ANNUAL REPORT

FISCAL YEAR 2023-24

SEPTEMBER 5, 2024

SACRAMENTO COUNTY PUBLIC HEALTH

SACRAMENTO COUNTY
PUBLIC HEALTH
Promote • Prevent • Protect

TABLE OF CONTENTS

COVER: The Sexual Health Promotion Unit at a strategic planning & team building event.

About SCPH

SACRAMENTO COUNTY PUBLIC HEALTH

MISSION

The mission of Sacramento County Public Health is to promote, protect, and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention and response.

VISION

Optimal health and well-being for Sacramento County communities!

VALUES

DEDICATION	We are dedicated to meet the public health needs of Sacramento County residents and communities.
QUALITY	We provide high quality and effective services based on best practices and the most current information and resources.
COMPETENCE	We hire staff with essential skills, education, experience, and certification to accomplish program goals.
RESPONSIVENESS	We listen to community needs, monitor community health, and develop responses to match needs.
ACCOUNTABILITY	We accept responsibility and accountability for providing efficient and quality service. We conduct ourselves with integrity in delivering services.
DIVERSITY	We respect and value diversity within the community and strive to deliver services that are respectful and relevant to the needs, values, and beliefs of the community. We seek to recruit and hire diverse staffs that enhance our level of understanding of various populations and to promote cultural competence.
EFFICIENCY	We look for the most efficient way to get the job done.

STRATEGIC PRIORITIES

1. Enhance Community Access, Engagement, and Partnerships
2. Strengthen Infrastructure
3. Champion Health Equity
4. Improve Health and Community Well-Being
5. Emphasize a Culture of Continuous Quality Improvement and Excellence

CULTURE

Sacramento County Public Health strives to achieve excellence and envisions optimal health and well-being for all communities in Sacramento County. We accomplish this by utilizing a trauma informed approach that embraces a culture of safety, inclusivity, and transparency; ALL rooted in health & racial equity. We are committed to reducing inequities in the community and within our organization by intentionally building trusted relationships, improving communication, leaning into innovation and fostering inclusive and sustainable collaborations.

Introduction

A MESSAGE FROM THE PUBLIC HEALTH OFFICER

Dear Members of the Sacramento County Board of Supervisors,

The role of Public Health is to protect and improve the health of communities and populations. Using the Ten Essential Services of Public Health, we work with partners to actively promote systems, policies, and overall community conditions that enable optimal health for all. As we reflect on the role of Sacramento County Public Health (SCPH) and the tasks we have ahead of us, it is evident we cannot do this work alone. Collaboration is key to our success, both as an organization and as a community, and I am happy to report that it is thriving here at SCPH. When we assembled the contents for this year's SCPH Annual Report, a common thread quickly rose to the top: **Collaboration**.

This annual report highlights the achievements of each of our programs during fiscal year 2023-24, along with some of our new and innovative projects. You will read about how we partnered with six cities within the county to address food waste and food insecurity, as well as our collaboration with partners on the development of a Blue Zones Assessment Report and a Community Health Improvement Plan. Additionally, we worked together with both internal and external partners to compile over 200 documentation packets as part of our application for public health accreditation. I am confident that next year's report will celebrate our status as a newly accredited Public Health Division.

The examples of collaboration for SCPH are numerous, so much so that we dedicated an entire section of this report to celebrating them. I encourage you to take a moment to learn more about our programs, our successes, and, perhaps most importantly, the partnerships that made this past year so impactful.

Sincerely,

Olivia Kasirye, MD, MS
Public Health Officer

SCPH PROGRAMS AT-A-GLANCE

Disease Control, Surveillance, & Preparedness

Chest Clinic/Tuberculosis Control
(916) 874-9823
Surveillance of & clinical care for tuberculosis cases & contacts. Located at the Primary Care Center at 4600 Broadway in Sacramento.

Disease Control & Epidemiology
(916) 875-5881
Disease surveillance, disease & outbreak investigations, contact tracing & follow-up, prevention of disease transmission, & education.

Emergency Medical Services (EMS)
(916) 875-9753
Regulatory entity integrating elements of emergency care from 911 dispatch to emergency departments in one system. Licensing, training, & quality assurance for emergency services.

Immunization Assistance
(916) 875-7468
Consultation & resources for parents, CBOs, medical & child care providers, & schools regarding immunizations & immunization laws. Resources & childhood immunizations, COVID-19, & flu vaccines.

Public Health Emergency Preparedness
(916) 875-5881
Pivotal in the coordination of preparedness & response efforts through plan development, resource management, & training in Sacramento County related to public health & medical emergencies.

Public Health Laboratory
(916) 874-9231
Routine & specialized testing services for detection, control & prevention of communicable diseases in Sacramento & many surrounding counties.

Sexual Health
(916) 875-6022
HIV & STI education, counseling/testing, clinical sexual health services, surveillance, & partner notification. Provider education, training, & technical assistance. Coordination of care & support for people with HIV, STIs, & HCV.

Vital Records
(916) 875-5345
Registers all births, deaths, & fetal deaths; issues birth certificates, death certificates, & disposition permits; issues medical marijuana ID cards.

Maternal, Child, & Family Services

African American Perinatal Health (AAPH)
(916) 875-2229
Public health nurse home visitation program to improve birth outcomes for pregnant African Americans.

Black Infant Health (BIH)
(916) 875-2229
Support group intervention encouraging empowerment & social support. Case management for access to community & health-related services.

California Children's Services (CCS)
(916) 875-9900
Diagnostic & treatment services, medical case management, & physical & occupational therapy services for children & young adults under age 21 with CCS-eligible medical conditions.

Community Nursing
(916) 875-0900
Public Health nurse home visitation for families with children 0-18 to improve child/adolescent health, development, & safety. Focused nurse case management for unhoused individuals & families.

DCFAS Nursing (CPS, APS, IHSS)
(916) 875-4728
Provides nursing assessment, consultation, collaboration, & care coordination regarding preventative health & specialty services.

Nurse Family Partnership (NFP)
(916) 875-0900
Public health nurse home visitation for 1st-time pregnant people during pregnancy & the 1st 2 years of the child's life to improve pregnancy outcomes, child health, & development.

Women, Infants & Children (WIC)
(916) 876-5000
Support for pregnant women, new moms, & children 0-5 years to eat well, stay healthy, & be active.

Community Health Promotion

Child Passenger Safety
(916) 875-5869
Child Passenger Safety education & resources for parents & guardians to increase awareness & proper use of car/booster seats & seatbelts.

Childhood Lead Poisoning Prevention
(916) 875-7151
Staff & parent education, educational materials & resources, & public health awareness campaigns. Case management services & environmental investigations for children exposed to lead.

Nutrition Education & Active Living
(916) 875-5869
Training, technical assistance, & education addressing nutrition & physical activity behaviors through policy, system, & environmental changes. Referrals & resources for CBOs, child care providers, & FQHCs.

Older Adult Health
(916) 875-5869
Fall prevention, Alzheimer's, & brain health resources & support for older adults & caregivers.

Oral Health
(916) 875-5869
Oral health education, dental care service resource & referral assistance for parents, school staff, & public health professionals.

Stop Stigma Sacramento Speakers Bureau
(916) 875-0970
Part of Behavioral Health's *Mental Illness: It's Not Always What You Think* stigma & discrimination reduction project. Speakers with lived experience share their stories of hope & recovery.

Tobacco Education & Prevention
(916) 875-5869
Address tobacco & vape related health disparities through policy, system, & environmental changes. Educate, reduce youth tobacco access, promote cessation, & support the Greater Sacramento Smoke & Tobacco Free Coalition.

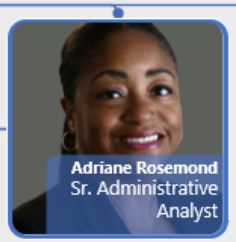
Youth Suicide Prevention
(916) 875-5869
Partner with Behavioral Health to coordinate & implement prevention, rapid reporting systems, & crisis response to monitor and reduce suicide and suicide attempts in individuals 25 & under.

Accreditation:	Demonstrate SCPH's ability to carry out the 10 Essential Public Health Services & meet national public health standards, with the ultimate goal of achieving public health accreditation.
Budget & Administration:	Budget & administrative support to all SCPH programs; coordination with funders, DHS & County Fiscal, contracts, & facilities.
Health & Racial Equity:	Work across all SCPH programs & in the community to address the impacts of racism & ensure equitable & positive health outcomes for everyone in Sacramento County.
Workforce Development:	Strengthen infrastructure to improve gaps in employee engagement, retention, communication, training, development, and technology modernization.

