KERN COUNTY
Public Health Services
DEPARTMENT

Strategic Plan

(FY 2014 – 2019)

Matthew Constantine (signature)

Director, Matthew Constantine

_6/12/17_

Date

Message from the Director

This strategic plan is an invitation to participate in our efforts to improve the quality of life in Kern County. Whether you work in the Public Health Service Department, or work in one of the many organizations we partner with, or if you are an interested member of the public we serve, please join us by reviewing our plan and giving us your feedback. Public health works when there is an organized collaboration between public service organizations and the public served; we improve our quality of life by working together.

We have challenges in Kern County that cause us to prioritize our efforts. Taking on the biggest problems first, we aim to reduce obesity and obesity-related diseases, as well as the transmission of sexually transmitted diseases. Statistically, these are our greatest challenges. We will continue to mitigate the causes of food borne illness and protect the public from harmful substances. Supporting these priorities, we will increase the capacity and access to resources that improve our quality of life.

I am committed to improving the quality of life in Kern County, and fully support the consummate professionals of your Public Health Services Department.

Matt Constantine

Director

Kern County Public Health Services Department

Executive Summary

A strategic plan is the roadmap to an organization's shared vision, and a component of strategic management. The strategic plan is a description of what an organization stands for and where they are going. The Kern County Public Health Services Department offers this Strategic Plan for Fiscal Years 2014 – 2019.

The mission of the department is to improve the quality of life through the promotion of healthy lifestyles, prevention of disease, protection of the environment, and advancement of the public health emergency response. All components of the mission statement correlate to the different divisions, programs, and projects that make up your Public Health Services Department.

The strategic goals and objectives are dynamic in that the department is acutely in-tune with its external environment. Additionally, the strategic objectives are broad enough to allow for a multitude of coordinated task assignments, across divisions and programs, which help make the objectives achievable in part or in its entirety. Therefore, the department's strategic plan is under a continuous effort of improvement and revising.

There are four main Strategic Management Goals: 1) Increase access and capacity to resources and environments that improve or sustain good health, 2) Increase factors that decrease the transmission of disease, 3) Increase factors that decrease air, food, and water borne illness, and 4) Continuously improve the department's infrastructure to adapt to the needs of the public.

Six priority areas of the public's health were identified: 1) Build resource capacity for good health in the community and the department, 2) Increase access to all things that lead to good health, 3) a focus on preventing sexually transmitted diseases, 4) a focus on decreasing obesity and obesity-related diseases, 5) a focus on decreasing foodborne illness, and 6) a focus on harmful substances available to consumers and in our environment.

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Kern County

Introduction

      Kern County is sometimes called the "Golden Empire" in reference to the area's historic gold rushes and continuing legacies of rich oil and fertile agricultural lands. The County is a major oil-producer, and is consistently ranked in the top counties for agricultural production in the entire nation. Largely rural and undeveloped, the County features a varied topography with natural attractions ranging from dry deserts to high forested mountains. Home to just one major urbanized area—Metropolitan Bakersfield—as well as many smaller communities, the County is often described as having a "small-town" feel. Located in the southern San Joaquin Valley just to the north of Los Angeles, Kern County is a vibrant, diverse, and rapidly growing community with an ethnically mixed demographic. Although the County has higher rates of unemployment than the State as a whole, it has also seen steady economic and job growth, with the potential for even greater improvement in the future.

Geography

      Kern County is located at the southern end of the San Joaquin Valley, bordered by the counties of Kings, Tulare, Inyo, San Bernardino, Los Angeles, Ventura, Santa Barbara, and San Luis Obispo. Kern is the third-largest county in California, the nation's third-largest state. With a total area of 8,161 square miles—land area of 8,141 and water area of 20—Kern County is larger than the land area of Massachusetts, New Jersey, or Hawaii, and larger than the states of Connecticut, Delaware, and Rhode Island *combined*. About one-third of the County is situated on the flat floor of the San Joaquin Valley. The Temblor Mountain Range lies to the west of the Valley and occupies the County's western border. The Tehachapi Mountains lie to the southeast of the Valley with a wide belt of Sierra-Nevada foothills and ranges extending north to cover almost a third of the County's area. East of this mountain belt is the Mojave Desert, the remaining third of the County.

