaxacan	Greenfield
Monterey Presbyterian Church	4/10/2011	11:40 AM	Monterey	Older Adults, Moderate to High Income, White	Monterey, Carmel, Pebble Beach
On-Line	Feb-April 2011	NA	Web	Adults, Multi-race	Countywide

* These meetings consisted of presentations alone; while community input was not collected due to time constraints, the audience was encouraged to contact MCHD for more information and input.

Appendix 4: Similar Findings

The table below displays health indicators that are similar to those in the MCHD 2011-2015 Strategic Plan that had also been identified in other recent assessments conducted by various community groups.

<p>MoRe Health Study</p> <ul style="list-style-type: none"> Diabetes High blood pressure Low birth weight Motor vehicle death rate Overweight/obese Poor or fair health Primary care physician rate Smoking Stroke Teen birth rate Uninsured 	<p>Building Healthy Communities, 2010</p> <ul style="list-style-type: none"> Children and their families safe from violence in communities/home All children have health coverage Health/family focused human services shift resources towards prevention Communities support healthy youth development Improved access to health homes that support healthy behaviors Neighborhood/school environments support improved health and healthy behaviors Health gaps for boys and young men of color narrowed Community health increases link to economic development Residents live in communities w/ health promoting land use, transportation, & community development California has shared vision of community health
<p>Maternal, Child, and Adolescent Health, 2010</p> <ul style="list-style-type: none"> Overweight children and teens Deaths to teens Teen birth rate Diabetes in children Percent with medical home and access to care 	<p>MCHD Health Profiles</p> <ul style="list-style-type: none"> Diabetes Low birth weight Overweight/obesity Smoking Stroke

Note: Teal text indicates an identical or similar health concern to those identified in the MCHD 2011-2015 Strategic Plan community input process. Black text indicates concerns that were not identified in the MCHD 2011-2015 Strategic Plan community input process.

Appendix 4: Similar Findings (continued)

The table below displays Strengths, Challenges, and Solutions that are similar to those in the MCHD 2011-2015 Strategic Plan that had also been identified in other recent assessments conducted by various community groups.

Assessment	Strengths	Challenges	Solutions
Women & Girls' Quality of Life Report 2011	<ul style="list-style-type: none"> Local health empowerment programs 	<ul style="list-style-type: none"> Supports for quality education, empowerment programs Economic stress Transportation options for low-income people 	<ul style="list-style-type: none"> Health activity and empowerment programs at school Senior adult day care Health coverage for older women
Monterey County Maternal, Child, and Adolescent Health Assessment 2010	<ul style="list-style-type: none"> Partnerships & Collaboratives 	<ul style="list-style-type: none"> Overweight Deaths to Teens Births to Teens 	<ul style="list-style-type: none"> Stakeholder input Programs to improve educational opportunities and empowerment Parenting education
Castroville LULAC 2009	<ul style="list-style-type: none"> Community organizations 	<ul style="list-style-type: none"> Community safety Unemployment Service access (family, drug, alcohol) 	<ul style="list-style-type: none"> Parent education Employment/empowerment programs Community policing More positive community events More faith-based organization involvement
Building Healthy Communities – Alisal/ East Salinas 2010	<ul style="list-style-type: none"> Community/local organizations 	<ul style="list-style-type: none"> Community safety Health coverage Youth development Lack of prevention services 	<ul style="list-style-type: none"> Economic welfare through educations and skills development opportunities Prevention programs Improve physical and emotional safety Greater engagement with schools/elected officials/ police

Appendix 5: Health Equity Framework

Health Equity Framework

Most poor health conditions affecting people today are preventable. In large part, changes in personal behaviors can put people back on the right track. Examples include getting more exercise, choosing healthier foods, wearing a seat belt, and quitting smoking.

Many conditions, however, are difficult to control because of environmental, social, and economic

challenges that unequally burden people who are poor, don't have medical insurance, or have limited literacy skills.

