Roadmap to a Healthier Future: A Strategic Action Plan

2012 - 2015
Dear Colleagues and Community Members,

It is imperative that we examine and understand “health” in the context of the environment that surrounds us. Our “health” and the related choices we make as individuals, and as a society, are profoundly influenced by the conditions in our environment. The quality of the air we breathe, the nutritional content of the food we consume and even our daily activity level is greatly influenced by conditions in our environment. These “conditions” are the social and economic determinants of health.

There is little doubt that our community has been affected by the tough economic times we are facing, and that the health and well-being of Santa Clara County residents is tied to the health of our economy. However, the real life impact on individuals and families has been far from equitable, as the distribution of income is starkly unequal. In 2010, the top 20 percent of all wage earners received 48 percent of the total household income in the County. In contrast, the bottom 20 percent earned just 3.2 percent of the household income. Such stark contrast affects one’s ability to achieve a college education, purchase healthy foods, manage chronic health conditions, provide adequate day care for their children, or live stress free lives.

The environment shapes our health by the accumulated influence of many small environmental conditions. Are our vending machines filled with junk food or healthy food options? When you drive up and down the street do you see mostly “healthy food” outlets or “fast food” outlets? Do all our school children have ready access to clean water from drinking fountains? Does our public water system contain adequate amounts of protective fluoride? Are we free from exposure to the harmful toxins of second hand smoke? Are affordable fresh fruits and vegetables readily available to all? Sadly, the answer to each one of these questions is not a resounding “yes”. Low-income families and communities of color are more likely to answer “no” to these questions, and these same communities often experience a greater share of the burden of poor health. This is what we call ‘health inequity’ and it’s unfair and just plain wrong.

The skyrocketing rise in chronic illnesses such as diabetes and cardiovascular disease are not a related to some sudden change in our genetic code but in fact are a direct reflection of the conditions in our environment and how our own health behaviors are greatly shaped by those conditions. Addressing these issues locally is crucial as we work towards not just a healthier California, but a healthier nation. This work must begin in neighborhoods most affected by poor health outcomes. It is in these communities where we need to focus our commitment and resources to creating conditions for people to be healthy.

4/5/2012
In much of 2010 and 2011, the Department reviewed a great deal of local health and social data, and we asked residents to help us identify what health issues and concerns most impact Santa Clara County. Then, we spent time identifying and evaluating our department’s capacities to address those concerns. Our Strategic Plan serves as a blueprint that will help guide our work and inform stakeholders about the direction in which we are moving, and how we will get there.

We recognize that Public Health cannot accomplish all that has been set forth in this plan alone. We will continue to rely on the strength and wisdom of our many partners and we look forward to developing new relationships in the community. By working together, we can create conditions that make Santa Clara County a place where everyone has an equal chance of good health where they live, work, and play.

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Public Health Director

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Introduction

The Santa Clara County Public Health Department’s Strategic Plan, 2012-2015, addresses health priorities affecting the county’s residents and creates a strategic roadmap for the Department. The Department has identified six goals and associated objectives anchored in best practices, to address the health priorities and departmental capacities needed to impact those priorities.

Four significant contexts were taken into consideration in the development of the Strategic Plan: Health Equity, Health Care Reform, The National Prevention Strategy, and the National Public Health Performance Improvement Initiative.

The Department’s Strategic Plan prioritizes health equity and recognizes and addresses the inequities that persist in our society and the fact that they contribute to poor health outcomes, particularly for specific racial and ethnic groups and residents living in poverty. The Department has made progress in its ability to address health disparities and health inequities; however, there is much more work to be done. The Strategic Plan aims to enhance the Department’s effectiveness in closing the health equity gaps that exist in our county.

As the nation, state and county prepare for health care reform, public health practice has a unique opportunity to align with efforts to address health care reform’s intended outcomes: improve the patient experience, improve health outcomes, and reduce health care costs. The Department is positioned to contribute to health care reform by focusing on key factors that contribute to disease, disability and health disparities within the population as a whole. Investments in proven, community-based public health prevention strategies could result in significant cost savings to health care and to the overall economy, and have a significant impact on the community’s health.

