



Grossmont
Healthcare District

STRATEGIC PLAN 2022-2025*

*Updates were approved by the Board
of Directors on 11/18/22.

Governing Board of Directors

Robert “Bob” Ayres

Gloria A. Chadwick, RN

Michael Emerson, RDO

Virginia Hall, RN

Randy Lenac

District Contributing Staff

Christian Wallis, Chief Executive Officer

Erica Salcuni, Director of Programs and Outreach

Carlos Moya, Director of Administrative Services

Rachelle Kierulff, Library Director

Sophia Shalabi, Programs and Outreach Coordinator

Lucy Poplawska, Communications Coordinator

Kay Ornelas, Staff Accountant

Crystal Sloan, Executive Assistant

Facilitator

Allen Carlisle, CEO - Padre Dam Municipal Water District

District Contributing Staff: Fall 2022 Update

Christian Wallis, Chief Executive Officer

Amy Abrams, Chief Community Health Officer

Kara Jacobsen, Communications Coordinator

Holland Kessinger, Head Librarian

Ari Rojas, Programs and Outreach Coordinator

Strategic Plan Table of Contents

A. Introduction.....	4
B. Strategic Planning Introduction and Review	5
C. Strategic Planning Process and Development	7
Appendix A – Social Determinants of Health	12
Appendix B – Data and Analysis.....	14
Appendix C – Strategic Planning Cascading Philosophy	18
Appendix D – Final Strategic Plan	19

A. Introduction

The Grossmont Healthcare District (GHD) is an independent special district governed by a publicly elected Board of Directors with a CEO who oversees the day-to-day operations. GHD is responsible for the oversight of the public private partnership and lease with Sharp to ensure access and quality care is delivered to the residents in the Grossmont Healthcare District and beyond. The District also seeks to understand and support suitable services for the approximately 500,000 residents within the district's 750 square mile geographic region. Finally, the District operates a health and wellness library for the community in La Mesa.

The Board members and staff of GHD embarked on a strategic planning workshop on July 19 and 20, 2021 to set a path forward for the District over the next 4 years. After significant organizational restructuring took place in early 2022, an update to the four-year plan was developed, and approved by the Board of Directors on November 18, 2022.

A strategic plan is a top-level planning document for an organization which provides clear direction over most operational aspects of its mission. A primary purpose of a strategic plan is to establish organizational priorities, develop qualitative goals, actionable objectives, and quantifiable outcomes to positively affect those priorities. A strategic plan also serves as a document that communicates the framework for developing plans and making decisions. It is an organized, structured, and disciplined effort to produce a governing document by which the organization will focus its efforts over the next four-year period. The Grossmont Healthcare District (GHD) strategic plan was built on a cascading philosophy. This philosophy moves from higher level priorities to more focused measurable outcomes. This allows the District staff to develop specific tactics to move the overall plan forward.

B. Strategic Planning Introduction and Review

On July 19-20, 2021, the Board of Directors and the staff of the Grossmont Healthcare District utilized a local water district CEO, Allen Carlisle, to facilitate and coordinate the District Strategic Plan development. The process proceeded in the steps below.

Guiding Principles – The strategic plan was based on a few guiding principles that were addressed by the GHD CEO, Christian Wallis. The first principle was to ensure the workshop attendees understood the how the district could impact community health through the lens of the social determinants of health (SDoH) (See Appendix A on page 12). This seminal slide from the University of Wisconsin Public Health Institute demonstrates that 80% of the factors that impact a person’s health are outside of the main healthcare delivery system. Further, the Community Health Needs Assessment (CHNA) is another tool that provides specific local guidance on East County health needs. Completed once every three years, the Hospital Association of San Diego and Imperial County’s CHNA was in progress at the time of the development of the original strategic plan. Findings from the most recent CHNA were published in September 2022, and used to inform the update.

The second principle was ensuring that the District works on a plan which balances relevance and value. Relevance is defined as the quality or state of being closely connected or appropriate. Value is defined as the importance, worth or usefulness of something. GHD will use this framework to ensure that we develop a plan that is appropriate and connected to the community as well as ensures that the programs developed have worth or usefulness to the constituents of East San Diego County. Further, this work will help define the identity of GHD as the public health agency that directly supports the advancement of health and wellness of the GHD region.

Areas of Responsibility

A high-level review of the distinction between Board authority and staff responsibility was clearly defined. The Board sets the mission and strategic direction of the organization. During this session, the Board validated that the mission statement which was readdressed in 2019 was accurate. The group also discussed that during this process, the Board would be responsible for establishing the priorities and goals of the organization. The staff was then directed to develop objectives and outcomes associated with those goals.