Dr. Olivia Kasirye
Health Officer

Lynnan Svensson
Division Manager
Director of Nursing

Dr. Melody Law
Deputy Health Officer



Adriane Rosemond
Sr. Administrative Analyst

Jamie S. White
Division Manager

- **Rachel Allen** — Program Manager
  - Child Protective Services Nursing
    - Emergency Response & Informal Supervision
    - Health Care Program for Children in Foster Care
    - Hearts 4 Kids
  - Immunization Assistance
  - Senior & Adult Services Nursing
    - Adult Protective Services
    - In-Home Supportive Services
- **Melanie Capiccioni** — Program Manager
  - Chest Clinic
  - Communicable Disease Control
- **Leesa Hooks** — Program Manager
  - Childhood Lead Poisoning Prevention
  - Maternal, Child, & Adolescent Health
  - Oral Health
    - African American Perinatal Health
    - Black Infant Health
    - Community Nursing
    - Nurse Family Partnership
- **Vanessa Stacholy** — Program Manager
  - California Children's Services
- **Staci Syas** — Program Manager
  - Sexual Health Promotion
  - Sexual Health Clinic
- **David Magnino** — EMS Administrator
  - Emergency Medical Services
- **Nicole Brandner** — ASO III
  - Budget
- **Yian Saeteurn** — ASO III
  - Operations
- **Nolana Daoust** — Program Manager
  - Emergency Preparedness
  - Epidemiology
  - Vital Records
- **Stacey Kennedy** — Program Manager
  - Workforce Development
- **Mark Pandori** — Lab Director
  - Public Health Laboratory
- **Gurleen Roberts** — Program Manager
  - Accreditation
  - Health & Racial Equity
  - Health Education
    - Child Passenger Safety
    - Nutrition Education & Active Living
    - Older Adult Health
    - Stop Stigma Speakers Bureau
    - Tobacco Education & Prevention
    - Youth Suicide Prevention
- **Amelia Schendel** — Program Manager
  - Women, Infants, & Children

SACRAMENTO COUNTY
PUBLIC HEALTH
Promote • Prevent • Protect

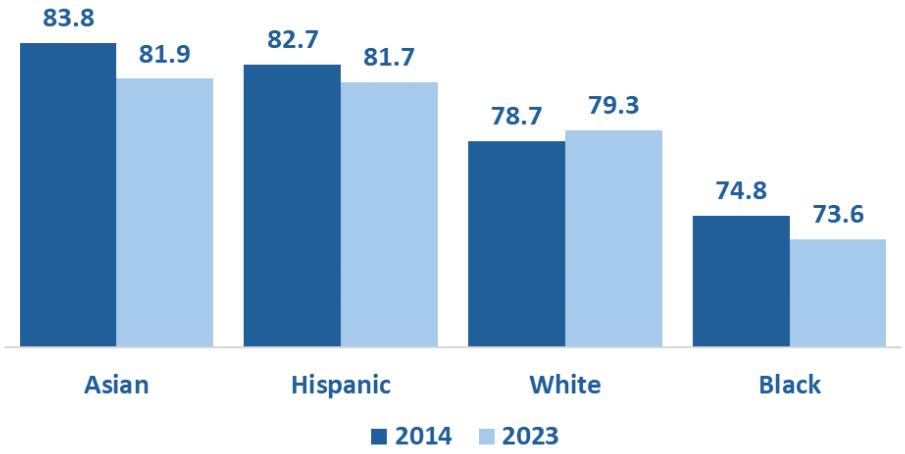
Organizational Chart

September 5, 2024

The Health of Sacramento County

A SNAPSHOT OF SACRAMENTO COUNTY HEALTH DATA

Life Expectancy by Selected Race/Ethnicity, 2014 vs. 2023



Source: 1. Death: Vital Records Business Intelligence System
2. Population: State of California, Deapartment of Finance, Population Projections 2021

Top 10 Leading Causes of Death by Gender, Sacramento County, 2023

Female	Rank	Male
Cancer	1	Cancer
Heart Disease	2	Heart Disease
Stroke	3	Accidents
Alzheimer's	4	Stroke
Accidents	5	Diabetes
Chronic Lower Respiratory	6	Chronic Lower Respiratory
Diabetes	7	Alzheimer's
Hypertension	8	Suicide
Liver/Cirrhosis	9	Liver/Cirrhosis
Influenza/Pneumonia	10	Hypertension

Top 5 Leading Causes of Premature Death (Age< 75) and Years of Potential Life Lost, Sacramento County, 2023

Rank	Cause	Years of Life Lost
1	Cancer	16,167
2	Heart Disease	11,824
3	Accidents	28,385
4	Stroke	2,858
5	Diabetes	3,215

Collaboration Celebration

WE CANNOT DO THIS WORK ALONE

Collaboration is essential to the work we do. Sacramento County is home to a wealth of businesses, non-profits, health systems, governmental entities, community groups, and leaders who play a critical role in helping us to solicit input on needs, develop tools and resources, and work collectively to provide education and services to our community. Below are examples of how we collaborated this year.

BLUE ZONES

A PLAN FOR COMMUNITY TRANSFORMATION

SCPH partnered with **Blue Zones, LLC** to conduct a Blue Zones Assessment, which focused on two areas of the County in North and South Sacramento. Blue Zones uses over 20 years of research and scientifically proven lessons of longevity, health, and happiness from the longest-lived cultures in the world to transform community environments so healthy choices are the easiest to make.

Blue Zones conducted an in-community site visit that included visiting the pilot areas, holding focus groups for key policy areas, and conducting key informant interviews to inform the Alzheimer's Innovation component of the pilot. The **Sacramento County Blue Zones Assessment Report** highlighted opportunities and challenges that would position Sacramento County for a Blue Zones Transformation. Along with the report, a proposal for a 5-year transformation detailed how a Sacramento-based Blue Zone team would work with the community to meet benchmarks to increase longevity, reduce health care costs, improve health, and reduce risk factors that contribute to Alzheimer's disease. Given the current economic climate, competing projects, and the large scope of the Blue Zones project, it is anticipated that confirming partners to sponsor the activation phase of Blue Zones will take some time.

Blue Zones Opportunities Identified

Built Environment

- Continue to implement Vision Zero
- Align city and county transportation plans and standards
- Adopt a complete streets ordinance
- Amend zoning codes to increase housing density
- Incentivize infill projects
- Implement creative permanent supportive housing solutions
- Transform underutilized public spaces
- Address aging area parks and recreation outlets
- Increase pedestrian connectivity
- Advance bicycle infrastructure

Food Environment

- Grow institutional procurement of locally grown healthy food
- Strengthen and expand food production county-wide
- Improve healthy food access across the community
- Create lasting base of resources to support food systems development work across the county
- Equitably expand culturally responsive food skills education
- Provide technical assistance to develop healthy food financial options
- Conduct comprehensive analysis and planning for the development of a food hub
- Shape strategies for farmland preservation, farmland access, land tenure, and food enterprise development

Tobacco

- Explore policies that limit tobacco and vape marketing
- Support efforts to obtain smoke-free spaces policies
- Advance commercial tobacco endgame policies
- Establish youth cessation services
- Improve access to cessation services among priority populations

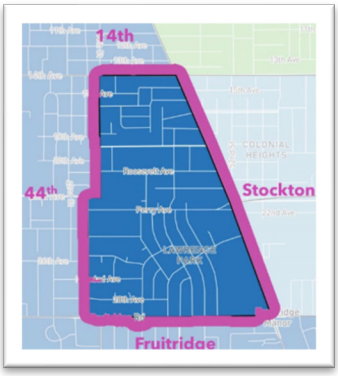
Alzheimer's Innovation

- Foster the identification and connction to purpose
- Facilitate true social connections
- Increase focus on the education of the public related tothe importance of mitigating the riskfactors associated with Alzheimer's and dementia
- Utilize technology among the older population as a strategy for mental stimulation

COMMUNITY HEALTH IMPROVEMENT PLAN

5-YEAR ACTION PLAN

The **Community Health Improvement Plan (CHIP)** is a 5-year action plan aimed to coordinate efforts and target resources to address root causes of health inequities in Sacramento County. Developed in partnership with Public Health Advocates, the CHIP utilizes the Healthy Places Index (HPI), a tool that combines 23 community characteristics into a single, indexed score. The CHIP Coalition, comprised of residents and representatives from over 40 local organizations, chose to focus on Census Tract 44.01, the community with the lowest HPI score in Sacramento County. The CHIP includes both countywide and 44.01-specific targets.



GOAL: Leadership Capacity

Build leadership capacity and power through place-based training, strategic policy development, and community engagement. Establish a CHIP Coalition and CHIP Steering Committee, and train community members on community organizing and policy advocacy.