The National Prevention and Health Promotion Strategy brings into sharp focus the health and economic benefits of making a strategic investment in preventing illness. As such, it highlights the consequence of a nation that has invested heavily in treating versus preventing illness. The prevention strategy outlines an integrated, crosscutting and environmental approach to improving the health of the nation through the following focus areas:

- building healthy and safe communities
- expanding quality preventive services in both clinical and community settings
- empowering people to make healthy choices, and
- eliminating health disparities.

A national effort is underway to foster public health department performance improvement. Specifically, a public health department accreditation process has been established that defines standards to improve service, value, and accountability to
stakeholders. The Strategic Plan capitalizes on this movement and incorporates accountability for strengthening the Department’s capacities and performance. The accreditation process is grounded in the National Public Health Framework of 10 Essential Services and the 18 Core Capacities of Public Health. To guide the development of organizational objectives, an internal assessment of public health core capacities was conducted using NACCHOs (National Association of County & City Health Officials) Local Health Department Self-Assessment Tool. The self-assessment identified several areas needing performance improvement, which have been translated into goals and objectives.

The strategic planning process engaged community residents and stakeholders to review and provide context for the health priorities. Key community concerns included obesity and diabetes, and prevention of violence. In particular, violence in neighborhoods and communities and its negative influence on children, youth and families, and on social and economic conditions were a significant concern. The plan was shaped by the Public Health Department’s leadership and staff, with feedback from several county and community groups, including the County of Santa Clara Health Commission, the Santa Clara County Community Benefits Coalition, the Black Infant Health Advisory Board, and the Communities Putting Prevention to Work Leadership Team.

The Strategic Plan consists of the following three components:

- Mission, Vision, and Core Values
- Health Priorities-Winnable Battles
- Goals and Objectives

These three components are followed by a description of the Department’s Divisions and Programs and a summary of the data that informed the Strategic Plan’s Goals and Objectives.
Public Health Department Mission, Vision, Core Values

Our Vision
Creating a healthy community for all people to live, work, and play.

Our Mission
The mission of Santa Clara County Public Health Department is to prevent disease and injury and create environments that promote and protect the community’s health.

Underlying Belief
All people have the right to good health and well being.

Our Core Values

- Excellence:
  We deliver the highest quality services using best practice models.

- Diversity and Collaboration:
  We respect all cultures and beliefs and honor diversity, community collaborations, input and inclusiveness.

- Accountability:
  We make informed decisions, measure the effectiveness of our services, and communicate it to the community.

- Integrity:
  We strive to earn the trust of those we serve and work to do what is right.

- Effectiveness:
  We maximize our resources while providing accessible, proactive, and relevant services to support the community’s health.
Health Priorities – Winnable Battles

The Department engaged multiple internal and external stakeholders to review the health status and health trends within our county. This process resulted in identification of three health priorities, referred to as “winnable battles,” an adaptation of the CDC’s winnable battle framework:

- Obesity Prevention: Increase healthy eating and physical activity to prevent obesity and chronic diseases.
- Tobacco Use Prevention: Decrease tobacco exposure and use to prevent chronic diseases.
- Injury Prevention: Promote safety and reduce violence to prevent injuries.

These areas were chosen based on several factors, including (1) impact on morbidity, mortality, disability and quality of life; (2) our Department’s collective ability and capacity to make a significant impact in a three to five year period; (3) the persistence of health disparities; (4) the potential to align with health care reform efforts; and, (5) alignment with the National Prevention and Health Promotion Strategy.

Strategic Goals & Objectives

The Department has established six overarching goals with associated objectives to guide its focus through the year 2015. The following goals are strategic and intended to capture priority need and/or opportunity in the back drop of National Health Care Reform. Therefore, the plan itself is not intended to be comprehensive of all the programs or functions carried out by the Department. Nevertheless, all areas of the Department will contribute in defined ways to achieving the goals and objectives.

GOAL 1: Improve health outcomes and health equity, and create commitment to addressing the social determinants of health.

