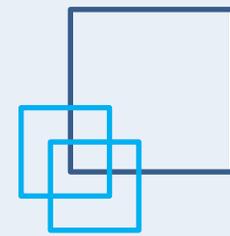
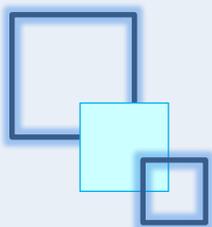


PUBLIC HEALTH DEPARTMENT ~ YOUR HEALTH CARE HOME

2017



# Community Health Improvement Plan



Santa Barbara County  
Public Health Department

# Community Health Improvement Plan

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# Introduction

## The public's health matters

In the summer of 2016, the Public Health Department completed a Community Health Assessment for Santa Barbara County. Through the assessment, which included surveys from more than 3,000 county residents, data from a variety of sources, and meetings with more than 50 community partners and coalitions, we gained a better understanding of the current health status of our residents. This process revealed priorities to improve the health of our community, priorities that were consistent across ethnicities and throughout all communities within the County. These priorities have been translated to a Community Health Improvement Plan.



The Community Health Improvement Plan identifies priority health goals for our community with activities and strategies for action, and activities that ensure measurable improvement in Santa Barbara County.

We strive for a Community Health Improvement Plan (CHIP) that is realistic yet still stretches us a bit without reaching beyond our capacity. The CHIP is a collaborative plan that is dependent on collaborative work by many community partners to improve health in Santa Barbara County.

The Community Health Improvement Plan identifies three priority goals:

- Obesity Prevention
- Access to Healthcare
- Integration of Healthcare



## Obesity Prevention

Healthy nutrition and physical activity are the building blocks to healthy development and a lifetime of good health. A poor diet combined with physical inactivity can result in obesity. Obesity is a major factor that contributes to many health problems. For instance, the single best predictor of type 2 diabetes is if an individual is overweight or obese. Almost 90% of people living with type 2 diabetes are overweight or obese.

Our goal related to obesity prevention is to increase the number of county residents who maintain a healthy weight and decrease the number of county residents in the obese category leading to better health outcomes and a healthier community.

## Access to Healthcare

Access to health services means the timely use of individual health services to achieve the best health outcomes. The Affordable Care Act has dramatically increased the number of residents who have health care insurance coverage. This is just one component of access. Improving health care services depends in part on ensuring that people having a primary care provider (PCP) and receive regular screening for chronic disease as part of their care. PCPs can develop meaningful and sustained relationships that can support patients to make healthy lifestyle changes, and provide integrated services in the context of family and community.

Our goal related to access to healthcare is to increase the number of low-income residents who see a Primary Care Provider annually and have screenings to prevent chronic diseases and avoidable health crises.

## Integration of Healthcare

Mental and emotional well-being is essential to overall health. There is a strong connection between mental health and physical health. Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact physical health, leading to an increased risk of some physical health conditions. To improve overall health, we seek an expansion of behavioral health care across all age groups through various strategies including normalizing the conversation about mental health with a Primary Care provider, expansion of referrals, expanding the number of residents screened, increasing the exchange of information between Primary Care and Behavioral Health providers, creating a multi-disciplinary system of care for children, and other means.

Our goal related to integration of healthcare is to strengthen the integration of behavioral and physical healthcare.



