

Public Health Division



Public Health

Public Health Officer
Gail Newel, MD

Deputy PH Officers
David Ghilarducci, MD &
Calvin Gordon, MD

Chief of Public Health
Emily Chung

Director of Nursing
Anna Sutton

Public Health
Manager
Pam Conelly

Administrative
Services Manager
Megan Holland

Clinical Excellence

Children & Family Health
**Sr. Health Services Manager
Susan Paradise

Home Visiting &
Field Nursing

California Children's
Services
&
Children's Medical
Services*

MCAH

**Emergency Preparedness
& EMS***
**Sr. Health Services Manager
TBD

EMS

Emergency
Preparedness

Infectious Disease*
Asst. Director of Nursing
Emillie Feenan

Communicable
Disease

Immunizations

CARe Team

SSP

Operational Quality & Performance

**Population Health &
Planning***
**Sr. Health Services Manager
TBD

Epidemiology

Vital Statistics

Health
Informatics

Prevention*
Sr. Health Services Manager
Corinne Hyland

Community
Health Education

Teen Health
Outreach

SUD Prevention

Division Budget

Division Personnel

Division Facilities

*Indicates branch name is TBD

Better Health Every Day for Everyone

Pam Conelly

STRATEGY

EQUITY

POLICY



COMPLETED

239

Population Health

By June 2022, Health Services will establish a population health unit to increase epidemiological capacity, improve data quality, analytics, integration and disaggregation, and to work on targeted interventions and policies to promote equitable health outcomes.

[VERIFICATION LINK/DOCUMENTATION](#)

Key Steps

1

Complete after-action review within epidemiology unit for COVID-19 response.

2

Leverage new State and federal investments in public health infrastructure.

3

Create dedicated unit with staff, vision, and mission.

4

Coordinate efforts of unit with other equity initiatives and countywide services to provide data and resources that leads to collective impact.

Plan Reference:

1.A.iii, 2.B.ii, 4.D.i

Target:

Division Created

Progress:

100%



SANTA CRUZ COUNTY
STRATEGIC PLAN

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Growth of Population Health

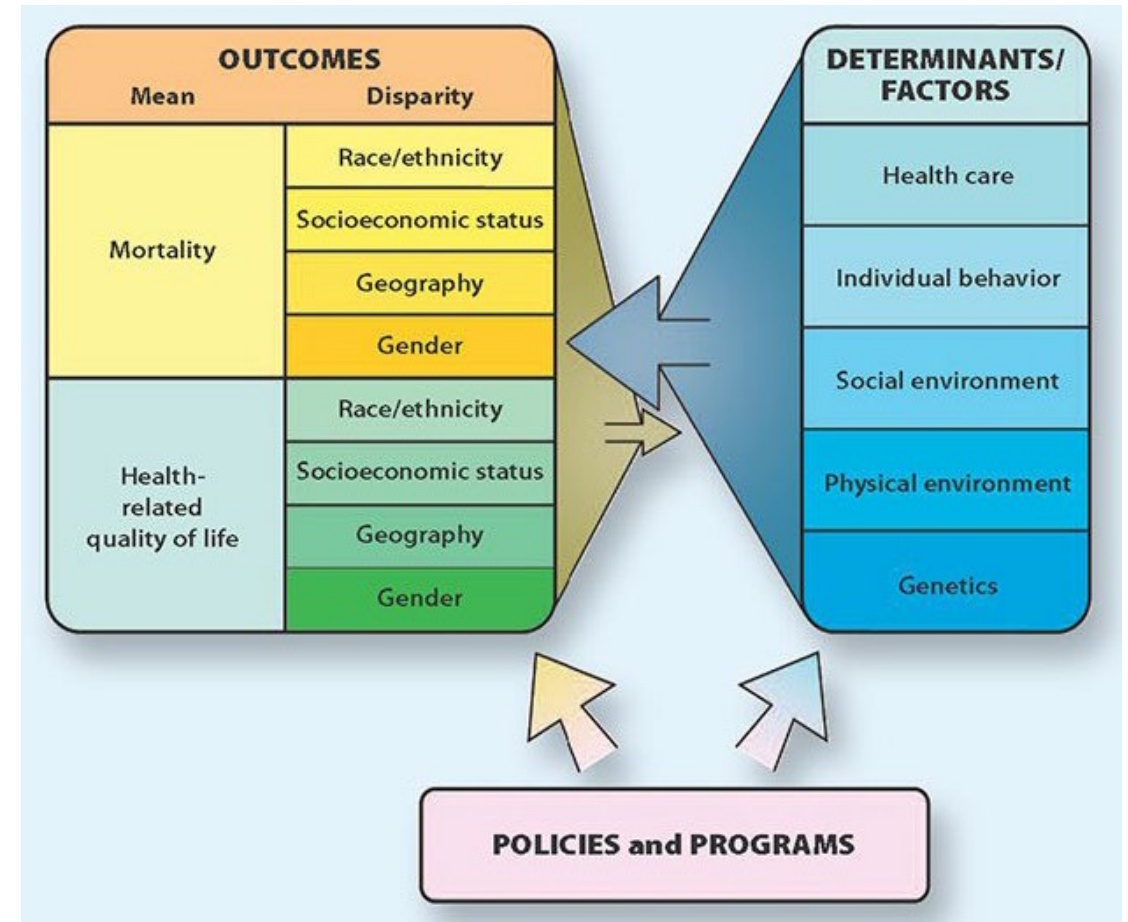
- ❑ In order to achieve the newly expanded work set forth by the Board of Supervisors, new positions have been approved and budgeted for
- ❑ Awaiting classification approvals
 - ❑ (2) Asst / Epidemiologist I
 - ❑ (1) Sr / Supervising Epidemiologist

