Santa Cruz County Forces of Change Assessment

The Santa Cruz County Forces of Change Assessment was held on December 2, 2015 with the MAPP Steering Committee members. Twenty-one (21) Steering Committee members participated in the Forces of Change Assessment. Participants were provided a brief overview of what constitutes forces of change and how those forces may consist of potential opportunities or threats to the improvement of community health. Next, participants had time to write down their thoughts about the external forces that would bring potential opportunities and threats. Once participants had a chance to write down their thoughts, they then worked in small group of three to four individuals to do an analysis of the forces. At this point, many of the participants had to leave, so the process was modified so that each person could report their forces to the group at large before dismissal. Therefore, each participant shared his/her forces that they felt were the most important to consider while planning for community health improvement. Table 1 summarizes the result of this discussion, and it shows the number of individuals that identified a similar force in the second column. Each force has its associated opportunities and/or threats. Note that not all forces have been associated with both opportunities and threats.

Many of the forces listed in the table are co-related. An example of this is the high cost of housing and its impact in recruiting qualified staff for vacant positions. There will be an increase in vacant positions because of the large number of employed individuals that are approaching retirement age. The individuals aging out of the workforce may end up requiring more programs and services in their senior years. The positions that they have vacated may not offer competitive salaries (wage gaps) on the state or national level, leading to further recruitment challenges. Additionally, the low or non-competitive wages adds to the impact that housing costs have on overall cost of living for residents. There is opportunity to address housing costs and wages in light of need to develop creative strategies in recruiting qualified candidates. Also, the increase in the senior population provides a pool of residents that may be available to provide community and civic services, in addition to the opportunity for intergenerational programs and services.

Another example of interrelated forces is the Affordable Care Act and shortage of providers or providers accepting Medi-Cal. The Affordable Care Act increases the proportion of the population that has health insurance; however, there may be a shortage of medical care providers to give adequate and quality care. The shortage of medical care providers in part may be due to non-competitive wages and high cost of housing, posing challenges in recruiting enough medically trained individuals to provide services. Also, Medi-Cal reimbursements rates many times do not cover the total cost of services provided; so many providers limit or refuse to see Medi-Cal patients. Low educational achievement levels leaves a population of unskilled labor that would not be qualified for many of these highly technical vacated or open positions. With the upcoming 2016 elections, there is hope that a change in political leadership will develop policies to address these gaps on the national, state, and local levels.



These are just a couple of examples of how these forces interact with each other to provide a dynamic mix of both opportunities and threats to the community health improvement planning process.

Table 1: Summary of Results

Force	#	Opportunities	Threats
2016 presidential elections and having a new president	8	New opportunities for change. New leadership continues to work toward social justice and progress (wealth equalization), especially potential expansion and improvements to the Patient Protection and Affordable Care Act (socialized medicine). New leadership works to address climate change.	Empty promises and grandstanding. Election outcomes don't continue to support the positive changes that have occurred. New leadership pushes to underfund public health and healthcare services (end ACA). The social support system crumbles and disparities in health status widen. Deregulation that leads to increase risk to health and safety. New leadership ignores the impact of climate change and either does nothing to improve it or makes it worse.
No action to improve the affordability of housing	5	Brings multiple sectors together to address the problem.	No immediate action, the problem is a long-term issue. Housing affordability impacts the ability to recruit a competent workforce for employers, including healthcare providers and community outreach workers. Lack of affordable housing leads to an increase in homelessness. More money spent on housing leaves less money to spend on food and other basic human needs.