District Survey

Seven months prior to the strategic planning session the GHD Board and staff completed a survey to obtain input on the future direction of the District. The results of the survey provided 64 comments which were later consolidated into 23 key concepts. The District Board was then asked to place these 23 topics into three areas of responsibility. These areas were 1) Strategic Planning Workshop, 2) Committee work, and 3) CEO responsibility. The topics that ended up in the strategic planning area were then reviewed for assimilation into the larger strategic plan.

Mission Statement

The Mission Statement indicates why a public agency exists. It is the foundational statement for the District that seeks to define what the healthcare district is. All that is done under the auspices of the District connects, in some way, with this statement. The statement was updated in April of 2017. The Board came to an agreement that the mission statement was still valid and should not be changed at this time. The mission statement is listed below.

AS STEWARDS OF THE PUBLIC TRUST, YOUR GROSSMONT HEALTHCARE DISTRICT WILL PRESERVE AND PROTECT THOSE RESOURCES ENTRUSTED TO ITS CARE.

To maintain and improve the physical and behavioral health of its constituents, we will:

- *Partner with our hospital operator, Sharp HealthCare, to ensure access to state-of-the-art medical services at Grossmont Hospital for all of the residents of Grossmont Healthcare District and beyond.*
- *Anticipate and recognize the unmet health care needs of the communities we serve and support suitable services to the greatest extent possible consistent with available resources.*

District Health Analysis – To inform the staff and Board about the health needs in East County, a data analysis was completed. An overview of health determinants specific to residents in East County was given, as well as a more in-depth analysis of each zone the District represents. Examples of health data review included median household income, race ethnicity distribution, age distribution, and top health needs. Health needs data highlights were also reviewed to determine the top 10 diseases prevalent in East County, including chronic diseases. (See Appendix B pp 13-16).

C. Strategic Planning Process and Development

The strategic planning process was developed on a cascading philosophy to help organize the work and provide a meaningful and purposeful direction to the District Board and staff. The cascade starts at a high-level philosophy or concept and gradually moves to more specific areas of focus and tangible actions (see Appendix C on page 17). The definitions of the plan from highest (broad) to lowest (specific) are listed below.

Definitions

Strategic Priorities: Broad, forward-looking themes that focus attention on the handful of topics that matter most to the organization's success over the next 3-5 years. Often referred to as "pillars".

Goals: Vision-oriented, qualitative statements of what the organization aims to achieve over a specific period of time under each Strategic Priority.

Objectives: Further refine the qualitative goals into specific areas of interest or topics that will specifically impact the stated goal.

Outcomes: Support the objectives by establishing quantifiable targets that help demonstrate progress. Objectives establish how much improvement (increase/decrease) will take place over a period of time. (X to Y by date).

Tactics: Specific, actionable tasks that are tracked through action plans with due dates and accountability. Tactics generally start with a verb (Establish, Develop, Implement).

Strategic Planning Process

The District held a public workshop on July 19-20, 2021 with the GHD Board, staff and some members of the public. In preparation for this event, the leadership team developed a list of 8 overarching Priorities that would provide great value and relevance to the East County constituents. These Priorities had pre-drafted definitions to help guide the group. The list of suggested Priorities are listed below:

- Community Health
- Workforce Development
- Hospital Alignment

- Community and Legislative Advocacy
- Information Resource
- Access to Care
- Financial Stewardship
- Chronic Disease

On July 19th, the staff and Board had a good dialogue around the meaning of each of these terms. The Board was then asked if there were any missing Priorities that any of the Directors would like to see. The only change was the addition of “wellness” to Community Health and the modification of Hospital Alignment to Hospital Partnership. The Board and District staff then conducted a multi-voting exercise by placing three stickers on the Priorities they felt were the most important to work on over the next 3-4 years. Board members and staff were given different colored stickers to help illustrate any differences or similarities between Board and staff Priorities. After voting was completed, the Board and staff had further dialogue on results of the voting. The final determination was to select **Community Health and Wellness, Hospital Partnership and Chronic Disease** as the official Priorities to guide the organization over the next 3-4 years. The Priorities and their definitions are listed below.

Priority 1: Community Health and Wellness – We will evaluate and determine the unmet needs of East San Diego County to improve the health and wellness of the communities we serve.

Priority 2: Hospital Partnership – We will ensure accountability and oversight of the public/private partnership and evaluate collaborative opportunities that improve the health needs of the East San Diego County.

Priority 3: Chronic Disease – We will mitigate causal factors related to

preventable life-threatening diseases while helping East San Diego County residents enjoy healthier lives.

