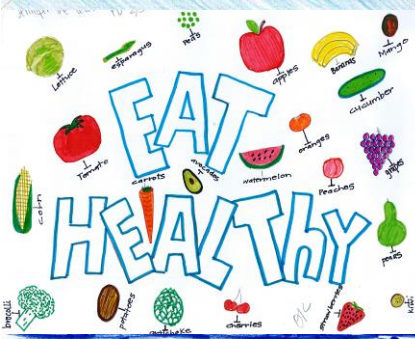
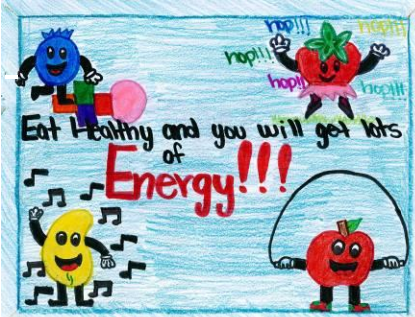


2014-2018 Community Health Improvement Plan for Monterey County California



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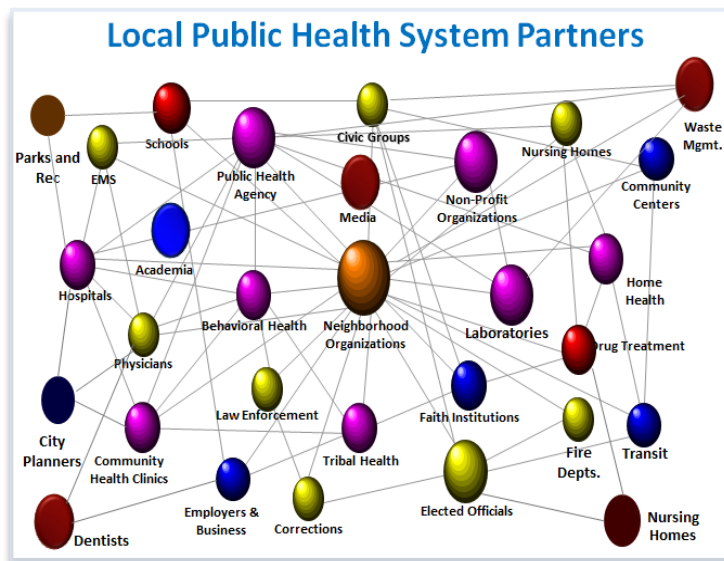
2014-2018 COMMUNITY HEALTH IMPROVEMENT PLAN FOR MONTEREY COUNTY

This plan describes strategies, stakeholders, goals, and measures of progress for specific health concerns and disparities, and also highlights opportunities for members of our local public health system to align priorities and actions in a highly focused and organized manner.

The 2014-2018 CHIP for Monterey County includes information about our local health network and resources to further address priority issues. With awareness of the data, increased communication, and concerted efforts we can reach the target outcomes we seek. The CHIP will be reviewed and reported by the health network annually and revised every five years to monitor our progress and establish new priorities as needed.

There are many ways to get involved, large and small, and the invitation to join this effort is open. Individual organizations and collective efforts are described by name and internet addresses in the body and appendix of this report. Monterey County Health Department maintains and regularly updates a database of contact information for more than 300 organizations.

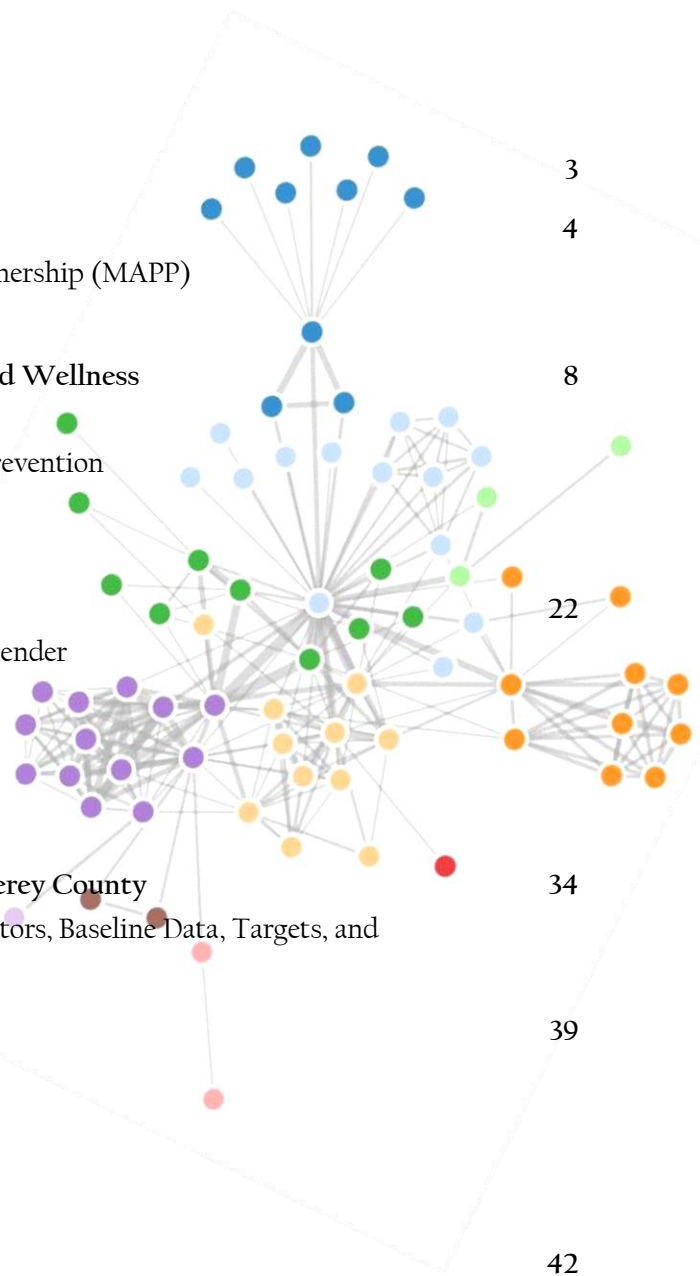
To learn more about how to connect, be added to our partner organization database, or if you are a partner who is not mentioned in this Community Health Improvement Plan, please contact us: Monterey County Health Department, Planning, Evaluation, and Policy Unit, at 831/755-4583 <http://montereycountyhealth.org/index.php/service-catalog/hd-pep-svcs>



Cover artworks created by Monterey County school children. Artists clockwise from top left corne: Charlene Cosim, MacKenzie Crandus, Fernando Acevedo, Abelardo Torres, Jovanna Martinez, Janine Irinco, Emely Flores, Suzette Plumley, Abigail Barragan, Elizabeth Enochs, Leilani Russell, Kelsey Urquidez, Daisy Zamora, Jennifer De Leon, Rosa Salazar, and Ruby Perez.

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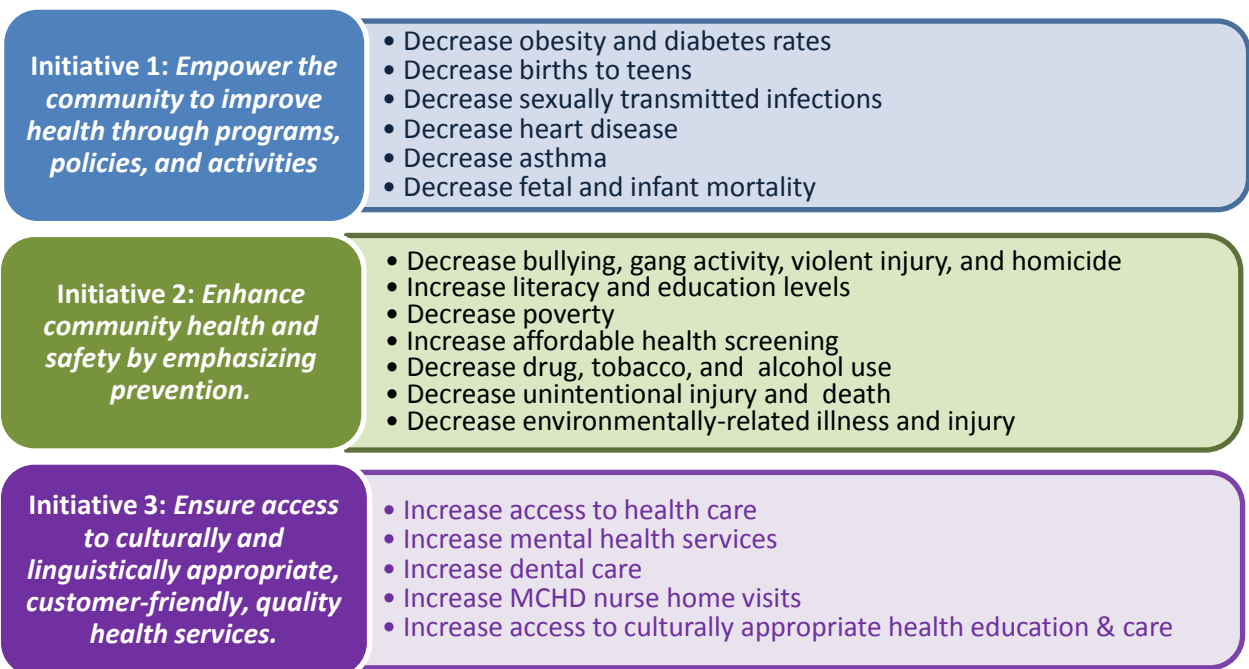
I. Executive Summary

By their nature, complex problems – such as population-based health concerns – require complex solutions at the individual, family, community, and policy levels. Developing and sustaining a healthy community requires broad participation from a network of agencies, organizations, and institutions that employ numerous strategies ranging from awareness, self-managed behavior education, and monitoring, to institutional changes in the ways health care and environmental assets are distributed and accessed.

The 2014-2018 *Community Health Improvement Plan (CHIP)* for Monterey County is strongly rooted in input from community members and partner organizations that began, in November 2010, with a series of public dialogues conducted by Monterey County Health Department and Natividad Medical Center. Over ensuing years, extensive community input was collected and analyzed, yielding these important strategies:

- A **regional approach** would work best to provide greater health equity in Monterey County;
- **Social structures, environmental conditions, and policies** largely impact disease, injury, and well-being;
- **Collective impacts** by a network of groups can most effectively meet our community-wide goals.

Based on community dialogues and recent health data, **18 objectives** were identified to define our regional, social/environmental/policy collective work to come:

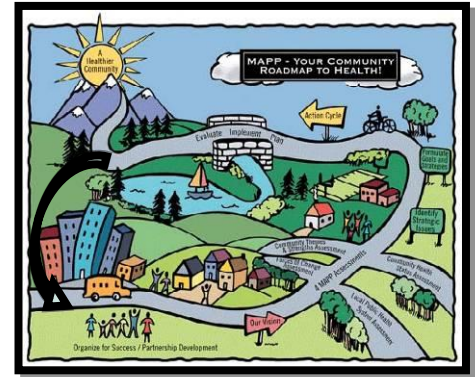


II. Approach

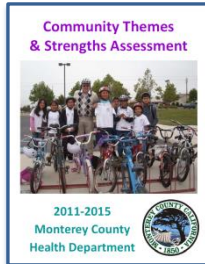
Mobilizing for Action through Planning and Partnership

The 2014-2018 Monterey County CHIP was developed as a part of the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a tool that helps communities improve health and quality of life through community-wide and community-driven strategic planning. The MAPP process used in our CHIP effort includes these six elements:

- Organizing successful partnerships
- Visioning a healthy future for all
- Conducting four MAPP assessments
- Identifying issues of greatest importance to our community members and partners
- Formulating goals and strategies
- Taking action – including planning, implementing, and evaluating.

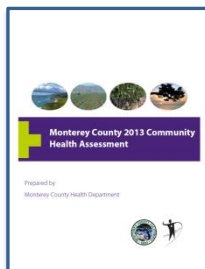


The four MAPP assessments that MCHD developed with community and partner input from 2011 through 2013 are these:



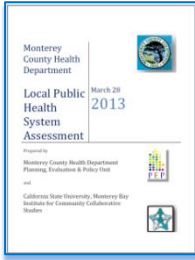
What is important to our community? What are our residents' perceptions about their quality of life? What assets do we have?

The *Community Themes and Strengths Assessment* is a deep understanding of the issues that are important to county residents. Monterey County's *Community Themes and Strengths Assessment* can be viewed and downloaded at <http://www.mtyhd.org/images/zoo/uploads/CommunityThemesStrengths.pdf>



What is the health status of our residents?

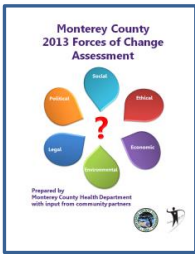
The *Monterey County 2013 Community Health Assessment* lists over 289 public health indicators that are analyzed over time and stratified by race/ethnicity, age group, and gender to identify priority health issues for community action. Monterey County's *Community Health Assessment* can be viewed and downloaded at [http://www.mtyhd.org/images/PEP/PEP pdf/Final CHA pdf 11 21 13.pdf](http://www.mtyhd.org/images/PEP/PEP%20pdf/Final%20CHA%20pdf%2011%2021%2013.pdf)



What are the activities, competencies, and capacities of our local public health system?

The *Local Public Health System Assessment* identifies strengths and areas of needed improvement in the public health system based on the 10 Essential Services of Public Health framework. Monterey County's *Local Public Health System Assessment* can be viewed and downloaded at

http://www.mtyhd.org/images/PEP/PEP_pdf/MC%20LPHSA%20FINAL%20REPORT.pdf

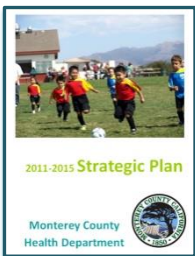


What is occurring or might occur that will affect our Local Public Health System and our community?

The *Forces of Change Assessment* identifies current external factors (such as economic, political, social, environmental, etc.) that influence a community's health and quality of life. Monterey County's *Forces of Change Assessment* can be viewed and downloaded at

http://www.mtyhd.org/images/PEP/PEP_pdf/MC%20Forces%20of%20Change%20Report.pdf

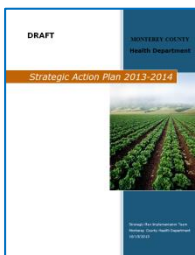
The 2011-2015 Strategic Plan provides three initiatives for MCHD that were derived from community input that is presented in the Community Themes and Strengths assessment. Associated with these initiatives are specific goals and indicators, to evaluate progress and outcomes on a community-wide basis:



What are the best strategies to meet the health needs of our diverse community?