Objectives:

1. Expand and institutionalize knowledge about the social determinants of health through staff training and workforce development opportunities.
2. Build community understanding of how policies, practices, and programs affect health equity.
3. Improve the Department’s capacity to conduct neighborhood level analysis to better illustrate health inequities and health disparities.
4. Create a local health policy agenda to prioritize and address key health inequities.

5. Reduce health disparities for specific infant health outcomes, including birth weight, immunization status, and developmental milestones.

6. Provide opportunities for staff to enhance their competence to engage with diverse communities (racial and ethnic, cultural, income, age, gender, sexual orientation, religious/faith, geographic, etc.).

7. Collaborate with key stakeholders to increase housing quality and safety (child proofing; environmental hazards; second- and third-hand smoke; fire safety, etc.).

8. Collaborate with key stakeholders to promote school environments that close the achievement gap and foster physical and social-emotional health.

**GOAL 2:** Advance the Department’s ability to prevent chronic diseases and injury through the prevention of obesity, tobacco use, injury, and violence in Santa Clara County.

**Objectives:**

1. Promote the community’s knowledge and support for policy and systems change strategies for chronic disease prevention.

2. Partner with the Health and Hospital System and the health care community to promote the chronic care model and expand evidence-based preventive clinical services.

3. Expand city and county healthy eating policies to increase access to healthy food and beverages and decrease access to food and beverages with low nutritional value in communities with the highest rates of obesity and least access to healthy food.

4. Promote healthy eating and physical activity in all Santa Clara County schools.

5. Expand access to physical activity in communities with the highest rates of obesity and the least access to safe and affordable physical activity opportunities.

6. Support cities and the county in implementing land use, transportation, and organizational policies that promote active living.

7. Expand city and county tobacco-free policies to reduce exposure to second- and third-hand smoke and increase access to cessation/treatment.

8. Establish and implement a Departmental injury prevention plan that addresses the unique role of public health in preventing violence and
incorporates other aspects of injury, including senior falls, motor vehicle injuries, and infant/child injuries.

9. Develop a sobering/transition system that better aligns treatment to patient need and reduces the impact on traditional EMS, hospital, health and public safety partners.

10. Increase the Department’s capacity to conduct neighborhood level analysis to inform chronic disease, injury and violence prevention strategies.

**GOAL 3:** Establish a Departmental focus on environmental health issues related to climate change and sustainability.

**Objectives:**

1. Increase community awareness and preparedness for the public health effects of climate change/global warming.

2. Engage in county and city efforts to improve the environment, including sustainability, transportation, and development initiatives.

3. Promote the inclusion of health in all policies in county and cities general plans and encourage land policies that support and promote health.

4. Conduct health impact assessments to determine the positive and negative health impacts of policies related to the physical environment.

**GOAL 4:** Engage diverse communities at multiple levels to create and implement a community health improvement plan.

**Objectives:**

1. Establish a community health improvement planning process that uses community engagement and mobilization as its cornerstone.

2. Increase the Department’s knowledge and use of effective community engagement models, and partner with community organizing and advocacy organizations to share approaches to community engagement.

3. Increase and improve the Department’s engagement of youth in community health planning and action.

4. Increase the Department’s capacity to conduct neighborhood level analysis to provide meaningful data to communities and inform planning and action.

5. Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public’s health.
GOAL 5: Strengthen Public Health functional capacities to improve population health.

Objectives:

1. Strengthen the Department’s capacity to develop, implement and evaluate policies that lead to improved health status.

2. Increase the Department’s capacity to develop and deliver social marketing and communication plans that are effective with diverse sectors and communities.

3. Develop and implement core competency training for all public health professionals to strengthen their understanding of their roles and responsibilities during a medical health disaster.

4. Increase the Department’s capacity to lead and engage the community in health assessment and community health improvement planning.

GOAL 6: Strengthen the Public Health Department’s infrastructure to support a culture of performance improvement

Objectives:

1. Establish a department-wide accountability system and metrics for measuring and monitoring effectiveness, quality, and efficiency performance.

2. Establish a continuous quality improvement process across all Public Health programs and functions.

3. Develop fiscal strategies to support successful implementation of the Department’s strategic plan.

4. Increase awareness about the Department’s strategic direction, services, priority health issues, and outcomes among internal and external stakeholders.

