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IMC Policy Platform

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Policy Platform for IMC

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Abstract

The Planning, Evaluation, and Policy Unit is an administrative branch of the Monterey County Health Department (MCHD). The strategic goals of the MCHD are to empower the community to improve health, enhance public health through prevention, ensure equitable and culturally competent access to services and engage employees to meet the county's health needs. One way in which the MCHD is able to achieve its goals is by being a collaborative partner of Impact Monterey County (IMC). IMC is a collaborative network of nonprofits, businesses, public agencies and the community working together to create a healthy, safe, thriving Monterey County by identifying the needs as aspirations of the community and working collectively to address them.

With support from the MCHD and the IMC Network, health and social disparities in the county, as well as the community's needs and aspirations, were taken into consideration when creating a Policy Platform that will invoke systems change through collective impact. Through a community needs and aspirations assessment conducted by IMC, it was evident that residents of Monterey County face inequities in the areas of health, economic self-sufficiency, education, and safety, with the Hispanic/Latinx and Black communities facing greater inequities when compared to the White and Asian communities. Contributing factors for health and social disparities in the county include little to no education, a high percentage of individuals living below the poverty line, and unequal access to healthcare resources. These social determinants of health lead to consequences such as high rates of chronic and communicable diseases, shorter lifespan and higher mortality rates, and a cycle of generational poverty. The Policy Platform used

collective impact efforts to address these social determinants of health and created guidelines that will be used by Monterey County organizations to improve community health outcomes.

Keywords: health, safety, economic self-sufficiency, education, policy

Agency & Communities Served

The Planning, Evaluation, and Policy Unit is an administrative branch of the Monterey County Health Department (MCHD). The three main areas of work for the unit include:

“facilitating the implementation of the Health Department Strategic Plan, aligning and monitoring the department’s performance standards with national public health accreditation requirements, and addressing social and environmental policies and practices that contribute to creating more equitable health outcomes” (Monterey County Health Department, 2019).

MCHD’s Strategic Plan is a compilation of strategies to be used by the MCHD in order to address inequity in the following areas: community empowerment, prevention, accessible care, and organizational effectiveness. The mission of MCHD is “To enhance, promote and protect the health of Monterey County's individuals, families, communities and environment,” (County of Monterey, 2016).

MCHD also developed, in collaboration with partners in the public health system, a Community Health Improvement Plan in 2013 which incorporates the first three goals of the Strategic Plan as community goals. This plan was in turn incorporated into a broader Community Transformation Plan in 2015 as a result of the efforts of Impact Monterey County Network to carry forward on goals and objectives developed through a thorough community assessment in 2014. The Community Transformation Plan has been presented in an online platform called Strategy Maps which shows the many strategies underway across Monterey County in the four domains of Health, Safety, Education, and Economic Self Sufficiency. The overall vision is for together, a healthy, safe, and thriving Monterey County.

When it comes to monitoring the department's performance standards and progress in outcomes, MCHD's Strategic Plan includes metrics, many of which are drawn from a performance management tool called the Monterey County Health Department's Performance Management and Quality Improvement Plan. This plan includes a cycle of setting goals and defining strategies, measurement and analysis, and improvement analysis of the department. There are a number of long-term outcomes that are also being tracked. Many of these come from those chosen as key indicators by Impact Monterey County Network's efforts and reflect the goals of MCHD to align work across the county to achieve improvements in health inequities.

One way in which MCHD is addressing social and environmental policies and practices to achieve improvements in outcomes is by more intentional effort on policy development that could contribute to reducing health inequities. One project that would help with the alignment of efforts across multiple partners would be the development of an Impact Monterey County Network Policy Platform.

By focusing on the four Impact Monterey County domains (which include the first three goals of MCHD's Strategic Plan) MCHD can help create equitable health and social outcomes for communities in Monterey County.