# Community Health Improvement Plan

## Goals, Objectives and Activities

Objectives	Data Sources to Measure Objectives	Activities	Activity Partners
<p><b>GOAL #1:</b> Obesity Prevention – Increase the number of county residents who maintain a healthy weight and decrease the number of county residents in the obese category leading to better health outcomes and a healthier community.</p>			
<p>IA. By December 31, 2020, increase the percentage of adult residents with a healthy BMI (between 18.5 &amp; 24.9) by 5% over 2016 rates.</p> 	<p>A. California Health Information Survey, Department of Education, Health Care Centers, Health Information Exchange data for Sansum, Cottage, Neighborhood Clinics</p>	<ol style="list-style-type: none"> <li>Review proposed Planning and Development projects for elements that promote health and physical activity (e.g. bike and walk paths).</li> <li>Implement elements of the Food Action Plan and Healthy Eating Active Living (HEAL) resolutions that encourage full family participation in healthy eating and physical activity.</li> </ol>	<ol style="list-style-type: none"> <li>City and County Planning and Development Departments, Bike Coalition, Healthy Lompoc</li> <li>Food Bank, Live Well Santa Barbara County, People Helping People, Healthy Lompoc, UC Cooperative Extension, Healthy People, Healthy Trails</li> </ol>
<p>IB. By December 31, 2020, reduce the number of children in the WIC program in the obese BMI range to the Healthy People 2020 goal of 9.4%.</p>	<p>B. Women, Infants and Children program</p> 	<ol style="list-style-type: none"> <li>Incentivize retailers to carry healthy snacks and fresh produce in their stores along with consideration of the placement of advertisement and unhealthy items.</li> <li>Highlight successes with retailers and restaurants who serve healthy food by listing them on the PHD website.</li> </ol>	<ol style="list-style-type: none"> <li>Tobacco Program, cities in jurisdiction including Lompoc, and Santa Maria</li>  <li>Nutrition Education Obesity Prevention Program, Environmental Health Services</li> </ol>
<p>IC. By December 31, 2020, increase the number of miles of connected bike paths from baseline by 20%.</p>	<p>C. Bike Coalition, Planning and Development Department</p>	<ol style="list-style-type: none"> <li>Obtain and use tools to measure walkability and physical activity such as tools from the Safe Routes to Schools projects.</li> <li>Outreach to organizations such as sports and recreation entities to focus on healthy food and drinks.</li> </ol>	<ol style="list-style-type: none"> <li>Healthy Lompoc, UC Cooperative Extension</li>  <li>Youth and adult athletic and sports leagues, Parent Teacher organizations</li> </ol>

Objectives	Data Sources to Measure Objectives	Activities	Activity Partners
<p>ID. By December 31, 2020, increase the number of classes available in Santa Barbara County on healthy eating by 25%.</p> <p>IE By December 31, 2020 100 health care providers will have written prescriptions for outdoor activity.</p>	<p>D. Community partners complete tool/form</p>  <p>E. Community providers from all regions of the county</p>	<p>7. Provide cooking demonstrations and healthy eating classes to residents in various settings such as Health Care Centers, Head Start classes, WIC, and schools.</p>  <p>8. Assess the feasibility of a sweetened beverage tax to support health services in the communities of SBC.</p>	<p>7. Community Action Commission, Nutrition Education Obesity Prevention Program, Food Bank, CALM, People Helping People, Family Service Agency, Live Well Santa Barbara County, WIC, Schools, City of Santa Barbara Library, KIDS Network, UC Cooperative Extension</p> <p>8. Santa Barbara County Leadership</p>

**GOAL #2: Access to Healthcare – Increase the number of low-income residents who see a Primary Care Provider annually.**

<p>IIA. Increase the number of county Medi-Cal residents who have had basic healthcare screening by 10% annually.</p> <p>IIB. By December 31, 2017 provide education to 500 county residents about how to access the appropriate level of medical care.</p> <p>IIC. December 31, 2020, provide education to 2000 additional county residents about how to access the appropriate level of medical care.</p>	<p>A. CenCal Health</p> <p>B. CenCal Health</p>  <p>C. PHD Health Educators and partners</p>	<p>1. Identify barriers to accessing primary care providers by our low-income residents.</p> <p>2. Develop bilingual and low literacy curriculum to introduce health care coverage and address barriers to access primary care.</p> <p>3. Distribute bilingual educational information, through multiple means including social media, about when to seek medical care and when to use emergency room, urgent care, and other levels of care.</p> <p>4. Identify best practices and partner with CenCal Health and local hospitals to identify and implement strategies that promote annual Primary Care Provider visits.</p> <p>5. Assess the capacity of Primary Care providers to meet the demand of the Medi-Cal population.</p>	<p>1. CenCal Health, Public Health Benefits Resource Center</p> <p>2. County Health Educators, Food Bank, United Way</p> <p>3. County Health Educators to train community partners such as Planned Parenthood, Pacific Pride, People Helping People, Mexican Consulate, City of Santa Barbara Library</p> <p>4. CenCal Health, Cottage Health, Lompoc Valley Medical Center, Marian Regional Medical Center</p> <p>5. CenCal Health, All Federally Qualified Health Care Centers (FQHCs) in SBC</p>
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Objectives	Data Sources to Measure Objectives	Activities	Activity Partners
		<ol style="list-style-type: none"> <li>6. Contact Health Care Center patients to complete initial health assessments within 120 days of enrollment.</li> <li>7. Ask local hospitals about data on inappropriate use of emergency departments.</li> </ol>	<ol style="list-style-type: none"> <li>6. Public Health Department Health Care Centers</li> <li>7. Cottage Health, Lompoc Valley Medical Center, Marian Regional Medical Center</li> </ol>