5. Improve data sharing capabilities through strengthening the use of health information technology (HIT) and establishing agreement across internal and external partners.

6. Develop program and agency/division level performance metrics into a balanced scorecard of indicators (For example: EMS System non-response and call-referral, scene-based treat and release, alternate vehicle transports, and alternate treatment providers, etc.)

7. Achieve National Public Health Accreditation.
The Santa Clara County Public Health Department focuses on protecting and improving the health of communities through education, promotion of healthy lifestyles, disease and injury prevention, and the promotion of sound health policy. The Department is comprised of a highly diverse work force that encompasses many professional disciplines and several main areas of focus. The Department includes over 30 programs and services organized across seven divisions or centers.

**Administrative Support Services Division**

The Public Health Department’s Administrative Support Services Division is charged with providing department-wide support to all programs and functions within the Department. Services include: Contracts Management; Compliance and HIPAA implementation; Space and Facility Management; Human Resources support; Staff Training & Development; Policies & Procedures enforcement; and the administration of the State’s Medical Marijuana Identification Card Program. In addition, a Finance unit oversees the financial aspects of the various programs.

**Assessment, Planning, and Health Policy Division**

The Assessment, Planning & Health Policy Division is comprised of the Planning, Health Policy and Epidemiology & Data unit, Vital Records & Registration, and the Public Health Preparedness programs. Key functions include data development, analysis and reporting; policy analysis and development; strategic planning and community health planning; birth and death records services; and improving the capacity of public health staff and partners to plan, respond, mitigate, and recover from natural or man made disasters.

**Emergency Medical Services Agency (EMS)**

The Emergency Medical Services Agency oversees and regulates the emergency medical services system in Santa Clara County. As such, EMS is responsible for developing and coordinating an integrated emergency medical care delivery system, which includes hospitals and specialty care facilities, as well as responding and planning for medical care related to disasters. As a regulatory entity, the agency performs an essential assurance function within the public health framework. In addition to its regulatory functions, the agency provides quality assurance leadership across the EMS system.

**Center for Chronic Disease and Injury Prevention**

The Center for Chronic Disease and Injury Prevention implements strategies that support healthy behaviors (avoiding tobacco use and exposure, being physically active and injury free, breastfeeding, and eating healthy foods), which can greatly reduce a person’s risk for developing chronic diseases. Chronic Diseases-such as heart disease, stroke, cancer and
diabetes- are among the most prevalent, costly and preventable of all health problems. The Center works with community partners to make organizational, system, and policy changes that create and maintain healthy, safe and livable communities.

**Center for Family Health**

The Center for Family Health is comprised of services that improve the health and well-being of special populations. The Center includes Women, Infants & Children (WIC), a nutrition program that helps pregnant women, infants, and young children eat well, be active, and stay healthy; California Children’s Services (CCS), a program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under 21 years with CCS-eligible medical conditions; Black Infant Health (BIH), a program to address the alarming rate of infant mortality among African-American babies, includes a multidisciplinary team that provides case management and other services to African-American women who are pregnant or parenting a child under the age of 1; and Immunization Education, a program that provides education and support for schools, providers and residents to increase immunization rates for vaccine-preventable diseases.

**Center for Infectious Diseases**

The Center for Infectious Diseases protects the community from infectious diseases by conducting surveillance, implementing prevention programs, and controlling the spread of diseases. The center is comprised of the Tuberculosis (TB) Prevention & Control, Communicable Disease Prevention & Control, Adult Immunization & Travel Clinic, Public Health Laboratory, Public Health Pharmacy, and HIV/AIDS/STD Prevention Services programs.

**Community Health Services Division**

The Center for Community Health Services is comprised of Regional Public Health Nursing Services, First Five-Family Wellness Court, Healthy Outcomes II, Nurse Family Partnership (NFP), Child Health & Disability Prevention (CHDP), Childhood Lead Poisoning Prevention (CLPPP), and the Maternal Child & Adolescent Health (MCAH) programs.