The *2011-2015 Monterey County Strategic Plan* has at its core three initiatives: empower the community, enhance community health and safety through prevention, and improve access to care. Monterey County Health Department's *Strategic Plan* can be viewed and downloaded at

http://www.mtyhd.org/images/Admin/Stratplan/Strat_Plan_FINAL%2020mar14.pdf



Monterey County Health Department's 2014-2015 Strategic Implementation Plan (SIP) is a companion document to MCHD's Strategic Plan. The SIP adds specificity to the Strategic Plan with timelines, responsibilities, measures, and goals. Monterey County Health Department's 2014-2015 Strategic Implementation Plan can be viewed and downloaded at

<http://www.mtyhd.org/index.php/pep-services/item/accreditation-and-quality-improvement-services>

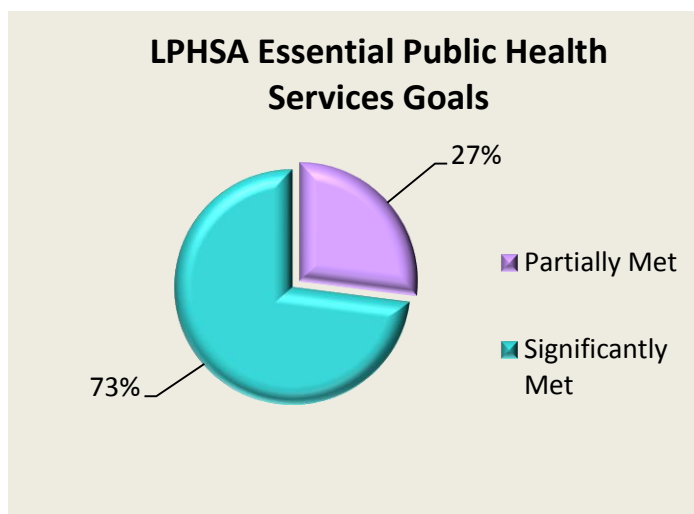
The CHIP represents a long-term, systematic effort to address health problems based on findings in the five assessments listed above. In concert with Monterey County's public health system partners, the CHIP serves to set priorities and coordinate efforts. The CHIP further assists in developing policies that promote our community values and vision of health and well-being.

Community Engagement and Planning Process

MCHD developed an Implementation Team (iTeam) consisting of 15 Health Department staff who acted as an advisory committee for the MAPP process through monthly meetings and document planning, preparation, and review. The iTeam was instrumental in conducting a series of **community dialogues** over a six month period from November 2010 to April 2011. More than 500 people attended meetings in 21 locations and/or responded to an online survey to share their top health concerns and identify community strengths, challenges, and solutions. This input resulted in the **Community Themes and Strengths Assessment** from which the 2011-2015 Strategic Plan Initiatives were eventually derived. A table of the community meeting schedule, participant demographics, and the link to the full report is presented in Appendix A. iTeam members are presented in Appendix B.

The iTeam then oversaw the development of MCHD's **2011-2015 Strategic Plan** that proposed a community health systems integration that advocates a prevention-focused Health in All Policies, a "whole government" approach to health. **Health in All Policies (HiAP)** acknowledges that health and wellbeing are influenced by government sectors beyond 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. The iTeam worked to align and coordinate cross-Bureau and partner-related activities using HiAP as a means to address specific regional needs and challenges. Health equity-related trainings were introduced to weave health equity statements into the county's and city's general plan, and into MCHD's bureau performance management measures. Bureau performance measures were also linked with the Ten Essential Services of Public Health developed in 1994 by the Centers for Disease Control and Prevention. A link to the 2011-2015 Strategic Plan that was adopted by the Monterey County Board of Supervisors is presented in Appendix A.

In March 2013, more than 300 community residents were invited to attend MCHD's day-long **Local Public Health System Assessment (LPHSA)** held at California State University, Monterey Bay (CSUMB). Of the invitees, 123 (40%) registered for the event. Of those registered, 116 attended, and at the end of the day, 94 "voting ballots" were collected (representing 81% of those in attendance during some part of the day). A portion of the day was spent introducing and defining the public health system partners, their roles, and relationships. The composite ballot results indicated community perceptions of how well the public health system was performing in the standards and measures of the Ten Essential Services of



Public Health. Over all, community members perceived that our local public health system “significantly met” 27% of the Essential Services, and “partially met” the remaining 73% of the Essential Services. No portion of the Essential Services were ranked as being “not met” or “fully met,” indicating that more work needs to be done to strengthen our system of care. A link to the full LPHSA report is presented in Appendix A and the list of invitees is presented in Appendix B.

On June 6, 2013, Monterey County Health Department hosted a local health system **Forces of Change Assessment (FOCA)** with 30 invited community partners, representatives of elected officials, and Health Department staff. Assessment participants met in a 2-hour brainstorming session to identify external forces (trends, events, and factors) that could impact the health and quality of life in our community, and the responsiveness of our public health system in both positive and negative ways. Participants discussed and identified Forces of Change items for each of these categories:

- social
- environmental
- political
- legal
- economic
- scientific
- technological
- ethical

While these external forces, such as the price of transportation or impacts of new health care legislation, are for the most part beyond our control, being aware of their potential impacts can help a community plan and prepare for adverse events. A link to the full FOCA report is presented in Appendix A and the list of invitees is presented in Appendix B.

Monterey County Health Department’s **Strategic Implementation Plan (SIP)** was developed in early 2014 as a partner document to MCHD’s Strategic Plan. The SIP adds specificity to the Strategic Plan and demonstrates links to the strategic initiatives, priority activities, and outcomes. The plan received input from and was reviewed by the MCHD iTeam and Bureau Chiefs.

This **Community Health Improvement Plan** brings together the findings, initiatives, and priorities developed in all previously described assessments and plans. This document was developed by MCHD staff and vetted by 20 community leaders, partners, and MCHD staff. A list of reviewers is presented in Appendix A.

III. Community Principles and Visions for Health and Wellness

The 2010-2011 community dialogues with more than 500 residents led to the identification of three important community principles: (1) health and health inequities are heavily impacted by social, social-ecological and environmental conditions and policies, (2) community health gains the greatest benefit when prevention efforts focus on these social, social-ecological and environmental factors, and (3) collective efforts of community groups are needed to efficiently improve the root causes of poor health and health inequities. Monterey County Health Department is therefore actively promoting these principles among community partners.

Health in All Policies

HiAP recognizes that chronic disease and prevention measures are impacted by our social structure, environment, and policies that are managed by government and non-governmental agencies. HiAP is a framework that Monterey County is using to address chronic disease related to health inequities and the social-ecological root causes of poor health, including heart disease, cancer, homicide, suicides and accidents. Elsewhere, examples of HiAP in use include agricultural policies to enhance consumption of fruit and vegetables, transportation policies to promote physical activity, and land-use policies that support access to a variety of health-promoting resources. HiAP approaches are in use by the World Health Organization, the European Union, Australia, Finland, and other countries. California’s Health in All Policies Task Force is comprised of 19 state departments and agencies.



Social-Ecological Model for Policy, Equity, and Prevention

The goal of the Social-Ecological model is to prevent health inequities before they begin, which requires an understanding of the root causes and contributing factors. The Centers for Disease Control and Prevention uses a four-level Social-Ecological model to better understand root causes and prevention strategies¹ (Dahlberg & Krug 2002). This model considers the complex interplay between individuals, relationships, communities, and societal factors. This model allows us to address the factors that put people at disadvantage and at risk for experiencing poor health, and is therefore more likely to sustain prevention efforts over time than any single intervention. The individual level identifies



¹ Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1–56.

biological and personal history factors such as age, ethnicity, education, and social-ecological status. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors. The relationship level examines social circle-peers, partners, and family member-influences that may increase the risk of poor health outcomes. Prevention strategies at this level may involve individuals plus friends, family, health care providers, community health workers or Promotores, and patient navigators represent potential sources of interpersonal messages and support. The community level explores institutions such as schools, workplaces, and neighborhoods. Prevention strategies at this level are typically designed to impact processes, social norms, and policies in a given system. Finally, the societal level looks at broad societal factors that help create an environment in which health and wellness are encouraged or inhibited. Prevention strategies focus on health, economic, educational, and social policies that help narrow the equity gap between groups in society.

Getting “Upstream” of the Problem

Getting a handle on improving health outcomes requires a new, “upstream” way of thinking about health equity that focuses on the root causes of poor health, such as poverty, limited education, disenfranchisement, and institutional perpetuation of social inequities. This “upstream,” or Social-ecological Model advocates shifting some resources to preventive measures that address social determinants of health, rather than utilizing all resources toward the traditional Medical Model that focuses on treating illness and injury after-the-fact.²

² Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving Upstream: How Interventions that Address the Social Determinants of Health can Improve Health and Reduce Disparities. J Public Health Manag Pract. 2008 November; 14(Suppl): S8–17.

Upstream

The Social-ecological Model looks at unequal causes for poor community health:

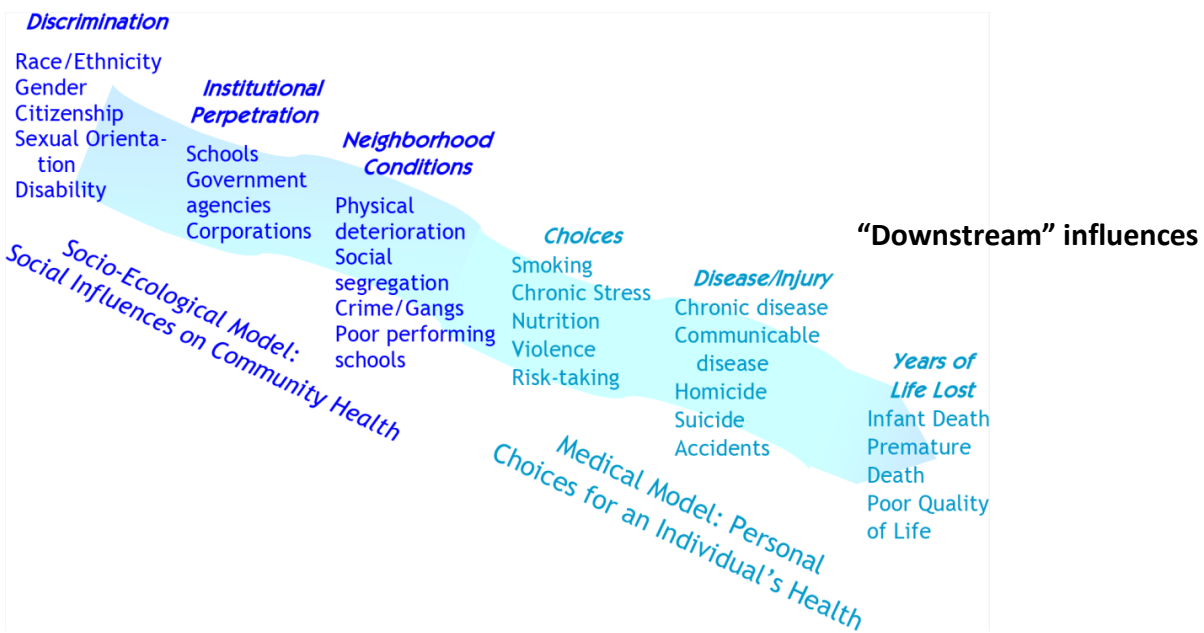
- Examines the effect of social prejudices and poverty on a community's health
- Considers institutional barriers that perpetuate disparities
- Addresses environmental conditions that unequally affect disenfranchised people

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 health care spending

"Upstream" influences

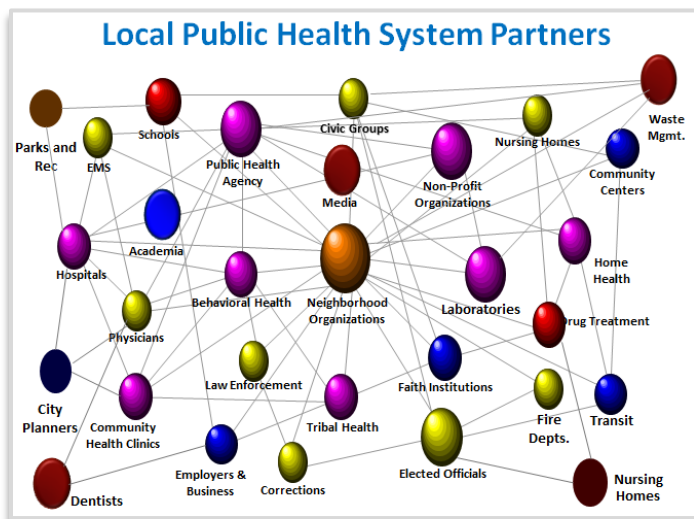


As stated in a report funded by the National Institute of Mental Health, the National Heart Lung and Blood Institute, and the John D. and Catherine T. McArthur Foundation,

It is imperative that greater attention be given to social and economic policies that might have health consequences. More importantly, we must emphasize the need for policy makers, health care providers, and leaders from multiple sectors of society to improve environmental conditions and thus the health of populations. These approaches have the potential to improve health for all, reduce disparities in health, and create more productive and rewarding lives.

Working Together

Our public health system includes many partnering public agencies and private or voluntary organizations that contribute to the public’s health and well-being. These include Monterey County Health Department and health care providers (safety net clinics and hospitals), and government agencies not typically considered health-related such as human service organizations, schools and

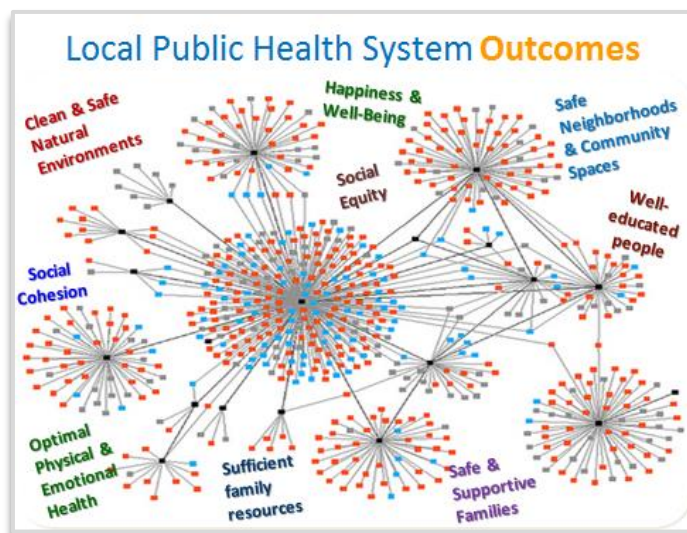


universities, faith institutions, youth development organizations, public safety agencies, recreation, arts, economic and philanthropic organizations, and environmental agencies among others.³ These partners form a network of entities serving different roles within the system, interacting throughout the community and contributing activities and services to our local public health system.