GOAL: Increase Income

Increase income through program eligibility and employment to reduce poverty. Increase the percentage of people with incomes above 200% of the federal poverty level.

GOAL: Food Access

Create a Food Action Plan and promote access to and consumption of culturally relevant healthy foods through education, advocacy, and community engagement.

GOAL: Housing Security

Reduce the number of people becoming unhoused in Sacramento County. Reduce the number of evictions in census tract 44.01 by 50%.

GOAL: Mental Health

Reduce barriers to physical and mental healthcare. Increase the number of census tract 44.01 residents who are insured. Medi-Cal Managed Care Plan partners will increasethe number of members receiving housing service, follow-up after adult mental health screening. Increase census tract 44.01 residents' awareness and partiipation in community health services.

The CHIP utilizes data from the **Community Health Assessment (CHA)**, a comprehensive look at the health of Sacramento County. The CHA identifies disparities among Sacramento County's subpopulations and the factors that contribute to them in order to support the community's efforts to achieve health equity. Five themes that emerged from the CHA: **infectious disease** (COVID-19, STIs), **maternal and child health** (maternal mortality, infant mortality), **social determinants of health** (food insecurity, crime, safety and incarceration, housing insecurity & the built environment), **chronic disease** (obesity, cancer, Alzheimer's Disease), and **injury** (gun violence, substance use, traffic, suicide, mental health).

CHIP Foundational Principles

- Nothing About Us, Without Us
- Moving at the Speed of Trust
- Mile Deep, Inch Wide
- Building on Strength

EDIBLE FOOD RECOVERY

BUILDING CAPACITY TO RECOVER FOOD DESTINED FOR LANDFILLS

Sacramento County Public Health is leading the County of Sacramento's edible food recovery efforts. The County partnered with the cities of Citrus Heights, Elk Grove, Folsom, Galt, Rancho Cordova, and Sacramento to form the **Capital Food Access Alliance (CFAA)**, a collaborative effort to meet the requirements of SB 1383 (Lara). With the support of consultant, Abound Food Care, CFAA launched to help the participating jurisdictions increase local capacity to recover edible food, that would otherwise have been disposed of, and redistribute for human consumption to address food scarcity. Goals of the program include:

- Increase the capacity of local organizations and businesses operating within the County of Sacramento to recover and distribute edible food.
- Collect data about the impact funds awarded have on increasing the amount of food safely recovered and/ or distributed by food recovery organizations and services.
- Collect data about the trends in food waste related to food recovery.
- Ensure food safety in food recovery and distribution.
- Improve the region's ability to respond to and comply with SB 1383 mandates by increasing capacity, thereby allowing businesses to donate the maximum amount of edible food that would otherwise be disposed of.

In June 2024, CFAA launched a microgrant program to help organizations build their food recovery capacity. A larger grant program will launch in fall 2024.

WELLNESS WITHOUT WALLS (W3)

PRIMARY AND SEXUAL HEALTH SERVICES FOR THE UNHOUSED

The Sexual Health Promotion Unit, Community Nursing, and the Sacramento County Division of Primary Health partnered to operate Wellness Without Walls (W3), a mobile health unit providing unhoused populations with primary and sexual health services. This invaluable partnership increased unhoused populations' access to these services by meeting them outside of the walls of a brick-and-mortar clinic. W3 provides a wide range of services, including STI testing and prevention services, HIV treatment and care, wound care, naloxone distribution, preventive health care, assistance with obtaining health care coverage, mental health and substance counseling, and limited chronic disease management and urgent care services. W3 expanded to serve ten sites, saw 283 unique patients, and conducted 1,426 tests.

PHOTOS: The Wellness Without Walls (W3) team and the mobile health unit.

Organization-Wide Initiatives

IMPACTING EVERY CORNER OF SCPH AND BEYOND

ACCREDITATION

DOCUMENTATION SUBMISSION COMPLETE

On February 7, 2024, the **Accreditation Unit** submitted over 200 documentation packets to the Public Health Accreditation Board (PHAB) for initial review. This was a major milestone as SCPH moved closer towards becoming accredited. The accreditation process has challenged SCPH to identify processes where improvements are needed, ensure that programs meet national standards, and strive towards becoming a high-performing health division that prioritizes the health and well-being of the community. SCPH developed six plans as part of our accreditation submission:

ACCREDITATION

The national accreditation program assesses a health department's capacity to carry out the 10 Essential Public Health Services and the Foundational Capabilities.

Accreditation promotes public trust and demonstrates an ongoing commitment to quality and performance improvement.

Community Health Assessment (CHA): Utilizes the Community Partners Survey & Community Themes, Strengths Assessment (CTSA) Survey & community health data. 5 Themes: infectious disease, maternal & child health, social determinants of health, chronic disease, & injury.

Community Health Improvement Plan (CHIP): Community led prioritization process and implementation of projects in the county. Community-driven health priorities: Food Access, Mental Health, & Housing

Communications Plan: Strategies and best practices for internal & external communication, including reaching the county's diverse communities.

Quality Improvement (QI) Plan: Establishes goals and strategies for incorporating QI into daily work, fostering a culture of QI, and implementation of an organization-wide performance management system.

Strategic Plan: Establishes organizational goals and strategies for improving public awareness of SCPH services, strategic partnerships, infrastructure improvements, strengthening workforce competency and capacity, health equity, policy development, data utilization, and quality improvement.

Workforce Development Plan: Assesses employee competence in foundational public health skills and identify strategies for improving infrastructure and workforce capacity.

PHAB completed their initial documentation review and is expected to conduct a site visit in Fall 2024. The Accreditation Unit also initiated the process of developing the 2024-29 SCPH Strategic Plan, following a 10-step framework to collect input on SCPH's mission, vision, values, strengths, weaknesses, opportunities, and threats. The updated Strategic Plan is expected to be completed in fall 2024.

ELECTRONIC HEALTH RECORD MODERNIZATION

BETTER FOR PATIENTS. BETTER FOR EVERYONE.

In February 2024, SCPH transitioned to a new electronic health record system customized to meet the needs of public health to provide better, more patient-focused care by streamlining business practices, enhancing coordinated care, and providing crucial clinical support. The new system offers a patient portal, allowing for better patient engagement and, ultimately, improved patient satisfaction. Benefits of the new system include:

- Improved access to medical records from other healthcare systems for reporting purposes for Communicable Disease Control, Tuberculosis Control, STI and HIV Control.
- Expansion of electronic health record utilization to include additional programs such as California Children's Services, Maternal, Child, & Adolescent Health, and Ryan White HIV Care and Treatment.
- Improved ability to bill insurance for services provided.
- Increased report running capabilities, which improved ability to report data to the State of California and conduct quality improvement projects.

Project staff conducted numerous trainings and town halls to prepare staff for the transition to the new system and continue to provide technical assistance after the transition.

DID YOU KNOW?

Sacramento County Public Health (SCPH) is a division within the Department of Health Services. We work together with DHS's other two divisions: Behavioral Health Services and Primary Health.

The Sacramento County Public Health Advisory Board is an advisory body to the Sacramento County Board of Supervisors on matters relating to local public health planning and policy issues.

Health care providers are responsible for reporting a case or suspected case of a disease or condition to SCPH under Title 17 of the CA Code of Regulations. There are over 80 reportable diseases and conditions.

Under delegated authority from our Public Health Officer, our partners at Sacramento County Envronmental Management Department protect public health and the environment by ensuring compliance with environmental regulations.

SCPH has a multidisciplinary Schools Team that provides public health guidance to school leaders and child care providers.

In addition to its over two dozen programs, SCPH contracts with 89 subcontractors to carry out our mission.

HEALTH AND RACIAL EQUITY

ENGAGEMENT, CAPACITY BUILDING, POLICIES, & PRACTICES

The **Health & Racial Equity (HRE) Unit** was developed following the Board of Supervisor's declaration of racism as a public health crisis in 2020 and as a strategy to address disproportionate health and social outcomes made more apparent by the COVID-19 pandemic. The HRE Unit works internally with staff and externally with community partners to provide training and support for health equity work. The HRE Unit seeks to address factors that lead to systemic and structural barriers that have resulted in health inequities.

This year the HRE Unit launched their first Health and Racial Equity Action Plan (HREAP) and hosted a convening with over 50 attendees that featured presentations from key County programs. Speakers shared innovative equity action plans, initiatives, and highlighted collaborative efforts across Sacramento County aimed at advancing racial equity goals.

Community Engagement: Build community power to deepen relationships, trust and support structures that foster strong collaborations with the community.