Problem Description

In 2013, MCHD published the MC Community Health Assessment (CHA) which compiled data in the form of over 200 social and health indicators for the entire county. The CHA was published in efforts to help organizations, social service providers, policymakers, and community members refine and prioritize issues and create health equity in Monterey County (Monterey County Health Department, 2013). Data from the CHA indicated that residents of

Monterey County face inequities in the areas of health, economic self-sufficiency, education, and safety. Hispanic/Latinx individuals face the highest levels of inequities for many indicators across these domains (Community Health Assessment, 2013). Because several health outcomes are interconnected, improving outcomes in one of these domains will improve health outcomes across the board.

Contributing Factors

The first contributing factor for health and social disparities in Monterey County is little to no education. Education has a significant impact on life outcomes such as health, income, economic and social development, safety, and lower rates of crime. (Behrman & Stacey, 1997) The CHA indicates that in 2012, 30% of the individuals 25 and older living in Monterey reported having “less than 12th-grade” education. When considering the correlation between education and social life outcomes, it is possible the 30% of the population living with less than a 12th-grade graduation are also experiencing unequal access to healthcare, job opportunities, safe living conditions, and many more areas that impact life satisfaction.

Another contributing disparity in the county is the percentage of individuals living below the poverty line. “Nearly 25% of Hispanic/Latino and 22% of Black residents lived under the poverty level in 2010, indicating a disparity when compared to just 8% of the White, Non-Hispanic population.” (Monterey County Health Department, 2013) Living under the poverty level is known to contribute to less access to fresh, healthy food, little access to affordable health care, fewer options as to where to live, work, or go to school, and a limited amount of expendable income which can often result in homelessness or hunger, especially in families with multiple children.

Finally, unequal access to healthcare resources is another contributing factor to social and health inequities. It is not clear if poor health leads to a lack of resources from healthcare providers, or if a lack of healthcare resources and barriers to access it leads to poor health. Whatever the case, it is important to note that there are inequities between race/ethnic groups and healthcare insurance rates in Monterey County. The CHA found that, “One-quarter (25%) of Hispanic residents are not insured compared to eight percent of White, non-Hispanic residents in 2011-2012.” In their report, they also stated that all of Monterey County, “is currently designated as a primary care shortage area by the federal Health Resources and Services Administration. Most of the county is medically underserved, which includes dental and mental health services.” These findings conclude that there are not equitable resources or opportunities for economic self-sufficiency, education, and access to health care services in the county, and there needs to be a systems change to better the health and life satisfaction of the entire county.

Consequences

The social determinants of health listed above lead to consequences such as an increase in chronic and communicable diseases, a systemic cycle of economic decline, and a shorter lifespan coupled with higher mortality rates. The most common chronic diseases in the United States include heart disease, cancer, chronic lung disease, stroke, Alzheimer’s, diabetes, and chronic kidney disease. Many of these diseases are caused by risk factors such as tobacco use, poor nutrition, lack of physical activity, and excessive alcohol consumption (CDC, 2018).

Studies show that chronic diseases such as diabetes have decreased significantly amongst Hispanic/Latinx and African American/Black individuals from 1999-2010, however, they are still disproportionately high compared to Monterey County Whites. (Monterey County Health

Department, 2013) Another chronic disease prevalent in the county is heart disease. Although it is difficult to find the actual rates of individuals living with heart disease (it is easier to determine heart disease as a mortality rate), DataUSA states that, “in Monterey County, CA in 2014, 241 Medicare enrollees were treated for Congestive Heart Failure.”

Shorter lifespan and mortality rates are also disproportionate in Monterey County. Heart disease is the leading cause of death in Monterey County which is parallel to that of the Country. According to the 2016 Community Hospital of the Monterey Peninsula Community Health Needs Assessment “Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 119.3 deaths per 100,000 population in Monterey County.” When people do not have the necessary resources needed to get out of poverty, something called the “poverty cycle” occurs. According to Business Dictionary, “Once a person or community falls below a certain level of resourcefulness, a chain of events starts to occur that tends to perpetuate the situation: progressively lower levels of education and training leading to lack of employment opportunities, leading to criminal activity for survival, leading to addiction, shattered health, early death, and breakup of family, leading to even bleaker future for the next generation.” An important way of ending this cycle is by the prioritization and implementation of the proper resources needed for education, health, safety, and economic self-sufficiency.