The next step was to identify the organization's Goals which will help to accomplish the three Priorities. The GHD staff conducted a separate session after the workshop to help develop six Goals under each Priority (Community Health and Wellness, Hospital Partnership and Chronic Disease). The idea was to provide the GHD Board with an option to select 2 – 3 of these goals to work on over the next several years. The GHD Board and staff reconvened on July 20, 2021, to determine which Goals the Board would like the District to focus on. The District Board held good discussion around each of the goals. Some of the goals had minor edits while others goals were merged together. The final version of the goals that were selected are listed below.

Priority 1: Community Health & Wellness

Goal 1: Drive community awareness and connect residents to resources that promote health and wellness for all.

Goal 2: Strengthen and diversify partnerships and secure external funding to address community health and wellness needs.

Goal 3: Identify at risk populations and develop efforts that impact their community health and wellness needs.

Priority 2: Hospital Partnership

Goal 1: Collaborate with the hospital to engage community partners and local municipalities in major health and wellness initiatives that improve the well being of East San Diego County residents.

Goal 2: Enhance partnership with the hospital and community programs and outreach to increase awareness of care options.

Goal 3: Forecast healthcare workforce needs and implement programs to build future health professionals.

Priority 3: Chronic Disease

Goal 1: Decrease risk factors that lead to chronic disease with added emphasis on those who have higher than average rates.

Goal 2: Increase health literacy that empowers people to make better lifestyle choices and reduce chronic disease.

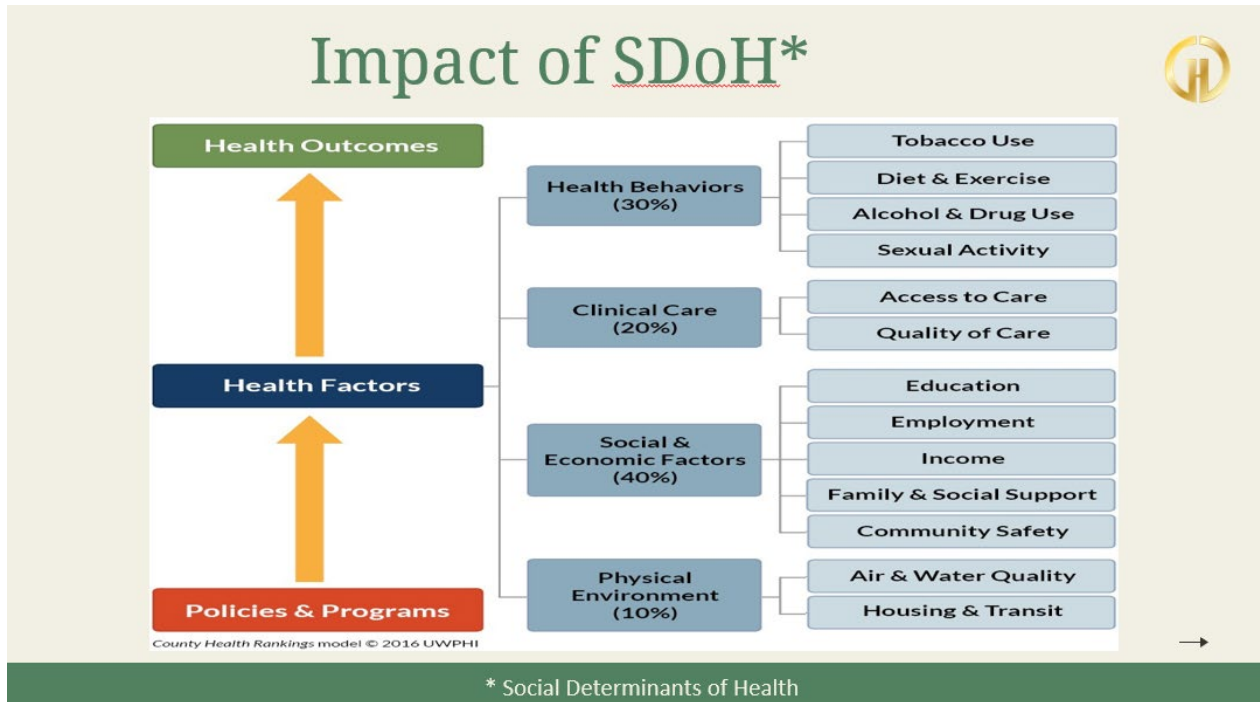
The workshop concluded on July 20, 2021 with direction to the staff to develop Objectives, Tactics and Outcomes for each Goal. This process would further define the actionable items that would be completed for the Goals to be achieved. The staff worked through the Strategic Planning Committee to develop the objectives and outcomes. The entire strategic plan was presented to the GHD Board on December 17, 2021 and the execution of the plan started in January 2022.

Shortly thereafter, the organization underwent significant change in the form of the turnover of several key staff, and the development of a new Community Health department. With the new structure in place, the Strategic Planning Committee authorized staff redevelopment of a new set of objectives, outcomes, and tactics which began on July 12, 2022. An updated version of the strategic plan was approved by the Board of Directors on November 18, 2022.