Workforce and Capacity Building: Recruit, hire, and develop a professional workforce that reflects the populations served and communities facing health inequities and provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.

Equity in Organizational Policies and Practices: Strengthen organizational equity infrastructure to advance health and racial equity through policy and program development, effective communication, community engagement, monitoring and evaluation.

In collaboration with the Sacramento County Department of Personnel Services, the HRE Unit hosted the inaugural *Racial Equity Summit: Creating Alignment and Collaboration for Change*, on October 18-19, 2023. The purpose of the summit was to foster collaboration and alignment across County departments to build racial equity infrastructure and embed equity practices and principles into Sacramento County culture. 450 County employees and community members attended this summit and engaged in meaningful discussion to increase awareness of racial equity-centered initiatives in Sacramento County, identify opportunities for alignment, and learn how we can work together to build healthy, thriving communities.

The HRE Unit also hosted other trainings and events such as the Open House for SCPH employees to promote inclusion and belonging and embrace the diversity and intersectional identities of SCPH employees.

The HRE Unit worked with contractors on the implementation of an equity training series for SCPH staff and the development of the CHIP.

PHOTO: *Community Health in Action* CHIP Coalition meeting.

WORKFORCE DEVELOPMENT

A STRONGER WORKFORCE FOR A HEALTHIER COMMUNITY

A post-pandemic reinvestment in the public health workforce has enabled SCPH to hire additional staff, build employee skills through education and training, and enhance capacity to serve Sacramento County. The Workforce Development team oversees a combined budget of over $9 million in state and federal funds to support communications, CalAIM coordination, infrastructure redevelopment, and several new initiatives across SCPH. Workforce Development funds 47 permanent positions and is responsible for funding and/or supporting numerous successful projects across SCPH:

- Hosted Strategic Communication for Public Health and Media Training for SCPH staff.
- Provided leadership training for supervisors and managers and funding for professional trainings and certification for staff.
- Created an informational video for WIC to provide outreach and education to the community.

PHOTO: SCPH Leadership Development cohort.

- Funded Sac Metro Fire for the Mobile Integrated Health Unit (MIH) activities to provide in- home assessment and healthcare services to individuals that were high utilizers of healthcare services.
- Increased Lab staffing to improve detection and reporting capability. Expanded Lab sequencing program to include mycobacterium tuberculosis and rapid detection of pathogenic bacteria and yeast.
- Expanded Immunization Assistance Program staffing to help improve capacity to provide vaccination services for children and adults.
- Supported Community Nursing Children and Families team to provide home visiting services for pregnant and parenting families with children 0-18 years of age. The Community Nursing Encampment team supported W3 teams in providing medical care and case management to people experiencing homelessness.
- Funded contract with UC Davis Health to provide Infectious Disease Specialists for patient care and consult with case management public health nurses, communicable disease investigators and community healthcare providers for TB, STI and HIV/AIDS patients, suspect cases and contacts.

41	55	3	47	6
Staff completed or enrolled in leadership training	Projects to translate forms & resources to all threshold languages	Health Educators added to new & existing programs	Permanent positions supported by WFD funding	Public Health Nurses obtained Infection Prevention & Control Certification

Community Health Promotion

SUCCESSES & HIGHLIGHTS

The **Child Passenger Safety Program** provides education to refugees on the safe and correct use of car seats. They received a CDPH Kids Plates grant, enabling SCPH to partner with Safe Kids Greater Sacramento to increase the number of refugee resettlement agency staff who are trained as child passenger safety technicians (CPSTs). As a part of becoming a CPST, the staff received 15 cars seats through the Kids Plate funding. The CPSTs provided child passenger education in a variety of languages to fit the needs of the newly arrived refugees and provided 210 free car seats through this program. California has very specific car seat laws that refugee families may not be familiar with; the CPSTs provided culturally and linguistically appropriate education and resource materials that keep families travelling safely.

PHOTO: A little one is measured for a new car seat.

14 child passenger safety techs trained

210 car seats provided to refugee families

The **Nutrition Education & Active Living Program**, previously known as the Obesity Prevention Program, works to lower obesity rates by promoting and providing support to increase access to and consumption of healthy foods and beverages, reduce consumption of less healthy foods and beverages, and increase physical activity. The program worked with subcontractor Health Education Council to develop resource materials for educating school administrators, teachers, and cafeteria staff about Ramadan. It supported students who would not participate in school meals or physical activities during fasting and emphasized the importance of Ramadan in school wellness policies, promoting inclusivity of diverse nutrition needs, and religious dietary restrictions. The one-pager was distributed with a MyPlate tip sheet on incorporating the five groups into meals when breaking or beginning the fast. This resource promotes equity within the school and celebrates the diversity of students, creating a more inclusive school meal environment. The program also conducted nutrition and physical activity education lessons with both youth and adults and worked with Twin Rivers Unified School District to evaluate the effectiveness of school-based interventions.

6,921 youth reached via nutrition & physical activity lessons

PHOTO: Pacific Elementary School students participating in a nutrition education lesson.

The **Older Adult Health Program (OAHP)** is comprised of three initiatives: Healthy Brain Initiative, Falls Prevention, and Dementia Friendly Communities pilot. OAHP implemented a workforce development initiative to strengthen the competencies of professionals who serve caregivers and older adults with dementia and partnered with Sacramento County APS, local Agency on Aging Area 4, and Sacramento In-home Supportive Services (IHSS) to train agency staff and local caregivers using evidence-based programs: Virtual Dementia Tour and Dementia Dialogues. In total, 86 staff were trained with the Virtual Dementia Tour and 60 community members and caregivers were trained using Dementia Dialogues. OAHP partnered with the Alzheimer's Association to conduct a countywide, multi-lingual media campaign highlighting caregiver well-being and available caregiver support. OAHP partnered with several local organizations to host a Community Brain Health Event in Oak Park in May 2024 with nutrition and physical activity education and demonstrations, community resources, and a panel discussion with brain health experts, community organizations, and local caregivers. OAHP led the coordination of the StopFalls Sacramento Coalition, bringing together organizations to discuss falls prevention topics, maintained the StopFalls Coalition webpage featuring information on the coalition, fall prevention, safety resources, and a community fall prevention class calendar. OAHP worked with partners to deliver evidence-based falls prevention programming in Sacramento County and expand the network of trainers providing falls prevention education. In FY23-24, 58 and 97 individuals participated in the evidence-based classes *Bingocize* and *A Matter of Balance*, respectively. Program staff presented at the National Council on Aging (NCOA) 2024 Grand Rounds and the NCOA Age + Action 2024 Conference, providing lessons learned during efforts to expand falls-prevention activities in Sacramento County through partnerships and coalition activities and outstanding challenges.

"The presenter was very knowledgeable. I learned a lot about resources and ways to deal with dementia."

-Dementia Dialogues participant

The **Oral Health Program (SCOHP)** is a champion for oral wellness, providing oral health education and resources for the community and connecting residents to dental care with the ultimate goal of improving oral health on a population level. SCOHP worked to successfully restore the Kindergarten Oral Health Assessment performance to pre-pandemic levels of 33% and all 13 Sacramento school districts complied with data reporting. SCOHP launched an on-demand webinar training for primary health care professionals in oral health assessment and fluoride varnish application to promote medical-dental integration and improve access to oral health care in early childhood. SCOHP staff planned and executed a multi-media campaign to raise public awareness of the benefits of community water fluoridation, importance of oral health to school readiness, and role of nutrition in oral and overall health. SCOHP collaborated with Center for Oral Health to provide school-based screenings, fluoride varnish application, and oral health education to 19,983 elementary and 3,535 preschool students. SCOHP collaborated with San Juan Unified School District to pilot and study classroom toothbrushing protocol in special education preschool classrooms, focusing on students with sensory sensitivities. Students who participated in the program demonstrated increased cooperation with oral hygiene with primary caregivers and greater compliance during dental visits. SCOHP dental hygienist, Deborah Blanchard, was one of this year's Center for Oral Health *Heroes in Health* honorees in recognition for her years of service and unwavering commitment to improving the oral health of Sacramento County children through school-based oral health services and interventions.

PHOTO: Deborah Blanchard (r), a Center for Oral Health *Hero in Health*.