An initial step in forming a connected “system” of service providers is to come together – as independent and separate entities – to create a “shared vision” for what a cohesive system should look like, to understand and make visible how each partner contributes to the local public health system, and to develop a plan for what must be done to strengthen the overall system.

Although Monterey County Health Department is expected to take on a primary leadership role in these efforts, the “public’s health depends upon the interaction of many factors; thus, the health of the community is a shared responsibility of many entities, organizations, and interests in the community.”⁴

With an increasing emphasis on working together to improve the wellbeing of individuals, families and communities, agencies, and organizations in local public health systems



³ U.S. Department of Health and Human Services, Centers for Disease Control, National Public Health Performance Standards Program, LPHS Performance Assessment Instrument, Version 2.0, http://www.cdc.gov/nphsp/documents/07_110300%20Local%20Booklet.pdf

⁴ Institute of Medicine, Improving Health in the Community: A Role for Performance Monitoring, <http://www.nap.edu/openbook.php?isbn=0309055342>

often join together in partnerships, coalitions, collaborations, and collective impact groups to achieve health objectives more quickly, effectively, or acutely than a single entity could achieve on its own.

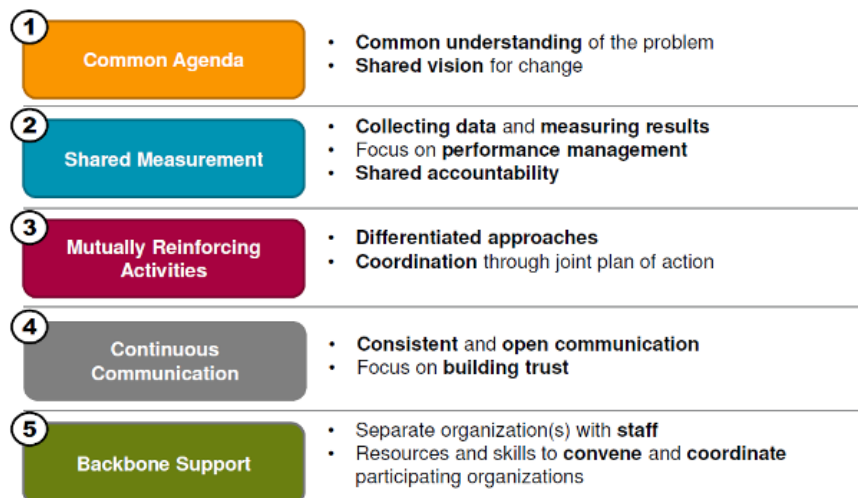
Partnerships are relationships between organizations or groups that are characterized by mutual cooperation and responsibility to achieve a common goal. It can be formal, semi-formal, or informal. Partnerships can involve a variety of different actions by the partners, including joint funding, pooling resources, and agreements to share resources.

Coalitions are groups of two or more entities that have joined together to achieve a particular purpose. The alliance that is formed may be a temporary one, but while it exists, it allows distinct entities that generally maintain unique missions to pool their resources and combine efforts in order to effect change. Although people or groups form coalitions for many and varied reasons, the most common purpose is to combat a common threat or to take advantage of a certain opportunity, thereby contributing to the often-temporary nature of coalitions.

Collaborations are mutually beneficial and well-defined relationship entered into by two or more entities to attain system-based results they are more likely to achieve together than they would independently. The organizations believe they are interdependent, and partners agree that each organization has a unique role to play to address the issue. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; and sharing of resources and rewards. Partners may also focus on the way in which the current system can be improved by changing individual organization policies and procedures.

Collective Impact groups are comprised of partners from different sectors who are committed to clearly-defined common goals for solving complex social problems that no single organization can alone, for the purpose of creating large-scale, lasting social change. The collective impact method is best used for problems that are complex and systemic rather than technical in nature. Collective impact is considered more rigorous than collaboration in that it requires five conditions to achieve meaningful

Achieving Large-Scale Change through Collective Impact Involves Five Key Elements



Retrieved March 2014 from www.fsg.org

results: a common agenda, shared measurement, mutually-reinforcing activities, continuous communication, and a backbone organization that guides, supports, and drives the collective impact method.

As a community public health system, improving outcomes around complex issues may be accomplished using collective impact methods which include aligning activities through collaborations among numerous partnering agencies, including schools and universities, faith institutions, service organization, child and youth development nonprofits, public safety agencies, recreation programs, arts and cultural communities, economic development and philanthropic organizations, environmental agencies, and others. The confluence of data, sound policies and collective impacts could help stem the growth of pressing health problems like obesity, injury, asthma, diabetes, heart disease, and other conditions that have a huge impact on our community's health status and on our residents' quality of life.

Coalitions, Collaboratives, and Collective Impact Groups

The following coalitions, collaboratives, and collective impact groups were known to be actively engaged in health and wellness activities at the time the 2014 CHIP was developed. The concerted efforts of these and other groups show the greatest promise to achieve community health and well-being for all county residents. The member organizations of each group, as of February 2014, appear in Appendix B.

4 Cities for Peace:

In 2010, the four cities of Soledad, Gonzales, Greenfield, and King City began a regional collaboration for gang violence reduction through prevention, intervention, and suppression programs. The cities were awarded two regional California Gang Reduction, Intervention and Prevention (CalGRIP) grants from the State of California.

Focus: regional community violence.

Strategies: awareness, community mobilization, direct programs.

Link: <https://www.cacities.org/Top/News/News-Articles/2013/July/A-Model-to-Reduce-Gang-Violence-Emerges-from-City>

Building Healthy Communities – East Salinas

In 2010, The California Endowment funded and sponsored Building Healthy Communities – East Salinas, a 10-year strategic initiative with the goal of supporting neighborhoods where children and youth are healthy, safe and ready to learn. The locally-generated comprehensive plan serves as a “road map” for local organizations and funders seeking to foster the healthy development and well-being of the East Salinas community, and also as a rallying point for Alisal residents, motivating and guiding the ongoing involvement of local leaders, now and into the future. BHC-East Salinas' vision is that the community's quality of life will improve under the leadership of local residents who work together and with community organizations and public agencies that share their commitment to the children and families who live in the area.



Focus: healthy children and youth, community empowerment, East Salinas.

Strategies: comprehensive community planning; adult and youth development program implementation; advocacy for healthier communities.

Link: <http://www.bhconnect.org/health-happens-here/e-salinas-home>

Child Abuse Prevention Council (CAPC)

CAPC of Monterey County works to reduce the incidence of child abuse and neglect by coordinating prevention and awareness efforts in Monterey County. Free training for mandated reporters, educators, child care workers, and non-profit agencies that work with children is provided. CAPC is a prime sponsor in support of community events and non-profit agencies who provide an array of family services. Members of the Council are appointed by the Board of Supervisors and represent a broad cross section of public officials, service organizations, and Monterey County citizens.

Focus: children and youth under age 18

Strategies: coordination of efforts, treatment, education and awareness

Link: <http://www.co.monterey.ca.us/bcandc/capc.htm>

Coalition for a Tobacco-Free Monterey County

The Coalition's goal is to reduce tobacco use and influence social norms towards a tobacco-free Monterey County, through education, retail licensing, and policy development.

Focus: tobacco use cessation, policy development, and resources.

Strategies: community education, prevention, and policy development.

Link: <http://www.mtyhd.org/index.php/public-health/public-health-news/prevention-team-news/tobacco-control-news/item/coalition-for-a-tobacco-free-monterey-county>



Coalition of Homeless Services Providers

The Coalition of Homeless Services Providers is a group of private non-profit and public organizations working together to address the complex issues of homelessness. The Coalition's mission is to eliminate homelessness in Monterey County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Focus: services for people who are homeless.

Strategies: 10-year plan, multi-agency/organization involvement, Leadership Council and Action Teams, federal grant sourcing, annual data assessment.

Link: <http://www.chspmontereycounty.org/>



Communities for Sustainable Monterey County

Communities for Sustainable Monterey County works to meet the challenge of declining resources and climate change by helping communities transition to sustainable practices.

Focus: decrease fossil fuel and other non-renewable resource use; environmental protection.

Strategies: education and advocacy.

Link: <http://www.sustainablemontereycounty.org/>



Community Alliance for Safety and Peace (CASP)

More than 30 organizations and leaders joined to create CASP, including youth service organizations, county housing and health officials, local and state elected officials, criminal justice and law enforcement officials, educational leaders, business leaders, representatives of the faith community, and private funding organizations. The coalition works to reduce violence and build a better future for children through the For Our Future/Para Nuestro Futuro campaign's activities, events, and resources.

Focus: violence reduction and prevention.

Strategies: comprehensive planning and goals; advocacy and resources for safety and peace.

Links: <http://www.future-futuro.org/en> and http://www.future-futuro.org/sites/default/files/resources/SalinasSWP_2013-2018.pdf



Communities Organized for Relational Power in Action (COPA)

COPA works to develop the leadership skills of ordinary people to engage effectively in public life with power to negotiate with public and private sector leaders to change the economic, social, political and cultural pressures on their families.

Focus: housing, public safety, health care, economic development, education, immigration.

Strategies: broad-based, institutional organizing for effective action through empowerment.

Links: <http://copa-iaf.org>



Early Childhood Development Initiative (ECDI)

Recognizing the tremendous need and significant long-term impact of investments in early childhood, the Children's Council of Monterey County launched an Early Childhood Development Initiative (ECDI) in 2013. First 5 Monterey County and the Monterey County Health Department co-chair the Initiative. ECDI will use a collective impact approach, urging implementing agencies to develop common goals, coordinate resources, build capacity, and share data and information to maximize impact. The first step of this Initiative is to develop a countywide strategic vision, road map, and action plan for children from the prenatal stage through age 5 and their families.

Focus: early childhood, countywide.

Strategies: collaboration among multiple partners that are focused on shared early childhood development goals, awareness, community mobilization and advocacy, and coordination of direct programs.

Link: <http://mcchildren.org/initiatives/ecdi>

Gonzales Community Collaborative

The Gonzales Community Collaborative seeks to build bridges between public schools, community organizations, and local businesses to support the children, youth, adults, and families of Gonzales through collaborative dialogue and sharing information and resources that create an informed, educated, and healthy community.

Focus: children, youth, adults, and families of Gonzales

Strategies: school district and city collaborative planning and policy making

Link: Gloria Rosales at grosales@monterey.k12.ca.us

Health in All Policies (HiAP)

HiAP is a collaborative approach to improve population health by incorporating health considerations into decision making in all sectors and policy areas. HiAP brings together a cross sector of partners to consider how their work influences or affects health and how we can improve health while advancing shared goals. HiAP is the framework used in Monterey County to address health inequities and focuses on identifying the root causes of poor health.



Focus: eliminating physical, social, economic and institutional hindrances to health equity.

Strategies: education, training and action teams.

Link: <http://www.mtyhd.org/index.php/topics/pep-topics/item/health-in-all-policies>

Healthy Mothers, Healthy Babies

Healthy Mothers, Healthy Babies is as a catalyst for change and creates partnerships among community groups, agencies, nonprofit organizations, professional associations, businesses and government agencies to promote optimal health for mothers and babies and to strengthen families and build healthy communities.



Focus: improving infant, maternal, and family health

Strategies: education and collaborative partnerships of public and private organizations to promote, protect, and support breastfeeding

Link: <http://www.hmhb-monterey.org/>

Literacy Campaign Monterey County

Literacy Campaign Monterey County serves in a convening, collaborating capacity to raise awareness regarding literacy needs and advocate for literacy in Monterey County, build partnerships with a broad array of stakeholders, and providing skills development of service providers.



Focus: policy development to improve literacy proficiency in Monterey County.

Strategies: advocacy, training, collaboration among multiple partners with shared goals.

Link: <http://literacycampaignmc.org/>

Monterey County Children's Council

The Council's purpose is to enhance services and decrease duplicative efforts in child and youth service provisions by developing a comprehensive and collaborative delivery system of services for children and their families. The Council was established by the Board of Supervisors on June 9, 1992, and is comprised of over 25 organizations representing a diverse group of stakeholders including business, funders, philanthropy, service providers, law enforcement, health and mental health, and social services.



Focus: children's education, health, and well-being.

Strategies: All Kids, Our Kids (a countywide movement dedicated to building stronger, more resilient children and youth by creating positive, caring and supportive schools and communities through positive youth development) and Early Childhood Development Initiative (see above).

Link: <http://mcchildren.org/>

Monterey County Cradle to Career Community Partnership

The Monterey County Cradle to Career Community Partnership was formed in 2014 to seek measurable improvements in learning and education outcomes for children and youth in the Monterey County region. The long-term goal is to ensure that every child is prepared for school, is supported inside and outside of the classroom to achieve in school, successfully graduates from a college, credential or training program, and enters a career with the talent to thrive over a lifetime. This initiative strives to realize these goals by pursuing continuous improvements over time and leveraging best practices in social innovation and change, and in human learning and development. The early childhood development chapters of cradle to career are coordinated by ECDI (see above).

Focus: improvement in learning and education outcomes for local children and youth, cradle to career.

Strategies: develop an aligned, community vision, measure target outcomes, seek insights about factors influencing the learner's experience, discover what works in education in our local context, and pursue improvements through collaborative, continuous improvement.

Link: Cynthia Holmsky at cnelsonholmsky@csumb.edu

Monterey County HIV Planning Group (MCHPG)

Monterey County HIV Planning Group (MCHPG) is an unincorporated Planning Group of service providers and concerned community members whose purpose is to identify local, met and unmet, needs for HIV education/prevention and care/treatment services. Anyone is welcome to attend the meetings which are typically held quarterly, at a rotating location.

Focus: residents having or at risk for HIV and the HIV service providers.

Strategies: exchange of information, data, prevention activities, and events.

Website link: <http://www.mtyhd.org/index.php/public-health/public-health-news/communicable-disease-news/hiv-aids-and-std-news/item/monterey-county-hiv-planning-group-mchpg>

Monterey County Immunization Coalition

The Monterey County Immunization Coalition is comprised of professionals from the medical community, schools, and other community-based organizations. The coalition has 6 goals: To increase vaccine rates by promoting vaccines to all populations/ages; to remove barriers to obtaining vaccinations; to educate parents and providers; to decrease missed opportunities; to expand the coalition and to coordinate our efforts.