      A major crossroads for central California, Kern County hosts a major freeway system that provides access to locations throughout the State, country, and beyond. Highway 99 and Interstate 5 enable north-south travel to locations throughout much of the San Joaquin Valley, joining at Interstate 80 in Sacramento in the north, and between

Bakersfield and the Tehachapi Mountains to the south. I-5 travels north through Oregon and Washington before entering Canada. In the south, I-5 passes through Los Angeles and San Diego, reaching all the way to Mexico. Interstate 5 and Highway 99 also connect to east-west routes within Kern County—Highways 46 and 166 extend west to the Pacific coast while Highway 58 connects with Interstates 40 and 15 to provide eastward access to Arizona, Nevada, and the rest of the contiguous United States.

Population Demographics

Much of Kern County is rural or undeveloped, with the exception of one large urbanized area—metropolitan Bakersfield. Bakersfield and its surrounding unincorporated area have a population of 363,612 people, which is approximately 42 percent of the County's total population of 865,736 (2015 American Community Survey, U.S. Census Bureau). Around 88 percent of the County's total population resides in or around various urbanized areas, while the remaining 12 percent live in more undeveloped, rural areas (2000 Decennial Census). In 2015, the median age in Kern County was 31.1 years old with 128,920 individuals in the 25-34 age range—about 14.9 percent of the total population. The nine years old and younger age group also makes up a substantial portion of the population, approximately 16.8 percent at 145,290.

Ethnically, the County has been changing. In 1980, 71 percent of the County's residents were White, 22 percent were Latino, 5 percent were African American, and 3 percent were Asian, Pacific Islander, or Native American. The 2015 American Community Survey from the U.S. Census Bureau shows a shifting demographic with 62 percent of individuals reporting as White, 18 percent as Hispanic or Latino (of any race), 13 percent as Black or African American, 7 percent as Asian, Pacific Islander, or Native American/Alaskan. Metropolitan Bakersfield generally reflects this same ethnic breakdown.

In Kern County, the Hispanic/Latino population is growing faster than other segments of the population. The California Department of Finance Population Projections (2017) projects 59 percent of the total population reporting as Hispanic or Latino by 2060, while the population segment reporting as White drops to 27 percent. Likewise, the Black or African American population is expected to decline to 6 percent, and the combined Asian, Pacific Islander, and Native American population to drop to 3 percent as well.

	Population	Under 5 yrs.	Over 65 yrs.	White	Black or African American	Other***	Hispanic or Latino (any race)
Kern County Cities and Towns (2010 Decennial Census, U.S. Census Bureau)							
Bakersfield City*	347,483	31,344	29,336	61%	9%	35%	46%
Delano City	53,041	4,223	3,247	39%	8%	57%	72%
McFarland City	12,707	1,350	584	46%	2%	56%	92%
Mojave (CDP)**	4,238	424	441	61%	17%	29%	38%
Ridgecrest City	27,616	2,265	3,417	83%	6%	18%	18%
Rosamond (CDP)	22,681	1,527	2,251	66%	15%	28%	20%
Shafter City	16,988	1,739	1,124	51%	2%	51%	80%
Taft City	9,327	538	785	81%	5%	16%	36%
Tehachapi City	14,414	752	568	69%	10%	26%	38%
Wasco City	25,545	2,206	630	52%	8%	43%	77%

 * For this data, the "City" designation includes only the incorporated areas

  ** CDP stands for Census Designated Places (Census Bureau designation used for unincorporated towns)

*** "Other" includes the categories "American Indian / Alaska Native," "Asian," Native Hawaiian / Pacific Islander," and "Some other race"

NOTE: Data on race includes single and combination selections (two or more races selected)

Kern County's Growing Population (CA Department of Finance 2017 Population Projections)						
		2020		**2030**		**2040**
Total Population		929,787		1,067,631		1,213,558
White	326,320	35%	346,774	32%	367,545	30%
Hispanic or Latino	491,089	53%	588,184	55%	691,272	57%
Black or African American	49,719	5%	58,029	5%	67,020	6%
Asian, Islander, & Native American	42,747	5%	47,360	4%	51,634	4%
NOTE: Data includes combination selections (two or more races selected)						

Kern County's growth rate mirrors California's at 0.76 percent. The California Department of Finance (2017) reports that Kern County's population grew from 886,803 to 895,112 between 2016 and 2017. If this trend continues, Kern County is expected to exceed one million residents by the year 2030.

