

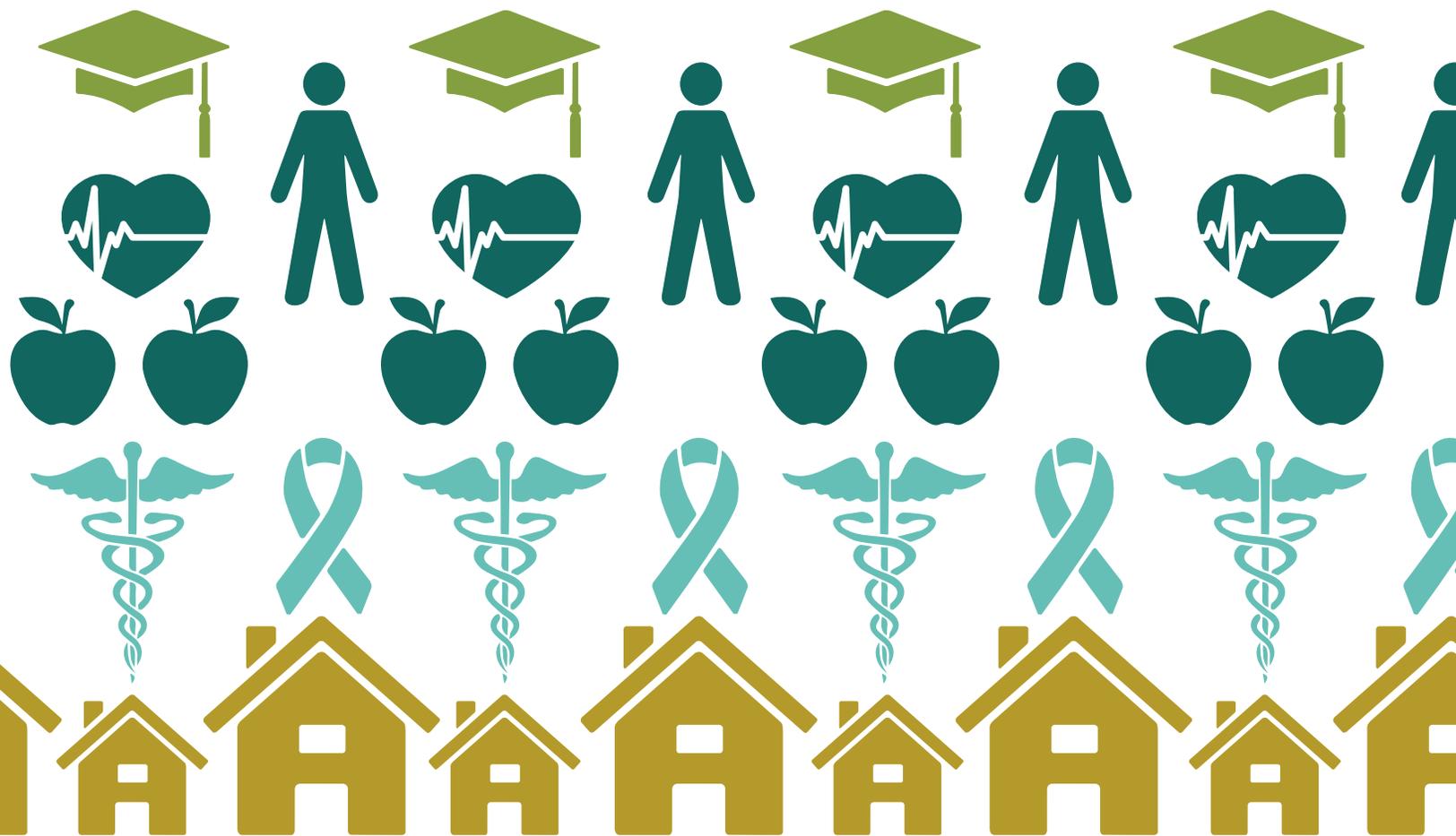
PARTNERS FOR HEALTH

Santa Clara County

2015–2020

Community Health Assessment

Community Health Improvement Plan



To the Residents of Santa Clara County,

In 2012, we partnered with the Santa Clara County Public Health Department and the Community Health Partnership to launch an in depth community health improvement planning process to address the most pressing health priorities facing our communities and to develop action-oriented strategies to address them. The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) were developed through community stakeholder meetings, workgroup sessions and a strategic community engagement effort with key community and organizational leaders, allies and advocates that collectively helped shape and inform the planning process.

Today, we present the first ever CHA and CHIP report of Santa Clara County entitled ***Partners for Health Santa Clara County: Community Health Assessment-Community Health Improvement Plan 2015-2020***. The CHA is a compilation of new and existing data sources that collectively capture our community health profile, and were used to inform the prioritization and identification of five health issues to be addressed in a phased approach, beginning with Chronic Disease/Healthy Eating & Active Living. The CHIP is an action-oriented plan that outlines the strategies developed by our workgroups to improve our residents' health and well-being.

As we move forward with the development of a CHIP implementation plan, we are excited to continue this work and extend the reach of participation to new partners and identify key organizations and individuals that will help us transition from planning to action. Our goal is to incrementally implement the CHIP from 2015-2020, with on-going monitoring, evaluation and updating.

For the next five years, we have a unique opportunity to work together by aligning and leveraging existing efforts and initiatives and commit to the implementation of the strategies outline in the CHIP plan, with the goal of making long-lasting impact on the conditions, systems and policies that will improve health outcomes and overall quality of life for our residents.

On behalf of the CHA and CHIP steering committee we give thanks to all of the voices captured through the planning and assessment phases of this report. The commitment and support of our partnering agencies throughout this process grounded us in a meaningful, purposeful collaborative experience that was instrumental to the success of our community health improvement planning process.

Sincerely,

CHA and CHIP Community Stakeholders

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Executive Summary

In 2012, the Santa Clara County Public Health Department launched a collective approach to addressing and improving the conditions that impact health in Santa Clara County. Grounded in a collaborative, participatory engagement process a diverse group of community organizations, agencies and individuals were invited to have a voice and place at the table to help lead, guide and inform the planning and assessment efforts consisting of two phases:

1. A Community Health Assessment (CHA) to capture the community health profile of Santa Clara County residents through the compilation of new and existing quantitative and qualitative data sources to inform the identification of health priorities.
2. A Community Health Improvement Plan (CHIP) to identify a common set of strategies to address the most significant issues identified by the CHA in order to improve the health and well-being of Santa Clara County residents.

The Mobilizing for Action through Planning and Partnerships (MAPP) was adopted as the community-wide strategic planning framework to guide the development of the CHA and CHIP. The MAPP process has 6 phases, each building on one another, and the interconnectedness of the planning processes resulted in the development of a combined CHA and CHIP report that captures findings of a two year community engaged planning process.

The CHA was completed from August 2012 to February 2014. The steering committee developed a shared vision and common values for the planning process, advised on data collection efforts throughout the assessment and identified priorities based on the results.

In accordance with the MAPP framework, 4 MAPP assessments were conducted to provide critical insight into the challenges and opportunities that inhibit and promote health in Santa Clara County.

CHA Findings

The Community Health Status Assessment was a compilation of state, national and local data that was collected and analyzed to identify health disparities for age, gender, racial and population subgroups in Santa Clara County. The steering committee identified over 70 health indicators which were organized and selected against a health equity framework and criteria and are presented in a grid, which can be found in the appendices with breakdowns by gender, age, and race/ethnicity. In this section of the CHA, 10 indicators are presented as infographics to humanize the data.

The Community Themes and Strengths Assessment captured Santa Clara County resident perceptions on quality of life, strengths, and assets. This was completed through a review of data from existing data sources, both qualitative and quantitative. **Findings revealed a majority of Santa Clara County residents reported positively on various aspects of quality of life, including safety, health, happiness, and neighborhood quality. However, numerous population sub-groups have a less positive perspective, and are more likely to report various challenges, such as stress, experiencing discrimination, lack of access to health care, and trust in the police.**

The Forces of Change Assessment contextualized the social, political and economic forces that influence the Santa Clara County public health system. Through the Forces of Change Assessment, participants identified a wide array of local, state, and national forces that are or will be influencing the health or quality of life of the community and local public health system. **Some of the major forces identified include the widening economic divide, child poverty, the academic achievement gap, gun legislation, public safety realignment, immigration reform, health care reform, the lack of work-life balance and the culture of competition in Silicon Valley.**

The Local Public Health System Assessment measured the capacity of the Santa Clara County public health system to provide the ten essential public health services, the fundamental framework for all local public health system assessment activities that contribute to the health and well-being of communities. ***The findings from the performance assessment for the Santa Clara County System Public Health System yielded an overall rating of “Moderate” level of performance across all 10 essential services as determined by an average calculated for each of the ten essential services.***

Prioritization

The most common themes across the 4 MAPP assessments that comprise the CHA were identified, organized and presented to the steering committee for prioritization. The top five health priorities as voted by the steering committee to be addressed by the Santa Clara County CHIP were:

1. Access to quality physical and oral health
2. Chronic Disease/ Healthy Eating & Active Living
3. Behavioral Health (Mental Health and Substance Use)
4. Community Safety and Violence
5. Economic Security-Housing

The Santa Clara County Public Health Department reconvened the steering committee to further narrow the scope and focus from 5 health priorities to 2. Experts representing the local public health system were identified for each of the 5 health priorities to provide a brief overview of the health priority.

The top 2 health priorities as voted by the steering committee for the Santa Clara County CHIP were:

- √ Chronic Disease/ Healthy Eating & Active Living
- √ Behavioral Health (Mental Health and Substance Abuse)

CHIP

The CHIP components (goals/objectives/strategies/potential key partners) for ***Chronic Disease/ Healthy Eating & Active Living and Behavioral Health (Mental Health and Substance Abuse)*** were developed in 2014 in collaboration and partnership with content and subject matter experts. Upon the completion of this process, it was determined that an annual incremental launch of each of the five priority areas, beginning with Chronic Disease, over the five year period of the plan would afford us the opportunity to be targeted, and yield the most meaningful and impactful community results.

Subsequently, the development of an action plan for ***Chronic Disease/Healthy Eating & Active Living***, which outlines the responsible partners and how the strategic issues outlined in the CHIP will be implemented, were captured and documented in 2014-2015, and are included here, with a projected implementation date of July 2015.

The CHIP is a living document that will be implemented and monitored over a 5 year period and continuously assessed, evaluated and revised based on the evaluation results and feedback from our community partners.

Santa Clara County Community Health Improvement Planning Process

Background

In 2012, the Santa Clara County Public Health Department and the Community Health Partnership initiated a 20-month Community Health Improvement planning process to identify the most pressing health priorities facing Santa Clara County residents and commit to a common set of strategies to improve the residents' health and well-being. While many of the organizations and agencies in Santa Clara County collect and act on health information, this process was distinct because it convened a diverse array of local public health system partners and community members in a meaningful, purposeful engagement process, with sharing, learning and collaboration at its core.

The Community Health Improvement process yielded 2 distinct, but connected products:

- » Community Health Assessment (CHA)
- » Community Health Improvement Plan (CHIP)

Community Health Assessment (CHA)

The CHA for Santa Clara County is a compilation of new and existing quantitative and qualitative data sources that were woven together to provide a comprehensive picture of the health of county residents, leveraging and building on, when possible, existing assessment efforts, initiatives, and related health improvement plans, such as that of the Santa Clara County Community Benefits Coalition and United Way Silicon Valley. Local Public Health System (LPHS) partners, which includes all of the organizations and entities that contribute to public health in a community, including the local public health department and public, private and voluntary organizations, contributed to this assessment. LPHS partners and community shared their local wisdom, knowledge and perceptions about the conditions of their neighborhoods, the health of residents and the capacity of the county's local public health system to provide the 10 Essential Public Health Services.

The findings of the CHA are presented here in the form of a community health profile and were used to inform the prioritization of health issues and the development of the CHIP.

Community Health Improvement Plan (CHIP)

The Community Health Improvement Plan (CHIP) is an action-oriented plan for addressing the most significant issues identified in the CHA in order to improve the health and well-being of Santa Clara County residents. The CHIP was developed in collaboration with a broad base of community partners, with the goal of identifying the top 2 health priorities and corresponding focus areas, goals, objectives, evidence-based strategies, and potential community partners.

The combined CHA and CHIP report aims to establish ownership and accountability to ensure coordinated, measurable health improvement throughout the county, with all agencies and organizations working together towards a collective impact.

Community Engagement

The CHA and CHIP were firmly grounded in a community-driven process, which included a 96-member steering committee, 4 work groups and a strategic community engagement effort. Participation and commitment of community partners was a key element to the success of the planning process and its relevance to the community.

National Public Health Accreditation

It is important to note that in addition to the goal of aligning and leveraging resources, initiatives, and programming to improve health, the CHA and CHIP are also required prerequisites for Santa Clara County Public Health Department's pursuit of National Public Health Accreditation. Accreditation signifies that the best possible services are being offered to keep a community healthy, and drives health departments to continuously improve the quality of their services. With accreditation status, health departments are able to demonstrate increased accountability and credibility to the public, funders, elected officials and other community partners. The quality and impact of the CHIP is one way in which the Santa Clara County Public Health Department will measure its service, value, and accountability to county residents.

Community Planning Framework

Mobilizing for Action through Planning & Partnership (MAPP)

The Mobilizing for Action through Planning & Partnerships (MAPP) was adopted as the community-wide strategic planning framework to guide the development of the CHA and CHIP process.¹

As a nationally recognized planning tool, MAPP was used to:

- » Convene the various organizations, community groups and individuals that make up the Santa Clara County Local Public Health System²;
- » Develop a shared community vision and values;
- » Capture an in-depth picture of community health status through quantitative and qualitative data collection methods;
- » Identify health priorities; and
- » Develop goals, objectives, and strategies and identify potential partners.

The MAPP process has 6 phases, each building on one another:

Phase 1: Organizing for Success & Partnership

Phase 2: Visioning

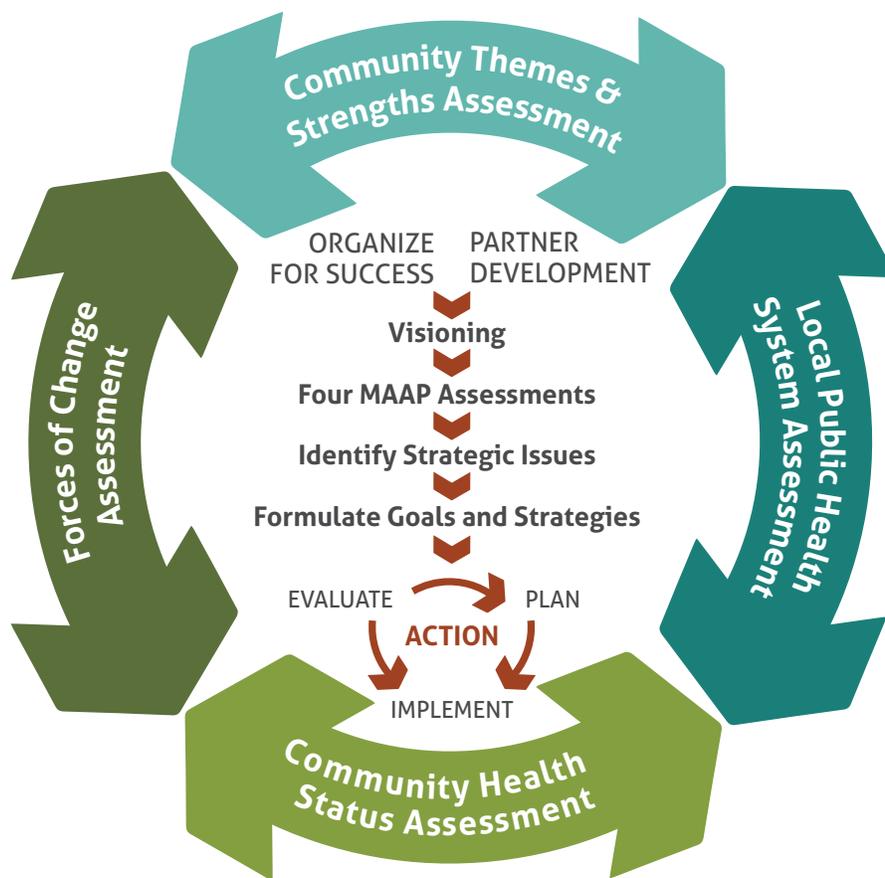
Phase 3: 4 MAPP Assessments

- » Community Health Status Assessment
- » Community Themes & Strengths
- » Local Public Health System Assessment
- » Forces of Change Assessment

Phase 4: Identifying Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle



Phases 1 and 2 of MAPP were completed from September to December 2012, while the health data from the four MAPP assessments (Phase 3) were collected and analyzed from January to May 2013. The identification of strategic issues (Phase 4) was completed from July 2013 to February 2014 and Phase 5 completed during the CHIP development process from February 2014 to April 2014.

Health Equity/Social Determinants of Health Framework

Health & Place

According to the World Health Organization (WHO), social determinants of health “are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices.” These underlying social and economic factors cluster and accumulate over one’s life, and influence health inequities across different types of populations and places.³

Health inequities are avoidable differences in health outcomes between groups. The effect of social, political and economic conditions on individuals’ lives helps to determine their risk for illness and the actions they take to prevent and treat illness.⁴ The interplay between health and place, and the subsequent impact on health outcomes has been well documented, in particular moving upstream, from an individual responsibility lens to a collective responsibility on the part of the local public health system to improve conditions to yield optimal health outcomes throughout the lifespan.⁵

The Santa Clara County Community Health Improvement planning process adopted NACCHO’s national health equity framework, “How Health Happens”, serving to set the tone and ground the conversation at the onset of the project in a health equity perspective.

The interconnectedness of the model highlights the important links between:



The health equity framework was used to organize the indicators from the Community Health Status Assessment and served as an organizing tool to identify the health priorities that resulted from the 4 assessment findings.

Community Health Assessment (CHA)

Community Health Assessment (CHA)

Overview of Community Health Assessment Process

In August 2012 local public health system partners in Santa Clara County were invited to participate in the Community Health Improvement planning process by serving as steering committee members to guide the assessment planning efforts of the CHA. Their participation and commitment resulted in the broad representation of key community leaders, advocates and allies that collectively helped shape and inform the process through their expertise and insights to the communities they serve.

MAPP Phase 1-2: Organizing for Success and Partnerships & Visioning

At the launch of Phases 1-2 of the CHA, the steering committee voiced their concern and desire for a process that was:

- » Built on existing assessment efforts, which would incorporate and use existing data sources from community partners;
- » Based on a participatory model, focused on collaborative data collection efforts; and
- » A collective approach to setting health priorities and strategies, leveraging results for an action-oriented health improvement plan.

Community ownership of the planning process was of the utmost importance, and in order to achieve this, the steering committee participated in a visioning process by asking:

- » What would we like our community to look like in 10 years?

From such conversations, the group developed a shared community vision and common core values that guided the CHA and CHIP process. The steering committee emphasized the importance of having a vision focused on the desired outcome rather than the process. What resulted reflected collective thinking and desire for action for an improved Santa Clara County where all families could thrive.

Vision

Santa Clara county is a community united to eliminate health disparities, creating healthy environments positive health outcomes and optimal quality of life for all.

Values



MAPP Phase 3: 4 MAPP Assessments

The preparation and implementation of the 4 MAPP assessments that comprise Phase 3 of the CHA were guided by 2 workgroups made up of steering committee members and community partners that provided subject matter expertise and experience working with neighborhoods across the county.

The workgroups met independently from January to February 2013, both in person and via email to provide guidance and feedback on the proposed methodologies for each of the 4 MAPP assessments and to review proposed data sources. They also conducted a critical review of the participant list for new data collection efforts, as it was important to reach out and be inclusive of non-traditional community partners as equal voices and partners in the implementation of the 4 MAPP assessments.

In accordance with the workgroups' recommendations, the Santa Clara County Public Health Department completed primary and secondary data collection and analysis for all 4 MAPP assessments from February to May 2013. This resulted in a strategic and broad-based outreach effort with the participation of more than 100 community partners in the MAPP assessments, representing the diversity of Santa Clara County across geography, race and ethnicity, and subject matter expertise. The assessments resulted in critical insight into the environmental and systemic conditions that promote and challenge the health and well-being of Santa Clara County residents and the forces of change that influence residents' quality of life.

The findings from the 4 MAPP assessments were presented to the steering committee in May 2013. Santa Clara County Public Health Department staff facilitated small group discussions, guided by the following prompts:

- » Do the assessment findings validate your understanding of the needs, challenges, and trends related to health, well-being, and the local public health system in Santa Clara County?
- » What findings from the assessments stood out most to you? Why?
- » Are there any other general reactions about the assessment findings that you would like to share?

A summary of the findings from the 4 MAPP assessments are included in this report, and were subsequently used to guide the prioritization of the most salient health issues for the CHIP.

Santa Clara County Demographic Profile

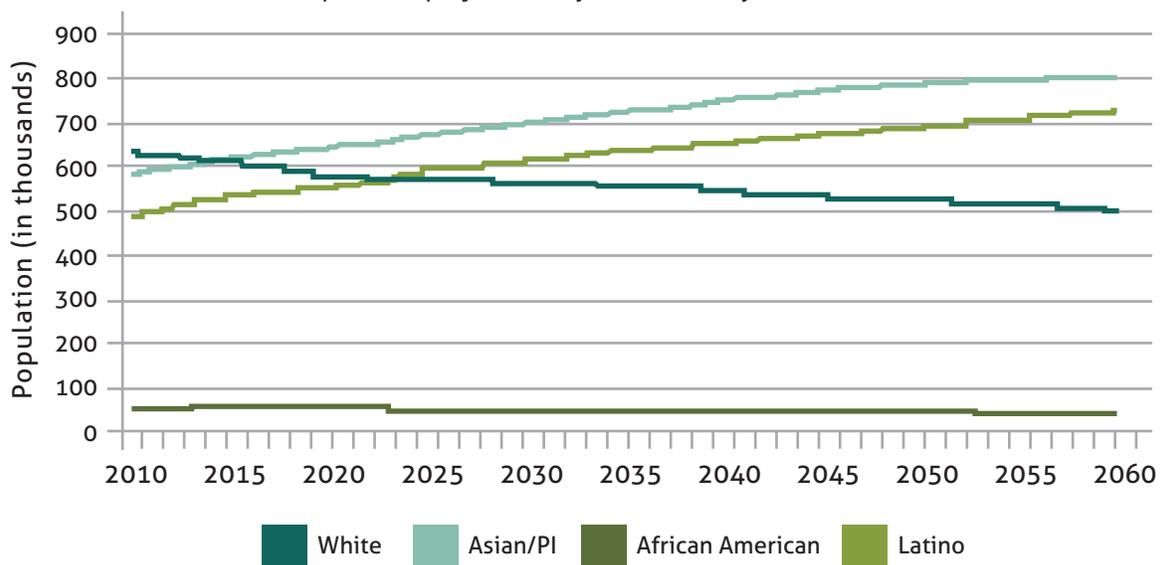
A Growing, Diverse, and Aging Population

With 1.8 million residents, Santa Clara County is the sixth most populated of California’s 58 counties and the most populated county in the Bay Area.⁶ The county’s population is projected to grow to nearly 2.2 million by 2060.⁷ The proportion of residents who are ages 65 years and over made up 11% of the county population in 2010 but this proportion is expected to grow to 23% by 2060.⁸

In 2012, Whites and Asians each accounted for approximately one-third of the county population (34% and 33%, respectively); more than one quarter of the population was Latino/Hispanic (27%) and 3% was African American.⁶ Between 2010 and 2060, the Asian/Pacific Islander population is expected to increase from 580,035 to 798,626, or 36% of the county population, while the Hispanic population will grow from 481,108 to 726,973 (33% of the county population). The White population is expected to decline from 627,438 to 503,027 (to 23% of the county population), and the African American population from 43,926 to 39,935 (to less than 2% of the county population).⁷

More than one-third (37%) of county residents are foreign-born. The largest percentage of foreign-born residents were born in Mexico (21%), followed by Vietnam (15%), India (13%), the Philippines (9%), and China, excluding Hong Kong and Taiwan (8%).⁶

Population projections by race/ethnicity, 2010-2060

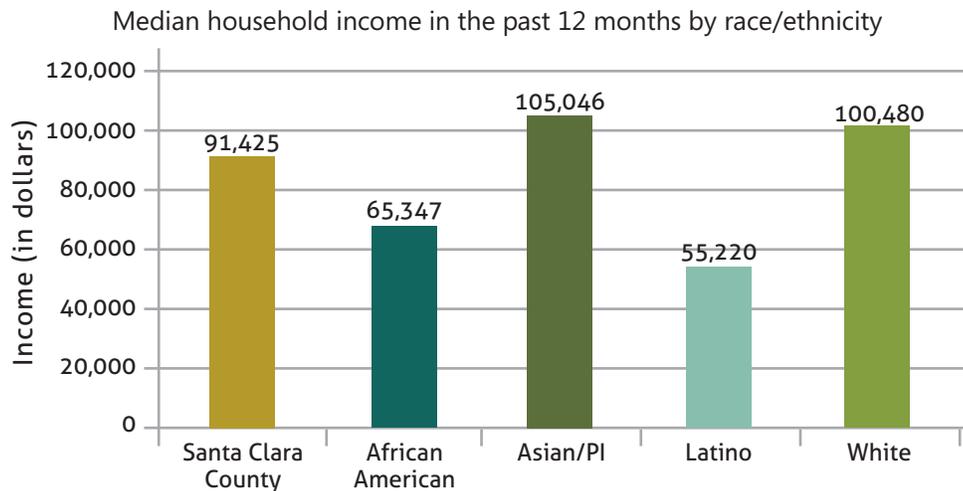


Source: State of California, Department of Finance, Report P-2: State and County Population Projections by Race/Ethnicity and 5-Year Age Groups, 2010-2060. Sacramento, California, January 2013.
 Note: Latinos are not included in African American, Asian/PI, and White Categories.