The **Stop Stigma Sacramento Speakers Bureau (SSSSB)** is comprised of trained speakers, including advocates, allies, and those with lived experience with mental heatlh challenges, who share their stories of hope and recovery to reduce stigma around mental illness. SSSSB hosted 57 speaking events and tabled at 35 community events, encouraging people to talk about mental health and reduce stigma and shame. Project staff conducted five orientation and training sessions, resulting in eight new active Speakers. Forty two unique project Speakers shared their stories 137 times. SSSSB outreach and events resulted in approximately 16,143 possible impressions and opportunities to provide Sacramento community members with mental health resources and stories of hope for those living with mental illness. The SSSSB hosted a special training for the World Relief Organization to improve their capacity to address mental illness in-language with the populations they serve; predominantly Russian, Ukrainian, and Afghan individuals. This bridged a major gap for the project as there are no speakers currently trained to share in these populations/languages. The project, along with the volunteer planning committee, revitalized the annual *Journey of Hope* community art show for the first time since 2019. Sixty-four Sacramento County residents are currently participating as Speakers.

PHOTO: SSSSB Speaker, LaViola, speaks to KCRA during Mental Health Awareness Month.

California Department of Food and Agriculture Disability Advisory Committee:

"(We) would like to thank all of the Stop Stigma speakers today – Mari, Abby, Laura, and Echosaisis, from the bottom of our hearts. We were touched by your openness and vulnerability to tell your stories and your insights....We welcomed the advice on how we can all be a resource for people living with mental illness, like listening without judgement….We were honored to host your presentation this afternoon."

The **Tobacco Education & Prevention Program (TEPP)** provides resources, support, and evidence-based strategies to empower individuals and communities to live tobacco and nicotine free lives. TEPP staffed and coordinated the Greater Sacramento Smoke & Tobacco Free Coalition. TEPP hosted a successful Great American Smoke Out Event in partnership with Sacramento Job Corps in November 2023. TEPP staff worked with county translation services to translate Kick It CA tobacco cessation materials to create tailored quit kits in Russian and Arabic for the Shifa Clinic in support of TEPP's commitment to equity and diversity. TEPP partnered with the Tobacco Cessation Policy Research Center hosted in UC Davis, to help bridge tobacco cessation gaps within Sacramento County substance use disorder facilities. TEPP partnered with a multimedia company to create five educational videos about tobacco and vaping.

PHOTO: Health Educators Nati Silva & Sarah Cheung at the Women & Girls Festival.

- 90 •Retail environment observation surveys
- 500+ •Tobacco quit kits distributed

The **Vehicle Emissions Program** is funded by the Department of Justice to analyze the public health and environmental impacts of vehicle emissions on environmental justice communities. It is a partnership of several organizations to build a coalition, which conducted and analyzed air quality monitoring data. As trusted messengers, community-based organizations, including ClimatePlan, Gardenland Northgate Neighborhood Association (GNNA), Mutual Assistance Network, and Teatro Nagual, Inc. conducted educational meetings and collected community surveys. They were critical in generating authentic community engagement, education, and ensuring that project partners were responsive to community-identified needs related to air quality concerns and vehicle emissions. They also assisted with recruitment of participants and involved residents in data collection and policy development.

24 college interns trained

1,128	173	1,276
sites sampled for harmful chemicals	sites sampled for elemental metals	community health surveys conducted

PHOTOS: Vehicle emissions community educational events.

The **Youth Suicide Prevention Program** is a pilot program to plan, develop, and test ways to make it easier to seek mental health care and decrease suicide rates in youth who are 25 & under. The program worked closely with the Division of Behavioral Health Services to share data, create system maps, and perform gaps analyses. The program assessed the County's crisis response system, completed a gaps analysis, and developed recommendations for improvement. They also partnered with the Sacramento County Coalition for Youth (SCCY), a coalition focused on empowering youth voices to reduce underage substance use in the county, and are working to formally expanded the scope of SCCY to include a specific focus area on youth suicide prevention. They established relationships with the Race and Gender Equity Project (RAGE), Impact Sac, and NorCal VA Suicide Prevention teams to further suicide prevention efforts.

PHOTOS: Health Educator Brian Lamson tables at community events.

Disease Control, Surveillance, & Preparedness

SUCCESSES & HIGHLIGHTS

The **Communicable Disease Control Program (CD)** prevents the spread of disease in the community by investigating more than 80 types of **diseases and conditions** of public health concern, following up on exposed contacts, coordinating laboratory testing, educating the community, providing technical guidance on prevention and control measures, and leading outbreak investigations. In spring 2024, CD responded to three largescale measles exposures that occurred when children with travel-related measles presented to local emergency departments. Each incident involved at least 300 individuals that were residents of Sacramento and surrounding counties. SCPH worked with hospitals and surrounding counties to identify exposed individuals and coordinate vaccination, quarantine, and lab testing for those at highest risk. This was a labor intensive process, due to the large number of contacts and short timeframe for contact identification. CD helped prevent the spread of this highly contagious airborne virus, and as a result of these intensive investigations, no additional cases resulted. CD hosted four "Multi-Drug Resistant Organisms (MDRO) Prevention Regional Collaborative" forums with CDPH. They featured skills stations and case scenarios to prepare healthcare staff to respond to the growing threat of MDROs. This led to better identification of cases, implementation of appropriate precautions, and reduced transmission.

53	•confirmed & probable cases of West Nile
24	•reports of confirmed & suspect legionellosis
56	•confirmed cases of carbapenemase-producing organisms
156	•confirmed cases of carbapenem-resistant organisms

PHOTO: The CD Team at an infectious disease conference.

The Epidemiology Unit plays a critical role in gathering data from multiple sources and creating reports and dashboards that assist in outbreak identification and management, disease surveillance and in policy decisions. The unit developed the 2020 Community Health Status Assessment and 2022 Community Context Assessment, two of the three reports comprising the 2023 Sacramento County Community Health Assessment. The **Be Healthy Sacramento** data portal was redesigned for easier user navigation, to highlight featured projects, and to improve aesthetics. The unit developed several dashboards such as the respiratory diseases and the heat dashboards that provided critical information on trends in hospitalizations and impact that aided in policy decisions. The unit also developed 12 topical factsheets that provide easily accessible information and trends on foodborne illnesses, respiratory illnesses and other disease conditions. A new project that is being developed is the SOCIAL (Socioeconomics, Outward Health, Care Utilization, Inward Health, Agency and Lifestyle and Nutrition) Survey that will provide social determinants of health and assess the 'whole person' by integrating the survey information into the patient's health record to improve patient care – more to come on this project.

The **Immunization Assistance Program (IAP)** provides vaccinations during disease outbreaks and conducts community vaccination clinics throughout the year, including flu season. IAP also provides vaccinations for school children in partnership with school districts. IAP provides resources and support to residents, medical providers, schools, and community organizations regarding immunizations, immunization practices, and immunization services for children and adults. These services include printed and digital educational materials, in-person and virtual trainings, tabling at community events, vaccine record consultations, and translations. IAP deployed 428 pop-up vaccination clinics across the county, primarily targeting lower resourced neighborhoods, older adults, homebound, and unhoused individuals. They also hosted special clinics for incoming immigrants from Afghanistan and Ukraine. IAP established new contracts with three medical providers to conduct immunization clinics at high priority schools, including those with high free and reduced lunch rates and/or high conditional admissions (students needing to catch up on required vaccinations). IAP worked closely with child care providers to provide 51staff in-service trainings and assess immunization records. IAP also conducted education visits with 23 medical offices to provide information on perinatal hepatitis B prevention and began participating in community events to educate the public about HPV vaccines.

PHOTO: IAP and PHEP collaborated on a successful Healthy Community Day at Fruitridge Community Collaborative.

Public Health Emergency Preparedness (PHEP) serves to enhance readiness to prevent morbidity and mortality during emergencies that exceed the day-to-day capacity of public health. PHEP developed a framework to align with CDC's new Public Health Preparedness strategies, working to ensure that health and racial equity are formally integrated within preparedness and response. PHEP worked with the Immunization Assistance Program to conduct a pandemic flu exercise at Healthy Community Day at the Fruitridge Community Collaborative, enabling staff to use the Incident Command Structure (ICS) during a simulated public health emergency where vaccines would need to rapidly be dispersed in the community in response to a viral outbreak. PHEP was able to observe strengths and areas for improvement and develop recommendations for staff. During the event, staff successfully administered 79 COVID-19 and 170 flu vaccinations to the public. Together with Epidemiology, PHEP monitored cold and heat-related illness (HRI) emergency department (ED)visits using syndromic surveillance data, including identifying visits among persons experiencing homelessness. PHEP automated several projects, including nurse disaster phone tree updates, the Hazard Vulnerability Assessment (HVA) for top hazards within the medical health field, evaluation and feedback forms for trainings and exercises, and document review processes which will aid the team in receiving and reviewing data from stakeholders. These projects streamline the process for PHEP to gather information quickly and efficiently to inform policies, plans, exercises, and trainings for Public Health staff and stakeholders. PHEP continued to facilitate and monitor the COVID-19 implementation plan and concluded that 86% of one-year corrective actions were completed or nearly complete. PHEP staff participated in 14 exercises including a chemical surge exercise, pediatric surge exercise, fire and incident command exercises with hospital partners, ICS section-specific tabletops, and a National Disaster Medical System tabletop.