Force	#	Opportunities	Threats
Senior/aging population and workforce	5	Increases the opportunity for intergenerational interactions and programs. Larger pool of potential volunteers for community programs and services. Aging workforce will open positions for those looking for jobs: new staff=new ideas. Higher level of community/civic engagement.	Aging workforce will drain institutional knowledge and memory. Increase in need of programs and services for this population. Seniors may require more medical care (increase demand for medical services). Aging medical care workforce will be retiring, increase the need to recruit younger professionals; however, with housing costs and low wages this may be challenging.
Climate change	5	Brings people together from opposing sides of issues to address the need for improvements with action plans. Allows for a broad-based buy-in to address this issue that may include increases in active transportation as an example.	More severe weather patterns, such as alternating years of drought and floods. Increase in mosquito-borne illnesses. Increase in heat-related illness. Increase in environmental hazards. Responding to disasters deters us from planned improvements, which could lead to delays in action plans that address long-term health issues. Impact on food growth and production. Challenges with sheltering a large homeless population.
Movement to increase the minimum wage	4	Livable wages correlate with better health status. Increase in those that are able to afford the cost of living in Santa Cruz County.	Low income impacts housing, food, medical care leading to poorer health outcomes. More people living in substandard, unsafe housing leading to increases in injury and illness.
Access to broadband telecommunications data	4	Improved ability to release information to the public via the internet, especially in a timely and efficient manner.	Not all information on internet is valid. Not everyone has access to broadband telecommunications – digital divide.



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Affordable Care Act – volume to value payment model	4	New payment model. Aligns incentives with outcomes. Potentially better medical care, more people have insurance, and positive impact of public health programs. Possibly more money for higher quality care.	Issues around sustainability. Increases provider risk if outcomes not achieved. Potential increases in cost for regular care or loss of revenue for non-reimbursed expenses. Increase in demand for medical services.
Affordable Care Act – increases access to health insurance.	3	Increase/growth in percent of population with health insurance coverage. Movement toward a single-payer system.	More people insured than providers to give medical care – inadequate number of providers. Insurance companies more firmly in control.
Immigration reform	3	Formation of a path to citizenship to keep families intact and reduce the impact of living "outside" of the law. Increase opportunities for immigrants to improve the social status within the U.S. Improves access to medical care.	No action taken continues to widen disparities in access to programs and services. Potential threat of breaking up families leading to children needing caretakers if their parents are deported. Providers unprepared to offer culturally and linguistically appropriate care.
Increase use and dependency of technology	3	Broader reach, instant, and measurable. More timely access to health data via electronic medical records to determine more current picture of the population health status. Reduces errors. Saves time. Better-coordinated care. Facilitates data driven decision-making.	Not everyone has access, leaving some behind. Impaired clinical interactions - more focus on computer screen versus looking patient in eyes while communicating. Time wasted in not being able to readily enter data – clumsy systems. Dependency may lead to access issues if electricity or the tech server is down. "Hackers" could threaten data security, confidentiality, and integrity.



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Decrease in educational achievement	3	Creates opportunity to develop strategies toward improving education achievement.	Uneducated population without employable skills
Attention to equity and closing gaps	2	Provides opportunity to create and implement strategies that addresses reducing the gaps.	Potential resistance due to not all residents being comfortable with the concept of equity and the strategies necessary to close the gaps.
El Niño (flooding)	2	Increases attention to the need to address climate change.	Displacement of residents with homes that are flooded. Increase risk of infectious disease. Transportation challenges.
County North-South divide	2		The needs of South County are diluted and not addressed.
Increase in the ratio of rich to poor (economic disparities)	2	Affluent residents put money into the local economy if they purchase products and services that are local.	A larger gap between rich and poor correlates to poorer health outcomes for everyone.
Increase in diverse populations, especially Mexican indigent population leading to a shift in demographics	2	Brings diverse perspectives to the region. Reduced smoking rates. Increase in inclusivity.	Cultural Competency needs unmet – difficulties in accessing services. Cultural tension. Increase in obesity rates. Community push back.
Community level politics/Take Back Santa Cruz	2	Leverages the work to make Santa Cruz County better, safer, and cleaner.	Take Back Santa Cruz is a vocal minority attempting to represent whole community. Could pose competing priorities.
Trending issues such as e- cigarettes	2	E-cigarettes could be regulated as tobacco.	Increased addiction. Poses challenges to keeping health information current and relevant to youth.
Integrated behavioral health	1	Mental health parity in payment. Increase in the use of mental health services.	Potentially increase delays and wait times as providers become overworked and saturated with patients. Transforms provider practices.