Education, Income and Employment

In 2012, nearly half of adults in Santa Clara County ages 25 and older (47%) had a bachelor's degree or higher and 14% had less than a high school diploma. Educational attainment was higher among Asians and Whites: 61% of Asians and 55% of Whites had a bachelor's degree or higher, compared 35% of African Americans and 14% of Latinos/Hispanics.⁶

In 2012, the median household income in Santa Clara County was the highest in the state, at \$91,425. The median income in Asian (\$105,046) and White (\$100,480) households was higher than in African American (\$65,347) and Hispanic (\$55,220) households. In 2012, 11% of the county population overall and 13% of children were living below 100% of the Federal Poverty Level (FPL). (In 2012, 100% of the FPL for a family of 4 was \$23,050).⁶



Source: U.S. Census Bureau, 2012 American Community Survey 1-Year estimates
Note: Latinos are not included in African American, Asian/PI, and White categories.

Although Santa Clara County is currently adding jobs at a faster pace than the state or nation,⁸ 9% of the population ages 16 and over in the labor force was unemployed in 2012.⁶ The unemployment rate in the county during the recent recession peaked in 2010 at 11%.⁷

Housing and Homelessness

Santa Clara County experiences significant housing issues, including a lack of affordable housing, overcrowding, and homelessness. In 2010 to 2012, more than 4 in 10 housing units with a mortgage (45%) spent 30% or more of household income on housing, while nearly 5 in 10 renter-occupied housing units (47%) had a similarly high burden.⁹ Latino/Hispanic and African American households experienced a greater housing cost burden than White or Asian households.

In 2012, 8% of households in Santa Clara County were overcrowded (more than 1 person per room) and 2% were severely overcrowded (more than 1.5 person per room).⁶

A total of 7,631 homeless individuals were counted during the 2013 Santa Clara County Homeless Census and Survey.¹⁰ Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). The 2013 Santa Clara County Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year.¹¹ Additional findings include:

- » Of homeless individuals, nearly 1 in 10 (9%) were children under the age of 18.
- » Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care.
- » Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). Sixty-eight percent reported currently experiencing mental health conditions.

MAPP Phase 3: Assessments

Community Health Status Assessment

What It Is

The Community Health Status Assessment (CHS) is a compilation of state, national, and local data that was collected and analyzed to identify health disparities for age, gender, racial and ethnicity subgroups.¹²

The CHS seeks to address 3 questions:

- » How healthy are our residents?
- » What does the health status of our community look like?
- » What are the disparities in our community?

Methods

The Santa Clara County Public Health Department presented the steering committee with a health equity indicator framework, developed by NACCHO, as a way to address social determinants of health in an assessment. Based on social justice and health equity principles, the framework guided the collection and organization of health indicators for the CHS assessment. The steering committee selected the indicators against the following criteria:

- » Social determinants of health indicators suggested by NACCHO
- » Indicators identified by steering committee members
- » Indicators from other local quality of life and health disparities studies
- » Degree of disparity
- » Size of problem
- » Ability to measure

“**Health** is a state of complete physical mental and social well-being and not merely the absence of disease or infirmity.”

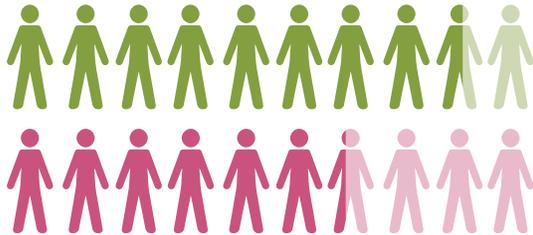
—WHO Definition¹⁸

Summary of Findings

The steering committee identified over 70 health indicators, which were organized using the health indicator framework, and presented back to the group in a grid with breakdowns by gender, age, and race/ethnicity, which can be found in the appendices. A select group of indicators are presented in infographics below, to bring the data to life.

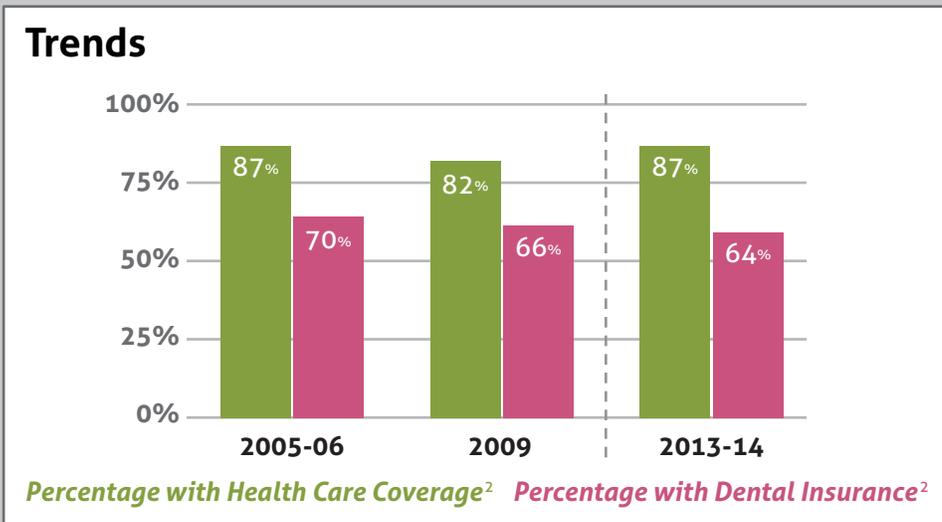
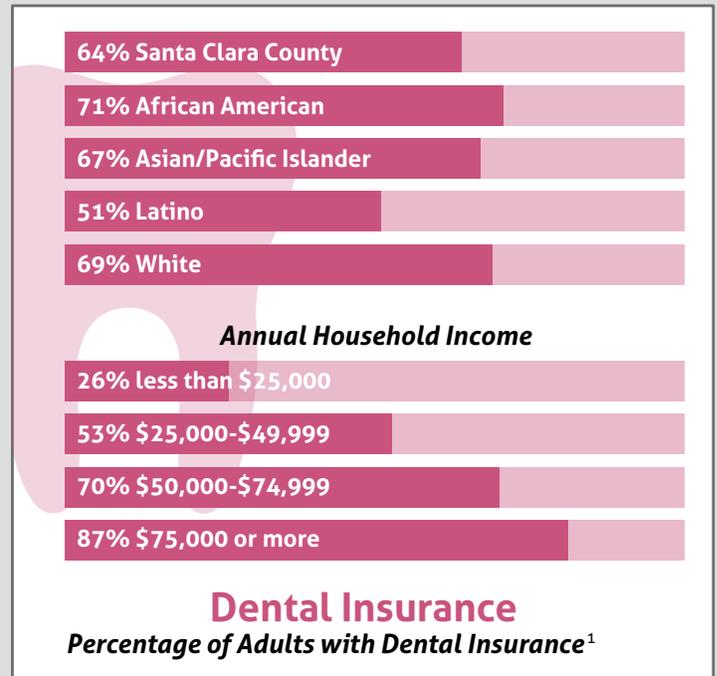
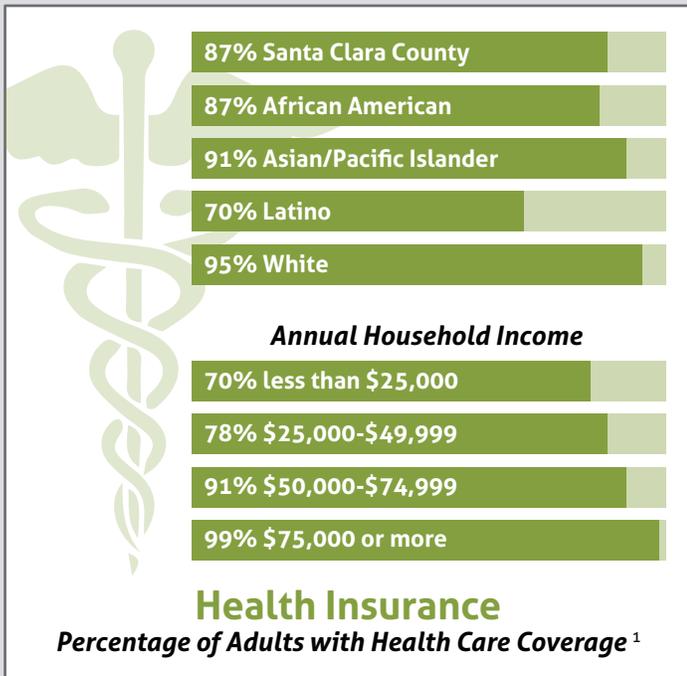
Access to Care

Access to health care is important for improving quality of life and eliminating disparities in health. When people are able to get preventive care or treatment for their health conditions, they have better health outcomes, improved perceptions of their health, and increased productivity.



87% of adults
have health insurance.

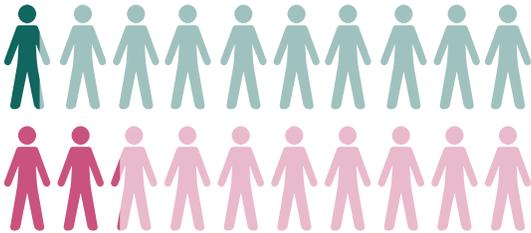
64% of adults
have dental insurance.



Note: The dotted line in the graph above marks changes in the BRFSS survey methodology. Data from 2013-14 are not directly comparable to data from earlier surveys.
¹ Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey ² Santa Clara County Public Health Department, 2005-2014 Behavioral Risk Factor Survey

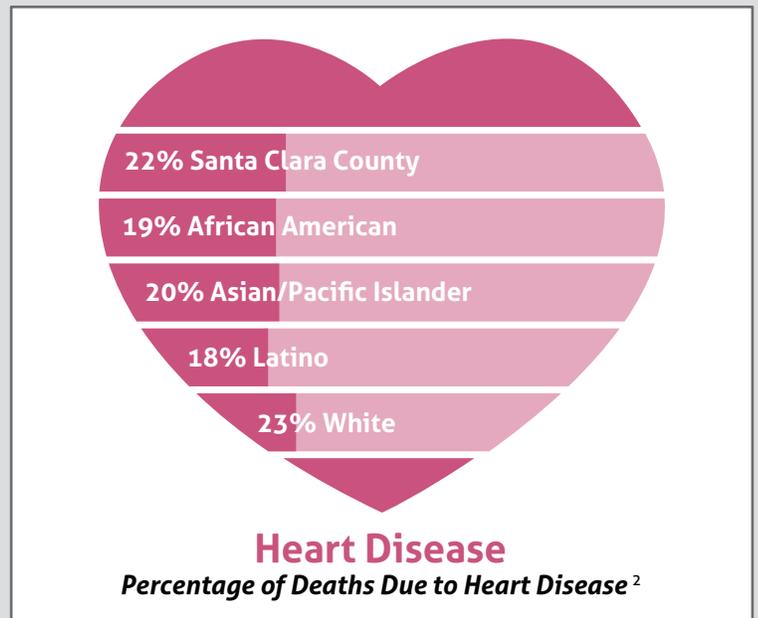
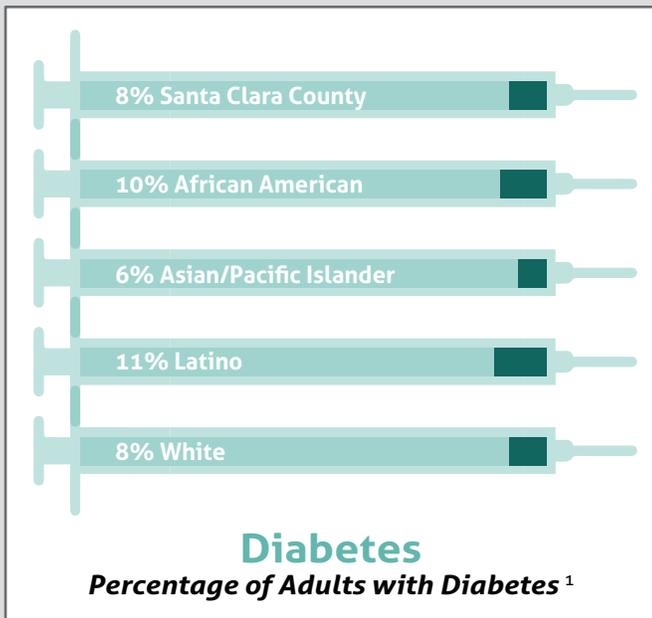
Chronic Disease

Chronic diseases, such as heart disease and diabetes, are leading causes of morbidity. These chronic diseases can result in disability and premature death, but are also preventable and controllable. One can reduce the risk of developing chronic disease by engaging in physical activity, decreasing tobacco use, eating fewer calories and consuming healthy food and beverages supported by a healthy environment (within healthcare settings and communities) in which an individual lives, learns, works, and plays.

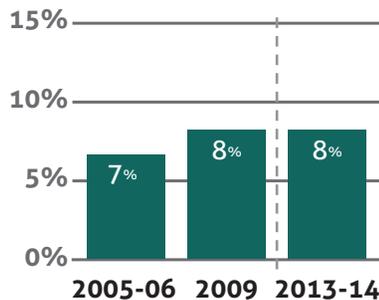


8% of adults have diabetes.

Heart disease is responsible for 22% of deaths among county residents.



Trends



Note: The dotted line in the graph above marks changes in the BRFSS survey methodology. Data from 2013-14 are not directly comparable to data from earlier surveys. ¹⁴
¹ Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey ² Santa Clara County Public Health Department, 2012 Death Statistical Master File
³ Santa Clara County Public Health Department, 2005-2014 Behavioral Risk Factor Survey ⁴ Santa Clara County Public Health Department, 2003-2012 Death Statistical Master File

Economic Security

ACHIEVEMENT GAP

High school completion is a key pathway to employment. When people attain their high school diploma, they have access to healthier and higher paying jobs that can provide food, housing, transportation, health insurance, and other basic necessities for a healthy life.



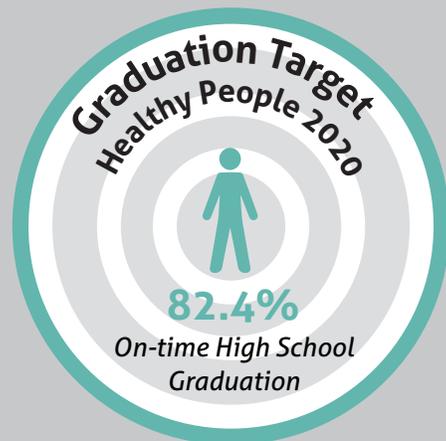
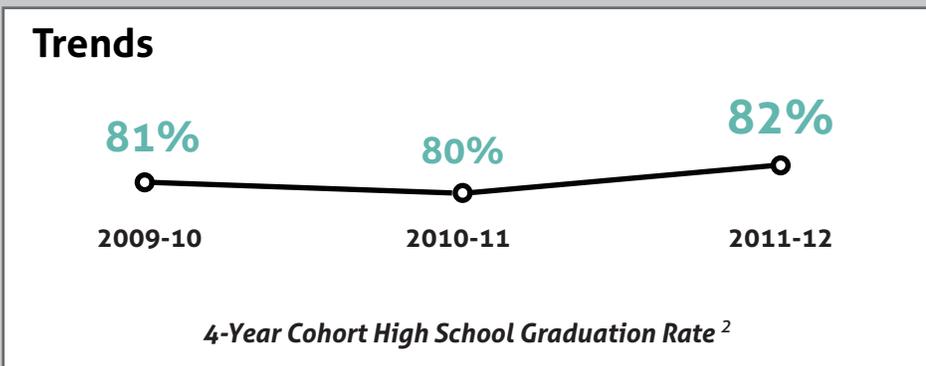
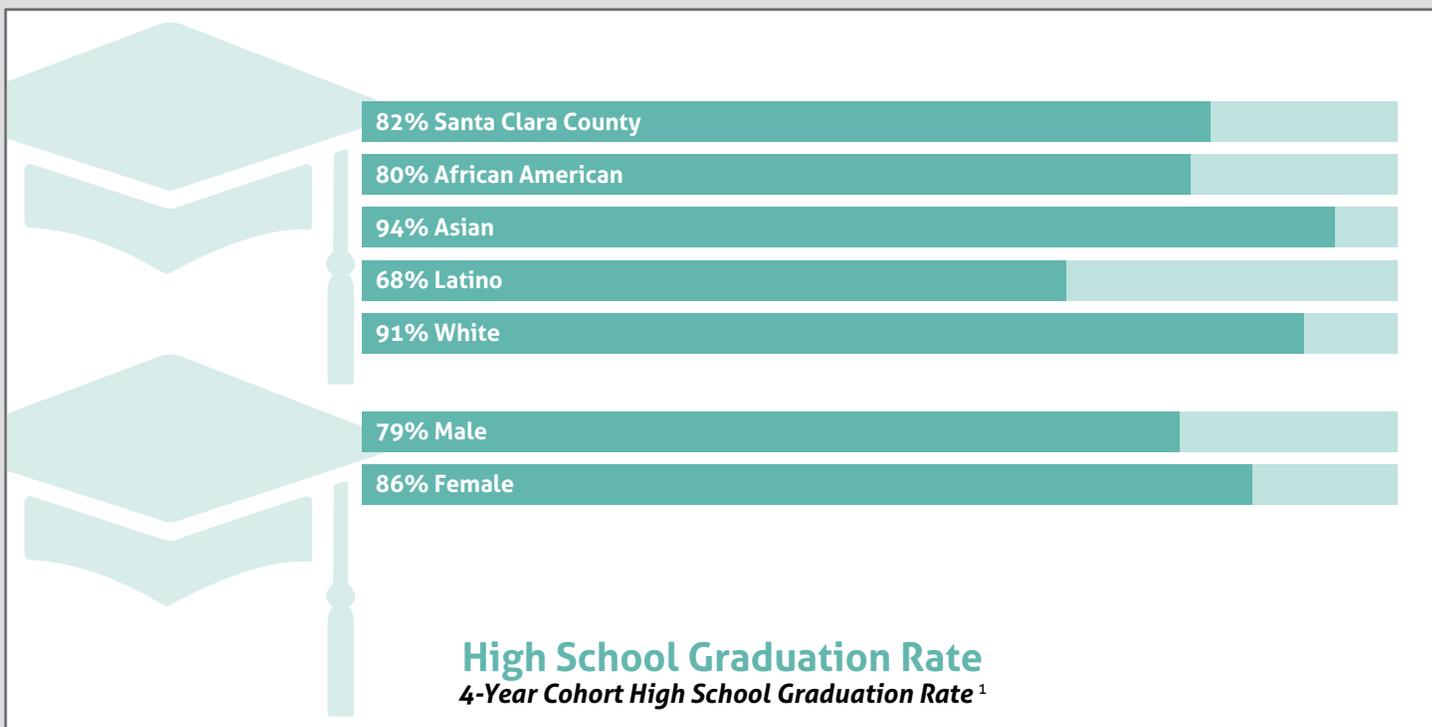
Santa Clara County



National

On-time high school graduation

rate for adolescents in Santa Clara County was 82%, above the national average of 78%.



¹ California Department of Education, Data Quest 2011-12; U.S. Department of Education, Public School Graduates and Dropouts from the Common Core of Data, 2009-10 First Look (provisional data) ² California Department of Education, Data Quest 2009-2012

Economic Security

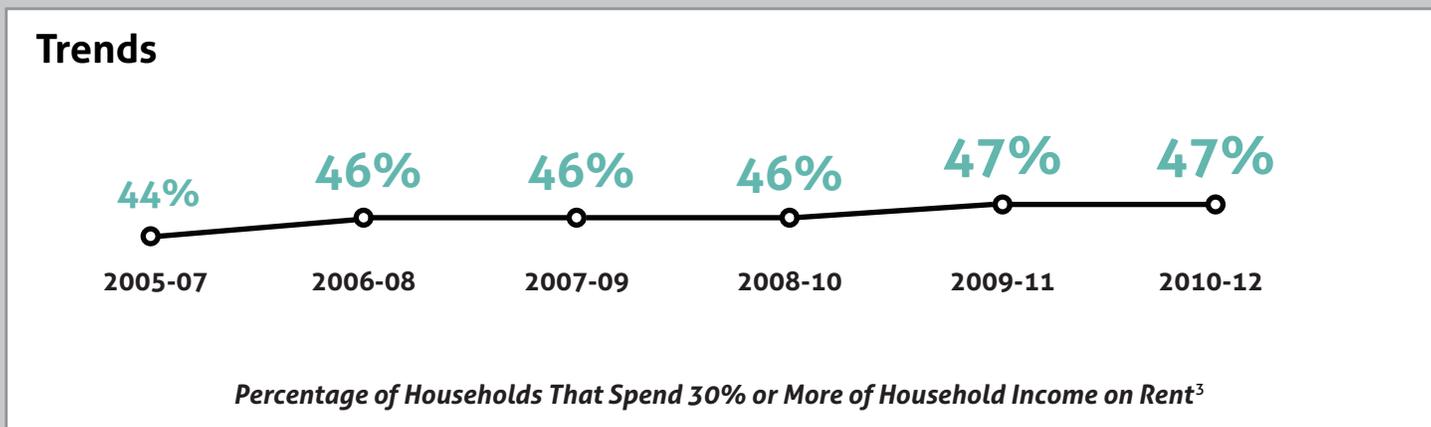
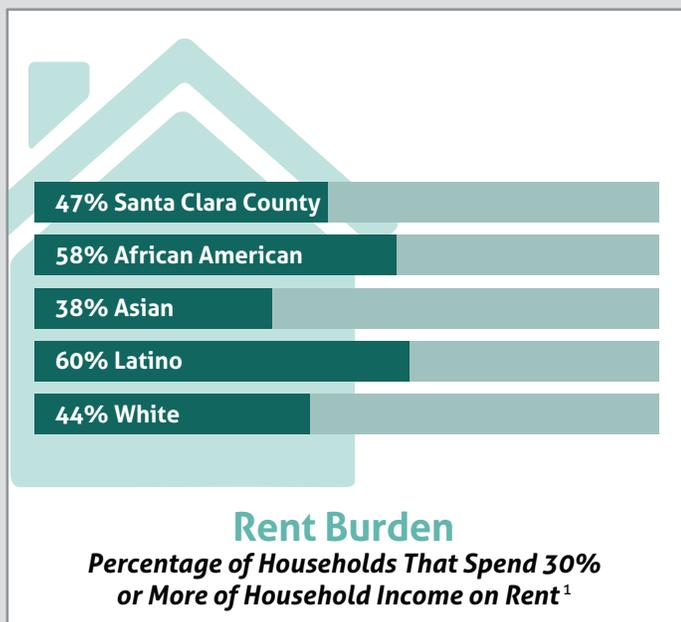
HOUSING

Housing is a basic human need. When people have a safe, secure, and permanent place to live, they have the foundation to succeed in all aspects of life. This benefits not only the individuals and families living in a decent home, but also strengthens the community to which they belong.



