



Grossmont
Healthcare District

STRATEGIC PLAN 2022- 2025

Grossmont
Healthcare District



District Office
**THANK YOU
HEALTHCARE
WORKERS**
Grossmont
Healthcare District

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Robert “Bob” Ayres – Board Vice President
Michael Emerson, RDO – Board Treasurer
Gloria A. Chadwick, R.N. – Board Secretary
Randy Lenac – Board Member

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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

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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 districts 750 sq/mi geographic region. Finally, the district operates a community health library 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. 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 Plan (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 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 13). This seminal slide from the University of Wisconsin Public Health Institute demonstrates that 80% of the factors that impact a person’s health is outside of the main healthcare delivery system. Further, the Community Health Needs Assessment (CHNA) process was discussed as another tool to help provide more specific local guidance on East County health needs. This Hospital Association of San Diego and Imperial County are currently in the process with an expected completion date in Spring of 2022. The group agreed to use the 2019 information to help build this initial strategic plan and then update the plan if there are any significant changes as a result of the CHNA findings. The GHD strategic plan would then be updated on a recurrence that matched the triennial CHNA study, the next of which will be completed in 2025.

The second principle was ensuring that the District work 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

ensure 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 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 review 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 in 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 need data highlights were also reviewed to determine the top 10 diseases prevalent in East County, including chronic diseases. (See Appendix B on page 14).

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 18). 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

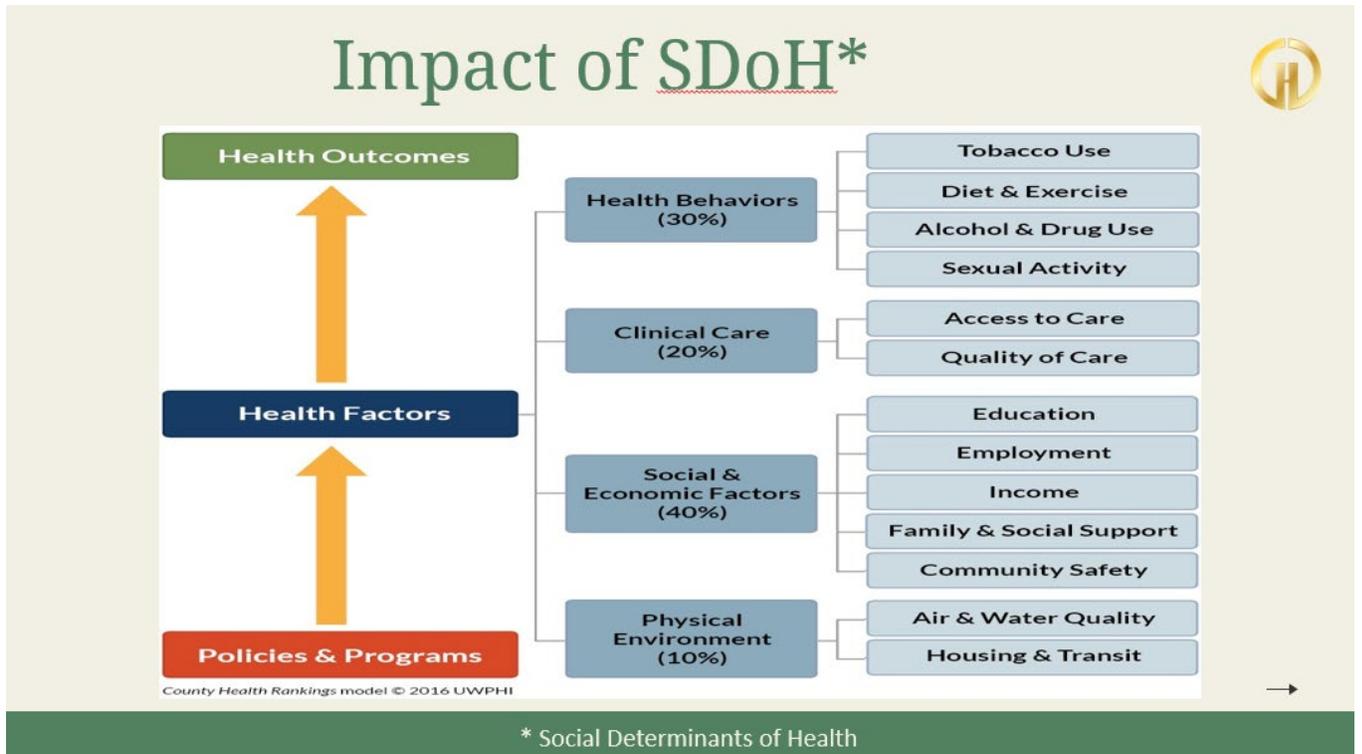
Goal 1: Decrease risk factors that lead to chronic disease with added emphasis on those who have higher than average rates.