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Disease outbreaks (includes novel infectious agents)	1	Funding from state and federal government may be available to combat the outbreak.	Unprepared for every possible disease scenario. Not all expenses are rei
Natural disasters	1	Funding from state and federal government may be available to assist with recovery.	Unprepared for every possible disaster scenario.
Inconsistent funding opportunities	1	New funding opportunities may be available to meet new demands in programs and services.	Makes it difficult to plan and coordinate programs and services that have short funding cycles. Initiates unsustainable programs and services.
Legalization of medical marijuana	1	Decriminalization of marijuana drug use could lead to public safety addressing more serious crime and public safety issues.	Enforcement challenges due to contradictions between state and federal laws. Increase in addiction.
Right to die	1	Puts control into the hands of the terminally ill.	Potential for abuse in assisted suicides that are covers for homicide.
			Does not ensure that mentally ill will not use this as a vehicle to commit suicide.
Decreasing opportunities for college graduates	1		College graduates will leave the area to find jobs or better paying jobs.
Combination of political campaigning and terrorism	1		Fear-based propaganda could lead public to elect officials that would unravel progress made in the area of health and medical care over the past 8 years. Threat to losing the prevention fund altogether.
Shortage of agriculture workers	1		Produce is left in the fields to rot causing increases in the cost of food.
Changes in the agriculture industry	1	New businesses and type of jobs available.	Displacement and job loss.



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Proposition 47 and other criminal justice reforms	1	Offers opportunity for rehabilitation potentially decreasing the rate of recidivism.	
Narrative of who is deserving of services	1		Puts elite class in charge of determining who receives services. Community pushes back on proposed improvements.
Increase in Obesity	1	Use the data to draw attention to the issue and provide health education along with policy, systems, and environmental changes to address the epidemic. Increase awareness of food deserts and how to improve access to fresh healthy food. Increase awareness of the need to be physical active throughout the day.	Increase in chronic disease and death rates. If no one does anything, chronic disease (such as diabetes) will increase, leading to a whole generation of obese people that will have a shorter lifespan than the generation of their parents. Increase in medical costs continuing to drive the cost of medical care to levels that are unsustainable.
Homelessness (increase)	1	County has a plan to address the needs of the homeless population – proposed solutions.	Controversy The county plan may not be sufficient if the homeless population drastically increases. Increase in the demand for medical services with no support for managing health status outside of the hospital setting.
Economic Opportunity	1	Brings resources to the area that can be used to improve health status across the county. Could help with housing affordability.	Corporations and business provide this opportunity at the expense for the natural environment and health of the population.



Force	#	Opportunities	Threats
Public health accreditation	1	Provides a foundation for the delivery of effective and efficient public health services through its focus on quality improvement. Potential for obtaining more resources for programs and services that are effective. Better coordination and collaboration. Identifies key needs.	Potentially brings too much focus on the process versus outcomes. There is a cost for health departments to become accredited and maintain accreditation status over time. Risk of identifying issues that cannot be resolved.
1115 Medi-Cal/drug expense waiver and newly insured	1	Increases the number of people who are able to participate in Medi-Cal and have medical homes. Increase access to medical services. Improved outcomes. Cost savings.	Not all providers accept Medi-Cal patients, so those that do accept it will become over saturated with new patients. High utilization rates leading to inundated medical offices with longer wait times and delays in care due to the shortage of staff to care for the increase in those seeking medical services. Financial liability to the County.
Many strategic plan initiatives in Santa Cruz County	1	Ability to leverage activities currently underway that create synergies for better health outcomes.	Too many areas of focus could dilute ability to fully address key issue areas.



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Staff recruitment and changes in leadership	1	New perspectives with new employees, potential improvements to the status quo. Reevaluate positions minimum qualifications and staff classifications. Brings attention to workforce issues that may be directly linked with other community issues such as housing costs.	May be related to the lack of affordable housing leading to more of the paycheck going toward housing leaving less to cover other basic living expenses such as food, transportation, and clothing. The salaries are not high enough to afford living within the county. Leaves positions vacant for prolonged periods of time with additional tension on the staff members that are covering for this vacancy. (Overworked staff, takes longer to get things done, unmet deadlines, etc.) Changes in priorities, leaving previous efforts incomplete.