Nearly 1/2 of households spend more than 30% of household income on rent.

Santa Clara County has the 3rd highest rental market in California.

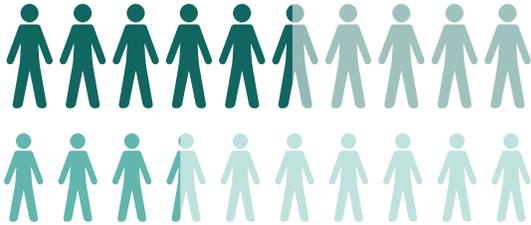


¹ U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates ² U.S. Census Bureau, 2012 American Community Survey 1-Year Estimates ³ U.S. Census Bureau, 2005-2007 to 2010-2012 American Community Survey 3-Year Estimates

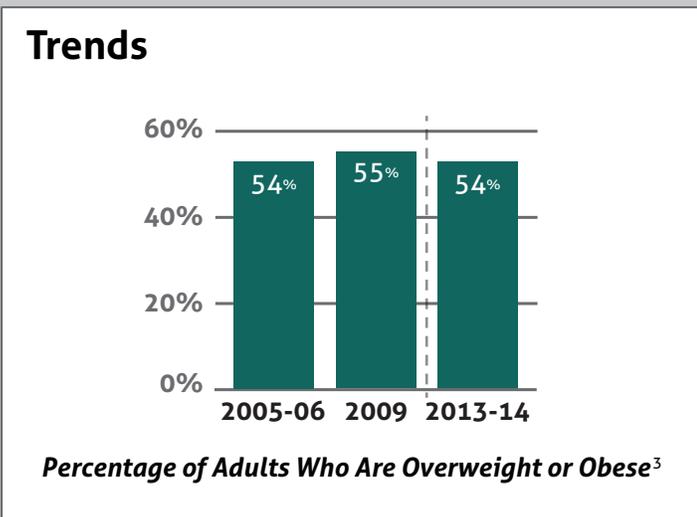
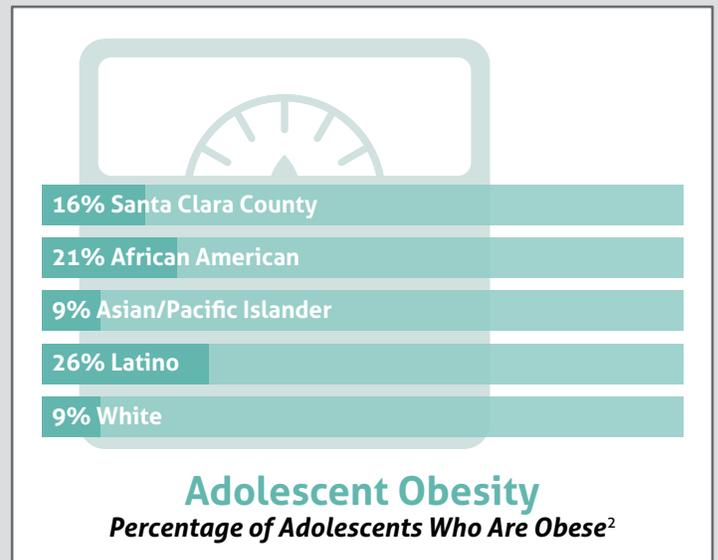
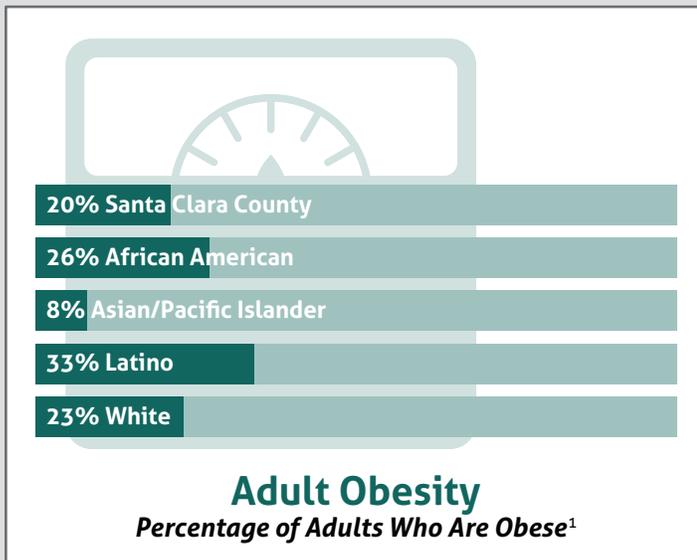
Healthy Eating & Active Living

OVERWEIGHT & OBESITY

Healthy eating and regular physical activity contribute to longevity and an improved quality of life by keeping the mind active, the body strong, and helping to maintain a healthy body weight. All people in the community have the right to an environment where there is access to healthy foods, healthy beverages, and safe places to walk, ride, and play. Creating healthy, safe, livable communities has a positive impact on health across the lifespan.



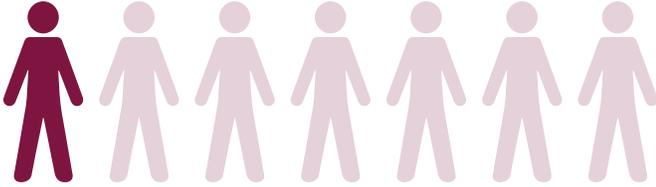
Over half of adults and one third of adolescents in the county are overweight or obese.



Note: The dotted line in the graph above marks changes in the BRFSS survey methodology. Data from 2013-14 are not directly comparable to data from earlier surveys.
¹Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey ²California Department of Education, 2011-2012 FITNESSGRAM
³Santa Clara County Public Health Department, 2005-2014 Behavioral Risk Factor Survey

HIV/AIDS

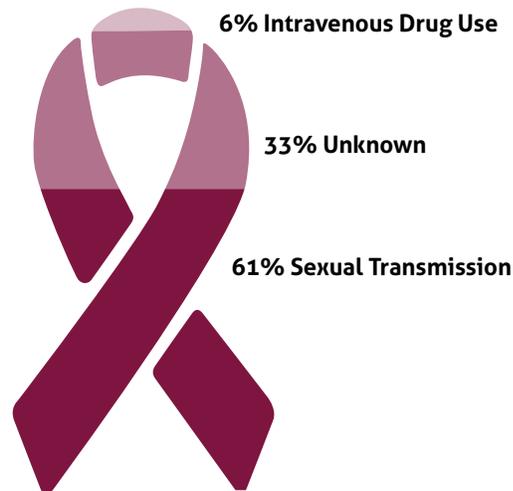
Human Immunodeficiency Virus is a lot like other viruses, including those that cause the "flu" or the common cold. But there is an important difference – over time, your immune system can clear most viruses out of your body. That isn't the case with HIV – the human immune system can't seem to get rid of it. Over time, HIV can destroy your immune system so that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS. AIDS is the final stage of HIV infection. People at this stage of HIV disease have badly damaged immune systems, which puts them greatly at risk for infections.



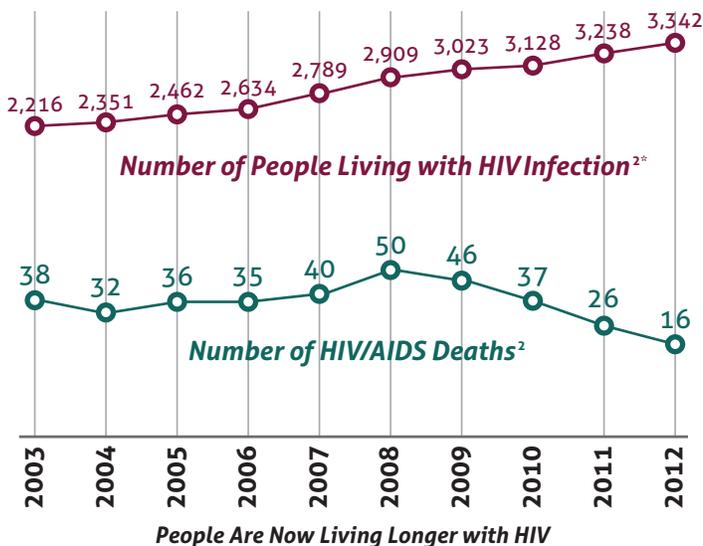
1 in 7 of those infected with HIV are unaware of their infection status.

Modes of Transmission¹

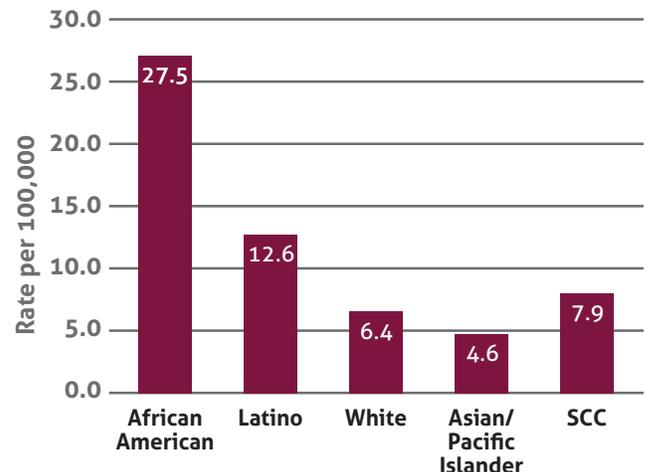
Excludes one pediatric case who was infected through perinatal transmission. Includes heterosexual, men who have sex with men (MSM) and MSM & intravenous drug use (IDU).



Trends



Rate of New HIV Diagnosis Among Adults and Adolescents per 100,000 People by Race/Ethnicity, 2012, Santa Clara County



Minority Groups Are Disproportionately Affected by HIV^{1,3}

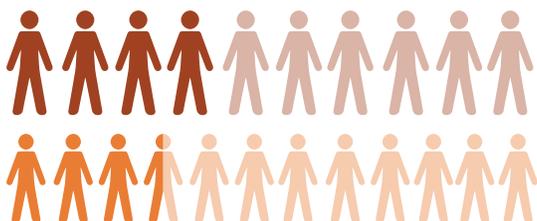
Centers for Disease Control and Prevention. "Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011"; MMWR. 2014 Nov 25;63

*Number of cases reported to Santa Clara County Public Health Department¹ Santa Clara County Public Health Department, Enhanced HIV/AIDS Reporting System (eHARS), data as of December 31, 2012

² Santa Clara County Public Health Department, eHARS, 2003-2012 ³ State of California, Department of Finance, State and County Population Projections, 2010-2060. Sacramento, California, January 31, 2013

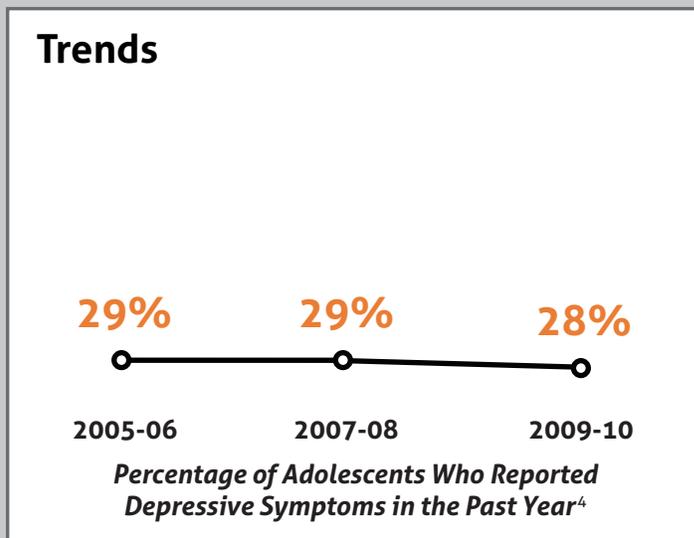
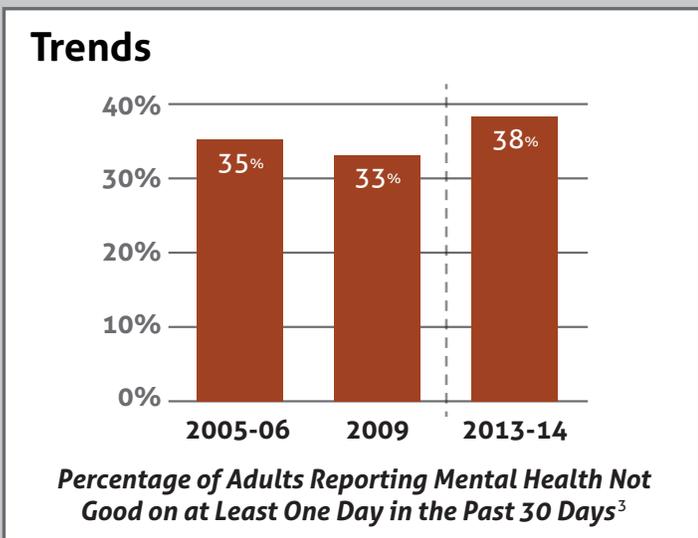
Mental Health

Mental health is important at every stage of life. When people enjoy a sense of well-being and are free from mental illness, they are more likely to lead a productive life, maintain fulfilling relationships, participate in health-promoting behaviors, adapt to change, and cope with adversity.



Nearly 4 in 10 adults report poor mental health on at least one day in the past month.

More than 1 in 4 adolescents report symptoms of depression in the past year.

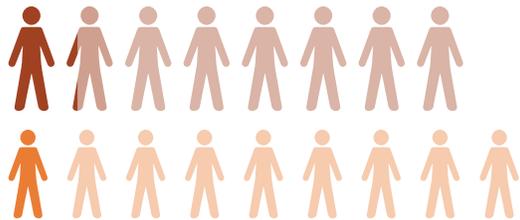


Note: The dotted line in the graph above marks changes in the BRFSS survey methodology. Data from 2013-14 are not directly comparable to data from earlier surveys. ¹⁹ Depression for adolescents is defined as feeling so sad or hopeless almost every day for 2 weeks or more during the past 12 months that they stopped doing some usual activities. ¹Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey ²United Way Silicon Valley, Santa Clara County Community Assessment Project, Survey Report, August 2012 ³Santa Clara County Public Health Department, 2005-2014 Behavioral Risk Factor Survey ⁴California Healthy Kids Survey, 2005-2010

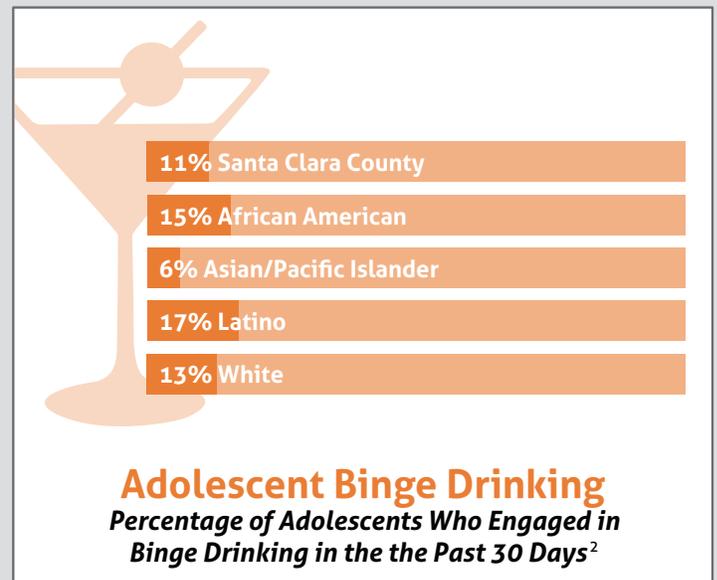
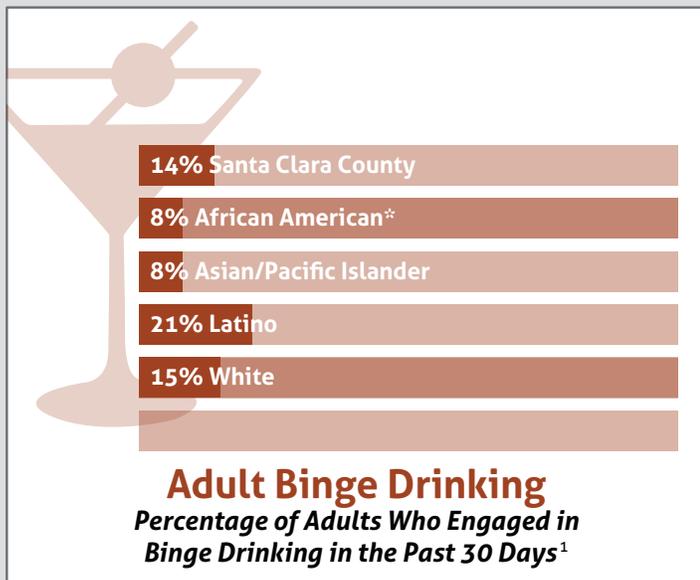
Alcohol Use

EXCESSIVE DRINKING

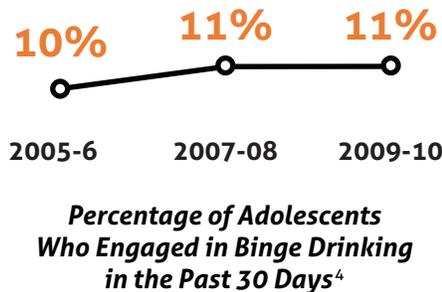
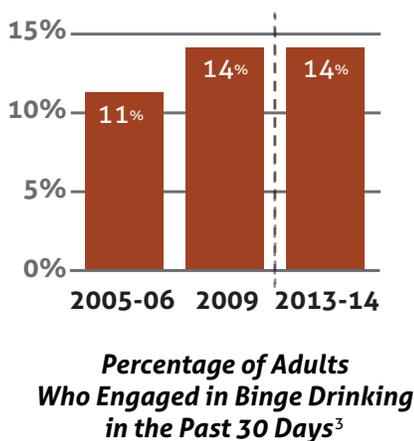
As the third most preventable cause of death in the U.S., excessive drinking can put drinkers, their families, and their communities in harm's way. When people drink too much, they are at greater risk of health and social problems including injuries from car crashes, domestic violence, and sexually transmitted infections.



More than **1 in 7** adults and **more than 1 in 9** adolescents engaged in binge drinking in the past month.



Trends



Note: The dotted line in the graph above marks changes in the BRFSS survey methodology. Data from 2013-14 are not directly comparable to data from earlier surveys.

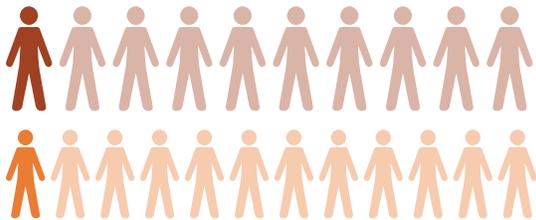
* indicates estimate is statistically unstable due to a relative standard error of greater than 30% or less than 50 respondents in the denominator. This estimate should be viewed with caution and may not be appropriate to use for planning or policy purposes.

¹ Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey ² California Healthy Kids Survey, 2009-10 ³ Santa Clara County Public Health Department, 2005-2014 Behavioral Risk Factor Survey ⁴ California Healthy Kids Survey, 2005-2010

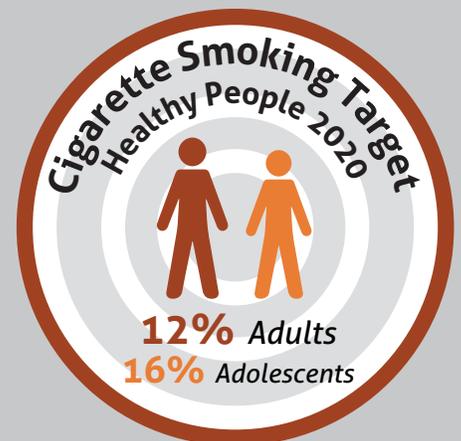
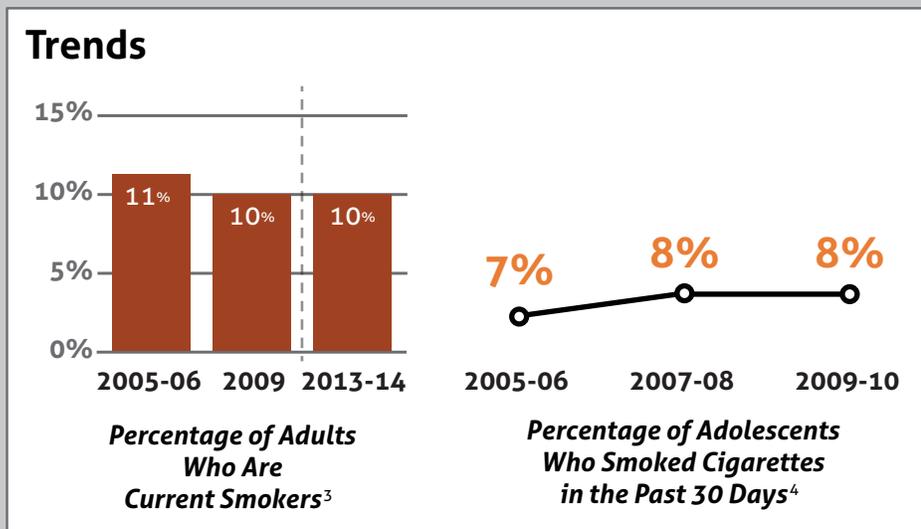
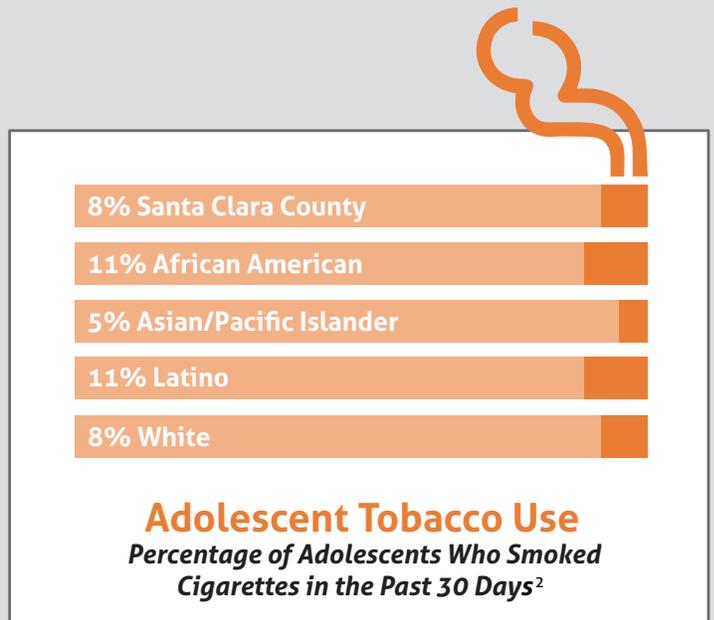
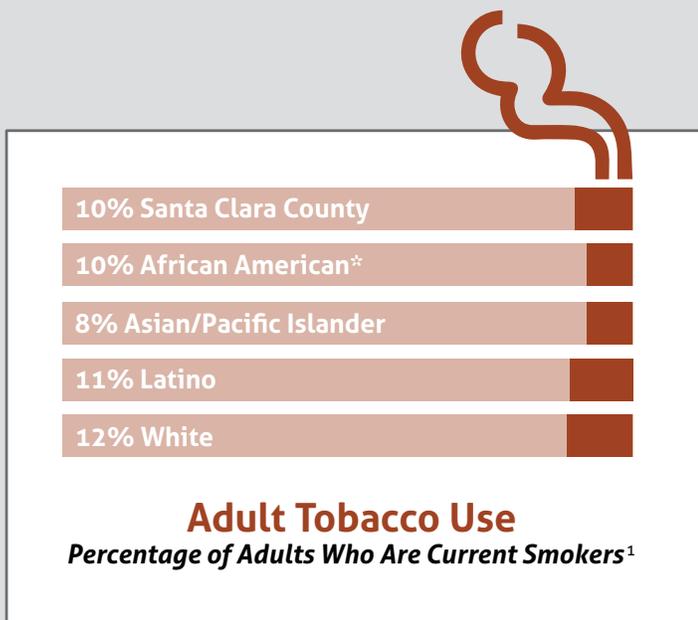
Tobacco-Free Communities

TOBACCO USE & EXPOSURE

Tobacco use is the single most preventable cause of death in the U.S. When people experience tobacco in any form (smoking, secondhand, or smokeless), they are at increased risk of many serious diseases and health problems, such as cancer, heart disease, stroke, and respiratory infections. In the 20 years since California implemented its comprehensive Tobacco Control Program, adult smoking has declined by 49%, lung cancer rates have declined nearly four times faster than rates in the rest of the U.S., and health care-related savings have totaled over 86 billion dollars. Despite these improvements, significant work remains to address higher rates of smoking among our county's diverse populations.