Problem Model

| Contributing Factors | Problem | Consequences |
|---|---|------------------------------------|
| Little to no education | Residents of Monterey County face inequalities in the areas of health, economic self-sufficiency, education, and safety. Hispanic/Latinx and African American/Black communities | Increased rate of chronic diseases |
| Families living below the poverty level | | System cycle of economic decline |
| Unequal access to | | Shorter lifespan |

| | | |
|----------------------|---|--|
| healthcare resources | experience worse outcomes in these areas than Whites or Asian Americans in the county. (US Census Bureau, 2018) | |
|----------------------|---|--|

Capstone Project Description and Justification

Capstone Project

The capstone project will consist of a policy platform used to encourage community members and organizations to prioritize policy efforts in the county in the four domains of health, safety, economic self-sufficiency, and education as well as their prospective objectives to reduce the social and health disparities in Monterey County. This policy platform is being created in order to create more mutually reinforcing activities around policy development to support broad systems change in the county to address health and social inequities. The Platform will be developed using an advisory team that will consist of organizations and influential community members that work on policy development and/or to reduce disparities prominent in their communities. Although the platform has support from MCHD and Impact Monterey County Network, the biggest projected challenges include: 1. Engaging the public, and 2. Settling on specific policies.

Project Purpose

As previously stated, the three main contributing factors to health and social disparities in the county are limited education, high poverty levels, and unequal access to healthcare services. The Policy Platform aims to influence systems change by focusing on the four main priority areas of education, economic self-sufficiency, health, and safety. Collaboration efforts between IMC Network members will ensure that representatives from various sectors will have input into

the development of the platform and that their respective interests will be addressed. Ensuring that all members are on the same page will make it easier to provide or adjust services to better represent the needs of communities. Having a set of priorities clearly outlined in a Policy Platform will make it easier for decision-makers to either support or reject potential laws or regulations, thus getting closer to achieving health equity in Monterey County.

Project Justification

A Policy Platform is a solution-based approach to problem-solving, meaning it looks to highlight the importance of solutions rather than focusing on the problems. Wilson (2015) states the importance of policy work and the ways in which it is essential for creating equity in communities by saying, “Policies, conversely, actually shift the way communities and their members react and relate to one another, empowering people to improve their own well-being in a systematic way” (para. 5).

Policy work is also a way in which counties can do outreach and show support for legal actions when its visions align. For example, the Monterey County Board of Supervisors cosigned a letter of support with First 5 Monterey County, the Monterey County Office of Education, and the Bright Futures Education Partnership to Governor Newsom for his proposed FY 2019-2020 State Budget. Governor Newsom’s budget proposed a comprehensive funding package for early childhood education, and because the Monterey County’s Legislation Platform highlights early childhood education supports and investments, the Board was able to send a letter of support to the Governor without having to go through the approval process.

Project Implementation

The first step to developing the policy platform was to assemble an Ad Hoc advisory group from members of the Impact Monterey County Network that were interested in being a part of the development process for the Policy Platform. Members of the advisory group were representatives from the following organizations: Monterey County Health Department, Food for the Hungry, Hartnell College, The City of Salinas, Monterey County Office of Education- Early Childhood Education, Community Volunteer, Peacock Acres, NAMC Advocacy committee, Monterey County Department of Social Services- Aging & Adult Services and Family & Children's Services, Community Benefits of Salinas, Family and Children's Services, Nonprofit Alliance of Monterey County, and the Advocacy Committee for NAMC.

This advisory group met to discuss and agree upon the process for development, implementation, and evaluation of the project. They collaborated to change the goals and objectives from each of the four guiding principles into policies. The use of inclusive language was an important way in which equity was shown as a key value for the Policy Platform.