County Plan #	Objective Title	Objective	Target
239	Create Division	By June 2022, Health Services will establish a population health unit to increase epidemiological capacity, improve data quality, analytics, integration and disaggregation, and to work on targeted interventions and policies to promote equitable health outcomes.	1
Measurement			
Division/Unit created			
Collection Method			
Create Unit, assign a manager & GL Key			
Data			
<p>The Population Health Unit has been created, with a program manager and GL Key assigned for the Unit. While the Unit has been established, steps to ensure it is fully operational are underway. The unit currently comprises of 2 epidemiologists. Due to unforeseen surges in COVID-19 cases and outbreaks, the Population Health staff were required to provide their full attention to maintaining the capacity of the Public Health Division in responding to the community need to curb the spread of COVID-19 as well as ensure that the Public Health Division is meeting its Title 17 California Code of Regulations (CCR) §2500 reporting obligations of other communicable diseases. The Population Health unit experienced the loss of their most experienced Infectious Disease Epidemiologist which caused additional delays in cross training of core tasks to other staff. A current recruitment is underway to backfill one current Epidemiology vacancy while the Population Health Unit awaits classification approval of 2 Assistant Epidemiologists and 1 Senior Epidemiologist. The previous recruitment for an IT Business System Analyst was unsuccessful and a new recruitment is currently underway.</p>			

Population Health

Provides expertise in data science, health informatics, and epidemiology to aide the agency in identifying health outcomes in the community, including opportunities for improvement in achieving health equity by accurately describing which factors lead to those outcomes.

Advices leadership on policies, programs, and participates in strategic planning to protect, promote, and improve the health and well-being for all.





The Vital Statistics Program is responsible for registering all births and deaths occurring in Santa Cruz County and provides birth and death certificates to community members as well as conducts quality assurance activities such as interviews to register out-of-hospital births.



The department also issues burial permits for California dispositions or transport of remains to other states or countries and operates a quarterly roundtable meeting with community partners to ensure adequate capacity is available in local Funeral Homes and Memorial Services.



Information gathered within this program allows the county to generate reports from the data on birth and death certificates and is a vital source of information not only for internal county programs but also community partners such as Santa Cruz First 5, Santa Cruz County Ventures, Semillitas and others.

Population Health Alignment with HSA

VISION

DPH- Better Health Every Day for Everyone

MISSION

DPH- To collaborate with the Community to protect, promote, and improve the health and well-being for all.