**1 in 10 adults and
1 in 12 adolescents
in the county smoke cigarettes.**



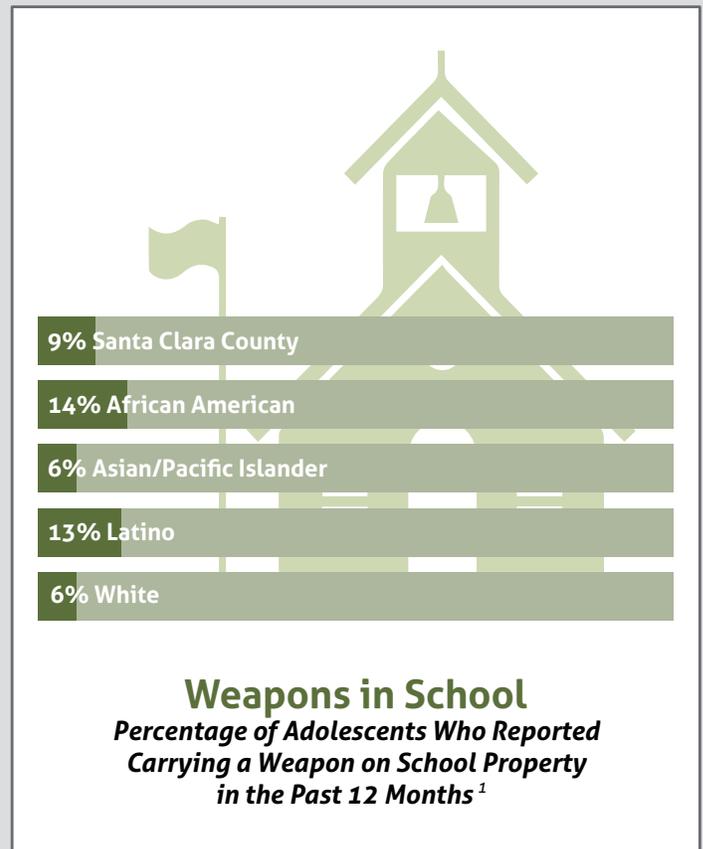
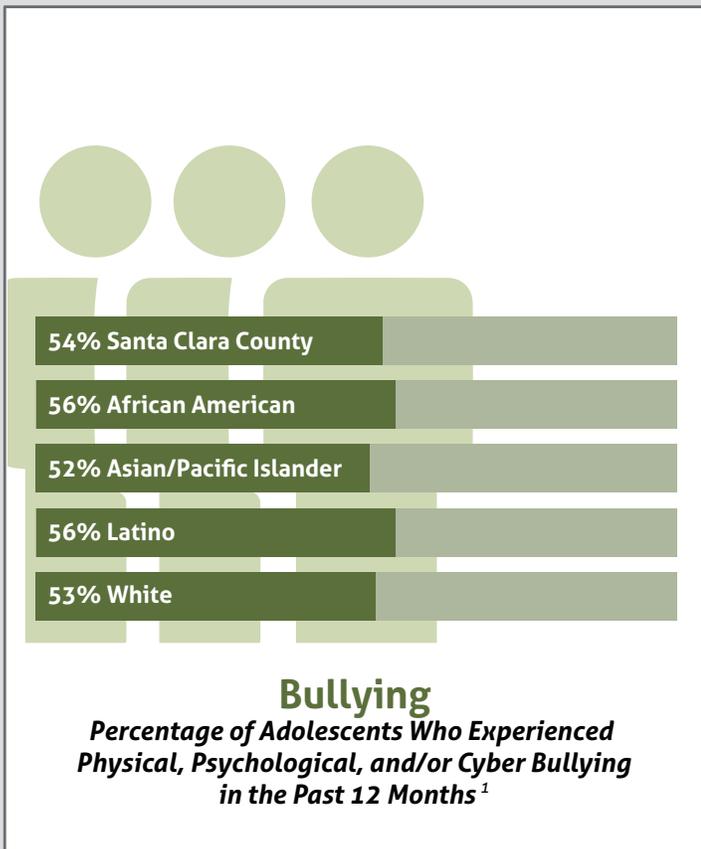
Note: The dotted line in the graph above marks changes in the BRFSS survey methodology. Data from 2013-14 are not directly comparable to data from earlier surveys. ²¹
^{*} indicates estimate is statistically unstable due to a relative standard error of greater than 30% or less than 50 respondents in the denominator. This estimate should be viewed with caution and may not be appropriate to use for planning or policy purposes.
¹ Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey ² California Healthy Kids Survey, 2009-10 ³ Santa Clara County Public Health Department, 2005-2014 Behavioral Risk Factor Survey ⁴ California Healthy Kids Survey, 2005-2010

Youth & Community Violence

Youth and community violence are symptoms of a host of interrelated risk factors within homes, schools, communities, and society. These include child abuse, substance abuse, poor parenting, violent relationships, underfunded and low performing schools, and gender and income inequities. No single factor creates a higher likelihood of violence occurring. Every community has protective factors and assets that can be supported and enhanced to reduce unhealthy, violent conditions and establish healthy behaviors and relationships.



1 in 3 homicides
were among youth and young adults
ages 15 to 24.



Note: Examples of weapons in school includes knives or clubs; does not include guns.
Santa Clara County Public Health Department, 2012 Death Statistical Master File ¹ California Healthy Kids Survey, 2009-10

MAPP Phase 3: Assessments

Local Public Health System Assessment

What It Is

The Local Public Health System Assessment (LPHSA) measures the capacity of the public health system to provide the ten Essential Public Health Services, the fundamental framework for all local public health system assessment activities that contribute to the health and well-being of communities. The LPHS includes all of the organizations and entities that contribute to public health in a community, including the local public health department and public, private and voluntary organizations. The identification of the system's strengths and challenges can help communities strengthen, improve, and better coordinate LPHS activities.¹³

Local Public Health System



Source: The National Association of County and City Health Office (NACCHO); Local Public Health System Assessment (LPHSA).¹²

The identification of the strengths and challenges of Santa Clara County's Public Health System was guided by the following questions:

- » What are the components, activities, and capacities of our local public health system?
- » How well are we providing the essential services in our community?

Specifically, the information gathered helped identify and document how components of the public health system outside of the Santa Clara County Public Health Department contribute to the Ten Essential Public Health Services.

The Ten Essential Public Health Services	
1	Monitor health status to identify community health problems.
2	Diagnose and investigate health problems and health hazards in the community.
3	Inform, educate and empower people about health issues.
4	Mobilize community partnerships to identify and solve health problems.
5	Develop policies and plans that support individual and community health efforts.
6	Enforce laws and regulations that protect health and ensure safety.
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8	Assure a competent public health and personal health care workforce.
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10	Research for new insights and innovative solutions to health problems.

Source: The National Association of County and City Health Officials (NACCHO); Local Public Health System Assessment (LPHSA).

Methods

A diverse group of more than 50 community partners from public and private sectors representing the Santa Clara County Public Health System were invited to participate in 1 of 5 LPHSA assessment group sessions, held from March to April 2013 throughout Santa Clara County. The sessions aimed to capture a comprehensive picture of the strengths and weaknesses of the public health system. The sessions utilized Version 3.0 of the Local Public Health System Performance Assessment Instrument, developed by the NACCHO and CDC.¹²

The essential services were organized into 5 groups by common themes, and in an effort to maximize cross-sharing and learning participants were strategically placed in 1 of the 5 groups, based on their role and contributions to the system.

- Group 1: Essential Services 2
- Group 2: Essential Services 3, 4, and 7
- Group 3: Essential Services 1, 8, and 10
- Group 4: Essential Services 5 and 6
- Group 5: Essential Services 9

Members of each group were provided with a pre-meeting packet in advance of their session, which included information on the LPHSA and the essential services corresponding to their group and their role in the assessment as well as a worksheet to help them brainstorm on the following:

- » Which essential services does your agency or organization help provide for the community?
- » Who else in the community helps in providing or conducting these services?

The 5 group sessions began with a brief discussion of the corresponding essential services. For example, Group 1 discussed essential service 2: Diagnose and investigate health problems and health hazards in the community. The group dialogue was designed to generate a collective understanding of the activities associated with each essential service as well as the components and capacities of the system necessary to deliver that service. The essential services included 2 to 4 Model Standards that described the major activities or practice areas related to each essential service, as they would be provided under ideal circumstances—the “gold standard”. Each model standard included a set of questions, which participants ranked using the criteria below to measure how well the Santa Clara County system is meeting the model standards. The quantitative results from each group were generated using Turning Point Technology, which provided real time tallies, and were subsequently sent to CDC for analysis and reporting. The CDC then calculated average scores across the activities rankings for each essential service.

Level of Activity	Description
No Activity 0%	The public health system does not participate in this activity at all.
Minimal Activity (0%–25%)	The public health system provides limited activity, and there is opportunity for substantial improvement.
Moderate Activity (26%–50%)	The public health system somewhat participates in this activity, and there is opportunity for greater improvement.
Significant Activity (51%–75%)	The public health system participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (75%–100%)	The public health system is doing absolutely everything possible for this activity and there is no need for improvement.

Source: The National Association of County and City Health Office (NACCHO); Local Public Health System Assessment (LPHSA).

Summary of Findings

Overall Performance Rating

The findings from the performance assessment for the Santa Clara County System Public Health System yield an overall rating of “Moderate” level of performance across all 10 essential services as determined by an average calculated for each of the ten essential services.

Average Performance Scores by Essential Public Health Service

The average scores for each essential service were calculated by the CDC. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

The Ten Essential Public Health Services		Performance Scores	Level of Activity
1	Monitor health status to identify community health problems.	47.2	Moderate
2	Diagnose and investigate health problems and health hazards.	65.3	Significant
3	Inform, educate, and empower individuals and communities about health issues.	38.9	Moderate
4	Mobilize community partnerships to identify and solve health problems.	50.0	Moderate
5	Develop policies and plans that support individual and community health efforts.	39.6	Moderate
6	Enforce laws and regulations that protect health and ensure safety.	55.4	Significant
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	37.5	Moderate
8	Assure a competent public health and personal health care workforce.	36.6	Moderate
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	20.4	Minimal
10	Research for new insights and innovative solutions to health problems.	23.6	Minimal
Overall Score		41.4	Moderate

In addition to ranking the system, community partners who participated in the LPHSA identified strengths and challenges of the system in its provision of the Ten Essential Public Health Services.

In summary, participants reported readily, accessible health data; health services in multiple languages; strong community collaboratives; health education services; health policy development; and the informal relationships with local university partners as notable strengths of the system. However, participants also noted the challenges of the system, which included the lack of local mental health prevalence data; uninsured families and individuals; decentralized system to measure impact of the LPHS; a lack of coordination and integration of health services across the LPHS and a host of challenges associated when accessing care for urgent health concerns, compounded by wait times for some treatments and for qualifying for public assistance programs.

The ranking and dialogue that occurred in this process will aid in establishing priorities for long-term action planning for improving the local public health system.

MAPP Phase 3: Assessments

Community Themes and Strengths Assessment

What It Is

The Community Themes and Strengths Assessment (CTS) provides a snapshot of Santa Clara County by gathering information on the thoughts, concerns, and opinions of community members on the following questions:

- » How is quality of life perceived in our community?
- » What is important to our community?
- » What assets do we have that can be used to improve community health?

Methods

The CTS was conducted through a review of data from existing data sources, both qualitative and quantitative. Data were analyzed to gather insights about the Santa Clara County community. The existing data sources included surveys and assessments in which Santa Clara County residents had been convened or contacted through focus groups, community conversations, or telephone, online and door-door surveys. These included the Quality of Life Survey Report 2012; the Santa Clara County Community Assessment; the United Way Kitchen Table Community Conversations; health assessments of the Latino and Vietnamese communities conducted by the Santa Clara County Public Health Department and the department's Strategic Plan.

Summary of Findings

A majority of Santa Clara County residents report positively on various aspects of quality of life, including safety, health, happiness, and neighborhood quality. However, numerous population sub-groups have a less positive perspective, and are more likely to report various challenges, such as stress, experiencing discrimination, lack of access to health care, and trust in the police. Depending on the indicator, these sub-groups include Latinos/Hispanics, African Americans, younger residents, lower income and less educated groups, women, the unemployed and underemployed, and foreign-born residents. Note that comparisons within and among subgroups below are limited by the availability of data and insufficient sample sizes.

Assessment Findings

Research Question: How is quality of life perceived in our community?

The data in this section depict the various facets of quality of life in Santa Clara County. Data was gathered from the 2012 Santa Clara County Community Assessment Project Survey, a telephone survey administered by San Jose State University's Survey and Policy Research Institute on behalf of the United Way Silicon Valley. The telephone survey was completed by 1,210 adults from May 14, 2012 to June 16, 2012 and provides a representative sample of adults in Santa Clara County population, as well as sufficient numbers within key sub-groups to allow for separate analysis and conclusions*

* The number of African Americans who responded to the 2012 Santa Clara County Community Assessment Project Survey, while similar in proportion to the number of African Americans in Santa Clara County, fall below the threshold of 50 respondents required for reporting and should therefore comparisons with other groups should be made with caution.

Satisfaction with Quality of Life and Happiness

- » About half of adult residents (51%) reported being “very satisfied” with their quality of life, but also expressed frustration by the high cost of living, traffic and commuting. Those most satisfied include older people age 65 + (67%), Whites (58%), college graduates (60%), and those with incomes \$100,000 or higher (59%).
- » More than 6 in 10 county adult residents (62%) commute to school or work on a regular basis. Those with longer commute times, particularly longer than 35 minutes, are more likely to say that their commute has a negative impact on their quality of life. Those who bicycle (8%) are the least likely to say their commute has a negative impact compared to those who use other commute modes.
- » Those who reported at least 3 days per week of physical activity also reported better health (89% excellent/good) and happiness (52% very happy), compared to those who were less physically active (80% excellent/good health, 37% very happy).
- » Residents who engage in some type of civic participation i.e. attended community events and social activities, are more likely to report being very happy than those who did not.

Basic Needs

- » More than 1 in 10 adult residents (11%) reported going without at least 1 basic need, such as health care, child care, housing, food, or dental care in the last 12 months. Women (13%) were more likely to go without at least 1 basic need than men (8%). Over three-fourths (77%) of adult residents who went without basic needs had not received help from a social service program.
- » Overall, 36% of county residents reported experiencing at least 1 housing difficulty due to the cost of housing, such as living temporarily with family or friends, sharing housing with other families, having to move when they did not want to, or foreclosure. Those most likely to have experienced at least 1 housing difficulty include:
 - Latinos/Hispanics (49%)
 - Younger residents (54% of those ages 25-34)
 - Lower household income groups (63% of those with incomes less than \$25,000; 49% of those with incomes between \$25,000 and \$75,000)
 - Those employed part-time (45%) or unemployed (42%)
 - Lower education groups (48% of those without a college degree)

Safety & Trust of Police

- » Latinos/Hispanics were least likely (78%) to report feeling safe in their neighborhood after dark, compared to Whites (93%).
- » Those with incomes less than \$50,000 are less likely to report feeling safe from violent crime (77%) and property crime (72%), compared to those with incomes over \$100,000 (95% feel safe from violent crime, 90% feel safe from property crime).
- » Asians (45%), African Americans (44%), and Latinos/Hispanics (41%) reported less trust in police, compared to Whites (65%).
- » Foreign-born report less trust in the police (41% trust the police “a lot”), compared to native-born residents (59%).

Neighborhood Quality

- » A majority of adults agree or strongly agree that their neighborhoods have a strong sense of community (69%) overall, with neighbors that are accepting (84%) and that help one another (74%).
- » Lower income residents are less likely to agree that their neighborhoods have a strong sense of community (64% of those with incomes less than \$50,000), compared to higher income residents (73% of those with incomes \$100,000 or more).
- » Younger residents are less likely to agree that their neighborhoods share a strong sense of community (61% of 18-24 year olds), compared to older residents (76% of those 45 and older).
- » Among parents of children under 18, 86% agree that their neighborhood is a good place to raise children.
- » Among those 65 and older, 92% agree that their neighborhood is a good place to grow old.

Discrimination

- » 1 in 5 residents (20%) say they felt discriminated against or treated unfairly in the last 12 months. The most commonly reported reasons for this type of treatment were the person's ethnicity (12%), nationality (5%), and age (5%).
- » The groups most likely to report feeling discriminated against or unfairly treated include:
 - Latinos/Hispanics (31%)
 - Younger residents (25% of those under 35)
 - Those with less than high school (26%) or some college (27%)
 - Those with household incomes less than \$100,000 (25%), versus those with household incomes of \$100,000 or more (15%)
- » African Americans (40%) and Latinos/Hispanics (18%) reported feeling discriminated against or treated unfairly based on ethnicity, compared to Asians (10%) and Whites (7%).
- » Younger people age 18-24 reported feeling discriminated against based on age (13%), compared to older people (2-5% among all other age groups).

Health and Wellness

- » Older people, lower income, less educated, and unemployed/retired residents were more likely to rate their health as fair or poor.
- » The most likely to report being unable to receive health care include:
 - Those without health insurance (36%)
 - Latinos/Hispanics (20%)
 - Lower income groups (29% of those with incomes less than \$25,000, 21% of those with incomes between \$25,000 and \$50,000)
 - Unemployed residents (16%)
 - Less educated residents (39% of those with less than high school education)
 - Foreign-born residents (15%)
- » More than 8 in 10 (82%) adult residents reported being at least somewhat stressed by something in their life.
 - Lower income residents reported greater stress about health concerns (61% of those with incomes less than \$25K are stressed about health)
 - Younger residents reported more financial stress (70% of those under 35 are stressed about finances, versus 41% of those 65 and older)
 - Lower income residents report greater financial stress (75% of those with incomes less than \$50,000 are stressed about finances, versus 52% of those with incomes more than \$150,000)

Research Question: What is important to our community?

The visual below depicts what Santa Clara County residents deem as important aspects of a healthy community that relate to health, healthcare, and fundamental conditions like poverty reduction and crime-free communities, which are consistent with other findings. The information was gathered during 4 public Healthy Communities Workshops conducted in April and May 2012 for the County of Santa Clara General Plan Health Element. The workshops were held in Morgan Hill, Cupertino, San Jose, Palo Alto and a total of 95 residents participated at the workshops.



Research Question: What assets do we have that can be used to improve community health?

The assets identified in this section are a compilation from existing data sources to help answer the research question: "What assets do we have that can be used to improve community health?"

The Community Assessment Project (2012) "Kitchen Table" Community Conversations which began in 2011 and concluded in 2012 hosted more than 80 conversations with more than 500 community residents. Community assets and strengths identified by the community residents who participated in the conversations included:

- » Cultural events highlighting and celebrating Santa Clara County's rich diversity
- » Active and engaged school principals that are aware of the community strengths and work with parents to improve their children's education
- » Neighborhood level resources in close proximity, including libraries, community centers, churches, and restaurants
- » Volunteer opportunities
- » A sense of community, with friends and family

To develop its strategic plan, the Santa Clara County Public Health Department held 5 Community Engagement Meetings in Gilroy, Mountain View, San Jose and Santa Clara between May and June 2011. Over 200 community residents were in attendance to gather insights on the community conditions that affect healthy choices. The community assets identified by youth, seniors, adults and families that participated in the meetings included:

- » Family assistance programs
- » Passionate and supportive teachers
- » Schools that are close and safe
- » An abundance of parks, trails with opportunities to exercise
- » After school programs for children and youth through safe, fun and educational activities
- » Diverse and safe neighborhoods

MAPP Phase 3: Assessments

Forces of Change Assessment

What It Is

The Forces of Change Assessment examines the context in which the community and its public health system operate. In a Forces of Change Assessment, MAPP participants answer the following research questions:

- » What is occurring or might occur that affect the health of our community or the local public health system?
- » What specific threats or opportunities are generated by these occurrences?

Methods

Data for the Forces of Change Assessment were collected through a facilitated session conducted with approximately 20 steering committee members on April 12, 2013. Before the Forces of Change session, steering committee members were emailed a worksheet to brainstorm the “forces”, the trends, factors and events that are or will be influencing the health of Santa Clara County residents.

- » **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government
- » **Factors** are discrete elements, such as a community’s large ethnic population, an urban setting, or a jurisdiction’s proximity to a major waterway
- » **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

Participants were asked to consider any and all types of forces, including:

- » Social
- » Economic
- » Political
- » Technological
- » Environmental
- » Scientific
- » Legal
- » Ethical

The results of the Forces of Change session and additional 3 MAPP assessments were shared with steering committee members and other community partners at a presentation of the MAPP assessment findings held on May 31, 2013. At this presentation, additional forces were identified and incorporated into the findings presented in this section.

Summary of Findings

Through the Forces of Change Assessment, participants identified a wide array of local, state, and national forces that are or will be influencing the health or quality of life of the community and local public health system. Some of the major forces identified include the widening economic divide, child poverty, the academic achievement gap, gun legislation, public safety realignment, immigration reform, health care reform, the lack of work-life balance and the culture of competition in Silicon Valley. The spectrum of forces that were identified and corresponding threats and opportunities are detailed in the following table.

