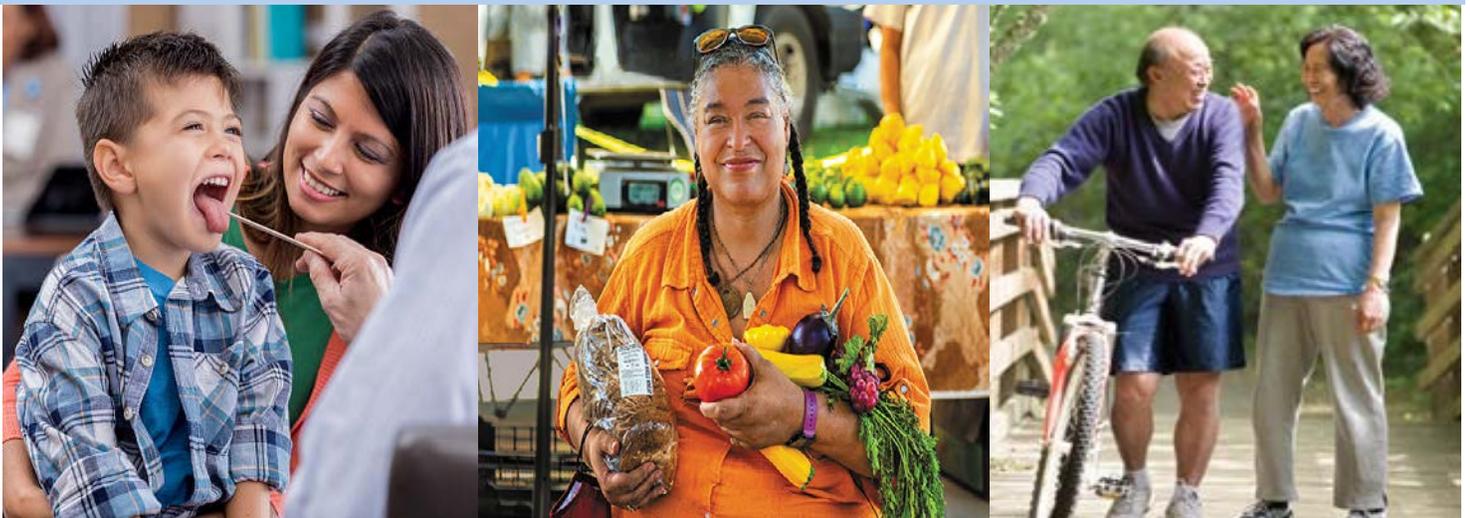




STRATEGIC PLAN

2022 – 2025



Promoting individual, community and environmental health through prevention, education, protection and intervention

Table of Contents



Letter from the Director	2
Executive Summary	3
Introduction	4
National Public Health Accreditation	4
Ten Essential Public Health Services.....	5
Summary of Strategic Priorities.....	6
Overview of Butte County Public Health	6
Planning Process.....	7
Butte County Community Health Profile	8
Foundational Statements: Mission, Vision and Core Values	11
Strategic Plan Framework: Priorities, Goals, Objectives and Strategies	12
Linkages to the Community Health Improvement Plan and Quality Improvement	20
Implementation and Monitoring	21
Appendices	22
Attachment 1. Strategic Planning Process Timeline	22
Attachment 2. Key Informant (external) and Staff (internal) Participants.....	23
Attachment 3. SWOT Summary	24
Attachment 4. Strategic Plan Revision and Action Plan Tracking Template.....	26



LETTER FROM THE DIRECTOR

Dear Colleagues and Community Members,

It is my pleasure to release the updated Butte County Public Health (BCPH) Strategic Plan. This plan is the result of several months of engagement with public health staff, key community leaders and public health partners to move towards improved health for all Butte County residents. This Strategic Plan represents a shared vision for an integrated, culturally appropriate public health system that is person-centered and advances health equity with strategies for achieving system outcomes and population health improvements.

Much has changed in the landscape of public health since the last strategic plan was developed in 2018. The current COVID-19 pandemic demonstrated the vulnerability of public health and other systems here and across the country. When combined with natural disasters, which have been ongoing challenges in Butte County, the pandemic has further tested leadership and workforce capacity at all levels. Thus, there is an even more urgent need to invest in the public health system as well as address needs and inequalities for community members.

The Strategic Plan sets the direction for BCPH by organizing around six strategic priorities. These priorities will strengthen our capacity to serve the community over the next three years while continuing to support a culture of quality improvement. The goals and objectives outlined in this plan are therefore crosscutting and overarching. Importantly, the plan provides a guide for addressing social determinants of health in making decisions and allocating resources within Butte County.

Thank you for being part of such a wonderful community.

Sincerely,

Danette York, MPH, CPH
Public Health Director

EXECUTIVE SUMMARY



A robust and adequately funded public health system is necessary to protect the public's health. Public health interventions have reduced the burden of disease among some populations, but other groups are at increased risk and require different approaches to disease prevention and control. A key component of the national public health reaccreditation, this strategic planning process provided the opportunity for reflection about past achievements, examination of relevant data, assessment of current services and outcomes, and identification of strategic priorities. The resulting strategic priorities were thoughtfully selected using a lens of equity.

Input from community partners and stakeholder groups corroborated a number of the issues and priorities identified to develop goals and objectives. Internal and external Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses helped provide a clear view of the organization's strengths, highlighted weaknesses, identified opportunities with the potential to help BCPH achieve its vision, and singled out certain threats that could reduce the department's effectiveness.

Vision: Healthy, thriving Butte County

Mission: To promote individual, community, and environmental health through prevention, education, protection and intervention

Values: Integrity, community-centered, collaboration, respect, innovation, quality, equity

The department will focus its efforts on the following goals and objectives:

A Safe and Healthy Environment

- Prevent and timely respond to public health threats and challenges.
- Focus on the development and promotion of policy that protects the health of Butte County residents and promotes healthy lifestyles and environments.

Access and Engagement

- Transform systems, structures and policies to enhance departmental capacity and practice to advance health equity.
- Cultivate and strengthen cross-sector partnerships for collective impact on health.
- Work to integrate public health approaches and programs with clinical healthcare delivery systems.

Advance Health Equity

- Identify barriers and implement a diversity and inclusion plan with opportunities for ongoing training.

Workforce Development and Performance

- Recruit and retain well-qualified candidates who reflect the diversity of Butte County, and develop procedures for growth, advancement and succession planning.
- Continue to develop a culture of appreciation, empowerment and engagement.