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**Santa Clara County Health Data Highlights**

The following data represent some of the most compelling indicators that informed the selection of the health priorities/winnable battles and the development of the Strategic Plan. It also provides insight to a compelling call for a transformation in public health. A full report on the Santa Clara County’s health status is available at [www.sccphd.org](http://www.sccphd.org).

**How Social Determinants Shape Health Equity:**

4/5/2012
Our health is influenced as much or more by the money we earn, the level of education we attain, and our race/ethnicity, as it is affected by our access to health care. In other words, the circumstances in which we are born, live, learn, work and play, referred to as social determinants of health, significantly impact our health. People with higher incomes and higher education levels tend to have better health, while the poor and people of color often experience poorer health outcomes. By addressing the root causes of the underlying disparities that affect an individual’s health, we can work towards improving the health and well being of the entire community.

The following data highlights some of the social determinants of health in Santa Clara County that impact health.

**Changing Demographics**

*Increasing diversity and an aging population will require attention to the unique health and healthcare needs of particular groups.*

Santa Clara County has a diverse population that is getting older. It is the most populated county in the Bay Area and the sixth most populated of California’s 58 counties with more than 1.8 million residents. The racial/ethnic composition of Santa Clara County is 35% White, 32% Asian, 27% Hispanic, slightly more than 2% African American, and 4% other races/ethnicities. By 2050, the population is expected to grow to more than 2.3 million with a steady increase in the Hispanic and Asian populations and a decline in the White and African American populations. Santa Clara County has the highest proportion of immigrants compared to other counties in California (37%). This diverse population represents one of only 12 counties in the U.S. where over half the population ages five and older speaks a language other than English at home.¹ A growing demographic group with particular health needs are seniors (ages 65 and older), which comprise 11% of the total County population. By 2020, it is projected that 1 in 6 individuals in Santa Clara County will be a senior citizen. The aging population is expected to be accompanied by an increase in chronic illnesses and a demand for long-term care.

**Income and Education**

*Widening Income Gap*

Rising poverty means that more children and adults will lack the resources needed for good health and healthcare needs. Although Santa Clara County has the highest median household income in the State and nearly half its residents (46%) have a Bachelor’s degree or higher, there are large disparities in income and education. The median household income is declining—from $88,848 in 2008 to $85,002 in 2010—and poverty is on the rise. Nearly 1 in 7 children and 1 in 10 adults in the County lived in poverty in 2010 compared with 1 in 10 children and 1 in 12 adults in 2008. Over 7,000 county residents are homeless, according to a 2009 homeless survey conducted by Santa Clara County.² More Hispanics and

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¹ U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates.
² 2007 Santa Clara County Homeless County and Survey.
African Americans live in poverty than other racial/ethnic groups, and fewer have earned a college degree or higher.

**Health Priorities—Winnable Battles**

*Public Health’s Shifting Focus: From infectious diseases to chronic diseases*

In 1904 in the U.S., among the top 10 leading causes of death, five were infectious diseases. Today, infectious diseases are no longer the dominant leading causes of death due to rapid strides in public health along with increased life expectancy in part due to vaccines and immunizations. Chronic diseases are now the leading causes of morbidity and mortality in the U.S., and account for three quarters of our health spending. The leading causes of death in Santa Clara County are heart disease and cancer, which account for half of all deaths.³

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**Leading Causes of Death**

<table>
<thead>
<tr>
<th>Leading Cause of Death in the United States 1904</th>
<th>Leading Cause of Death in Santa Clara County 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia &amp; Influenza</td>
<td>Malignant neoplasm</td>
</tr>
<tr>
<td>Tuberculosis *</td>
<td>Heart disease</td>
</tr>
<tr>
<td>Diarrhea and intestinal ulcerations *</td>
<td>Alzheimer's disease</td>
</tr>
<tr>
<td>Intracranial vascular lesions</td>
<td>Stroke (Cerebrovascular Diseases)</td>
</tr>
<tr>
<td>Nephritis *</td>
<td>Chronic Lower Respiratory Diseases</td>
</tr>
<tr>
<td>Accidents</td>
<td>Accidents — unintentional injuries</td>
</tr>
<tr>
<td>Cancer</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Senility</td>
<td>Influenza &amp; Pneumonia</td>
</tr>
<tr>
<td>Bronchitis *</td>
<td></td>
</tr>
</tbody>
</table>