Forces of Change Assessment Findings

Sector	Forces	Opportunities	Threats
Economic and Social	Widening economic divide and shrinking middle class	<ul style="list-style-type: none"> Engage the ultra-wealthy in philanthropy Shifting face of poverty might make it easier to engage leadership (e.g., teachers as the poor) 	Growing demand for public services
	Demographic shifts (e.g., aging population, increased diversity, and more children)	<ul style="list-style-type: none"> Opportunity to connect older adults with youth Increased diversity and sharing culture Engage older adults (e.g., volunteer more time) 	<ul style="list-style-type: none"> Growing racial tensions Increased need for long-term support services Increased need for caregiver support Social security no longer able to provide – who/what will fill the gap? Lack of medical specialists to serve the changing population Need to establish/provide services to suburban population (hard to provide)
Science and Technology	On-line education	<ul style="list-style-type: none"> Increased accessibility and interaction through on-line education Increase graduation timeline for on-line 	<ul style="list-style-type: none"> Demise of public education
	Emerging science related to link between trauma and chronic disease, trauma informed systems, and mental health	<ul style="list-style-type: none"> Apply trauma informed framework to communities affected by trauma Change systems to be more effective 	<ul style="list-style-type: none"> Fear of violence Looking at individual effect versus community impact
	Technological change: <ul style="list-style-type: none"> Impact on healthcare/health information Legal system unable to keep up with change (e.g., patient information privacy) 	<ul style="list-style-type: none"> Incredible advances ahead of us Increased access to information 	<ul style="list-style-type: none"> Affordability, access, coverage Legal challenges

Sector	Forces	Opportunities	Threats
Community	We live to work instead of working to live	<ul style="list-style-type: none"> Promote better work-life balance Promote paid sick leave, vacation, and family leave 	<ul style="list-style-type: none"> Although we work very hard, the public health system and community still goes down hill
	Increasing role of community health professions and medical paraprofessionals (e.g. promotores)	<ul style="list-style-type: none"> Connected with grassroots, different demographics Ability to focus on prevention Opportunity to collaborate with current health professionals 	<ul style="list-style-type: none"> Conflict between professionals and paraprofessionals
	Disasters	<ul style="list-style-type: none"> Availability of communication tools 	<ul style="list-style-type: none"> The County is not prepared for natural disasters Limited resources in low-income communities
	Multiple challenges in Santa Clara County Supervisorial District 2 (e.g., high risk factors, multiple families living together, limited open space)	<ul style="list-style-type: none"> A woman of color on Board of Supervisors Opportunity to raise visibility of public health issues in the district with highest need 	<ul style="list-style-type: none"> Cost of election Does not diversify Board of Supervisors 4 Supervisors ignore District 2 needs
	Neighborhoods as unit of change	<ul style="list-style-type: none"> Increased partnership and ownership Tailored change efforts in neighborhoods Resident/community engagement for change Neighborhood focused data available 	<ul style="list-style-type: none"> Level of resources needed to address issues by neighborhood level Capacity and skills needed to work with neighborhoods
	Lack of PE in schools	<ul style="list-style-type: none"> Engagement with families on health advocacy for PE in schools 	<ul style="list-style-type: none"> Obesity and health risk factors Impact on children's behavior Pushing for academic test scores
	Crime and violence	<ul style="list-style-type: none"> Increased community involvement, such as neighborhood watch groups Gun legislation 	<ul style="list-style-type: none"> Gang issues School dropouts People become more insular Decreased funding for youth activities Failure to address problems of guns and weapons at the federal level

Sector	Forces	Opportunities	Threats
Community <i>Continued</i>	Reopening of San Jose Medical Center	<ul style="list-style-type: none"> • More access to services • Opportunity to innovate in service delivery • Opportunity to decentralize specialty services 	<ul style="list-style-type: none"> • Lack of funds for operations • Lack of innovation • Does not meet the local need
	Local philanthropy staying local versus going overseas	<ul style="list-style-type: none"> • Wealth in Santa Clara County • Philanthropy – tax for local investment 	<ul style="list-style-type: none"> • Investments go overseas
Government/Political	Lack of support and investment in prevention	<ul style="list-style-type: none"> • Create a mechanism to save money through cost containment and reinvest in prevention 	<ul style="list-style-type: none"> • Increased health care costs • No mechanism in Affordable Care Act to direct funds to prevention
	Public safety realignment	<ul style="list-style-type: none"> • Funding from state 	<ul style="list-style-type: none"> • Lack of health education for girls • Lack of youth development resources • Lack of job opportunities
	AB 975 (hospitals and charity care)	<ul style="list-style-type: none"> • More consist charity care funding 	<ul style="list-style-type: none"> • All community \$ going to charity care • Restriction of funding designation
	Measure A Allocation (increase in sales tax to address critical public services)	<ul style="list-style-type: none"> • Investment in community health and the public health system 	<ul style="list-style-type: none"> • One-time allocation versus ongoing allocation
	Fewer government resources and shift to local government	<ul style="list-style-type: none"> • More local control • Opportunity to focus on prevention 	<ul style="list-style-type: none"> • Fewer services • Zero sum competition
	Gun legislation	<ul style="list-style-type: none"> • Greater awareness of the role mental health plays in violence • Greater awareness of impact of violence on communities 	<ul style="list-style-type: none"> • Lose focus on other issues that contribute to violence (e.g., mental health, education, and community development)
	Santa Clara Valley Water District's vote to fund fluoridation	<ul style="list-style-type: none"> • Healthier teeth • Reduced dental expenses 	<ul style="list-style-type: none"> • Does not reach everyone or those who really need it

Sector	Forces	Opportunities	Threats
Government/ Political <i>Continued</i>	Changing local political leadership (e.g., new San Jose Mayor and County Supervisor)	<ul style="list-style-type: none"> • New leadership could be innovative and focused on community health 	<ul style="list-style-type: none"> • Transition • Unknowns
	Affordable Care Act	<ul style="list-style-type: none"> • Increased prevention and early intervention (e.g., upstream care) • Accountability 	<ul style="list-style-type: none"> • Still uninsured populations • Initial cost increases • Disorganized and ineffective implementation • Decreased medical reimbursements will lead to hospital closures • Few doctors accepting MediCal payments
	Immigration reform	<ul style="list-style-type: none"> • Increased access to services • Decreased fear • Legal job opportunities 	<ul style="list-style-type: none"> • Increased racial tension • Decreased capacity to meet needs • Confusion about what reform looks like
	Obama administration and Michelle Obama's healthy living focus	<ul style="list-style-type: none"> • Obama administration committed to healthy living/Let's Move 	<ul style="list-style-type: none"> • Administration's lame duck period
	Medicaid challenges (e.g., budget cuts, lack of access to services and providers, and coverage gaps)	<ul style="list-style-type: none"> • Affordable Care Act 	<ul style="list-style-type: none"> • Kids lose access to services (specialty) • Lack of providers
Environment	Healthy food challenges (e.g., affordability and access)	<ul style="list-style-type: none"> • \$40 million dedicated for health • Awareness of health food importance • More farmer's markets and The Health Trust Fresh Carts 	<ul style="list-style-type: none"> • Affordability and access to farmer's markets • Implementation of nutrition policy
	Climate change	<ul style="list-style-type: none"> • New policies to tighten environmental regulations • Increased acceptance of climate change as real • Local food movement 	<ul style="list-style-type: none"> • Agricultural impacts • Extreme weather • Unprepared for emergencies • Economic impact • Sea level rise

Sector	Forces	Opportunities	Threats
Environment <i>Continued</i>	Bart to San Jose	<ul style="list-style-type: none"> • Decreased vehicle travel • Increased transit connections • Increased high density housing around transit • Increased access to jobs and housing 	<ul style="list-style-type: none"> • May lead to increased crime and violence in neighborhoods around stations
	Lack of affordable and quality housing especially since loss of Redevelopment Agencies	<ul style="list-style-type: none"> • Easier to develop transit-oriented development, mixed use, etc. • Easier to innovate and develop new policies • More innovative housing models (e.g., housing plus social support) 	<ul style="list-style-type: none"> • Overcrowding • Decreased affordability (e.g., workforce can't live here) • Increased homelessness • Possible gentrification • Increased long dist. community
	Land use: High density Urban and rural divide in Santa Clara County	<ul style="list-style-type: none"> • Mixed-use developments (e.g., housing, jobs, schools, parks, clinics, amenities) • Zone for affordable housing 	<ul style="list-style-type: none"> • High density housing disconnected from amenities (e.g., parks, schools, clinics, etc.) • Exacerbate inequality • Concentration of affordable housing
	Increased alignment between public health, planning and environmental sectors	<ul style="list-style-type: none"> • Demonstrating value of this continuum • More efficient strategy 	<ul style="list-style-type: none"> • Might not happen • Too slow and political

MAPP Phase 4: Prioritization of Health Issues

Following the presentation of CHA findings to the steering committee in May 2013, the Santa Clara County Public Health Department conducted a review and analysis of emerging themes across the 4 CHA assessments: Community Health Status; Local Public Health System; Community Themes and Strengths; and Forces of Change. The most common themes were identified and organized against the health equity framework, resulting in the following selection of CHIP health priorities:

Social, Economic, and Environmental Factors

- » Economic Security
- » Achievement Gap
- » Social Cohesion
- » Community Safety & Violence
- » Housing
- » Food Security
- » Quality of Primary Care
- » Environmental Quality
- » Built Environment

Health Outcomes

- » Adult Communicable Diseases (STDs/HIV-AIDS)
- » Oral Health
- » Infant Mortality

Behaviors, Mental Health, and Physical Conditions

- » Healthy Eating/Exercise
- » Breastfeeding
- » Tobacco Use
- » Alcohol Use
- » Access to Care
- » Childhood Immunizations
- » Developmental Assets
- » Mental Health
- » Stress
- » Emotional and Spiritual Health
- » Chronic Disease
- » Unintentional Injury

Opportunity Measures

- » Income Distribution
- » Discrimination

Facilitated by the Santa Clara County Public Health Department, the steering committee members met in July to rank the 26 health priorities using the multi-voting technique recommended by the National Association of County and City Health Officials (NACCHO) to narrow a long list of health problems to a top few. After a discussion and review of available data for the priority areas, the steering committee members received dots of various colors to rank each priority area against the following criteria:

- » Seriousness of the issue to health
- » Immediate consequences if the issue is not addressed
- » Number of people affected
- » Helps to address other issues
- » Importance to the community
- » Feasibility

The steering committee participated in 2 rounds of voting and agreed upon the following 5 health priorities:

1. Access to Care
2. Chronic Disease
3. Healthy Eating & Exercise
4. Mental Health
5. Community Safety and Violence

The large and small group discussion that followed prompted the collapsing and modification of the 5 health priorities. Chronic Disease and Health Eating & Exercise were renamed as one new health priority: Chronic Disease/ Healthy Eating & Active Living, noting that the latter was a strategy to address Chronic Disease. Further, given the recent integration of Mental Health Department and the Department of Drug and Alcohol Services in the county system, it was also recommended by the steering committee that this priority area be renamed Behavioral Health (Mental Health and Substance Use) to align with this integration. Access to Care was also broadened to be inclusive of oral health, as many partners in the room noted the importance of being inclusive of the “whole person”, and as a result this area was renamed: Access to quality physical and oral health. These changes made room for a new category, Economic Security-Housing.

Consequently, the suggested changes and modifications resulted in a new list of health priorities:

1. Access to quality physical and oral health
2. Chronic Disease/ Healthy Eating & Active Living
3. Behavioral Health (Mental Health and Substance Use)
4. Community Safety and Violence
5. Economic Security-Housing

The Santa Clara County Public Health Department explored the concept of “collective impact” as a possible model to track the collective efforts, in a measurable and coordinated way, and in January 2014 invited a consultant from Foundation Strategy Group (FSG) to provide the steering committee and Santa Clara County Public Health Department with an overview of collective impact and to assess the county’s readiness. As a result of that presentation, it was evident to the steering committee that although the county was not yet ready for a collective impact approach, the focus of the CHIP needed be narrowed further, in order to achieve the long-lasting impact on improving health outcomes that the group was seeking.

Subsequently, the Santa Clara County Public Health Department reconvened the steering committee to further narrow the scope and focus from 5 health priorities to 2. Experts representing the local public health system were identified for each of the 5 health priorities to provide a brief overview of the health priority.

The top 2 health priorities as voted by the steering committee for the Santa Clara County CHIP were:

- » Behavioral Health (Mental Health and Substance Abuse)
- » Chronic Disease/ Healthy Eating & Active Living

Stakeholders Reviewed 26 Issues

Income Distribution	Discrimination	Social Cohesion
Economic Security	Achievement Gap	Community Safety & Violence
Housing	Food Security	Quality of Primary Care
Environmental Quality	Built Environment	Healthy Eating/Exercise
Breastfeeding	Tobacco Use	Alcohol Use
Access to Care	Childhood Immunizations	Developmental Assets
Mental Health	Stress	Emotional and Spiritual Health
Unintentional Injury	Oral Health	Chronic Disease
Adult Communicable Diseases (STDs/HIV-AIDS)	Infant Mortality	



Stakeholders Prioritized to 5 Issues

Access to Quality Physical & Oral Health	Chronic Disease/ Healthy Eating & Active Living	Behavioral Health (Mental Health & Substance Abuse)	Community Safety & Violence	Economic Security– Housing
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Stakeholders Prioritized to 2 Final Priority Areas

Behavioral Health (Mental Health & Substance Abuse)	Chronic Disease/ Healthy Eating and Active Living
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Community Health Improvement Plan (CHIP)

Community Health Improvement Plan (CHIP)

Overview of Community Health Improvement Plan Process

The CHIP is an action-oriented plan for addressing the most salient issues identified by the CHA to improve the health and well-being of Santa Clara County residents. The CHIP is a living document that will continually evolve based on the needs of the community as environments, resources, and other factors change within a community. It is intended to be a broad, strategic framework to improve the health and lives of all in the community by engaging multiple individuals, organizations, and community partners to ensure that all community groups and sectors are taken into consideration in the development of the action plan.

The findings from the CHA were used to inform and guide the CHIP's development. Similarly to the CHA, the CHIP was deeply rooted in a community engagement effort through multiple convenings of over 85 community partners with content and subject matter expertise to identify, prioritize, and outline the necessary steps needed to move from assessment to planning.

Methods

Facilitated by the Santa Clara County Public Health Department, the Santa Clara County CHIP was developed in 2014 in collaboration and partnership with a broad base of community partners to identify top health priorities and to develop the CHIP components: focus areas, goals, objectives, evidence-based strategies, and potential community partners.

Directly following the identification of the 2 priority areas, Chronic Disease and Behavioral Health, action teams were identified for each priority and subsequently met over a 2-month period to develop the CHIP components (goals/objectives/strategies/potential key partners). The preliminary draft plan was shared with the steering committee via small workgroup discussions to garner feedback and input. The Santa Clara County Public Health Department staff incorporated feedback received, and met with the action teams to finalize the plan.

The combined CHA/CHIP draft report was subsequently made available for public comment via the Santa Clara County's Public Health website from May-June 2014.

The result of the comprehensive group process is Santa Clara County's first ever CHIP which outlines measurable objectives, evidence-based strategies and partners and organizations that will play an integral role in achieving the goals outlined in the CHIP to improve the health of Santa Clara County residents.

The result of the comprehensive group process is Santa Clara County's first ever CHIP which outlines measurable objectives, evidence-based strategies and potential partners and organizations that will play an integral role in achieving the goals outlined in the CHIP to improve the health of Santa Clara County residents.

MAPP Phase 5: Formulate Goals and Strategies

Development of CHIP Components

The Santa Clara County Public Health Department staff recruited co-chairs and 20 content and subject matter experts for each health priority, with an emphasis to diversity across geography, race/ethnicity, gender, age and sexual orientation to develop the CHIP components (Goals/Objectives/Strategies/Key Partners) for each health

priority. It was imperative that each group had representation from the various organizations across the local public health system, as well as non-traditional partners, such as the Parks and Recreation Department, and community advocates and allies.

From February 2014 to April 2014 the Santa Clara County Public Health Department staff organized and facilitated four 4-hour planning meetings, and one 2-hour meeting. The workgroup members first self-selected into 1 of the 2 health priorities, based on their interests, experience and expertise. Subsequently, at the first meeting, once a focus area was determined for each health priority, workgroup members further self-selected into 1 of 3 focus areas for Chronic Disease/Healthy Eating & Active Living and Behavioral Health respectively.

1. Chronic Disease/Healthy Eating & Active Living
 - a. Focus Area: Access to Healthy Food and Beverages
 - b. Focus Area: Healthy, Safe, and Active Environment
 - c. Focus Area: Chronic Disease Prevention through the Continuum of Care – Clinical to Community
2. Behavioral Health (Mental Health & Substance Use)
 - a. Focus Area: Access to Behavioral Health Service System
 - b. Focus Area: Youth and Children
 - c. Focus Area: Homelessness

The Santa Clara County Public Health Department team, co-chairs and key content experts finalized the plan based on the workgroup feedback and assistance received throughout the development of the plan.

Upon the completion of this process, it was determined that an annual incremental launch of each of the five priority areas, beginning with Chronic Disease, over the five year period of the plan would afford us the opportunity to be targeted, and yield the most meaningful and impactful community results.

Subsequently, the development of an action plan for ***Chronic Disease/Healthy Eating & Active Living***, which outlines the responsible partners and how the strategic issues outlined in the CHIP will be implemented, were captured and documented in 2014-2015, and are included here, with a projected implementation date of July 2015.

The following pages outlines the Community Health Priority to be launched in year 1: ***Chronic Disease/Healthy Eating & Active Living*** with corresponding goals, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets. It also lists the individuals and organizations that have accepted responsibility for implementing and reporting on the strategies. Including where applicable, alignment with national and local priorities.

It also captures the CHIP components (goals/objectives/strategies/potential key partners) for the second Community Health Priority to be launched in year 2: Behavioral Health.

The CHIP is a living document that will be implemented and monitored over a 5 year period and continuously assessed, evaluated and revised based on the evaluation results and feedback from our community partners.

Evaluation Plan

The Santa Clara County Public Health department will reconvene the steering committee in June 2014 to develop the CHIP implementation plan (MAPP Phase 6), which includes confirming resources and responsible stakeholders, evaluation plans with a projected implementation of the CHIP 5-year plan in 2015.

Community Health Improvement Plan

Priority 1: Chronic Disease/Healthy Eating & Active Living

Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are the leading causes of mortality. While chronic diseases are among the most common and costly health problems, they are also among the most preventable and many can be effectively controlled.¹⁴ In Santa Clara County, 8% of adults have diabetes, and more than half of adults (55%) are overweight or obese, while 16% of adolescents are obese. Heart disease is responsible for 22% of deaths among county residents. The lack of physical activity and poor eating habits are major contributors to leading chronic diseases. Regular physical activity and healthy eating reduce the risk of chronic diseases, and contribute to longevity by keeping the mind and body active, leading to a healthy body weight. Comprehensive strategies that promote policy, systems, and environmental changes are shown to be effective at mitigating the obesity epidemic. All individuals within a community have the right to an environment where there is access to healthy foods, healthy beverages, and safe places to walk, ride, and play.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Behavioral health refers to an individual's mental and physical health. Behavioral risk factors are lifestyle choices, such as alcohol, tobacco, and drug use, which can have a negative impact on health and well-being.

- » Substance abuse is associated with increased use of emergency room services and higher rates of avoidable hospitalizations.¹⁵
- » Tobacco use increases risk of cancer, heart disease, and stroke. In Santa Clara County, 8% of adolescents and 10% of adults reported smoking a least one cigarette in the past 30 days.¹⁶
- » Binge drinking, or consumption of 5 or more alcoholic beverages at 1 time for men and 4 or more drinks for women, can lead to health and social problems including injuries from car crashes, domestic violence, and risky sexual behaviors. In Santa Clara County, 10% of adults and 8% of adolescents engaged in binge drinking.¹⁷
- » Drug use puts individuals at risk for a variety of infections, including HIV/AIDS, hepatitis, and tuberculosis.¹³
- » Substance abuse is associated with social consequences such as homelessness and criminal involvement that extend beyond the individual.¹⁵

Mental health is important at every stage of life. When people enjoy a sense of well-being and are free from mental illness, they are more likely to lead a productive life, maintain fulfilling relationships, participate in health-promoting behaviors, adapt to change, and cope with adversity. People with mental illness may have problems with substance use. In Santa Clara County, one in three adults (37%) reported poor mental health at least one day in the past 30 days and more than one-quarter (28%) of adolescents reported symptoms of depression in the past year.

The following pages outline the goals, objectives, indicators, strategies and potential partners, including where applicable, alignment with national and local priorities for each CHIP priority area.

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Access to Healthy Food and Beverages

Goal 1: Increase consumption of healthy foods and beverages and decrease consumption of unhealthy options through education, policy, systems and environmental change.

Objective 1: Increase consumption of the daily recommended servings of fruits and vegetables daily by 5% from baseline for children, adolescents, and adults by 2020.

Indicators:	Source:
• % of adults who ate 2 or more servings of fruits and 3 or more servings of vegetables in the past 30 days	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
• % of adolescents and children who ate 5 or more servings of fruits and vegetables daily	California Health Interview Survey
• % of population enrolled in CalFresh only and/or CalWorks/CalFresh Mixed	Santa Clara County Social Services Agency; State of California Department of Finance
• # of participants in WIC Program	Santa Clara County Public Health Department, WIC total participants; USDA Food and Nutrition Service; California Health Interview Survey

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older.
- NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
 - Increase childhood fitness and healthy diets
- Goal 2: Living Well: Preventing and Managing Chronic Disease
 - Increase fitness and healthy diets
- Goal 5: Creating Healthy Communities: Enabling Healthy Living
 - Increase healthy food outlets

Alignment with Local Priorities:

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 1, Goal 2, Objective 6: Increase access to and consumption of fresh fruits and vegetables within low-income neighborhoods

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 1.1.1: Develop and promote school and community gardens in low-income neighborhoods that are integrated with nutrition education, including cooking classes.</p>	<ul style="list-style-type: none"> • Veggielution • Gardens in Friendship Together • Valley Verde <p>Potential partners: La Mesa Verde, Sunnyvale Community Services (partnering with Full Circle Farm), City of San Jose, UC Cooperative Extension, Master Gardeners SCC, Life Lab, Fresh Approach</p>	<ul style="list-style-type: none"> • # of garden beds maintained • # of new gardening beds installed at schools, childcare centers, and recreational programs • % of beds installed for low-income families 	<p>Annual, June</p>
<p>Strategy 1.1.2: Promote and increase participation in CalFresh, the federal school meal programs, WIC, and other supplemental nutrition programs.</p>	<ul style="list-style-type: none"> • Second Harvest Food Bank of San Mateo and Santa Clara Counties • Santa Clara County Public Health Department Chronic Disease and Injury Prevention • Outreach <p>Potential partners: Fresh Approach, Head Start</p>	<ul style="list-style-type: none"> • Participation rate of eligible population • # of CalFresh applications received • # of dollars/meals approved • Amount in dollars of economic benefit to the community • # of individuals/families served • # of meals distributed 	<p>Annual, June</p>

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 1.1.3: Support the regular delivery of cost-effective Community Supported Agriculture at social service settings like schools, churches, county welfare offices, and non-profit organizations.</p>	<ul style="list-style-type: none"> • Second Harvest Food Bank of San Mateo and Santa Clara Counties • Community Alliance with Family Farmers • Veggielution <p>Potential partners: Fresh Approach Mobile Market, Santa Clara County Employee Wellness, Full Circle Farm</p>	<ul style="list-style-type: none"> • # of pounds of fresh produce distributed • # of distribution points/partners • # of drop-off sites established • # of CSA farmers that set up EBT payment options • # of CSA customers using SNAP/CalFresh benefits to purchase CSAs • # of shares of farmboxes • % of farmboxes available at a subsidized rate 	<p>Annual, June</p>
<p>Strategy 1.1.4: Facilitate the implementation of point of sale signage and other marketing methods at retail and food establishments (i.e. grocery stores and restaurants) to promote consumption of healthy foods versus less healthy foods and promote healthy products through the location and placement of healthy foods (i.e. healthy checkout lanes).</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Nutrition Education Obesity Prevention • The Health Trust– Good To Go Campaign • Community Alliance with Family Farmers <p>Potential partners: Happy Hollow Park and Zoo, Department of Environmental Health</p>	<ul style="list-style-type: none"> • # of retailers (corner stores, ethnic markets, small grocers) meeting a set of health promoting guidelines • # of stores participating in healthy corner store program • # of healthy food outlets that are operational (stores and mobile carts) 	<p>Annual, June</p>

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 1.1.5: Institute Farm to Institution/Farm to School programs that increase availability of produce, provide training for staff responsible for preparing produce, and implement marketing/promotion of fruits and vegetables to increase consumption.</p>	<ul style="list-style-type: none"> • Community Alliance with Family Farmers (funded by Kaiser Permanente) • Santa Clara County Public Health Department Nutrition Education Obesity Prevention • Silicon Valley Leadership Group <p>Potential Partners: Palo Alto Medical Foundation/El Camino, The Health Trust</p>	<ul style="list-style-type: none"> • % of local purchasing of schools • # of trainings, meetings, or field trips for food service staff • # of food service staff attending trainings • % of students more familiar with specialty crops • % of change in vegetable consumption during school lunch before and after nutrition education lessons • # of schools that incorporate Farm to School language in wellness policies 	<p>Annual, June</p>
<p>Strategy 1.1.6: Support and facilitate the use of vacant land in cities and in the unincorporated areas for urban agriculture.</p>	<ul style="list-style-type: none"> • Open Space Authority • Garden to Table (funded by The Health Trust) <p>Potential partners: Cities and County, La Mesa Verde</p>	<ul style="list-style-type: none"> • # of organizations funded through measure Q Urban Space Program • # of acres and parcels of vacant land converted to urban agriculture • # of cities that adopt urban agriculture policy 	<p>Annual, June</p>

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Access to Healthy Food and Beverages

Goal 1: Increase consumption of healthy foods and beverages and decrease consumption of unhealthy options through education, policy, systems and environmental change.

Objective 2: Reduce consumption of sugar-sweetened beverages by 15% from baseline for children, adolescents, and adults by 2020.