A complete view of the strategic plan can be found in Appendix D (pp 18-22).

D. Appendices

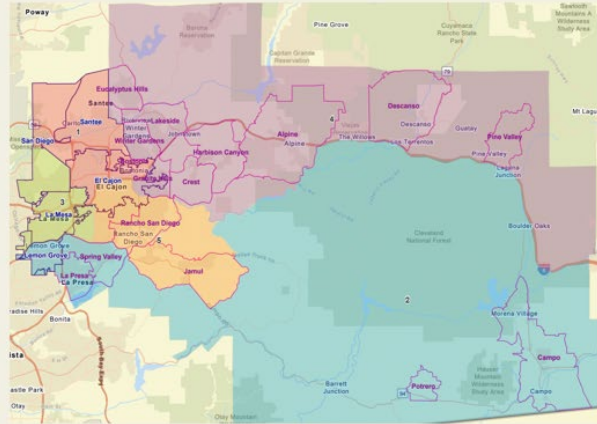
Appendix A



Appendix B

East County Overview

- Over **494,619** residents reside in East County and representing **14.9%** of San Diego County
- Adults aged **25-44 years old** constituted the **highest** proportion of East Region residents (**25.46%**) and **65+ years** had the **lowest** proportion of East Region residents (**14.46%**)
- **1 out of 5 residents** aged 5 years and older (18.25%) spoke English "very well" and another language at home
- **9 out of 10 adults** 25 years and older (88.85%) had at least a high school diploma and **3 out of 10** (27.24%) held a bachelor's or higher degree
- **1 out of 4 households** (23.46%) had an annual income of less than \$35,000
- Nearly **37.80%** of East Region residents report food insecurity



Source: U.S. Bureau; 2015-2019 American Community Survey 5-year Estimates, Table DP03, UCLA Center for Health Policy Research, Los Angeles, CA. AskCHS 2017-2019. Health Status (San Diego County Health Regions). Available at <http://ask.chhs.ucla.edu>. Exported on April 21, 2021, and San Diego County Community Profiles, 2018



Cities Santee, El Cajon
Zip codes: 92071, 92072, 92019, 92020, 92021, and 92022

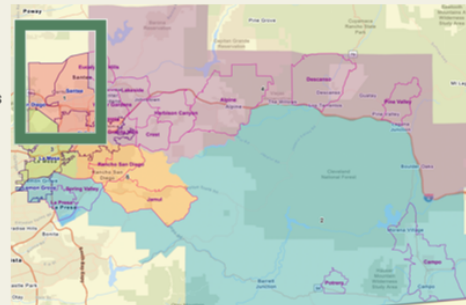
Zone 1 Overview

Santee

- Median household income: \$87,098
- Persons in poverty: 19.49%
- Bachelor's degree or higher: 20.39%
- Language: Spanish (7.5%) and Arabic (1.0%)
- Persons without health insurance coverage under 65 years: 4.68%
- **Highest death rates within Santee are due to Alzheimer's Disease and Related Dementias (96.90 per 100,000 persons) and alcohol-related reasons (17.63 per 100,000 persons)**

El Cajon

- Median household income: \$55,309
- Persons in poverty: 39.09%
- Bachelor's degree or higher: 15.46%
- Language: Spanish (19.2%) and Arabic (9.0%)
- Persons without health insurance coverage under 65 years: 7.75%
- **Has the highest death rates due to Motor Vehicle Injuries (13.36 per 100,000 persons) and poisoning (14.22 per 100,000 persons) within East County**
- **Has the highest ED discharge rate for maternal complications (1,676.49 per 100,000 persons) and highest infant mortality rate (4.64 per 1,000 persons) within East County**



*Data extracted from U.S. Census Bureau QuickFacts: Population Estimates, April 1, 2020 and County of San Diego Health and Human Services Demographic Profiles 2019 San Diego County
 Correction: 92019 should be in Zone 4



Cities: Lemon Grove, Spring Valley, and Mountain Empire
Zip codes: 91945, 91946, 91976, 91977, 91978, 91979, 91906

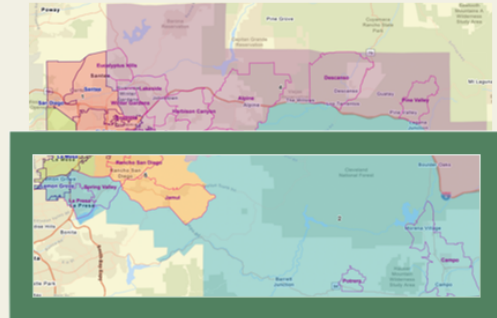
Zone 2 Overview

Lemon Grove

- Median household income: \$63, 548
- Persons in poverty: 33.68%
- Bachelor’s degree or higher: 12.08%
- Persons without health insurance coverage under 65 years: 9.75%
- **Highest proportion of Hispanic (46.46%) and Black (15.41%) residents live in Lemon Grove**
- **Has the highest death rates due to heart disease (244.93 per 100,000 persons), highest hospitalization rates due to cancer (488.38 per 100,000 persons), and highest ED discharge rate due to Asthma (462.50 per 100,000 persons) within East County**