A draft policy platform was developed on March 26 based on examples from groups such as First5, Bright Beginnings, and the Public Health Policy Platform. This draft was shared with the Policy Platform advisory group during the first working group meeting on May 12 and any recommended changes were made before it is distributed to the IMC Network as a whole for approval.

On April 23rd, a pre-survey was distributed to all members of the IMC Network with questions concerning policy work and the resources administered by IMC in hopes to receive input that would help the advisory group to better develop the platform based off organizational

experience and suggestions. After the Ad Hoc advisory group approved the draft platform, a final policy platform was developed and distributed to the IMC Network via email for final approval.

At this point, the intern sent out the post-survey to evaluate the process and receive input from the IMC network about the development and implementation options for the policy platform. This data will then be used as evaluation data for CSU, Monterey Bay and the IMC Network to measure the project's outcomes and success. A detailed implementation plan and timeline can be seen in the Scope of Work in Appendix A.

Assessment Plan & Expected Outcomes

An assessment was sent out to 174 IMC Network affiliates. The affiliates were asked to measure the effectiveness of the project by answering: whether or not they used the Policy Platform, how easy it was to use, and if they plan on continuing to utilize the platform. The goal was to have a 25 percent response rate.

This project will make it easier to shift a systems change in the sectors of the proposed policies. Having various organizations collaborate on the development and implementation of this policy platform will ensure that there is a clear and concise understanding of what the county as a whole is working towards accomplishing, and what the community itself has deemed as areas of priority. The Policy Platform will aid in identifying and spotlighting priorities in the county that everyone is working on and advocating. Creating an integrated system with guiding principles will make room for localized support of community services, thus creating a healthy, safe, thriving Monterey County.

Project Results

Project activities accomplished throughout the process of developing the Policy Platform included, the development of an advisory group from members of the IMC Network, the development of the IMC Policy Platform as well as revisions based on feedback from the advisory group, successfully completing the IMC 2019 Summer Community Needs and Aspirations Assessment for future reshaping of the platform, and lastly, the finalization and distribution of the IMC Policy Platform by circulating it with the IMC Network and collaborating agencies.

The expected outcome of this project was that the distribution of a policy platform, such as this one, would entice collaboration between sectors and help support collective impact efforts throughout the county in the four priority areas of health, economic self-sufficiency, education, and safety. As previously stated, having a collaborative effort between different organizations and using the community priorities from the IMC Community Needs and Aspirations Assessment will ensure a concise understanding of what the county as a whole wants to accomplish, and how it will do so.

As a result of the project, the county will experience more equitable health outcomes in the Hispanic/Latinx and African American/Black communities in the years to come. More specifically, there will be lower rates of chronic diseases and/or higher rates of controlled chronic diseases, an end to the systemic cycle of economic decline, and an increase in life spans for these two minority groups.

A post-survey was distributed at the IMC Fall Convening on October 30th to the attendees, and email blasts with the survey link were distributed to the Network on November 1st and 6th. Survey responses yielded a 15.5 percent feedback rate, not meeting the optimum goal of

25 percent. Results from the post-survey indicated a need to increase awareness of the IMC Network as a whole and of the Policy Platform as a tool available outside of the Network. When asked, “Have you used the IMC Policy Platform in your work since its development and dissemination in August?” results showed that 19.3% of the respondents had used the Policy Platform in the last two months. Possible reasons why response rates were so low could be because participation of the first post-survey distribution consisted of many first time IMC convening members. Confidentiality protocols of survey responses made it impossible to gauge the number of new, first-time respondees compared to the pre-survey. Examples of ways in which the Policy Platform was used include: support of program development and advocacy of using equity language in policies, looking at policies within their respective organization as it dealt with working with other agencies, to apply for state funding, and as part of a presentation to a group of people moving collective impact work in Monterey County.