Communication

- Enhance internal and external communication through multiple approaches.
- Invest in state-of-the-art technology and improve access to/use of quality data to inform actions.

Fiscal Stability and Quality Improvement

- Implement an integrated performance management system into all levels of department operations.
- Continue to develop a culture of appreciation, empowerment and engagement.

INTRODUCTION



Strategic planning is an activity used to set priorities, help focus energy and resources, strengthen operations and ensure that staff and stakeholders are working toward common goals around intended outcomes/results. A *public health* strategic plan acts as a guide for making decisions, allocating human and financial resources, and pursuing objectives. The plan is internal to the organization and informed by priorities noted during the planning process.

Public health has significant responsibilities, including the need to address factors sometimes not associated directly with physical health. This ranges from income to safe and healthy housing, built environments and green spaces, transportation, nutritious foods, accessible and affordable healthcare and social and emotional support. This concept is called “social determinants of health” (SDOH) and it has driven an approach to public health that is focused on improving the environment and community. Addressing the SDOH in this strategic plan is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Changes brought on by a global pandemic provide unprecedented opportunities to raise the profile and importance of disease prevention and health promotion; to substantially increase investment in best practices and innovative approaches to health protection; and to expand the range and implementation of evidence-based prevention interventions. For Butte County, the extraordinary disasters resulting in loss of life and property and damage to the environment experienced since 2017—compounded by the continuing pandemic—have affected the community across a myriad of aspects, with the long-range impact on the public’s health not yet fully evident.

This strategic plan acknowledges Butte County Public Health’s (BCPH) history of leadership and establishes clear goals, objectives, and actions that will guide the department’s programmatic, policy, and partnership activities over the next three years.

National Public Health Accreditation

Accreditation is a process aimed at advancing the quality and performance of public health agencies to deliver essential public health services. The comprehensive set of standards of the National Public Health Accreditation Board sets uniform performance expectations for health departments to provide the services necessary to keep communities healthy.

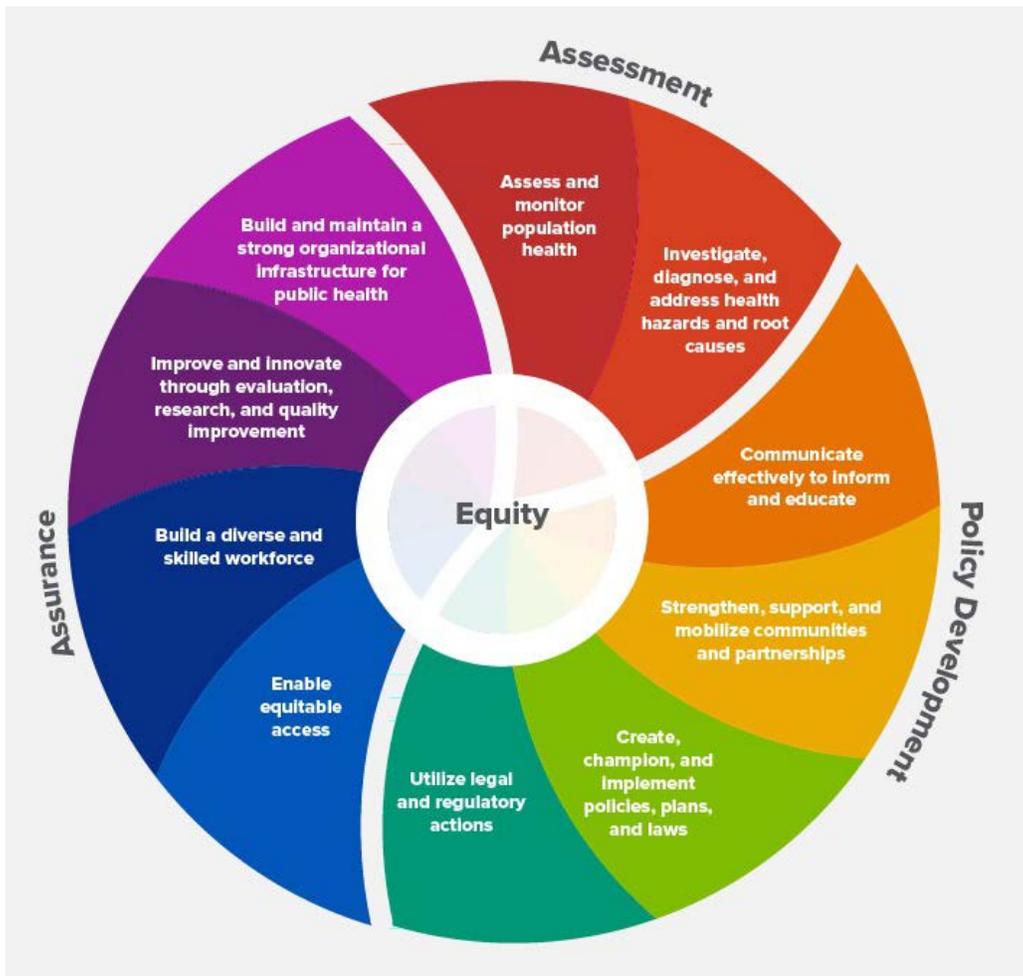
BCPH successfully became nationally accredited on September 13, 2017 for a 5-year term.¹ The Strategic Plan is one requirement of accreditation. It aligns with other important assessment, planning, and evaluation work such as a Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and internal performance management and communication plans. BCPH is in the process of preparing to apply for re-accreditation. Re-accreditation work continues to advance the performance and quality of BCPH programs and services.

¹ BCPH is one of 22 currently accredited local public health departments among the 61 health jurisdictions in California.

The 10 Essential Public Health Services

The 10 Essential Public Health Services provide a framework for protecting and promoting the health of Butte County residents. They describe the public health activities BCPH undertakes to carry out the mission of the department. Organized around three core functions of public health—assessment, policy development and assurance—the Essential Services provide a set of concepts that collectively define what the department does and how that work differs from other roles in the health field.

To achieve equity, as illustrated below, these services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.