Mountain Empire

- Median household income: \$45, 288
- Highest proportion of households with annual income less than \$35,000
- Highest proportion of population living below 200% (42.17%) within East County
- Persons without health insurance coverage: 7.13%
- **Highest death rates due to cancer (262.48 per 100,000 persons), highest hospitalization rates due to heart disease (889.95 per 100,000 persons), alcohol-related issues (259.38 per 100, 000 persons), and maternal complications (2,631.50 per 100,000 persons) within East County**



*Data extracted from U.S. Census Bureau QuickFacts: Population Estimates, April 1, 2020 and County of San Diego Health and Human Services Demographic Profiles 2019 San Diego County

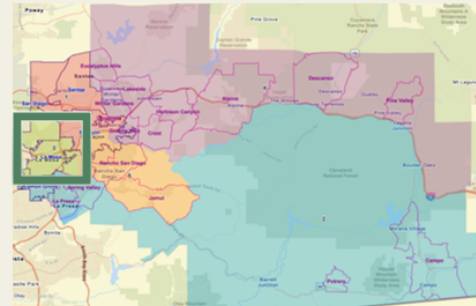


Cities: La Mesa, Casa De Oro-Mount Helix
Zip codes: 91941, 91942, 91943, 91944

Zone 3 Overview

La Mesa

- Median household income: \$66, 051
- Persons in poverty: 6.07%
- Bachelor’s degree or higher: 24.36%
- Language: Spanish - 13.3% and Chinese - 1.5%
- Persons without health insurance coverage under 65 years: 6.07%
- **Adults aged 25-44 year old constitute the highest proportion of La Mesa residents (32.97%) and East County while 65+ encompass the lowest proportion (14.81%)**
- **Highest ED discharge rate due to alcohol-related reasons (380.72 per 100,000 persons) within East County**
- **Second highest death rate (128.43 per 100,000 persons) and hospitalization rate (35.97 per 100,000 persons) due to Alzheimer’s Disease and Related Dementias within East County**
- **Second highest ED Discharge rate due to mood disorder (218.67 per 100,000 persons) within East County**



*Data extracted from U.S. Census Bureau QuickFacts: Population Estimates, April 1, 2020 and County of San Diego Health and Human Services Demographic Profiles 2019 San Diego County

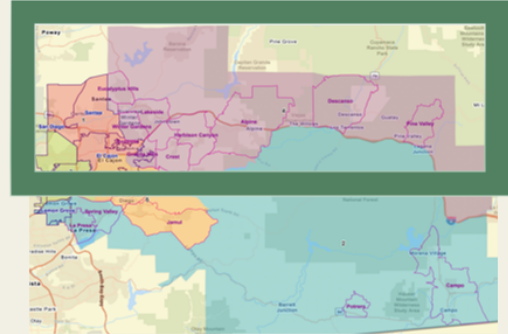


Cities: Lakeside, Eucalyptus Hills, Pine Valley, Alpine, Descanso
Zip codes: 92040, 91901, 91962, 919903, 91916

Zone 4 Overview (cont.)

Alpine

- Median household income: \$87,930
- Persons in poverty: 18.56%
- Bachelor's degree or higher: 21.12%
- Language: Spanish (6.0%) and Chinese (1.5%)
- Persons without health insurance coverage under 65 years: 3.22%
- **Has second highest death rate due to heart disease (223.20 per 100,000 persons) within East County**
- **Heart disease (610.33 per 100,000 persons) and cancer (385.23 per 100,000 persons) account for highest hospitalization rates in Alpine**



*Data extracted from U.S. Census Bureau QuickFacts: Population Estimates, April 1, 2020 and County of San Diego Health and Human Services Demographic Profiles 2019 San Diego County