* Due to infectious disease

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**Obesity, Physical Activity, and Nutrition**

*Overweight and obesity is widespread and affects Latinos and African Americans more than other racial/ethnic groups.*

In the past 30 years, the obesity rate in the U.S. has doubled for adults and more than tripled for children.⁴ Physical inactivity and poor nutrition are fast approaching tobacco as the leading cause of preventable death in the U.S.⁵ Over half of adults and a quarter of middle and high school students in Santa Clara County are overweight or obese. The economic costs associated with obesity in Santa Clara County are staggering—nearly $2.1 billion in

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³ Santa Clara County Public Health Department, 2009 Death Database.
⁴ California Center for Public Health Advocacy, Searching for Healthy Food: The Food Landscape in California Cities and Counties, 2007 r Estimates.
2006. In Santa Clara County, high rates of obesity and poorer nutrition plague Hispanic and African American youth and adults, and Hispanic youth are less active than students from other major racial/ethnic groups. Older adults and low-income adults experience greater overweight-obesity rates. Although 9 in 10 adults in Santa Clara County agree that it is easy to walk in their local community, walkability is better in neighborhoods with higher incomes. When asked to identify changes that would most improve the health and wellness of people in their neighborhood, 25% of Santa Clara County adults suggested adding a public park, bike lane, or sidewalk, and 17% suggested adding better access to fresh produce or farmers’ markets. Santa Clara County has more than four times as many fast-food restaurants and convenience stores than supermarkets and produce vendors.  

Figure 1: Percentage of Adults and Middle and High School Students who were Overweight or Obese

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey; 2007-08 California Healthy Kids Survey

**Tobacco Use**

*Cigarette smoking is higher among disadvantaged residents and progress on reducing smoking rates has stalled among youth.*

Tobacco use is the single leading preventable cause of death in the U.S. Nearly 1 in 5 deaths in the U.S. can be attributed to cigarette smoking and secondhand smoke exposure. An estimated $380 million a year is spent on tobacco-related healthcare costs in Santa Clara County.

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6 California Center for Public Health Advocacy, Searching for Healthy Food: The Food Landscape in California Cities and Counties, 2007

In Santa Clara County, 1 in 10 adults and about 1 in 12 middle and high school students are current smokers. Over the past decade, while the proportion of adults who smoked cigarettes declined, the proportion of middle and high school students who smoked cigarettes remained relatively stable. More Hispanic and African American middle and high school students smoke cigarettes than students from other races/ethnicities. A higher proportion of low-income adults are current smokers.

**Figure 2: Smoking Status and Annual Household Income in Santa Clara County**

![Graph showing percent of current smokers by household income categories.]

**Injury & Violence**

*Injury and violence disproportionately affects people of color, males, youth/young adults ages 15-24, and older women.*

Both in the U.S. and in Santa Clara County, injuries and violence are leading causes of premature death. In Santa Clara County, injuries due to falls, as well as motor vehicle crashes are the leading causes of injury. While falls are the leading cause of hospitalized nonfatal injuries, especially among seniors, falls also account for 1 in 5 fatal injuries in Santa Clara County. This makes injuries resulting from falls the leading cause of death among senior citizens. Motor vehicle crashes are the third leading cause of injury and death, second leading cause of hospitalizations, and the third most common cause of death due to unintentional injuries. Hispanics have the highest age-adjusted mortality rate due to motor vehicle traffic injuries in Santa Clara County, followed by Asians and Whites. Adolescents and young adults ages 15-24 have the highest age-specific mortality rate and highest age-specific hospitalization rate due to motor vehicle traffic injuries in Santa Clara County.

