

Placer County Forces of Change Assessment



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Background

On August 17, 2022, the Placer County Public Health Division (PCPHD) Accreditation Team hosted a local health system Forces of Change (FOC) assessment strategic planning meeting with the PCPHD Leadership Team. This assessment is a part of the PCPHD Accreditation initiative, which uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning process for improving community health. MAPP is not an agency-focused assessment process; rather it is a six-phase interactive process that can improve the efficiency, effectiveness, and performance of local public health systems. In accordance with this framework, the PCPHD Accreditation Team will incorporate the findings from the Forces of Change assessment with the three remaining assessments to identify strategic issues and formulate goals and strategies to address them.

What are Forces of Change?

While not always obvious, the community and local public health system are constantly impacted by the greater environment. Shifts in the economy and government administration, technological advances, environmental instabilities, and social norm changes are all considered Forces of Change. Each of these factors has the ability to impact a community's way of life, both indirectly and directly.

Forces are a broad category of influences that include trends, factors, and events.

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

This Forces of Change Assessment focuses on identifying forces such as those described above, as well as other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"¹

¹ NACCHO, Forces of Change Assessment, <http://www.naccho.org/programs/public-health-infrastructure/mapp/phase-3-the-four-assessments>

Assessment Methodology

As of August 2022, the PCPHD continued to operate remotely due to the COVID-19 pandemic, therefore all strategic planning was conducted using remote tools such as Padlet, Survey Monkey, and Microsoft Teams. The PCPHD Accreditation Team created and distributed a worksheet and Survey Monkey that was sent to participants prior to the strategic planning meeting (Appendix A). In the Survey Monkey, participants were asked to think broadly and answer the question, “What is occurring or might occur that affects the health of our community or the local public health system?” for the following six groups: 1) Political, 2) Economic, 3) Legal, 4) Social, 5) Environmental, and 6) Technological. Examples were provided to participants and the following three guiding questions were provided to assist with brainstorming:

- 1) What events have occurred recently that may affect our community’s health and wellbeing?
- 2) What is likely to occur in the future?
- 3) Are there any trends occurring that will have an impact?

After a list of forces was gathered via Survey Monkey, the PCPHD Accreditation Team grouped similar responses together. After removing duplications, a total of 91 forces were submitted by the PCPHD Leadership Team for discussion at the strategic planning meeting. The PCPHD Accreditation Team and the PCPHD Leadership Team met for a 1½ hour session to conduct the strategic planning portion of the Forces of Change Assessment (Appendix B). The PCPHD Leadership Team consisted of the Director, Assistant Director, Managers, and Staff Services Analysts. The goal of the strategic planning session was to identify external forces (trends, factors, and events) that most impact the health and quality of life of the Placer County community, as well as the opportunities created and threats posed with each of these forces. The assessment was conducted in three parts: 1) review of forces submitted, 2) selection of top forces, and 3) identification of opportunities and threats.

After a review of the forces that were submitted, participants used a real-time collaborative web platform (Padlet) to vote on the forces that were the most impactful to the PCPHD (Appendix C). Using a star rating scale, participants would vote 1 star if they did not view the force as impactful up to voting with 5 stars as the most impactful. When the votes were submitted and averaged, the top two forces from each category were selected to move forward to the third part of the assessment: identification of opportunities and threats.

Through group discussion and use of the Padlet, threats posed and/or opportunities created for the Placer County community and local public health system were identified should that force occur. Threats and opportunities were documented and compiled in a matrix to be used along with the other three MAPP assessments during the strategic planning phase of the MAPP process.

Findings

Participants who attended the Forces of Change Assessment identified 12 unique forces worthy of discussion to identify threats posed and opportunities created. The following table includes the final forces that were selected and threats/opportunities identified by the group.

Forces of Change Matrix:

Category	Forces	Threats Posed	Opportunities Created
Political	Lack of a dedicated Health Officer	<ul style="list-style-type: none"> No direct line of communication from line staff to Health Officer No public facing figure for public health (during COVID-19, other counties had their Health Officers present data, give updates, etc.). Lack of a public facing figure puts more pressure on PCPHD staff. Current interim Health Officer is covering many positions at the time, so if an emergency or outbreak does arise, there isn't a dedicated Health Officer to provide sole support 	<ul style="list-style-type: none"> Creates space in the budget for an expensive position It saves the PCPHD some money It allows the PCPHD to explore a part-time or contracted Health Officer to reduce budgetary burden for a full-time position Some counties are sharing Health Officers, which could be a model for this region
	Mistrust in government, including a misunderstanding of public health's role in the community	<ul style="list-style-type: none"> Creates challenges to our abilities to operate programs Some community members have an unfavorable view of Public Health presence Can make it difficult to reach priority populations that have historical distrust of government (AI/AN, Latinx, and immigrant communities, etc.) 	<ul style="list-style-type: none"> It is an opportunity for us to reintroduce ourselves to the community We can remind the community of the support our programs provide It's an opportunity to reach community members through trusted Community-Based Organization partnerships