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. A complete view of the strategic plan can be found in Appendix D on page 19.

D. Appendices

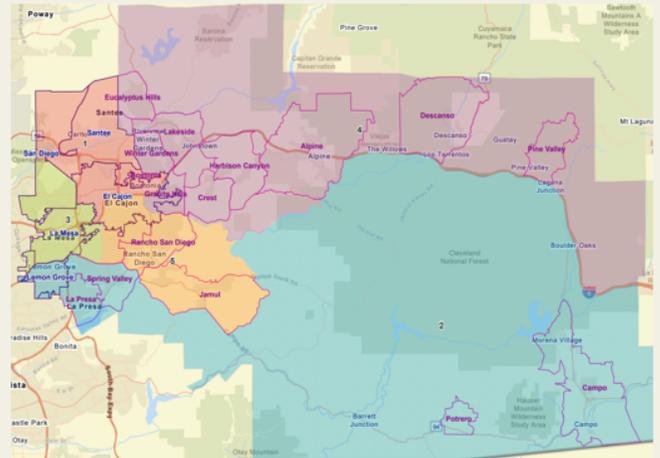
Appendix A



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. AskCHIS 2017-2019. Health Status (San Diego County Health Regions). Available at <http://ask.chis.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

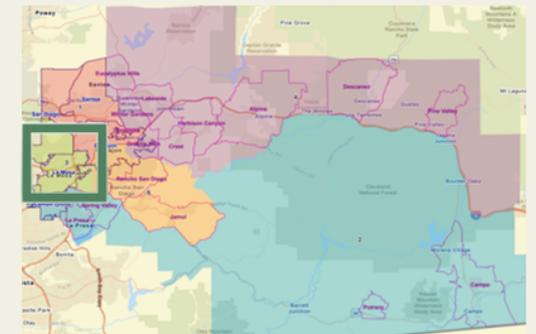


Cities: La Mesa, Casa De Oro-Mount Helix
Zip codes: 91941, 91942, 91943, 91944

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

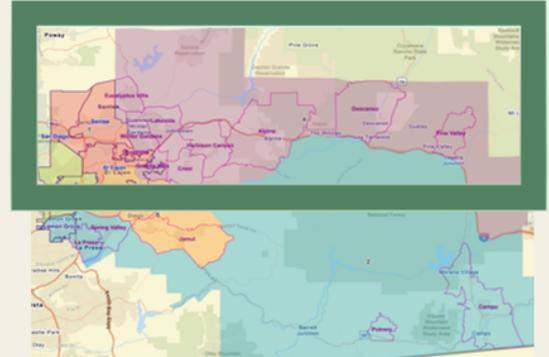


Cities: Lakeside, Eucalyptus Hills, Pine Valley, Alpine, Descanso
Zip codes: 92040, 91901, 91962, 919903, 91916

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

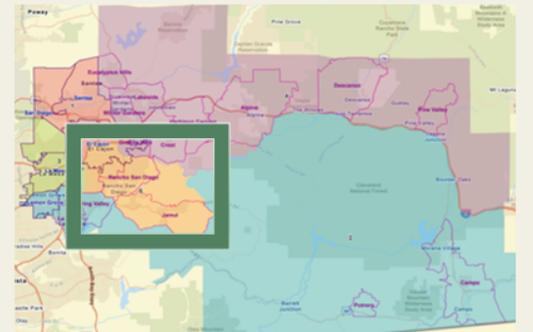


Cities: Jamul and Rancho San Diego
Zip codes: 91935, 91941, 91978, 92019, 92020

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, AskCHIS 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)