Focus: advocating for the benefits of immunizations.

Strategies: advocacy and education.

Link: contact Angela Gladstone at GladstoneA@co.monterey.ca.us



Monterey County Child Care Planning Council

Monterey County Child Care Planning Council create a comprehensive, integrated child care delivery system that offers safe, high quality, culturally sensitive, affordable child care to Monterey County families who need it; that allows parental choice; and is supported by a partnership of public and private resources.

Focus: preschool and afterschool child care.

Strategies: forum for child care issues and policy development

Link: <http://www.montereycoe.org/student-services/mcccpc>

Monterey County Vulnerable Infant Care Coordination Collaborative

Health and social services professionals from 25 public and non-profit organizations serving medically and/or developmentally vulnerable infants launched the Vulnerable Infant Care Coordination Collaborative to establishing a comprehensive and integrated system of care coordination for high risk preterm or low birth weight infants. Collaborative activities focus on strengthening care coordination and collaboration, increasing member's knowledge of services and referral criteria to ensure timely access to appropriate services, and advocating to fill gaps in needed services.

Focus: improving health outcomes for infants and children with special health care needs

Strategies: information exchange, case reviews and resource development

Link: Dyan Apostolos, Monterey County Health Department, at apostolosd@co.monterey.ca.us

Monterey Regional Health Development Group (MoReHealth)

MoReHealth is comprised of health care and community leaders in Monterey County who meet quarterly to share ideas, discuss initiatives, interact with State and federal legislators, and engage invited speakers on health care topics. MoReHealth attendees include local hospital executives, physicians, military health care leaders, government officials, allied health professionals, and executives from community agencies, media and education sectors. Recent examples of MoReHealth agenda topics include the Affordable Care Act including enrollment and provider capacity in Monterey County, local Employee Health Promotion programs, Health Needs Assessments in Monterey County, and federal legislation to improve local Medicare physician payments.

Focus: events and trends affecting the health and medical care of Monterey County residents.

Strategies: MoReHealth facilitates interaction of health and community leaders to support shared understandings, advocacy and innovation.

Link: Alan McKay, MoReHealth Chair (amckay@ccah-alliance.org)

Nonprofit Alliance for Monterey County

Nonprofit Alliance of Monterey County (NAMC) is an unincorporated membership organization governed by Core Leadership, a 10 to 15-member group elected annually and representing the range of key actors in the nonprofit industry. NAMC strives to develop and implement programs that encourage its members to work collaboratively and support one another, that improve the internal operations and structures of nonprofit organizations, and that speak to the larger community about the critical role of the nonprofit industry in society.



Focus: nonprofit public benefit organizations.

Strategies: collaboration and training around diversity and economic impacts.

Link: <http://www.alliancemonterey.org/index.html>

Nutrition and Fitness Collaborative of the Central Coast (NFCCC)

Nutrition and Fitness Collaborative of the Central Coast (NFCCC), is comprised of 50+ agencies spanning Monterey, Santa Cruz, and San Benito counties, representing schools, agencies, and organizations working to improve the health and well-being of Central Coast residents.



Focus: planning, information and data sharing, networking, coordination.

Strategies: trainings, conferences, community forums, mini-grants.

Link: <http://www.mtyhd.org/index.php/public-health-bureau/phb-programs/item/network-for-a-healthy-california-central-coast-region>

Preventing Alcohol-Related Trauma (PARTS)

Preventing Alcohol-Related Trauma works to prevent alcohol-related trauma and youth initiation of alcohol, tobacco, and drug use in Salinas, on the peninsula, and in South county.

Focus: youth alcohol and drug abuse.

Strategies: Safe Teens Empowerment Project to shift behaviors through environmental changes, policy enforcement, parent advocates, and media influence.

Link: <http://www.sunstreetcenters.org/prevention/coalitions>

Safety Net Integration Committee

This committee is comprised of the county's four hospitals, health and insurance providers, and IT experts working to integrate Safety Net Provider Electronic Medical Record patient care information through participation in the Peninsula Health Information Link. This work will improve the ability of the county's health care safety net to coordinate care for low-income populations through implementation of new strategies that strengthen the integration of community health centers (CHCs), safety net hospitals and county-operated safety net providers.

Focus: increase safety-net patient access to health care and efficiently share health information between safety-net providers.

Strategies: integrate Safety Net Provider Electronic Medical Record patient care information through participation in the Peninsula Health Information Link.

Link: contact Monterey County Health Department Clinic Services, 831/755-4500

Seaside Leadership Team

The Seaside Leadership Team was created in August 2012 as part of the Community Transformation Grant Initiative. Monterey County was one of 12 counties chosen to become a CA4Health county and the community of Seaside was chosen for their readiness to build a healthier community among their diverse population. Through collaboration, a Leadership Team was convened to meet bi-monthly and to begin to address health disparities in the community of Seaside.

Focus: four strategic areas include: 1) chronic disease self-management, 2) reducing sugary sweetened beverage consumptions, 3) Safe Routes to School and healthy environments such as 4) smoke-free multi-unit housing opportunities. The Leadership Team will implement a collaborative approach that will be sustainable in years to come with great results.

Strategies: train community health workers and clinic staff to deliver Living Well series for community residents to improve chronic disease and managed care. Train youth leaders as change agents in reducing sugary sweetened beverage consumption among their peers and highlight the problem of second-hand smoking in multi-unit housing. Provide technical assistance to City of Seaside for vendor policy revision.

Link: contact Monterey County Health Department/Prevention Team at 831-755-4541

Sexual Assault Response Team (SART) Coalition

The Sexual Assault Response Team (SART) is a victim-sensitive program designed to provide a team approach to responding to survivors of sexual assault in our community who have decided to report the assault. SART consists of trained nurse examiners and physicians' assistants, also known as Sexual Assault Forensic Examiners, local law enforcement agencies, and certified sexual assault victim

counselors from the Monterey County Rape Crisis Center. The SART approach helps reduce trauma and increase support, while ensuring efficient and consistent evidence collection. Forensic exam costs are covered by law enforcement.

Focus: victims of sexual assault and survivors of child sexual abuse, and their families and support groups.

Strategies: reduce trauma and increase support; endure efficient and consistent evidence collection

Link: <http://www.mtryrapecrisis.org/>

South County OutReach Efforts (SCORE)

South County OutReach Effort (SCORE) is hosted by California Rural Legal Assistance as a collaborative network of health, education and human service providers represented by public, non-profit and educational agencies and organizations serving South Monterey County. SCORE's mission is to (1) improve service access and quality by providing a forum for information and referral, sponsoring countywide events, and advocating for our South County Community, and (2) to increase the capacity of its member agencies by avoiding duplication of services and proving opportunities for the professional development of its members.

Focus: south County health and human services

Strategies: collaboration and information exchange

Link: emma.bojorquez@edd.ca.gov

Impact Monterey County

Impact Monterey County is a comprehensive, county-wide community dialogue sponsored by United Way Monterey County that will shine a light on community conditions and solicit residents' aspirations for their quality of life as regards education, economic self-sufficiency and health. With the participation of approximately 1-2% of county residents, our community will benefit from the alignment of stakeholders toward common goals and measurements that improve conditions for all.



Focus: community aspirations for improved quality of life.

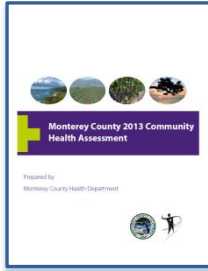
Strategies: access and measure community needs, collaborate with other works in progress, align stakeholders toward common goals, implement a common agenda, measure progress and sustain.

Link: <http://www.unitedwaymcca.org/yourvoicecounts>

IV. Developing Health Priorities

Health Data by Race/ethnicity, Age Group, and Gender

Data is the foundation of sound program design, service delivery, and policy development. With reliable data, communities work toward achieving healthy outcomes and equal access to social, educational, economic, and health opportunities. Conducting periodic community health assessments is one of 10 Essential Services of Public Health as defined by the Centers for Disease Control and Prevention: “Monitor health status to identify and solve community health problems.”



The Monterey County 2013 Community Health Assessment (can be downloaded from http://www.mtyhd.org/images/PEP/PEP_pdf/Final_CHA_pdf_11_21_13.pdf) presented data for several hundred indicators over ten broad categories. Monterey County Health Department and community partners conducted a comprehensive review and analysis of secondary quantitative data from local, state, and national agencies and surveillance systems. The most current, standardized and reliable data were used.

The 2013 CHA findings shine light on the social determinants of health and health outcome disparities existing in our county within county regions, among race/ethnic groups, age groups and genders. These disparities appear prominent in these ways:

Poverty

- Nearly 40% of Monterey County residents lived at or below 200% of the Federal Poverty level in 2012.
- Of children and youth younger than age 18, 25% lived at or below 200% of the Federal Poverty level in 2012.
- Nearly 25% of **Hispanic/Latino** residents and 22% of **Black** residents lived under the Federal Poverty level in 2010, indicating a disparity when compared to 8% of the **White, non-Hispanic** population.
- Of children and youth younger than age 18, 25% lived in poverty

Social Disparities

- Thirty percent (30%) of Monterey County’s residents **age 25 and older** in 2012 had less than a high school education.

Access to Health Care and Resources

- All of Monterey County is designated as a primary care shortage area by the federal Health Resources and Services Administration. Most of the county is medically underserved, which includes dental and mental health services.

Health Screening

- In 2009, 45% of all **Hispanic/Latina** women reported they never had a mammogram for breast cancer screening; the **White, non-Hispanic/Latino** percentage was 17%.
- In 2009, 45% of all **Hispanic** adults reported they never had a sigmoidoscopy for colorectal cancer screening; the **White, non-Hispanic/Latino** percentage was 19%.

Health Behaviors

- There were three times as many **male** smokers compared to **female** smokers from 2003 to 2012.

Chronic Disease

- Age-adjusted diabetes mortality rates among **Hispanic/Latino** and **Black** residents were significantly higher compared to **White, non-Hispanic** residents.
- Age-adjusted prostate cancer incidence rates increased significantly among **Hispanic** residents from 2001 to 2010, while rates decreased for **Asian/Pacific Islander** residents.

Communicable Disease

- Pertussis (whooping cough) infection rates significantly increased in Monterey County from 1999 to 2010, and there significantly higher for 0 to 14 year olds than for other **age groups**.

Mortality

- Unintentional (accidental) mortality rates significantly decreased for **Hispanic/Latino** residents from 1999 to 2010, but rates significantly increased for **Multiple/Other** race residents.
- The 2010 percentage of **North county** deaths due to unintentional injury was more than double the countywide percentage.
- Homicide rates from 1999-2001 through 2008-2010 were significantly higher for **Hispanic/Latino** and **Black** residents compared to **White, non-Hispanic** residents.
- Mortality rates were consistently lower for **White, non-Hispanic** residents compared to **Black** and **Hispanic/Latino** residents, although not statistically significant.
- Homicide rates significantly increased for **Asian/Pacific Islander** and **Black** residents from 1999 to 2010, and were significantly higher, along with **Hispanic/Latino** residents, compared to **White, non-Hispanic** residents.

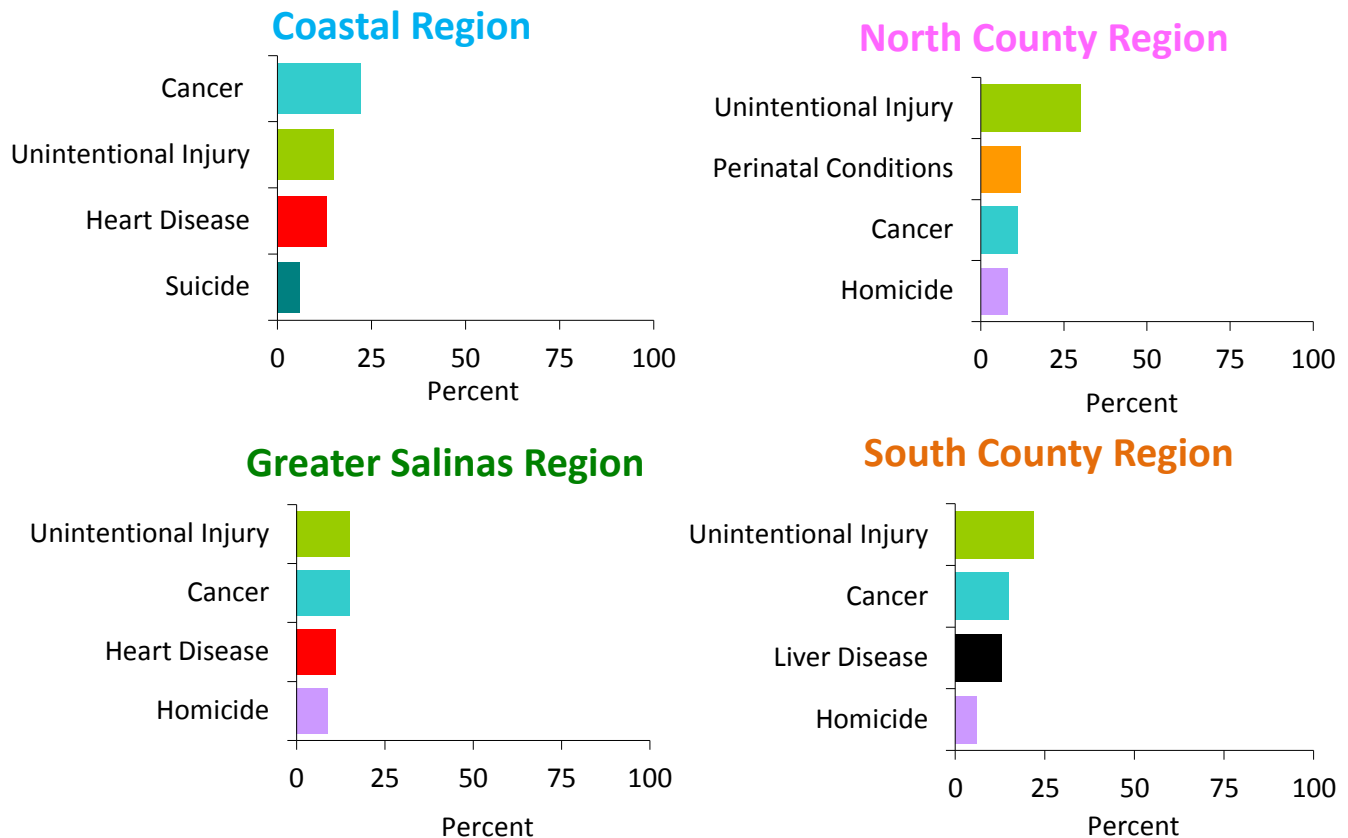
Leading Causes of Death:

- Disparities in the leading causes of death and the years of potential life lost prior to age 75 are apparent by geographical regions within the county.