Legal	Legal reporting requirements for schools (such as COVID-19, KOHA, and Vaccines) leading to potential burnout	<ul style="list-style-type: none"> • School can perceive the reporting as complicated and time consuming • Schools are the enforcement agency, and staff are burned out • Families can disagree with the mandates, creating hostility towards school staff • The legal reporting requirements lead to frustration amongst schools and school staff who are responsible for interpreting laws and communicating requirements to families • Schools, school staff, and families may place blame on the PCPHD for the legal reporting, when it's mandated by the state 	<ul style="list-style-type: none"> • Can create and reinforce the connection to public health • Helps the PCPHD with program activities in school (For example, with the mandated KOHA, the PCPHD Oral Health Program can provide support to schools by providing dental screenings for Kindergartners) • Can conduct outreach to school staff and develop educational resources to make conversations with families easier • Legal reporting requirements help to move forward some public health initiatives (such as vaccines)
	Public health mandates	<ul style="list-style-type: none"> • Economic impacts from mandates were significant and brought frustration to the public. Public Health mandates during COVID were vague and fluid, which made people distrust the information because of the real-world impacts and how the mandates were everchanging • Creates a polarized community with many differences in opinion • Can be hard to keep track of all mandates and their changes 	<ul style="list-style-type: none"> • Can help move forward public health initiatives and best practices • May create opportunities for collaboration with non-traditional partners • Can lead to implemented programming, such as the CalFresh Food Program • Develop outreach materials to explain public health mandates in everyday language that the community can interpret • Allows the PCPHD to focus on other public health best practices that do not have mandates attached • Can create public health jobs since some mandates may require assistance and support from the PCPHD

Environmental	Introduction of new diseases	<ul style="list-style-type: none"> • Staff may be burned out • Hard time recruiting new staff • Community is tired of emerging diseases and may not take the new diseases seriously • New diseases tend to affect those who are economically and physically disadvantaged 	<ul style="list-style-type: none"> • PCPHD may receive additional funding to support potential diseases • May give the community an opportunity to trust public health systems again • More prepared to handle new diseases • Additional training for something that is not an airborne disease • Have lessons learned from COVID-19 and can apply these lessons to future diseases and PCPHD response
	Natural and man-made disasters (such as fire, earthquake, flooding, and drought)	<ul style="list-style-type: none"> • Displacement of people from their homes without other housing available • Diminishes the quality of life with poor air quality, environmental issues, and economic issues • Increased mental health issues amongst those who live in wildfire zones • PCPHD employees respond to natural and manmade disasters (along with emerging diseases) which may lead to more burnout 	<ul style="list-style-type: none"> • Expansion of funding streams to cover different types of emergencies • Become more cohesive with responding • Can show another facet of the PCPHD by helping community members who experienced natural and manmade disasters • Build stronger relationships with partners that we may not usually work with (such as CalOES, CalFire, etc.)
Economic	Cost of living	<ul style="list-style-type: none"> • Hard for the PCPHD to recruit new employees • Losing workforce due to cost of living, with staff moving out of state • Increased rates of homelessness and food insecurity 	<ul style="list-style-type: none"> • Cost of living adjustment for current employees • Creates collaborative opportunities with community-based organizations • Poses an opportunity to look at creative remote work models • Since the cost of living is affecting everyone (including those with a higher income level), it creates more awareness for those who are economically disadvantaged
	Lack of affordable housing	<ul style="list-style-type: none"> • Employees are moving out of state due to the high cost of housing • Hard to recruit for positions located in the Tahoe region 	<ul style="list-style-type: none"> • Creates compassion because it's affecting all levels of income • Can leverage funding to strengthen our community

		<ul style="list-style-type: none"> • Increased rates of homelessness • The lack of affordable housing is much bigger than the rate that low-income housing is becoming available • Creates strain on families who may not have a stable home (or for those who are in living situations with violence) • Lack of affordable housing means that there's nowhere for people to go who may lose their homes in a natural or manmade disaster 	<p>based organizations who work in the area of affordable housing</p> <ul style="list-style-type: none"> • State increased funding streams for low income housing (such as the Mercy House or Project Roomkey) • Board of Supervisors removed permitting barriers so that tiny homes and granny flats could be built quicker • Creating more awareness about how hard it is to find a home, especially in the Tahoe region and for those who are in the gig economy
Social	<p>Limited access to healthcare and healthcare provides despite increased demand (including mental health, dental, etc.)</p>	<ul style="list-style-type: none"> • Limited access to preventative care • Delay in medical care may lead to increased use of emergency services and bigger health issues 	<ul style="list-style-type: none"> • PCPHD staff can brainstorm creative solutions (particularly with oral health) • Increased political pressure to resolve issue of limited access • Work with healthcare providers to understand the true impact and average time it takes for patients to be connected to a provider • Gives staff opportunities for new partnerships with community-based organizations to bring healthcare solutions to regions that are lacking care (such as Tahoe)
	<p>Media partisanship and sensationalism</p>	<ul style="list-style-type: none"> • Spread of misinformation • Leads to overblown hype • Lack of trust with local government • Information presented is skewed, and people will absorb information from the 1-2 channels/websites they use • A growing number of people no longer trust the media 	<ul style="list-style-type: none"> • Can create urgency amongst community members • Brought public health to the forefront • May be able to reach more of our populations through media