- 1. Heart Diseases**
- 2. Cancer**
- 3. Cerebrovascular Disease (Stroke)**
- 4. Accidents/Unintentional Injuries**
- 5. Alzheimer's Disease**
- 6. Chronic Lower Respiratory Diseases**
- 7. Diabetes Mellitus**
- 8. Intentional Self-Harm (Suicide)**
- 9. Essential Hypertension and Hypertensive Renal Disease**
- 10. Influenza and Pneumonia**

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

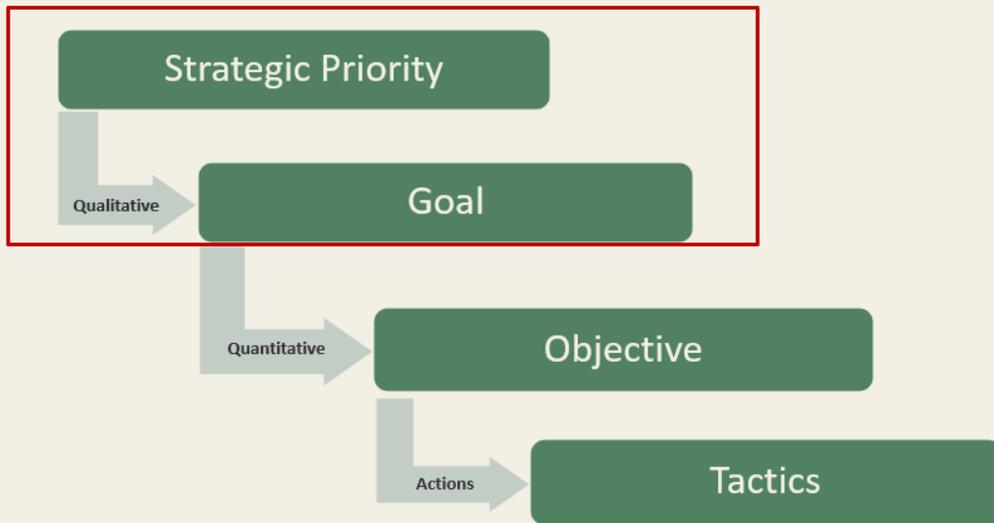


Appendix C

The Cascading Effect



The Process



Appendix D

Strategic Priority 1: Community Health and Wellness		
Goal 1: Drive community awareness and connect residents to resources that promote health and wellness for all		
Objective 1a: Preventive Health /Primary Prevention	Tactics	Outcomes
1	Work with health plans to initiate enrollment events	Educate 50 people per year on healthcare enrollment options
	Provide funding to individuals in need of transportation services	Provide up to \$10,000 funding (approx. 250 round trip rides) given to partners that provide transportation services for patients (i.e: Grant FACT SD, All Access Medical Transportations, Clinical Partners)
2	Initiate educational seminars centered around understanding health plans and coverage	Conduct 3 seminars hosted and educate at least 50 people per year on health plans and coverage
	Initiate seminars around disease detection and prevention	Conduct 3 seminars and educate at least 50 at risk people per year for disease detection and prevention
	Provide regular free health screening services to community members	Perform 6 screening events per year (Examine referrals given out for year 2)
	Work with health plans to initiate enrollment events	Educate 50 people per year on healthcare enrollment options
Objective 1b: Behavioral Health	Tactics	Outcomes
1	Mental Health Fair with screenings, referrals, resources, etc.	Ensure 100 people reached per year from the top 3-5 at risk groups (Year 2: # referrals to local services for food, housing, counseling, etc. provided by GHD & partners)
	Mental health awareness campaign addressing stigma	Ensure awareness of behavioral health stigma is conveyed to a minimum of