The **Public Health Laboratory** plays a crucial role in outbreak investigations by providing rapid testing responses to assist the CD team, epidemiologists and health care providers, in infectious disease control to conduct investigations, limit the spread of infectious diseases, and coordinate responses. Results are often provided with same day turnaround or within 24 hours. The lab played a crucial role in all three measles mass-exposure events in 2024, conducting rapid testing on numerous potential contacts. The lab also conducted rapid testing for rabies, respiratory viruses, such as COVID, bacterial infections, and tuberculosis. The lab conducts over 48,000 specimen tests annually. They provided tuberculosis testing for over 7,000 patients served by the SCPH Chest Clinic, UC Davis Medical Center, Veterans Administration Medical Center, and surrounding public health jurisdictions. The lab is part of the CDC's Laboratory Response Network, designed to detect emerging threats, including those associated with bioterrorism. They also work closely with the FBI to test powders in threat letters.

PHOTO: A rabid bat tested by the lab.

The **Sacramento County Emergency Medical Services Agency (SCEMSA)** is the regulatory entity responsible for integrating elements of emergency care from 911 dispatch to emergency departments (ED) in a single system. They conduct licensing, training, & quality assurance for emergency services. Ambulance Patient Offload Times (APOT), or the time interval within which an ambulance patient that has arrived in a hospital ED is transferred to an ED gurney, bed, chair, or other acceptable location and the ED assumes responsibility for the patient, has been a prime focus of SCEMSA. SCEMSA worked to implement policy changes to expand patient movement to ED waiting rooms and implement hospital destination determination that is consistent with patient insurance. SCEMSA staff have engaged with County stakeholders and hosted Sacramento's first ever APOT Summit on February 13, 2024. Sacramento County saw a consistent six month decline in APOT, indicating that patients are being moved more efficiently into ED care. SCEMSA is committed to driving Sacramento County's APOT below 30 minutes by January 1, 2025, to meet the California legal standard set forth by AB40. To this end, SCEMSA has been deeply involved in APOT improvement projects partnering with leaders from Sacramento State University and innovation partners from The Growth Factory and local industry.

PHOTO: SCEMSA celebrates EMS Week.

219 EMS Vehicles Inspected
- **94%** passed initial
- **100%** passed final

2,092 Certifications/ Accreditations
- **1,133** EMTs
- **837** paramedics
- **122** mobile intensive care nurses

365,567 EMS Responses & Transports
- **235,647** responses
- **129,920** transports

The **Sexual Health Promotion Unit** provides comprehensive sexually transmitted infection (STI) services to Sacramento County through education, awareness, and access. They operate prevention, surveillance, and care and treatment programs as well as the Sexual Health Clinic. They completed an intensive quality improvement project focused on preventing new incidents of congenital syphilis. As a result, pregnant people with syphilis are now referred to the Maternal, Child, & Adolescent Health program for wrap-around pregnancy support services and to ensure healthy babies and moms. The surveillance program hosted quarterly morbidity and mortality review sessions to review local congenital syphilis case information and identify opportunities to prevent or mitigate congenital syphilis cases. The unit created several media campaigns including social media ads to increase pre-exposure prophylaxis (PrEP) uptake. They also hosted an all-staff team building retreat where 40 staff shared about their respective programs, engaged in strategic program visioning exercises, team building activities, and burnout prevention and stress management trainings. Program subcontractors conducted 1,979 HIV/STI tests.

"I think you're wonderful. Maybe clone everyone so there is more to share and you can reach more people like me."
-Sexual Health Clinic patient

PHOTO: Media promoting HIV medication adherence.

2,171
HIV+ clients served

88.07%
viral suppression rate among HIV+ clients

1,929
syphilis incidents invesigated

614
youth educated about sexual health

101
PrEP patients

283
W3 patients

The **Tuberculosis Prevention and Control Program's Chest Clinic** serves anyone with suspected or confirmed tuberculosis (TB) disease from evaluation and diagnosis through to treatment completion, including medication delivery and direct observation of each dose taken, patient assessments and testing in the home and in clinic, and care for exposed contacts. Chest Clinic identified and responded to a substantial increase in reported TB cases in the county, from 78 in 2022 to 91 in 2023, consistent with a statewide increase in TB. For each case, the program provides treatment, case management with home visitation, and evaluation and treatment of exposed contacts. Chest Clinic performed initial TB screening for 586 Ukrainian arrivals and launched a 12-week bilingual awareness campaign to promote the importance of TB prevention and treatment and to create a positive impact on the health and safety of the local Ukrainian community. The campaign featured digital outreach that garnered 17,000 clicks to targeted educational resources, as well as posters, billboards, and countertop brochures placed at 20 community venues such as bakeries and grocers. Chest Clinic completed its first year of providing TB clinical and case management services regionally, through contracts with Yolo, Yuba, Sutter, and Placer counties. Surrounding counties with fewer active TB cases than Sacramento also relied on the clinical and case management expertise of the Chest Clinic staff. Chest Clinic was one of several SCPH programs to transition to a new electronic health record system for improved communication and care transitions across local health systems. The Chest Clinic established agreements to provide services for Yuba, Sutter, and Yolo counties.

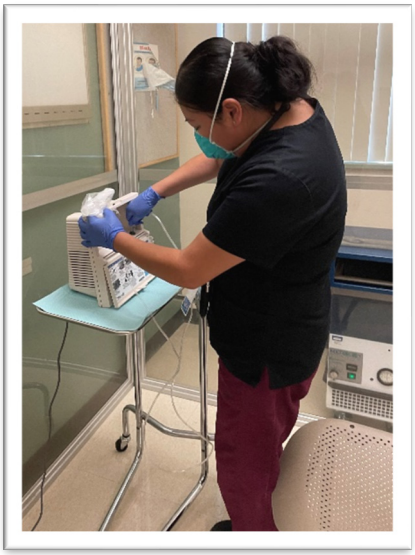
PHOTO: TB skin test validation.

Vital Records provides daily public counter service, helping customers obtain birth certificates, death certificates, and burial permits. They provide live answering phone service to customers during regular business hours, allowing customers to speak directly to staff regarding record availabilities, schedule medical marijuana identification card (MMIC) and homebirth appointments, registration questions, application, fees, and other program services. Vital records implemented a "3-Rings" rule for phone service and received positive feedback from customers for answering fast and having a "live" person instead of a phone recording. They also implemented a new online request system for certified copies of birth and death records for Sacramento County (current year and one year prior) and continued to provide mail-in service and live phone support to out-of-town customers and those unable to visit in-person. Vital Records also provides vital statistics data for review at monthly Child Death and Fetal Infant Mortality Review meetings. Bilingual staff provided services in Chinese, Spanish, and Tagalog, as needed. Vital Records maintained a front counter processing time of less than 10 minutes per customer, including customer application completion time. East Lawn Mortuaries recognized Vital Records with an award for their exemplary work with East Lawn staff and customers.

- 350 Birth/Death Certificates per day
- 60 Phone customers per day
- 1,250 Registered deaths per month
- 5 MMIC customers per week

"I am so pleased that you discovered that it was Vincent Yang (Vital Records) that assisted Don and gave him stellar customer service! We so much appreciate it! Vincent, one small action on your part translated into a huge relief on the part of Don. Thank you for the work that you do and for serving the community with purpose!"

Gratefully, Amelia




County of Sacramento
RANTLAND L. JOHNSON CENTER
for Health and Human Services
PARKING ONLY

Maternal, Child, & Family Services

SUCCESSES & HIGHLIGHTS

The **African American Perinatal Health Program (AAPH**) provides public health nurse home visitation to improve birth outcomes for pregnant African Americans to address Sacramento County's inequitable maternal and infant morbidity and mortality rates in our African American population. AAPH served over 170 pregnant people and babies and linked 100% to an obstetrics provider. AAPH nurses worked with clients towards goals for education, chronic disease management, maternal cardiac disease awareness, infant growth and development, maternal and infant holistic health assessment, and cultural support. AAPH worked with WIC to include quarterly breastfeeding trainings provided by a WIC Program Breastfeeding Coordinator to all AAPH nursing staff, empowering them to encourage breastfeeding and assist with problem-solving as needed. AAPH also worked with the SCPH Sexual Health Promotion Unit (SHPU) to identify and offer expeditious and tailored nursing care for pregnant people at risk of delivering a child with congenital syphilis. Any pregnant person who is diagnosed with syphilis and meets the program requirements are referred from the SHPU to improve healthy birth outcomes.