Regional differences can be seen in the leading causes of premature death that affect life expectancy in Monterey County. For example, heart disease appears as the leading cause of premature death in the coastal and greater Salinas regions, but not in the North or South county regions. For deaths that occurred during 2006-2008 among residents who were less than 75 years old, unintentional injury was the #1 cause in three out of four regions (see tables below), and unintentional injury occurred to a greater

degree in the North county region than in other regions. Homicide was the #4 cause in three of four regions, but was not among the top four causes of premature death in the coastal region. Suicide, perinatal conditions, and liver disease each occurred in only one region. These regional differences are important in understanding population-based health education and outreach.

Regional Differences in Leading Causes of Premature Death as a Percent of Years of Potential Life Lost (prior to age 75), 2006-2008



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

Community Dialogues and Input

To collect community input during the strategic planning process, MCHD staff attended community meetings held over six months throughout Monterey County to present residents with a recent community health assessment and regional health disparity data. MCHD and Natividad Medical Center staff visited a variety of community groups—from Migrant Farm Workers’ Parents Group to the Junior League. In all, from November 2010 to April 2011, more than 500 people attended meetings in 21 locations or responded to an online survey.

Community Meeting Participant Demographics, November 2010-April 2011

Community Meetings Participants	County Region ¹				Total
	North County	Coast Region	Salinas Region	South County	
Number of Meeting Locations	2	6	7	6	21
Meeting participants' home community	60	159	136	183	545
Online survey respondents' 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 number 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 = Aromas, Castroville, Elkhorn, Moss Landing, Pajaro, Prunedale, Royal Oaks,

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

Salinas Region = City of Salinas and immediate unincorporated surrounds

South County = All communities South of Salinas in Salinas Valley

After the presentations and a question/answer session, regional meeting participants were asked to name their most urgent health concerns and talk about the improvements they would like to see. In all four county regions, “access to health care” was named as the #1 concern among residents. “Obesity” and “Teen Births” were named as concerns in three regions, and “Mental Health” and “Diabetes” were each mentioned in two regions. Regional differences were apparent, as demonstrated on the following tables:

Top Regional Concerns, 2011-2012			
North County Region	Coastal Region	Salinas Region	South County Region
<p>Legend: North County Region (purple), Coastal Region (teal), South County Region (orange), Greater Salinas Region (green)</p> <p>Scale: 0 5 10 20 Miles</p>	<p>Legend: North County Region (purple), Coastal Region (teal), South County Region (orange), Greater Salinas Region (green)</p> <p>Scale: 0 5 10 20 Miles</p>	<p>Legend: North County Region (purple), Coastal Region (teal), South County Region (orange), Greater Salinas Region (green)</p> <p>Scale: 0 5 10 20 Miles</p>	<p>Legend: North County Region (purple), Coastal Region (teal), South County Region (orange), Greater Salinas Region (green)</p> <p>Scale: 0 5 10 20 Miles</p>
<p>Access to health care</p>	<p>Access to health care Obesity (childhood) Teen births Mental health</p>	<p>Access to health care Obesity Teen births Mental health Diabetes</p>	<p>Access to health care Obesity Teen births Diabetes</p>
<p>Limited health services Limited recreation programs Perinatal mortality</p>	<p>School bullying Childhood asthma</p>	<p>Violence Dental care</p>	<p>Drug & alcohol use Injuries</p>

Comments on Concerns from Community Dialogue Participants:

“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

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

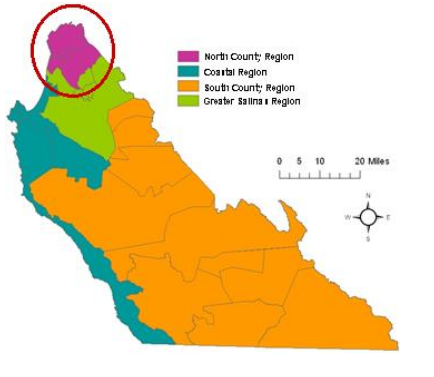
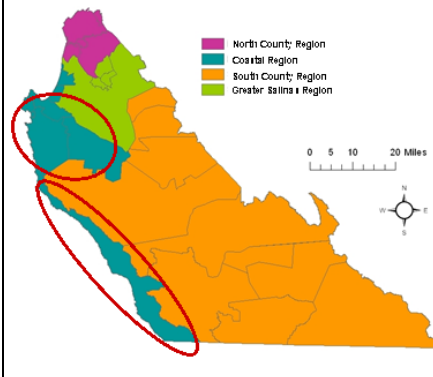
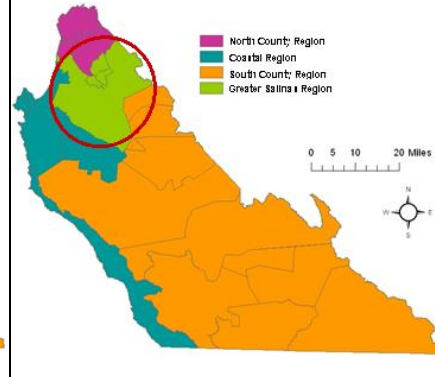
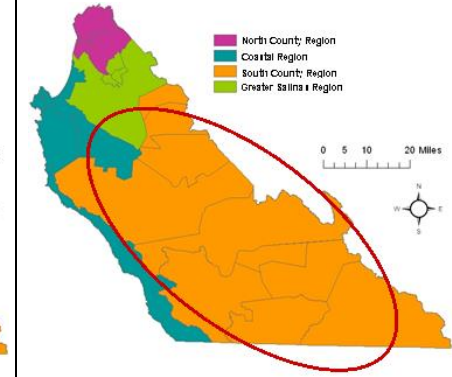
“Mucha gente no hacen chequeo de salud porque no tienen dinero o aseguranza.” Residente de la Región de Salinas

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

“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 Region 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

Top Regional Solutions, 2011-2012

<p>North County Region</p> 	<p>Coastal Region</p> 	<p>Salinas Region</p> 	<p>South County Region</p> 
<p>Affordable health care including low cost clinics for pregnant women</p> <p>Health education</p> <p>After school programs</p>	<p>Health care access</p> <p>Safety programs like Neighborhood Watch and after school programs</p> <p>Empowerment programs such as health & nutrition workshops for parents</p>	<p>Universal coverage, affordable prescriptions, free health screenings</p> <p>Safety programs like crossing guards, sobriety checks, Neighborhood Watch, and gang prevention</p> <p>Health education</p> <p>After school programs</p>	<p>Health care access including payment plans, free clinics, bus vouchers</p> <p>Safety programs and activities that prevent and address violence</p> <p>Empowerment programs</p> <p>Youth serving programs and activities</p>
<p>Outdoor activities, more bike paths & parks</p>	<p>Elder assistance School counseling Bus vouchers Incentives to maintain health</p>		

Comments on Solutions from Community Dialogue Participants:

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

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

“Free or affordable after school activities of all types are needed for children & youth to keep them safe and healthy.” Coastal Region Resident

“We need more after school activities like sports, cooking, art, dancing, drill teams, field days. North County Resident

“We need translation services in clinics or for doctors.” South County Resident

“There is no pharmacy in Castroville; we need a local pharmacy.” North County Resident

“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.” Salinas Region Resident

“We need more parks and recreation activities in Seaside.” Coastal Region Resident

“I think we need more prevention services because it's too late when they get sick.” North County Resident

“We need more health care options in South County.” South County Resident

“More nutrition, and exercise, and healthy living programs are needed in schools and for the public—especially for non-English speaking residents.” Coastal Region Resident

“We need educational support for better jobs and more after-school options for youth.” South County Resident

“Promotores can develop trust with the people.” Salinas Region Resident

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

“Parents and families need more education for anger management and depression.” Coastal Region Resident

Using a Regional Approach

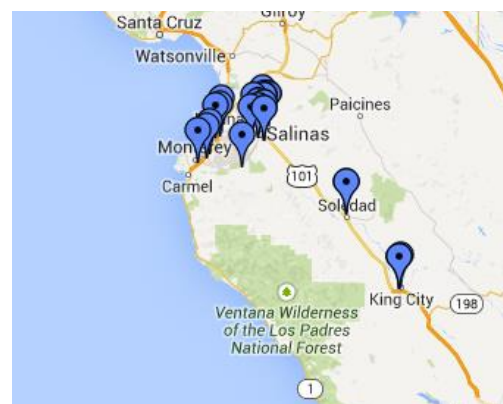
Because of distinct differences in health outcomes and resident concerns found between the four county regions (North, coastal, Salinas, and South), MCHD's Strategic Planning Committee members agreed upon a regional approach to addressing health conditions and disparities.

The regional approach is documented⁵ 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.

An example of the regional approach has been used in MCHD's Public Health Regional Teams that are comprised of a multi-disciplinary team of nurses and registered dietitians who provide case management and home visitation services throughout Monterey County. Four geographically-distributed teams strive to address community needs and priorities, provide a continuum of care between outpatient clinics, hospitals, and medical providers to support improved health, and promote the adoption of healthy behaviors. Efforts are focused on Medi-Cal patients with chronic medical conditions, nutritional deficiencies, and psychological stressors. Teams are complemented by public health educators who conduct activities to bolster local community environments that support healthy choices.

Other examples include MCHD's regional offices for behavioral health, clinic services, and environmental health located in and surrounding Salinas; in Seaside and Marina on the Monterey Peninsula; and in the South county cities of Soledad and King City.

MCHD Facility Locations



Strategic Initiatives

The following three overarching health and wellness initiatives were developed – as a result of the community dialogue sessions, MCHD's use of the social-ecological model, and community health disparity data – to span regionally specific needs and solutions:

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

Initiative 2: Enhance community health and safety by emphasizing prevention.

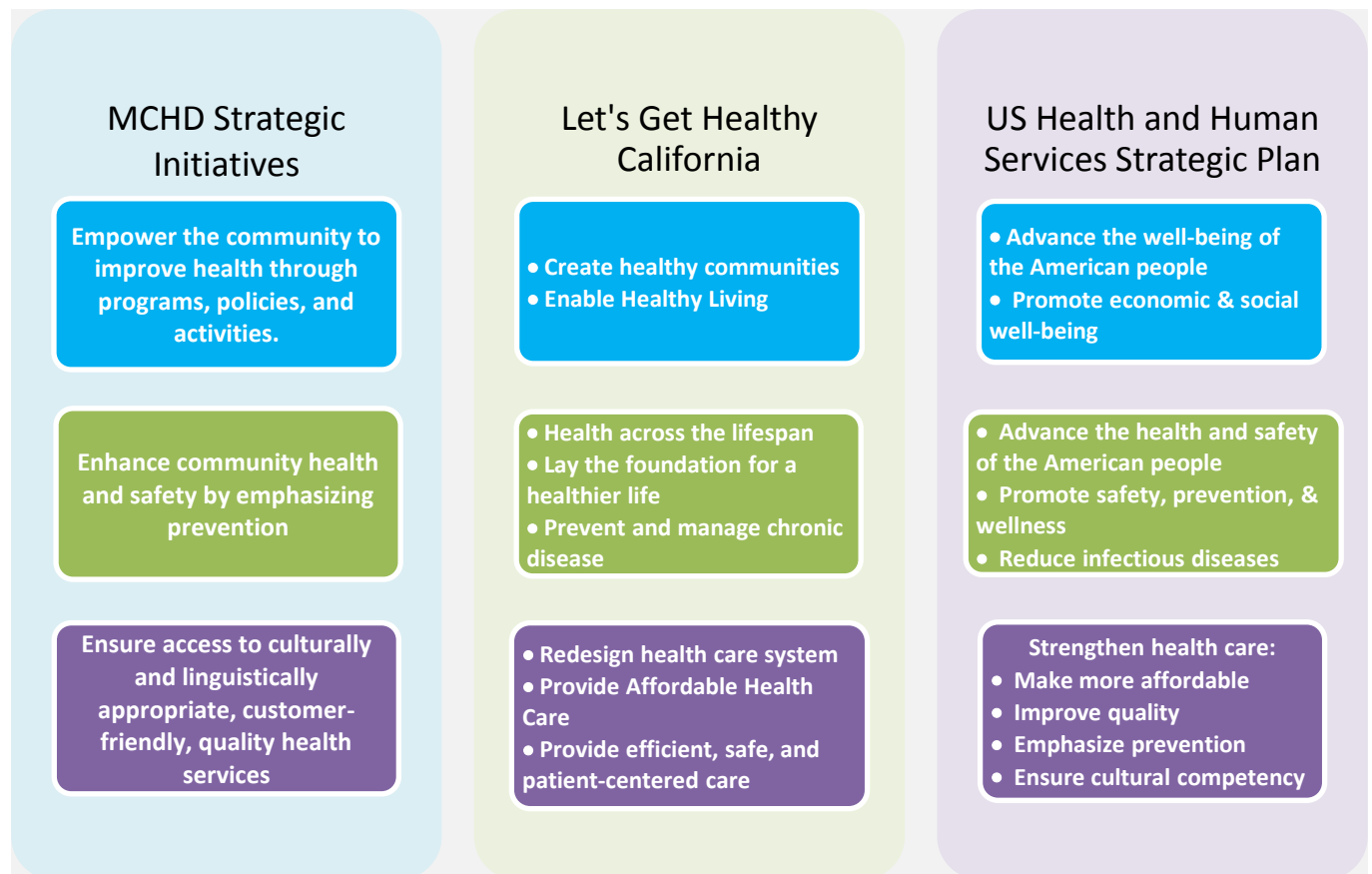
Initiative 3: Ensure access to culturally and linguistically appropriate, customer-friendly, quality health services.

⁵ Wallack, Lawrence (2008). You can get there from here; Social Equity and Opportunity Forum, Portland University.