**GOAL #3:** *Integration of Healthcare – Strengthen the integration of behavioral and physical healthcare.*

<p>IIIA. By December 31, 2020, train at least 50% of the county's primary care and behavioral health providers on the importance of practice integration.</p>	<p>A. Public Health Department Health Care Centers, Department of Behavioral Wellness</p>	<ol style="list-style-type: none"> <li>1. Implement depression and substance abuse screening tools (PSQ and SBIRT) for individuals over 12 years of age at all FQHCs.</li> <li>2. Update 211 information annually about health care providers, including behavioral health services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Public Health Department Health Care Centers, All FQHCs</li> <li>2. Community Action Commission, Health Care Center Administrators</li> </ol>
<p>IIIB. By December 31, 2020, increase the number of consumers by 50% who sign release of information forms for all Public Health Department and Behavioral Wellness patients to share information.</p>	<p>B. Public Health Department Health Care Centers, Department of Behavioral Wellness</p> 	<ol style="list-style-type: none"> <li>3. Provide on-line training or educational information for medical and behavioral providers, medical reserve corp and emergency medical personnel to increase ability to identify and make appropriate referrals.</li> <li>4. Educate residents on how to navigate the behavioral health services system to obtain care, including the potential use of Community Health Workers if available funding.</li> <li>5. Expand the use of mental health care providers in Health Care Centers including the potential to hire Marriage and Family Therapists.</li> </ol>	<ol style="list-style-type: none"> <li>3. Behavioral Wellness Department, Medical Society of the Central Coast, County Sheriff</li> <li>4. Behavioral Wellness and County Health Educators</li> <li>5. Public Health Department Health Care Centers</li> </ol>

Objectives	Data Sources to Measure Objectives	Activities	Activity Partners
<p>IIIC. By December 31, 2020, increase the number of residents who receive care through FQHCs screened for behavioral health services.</p> <p>IIID. By 2020, have mutual access to the Public Health Department and Behavioral Wellness Electronic Health Records for shared patients.</p>	<p>C. Federally Qualified Health Care Centers (FQHCs) in SBC</p>  <p>D. Public Health Department Health Care Centers, Department of Behavioral Wellness</p>	<p>6. Model through FQHCs for Primary Care to change policies around prescribing/managing controlled substances to decrease the number of patients easily abusing prescription drugs.</p> <p>7. Explore the screening of mothers by pediatricians for post-partem mood and anxiety disorders at well child health visits.</p> <p>8. Explore the use of any new tobacco settlement funds to advocate for the expansion of mental health services to serve people with intermediate level mental health conditions.</p>	<p>6. Public Health Department Health Care Centers, All FQHCs</p>  <p>7. Maternal Child, Adolescent Health Care Center pediatricians</p> <p>8. Behavioral Wellness Department</p>

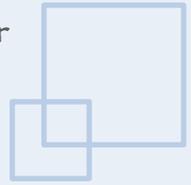


# Santa Barbara County Health Care Centers

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## Santa Barbara Health Care Center

345 Camino Del Remedio  
Santa Barbara, CA 93110  
805-681-5488



## Santa María Health Care Center

2115 Centerpointe Pkwy.  
Santa Maria, CA 93455  
805-346-8410



## Franklin Health Care Center

1136 E Montecito St.  
Santa Barbara, CA 93102  
805-568-2099

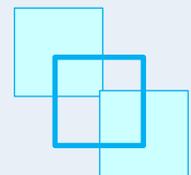
## Lompoc Health Care Center

301 N R St.  
Lompoc, CA 93437  
805-737-6400



## Carpinteria Health Care Center

931 Walnut Ave.  
Carpinteria, CA 93013  
805-560-1050



Produced by:

**Santa Barbara County**

**PUBLIC Health**



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