Indicators:	Source:
• % of children who drank 1 or more sugar sweetened beverage the previous day	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
• % of children and adolescents who drank 2 or more glasses of soda or other sugary drinks yesterday	California Health Interview Survey
• % of adults whose average weekly soda consumption is 1+ times	California Health Interview Survey

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- NWS-2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.
- NWS-2.1: Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
 - Increase childhood fitness and healthy diets
- Goal 2: Living Well: Preventing and Managing Chronic Disease
 - Increase fitness and healthy diets

Alignment with Local Priorities

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 1, Goal 2, Objective 3: Increase the number of policies that cities and the county pass to create healthy environments including: safe and active tobacco free and healthy food and beverage
- Strategic Priority 1, Goal 2, Objective 5: Decrease consumption of sugar-sweetened beverages among all age groups

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 1.2.1: Work with organizations, such as faith-based organizations, worksites, hospitals, health-care systems, schools, after-school programs, government agencies, and public health leaders and wellness champions to focus on reducing access to sugar sweetened beverages through healthy beverage standards in meetings, vending, and procurement.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Nutrition Education Obesity Prevention • Bay Area Nutrition and Physical Activity Collaborative • El Camino Hospital 	<ul style="list-style-type: none"> • # of organizations implementing healthy beverage and procurement standards 	<p>Annual, June</p>

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 1.2.2: Implement a county-wide Rethink Your Drink media and education campaign to promote drinking water (supported by wellness champions, including Santa Clara County Public Health Department, Santa Clara Valley Health and Hospital System, Kaiser Permanente, FIRST 5, Working Partnerships, The Health Trust, Santa Clara County Water District, Santa Clara County Department of Education, Elected Officials, etc).</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Healthy Communities • Silicon Valley Leadership Group • Bay Area Nutrition and Physical Activity Collaborative • Kaiser Permanente • Palo Alto Medical Foundation • El Camino Hospital <p>Potential partners: Head Start, FIRST 5</p>	<ul style="list-style-type: none"> • # of people educated • # of social media impressions 	<p>Annual, June</p>
<p>Strategy 1.2.3: Advocate for policies that reduce sugar-sweetened beverage consumption through pricing strategies (i.e. at point-of-purchase, or through fees or taxes) and/or consumer education on the health impact of consumption (i.e. labeling).</p>	<p>Future strategy</p>		
<p>Strategy 1.2.4: Increase access to water through hydration stations in public areas or schools.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention • Kaiser Permanente • FIRST 5 • Santa Clara Valley Water District <p>Potential partners: UCSF</p>	<ul style="list-style-type: none"> • # of hydration stations installed • # of schools/public agencies • # of bottles distributed • # of school assemblies and events • Amount of water consumed through water fountain and bottle filler stations 	<p>Annual, June</p>

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Access to Healthy Food and Beverages

Goal 1: Increase consumption of healthy foods and beverages and decrease consumption of unhealthy options through education, policy, systems and environmental change.

Objective 3: Reduce consumption of unhealthy foods by 5% from baseline for children, adolescents, and adults by 2020.

Indicators:	Source:
• Modified Retail Food Environment Index (RFEI): % of healthy food retailers	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI)
• Average cost of a market basket of nutritious food items relative to income	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI)
• # of times individuals (children, adolescents, adults) ate fast food 1+ times in past 7 days	Santa Clara County Public Health Department, Behavioral Risk Factor Survey; California Health Interview Survey

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- NWS-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.
- NWS-4: Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
 - Increase childhood fitness and healthy diets
- Goal 2: Living Well: Preventing and Managing Chronic Disease
 - Increase fitness and healthy diets
- Goal 5: Creating Healthy Communities: Enabling Healthy Living
 - Increase healthy food outlets

Alignment with Local Priorities

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 1, Goal 2, Objective 3: Increase the number of policies that cities and the county pass to create healthy environments including: safe and active tobacco free and healthy food and beverage
- Strategic Priority 1, Goal 2, Objective 5: Decrease consumption of sugar-sweetened beverages among all age groups
- Strategic Priority 1, Goal 2, Objective 6: Increase access to and consumption of fresh fruits and vegetables within low-income neighborhoods

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 1.3.1: Support the implementation of a healthful food shopping program at retail establishments.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Nutrition Education Obesity Prevention • The Health Trust (in partnership with Working Partnerships and the Hispanic Chamber of Commerce) 	<ul style="list-style-type: none"> • # of retailers (corner stores, ethnic markets, small grocers) meeting a set of health promoting guidelines 	<p>Annual, June</p>

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 1.3.2: Support the implementation of “Let’s Move”/USDA proposed new rules to establish limits on the promotion of sugary drinks and junk foods around school campuses to ensure that food and beverage marketing is brought in line with health standards that already apply to school foods.</p>	<p>Future strategy</p> <p>Potential partners: Palo Alto Medical Foundation, El Camino Hospital, Santa Clara County Public Health Department Nutrition Education Obesity Prevention</p>		
<p>Strategy 1.3.3: Adopt healthy food policies for meetings, vending and/or events that create healthier workplaces.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health • Bay Area Nutrition and Physical Activity Collaborative • The Health Trust • Kaiser Permanente 	<ul style="list-style-type: none"> • # of organizations implementing procurement standards for healthy food environments • # of grantee organization implementing procurement standards for healthy food environments 	<p>Annual, June</p>
<p>Strategy 1.3.4: Institute pricing strategies in workplace venues that sell food where healthy items can be purchased at reduced cost, compared to unhealthy items (i.e. cafeterias, vending, food carts or food kiosks).</p>	<p>Future strategy</p> <p>Potential partners: The Health Trust and Healthy Food Partner Collaborative</p>		

Potential Partners

We realize that this workplan may not include a full list of partners. We will continuously work to engage potential partners listed above, as well as other new partners that may be working on the strategies.

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Healthy, Safe, and Active Physical Environment

Goal 2: All residents will have a community conducive to safe physical activity, mobility, and social connectedness.

Objective 1: Increase the proportion of children, adolescents, and adults who meet daily physical activity recommendations by 5% from baseline by 2020.

Indicators:	Source:
• % of adults who met the CDC recommendation for aerobic physical activity in the past month	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
• % of children and adolescents who are physically active for at least 60 minutes a day in the past 7 days	California Health Interview Survey
• % of children who have been to a park in past 30 days	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
• % of adolescents who have been to a park, playground, or open space in the last month	California Health Interview Survey

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
- PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
- PA-10: Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).
- PA-12: Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.
- PA-13: Increase the proportion of trips made by walking.

- PA-14: Increase the proportion of trips made by bicycling.
- PA-15: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

CDC’s Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let’s Get Healthy California Task Force Final Report, 2012

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
 - Increase childhood fitness and healthy diets
- Goal 2: Living Well: Preventing and Managing Chronic Disease
 - Increase fitness and healthy diets
- Goal 5: Creating Healthy Communities: Enabling Healthy Living
 - Increase walking and biking

Alignment with Local Priorities

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 1, Goal 2, Objective 1: Increase the percentage of elementary and middle school aged children safely walking and biking to school and increase the percentage of adults safety walking, biking, and taking public transportation for work and other trips.
- Strategic Priority 1, Goal 2, Objective 3: Increase the number of policies that cities and the county pass to create healthy environments including: safe and active tobacco free and healthy food and beverage
- Strategic Priority 1, Goal 2, Objective 4: Increase the utilization of parks and recreation spaces for physical activity
- Strategic Priority 2, Goal 4, Objective 4: Increase active transportation to reduce vehicle emissions that contribute to climate change

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 2.1.1: Enforce physical activity requirements within schools and include lifelong physical activities, such as walking, dance, martial arts, and racquetball.</p>	<ul style="list-style-type: none"> • Santa Clara County Office of Education 	<ul style="list-style-type: none"> • # of miles that students are running or walking per day • # of participating schools 	<p>Annual, June</p>

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 2.1.2: Provide seniors with opportunities for increased physical activity in social settings (i.e. “Walk with Ease” Program).</p>	<ul style="list-style-type: none"> • City of San Jose • California Walks <p>Potential partners: Seniors Agenda, The Health Trust, Happy Hollow Senior Safari Walkabout Heather (for seniors), Cities Parks and Recreation Services, Timpany Center, Catholic Charities</p>	<ul style="list-style-type: none"> • # of senior centers and community centers that offer senior physical activity programming • % of participants that report increased fitness level upon completion of Enhanced Fitness Program • # of ambassador walking programs established • % increase in physical activity among participating seniors 	<p>Annual, June</p>
<p>Strategy 2.1.3: Provide opportunities for community gardening and urban farming projects for all age groups.</p>	<ul style="list-style-type: none"> • Veggielution <p>Potential partners: Gardens in Friendship Together, California Alliance with Family Farmers Farm to School Program, Sustainable Agriculture Education, Full Circle Farm, Emma Prusch Farm Park, Guadalupe River Park Conservancy, Hidden Villa</p>	<ul style="list-style-type: none"> • # of volunteers (unique and repeat) • # of volunteer hours 	<p>Annual, June</p>
<p>Strategy 2.1.4: Increase opportunities for sharing of recreation and physical activity spaces by cities, communities and school districts through mechanisms, such as joint use agreements.</p>	<ul style="list-style-type: none"> • Open Space Authority • City of San Jose Parks, Recreation, and Neighborhood Services • County Parks and Recreation <p>Potential partners: Santa Clara County After School Collaborative, YMCA</p>	<ul style="list-style-type: none"> • # of management use agreements 	<p>Annual, June</p>

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 2.1.5: Increase green spaces and urban forests (i.e. street trees and sidewalk gardens) in communities lacking such spaces to promote walking, improve air quality, and reduce crime.</p>	<ul style="list-style-type: none"> • Open Space Authority <p>Potential partners: Our City Forest, City and County, Guadalupe River Park Conservancy</p>	<ul style="list-style-type: none"> • # of acres of new protected open space 	<p>Annual, June</p>
<p>Strategy 2.1.6: Increase accessibility to parks, trails, and other gathering places (i.e. increase access for disabled to transit and trails, improve park hours and lighting).</p>	<ul style="list-style-type: none"> • Open Space Authority • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health <p>Potential partners: San Jose Parks, Recreation, and Neighborhood Services, County Parks, Santa Clara Valley Transportation Authority, Cities</p>	<ul style="list-style-type: none"> • # of jurisdictions with improved opportunities for walking, biking, and using public transit through the implementation of improved community designs • # of community engagement meetings held 	<p>Annual, June</p>
<p>Strategy 2.1.7: Work with organizations, such as faith-based organizations, worksites, hospitals, health-care systems, schools, after-school programs, government agencies, and public health leaders and wellness champions to focus on the importance of physical activity standards, including physical activity breaks, active transportation, walking meetings, walking and/or path courses on worksite campuses.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Nutrition Education Obesity Prevention • Bay Area Nutrition and Physical Activity Collaborative 	<ul style="list-style-type: none"> • # of organizations implementing physical activity standards that include the promotion of physical activity and active transportation practices 	<p>Annual, June</p>

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Healthy, Safe, and Active Physical Environment

Goal 2: All residents will have a community conducive to safe physical activity, mobility, and social connectedness.

Objective 2: Increase the percent of youth and adults using safe active transportation to school and work by 5% from baseline by 2020.

Indicators:	Source:
<ul style="list-style-type: none">• # of elementary and middle school students that walk or bike to school at least one day per week	Santa Clara County Public Health Department Traffic Safety Community Network
<ul style="list-style-type: none">• % of children that walked, biked or skated to school at least one day per week	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
<ul style="list-style-type: none">• % of children and adolescents who walk/bike/skated to school in past week	California Health Interview Survey
<ul style="list-style-type: none">• % of adults that usually walk or bike to work in past week	U.S. Census Bureau; American Community Survey

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- EH-2: Increase use of alternative modes of transportation for work.
- PA-13: Increase the proportion of trips made by walking.
- PA-14: Increase the proportion of trips made by bicycling.
- PA-15: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 5: Creating Healthy Communities: Enabling Healthy Living
 - Increase walking and biking
 - Increase safe communities

Alignment with Local Priorities:

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 1, Goal 2, Objective 1: Increase the percentage of elementary and middle school aged children safely walking and biking to school and increase the percentage of adults safety walking, biking, and taking public transportation for work and other trips.
- Strategic Priority 1, Goal 2, Objective 4: Increase the utilization of parks and recreation spaces for physical activity
- Strategic Priority 2, Goal 4, Objective 4: Increase active transportation to reduce vehicle emissions that contribute to climate change

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 2.2.1: Expand “Safe Routes to School” program to include communities across Santa Clara County.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Safe and Active Communities • City of San Jose Department of Transportation • Silicon Valley Bicycle Coalition <p>Potential partners: Santa Clara County Office of Education, Santa Clara Valley Transportation Authority, Cities of Mountain View, Palo Alto, Cupertino</p>	<ul style="list-style-type: none"> • # of communities that participate in Safe Routes to School • # of schools that participate in Safe Routes to School 	<p>Annual, June</p>

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 2.2.2: Increase awareness of and access to walking paths, trails, and bike routes through better signage and promotion.</p>	<ul style="list-style-type: none"> • City of San Jose Department of Transportation 	<ul style="list-style-type: none"> • # of Walk Your City signs posted 	<p>Annual, June</p>
<p>Strategy 2.2.3: Promote urban neighborhood walking experiences (i.e. walking clubs, walking groups, neighborhood historical walking tours, etc.).</p>	<ul style="list-style-type: none"> • California Walks <p>Potential partners: Seniors Agenda, Agents For Change (The Health Trust), People Acting in Community Together</p>	<ul style="list-style-type: none"> • # of walking clubs promoted 	<p>Annual, June</p>
<p>Strategy 2.2.4: Encourage collaboration between Santa Clara Valley Transportation Authority and existing park science and nature center programs (i.e. “Youth Science Institute” at Alum Rock Park) to increase youth utilization of parks in underserved neighborhoods.</p>	<p>Future strategy</p> <p>Potential partners: Catholic Charities, San Jose Parks and Rec, Open Space Authority, Transform, Santa Clara Valley Transportation Authority, Outreach, Mobility Management Center</p>		
<p>Strategy 2.2.5: Encourage active transportation through worksite changes such as offering Eco-passes or Clipper Cards, showers, bike share, bike storage, car share (i.e. Zipcar), shuttle services, and flexible schedules.</p>	<ul style="list-style-type: none"> • City of San Jose • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health, Nutrition Education Obesity Prevention, General Fund • Bay Area Nutrition and Physical Activity Collaborative 	<ul style="list-style-type: none"> • # of organizations implementing physical activity standards that include the promotion of physical activity and active transportation practices 	<p>Annual, June</p>

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 2.2.6: Raise awareness of transit system routes through educational and technology (i.e. smart phone applications) efforts.</p>	<p>Future strategy</p> <p>Potential partners: Santa Clara Valley Transportation Authority</p>	<ul style="list-style-type: none"> • Multi-modal trip planner for Santa Clara County (future) 	
<p>Strategy 2.2.7: Expand Santa Clara Valley Transportation Authority programs to assist and educate all age groups with transportation needs (i.e. educate school children on transit use).</p>	<p>Future strategy</p> <p>Potential partners: Santa Clara Valley Transportation Authority</p>		
<p>Strategy 2.2.8: Implement city/neighborhood open streets initiatives to encourage the use of alternative modes of transportation for recreational purposes (i.e. “Open Streets,” “Sunday Streets,” and “Summer Streets”).</p>	<ul style="list-style-type: none"> • Silicon Valley Bicycle Coalition • City of San Jose Department of Transportation <p>Potential partners: Cities, County</p>	<ul style="list-style-type: none"> • # of participants • # of activities offered • Amount of air pollution (particulate matter) before and after event (draft) 	<p>Annual, June</p>

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Healthy, Safe, and Active Physical Environment

Goal 2: All residents will have a community conducive to safe physical activity, mobility, and social connectedness.

Objective 3: Increase the percent of respondents who spend hours per week outside of the home in a social environment by 2020.

Indicators:	Source:
<ul style="list-style-type: none"> • % of adults who say that crime, violence and drug activity is no problem at all in their neighborhood 	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
<ul style="list-style-type: none"> • % of teens who strongly agree that nearby park or playground is safe 	California Health Interview Survey
<ul style="list-style-type: none"> • Average distance (miles) to the nearest farmers' market 	Santa Clara County Information Services Department
<ul style="list-style-type: none"> • # of violent crimes per 1,000 population 	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI)
<ul style="list-style-type: none"> • Average distance (miles) to nearest park or open space 	California Protected Areas Database; Santa Clara County Parks and Recreation

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity.
- PA-15: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 5: Creating Healthy Communities: Enabling Healthy Living
 - Increase walking and biking
 - Increase safe communities

Alignment with Local Priorities

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 1, Goal 1, Objective 1: Increase social connections to promote healthy aging among socially isolated adults

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 2.3.1: Increase senior participation in social settings such as neighborhood centers.</p>	<ul style="list-style-type: none"> • Outreach <p>Potential partners: Seniors Agenda</p>	<ul style="list-style-type: none"> • # of sites • # of trips • # of people served 	<p>Annual, June</p>
<p>Strategy 2.3.2: Collaborate with existing organizations to promote and support activities in public places, parks, and schools such as:</p> <ul style="list-style-type: none"> • Urban markets • Music in the Park • Farmers' Markets • Professional Street Musicians • Night activities in open parks and spaces (i.e. "National Night Out") 	<ul style="list-style-type: none"> • Kaiser Community Benefits sponsors Jazz Fest and Music in the Park • Santa Clara County Public Health Department Chronic Disease and Injury Prevention sponsors Party in the Park 	<ul style="list-style-type: none"> • # of activities or events 	
<p>Strategy 2.3.4: Encourage the adoption of pet friendly public places (i.e. "Bark in the Park").</p>	<p>Future strategy</p> <p>Potential partners: Humane Society, County Animal Control, Open Space Authority</p>		

Strategies	Organizations	Performance Measure	Timeline
<p>Strategy 2.3.5: Encourage the participation of residents (youth and adults), to conduct walkability assessments and use their results to improve neighborhood conditions.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention, Nutrition Education Obesity Prevention <p>Potential partners: California Walks, Seniors Agenda</p>	<ul style="list-style-type: none"> • # of walkability assessments conducted • # of environmental changes • # of neighborhoods 	<p>Annual, June</p>

Potential Partners

We realize that this workplan may not include a full list of partners. We will continuously work to engage potential partners listed above, as well as other new partners that may be working on the strategies.

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Chronic Disease Prevention and Management through the Continuum of Care – Clinical to Community

Goal 3: Prevent and manage chronic disease by improving the continuum of care across health care and community settings.

Objective 1: Decrease overweight and obesity by 5% from baseline for patient populations by 2020.

Indicators:

Source:

• % of adults who are obese	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
• % of children who are overweight for age	Santa Clara County Public Health Department, Behavioral Risk Factor Survey

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- NWS-8: Increase the proportion of adults who are at a healthy weight.
- NWS-9: Reduce the proportion of adults who are obese.
- NWS-10: Reduce the proportion of children and adolescents who are considered obese.
- NWS-5: Increase the proportion of primary care physicians who regularly measure the body mass index of their patients.
- NWS-6: Increase the proportion of physician office visits that include counseling or education related to nutrition or weight.
- PA-11: Increase the proportion of physician office visits that include counseling or education related to physical activity.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
 - Increase childhood fitness and healthy diets
- Reduce childhood obesity and diabetes
 - Goal 2: Living Well: Preventing and Managing Chronic Disease
- Decrease obesity and diabetes
 - Increase fitness and healthy diets

Alignment with Local Priorities:

Santa Clara Valley Health & Hospital System Strategic Road Map

- Goal 1: Reducing the burden of illness and injury

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 5, Goal 1, Objective 1: Develop and implement a comprehensive department-wide internal and external communication and marketing plan
- Strategic Priority 5, Goal 1, Objective 4: Attract and build strategic partnerships within and outside of county government to develop innovative solutions to address public health concerns

Strategies	Partner Organizations	Performance Measure	Timeline
Strategy 3.1.1: Promote use of BMI and exercise as a vital sign at every encounter within the health care system.	Future strategy		
Strategy 3.1.2: Establish health education and intervention protocols/standards of care for patients who are overweight/obese or at risk for obesity (include a system of prompts for the electronic medical record).	Future strategy		

Strategies	Partner Organizations	Performance Measure	Timeline
<p>Strategy 3.1.3: Implement consistent messaging and campaigns across health care and community settings, including schools.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Clinical 	<ul style="list-style-type: none"> • # of messages to the public • # of education events • # of media impressions 	<p>Annual, June</p>
<p>Strategy 3.1.4: Develop neighborhood-specific obesity prevention resources for clinics to disseminate to patients.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Clinical 	<ul style="list-style-type: none"> • # of resources developed • # of community-based organizations referring people to evidence-based prevention resources 	<p>Annual, June</p>
<p>Strategy 3.1.5: Promote the utilization of patient-specific referrals for obesity and diabetes prevention that include tailored referrals, such as healthy behavior prescriptions.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health and Clinical • Veggielution • Fresh Approach 	<ul style="list-style-type: none"> • # of clinics referring people to evidence-based prevention resources • # of participants • # of vouchers prescribed • # of vouchers redeemed • Behavioral assessment: servings of fresh fruits and vegetables, meals eaten at home, shopping at farmers markets, purchasing fruits and vegetables 	<p>Annual, June</p>
<p>Strategy 3.1.6: Formalize clinic and community organization partnerships for linking patients to safe places to engage in physical activity (i.e. YMCA and other local gyms, community college physical education classes, etc.) and places to access healthy low-cost or free food options.</p>	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Clinical • Veggielution • Gardner Family Health Network 	<ul style="list-style-type: none"> • # of clinics referring people to evidence-based prevention resources • # of vouchers prescribed • # of vouchers redeemed 	<p>Annual, June</p>

Priority 1: Chronic Disease/Healthy Eating & Active Living

Focus Area: Chronic Disease Prevention and Management through the Continuum of Care – Clinical to Community

Goal 3: Prevent and manage chronic disease by improving the continuum of care across health care and community settings

Objective 2: Decrease the prevalence of diabetes by 5% from baseline in Santa Clara County by 2020.

Indicators:

Source:

• % of adults ever diagnosed with diabetes	Santa Clara County Public Health Department, Behavioral Risk Factor Survey
• % of hospitalizations for diabetes among children	California Office of Statewide Health Planning and Development

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- D-1: Reduce the annual number of new cases of diagnosed diabetes in the population.
- PA-11: Increase the proportion of physician office visits that include counseling or education related to physical activity.
- PA-11.1: Increase the proportion of physician visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to exercise.
- NWS-8: Increase the proportion of adults who are at a healthy weight.
- NWS-6: Increase the proportion of physician office visits that include counseling or education related to nutrition or weight.

CDC's Winnable Battles Nutrition, Physical Activity, Obesity

- Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.

Alignment with State Priorities:

California Department of Public Health, Let's Get Healthy California Task Force Final Report, 2012

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
 - Increase childhood fitness and healthy diets
 - Reduce childhood obesity and diabetes
- Goal 2: Living Well: Preventing and Managing Chronic Disease
 - Decrease obesity and diabetes
 - Increase fitness and healthy diets

Alignment with Local Priorities

Santa Clara Valley Health & Hospital System Strategic Road Map

- Goal 1: Reducing the burden of illness and injury

Santa Clara County Public Health Department Strategic Plan (2015-2018)

- Strategic Priority 6, Goal 1, Objective 1: Assess community-based resources for high-risk and vulnerable populations
- Strategic Priority 6, Goal 1, Objective 2: Expand the current transitions of care model

Strategies	Organizations	Performance Measure	Timeline
Strategy 3.2.1: Identify and disseminate best practices for the identification and management of pre-diabetes and diabetes for Santa Clara County-specific populations.	<ul style="list-style-type: none"> • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Clinical 	<ul style="list-style-type: none"> • # of community-based health centers implementing best practices 	Annual, June
Strategy 3.2.2: Identify and expand community resources to serve people with pre-diabetes and diabetes.	<ul style="list-style-type: none"> • The Health Trust • Santa Clara County Public Health Department Chronic Disease and Injury Prevention Partnerships to Improve Community Health 	<ul style="list-style-type: none"> • # of resources developed 	Annual, June
Strategy 3.2.3: Develop and implement a “what is pre-diabetes?” social marketing campaign that includes recommendations for behavior change.	Future strategy		

Strategies	Organizations	Performance Measure	Timeline
Strategy 3.2.4: Promote patient health data sharing between clinic and pre diabetes/diabetes health education programs.	Future strategy		

Potential Partners

We realize that this workplan may not include a full list of partners. We will continuously work to engage potential partners listed above, as well as other new partners that may be working on the strategies.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Access to Behavioral Health Service Systems

Goal 1: Improve behavioral health for all residents by expanding access to high quality prevention, early intervention, and treatment services.