Source: <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

Strategic Priorities

Strategic Priority I.	Ensure a Safe and Healthy Living Environment
Strategic Priority II.	Enhance Access to Services and Promote Community Engagement and Collaboration
Strategic Priority III.	Advancement of Health Equity
Strategic Priority IV.	Workforce Development and Performance
Strategic Priority V.	Enhanced Communication
Strategic Priority VI.	Quality Improvement and Fiscal Sustainability

Overview of Butte County Public Health

BCPH provides a wide range of services in more than 60 programs that are designed to promote and protect the health of all county residents and visitors. The department strives to address core public health functions with a focus on prevention as much as possible. Leadership consists of the Public Health Director, Public Health Assistant Director and Health Officer. To implement programs efficiently, the department is organized into five major divisions:

- **Administration Division** – Provides fiscal, contractual, and operational management including information systems, personnel management, and purchasing services. Additionally, vital statistics for births and deaths in the County are registered and certificates issued, including burial permits, in accordance with state law. The process of maintaining national accreditation is also a function of this division.
- **Community Health Division** – Promotes health and wellness through: nursing case management and occupational/physical therapy services for children with physically disabling health care needs under the California Children’s Services program; nursing services for foster children; family planning clinic services; immunizations; pregnancy care resources and case management through the Maternal Child and Adolescent Health program; childhood lead poisoning prevention and response; communicable disease prevention, investigations, education, surveillance, epidemiological follow-up, and monitoring of treatment; data collection and analysis; and public health laboratory advanced testing capabilities.
- **COVID Division** – Pandemic response to COVID19 – The Department Operations Center (DOC) opened in February of 2020 in response to the COVID 19 pandemic. The DOC works closely with the County EOC, Federal, State and regional partners to ensure the county is aligned with applicable guidance and orders.

- **Environmental Health Division** – Provides services required by state law and Butte County Code to meet environmental health and sanitary needs through: permitting and inspection of food establishments; public swimming pools and spas, water wells, underground and above ground storage tanks and wastewater systems; small water systems monitoring; solid and hazardous waste management; and inspection of correctional/detention facilities.
- **Prevention and Health Promotion Division** – Provides education and health promotion information to the community to help prevent negative health outcomes. Health education includes: Supplemental Nutrition Assistance Program-Education (SNAP-Ed) through nutrition education with an emphasis on obesity prevention; education and food vouchers to pregnant and breastfeeding women and children ages 0-5 through the Women, Infants and Children (WIC) program; injury prevention and free/low cost child car seats; emergency preparedness and response; oral health; and tobacco/vaping education.
- **Other Key BCPH Programs** – The department also provides animal control services within the unincorporated portions of the county and contracted services for the City of Biggs. Services include rabies control, animal licensure, investigation of bites, containment of stray dogs, sheltering, investigation of animal nuisances and cruelty, and dead animal pickup on County roadways. The department provides staffing under an agreement to First 5, whose Executive Director reports to the Director of Public Health. The Public Health Public Information Officer also reports directly to the Director of Public Health.

Strategic Planning Process

BCPH engaged an external consultant to facilitate information gathering and lead a staff-driven strategic planning process. As part of the background information to inform the strategic plan, existing community indicator data from the Community Assessment (CHA) and information from the Community Health Improvement Plan (CHIP) were reviewed. Additional information was collected and analyzed from staff interviews, an all-staff survey (internal input) and key informant interviews with community partners (external input) to identify organizational strengths, weaknesses, opportunities and threats. All information acquired helped determine the department's strategic priorities.

Progress in meeting the goals and objectives of the previous strategic plan was also reviewed. In selecting strategic priorities, the plan aligns with the CHIP to address some of the most pressing issues identified in collaboration with the community. A fuller description of the strategic planning process and timeline is provided in the appendices (Attachment 1).

BUTTE COUNTY COMMUNITY PROFILE



Highlights with Updates from the 2019 Community Health Assessment

Demographic information helps to understand trends and project potential needs for health care and other public health services for the population. Most of the findings have not changed appreciably since the CHA was last conducted. According to the 2020 Census, Butte County has a **population** of 211,632. The California Department of Finance Demographic Research Unit projected a 10% increase in population between 2020 and 2021.

Table 1. Population of Butte County, 2016-2021

	Number	Percent Change
2016	224,386	--
2017	225,834	6.5%
2018	226,440	2.7%
2019	214,532	- 5.3%
2020	211,632	- 3.8%
2021 (projected)	226,910	10.0%

Source: California Department of Finance, CA Population Estimates

- The population of Butte County is slightly older than that of California, 36.9 years of age, with few changes by **age group**, though some groups did have increasing numbers from 2017 to 2019.

Table 2. Age Distribution in Butte County, 2017-2019

Total Population	2017		2019		Trend (2017-2019)
	Number	Percent	Number	Percent	
	229,294		225,817		↑
Under 5 years	12,387	5.4%	12,384	5.5%	↔
5 to 9 years	14,888	6.5%	13,721	6.1%	↓
10 to 14 years	10,780	4.7%	11,647	5.2%	↑
15 to 24	40,138	17.5%	40,556	18.0%	↔
25 to 64	109,678	47.9%	106,824	47.3%	↔
65 to 84	35,887	15.6%	35,547	15.7%	↔
85 and older	5,536	2.6%	5,136	2.3%	↓

Source: U.S. Census Bureau, 2017 and 2019 American Community Survey

- While **racial and ethnic diversity** has been increasing recently in Butte County, the population is primarily White (non-Hispanic/Latino), at 70.9.0%; 17.2% of the population is Hispanic/Latino, followed by 5.0% Asian, 5.0% who identify with two or more races, 2.5% American Indian and Alaska Native alone, and 1.9% Black or African American alone.
- Socioeconomic characteristics, such as household structure, income, education and employment, also have important implications for public health. Close to 60% of households in Butte County are family **households** with married-couple families making up slightly less than half of households. Notably, a large proportion of grandparents living in Butte County are responsible for their grandchildren. With 47% living with grandchildren under the age of 18, programs and services intended for children and youth are reaching out to grandparents in addition to traditional guardians. **Household income** refers to the combined income of all people living in one home. The median household income for Butte County is considerably lower than for California overall.

Table 3. Median Household Income in Butte County, California, 2015-2019

	Median Income
Butte County	\$52,537
California	\$75,235

- **Poverty** is a significant risk factor for a variety of negative health consequences, lowering access to health resources including preventive health services, healthy food, and other necessities. In 2019, 15.9% of Butte County residents were living below the federal poverty level, disproportionately by race and ethnicity. Looking at age groups, 20.8% of Butte County children under the age of 18 were living below the federal poverty level, higher than the state average.