Conclusion & Recommendations

As a result of the project, members from the IMC Network engaged in mutual interest discussion, felt more supported and saw how collaboration could help their work, adapted a clearer focus on policy work, learned about the impact of policies across various sectors, and had more experience on collaboration and how resource sharing is planned. IMC Network members used the project to advocate for their organization’s underlying core values and work, and followed the collective impact approach to provide and adjust services at their respective organizations.

Due to time constraints, it is difficult to gauge whether or not the Policy Platform was successful in decreasing inequitable health outcomes in the county. Organizations did, however,

indicate the increase of knowledge of the value of collaboration and policy work when it came to their work.

Recommendations for the Monterey County Health Department and the Impact Monterey County Network include: increased public knowledge of the IMC Network and its goals and accomplishments, improve IMC tool distribution methods, provide examples of ways in which IMC Network members could use the Policy Platform, and updating the Platform once results from the IMC 2019 Summer Assessment are available.

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Appendix A

Scope of work

| Activities | Timeline/Deadline | Supporting Staff |
|---|-------------------|---|
| Draft email to develop working group | March 4 | Krista |
| Send email to group | March 5 | Krista |
| Doodle poll for meeting dates | March 11 | Krista |
| Develop meeting agenda | March 11 | Krista |
| Develop pre-survey for IMC Network as a whole | April 22 | Krista, Elena P. |
| Distribute development survey to IMC Network | April 23 | Krista, IMC Network |
| Evaluate survey results | May 7 | Krista |
| Hold meeting to discuss/agree upon process | May 12 | Krista, IMC Network Ad Hoc Advisory Group |
| Change objectives into policies | May 12 | Krista, IMC Network Ad Hoc Advisory Group |
| Develop feedback email | May 13 | Krista |
| Develop Policy Platform draft | May 13 | Krista |
| Distribute Policy Platform Draft | May 13 | Krista, IMC Network |
| Get feedback via email on policies | Late May- August | Krista |
| Send out email to network on progress | July 19 | Krista |
| Develop final platform | August 1 | Krista, IMC Network Ad Hoc Advisory Group |
| Get feedback via email on final Policy Platform | August 2 | Krista, IMC Network |
| Allow time for Policy Platform utilization | August-October | Krista, IMC Network |

| | | |
|---|--|---------------------|
| Distribute post-survey during IMC fall convening | October 30 | Krista, IMC Network |
| Send out pos-survey to IMC Network via email | November 1 | Krista |
| Evaluate survey results | 2-3 weeks after post-survey distribution | Krista |
| Make adjustments to survey based off feedback and Summer Assessment | TBD | Krista, IMC Network |

2019 IMC Policy Platform

2019 POLICY PLATFORM

TOGETHER A HEALTHY, SAFE, THRIVING MONTEREY COUNTY



Impact Monterey County has developed into a network of collaboratives, initiatives, and organizations working collectively to realize the community's vision of together, a healthy, safe and thriving Monterey County. This is accomplished through the following:

EDUCATION

**Vision:**

People's *educational* achievement supports career aspirations and lifelong learning

Policy Goals:

- Empower parents, children, youth, and community members with tools and services to pursue their education goals, and knowledge to navigate education systems
- Improve supports for children, youth, parents, and caregivers to develop parenting and care giving skills
- Support children and youth physically, emotionally, socially, and academically to be prepared to learn and achieve grade level proficiency
- Improve access to high quality and affordable education during early childhood, college, career, and lifelong learning

SAFETY

**Vision:**

People are *safe*

Policy Goals:

- Ensure people feel safe in their communities, and are protected from crime and abuse
- Increase supports for community promotion of peace and equity
- Strengthen social ties within neighborhoods to ensure they are safe places to live, work, and play

ECONOMIC SELF-SUFFICIENCY

**Vision:**

People are *economically self-sufficient*, with opportunities for more prosperity

Policy Goals:

- Ensure more affordable, accessible, and available housing throughout the county
- Increase job skills for long term, diversified jobs and create high demand, high wage jobs that employ local residents
- Ensure strong social supports, including childcare, transportation, healthy food, and social benefits throughout the county