Technological	Increased use of social media	<ul style="list-style-type: none"> • Can lead to mental health issues • Spread of misinformation and disinformation • Creating harmful effects amongst youth • Hard for people to know what is true or misinformation/disinformation 	<ul style="list-style-type: none"> • Communicate to a big audience • Ability to reach a more diverse and targeted population • Use social media to conduct outreach campaigns • Can geocode and target priority populations with outreach • Can provide all materials easily in multiple language through social media versus print
	The ability to access telemedicine	<ul style="list-style-type: none"> • Many people do not feel comfortable with telemedicine but are not given any other options • Lack of computer literacy and/or strong internet connection may make it difficult to access telemedicine • Someone may not have the privacy to do a telehealth appointment • There may be a cultural barrier with telehealth • Telehealth may not be appropriate for certain medical conditions or fields 	<ul style="list-style-type: none"> • Provides an opportunity to receive care even if transportation is a barrier • Increases access to care, especially for rural areas • Opportunity to outreach to healthcare plans to see if there are barriers that is preventing providers from offering telemedicine • Younger population may be more willing to seek care through telehealth • Can increase access to specialty care, such as behavioral health

Appendix A: Forces of Change Brainstorming Worksheet



Forces of Change Brainstorming Worksheet

This worksheet is designed for attendees to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

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

How To Identify Forces of Change

Think about external forces (good or bad) you cannot control that affect the local public health system or community. Use the questions below to guide you.

- What events have occurred recently that may affect our community's health and wellbeing?
- What is *likely* to occur in the future?
- Are there any trends occurring that *will* have an impact?

Using the information above, list brainstormed forces, including factors, events, and trends into each comment box on [Survey Monkey](#). Each response will be reviewed at the brainstorming session on Wednesday, August 17, 2022.

Appendix B: Forces of Change Assessment Presentation

Forces of Change Assessment

Strategic Planning
Placer County Public Health Division
August 17, 2022

OBJECTIVE

To brainstorm the external forces (good or bad) out of our control that affect our community and to identify the associated threats and/or opportunities.

Local Public Health System

Police, EMS, Health Care Providers, Hospitals, CHCs, Laboratory Facilities, Drug Treatment, Mental Health, Schools, Philanthropist, Civic Groups, Community Centers, Employers, Economic Development, Fire, Environmental Health, Nursing Homes, Mass Transit, Corrections, Parks, Home Health, Family Based Organization, MCOs, Health Department, Elected Officials, Home Health

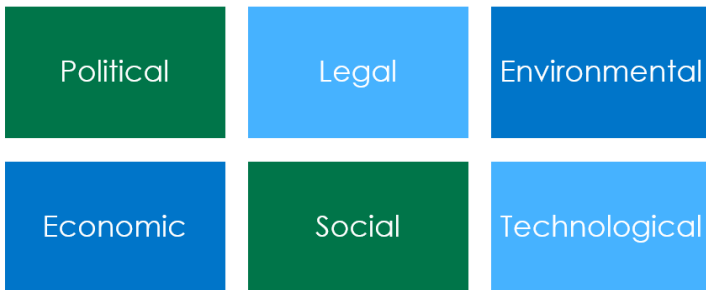
TYPES OF FORCES

- Trends**
 - Patterns over time
 - Example: migration in/out of the community
- Factors**
 - Discrete elements
 - Example: proximity to a large city
- Events**
 - One time occurrence
 - Example: wildfire, new policy

GUIDING QUESTIONS

- ▶ What events have occurred recently that may affect our community's health and well-being?
- ▶ What is likely to occur in the future?
- ▶ Are there any trends occurring that will have an impact?

CATEGORIES



FORCES OF CHANGE SELECTION PROCESS

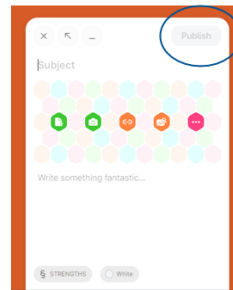
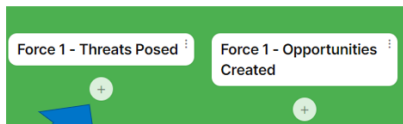
- ▶ Review each grouped forces
- ▶ Up to 5 "votes" on each force
 - ▶ Determine top 2 force per category

BREAK (5 minutes)

IDENTIFYING THREATS & OPPORTUNITIES



Padlet



NEXT STEPS

- ▶ Core team will compile results into a report
- ▶ Report will be made widely available
- ▶ Results will be used to inform health improvement planning