Table 4. Poverty Status in Butte County by Race, 2019

Race/Ethnicity	Number	Percent
White alone	26,763	15.6%
Hispanic (of any race)	5,958	16.4%
Two or more races	2,495	18.6%
Asian alone	1,432	14.0%
Some other race alone	1,552	13.2%
White alone (not Hispanic)	23,110	15.3%
Total Population in Butte County		
Population for whom poverty status is determined	35,050	15.9%

Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates

- A community's **unemployment rate** is a measure of economic health and is also associated with poorer health outcomes. The unemployment rate in the county was 4.8% in December 2021, somewhat lower than the state average of 5.0%.
- In addition to having an impact on health and longevity, **educational levels** of community members can also affect the local economy. In general, higher levels of education equate to the ability to earn higher wages, experience less unemployment and enjoy increased job stability. In Butte County, in 2019, 89.2% of adults age 25 and older had at least a high school diploma (higher than for California as a whole), though fewer adults in the county have a Bachelor's degree or higher, 27.2%.
- **Literacy** is an important indicator that can affect a person's health such as the ability to understand written health information or prescription instructions. In Butte County, 5.4% of community residents over the age of 5 and 19.8% of the Hispanic/Latino (any race) population are considered to have Limited English Proficiency.
- Like many other places, **homelessness** is reaching crisis proportions in Butte County, exerting a severe impact on people's physical and mental well-being. In 2019, there were an estimated 2,304 sheltered, unsheltered and FEMA housed homeless adults and children living in Butte County, 16% higher than in 2017; housing displacements caused by the Camp Fire, along with other factors, contributed to this increase.
- The health risks of **tobacco use** are well known. Twice as many adults in Butte County as statewide reported in 2020 being a current smoker, 12.2% vs. 6.5%.
- In 2020, 39.5% of adults in Butte County reported being unable to afford food (**food insecurity**), which can result in negative health consequences such as limitations in activities of daily living among seniors.
- **Chronic diseases and conditions** such as heart disease, cancer, and diabetes are the leading-causes of death and disability in Butte County, similar to the nation and the state. While the mortality rate is higher for Butte County than the statewide and national rates for some chronic diseases and conditions, besides causing pain, dysfunction or death, all chronic conditions result in substantial portions of health care spending in Butte County.

Table 5. Butte County's 2019 Mortality (Death) Rates for Selected Conditions

County Rank Order (of 58 CA counties)	Health Status Indicator	2017-2019 Total Deaths	Age-Adjusted County Death Rate	Age-Adjusted CA Death Rate	County-to-CA Comparison
47	All causes	7,161	777.2	592.6	↓
50	All cancers	1,500	164.9	131.4	↓
50	Lung cancer	350	37.5	24.5	↓
48	Female breast cancer	103	21.2	18.7	↔
42	Chronic liver disease and cirrhosis	141	18.4	12.1	↓
34	Coronary heart disease	799	82.8	80.6	↔
46	Accidents (unintentional injuries)	492	62.8	34.1	↓
32	Motor vehicle traffic crashes	103	15.3	9.7	↓
25	Homicide	26	4.3	4.8	↔
45	Firearm related deaths	100	14.4	7.5	↓
50	Drug induced deaths	172	25.0	14.3	↓

Source: California Department of Public Health, California Comprehensive Master Death Files, [2017-2019]. Compiled, October 2020

- The age-adjusted death rate for all **cancers** in Butte County, at 164.9 cases per 100,000 people, is higher than for the state at 131.4 cases per 100,000 people. The rate of drug induced death rate in Butte County is worth calling out individually: between 2017 and 2019 it ranked as the eighth highest out of all 58 counties in the state.
- Extensive research has linked **physical activity** to health and inactivity to poor health, especially to obesity, diabetes and cardiovascular disease. The percentage of adults age 20 years and older who reported in a representative household survey in 2020 that they had “no physical activity” was lower than the California average, 18.4% in the county vs. 21% statewide.
- **Mental health** and physical health are inextricably linked. In addition to higher rates of anxiety and depression in the aftermath of the wildfires and with COVID, the leading mental health diagnoses for adults served by the county’s Behavioral Health Department continue to be substance use disorders.
- Between 2015 and 2017, there was an average of 43.3 deaths attributed to **suicide** per year in Butte County (up from 41 in the prior 3-year period); suicide is nearly twice as common per capita for both men and women in Butte County as in California overall (though the suicide rate among men is approximately four times as high as for women).
- A person’s ability to **access health services** profoundly affects their health and well-being. After the Camp Fire, for example, approximately one-third of Butte County residents did not have a personal doctor or health care provider. Access to mental health and oral health care also correlate strongly with physical health and well-being. The local supply and ratios of licensed primary care physicians and licensed dentists (both of which decreased) to the total population between 2016 and 2018 are core indicators for community health service availability. The largest percentage decrease between the two periods, however, was in the ratio of mental health providers to total population.

Table 6. Population to Provider Ratios: Butte County and California, 2016 and 2018

	Butte County			California		
	2016	2018	Percent Change	2016	2018	Percent Change
Primary Care Physician	1660:1	1650:1	- 0.6%	1270:1	1250:1	- 1.6%
Dentist	1410:1	1340:1	- 5.0%	1200:1	1150:1	- 4.2%
Mental Health Providers	170:1	140:1	- 17.6%	310:1	270:1	- 12.9%

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



FOUNDATIONAL STATEMENTS

VISION

A healthy, thriving Butte County

MISSION

To promote individual, community, and environmental health through prevention, education, protection and intervention

CORE VALUES

The following core values are used, both internally and externally, by all staff of Butte County Public Health:

<i>Integrity</i>	<i>Conduct all business transparently and accountably.</i>
<i>Community-centered</i>	<i>Strive to meet the needs of those we serve through inclusion.</i>
<i>Collaboration</i>	<i>Commit to work together with community partners and stakeholders.</i>
<i>Respect</i>	<i>Understand and welcome the diversity of community members.</i>
<i>Innovation</i>	<i>Embrace new ideas and encourage initiative.</i>
<i>Quality</i>	<i>Deliver value through evidence-based or promising practices.</i>
<i>Equity</i>	<i>Implement policies and practices in which people have opportunities that match their needs, and address the social and economic factors that shape health outcomes.</i>

PRIORITIES, GOALS, OBJECTIVES AND STRATEGIES



STRATEGIC PRIORITY I. Ensure a Safe and Healthy Living Environment

Goal A. Prevent and respond to public health threats and challenges

Objectives	Strategies
1. Develop an Information Technology recovery plan for public health applications by December 2022	1a. Improve security and reliability of public health IT infrastructure. 1b. Identify and track IT equipment.
2. Implement IT recovery plan by 2023	2a. Train staff in data protection, HIPAA hi-tech, and cyber security.
3. Increase the public's knowledge and awareness of vaccine preventable diseases and available vaccines.	3a. Provide clarifying messages and education on the safety and effectiveness of vaccines through presentations to the community and professional organizations. 3b. Tailor culturally appropriate vaccination-acceptance-boosting messages. 3c. Expand vaccination access to the community.