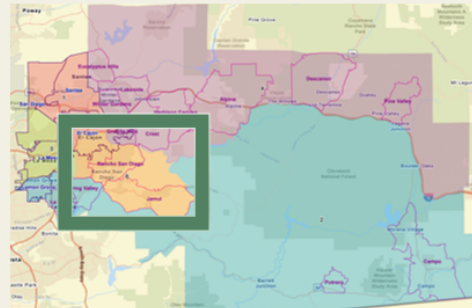


Cities: Jamul and Rancho San Diego
Zip codes: 91935, 91941, 91978, 92019, 92020

Zone 5 Overview

Jamul

- Median household income: \$117,971
- Persons in poverty: 13.47%
- Bachelor's degree or higher: 21.20%
- Language: Spanish- 21.4% and Tagalog- 4.1%
- Person without health insurance coverage under 65 years: 6.93%
- **Has second highest percentage of individuals with disabilities (12.86%) in East County**
- **Cancer (186.55 per 100,000 persons) and heart disease (129.77 per 100,000 persons) encompass the highest death rates within Jamul**
- **Heart disease (625.10 per 100,000 persons) and cancer (396.91 per 100,000 persons) encompass the highest hospitalization rates in Jamul**
- **Heart disease (1,801.63 per 100,000 persons) and hypertensive disease (254.24 per 100,000 persons) encompass the highest ED discharge rates in Jamul**



*Data extracted from U.S. Census Bureau QuickFacts: Population Estimates, April 1, 2020 and County of San Diego Health and Human Services Demographic Profiles 2019 San Diego County



Data Summary

	San Diego County	East County	Santee	El Cajon	Lemon Grove	Mountain Empire	Spring Valley	La Mesa	Lakeside	Pine Valley	Alpine	Jamul
Median Household income	\$78,980	\$77,796	\$87,098	\$55,309	\$63,548	\$45,288	\$72,178	\$66,051	\$74,823	\$92,288	\$87,930	\$117,971
Race Ethnicity Distribution												
White	45.56%	57.02%	48.41%	59.69%	24.99%	48.41%	60.60%	56.43%	69.27%	69.57%	81.03%	48.38%
Latino or Hispanic	33.70%	26.88%	18.03%	26.46%	46.46%	42.94%	37.30%	24.11%	18.43%	21.75%	11.76%	31.59%
Black or African American	4.71%	5.93%	1.99%	5.12%	15.41%	1.71%	14.30%	7.64%	2.28%	2.03%	1.46%	6.01%
Asian/Pacific Islander	12.01%	5.48%	4.60%	3.83%	8.50%	0.11%	6.70%	7.38%	4.53%	0.62%	2.62%	12.30%
American Indian/Alaska Native	0.38%	0.55%	4.80%	0.21%	0.04%	4.80%	0.30%	0.09%	1.68%	3.62%	0.18%	0.21%
Other	3.64%	4.15%	4.57%	4.42%	4.60%	2.03%	7.70%	4.36%	3.82%	2.40%	2.95%	1.51%
Age Distribution												
5-14 years old	11.93%	12.21%	11.52%	13.22%	14.52%	15.28%	12.68%	10.13%	11.28%	12.38%	12.11%	11.58%
15-24 years old	14.00%	12.65%	11.79%	12.90%	13.24%	12.85%	13.19%	11.41%	13.15%	15.87%	10.22%	13.60%
25-44 years old	29.77%	28.35%	29.22%	28.76%	29.27%	21.49%	27.90%	32.97%	27.24%	21.34%	25.02%	25.41%
45-64 years old	24.29%	25.46%	26.34%	24.73%	23.63%	25.36%	24.62%	23.62%	26.84%	26.67%	27.89%	30.13%
65+ years old	13.69%	14.46%	13.64%	12.89%	13.87%	17.98%	14.55%	14.81%	14.67%	18.11%	17.75%	15.67%
Persons in poverty	27.82%	29.43%	19.49%	39.09%	33.68%	42.17%	29.53%	28.37%	25.06%	14.80%	18.56%	13.47%
Bachelor's degree or higher	23.76%	17.95%	20.39%	15.46%	12.08%	10.94%	19.26%	24.36%	15.21%	18.78%	21.12%	21.20%
Top Languages Spoken other than English	23.87%	18.25%	9.74%	Spanish: 19.2%, Arabic: 9.0%	30.89%	16.97%	24.99%	Spanish: 13.3%, Chinese: 1.5%	9.71%	N/A	Spanish: 6.0%, Chinese: 1.5%	Spanish: 21.4%, Tagalog: 4.1%
Persons without health insurance coverage	7.84%	6.92%	4.68%	7.75%	9.75%	7.13%	7.77%	6.07%	6.07%	10.13%	3.22%	6.93%
Top Health Needs			Alzheimer's Disease and Related Dementias and Alcohol-related disorders	Motor Vehicle Injuries, poisoning, infant mortality	Heart disease, Cancer, and Asthma	Cancer, Heart Disease, Alcohol-related disorders, maternal complications	Alzheimer's Disease and Related Dementias, Cancer, Heart disease, and Asthma	Alcohol-related disorders, Alzheimer's Disease and Related Dementias, and Mood Disorder	Heart disease, Cancer, and Substance-Related disorders	Access to healthcare and preterm birth	Heart disease and Cancer	Heart disease and Cancer