"I am so grateful for this program. During a time in my life when my stress was high, my nurse helped me navigate being a new mom and life in general."
-AAPH client

The **Black Infant Health (BIH) Program** provides support groups for African American mothers, encouraging empowerment and social support. Case management for access to community and health-related services served 336 mothers in the first three quarters of the year, surpassing goals set by the State of California. The BIH team participated in the Black Joy Parade to celebrate Black culture and community. BIH provided prenatal and postpartum kits for families designed to support moms emotional and mental health.

"With 4 little ones under the age of 5 and my husband commuting 2 hours each way for work, my hands are quite full....Your support and fellowship have meant the world to me during my motherhood journey." -BIH client

PHOTO: Black Infant Health staff at a community event.

Black Fathers, Inc., which is part of the Perinatal Health Initiative, provides support for Black fathers through bi-weekly gatherings and listening sessions. They served 123 fathers. Participants stated they feel better equipped as new fathers and feel they have a safe space where they can share their concerns and be heard. Black Fathers Inc. assisted fathers to launch their careers, overcome homelessness, start businesses, and heal relationships. The project produced a weekly podcast at the local Sacramento Public Access station. The Perinatal Equity Initiative Midwifery Scholarship program awarded four $25,000 scholarships for Black students to complete their midwifery education and training.

California Children's Services (CCS) provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children and young adults under age 21 with CCS-eligible medical conditions. CCS served 8,264 clients and the Medical Therapy Unit (MTU) reached 862 clients who received physical therapy, occupational therapy, and/or durable medical equipment services. CCS launched a client portal to enable improved communication between CCS staff and clients. The portal also allows for digital document completion and submission. CCS conducted a client needs assessment in collaboration with the MCAH program. They also conducted a client satisfaction survey.

PHOTO: CCS Bowling Green MTU team.

The **Community Nursing Program** is comprised of a Children & Families Unit, which provides nurse home visitation for pregnant and parenting families with children 0-18 to improve child/adolescent health, development, and safety, and an Encampment Unit, which provides focused nurse case management for unhoused individuals and families. Public Health Nurses (PHNs) conduct nursing assessments and provide health education and linkages to health care services and other resources. The Encampment Unit conducted outreach and assisted with client assessments and monitoring vital signs in collaboration with the Wellness Without Walls (W3) mobile clinic. Program staff also assisted with outreach, primary care provider assignment changes, and assisted clients with obtaining California ID card/license, housing/shelter, food, clothing, Medi-Cal replacement cards, referrals, birth certificates, and disability certification. The Children & Families Unit conducted home visitations with families, identifying medical and developmental needs, to connect families with specialty care and developmental services. Caregivers are taught to advocate for their families and connect to community resources. Program staff helped families overcome numerous barriers to accessing care, including language interpretation, transportation, and navigating the health care system.

One PHN shared a story of a mother of six children, whose 3-year-old had numerous health challenges since birth and is awaiting a kidney transplant. The family is low-income, does not speak English, and the mother cannot read or write in her native language. She was overwhelmed and struggling to manage her household, challenged by the emotional toll of her youngest child's medical issues, difficulties with navigating the healthcare system, and worrying if she would have enough food to feed her children. Her days were spent at medical appointments, therapy appointments, or hospital visits, while also caring for her other children. While at the home to help mom manage her youngest child's medical issues, the PHN noticed that her 4-year-old was not talking, not interacting with others, and still requiring diapers. She scheduled a visit to complete a developmental screening for the 4-year-old, which led to the discovery that his developmental delays were significant. The PHN found out that he had been referred to a neurologist a year prior, but mom was turned away due to not providing her own interpreter at the medical appointment. The PHN helped mom schedule a pediatrician appointment to request a new referral. She then scheduled a neurology appointment, attended the appointment, and provided translation. The child was diagnosed with autism. The PHN coordinated with Alta Regional Center and the school district, to get the family needed services. This child is now attending school and has begun saying words and interacting with others. The mother thanks the PHN for the progress her child has made each time she sees her, often with tears in her eyes. Her 3-year-old has also made much progress and is attending all his medical appointments.

961 clients enrolled

1,858 clients linked to services

2,756 home visits

Department of Child, Family, & Adult Services (DCFAS) Nursing is comprised of Child Protective Services Nursing (CPS) and Senior and Adult Services (SAS) nursing programs.

The CPS Nursing Units collaborate with CPS Social Workers to ensure that at-risk children and foster youth have a strong advocate for their health and well-being. Services include physical assessments, developmental screening, care coordination, as well as education and linkage to resources for children and families in the foster care system. Within CPS Nursing, **Emergency Response (ER)** and **Informal Supervision (IS)** served 285 medically fragile children and their families, conducting home visits and ensuring access to early intervention services. The public health nurses (PHNs) conducted quarterly trainings for new Social Workers. **Hearts 4 Kids (H4K)** doubled the number of home visits from the previous year, serving 208 infants and children through home visits, head-to-toe assessments, and education/linkages to medical and dental services. They provided 150 referrals to community resources. The PHNs completed a quality improvement project to identify areas of need and appropriate resource linkages for foster families. H4K conducted four trainings for CPS Social Workers to increase knowledge of the program and services offered to children placed in the foster care system. **Health Care Program for Children in Foster Care (HCPCFC)** served 1,311 foster youth through consultation, resource guidance, and oversight for the medical, dental, developmental, and behavioral health needs of children in foster care. The team achieved 95% compliance with well-child exams and 85% compliance with dental exams. They completed quality improvement projects to improve health and education passport compliance and facilitate quicker detection when a well-child exam is missed.

PHOTO: The H4K Team: Karissa Beran, Maurice Judge, Teresa Walters, & Alexies Camba.

Senior and Adult Services Nursing joined SCPH this year, providing support for **Adult Protective Services (APS)** and **In-Home Supportive Services (IHSS)** clients. The SAS PHNs provided health and safety nursing assessments for frail and medically fragile adults, assisting them to remain as safe and independent as possible while living in their homes. The PHNs served 172 APS and 1,013 IHSS clients. They collaborated with SAS Social Workers and provided 1,263 consultations regarding medical needs and resources.

The **Childhood Lead Poisoning Prevention Program (CLPPP)** works to protect the community from lead poisoning by providing education on the risks of lead exposure and investigating cases of elevated blood lead levels to identify and mitigate the sources. Case investigations usually involve home visits, interviews and collecting samples for testing to identify the source. In April 2024, the program was alerted by a healthcare provider about a Sacramento resident with high lead levels. In collaboration with Sacramento County Environmental Management Department and the California Department of Public Health, SCPH conducted an investigation and found high levels of lead in an ointment purchased over social media. SCPH published educational materials and media releases warning about the product in multiple languages. CDPH worked with federal agencies to ensure that no more of the product would be sold on social media.

Nurse Family Partnership (NFP) is an evidence-based early childhood intervention program using a nationally acclaimed home-visitation model. Public Health Nurses (PHNs) make home visits during pregnancy and the first two years of a child's life, following a schedule keyed to the developmental stages of pregnancy and childhood. NFP implemented an expansion plan to include the recruitment, induction, and training of three new nurse home visitation staff, giving them the ability to serve more families in our community. The program participated in site visits from the *California Home Visiting Program* and the *Nurse Family Partnership National Service Office* and received complimentary feedback regarding Sacramento County's program implementation and outcomes. Some examples of outcomes that were highlighted include higher retention and graduation rates than state and national averages, higher nurse caseloads than state and national averages, and higher supervisory clinical supervision counts than both state and national averages.

2,200+ home visits

325
families served

50+
program graduates

"My nurse is the best! She is the one person who I know I can get trustworthy information from. I am always telling people that my nurse helps me be a better mom."

-NFP client

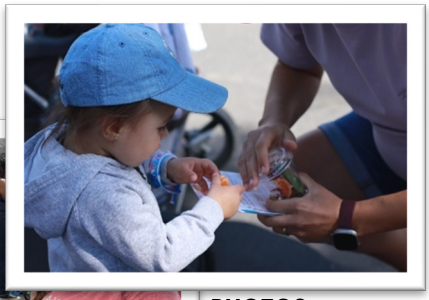
Women, Infants, & Children (WIC) improves birth outcomes and the overall health and wellness of families by teaching about nutrition, providing healthy food benefits, and supporting and assisting with lactation. On February 8, 2024, the California State Senate adopted a resolution to commemorate the 50th WIC Anniversary. Due to unprecedented community need, WIC is consistently serving over 100% of its allocated caseload. In addition, WIC achieved the highest exclusive breastfeeding rate in agency history of 28%. WIC recently received the 2024 WIC breastfeeding Award of Excellence Premiere award from the USDA; our agency was the only WIC agency in California to receive this award and one of 11 in the entire nation. This award recognizes and celebrates WIC local agencies with a Breastfeeding Peer Counseling Program that provides exemplary breastfeeding support services. Breastfeeding Peer Counseling increases breastfeeding initiation and duration rates among WIC participants.