Goal B. Promote and protect the relationship between population health and the built environment

Objectives	Strategies
1. Reduce the burden of chronic disease in the population through an active lifestyle, proper nutrition, and reduced exposure to toxic conditions by June 2025.	1a. Provide information to local planners and health-related leaders on the role the built environment plays in impacting health and health outcomes in the community. 1b. Work in partnerships with organizations that can facilitate access to walkable and bikeable neighborhoods, trails and pathways.
2. Increase the opportunities for children and adults, including seniors and people with disabilities, to participate in non-sedentary activities by December 2023.	2a. Participate in and when possible, help plan community efforts that offer safe, affordable recreational programs. 2b. Collaborate with partners to provide equipment and/or improve existing recreational and/or exercise equipment in local parks and recreation areas. 2c. Integrate health considerations into Butte County General Plan and/or other area plans/policies as applicable. 2d. Promote more integration of disabilities and senior education into existing programs and increase access to classes/services on increasing movement safely.

Goal C. Promote healthy lifestyles and environments for Butte County residents

Objectives	Strategies
1. Improve childhood nutrition by increasing the percentage of fresh fruits and vegetables consumed by children by June 2025	<p>1a. Engage populations experiencing health inequities through community food assessments, and other efforts to assess food access.</p> <p>1b. Participate in community efforts to promote farmers' markets, food banks and similar efforts that link people, particularly in food deserts, to fresh produce.</p> <p>1c. Expand partnerships with cultural centers, after school centers and boys and girls clubs to provide nutrition education classes or cooking lessons to increase exposure to fresh fruits and vegetables.</p> <p>1d. Expand current tray waste analysis in local schools and provide data to nutrition coalitions to drive changes to school meals services.</p> <p>1e. Expand partnerships to move edible food from the waste stream to community-based organizations.</p>
2. Improve food safety by reducing the percentage of food facilities with major violations observed during routine inspections by June 2025	<p>2a. Standardize food inspections.</p> <p>2b. Consistently educate food facilities on food safety utilizing established protocols.</p>
3. Increase the number of dogs licensed in unincorporated Butte County by December 2024	<p>3a. Promote dog licensing on social media and with animal stakeholders throughout the county using an educational campaign.</p> <p>3b. Address complaints to ensure all dog licenses are obtained as applicable.</p> <p>3c. Ensure dog licensing information is accessible and available to all community members through a variety of formats.</p>
4. Work with Behavioral Health and community-based organizations to reduce by June 2025 the impact of mental and substance use disorders through partnerships in prevention, early identification and recovery support.	<p>4a. Apply a public health approach for preventing opioid misuse, opioid addiction and opioid overdose deaths.</p> <p>4b. Promote early screening of children and youth, to identify those with or at risk for behavioral health issues.</p> <p>4c. Implement a trauma-informed approach in BCPH policies and practices.</p> <p>4d. Collaborate with community partners to educate the public to recognize the signs of behavioral health issues and link to resources.</p> <p>4e. Support adoption of evidence-based or promising practices prevention strategies.</p>

STRATEGIC PRIORITY II. Enhance Access to Services and Promote Community Engagement and Collaboration

Goal A. *Promote an understanding by community residents of how to access and engage in public health programs and services*

Objectives	Strategies
1. Expand equitable access to high-quality services, programs and information by December 2024	1a. Expand communication to include multiple languages, increase accessibility to updated online resources (webpage, social media and increased paid media), make platforms more interactive and establish patient and provider portals. 1b. Utilize text messaging when appropriate. 1c. Increase availability of online scheduling.
2. Integrate the voices of underrepresented communities into all policy, program, and resource decisions by June 2023.	2a. Strengthen partnerships with cultural centers to increase access to services and participation in community feedback methods. 2b. Expand outreach and promotion events to underserved populations and geographic areas. 2c. Use a lens of equity and incorporate diversity in developing grant scopes of work.

Goal B. *Cultivate and strengthen cross-sector partnerships*

Objectives	Strategies
1. By December 2023, provide leadership, development and support to diverse strategic partnerships.	1a. Build and maintain support of multi-sector coalitions in public health priority areas to coordinate strategies, leverage assets, and mobilize change. 1b. Explore opportunities for partnerships with community-based organizations to implement CalAIM Community Support Services.
2. Integrate public health values with clinical health care delivery systems by December 2023.	2a. Continue to strengthen collaboration with local healthcare providers and external health systems.

STRATEGIC PRIORITY III. Advance Health Equity

Goal A. *Build a shared understanding and internal capacity for advancing health equity to ensure all Butte County residents have the chance to be as healthy as possible*

Objectives	Strategies
1. Identify barriers to diversity and inclusion in all BCPH processes by December 2022.	1a. Examine hiring processes to identify barriers to diversity and inclusion. 1b. Redesign hiring processes to eliminate institutional barriers to diversity and inclusion.

Objectives	Strategies
2. Develop and implement a diversity and inclusion plan by July 2023.	2a. Apply a health equity lens to all new and existing internal programs and services. 2b. Align advisory committees' structures, membership, and processes to advance health equity.
3. Provide ongoing educational and training opportunities for BCPH staff to incorporate a health equity framework into programs and services by June 2025.	3a. Promote the availability of cultural and linguistic competency training for staff that aligns with the cultural and language variations of Butte County's diverse communities.

Goal B. Enhance community capacity to increase health equity

Objectives	Strategies
1. Promote opportunities for community partners to learn more about health equity by June 2024.	1a. Provide technical assistance to community partners concerning policies, systems, and environmental changes and data analysis to enhance health equity. 1b. Identify community champions to engage in health-related initiatives.
2. Facilitate collaborative efforts to reduce the impact of the social determinants of health by June 2025.	2a. Maintain continuous partnerships with other County departments, providers and community stakeholders to create policies, systems, and environments to enhance health equity.

STRATEGIC PRIORITY IV. Workforce Development and Performance

Goal A. Build and inspire a diverse team to take effective action around public health priorities.