It is important to note that other recent community reports and 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, 2011
- Women and Girls’ Quality of Life Report, 2011
- Building Healthy Communities planning, 2010
- 2012-16 Monterey County Area Agency on Aging Plan
- 2013 Safety Net Provider Studies
- Castroville LULAC study, 2009
- Federal health care reforms (ACA)
- 2012 Kindergarten Readiness Assessment
- 2012 Monterey County Child & Family System Improvement Plan

Of equal importance are the connections between MCHD’s health initiatives and those of California’s “Let’s Get Healthy” plan and the US Department of Health and Human Services’ 2010-2015 Strategic Plan:



Initiative Work Underway

The three initiatives identified by MCHD through its review of health data and community dialogues are listed in the following tables by county-wide and regional service distribution. Examples of organizations, collaborative partners and collective impact efforts are also listed.

Strategic Initiative 1: Empower the community to improve health through programs, policies, and activities			
Examples of some Monterey County-wide Initiatives			
Affordable Care Act enrollment Chronic Disease self-management education Comprehensive Perinatal Services Program CSUMB STRIVE Cradle to Career Diabetes and immunization registries Health Educators & Promotores Health Equity training		Health in All Policies Healthy Stores, Healthy Community campaign Immunizations & IZ registries Mental health children, youth, & adult services National Public Health Accreditation Tobacco-free multi-unit housing complex project	
Examples of some Regional Efforts			
North County	Coast	Salinas Region	South County
<ul style="list-style-type: none"> • Castroville LULAC 	<ul style="list-style-type: none"> • Central Coast Oral Health Collaborative • Community Transformation Initiative Seaside • Cuidate • Girls' Health in Girls' Hands • Monterey Peninsula Coalition • PARTS 	<ul style="list-style-type: none"> • Building Healthy Communities-East Salinas • Community Alliance for Safety & Peace (CASP) • Girls' Health in Girls' Hands • Health-centered economic policy • PARTS 	<ul style="list-style-type: none"> • Community Education • 4 Cities for Peace • PARTS • South County Outreach Efforts

Additional examples of health system of care organizations:

2-1-1 Monterey County: **iFoster foster and kinship care**

Alliance on Aging: **health care access for seniors**

Association of Monterey Bay Area Governments: **transportation policies**

Center for Community Advocates: **education, orientation, and legal support**

Central Coast HIV/AIDS services: **prevention and testing**

Clinica de Salud Del Valle De Salinas: **safety-net health care**

Coalition of Homeless Services Providers: **medical and social services**

Communities for Sustainable Monterey County: **environmental protection**

Communities Organized for Relational Power in Action (COPA): **leadership for community change**

Community Partnership for Youth: **pro-social development**

CSUMB Collaborative Health and Human Services program: **workforce development**

Diabetes Health Center: **empowerment and advocacy**

Dorothy's Place: **homeless services**

Easter Seals: **education and advocacy**

First 5 Monterey County: **prevention services for children ages 0-5 and parents**

Food Bank for Monterey County: **nutritional support**

Grower Shipper Association Foundation: **school lunch program**

Kinship Center: **foster child placement**

Meals on Wheels: **nutritional support**

Monterey County Child Care Planning Council: **adequate, quality child care services**



Monterey County Clinic Services: **primary and specialty health care**
 Monterey County Dept of Social Services: **social supports and protective services**
 Monterey County Early Start Program: **services for infants with special needs**
 Monterey County Literacy Campaign: **improved literacy levels for children and adults**
 Monterey County Office of Education: **Head Start & Early Head start nutrition and health services**
 Monterey County Veterans Services Collaborative: **outreach and advocacy**
 Monterey County Women, Infants, and Children Services: **nutritional supports**
 Multiple Sclerosis Quality of Life Project: **empowerment and advocacy**
 Poder Popular: **Promotores Comunitarios (health promoters)**
 Second Chance Youth Program of Monterey County: **violence prevention**
 Soledad Medical Clinic: **primary and specialty health care**
 United Way of Monterey County: **Community Assessment project**

**Strategic Initiative 2:
 Enhance community health and safety by emphasizing prevention**

Examples of some Monterey County-wide Initiatives

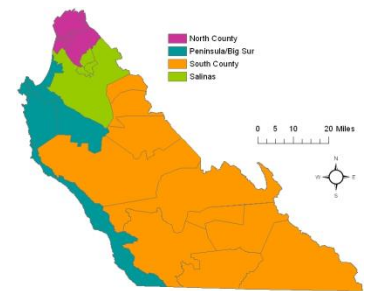
- | | |
|---|---|
| AB 109 mental health rehabilitation services | Teen pregnancy prevention |
| Car seat installation inspection | Restaurant & catering truck inspections |
| Cottage food industry inspections | Social host ordinance |
| Early Childhood Development Initiative (ECDI) | Tobacco retail licensing |
| Fresh fruit & vegetables in schools | Transition-age youth services |
| Health in all Policies | Violence prevention programs |
| Lactation accommodation | Youth & adult drug courts |
| Portable toilet inspections | |

Examples of some Regional Efforts

North County	Coast	Salinas Region	South County
<ul style="list-style-type: none"> Castroville LULAC 	<ul style="list-style-type: none"> Community Transformation Initiative Seaside Cuidate PARTS 	<ul style="list-style-type: none"> CASP City of Salinas gang intervention PARTS Salinas LULAC STRYVE 	<ul style="list-style-type: none"> Civic Engagement Classes Four Cities for Peace Girls Health in Girls Hands PARTS

Additional examples of health system of care organizations:

American Red Cross: **blood donation services**
 BiNational Health Week Planning Committee: **Latino health care**
 Birth Network of Monterey County: **birth education and resources, parenting**
 Boys and Girls Clubs: **pro-social and prevention programs for youth**
 California Rural Legal Assistance: **agricultural worker health program**
 Catholic Charities, Diocese of Monterey: **tattoo removal**
 Central Coast Center for Independent Living: **aging in place**
 CHAMACOS: **environmental exposure to pesticides and other chemicals**
 Coalition for a Tobacco-Free Monterey County: **tobacco use and promotion cessation**
 Coalition of Homeless Services Providers: **preventing homelessness**
 Environmental Justice Network: **environmental cleanup and reuse**
 Family PACT Program: **family planning**
 Girls, Inc. of the Central Coast: **leadership and self-empowerment for girls ages 9 to 18**
 Harmony at Home: **school-based traumatized child and youth counseling and bullying prevention**



La Leche League: **breastfeeding supports**
 March of Dimes: **birth defect prevention**
 Monterey County Rape Crisis Center: **education and investigation**
 Nutrition & Fitness Collaborative of the Central Coast: **nutritional education and resources**
 Planned Parenthood Mar Monte: **family planning**
 Poder Popular: **Promotores Comunitarios (health promoters)**
 Regional Diabetes Collaborative: **health education and resources**
 RotaCare Free Clinic of Monterey Peninsula: **health services for eligible low-income residents**
 Second Chance Youth Program: **youth violence prevention**
 Veterans Transition Center: **veteran health and wellness**
 ViaCare Monterey County: **health services for eligible low-income residents**
 YWCA of Monterey County: **pro-social and prevention programs for youth**

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

Examples of some Monterey County-wide Initiatives

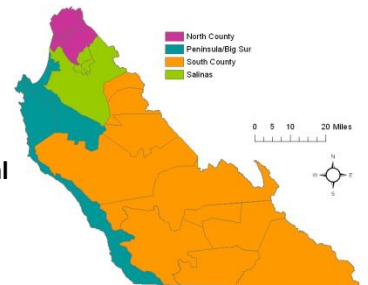
Affordable Care Act outreach	Home visits
Crisis response teams	Increased HIV testing capabilities
CSUMB BSN and MSW programs	Low income/sliding scale health programs
Diversity and health equity training	STEMI training & response times
Electronic Medical Records integration	Workforce education, development, & training
Expanded clinic services hours	

Examples of some Regional Efforts

North County	Coast	Salinas Region	South County
<ul style="list-style-type: none"> • Castro Plaza Family Resource Center 	<ul style="list-style-type: none"> • Community Transformation Initiative Seaside • Cuidate • Health Center expansion • Integrated Behavioral Health Clinic • Village Project 	<ul style="list-style-type: none"> • Mental health Promotores • New Family Practice Clinic • Pediatric Clinic Expansion 	<ul style="list-style-type: none"> • 2014 Integrated Care Clinic • Behavioral Health clinics in Gonzales • SCORE

Additional examples of health system of care organizations:

Blind and Visually Impaired Center of Monterey County: **education, support services, and skills training**
 California State University, Monterey Bay Nursing Program: **workforce development**
 Central Coast VNA and Hospice: **rehabilitation and end of life care**
 Community Hospital of the Monterey Peninsula: **hospital, emergency, and surgery services**
 CSUMB Health, Human Services, & Public Policy Department: **CHHS, BSN, MSW degrees**
 Deaf and Hard of Hearing Service Center: **education, support services, and skills training**
 Gateway Center of Monterey County: **resources and services for adults with developmental**
 George L. Mee Memorial Hospital: **hospital, emergency, and surgery services**
 Hartnell College Nursing Program: **workforce development and pathways**
 Hope Services: **supports for adults with developmental disabilities**
 Natividad Medical Center: **hospital, emergency, indigenous medical interpretation**
 Nonprofit Alliance of Monterey County: **diversity and social equity workforce training**
 Safety Net Integration Committee: **ACA Enrollment**
 Salinas Valley Memorial Hospital: **hospital, emergency, and surgery services**



V. 2014-2018 Community Health Improvement Plan for Monterey County

The following sections detail objectives, strategies, indicators, and baseline data, plus examples of agencies and organizations working to improve health and health equity. Rather than representing the full spectrum of efforts and partners working to improve population health in Monterey County, this matrix serves as an abbreviated representation of health improvement work happening in Monterey County among numerous community-based organizations and public agencies.

2014- 2018 objectives presented in the Action Plan Matrix below were selected from two sources:

- concerns voiced by residents during the extensive community dialogues of 2011-2012
- health disparities and negative trends identified in the 2013 Community Health Assessment for Monterey County

Also presented with each of the 15 Action Plan objectives are corresponding targets as set by Healthy People 2020, the national agenda to improve the public's health.⁶ The Healthy People 2020 targets were selected to show levels of acceptable improvement and to also convey the conviction that all Monterey County residents are entitled to the same high standard of health and wellness as other residents across the country. Like the Healthy People 2020 objectives, the objectives identified for Monterey County can be categorized in these four broad areas:

- General Health Status
- Health-Related Quality of Life and Well-Being
- Determinants of Health
- Disparities

While some targets may appear especially ambitious, a primary focus is on health equity – and the disparities that health inequities cause. This is a fundamental Monterey County Health Department value that drives decisions on resource allocation and intervention strategies.

⁶ Healthy People 2020. U.S. Department of Health and Human Services. Retrieved March 2014 from <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

Action Plan Matrix: Objectives, Strategies, Indicators, Baseline Data, Agencies and Partners

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

Objectives	Strategies	Indicator Data	Baseline Data (source) and Target*	Examples of Agencies and Partner Organizations
Decrease obesity & diabetes rates	<ul style="list-style-type: none"> Promote active living & healthy eating Increase access to healthy foods 	<ul style="list-style-type: none"> ↓ adult BMI ≥ 30 ↓ child and teen BMI $\leq 85^{\text{th}}$ percentile ↓ adult diabetes diagnosis 	<ul style="list-style-type: none"> Adult obesity: 25.1% (2011-12 CHIS) Target: improve on baseline Teen at-risk or overweight/obese: 42.9% (2011-12 CHIS) Target: Teens ages 12-19, considered obese: 16.1% Adult diabetes diagnosis: 9.7% (2011-12 CHIS) Target: Adult diabetes diagnosis: 7.2/1,000 	Boys & Girls Clubs Community Transformation Initiative Seaside Diabetes Health Center Healthy Eating Lifestyle Principles Just Run Promotores and Public health nurses Safety-net clinics WIC YMCA/YWCA
Decrease births to teens	<ul style="list-style-type: none"> Increase youth empowerment and healthy relationship training for youth Promote safe sex practices & resources 	<ul style="list-style-type: none"> ↓ births to teens ages 15-19 years 	<ul style="list-style-type: none"> Teens ages 15-19: 52.5/1,000 (2008-10 AVSS) Target: improve on baseline 	Family PACT Program Girls' Health in Girls' Hands Girls, Inc. MCHD Postpone Planned Parenthood Teen Success Schools and school districts
Decrease sexually transmitted infections	<ul style="list-style-type: none"> Promote safe sex practices & resources Promote affordable screening 	<ul style="list-style-type: none"> ↓ chlamydia infection rates 	<ul style="list-style-type: none"> 329.1/100,000 population (2009-11) Target: improve on baseline 	Family Pact Program Girls' Health in Girls' Hands MCHD Postpone Planned Parenthood Teen Success Safety-net clinics Schools and school districts
Decrease heart disease	<ul style="list-style-type: none"> Promote active living & healthy eating Increase access to healthy foods Promote affordable screening 	<ul style="list-style-type: none"> ↓ heart disease diagnosis 	<ul style="list-style-type: none"> Adult heart disease diagnosis: 7.5% (2011-12) Target: improve on baseline 	American Heart Association Hospital health classes Monterey County Tobacco Coalition Promotores and public health nurses Safety-net clinics YMCA/YWCA
Decrease asthma	<ul style="list-style-type: none"> Promote healthy indoor and outdoor air quality 	<ul style="list-style-type: none"> ↓ asthma diagnosis (CHIS) ↓ environmental factors that contribute to asthma ↓ tobacco use 	<ul style="list-style-type: none"> Ever diagnosed with asthma: 10.6% (2011-12) Target: improve on baseline 	HiAP Monterey County Tobacco Coalition Monterey Bay Unified Air Pollution Control
Decrease fetal and infant mortality	<ul style="list-style-type: none"> Promote early access to prenatal care 	<ul style="list-style-type: none"> ↓ fetal mortality rate (California Department of Public Health) ↓ infant mortality rate (CDPH) 	<ul style="list-style-type: none"> Fetal mortality rate: 4.1/1,000 (2008-10). Target: improve on baseline Infant mortality rate: 4.6/1,000 (2008-10) Target: improve on baseline 	Birth Network of Monterey County Natividad Medical Center Safety-net clinics

*Targets are identical or closest-related to baseline data, and are sourced from Healthy People 2020.

Initiative 2: Enhance community health and safety by emphasizing prevention.