HEALTH

**Vision:**

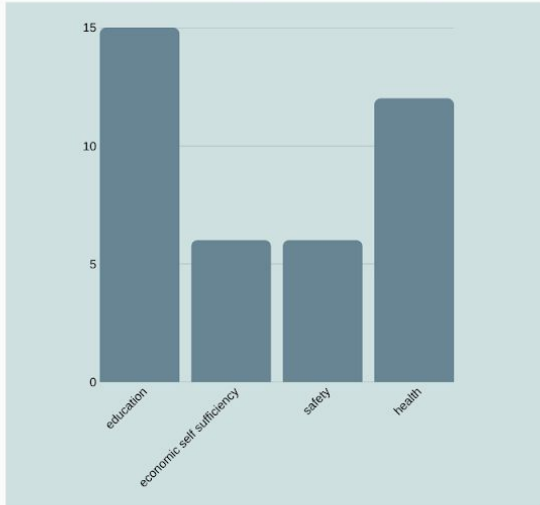
People are mentally and physically *healthy*

Policy Goals:

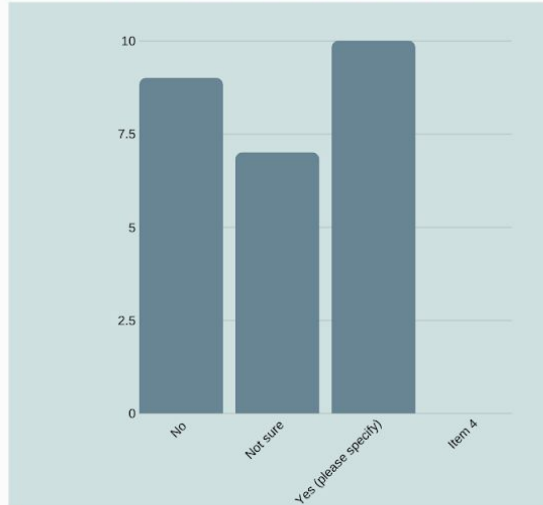
- Improve design and care of built and natural environments to be culturally supportive of healthy living throughout the county
- Increase information and resources to empower community members to choose healthy eating, active living, and drug free lives
- Increase affordability, accessibility, and convenience of health and mental health services for individuals, families, and the most vulnerable (children, people with disabilities, and frail elders)

PRE SURVEY

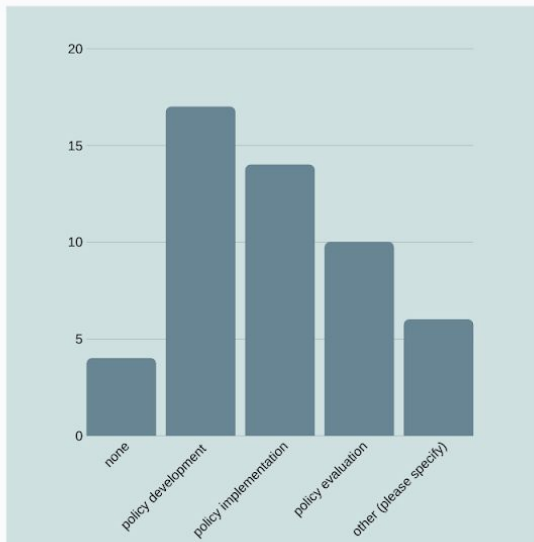
WHICH OF THE FOLLOWING IMC DOMAINS DO YOU WORK IN?
(SELECT ALL THAT APPLY)