Objectives	Strategies
1. Recruit well-qualified candidates who reflect the diversity of Butte County by June 2025.	1a. Identify and work to mitigate barriers to recruiting and retaining staff and to understand where candidates may drop-off in the hiring process. 1b. Create and publish more descriptive/ accurate recruitment postings to reflect expected job duties, expectations and languages preferred of vacant position(s). 1c. Create a standard operating procedure for the interview process to ensure consistency. 1d. Collaborate with high schools, community colleges, and schools of medicine, nursing, and public health to strengthen and diversify the public health workforce pipeline. 1e. Work with the County Human Resources Department to review, update, or create job classifications to better align with workforce needs and responsibilities.

Objectives	Strategies
2. Retain and develop staff by providing them with the tools and training opportunities they need to grow and advance professionally by June 2025.	<p>2a. Continue to grow a comprehensive system of professional development for staff that will promote continuous learning around the 10 essential public health services.</p> <p>2b. Support and maintain an innovative work environment.</p> <p>2c. Support internal cross training and/or job shadowing plan.</p> <p>2d. Create and implement an onboarding standard operating procedure connecting staff to multiple divisions and the overall flow of the department.</p>
3. Develop and implement a succession plan to elevate appropriate staff to management and leadership positions by June 2025.	<p>3a. Identify, develop and nurture existing high-potential talent.</p> <p>3b. Create more diversity and inclusion by providing equitable opportunities for coaching and mentoring.</p>

Goal B. *Build and sustain a work culture where staff are acknowledged, empowered, and engaged.*

Objectives	Strategies
1. By December 2022, increase opportunities for BCPH staff to participate in and be recognized for their contribution to the department.	<p>1a. Solicit ideas and insights from staff and apply input whenever possible.</p> <p>1b. Identify and increase opportunities for giving team members permission to take action and make decisions.</p>

STRATEGIC PRIORITY V. Communication

Goal A. *Maximize utilization of available resources, services and information.*

Objectives	Strategies
1. Develop an outreach plan to increase community and provider awareness of BCPH brand, programs and services as applicable.	<p>1a. Share specific outcomes, with data when possible, from BCPH programs to communicate public health results and achievements.</p> <p>1b. Employ a variety of media outlets to keep the general public informed about trending health issues.</p> <p>1c. Draw attention to the value, roles and responsibilities of public health.</p>
2. Increase BCPH staff awareness of department programs and services by June 2025.	<p>2a. Hold regularly scheduled discussions and/or trainings on department programs and services.</p> <p>2b. Create multiple communication approaches to message policy priorities, emerging issues, opportunities for learning, and specific team roles.</p>

Objectives	Strategies
<p>3. Update BCPH web pages by 2023 to enhance sharing public health stories, providing information for the public and offering a place for the public to “ask a public health expert” a question.</p>	<p>3a. Consistently include BCPH branding in all internal and external communications.</p> <p>3b. Create compelling narratives using personal stories that residents have agreed to share.</p> <p>3c. Identify and use appropriate evocative visual images that can improve message recall, create emotional responses, and contribute to sustained changes in beliefs about and attitudes toward public health issues.</p> <p>3d. Frame messages to acknowledge a role for individual decisions about behavior but emphasize the impact of the social determinants of health.</p> <p>3e. Create a standard operating procedure for program staff to follow to get information posted in a timely manner.</p>

Goal B. *Maintain development and implementation of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), and make the public aware of goals, progress and challenges*

Objectives	Strategies
<p>1. Annually through June 2025 share in a report with community members and partners from key sectors the status of CHA/CHIP implementation strategies.</p>	<p>1a. Utilize the department's existing web-based technology (e.g. dashboards, scorecards, etc.) to document ongoing progress of CHA/CHIP measures and indicators.</p> <p>1b. Develop a formal charter and/or process to guide CHA/CHIP activities.</p> <p>1c. Ensure process meets community partner needs and that they remain engaged throughout CHA/CHIP development and implementation.</p> <p>1d. Explore the implementation of CHA/CHIP projects and/or activities through local community-based organizations that may have increased access/capacity to apply for and receive external funding streams.</p>

STRATEGIC PRIORITY VI. Quality Improvement and Fiscal Sustainability

Goal A. *Promote an effective and efficient quality improvement system*

Objectives

Strategies

- | | |
|---|--|
| <p>1. Continue to build and implement a Quality Improvement (QI) program, ensuring it is integrated into all aspects of the department by June 2023.</p> | <p>1a. Educate leadership and staff on QI tools and techniques.</p> <p>1b. Continue to develop the department's QI structure including organization, roles and responsibilities, membership, staffing, administrative support and budget and resource allocation.</p> <p>1c. Encourage QI communication, engagement, and participation for all divisions, programs, and staff.</p> <p>1d. Schedule and implement periodic department-wide internal QI audits and assessments.</p> <p>1e. Review the BCPH QI Plan annually and update as needed.</p> |
| <p>2. Optimize information technology investments to improve process efficiency and enable innovation by June 2025.</p> | <p>2a. Enhance current modernization investments such as cloud computing, data input and reporting improvements, shared services and a digital strategy to make it easier to access information using BCPH websites and tools.</p> |
| <p>3. Continue to build and implement a Program Performance Management system that is integrated into all levels of department operations by June 2022.</p> | <p>3a. Ensure the department's Community Health Improvement Plan (CHIP), Strategic Plan, and QI Plan are linked to and/or align with the program performance management system.</p> <p>3b. Continue to develop and/or refine the program performance management measures, collection methods and frequency, and reporting protocols.</p> <p>3c. Ensure the program performance management system is used to identify, inform, and/or prioritize department QI projects.</p> <p>3d. Develop processes/protocols to analyze program performance management system progress and ensure communication of results to all staff.</p> |

Goal B. *Maintain an effective system of financial stewardship*

Objectives	Strategies
1. Ensure resources are expended in compliance with funder requirements and local policy and procedures.	1a. Maintain existing funding resources and increase when available and cost neutral or cost/beneficial to the department. 1b. Develop a process to determine if potential funding opportunities align with public health priorities or community needs.
2. Increase proficiency in the Financial System by 2025.	2a. Participate in trainings and create department-specific training resources. 2b. Develop department specific reports that will provide data to guide financial decisions.

LINKAGES WITH THE CHIP AND QI



Community Health Improvement Plan Alignment

As a nationally accredited health department, Butte County Public Health strives to achieve population health outcomes through policies, processes and plans. Aligning and coordinating health promotion and equity across a wide range of partners is essential to the success of the department. Continuous community engagement and collaboration allows for increased efficacy in addressing public health issues and concerns. As part of the strategic planning and re-accreditation process, BCPH reviewed the CHIP in alignment with the selected strategic priorities in this strategic plan. While the strategic plan is unique in that it addresses internal organizational roles and responsibilities and workforce initiatives that are not in the CHIP, the priorities within this plan will help drive assessment, evaluation and activities that can positively impact both the CHIP and the department's quality improvement efforts.