Objective 1: Increase utilization of behavioral health services by 2020.

Indicators:

- # of patients using mental health services
- # of patients using drug and alcohol services
- # of providers trained on culturally appropriate services
- # of behavioral health resource and health fairs
 - Source: Santa Clara County Mental Health Department; Santa Clara County Department of Alcohol and Drug Services; Partners and Stakeholders

Policy or Systems Change (Y/N): No.

Alignment with National Priorities:

Healthy People 2020 Objectives

- MHMD-12: Increase the proportion of homeless adults with mental health problems who receive mental health services.
- AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.
- ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Alignment with Local Priorities:

Santa Clara County Mental Health Department Strategic Priorities

- Expand focus to include: promotion, prevention, early intervention, treatment and recovery support across life span.
- Build capacity within key partners to assure mental health literacy integration with primary care, improved access to service.
- Increase ethnic and cultural population access to engagement in services through new innovative strategies.
- Increase community mental health knowledge and understanding to prevent problems, reduce stigma and assure access.

Strategies:
Strategy 1.1.1: Develop a system-wide plan to support families who do not speak the five threshold languages (Spanish, Vietnamese, Mandarin, Tagalog and Cantonese) in Santa Clara County.
Strategy 1.1.2: Identify and implement culturally appropriate evidence-based practices with demonstrated efficacy.
Strategy 1.1.3: Provide ongoing and regular training on culturally appropriate services for providers and school counselors.
Strategy 1.1.4: Develop a targeted educational campaign for at risk groups such as youth, LGBTQ, seniors. Using media as a vehicle for decreasing stigma launch a social media campaign along the lines of the “Get Tested” and Thrive campaigns.
Strategy 1.1.5: Assess and map current referral sources’ capacity and knowledge (i.e. fire department, police department, schools, etc.)
Strategy 1.1.6: Coordinate community based organizations including but not limited to, parks and recreation, library, schools, community centers) to advocate and educate community about the importance of behavioral health and social emotional wellness.
Strategy 1.1.7: Increase the number of behavioral health resource and health fairs throughout Santa Clara County.
Strategy 1.1.8: Identify and implement evidence-based, culturally appropriate peer education programming for adult and youth.
Strategy 1.1.9: Promote existing behavioral health resources (i.e. 211, and Mental Health Call center/Gateway within behavioral health clinics) through PSA’s, and other educational campaigns.

Potential Community Partners: 211 Santa Clara County; Santa Clara County Mental Health Department; Santa Clara County Department of Alcohol and Drug Services; All cities in Santa Clara County; All Santa Clara County Community Centers; Faith Based Organizations; Santa Clara County Parks and Recreation Department; All Elementary, Middle, and High Schools in Santa Clara County; Santa Clara County Colleges and Universities; Cultural groups; Community Based Organizations; Insurance companies; Libraries; Community Centers’ Resource Centers; Santa Clara County Health Clinics; Santa Clara County Non-Profit Hospitals; Health & Hospital System; Santa Clara County School Clinics; School based social workers and case managers.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Access to Behavioral Health Service Systems

Goal 1: Improve behavioral health for all residents by expanding access to high quality prevention, early intervention, and treatment services.

Objective 2: Increase the number of low income or monolingual seniors over 65 who participate in community services by 2020.

Indicators:

- # of seniors who are linguistically isolated
- # of low income seniors
- # of staff trained to effectively work with older adults
 - Source: Santa Clara County, Behavioral Risk Factor Survey; U.S Census Bureau Data; Partners and Stakeholders

Policy or Systems Change (Y/N): No.

Alignment with National Priorities:

Healthy People 2020 Objectives

- OA-6: Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.
- OA-9: Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.
- ECBP-10: Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies providing population-based primary prevention services in primary prevention services, violence, mental illness, tobacco use, substance abuse, unintended pregnancy chronic disease programs, nutrition, and physical activity.

Alignment with Local Priorities:

Santa Clara County Older Adult Summit 2011

- Provide multilingual education on aging and mental health on local radio and with faith communities.
- Develop a dynamic peer mentor program for seniors.
- Strengthen relationships between seniors and other generations through work with senior centers.
- Improve mental health outreach to connect seniors to mental health services.

- Address navigation problems to include effective referrals, coordination and follow-up among multiple agencies
- Serve seniors suffering serious distress from senior issues such as the loss of loved ones, medical problems, and social isolation
- Address the transportation needs of seniors receiving mental health services and design a transportation plan to make it easier for seniors to access mental health services and other community activities.
- Implement better strategies to address social isolation.
- Establish a culturally competent case conference model to strengthen staff competencies in serving seniors.
- Train senior advocates among mental health staff, including clients and family member staff.

Strategies:
Strategy 1.2.1: Increase access to affordable transportation services for isolated older adults.
Strategy 1.2.2: Older adult role model /mentors to engage other older adults.
Strategy 1.2.3: Increase skills of staff to effectively outreach to and link older adults.
Strategy 1.2.4: Increase support of prevention and early intervention services for older adults.
Strategy 1.2.5: Partner with primary care providers and the health and hospital system as an entry point to link seniors to community based services.
Strategy 1.2.6: Increase opportunity for volunteerism and mentorship programs for isolated older adults.

Potential Community Partners: The Health Trust; OUTREACH; Sourcewise; All Senior Centers in Santa Clara County; Santa Clara County Public Health Department; First 5; Libraries; Santa Clara Valley Transportation Authority; Pharmacies; Businesses; Cafes; Barber Salons; Markets; Post Office; Santa Clara County Physicians (primary care and specialty); Amlegion; Faith Based Organizations; YMCA.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Access to Behavioral Health Service Systems

Goal 1: Improve behavioral health for all residents by expanding access to high quality prevention, early intervention, and treatment services.

Objective 3: Decrease suicide deaths in SCC by 5% from baseline by 2020.

Indicators:

- Suicide deaths rates
- Suicide attempt rates
 - Source: Santa Clara County, Behavioral Risk Factor Survey; U.S Census Bureau Data; Partners and Stakeholders

Policy or Systems Change (Y/N): No.

Alignment with National Priorities:

Healthy People 2020 Objectives

- MHMD-1: Reduce the suicide rate.
- MHMD-2: Reduce suicide attempts by adolescents.

Alignment with Local Priorities:

Santa Clara County, Suicide Prevention Strategic Plan, 2012 (See strategies below)

Strategies:
Strategy 1.3.1: Implement suicide intervention programs and services for targeted high risk populations.
Strategy 1.3.2: Implement a community education and information campaign to increase public awareness of suicide and suicide prevention.
Strategy 1.3.3: Develop local communication best practices to improve media coverage and public dialogue related to suicide.
Strategy 1.3.4: Implement policy and governance advocacy to promote systems change in SA and prevention.
Strategy 1.3.5: Establish a robust data collection and monitoring system.

Potential Community Partners: Santa Clara County Mental Health Department; Santa Clara County Suicide Prevention Oversight Committee, Suicide Prevention effort, Santa Clara County Public Health Department; Santa Clara County Office of Education; Project Safety Net (Palo Alto).

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Access to Behavioral Health Service Systems

Goal 1: Improve behavioral health for all residents by expanding access to high quality prevention, early intervention, and treatment services.

Objective 4: Increase the number of organizations with the capacity to assess and treat people with co-occurring mental health and substance use problems by 2020.

Indicators:

- # of clinics assessing and treating people with co-occurring problems.
 - Source: Partners and Stakeholders

Policy or Systems Change (Y/N): No.

Alignment with National Priorities:

Healthy People 2020 Objectives

- MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Alignment with Local Priorities:

Santa Clara County Mental Health Department Strategic Priorities

- Expand focus to include: promotion, prevention, early intervention, treatment and recovery support across life span
- Build capacity within key partners to assure mental health literacy integration with primary care, improved access to service
- Increase ethnic and cultural population access to engagement in services through new innovative strategies
- Increase community mental health knowledge and understanding to prevent problems, reduce stigma and assure access

Strategies:

Strategy 1.4.1: Training providers on assessment and treating co-occurring mental health and substance use problems funded by Mental Health Department/Drug and Alcohol Department Services. (Metric: # of classes offered by SCC Learning Partnership and VMC Grand Rounds with this on the topic, # of individuals trained).

Strategy 1.4.2: Partnership between Silicon Valley Health and Hospital System Behavioral Health to provide specialist services at community health clinics, schools (k-12), senior centers.

Strategy 1.4.3: Workforce development to increase personal specialists.

Strategy 1.4.4: Funding referrals to respond to RFF's.

Potential Community Partners: Santa Clara Valley Health and Hospital System; Community Health Partnership; Social Services Agency; Department of Family and Children Services; School Linked Services; San Jose State University, Stanford; Kaiser Permanente; Adolescent Counseling Services; City of San Jose; Alum Rock Counseling Center, CHAC; Bill Wilson Center; Pathways; COE- Coordinated School Health; Unity Care; EMQ Families First; First 5 Providers; Seneca; Pathways; Asian Americans for Community Involvement (AACI); ADVENT; Community Solutions; Gronowski Center- Pacific Grad School of Psychology; Early Learning/Head Start.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Youth and Children

Goal 2: Improve the social emotional wellness for children, and youth to age 15.

Objective 1: Decrease out-of-school suspension by 2020.

Indicators:

- # of total offenses committed
- # of suspensions for willful defiance
- # of expulsions for willful defiance
 - Source: California Department of Education Data Quest

Policy or Systems Change (Y/N): No.

Alignment with Local Priorities:

Santa Clara County Children's Agenda 2014 Data Book

- Fewer youths are arrested for felony and misdemeanor offense.

Strategies:
Strategy 2.1.1: Implement evidence-based school-wide support systems that establish positive school culture such as Positive Behavior Intervention Supports (PBIS).
Strategy 2.1.2: Support school districts to adopt restorative justice practices such as mediation, circles, conferencing for discipline referrals.
Strategy 2.1.3: Implement professional development training for school-based law enforcement officers (i.e. School Resource Officers).
Strategy 2.1.4: Support school district implementation of in-house suspension programs.
Strategy 2.1.5: Implement stress reduction practices such as meditation and yoga among all school-aged children.
Strategy 2.1.6: Reduce disproportionate use of suspensions and expulsions for students with learning disabilities, Latino, African-American, and LGBTQ students.

Potential Community Partners: Office of the District Attorney; Office of the Public Defender; Probation Department; Santa Clara County Office of Education; City of San Jose; Burns Institute; East Side Alliance; San Jose State University; The Police Chief Association; Superintendent Council; Santa Clara Unified School District; Gilroy Unified School District; San Jose Unified School District; State School Board Association – Santa Clara County Chapter; Mayor's Gang Prevention Task Force of San Jose.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Youth and Children

Goal 2: Improve the social emotional wellness for children, and youth to age 15.

Objective 2: Decrease psychological bully for children and youth up to age 15 by 2020.

Indicators:

- # of students who experience psychological bullying.
 - Source: California Healthy Kids Survey (CHKS)

Policy or Systems Change (Y/N): No.

Alignment with National Priorities:

Healthy People 2020 Objectives

- IVP-35: Reduce bullying among adolescents.

Alignment with Local Priorities:

Santa Clara County Mental Health Department Strategic Priorities

- Expand focus to include: promotion, prevention, early intervention, treatment and recovery support across life span.
- Build capacity within key partners to assure mental health literacy integration with primary care, improved access to service.
- Increase ethnic and cultural population access to engagement in services through new innovative strategies.
- Increase community mental health knowledge and understanding to prevent problems, reduce stigma and assure access.

Strategies:
Strategy 2.2.1: Provide training on trauma-informed approaches for schools, providers, and other organizations that work with youth.
Strategy 2.2.2: Provide training for schools in evidence-based programs that prevent bullying and maltreatment and promote healthy relationships.

Potential Community Partners: First 5; Santa Clara County Public Health Department; Santa Clara County Mental Health Department Prevention and Early Intervention; 211 Santa Clara County; Santa Clara County Department of Alcohol and Drug Services; Community Centers; Faith based organizations; Community based organizations; Elementary, Middle, and High Schools; Santa Clara County Colleges and Universities.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Youth and Children

Goal 2: Improve the social emotional wellness for children, and youth to age 15.

Objective 3: Increase the number of organizations with the capacity to identify and provide early behavioral health intervention services prenatal through age 5 and their families by 2020.

Indicators:

- # of organizations with the capacity to identify and provide early behavioral health intervention services prenatal through age 5 and their families.
 - Source: Partners and Stakeholders

Policy or Systems Change (Y/N): Yes.

Alignment with National Priorities:

Healthy People 2020 Objectives

- EMC-1: Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development
- EMC-2.4: Increase the proportion of parents who receive information from their doctors or other health care professionals when they have a concern about their children’s learning, development, or behavior.
- MICH-10: Increase the proportion of pregnant women who receive early and adequate prenatal care
- MICH-26: Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services
- MICH-29: Increase the proportion of young children with an autism spectrum disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in early intervention services in a timely manner
- MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems

Alignment with Local Priorities:

Santa Clara County Children’s Agenda 2014 Data Book

- The number of children receiving early developmental screening increases annually.

Strategies:
Strategy 2.3.1: Integrate the use of standardized developmental screening tools such as the Ages and Stages Questionnaire into well-baby/child visits.
Strategy 2.3.2: Integrate the use of 5Ps standardized screening tools for prenatal and post-partum screening.
Strategy 2.3.3: Train family child care centers on how to refer for screening and assessment.
Strategy 2.3.4: Ensure that feedback loop is present in the referral process in order for referring party to be notified that referral was received and family connected to services.
Strategy 2.3.5: Partner with First 5 and Behavioral Health Department to promote the adoption of the California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health framework.
Strategy 2.3.6: Partner with organizations that provide relationship-based services to enhance and address the developmental, social, and emotional wellness.
Strategy 2.3.7: Adopt and implement evidence base positive parenting services, such as Triple P Positive Parenting Program to improve parenting skills and wellness in adults and children.

Potential Community Partners: First 5; Santa Clara County Office of Education; Council of Occupational Education; Early Learning; Head Start; Planned Parenthood; Silicon Valley Health and Hospital System; Community Health Partnership; Kaiser Permanente; Palo Alto Medical Foundation; Stanford University; Easter Seals; San Andreas Regional Center; Kid Scope; Community Childcare Council of Santa Clara County; Santa Clara County Public Health Department; Adolescent Family Life Program; Santa Clara County Superior Courts; Cal Works.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Youth and Children

Goal 2: Improve the social emotional wellness for children, and youth to age 15.

Objective 4: Increase the number of organizations that adopt evidence-based practices to prevent and address adverse childhood experiences.

Indicators:

- # of organizations that adopt evidence-based practices to prevent and address adverse childhood experiences
 - **Sources:** Partners and Stakeholders

Policy or Systems Change (Y/N): No.

Alignment with National Priorities:

Healthy People 2020 Objectives

- AH-9: Increase the proportion of middle and high schools that prohibit harassment based on a student’s sexual orientation or gender identity.
- AH-10: Reduce the proportion of public schools with a serious violent incident.
- EMC-1: Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development.

Alignment with Local Priorities:

Santa Clara County Children’s Agenda 2014 Data Book

- More children remain safely in their own homes or the homes of relatives.

Strategies:
Strategy 2.4.1: Adopt and implement evidence base positive parenting services, such as Triple P Positive Parenting Program to improve parenting skills and wellness in adults and children.
Strategy 2.4.2: Identify and disseminate organizations using evidence-based practices.
Strategy 2.4.3: Implement evidence-based healthy relationship programs in all Santa Clara County middle and high schools.

Strategy 2.4.4: Support school districts to adopt wellness policies at schools that prevent bullying and promote healthy relationships.

Strategy 2.4.5: Engage and build capacity for peer-to-peer and grass roots organizations.

Strategy 2.4.6: Build credible messengers- social marketing to change social norms about regarding inevitability of violence.

Strategy 2.4.7: Align with stakeholders priorities such as the Domestic Violence Council and Adolescent reproductive health Pregnancy Prevention Network.

Strategy 2.4.8: Support for children with incarcerated parents or in other systems.

Strategy 2.4.9: Transition age youth supportive resources and job training.

Potential Community Partners: First 5; Santa Clara County Public Health Department; Santa Clara County Mental Health Department Prevention and Early Intervention; Santa Clara County Health and Hospital System; Santa Clara County Office of Education; Santa Clara Unified School District; Gilroy Unified School District; San Jose Unified School District; Child Abuse Council; Department of Family and Children Services; Santa Clara County Superior Court; Faith Collaborations; Mayor's Gang Prevention Task Force of San Jose; Youth Task Force; Juvenile Probation; Project Cornerstone; Somos Mayfair; San Jose CommUniverCity San Jose; Next Door Solutions; Community Solutions; Project Cornerstone; Second Harvest Food Bank; Sacred Heart Community Services; 211 Santa Clara County.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Homelessness

Goal 3: Reduce homelessness among severely mentally ill individuals in Santa Clara County

Objective 1: Provide permanent supportive housing to homeless individuals with severe mental illness and their families by 2020.

Indicators:

- # of supportive housing
- # of unsheltered and sheltered persons
- # of homelessness in Santa Clara County
- # of persons served by health management information partner agencies
 - Source: Santa Clara County Department of Mental Health; Santa Clara County Homeless Census, Santa Clara County Collaborative.

Policy or Systems Change (Y/N): No.

Alignment with National and Local Priorities:

2010 Federal Strategic Plan to Prevent and End Homelessness

- Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness.
- Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness.
- Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.
- Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.
- Objective 9: Advance health and housing stability for people experiencing homelessness.
- Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

Strategies:
Strategy 3.1.1: Create units of housing that is affordable to households earning 15% of the area median income.
Strategy 3.1.2: Create units of permanent housing in licensed residential care facilities for individuals who need assistance with activities of daily living. Such housing options should be extensions of the programs identified below.
Strategy 3.1.3: Develop and train a cohort of “Full Service Partnership” (FSP) specialty mental health programs that specialize in working with severely mentally ill homeless persons.
Strategy 3.1.4: Increase the capacity of these FSP programs so that they are able to serve individuals per year (goal divided by years left to 2020).
Strategy 3.1.5: Integrate the FSP services with those of a Federally Qualified Health Center that specializes in serving homeless individuals.
Strategy 3.1.6: Augment the FSP with “step-down” case management services.
Strategy 3.1.7: Develop an integrated and multi-disciplinary outreach and engagement team that is able to operate countywide and interface with health systems and law enforcement. Such a team would direct all case finding and referrals to the FSP.

Potential Community Partners: Santa Clara Valley Health and Hospital System; Santa Clara County Department of Employment and Benefit Services; Agencies participating in the Housing 1000 Care Coordination Project,; Mental Health Department contractors; Supportive housing providers; Affordable housing and supportive housing developers; Housing Authority of the County of Santa Clara, Destination: Home and the Continuum of Care; El Camino Hospital Los Gatos; El Camino Hospital Mountain View; Good Samaritan Hospital; Kaiser Permanente; Lucile Packard Children's Hospital; O'Connor Hospital; Regional Medical Center of San Jose; Saint Louise Regional Hospital; Santa Clara Valley Medical Center; Stanford Hospital

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Homelessness

Goal 3: Reduce homelessness among severely mentally ill individuals in Santa Clara County

Objective 2: Acute mental health settings will reduce their discharges of severely mentally ill individuals into homelessness (including shelters) without an achievable housing plan by 2020.

Indicators:

- # of individuals in affordable housing
- # of unsheltered and sheltered persons
- # of homelessness in Santa Clara County
- # of persons served by health management information partner agencies
 - Source: Santa Clara County Department of Mental Health; Santa Clara County Homeless Census, Santa Clara County Collaborative.

Policy or Systems Change (Y/N): No.

Alignment with National and Local Priorities:

Healthy People 2020 Objectives

- MHMD-12: Increase the proportion of homeless adults with mental health problems who receive mental health services.

2010 Federal Strategic Plan to Prevent and End Homelessness

- Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness.
- Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness.
- Objective 9: Advance health and housing stability for people experiencing homelessness

Strategies:
Strategy 3.2.1: Create “safe havens” or “mental health respite” programs so that individuals who are homeless can be discharged into interim housing with onsite specialty mental health, medical, and case management services until their housing plan is fully realized.
Strategy 3.2.2: Increase the number of crisis residential beds in the county.

Potential Community Partners: Santa Clara Valley Health and Hospital System; Santa Clara County Department of Employment and Benefit Services; Agencies participating in the Housing 1000 Care Coordination Project;; Mental Health Department contractors; Supportive housing providers; Affordable housing and supportive housing developers; Housing Authority of the County of Santa Clara, Destination: Home and the Continuum of Care; El Camino Hospital Los Gatos; El Camino Hospital Mountain View; Good Samaritan Hospital; Kaiser Permanente; Lucile Packard Children's Hospital; O'Connor Hospital; Regional Medical Center of San Jose; Saint Louise Regional Hospital; Santa Clara Valley Medical Center; Stanford Hospital.

Priority 2: Behavioral Health (Mental Health & Substance Use)

Focus Area: Homelessness

Goal 3: Reduce homelessness among severely mentally ill individuals in Santa Clara County

Objective 3: No individuals with severe mental illness who are currently housed become homeless because of a medical or financial emergency by 2020.

Indicators:

- # of individuals in affordable housing
- # of unsheltered and sheltered persons
- # of homelessness in Santa Clara County
- # of persons served by health management information partner agencies
 - Source: Santa Clara County Department of Mental Health; Santa Clara County Homeless Census, Santa Clara County Collaborative.

Policy or Systems Change (Y/N): No.

Alignment with National or Local Priorities:

2010 Federal Strategic Plan to Prevent and End Homelessness

- Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness.
- Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness.
- Objective 6: Improve access to mainstream programs and services to reduce people’s financial vulnerability to homelessness.
- Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness.
- Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

Strategies:
Strategy 3.3.1: Implement a homelessness prevention program that couples one-time or short term financial assistance with legal assistance and service linkages.
Strategy 3.3.2: Implement an in-home support program for severely mentally individuals which allows their family members to care for them in conjunction with the specialty mental health system.

Potential Community Partners: Santa Clara Valley Health and Hospital System; Santa Clara County Department of Employment and Benefit Services; Agencies participating in the Housing 1000 Care Coordination Project,; Mental Health Department contractors; Supportive housing providers; Affordable housing and supportive housing developers; Housing Authority of the County of Santa Clara, Destination: Home and the Continuum of Care; El Camino Hospital Los Gatos; El Camino Hospital Mountain View; Good Samaritan Hospital; Kaiser Permanente; Lucile Packard Children's Hospital; O'Connor Hospital; Regional Medical Center of San Jose; Saint Louise Regional Hospital; Santa Clara Valley Medical Center; Stanford Hospital.