The **Health Equity Framework¹** is an approach that seeks to prevent serious health conditions and reduce health disparities by focusing attention “upstream” of disparities to breakdown discrimination, institutional perpetuation, and social inequities.

Upstream

The Socio-Ecological Model looks at unequal causes for poor community health:

- Examines the affect of social prejudices and poverty on a community's health
- Considers institutional barriers that perpetuate disparities
- Addresses environmental conditions that unequally affect disenfranchised people

Downstream

The Medical Model focuses on individual people to fix their immediate health problem:

- Cares for a person's immediate health need but not the community condition that created or added to the problem
- Is costly and difficult to maintain
- Doesn't improve health inequities
- Accounts for most of public health spending



¹ Tony Iton, M.D., J.D., MPH, July 2008

Appendix 6: Summary of Health Care Reform Act

Coverage:

- Would expand coverage to 32 million Americans who are currently uninsured.

Health Insurance Exchanges:

- The uninsured and self-employed would be able to purchase insurance through state-based exchanges with subsidies available to individuals and families with income between the 133 percent and 400 percent of poverty level.
- Separate exchanges would be created for small businesses to purchase coverage -- effective 2014.
- Funding available to states to establish exchanges within one year of enactment and until January 1, 2015.
- Illegal immigrants will not be allowed to buy health insurance in the exchanges.

Subsidies:

- Individuals and families who make between 100% and 400% of the Federal Poverty Level and want to purchase their own health insurance on an exchange are eligible for subsidies. They cannot be eligible for Medicare, Medicaid and cannot be covered by an employer. Eligible buyers receive premium credits and there is a cap for how much they have to contribute to their premiums on a sliding scale.

Paying for the Plan:

- Medicare Payroll tax on investment income -- Starting in 2012, the Medicare Payroll Tax will be expanded to include unearned income. That will be a 3.8 percent tax on investment income for families making more than \$250,000 per year (\$200,000 for individuals).
- Excise Tax -- Beginning in 2018, insurance companies will pay a 40 percent excise tax on so-called "Cadillac" high-end insurance plans worth over \$27,500 for families (\$10,200 for individuals). Dental and vision plans are exempt and will not be counted in the total cost of a family's plan.
- Tanning Tax -- 10 percent excise tax on indoor tanning services.

Medicare:

- Closes the Medicare prescription drug "donut hole" by 2020. Seniors who hit the donut hole by 2010 will receive a \$250 rebate.
- Beginning in 2011, seniors in the gap will receive a 50 percent discount on brand name drugs. The bill also includes \$500 billion in Medicare cuts over the next decade.

Medicaid:

- Expands Medicaid to include 133 percent of federal poverty level which is \$29,327 for a family of four.
- Requires states to expand Medicaid to include childless adults starting in 2014.
- Federal Government pays 100 percent of costs for covering newly eligible individuals through 2016.
- Illegal immigrants are not eligible for Medicaid.

Insurance Reforms:

- Six months after enactment, insurance companies could no longer denying children coverage based on a preexisting condition.
- Starting in 2014, insurance companies cannot deny coverage to anyone with preexisting conditions.
- Insurance companies must allow children to stay on their parent's insurance plans until age 26th.

Abortion:

- The bill segregates private insurance premium funds from taxpayer funds. Individuals would have to pay for abortion coverage by making two separate payments, private funds would have to be kept in a separate account from federal and taxpayer funds.
- No health care plan would be required to offer abortion coverage. States could pass legislation choosing to opt out of offering abortion coverage through the exchange. *Separately, anti-abortion Democrats worked out language with the White House on an executive order that would state that no federal funds can be used to pay for abortions except in the case of rape, incest or health of the mother*

Individual Mandate:

- In 2014, everyone must purchase health insurance or face a \$695 annual fine. There are some exceptions for low-income people.

Employer Mandate:

- Technically, there is no employer mandate. Employers with more than 50 employees must provide health insurance or pay a fine of \$2000 per worker each year if any worker receives federal subsidies to purchase health insurance. Fines applied to entire number of employees minus some allowances.