23,500
participants per month

50th
Anniversary

"...Keeping in contact with WIC lactation has given me the courage to continue on with breastfeeding my twins after giving up breastfeeding with my first. And the WIC breastfeeding package has kept my supply going for my boys. The formula WIC provides for my oldest has helped him to grow and we are no longer worried for his health. WIC has been a great help to my family and we are fortunate to have it!"

-WIC participant



PHOTOS: Nutritious snacks and stimulating play at WIC events.


Sacramento County
Department of Health & Human Services
Public Health Nursing Services
YOU'RE Pregnant. NOW WHAT?
Let us help
PHN
Public Health Nursing


PUBLIC HEALTH
Community Nursing

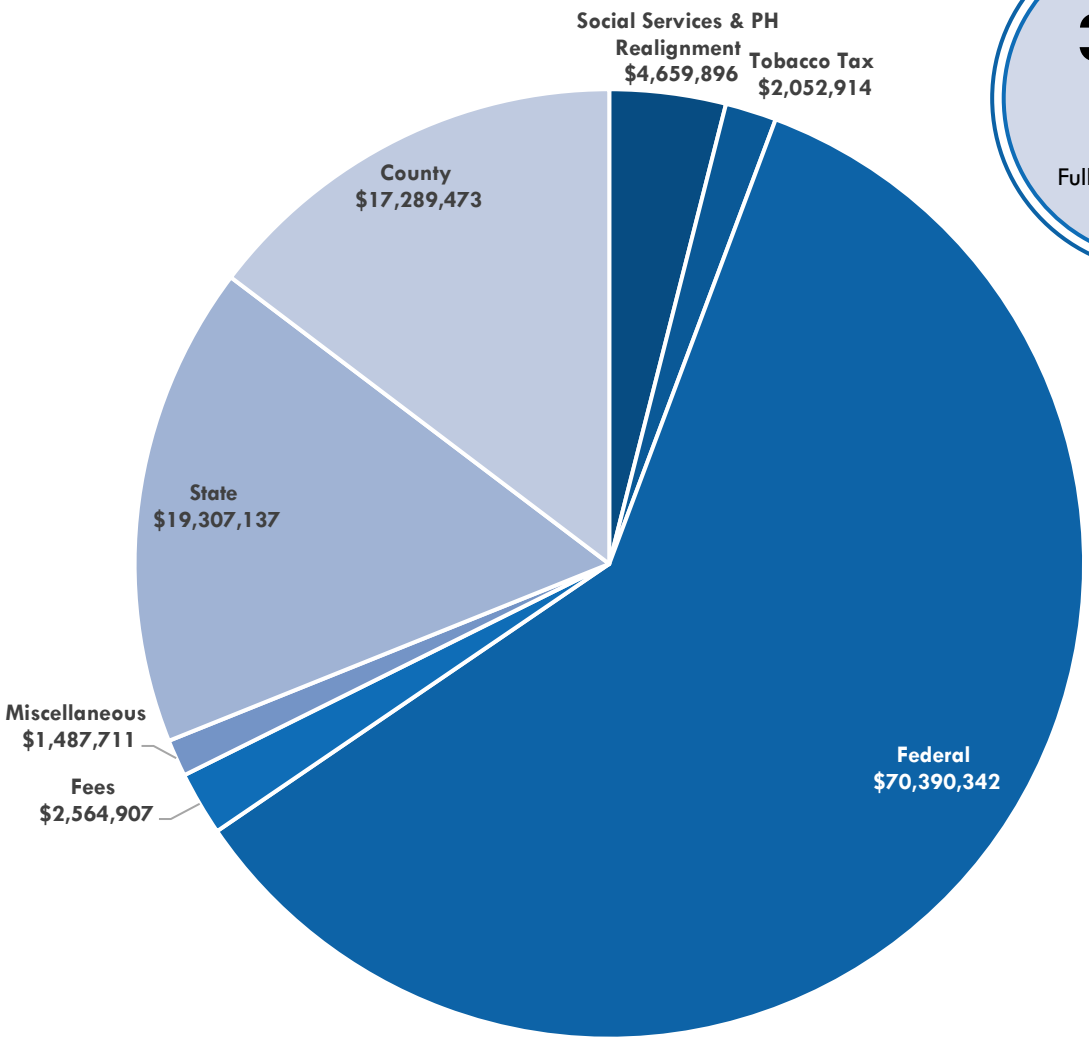

child first

Budget & Administration

HOW WE SUPPORT THE WORK WE DO

Sacramento County Public Health had a budget of **$126,212,085** in 2023-24. Funding sources included:

- Federal Government ($70,390,342)
- State of California ($19,307,137)
- County of Sacramento ($17,289,473)
- Social Services & Public Health Realignment ($4,659,896)
- Tobacco Tax ($2,052,914)
- Fees ($2,564,907)
- Miscellaneous ($1,487,711)



378.7 FTE
Full Time Equivalents

74 Revenue Contracts

89 Expenditure Contracts

80 Memoranda of Understanding

89 Subcontractors

The Reviews Are In!

WHAT THEY ARE SAYING ABOUT SCPH

We love working with partners and serving our community. We also love hearing from them about how our programs or staff made a difference in their lives. Here is a sampling of what we heard last year.

"I love it when I see I have a shared client with an NFP nurse. I know our shared clients will get great services and have better outcomes. The differences I see in clients that are also served by NFP are striking."

-Alta Regional staff member

"Eugenia Hudson has been an incredible asset and partner in our work at the CIRCLE clinic. She is very proactive and helpful as well as incredibly responsive as we work to manage these incredibly high needs children and youth on psychotropic medications"

-CIRCLE clinic physician

"When I got the little ones, there were a lot of challenges with Medi-Cal and getting primary care for the kids lined up. Teresa (Walters, PHN) did the leg work and it was a huge help. It was most beneficial to have Teresa come to the house and check on these 3 little ones. She was able to tell me what was normal or what was a big deal and needed follow up through the doctor or specialist. What a great team! It helped me feel that I was not alone in trying to do what is best for these kids." -Resource Parent

"In all my 7 years of being an IP nurse, this by far is the best meeting I have had attended. Very interactive and hands on."

- MDRO Collaborative Participant

"Your transparency, words and message are so important. Your bravery is not unnoticed. Thank you again."

- SSSSB audience

"I always feel respected here. Everyone is always so kind!"

- Sexual Health Clinic patient

"Thank you for coming out and making sure our site is running smoothly in regard to immunizations."

- Gateway Charter School

"You were the fourth place I tried, and you guys were here for me."

-Immunization Clinic patient

"I truly appreciate you being my Go-To-Educator and Guide through it all. Thank you for all your help in getting our Blue Cards as they are required to be. I am grateful to have the peace of mind we are in compliance and doing it correctly."

- Child Care Provider

(regarding Immunization Assistance Program)

"I like when you come out here because I get to have conversations with people. I miss having conversations because no-one wants to talk to someone walking down the street with a suitcase."

-Community Nursing Encamptment Team client

"Having discussions like this help normalize mental health as part of someone's regular health regimen, just as you would say I need to go to the dentist."

- SSSSB audience

"Parent Leadership Training Institute (PLTI) was for me a life changing experience. It taught me about my community politics, the importance of having a voice, and community bond. It also taught me personal skills with the help of our inspiring mentors they showed the class things such as self reflection, being kind to ourselves and motivated to make a difference in our communities. I truly enjoyed my Wednesday nights and would continue to support the family we made in PLTI."

- PLTI Participant

My breastfeeding peer counselor helped A LOT. I have wanted to give up breastfeeding so many times and she helped me stick with it and helped me boost my milk supply! I **LOVED** the program. It's very helpful for me and I'm pretty sure to a lot of other moms too. The breastfeeding support is AMAZING!!!. I wouldn't have made it to 8 months of breastfeeding if it wasn't for the counseling program. And I thank everyone for helping me, especially Amy."

-WIC Participant

"I wanted to give a shout-out to Michele and share that my team is very appreciative of all she does for us and the children that she serves."

- CPS Social Work Supervisor