Employment and Income

Kern County has a wide variety of industries, from high-tech computer and aviation companies to state-of-the-art manufacturers, creating an increasingly diversified economic base.   Primary industries include manufacturing, agriculture, oil, and transportation.   The 2015 American Community Survey reports the category of educational services, healthcare, and social assistance as employing the largest number of people within the County. However, the areas providing the most new jobs projected for the 2015-2020 period were forecasted to be in professional/business services, education and healthcare, leisure and hospitality, and government. (2015 Economic Forecast - CalTrans, Transportation Economics Division).

The 2014 per capita personal income figures for the County was $37,267 and the average annual salary per worker was $55,218. (2015 Economic Forecast - CalTrans, Transportation Economics Division). The U.S. Bureau of Economic Analysis ranked Kern 47th out of California's 58 counties for personal income in 2015.

Kern County Unemployment Rates (2017 Labor Market Info, California EDD - Annual figures not seasonally adjusted)			
Bakersfield	10.3%	Rosamond	12.7%
Arvin	13.4%	Delano	13.7%
Lamont	9.7%	Wasco	15.2%
Oildale	13.1%	Ridgecrest	7.8%
Kern County 11.5%			

According to the U. S. Bureau of Labor Statistics, the County's 2017 unemployment rate of 11.5 percent is still significantly higher than the rates for both the State and the nation—approximately 5.1 and 4.6 percent respectively. These rates for Kern County are adjusted to properly account for the agricultural work force; employment

that is traditionally low paying and seasonal. Approximately 17.1 percent of all employment in Kern County was in farm employment in 2017, which translates to 55,300 workers potentially unemployed in the off-season (California Employment Development Department – Annual Employment by Industry by County, 2017).

In 2012, the Kitanemuk, Yokuts, and Chumash indigenous people of California residing in Kern County, became the federally recognized Tejon Indian Tribe of California.

The Role of Public Health

According to the American Public Health Association, public health promotes and protects the health of people and the communities where they live, learn, work, and play. Public health professionals track and treat diseases, work to prevent injuries, and bring awareness to why some of us have healthier outcomes than others; promoting wellness through healthy behaviors and environments. Public health works collaboratively with community and health care organizations because working together makes for better results.

The Centers for Disease Control and Prevention have established ten essential public health services:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
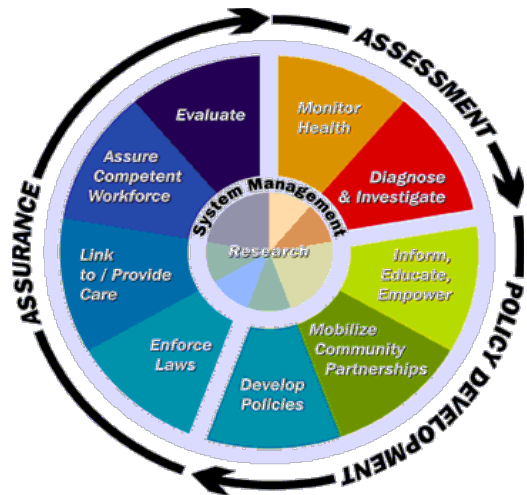
Although the role of public health has been established on a national level by the CDC, and on a state level by the California Department of Public Health, the role of Kern County Public Health Services specifically serves the residents of Kern County and focuses on local issues. Through local collaboration and this strategic plan, we aim to achieve optimal health community-wide.

Visit our website at http://kernpublichealth.com/ to learn more about our role in Kern County.

Strategic Management Process

Strategic management comprises of *strategic thinking*, *strategic planning*, and *managing strategic momentum*. Strategic management is dynamic and involves the whole organization. This strategic plan presents <u>broad</u> goals and objectives to facilitate changes that may occur as we manage our strategic momentum (planning, execution, monitoring, and adjusting). This strategic plan is a basic roadmap for where we are going and how we started.

In 2013, a core group of the department's managers started the strategic thinking process. The department's Director regularly convenes management briefings so his vision and priorities were easily included into the process. A strengths, weaknesses, opportunities, and threats analysis (SWOT Analysis) was conducted.

> ***Strategic thinking aims to answer these questions:***
>
> - What are we working towards?
> - How are going to get there?
> - What is in our way?

The initial department goals and objectives were drafted. In November 2013, the Public Health Services Department staff provided input for the first draft of the strategic plan through a Delphi Survey. Engaging the department's professional staff led to a shared vision for where public health services needed to go.

> ***Delphi Survey:***
>
> - Pointed questions about specific concepts, in this case the questions related to proposed strategic goals and objectives.
> - Used to gauge consensus.
> - When surveying all public health staff, it is the best way to ensure everyone has the opportunity to provide input.