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The Population Health Unit will contribute to the department's vision and mission by providing cross-departmental/division technical assistance and leadership on projects and initiatives in the areas of project management, epidemiology, data analytics, data science, and health informatics to improve health outcomes directly and indirectly influenced by environmental, medical, social, and behavioral factors. Initiatives will be guided by principles of Health Equity and shall align with the county strategic plan and operational objectives.

# Population Health Competencies

Community Engagement

Community Health Assessment

Community Health Improvement Planning and Action

Health Equity and Cultural Awareness

Systems Thinking

Organizational Planning and Management

### Community Engagement

- Identifies relationships that are affecting health in a community (e.g., relationships among hospitals, health departments, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)

### Community Health Assessment

- Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
- Uses informatics and information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information

### Community Health Improvement Planning and Action

- Develops community health improvement strategies (e.g., using evidence-based interventions, addressing identified health disparities and inequities, identifying potential resources) based on community health assessments
- Evaluates the impact of community health improvement efforts (e.g., coalitions, policies, programs, services, previous activities)



### Health Equity and Cultural Awareness

- Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
- Recognizes the ways the diversity of individuals and populations (e.g., culture, language, health status, literacy) influences policies, programs, services, and the health of a community

### Systems Thinking

- Describes the interrelationships of factors affecting the health of a community (e.g., inequity, income, education, environment, demographic trends, legislation)
- Explains ways organizations (e.g., hospitals, health departments, schools, businesses, libraries, faith-based organizations) can work together or individually to impact the health of a community

### Organizational Planning and Management

- Contributes to development of organizational strategic plan (e.g., incorporates community health improvement plan, contains measurable objectives and targets)
- Modifies population health policies, programs, and services in response to changes in the internal and external environment

# CONTRIBUTION AREAS

## Assurance

*Improve and innovate through evaluation, research, and quality improvement.*

Examples:

Wastewater Epidemiology

South County CBO Readiness Survey

Data Modeling

CalAIM- ECM

Population denominator estimates

*Build and maintain data infrastructures.*

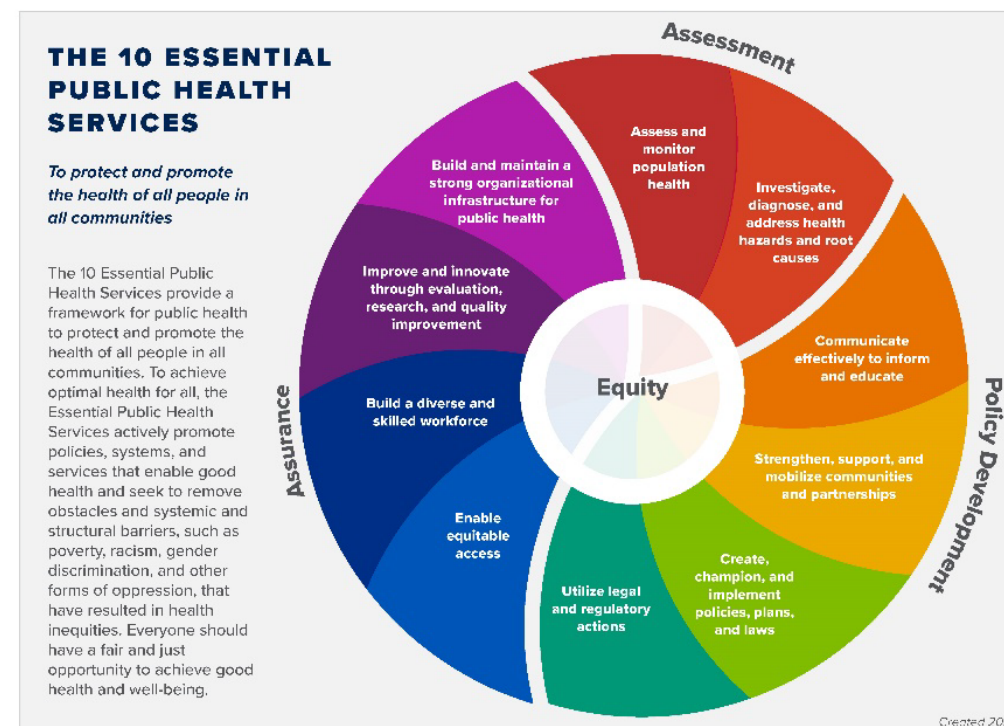
Examples:

SCHIO data enhancement

CDPH ELC/CDPH Performance

Measures

DataShare SCC



# CONTRIBUTION AREAS

## Assessment

*Assess and monitor population health.*

Examples:

County Health Rankings

Title 17 Conditions and other conditions of interest like SUD

CalAIM- Population Health Management (Jan. 2023)

*Investigate, diagnose, and address health hazards and root causes.*

Examples:

Outbreak investigations

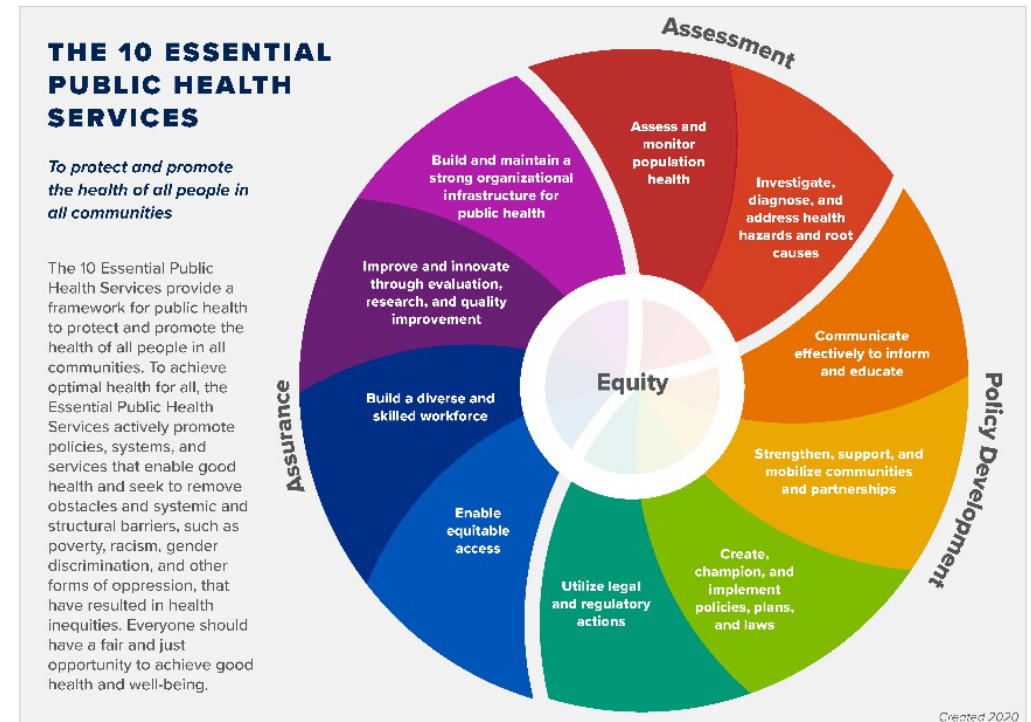
COVID-19

Salmonella

Shigella

Real Time Syphilis SitStat project

Congenital Syphilis Monitoring



# CONTRIBUTION AREAS

## Policy Development

Communicate effectively to inform and educate.

Examples:

Internal and external presentation to various stakeholders

Collaboration with PIOs

RSV and other Title 17 OB Definitions

Strengthen, support, and mobilize communities and partnerships.