Source: San Diego County Community Profile 2018, UCLA Center for Health Policy Research, Los Angeles, AskCHHS 2017-2019, and U.S. Census Bureau, 2015-2019 American Community Survey- 5 Year Estimates, Table DP03

Health Need Data Highlights

- Residents were **less likely** to report having a usual place for health care compared to other regions
- Heart Diseases and stroke were lowering during COVID and have since began to rise again
- In 2018, **7 out of the top 10** leading causes of death were chronic diseases
- Laguna-Pine Valley had the **highest percentage** of deaths due to cancer, heart disease and stroke, type 2 diabetes, and lung cancer in 2019 (58%)
- Heart disease and asthma resulted in the **highest rates** for ED discharge
- Heart disease and cancer resulted in the **highest rates** for hospitalization

Top 10 Diseases (Chronic in red)

- Heart Diseases**
- Cancer**
- Cerebrovascular Disease (Stroke)**
- Accidents/Unintentional Injuries**
- Alzheimer's Disease**
- Chronic Lower Respiratory Diseases**
- Diabetes Mellitus**
- Intentional Self-Harm (Suicide)**
- Essential Hypertension and Hypertensive Renal Disease**
- Influenza and Pneumonia**

*Data extracted from U.S. Census Bureau, American Community Survey 5-Year Estimates 2021



Appendix C

The Cascading Effect



The Process



Appendix D

 Strategic Priority 1: Community Health and Wellness - We will evaluate and determine the unmet needs of East San Diego County to improve the health and wellness of the communities we serve.		
Goal 1: Drive community awareness and connect residents to resources that promote health and wellness for all		
Objective	Outcomes	Tactics
1 Elevate the GHD identity to better educate East County residents on available health and wellness resources	The District will be the premier location (virtual and physical) to obtain information on health and wellness resources.	Update the internal and external communications plan
		Conduct one large annual community event that is led/sponsored by GHD
		Redesign the District website as a directory for services, programs, education and support
2 Improve the utilization of the District's health and wellness resources	The District will provide residents with health and wellness resources that are available to them within reasonable drive time.	Develop an integrated system for measuring and reporting key outcomes for the District
		Rebrand/reinvent the library to ensure public is aware of available health and wellness resources
		Collaborate with local public libraries to ensure they have information about Library's health and wellness resources
		Expand Health and wellness programming at the District spaces and other District communities
Goal 2: Strengthen and diversify partnerships and secure external funding to address community health and wellness needs		
Objectives	Outcomes	Tactics
1 Actively collaborate with and convene partners on projects that enhance and support health and wellness in East County	The District will be considered a lead "convener" on all health and wellness related issues facing the East County.	Provide a grant and/or sponsorship program for community based organizations
		Actively participate in monthly community events and East County regional "collaboratives"
		Lead the Rural Health Coalition to provide actionable plans/programs that directly impact the rural communities
2 Utilize asset mapping techniques to identify gaps in relationships, to create additional opportunities based on the Community Health Needs Assessment (CHNA) and Social Determinants of Health (SDOH) framework	The District will find alternative methods to make connections and/or fill gaps based on the CHNA report	Implement a Customer Relationship Management program to document and manage contracts and partnerships
		Develop non-traditional methods to improve access to care (e.g., child care, transportation vouchers, rural broadband, school based health program)
		Create an advocacy plan to garner support for a Navy Clinic and collocated VA clinic and County Veteran resource center that supports the East County

Goal 3: Identify at risk populations and develop efforts that impact their community health and wellness needs		
Objectives	Outcomes	Tactics
1 Identify gaps in community health services and facilitate culturally relevant programs to supplement existing offerings	The District will support the delivery of programs, services and information in spaces where there is little to no support.	Analyze data and local community information sources to determine appropriate programming for at risk populations in individual communities
		Expand and tailor "signature" programs for at-risk populations in local communities within the District boundaries
		Create a library outreach program to deliver health information and education to people who are not able to access in-person services
2 Engage community partners and subject matter experts to identify opportunities that provide and promote optimal behavioral health.	The District will develop innovative methods to support the improvement of mental health among East County residents.	Initiate a grant proposal(s) that serve to identify and serve the unique and unsupported urban and rural behavioral health needs
		Develop specific communication campaigns and programming that promotes mental health support and services
		Identify and support partners that can provide additional sites of care for youth mental health services (e.g., Boys & Girls Clubs, public libraries, community centers)



Strategic Priority 2: Hospital Partnership - We will ensure accountability and oversight of the public/private partnership and evaluate collaborative opportunities that improve the health needs of East San Diego County