Objectives	Strategies	Indicator Data	Baseline Data (source) and Target*	Examples of Agencies and Partner Organizations
Decrease bullying, gang activity, violent injury, and homicide	<ul style="list-style-type: none"> Expand anti-bullying education and policies in schools Expand pro-social skill building and activities Expand gang prevention 	<ul style="list-style-type: none"> ↓ bullying among 7th graders ↓ violent crime rate ↓ homicide rate 	<ul style="list-style-type: none"> Bullied: 41.5% (2008-10 CHKS) Target: bullied, grades 9-12: 17.9% Violent crime rate: 488.1/100,000 (2009 CDOJ) Target: Physical assault rate: 19.2/1,000 Homicide rate: 10.2/100,000 (2008-10 CDPH) Target: Homicide rate: 5.5/100,000 	Boys & Girls Clubs CASP Girls' Health in Girls' Hands Monterey County Probation Department Restorative Justice Partners, Inc. Schools and school districts STRYVE YMCA/YWCA
Increase literacy & education levels	<ul style="list-style-type: none"> Expand early childhood development & school readiness Restore GED programs 	<ul style="list-style-type: none"> ↑ third grade reading levels ↑ high school graduation rates ↑ maternal education 	<ul style="list-style-type: none"> Preschool attendance in the year prior to kindergarten: 59% of children Target: improve on baseline Third grade students scoring proficient or higher on English Language Arts CST: 33% (2013 CDE) Target: improve on baseline High school graduation rate: 79.1% (2011-12 CDE). Target: improve on baseline 	Building Healthy Communities Cradle to Career partnership Early Childhood Development Initiative First 5 Monterey County Literacy Campaign for Monterey County Schools and school districts
Decrease poverty	<ul style="list-style-type: none"> Provide more skill-building opportunities Provide GED preparation supports Provide living wage jobs Reduce dropout rates Increase family supports Increase licensed child care slots 	<ul style="list-style-type: none"> ↓ poverty rates 	<ul style="list-style-type: none"> Residents living at up to 200% of the federal poverty level: 40.4% (2012 US Census) Target: improve on baseline High school graduation rate: 79% (2013 CDE) Target: improve on baseline Licensed child care slots in centers and homes: 9,997 (2013 KidsData.org) Target: improve on baseline 	Coalition of Homeless Services Providers Dorothy's Place and Dorothy's Kitchen Food Bank for Monterey County McHOME Monterey County Workforce Investment Board One-stop Career Center Schools and school districts Women, Infants, & Children (WIC)
Increase affordable health screening	<ul style="list-style-type: none"> Increase access to affordable health and dental care 	<ul style="list-style-type: none"> ↑ mammogram screenings ↑ pap test ↑ sigmoidoscopy, colonoscopy or FOBT ↑ PSA test 	<ul style="list-style-type: none"> Mammogram screening in last two years, women ages 30 and over: 62.4% (2011-12 CHIS) Target: improve on baseline Pap test in last 3 years, adult women: 87.9% (2007 CHIS) Target: Pap test in last 3 years, adult women: 93.0% Sigmoidoscopy, adults 50 and over: 77.1% (2009 CHIS) Target: improve on baseline PSA test in past year, men 40 and over: 34.5% Target: improve on baseline 	Affordable Care Act enrollment Monterey County Clinic Services RotaCare of the Monterey Peninsula Safety-net clinics ViaCare low income health program

Continued ~ Initiative 2: *Enhance community health and safety by emphasizing prevention.*

Objectives	Strategies	Indicator Data	Baseline Data (source) and Target*	Examples of Agencies and Partner Organizations
Decrease drug, tobacco, & alcohol use	<ul style="list-style-type: none"> Expand retail tobacco license program Expand smoking bans in multi-unit housing and public spaces Decrease youth exposure to tobacco and alcohol marketing 	<ul style="list-style-type: none"> ↓ eleventh grade students using marijuana in past month ↓ current smokers ↓ binge drinking 	<ul style="list-style-type: none"> Marijuana use in past month, eleventh grade students: 23.2% (2008-10 CHKS) Target: Marijuana use in past month, adolescents ages 12-17: 6.0% Current smokers: 10.1% (2011-12 CHIS) Target: improve on baseline Binge drinking in past year, adults: 34.1% (2011-12 CHIS) Target: Binge drinking in past year, adults: 24.4% 	<ul style="list-style-type: none"> Adult and Juvenile Drug Courts Coalition for a Tobacco-Free Monterey County Monterey County Behavioral Health Healthy Stores for Healthy Communities Second Chance Youth Program Sun Street Centers Sunrise House
Decrease unintentional injury & death	<ul style="list-style-type: none"> Expand Safe Routes to School program Increase field sobriety checks Continue and expand gang prevention activities 	<ul style="list-style-type: none"> ↓ unintentional injury and mortality rates (CDPH) ↑ safety programs ↑ afterschool & recreation programs 	<ul style="list-style-type: none"> Unintentional injury mortality rates: 29.4/100,000 (2008-2010 CDPH) Target: improve on baseline 	<ul style="list-style-type: none"> After school and recreation programs CASP Safe Routes to Schools programs Police and CHP sobriety checks Monterey County Rape Crisis Center Neighborhood Watch Programs Second Chance Youth Program
Decrease environmentally-related illness and injury	<ul style="list-style-type: none"> Improve asthma self-management education Reduce exposure to pesticides 	<ul style="list-style-type: none"> ↓ asthma symptoms (among those diagnosed with asthma) ↓ decrease pesticide-related illness and injury 	<ul style="list-style-type: none"> Asthma diagnosis: 90.6% of population diagnosed with asthma (2009+2011-12 CHIS) Target: improve on baseline Illness or injury probably or definitely related to pesticide use: 79 cases in FY 2010-2011 (CalPIQ). Target: improve on baseline 	<ul style="list-style-type: none"> CHAMACOS California Rural Legal Assistance, Inc. Communities for Sustainable Monterey County Environmental Justice Network Monterey County Environmental Health Monterey County Agriculture Commissioner

*Targets are identical or closest-related to baseline data, and are sourced from Healthy People 2020.

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

Objectives	Strategies	Indicator Data	Baseline Data (source) and Target*	Examples of Agencies and Partner Organizations
Increase access to health care	<ul style="list-style-type: none"> ACA enrollment assistance 	<ul style="list-style-type: none"> ↑ insured population ↑ usual source of care ↓ Emergency room use for non-emergencies 	<ul style="list-style-type: none"> Currently insured: 81.7% (2011-12 CHIS) Target: Currently insured: 100.0% Usual source of care: 77.7% (2011-12 CHIS) Target: Usual source of care: 95.0% Avoidable ER use: 56% of all visits (2010 NPP) Target: improve on baseline 	<ul style="list-style-type: none"> Monterey County Safety-net Committee Natividad Medical Center and Foundation RotaCare Monterey County Safety-net clinics Veterans Transition Center
Increase mental health services	<ul style="list-style-type: none"> Integrate mental health services into more primary care clinics and schools 	<ul style="list-style-type: none"> ↑ access to mental health services 	<ul style="list-style-type: none"> Had difficulties getting mental health care: 3.8% (2005 CHIS) Target: improve on baseline 	<ul style="list-style-type: none"> Interim, Inc. Kinship Center Monterey County Behavioral Health Dept Omni Wellness Center Safety-net clinics Schools and school districts
Increase dental care	<ul style="list-style-type: none"> Strategy to be determined 	<ul style="list-style-type: none"> ↑ dental care providers 	<ul style="list-style-type: none"> Dentist to population ratio: 69.4/100,000 (2013 Dept Consumer Affairs) Target: improve on baseline 	<ul style="list-style-type: none"> Safety-net clinics Community Oral Health Services
Increase access to culturally appropriate health education and care	<ul style="list-style-type: none"> Strategy to be determined 	<ul style="list-style-type: none"> ↑ services in multiple languages through native speakers and interpreters 	<ul style="list-style-type: none"> Baseline data and target to be determined 	<ul style="list-style-type: none"> California State University Monterey Bay Hartnell and Monterey Peninsula colleges Natividad Medical Center and Foundation Safety-net clinics

*Targets are identical or closest-related to baseline data, and are sourced from Healthy People 2020.

VI. Moving Forward

Unified, Sustainable Efforts

The consulting firm FSG defines collective impact as “bringing diverse organizations together with a common goal of solving a social problem. All actors involved collaborate in a highly-structured manner to make a true impact on a complex issue.”⁷

Health and social services conditions are inherently complex due to multiple known and unrecognized contributing factors, wide arrays of human behaviors, and unpredictable, ever-changing life events. Single agencies and even partnering organizations cannot adequately address the multitude of deeply imbedded social factors that exist on individual, neighborhood, community, institutional, and policy levels. The power of collective impact lies in the heightened vigilance that comes from multiple organizations looking for resources and innovations through the same lens, the rapid learning that comes from continuous feedback loops, and the immediacy of action that comes from a unified and simultaneous response among all participants.⁸

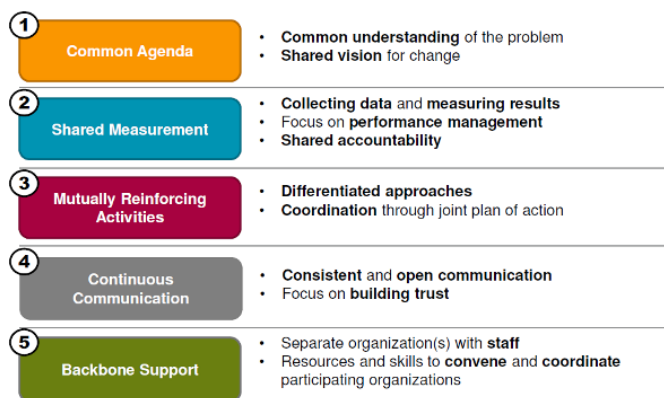
Contrasted with isolated impact, collective impact works in the same ways that systems do, with many inter-related components, ongoing interactions, and abilities to generate novel results.

Like the social-ecological model of “moving upstream,” social impact’s system-thinking approach seeks deeper levels of learning and understanding about the root causes of a problem in order to create transformative change. Guiding the process are five key elements that keep the collective organizations focused and moving forward: a common agenda and shared vision; shared measurement for tracking progress and accountability; mutually reinforcing activities within a joint plan of action; trustful and

Isolated Impact vs. Collective Impact	
Isolated Impact	Collective Impact
<ul style="list-style-type: none"> Funders select individual grantees that offer the most promising solutions. Nonprofits work separately and compete to produce the greatest independent impact. Evaluation attempts to isolate a particular organization’s impact. Large scale change is assumed to depend on scaling a single organization. Corporate and government sectors are often discounted from the efforts of foundations and nonprofits. 	<ul style="list-style-type: none"> Funders and implementers understand that social problems and their solutions arise from the interaction of many organizations within a larger system. Progress depends on working toward the same goals and measuring the same things. Large scale impact depends on increasing cross-sector alignment and learning among organizations. Corporate and government sectors are essential partners. Organizations actively coordinate their action and share lessons learned.

Retrieved March 2014 from www.fsg.org

Achieving Large-Scale Change through Collective Impact Involves Five Key Elements



Retrieved March 2014 from www.fsg.org

⁷ FSG. Retrieved March 2014 at <http://www.fsg.org/OurApproach/CollectiveImpact.aspx>

⁸ Kania J, Kramer M. *Embracing emergence: How collective impact addresses complexity*. Stanford Social Innovation Review 2013. http://www.ssireview.org/pdf/Embracing_Emergence_PDF.pdf

consistent communication; and a specified structure (the backbone) that provides convening, coordinating, resources and other conditions in which collective dynamics can occur.

In California, the collective impact model is being used by Blue Shield of California Foundation, California Health care Foundation, The California Endowment, The David and Lucile Packard Foundation, and others. Here in Monterey County, collective impact is embraced by The Community Foundation for Monterey County, Monterey County Children’s Council (Early Childhood Development Initiative), Monterey County Health Department, United Way Monterey County, California State University Monterey Bay and others to build public will and advance policy for social improvements.

Recommendations

Active participation across our public health system of care builds capacity within our collective, community-based groups to resolve social and environmental factors that contribute to poor health outcomes. Adopting these recommendations will help assure concerted, self-sustaining efforts:

Recommendations to Advance our Public Health System Initiatives

Eradicate Health Inequities

- Among public health system partners, broadly adopt the health equity approach using the Social-Ecological Model to address root causes of poverty, social disparities, inequitable access to care, chronic and communicable disease, injury, and violence.

Develop the Power of Collective Impact

- Continue to develop collective impact methods through collaborations among numerous partnering agencies that traditionally are not health-related, including schools and universities, faith institutions, service organizations, youth development nonprofits, public safety agencies, recreation programs, arts and cultural communities, economic development and philanthropic organizations, environmental agencies, transportation agencies, and others.

Use the Social-Ecological Model

- Use the Social-Ecological Model to address health inequity factors on individual, family, community, and policy levels, thereby sustaining prevention efforts over time.

Develop Policies

- Develop policies to improve social, environmental, and quality of life conditions to create healthy, more productive and rewarding lives. Create more opportunities to provide health impact reviews on proposed policies.

Review and Improve

The 2014-2018 CHIP for Monterey County will be reviewed biannually, in even-numbered years, to revisit CHIP priorities and refine strategies. A convening of the local public health system partners will be conducted in the spring of even-numbered years, and current indicator data in this plan will be presented by Monterey County Health Department to gauge progress toward population health improvements. Health and wellness studies conducted by health system partners will also inform updated CHIPs, as will progress achieved by collaboratives, coalitions, and collective impact groups.

Monterey County Health Department will continue working toward national public health accreditation status – including the development of internal Quality Improvement and Workforce Development plans – and promoting Health in All Policies and interventions that address root causes of health inequities.