Examples:

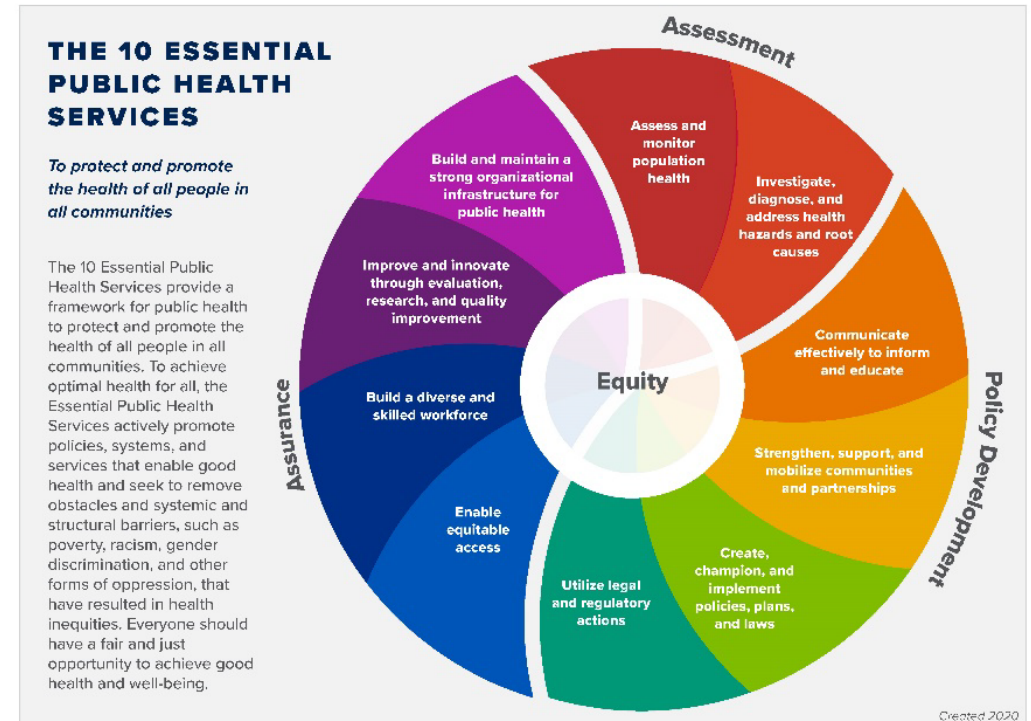
Climate Action and

Adaptation Plan CAAP

Collaboration with CBOs

Collaboration with MCP

SSP Report and Program Rec's



# PH VALUES

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**DPH- Collaboration:** Working in teams and partnering with others to achieve our goals and visions.

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**DPH- Community-Focus:** Ensuring community members have access and opportunity to participate in program planning and have a voice in our work.

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**DPH- Compassion:** Demonstrating understanding, empathy, and kindness with patients, clients, colleagues, and the community.

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**DPH- Equity:** Ensuring full and equal access and opportunity to access programs and services that enable people to lead healthy lives.

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**DPH- Quality:** Striving toward excellence through use of evidence-based practices and process improvement in all service and program areas.

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**DPH- Respect:** Addressing everyone with politeness and dignity while demonstrating the value of individual needs and cultural diversity.

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**Innovation:** Design, Catalyze, and Accelerate innovative approaches that advance health, well-being, and equity.

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**Integration:** Serve as a conduit between teams to share methods, ideas, and utilize subject matter expertise

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# Population Health Driving Forces

(... interviews with staff)

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What about your work is most interesting to you?

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What should the "priorities" or mission/vision be of Pop Health?

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How do we want our priorities to be identified/defined?





### What about your work is most interesting to you?

"I have the opportunity to work on a wide variety of projects that allow me to use various skills"

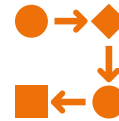
"I am able to play a small role in creating greater system change of large health, environmental, and social issues"



### What should the "priorities" or mission/vision be of Pop Health?

"I think our priorities should be aligned with the department's/division's vision and mission while allowing us room to explore areas of interest when possible."

"We need to focus on health equity and what roles we can play in identifying needs and what we can do to bridge the gaps we see in our community"



### How do we want our priorities to be identified/defined?

"Priorities should be identified based on community needs that align with the department's/division's vision and mission and can be addressed based on our resources."

"We should consider establishing a standard method for receiving work to provide us with the opportunity to ensure alignment, take stock of resources, and set a priority level for each request."

# Population Health Driving Forces