Although the majority of middle and high school students in Santa Clara County reported they feel safe at school, 44% reported psychological bullying, 28% reported physical bullying, and 21% reported cyber bullying in the past 12 months. Other acts of violence also impact students: 5% reported having had a boyfriend or girlfriend hit, slap, or physically hurt them on purpose during the past 12 months; 7% reported that they consider themselves to be a member of a gang; 8% reported that they attempted suicide in the past 12 months. White and Asian Pacific Islander students were least likely to report that they attempted suicide in the past 12 months, or that they consider themselves to be a member of a gang; instead,

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they were more likely to report feeling safe at school. The school districts with the highest truancy rate or violence and drug-related suspensions did not necessarily have a high prevalence of the aforementioned indicators.\(^9\)

Violence knows no boundaries: people of all ages and all cities in Santa Clara County experience violence. In 2009, Morgan Hill had the highest rate of adult felony arrests (4.2/1000 adults) in Santa Clara County, followed by Gilroy (3.7) and San Jose (3.4). Los Altos Hills had the lowest rate of adult felony arrests (0.4) in the County.\(^10,11\) Domestic violence disproportionately affects women. In 2009, 15% of females ages 18-65 reported having ever experienced physical or sexual violence as an adult by an intimate partner compared to 6% of males. Although children and older adults are particularly vulnerable to acts of violence, in 2010, the allegation and substantiation rates of child maltreatment in Santa Clara County (29.5 per 1,000 children ages 0-17) were lower than the State-wide rate (51.6). In addition, those rates decreased from fiscal year 1998 (33.1).\(^12\) There were 1,140 confirmed abuse cases among elderly and dependent adults in Santa Clara County in fiscal year 2011.

**Figure 3: Adult Felony Arrests for Violent Offenses by Jurisdiction, 2009**

<table>
<thead>
<tr>
<th>City</th>
<th>Rate per 1,000 People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan Hill</td>
<td>4.3</td>
</tr>
<tr>
<td>Gilroy</td>
<td>3.8</td>
</tr>
<tr>
<td>San Jose</td>
<td>3.4</td>
</tr>
<tr>
<td>Campbell</td>
<td>3.1</td>
</tr>
<tr>
<td>Sunnyvale</td>
<td>2.9</td>
</tr>
<tr>
<td>Mountain View</td>
<td>2.5</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>2.5</td>
</tr>
<tr>
<td>Milpitas</td>
<td>2.2</td>
</tr>
<tr>
<td>Los Gatos/Monte Serano</td>
<td>2.0</td>
</tr>
<tr>
<td>Palo Alto</td>
<td>1.8</td>
</tr>
<tr>
<td>Cupertino</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: California Department of Justice, Criminal Justice Statistics Center, 2009; U.S. Census Bureau, 2005-2009 American Community Survey. Note: The county’s Unincorporated area reported 266 violent arrests (population data not located to generate rate); Santa Clara Transit District reported 15 violent arrests; West Valley College District reported 1 violent arrest; CSU San Jose reported 5 violent arrests; and the CA Highway Patrol reported 25 violent arrests (data not shown above). Data downloaded November of 2011. * Rates are not displayed if they are based on fewer than 20 cases [Los Altos/Lost Altos Hills (19) and Saratoga (13)].

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\(^9\) California Department of Education, Safe and Healthy Kids Program Office, Data Quest, 2010-11
\(^10\) California Department of Justice, Criminal Justice Statistics Center, U.S. Census Bureau, 2009.
\(^12\) California Children’s Services Archive, CWS/CMS 2011 Q2 Extract.
With the Strategic Plan in place, the Santa Clara County Public Health Department has a solid vision and foundation for the future of public health in Santa Clara County. The Strategic Plan provides a mission for the health of Santa Clara County and a set of six 3-year goals as well as objectives that specify how we will advance those goals.

The goals serve as the Department’s focal points for activity during the next several years. They address equity, health priorities, sustainability, community, departmental capacity, and performance. Our focus on these goals will be sharpened as we continue to engage our core Public Health roles: from monitoring health status to investigating health problems to providing health services.

The Strategic Plan is a dynamic document. As new ideas arise and circumstances in the county change, the plan will evolve. We rely on data to make decisions, and making change based on information is a key characteristic of a performance-based organization. Our organization is committed to successfully achieving the goals and objectives delineated in the Strategic Plan.