The strategic plan was further refined in January 2017, and once again, the professional staff at Public Health Services provided their input through a second Delphi Survey.

Through the department-wide effort, this strategic plan was developed and a cycle of strategic management ensued.

SWOT Analysis

STRENGTHS

- Leadership works together for mission critical solutions
- Strong community collaboration
- Excellent track record for meeting deliverables
- Culturally sensitive and competent staff
- Nationally recognized innovative projects
- Leadership encourages staff development
- Good relationship with the media

WEAKNESSES

- Large service area with remote communities
- New staff recruitment is challenging
- Teamwork across programs needs improvement

SWOT Analysis

OPPORTUNITIES

- Use strategic management principles to set goals department wide
- State and Federal health care expansion (ACA)
- Use LEAN Six Sigma principles to become more effective and efficient
- Seek public health accreditation to facilitate efforts for improvement

THREATS

- Innovation is hampered by categorical funding
- Local fiscal crisis

Our Mission, Vision, and Core Values

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Mission

Improve quality of life through the promotion of healthy lifestyles, prevention of disease, protection of the environment, and advancement of the public health emergency response

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Vision

To achieve optimal health community-wide

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Core Values

- **Improved public health outcomes through collaboration and innovation**

- **Enhanced surveillance for early detection of disease**

- **Increased capacity to effectively and efficiently respond to public health threats**

- **Deliver culturally and linguistically appropriate services**

- **Continuous quality improvement to best meet emerging health needs of the community**

- **Partnerships with universities and colleges for research expertise and workforce planning**

- **Evidence-based practices in our work**

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Strategic Management Goals

      Strategic management goals are forward thinking, broad in nature, and the building blocks for establishing objectives and tasks; where the real work begins. Additionally, the department's strategic management goals point our public health professionals in the same direction, working together to fulfill the department's vision.

Goal 1: Increase access and capacity to resources and environments that improve or sustain good health.

Goal 2: Increase factors that decrease the transmission of disease.

**Goal 3**: Increase factors that decrease air, food, and water borne illnesses.

Goal 4: Continuously improve the department's infrastructure to adapt to the needs of the public.

Priority Areas

The strategic management cycle allows for priority areas to be worked on first. Matching the department's resources with the community's need often identifies which areas take priority. For this current strategic management cycle, the following priority areas have been identified:

- Capacity
- Access
- Sexually transmitted diseases
- Obesity and obesity-related diseases
- Foodborne illness
- Harmful substances
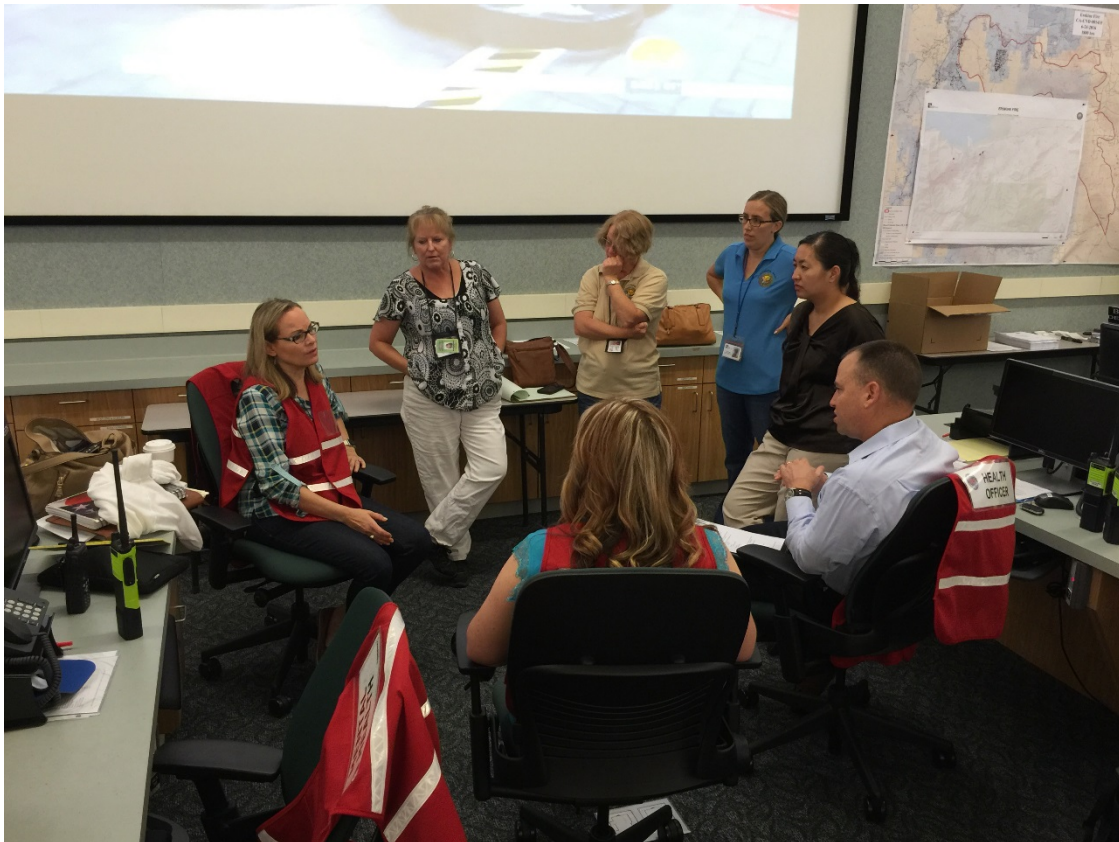
Strategic Objectives