Quality Improvement

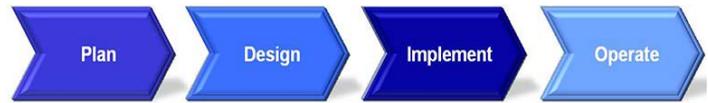
Quality improvement (QI) is a critical part of increasing BCPH organizational capacity and working with communities to improve the health status of the population. BCPH's performance management (PM) process helps in achieving the department's mission and strategic priorities by improving effectiveness, empowering employees, and streamlining decision making. The formal PM and QI processes (utilizing the PDSA model) were developed and implemented during the initial accreditation effort. Despite the efficiencies that were gained, completing and maintaining PMQI work has been a challenge. Various reasons for this interruption since 2017 include:

- The department's continued response to emergencies/disasters such as the Oroville Spillway, the CAMP and North Complex Fires that devastated whole communities during 2018 and 2020, and the COVID-19 pandemic.
- Redirection of many staff from their customary program/administrative work to respond to these events for long-periods of time (weeks, months, and even years). PMQI projects and activities are recognized as important but, unfortunately, had to take a lower priority while responding to emergencies.
- The department has experienced a significant level of personnel turnover in recent years. A large number of individuals originally trained to facilitate PMQI projects/activities have left, and many new staff have not yet had an opportunity to receive training regarding PMQI benefits, roles, and processes.

A solid foundation for PMQI exists in the form of plans, metric/indicator formats and facilitation guides. However, they need to be reviewed, updated as needed, and introduced to new staff. Leadership strongly supports department-wide PMQI, and implementing these formal activities will continue to grow and improve the department.

BCPH is in the process of redesigning the PM system to align with the "10 Essential Public Health Services" as well as other department plans, policies, and priorities such as the CHA, CHIP, Workforce Development, and Health Equity. The goal is for the revised performance management system to better inform and guide the department's QI projects and activities.

IMPLEMENTATION AND MONITORING



The Accreditation Program Manager is tasked with evaluating and reporting progress on the strategic plan. This full-time position presents the strategic plan progress reports to the senior leadership team so that goals and objectives can be adjusted as needed (see Attachment 4 for the preliminary templates).

To implement the strategies, goals and objectives listed above the department will develop an annual internal action plan. The action plan will identify a project lead as well as a timeline for implementation. The leads will be responsible for action plan implementation and tracking to determine progress in meeting the objectives.

Senior leadership/management will meet at six month intervals to review reports on implementation and progress of action plans and consider the progress on the strategic plan. At that time, barriers will be identified and changes in direction implemented if necessary. Progress in meeting the department's performance measures will be communicated to staff and, as appropriate, to community partners through various channels.

APPENDICES



Attachment 1

STRATEGIC PLANNING PROCESS TIMELINE SUMMARY

DATE	EVENT/STEPS*
June 2021	Reviewed and evaluated progress of the BCPH 2015-18 Strategic Plan. Determined the schedule for updating the plan.
July 2021	Developed a scope of work (SOW) and budget, then issued a Request for Proposal (RFP) for an external public health strategic planning consultant to help facilitate the process.
August 2021	Reviewed RFP responses and selected the consultant; negotiated the SOW and entered into contract.
October – November 2021	Held initial planning meetings with the consultant to organize logistics. Reviewed CHA, CHIP and other relevant Butte County data and documents to inform the planning. Held a kick-off meeting (October 22, 2021) with senior leadership and Division Directors (the strategic planning team) to introduce the consultant team, discuss project approach, activities and timeline, and reach consensus on role of staff and consultants. Identified diverse community leaders/advocates/agency representatives, and conducted Key Informant interviews to solicit perspectives about community needs, identify Strengths, Weaknesses, Opportunities and Threats, and suggested priorities; administered an all-staff online survey and conducted one-on-one interviews with senior leadership and Division Directors for the same purpose.
December 1, 2021	Met to review a summary of the internal/external input and discuss its implications for strategic priorities and goals. Staff also reviewed the mission, vision and core values and made several changes to reflect current and future department strategic needs.
December 17, 2021	Collaboratively developed strategic priorities and worked on goals and activities that would guide future activities of the department.
January 2022	Reviewed and finalized the strategic planning goals, objectives and strategies. Assured links to the CHIP and department's Quality Improvement Plan. Additional content was developed to put the strategic planning framework into context.
February 2022	The Strategic Plan was reviewed by the team for final input and revised based on feedback.
March 2022	The Butte County Public Health 2022-2025 Strategic Plan was presented to the Butte County Board of Supervisors for approval, and posted on the BCPH website to share with partners and the community.
April 2023	Senior Leadership and Division Directors develop action plans to implement the Strategic Plan.

*Some meetings in-person, some through zoom.

Key Informant (External) Interviewees

(In alphabetical order by first name)

Individual	Affiliation
Mike Wiltermood	Enloe Medical Center CEO
Steve Stark	Orchard Hospital CEO
Jovanni Tricerri	Vice President, North Valley Community Foundation
Mark Orme	Chico City Manager
Mary Sakuma	Butte County Superintendent of Schools, Office of Education
Kory Honea	Butte County Sheriff
Paula Daneluk	Butte County Development Services
Eric Rapport	Regional Water Board
Tiffany McCarter	African American Family Cultural Center, ED
John Fleming	Ampla Health
Laura Cootsona	Jesus Center, homeless shelter, mobile clinics
Reyna Nolta	Hispanic Resource Council
Andrea Mox	Stonewall Alliance – LGBT*Q+ center
Scott Kennelly	Behavioral Health Director
Shelby Boston	Director of Department of Employment and Social Services
Anna Bauer	First 5 Butte County

Senior Leadership (Internal) Interviewees

Individual	Affiliation
Danette York	Public Health Director
Nanette Star	Assistant Public Health Director
Monica Soderstrom	Division Director, Community Health
Elaine McSpadden	Division Director, Environmental Health
Erin Cox	Division Director, COVID
Jodi Nicholas	Division Director, Public Health Administration
Jodi Putnam	Division Director, Public Health Prevention
Lisa Almaguer	Communications Manager/Public Information Officer
Ryan Soulsby	Animal Control

CONSULTANT

Barbara Aved	Barbara Aved Associates
--------------	-------------------------



SUMMARY OF SWOT RESULTS

Key Informants (external input)

The Key Informants (community partners/leaders) were asked during individual interviews what characteristics allowed BCPH to meet community needs (strengths) and what challenges reduced the department’s ability to perform effectively (weaknesses). These strengths and weakness characteristics represented the **internal** environment of the organization. They were then asked to identify events BCPH could take advantage of to become more effective (opportunities), and events that could negatively impact the organization’s ability to perform (threats), referring to the **external** environment the department may not be in control of.