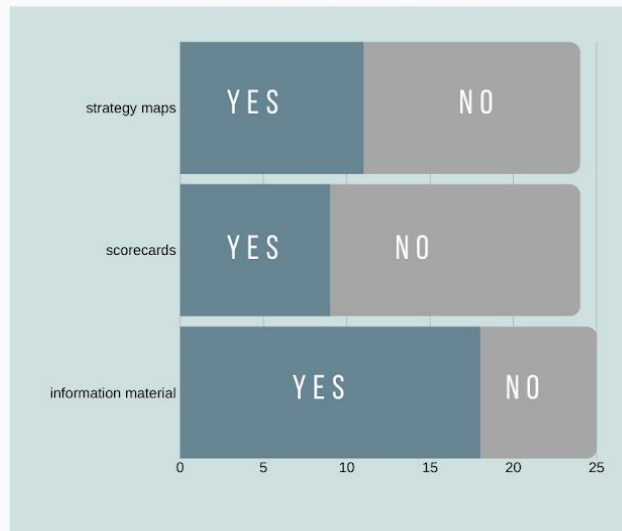
HAVE YOU EVER USED A POLICY PLATFORM IN YOUR WORK?



WHAT TYPE OF EXPERIENCE DO YOU HAVE WITH POLICY WORK? (PLEASE CHECK ALL THAT APPLY)

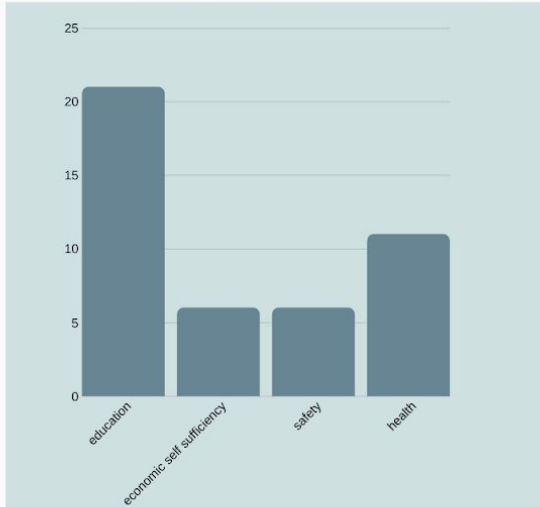


DO YOU USE ANY OF THE FOLLOWING IMC PRODUCTS OR TOOLS IN YOUR WORK?

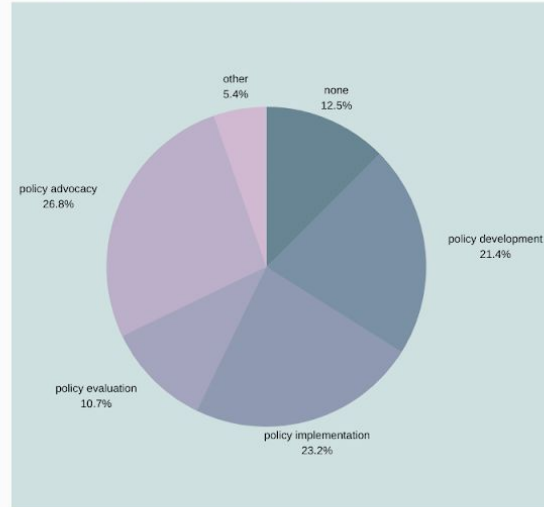


POST-SURVEY

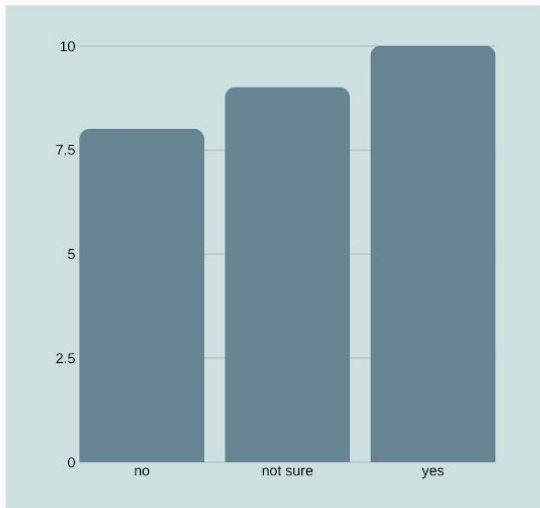
WHICH OF THE FOLLOWING IMC DOMAINS DO YOU WORK IN?
(PLEASE CHECK ALL THAT APPLY)