Increase capacity of public health & community resources

Objective: Improve Public Health's ability to respond to areas of emerging concern and potential public health emergencies

Specific	The Department's response
Measurable	Action verb is *Improve*. Measurement is a comparison from a base-line starting point.
Achievable	Yes
Relevant	Yes
Timed	No, this objective is continuous.

Increase access to resources for the community

Objective 1: Reduce field nursing response time to high-risk referrals from hospitals to improve health outcomes by 2018

Specific	Field nursing response time to referrals
Measurable	Action verb is *reduce* and *improve.* Measurement is a comparison to base line.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Objective 2: By 2018, deploy a mobile health clinic and team to provide needed health services in the communities with the highest level of need

Specific	Mobile health clinic
Measurable	Action verb is *deploy*. Measurement is the date of implementation.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Objective 3: Reduce wait time in the Clinic by 2018

Specific	Wait time in the clinic
Measurable	Action verb is *reduce*. Measurement is a comparison to base line.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Objective 4: Increase access to healthy food

Specific	Healthy food
Measurable	Action verb is *increase*. Measurement is a comparison to base line.
Achievable	Yes
Relevant	Yes
Timed	No. This objective is continuous.

Reduce the transmission of sexually transmitted diseases

Objective: By 2018, reduce the rates of sexually transmitted diseases by 10%

Specific	Transmission of STD's
Measurable	Action verb is *Reduce*. Measurement is a reduction in rates by 10%.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Reduce obesity and obesity-related diseases

Objective 1: By 2018, and in direct collaboration with communities, increase awareness about how safer communities promote healthier lifestyles

Specific	Safer communities promote healthier lifestyles
Measurable	Action verb is *increase*. Measurement is a count of community collaborations.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Objective 2: By 2018, and in direct collaboration with communities, increase awareness about how nutrition and food choices affect obesity

Specific	Healthy food choices help to reduce obesity
Measurable	Action verb is *increase*. Measurement is a count of community collaborations.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Objective 3: Develop and implement a program to address the high rate of diabetes mortality that provides for early intervention and education for those struggling at managing their disease, by 2018

Specific	Diabetes management intervention and education
Measurable	Action verb is *develop* and *implement*. Measurement is a comparison to base line.
Achievable	Yes
Relevant	Yes
Timed	June 2018

Reduce Foodborne Illness

Objective: Reduce the incidence of foodborne illness outbreaks

Specific	Foodborne illness
Measurable	Action verb is *reduce.* Measurement is a comparison from base line.
Achievable	Yes
Relevant	Yes
Timed	No. This objective is continuous.

Reduce consumption and exposure to harmful substances

Objective 1: Reduce the presence of harmful substances available for public consumption

Specific	Consumable harmful substances
Measurable	Action verb is *reduce.* Measurement is a comparison to base line.
Achievable	Yes
Relevant	Yes
Timed	No. This objective is continuous.

Objective 2: Reduce harmful substances in the environment

Specific	Environmental harmful substances
Measurable	Action verb is *reduce.* Measurement is a comparison to base line.
Achievable	Yes
Relevant	Yes
Timed	No. This objective is continuous.