Getting Involved

Individuals, organizations, and agencies are encouraged to engage in these ongoing public health system efforts to improve community health. Individual agencies and organizations, plus collective efforts, are described by name and internet addresses in the body and appendix of this report. Monterey County Health Department maintains and regularly updates a database of contact information for more than 300 organizations. There are many ways to get involved, large and small, and the invitation to join this effort is open. We look forward to working with you! If you would like to learn more about how to connect, if you want to be added to our partner organization database, or if you are a partner who is not mentioned in this Community Health Improvement Plan, please contact us:

Monterey County Health Department

Planning, Evaluation, and Policy Unit

831/755-4583

<http://montereycountyhealth.org/index.php/service-catalog/hd-pep-svcs>

VII. Appendices

Appendix A: Community and Partner Engagement

2014-2018 Community Health Improvement Plan Review Team

Dyan Apostolos, Monterey County Health Department	Julianne Leavy, Harmony at Home
Katy Castagna, United Way of Monterey County	Clare Munteer, Monterey County Rape Crisis Center
Lilia Chagolla, Central California Alliance for Health	Erica Padilla-Chavez, Monterey County Health Department
David Dobrowski, First 5 Monterey County	Gary Petersen, City of Salinas
Anna Foglia, Sun Street Centers	Ronn Rygg, United Way of Monterey County
Len Foster, Health Director (retired)	Janet Shing, Community Foundation for Monterey County
Krista Hanni, Monterey County Health Department	Michelle Slade, Consultant
Cynthia Holmsky, CSUMB	Judith Solsona, Health Consultant
Molly Hubbard, Monterey County Health Department	Katherine Thoeni, Coalition of Homeless Services Providers
Daphne Hodgson, City of Seaside	Jennifer Williams, Natividad Medical Foundation
Kim Judson, CSUMB	Patricia Zerounian, Monterey County Health Department

Appendix B: Member Organizations of Coalitions, Collaborations, and Collective Impact groups

The following coalitions, collaboratives, and collective impact groups were known to be actively engaged in health, wellness, or related activities at the time this CHIP was developed. The concerted efforts of these and other groups show the greatest promise to achieve community health and well-being for all county residents. The member organizations of each group, as of February 2014, appear below:

Building Healthy Communities – East Salinas

Action Council of Monterey County
Baktun 12
Center for Community Advocacy
CHISPA
City of Salinas
COPA
CRLA
César Chávez Library

Hartnell College
LULAC Council #2055
Monterey Bay Central Labor Council
Monterey County Health Department
National Compadres Network
Restorative Justice Partners, Inc.
Salinas City Elementary School District
Second Chance Family and Youth Services

Child Abuse Prevention Council

Child Abuse Agency Network
Citizens-at-Large
Community Advisory Status
District Attorney
Military Family Advocacy Program
Monterey County Counsel's Office
Monterey County Dept of Social Services
Monterey County Health Department
Monterey County Medical Society
Monterey County Office of Education

Monterey County Rape Crisis Center
Monterey County Sheriff's Department
Monterey County Social Services Commission
Monterey Peninsula Police Agency
Natividad Medical Center
Probation Department
Salinas Police Department
Student Representative
Women's Crisis Center

Coalition for a Tobacco-Free Monterey County

American Cancer Society
American Heart Association
American Lung Association
Breathe California Central Coast
Comprehensive Cancer Center, CHOMP
Concerned Individuals
Crochet with Heart
IMPACT for Youth
KHDC/Radio Bilingue

Monterey County Health Department
Monterey County Office of Education
Monterey County Schools Insurance Group
Monterey Peninsula Unified School District
Natividad Medical Center
Salinas Valley Memorial Health care System
Sun Street Center/P.A.R.T.S
Sunrise House

Coalition of Homeless Services Providers

Member Agencies:

Community Human Services
Franciscan Workers of Junipero Serra
Housing Authority of Monterey Co
Interim, Inc.
Central Coast HIV-AIDS Services
Salvation Army, Monterey Pen. Corps

Associate Members:

Food Bank for Monterey County
MidPen Housing Corporation
California State Univ Monterey Bay

Shelter Outreach Plus
Sun Street Centers
Veterans Transition Center
Housing Resource Center
Homeless Coalition of San Benito County

Communities Organized for Relational Power in Action

Assumption Catholic Church	Sacred Heart Catholic Church
Center for Community Advocacy	St. Angela's Catholic Church
Central Coast Center for Independent Living	St. George's Episcopal Church
CHISPA	St. Mary's by the Sea Episcopal Church
Monterey Bay Central Labor Council	St. Mary's of the Nativity Church



Community Alliance for Safety and Peace (CASP)

Armstrong Productions
Boots Road Group
California State University Monterey Bay
Child Abuse Prevention Council
COPA
Community Foundation for Monterey County
Community Partners
Community Residents
Faith-Based Community Members
Harpster Human Services Consulting
Hartnel College
Heald College
Housing Authority of the County of Monterey
Monterey County Office of Education
Prunedale Neighbors Group
Salinas City Elementary School District
Salinas Union High School District
Strategic Consulting for Social Change
Taylor Farms
The Good News Herald
US Naval Post Graduate School

City of Salinas
City Attorney
City Council
Community Safety
Parks and Community Services
Police Department



County of Monterey
Health Department
 Behavioral Health
 Health Administration
 Public Health
Board of Supervisors
Department of Social Services
District Attorney
Probation Department
Public Defender's Office
Sheriff's Department

Communities for Sustainable Monterey County

Big Sur Advocates for a Green Environment	Sustainable Monterey County Community Gardens
Citizens for Sustainable Marina	Sustainable Pacific Grove
Monterey Green Action	Sustainable Salinas
Sustainable Carmel Valley	Sustainable Seaside

Early Childhood Development Initiative (ECDI)

First 5 Monterey County
Monterey County Board of Supervisors
Monterey County Children's Council
Monterey County Department of Social Services
Monterey County Health Department
Monterey County Office of Education

Four Cities for Peace:

City of Greenfield
City of Gonzales

City of Soledad
King City

Gonzales Community Collaborative

Boys & Girls Club
City of Gonzales Community Development
City of Gonzales Police Department
Monterey County Office of Education

Monterey County Health Department
South County YMCA
Sun Street Centers

Health in All Policies

Association of Monterey Bay Area Government
Building Healthy Communities
CHISPA
City of Salinas Economic Development
City of Salinas Planning Office
City of Salinas Community Development
COPA

First 5 Monterey County
Hartnell Foundation
Monterey County Office of Education
Monterey County Public Health
Nonprofit Alliance of Monterey County
SPARC



Monterey County Immunization Coalition

Alisal Health Clinic
CAIR-Bay Area Region
Carmel Unified School District
CDPH-Vaccine for Children Program
GSK Pharmaceutical
Laurel Pediatrics Health Clinic
Merck Pharmaceutical
Monterey County Health Department
Monterey County Office of Ed

North Monterey County Unified School District
Novartis Pharmaceutical
Pfizer Pharmaceutical
Ruth Gingrich PNP
Salinas Pediatrics
Sanofi Pharmaceutical
Santa Lucia Medical Clinic
Seaside Family Health Clinic
VNA

Monterey County Child Care Planning Council

Community Action Partnership of San Luis Obispo
Early Development Services
GO Kids
Hartnell College
Monterey County Office of Education
Monterey Peninsula College

Monterey Peninsula Unified School District
Naval Postgraduate School
North Monterey County USD
Praxis Consulting Group
U.S. Army Child, Youth & School Services



Monterey County Children’s Council

Child Abuse Prevention Council
Child Care Planning Council
Community Foundation for Monterey County
Community Human Services
County Counsel
District 4 Board of Supervisor
District Attorney
First 5 of Monterey County
Gonzales Unified School District
Housing Authority of Monterey County
Housing Authority of Monterey County

Monterey County Dept of Social Services
Monterey County Free Libraries
Monterey County Health Department
Monterey County Office of Education
Monterey County Probation
Monterey Peninsula Chamber of Commerce
Natividad Medical Center
North Monterey County Unified School District
Public Defender
San Andreas Regional Center
Sheriff’s Department

King City Unified School District
Monterey County Dept of Parks & Recreation

Superior Court - Juvenile
United Way of Monterey County

Monterey County HIV Prevention Group

African American HIV/AIDS Wellness Program
California Rural Legal Assistance
Central Coast HIV/AIDS Services
Community Health Services
CSUMB Health and Wellness Services

Monterey County Health Department
NAACP Monterey County
NIDO Clinic
OPIS Clinic

Monterey County Immunization Coalition

Alisal Health Clinic
CAIR-Bay Area Region
Carmel Unified School District
CDPH-Vaccine for Children Program
GSK Pharmaceutical
Laurel Pediatrics Health Clinic
Merck Pharmaceutical
Monterey County Health Department
Monterey County Office of Ed

North Monterey County Unified School District
Novartis Pharmaceutical
Pfizer Pharmaceutical
Ruth Gingrich PNP
Salinas Pediatrics
Sanofi Pharmaceutical
Santa Lucia Medical Clinic
Seaside Family Health Clinic
VNA

Monterey Regional Health Development Group (MoReHealth)

Alliance on Aging
Assembly Member Bill Monning
CA Med Detachment
CCVNA
Central California Alliance for Health
Central Coast Human Resource Assn
Central Coast Senior Services, Inc.
CHOMP
Coastal TPA
Community Health Plan
CSUMB
Dept of VA
Doctors on Duty/Cypress Healthcare

HIP of Santa Cruz County
KSBW
Medical Society
Mee Memorial Hospital
Monterey County Dept. of Health
NMC
NMC/SVMH/CHOMP
NPS Monterey (US Navy)
NSA Monterey
SVMH
United Way
US Army Presidio Health Clinic
VNA

Nonprofit Alliance for Monterey County

Access Monterey Peninsula	Girl Scouts of California's Central Coast	Pebble Beach Company Foundation
ACTION Council of Monterey County	Go Kids, Inc.	Planned Parenthood Mar Monte
Ag Against Hunger	Grants by Design	Praxis Consulting
Alliance on Aging	Harden Foundation	Rancho Cielo Youth Campus
Alvarez Technology Group	Hartnell College Foundation	Restorative Justice Partners
Alzheimer's Association	Hearing Loss Association of America	Ron Wormser
Ariel Theatrical	Hosteling International Monterey	Salinas Senior Center
Arms of Angels	Independent Transportation Network	Salinas Valley Chamber of Commerce
Arts Council for Monterey County	Industrial Areas Foundation	Salinas Valley Memorial Hospital Service League
Arts Habitat Inc.	Interim, Inc.	Santa Lucia Conservancy
Boys & Girls Club of Monterey County	Jesse Herrera	Save Our Shores
Breen Consulting	Josephine Kernes Memorial Pool, Inc.	Simply Clear Marketing
Brigid McGrath Massie, M.B.A.	Kinship Center/Seneca Family of Agencies	Student Disability Resources - California State
Carmel Foundation	Ladies First	University Monterey Bay
Carmel River Watershed Conservancy	Leadership Monterey Peninsula	Sun Street Centers
Center for Photographic Art	Legal Services for Seniors	Sunrise House
Central California Alliance for Health	Literacy Campaign for Monterey County	Susan Theodore
Central Coast Center for Independent Living	Loaves, Fishes & Computers, Inc.	The California Endowment
Central Coast HIV/AIDS Services	Lyceum of Monterey County	The Village Project
Central Coast YMCA	Meals on Wheels of the Salinas Valley, Inc.	TPO Human Resource Management
CHISPA Housing	Mexican American Opportunity Foundation	United Nations Association Monterey Bay
Coalition of Homeless Service Providers	Monterey Bay Aquarium	Chapter
Communities for Sustainable Monterey	Monterey Bay Green Chamber	United Way Monterey County
County	Monterey Bay Veterans, Inc.	Ventana Wildlife Society
Community Foundation for Monterey County	Monterey County Business Council	
Community Hospital Foundation	Monterey County Department of Social	
Community Human Services	Services	
Community of Caring Monterey Peninsula	Monterey County Film Commission	
Community Partnership for Youth	Monterey County Health Department	
Compassionate Care Alliance	Monterey County Rape Crisis Center	
Deaf & Hard of Hearing Service Center, Inc.	Monterey Jazz Festival	
Door to Hope	Monterey Peninsula Foundation	
Easter Seals Central California	Moxxy Marketing	
Elkhorn Slough Foundation	Multiple Sclerosis Quality of Life Project	
Family Service Agency of the Central Coast	National Coalition Building Institute	
First 5 Monterey County	Monterey County	
Food Bank for Monterey County	National Steinbeck Center	
Franciscan Workers of Junipero Serra	Natividad Medical Foundation	
Fund Builders Alliance	NRC Research	
Gateway Center of Monterey County	Paul Mondestin	

Preventing Alcohol-Related Trauma (PARTS)

Al-Anon Family Groups	Fairview Middle School
Alcoholic Anonymous	Greenfield Union School District
Alliance on Aging	Grupo El Oasis, A.A.
Building Healthy Communities	Grupo Nuevo Sendero, A.A Fresh Express/Chiquita
CA Drug Free	Genesis Salon
California Highway Patrol	Gonzales Police Department
CSU Monterey Bay	Gonzales Union School District
Carmel Cares Parent Group	Hartnell Community College
Carmel Police Department	Impact for Youth
Carmel Unified School District	La Preciosa Radio
Carmel Valley Association	Marina Police Department
City of Gonzales	Mary Chappa Elementary School
City of Greenfield	Monterey County Center for Employment Training
City of King City	Monterey County Elections
City of Marina	Monterey County Employment Development
City of Pacific Grove	Department
City of Soledad	Monterey County Health Dept
CASP	Monterey County Juvenile Probation Department
Community Connection	Monterey County Sheriff's Dept
CHOMP	Monterey Peninsula College
Community Human Services	Monterey Peninsula Unified School District

Community Partnership for Youth
El Shaddai Church

Monterey Police Department
Oak Avenue School

Safety Net Integration Committee

Central California Alliance for Health
Clinica de Salud de Valle de Salinas
Community Health Innovations
Community Hospital of the Monterey Peninsula
Mee Memorial Hospital

Monterey County Health Department
Natividad Medical Center
RelayHealth
Salinas Valley Memorial Health Care System
Soledad Community Health Care District

Seaside Leadership Team

Alliance on Aging
Boys and Girls Club of Monterey County
Catholic Charities Diocese of Monterey
Central California Alliance for Health
CHAMACOS
City of Seaside
Community Hospital of the Monterey Peninsula

Community Partnership for Youth
MCHD Health Board
Monterey County Health Department
Monterey Peninsula School District
NAACP
Seaside Family Health Clinic
Seaside Police Department

Sexual Assault Response Team (SART) Coalition

Bates Advocacy Center
Justice Department-Crime Laboratory
Military sexual assault response teams
Monterey County District Attorney
Monterey County Health Department

Monterey County law enforcement agencies
Monterey County Rape Crisis Center
Monterey County Sheriff's Department
Monterey County Victim Witness Program

South County OutReach Efforts (SCORE)

Alliance on Aging
Breathe California of the Central Coast
California Rural Legal Assistance
CASA of Monterey County
Central Coast Alliance for Health
Central Coast Center for Independent Living

Clinica de Salud del Valley de Salinas
Community Action Partnership of San Luis Obispo
County of Monterey Health Department
Diocese of Monterey
Loaves and Fishes
Second Chance