		and substance abuse disorders	3,000 constituents in targeted ZIPs
		Connect middle and high schools to organizations that provide mental health education, resources, and services	Connect 5 new middle and/or high schools to East County based mental health organizations for education per year
	Objective 1c: Health Information Accessibility	Tactics	Outcomes
1	Maximize GHD and Library spaces that aim to provide and promote services related to health and wellness	Ensure all spaces promote health and wellness, ADA compliance, and reflect the diversity of East County	Re-evaluate 100% of physical and digital spaces to ensure health and wellness is reflected
		Redesign the library website for maximum organization, user-friendliness, and accessibility	Increase 10% in average website visitors per year (District and Library combined)
		Review all library resources to ensure they are in demand. An annual library resource inventory will be undertaken, and items deemed no longer useful will be withdrawn from the collection	(T 2025) Increase utilization by 15% in books, DVDs, checked out by patrons
2	Ensure all health programs and initiatives are represented in GHD/Library communications to maximize reach and engagement	Maximize usage of GHD/Library digital space: social media and newsletter	Grow Library/GHD social media channels and mailchimp by 5% per year (ie. # of mentions, reach/engagement metrics)
		Update GHD communications/outreach plan to align with 2022-2025 Strategic Plan	Complete final communications plan by December 2022

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

	Objectives	Tactics	Outcomes
1	Utilize GHD network to deliver reliable health resources and services to different points of the East County community	Assess opportunities for community health partnerships with local businesses/partners	Engage local partners to donate \$10K of personnel, product and media "inkind" support per year
		Establishing referral pathways system for community services	Establish a data collection system for tracking referrals/supporting linkages made by GHD staff and/or partners (Year 2,

2	Be a resource for nonprofit capacity building/development	Host quarterly grant roundtables to educate nonprofits on other public and private funding sources	develop referral #s goal per year) Ensure at least 50% active participants in "GHD Network Group" participate in grant education sessions per year // 10% new participants
		Engage grants analyst on a contract basis to develop rating matrix for GHD grant proposals	1) Ensure 100% GHD grant proposals receive ratings with a standardized rubric per year 2) Approve 90% of grants during initial proposal at grants committee
		Facilitate coalition building with nonprofits serving high need subregional areas (El Cajon, Mtn Empire, Lemon Grove/Spring Valley)	Establish 1 new GHD led/facilitated coalition guided formally with an MOU per year

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

	Objectives	Tactics	Outcomes
1	Identify reliable, up to date East County Health data from community partners to develop program plans through a health needs lens	Conduct a needs assessment of the district’s high need areas, including cities and rural, using deidentified client referral data	Establish regular membership on local community advisory boards (i.e., CIE, VA, etc.) per year (Yes or No measure)
		Partner with County of San Diego Epidemiology team and Hospital Association of San Diego / Imperial Counties to identify up to date East County data	Establish a process for reporting health data to community and partners
2	Initiate online health campaigns through social media aimed to raise awareness and educate residents about their health	Build better relationships with local community members and nonprofits in digital environment	Feature GHD on 5 additional high volume social media accounts per year
		Leverage new and emerging online media to develop and implement a campaign that targets youth	Identify 1 new innovative media channel to reach a target audience per year
		Identify best practices in ad creation for GHD audience through A/B testing	Conduct 5 digital (A/B) marketing test to determine effectiveness per year