Key Informant-Identified (External Input)	
Strengths	Weaknesses
<ul style="list-style-type: none"> Competent infrastructure and response of staff to pandemic and disasters, (i.e., navigated the COVID situation really well) Good partnerships with other county agencies, facilities and non-profits Approachable Very open to collaboration and feedback; transparent Hold up well under pressure (e.g., delivering “unpopular” presentations and guidelines to BOS) Constructive relationships vis-à-vis enforcement responsibilities Serves as a social safety net for some services Website is feature-rich; use of social media Find the right balance in the county, politically Offering direct clinic services to help with access Seem strategic about going after grants More efficient/more engaged than other N. CA health departments 	<ul style="list-style-type: none"> Under resourced in workforce (animal control mentioned twice) Takes too narrow a view of PH scope (not proactive enough around social determinants of health), attributing it to lack of staff Community engagement that happened around the CHA needs to be strengthened Staff turnover → too many changes in point of contact Not a strong enough voice/visible enough with health messages (too concerned about political fallout) Website is not helpful for finding information Not enough connection/visibiity with schools Seem a little too bureaucratic Different answers depending on who is asked; sometimes mixed messages Not all relevant materials/messages are available to non-English populations Environmental Health ordinances and regs and standards for practice need more clarity, updating
Opportunities	Threats
<ul style="list-style-type: none"> Take advantage of newer technology/software platforms (e.g., data sharing of patient records and consolidating medical information); become more digital Keep momentum of COVID-inspired relationships going, continue breaking down siloes Be more of a leader/convener, especially to leverage funding Being a central place for referrals could be a robust partnership opportunity Opportunities in community education around opiod addiction (availability of opiod settlement funds?) Opportunities in community education re THC levels once cannabis dispensaries are approved Missed the boat on Whole Person Care by passing it up; net effect was a perception of passivity Leadership around CalAIM 	<ul style="list-style-type: none"> Retirements and lack of succession funding Lack of local bipartisan support for public health Low local public trust for PH, e.g., distrust over COVID mandates Working in conservative anti-government environment Facing an overall leadership deficit/burnout without enough in the pipeline to fill it Pandemic variants; new diseases could wipe us out Poor internet access in pockets of the county impede disaster response capacity Not figuring out how to evolve in a post-COVID world

Public Health Staff (internal input)

The SWOT summary below combines input from the all-staff survey and the strategic planning team of leadership/Division Directors. This information was used to help further refine the vision, value statements and strategic priorities. Consistent themes identified through the SWOT analysis were workforce, technology, quality improvement, communication and collaborative partnerships.

Senior Leadership-Identified (internal input)			
		Strengths	Weaknesses
Internal	Workforce	<ul style="list-style-type: none"> Talented staff, dedicated to their work Competent, supportive leadership Experienced in real-life emergency response; rapid/flexible responses Up-to-date on PH topics/issues Division Directors have full support of upper leadership Benefit of having unions Institutional knowledge; expertise Recognition/appreciation of staff Skilled fiscal staff to get reimbursement 	<ul style="list-style-type: none"> Some staff resistant to change High staff turnover/vacancies Insufficient staffing to do surveillance Non-competitive wages = hiring/ retention challenges Hiring process not well streamlined Need more bilingual/diverse staff Job classifications don't always allow some staff to utilize full skillset Scope of work for Animal Control outsized for current funding
	Infrastructure/ Programs	<ul style="list-style-type: none"> Funding is more sustainable ("making sure funding sources have a legitimate fit") Having direct services (i.e., the PH clinic) Focus on education over prosecution; use of de-escalation skills for volatile situations Good audit results 	<ul style="list-style-type: none"> Better use of available data (e.g., CHA, CHIP) Some CQI measures not being used Missed opportunities due to no grant writer Admin silos reduce communication Need for IT training/ more IT tools No department-wide health record filing system Centralized policies and procedures Could be doing more with prevention/ promotion, if had more staff Training for Microsoft 365/Sharepoint platforms
	Culture/ Communication	<ul style="list-style-type: none"> Openness ("open door") of leadership Good community linkages (but some partnerships need strengthening) Willingness to offer PH expertise to CBOs, others Living in a small county/community = knowing one another 	<ul style="list-style-type: none"> Internal communication not always clear BCPH depends on the same stakeholders; need to expand Some community linkages based on personal relationships, not necessarily "institutionalized" Need better focus through equity lens Not clear who to call for info/help at other County agencies Outdated web pages; difficult to get info on it Standard operating guidelines to make institutional knowledge more accessible
External		Opportunities	Threats
		<ul style="list-style-type: none"> Better use of social media to extoll BCPH positives Turn COVID and other disaster responses into "marketing" value of PH to the community Promote more "working and living in Butte County" in staff recruitment efforts \$\$ available for COVID and to beef up CD Enhanced partnerships with Behav Health The plan for a new Family Resource Center CalAIM Switch from Anthem BC to Partnership Health Plan ("will advance PH?") SB 65 can improve child death reviews University/college as a recruiting tool Use technology upgrades to be more paperless 	<ul style="list-style-type: none"> Decline of trust in PH due to COVID mandates/ compliance Physical threats, e.g., COVID clinics, for Home Visitor staff The "vocal minority"/loudest complaints get the attention ("diverting BCPH energies"); need to be prioritized Climate change → wildfires, drought Politically conservative county; PH issues not always well appreciated At the whim of the state ("always changing course"), some related to funding Emerging diseases/variants Some legislation, e.g., SB 1383, intended for consumer protection → increased workload



Attachment 4

Strategic Plan Revision Tracking Template

Date	Section/Pages Affected	Responsible Staff	CHIP Alignment	QI/PM Alignment

Reporting Rubric

The status of each strategic plan goal is reported using the following rubric:

	1	2	3	4	5
Goal #	<i>Goal is not adequately addressed</i>	<i>Goal is in process of being addressed but a barrier/need must be resolved to accomplish it</i>	<i>Goal is in process of being addressed, on track no issues perceived</i>	<i>Goal is in process of being addressed and nearly complete</i>	<i>Goal completed</i>
1					
2					
3					
etc.					