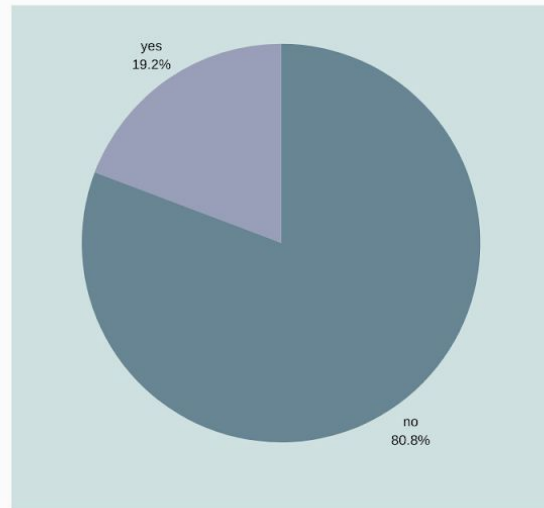
WHAT TYPE OF EXPERIENCE DO YOU HAVE WITH POLICY WORK?
(PLEASE CHECK ALL THAT APPLY)



PRIOR TO THE IMC POLICY PLATFORM BEING DEVELOPED, HAVE YOU EVER USED A POLICY PLATFORM IN YOUR WORK?

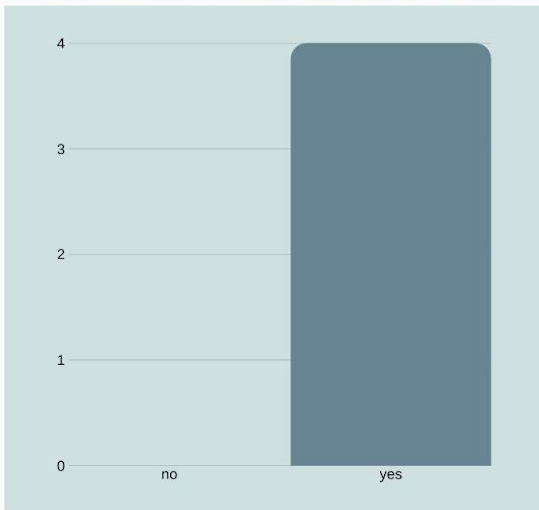


HAVE YOU USED THE IMC POLICY PLATFORM IN YOUR WORK SINCE ITS DEVELOPMENT AND DISSEMINATION IN AUGUST?

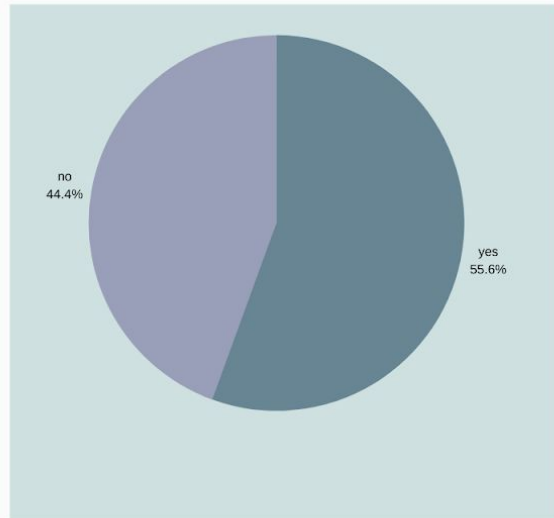


POST-SURVEY (CONT.)

IF YOU USED THE IMC POLICY PLATFORM, WAS IT HELPFUL?



HAS BEING PART OF A NETWORK THAT DEVELOPED A POLICY PLATFORM CHANGED YOUR APPROACH TO POLICY WORK AS PART OF YOUR WORK?



DO YOU USE ANY OF THE FOLLOWING IMC PRODUCTS OR TOOLS IN YOUR WORK?