		Assess effectiveness of digital sponsorships and advertisements via UTM tracking	Develop a biannual report on ad performance across online media channels
Strategic Priority 2: Hospital Partnership			
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	Tactics	Outcomes
1	Collaborate with Sharp Grossmont Hospital on programming related to addressing ongoing and emerging health needs	Identify the major health and wellness initiatives as outlined in the 2022 Community Health Needs Assessment	Identify top 3-5 findings from 2022 CHNA reporting to identify 1 programmatic partnership (Year 2-3: metrics for partnership)
2	Collaborate with Sharp Grossmont Hospital to provide referrals to residents with ongoing and emerging healthcare needs	Expand and enhance community-clinical linkages to help redirect residents into the appropriate setting/level of acuity for their care	Establish a campaign to help redirect residents to the appropriate setting for their care
		Integrate CIE data sharing objectives into partnership agreements with grantees	Increase the number of east county-based service providers into the CIE network by 15%
Goal 2: Enhance partnership on hospital and community programs and outreach to increase awareness of care options			
	Objectives	Tactics	Outcomes
1	Leverage public/private partnership to increase collaboration within the local healthcare system	Exploring partnerships between hospital, healthcare district, and FQHCs	Identify a programmatic partnership with a FQHC by December 2022 (Year 2: metrics for partnerships)
		Provide community health education to various at-risk populations	Educate 50 patients on advanced directives per year
2	Educate stakeholders on health legislation and policy that affect hospitals and clinics	Utilize CHNA findings to identify priority advocacy issues Advocacy for behavioral health step down beds	Generate 5 opinion letters of support/opposition on legislation that impacts the hospital and the District
		Utilize network of San Diego and Imperial Counties healthcare districts to align on common healthcare related issues	Connect 5 new middle and/or high schools to East County based mental health organizations for education per year
Goal 3: Forecast healthcare workforce needs and implement programs to build future health professionals			
	Objectives	Tactics	Outcomes

1	Provide support and resources to students and residents interested in pursuing a career in healthcare	Scholarships Program	Ensure 90% of students selected for scholarship are verified as completing academic program
		1) Host in person or virtual health career readiness and info fair. and/or 2) Partner with workforce-based organizations to host job readiness workshops	Develop 8 career fair/workshops and ensure at least 100 residents attend per year
		Support Health Pathways job shadow efforts and college/HOC placement efforts	1) Find placement (job/internship/volunteer) for 100 local students per year 2) Increase health town participation by 10%
2	Introduce professional development initiatives to enhance service delivery	Partner with Sharp CME to leverage CHNA related education opportunities	Develop CME to train 50 providers who serve in the East County

Strategic 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

	Objectives	Tactics	Outcomes
1	Educate East County residents on the risks of obesity	Provide health education classes that address signs and symptoms associated with obesity	Conduct 3 classes with a total of at least 50 attendees per year
		Develop community-wide health media campaigns that address health behaviors linked with obesity	Ensure awareness of the risks of obesity is conveyed to a minimum of 3,000 constituents in targeted ZIPs (reach) / Obtain 75 website clicks per \$100 ad spend (engagement)
		Initiate a food pantry and food distribution events to address food insecurity and access to healthy foods.	Assess feasibility of establishing a food pantry on the GHD campus by June 2022 (Potentially Year 2: Establish pantry by June 2023; # food items taken, # visitors per day, qualitative data from survey, 2) host 3 food distribution events per year, 3) host 6 CalFresh Enrollment booting events per year)

2	Increase health education programming geared towards influencing behavioral change and encouraging healthy lifestyle choices	Create community guide that provides residents with information on transportation options, local activities, park locations, fitness centers, and recreation centers around East County	Year 1: Create community guide (Year 2: tracking distribution)
		Host physical and behavioral health activities for families	Provide 4 physical and behavioral health activities per year with at least 50 attendees total
		Social media contests centered around healthy lifestyle	Increase newsletter following (mailchimp) by 5%

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

	Objectives	Tactics	Outcomes
1	Ensure that all East County resident have access to evidence-based and reliable health information	Maximize reach of health information in other digital spaces	Advertise in two new publications per year
		Outreach to local businesses and organizations to educate about GHD library resources and programs	1) Outreach to 10 new organizations or local businesses on library resources per year; 2) Increase foot traffic in the library by 15% (T2025)
		Collect and assess circulation data and trends to ensure engagement and reach with library space and resources	Develop a circulation tracking process to determine utilization by frequency or various demographic methods
2	Support and ensure that all resources and programs are culturally sensitive and language accessible	Provide staff training opportunities on cultural sensitivity	Provide GHD staff and library on cultural sensitivity education in 2022
		Collect local health information resources in the top 2 non-English dominant languages for the East County population where available; ensuring ADA accessibility	1) Ensure 75% of available health information resource (brochures, pamphlets, etc.) are available in Spanish in the first year. (Year 2 looks for next appropriate language)