Goal 1: Collaborate with the hospital to engage community partners and local municipalities in major health and wellness initiatives that impact East San Diego County residents

	Objectives	Outcomes	Tactics
1	Collaborate with Sharp Grossmont Hospital on programming and outreach that addresses the health, wellness and prevention needs of East County residents.	The District and Hospital will ensure that programming by both entities are consistently communicated and supporting each others' needs.	Collaborate with SGH Senior Resource Center and community based organizations on programming and outreach to the older adult community
			Partner with SGH marketing staff to collaborate on resources, programming and services for community partners and residents
2	Utilize the CHNA findings to develop initiatives with Sharp Grossmont Hospital and community partners that prioritize the top chronic health needs of East County residents.	The District will work with the Hospital to provide information, education, programming and services that support the effective management of chronic conditions.	Partner with SGH health information ambassador program to promote the use of Library services by patients and caregivers.
			Develop educational programming with Sharp physicians on key chronic disease issues in East County
			Improve the flow of information to community partners on the Hospital's capabilities and service to treat chronic conditions
			Consult with SGH (including library) to acquire those patient educational materials, screenings and specialized kits for chronic diseases would be most useful

Goal 2: Enhance partnership on hospital and community programs and outreach to increase awareness of care options

	Objectives	Outcomes	Tactics
1	Develop collaborative initiatives between the Hospital and Federally Qualified Health Center (FQHC), Community Based Organizations (CBO) and Public Agencies to help patients make educated choices on their care.	The District will provide information to the community on methods to access care.	Collaborate with SGH and community partners on health literacy pertaining to accessing appropriate care
			Communicate and promote to community partners the free Sharp events that are occurring in our region
2	Develop collaborative initiatives between the Hospital, East County healthcare providers and public agencies to improve the policies and processes that impact the continuum of care.	The District will collaborate with Sharp and community partners on improving the process of accessing health resources.	Develop a rural post discharge process with the hospital and the county (HHSA and CAL FIRE) that ensures patient compliance and reviews home safety
			Develop an advocacy program with Sharp, community organizations and public agencies that supports the legislative needs of our community
			Develop partnerships and processes that improve the transfer of care into and out of the hospital.

Goal 3: Forecast healthcare workforce needs and implement programs to build future health professionals		
Objectives	Outcomes	Tactics
1 Provide support and resources to students and residents interested in pursuing a career in healthcare	The District will be a proactive leader and contributor in the advancement of the healthcare workforce in East County.	Forecast healthcare shortages and develop an employment pipeline that supports easy transition from interest to employment
		Establish a robust scholarship program that encourages health careers and helps mitigate financial burdens of higher education
		Develop an standardize health pathways program that is available to all East County high school students
		Develop Library resources and programs that educate and inspire children to pursue healthcare occupations
2 Introduce professional development initiatives to enhance service delivery	The District will significantly advance the level of clinical education available in our community	Partner with Sharp CME program to deliver educational programming to East County community providers
		Host continuing education events for Sharp nurses and other allied health professionals
		Collaborate with the hospital and community partners to develop and sustain a family medicine residency that supports needs of East County residents



Strategic Priority 3: Chronic Disease - We will mitigate causal factors related to preventable life-threatening diseases while helping East San Diego County residents enjoy healthier lives.

Goal 1: Decrease risk factors that lead to chronic disease with added emphasis on those who have higher than average rates

	Objectives	Outcomes	Tactics
1	Establish a process to continuously evaluate the most prevalent chronic diseases in East County communities	The District will have the best resources to provide the most accurate guidance on recommendations to mitigate chronic disease.	Convene a Community Health Advisory Council of subject matter experts to prioritize health issues and target solutions for underserved populations
			Evaluate and procure high quality data sources for chronic disease within specific communities
2	Collaborate with and support our community partners on projects that address the known risk factors for heart disease, cancer and stroke	The District will seek to impact top three chronic diseases affecting east county residents	Develop a grant/sponsorship process that prioritizes CHNA results and the region's top chronic conditions
			Create outreach campaigns around key chronic diseases
			Coordinate culturally focused health education sessions (e.g., for Latino, Black, Chaldean, Native American communities)

Goal 2: Increase health literacy that empowers people to make better lifestyle choices and reduce chronic disease

	Objectives	Outcomes	Tactics
1	Provide reliable and accessible health education resources, programs and services	The Library will be known as the premier location to find information on chronic diseases.	Expand the Library experience to include non-traditional programs and resources
			Create an enhanced Library website that provides comprehensive and timely information on available health resources
2	The Library will be known as the premier location to find information on chronic diseases.	The District will become a known resource on chronic disease management for at-risk populations.	Conduct an audit of the Library's physical/digital collection to ensure the most accurate information is available
			Develop targeted communications on key chronic conditions for at-risk populations