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Patrick Soricone	United Way Silicon Valley
Buu Thai	Office of the County Executive

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Jorge Wong	Asian Americans for Community Involvement

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Dana Bunnnett	Kids in Common
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Jesse Castañeda	Santa Clara County Valley Medical Center
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Maria Fuentes	Santa Clara County Mental Health Department
Rick Kaplowitz	Billy De Frank Center
Adrienne Keel	LGBTQ Youth Space, Family and Children Services
Neil Kozuma	Foothill Community Health Center
Ky Le	Santa Clara County Mental Health Department
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Sue Nelson	Drug and Alcohol Department Services
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Chronic Disease/Healthy Eating & Active Living

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Alexandria Felton	Silicon Valley Leadership Group
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Tracey Gott	City of San Jose

Colin Heyne	Silicon Valley Bicycle Coalition
Cayce Hill	Veggielution
Julie Hutcheson	Committee for Green Foothills
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Alice Kawaguchi	Santa Clara County Public Health Department
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Emily Lam	Silicon Valley Leadership Group
Lauren Ledbetter	Santa Clara Valley Transportation Authority
Chris Lepe	TransForm
Jeremy Loader	Palo Alto Medical Foundation
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Maya Rams Murthy	Santa Clara County First 5
Bill Shoe	Santa Clara County Planning
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Myrna Zendejas	Santa Clara County Office of Education
Jessica Zenk	City of San Jose Department of Transportation

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Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes
Opportunity Measures	Segregation	Housing Segregation	Percentage of households by race/ethnicity (of the head of household)	na	45%	3%	31%	19%	na	na	na	na	na	na	na	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	Note: Asians and African Americans may include some Latinos
	Discrimination	Discrimination	Percentage of adults who reported being treated worse than other races at work or when seeking healthcare	6%	4%	na	6%	11%	7%	5%	7%	6%	2%	na	na	na	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey	
Social, Economic, and Environmental Factors	Income		Percentage of people living below poverty level (100% FPL)	11%	6%	16%	9% (Asian only)	19%	10%	11%	12%	9%	9%	17.0%	15.9%	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	Note: African American may include some Latinos
			Percentage of children (0-17) living below poverty level (100% FPL)	13%	5%	20%	9% (Asian only)	22%	13%	12%	Under 5 yrs: 11%	5-11 yrs: 12%	12-17 yrs: 14%	23.8%	22.6%	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	Note: African American may include some Latinos
	Employment		Minimum living wage	\$29.09	na	na	na	na	na	na	na	na	na	\$22.15	na	na	Poverty in America, Living Wage Calculator, Massachusetts Institute of Technology, downloaded on 03/17/2014; http://livingwage.mit.edu/states/06/locations	
			Percentage unemployed among population ages 16 and older	9%	7%	14%	7% (Asian only)	12%	8%	9%	9%	8%	8%	11.4%	9.4%	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	Note: African American may include some Latinos; unemployment is for ages 16-44 yrs
	Education		4 year cohort high school graduation rate	82%	91%	80%	94% (Asian only)	68%	79%	86%	na	na	na	79%	78%	na	California Department of Education, Data Reporting Office, Data Quest, School year 2011-12; U.S. Department of Education, Public School Graduates and Dropouts from the Common Core of Data: School Year 2009-10 First Look (Provisional Data)	
			Education distribution among adults ages 25 and over (less than high school diploma)	14%	4%	8%	12% (Asian only)	36%	13%	15%	12%	13%	21%	18.5%	13.6%	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	Note: African American may include some Latinos; education is for ages 25-44 yrs

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes
Social, Economic, and Environmental Factors Continued	Education Continued	Average number of developmental assets among high school students		20	22	20	22 (Asian only)	18	na	na	na	na	na	na	na	na	Search Institute Survey Services, Project Cornerstone, Developmental Assets Survey Reports, 2010	
		Percentage of high school students with high developmental assets (31-40 assets)		9%	15%	11%	15% (Asian only)	6%	na	na	na	na	na	na	na	na	Search Institute Survey Services, Project Cornerstone, Developmental Assets Survey Reports, 2010	
	Social Cohesion	Percentage of adults who care for friends or family (caregivers)		11%	11%	20%	10%	10%	8%	15%	8%	15%	13%	na	na	na	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey	
		Percentage of adults who lack emotional support		9%	na	na	na	17%	na	na	na	na	na	na	na	na	United Way Santa Clara County Community Assessment Project Secondary Data Committee Summary Findings, 2012	
		Percentage of adults who do not have internet connection at home		8%	na	na	na	19%	na	na	na	na	19%	na	na	na	United Way Santa Clara County Community Assessment Project Secondary Data Committee Summary Findings, 2012	
		Percentage of adults who agree or strongly agree that their neighborhood has a strong sense of community		69%	na	na	na	na	na	na	na	Ages 18-24: 61% Ages 45 and older: 76%	na	na	na	na	Santa Clara County Community Assessment Project, August 2012. United Way Silicon Valley	
	Community Safety and Violence	Rate of adult felony arrests for violent offenses per 100,000 adults		233	162	1099	na	454	380	88	na	na	na	341	225	na	California Department of Justice, Criminal Justice Statistics Center, 2012; State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013; Bureau of Justice Statistics, FBI, Uniform Crime Reporting Program, 2011; 2011 American Community Survey 1-Year Estimates	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Social, Economic, and Environmental Factors Continued	Social, and Economic Factors Continued	Community Safety and Violence Continued	Percentage of adults who report their neighborhoods are safe (crime, violence and drug activity is not much of a problem or no problem at all)	58%	64%	63%	63%	39%	61%	54%	59%	57%	64%	na	na	na	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey		
			Percentage of middle and high school students who reported being bullied at school	54%	53%	55%	52%	57%	53%	56%	63% (grade 7th)	54% (grade 9th)	45% (grade 11th)	na	na	na	California Healthy Kids Survey 2009-10		
			Rate of elder/dependent adult maltreatment per 100,000 adults ages 65 and over	323.1	na	na	na	na	na	na	na	na	na	na	na	na	na	Santa Clara County, Social Services Agency, Department of Aging and Adult Services, 2011; California Department of Finance, <i>State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail</i>	
			Rate of domestic violence related deaths per 100,000 people	6.5	3.9	na	7.1	10.7	na	na	na	na	na	na	na	na	na	Santa Clara County Domestic Violence Council, Domestic Violence Death Review Committee, 2000–2010; California Department of Finance, <i>State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050</i> . Sacramento, CA, July 2007	
			Rate of homicides per 100,000 people	2.8	1.6	na	1.1	5.4	4.3	1.2	4.3	2.7	1.5	5.4	5.3	na	na	Santa Clara County Public Health Department, Death Statistical Master File, 2010-2012; California Department of Public Health, Vital Statistics Query System, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013	
			Rate of child maltreatment per 1,000 children ages 0-17 (substantiations only)	5.0	3.6	12.7	1.4	9.1	4.7	5.3	Ages 0-5: 6.2	Ages 6-10: 4.8	Ages 11-17: 4.0	9.3	na	na	na	Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2014). <i>CCWIP reports</i> . Retrieved 3/21/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: < http://cssr.berkeley.edu/ucb_childwelfare >	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Social, Economic, and Environmental Factors Continued	Social and Economic Factors Continued	Affordable Housing	Percentage of housing units with a mortgage that pay 30% or more of household income in monthly owner costs	45%	42%	52%	42% (Asian only)	59%	na	na	na	na	na	45.9%	33.9%	na	2010-2012 American Community Survey 3 year estimates		
			Percentage of renter-occupied housing units that pay 30% or more of household income for gross rent	47%	44%	58%	38% (Asian only)	60%	na	na	na	na	na	na	57.6%	52.0%	na	2010-2012 American Community Survey 3 year estimates	
		Overcrowded Housing	Percentage of overcrowded households (>1 person per room)	7.5%	1.1%	5.0%	7.9%	22.4%	na	na	na	na	na	na	8.2%	3.3%	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	Note: African Americans may include some Latinos
			Percentage of severely overcrowded households (> 1.5 persons per room)	2.4%											na	na	na	U.S. Census Bureau, 2012 American Community Survey, 1-year estimates	
		Food Security	Number of participants in WIC Program	26,414	1,280	847	3,182	19,321	na	na	na	na	na	na	1,472,468	8,907,840	na	Santa Clara County Public Health Department, WIC total participants, FY 2012; USDA, Food and Nutrition Service, Program Data, WIC total participants, FY 2012	
			Percentage of population enrolled in CalFresh only and/or CalWorks/CalFresh Mixed	5%	2%	12%	4%	10%	5%	6%	Ages 0-17: 11%	Ages 18-59: 4%	Ages 60 and over: 2%	na	na	na	na	Santa Clara County, Social Services Agency, Quarterly Statistical Data of Public Assistance Families in the County of Santa Clara, January 1, 2014; State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013.	
		Average cost of a market basket of nutritious food items relative to income	0.19	0.12	0.20	0.16 (Asian only)	0.28	na	na	na	na	na	na	0.27	na	na	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI), data downloaded on 03/17/2014 from http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx	Note: Food affordability for female-headed household with children under 18 years - ratio of cost for food and median income - higher the income, lower the ratio, better affordability	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Social, Economic, and Environmental Factors Continued	Social, and Economic Factors Continued	Quality of Primary Care	Age-adjusted rate of ambulatory-care sensitive hospitalizations (preventable hospitalizations) per 100,000 people	277	262	466	207	371	251	300	75	217	1293	na	na	na	Santa Clara County, Patient Discharge Database, 2011		
	Environmental Factors	Built Environment	Number of days in year exceeding ambient standards for criteria pollutants (ozone and PM 2.5)	8-hour Ozone averages: 1 day above national standard and 4 days above state standard; Daily 24 hour PM 2.5 averages: 2 days above national standard											na	na	na	California Environmental Protection Agency, Air Resources Board, Air Quality and Emissions, Air Quality Data Statistics (iADAM). Data retrieved on 04/24/2013 from http://www.arb.ca.gov/adam/topfour/topfourdisplay.php	
			Modified Retail Food Environment Index (RFEI): percent of healthy food retailers	11.41	12.01	8.88	11.91 (Asian only)	10.07	na	na	na	na	na	na	12.24	na	na	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI), data downloaded on 03/17/2014 from http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx	
		Pedestrian Safety	Age-adjusted rate of deaths due to motor vehicle traffic collisions per 100,000 people	6.7	7.9	na	3.9	8.7	9.5	4.0	6.8	7.8	16.3	7.9	10.7	12.4	Santa Clara County Public Health Department, Death Statistical Master File, 2010-2012; California Department of Public Health, Vital Statistics Query System, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013; Healthy People 2020		
			Age-adjusted rate of pedestrian deaths per 100,000 people (traffic and non-traffic)	1.8	1.7	na	1.6	3.0	2.5	1.1	1.3	2.2	6.2	na	na	1.4	Santa Clara County Public Health Department, Death Statistical Master File, 2010-2012; California Department of Public Health, Vital Statistics Query System, 2013; Healthy People 2020	Data includes both MVT and non-MVT pedestrian deaths	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Social, Economic, and Environmental Factors Continued	Environmental Factors Continued	Walkability	Percentage of adults who agree or strongly agree that it easy to walk to in their local communities	92%	94%	92%	91%	91%	95%	89%	93%	91%	91%	na	na	na	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey		
		Access to Public Transportation	Percentage of population residing within ½ mile of a major transit stop	65%	54%	75%	66% (Asian only)	76%	na	na	na	na	na	na	na	na	na	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI), data downloaded on 03/17/2014 from http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx	
		Access to Physical Activity Opportunities	Percentage of population residing within ½ mile of park, beach, open space, or coastline	84%	82%	82%	87% (Asian only)	84%	na	na	na	na	na	na	74%	na	na	California Department of Public Health, Healthy Communities Data and Indicators Project (HCI), data downloaded on 03/17/2014 from http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx	
Risk Behaviors, and Mental and Physical Health	Health Behaviors and Physical Conditions	Healthy Eating/Exercise	Percentage of adults who are obese	21%	23%	27%	8%	34%	21%	21%	20%	25%	21%	25%	28%	30.5%	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System; Healthy People 2020		
			Percentage of middle and high school students who are obese	16%	9%	21%	9%	26%	18%	13%	16% (grade 7th)	14% (grade 9th)	na	na	13%	na	na	California Department of Education, 2011-2012 Fitnessgram, Youth Risk Behavior Surveillance System - United States, 2011, MMWR, June 8, 2012, Vol. 61, No. 4	
			Percentage of adults who ate 5 or more servings of fruits and vegetables in the past 24 hours	14%	18%	14%	13%	10%	9%	21%	13%	16%	17%	na	na	na	na	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey	

Risk Behaviors, and Mental and Physical Health Continued																			
Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Health Behaviors and Physical Conditions Continued	Healthy Eating/Exercise Continued	Percentage of children ages 2 to less than 5 years who are obese		18%	16%	na	14% (Asian only)	18%	na	na	na	na	na	17%	15%	9.6%	Santa Clara County Public Health Report Obesity Report, 2013 (Pediatric Nutrition Surveillance (PedNSS), Table 16B, 2010); California Dept. of Health Care Services, Child Health and Disability Prevention program, PedNSS 2010 data tables. Downloaded on 03/21/2014 from http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2010data.aspx ; Healthy People 2020	Note: the data is for low income children in child health and disability prevention program	
		Percentage of infants with any breastfeeding at birth		96%	97%	94%	97%	95%	na	na	na	na	na	92%	76.9%	81.9%	Data Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2012; Centers for Disease Control and Prevention, Breastfeeding Report Card, 2012; United States; Healthy People 2020		
	Tobacco Use	Percentage of infants with exclusive breastfeeding at birth		77%	86%	74%	73%	76%	na	na	na	na	na	63%	na	na	Data Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2012		
		Percentage of adults who are current smokers		10%	11%	na	8%	11%	13%	7%	10%	10%	5%	13%	20%	12%	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System; Healthy People 2020		
	Alcohol Use	Percentage of middle and high school students who smoked at least one cigarette in the past 30 days		8%	8%	11%	5%	12%	9%	7%	4% (grade 7th)	8% (grade 9th)	1.2% (grade 11th)	na	19.5%	16%	California Healthy Kids Survey 2009-10		
		Percentage of adults who engaged in binge drinking in the past 30 days		14%	15%	na	8%	21%	18%	10%	16%	9%	6%	17%	17%	24.4%	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System; Healthy People 2020		
			Percentage of middle and high school students who engaged in binge drinking in the past 30 days		12%	13%	14%	6%	17%	12%	11%	4% (grade 7th)	11% (grade 9th)	20% (grade 11th)	na	9.5%	8.6%	California Healthy Kids Survey, 2009-10	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/Pl	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Risk Behaviors, and Mental and Physical Health Continued	Clinical Care	Access to Care	Percentage of adults with one or more primary medical providers	80%	82%	78%	83%	72%	74%	85%	73%	85%	95%	na	na	83.9%	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey; Healthy People 2020		
			Ratio of population to the number of physicians in the county	198	na	na	na	na	na	na	na	na	na	na	385	na	na	The Medical Board of California, physician license database as of 04/29/2013. (Downloaded from FTP site on 5/2/2013)	
			Estimated number of uninsured post health care reform (based on base scenario)	140,000	na	na	na	na	na	na	na	na	na	na	3-4 million	na	na	Remaining Uninsured in California under the Affordable Care Act: Regional and County Estimates. Fact sheet. June 2012	
			Percentage of adults who needed to see a doctor in the past 12 months but could not because of cost	11%	8%	na	8%	20%	10%	12%	12%	11%	3%	na	na	na	4.2%	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey; Healthy People 2020	
	Communicable Disease Prevention	Percentage of children with recommended immunizations at 24 months (4:3:1 series)	80%	82%	73%	83% (Asian only)	79%	na	na	na	na	na	na	77%	na	na	California Department of Public Health, Immunization Branch, 2010 Expanded Kindergarten Retrospective Survey	4:3:1 series - Four or more doses of DTP, three or more doses of Polio, and one or more doses of MMR	
		Mental Wellbeing	Mental Health	Percentage of adults reporting one or more days in past 30 days when their mental health was not good	37%	39%	48%	34%	39%	32%	42%	44%	38%	24%	na	na	na	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey	

Risk Behaviors, and Mental and Physical Health Continued																			
Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes	
Mental Wellbeing Continued	Mental Health Continued	Percentage of middle and high school students who felt so sad or hopeless almost everyday for 2 weeks or more that they stopped doing some usual activities during the past 12 months		28%	24%	30%	26%	31%	23%	32%	24% (grade 7th)	27% (grade 9th)	31% (grade 11th)	na	na	na	California Healthy Kids Survey 2009-10		
		Percentage of adults who are somewhat or very stressed about financial concerns		60%	59%	na	58% (Asian only)	65%	na	na	na	na	na	na	na	na	na	Santa Clara County Community Assessment Project, August 2012. United Way Silicon Valley	
		Percentage of adults who are somewhat or very stressed about work-related concerns		53%	50%	na	56% (Asian only)	56%	na	na	na	na	na	na	na	na	na	Santa Clara County Community Assessment Project, August 2012. United Way Silicon Valley	
		Percentage of adults who are somewhat or very stressed about health concerns		44%	39%	na	46% (Asian only)	48%	na	na	na	na	na	na	na	na	na	Santa Clara County Community Assessment Project, August 2012. United Way Silicon Valley	
		Percentage of adults who attended religious or spiritual activities on an average monthly basis in the past year		24%	na	na	na	na	na	na	na	na	na	na	na	na	na	na	United Way, Santa Clara County Community Assessment Project Phone Survey Report, August 2012

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes
Health Outcomes	Illness (Morbidity)	Hospitalizations	Rate of asthma-related emergency room visits among children 0-17 (rate per 100,000 children ages 0-17)	454	326	1604	224	671	572	330	ages 0-4: 651.38	ages 5-11: 479.65	ages 12-17: 265.04	na	na	95.6 per 10,000 for children under 5 yrs of age	Santa Clara County, Patient Discharge Database, 2011; Healthy People 2020	
			Rate of diabetes-related hospitalization among adults ages 18 and older per 100,000 adults	70	75	184	36	113	73	68	49	68	138	na	na	na	na	Santa Clara County, Patient Discharge Database, 2012
	Quality of Life	Percentage of adults who report fair or poor general health status	14%	11%	29%	11%	20%	14%	14%	10%	17%	22%	18%	17%	na	na	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System	
		Percentage of adults who report being satisfied or very satisfied with their life	94%	93%	89%	95%	94%	94%	94%	95%	92%	96%	na	na	na	na	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey	
		Prevalence of autism spectrum disorders	na	na	na	na	na	na	na	na	na	na	na	na	14.7 per 1000 children aged 8	na	Centers for Disease Control, National Center for Birth Defects and Developmental Disabilities, 2008	
	Adult Communicable Diseases	Rate of chlamydia cases per 100,000 people	312.6	73.1	380.9	62.5	296.5	203.7	422.3	714.5	50.6	3.2	448.9	456.7	na	na	Santa Clara County Public Health Department, California Reportable Disease Information Exchange system, 2013; CA-California Department of Public Health, STD Control Branch, 2012 Provisional Data; US—Centers for Disease Control and Prevention: Sexually Transmitted Disease Surveillance, 2012	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes
Health Outcomes Continued Illness (Morbidity) Continued	Adult Communicable Diseases Continued		Rate of gonorrhea cases per 100,000 people	60.7	18.2	71.5	4	34.8	75.4	45.7	133.3	26.7	1.8	89.3	107.5	251.9 females age 15-44; 194.8 males age 15-44	Santa Clara County Public Health Department, California Reportable Disease Information Exchange system, 2013; CA-California Department of Public Health, STD Control Branch, 2012 Provisional Data; US—Centers for Disease Control and Prevention: Sexually Transmitted Disease Surveillance, 2012	
			Rate of Primary & Secondary Syphilis cases per 100,000 people	8.0	7.7	14.7	2.5	8.2	14.9	0.9	15.3	7.1	0.5	7.8	5.0	6.7 Males; 1.3 Females	Santa Clara County Public Health Department, California Reportable Disease Information Exchange system, 2013; CA-California Department of Public Health, STD Control Branch, 2012 Provisional Data; US—Centers for Disease Control and Prevention: Sexually Transmitted Disease Surveillance, 2012	
			Number of tuberculosis (TB) cases	181	9	6	147	18	100	81	64	52	58	2,170	9,588	na	Santa Clara County Public Health Department, California Reportable Disease Information Exchange system, 2013; CA-California Department of Public Health, Tuberculosis Control Branch, 2013 Provisional Data; US—Centers for Disease Control and Prevention, 2013	
			Rate of TB case per 100,000 people	9.8	1.5	12.6	24.4	3.5	10.8	8.8	9.0	10.9	26.5	5.7	3.0	1 new case per 100,000 population	Santa Clara County Public Health Department, California Reportable Disease Information Exchange system, 2013; CA-California Department of Public Health, Tuberculosis Control Branch, 2013 Provisional Data; US—Centers for Disease Control and Prevention, 2013	
			Number of people living with diagnosed HIV and/or AIDS	3,342	1,427	388	306	1,185	2,917	425	1,260	1,875	198	117,213	872,990	12.4 new AIDS cases per 100,000 population	Santa Clara County Public Health Department, eHARS, 2012; CA-California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, 2012; US—Centers for Disease Control and Prevention: HIV surveillance report, 2011	

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes
Health Outcomes Continued	Illness (Morbidity) Continued	Adult Communicable Diseases Continued	Number of people living with AIDS	2,402	984	296	205	891	2,104	298	748	1,490	164	72,496	487,692	na	Santa Clara County Public Health Department, eHARS, 2012; CA-California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, 2012; US—Centers for Disease Control and Prevention: HIV surveillance report, 2011	
			Rate of chronic hepatitis B per 100,000 people	50.1	-	-	-	-	55.0	44.6	67.4	72.2	46.2	27.4	39,636	na	Santa Clara County Public Health Department, California Reportable Disease Information Exchange system, 2012; CA-California Department of Public Health, STD Control Branch, 2011; US-Centers for Disease Control and Prevention, 2011 surveillance report	* Data from 39 states.
		Oral Health	Percentage of adults who have permanently lost one or more teeth due to gum disease or tooth decay	33%	32%	49%	33%	32%	31%	37%	19%	44%	66%	41%	45%	68.8% for adults ages 45-64	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System; Healthy People 2020	
			Percentage of adults who visited a dentist in the past 12 months	74%	81%	66%	78%	61%	68%	78%	71%	75%	80%	67%	67%	na	Santa Clara County Public Health Department, 2009 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System	
			Percentage of adults with dental insurance	64%	69%	69%	67%	51%	65%	63%	72%	67%	43%	na	na	na	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey	
		Death (Mortality)	Premature Death	Percentage of deaths occurring before age 75	39%	33%	65%	43%	56%	47%	31%	na	na	na	43%	44%	na	Santa Clara County Public Health Department, Death Master Statistical File, 2012; State of California, Department of Public Health, Death Records, Vital Statistics Query System, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013
	Age-adjusted total number of years of potential life lost (YPLL-75)			3,470	3,996	5,974	2,466	3,797	4,353	2,574	na	na	na	na	na	na	na	Santa Clara County Public Health Department, Death Master Statistical File, 2012

Domain	Indicator Group	Indicator	Measure	Santa Clara County	White	African American	Asian/PI	Latino	Male	Female	Ages 18-44	Ages 45-64	Ages 65 and over	California	National	HP 2020 Target	Data Sources	Notes
Health Outcomes Continued Death (Mortality) Continued	Chronic Disease	Maternal and Child Health	Rate of infant mortality per 1,000 live births	3	2.7	6.1	2.3	3.6	3.3	2.8	na	na	na	4.7	6.15	6	State of California, Department of Public Health, Birth and Death Records, Vital Statistics Query System, 2010-2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013; Healthy People 2020	
			Percentage of deaths due to heart disease	22%	23%	19%	20%	18%	22%	21%	10%	16%	24%	25%	24%	na	Santa Clara County Public Health Department, Death Master Statistical File, 2012; State of California, Department of Public Health, Death Records, 2010; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013	
			Age-adjusted rate of deaths from heart disease per 100,000 people	114	132	142	77	104	142	92	6	58	810	162	179	na	Santa Clara County Public Health Department, Death Master Statistical File, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2014	
			Percentage of deaths due to malignant neoplasms (cancer)	25%	25%	25%	29%	22%	26%	24%	20%	34%	24%	24%	23%	na	Santa Clara County Public Health Department, Death Master Statistical File, 2012; State of California, Department of Public Health, Death Records, Vital Statistics Query System, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013	
	Safety Policies and Practices		Age-adjusted rate of deaths from malignant neoplasms (cancer) per 100,000 people	134	156	172	103	111	160	115	13	127	793	152	173	160.6	Santa Clara County Public Health Department, Death Master Statistical File, 2012; State of California, Department of Public Health, Death Records, Vital Statistics Query System, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013; Healthy People 2020	
			Percentage of deaths due to accidental (unintentional) injury	5%	4%	5%	4%	7%	5%	4%	21%	8%	3%	4%	5%	na	Santa Clara County Public Health Department, Death Master Statistical File, 2012; State of California, Department of Public Health, Death Records, Vital Statistics Query System, 2012; Deaths: Final Data for 2010, National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013	

